



## Paper for Trust Board September 2024

### Annual Complaints, Concerns and Patient Experience Report for 2023-24

#### Purpose of the Report

Leicestershire Partnership NHS Trust welcomes all feedback from patients, families, and carers about their experience of our services and view this information as invaluable in enabling us to learn and improve our patients experience, as well as determining whether changes could be made to the services we provide.

The report includes feedback received by the Trust between 1 April 2023 and 31 March 2024, including an overview of complaints, concerns, and compliments. The report outlines the Trust’s overall regulatory performance, as well as the learning and changes made to process throughout the year. This year’s annual report also includes feedback received through the Trust’s Friends and Family Test (FFT) for the first time, to provide a complete picture of all feedback received in 2023/24.

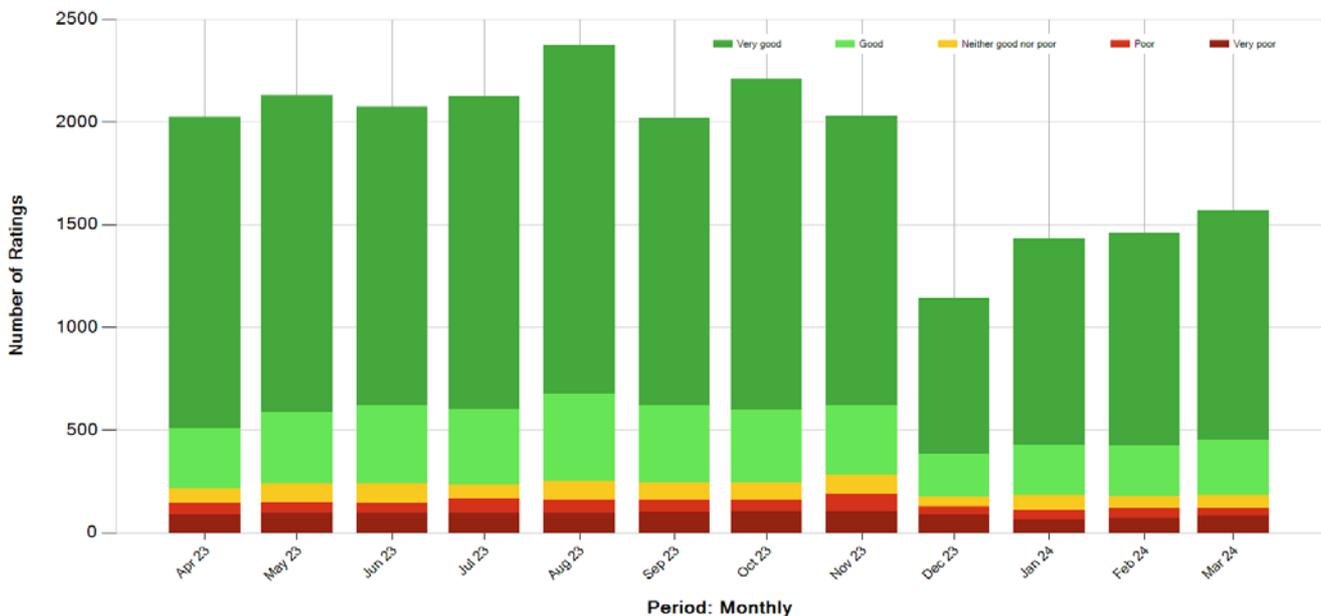
#### Analysis of the Issue

In 2023-24, the Trust received 26,236 individual pieces of feedback in relation to complaints, concerns, compliments, and FFT, a 3% decrease on the previous year.

The number of complaints received increased from 198 to 239 in this reporting year, whilst concerns and comments remained in line with last year with a total of 495 received by the Trust’s Patient Advice and Liaison (PALS) Service.

