

Complaints & Compliments

**Annual Report
2025/2026**

June 2026

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PURPOSE

This report provides an overview of the complaints, concerns, and compliments received by the Trust between 1 April 2024 and 31 March 2025 (“2024/25”). It includes data on volumes, response times, and key themes, and highlights learning arising from both complaints and compliments.

The report also presents findings from quality reviews undertaken by our Non-Executive Directors, which provide independent assurance on the quality of complaint investigations and response letters. Finally, it reviews progress against the priorities set for the previous year and outlines our priorities for 2025/26.

SUMMARY

Essex Partnership University NHS Foundation Trust (EPUT) provides community health, mental health, and learning disability services to support people living across Luton and Bedfordshire, Essex and Suffolk. The Trust employs more than 8,000 staff, delivering services across 114 sites, as well as within people’s homes and community settings.

The Complaints Team manages both the Complaints Service and the Patient Advice and Liaison Service (PALS). From 1 April 2025, the team moved into the Executive Nurse’s Directorate, which also includes patient safety functions. This strengthened alignment across quality, safety and patient experience, improved joint working and supported more consistent sharing of information across related teams. It also embedded the Complaints Team within the organisation’s wider governance framework, strengthening links between complaints, patient experience and organisational learning.

The Complaints Service focuses on early resolution, ensuring concerns are heard, and using feedback to improve care and experience. This includes identifying and escalating potential issues and supporting consistent learning and improvement across the organisation.

Concerns are raised through both formal and informal routes. Formal complaints are investigated and responded to by the Complaints Team, while a significant proportion are resolved informally through PALS, Member of Parliament enquiries, or directly by services. These routes allow quicker resolution of less complex issues, while also providing insight into patient experience and any matters requiring escalation.

Our approach remains complainant-led, working with individuals to agree the most appropriate route to resolution. This supports more timely responses and reflects the increasing complexity and volume of concerns being raised.

During 2025/26, demand increased alongside a higher proportion of concerns relating to access and waiting times. This has influenced both the nature of complaints received and the outcomes of investigations.

	2024/25	2025/26	+/-
Formal Complaints	249	327	+31%
PALS Concerns	603	500	-17%
MP Concerns	73	97	+33%
Locally resolved concerns	59	79	+34%
Grand Total	984	1,003	+2%

Table 1: Volume received, all types of complaints and concerns

Year Highlights

- Total complaints and concerns received: 1,003 (up by 2%)
- Formal complaints received: 327 (up by 31%)
- Formal complaints investigated: 162 (down by 26%)
- Formal complaints average response time: 70 working days (down from 85)
- Local resolutions completed: 79 (up by 34%)
- PALS concerns managed informally: 500 (down by 17%)
- Formal complaints with identified learning: 72 (44%)
- Local resolutions with identified learning: 37 (47%)
- Re-opened rate for formal complaints: 9% (down from 13%)
- Total compliments received: 1,350 (down 13%)
- Non-Executive Director reviews: 100% of investigations rated good or excellent

FORMAL COMPLAINTS

Complaints Process Overview

Complaints received directly by the Trust's Complaints Team are allocated to a Complaints Liaison Officer (CLO), who acts as the primary point of contact for the complainant. The CLO will attempt to make contact with the complainant to discuss the concerns raised, with the aim of agreeing a clear and appropriate way forward to resolve the issues.

Where appropriate, a formal complaint investigation may be recommended. This is particularly likely when:

- The concerns relate to a past event, rather than an ongoing issue requiring immediate or urgent intervention.
- The nature of the complaint is complex and cannot reasonably be addressed without a detailed investigation.

The Complaints Team conduct independent, evidence-based investigations, focused on providing a fair and impartial view of what occurred. The CLO leads the investigation process, working closely with the complainant and, where necessary, a clinical advisor from the relevant service area.

Once the investigation is complete, a Formal Response Letter is sent to the complainant. This letter outlines how the complaint was considered, the findings of the investigation, and the outcome.

Where failings in care or service have been identified, we acknowledge what went wrong, take accountability, and explain the actions taken to address the issues. The response also includes details of any lessons learned and service improvements implemented as a direct result of the complaint.

Complainants are informed of their right to refer their case to the Parliamentary and Health Service Ombudsman should they remain dissatisfied with the outcome.

During 2025/26, the Complaints Team became part of the Nursing and Clinical Governance Directorate, under the leadership of the Executive Nurse. This has strengthened links with wider quality and safety functions, including Clinical Governance, Safeguarding and Patient Safety Incident Management. Closer working relationships across these teams have improved communication, supported more joined-up responses to concerns, and strengthened the Trust's ability to identify and act on themes arising from complaints.

Complaints Received, Closed and Carried Forward

Carried forward from 2024/25	Received 2025/26	Closed 2025/26	Carried forward to 2026/27
81	327	246	162

Table 2: Complaints received, closed and carried forward

During 2025/26, the Trust received 327 formal complaints, representing a 31% increase compared to the previous year (249). This follows two consecutive years of reduction and reflects a significant change in demand and complexity.

The increase has been influenced by a number of factors. The Lampard Inquiry has had a substantial impact on operational capacity across the organisation. This includes significant demand placed on services and corporate teams to locate, retrieve and review historic records, alongside responding to detailed requests for information relating to past care and treatment. This work has required considerable resource within the Complaints Team and wider Trust.

The Inquiry has also generated increased public awareness and scrutiny, which has contributed to a rise in complaints, many of which relate to historic and complex cases. In parallel, wider system pressure across services has affected responsiveness at local level, resulting in more concerns escalating into formal complaints.

These pressures have also impacted the Complaints Team's ability to complete investigations within the year. A higher proportion of cases have been more complex and resource-intensive, resulting in fewer complaints being closed in-year compared to the number received.

As a result, the number of outstanding complaints has increased from 81 at the end of 2024/25 to 162 at the end of 2025/26, effectively doubling over the reporting period. This increase in backlog is a key area of focus for 2026/27, with priority given to reducing outstanding caseload and improving flow through the system.

A notable proportion of complaints continue to relate to ADHD services, particularly waiting times. These increased from 25 in 2024/25 to 75 in 2025/26 and remain a significant contributor to overall complaint volumes.

Response Times

Completed within agreed timescale (Target 100%)

In line with the NHS Complaints Regulations (2009), formal complaints are investigated as efficiently as possible, with complainants kept informed of progress throughout.

Each complaint is allocated to a Complaints Liaison Officer (CLO), who contacts the complainant to discuss the issues raised and agree an appropriate timescale for response based on the complexity of the case. Where this timescale cannot be met, the complainant is kept updated and a revised timeframe agreed.

In 2025/26, 98.7% of complaints were completed within the agreed timescale, maintaining a consistently high level of performance.

