



Norfolk and Suffolk
NHS Foundation Trust

Complaints Annual Report 2015-16

Date:	DO NOT DELETE	
Item:		

Annual Complaints Report 2015-16

Introduction

Complaints have a key role in providing the Trust with feedback on the experience of the services it delivers. A complaint is a request for the individual's experience to be heard, considered and responded to. Registering a complaint is not an easy decision, making it imperative the Trust has a process that is respectful, responsive and timely.

This report provides an annual summary of complaints received by the Trust in the period April 2015 to March 2016.

Number and type of complaints received

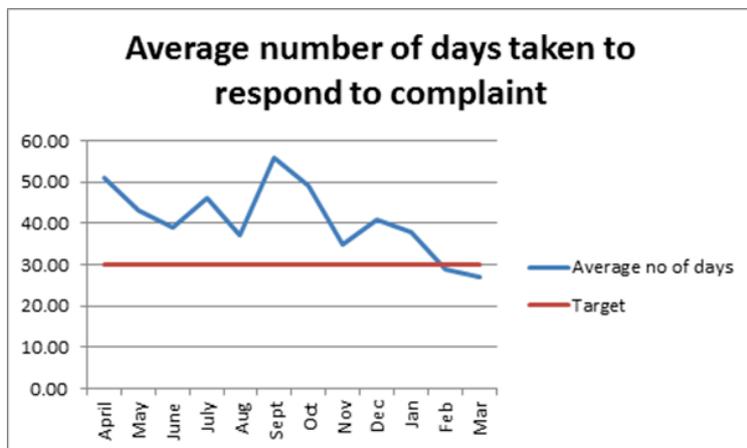
During the period April 2015 to March 2016 the Trust received 592 complaints (608 in 2014-15). The majority of complaints related to "clinical treatment" (39 %), followed by "values and behaviours (of staff)" (17%).

At the time of reporting 451 complaints had received a formal response. Of these complaints 87 were upheld (19%), 179 were partially upheld (40%) and 185 not upheld (41%). The total amount of complaints fully upheld compared to 2014-15 has reduced (31% to 19%) while the proportion of complaints partially upheld has increased (30% to 40%)

In addition to the figures above the Complaints Team also dealt with 133 enquiries from MPs acting on behalf of their constituents.

Complaints process and outcomes

In line with the NHS Complaints Regulations, Trust policy is to acknowledge a complaint within three working days. 92% of the complaints received within the Trust met this target. Times where this target has been missed have generally been down to a sharp increase in the workload of the Complaints team, or a complaint being sent over to the team a few days after it has been received into a different area of the Trust. The Trust has a target to respond to complaints within 30 working days. The table below provides the average time taken to handle a complaint on a monthly basis across the reporting period.



2016- Complaints Annual Report	Version 0.1	Author: Jon Punt Department: Governance
Page 1 of 5	Date produced: September 2016	Retention period: 30 years

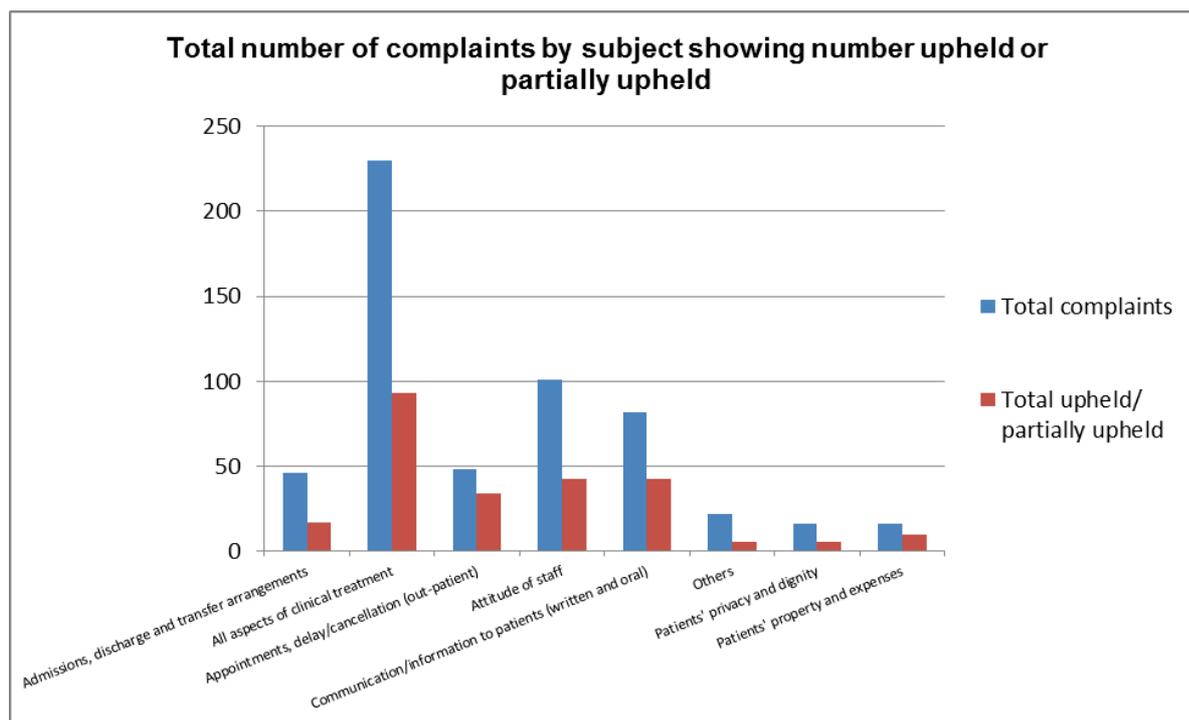
Whilst this is a single point of measurement there can be a number of factors that influence the time for a complaint response. For some complaints the depth and complexity can be significant and may involve liaison with other organisations. This can influence the time taken to complete a full investigation. Complainants are kept updated on the progress of their complaint.