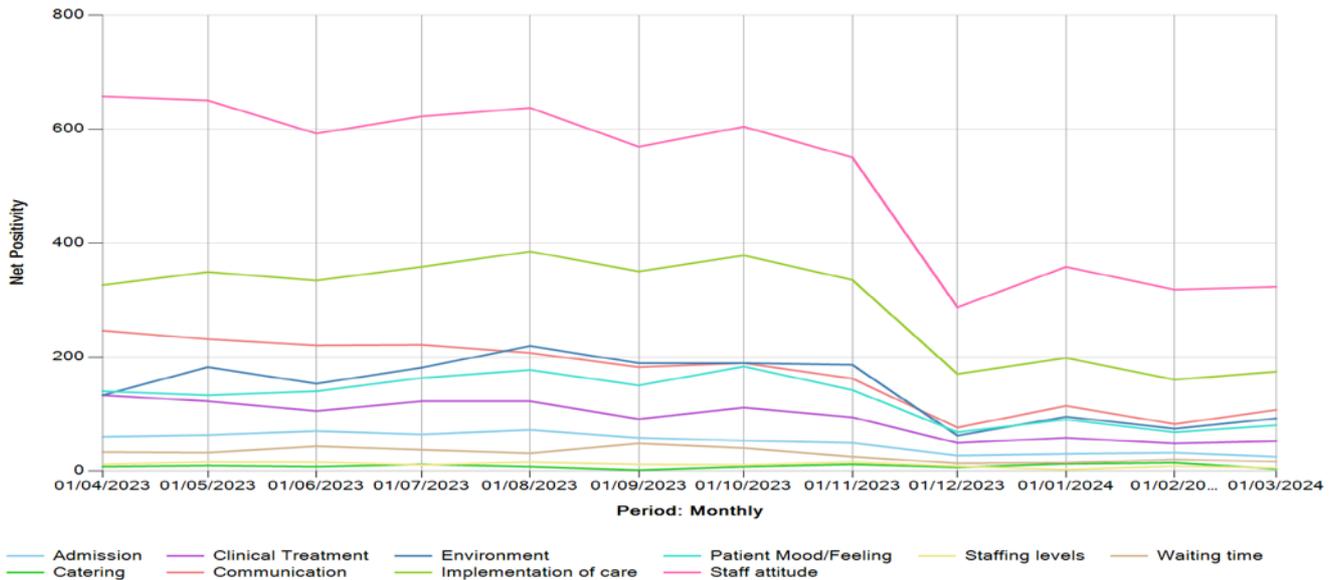
#### Friends & Family Test

Most of the Trust feedback received comes via our Friends and Family Test (FFT) and in 2023/24 the Trust received 22,886 responses and ratings through FFT, along with 18,063 individual comments. This represents a response rate of 9% of all FFT surveys issued. The overall score of satisfaction, either very good or good for services, was 87%, with 8% of responses reporting a negative experience. The number of responses is broken down below per month and by rating.

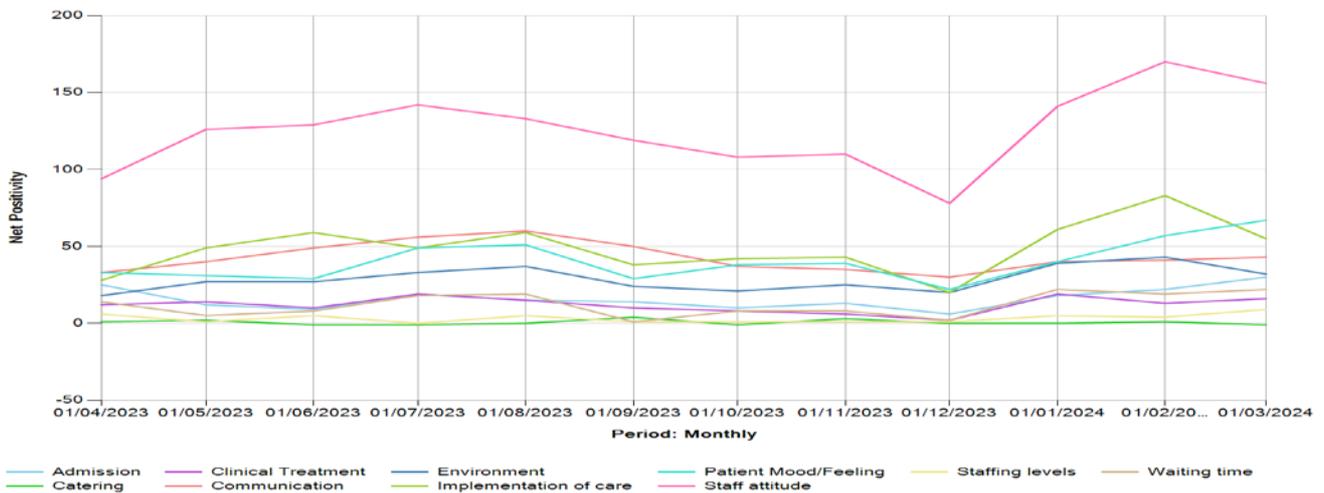




## Community Health Services



## Families, Young People and Children and Learning Disabilities and Autism



## Complaints

239

The number of complaints formally registered.

