



Improving lives

Complaints and PALS

Annual Report

1 April 2017- 31 March 2018

Date: 12 July 2018

oxleas.nhs.uk

The Trust reports on all complaints received in writing both formally and informally. We record any complaint that is made in writing to any member of the Trust, CQC or CCG staff, or is originally made orally and subsequently recorded in writing. Once this is recorded, we treat it as though it was made in writing from the outset. Complaints and comments/suggestions that do not require investigation are not included in complaints reporting.

From 1 April 2017 to 31 March 2018 there were approximately 921,303 patient contacts with our services; in the same period we received a total of 178 formal complaints (0.01% of overall patient contacts) and 110 informal complaints (0.01% of overall patient contacts). Of the 288 complaints received 19 (7%) were re-opened as the complainant was not satisfied with the Trust’s original response.

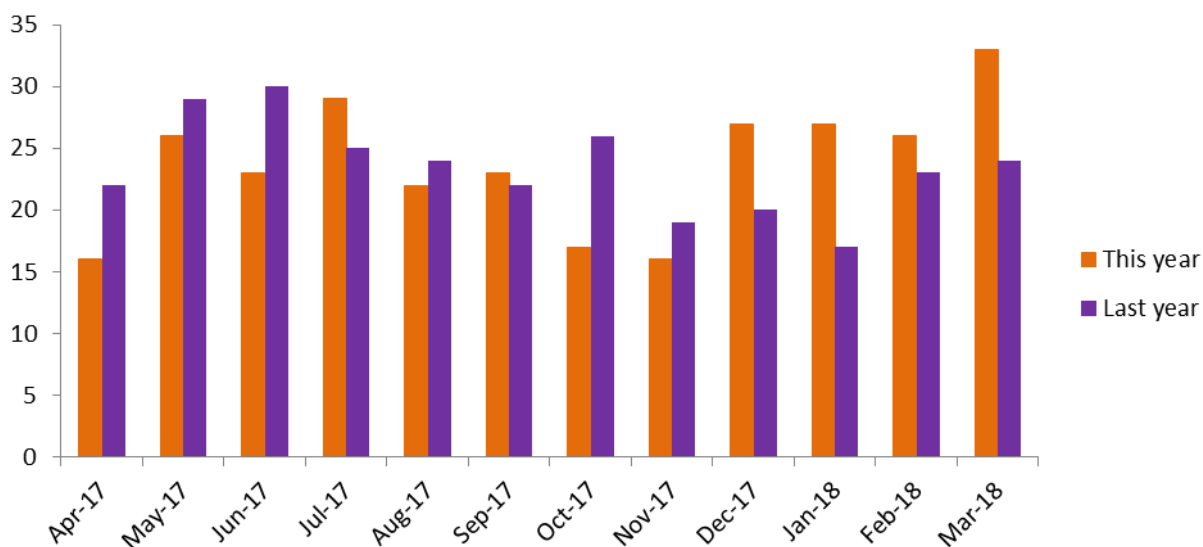
For the same period the Trust received 1,066 compliments (0.11% of overall patient contacts).

This report has been unable to compare activity with that of the same period last year (2016-2017) due to the data for the first 10 months of this period being recorded under the Trust’s previous Directorate structures.

1. Complaints and compliments received

	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec-17	Jan 18	Feb 18	Mar 18	Total (YTD)
Formal	12	19	13	15	12	18	14	6	16	13	17	23	178
Formal 16/17	20	20	20	20	14	15	18	8	18	12	17	18	200
Local	4	7	9	14	11	5	6	10	11	14	9	10	110
Local 16/17	2	9	10	5	10	7	9	11	2	5	6	6	82

The below graph tracks the number of complaints received by month against last year.



The table below compares the total number of complaints received by all Directorates for the period 1 April 2017- 31 March 2018

Bexley	Bromley	Greenwich	ALD	C&YP	F&P	Corporate
62	62	89	0	32	40	3

The table below compares the total number of re-opened complaints received by all Directorates for the period 1 April 2017- 31 March 2018

Bexley	Bromley	Greenwich	ALD	C&YP	F&P	Corporate
3	6	7	0	0	2	1

There were 1,066 compliments received for the period 1 April 2017- 31 March 2018. The breakdown by Directorate is detailed below.

