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Item:		

Norfolk and Suffolk

NHS Foundation Trust

Report To:	Board of Directors Public
Meeting Date:	26 October 2017
Title of Report:	Annual Complaints Report
Action Sought:	For Information
Estimated time:	10 minutes
Author:	Michael Lozano- Patient Safety Lead Jon Punt- Complaints Manager
Director:	Jane Sayer, Director Nursing, Quality and Patient Safety

Key headlines

- Total number of complaints received during April 2016 to March 2017 was 661, an increase of twelve percent (592 received in 2015-2016).
- Percentage of complaints responded to within target timeframe has increased in the last quarter of 2016-17, following the introduction of key performance indicators for internal quality checking.
- The number of re-opened complaints has risen during the year.
- Number of complainants approaching the Parliamentary and Health Service Ombudsman for review is static compared to previous year.
- Varied range of complaint and types of learning across localities and services. There is evidence of learning driving service improvement in some teams, and a priority for 2017/18 is to ensure that this is strengthened and embedded.

1.0 Report contents

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 2016 to March 2017 as at July 2017 (when presented to the Quality Governance Committee). It

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provides information on the numbers and type of complaints received, how the Trust's process is applied and commentary on the key themes registered this year.

Number and type of complaints received

During the period April 2016 to March 2017 the Trust received 661 complaints (592 in 2015-16). The majority of complaints related to “clinical treatment” (53%), followed by “values and behaviours (of staff)” (21%).

At the time of reporting 618 complaints have received a response. Of these, 81 complaints were upheld (15%), 175 were partially upheld (34%) and 271 not upheld (51%). The total number of complaints fully upheld compared to 2015-16 has decreased (19% to 15%) and the proportion of complaints partially upheld has also decreased (40% to 34%)

Attempts have been made to compare the amount of complaints received by the Trust with geographical neighbours and other similar Trusts, using the quarterly complaints data returns to the Health and Social Care Information Centre that are publicly available. It is difficult to make any like for like comparisons given the variance in services provided and populations served.

The proportion of complaints upheld (combining fully and partially upheld) for other Trusts was considered, based on data for 2016-17. The average percentage of complaints upheld for other Trusts within surrounding areas can be found below:

- Norfolk and Suffolk NHS Foundation Trust – 49%
- Hertfordshire Partnership University NHS Foundation Trust - 63.3%
- Cambridgeshire and Peterborough NHS Foundation Trust – 44.9%
- North Essex Partnership University NHS Foundation Trust – 62.6%
- South Essex Partnership University NHS Foundation Trust – 73.1%

There is variance in the amount of upheld complaints across each organisation, however the Trust's upheld percentage of 49% (down from 59% in 2015-16) is lower than most of its geographical neighbours.

In applying the NHS Complaints Regulations it is process to request written consent of the service user where a complaint is made on their behalf. This is to ensure they are aware a complaint has been made on their behalf and they consent to information regarding their care being disclosed. The process has flexibility in incidences where the service user is a child, does not have capacity or has died. The Complaints Team will also make joint decisions with the complainant where there are particular challenges around obtaining consent.

14% (91) of complaints were stood down for reasons including the service user not providing consent to a complaint being made on their behalf, the complainant not confirming the details of their complaint, or the complaint was found to refer to another agency. The breakdown of this is as follows:

In 38 complaints written consent was not returned by the complainant. The team sends a reminder letter that consent has not been received prior to closing the complaint and these cases are screened for patient safety concerns.

In 31 cases the summary of a complaint was not returned. This involves cases where the complainant has expressed their complaint verbally by telephone. The Complaints Team writes the complaint and sends it to the complainant to confirm it has been recorded accurately. The team sends a reminder letter prior to closing the complaint.

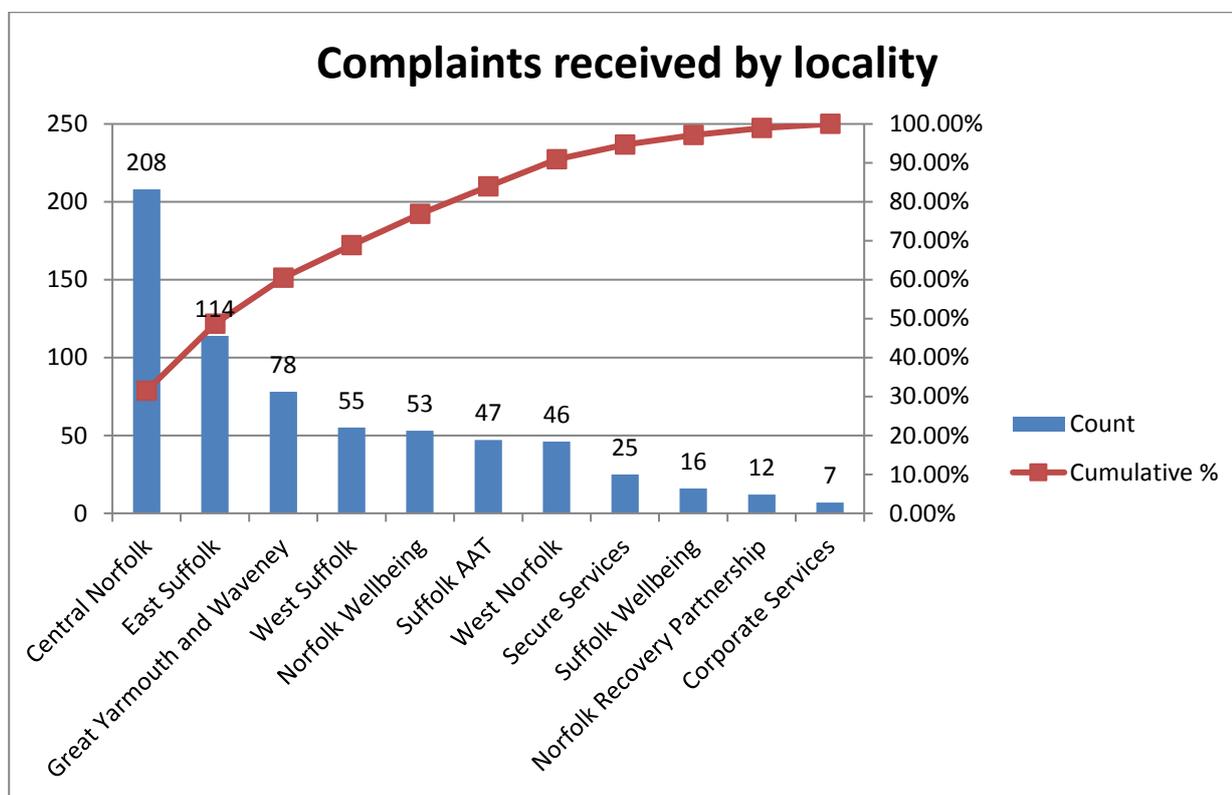
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In 20 complaints the complainant requested the complaint be closed. This is generally at the stage where the complaint has been acknowledged and investigation commenced. In a number of cases the issue had already resolved by this point.

In one case the complaint was found to be in regards to a different organisation and signposted onwards. This was identified when the complaint had been processed for investigation. Generally, complaints regarding other organisations are identified at the initial screening and not recorded as a Trust complaint.

In one case, the complainant contacted the Trust to confirm their correspondence was not intended to be received as a complaint. In these cases the complaint was closed but a response (either verbally, through action or letter) was completed.

The Trust is committed to using complaints to learn and improve our services and considers them in an open and transparent way. In addition to the figures above the Complaints Team also dealt with 157 enquiries from MP's acting on behalf of their constituents who are either service users, relatives of service users or carers. The following chart shows the number of complaints across each locality. The bars represent the total number of complaints (with the number listed above the bar), while the red line indicates the increasing percentage of total complaints.