The percentage of complaints responded to in the agreed timeframe.

58%

The percentage of complaints registered against the number of patients that attended and were seen by the Trust

0.01%

32

The number of reopened complaints received.

96%

The Percentage of complaints acknowledged within 3 working days.

The percentage of complaints we upheld or partly upheld.

68%

The number of complaints we resolved in 40 working days.

139

2

The number of complaints that were formally investigated by the Parliamentary & Health Service Ombudsman.

## Complaints

During the period from 1 April 2023 to 31 March 2024, the Trust registered 239 formal complaints which is a 17% increase from 198 registered in the previous year. Although there are no specific factors which can solely be attributed to the increased number of complaints received, it has been widely reported that there is a shift in public opinion, expectation, and a reduction in satisfaction with the level of care being provided by the NHS. Publications by The Kings Fund, specifically The British Social Attitudes (BSA) survey published in March 2024 and The NHS Confederation poll on Understanding Public Perceptions and Attitudes to the NHS published in July 2023 describe this shift. NHS England (NHSE) have also commissioned several independent reviews into care across the UK, some of which people have advised has prompted them to raise a complaint, where before they may not have done so.

Additionally, our Complaints and PALS Team have encountered frustration regarding increasing waiting lists and waiting times for certain services, with an increase in contact by complainants with the Integrated Care Board (ICB), the Parliamentary and Health Service Ombudsman (PHSO), The Care Quality Commission (CQC) and to a lesser extent, their Members of Parliament (MPs).

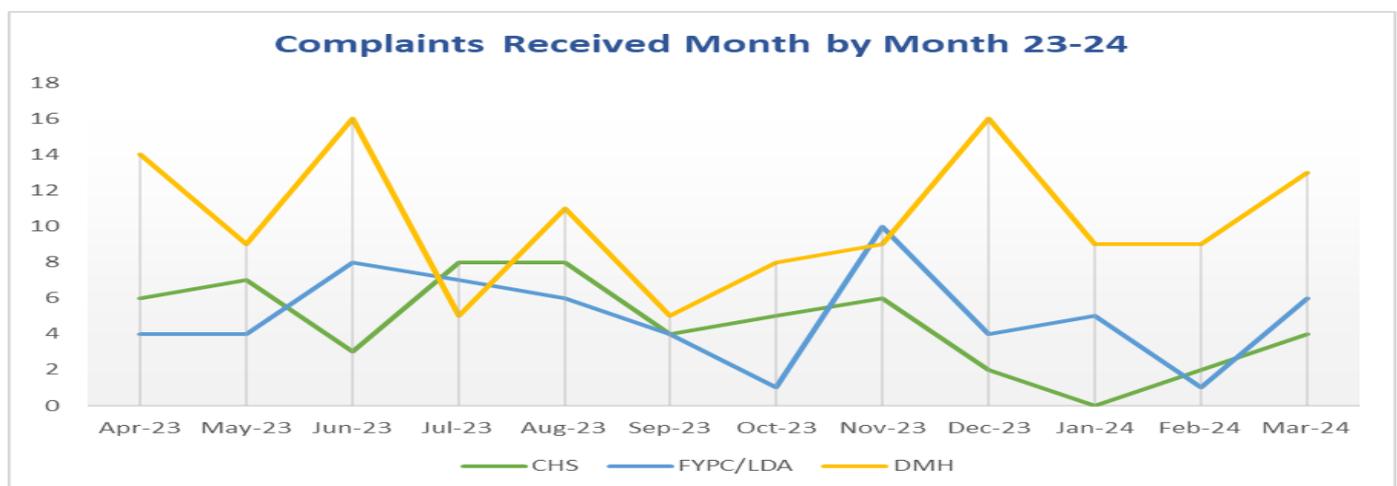
Whilst complaint numbers have increased, it is important to note that benchmarking with other Trusts including Northamptonshire Healthcare Foundation Trust (NHFT) and through networks, this is also the trend experienced by our partners across Leicester, Leicestershire, and Rutland (LLR).

