

ANNUAL REPORT TO THE QUALITY COMMITTEE

21 JUNE 2021 Title	Patient Safety Learning from Complaints, PALS & Compliments Annual Report 2019/2020
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Purpose of the Report

To provide the Trust Board with an update of the Trust's management of the Complaints & Patient Advice and Liaison Service (PALS) over the past financial year.

Summary of Key Issues

- The introduction of a new QI led Complaints Process involving Stage 1 and Stage 2 requirements.
- Increased Service User involvement in the corporate Complaints Process
- Learning Lessons from Complaints Findings shared at both Annual and Local Learning Lesson Events
- Enhanced support provided to local teams in complaints handling and resolution
- The introduction of an Action Module on Datix enabling the monitoring of the implementation of recommendations from complaints findings.
- An External Review of the Complaints Process with respect to its handling of Conflict of Interest Matters and other Complaints Reviews indicating overall improvements in complaints processes.
- **408** formal complaints were raised in this reporting period, an increase of **40%** (117) compared with the previous year of 291.
- The Trust closed **369** formal complaints, an increase of 44% (112) compared with 257 in the previous year.
- Of the complaints closed, **35%** (126) were resolved under Stage 1 local resolution process, with an average response of 28 working days (13 working days being the mode response time).
- The Trust adapted working practices during Wave 1 and Wave 2 of the Covid 19 pandemic and some investigations were paused in line with NHSE guidance. The average complaint response time was **59** working days (1, 2 and 13 days being the mode response time).
- In the previous year, the average response time was **58** working days (with a mode of 27 working days).
- **1,039** PALS inquiries were received by the Trust. (<184).
- **611** compliments were formally recorded (<90).

Complaints top 10 themes:

1. Communication/Information*
2. Attitude of Staff*
3. Assessment
4. Clinical Management (Mental Health)
5. Access to Services
6. Support in the Community
7. Diagnosis
8. Medication
9. Appointment Delays/Cancellation
10. Care Planning / CPA (Mental Health)

PALS top 10 themes:

1. Communication/Information*
2. Appointment Delays/Cancellation*
3. Assessment
4. Clinical Management (Mental Health)
5. Attitude of Staff
6. Access to services
7. Support in the Community
8. Clinical Management (Physical Health)
9. Medication
10. Care Planning / CPA (Mental Health)

*These top two themes for both complaints and PALS remain unchanged from the previous year.

Committees/Meetings where these items have been considered

Date	Committee/Meeting
26 June 2021	Due to go to Quality Committee

Strategic priorities this paper supports (please check box including brief statement)

Improved population health outcomes	<input checked="" type="checkbox"/>	Ensuring the Trust meets the statutory requirements under The Local Authority Social Services & NHS Complaints (England) Regulations 2009, as well as other guidance; NHSE Complaints Policy, PHSO NHS Complaints Standards.
Improved experience of care	<input checked="" type="checkbox"/>	Through learning, service improvement and identifying themes around patient concerns and feedback.
Improved staff experience	<input checked="" type="checkbox"/>	Empowering and supporting staff in providing them with the tools, correct policies and procedures, documentation and training to understand the complaint process and respond to patient concerns effectively.
Improved value	<input checked="" type="checkbox"/>	Learning from complaints can improve service efficiency and mitigate wider legal claims.

Implications

Equality Analysis	This report has no direct impact on equalities.
Risk and Assurance	This report provides assurance that complaints are appropriately reported and investigated with learning identified that can be embedded across the Trust.
Service User/Carer/Staff	The recommendations and action plans pertaining to complaints have implications for service users, carers, staff and services across the organization.
Financial	There are financial implications regarding resource management & potential for litigation.

Supporting Documents and Research material

ELFT Complaints and PALS Policy Version 9.0; October 2020.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Glossary

Abbreviation	In full
CAMHS	Child and Adolescent Mental Health Service
CEDS	Community Eating Disorders Service
CHS	Community Health Services
CPA	Care Programme Approach
CQC	Care Quality Commission

Datix	Trust incidents and complaints reporting and management system
ELFT	East London NHS Foundation Trust
MHS	Mental Health Services
PALS	Patient Advice and Liaison Service
PHSO	Parliamentary and Health Service Ombudsman
REGS 2009	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

1.0 Background/Introduction

- 1.1 East London NHS Foundation Trust (ELFT) has contractual and statutory obligations to report on and appropriately manage all complaints raised to the Trust. This report fulfils ELFT's obligations under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to produce an annual report on all formal complaints raised to the organization.
- 1.2 The Trust is committed to improving the services and care that we provide; feedback we receive from patients, their families and carers, helps us to identify the areas where we need to improve and ensure that action is taken to prevent the same things happening again.
- 1.3 This report covers the period from 1 April 2020 to 31 March 2021.

2.0 Complaints Process

Concerns, complaints & compliments are overseen and supported by a dedicated, corporate Complaints & PALS team to ensure that processes and outcomes are impartial, fair, flexible and conciliatory. This arrangement supports those wishing to complain, or make a comment about the services received, being listened to, and remaining confident that they will not be discriminated against for making a complaint.

As of June 2020 a Quality Improvement Complaints project was implemented Trust wide as a means to enable services to rapidly manage their complaints via a two stage process. The view was taken to introduce this Qi project as a programme Qi to better support services during the Covid -19 Pandemic.

At Stage 1 the locality will appoint someone appropriate to review the complaint, conduct a preliminary investigation and contact the complainant to discuss their concerns. At this stage it might be possible to resolve the complaint and identify any learning without further investigation.

If it is not possible (or appropriate) to resolve the complaint under stage 1, it will progress to stage 2.

At Stage 2 an investigating officer will be appointed, whose day-to-day function sits outside that of the team subject to the investigation. They review the concerns raised, investigate them with the service cited and provide a full response, identifying any learning.

The Trust's Chief Executive Officer oversees and reviews every Stage 2 – complaint - response where the final response is signed by the Trust CEO - to assure service users, carers and families of the importance the Trust places on complaints at the most senior level of the organization. The Trust also has the support of service users from the People Participation Team overseeing complaint final responses to ensure that the responses are written in a kind and user friendly way.

2.1 Update on Complaints Quality Improvement (QI) Project

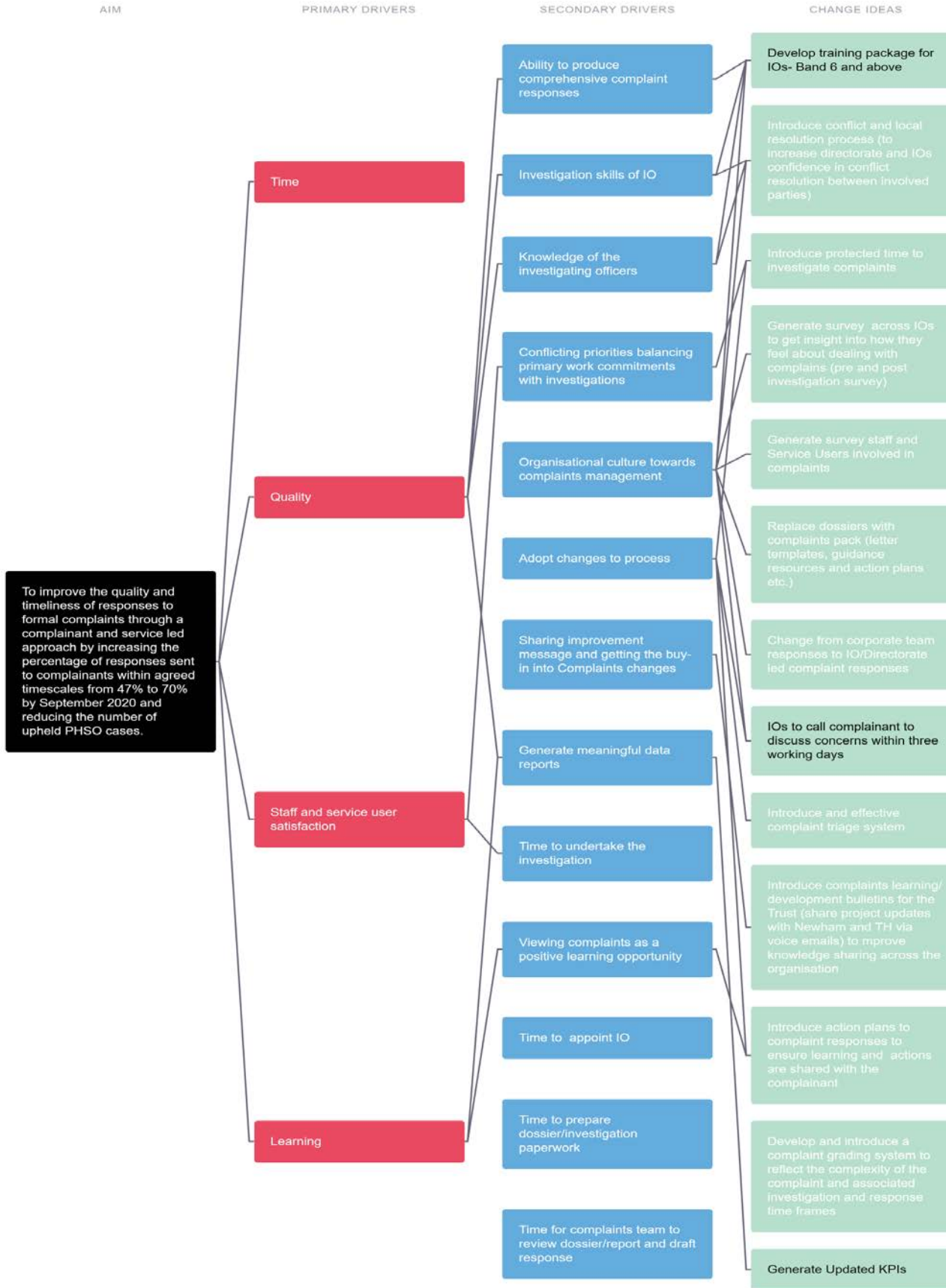
The three key aims of The Complaints Quality Improvement Project, which facilitated the introduction of the Stage 1 and 2 Complaints process, were as follows:

1. To increase the average percentage of formal complaints being responded to across the Trust within timescales from 47% to 70% by September 2020.
2. To reduce the number of re-opened complaint responses by improving the overall quality of initial responses.
3. Increase the number of complaints managed by local resolution (Stage 1 Complaints Process)

The aims of this project are being realised as follows:

- The rate of complaints responded to within timescale has increased to 52% within timescale.
- A reduction in the rate of reopened complaints. The measure for this aim is still being addressed by the Datix Update Complaints Project Group.
- 22% of complaints have been managed via local resolution (Stage 1) in this reporting period.

2.2 Complaints QI Driver Diagram



2.3 Service User Involvement

The Corporate Complaints Team based Service User continues to flourish, with full ownership of the complaints feedback process. Additionally, the complaints team are supported by another Service User who quality checks complaints responses for clarity and ease of comprehension. This quality assurance process has directly led to measurable improvements in the quality of Stage 2 complaints responses.

2.4 Learning from complaints

The Trust works to ensure that findings and lessons from complaints are shared within and across services at Annual and Service Led Learning Lessons Events (see 2.7 below). During the reporting period an Annual Learning Lessons Event was held in October 2020 which shared lessons from Complaints and from Patient Safety Incident Reviews. During the course of the year Directorates and Services have hosted local learning lessons events where the findings, associated outcomes from complaints together with any resulting changes to practice are shared.

2.5 Complaint outcomes

Of the cases investigated and closed in this period* the key outcomes were as follows:

57 Resulted in changes to Trust policies and processes (+375%)

16 Recommended training for staff (-40%)

42 Recognized errors or gaps in care and full apologies were given (+20%)

223 Provided explanations of services, treatment, plans or processes (+70%)

2.6 A sample of what we have learnt from Stage 1 complaints - Locally managed complaints via local directorate management teams follows;

Concerns relating to a clinical assessment report sent to the service user's estranged father in error.

Guidance was sought from ELFT Information Governance Team about Trust Policy and protocols regarding Data Protection Act, with particular emphasis on sharing of confidential records via email. (Process for management of clinical records reviewed as appropriate). This was discussed collectively in the team meeting and informal team discussions and discussed with individual staff through 1:1 supervision.

A sample of what we have learnt from Stage 2 complaints – Complaints where an investigating officer is appointed from a different service and the final response is overseen by the CEO follows;

Stage 2

Delays to District Nurse visits to change patient's catheter; this had previously happened.

Development of a bespoke rolling programme of training which includes communication skills, including many aspects of palliative care to increase staff confidence in the delivery of care to patients in this group.

Each patient on the district nursing caseload will now have a senior nurse appointed who will manage the caseload. The senior nurse will have several members of staff working within the team, so patients and families may see different members of the team during any care and treatment. However, each patient's care will be overseen by the senior lead nurse. Ensuring a robust process is in place for handover ultimately supporting coordinated patient care.

A young adult on Crystal Ward absconded whilst being taken from the ward for treatment:

Staff now use pool car when taking patients to hospital for treatment.

Risk assessments completed by CAMHS and discussed with pediatric team. Risk assessments now shared with other services that the patient attends.

A number of concerns regarding daughter's safety on the ward; Absconded three times and ended up on M1 in a suicide attempt. Poor communication.

Updated the discharge support plan to cover all points including family and carer contact.

A new role of Discharge Support Worker created to support the triage mode.

Carer contact audit completed by the Discharge Support Worker.

Family and Care Coordinators are involved in discharge planning and are invited to ward reviews on most digital platforms.

Completed an audit looking at CPA discharges to assess family /carer involvement in (digital) discharges.

Lack of engagement/support and referral was declined without anyone contacting the service user's family.

All patients referred to CEDS now receive direct contact from Service to discuss referral.

2.7 Learning Lessons Events

Lessons learnt from complaints are shared at Directorate events and at the annual Trust wide Learning Lessons Event.

The Annual Patient Safety Learning Lessons event held over Zoom in October 2020 highlighted the new complaints process, lessons learnt from complaints and changes to practice and services which resulted from complaints information. Subsequent Directorate Learning Lessons Events in Community Health Services and Mental Health Services have also included updates on the complaints process and details of local changes to practice as a result of complaints information. Local Services are supported to deliver their learning lessons events with assistance and contributions from the Risk and Governance Service in the conceptualisation and delivery of these events.

Introduction of Action Module on Datix

In June 2020 the Datix action module was successfully implemented. This module allows for the tracking and monitoring of the implementation of actions/recommendations made from complaints, which will in turn enable the Trust to demonstrate actual changes to practice made as a direct result of individual complaints.

3.0 Services and Corporate Complaints Team developments

3.1 Trust wide monthly complaints training continued throughout the year focusing on; the legislation and guidance underpinning the process, investigative practice, response writing, learning/action plan development and regular report updates. The training schedule is communicated monthly via the intranet, communications emails and directorate governance leads.

The Stage 1 local resolution process has been fully embedded and embraced by the directorates; this has resulted in a greater number of resolutions completed in less time, whilst still capturing learning.

A Trust wide bi-monthly Complaints Meeting was established early in the year comprising of the complaints team and governance leads, which in addition to the Governance Network Meeting provides a regular forum to share information and discuss any complex cases or process issues.

3.2 How we have developed and are developing the team

The team continues to receive regular counselling and psychology support on a bi-monthly basis.

The Higher Level Complaints Committee has remained in place on a bi-weekly basis. This does not fundamentally make any changes to the complaints process but provides assurance of senior oversight of Stage 2 complaints relating to the CQC, PHSO and MP enquiries, as well as high risk complaints e.g. safeguarding. The learning from these complaints are recorded and monitored to highlight any common emerging themes.

A Band 5 (1.0 WTE) was successfully recruited on secondment and focuses on PALS enquiries enabling the rest of the team to focus on the complaints handling process.

We will continue to build upon the team's knowledge of newly acquired and existing services, and build on relationships with staff across the Trust.

4.0 Audits/Reviews

During the reporting period, the Trust has had several reviews into the Complaints Function/ Processes. Two were external reviews and one was an internal review. Altogether, these reviews have highlighted that overall the complaints function is improving. Indicating that complaints responses are much more robust than was previously the case and that the processes for managing conflicts of interest are transparent and clear. For several years The Non-Executive Directors Audit of the Complaints Function have reported on poorly written response letters and low morale of the Corporate Complaints team. For the first time this finding has been reversed with a much more positive report from this Audit revealing measurable improvements to the quality of the final responses being sent and also to the resilience and hard work of the complaints team leading to higher satisfaction levels being reported. Please see below for detailed commentary on each of these reviews.

4.1 External Human Factors Review

The Chief Nurse commissioned an external human factors review of ELFT's complaints and conflicts of interest processes, led by Dr. Jane Carthey, Human Factors and Patient Safety Consultant. The review focused on:

- Processes for transitioning complaints when the Trust acquires a service.
- The process for coordinating complaints responses.
- The processes for managing conflicts of interest.
- How the Trust's Executive Board gain assurance that complaints are handled in a timely, transparent and empathetic way.

As part of this External Review, interviews were held with a cross section of ELFT staff responsible for responding to complaints and for managing Conflict of Interest issues which arise from the Complaints Process. The findings in this report noted that the robust governance structures currently in place across Directorates has ensured that where any potential conflicts of interest matters arise they are immediately identified and necessary mitigations put in place. Directorate teams were able to demonstrate a good awareness of how conflict of interest issues should be managed when responding to complaints.

Please see **Annex 1** for the Trust's response to the External Review of the Trust's Complaints and Conflict of Interest Processes.