It is accepted Central Norfolk has the highest number of service users and concentration of services, although the chart indicates proportionately they are receiving more complaints than other areas of the Trust. Further information around each locality and their themes of complaints can be found in Appendix 1. The Trust provides quarterly complaint statistics to the Health and Social Care Information Centre, applying their data set for the coding of complaint subject. The summary nature of the most used headings (e.g. All aspects of clinical treatment, Attitude of staff) means there can be a diverse range of complaints within these subjects. The key themes and learning section explores the detail within these subject headings. The table in Appendix 2 provides a breakdown according to subject, at the time of reporting (April 2017), with a comparison of 20156-16 numbers.

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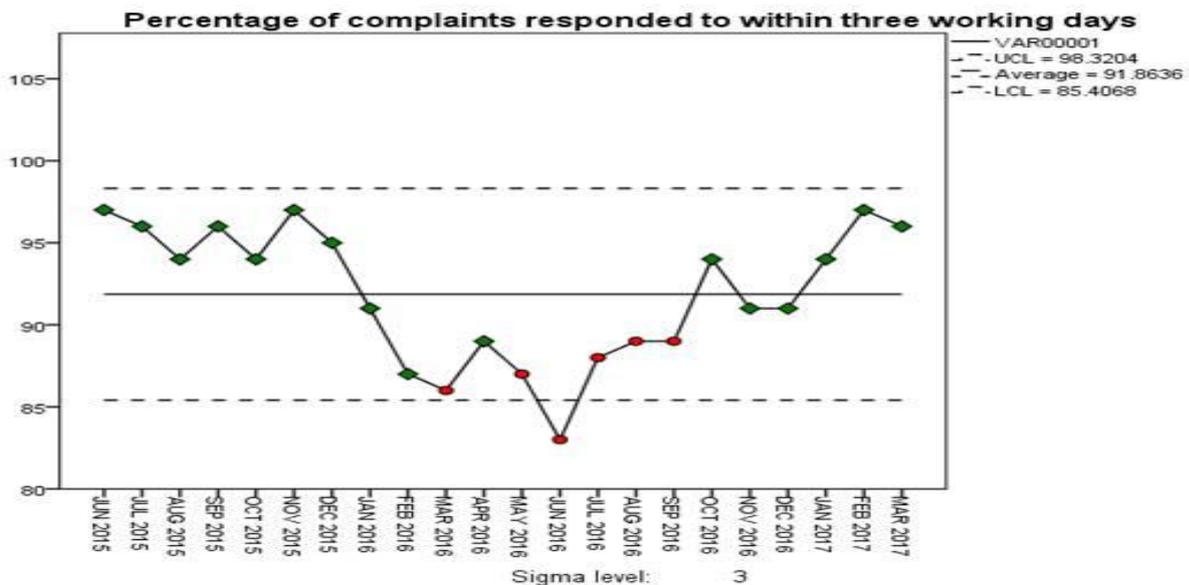
The biggest increase in complaints compared to 2015-16 is noted to be in the category “All aspects of clinical treatment”, where numbers have increased by 52 percent.

Complaints about the behaviour of staff members have also increased by 41 percent, while complaints about difficulties in communication have reduced by 34%. The reasons behind these complaints across localities are explored in Appendix 1.

Complaints process and outcomes

In line with the NHS Complaints Regulations, Trust policy is to acknowledge a complaint within three working days. The statistical process chart below maps the team’s monthly percentage performance against this metric over the period of June 2015 to March 2017. Times where this target has been missed have generally been due 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.

There is a drop in the team’s performance against this metric around the time of June 2016, at which time a slight increase in complaints received was experienced, coupled with staff annual leave commitments.

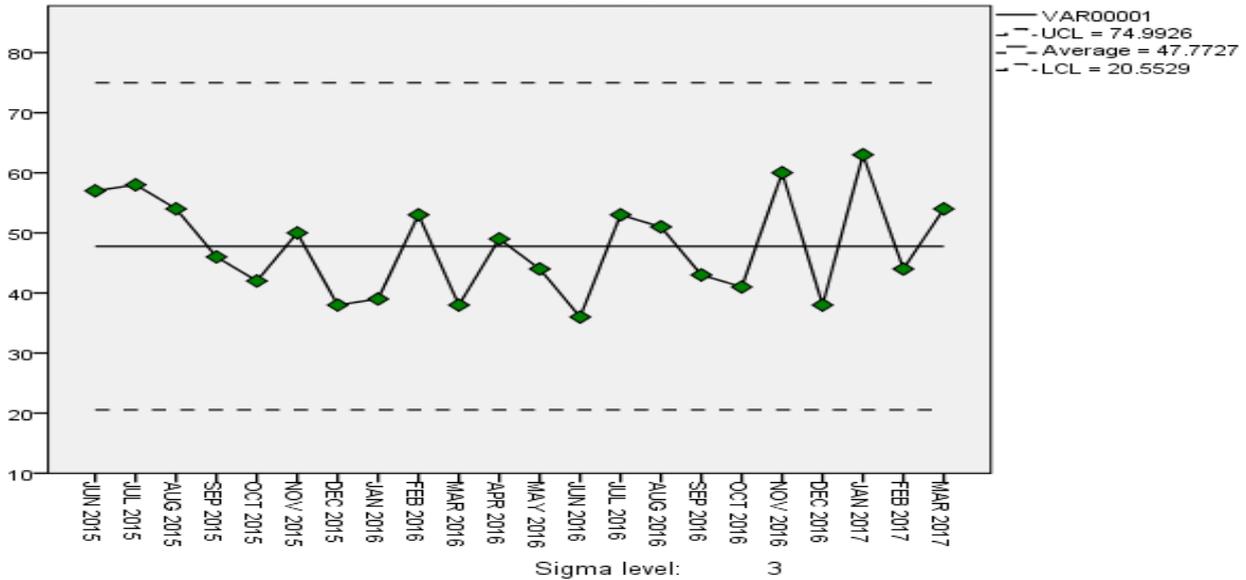


The chart below shows the percentage of draft responses returned to the Complaints Team within the agreed 20 day target time. This is typically around the 50 percent mark, meaning the speed in which complaints can be responded can be impacted.

The time taken to prepare drafts for quality checking is variable across the year, with no real theme or pattern emerging.

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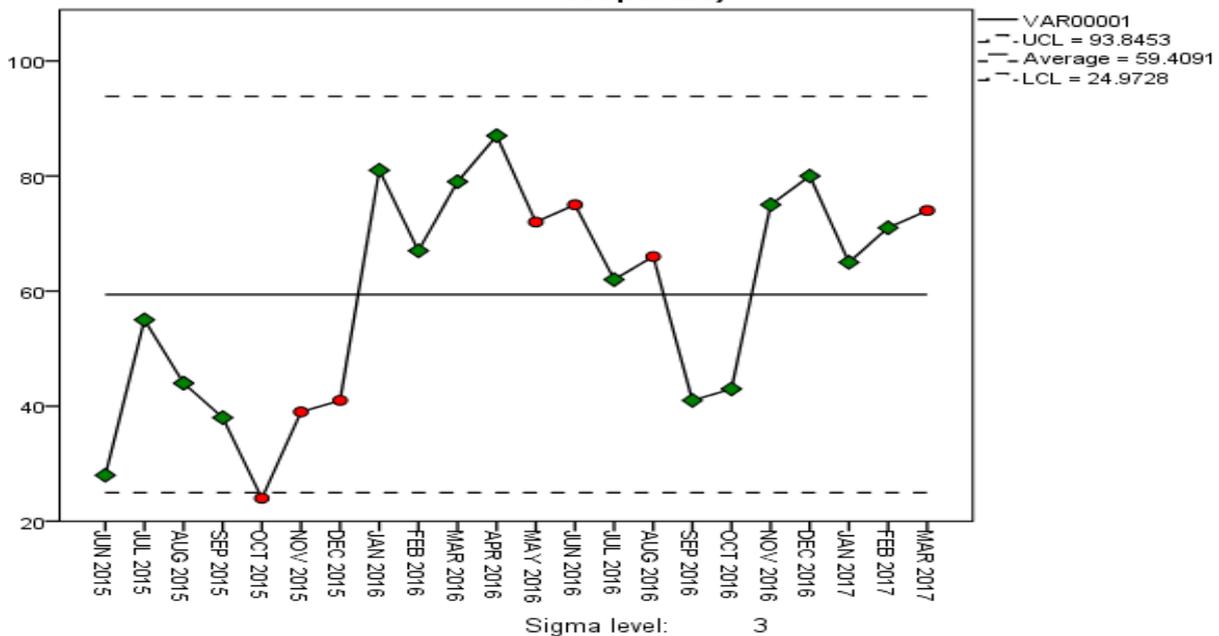
Percentage of draft complaint responses received for quality check within 20 working days (by month received)



