

Complaints and PALS Annual Report 2021/22

1.0 Introduction

The aim of this report is to provide assurance that Kent Community Health NHS Foundation Trust responded in a timely and compassionate way to complaints and PALS contacts received during 2021-2022; and used the learning identified to improve services.

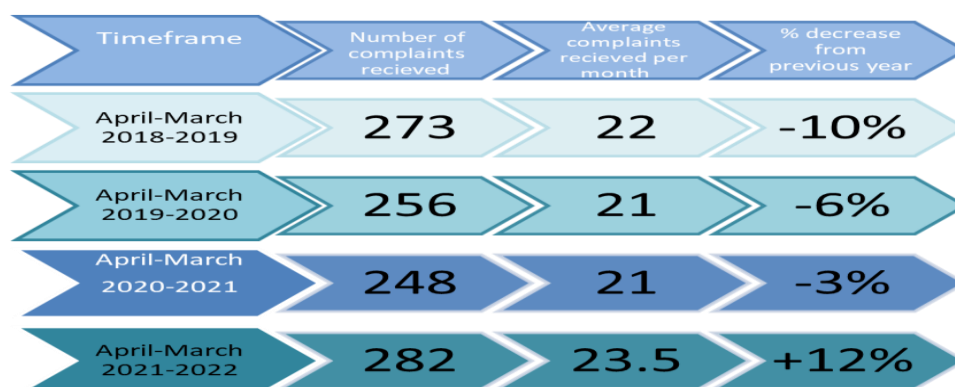
1.1. This report meets the reporting requirements detailed in regulation 18 of the Local Authority Social Services and NHS Complaints Regulations (2009) and will specify:

- The number of complaints received
- The number of complaints which were upheld
- The number of complaints referred to the Health Service Ombudsman (PHSO)
- The subject matter of the complaints received
- Matters arising from those complaints or the way in which the complaints were handled
- Matters where action has been or is to be taken to improve services as a consequence of those complaints.

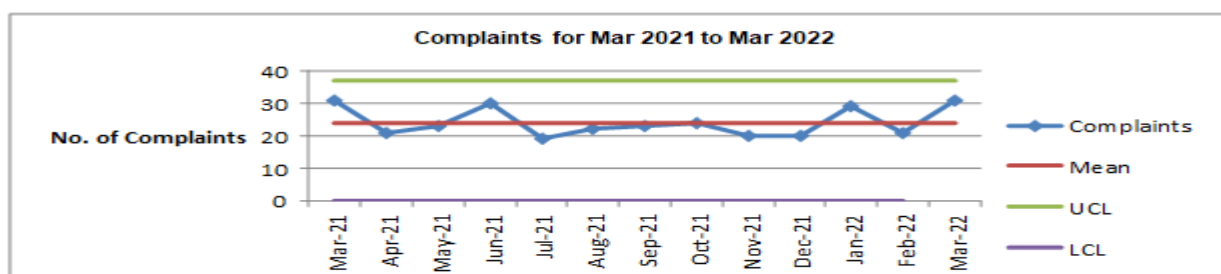
In addition, data on contacts with PALS are included to provide an overall view of queries, concerns and issues raised to the trust.

2.0. Complaints received in 2021/2022

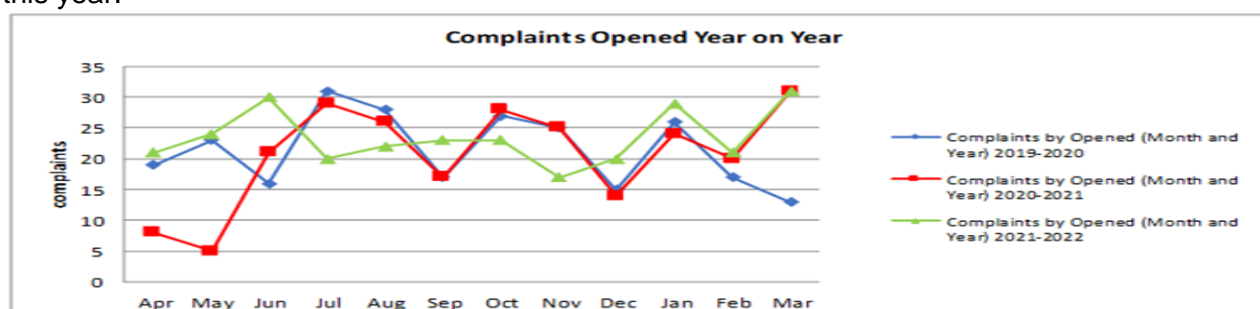
2.1. In 2021/2022, 282 complaints were received in comparison to 248 in 2020/2021; an increase of 34 (12%). This is the first increase in 3 years, following a steady reduction since 2018. The Community Hospitals received an increase of 19 complaints; however, when offset by activity was actually a decrease. Community Nursing and Community Paediatrics also saw a slight increase whilst Dental Services decreased. Further information and detail can be seen in 4.2-3 and 5.2.