Completed within internal service level (Target = 90% within 60 working days)

While response times vary depending on complexity, performance is also monitored against an internal benchmark of 60 working days.

In 2025/26, 54% of the 246 closed complaints were completed within this timeframe, an improvement from 44% in the previous year.

	2024/25	2025/26
Formal Complaints Closed	268	246
Closed within 60 working days (Target 90%)	44% (119)	54% (133)
Closed within Agreed Timescale	98%	98.7%
Average Response Time (working days)	85	70

Table 3: Formal complaints response times v. targets, compared with previous year

These results show a further reduction in average response time for the third consecutive year, alongside an increased proportion of cases completed within 60 working days.

The improvement in average response time should however be considered alongside changes in case mix during the year. A significant proportion of complaints received (75 cases) related to waiting times, predominantly within ADHD assessment services. These cases are typically more straightforward to investigate and respond to, and therefore have contributed to a reduction in the overall average response time.

At the same time, the overall volume and complexity of other complaints has increased, including a higher proportion of historic and multi-faceted cases. This has resulted in greater variability in completion times across the caseload.

Despite the improvement in average performance, the Trust remains below the internal target of 90% within 60 working days. Continued pressure on services, increased demand, and the complexity of investigations continue to impact timeliness. Improving response times while maintaining the quality and robustness of investigations remains a key priority for 2026/27.

Received by Care Unit

The table below shows the number of formal complaints received by each Care Unit in 2025/26, alongside figures from the previous year.

Care Unit	2024/25	2025/26	+/-
Mid and South Essex	87	84	-3%
North Essex	12	21	+75%
West Essex	26	19	-27%
Inpatient and Urgent Care	71	91	+28%
Psychological Services	37	90	+143%
Specialist Services	12	16	+33%
Corporate / Business Units	4	6	+50%
Grand Total	249	327	+31%

Table 4: Formal complaints received by Care Unit, compared with previous year

There has been a notable increase in complaints across several Care Units, with the most significant rise seen in Psychological Services. This is attributable to increased demand and waiting time concerns within ADHD services, which has driven a substantial proportion of complaints in this area.

Inpatient and Urgent Care has also seen a marked increase, reflecting ongoing pressures within acute and crisis services.

The increase in North Essex should be considered in the context of service reconfiguration. In October 2025, urgent care services in this area transferred into the Care Unit, which has contributed to the rise in reported complaints.

Reductions in some Community Care Units suggest variation in demand and service pressures across localities, as well as differences in how concerns are managed at a local level.

Received per Patient Contacts

The table below presents the number of patient contacts across all services during 2025/26, alongside the number of formal complaints received within each Care Unit.

Patient contacts include any recorded interaction between a patient and a healthcare professional, including face-to-face appointments, telephone contacts, and virtual consultations. This provides important context, as the scale and nature of services delivered varies significantly between Care Units.

Table 5: Formal complaints shown per 1000 patient contacts, by Care Unit.

Care Unit	Formal Complaints	Patient Contacts	Complaints per 1,000 contacts
Mid and South Essex	84	833,779	0.10
North Essex	21	65,610	0.32
West Essex	19	534,706	0.04
Inpatient and Urgent Care	91	103,176	0.88
Psychological Services	90	14,147	6.36
Specialist Services	16	37,846	0.42
Corporate / Business Units	6	659	9.10
Grand Total	327	1,589,923	0.21

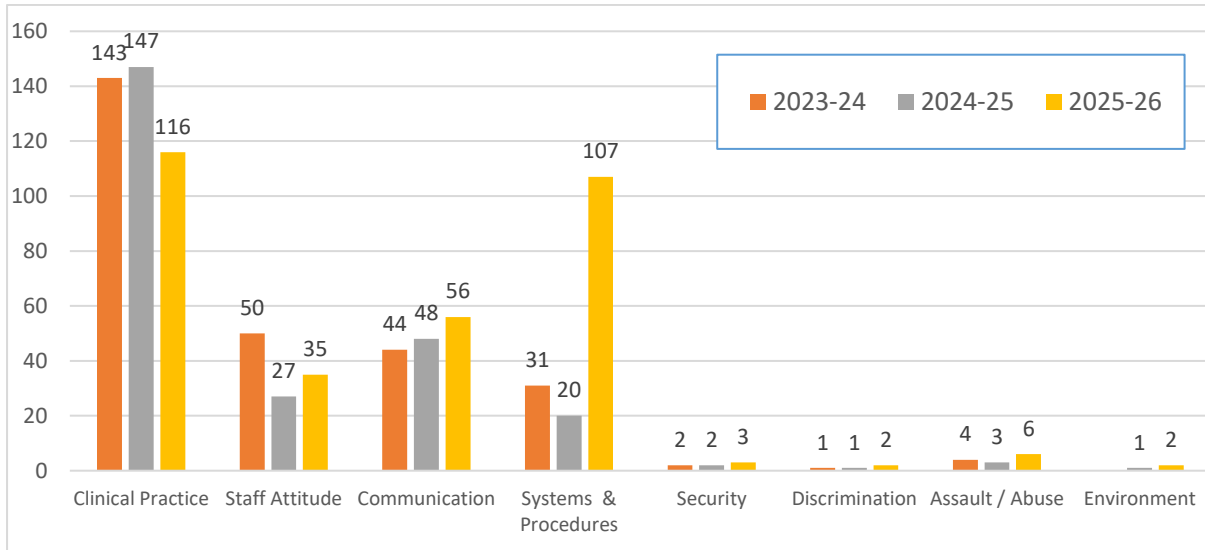
The overall rate of complaints per 1,000 patient contacts has increased from 0.14 in 2024/25 to 0.21 in 2025/26. This reflects the overall rise in complaint volumes during the year.

Rates vary significantly between Care Units, reflecting differences in service type, scale, and complexity. Higher rates in areas such as Psychological Services are influenced by relatively lower activity levels combined with a significant increase in demand, particularly in relation to ADHD services.

Complaint Themes

On the Datix Complaints Database, each complaint is assigned to one of eight predefined categories based on its primary issue. The chart below illustrates the three-year trend in formal complaints received across those categories.

Figure 1: Formal Complaints received by main category (three-year trend)



The overall increase in complaints during 2025/26 is primarily driven by a significant rise in Systems & Procedures complaints, which increased from 20 in 2024/25 to 107 in 2025/26. This represents a substantial shift in the profile of complaints and reflects growing concerns relating to access, waiting times, and service capacity.

Clinical Practice, while historically the most common category, has reduced both in volume and proportion of overall complaints. Communication complaints have increased modestly, while Staff Attitude complaints have risen slightly following two years of decline, though remain lower than historic levels.