Despite this, the percentage of complaints actually responded to within the 30 day target is higher, because the Complaints team are currently able to quality check the drafts within three working days, as demonstrated in the below chart.

It is worth noting the metric around quality checking responses within three working days was introduced in November 2016. Since that time the percentage of complaints responded to within 30 working days has generally increased, suggested a performance measure has helped to focus the team's efforts.

Percentage of complaints responded to within 30 working days (by month of response)



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

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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 82 complaints have been re-opened in this reporting year. This compares with 54 reopened complaints in 15-16.

Of these 82, 25 complaints were re-opened when the complainant expressed their disagreement with the investigation findings and supplied further evidence or information in support of their position. A further 19 were re-opened due to the complainant asserting factual inaccuracies within the response. The majority of these relate to assertions the investigator was misled by staff they interviewed or reported interactions in a way which did not reflect the complainant's perception of the event.

The Complaints Team notes in the majority of the 44 re-opened complaints there was little or no direct contact between the investigator and the complainant during the initial investigation. It is considered many of these could have avoided the necessity to be re-opened if there was engagement between the investigator and the complainant during the investigative process. Less than 10% of these re-opened complaints resulted in the initial outcomes being adjusted in any way.

The above 44 re-opened complaints account for over half of the complaints re-opened within this reporting period and the apparent disconnect between the investigator and the complainant could be a potential cause for the increase in complaints being re-opened.

A further nine complaints were re-opened due to questions from the complainant prompted by information received within their initial response. Eight were re-opened due to requested resolution meetings taking place which prompted the need for either further investigation and response or written information being provided. Eight were re-opened due to the complainant stating their initial response either did not address what they perceived as the salient point of their concern or failed to address each specific concern with their complaint. Eight complaints were re-opened to enable the Trust to respond to requests from the complainant following closure of their complaint. These requests range from seeking assurance of improvement in their specific care to seeking payment for distress or lost items / belongings.

The remainder were re-opened due to initial closure either at the request of the complainant or because consent or summaries were not received but then the required documents or a change of mind was later submitted to the Complaints Team.

2016-17 on line survey results

All complainants are invited to provide feedback of their experience by visiting an online survey. They can also request a paper copy of the survey, should they wish. There were 65 responses to this survey between 1 April 2016 and 31 March 2017. Not all complainants complete all of the questions within the survey.

49.1% of complainants advised they did not have difficulty finding out how to complain, this is a slight decrease from the 2015-16 figures (whereby 53% advised they did not have difficulty).

56.8% of those who told us how they found out how to make a complaint did so via the Trust website. This has increased from 49% in 2015-16. 29.5% found out via a Trust leaflet (an increase from 16% in 2015-16). The remainder sought information directly from staff members, the Trust Patient Advice and Liaison Service (PALS) or other external organisations.

46.2% (46% in 2015-16) of complainants stated they felt it was clear to them how their complaint would be managed. 53.8% advised it was not clear to them how their complaint would be

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managed with 13 complainants skipping this question. Throughout the year complaints investigators have been encouraged to make contact with complainants to try and improve this perception.

Complainants are asked if they felt they were kept informed of progress during the investigation. 57.1% (an increase from 44% in 2015-16) felt they were not adequately kept informed of progress and would have liked more contact. This area is discussed via Complaints Handling training for investigators, although there is potentially some ambiguity around the way in which the question is asked, which the Complaints Team will also address within the survey.

In terms of overall satisfaction with the way their complaint was handled 53.4% (an increase from 26% in 2015-16) of those who responded stated they were mainly satisfied, satisfied or very satisfied. 46.6% stated they were either dissatisfied or very dissatisfied (a decrease from 49% in 2015-16).

35.7% (an increase from 33% in 2015-16) of responders stated they felt the care or service they received was affected by making a complaint. 40.5% stated they did not feel the care or service they received was affected by making a complaint. The remainder of those who responded to this question indicated the question was not applicable.

This feedback provides useful insight into complainant's experience of the process. The key issues were already known and have been articulated during training for complaints investigators. However, it is acknowledged not all those who investigate complaints within the Trust have attended the training sessions and this is an area that needs to be addressed in the coming year. The Complaints Manager is scheduled to attend meetings with service users and carers to explore how we can improve people's knowledge of the complaints process.

Complainant's equality and diversity feedback.

In October 2015 the Complaints Team started to invite complainants to complete an online questionnaire to capture the diversity of complainants. 12 complainants completed the questionnaire during this reporting year. The results of the responders are detailed below:

Six responders were female, four male and two preferred not to say. Three reported they were aged 19-15, three between 36-50, three between 51-64, one over the age of 65. Two preferred not to say. Seven reported to be White British, one Black or Black British African, one mixed background and one unspecified 'other'. Two preferred not to say. Five responders described themselves as having mental ill health as a disability, three reported to not have a disability. Two preferred not to say. Of the 12, seven stated they are heterosexual, four preferred not to say. One reported to be a gay man. When asked about faith, two reported to be Christian (Church of England), one Christian (other denomination), one Christian (non-denomination) one Atheist, two reported to be Spiritual but not belonging to any particular religion. Two preferred not to say. The remaining one responder categorised themselves as unspecified 'other'.

Given the relatively small sample section of those completing the survey it is difficult to form any conclusions from the information above.

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.

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During 2016/2017 the Trust has been informed 14 complainants requested review of their complaint by the Parliamentary and Health Service Ombudsman. This compares to 15 complainants during 2015-16.

There is very limited data available nationally to be able to provide a benchmark against other Trusts about the amount of complaints escalated to the Ombudsman.

The Ombudsman continues to experience significant pressures in respect of timeliness of investigations which means they may take a number of months to complete. A total of 12 (including one Local Government Ombudsman) have been closed during this period. Ten of these were not upheld.

The remaining two resulted in the Ombudsman making recommendations to the Trust.

Case one - The complaint highlighted concerns regarding the care and treatment of her brother in 2012. The service user died of acetone and alcohol toxicity but lay undiscovered for several weeks. The complainant asserted the Trust failed to act after having no contact with her brother for several weeks and the death could have been avoided if the Trust had acted quicker. The Ombudsman partially upheld the complaint because of failings found in care and administration but did not find evidence of the full impact claimed by the complainant as a result of these failings.

The Ombudsman identified failing's whereby staff had not followed the Trust's Non Access and Missed / Cancelled Appointments policy and the patient did not have an up to date risk assessment in place. It was also noted during the complaint process a letter was sent to an incorrect address which they refer to as an administrative failing. The Ombudsman recommended the Trust write to the complainant apologising for the failings identified and for the impact these had upon her.