The Complaints and PALS Team continue to work with colleagues in Patient Safety, Safeguarding, Legal, Human Resources and many other key areas. This collaborative working approach ensures that all cases are triaged appropriately, and a collaborative decision made regarding the avenue of investigation, not only to support the patient, family, or carer through the process but also to support our staff who investigate complaints, concerns, and patient safety incidents.

As a Trust we continue to move towards a patient focussed approach to complaints, with collaboration and communication across all areas through weekly or bi-weekly meetings with all directorates.

The Complaints and PALS Team offer formal and bespoke training to new and existing members of staff who are undertaking complaint investigations. In addition, the team run weekly virtual drop-in sessions to support colleagues and hosted a series of Peer Review sessions throughout the year. The feedback from staff has been positive with those attending training advising that they felt empowered to take ownership at first point of contact, thus providing a better overall patient experience of the complaint process.

Below is a breakdown of complaints received by month per Directorate:



		23-24	22-23	21-22	20-21
<b>Total Registered</b>	<b>Complaints</b>	239	198	239	188
<b>Directorate of Mental Health</b>		124	101	120	101
<b>Community Health Services</b>		55	36	66	39
<b>Families, Young People and Children, Learning Disabilities and Autism</b>		60	60	51	46
<b>Other</b>		0	1	2	2

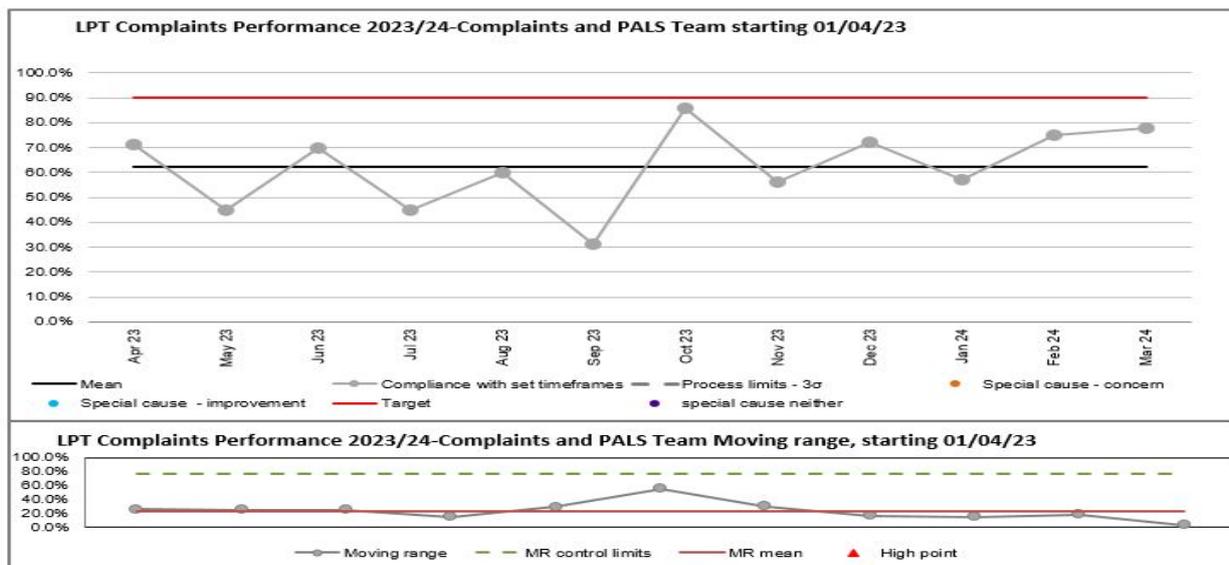
### Complaint Regulation and Performance

In 2023-24, the Complaints and

PALS Team improved compliance with an improvement from 91% to 96% of all complaints acknowledged within the regulated timeframe of 3 working days, exceeding the 90% target set by the Trust.

The Trust has an agreed a 40 working day response timeframe for all complaints, both new and reopened, with shorter or longer timeframes agreed with the complainant, where appropriate.