4.2 Internal Complaints Audit

As part of the Trust's Internal Audit arrangements a Learning Lessons internal complaints audit was undertaken to ensure that robust systems and structures are in place for learning lessons from complaints. The aim of this internal audit is to reduce those risks from the Trust not robustly learning from complaints and sharing lessons learned, with the associated negative impact on the quality of the care given to patients. The Audit considered the following areas:

- The systems and structures in place for collating and escalating information on learning from complaints to enable lessons to be learnt across the Trust.
- Processes for sharing lessons and themes vertically and horizontally across the Trust.
- The process by which the Trust ensures that lessons learnt result in recommendations and action plans which improve practice and reduce risk. Consideration will also be given to how action plans link to Quality Improvement.
- Review of risk registers to see how complaints in one place are being captured as risks in other areas to ensure that risks are effectively managed across the Trust and that lessons and best practice are promulgated across the Trust.
- The regularity of lessons learnt events and the production of regular learning lessons newsletters being produced and disseminated.

The findings from the internal audit indicate that overall the Trust Board can take reasonable assurance that the controls in place to manage any risks associated with lessons learned from complaints are suitably designed and consistently applied. However, that there are some areas which require improvement to robustly manage all risks.

4.3 Non-Executive Director (NED) Annual Complaints Audit

In November 2020, the NEDs provided feedback on their audit of 10 randomly sampled complaint responses. The audit noted a systemic improvement and that all of the responses were better than in previous years. Please see **Annex 2** for the full report.

Please see **Annex 3** for a combined action plan for the External Human Factors Review, Internal Complaints Audit and NEDS Annual Complaints Audit.

4.4 Key priorities

2019/20

Learning from complaints:

To have fully implemented a new complaints process that focuses on the central team supporting staff within the services to conduct robust investigations, identify learning and create, implement and monitor action plans, and routinely updating complainants.

Update: This process has now been implemented and is currently being revised where appropriate to make the process more efficient and robust.

Staff training programme:

Deliver monthly complaints training programme alternating between Charter House, Luton and HQ, Alie Street, London.

Update: Complaints training is being delivered monthly, for all Trust staff, over MS Teams rather than face to face due to Covid-19 restrictions.

Datix:

Datix to become more streamlined so that it is efficient and easy to use, including an action function to accurately record and monitor learning outcomes as well as providing easier opportunities to audit their effectiveness.

Datix training provided to Governance leads, on an ongoing basis, to enable reporting at a central and local level.

Update: The Datix Action Module was introduced in June 2020. Datix Training is delivered to all new Trust staff at induction and to staff groups on request.

PALS clinics:

Provide daily PALS clinics across numerous services across Luton, Beds and London, focusing on those which have received the greatest number of PALS enquiries in the last 12 months. This will raise the profile and offer practical support to service users and their families, as well as staff.

Update: The programme for PALS clinics is currently being developed.

2021/22

Learning from complaints:

A key priority for 2021/22 continues to be action plan; monitoring and implementation. Since January, the complaints team manager has led a two phase process of collating action plans (both at the initial and completed stage) and updating complainants. Phase one of this process is almost complete. Phase two will begin on 31 May 2021 transferring completed actions and themes onto Datix; enabling triangulation with serious incident trends and themes.

Some directorates regularly share learning via Learning Lessons newsletters, the format of which has been shared with other directorates. However, regular cross directorate learning needs

strengthening. Complaints learning lessons seminars will take place in summer / autumn 2021 and spring 2022.

Complainant Feedback on the Complaints Process

Another key priority for this year will be to explore directly with complainants involved in the Stage 2 process their experience of the complaints handling process. This will provide primary research feedback to enable The Trust to adapt the complaints handling process to more robustly support complainants during the course of their complaint being investigated and responded to.

Staff training programme:

Training has continued to be delivered on a monthly basis via Teams. This is well attended every month and provides staff with the opportunity to discuss any queries about the process and highlight areas of improvement.

Response times:

Despite the positive response times overall, there are some directorates which are consistently significantly exceeding the statutory response time of 6 months (as stipulated in the NHS Complaints Regs 2009).

Investigating Officers agree a timescale of response with the complainant, based on the complexity of the complaint. However, despite this, several services fail to meet their agreed response times. Further training will be developed for investigating officers to enable them identify and agree realistic timeframes within which to respond. The team has initiated communications with directorates, regarding this, and will be looking at those factors which contribute to response times not being met and at how to best support services to avoid unnecessary and avoidable delays.

Complaints pathway:

Whereas local resolution must be attempted at any stage in the process, the outcome must also be recorded for future reference and details provided for PALS and Complaints. The team has and will continue to work with governance leads to raise awareness and this will be incorporated into the monthly complaints training.

Re-opened complaints:

Datix does not provide for retrospective reporting on re-opened complaints. However the Datix project is due for completion at the end of May 2021 and will provide this function and therefore will be incorporated in all future reports.

PALS Clinics:

The team are working toward introducing remote clinics as an interim solution until it is practical to have a physical presence.

4.5 Covid-19 response

From April to July 2020 due to the Covid-19 pandemic NHS England and NHS Improvement supported a system wide "pause" of the NHS complaints process to allow all health care providers in all sectors to concentrate their efforts on front-line duties and responsiveness.

in response to the challenges of the Covid -19 Pandemic and national guidance that Trust's should continually be seeking to resolve concerns at the earliest opportunity We developed and implemented on a fast track basis the new Stage 1 and 2 complaints process, which was originally initiated as a quality improvement project..

During Wave 2, clinical services were again extremely stretched and the ability of staff to carry out additional duties was severely limited. During this period, the Trust continued to be

sympathetic to those pressures and supported a more flexible approach to response times. This inevitably meant that a number of investigations sadly breached the statutory time limit of six months, and increased the overall response times.

Concerns and feedback directly related to Covid 19 in 2020/21 included:

- 4 Formal complaints
- 23 PALS enquiries
- **15 compliments**

4.6 Complaints Survey Feedback

The Complaints survey commenced from 1st September 2020 and feedback is obtained via an online survey form sent via email, post and telephone. In view of the very low responses to these survey revised processes are being trialled for 2021/22 to increase the rate of response and also to determine from complainants what their recommendations/ suggestions to us would include, regarding the actual complaints process i.e. not the actual findings from their complaint but how they felt the handling of their complaint impacted on them either positively or negatively. It is recognised, based on the outcomes from this survey, that respondents are not happy with the complaint experience and we will be working throughout this year with aim of turning this complaint satisfaction rate around.

Notably, of the 36 responses received, during this reporting period, 17% of respondents felt their complaints were listened to and acted upon.

17% felt that complaints has resulted in changes to services.

14 % were satisfied with the overall handling of their complaint.

Comments & suggestions:

“When people call the complaints service to make a complaint the calls should be answered straight away.”

“To have the same person dealing with your complaint from start to finish.”

“Listen to the family and patients and take the matter seriously and act on making changes for the better.”

“Transparency is key.”

“Improve response time. Improve the way the complaints team communicate with you.”

“Make telephone contact with patient. Improve communication (i.e. update on progress. Arrange meeting between patient, team and trust.”

5.0 Complaints Metrics

5.1 Total number of formal complaints

Chart 1

408

Formal complaints were received by ELFT during this reporting period.

The average monthly number of complaints received was **34**, compared with an average of **24** per month in the previous year.

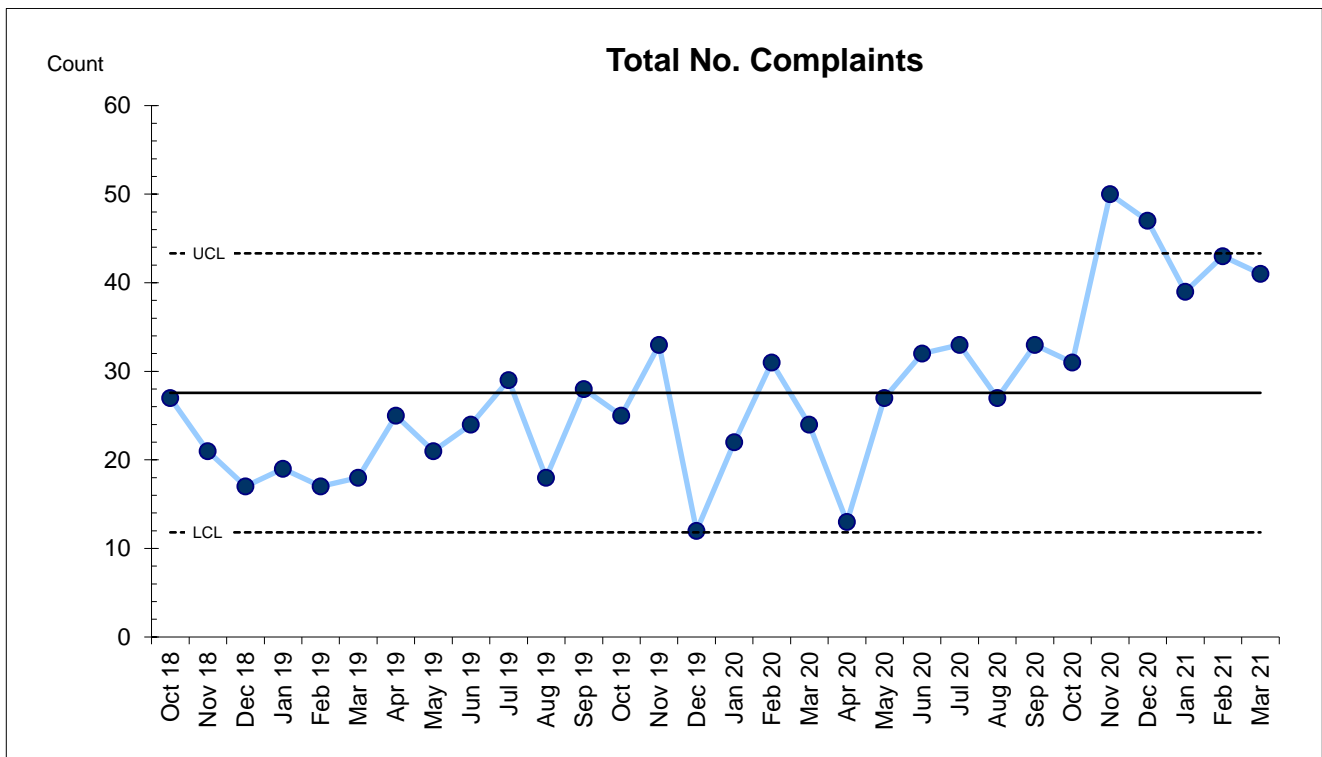


Table 1- Complaints to population ratio (No. Complaints: 100,000)