The complainant had previously requested the Ombudsman did not recommend a specific financial payment because she planned to discuss this with the Trust. The Trust paid the complainant £500.

Case two- This case was investigated jointly by Local Government Ombudsman and the Parliamentary and Health Service Ombudsman working as a single team. This was because of wide ranging nature of concerns within the complaint covering mental health services, a general acute hospital and a local council. From April 2015 the Ombudsman bodies introduced power to conduct investigations about both health and social care in this way.

The aspect of the complaint pertaining to the Trust focussed on the support offered to a service user following them experiencing a stroke. The complainant had called the Trust's Intensive Support Team when her mother did not answer the telephone. Two staff attended the service user's home and called an ambulance after discovering the service user had collapsed. The Paramedics, when attending, took the decision not to admit the service user to a general hospital. The Trust staff left. The paramedics were called to the service user again by the cleaner later that day. She was subsequently admitted to a general hospital. It transpired that a consultant psychiatrist, having been told of the service user's circumstances directed Trust staff to recall the ambulance but the staff did not receive this message. This was acknowledged as a mistake in the initial response to the complaint directly from the complainant.

The Ombudsman considered the Trust's prior acknowledgement of mistakes made, apology to the complainant and steps take to prevent recurrence of the events was proportionate remedy. Financial reimbursement to the service user's estate was recommended to the council and other Trust involved.

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The Ombudsman has also recently produced a number of draft reports late into 2016-17 and concluded investigations early in 2017-18. These cases will be reflected in next year's annual report and quarterly updates to the committee.

Actions taken in response to themes

All services discuss themes from complaints at Locality Governance meetings. There are many cases where service improvements have been directly related to the receipt of a complaint, and some examples are given below:

East Suffolk has a number of forums where complaints are discussed and reviewed. This includes in the community a monthly meeting with all clinical staff where any learning from complaints is disseminated and discussed. The modern matron provides all services with a governance report which is shared with staff, within this the complaints received by teams each month are recorded with a brief description of the theme. Managers have an overview for their areas and this helps to formulate quality improvement plans. These are reviewed alongside feedback from the Friends and Family Survey, of which there have been a total of 228 responses in East Suffolk in 2017 with a score of 87%. Integrated Delivery Team (IDT) managers now meet regularly to review their action plans to address the feedback. Poppy Ward, which had been receiving a higher number of complaints compared to other teams have reviewed how staff can be supported and encouraged to address concerns at the point where they are raised as opposed to immediately escalating these as formal complaints. The IDTs have undertaken an engagement event with service users and carers to enable a more proactive approach to understanding the experiences of people using our services, there are plans to undertake similar events on a regular basis so that this feedback can be shared with teams to enable a more fluid response to themes which may be arising. Within the acute services there is a monthly council for service users, carers and staff and weekly inpatient community meetings which are also used for the purpose of sharing feedback and responding to arising themes.

In Great Yarmouth and Waveney, the locality uses data to establish some coproduced actions with the teams in the Acute Service. The audit of the Trust's discharge policy has recently been undertaken and will give an opportunity to set out actions to improve discharge planning. The locality is piloting a Service User and Carer complaints learning panel and so this report will be presented to the group. The locality will present analysis and learning back to the complaints department.

Two ongoing themes for Wellbeing in Norfolk and in Suffolk are people complaining about waiting too long to access treatments and complaints around difficulty contacting the service or vice versa. Waits in wellbeing are an ongoing challenge. This is due to the volume of people we have referred (over 3500 per month) and the need to meet local contract wait targets around people being seen twice quickly after referral. This leads to a front loading in the service and means people often have a wait for treatment after an initial two appointments. We have raised this with the CCG and this has also been highlighted following a review we undertook with the National Intensive Support Team for IAPT services. As a result we are in discussion with commissioners around moving to only having to meet nationally set wait targets which allows clinical decision to guide the speed of second appointments which will mean we are better able to ensure people access treatment in a timely fashion. Another factor that impacts on this theme is the expectations service users have of the service. Often GPs will advise service users that they will receive 1:1 CBT very quickly from us. Often there is not a clinical need for 1:1 treatments and group interventions are provided. This is interpreted as a failure by the service user and so complaints are submitted.

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In the past year we have merged the Norfolk and Suffolk single point of referral for Wellbeing. This has drastically improved the situation in terms of people calling the service or being contacted by us. We expect the level of complaints in this area to reduce as a result.

Norfolk Recovery Partnership provides community substance misuse services for Norfolk Residents, its active caseload annually is approximately 2500 people. In 2016 there were a small number of complaints, one complaint was upheld. NRP receives four times more compliments from service users than complaints. The highest number of complaints related to access to residential detox and rehabilitation which related to access after physical health detox or at the time that the service user or family felt this was required. Explanations were provided that NRP and the Trust does not provide inpatient services for addictions and works with Norfolk County Council funding panel to arrange this with external specialist facilities. NRP has undertaken a review of letters and produced a service user handbook to describe the services that NRP provided.

Developments and assurance of process

Ensuring that we close the loop on learning from complaints consistently is a priority for 2017/18. We will collect, collate and share information on positive actions. We are starting to apply quality improvement methodology within a Norfolk community team with the aim of increasing the length of time between complaints.

Due to the resource intensive nature of identifying specific learning outcomes/themes from complaints, the team have devised more specified categories to record cases. This system has been in place since 1 April 2017, and will support better intelligence around complaints reporting in the new financial year.

Complaints training has continued to be rolled out throughout the year, with bespoke sessions being put on for smaller teams within their local offices.

The Complaints Manager and Officer have attended national conferences and local complaints handling groups with other health trusts, to share learning.

Complaints form part of the Trust's Patient Safety Newsletters and Managers Bulletins which are both produced bi-monthly.

Michael Lozano- Patient Safety Lead
Jon Punt- Complaints Manager

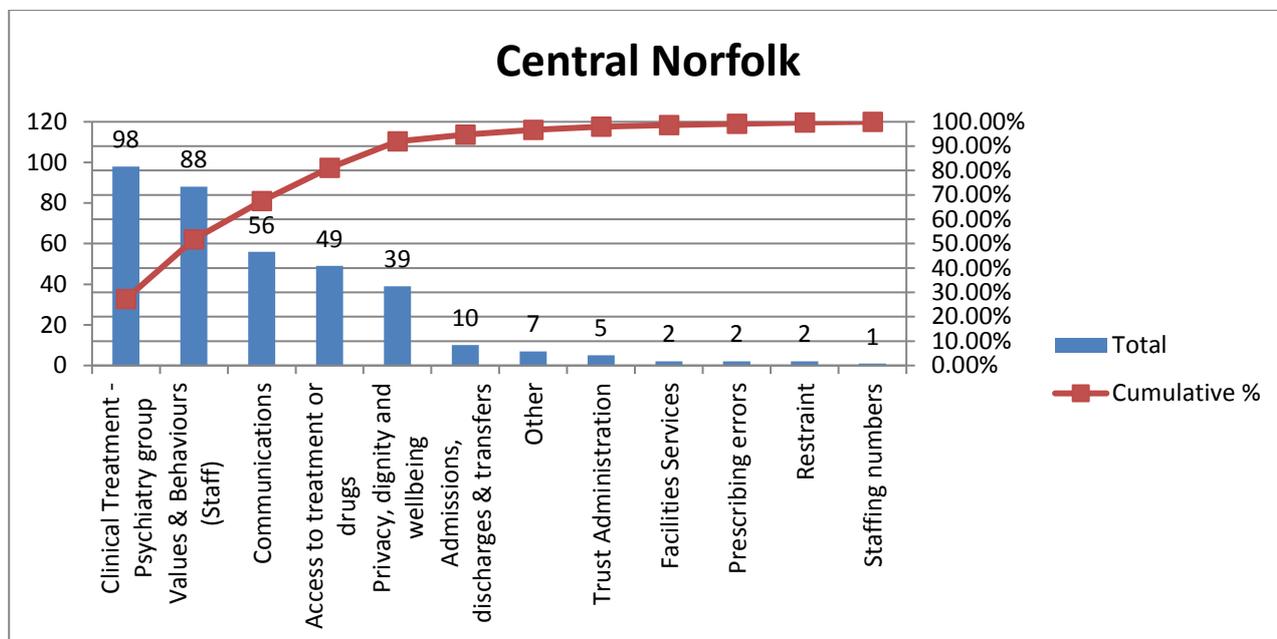
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Appendix 1