Top Ten Sub-categories

Under each main category, a number of sub-categories provide more detailed insight into the nature of concerns raised. The top ten sub-categories accounted for 211 complaints, representing 85% of all formal complaints received in 2025/26.

Table 6: Top ten sub-categories for Formal complaints

Main Theme	Sub-category	Number Received	% of Total
Systems & Procedures	Waiting Lists/Times	75	30%
Communication	Communication breakdown with patient	33	13%
Communication	Communication breakdown with relatives	18	7%
Clinical Practice	Medication	16	6%
Clinical Practice	Diagnosis	14	6%
Clinical Practice	Referrals / Appointments	12	5%
Clinical Practice	Assessment & Treatment	12	5%
Clinical Practice	Unhappy with Treatment	11	4%
Clinical Practice	Discharge / Follow Up	11	4%
Staff Attitude	Inappropriate behaviour	10	4%
	Total	211	85%

Key Theme: Waiting Lists and Access to Services

Complaints relating to Waiting Lists/ Times represent the most significant theme in 2025/26, accounting for 30% of all complaints. Analysis shows that 70 of the 75 complaints in this category relate to ADHD services, demonstrating a clear and consistent pattern across the dataset.

Key issues identified include:

- Extended waiting times**
 Patients report waits of two to five years for assessment, with timeframes often extended without clear explanation.
- Limited transparency and communication**
 Patients report difficulty obtaining updates on waiting list position or timescales, with some advised that lists are no longer actively updated.
- Delays in treatment and review**
 Complaints highlight delays in medication initiation or follow-up after diagnosis, often perceived as avoidable.
- Impact on health and wellbeing**
 Prolonged waits are linked to deterioration in mental health and daily functioning, with some raising concerns about equity and access.
- Patients seeking alternative routes**
 Increasing numbers of patients are pursuing private assessments or Right to Choose pathways, reflecting reduced confidence in NHS waiting times.

Feedback from Psychological Services suggests that external factors have also contributed to this increase, including changes in commissioning arrangements, national publications relating to ADHD and autism, and wider media coverage of waiting times and access to treatment. These factors appear to have increased awareness and prompted more individuals to raise concerns.

Complaint Outcomes

When a formal complaint is investigated, a detailed review is undertaken to establish the facts of what occurred and assess this against expected standards, including relevant policies, guidance, and regulations.

Where a clear discrepancy is identified between the care provided and expected standards, the complaint is recorded as upheld. Where care is found to have met expected standards, the complaint is recorded as not upheld. Where findings are mixed across multiple issues, the complaint is recorded as partially upheld.

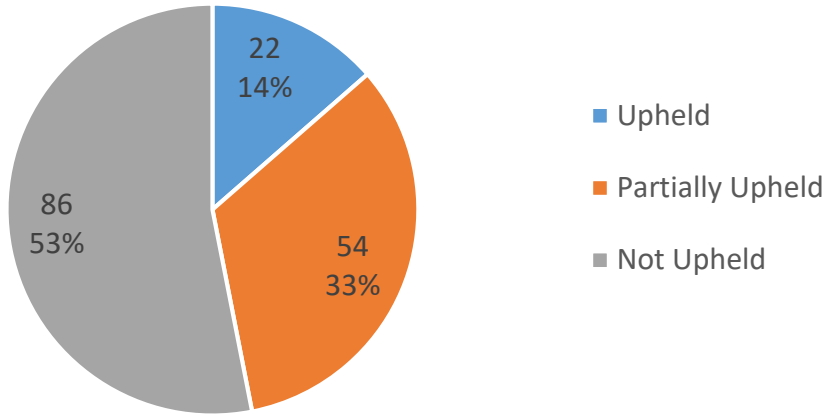
A total of 246 formal complaints were closed during 2025/26. Of these, 74 (30%) were not subject to a full formal investigation.

The primary reasons for complaints not being investigated were:

- **Lack of patient consent:** This remains the most significant factor, where consent was not received, declined, or not appropriate to seek.
- **Duplication with other processes:** In some cases, concerns were being addressed through Patient Safety Incident investigations, safeguarding processes, or other formal reviews.
- **Out of scope or incorrect organisation:** A number of complaints related to other providers or issues outside the Trust's remit.
- **Insufficient information or disengagement:** Some complaints could not proceed due to a lack of detail or engagement from the complainant.
- **Regulatory or procedural constraints:** A small number were out of time or had previously been investigated with no new information to support further review.

The outcomes of the 162 formal complaints that proceeded to full investigation in 2025/26 are shown in this pie chart:

Figure 2: Formal complaints investigations completed, by outcome



Compared to 2024/25, there has been a notable shift in the distribution of outcomes. While the proportion of upheld complaints remains consistent at 14%, there has been a reduction in partially upheld complaints (from 53% to 33%) and a corresponding increase in complaints not upheld (from 33% to 53%).

This shift is largely influenced by the increase in complaints relating to waiting times within ADHD services. In many of these cases, investigations found that while delays were significant and distressing for patients, the care provided was consistent with current service capacity and commissioning arrangements. As a result, these complaints were more likely to be recorded as not upheld.

Re-opened Complaints

We encourage complainants to contact us if they remain dissatisfied after receiving our response, so that any outstanding concerns can be reviewed and, where appropriate, addressed.

Of the 162 formal complaints that were investigated and responded to in 2025/26, 14 (9%) were subsequently re-opened. This represents a reduction compared to 2024/25, where 13% (28 of 218) of investigated complaints were re-opened.

The reasons for re-opening complaints are categorised below:

Reason for Re-opened Complaint	2025/26
Response error / misinterpretation	9
New information / evidence	3
Incomplete response	2
Total	14/ 162 (9%)

Table 7: Reasons for re-opened complaint

In contrast to previous years, the Trust has strengthened its approach to re-opened complaints to ensure clearer and more consistent application of policy criteria. Complaints are only re-opened where defined thresholds are met, including:

- receipt of new and relevant information that could reasonably affect the outcome
- identification of a clear error or misinterpretation in the original response
- evidence that the response did not fully address the issues raised

In previous years, some complaints were re-opened in circumstances where the concerns related primarily to disagreement with the outcome rather than meeting the criteria for further investigation. During 2025/26, there has been improved consistency in applying these thresholds, resulting in more robust decision-making regarding when a complaint should be re-opened.

Alongside this, improvements in the quality of initial responses have contributed to a reduction in avoidable re-openings. All re-opened complaints continue to be reviewed by senior members of the Complaints Team to ensure appropriate resolution and identification of learning.

Maintaining consistency in application of re-opening criteria, alongside continued improvement in response quality, remains an ongoing area of focus.

INFORMAL COMPLAINTS AND EARLY RESOLUTION

The Trust is committed to resolving concerns as early as possible, without the need for a formal complaints investigation where this is appropriate. Informal complaints refer to concerns that are addressed outside of the formal complaints process, often relating to current care or issues that can be resolved promptly through direct engagement with services.