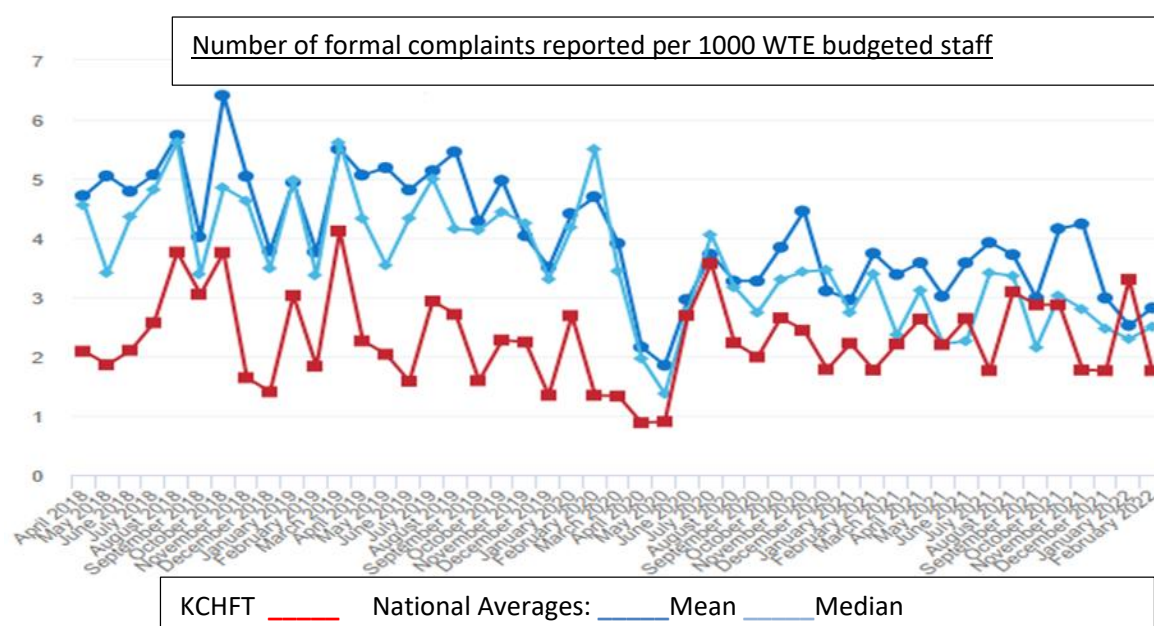
2.2. Whilst there was an increase in complaints received, the graphs below demonstrate that there were not as many peaks and troughs as seen in previous year. Except for June 2021, January and March 2022 complaint numbers were fairly consistent on a monthly basis.



2.3. The following graph shows levels 1 to 4 complaints received by month for the last 3 years, this year there is a general fluctuation in complaints from other years between June 2021 and December 2022 this year.



KCHFT is benchmarked against other community trusts via the Benchmarking Network. The graphic below demonstrates that KCHFT (highlighted in red) is generally below the average number of formal complaints per 1,000 WTE staff members.

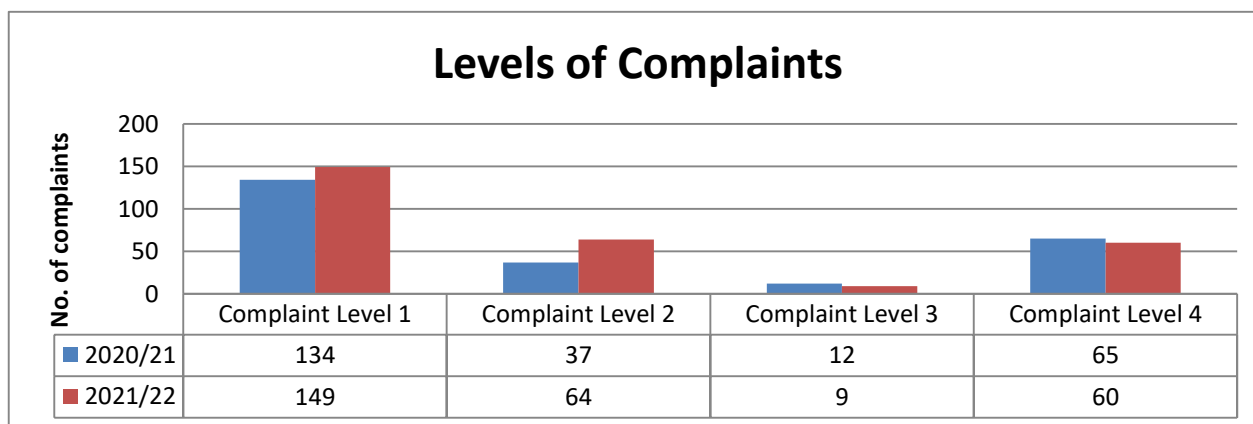


3.0 Levels of complaints

3.1 Complaints are logged under levels determined by the nature and complexity of the complaint following the Trust's Comments, Concerns and Complaints policy.