Key themes and learning by locality

Outlined below are the main areas of complaints across each locality, with analysis of recurrent complaints themes provided:

Central Locality



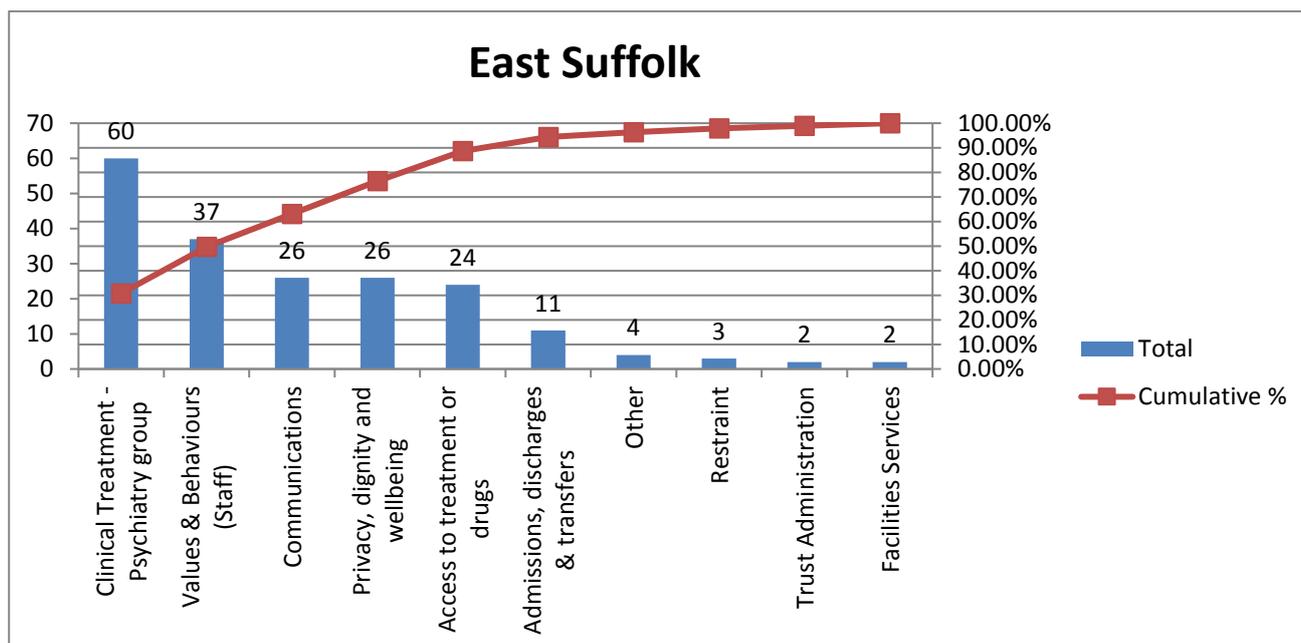
Aspects of treatment which caused dissatisfaction included a number (10) of service users/carers raising concerns about changes made to care co-ordinators and other staff involved in their community care. This is seemingly prompted by restructuring of community teams in this locality. Other issues noted to recur are reports of inaccurate statements / information contained in follow up letters to GPs of service users and carers either post-discharge from inpatient care or post-assessment by community teams.

Due to the difficulty in identifying specific learning outcomes because of this, the Complaints Team have devised more specified themes to capture types of learning and will be able to report on these concerns in future reports.

Behaviours of staff members also featured prominently as an area of complaint. These complaints typically raised issues around staff attitude and individuals behaving in a rude or discourteous manner towards them. Often an investigator will not be able to determine a definitive outcome regarding such assertions due to the subjective nature of claims.

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East Suffolk



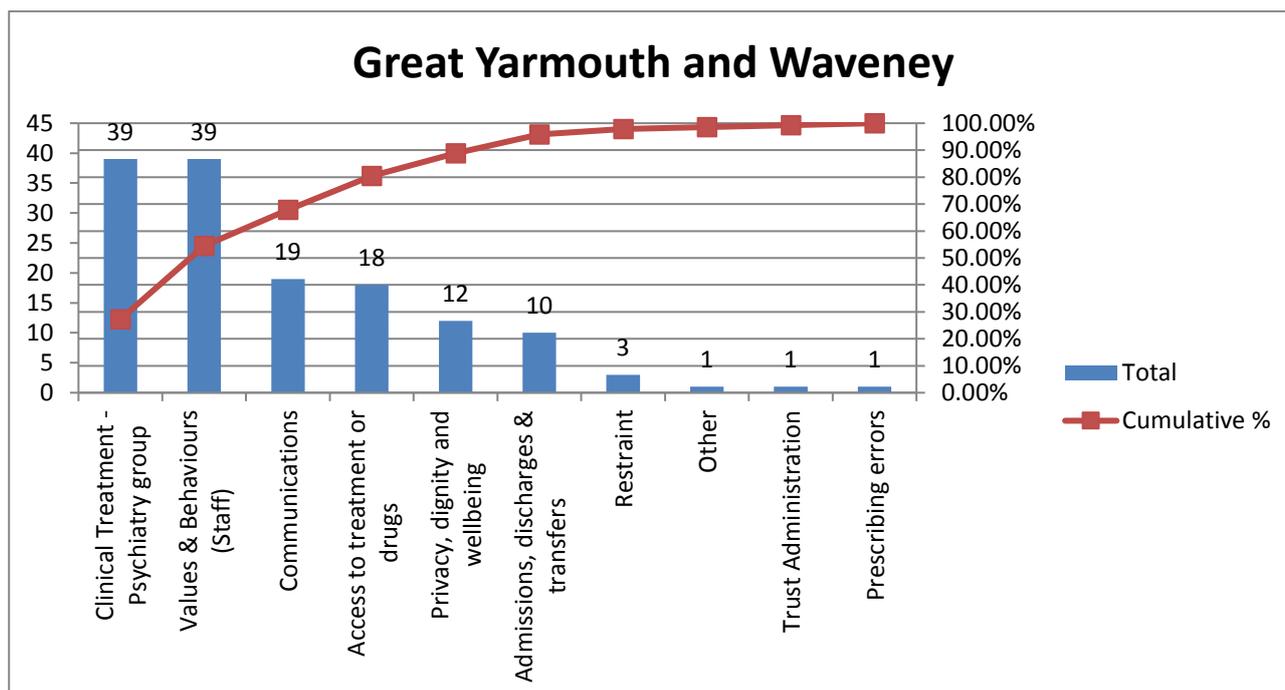
Of the complaints experienced within East Suffolk many were categorised as general concerns about clinical care. Several complaints in this category reference a delay in diagnosing, change of diagnosis (resulting in this being disputed) or a lack of diagnosis which covered a service user's journey through both in-patient and community services. It is noted a number of these complaints also report a failure to, or delay in, providing a care plan.

Other complaints raised were relating to the behaviours of staff members. These encompassed failures of staff to provide documents such as care plans when requested, abruptness or rudeness as well as apparent disinterest during face to face and telephone interactions. These refer to both clinical and administrative staff members.