Concerns may be managed through:

- **Local resolution**, where issues are raised directly with services and resolved at the point of care
- **Patient Advice and Liaison Service (PALS)**, which provides a central point of contact for patients, families, and carers to raise concerns and seek support
- **Member of Parliament (MP) enquiries**, where concerns are raised on behalf of constituents and managed in liaison with services

Where concerns cannot be resolved informally or require a detailed investigation, they are escalated to the formal complaints process with the agreement of the individual raising the issue.

MP complaints

During 2025/26, the Trust received 97 enquiries from MPs on behalf of their constituents, representing a 33% increase compared to the previous year (73).

The main themes raised through MP enquiries were:

- Waiting times for assessment
- Waiting times for treatment
- Lack of community support
- Dissatisfaction with care provided

These themes are consistent with those seen in formal complaints and PALS concerns, particularly in relation to access to services and waiting times.

The increase in MP enquiries is likely to reflect continued engagement with elected representatives and increased awareness of how to raise concerns on behalf of constituents, rather than a change in the nature of issues being raised.

Locally Resolved Complaints

All staff are encouraged to resolve concerns directly at the point they are raised wherever possible. Early resolution can provide a more immediate and positive experience for patients and reduce the need for formal escalation.

In 2025/26, 79 locally resolved concerns were recorded on Datix, representing a 34% increase compared to the previous year (59). This is the highest number of locally resolved concerns recorded to date and reflects improved recording and a continued focus on resolving issues at an early stage.

Table 8: Locally resolved complaints logged by Care Unit

Care Unit	2024/25	2025/26	-/+
Mid and South Essex	35	35	0%
North Essex	9	26	+189%
West Essex	7	5	-29%
Inpatient and Urgent Care	4	8	+100%
Specialist Services	2	3	+50%
Corporate	2	2	0%
Total	59	79	+34%

The increase is most notable in North Essex and Inpatient and Urgent Care, which may reflect both increased service pressures and improved reporting of concerns managed locally.

The most common themes in locally resolved concerns relate to:

- Communication with patients and relatives
- Medication queries
- Access to appointments and services

Communication breakdown with patients remains the most frequently recorded issue, highlighting the importance of timely, clear, and consistent communication in preventing escalation.

Overall, the increase in locally resolved concerns suggests a strengthening culture of early resolution and improved capture of issues and learning at service level.

Patient Advice and Liaison Service (PALS)

The PALS service provides confidential advice, support, and information about Trust services, acting as a first point of contact for many patients, families, and carers.

During 2025/26, PALS received 1,836 contacts representing a 7% increase compared to the previous year (1,710).

A breakdown of the types of contact is shown below.

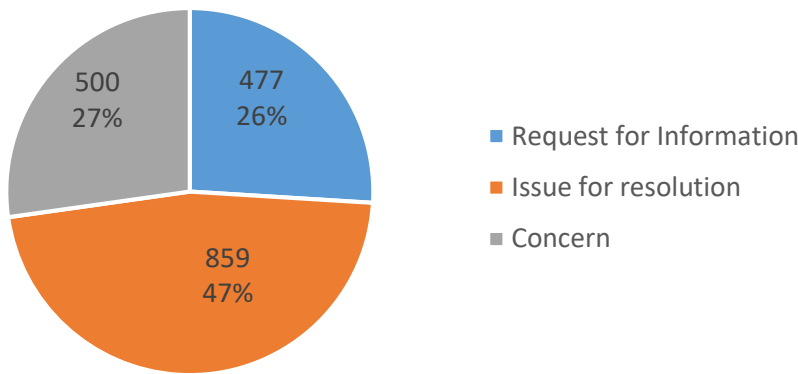


Figure 3: PALS contacts received, by type of enquiry

In addition, PALS signposted 1,545 individuals to other services or organisations for further support, an increase from 1,380 in the previous year.

The increase in overall contacts reflects continued demand for information and support, as well as the role of PALS in facilitating early resolution of concerns.

PALS Concerns

PALS concerns typically relate to current or ongoing care and are managed through direct liaison with services, with a focus on achieving prompt resolution without the need for formal investigation.

In 2025/26, 500 concerns were recorded through PALS, representing a decrease from 603 in the previous year. Despite this reduction, the number of concerns escalated to formal complaint increased to 41 (8%), compared to 25 (approximately 4%) in 2024/25.

This indicates that while overall PALS concern volumes have reduced, a higher proportion of concerns are requiring formal investigation, reflecting increased complexity and service pressures.

The top ten sub-categories accounted for 317 concerns (63%) and are shown below:

Table 9: Top 10 sub-categories for PALS concerns

Sub-category	Main Theme	Number	%
Waiting Lists	Systems & Procedures	65	13%
Unhappy with Treatment	Clinical Practice	57	11%
Medication	Clinical Practice	45	9%
Communication breakdown with patient	Communication	42	8%
Discharge / Follow Up	Clinical Practice	22	4%
Lack of Community Support	Clinical Practice	20	4%
Care planning	Clinical Practice	19	4%
Poor care on ward	Clinical Practice	17	3%
Referrals / Appointments	Clinical Practice	15	3%
Communication breakdown with relatives	Communication	15	3%
	Total	317	63%

Concerns relating to waiting lists are the most frequently reported issue and are consistent with the themes identified in formal complaints, particularly in relation to ADHD services and access to assessment and treatment.

Examples of PALS concerns

Care – Psychological Services

A patient's family member raised concerns about risk following a voicemail expressing suicidal intent. The concern was escalated immediately, reviewed by the clinical team, and managed promptly, with appropriate support put in place.

Communication – Lighthouse Paediatrics Service

A parent reported delays in communication and inaccuracies in a clinical report. The service reviewed the concerns, acknowledged the issues, and addressed them directly with the family.

Medication – ADHD Psychological Services

A patient raised concerns regarding continuity of prescribing after their GP indicated they would no longer prescribe ADHD medication. The service reviewed the case and provided guidance to ensure continuation of care.

PALS Response Times

The Trust operates an internal service level target of responding to PALS concerns within 15 working days.

In 2025/26:

- 77% of concerns were closed within 15 working days, an improvement from 69% in the previous year
- The average response time was 15.3 working days, slightly higher than 14.3 days in 2024/25

While performance against the 15-day target has improved, the increase in average response time suggests that some concerns are taking longer to resolve. This is likely to reflect the increased complexity of cases and wider service pressures.

The PALS service will continue to focus on maintaining timely responses while ensuring that concerns are resolved effectively and in a way that meets the needs of patients and their families.

