

ANNUAL COMPLAINTS REPORT 1 April 2019 to 31 March 2020

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1. Introduction:

The PALS & Complaints Team coordinates the management of complaints on behalf of the Trust. They ensure compliance with the NHS and Local Authority Complaints Procedure, and a PALS service providing information, advice, signposting and support to resolve low level concerns promptly and efficiently. A complaints report is prepared for Quality Digest on a bi-monthly basis and reviewed at Quality Committee. Performance on complaints and PALS handling is also included in Integrated Quality and Performance Report (IQPR) for every public board meeting. Quarterly thematic reviews are conducted to monitor the numbers and types of concerns and complaints received by the Trust and to identify any trends and learning arising from these.

The Trust is dedicated to providing a fair, effective and accessible complaints system that is reasonable and proportionate, and endeavours to offer a person centred approach to complaint handling, based on listening, consultation and agreement regarding the way forward.

Details of how to contact the PALS & Complaints Team is available on the website and throughout the Trust with posters and leaflets available in the reception areas of all Trusts sites. In patient . A large print, easy read version is also available. Complaints are accepted by various routes and whichever is most helpful to the complainant such as through letters, email, phone, face to face or via our website. Advice on advocacy is provided to all complainants who can access an advocate free of charge via Kent Advocacy should they require additional support in raising a complaint. Patients on the wards are visited in person by a PALS & Complaints representative at their request to support the complaints process.

A recent audit of the PALS & Complaints process was carried out by TIAA (Internal Auditors) which included the use of the actions module within Datix for monitoring actions and learning from complaints. The feedback was positive and identified that the process for managing PALS and complaints and capturing learning from closed matters was concise and clear. Ongoing monitoring of the use of the module will be undertaken to ensure that all actions recorded are SMART and effectively implemented for improved service delivery.

Complaint satisfaction surveys can be completed either online or in paper form for those who wish to provide feedback on the Trust's handling of their concern/complaint. This survey can be sent anonymously or with a contact section, should they require more information or wish to discuss their experience further. The information provided would be valuable to the team and may help to improve the existing service we provide.

2. Progress against 2019/20 priorities

Below are the 2019/20 priorities set for the PALS & Complaints team and significant progress has been made to achieve these, the majority of which have been completed or are a rolling priority to ensure continuous robust and effective complaint handling. Timeframes for both acknowledgement and responses to complaints are being met and a robust escalation process in place for any matters at risk of breaching.

- To continue with the development of the PALS & Complaints action module in WebDatix, which will enable centralised monitoring of SMART identified learning and robust action plans.
- To monitor timeframes and responsiveness to complaints, ensuring prompt escalation as appropriate.
- To support the development of a centralised SI and Complaints investigation team, this will enable robust and timely investigations.
- To continue to ensure responses provided, ensuring these are open, conciliatory and all concerns have been fully addressed.
- To further reduce the number of complaints unresolved to the clients' satisfaction and of which are directed to PHSO for consideration.
- develop a mechanism for sharing learning from complaints with wider Patient and Carer Consultative Forums

3. PALS & Complaints contacts:

Between 1 April 2019 - 31 March 2020, the PALS & Complaints Team received 1435 contacts, 451 reportable complaints (inclusive of 55 re-opened cases) and 909 PALS concerns/enquiries as shown in table 1. This is a slight increase in comparison to 2018/19 (Table 2) however, consistent with national trend. Non-statutory complaints are contacts received from members of the public or general concerns from other professional bodies or care providers and are not reportable to the Department of Health and Social Care . Graph 1 shows the method used to contact the Trust, the majority of which are still by telephone and email. 277 were received via the external 'contact us' page on the website.