Period	Apr 20	May 20	June 20	July 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Population (approx.)	1,659,900											
Total Complaints	13	26	26	32	26	34	31	50	47	39	43	41
Ratio:100,000	0.8	1.6	1.6	1.9	1.6	2.0	1.9	3.0	2.8	2.4	2.6	2.5

Table 2- Complaints by Directorate

Directorate	Apr 20	May 20	June 20	July 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Total
Bedfordshire MHS	6	7	6	8	8	3	5	9	10	9	9	4	84
City & Hackney MHS	0	3	3	1	3	7	3	8	5	7	7	9	56
CHS Combined	0	4	2	5	5	3	6	7	6	4	3	5	50
Corporate	0	0	0	1	0	1	0	1	0	0	1	0	4
Forensic Services	0	1	0	4	0	4	1	0	1	2	2	1	16
Luton MHS	2	2	4	2	2	2	2	5	2	0	5	3	31
Newham MHS	0	2	2	5	4	5	4	5	5	5	5	4	46
Specialist & CHN Children's Services	2	5	3	3	3	2	5	9	10	7	6	2	57
Tower Hamlets MHS	2	2	6	3	1	6	4	6	8	5	4	12	59
Primary Care	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	13	26	26	32	26	34	31	50	47	39	43	41	408

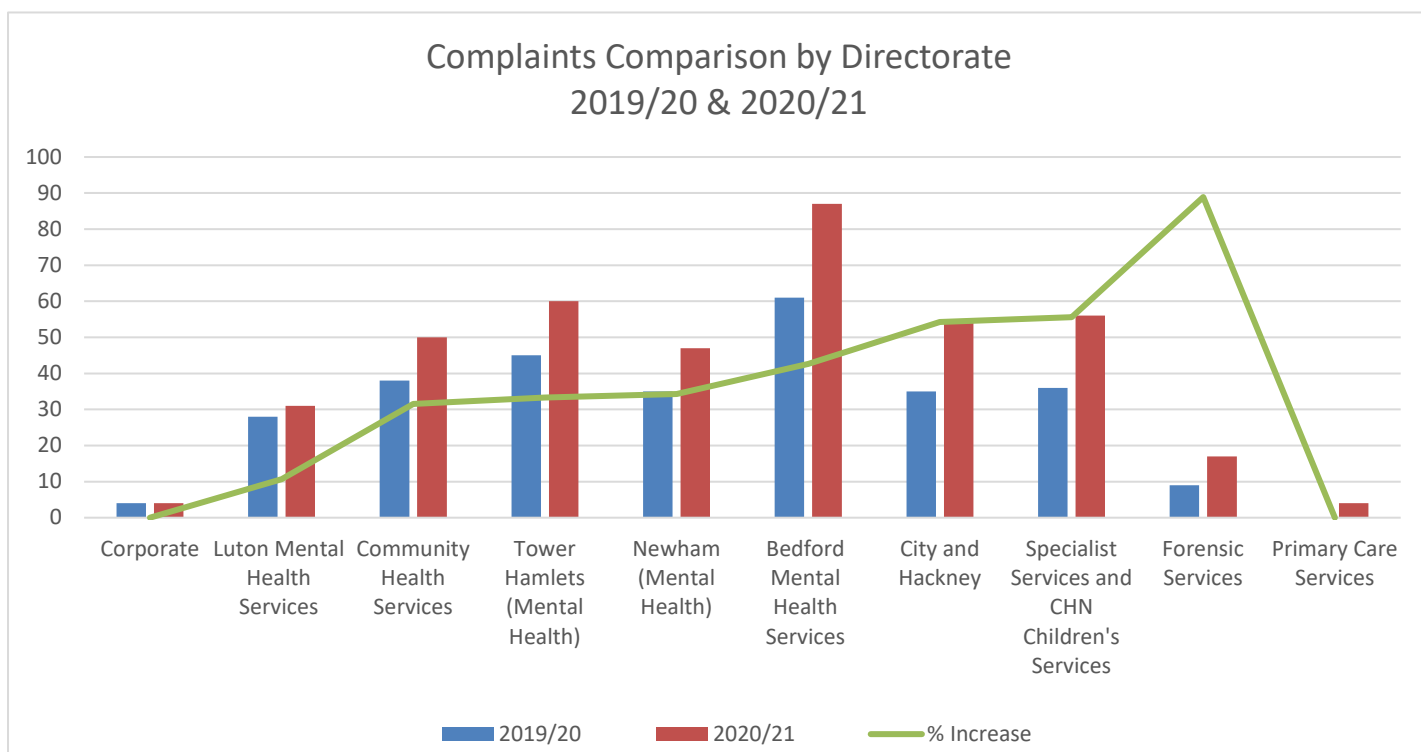


Table 3

Top complaint themes:

1. Communication/Information
2. Attitude of Staff
3. Assessment
4. Clinical Management (Mental Health)
5. Access to Services
6. Support in the Community
7. Diagnosis
8. Medication
9. Appointment Delays/Cancellation
10. Care Planning / CPA (Mental Health)

Complaints by Source	Complaint distribution
Email	216
Letter	51
Phone Call	39
Via PALS	27
Via an Advocate	21
Via an MP/Councillor	17
Via Solicitor	4
Via CQC	24
Via another NHS Trust	8
Other	3
TOTAL	410

5.2 Adherence to complaints process and timescales

The 2009 Complaints Regulations do not stipulate a specific timescale within which to respond formally to a complaint; however, they do stipulate that all formal complaints must be acknowledged within three working days of receipt.

Table 4- Formal complaints acknowledged within three working days

Period	Apr 20	May 20	June 20	July 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Total Complaints	13	26	26	32	26	34	26	50	47	39	43	41
No. Acknowledged in three working days	11	26	26	31	25	34	26	50	47	39	43	41
Percentage	84* %	100 %	100 %	97 %	96 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %

*The first month of home working caused some disruption to processes whilst the team adapted to a new way of working. It is noted that acknowledgements stabilized thereafter.