A total of 54 complaints have been re-opened in this reporting year. Whilst these figures have not been reported in previous years this appears to be an increasing trend.

Complainants are advised to contact the Complaints Team in the response sent to them, should they have further comments or questions. It will be reiterated to investigators within complaint training that it is good practice to make contact with the complainant to ensure all aspects of their concerns are addressed in the initial response. This contact will also help build trust in the investigator, which may in turn reduce the questions around accuracy of responses from complainants.

The table below shows the top eight complaints by subject and the number of complaints upheld/partially upheld.

39% (230) of complaints related to *All aspects of clinical treatment*. Of these 40% were upheld or partially upheld. 17% (101) of complaints received fell into the category of *Attitude of Staff*. Of these 43% were upheld or partially upheld. This could reflect the difficulty of forming evidence based conclusions for complaints where there is concern raised regarding the action of a staff member with no third party witness.



Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman is the second stage of the NHS Complaints Process. Complainants may request review once the Trust has provided a response.

During 2015/2016 the Trust has been informed 15 complainants requested review of their complaint by the Parliamentary and Health Service Ombudsman (one to the Local Government

2016- Complaints Annual Report	Version 0.1	Author: Jon Punt Department: Governance
Page 2 of 5	Date produced: September 2016	Retention period: 30 years

Ombudsman). This compares to eight complainants during 2014-15. A further seven complaints were being investigated by the Ombudsman prior to this reporting period and were closed during this time. Of these seven, one was closed with no further action. Three were not upheld and three were partially upheld.

Key themes and learning

Reviewing the complaints across a single year provides opportunity to identify themes relevant across the Trust. Complaints were analysed across each subject area with the following conclusions drawn:

All aspects of clinical treatment

A number of the complaints relate to patients and carers not feeling listened to and not receiving enough contact, as well as identified conflicting opinions between teams as to whose should provide care. This could identify potential learning around making sure patients are kept fully informed about their care.

Several complaints specifically cited problems with delays in medication being supplied or dosages being altered.

Other notable themes were identified as below:

- A lack of inclusion in carers and relatives input into care packages and initial assessments by staff in both in-patient and community settings. Continued implementation of the Triangle of care was referenced in many of the apologetic responses.
- A number of complaints identified concerns with the level of support being provided (predominantly to those in community settings). Several included concerns regarding a delay in being allocated to a named worker.

Admissions, discharge and transfer arrangements

A number of complaints referenced being discharged from community services either without notification whatsoever or from an in-patient setting, having received little information regarding discharge planning. One of these complaints was considered by the Ombudsman and recommendations made which are being followed up by the Audit team. Complainants were advised The Trust's policies C70a Discharge from Inpatient Care and C70b Discharge from Trust Services provide guidance on the actions to take, which include liaison with family/carers. Where it was found the policies were not followed staff were reminded of the importance of ensuring this occurs.

In response to several complaints about this subject changes were implemented in an attempt to reduce the instances of patients repeatedly being referred from Access and Assessment Team to Wellbeing Teams. From 1 September 2015, Wellbeing Services are able to provide medication reviews via the psychiatrist aligned to the Service.

Property

Of the 16 complaints received under the category of property and expenses 11 were upheld or partially upheld (an increase from six the previous year), the majority receiving payment in recompense for lost or damaged goods. The majority of these complaints refer to the loss or damage of clothing within inpatient settings. For example, when clothing is laundered it returns damaged, goes missing or to another service user. This can be especially distressing for family

2016- Complaints Annual Report	Version 0.1	Author: Jon Punt Department: Governance
Page 3 of 5	Date produced: September 2016	Retention period: 30 years

members, reducing their confidence the service is treating the service user with dignity and respect.

Of the 11 upheld or partially upheld, four relate to Poppy Ward (Woodlands, East Suffolk) and resulted in reimbursement for loss or damage of items including clothing and a CD player. The remaining seven appear evenly spread across areas (with the next highest concentration being two within Secure Services, one each for Catton and Thorpe Wards)

The Trust has a Service User's Property Policy C108 which provides guidance on the storage of property.