Table 1

All contacts 19/20	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Total
Complaint	37	35	31	40	31	30	40	39	29	31	21	28	392
MP Complaint	1	0	0	0	0	0	1	0	0	0	2	0	4
Non statutory Complaint	2	1	3	6	3	1	2	4	4	5	3	1	35
Possible complaint awaiting Confirmation	7	2	6	1	5	4	4	2	2	6	2	5	46
Possible complaint awaiting Consent	3	1	1	3	3	1	1	2	4	4	2	4	29
Re-Opened Complaint	4	6	4	3	9	6	5	3	6	2	6	1	55
PALS - MP Enquiry	9	4	7	7	5	4	13	4	6	8	4	5	76
PALS Concern/Enquiry	55	67	70	62	54	84	84	69	66	61	68	58	798
Total	118	116	122	122	110	130	150	123	117	117	108	102	1435

Graph 1

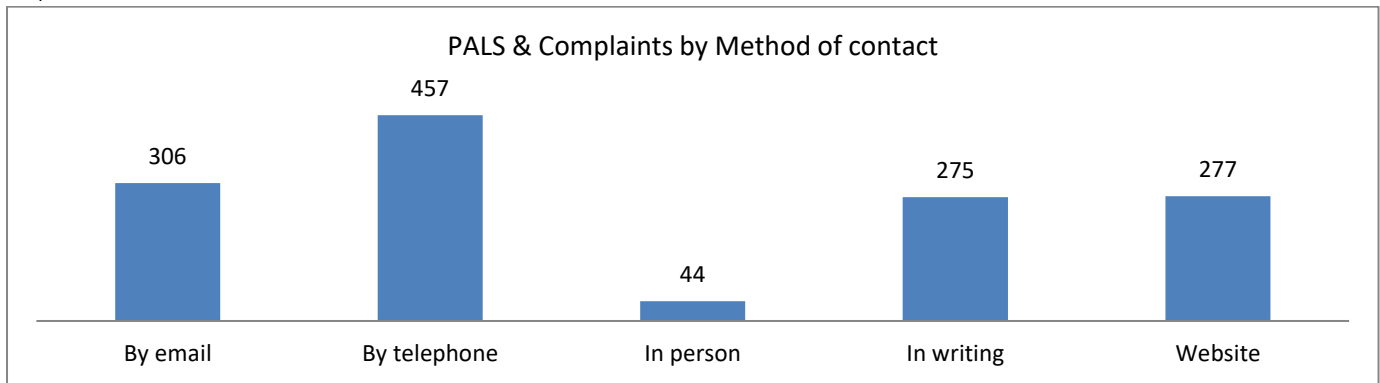


Table 2

PALS & Complaints (yearly comparison)	2018/19	2019/20
Complaint	355	392
MP Complaint	13	4
Non statutory Complaint	28	35
Possible complaint awaiting Confirmation/Consent	69	75
Re-Opened Complaint	57	55
PALS - MP Enquiry	54	76
PALS Concern/Enquiry	636	798
Total	1212	1435

Complaint numbers can change as consent and confirmation is sought and is reflected in the figures provided in subsequent months. It is imperative that patient consent is sought to enable a full investigation outcome or response being provided. Where this is not possible or refused by the patient, a general response is provided. This can be a source of frustration for complainants; however, is a process that is essential for safeguarding patient’s information rights.

The increase in the number of complaints is an expected trend and similarly reported by other care providers. Managing patient or carer expectation remains a challenge, particularly in regard to understanding the remit of the Trust and the services we are commissioned to provide. A significant number of contacts are received in relation to limitations in provision of services and needs that do secondary mental health criteria which can be a disappointment for people trying to access services. An increase has also been noted involving patients with enduring mental health issues in addition to autism. The issue for the Trust is that we are experts in mental ill health but not in autism. The Trust are addressing this issue with resource to support both KMPT and the wider system in considering what services are needed for this group, how this can be integrated with services and provide staff training and understanding.

4. MP contacts

PALS enquiries from MP’s increased in 2019/2020, although there was a significant decrease in the number of reportable complaints received from all MP’s. This may be due to proactive engagement and open communication between the Trust and MPs together with an improved knowledge and understanding of services. It is not uncommon for complainants to copy their MP into their initial letters of complaint to the Trust and the MP would be therefore be cited in the final response.