Chart 2

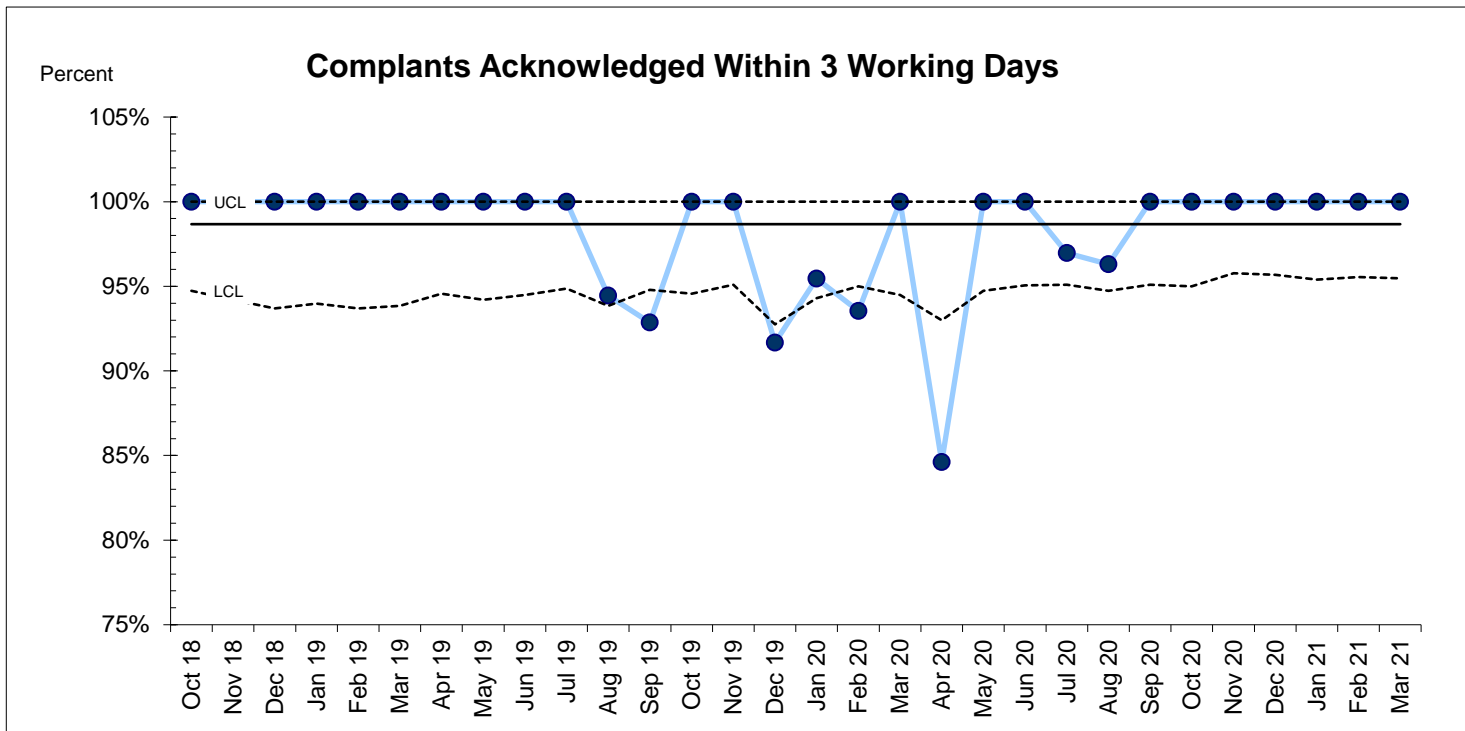


Table 5- Complaints timescales

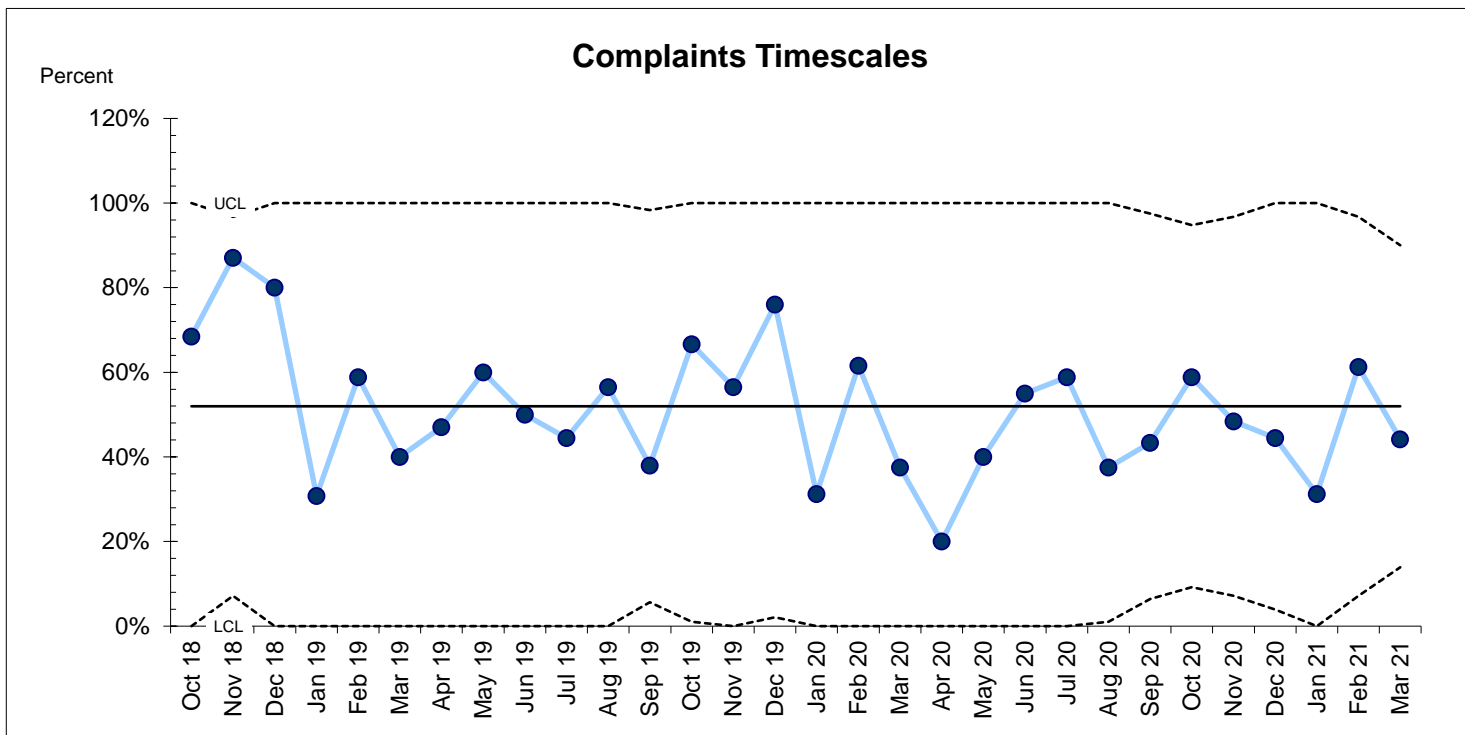
Period	Apr 20	May 20	June 20	July 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Total Complaints closed	20	15	15	17	24	30	34	31	27	16	31	43
No./% Response sent within agreed timescale	4 20%	9 60%	11 73%	10 59%	9 37%	13 43%	20 59%	15 48%	12 44%	5 31%	19 61%	19 44%
No./% Response breached agreed timescale	16 80%	6 40%	4 27%	7 41%	15 63%	17 57%	14 41%	16 42%	15 46%	11 69%	12 29%	24 56%

*Notably, primarily at the start of the Covid-19 pandemic investigation responses did not meet their agreed targets due to pressures on services as a result of staff adapting to pandemic management challenges not feeling able to prioritize complaints handling. It should also be noted that the number of complaints received doubled during the reporting period. Increasing pressures on staff to investigate and respond.

Chart 3

During the reporting period, the Trust responded to/closed **303** formal complaints of which **48%** (146) were closed within their agreed timescale and 157 (52%) breached their agreed timeframe*.

*It should be noted that due to the nationwide lockdown in late December 2020, and in this reporting period, many responses could not be completed by services due to Trust staff focusing on Covid-19 emergent matters and remote working capacity.



6.0 Patient, Advice and Liaison Service (PALS) inquiries

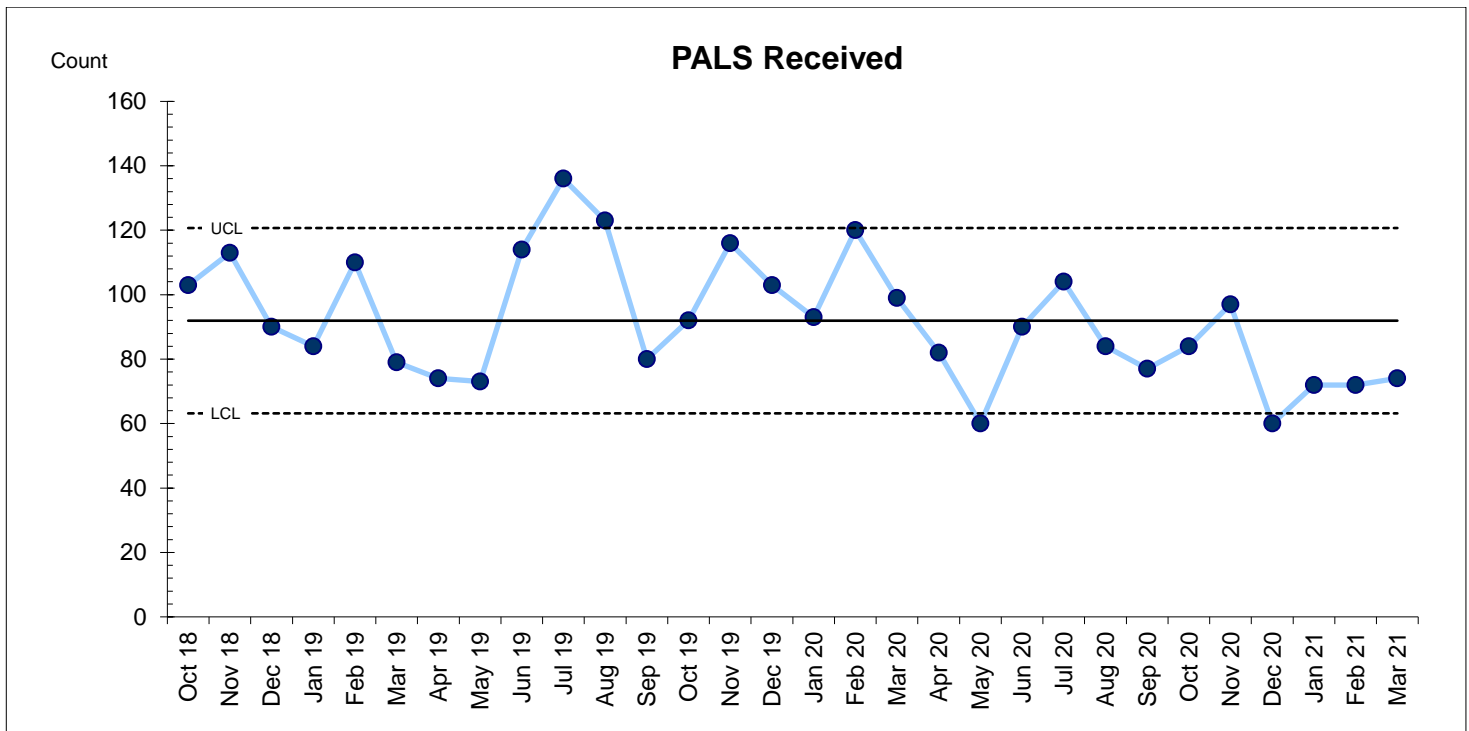
PALS inquiries are processed and managed by the Trust's Corporate Complaints & PALS team and come in a variety of methods including email and telephone inquiries. Notably, the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 do not stipulate a time frame to respond to PALS inquiries (or informal complaints), the Trust aims to resolve these within 48hrs.