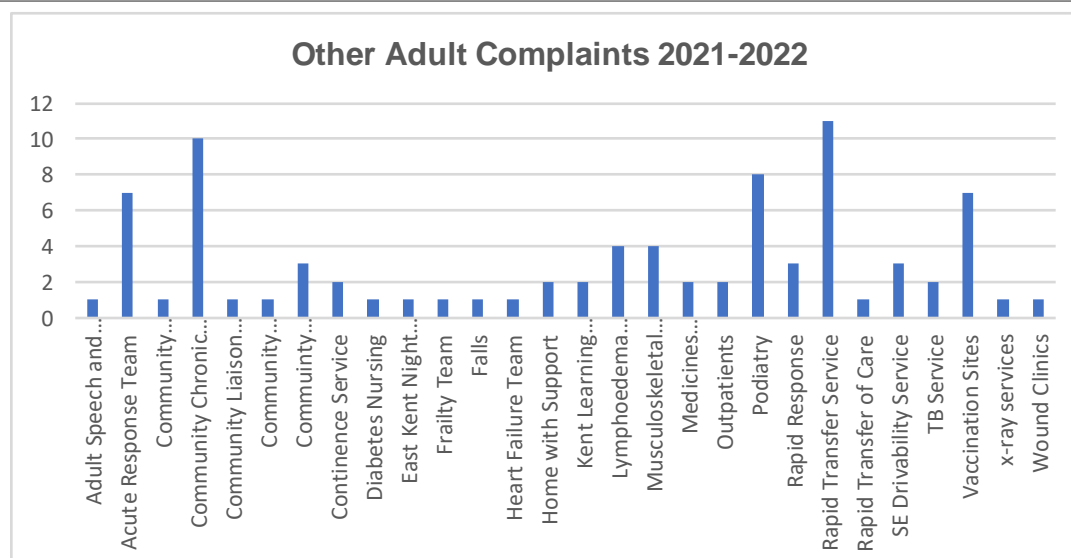
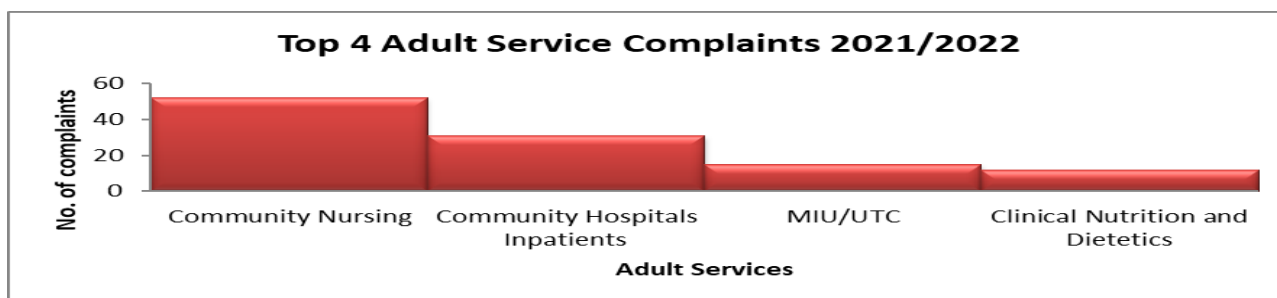
Category	Description
Level 1 Minor	It should be possible to get a quick solution and does not warrant a full complaint's investigation
Level 2 Significant	Requires contact with one or more service which involves some correspondence and an investigation to be carried out
Level 3 Major	A serious complaint that may involve more than one service from KCHFT and requires a full investigation.
Level 4 Complex	A serious complaint involving more than one provider (multi-agency).

- 3.2. There was an increase of both Level 1 and Level 2 complaints; however, a decrease of Level 3 and Level 4 multi-agency complaints. The decrease in Level 4 Complaints is mostly due to a reduction in Rapid Transfer Service complaints from 22 in 20/21 to 6 in 21/22.
- 3.3. 61 cases were referred to the Patient Safety Team for possible Serious Incident review. Of these 4 cases (2 for community nursing (Tonbridge and Thanet), 1 for Podiatry/ Community Nursing and 1 for Westbrook House) were escalated and reported as Serious Incidents compared to 1 case in 2020/2021. These were in relation to patient deterioration, pressure sores on sacrum and incorrect dressings used for wound care.



4.0 Complaints in adult services

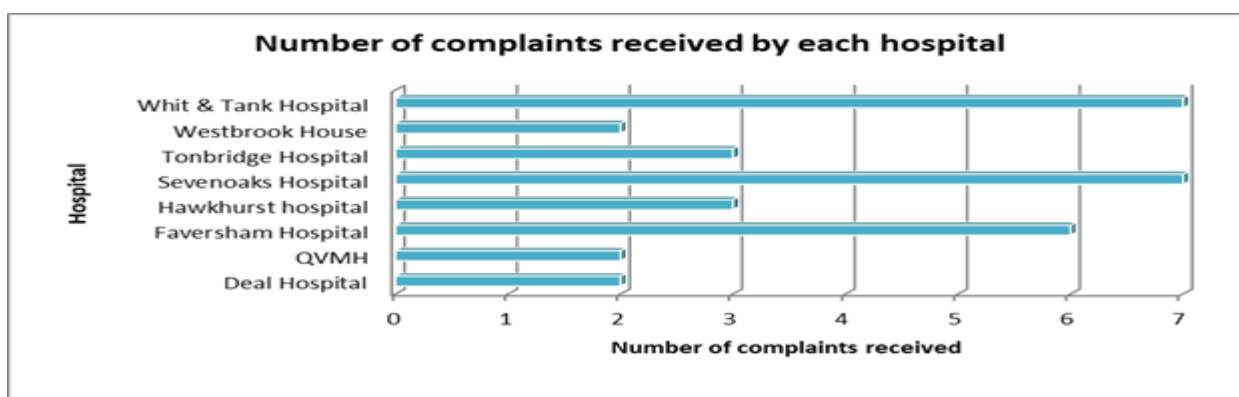
- 4.1 There were 196 complaints received for adult services during 2021/22. Community nursing services continue to have the largest number of complaints with 52 followed by the Community Hospitals (31), Minor Injury Units (MIU)/Urgent Treatment Centres (UTC) (15) and Clinical Nutrition and Dietetics with 12. Three of the top four remain the same for adult services complaints since 2019 but we have seen a slight increase of Clinical Nutrition and Dietetic complaints this year from 9 to 12.