Several complaints cited communication problems. This can mean calls or messages were not responded to or letters were not sent when expected. Several complaints in this category refer to lack of transparency or clarity when delivering information (or lack of information itself) regarding transfer between teams / services.

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Great Yarmouth and Waveney



The largest area of complaints across the year have been around staff behaviour and clinical treatment.

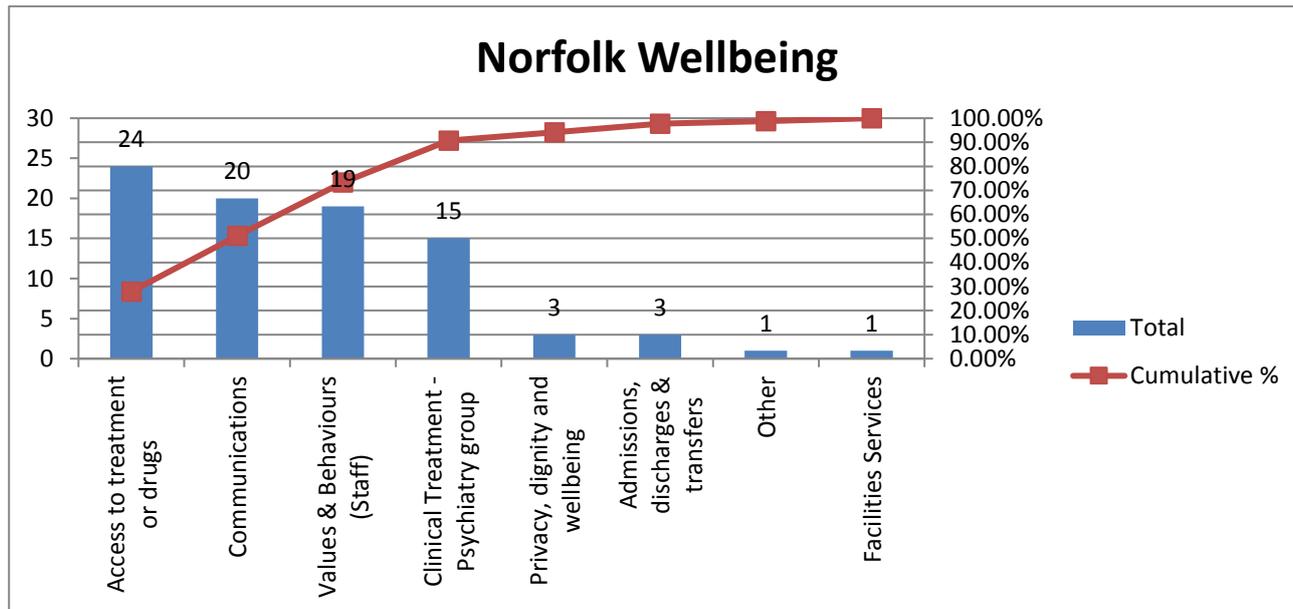
Aspects of treatment which caused dissatisfaction included a number (10) of service users/carers raising concerns about their discharge from Acute Services. Some felt they did not receive the support they were promised, while others felt the plans in place were not sufficient. This may indicate a lack of capacity within the Community team, or that effective communication did not take place around what the service user could expect.

Other complainants were generally dissatisfied with the service received from the Crisis Resolution and Home Treatment team. A perceived lack of service/response from the team was the most common area of complaint.

Complaints about staff behaviour predominantly centred around acute inpatient environments, where the likelihood of conflict is potentially higher. A number of complainants stated they did not feel listened to, particularly by doctors within the team. Others raised issues around staff attitude and the team member behaving in a rude or discourteous manner towards them. In these instances it can be difficult to fully substantiate a complainant's assertions, but could identify potential areas of further training for the team to help avoid conflict.

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Wellbeing Service - Norfolk



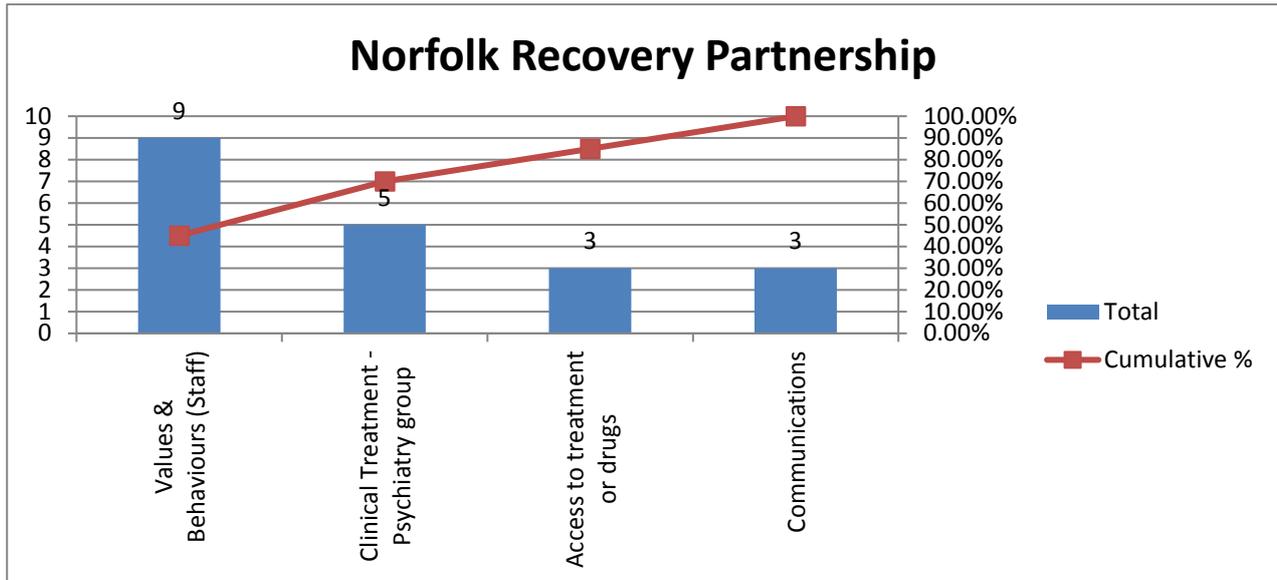
24 complaints received across the year raised the fact complainants were unhappy with the delay in accessing treatment from the Wellbeing Service. The time at which someone complained about delay varied from around three months, to almost a year. Several people felt they received little support in the interim period, and when services were received they were insufficient for their mental health needs.

This suggests there may have been a lack of capacity to provide the commissioned service, and that service users were unclear about the exact service they would receive after they had waited. Consideration could be given to ensuring those accessing services are provided with a clear expectation of the current waiting times for treatment, and what they can expect to receive once engaged.

Many other complainants found the interim period waiting for a service difficult. Calls were alleged not to have been returned, and when they did speak to staff they were met with difficult situations whereby the person became frustrated with the process. Again this indicates a need to help staff manage expectations around the commissioned service, to help better inform service users.