Overall, Trust performance in terms of closing complaints within 40 working days has been significantly lower than the target of 90% throughout the year, as demonstrated below.



It is important to note that everyone involved in the sign off process, continues to work extremely hard on trying to close all complaints within their specified timescales. Whilst the closure rate dropped in September 2023 (31%); it is not known why this was the case, other than annual leave and sickness as there were no other identified factors but performance closed at 58% for the year.

Performance and the factors that impact this are regularly discussed at the Trust Complaints Review Group (CRG), as well as through regular directorate meetings. Whilst we know that the complaints being received are more complex in nature, we are assured that through the training offer, as well as through open and honest discussions with services, we are striving to move in

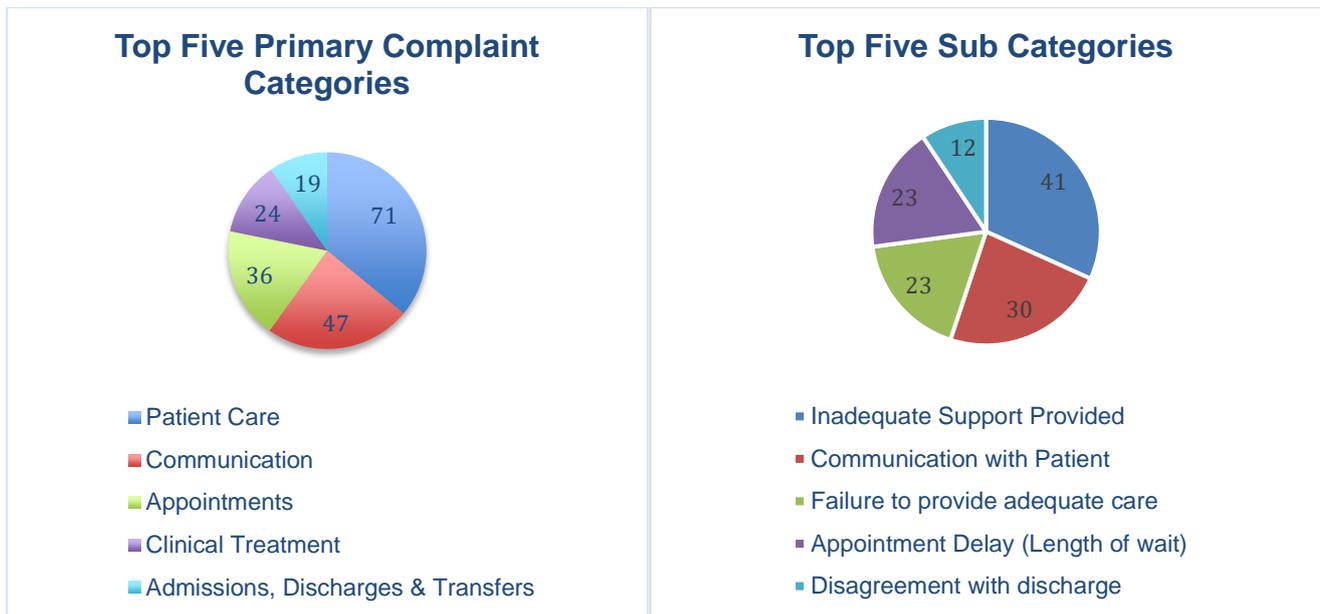
the right direction in terms of performance going into 2024-25, with the discussions at CRG identifying this as a quality improvement project for the coming year.

As was the trend last year, the Trust continued to receive most complaints via email. The Complaints Team have noticed a considerable uptake from patients, families, and carers to our offer of having consent forms, acknowledgement letters, and final response letters shared digitally. This ensures that complainants are able to communicate with the Trust through their preferred method of contact. This approach also helps the Trust move forward in terms of the wider NHSE aim to go paperless. However, the Trust will continue to ensure the most accessible method of communication is offered to those who contact us.