Bexley	Bromley	Greenwich	ALD	C&YP	F&P
435	64	164	119	247	37

Data below shows the number of complaints and compliments received measured against patient contacts/bed day's figures for the period 1 April 2017- 31 March 2018 as a percentage. *Please note Bromley figures are for Mental Health Contacts only.

	Bexley	Bromley	Greenwich	ALD	C&YP	F&P
Number of contacts/bed days	377241	73160	301833	2,953	154,028	12,088
Complaints received as a % Number of complaints	0.01% (62)	0.08% (62)	0.02% (89)	-	0.02% (32)	0.33% (40)
Compliments received as a % Number of compliments	0.11% (435)	0.08% (64)	0.05% (164)	4.02% (119)	0.16% (247)	0.30% (37)

2. Issues raised

Within the **288** complaints (**178 –Formal, 110 – Informal**) received in 2017-2018, a total of 776 issues were raised. A breakdown of the top eleven issues Trust wide by subject and Directorate is shown below.

	Bexley	Bromley	Greenwich	C&YP	F&P	Corporate	Total
Clinical Care	52	40	68	24	27	0	211
Attitude & Behaviour	32	34	62	9	26	0	163
Communication	28	27	36	21	8	0	120
Medication	14	22	14	1	15	0	66
Environment	4	7	16	0	6	5	38
Admission & Discharge	8	6	15	3	1	0	33
Records	13	5	10	2	3	0	33
Access & Waiting Times	4	7	9	10	0	0	30
Safety	6	5	15	0	2	0	28
Carers	3	4	7	0	0	0	14
Mental Health Act	1	5	5	0	3	0	14

3. Risk rating

	Bexley	Bromley	Greenwich	ALD	C&YP	F&P	Corp	Total
Low	7	12	10	0	7	8	2	46
Moderate	54	47	76	0	25	31	1	234
High	1	3	3	0	0	1	0	8
Significant	0	0	0	0	0	0	0	0
Total	62	62	89	0	32	40	3	288

4. Protected Characteristics

The data below, taken from RiO (electronic patient records), for the period 1 April 2017- 31 March 2018, refers to the demographic details of the patient as opposed to the complainant. Percentage for disability and sexuality against Trust caseload was not available at the time of this report. Disability information is currently collected via the Additional Personal Information form. Disability is only collected for Community clients and Gender Identity for Mental Health, however a new form is going into RiO from mid-August 2018 and the questions will be asked for ALL clients going forward.

Characteristic	% against complaints received	% against Trust caseload
Ethnicity		
White or White British	50%	55%
Black or Black British	9%	9%
Asian or Asian British	3%	5%
Mixed/Multiple Ethnic groups	5%	4%
Other Ethnic Group	3%	4%
Not stated	30%	24%
Age		
Under 18	9%	27%
18-24	8%	4%
25-34	18%	9%
35-44	14%	8%
45-54	15%	8%
55-64	9%	9%
65-74	7%	10%
75+	10%	24%
Not stated	10%	27%
Gender		
Male	53%	44%
Female	47%	56%
Gender Identity		
Gender differs from that originally assigned at birth	0%	Awaiting data from informatics
Not stated	0%	
Disabilities		
Hearing Disability		Awaiting data from informatics
Learning Disability	1%	
Mental Health Condition	40%	
Physical Disability	5%	
Visual Disability	1%	
Long Term Physical Health Condition	3%	
Not stated/No disability	50%	
Sexual orientation		
Bisexual	0%	Awaiting data from informatics
Gay man	1%	
Gay woman/Lesbian	0%	
Heterosexual/Straight	17%	
Other	0%	
Not stated	82%	

5. Closed Complaints

Of the **288** complaints received, all but four have been investigated and have outcomes. **776** issues were raised within the complaints, **763** have outcomes of which **271** issues were upheld/partly upheld (36%) and **444** issues were not upheld (58%), **48** was indeterminate (6%) and **13** remain under investigation. The subjects with the highest number of upheld/partially upheld were Communication (**67**), Clinical Care (**63**) and Attitude and Behaviour (**45**). A full breakdown, by subject area, is shown below:

	Upheld	Partly upheld	Indeterminate	Not upheld	Total
Clinical Care	20	43	7	134	204
Attitude & Behaviour	14	31	27	91	163
Communication	28	39	4	47	118
Medication	7	10	0	48	65
Environment	6	8	2	22	38
Records	9	10	2	12	33
Admission & Discharge	0	7	1	23	31
Access & Waiting Times	8	5	2	15	30
Safety	1	1	1	25	28
Carers	5	4	0	5	14
Mental Health Act	1	2	0	11	14