- 4.2 Community Nursing received 52 complaints which is an increase on the previous year when 40 complaints were received. However, this service also has the highest number of patient contacts 152,652 making a complaint to contact percentage of **0.034%**. This is a small increase compared to **0.028%** last year. The chart below indicates the areas in which the complaints occurred, with South Kent Coast receiving the highest complaint to contact percentage across the teams.

Adult Community Nursing Teams	Patients Seen	Complaints	%
Long Term Conditions - Ashford	13,832	9	0.007
Long Term Conditions - Canterbury	31,341	10	0.030
Long Term Conditions - South Kent Coast	34,019	15	0.044
Long Term Conditions - Swale	105	0	0.000
Long Term Conditions - Thanet	27,271	9	0.033
Long Term Conditions - West Kent	46,084	9	0.019

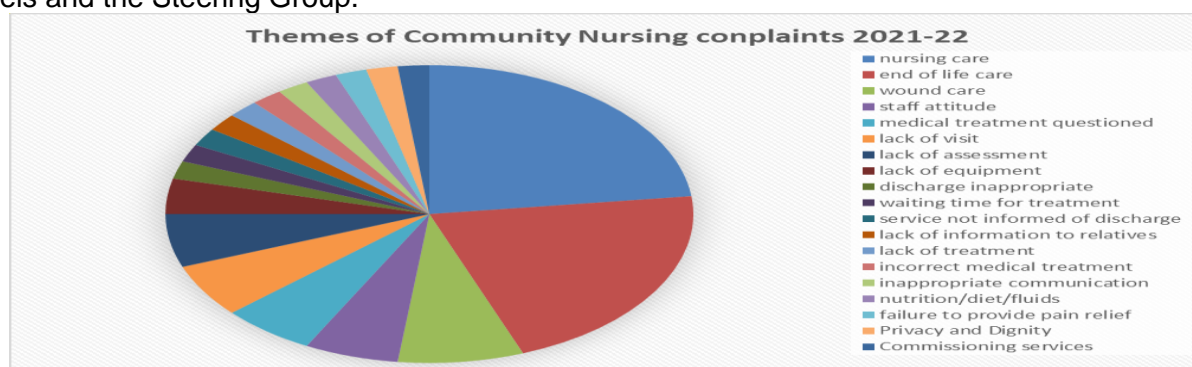
- 4.3 Community Hospitals received 32 complaints, a significant increase from 13 from the previous year of 146%. The ratio of complaints per patient discharge was **0.35%** of which demonstrated an actual reduction compared to **0.46%** in 2020/2021. This reduction is due to the increase in patients that have been admitted/discharged from the community hospitals and the temporary wards put in place for Covid. The three main concerns were querying the clinical treatment the patients were receiving, admission and discharge of patients, and staff attitude to both patients and families.



- 4.4 MIU and UTC's received 14 complaints which is **0.009%** of patient visits to the MIU/UTC. This is a reduction from last year which was **0.017%** of complaints per patient visits and is again due to the increase in patients being seen rather than a reduction of complaints, with 16 received in 2020/2021. Clinical Nutrition and Dietetics received 12 complaints which is a slight increase from the previous year of 9. This is **0.06%** of patients seen in 2021/2022 compared to **0.05%** in 2020/2021.

4.5 Themes and Trends

- 4.5.1 Community nursing complaints have been broken down into categories for each complaint. The chart below details the top categories, with Nursing Care being the highest theme, followed by End of Life Care and Wound Care. There has been an increase in complaints relating to End of Life Care from 3 in 2020-2021 to 11 in 2021-2021. This is actually more in line with 2018-2019 totals when there were 14 End of Life Cases. Learning is shared at the End of Life Steering Group and Mortality Review Panels and the Steering Group.



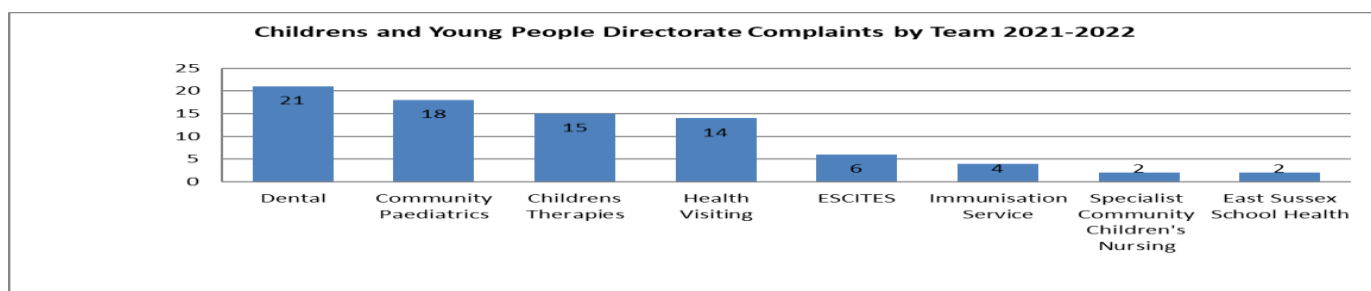
4.6.2 Of the 12 complaints which related to nursing care, 6 were in relation to dressing changes and deterioration of wounds. There were also complaints regarding staff diabetes awareness, staff asking patients to self-inject, catheter care and lack of communication or explanation about escalation of care needed.