Staff attitude

Whilst being the second largest category of complaint, this reduced from 147 complaints last year to 101 received this year.

A number of themes were identified within this area of complaint:

- Several complainants raised that during appointments or interactions with Trust doctors they felt dismissed. It was also highlighted that other professionals' opinions were being discounted. Whilst a number of these complaints were not upheld this may be useful learning for doctor's revalidation, so they can reflect on how they communicate with patients/service users.
- Some complainants were unhappy about the way in which Trust staff had talked about their child whilst in meetings. Again this may identify learning around how to articulate information regarding children when parents are present.
- Complaints consistently raised the attitude of staff on acute wards across the Trust from in patients. An uncaring approach was mentioned in some complaints, although these comments are difficult to quantify it provides useful insight into how patients feel when on Trust wards.

Communication

There were 82 complaints relating to communication during this reporting year. 43 of these were either upheld or partially upheld.

One key theme identified was staff not returning calls in a timely manner. This can have the impact of the service user not experiencing a prompt response to changing circumstances and mental health, potentially increasing the risk of a crisis. It has been identified by some service areas this may be because staff resource is finite and increasing demand on services means less time to return phone calls.

Another area noted was that complainants experienced delays in receiving written confirmation of care plans and appointments. Again this suggests a possible lack of resource to ensure tasks are completed in a timely manner.

Complaints were also analysed across Trust wide service areas, with the following areas identified where learning may be able to be drawn from complaints:

Adult Acute & Community Teams

Analysis of complaints for Adult Community Teams across the Trust identified a number of instances where service users or their carers and family were unhappy with the length of time they

2016- Complaints Annual Report	Version 0.1	Author: Jon Punt Department: Governance
Page 4 of 5	Date produced: September 2016	Retention period: 30 years

had to wait to be allocated to a care co-ordinator or named member of staff. Similar complaints often also highlighted the length of time taken to be seen by a doctor for a medical review.

A number of instances of complaints have also been found whereby:

- A service user is without a care co-ordinator for a period of time following discharge from hospital
- A service user has been unhappy with the lack of care provided following discharge
- Communication with services users about the care they would receive post discharge was poor, leaving them feeling unclear about arrangements.

These complaints may identify the need to ensure thorough communication with patients and their carers when being discharged from hospital, including what to expect next and who will be making contact with an expected (identified) timeframe.

A number of instances within in-patient settings identify concerns regarding the attitude of staff and their willingness or ability to listen to concerns of the carers and family of the services users when it was expressed verbally to them. The result of this was for carers or family members to write a formal letter of complaint. This could identify a need for a more structured process on wards whereby the nurse in charge of the shift (in the absence of Clinical Team Leaders) liaises with concerned visitors or callers to attempt to resolve concerns at this stage.

Secure Services, including Low Secure Wards and Forensic Community Teams

Due to a low number of complaints, no themes could be identified through analysis.

Dementia and Complexity in Later Life Teams

Although the low number of complaints for this area meant thematic analysis was difficult, some complainants were unhappy telephone messages had not been returned. These were generally from family members, leading to increased levels of distress.

Crisis Resolution and Home Treatment Teams

Analysis identified several complaints whereby service users or their carers and family were frustrated by the inability of services to admit to local in-patient beds following assessment.

Youth Services

A number of complaints highlight concerns regarding waiting times to be seen following a referral to youth services. Although the delays may be accepted this identifies potential learning around managing parent's expectations for wait times.

Several complaints were received from parents who were dissatisfied with the care and treatment offered for their children and of the attitude of staff members when liaising directly with the parents. This could identify a need for the staff to be reminded of the potential distress of a worried parent and the need to sensitively communicate the types of treatment being offered to manage expectations.

2016- Complaints Annual Report	Version 0.1	Author: Jon Punt Department: Governance
Page 5 of 5	Date produced: September 2016	Retention period: 30 years

Norfolk and Suffolk NHS Foundation Trust values and celebrates the diversity of all the communities we serve. We are fully committed to ensuring that all people have equality of opportunity to access our service, irrespective of their age, gender, ethnicity, race, disability, religion or belief, sexual orientation, marital or civil partnership or social and economic status.

Patient Advice and Liaison Service (PALS)

NSFT PALS provides confidential advice, information and support, helping you to answer any questions you have about our services or about any health matters.



If you would like this leaflet in large print, audio, Braille, alternative format or a different language, please contact PALS and we will do our best to help.

Email: PALS@nsft.nhs.uk
or call PALS Freephone 0800 279 7257

Trust Headquarters:

Hellesdon Hospital
Drayton High Road
Norwich
NR6 5BE

 01603 421421

 nsft.nhs.uk

 @NSFTtweets

 NSFTTrust

Working together for better mental health...



Positively...



Respectfully...



Together...