5. Source of contact

The table below highlights the source of the PALS concern or Complaint. Whilst the majority of contacts are directly from the patients, there are also a high number of contacts from relatives/carers of the patient or other advocacy services on behalf of the patient/carer.

Table 3

Source of PALS/Complaints 19/20	Complaint	MP Complaint	Non statutory Complaint	Possible complaint	Re-Opened Complaint	PALS Concern/MP Enquiry	Total
Patient	196	0	0	28	24	456	704
Relative/Carer	149	0	0	35	18	264	466
MP	1	4	0	0	1	67	73
Other advocacy services	20	0	2	2	9	12	45
Friend/Neighbour/public	12	0	0	2	3	42	59
Other External Trust/Agency/Service	3	0	10	1	0	13	27
Local Authority	3	0	2	0	0	6	11
Other	8	0	21	7	0	14	50
Total	392	4	35	75	55	874	1435

6. Reportable Complaints:

451 contacts were reportable complaints (including MP and re-opened complaints) which is an increase on the previous year as aforementioned and in line with national trend. As identified in Table 5, the increase in comparison with the same period is less and at 16% compared to 25% in 2018/19. This reduction in reportable complaints may be as a result of improved communication with service users and carers, together with implementation of carers champions in clinical teams and meet the manager sessions on all sites whereby they seek to resolve issues at an earlier stage.

Table 4

Reportable complaints 2019/20 by Care Group	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Total
Acute Services	9	14	7	13	7	6	14	12	12	6	2	7	109
Community Recovery Services	29	24	25	23	28	28	27	23	17	19	21	19	283
Corporate Services	0	0	1	1	0	0	0	0	0	0	0	0	2
Forensic & Specialist (Forensic)	0	1	1	0	1	1	3	1	2	1	4	0	15
Forensic & Specialist (Specialist)	1	0	1	1	1	0	1	1	1	2	0	0	9
Older Adult Mental Health Services	3	2	0	5	3	1	1	5	3	5	2	3	33
Total	42	41	35	43	40	36	46	42	35	33	29	29	451

Table 5

Reportable Complaints	2017/18	2018/19	2019/20
Complaint	216	355	392
MP Complaint	3	13	4
Re-Opened Complaint	121	57	55
Total	340	425	451

As identified in table 6 below, Community Recovery are consistently the highest reporting care group, with the majority being across CMHTs however, there are a number of different services which are provided by this Care Group. They include community mental health services, Early Intervention Psychosis service (EIPS), rehabilitation services, psychological services and Single Point of Access (SPoA). Acute care group report lower complaint numbers than Community which is both due to the structure of services under this care group and the nature of the complaints which generally arise from the patients or carers and are in relation to issues surrounding the admission to a ward for treatment. These complaints are often resolved promptly by ward managers/staff.

Forensic and Specialist Care Group complaint numbers are small compared to other care groups. This is in part is due to a smaller caseload size, the patient cohort which tends to be less acute, with a slower patient turn over thereby providing opportunities for long term work and ability to build relationships and resolve issues which may otherwise escalate.

Table 6

Reportable complaints by Care Group 2019/20	Acute Services	Community Recovery Services	Corporate Services	Forensic & Specialist (Forensic)	Forensic & Specialist (Specialist)	Older Adult Mental Health Services	Total
Complaint	98	243	2	12	9	28	392
MP Complaint	1	3	0	0	0	0	4
Re-Opened Complaint	10	37	0	3	0	5	55
Total	109	283	2	15	9	33	451

7. Comparison of Complaints against contacts/beds

Tables 7 and 8 below show the number of reportable complaints against the number of contacts and distinct patients (distinct patients refer to the number of patients rather than actual patient contacts). The high contacts/caseloads for Community recovery in comparison to other care groups is identified in the tables below. The first table shows all contacts (the same patient may record as duplicate contact due to the services received). The second is distinct (caseload) contacts.

The third table (9) shows the number of complaints against the number of occupied bed days for Acute, Older Adult and Forensic & Specialist care group. The number of complaints has been adjusted to capture inpatient complaints only.