4.6.3 The 32 Community Hospital complaints had 11 relating to Clinical Treatment, 7 Admission/Discharge and 7 Staff, 2 Communication issues, 2 Patient Care, 1 End of Life Care, 1 Privacy and Dignity and 1 Trust Administration. The 11 Clinical Treatment complaints were in regard to concerns about a fall on the ward, lack of therapy for the patient, listening to the family about the patient, as well as nutrition and dietetic and medication issues. In regard to the 7 complaints about staff attitude there were themes around not attending patients, not sharing information with families and a lack of compassion. The other main theme was for Admission and Discharge of patients especially around lack of equipment or care package and fitness for patient to be discharged, as well as patient falling after discharge and having to be re-admitted.

5.0. Complaints in Public Health/ Children's' Specialist and Dental Services

5.1 There were 86 Public Health, Children's' Specialist and Dental Services complaints for 2021/22 which are shown in the following chart:

- Dental had the highest number of complaints with 21. This is still a decrease from 30 complaints received from the previous year.
- Health Visiting complaints stayed the same as last year at 14
- Community Paediatrics complaints from 10 in 2020/2021 to 19 in 2021/2022.
- East Sussex CITES had a decrease from 10 in 2020/21 to 6 2021/2022
- Kent Children's Therapies significantly increased from 7 in 2020/2021 to 15 in 2021/2022. This is an increase of over 50% in the number of complaints received compared to last year and is also due to the delays for therapy.
- Other services remained fairly consistent.



5.2 Although Dental Services still has the highest number of complaints within this directorate there has been a reduction in the number this year. Dental have explained that in accordance with national guidance Dental services have prioritised the urgent dental care needs of existing patients and accepted new patients seeking urgent dental care. Given the number of restrictions, and the very limited access to dental care during the pandemic, the teams have been responsive and communicated effectively with patients to minimise the number of potential complaints.

Innovations which have supported the delivery of dental care during the pandemic have been

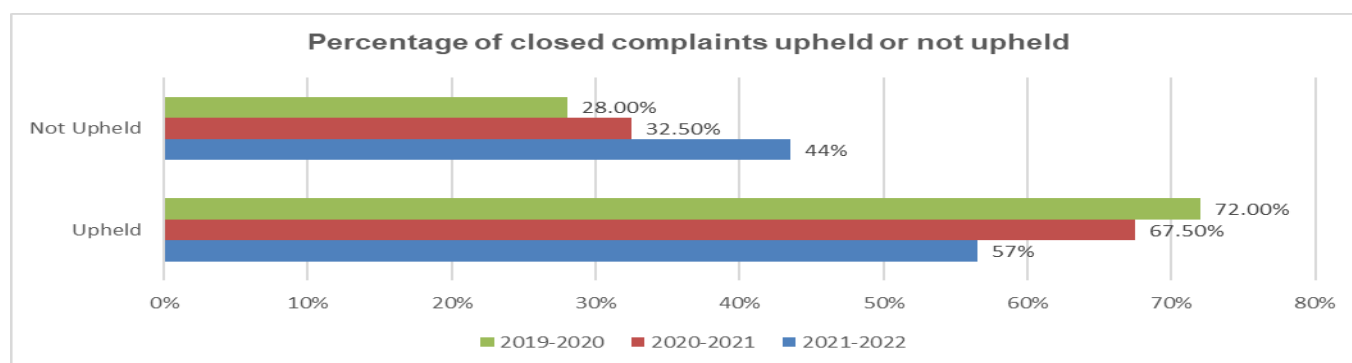
- the introduction of remote oral health consultations using digital technology
- the provision of equipment which reduces the risk of the spread of infection, enabling more patients to be seen

5.3 Community Paediatrics (18) and Children's Therapies (15) also saw an increase in complaints and together were 38% of the CYP and Public Health Directorate complaints. The main themes for Community Paediatrics were waits for appointments (6) and lack of communication (5). In regards to Children's Therapies the main themes were about access to the service (7) followed by wait for appointments and communication, both with 3 complaints each. Community Paediatrics has explained that there is a national trend in complaints relating to ASD waiting times. Pre-Covid these ranged between 12 and 15 months wait and recently have become between 24-28 months wait. All families with children waiting on the ASD pathway have been written to and the wait times explained, providing

signposting information, including an ASD booklet produced between KCC and the NHS. They have working with a private provider who is completing joint assessments and feedback to families. They also have an administrator working with the clinical lead to 'ensure children are being booked in a timely way and according to clinical priority and are exploring new ways to assess children and speed up the processes.