### Improving Complaint Categorisation

Over the year improvements have been made in respect of complaints categorisation. Following discussions at Complaints Review Group and with directorates it was identified that the recording of complaints did not always accurately reflect the issues being raised by complaints. To address this the Complaints Management Document (CMD) has been updated to allow a retrospective review of the complaint category following closure of a complaint. This has resulted in an improvement to the logging of categories within complaints ensuring this is as accurate as possible, especially in respect of the subcategory, which is also reportable to NHSE through the annual KO41a return. This work has allowed the Trust to provide the most accurate and up-to-date information, a task which previously took a significant amount of time due to errors on the report as a result of inconsistent logging. Internal training has also supported this in terms of category decision making amongst staff.

### Complaints Themes



As has been the case since 2020, Patient Care, Communication, and Appointments have been the top three complaint themes across the Trust and learning from complaints is detailed further in the report.

Communication has been a key theme over the past few years, with The Patients Association survey recording 1000 service users feedback, noting that half of the study participants received poor communication, with 1 in 10 advising this affected their ongoing care. The Data on Written Complaints in the NHS published by NHS England in October 2023, also recognises

communication as the largest proportion of new complaints received across Hospital and Community Health Services.

During the latter part of 2023, the Trust’s Peoples Council undertook a review of complaints in relation to communication. The review involved the collection of evidence and information to inform its review, using a model of Receive, Review, and Recommend. This review is to be presented to the Complaints Review Group in June 2024 and Quality and Safety Committee and a Trust Board Development session in August 2024.

Work has taken place during the year to develop training and support for staff in relation to customer service and improving communication with patients and carers. The new Customer Service Training, which was codesigned with staff and patients was launched in the Spring alongside training on Complaints and PALS. It is envisaged that by giving staff tools and approaches to support effective communication, this will result in a decrease in concerns and complaints relating to poor communication between staff, patients, and carers.

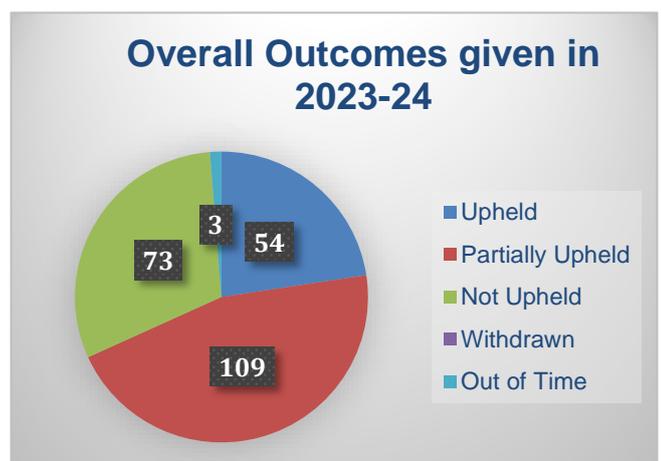
The continued collaborative work and strong relationships forged between the Complaints and PALS Team with colleagues across the Trust, ensures that we can continue to learn and make tangible changes to the services we provide.

### Outcomes of Complaints

The outcome of a complaint is categorised in line with the KO41a national return requirements set out by NHS England with the outcomes noted below:

Upheld	All issues of the complaint are fully substantiated and that there are shortcomings in the care and treatment provided
Partly Upheld	Some of the issues of the complaint are substantiated.
Not Upheld	The issues of the complaint are not substantiated, and the care was appropriate and according to process or guidelines.
Ongoing	The complaint is under investigation.
Withdrawn	The complainant no longer wishes to progress their complaint or require a response.

As with the previous year, between 1 April 2023 and 31 March 2024, the Trust upheld or partly upheld 68% of our complaints (163 of 239 received). Although Out of Time (OOT) cases are not reportable to NHSE, it is helpful to note this data due to the strict parameters with which complaints can be raised. The low numbers of OOT cases tells us that complainants are taking cases within the given timeframe (12 months from the date of the event or 12 months from the knowledge of the event). It has been noted that the public are more aware of the limitations placed on the process, should they not take a case in time. It is also interesting to note that in 2023-24, the Trust had no complaints withdrawn, compared to 3 the previous year.



## Further Local Resolution/Reopened Complaints

Between 1 April 2023 and 31 March 2024, 32 complainants got back in touch, as they were unhappy with their initial response; this is a 68% increase on the previous year (19) and a 15% decrease from 2022-23 (38). The table below provides a breakdown of why people were unhappy with their response and why the complaint was reopened for further investigation.