6. Complaint subject by staff group

Of the **288** complaints raised the breakdown of subjects against staff groups for the top eleven issues is as follows:

	Corporate	Allied Health Professional	Nursing and Health Visiting	Medical	Other	Total
Clinical Care	0	38	52	61	60	211
Attitude & Behaviour	7	25	60	41	30	163
Communication	9	17	22	31	41	120
Medication	0	9	8	38	11	66
Environment	1	2	16	5	14	38
Admission & Discharge	0	7	9	14	3	33
Records	1	4	6	12	10	33
Access & Waiting Times	3	7	2	10	8	30
Safety	0	9	5	11	3	28
Carers	0	3	3	4	4	14
Mental Health Act	0	1	3	7	3	14

Staff group key	
Medical	Doctor, Medical specialities
Nursing and Health Visiting	Nurses, Health Visitors, HCAs
Scientific, Therapeutic and Technical	Services provided by scientists, therapists, technicians, professional advisors and support staff
Corporate	Finance, HR, Complaints, PALS, Estates and Facilities, Administration
Other / No staff involved	Complaints about Trust decisions, another patient , visitor or Non-Trust staff such as a volunteer

7. Actions identified

When any issue that has been upheld or partly upheld following an investigation, a remedial action must be identified and completed to ensure there is learning from complaints.

From 1 April 2017 to 31 March 2018, **156** actions were identified from completed investigations.

Target is: 95% and above and shows green, 86 - 94% Amber and 85% and below red.

	No. of actions recorded on Datix	No. of actions outstanding	No. of actions pending	No. of actions completed	% completed
Bexley	46	4	2	40	91%
Bromley	47	0	10	37	100%
Greenwich	43	0	2	41	100%
ALD	0	0	0	0	0
C&YP	17	1	5	11	92%
F&P	2	0	0	2	100%

A significant number of actions identified following investigations have not been uploaded to Datixweb (electronic risk management system) by the investigating officers and therefore we are unable to report on these at this time. The table below gives the number of actions that need to be uploaded to Datixweb by Borough.

Bexley	Bromley	Greenwich	ALD	C&YP	F&P
19	2	68	0	11	0

8. Complaints closed within timescale

During the period 1 April 2017- 31 March 2018 of the **284** complaints with completed investigations, (four for this time period are still under investigation), **61%** were closed within timescale. Where there have been no complaints received the box is grey.

Target is: 80% and above is green, 75% - 79% is Amber and 74% and below is red.

Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Yearend Total
Bexley	100%	75%	75%	33%	33%	60%	33%	100%	50%	83%	10%	0%	50%
No. received	3	8	4	6	3	5	3	3	6	6	10	5	62
No. resp in	3	6	3	2	1	3	1	3	3	5	1	0	31
Bromley	100%	100%	100%	50%	100%	100%	83%	75%	100%	85%	67%	100%	85%
No. received	4	4	5	10	5	5	6	4	3	7	3	6	62
No. resp in	4	4	5	5	5	5	5	3	3	6	2	6	53
Greenwich	50%	56%	29%	33%	50%	20%	100%	75%	62%	67%	17%	18%	45%
No. received	6	9	7	6	9	6	3	4	13	9	6	11	89
No. resp in	3	5	2	2	4	1	3	3	8	6	1	2	40
C&YP	100%	75%	100%	0	50%	100%	67%	100%	100%	100%	60%	75%	78%
No. received	1	4	1	0	4	3	3	1	2	4	5	4	32
No. resp in	1	3	1	0	2	3	2	1	2	4	3	3	25
Forensic	100%	0%	80%	33%	50%	75%	80%	50%	100%	100%	0	14%	58%
No. received	2	1	5	6	2	4	5	4	3	1	0	7	40
No. resp in	2	0	4	2	1	3	4	2	3	1	0	1	23

10. Parliamentary Health Service Ombudsman Referrals

Since 1 April 2017 to 31 March 2018, there have been **five** Ombudsman referrals. **One** case was returned to the Trust for investigation as the complaint to the Ombudsman had been made prematurely, another complaint was not upheld by the Ombudsman following their investigations. The Trust currently has **three** cases with the Ombudsman for the above time period awaiting a decision as to whether the complaint will be investigated.