6.0 Upheld Complaints

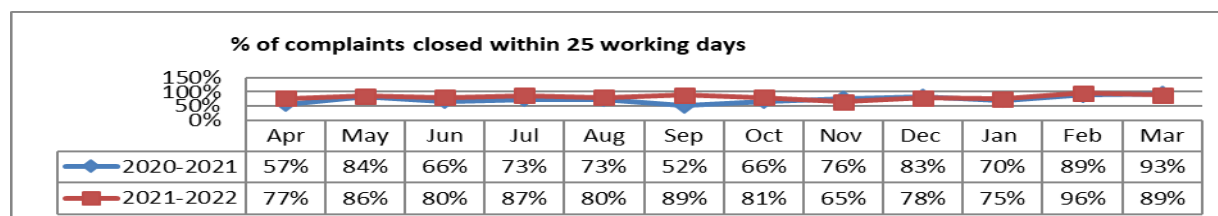
6.1 Complaints are required to be reported nationally using the KO41 reporting tool. This includes the number of upheld and not upheld complaints. Of the 292 complaints closed in 2020-2021 (an increase of 53 cases closed this year); 127 were not upheld, compared to 78 in 2020/2021. All complaints which are partially upheld are counted as being upheld. Complaints are not upheld when following investigation, it was found that staff had acted appropriately, followed correct procedures, provided the care required or were just being asked to comment on care provided by an external Trust or organisation. However, KCHFT treats all complaints, including those reported as not being upheld, as an opportunity to provide an apology to the complainant for their experience of our care and as a learning opportunity.



The increase of Not Upheld complaints was largely for Level 1 complaints from 35 the previous year to 65. Of these 65 there were 25 services involved which is an increase from 2020/2021 where only 15 services were involved. The themes were where the appropriate action had been taken, correct procedures being followed, but that explanation of these and care provided and service timescales needed explaining again. Further contact made to do this or appointments or plans were arranged to clarify situations and what services provide.

7.0 Closed within 25 working days

7.1 Of the 292 complaints closed during the period, 262 were closed working with the 25 day timeframe as per the Comments, Concerns and Complaints Policy. Of those cases 215 (82%) were closed within this timeframe and met objective of 80% of complaints to be closed in 25 days as per the policy.



7.2 There were 47 complaints that did not meet the agreed 25 day timescales in 2021-2022. Delays were related to receiving the required information from the service, the completion of the approval process and waiting on information from external organisations. However, we have seen a continued improvement in the percentage of cases closed within the timeframe and work continues on the Quality Improvement Project to improve the response time to complaints. Our yearly audit for 2022-2023 will focus on reviewing 2021-2022 cases which breached to determine the opportunity for further improvements can be made.

8.0 Themes and trends by subject

8.1 The top 3 themes of closed complaints were **Clinical Treatment (67)** as the most common, followed by **Access to Treatment or drugs (48)** and **Communication (42)**. The table below details some of the concerns raised under the top themes:

Clinical Treatment	Access to treatment or drugs	Communication
Unhappy with lack of treatment and directed to GP/111	Unhappy with the process and waiting time for therapy	Patient unhappy that phone calls to service have not be returned in a timely manner.
Unhappy with care provided and that dentist will not extract teeth.	Unhappy with delay in getting patient treatment due to waiting list for GA	Unhappy with waiting times and not being advised on how long delay is.
Unhappy that at first visit eye not checked comprehensively	Patient feels that the service are not accessible enough	Unhappy with communication to next of kin with Lasting Power of Attorney
Unhappy that first set of x-rays not taken in right area	Raised concerns regarding removal and reduction of medication	Telephone issues to cancel appointment
Unhappy that child vaccinated after had advised several time not to vaccinate.	Family unhappy that opioid use being reduced and wants answers to queries on this	Patient has raised concerns as the appointment details were not clear where this was
Unhappy with level of wound care including frequency of visits and appropriateness of treatment.	Family unhappy have not heard anything after GP referral for patient's ingrown toenails and having antibiotics for infection.	Unhappy with delays in sending reports and that parent had to chase staff
Unhappy with treatment and missed fracture.	Parent unhappy with lack of support and only excuse being 'covid-19'	Concerns regarding the communication between the Pathway 3 team and KCC

9.0 Re-opened complaints 2021/2022

9.1 32 complaints were re-opened (11% of the total closed). This is an increase in number from 2020-2021 but not in percentage of cases (11% of the total closed). Our audit for 2021-2022 focused on re-opened cases and the outcomes and improvements will be made in 2022-23, which will include reviewing to see if any new or different queries are raised and earlier decisions on whether cases should re-open or further resolution needed. It was noted that 9 of the cases (28%) were re-opened when there were no new queries raised and 2 (6%) that just needed further details.

10.0 Parliamentary and Health Service Ombudsman (PHSO) cases

10.1 5 cases were opened by the ombudsman in 2021/2022. Of these cases:

- 1 remains open and under investigation and awaiting outcome. This is for community nursing around VAC pump care.
- 1 was closed and the PHSO did not uphold the complaint regarding a transfer to a care home with Rapid Transfer Service.
- 2 are enquiries, one with notes requested and PHSO still reviewing regarding a lack of equipment provided by the community nurses causing a fall and one still open regarding care provided in Sheppey Hospital in 2017 (now managed by another trust)
- 1 was an enquiry which is now closed with no investigation occurring regarding MSK Physiotherapy provided to the patient.

10.2. 3 cases that were opened as enquiries from 2020/2021 were not taken further and were closed with no investigation undertaken.

11.0 Quality of Complaints Management

11.1 In January 2022 all 28 re-opened complaints from 2020/21 were audited by peer review. The purpose of the audit was to provide assurance that the complaints handling process is of a high standard and to evidence compliance with the Comments Concerns and Complaints Policy, the Care Quality Commission (CQC) Responsive domain and the Complaints Regulations (2009).