Reason	
Response did not address all issues	13
Disputes information	1
Unresolved issues	15
Other	1
New Questions	2

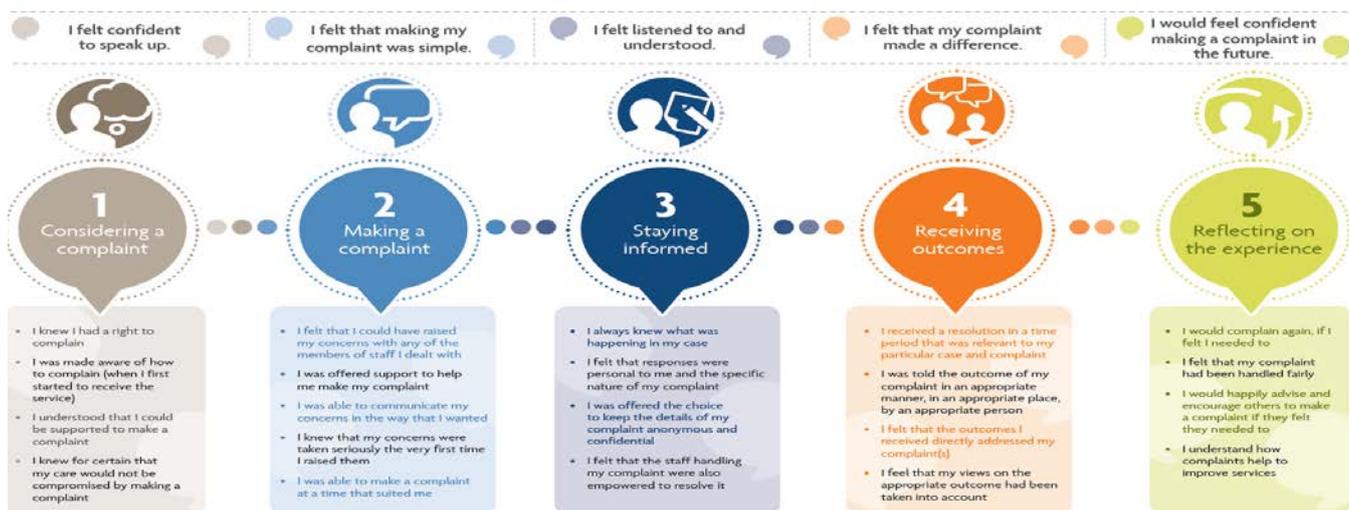
Whilst there has been an increase in the number of complaints being reopened in 2023-24, the top two reasons being, did not address all issues and unresolved issues, have not changed, and has led to increased complainant dissatisfaction with the process. However, we continue to use this feedback as learning both within the team and as part of our staff training package in the hope to improve satisfaction overall. Since the PHSO have implemented new complaint standards, the Trust has seen several requests for additional responses to be provided, before the PHSO will review the case, this has led to cases being reopened. However, the increase is not solely based on requests from the PHSO, and it is hoped that with the roll out of training and the Complaints and PALS Team being further visible across the Trust, that staff will feel empowered to contact the team if they need support with their investigations.

## Complaints Peer Review

In 2023-24, the team facilitated three Complaint Peer Review sessions, which took place in July and November 2023 and February 2024, focussing on the themes of Patient Care, Communication and Appointments.

The Peer Review sessions are based on the I Statements set out in the User Led Vision for Raising Concerns and Complaints, as noted below.

### A user-led vision for raising concerns and complaints



In total, 82 people attended the sessions from all areas of the Trust, both clinical and non-clinical, with some attendees having lived experience of the complaints process, either as a service user or carer. In total, 9 complaint files were reviewed, across all three directorates, with 197 pieces of individual feedback captured, along with additional feedback through tabletop discussions.

These sessions and the feedback collected have led to improvements including:

- Updated Initial complaint acknowledgement letter to improve patient experience and satisfaction with patient/carers.
- Revised satisfaction survey launched in 2024, developed with lived experience involvement members.
- Sharing of all peer review feedback and learning with attendees and directorates after each complaint peer review session completed.
- Discussions and shared learning from all peer review sessions shared at Complaints Peer Review (CPR).
- Recommendation to be implemented in 2024 to for a series of compassionate writing sessions are introduced to investigators and those involved in quality assurance processes.
- The introduction, ending and formal use of titles and sign off signatures (to include lead investigator) is changed to improve the patient experience of responses and reflects the diversity and current culture of the LLR population.
- All complaints to include robust action plans and evidence of learning within final responses.