11. Learning from complaints

The following are examples of the actions taken to ensure learning from complaints.

Learning from Complaints

Children and Young Peoples Services

The complainant raised concerns about a child not being given a diagnosis despite difficulties being highlighted for the previous 2 years. The investigation found the patient's pathway into services was not co-ordinated; there were incorrect referrals, delays in referrals from one service area to another, incorrect referral paperwork used requiring additional information to be sought, all of which impacted on the length of the patient's assessment process, diagnosis and support given.

Following the complaint, a working group has been set up across both service areas to review processes to co-ordinate ASD assessments. An ASD assessment appointment has been offered to the patient.

Forensics & Prisons

The patient said staff were not responsive to their mental health needs, and their complaints were not always responded to. The investigation found it was not made clear to the patient they needed to collect their medication or difficulties in availability of the medication. There was also a shortfall in how complaints made within the prison are sent to healthcare.

Following the complaint Healthcare staff prescribing or administering medication will inform patients when their medicines are available and advise when they can collect them. This will then be recorded in the patient's clinical records.

Complaints boxes will be installed on the residential wings for prisoners' healthcare complaints. The complaints boxes will be emptied daily by Healthcare staff.

Bexley

There was a delay in receiving the patient's medication from the Pharmacy on their discharge from the ward. Following the complaint the ward manager will ensure that ward staff will phone pharmacy to confirm that requests made by fax to pharmacy have been received to minimise any delays for patients and relatives.

Bromley

The patient was not informed of possible medication side effects which resulted in him collapsing and requiring stitches and an operation. The investigation found the dose of a particular medication was increased too quickly. There was insufficient monitoring of the patient's physical health and staff failed to follow through on regular monitoring of vital signs even when requested to do so by the duty Doctor. The Care Coordinator delivered information about the medication to the patient's home address but there is no documentation that it was discussed at this point.

Following the complaint

- All Modified Early Warning Scores (MEWS) must be held in one place within the computerised record, so they can be reviewed medically at each ward round.
- The FRAT tool will be reviewed and consider rewording one question to include prescribed medications likely to cause orthostatic hypotension and tachycardic side effects.
- Recording of discussions regarding side effects and advice given need to be explicit within the ward review template.

Learning from Complaints

continued

Bexley

The patient's leave would be clearly stated only to be changed randomly, sometimes on the same day and family members were not informed. The investigation found the discussion of leave with family members was inadequate. Whilst patients are entitled to confidentiality, where they so wish it, this should at least be adequately recorded in their notes, and families are entitled to explanations of the processes involved.

Following the complaint Ward staff are to have a reflective practice session to consider the challenges of asking questions that may have previously been answered, mindful that an up-to-date account must be attained. Ward staff to consider ways to mitigate this; for example by describing this process to patients and relatives. The Home Treatment Team will discuss the issues of medical confidentiality, family concerns, and clinical documentation of these.

Bromley

Patient detained unlawfully for 13 hours between sections. Following this complaint the AMHP Manager will ensure that AMHPs double check their calculations to ensure that their patients are not detained unlawfully.

Greenwich

Following a patient's discharge from the Home Treatment Team (HTT), she was promised further support, but despite a number of telephone calls to The Heights, and a visit to Oxleas House, she heard nothing and received no help.

The investigation found there was a breakdown in communication. The HTT passed the referral through to the ICMP team manager but regrettably, the team manager was not at work at that time, and some administration staff were also absent due to leave and sickness. As a result, the referral was overlooked, and patient had to wait an unacceptable length of time for contact from our services.

Following this complaint all referrals will be passed to administration staff and collated for discussion in the weekly referrals meetings. Managers of both services also meet regularly to discuss handover issues and referrals will always be included.

Children and Young Peoples Services

Parent received no feedback from SLT. The investigation found the SLT therapist report was delayed and contact was not made directly following the school assessment.

Following this complaint, the manager will develop a mechanism of informing parents the SLT therapist has seen the child in school on the day of the assessment and inform them of any action being taken. Review tracking process within RiO and devise a mechanism to inform parents when all the information has been received.

12. PALS

PALS is a confidential service helping patients, families and carers to deal with concerns about the treatment and care we provide. They give information, advice and try to ensure issues are resolved quickly with the support of services.