11.2. The audit identified a number of areas of good practice demonstrating the robust processes in place.

- 100% (28) of complaints it was felt had answered all the points of the complaint

- 100% (28) of complaints needing a response explained clearly the outcomes, showing openness and transparency.
- 75% (21) of complaints had answered all the concerns raised when complaint re-opened.
- Only 3% (1) of re-opened cases have been opened with the PHSO.
- Over 92% (26) of responses the tone of the correspondence showed respect and compassion, offering an appropriate apology.

11.3. The continued learning from the Audit findings is:

- the need to ensure all complainants are advised of any extension to 25/60 day process and that this is recorded on Datix.
- Continue to improve response times within 25 working days
- Review re-opened process if no new issues raised and whether need to re-open
- Ensure 100% responses to complainants of re-opened cases make it clear that complaints process exhausted and direct them appropriately.

11.4. Healthwatch Kent have provided feedback from a volunteer that has reviewed the public website and how easy it is to use to make a complaint or find information. The volunteer felt it met a good standard and was easy to understand and gave details on multiple ways to make a complaint. They did request the Parliamentary and Health Service Ombudsman details added to the page in an easier location and this has been addressed.

12.0 Feedback from complaints survey

12.1. A review of the complaints survey was completed due to low numbers received in previous years. The revised survey will commence from April 2022.

12.2. Staff feedback is also sought on the support provided to them by the Patient and Carer Partnership Team. All surveys received with 100% positive feedback. Providing support for staff members involved in complaints is essential to resolve concerns raised in a timely and compassionate way. Comments received include:

Thorough timely, empathetic and compassionate.
So on the ball and compassionate. Really made a difficult situation much better.
Complaints officers are always incredibly helpful and skilled in what they do. Always available, responsive and supportive with just the right amount of challenge when needed!
Highly valuable service helping us to shape our services for the better.
Very clear actions and deadlines from outset. Regular contact re progress to support services to maintain momentum when needed.
I always feel confident in making contact with patients and/or carers once notified as you receive a very concise handover of their concerns from the complaints team. This means that you rarely end up dealing with something unanticipated, you can have prepared well and relatively easily due to the effort and care put in by the team prior to the complaint reaching me.
Complaints team were amazing and were able to offer suggestions and completion of a letter, which was turned around in a short space of time. Thanks so much for your support. As always you are receptive and offer so much guidance, this has helped me over the years to understand
All members of the team have very good communication with myself and are very approachable
Am grateful for their support and prompt responses, and reminders of timelines etc
So helpful, fast and structured our comments into the letter which was really supportive due to the amount of time that this takes. Could not fault the service

13.0 Complaints training for staff

13.1. A total of 177 staff undertook the e-learning training designed for all staff to give them an overview of the trust's complaints procedure and what to do if they are contacted by a patient, relative or member of the public wishing to raise a concern. This is in line with 170 staff that completed this in 2020/2021. This training is not mandatory but completion is actively encouraged when complaints officers speak to staff and services.

14.0 Learning from patient feedback

14.1. The Patient and Carer Partnership Team continue to monitor improvements made by services as a result of patient feedback. In total 17 actions resulting from complaints have been uploaded on the KCHFT public website as examples of 'You said We did'. Improvements have been shared in bi-monthly reporting to the Quality Management and in the Patient and Carer Partnership Team Quarterly Report. Improvements made as a result of feedback from complaints during 2021/22 include:

- **UTC:** staff having their ear infection competencies checked to ensure they feel able to confidently deal with ear infections.
- **Children's Therapies:** have uploaded a new letter template following an IG breach to ensure staff do not use individualised templates so this does not happen again.
- **Immunisation Team:** Following a complaint where a child was double vaccinated in error changes have been made to the consent process. A record keeping audit is also being conducted in April 2022 to ensure that all staff are following processes in place and so that further improvements to the service can be made
- **Coxheath Centre:** As we do not have a reception service at the Clinic we have agreed to make changes to the clinic appointment system there following a patient being incorrectly directed. A notice board was placed in the waiting area with the clinic date and clinician name added for each clinic each day. A list of clients attending groups or clinics will also be sent to the Local Referral Unit in advance so that they are aware of any patients attending the clinics should they need to answer the door.
- **Dental:** Changes are being made to the leaflet given to parents regarding general anaesthetic as the leaflet does not make clear that an injection will still be used on patients when using gel.
- **Community Hospitals:** Following the complaint for two hospitals they will ensure the self-medication tool is in place in the hospital and will hold training on endocrine care.
- **ART:** Leaflet updated for patients and families to ensure correct information provided on support available and how patients transition to social care.
- **Community Nurses Maidstone Area:** End of Life workshops to work on holistic assessment and assessment of pain, use of medications and syringe drivers and also understanding a family's distress held.
- **Audiology:** Following a new phone system being introduced a new rota has been put in place and a duty audiologist now available to answer parent queries.