Table 7

Contacts and Reportable Complaints by Care Group 1 April 2019 to 31 March 2020			
Table 6	Contacts	Complaints	Complaints as a percentage of Contacts
Acute Service	58528	109	0.18%
Community Recovery Service	196530	283	0.14%
Forensic and Specialist	45859	24	0.05%
Older Adult	69206	33	0.05%
TOTAL	370123	449	0.12%

Table 8

Distinct Patient Contacts and Reportable Complaints by Care Group 1 April 2019 to 31 March 2020			
Table 7	Distinct Patient Contacts	Complaints	Complaints as a percentage of Contacts (Distinct Patients*)
Acute Service	11269	109	0.83%
Community Recovery Service	23028	283	1.22%
Forensic and Specialist	13255	24	0.18%
Older Adult	15940	33	0.20%
TOTAL	63492	449	0.70%

Table 9

Contacts and Reportable Complaints - bed days 1 April 2019 to 31 March 2020			
Table 9	Bed days	Complaints (in-patient only)	Complaints as a percentage of Bed Days
Acute Service	56459	74	0.13%
Forensic and Specialist	45222	19	0.04%
Older Adult	29595	9	0.03%
TOTAL	131276	102	0.07%

8. Re-opened Complaints:

The number of re-opened complaints has been consistent as identified below (table 10) despite improvements in the quality of investigations and increased communication with complainants. Re-opened matters tend to be complex in nature and often have high outcome expectations such as seeking staff disciplinary or provision of a model of care that The Trust are unable or not commissioned to provide. It is reassuring to note that following a review, the majority of these matters resulted in similar outcomes as the initial investigations.

Table 10

Re-opened complaints	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Total
Acute Services	1	1	0	1	1	3	1	1	1	0	0	0	10
Community Recovery Services	2	4	4	0	7	3	3	2	4	2	5	1	37
Forensic & Specialist (Forensic)	0	0	0	0	1	0	1	0	0	0	1	0	3
Older Adult Mental Health Services	1	0	0	2	0	0	0	0	1	0	1	0	5
Total	4	5	4	3	9	6	5	3	6	2	7	1	55

9. PALS and non-reportable Complaints:

909 PALS type concerns and enquiries were reported for the period 1 April 2019 to 31 March 2020, an increase on the previous year's figures (table 11). 76 of these contacts were from MP's and in relation to supporting constituents with general concerns or enquiries in relation to provision of services. There was also an increase in non-statutory contacts which would generally be from GP's or members of public with concerns for services users in their care or in the community. Consent is often not provided or even required if the query is 'process' related and therefore generic responses are provided. Table (12) below shows the PALS contacts by Care Group.

17% (51 contacts) were referred to other care providers on inception as these were not in relation to KMPT services or referred to other KMPT departments such as legal or Information Governance. Cases were signposted as appropriate to external contacts such as Kent County Council (social care issues – 32%), NHS England (GP concerns - 8%), East Kent Hospital University Foundation Trust (Acute hospital concerns - 12%) or other care services/providers. 6% were referred to Legal or Information Governance.

Table 11

PALS & Non Reportable	2017/18	2018/19	2019/20
Non statutory Complaint		28	35
PALS - MP Enquiry		57	76
PALS Concern/Enquiry		697	798
Total		782	909

Table 12

PALS contacts by Care Group	Acute Services	Community Recovery Services	Corporate Services	Forensic & Specialist (Forensic)	Older Adult Mental Health Services	Total
Non statutory Complaint	9	14	1	5	1	30
PALS - MP Enquiry	8	51	2	4	6	71
PALS Concern/Enquiry	168	457	20	42	70	757
Total	185	522	23	51	77	858

51 cases were for other services/organisations and signposted as appropriate.