PARLIAMENTARY & HEALTH SERVICES OMBUDSMAN (PHSO)

If a person remains dissatisfied after the Trust’s complaints process has been completed, they have the right to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO) for independent review. This right is clearly communicated within all formal complaint responses.

The PHSO undertakes an initial assessment to determine whether a complaint should be investigated. This includes consideration of whether there is evidence that the Trust may have got something wrong, whether this has caused a significant impact, and whether the issue has already been reasonably addressed through the Trust’s internal process.

Table 10: Five-year summary of PHSO referrals and investigation outcomes (2021–2026)

Year	Formal Complaints Closed	Referrals to PHSO	%	Accepted for Investigation	Investigations Completed	Outcome
2021/22	295	54	18%	0	3	3 x Partly Upheld
2022/23	380	39	10%	1	0	-
2023/24	332	64	19%	0	1	1 x Partly Upheld
2024/25	268	77	29%	0	0	-
2025/26	246	86	35%	4	3	2 x Partly Upheld 1 x Discontinued

In 2025/26, 86 complaints were referred to the PHSO, representing 35% of all formal complaints closed. This is a continued increase from the previous year (29%), and reflects a broader upward trend. This rise should be considered in the context of increased complaint volumes and ongoing system pressures, particularly in relation to access to services.

A significant proportion of referrals did not progress to investigation. In 2025/26:

- 32 cases were not progressed as the Trust’s complaints process had not been fully exhausted
- 33 cases were not accepted as they were not considered to be “properly made” (for example, where consent was not in place or the complaint was not submitted by the appropriate individual)

Four cases were accepted for investigation, one of which remains outstanding. Of the three completed, one was discontinued and two were partly upheld. These two cases are summarised below.

Summary of PHSO findings

Case 1 – Monitoring, communication and follow-up

The Ombudsman identified failings in the monitoring of a patient's condition, follow-up of prescribed treatment, and communication with the patient's family. While care had been provided and concerns were acted upon to some extent, there were missed opportunities to recognise deterioration and mitigate associated risks. These failings did not directly cause the patient's death but resulted in avoidable distress and loss of confidence for the family.

The Trust was required to provide a formal apology, a financial remedy of £800, and develop an action plan to strengthen patient monitoring, communication with families, and follow-up processes.

Case 2 – Consent, patient information and complaint handling

The Ombudsman found that appropriate consent was not obtained or documented for the use of electronic monitoring, and that patient concerns were not adequately addressed when raised. There were also shortcomings in the information provided to the patient and in the quality of the complaint response, which did not fully address the issues raised.

These failings caused avoidable distress and uncertainty. The Trust was required to provide a formal apology, a financial remedy of £925, and review its policy and practice to ensure alignment with national guidance, particularly in relation to consent, patient information, and observation practices.

Reflection

While the number of cases accepted for investigation remains low, the findings in the cases that were upheld highlight recurring themes also identified through internal complaints, particularly in relation to communication, documentation, and consent. These cases reinforce the importance of consistent application of policy, clear communication with patients and families, and robust complaint handling.

LEARNING FROM COMPLAINTS

The Trust recognises complaints as a valuable source of feedback and an important driver for service improvement. As part of the investigation process, all complaints are reviewed to identify opportunities for learning and to implement actions to reduce the risk of similar issues occurring in future.

Learning from complaints is shared through established governance routes, including:

- Monthly Learning Collaborative Partnership meetings
- Trust-wide Lessons Identified newsletters
- Quality and Safety meetings across Care Units
- Quarterly reports to Commissioners

In 2025/26, 162 formal complaint investigations were completed, with learning identified in 72 cases (44%). In addition, 79 concerns were resolved locally, of which 37 (47%) resulted in identified learning.

While many complaints still lead to identified learning, the pattern has shifted. A large proportion now relate to waiting times and access, particularly in ADHD pathways, where no specific failing is found. This reflects wider system pressures and limits the scope for traditional complaint-based learning.

EXAMPLES OF LESSONS LEARNED

A selection of examples from across the Trust is provided below to demonstrate the range of learning identified and actions taken.

1. Medication Safety and Risk Management – Poplar Ward (CAMHS), Rochford Hospital

- A patient with a known overdose risk was prescribed tablet medication, which they later concealed and used to overdose.
- The complaint was upheld. The investigation identified that prescribing decisions did not sufficiently account for known risks, and that documentation and communication were inconsistent.
- Actions taken include reinforcing admission risk review processes, improving documentation standards, and strengthening communication protocols with families (subject to consent). These measures aim to reduce the risk of similar prescribing errors and improve patient safety.

2. Compassionate Care – Palliative Care Service, Hockley Clinic

- A family raised concerns about the standard of care and staff conduct following a patient's death, including a lack of compassion and professionalism.
- The complaint was upheld. A meeting with the family confirmed that care fell below expected standards.
- Actions taken include enhanced communication training, additional training in death verification, and targeted staff development. These actions aim to improve compassionate care and ensure dignity is maintained at end of life.

3. Communication and Care Planning – Paediatric Speech and Language Therapy, Lighthouse CDC

- A parent of a non-verbal autistic child raised concerns about delays in care planning, poor communication, and failure to implement the child's EHCP.
- The complaint was partially upheld. Failings were identified in communication and timely documentation.
- Actions taken include reinforcing requirements to complete and share care plans promptly, ensuring communication preferences are followed, and reminding staff of their legal responsibilities in relation to EHCPs. These actions aim to improve clarity, consistency, and family confidence in care.

4. Documentation and Follow-up – Peter Bruff Ward, The Kings Wood Centre

- Concerns were raised about inpatient care, including documentation, communication with family, and post-discharge follow-up.
- The complaint was partially upheld. While clinical decisions were appropriate, documentation and follow-up arrangements were not consistently recorded or communicated.
- Actions taken include strengthening requirements for documenting observation levels and consent discussions, and reinforcing expectations around discharge planning and follow-up. These changes aim to improve continuity of care and transparency.

5. Access and System Pressures – Mental Health Liaison Team, The Lakes

- A complaint highlighted delays in accessing inpatient beds and therapy, alongside a missed handover that delayed referral.
- The complaint was upheld. While care provided was appropriate, system constraints and communication gaps impacted the patient's experience.
- Actions taken include reinforcing handover processes, improving referral pathways, and strengthening communication with patients and families. These actions aim to reduce delays where possible and improve patient experience during periods of high demand.

6. Governance and Policy – Specialist Mental Health Team, The Gables

- A complaint was raised regarding refusal to allow a patient's assistance dog to attend appointments.
- The complaint was partially upheld. The investigation identified a lack of clear Trust guidance, leading to inconsistent decision-making.
- A new Trust-wide policy on assistance dogs has been developed to provide clear guidance for staff. This will support consistent, lawful practice and improve patient experience.