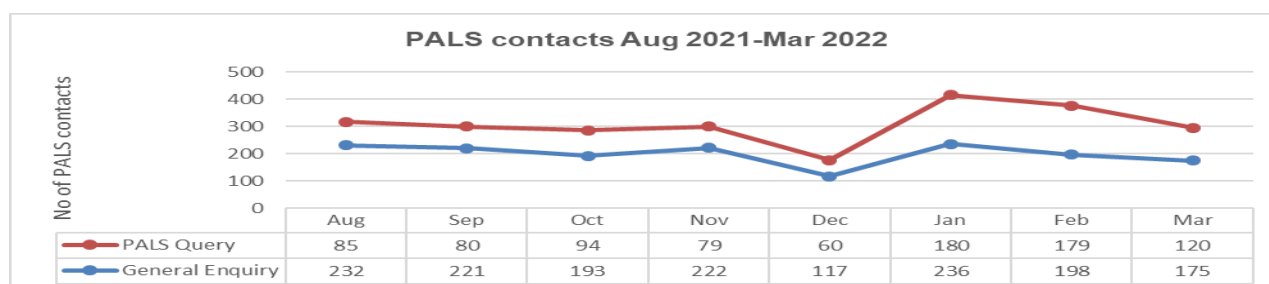
15.0 Patient Advice and Liaison Service (PALS)

15.1. The Patient and Carer Partnership Team took over PALS on 1 Feb 2021. Due to the need to recruit to the service and introduce a new reporting process, PALS data was not included in the 2020/2021 Complaints Annual Report. Since that time, we have fully recruited to all positions and introduced a new Datix reporting system for use as well as reporting of all PALS contacts. Prior to this we were only able to retrieve limited data on numbers of contacts. This new procedure went live in August 2021 so all data created for this report is from Aug 2021-Mar 2022. PALS contact can be made via telephone, text, email, online form or on the public website.

15.2. Two types of contact were created:

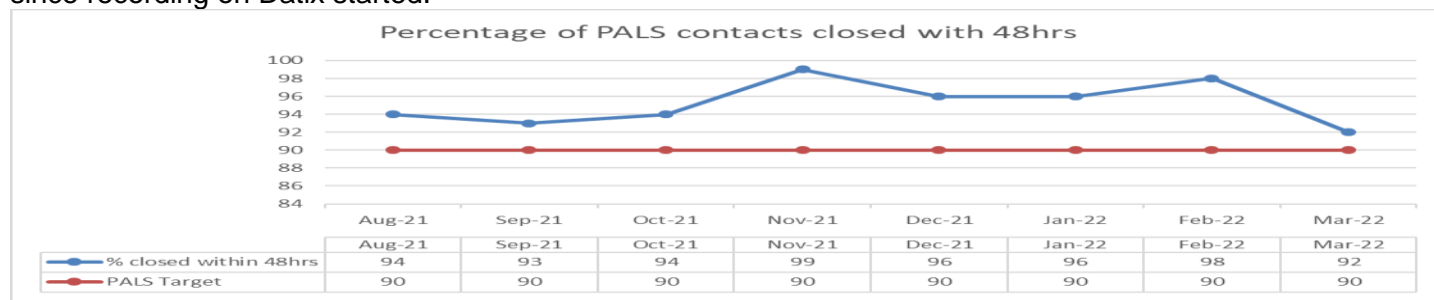
- PALS Enquiry – which requires a response from the service within 2 working days.
- General query – which the Patient Care Co-ordinator can answer or can signpost to the correct service or other external organisations.

PALS received 1,592 General Enquires and 877 PALS Enquiries Aug 2021-Mar 2022.



15.4. Response

The objective set for PALS was to ensure 90% of contact was resolved within 2 working days. Although there is a small reduction in percentage in March 2022 the team have exceeded their target each month since recording on Datix started.



15.5. Themes

The 877 PALS Enquiries were for 58 services within the Trust. The top four contacts were for Integrated MSK services (61), Community Paediatrics (59), Community Nursing (58) and Children's Therapies (42). There were also a high number of contacts for Community Orthopaedics, Clinical Nutrition and Dietetics, Health Visiting, Podiatry, Chronic Pain, Dental and for Covid vaccination information.

The MSK, Clinical Nutrition and Dietetics and Community Orthopaedics and Community Paediatrics have had issues with service users contacting PALS due to text message appointment issues. The Trust is testing service specific templates with one service assist to direct patients better. They are also reviewing the SMS provider.

Children's Therapies were queries regarding chasing appointments, lack of support from the service and waiting times and these are in line with the contact received regarding Complaints. Dental queries were also around getting urgent treatment, appointments and referrals.

The service also received 90 contacts that were for other and external Trusts or organisations. There were a further 81 contacts where the person contacting did not provide enough information to confirm a service and on asking for further information this was not supplied.

15.6. Access

In order to contact PALS more accessible; a review of the text message, online form and telephone pre-message is being undertaken this year. Of the 877 PALS queries, 345 were via email, 308 by telephone, 213 by online form completed on the public website and 11 via text message.

16.5. NHS Feedback

PALS also manages feedback from patients/service users and relatives on NHS UK (formally NHS Choices) and Care Opinion. Responses are sent to the website thanking those that uploaded positive comments and these are shared with the service. Any negative comments received the person is asked to contact PALS directly should they wish to raise further.

Please see below a positive review published on the NHS UK website.

Amazing service

Amazing service. I was very ill and couldn't get an appointment with my GP and couldn't get an answer from 111. I turned up at the urgent treatment centre and was seen by a doctor within 10 minutes who solved the problem. The staff are lovely and helpful. Would highly recommend.

Name: Sue Mitchell
Role: AD Participation and Involvement
6 May 2022