10. Parliamentary and Health Service Ombudsman (PHSO):

Complainants may refer their complaints to the Parliamentary Health Service Ombudsman (PHSO) for an independent review within one year from the date of KMPT’s final response if they remain dissatisfied with the investigation or outcome, although few complaints are referred to the PHSO. Records show that in the last year, 4 cases were accepted by the PHSO for investigation, 3 of which remain open and are at various stages of the process. 7 cases were closed in this period following PHSO investigation, 3 not upheld, two partially upheld (both joint with social care) and one fully upheld. All recommendations and action plans for these cases were adhered to, including financial remedy and have been subsequently closed by PHSO/Local Government Ombudsman following satisfactory provision of evidence. PHSO are currently not processing any new or existing NHS complaints due to Covid-19 pandemic.

11. Timeframes:

The tables below identifies both acknowledgement and response timeframes Trust wide and per month. The average response time for the year is shown alongside each title. Acknowledgement and response timeframes for the Trust are above those reported by other care providers. The majority of cases are acknowledged by the team within three working days in accordance with our KPI, however, there are a very small number of cases, primarily those received direct to the locality, in which this is not met. Timeframes for responding to concerns and complaints are also impressive although are occasionally delayed due to the competing clinical commitments of investigators. It is anticipated that successful expansion of the newly piloted centralised SI and complaints team may so some way to addressing this issue.

Table 13

Type and response rate %	04/19	05/19	06/19	07/19	08/19	09/19	10/19	11/19	12/19	01/20	02/20	03/20
PALS acknowledged within 3 days (or agreed timeframe) 99%	98%	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%
PALS responded to within 25 days (or agreed timeframe) 97%	100%	100%	99%	94%	90%	98%	96%	95%	100%	98%	97%	98%
Complaints acknowledged within 3 days (or agreed timeframe) 98%	98%	98%	97%	100%	95%	100%	96%	96%	100%	98%	100%	100%
Complaints responded to within 25 days (or agreed timeframe) 94%	96%	94%	91%	88%	98%	94%	89%	97%	93%	96%	97%	95%

Whilst there have been improvements in meeting agreed timeframes, this continues to be an area of ongoing difficulty for all teams who are managing a busy clinical caseload as well as providing detailed investigation outcomes for complaints. This pressure is recognised by the PALS & Complaints Team who provides assistance and support to individual investigators. There is a pilot project which has been implemented through a centralised team to investigate both complaints and serious incidents. The aim is to support complex investigations and alleviate some of this pressure on clinical teams. Initial feedback is that this is already making an impact however formal evaluation will be conducted to inform a way forward.

12. Outcomes of closed Matters:

1372 complaints and PALS type enquiries were closed from April 2019 to March 2020, the outcomes of which are provided as per table 13 below. 13% of reportable complaints were upheld, 26% partially upheld 38% were not upheld. Partially upheld cases are where there was a combination of points both upheld and not upheld. The remaining 23% of cases were closed as deferred (2%), insufficient evidence (4%), withdrawn (3%), concerns resolved (9%) or referred on to another agency (5%). For PALS concerns and non statutory complaints 1.4% were upheld 0.4% were partially upheld and 3% were not upheld. The majority of PALS case are in relation to seeking help and support and do not contain complaint issues requiring such outcomes.

There are a number of matters that are out of time, signposted to another agency, withdrawn or deferred which are reported as 'other'.

Learning is sought from investigated concerns and complaints and evidenced within an action plan which are monitored to ensure the learning is shared team or trust wide for improved service delivery. Learning for this period is evidenced in section 12 further in the report.

Table 14

Outcomes of closed PALS/Complaints	Complaint/MP Complaint	Non statutory Complaint	Re-Opened Complaint	PALS Concern/Enquiry	Total
Upheld	62	4	5	13	84
Not Upheld	172	8	27	29	236
Partially Upheld	121	5	16	4	146
PALS Concern/Enquiry Resolved	6	13	7	647	673
Other	40	6	7	180	233
Total	401	36	62	873	1372