TRIANGULATION OF COMPLAINTS, PATIENT SAFETY INCIDENTS AND CLAIMS

Complaints Linked to Patient Safety Incidents

All complaints are recorded on the Datix system and cross-referenced with any related incidents to ensure that potential links are identified and appropriately managed.

In 2025/26:

- 31 complaints were linked to incidents recorded on Datix
- 10 of these were specifically linked to Patient Safety Incidents (PSIs)

Where a complaint relates to an incident, the Complaints Team works closely with the Patient Safety Leads to ensure a coordinated approach to investigation. This avoids duplication and ensures that all aspects of the concern are fully explored.

Example case (anonymised)

A family member raised concerns regarding the care and treatment of a patient with a history of self-harm and substance misuse, who had multiple contacts with inpatient and community services prior to their death.

The investigation found that assessments, treatment, and discharge decisions were made in line with national guidance and legal frameworks. The patient was regularly reviewed, and appropriate follow-up was arranged and delivered. The patient had capacity and declined aspects of support.

Although no failings in care were identified, the case highlighted the complexity of managing co-existing mental health and substance misuse needs, particularly where patients decline support. The importance of clear documentation, communication, and coordination between services was reinforced.

This case was also subject to internal incident review processes to ensure any wider learning was identified and shared.

Legal Claims related to Complaints

In 2025/26, five new legal claims were received that related to previous complaints received regarding Trust services. These included allegations of clinical negligence, delays in diagnosis or reporting, and issues relating to equipment and care provision.

The total estimated value of these new claims is £195,200.

Four claims linked to complaints were closed during the year. These claims had been submitted in previous years. Of these:

- Damages were awarded in three cases
- The total value of damages paid was £65,000

While there has been an increase in complaint volumes during the year, there is no clear corresponding increase in the number or value of legal claims. This suggests that, despite system pressures and increased dissatisfaction in some areas, issues are generally being managed and resolved without escalation to litigation.

All claims are reviewed to identify any learning, which is shared through governance processes alongside learning from complaints and incidents.

PATIENT DEMOGRAPHICS

Patient demographic information, including ethnicity, age, and gender, is recorded on our complaints database where available. The charts below compare the demographic profile of patients who made a formal complaint in 2025/26 with the overall demographic profile of the Trust’s patient population across Mental Health Services (MHS) and Community Health Services (CHS).

Ethnicity

Figure 4: Formal Complaints by ethnicity of patient

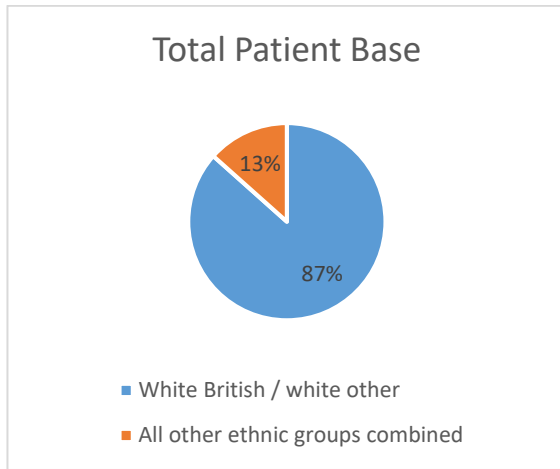
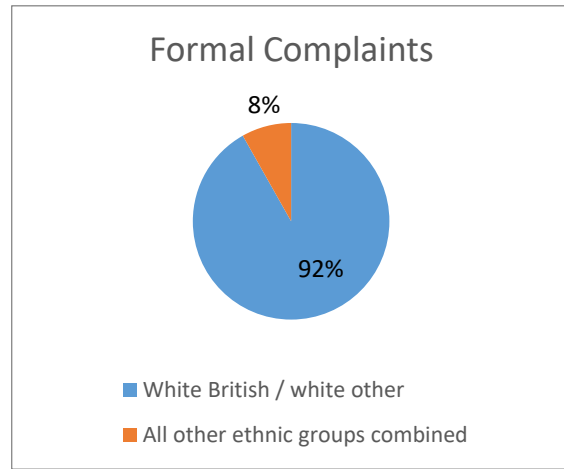


Figure 5: Total patient base by ethnicity



The ethnicity breakdown shows that:

- 87% of the total patient population identify as White or White Other, while 92% of patients who made a formal complaint were from this group.
- Patients from Black and other minority ethnic backgrounds represent 13% of the patient population but accounted for 8% of formal complaints.

What This Tells Us

- White patients are proportionately more likely to raise formal complaints compared to their representation in the overall patient population.
- Patients from minority ethnic groups remain under-represented in the complaints data.

This pattern is consistent with previous years and suggests that barriers to raising concerns may persist for some communities. These may include differences in awareness of the complaints process, confidence in engaging with services, language barriers, or wider issues relating to trust and accessibility.

Age

Figure 6: Formal Complaints by patient age group

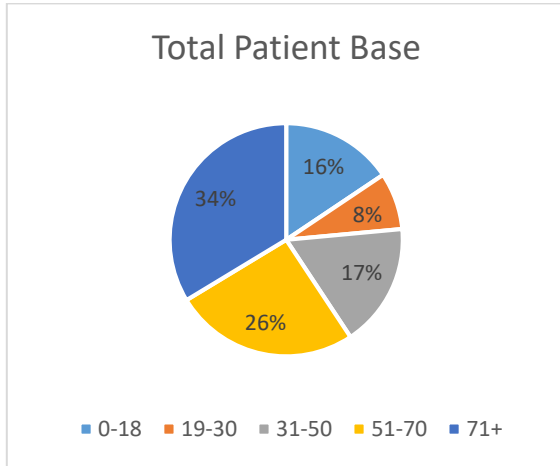
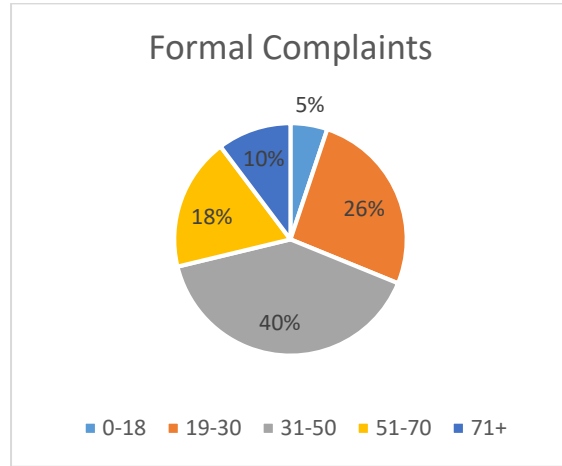


Figure 7: Total patient base by age group



The age breakdown shows that:

- 0–18 years represent 16% of the patient population but account for only 5% of formal complaints.
- 19–30 years represent 8% of the patient population but account for 26% of complaints.
- 31–50 years represent 17% of the patient population but account for 40% of complaints.