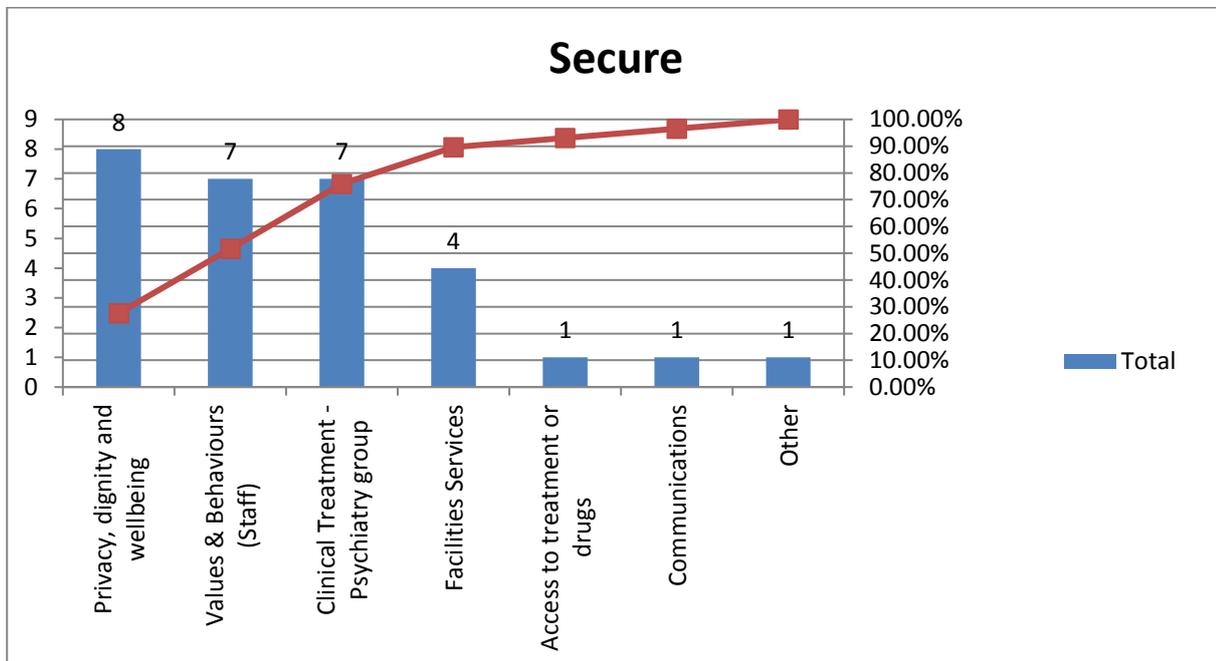
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Norfolk Recovery Partnership



The sample section of complaints received by Norfolk Recovery Partnership was relatively low, hence it has been difficult to provide any detailed analysis as to themes arising from complaints. However, it did appear service users found themselves in situations when they felt conflict was not managed well.

Secure services

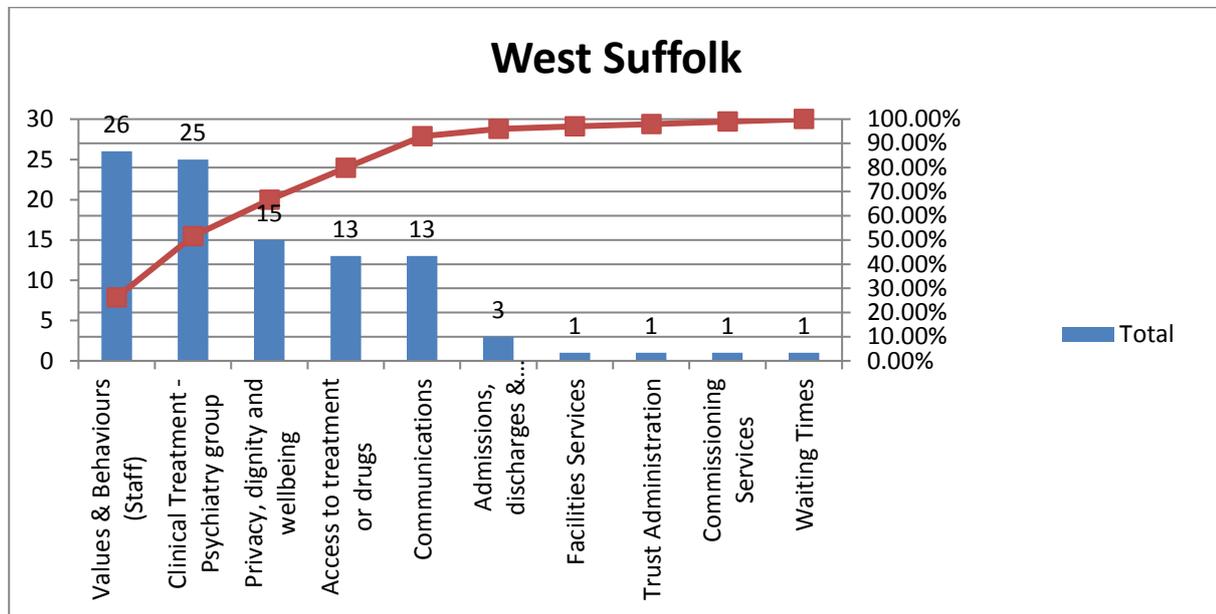


The number of complaints received by Secure Services was relatively low with the most being categorised under privacy, dignity and wellbeing. Several of these refer to lost or damaged property. It should be noted these have reduced significantly towards the latter part of the year, with the concerns being dealt with locally and more informally.

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Complaints made about staff behaviour predominantly feature allegations about service users' treating doctors.

West Suffolk



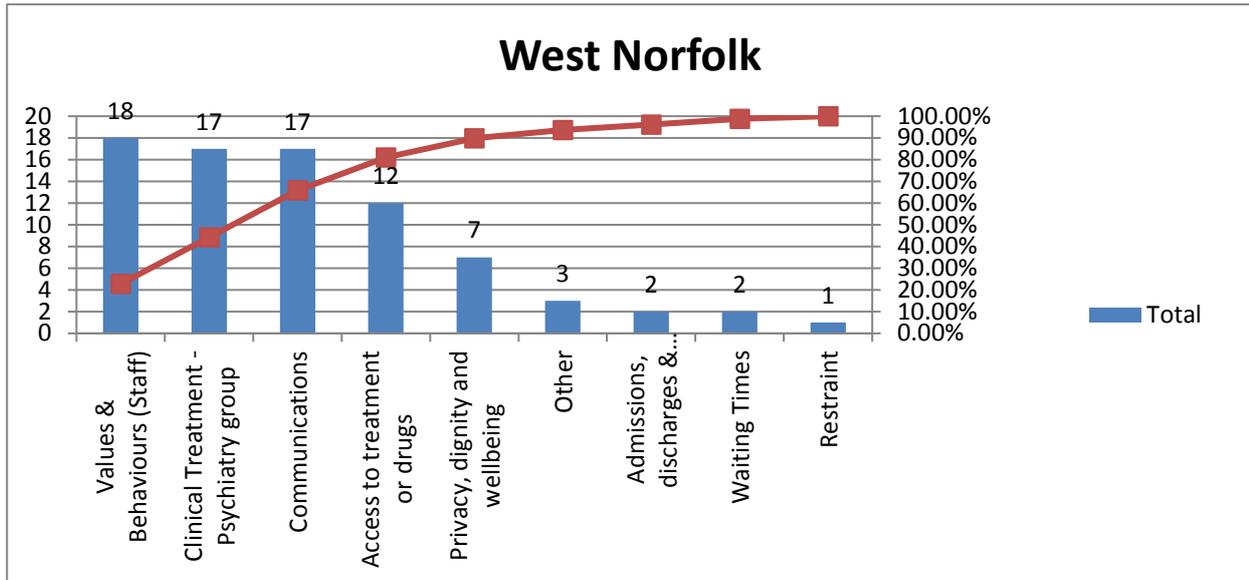
The largest area of complaints across the year have been around values and behaviour of staff. Several comment upon lack of care and attitude of staff members in both community and in-patient settings.

Care and treatment is the second largest area of complaint for service users in West Suffolk. This wide ranging topic received complaints regarding general lack of support or of weight given to concerns expressed by families and carers and level of support generally received from services.

Complaints received under categorisation of privacy dignity and wellbeing include several concerns regarding treatment as an inpatient including staff not managing assaults of service users by other service users, absconding and missing or damaged personal items (either during transfers or having been sent to patients).