Table 6- PALS inquiries by Directorate

Directorate	Apr 20	May 20	June 20	July 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Bedfordshire MHS	14	11	28	20	16	18	15	18	10	19	18	15
City & Hackney MHS	10	4	10	14	5	15	10	8	3	4	3	5
CHS Combined	6	7	10	18	13	15	10	16	13	9	10	18
Corporate	7	7	3	7	6	1	12	24	10	12	8	2
Forensic Services	6	5	2	2	0	2	2	2	3	1	1	1
Luton MHS	16	8	11	7	9	6	13	9	4	11	5	8
Newham MHS	9	6	14	8	11	8	10	8	3	6	8	10
Specialist & CHN Children's Services	8	2	6	9	7	4	9	4	7	5	6	9
Tower Hamlets MHS	6	10	7	19	17	7	3	7	7	5	12	4
Primary Care	0	0	0	0	0	0	0	1	0	0	1	2
Total	82	60	91	104	84	76	84	97	60	72	72	74

956 PALS inquiries were logged & handled, an average of 80 inquiries per month.

Chart 4



7.0 Parliamentary and Health Service Ombudsman (PHSO) contacts and investigations

As part of the complaints regulations 2009 if the complainant is dissatisfied with the way their complaint has been managed by the Trust and local resolution of their complaint is not achievable, the complainant has the option to take their complaint to the PHSO and request an independent review of the Trust's complaint response and investigation.

During 2020/21 the Trust has received **9** new contacts from the PHSO based on complainants expressing dissatisfaction with the Trust's response/outcomes of their complaint. This compares to **7** received in 2019/20. During this reporting period, **4** PHSO enquiries were closed; without progressing to an investigation, **1** is currently under investigation and **4** are awaiting a decision regarding whether an investigation will take place.

8.0 Compliments

The Trust routinely responds to all reported compliments that are subsequently shared with the relevant teams and publicised in the Trust's weekly news bulletins. The majority praise the care received generally whilst a high proportion will specifically name staff that have provided excellent service.

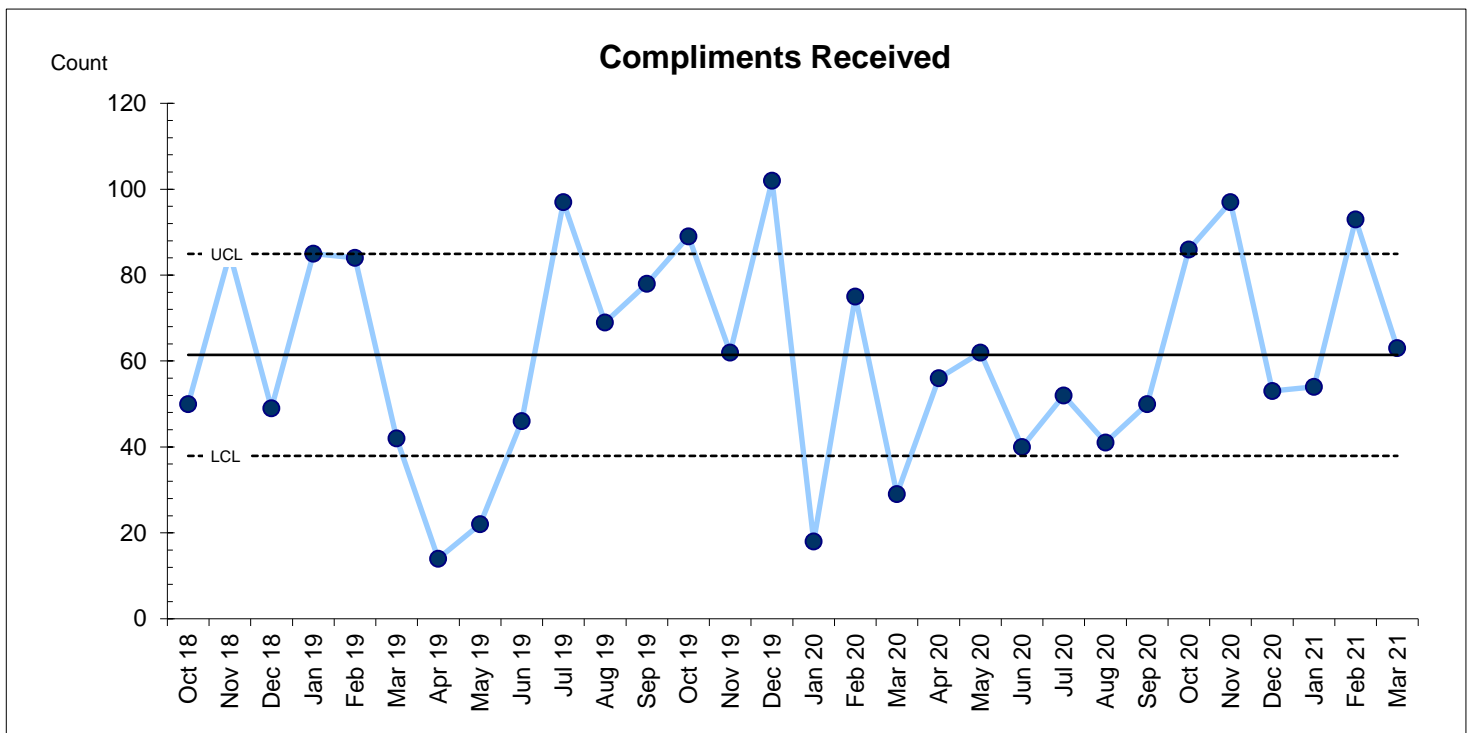
Table 7- Reported compliments recorded by Directorate

Directorate	Apr 20	May 20	June 20	July 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Total
Bedfordshire MHS	6	10	11	12	14	2	16	6	21	4	18	11	131
City & Hackney MHS	0	0	0	0	0	0	0	0	0	26	2	2	30
CHS Combined	5	15	15	25	14	17	21	23	14	1	25	12	187
Corporate	0	0	1	2	2	1	0	0	0	0	0	0	6
Forensic Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Luton MHS	0	16	3	4	8	9	1	0	0	1	2	1	45
Newham MHS	18	8	2	0	2	0	13	2	1	8	13	1	68
Specialist & CHN Children's Services	4	2	0	0	0	17	21	0	14	0	10	25	93
Tower Hamlets MHS	23	11	8	7	1	4	12	15	3	12	6	9	111
Primary Care	0	0	0	1	0	1	0	0	0	2	17	2	23
Total	56	62	40	52	41	51	86	97	53	54	93	63	748

Chart 5

In this reporting period **748**

Formal compliments were recorded by the Trust but it is recognized that many more informal compliments would have been received by individuals and teams across the organization where these were not formally recorded.



Compliments Sample

Newham (Mental Health) - Ruby Triage Ward

I have felt really cared for in terms of medication and meals. Compassionate and helpful staff. The kindness and patience is hugely appreciated.

Community Health Services (Bedfordshire) - Community Nursing South - District Nurses - Queensborough House

I have been recovering from surgery for some weeks now and have been blessed to receive the support of the amazing district nurse team.

Everyone is so kind, professional, knowledgeable and sympathetic, and in my position I can't imagine trying to struggle through without them, so thank you so much.

Community Health Services (Tower Hamlets) - Care Navigation

I am writing regarding JB who has been assisting in the case of my uncle, RB who lives at ... My uncle is elderly, disabled and deaf and although tries to remain as independent as possible, is finding it challenging at present with Covid 19 restrictions. I live in Isleworth and it is difficult to help him as much as I would like. J visited my uncle to discuss with us if he could offer any assistance. My uncle has cerebral palsy and, together with his hearing problems, it is difficult for him to communicate. J was extremely helpful, courteous and patient. He made my uncle feel at ease and certainly made me feel less anxious as I've been so stressed with trying to juggle everything. J has been back to visit my uncle since which is very reassuring.

In such awful times and in this modern world, the elderly are continually overlooked, so it is wonderful to see such professionalism and care. People are so quick to complain so I wanted to make sure you had a record of someone who is an asset to your department. Please extend my thanks to J.