Older age groups are under-represented:

- 51–70 years make up 26% of the patient population but 18% of complaints.
- 71 years and over represent the largest proportion of the patient population (34%) but only 10% of complaints.

What this tells us

- Adults aged 19–50 are significantly more likely to raise formal complaints relative to their proportion of service use.
- Children, young people, and older adults are less likely to raise complaints, despite representing a substantial proportion of the Trust’s patient population.

This suggests that working-age adults may be more confident or able to navigate the complaints process, while other groups may face practical or perceived barriers. For older adults and children, this may also reflect reliance on carers or family members to raise concerns on their behalf.

Gender

Figure 8: Formal Complaints by patient gender

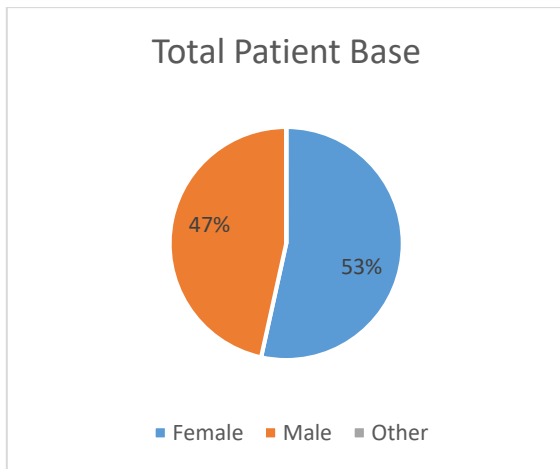
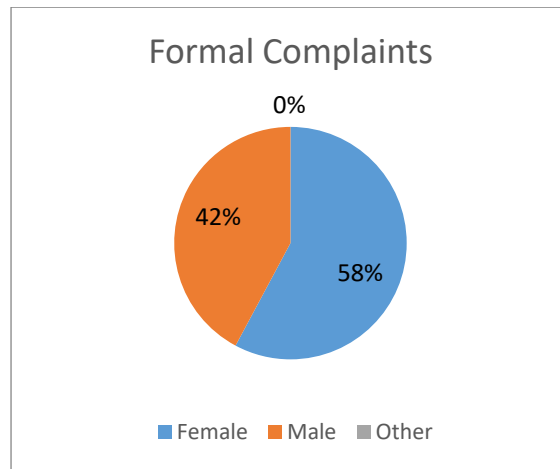


Figure 9: Total patient base by gender



The gender breakdown shows that:

- Females account for 53% of the patient population and 58% of formal complaints.
- Males represent 47% of the patient population but 42% of formal complaints.
- No formal complaints were recorded from patients identified as “Other” gender this year, although this group represents a very small proportion of the overall population (0.06%).

What this tells us

- Women remain more likely to raise formal complaints than men, relative to their proportion of the patient population.
- Men appear less likely to engage with the formal complaints process.

This may reflect differences in help-seeking behaviour, confidence in raising concerns, or perceptions about complaining.

Summary

The demographic profile of complainants in 2025/26 remains broadly consistent with previous years. Some groups are more likely to raise concerns through the formal complaints process, while others are under-represented.

This is particularly relevant in the context of this year’s data, where complaint volumes have increased significantly, largely driven by access and waiting time issues. Despite this increase, the demographic pattern has not shifted, suggesting that underlying barriers to engagement with the complaints process remain.

The Trust will continue to focus on:

- Making the complaints process visible, accessible, and inclusive
- Promoting alternative routes for raising concerns, including PALS and local resolution
- Working with advocacy services and carers to support under-represented groups
- Using insight from complaints, concerns, and patient feedback to ensure all voices are heard and acted upon

This remains an important area for ongoing improvement to ensure equitable access to raising concerns across all communities.

COMPLAINANT STORIES

Reflecting on complainant stories is valuable, because they provide greater insight and context to the complaints data. Case studies are a powerful tool that are regularly used in team meetings and coaching to bring real complaints ‘to life’ and prompt discussion, reflection and learning.

Note: All names and some other minor details have been changed in these case studies to protect patient and staff confidentiality.

Patient story 1: “We Needed to Be Involved”

David’s family raised concerns about the care he received from mental health services in the weeks leading up to his death. David had a history of mental health difficulties, including previous suicide attempts, and was known to services. He had recently been discharged from inpatient care and was being supported in the community.

Throughout this period, his family felt increasingly worried. They believed his risks were not fully understood, particularly during times when his mental health fluctuated alongside alcohol use. They also felt excluded from key discussions about his care and discharge planning, despite being closely involved in supporting him day to day.

In the weeks after discharge, David’s condition deteriorated. Tragically, he died by suicide.

For his family, the loss was devastating. They described a sense that opportunities to better understand David's needs may have been missed, and questioned whether greater involvement of the family might have helped professionals build a fuller picture of his risks.

What we learned

A detailed investigation was carried out. It found that while clinical assessments and decisions were made within expected frameworks, the involvement of David's family was not as strong as it should have been. This limited the information available to clinicians at key points in his care.

We acknowledged that greater engagement with the family may have supported a more comprehensive understanding of risk. An apology was provided to the family for this aspect of care.

In response, the Trust has strengthened its approach to family and carer involvement. This includes:

- Increasing the role of family and carer ambassadors across services
- Reinforcing expectations for involving families in care planning wherever possible
- Promoting approaches that support engagement even where formal consent is not in place

David's story highlights the importance of working in partnership with families, particularly where risks are complex and evolving. Their insight can be critical in supporting safe and effective care.

Patient story 2: "I Didn't Feel Safe"

Tom was admitted to an inpatient mental health ward during a period of acute distress. While on the ward, he experienced several incidents that left him feeling unsafe and unsupported.

He described occasions where his requests for medication were not responded to, and where he felt dismissed by staff. One incident involved a personal item linked to previous self-harm being returned to him without discussion, which caused significant distress. He also reported witnessing a restraint of another patient, which he found frightening.

Tom felt excluded from decisions about his care, particularly around discharge planning, and said that communication with staff was inconsistent. By the time he raised his complaint, his trust in the service had been significantly affected.

What we learned

The investigation found that some aspects of Tom's care were not handled appropriately. In particular, there were failings in communication, discharge planning, and how sensitive situations were managed on the ward.

We acknowledged the distress this caused and apologised for the impact on Tom's experience.

A number of changes have been implemented:

- Staff now discuss with patients before returning items associated with self-harm, with alternative options offered where appropriate
- Families and care coordinators are expected to be involved in discharge planning discussions
- Training and staff support have been strengthened to improve safety and consistency of care
- Clearer arrangements are in place to ensure continuity when care coordinators are absent

These actions aim to improve how patients feel supported and involved in their care, particularly during vulnerable periods.