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West Norfolk



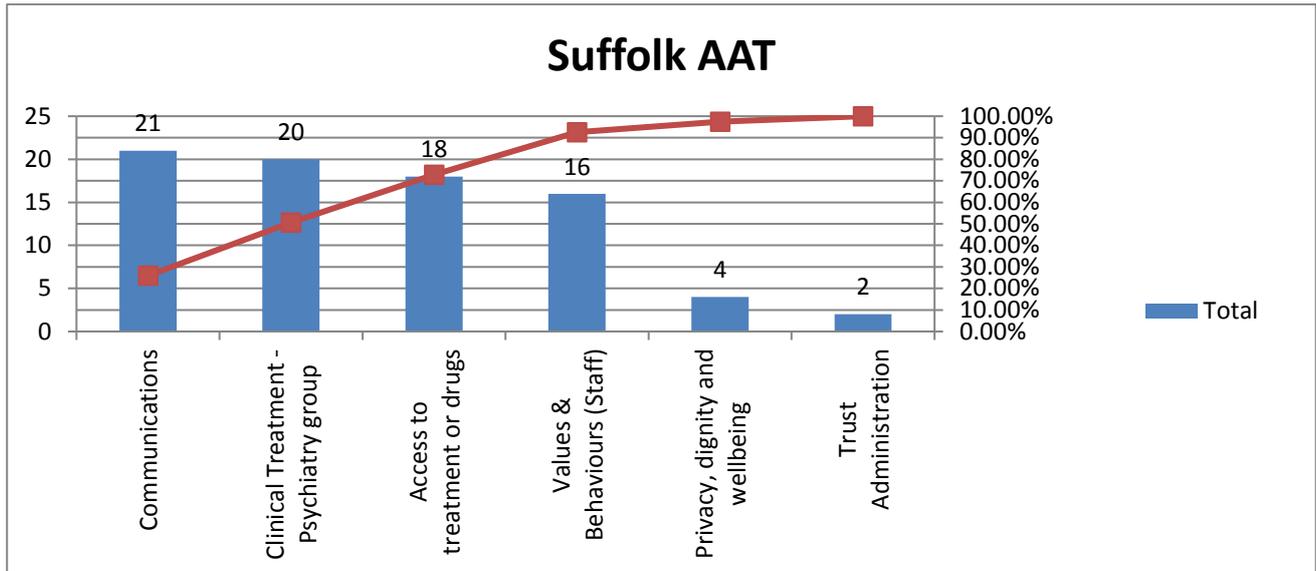
The largest area of complaints across the year have been around values and behaviour of staff. Several in this category cite attitude of doctor as being their primary concern. These cover both inpatient and different community based services.

Complaints made categorised under clinical treatment include several concerns relating to the 'downgrading of referrals to services (or referrals being passed from crisis services to community based services and responses therefore taking longer than initially anticipated by the referrer or referee). Several also raise concern regarding the withdrawal of services to individuals before they or their family / carer believe they are ready for this.

Complaints made categorised under Communications contain multiple complaints citing lack of information communicated to GPs as well as failure to correspond with service users when they were expecting this to take place. Others cite breach of confidentiality (in that information about the wrong service user was sent to a service user) and communication between Trust teams during transfer of care was lacking.

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Suffolk AAT

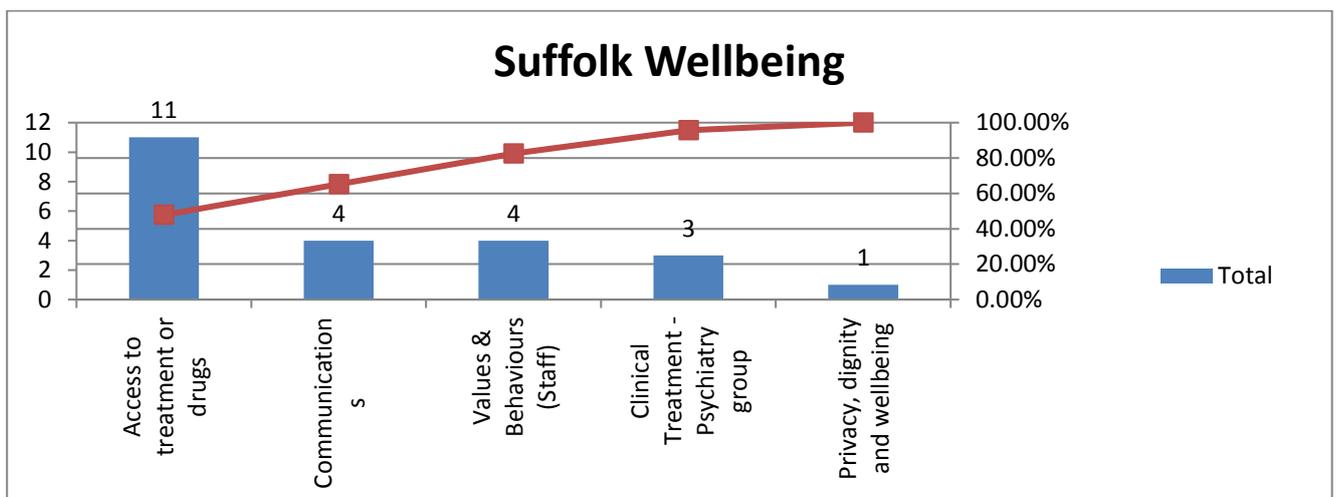


The key theme consistently identified through complaints was peoples' stated experience of inaccurate recording within Trust letters, reports and assessments. Key facts have allegedly been recorded incorrectly, leading to distrust in Trust clinicians/staff.

While a proportion of these complaints were not upheld, the veracity of information recorded was called into question regularly, suggesting staff's capacity may be limited when recording assessments or writing letters.

Several complainants were also unhappy with the outcome and recommendations from their assessment, believing the support being offered was not sufficient for their needs. Some of the feedback was suggestive of a lack of understanding around services the Trust is commissioned to provide, which could be a key learning point for the team in the future around expectation setting for service users.

Suffolk Wellbeing Service



Although the number of complaints received by Suffolk Wellbeing was proportionately much lower than their Norfolk counterparts, some of the themes arising were similar.

Several complainants raise concerns around a delay in receiving services, while others had perceived the treatment they received was different to that provided. Instances of this include when complainants thought one to one counselling should be arranged yet group sessions or signposting was undertaken.

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Appendix 2 – Complaint numbers by category, 2015-16 and 2016-17

	2015-16				2016-17			
	Total	Percentage upheld	Percentage partially upheld	Percentage not upheld	Total	Percentage upheld	Percentage partially upheld	Percentage not upheld
Admissions, discharge and transfer arrangements	46	14	34	51	31	11	48	41
Aids and appliances, equipment, premises (including access)	5	40	0	60	1	100	0	0
All aspects of clinical treatment	230	9	49	42	352	9	38	53
Appointments, delay/cancellation	49	41	39	20	20	40	27	33
Attitude of staff	101	13	39	48	141	8	24	67
Communication/information to patients (written and oral)	82	32	37	31	54	40	31	29
Complaints handling	1							
Consent to treatment	2	0	100	0				
Hotel services (including food)	5	20	60	20	6	67	33	0
Others	22	19	19	63	12	44	11	44
Patients' privacy and dignity	16	31	15	54	23	19	25	56
Patients' property and expenses	16	29	43	29	16	27	40	33
Patients' status, discrimination (e.g. racial, gender, age)	1							
Personal records (including medical and/or complaints)	14	33	17	50	2	50	50	0
Policy and commercial decisions of trusts	2	0	0	100	1	100	0	0
Grand Total	592				661			