13. Themes and Trends:

The top themes for PALS and complaints within KMPT are similar to trends reported nationally. These are highlighted as per the table (15) and are reported against the care group involved. All aspects of clinical treatment remains the highest reported subject and selected for complaints raising a number of concerns. Issues such as declined referrals, not meeting criteria for secondary mental health services or inability to access to services would fall within this subject and account for many of these cases. Poor or lack of communication is also a frequently reported issue; however, with the implementation of carer's champions on the wards and within the community bases, complaints from carers have reduced significantly. Failure to return calls has been a consistent issue and an alternative processes have been implemented to address this within the community teams which is reported by some teams to have been successful. Concerns surrounding admissions and discharge are also within the main themes reported and would be in regard to patients or carers requesting an inpatient stay which may not be the most appropriate treatment at that time or patients feeling they have been discharged from inpatient settings or from community teams prematurely.

Aspects of staff attitude and behaviour is commonly raised in complaints and these are often resolved in communications between the line manager, staff and complainant, with learning taken forward in reflective practice sessions or supervision/training. Patients or carers can feel unheard or dismissed during interactions with staff or in care meetings and which would fall into this category.

Table 15

Themes of PALS & Complaints by Care Group	Acute Services	Community Recovery Services	Corporate Services	Forensic & Specialist (Forensic)	Older Adult Mental Health Services	Total
All aspects of clinical treatment	47	284	0	8	28	367
Communication/information to patients (written and oral)	27	96	3	3	9	138
Admissions, Discharge & Transfer arrangements	48	62	0	5	10	125
Attitude of Staff	43	33	1	13	8	98
Appointments, delay/cancellation (outpatient)	0	52	0	2	6	60
Total	165	527	4	31	61	788

14. Learning from Closed PALS & Complaints

Learning is sought from all upheld/partially upheld complaints and captured on action plans identifying specific areas of learning and action for the Care Group. These actions are captured on Datix within the actions module, monitored to ensure evidence is provided for the learning and disseminated as appropriate across the team/Care Group and implemented for improved service delivery. Some examples of this would be:

- The introduction of Non-Medical Prescribers has increased capacity of Consultant appointments as they are able to review medications.
- Change of process has meant that discharge letters are sent to clients and copied to referrer or GP to ensure that clients are aware/clear they have been discharged from services.
- GPs have been provided with link to access Primary Care Mental Health Nurse (PCMHN) referral forms and a generic email address has also been provided, to improve communications and access to PCMHN service
- Using the Actions Module on our Datix incident reporting system has developed another way to identify training or refresher training required across teams in addition to what is identified in supervisions. This oversight allows training sessions to be held at one location, which in turn improves attendance and reduces need for staff travel across the Trust. This therefore improves knowledge of team and is more efficient saving both time and money.
- Visiting times at inpatient wards have been aligned to provide consistency for visitors when patients have been transferred from one ward to another.
- Protocols and processes for patients' personal effects have been developed. Staff have been trained to use the new forms and this has enabled greater accuracy in recording personal effects and further enhanced storage of valuables.

There has been an increase in complaints received relating to patients with Autistic Spectrum Disorder (ASD). The complaints relate to the level of understanding about ASD and lack of specific ASD service provision by KMPT.