Luton Mental Health Services - Psychiatric Liaison Service

Dear Sir,

Further to our telephone conversation, I would like to put in writing also, just to say, how very, very grateful I was and am to have met your team, namely P and I, and to have spoken to you. Superb human's! Very kind and understanding, as far as I'm concerned they really went beyond their duty to help me. I will be forever grateful and they'll always will be in my prayers.

Understanding is SO important for people like me, (I'm a disabled person with complex health ongoing health conditions/communication difficulties) It's very rare I come across such people. So, just really wanted to say to you, THANK YOU SO SO MUCH for kind team and yourself Z, God bless you all.

I consider myself very blessed to have spoken to you and to have met your team.

Also THANK you for your kind approval and guidance on me being allowed to create a bubble as I live alone and have no support, family or friends as mentioned. I'm on the right track now, Thanks to you.

Tower Hamlets (Mental Health) - Brick Lane Ward

Great staff dealing with difficult and complex people. Staff never stopped and always patient. Staff nurse S was especially helpful.

Primary Care Services (GP Practices) - Leighton Road Surgery

A patient has called in (RM) to express her thanks to Dr S for being so kind and helpful during her consultations recently, she is very grateful!

Specialist Services and CHN Children's Service - CAMHS Community – Bedford

I just realised that today marks 3 years since I was discharged from the inpatient ward, so I thought I'd take it as an opportunity just to say thank you for everything that you did to help me through a very difficult time in my life. The comparison between the me 3 years ago and the me today is huge and I feel that a large part of that is thanks to the work that you and your team have done over the time I was in your care. I know it's been a pretty shit year for everyone, and I know just how busy you guys have been over the whole of 2020, so I guess I wanted to remind you just how vital your work is and I hope that in a few years, someone that your helping now will be able to look back in the same way I am. I'm not really great at this sort of thing, and I struggle to get how I feel into words, but I thought I'd give it a shot. so I guess I'll leave it at a huge thank you to both yourself and everyone else at CAMHS.

Newham (Mental Health) – Ivory Ward

Ivory ward really looked after me, thank you i give the staff and doctors a rating of 5 stars.

City and Hackney (Community Services) - Crisis Line Service

Hi F,

I just got a call from MS and she was very grateful for your help with arranging equipment which allowed her to take a shower finally. She asked me to pass on a big thanks to you 😊

City and Hackney (Community Services) - Early Intervention Service (inc. EQUIP)

I spoke with L, JG's mum, yesterday and she was very grateful for all the support that the team has provided in the past months. She stated you are very kind man and was very thankful for all your help.

9.0 Service User Involvement

The complaints team continues to have regular support from a service user two days per week who supports the quality assurance of complaints responses, obtains and records feedback from complainants and also contributes to the daily operational responsibilities of the team. She is a valuable asset to the department who brings regular challenge and checks to ensure the work remains rooted and centered on service users, their families and carers.

The Chief Nurse and Chief Executive introduced a Quality Assurance process whereby a service user, independent of the team, conducts bi-monthly audits of five random complaint responses and provides feedback to the Joint Incidents and Complaints Managers. From the five audits that have been carried out since July 2020, the feedback has been extremely positive, with only minor errors observed, usually grammatical in nature. Overall the responses are deemed to be of a good quality, and more compassionate than those reviewed previously by the same service user.

To complement the existing service user who is a London based mental health patient, we are in the process of recruiting a service user from Bedfordshire Community Health services, to offer further support and development to the team.

10.0 Recommendations/Actions being requested

The Trust Board is asked to receive, discuss and approve this report

REPORT TO THE QUALITY ASSURANCE COMMITTEE - MARCH 2021

Title	Response to an External Review of The Trust's Complaints and Conflict of Interest Processes
Author	Abiola Ajayi-Obe, Associate Director, Governance and Risk
Accountable Executive Director	Lorraine Sunduza, Chief Nurse

Purpose of the report

To provide the report and response to the externally commissioner review of the Trust's Complaints and Conflict of Interest Processes

Summary of key issues

Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	
Improved staff experience	<input type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Committees/meetings where this item has been considered

Date	Committee/Meeting

Implications

Equality Analysis	This report has no direct impact on equalities
Risk and Assurance	This report provides assurance that complaints are appropriately reported and investigated and robust actions taken where necessary
Service User/Carer/Staff	Complaints, PALs and Compliments reflect the direct experiences of patient's their families and carers. The recommendations pertaining to the complaints investigated have implications for services
Financial	There are no financial implications
Quality	This report outlines the complaints function as a mechanism improve the safety of patients and quality of care we provide.

Supporting documents and research material

<ul style="list-style-type: none"> . ELFT's PALS and Complaints Policy (version 9)(2018) and ELFT's Standards of Business Conduct Policy (v4)(2018) . ELFT's Standards of Business Conduct Policy (v4)(2018) . The Local Authority Social Services . National Health Service Complaints (England) Regulations 2009 (Regs) . The Parliamentary and Health Service Ombudsman (PHSO) Principles of Good Complaint Handling (2009) 'Shifting the Mindset' (Healthwatch, 2020)

Glossary

Abbreviation	In full
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1.0 Background

- 1.1 The Chief Nurse at East London Foundation Trust commissioned Dr Jane Carthey a Human Factors and Patient Safety Consultant to conduct an external review into the Trust's complaints processes. The external review was commissioned following a complaint made regarding the care of a patient where the subsequent internal investigation, into this complaint, identified issues pertaining to how to best manage conflict of interests matters within the complaints process. It also identified gaps in transitioning complaints which originated in a service that ELFT later acquired. The review was therefore commissioned with a directive to explore how well conflict of interest matters were managed when the Trust responds to complaints and how it manages service transitioning gaps with inherited complaints.
- 1.2 A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise be influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position to obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. *

* ELFT's Standards of Business Conduct Policy (v4) (2018)

- 1.3 As part of this External Review, interviews were held with a cross section of ELFT staff responsible for responding to complaints and for managing Conflict of Interest issues which arise from the Complaints Process. The findings in this report noted that the robust governance structures currently in place across Directorates has ensured that where any potential conflicts of interest matters arise they are immediately identified and necessary mitigations put in place. Directorate teams were able to demonstrate a good awareness of how conflict of interest issues should be managed when responding to complaints.

2.0 Issues identified by the Review identified:

- 2.1 That ELFT's PALs and Complaints Policy and Standards of Business Conduct Policy complies with national standards. Additionally, the review noted that the Trust's PALs and Complaints Policy clearly explains what constitutes a conflict of interest and how they should be handled.
- 2.2 The Trust is meeting national requirements for producing complaints reports to the Executive Board and to external bodies. And that the complaints team routinely seek feedback from both patients and non – executive directors on the quality of the complaints process. However, that the interviews held with staff to inform this review illustrated that there are opportunities to improve how learning from complaints feeds into service improvement.
- 2.3 The quality of complaint responses demonstrate empathy and that patient, carer and relative feedback has been listened to and acted on. Additionally, that ELFTs complaints responses fall in line with the recommendations of the Shifting the Mindset – Healthwatch 2020 Report, providing specific information about what has been learnt and how learning from the complaint will improve practice.
- 2.4 The introduction of the Quality Improvement complaints initiative during the first lockdown phase of the Covid-19 pandemic; *'to increase the uptake of local resolutions of complaints by 50%'* via a stage 1 (informal - locally managed complaint process via local Directorate Management Teams) and a stage 2 (managed complaints process with the appointment of an investigation officer from a different service, where the complaint response is formally approved and signed off by the Trust CEO) has been successfully introduced and positively received across the Trust.
- 2.5 The involvement of service users in the central complaints process has resulted in positive challenge to the complaints process and the development of more compassionate complaints responses.
- 2.6 The robust governance structures in place across Directorates has ensured that potential conflicts of interest are rapidly identified and appropriately mitigated.

3.0 Recommendations and Responses

The following recommendations were made in this Review paper, which are addressed below together with our response and associated timeline.

Recommendations 1, 2 & 3

- The provision of more training for Directorate (Trust) staff on writing robust complaints responses.
- *The Trust is currently delivering a Trust wide complaints training programme which addresses these recommendations.* **Ongoing**

Recommendation 4

- Reviewing the adequacy of the resourcing for complaints functions across Directorates and the central complaints team.
- *This is being considered as part of a restructure of the corporate complaints function and will be discussed at the ELFT Risk and Governance Network.* **April 2021**

Recommendation 5

- Use of IT systems to facilitate Deep Dives into Themes identified from complaints to support systems wide learning.
- *To be included in the Risk Management Datix (database) project plan and will inform the agenda for the 2021 ELFT Patient Safety Learning Event.*
 - **Project Plan – Ongoing**
 - **Patient Safety Learning Event October 2021**

Recommendation 6

- Developing Education / Training programmes for staff on Conflict of Interest identification and management.
- *This issue will be covered in the Trust wide complaints training programme.* **Ongoing**

Recommendation 7

- The need to have clear communications regarding the assurance processes regarding complaints for newly acquired services to ELFT.
- *Trust governance processes will be utilized to ensure that corporate services are notified of newly acquired services, which can then facilitate early determinations of new services and their complaints assurance processes.* **Ongoing**

Annex 2

NED Annual Complaints Audit

November 2020

Perhaps the single most important thing to say is how pleased we were with the quality of the responses. The tone taken in replying, the detailing of the investigation, the actual investigation, and the final summary were all better than in previous years. There was a willingness to be open about what had gone wrong and detail on the actions we were taking to make sure this didn't re-occur. The fact that almost all of the responses were better than had been seen in previous years indicates that this is a systemic improvement. Those involved in handling and responding to complaints should feel very encouraged that the hard work they have clearly put in is very visible. Overall, we were very impressed with what we read.