There were **3,257** contacts received by PALS during the period 1 April 2017- 31 March 2018. **1,634** contacts were received in relation to non-Oxleas provided services at Queen Mary's and Erith Hospitals, or other Trusts. The breakdown by Directorate for Oxleas services is as follows:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total (YTD)
Bexley	22	50	25	34	32	32	27	23	22	27	35	34	363
Bromley	34	29	21	23	25	23	28	24	20	33	21	30	311
Greenwich	35	56	44	49	53	34	42	38	31	41	42	42	507
ALD	0	3	1	2	2	1	0	2	0	2	0	1	14
Corporate	15	18	6	10	5	10	9	6	5	5	15	18	122
C&YP	5	28	13	15	11	10	17	14	6	19	11	17	166
F&P	7	11	13	10	9	8	20	9	15	13	13	12	140
Totals:	118	195	123	143	137	118	143	116	99	140	137	154	1623

Of the **1,623** contacts relating to Oxleas services, a total of **1,826** issues were raised. The top issues were **Information**, covering issues including contact details for services and service provision; **Clinical Care**, covering issues including, care and treatment, lack of support and leave; **Access & Waiting Times**, covering issues including, cancelled appointments, waiting times for treatment and assessment and **Admission & Discharge** covering issues including, discharge and failure to admit. The table below shows all issues raised through PALS, by Directorate:

	Bexley	Bromley	Greenwich	ALD	C&YP	F&P	Corporate	Total
Information	101	45	122	4	53	24	37	386
Clinical Care	69	56	86	3	15	33	3	265
Access & Waiting Times	32	24	37	0	44	1	1	139
Admission & Discharge	28	16	31	2	4	8	0	89

13. Timescales

PALS aim to resolve all enquiries within 48 working hours. If an enquiry is more complex this is not always possible however 88% of contacts were resolved within a day.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Up to 1 hour	87	144	82	82	92	71	101	66	33	94	110	106	1,068
Over 1 hour up to one day	25	36	29	38	23	24	20	34	58	36	11	26	360
One to six days	5	15	12	23	22	22	22	15	7	9	16	18	186
One to two weeks	1	0	0	0	0	1	0	0	0	0	0	4	6
Two to four weeks	0	0	0	0	0	0	0	1	1	1	0	0	3
Total	118	195	123	143	137	118	143	116	99	140	137	154	1,623

14. Actions and Outcomes

The following are examples of the actions taken by Services resulting from feedback from service users, families and carers via PALS.

PALS

Adult Learning Disability

A service user contacted PALS as he wanted to be friends with another client in his therapy group and wasn't sure if this would be possible. PALS contacted the group therapist, who facilitated a meeting with both service users. The outcome was that they both wanted to be friends.

Forensics and Prisons

A family member was concerned that the patient phone on the ward was out of order and her relative would not be able to contact them over Christmas. PALS contacted the ward manager who advised that an engineer had attended but needed to return. Until then patients were able to use the office phone over Christmas to contact their family.

Bromley

A client was unhappy with their care coordinator (CCO) and wanted a new CCO. PALS contacted the team and a MDT meeting was arranged, resulting in the client being allocated a new CCO.

Greenwich

A service user was unhappy that the CASH service was closing early without notice being given of this on the Trust website and that a late slot could not be held for them as the service did not have an appointment system. The service was closing early on that particular day as they had reached full capacity with walk-in patients. Subsequent to PALS contacting the service clearer communications have been put in place regarding the drop-in service and that no appointments can be made. A comment is now on the Trust website advising that the service will close early on occasion if capacity is reached.

Bexley

A MSK patient contacted PALS regarding the way therapists call their patients from the waiting area. They were unable to hear the therapist and missed the appointment. PALS contacted the service manager. A review took place and a new tannoy type system is to be installed.

Children and Young People

A referral was to a Bexley service, but was transferred internally to the Greenwich service as the family had a Greenwich GP surgery, although the main practice was situated in Bexley. The parent was advised they would need to be re-referred to the Bexley service causing a delay in the child being seen. Teams have now been advised to check which CCG a practice comes under as GP surgeries also have satellite clinics in different boroughs. If a service rejects a referral because it comes under another borough, they should open the referral to the appropriate team.

Patient was concerned that the glass roof at QMH is positioned directly over patient waiting area and was extremely hot to sit under in the hot weather. PALS liaised with estates and facilities manager who reviewed the area and ordered a new blind which will be fitted ASAP.