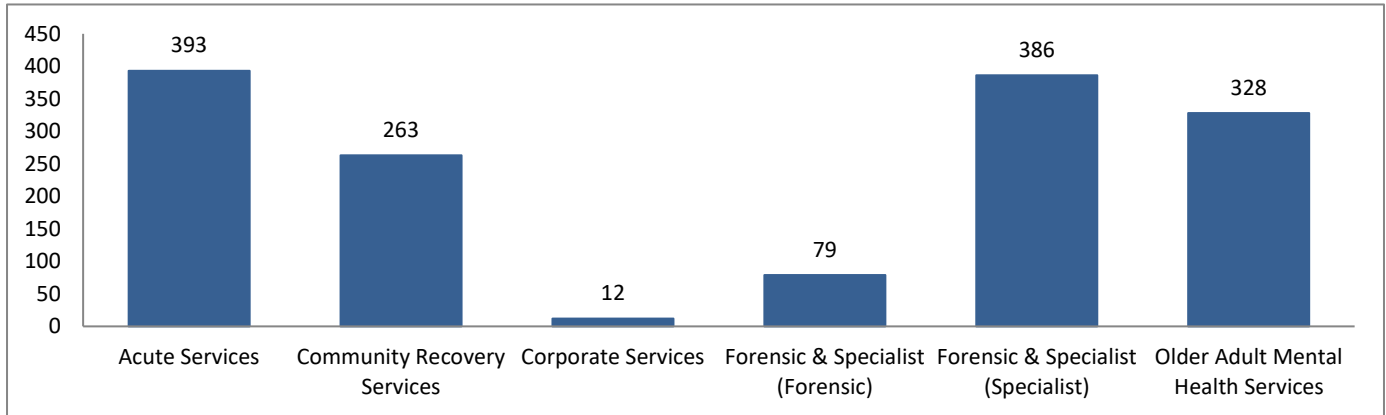
- Patients receiving care and treatment from KMPT who have a comorbid presentation including ASD have been wrongly diagnosed as EUPD
- Patients with ASD have received little or no support whilst waiting for input from external agencies.
- Patients with ASD are not given treatment due to the complexity of comorbid presentation.

The issue for the Trust is that we are experts in mental ill health but not in autism, additionally this is not a service we are commissioned to provide. Awareness training has been provided however this can replace the clinical expertise to

support individuals with autism and also presenting with complex needs. The Trust now has a member of staff who is helping both KMPT and the wider system to think about what services are needed for this group. With their expertise in ASD, they will help KMPT become more aware and improve our understanding, helping us get the right training and for the wider system understand what it needs to do to improve services to this patient group.

15. Compliments

Graph 2



There were 1461 compliments recorded in the Trust from 1 April 2019 to 31 March 2020.

There were many words and sentiments of gratitude reported by patients, carers and other agencies. Key words that have been expressed about our services and clinical staff, Doctors, nurses, OT’s, STR’s, HCA’s, Team Leaders, Phycologists, Therapists are:-

Caring, supportive, excellence, knowledgeable, listening, holistic approach, non-judgemental, calming, empathetic, enabling, compassionate, willing, going the extra mile, above & beyond, stability, continuity of care, professional, kindness, making a difference, effective, efficient, there for me, taking time, thorough, informative, cheerful, respectful, acceptance, listening, excellent quality, wonderful staff, clear communication, high standards, easy to understand, positive, right environment, therapeutic approach, responsive.

We have received compliments on our teaching and educational work from other agencies who have expressed their thanks. They have reported that their experiences have been positive, key words from the Police/Students/Other’s;

Amazing, insightful, knowledgeable, professional, compassionate, caring, going the extra mile, informing, clear, easy to understand, willing to work with others, wanting the best for their patients, selflessness, inspirational, excellent opportunity to learn, skill sharing, enlightening.

There have also been a lot of compliments for our non-clinical staff who often have patient facing roles, either on the phone or in person, for example in Reception or on Wards. People have responded to them and have used the following to express their gratitude to them;

Smiling, welcoming, caring, gentle approach, friendly, lovely phone manner, polite, hard working, making a difference, calming, helpful, team working, organised, professional, informative, knowledgeable, patience & understanding, above & beyond, listening, responsive.

16. Trust’s key priorities for PALS & Complaints in 2020/21:

- To continue with the development of the PALS & Complaints action module in WebDatix, migrating to Datix Cloud which will enable robust and centralised monitoring of SMART identified learning and action plans.
- To monitor timeframes and responsiveness to complaints, ensuring prompt escalation as appropriate.

- To support the staff within the piloted centralised SI and Complaints investigation team and report more timely investigations.
- To continue to ensure responses provided, ensuring these are open, conciliatory and all concerns have been fully addressed.
- To further reduce the number of complaints unresolved to the clients' satisfaction and of which are directed to PHSO for consideration.
- develop a mechanism for sharing learning from complaints with wider Patient and Carer Consultative Forums