It was clear in almost every case that the investigator, usually a senior manager or consultant, had either met or spoken to the complainant and we felt this was very good practice. The detailing of that in the letter and the reminder, if only by title, of the seniority of the investigator, showed we took the complaint seriously.

While all the responses opened with some standard phrases these were very good, sounded genuine and did not appear scripted. Throughout the letters there was good plain English and while some acronyms did creep in the wording of the response letters was clear. When complainants had summarized or numbered the points in their complaint these were each addressed, using the same numbering system or referring to the precise issue raised. That is not to say the letters were perfect, there was one example where we felt the complainant's key issue was not addressed up front, as it could have been, but rather only after a lot of detail. Similarly, there were times when issues were not addressed directly. For example, there was one complaint where it was clear that there had been quite aggressive behaviour towards staff and this was skirted round rather than saying directly that this was not acceptable. While relevant actions were often mentioned, they sometimes lacked a strategic context (e.g. difficulty of recruiting consultants in Bedfordshire and impact on patient's care).

One thing we noted was how the involvement of an advocacy service, in this case POhWER, had helped clarify a very difficult letter. (The letter was several pages of rambling discourse on what had happened which was very hard to follow, and then a very clear summary of 11 points that needed addressing). At the same time we were concerned to see that where a relative of a patient detained under the Mental Health Act, had complained about the nature of the admission, she had not been put in touch with a mental health advocacy group or given information about Mental Health Law procedures. We think it would be appropriate to direct patients to advocacy groups, and are of the view that when there is a complaint about detention under the Mental Health Act, this should become standard procedure.

Reading the letters we saw one or two that were exceptional in terms of empathy. For example, one acknowledged feelings of responsibility and distress for the carer, and praised the concern for her relative. It offered the opportunity to become involved in public / patient participation activities. 'It is apparent that you care deeply for your sisteryour concern for her welfare is commendable'. As the team look how to further improve in the future we

felt that this was the area to focus on. It elevates the issue from a simple response to a complaint, to a real acknowledgement of the impact mental or physical health has both on the patient and the carer, and how difficult it can be to find a way through what is happening.

Finally, a couple of the letters offered to write back when actions had been implemented which we thought was a good thing to do. However, the bundle did not include any of the follow up letters so we wondered what process we have in place to make sure that when the offer is made, we do follow up.

Recommendations:

- Continue the good work!
- Consider encouraging patients to make use of advocacy services where appropriate, especially where the complaint relates to care under the MHA.
- We wondered whether complaints involving the MHA are logged and analysed as a group, maybe through the new MHA Operational Group?
- Be open about difficult issues - e.g. aggressive behaviour. Don't use euphemisms.
- Be strategic, show the big picture if appropriate.
- Show empathy to the complainant - many of the issues are upsetting and distressing and it is helpful to recognise that.

Annex 3

Audit/Review	Recommendation/Action	Response	Date
External Review of The Trust's Complaints and Conflict of Interest Processes	The provision of more training for Directorate (Trust) staff on writing robust complaints responses.	<i>The Trust is currently delivering a Trust wide complaints training programme which addresses these recommendations.</i>	Ongoing
External Review of The Trust's Complaints and Conflict of Interest Processes	Reviewing the adequacy of the resourcing for complaints functions across Directorates and the central complaints team.	<i>This is being considered as part of a restructure of the corporate complaints function and will be discussed at the ELFT Risk and Governance Network.</i>	30 April 2021
External Review of The Trust's Complaints and Conflict of Interest Processes	Use of IT systems to facilitate Deep Dives into Themes identified from complaints to support systems wide learning.	<i>To be included in the Risk Management Datix (database) project plan and will inform the agenda for the 2021 ELFT Patient Safety Learning Event</i>	Project Plan – Ongoing Patient Safety Learning Event October 2021
External Review of The Trust's Complaints and Conflict of Interest Processes	Developing Education / Training programmes for staff on Conflict of Interest identification and management.	<i>This issue will be covered in the Trust wide complaints training programme.</i>	Ongoing
External Review of The Trust's Complaints and Conflict of Interest Processes	The need to have clear communications regarding the assurance processes regarding complaints for newly acquired services to ELFT.	<i>Trust governance processes will be utilized to ensure that corporate services are notified of newly acquired services, which can then facilitate early determinations of new services and their complaints assurance processes.</i>	Ongoing
NEDS Audit	Consider encouraging patients to make use of advocacy services where		30 September 2021

	<p>appropriate, especially where the complaint relates to care under the MHA. Complaints involving the MHA are logged and analyzed as a group, maybe through the new MHA Operational Group.</p> <p>Be open about difficult issues - e.g. aggressive behavior. Don't use euphemisms.</p> <p>Be strategic, show the big picture if appropriate.</p> <p>Show empathy to the complainant - many of the issues are upsetting and distressing and it is helpful to recognize that.</p>		
Lessons Learnt – Complaints Internal Audit (RSM)	The PALS & Complaints Policy will be reviewed and sections which provide information on improvements through learning from complaints will be updated to reflect the current practices at the Trust.		30 June 2021
Lessons Learnt – Complaints Internal Audit (RSM)	<p>Where themes have been identified in relation to complaints, learning lessons will be reported through the Quarterly Complaints Report to share learning across the Trust.</p> <p>The Trust will conduct a piece of work to triangulate the data from complaints received with the data collated from the patient/staff satisfaction surveys, in order to better understand the issues arising and subsequently make improvements to</p>		31 August 2021

	the processes relating to learning from complaints.		
Lessons Learnt – Complaints Internal Audit (RSM)	<p>Lessons learnt from complaints will regularly be discussed and shared at the Governance and Risk Network Meetings to which Governance Leads will share learning to those within the directorates following meetings.</p> <p>Where themes of complaints are identified, lessons learned will be shared through existing Directorate reports/newsletters for Governance Leads to disseminate within their directorate.</p>		Ongoing
Lessons Learnt – Complaints Internal Audit (RSM)	<p>Directorate and Service Leads will be reminded of their responsibilities when completing and monitoring actions recorded on Datix, to ensure that adequate updates in relation to the implementation of actions are recorded in the progress notes.</p> <p>Ownership for monitoring and completion of actions will lie with the Directorate and Service Leads, as supposed to Complaints Officers.</p>	<i>Work is in progress for collating action plans and entering them onto Datix.</i>	Ongoing
Lessons Learnt – Complaints Internal Audit (RSM)	<p>The Trust will consider the results of our survey and take the appropriate action, where required. Specific attention will be paid to the following areas which received the highest negative responses:</p> <ul style="list-style-type: none"> Ensuring roles and responsibilities of the complaints team and wider staff 	<i>This will be discussed with Governance Leads in the Governance Network Meeting. We aim to introduce a Trust wide bulletin/newsletter, including good practice regarding patient safety and experience sharing. We will ask the governance leads to feed into this.</i>	31 August 2021

	<p>in the management of complaints have been well defined. Ensuring learning lessons events take place and staff are encouraged to attend them.</p> <ul style="list-style-type: none"> • Ensuring lessons learned newsletters are issued and staff are encouraged to read them. • Creating an awareness of the complaints training within the Trust and encouraging staff to attend <p>A forum will be created, which includes senior staff from each ward across the various directorates at the Trust, to enable sharing of learning lessons from complaints and best practice in relation to the management of complaints received.</p> <p>Additionally, a process will be put in place to encourage sharing of themes and lessons learned both horizontally and vertically across the Trust.</p>	<p><i>We will provide support to Directorates with learning lessons events; bi annual and/or annual basis.</i></p>	
Lessons Learnt – Complaints Internal Audit (RSM)	<p>Given the newly implemented Datix module for recording actions plans, going forward, the Trust will put in place a mechanism which would enable them to monitor the effectiveness of actions plans to ensure that learning effectively reduces the number complaints and common themes arising.</p>	<p><i>This is an action that will be taken forward as the action plan is populated.</i></p> <p><i>Governance leads at governance network will provide feedback on how this has affected process change.</i></p>	31 August 2021
Lessons Learnt – Complaints Internal	<p>Going forward, the Trust will identify complaints relating to COVID-19 and the</p>	<p><i>The Trust Datix Officer has added to his project work stream the requirement for a</i></p>	Completed

Audit (RSM)	number of complaints relating to COVID-19 will be reported in the Quarterly Complaints Reports.	<i>tick box identifying Covid-19 related complaints on Datix. In the meantime, this will be added and searchable via free text within the complaint record.</i>	
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