In addition to these improvements discussions have taken place in relation to language and empathy and the formality of the process, something which is being linked into wider conversations across the Trust regarding compassionate language and writing.

Considerations regarding the diversity of the population across LLR and the impact that diversity may have on health literacy and understanding has been further explored within the Complaints and PALS Team through training.

### Learning from Complaints Process

It is important that the Trust recognises when something has gone wrong and to use this feedback to learn and make improvements. Complaints are a valuable source of feedback and an opportunity to bring about positive change. In addition to sharing complaints directly with the staff involved in the care, complaints are shared at directorate governance meetings, which feed into CRG and Quality Forum, the Quality Assurance Committee, and Trust Board.

In 2023-24 some of the below changes and actions were taken across the Trust in response to complaint feedback:

Directorates remain committed to complaint action plan closure. This has been added as a standard agenda item at CRG and has ensured that our figures across the Trust have remained low with grip and oversight.

CAMHS service completed an engagement exercise with children, young people, and families to gain their experience of FYPC/LDA's signposting offer. This was a positive session with the feedback being reviewed for further development to strengthen the offer and support provided to those on long waiting lists for assessment.

Weekly meetings are being held within CHS, as well as with the Director, to discuss the current position on complaints/concerns and act on highlighted areas due to an increase in District Nursing and Community Hospital complaints.

A collaborative piece of work was completed in FYPC/LDA alongside the Communications Team and Youth Advisory Board (YAB), involving the creation of videos to help support neurodiverse children. Topics included relationships and guidance on how to support young people whilst on a waiting list. It has been suggested that this could be replicated in DMH in the future.

Senior leaders reported witnessing de-escalations of concerns raised by patients, carers, and families in community inpatient settings, which is being supported with extra communication rounds and the implementation of communication clinics being held with the Ward Sisters and Matrons. This has led to the decrease in the overall formal complaint figures in the directorate throughout the year.

Following an increase in the number of zero tolerance letters being sent out by the team and Trust, a working group was established in order to empower staff to understand and know when and how to implement the policy.

### Looking towards 2024-25

The focus of the Complaints Team for 2024-25 will be to

#### **Continue to improve the quality of our complaint process, investigations, and responses.**

- Work in collaboration with directorates and Trust staff to understand and support breaking barriers to complaint closure through a quality improvement project.
- Deliver bespoke and formal training across the Trust for both the PALS and Complaints processes.
- Work with colleagues across the Trust in respect of compassionate conversations and writing in the hope that we can change the way in which we communicate with our patients, families, and carers to support their needs.
- Roll out the new complaint's satisfaction survey for all new complaints so we may use this direct feedback to bring about a more patient focused and needs based Complaints and PALS service.
- Complete a Quality Improvement project regarding the process for reopened complaints and implement any necessary changes to ensure the most effective and efficient service.
- Work in collaboration with the People's Council to review the complaint's process and make possible changes following their recommendations.

#### **Continue to implement the work of the Zero Tolerance group across the Trust.**

- Support discussions regarding zero tolerance in relevant meetings and with staff on the front line who have experienced verbal or physical aggression.

#### **Decision required – Please indicate:**

Briefing – no decision required	
Discussion – no decision required	
Decision required – detail below	

**Governance Table**

<b>For Board and Board Committees: Paper sponsored by:</b>	Trust Board	
	James Mullins, Interim Director of Nursing, Quality and AHP's	
<b>Paper authored by: Date submitted:</b>	Mary Mahon, Complaints & PALS manager	
	16 <sup>th</sup> September 2024	
<b>State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s): If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured: State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning</b>	Annual Report	
	N/A	
	N/A	
<b>LPT strategic alignment:</b>	Great Health Outcomes	
	Great Care	
	Great Place to Work	
	Part of the Community	
<b>CRR/BAF considerations:</b>	List risk number and title of risk	
<b>Is the decision required consistent with LPT's risk appetite:</b>		
<b>False and misleading information (FOMI) considerations:</b>		
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Yes	
<b>Equality considerations:</b>		