Tom's experience highlights how communication, consistency, and sensitivity in day-to-day interactions can significantly influence how safe a patient feels while in our care.

FEEDBACK ON OUR COMPLAINTS SERVICE

Non-Executive Director Complaint Quality Reviews

The Trust's Non-Executive Directors (NEDs) provide quarterly independent assurance of complaint handling through review of a sample of closed cases, assessing investigation quality, response letters, and learning.

For 2025/26, 162 formal complaint investigations were completed. A 10% sample requires 16 reviews; 8 have been completed to date (approximately 5%), with a further 8 planned.

Summary of findings (Q1–Q3 reviews completed to date)

Overall investigation handling (1–4 rating)

Across the 8 completed reviews:

- 4 rated 4 (excellent)
 - 4 rated 3 (good)
 - 0 rated 1 or 2 overall
- Average score: 3.0/4

Two reviews identified lower scores in specific elements, but overall investigations were consistently assessed as good or excellent, with strengths in complainant engagement and process completion.

Quality of response letters (1–4 rating)

- 5 rated 4 (excellent)
 - 3 rated 3 (good)
- Average score: 3.6/4

Reviewers highlighted clear, empathetic and well-structured responses, with appropriate explanations and apologies where required.

Key themes from NED feedback

Positive practice

- Consistently respectful and compassionate communication
- Clear, well-structured responses with appropriate apologies
- Good consideration of complainant concerns
- Evidence of learning in a number of cases

Areas for improvement

- Ensure learning is shared beyond the investigating team
- Avoid perceptions of defensiveness in a small number of responses
- Strengthen reflection of cultural and relational aspects of care

Summary

Early 2025/26 findings indicate generally good complaint handling, with particularly strong performance in the quality and tone of response letters.

Complaints Survey Results

Our complaint response letters include a QR code linking to a digital feedback survey, intended to capture service user experience of the complaints process. In 2025/26, engagement remained very low, with only 2 responses received. This is insufficient to provide a meaningful assessment of overall satisfaction or to draw reliable conclusions.

The feedback received was mixed and has been considered qualitatively rather than as performance data. The comments highlight the importance of how fairness, communication, and outcomes are perceived by complainants.

Improving response rates remains a priority for 2026/27. Actions will include:

- Reviewing how the survey is presented within response letters to improve visibility.
- Introducing a direct survey link within complaint response emails.
- The Complaints Team continuing to promote feedback at the point of closure.

The aim is to ensure feedback is accessible and provides a more reliable basis for learning and improvement.

COMPLIMENTS

A total of 1,350 compliments were received in 2025/26, a decrease from 1,545 the previous year. While this may reflect service pressures and changes in feedback capture, the volume of positive feedback remains significant and continues to provide useful insight into what matters most to patients and families.

Compliments are shared via internal communications, including newsletters and team meetings, and are used to reinforce good practice and support staff morale.

Received by Care Unit

Care Unit	Compliments
Mid and South Essex	443
North Essex	121
West Essex	192
Inpatient and Urgent Care	252
Specialist Services	236
Psychological Services	51
Corporate	55
Total	1,350

Table 11: Compliments logged by Care Unit

Learning from Compliments

Compliments provide a valuable counterbalance to complaints by highlighting what good care looks like in practice. This year's feedback consistently reflects the importance of compassion, continuity, communication, and personalised care, often during highly vulnerable moments in people's lives.

Below are selected examples from across services, with key learning drawn from each.

1. End of Life Care – Community Specialist Palliative Care (Canvey)

A family described how they were supported to care for their mother at home in line with her wishes. The team provided consistent, responsive support, including out-of-hours advice, enabling a peaceful death at home surrounded by family.

Learning from good practice:

- Respecting patient wishes through proactive planning
- Reliable 24-hour support builds confidence for families
- Compassionate communication is critical at end of life

2. Cultural Awareness and Holistic Support – Uttlesford Integrated Care Team

An occupational therapist was praised for improving independence while supporting the wider family. Care was adapted to cultural needs, including use of translation time and respect for the home environment.

Learning from good practice:

- Culturally sensitive care improves engagement
- Considering the wider family system enhances outcomes
- Taking time builds trust and understanding

3. Therapeutic Relationships in Inpatient Care – Poplar Ward (CAMHS)

A young person described how consistent kindness and emotional support from staff helped them feel safe enough to engage in their recovery.

Learning from good practice:

- Therapeutic relationships underpin recovery
- Emotional safety enables engagement and disclosure
- Consistency and presence are as important as clinical input

4. Restoring Dignity Through Listening – Complex Care Co-ordination

A relative highlighted a positive experience where the patient felt listened to, respected, and supported, contrasting with previous care elsewhere.

Learning from good practice:

- Listening without judgement improves experience
- Respectful communication restores dignity
- Small interactions significantly affect trust

5. Recovery and Hope – rTMS Service (Brentwood)

A patient described care as the best received in over a decade, highlighting kindness, consistency, and its impact on recovery.

Learning from good practice:

- Consistency of care supports recovery
- Compassionate environments rebuild trust
- Positive relationships improve engagement

6. Crisis Intervention – Mental Health Urgent Care (Basildon)

A patient reported that staff support during crisis helped maintain safety and contributed to reduced self-harm.

Learning from good practice:

- Non-judgemental support is critical in crisis
- Observation and persistence support safety
- Clear pathways to onward care aid recovery

7. Psychological Support and Continuity – Therapy For You

A patient highlighted flexible, responsive therapy that adapted to changing needs and supported complex challenges.

Learning from good practice:

- Flexibility improves access and continuity
- Adapting care enhances engagement
- Signposting strengthens holistic support

8. Multi-disciplinary Teamwork – Urgent Community Response Team

A patient praised coordinated multi-team input that enabled care at home and avoided hospital admission.

Learning from good practice:

- Effective teamwork improves outcomes
- Coordination reduces hospital admissions
- Communication supports seamless care

Key Themes from Compliments

Across feedback, consistent themes include:

- Compassion and kindness as central to experience
- Being listened to and respected as equally important as clinical care
- Continuity and reliability building trust
- Flexibility improving engagement
- Teamwork supporting safe, effective care

These themes reinforce the importance of relational care alongside clinical delivery and what matters most to patients and families.

UPDATE ON PRIORITIES SET FOR 2025/2026

Please find an update on the priorities set in last year's annual complaints report in the table below.

Priority	Status	Action Taken
Reduce the average response time for formal complaint responses by a further 10% (baseline 85 working days) through streamlining and improving process efficiency.	Complete	The average response time for formal complaints reduced to 70 working days, exceeding the target reduction set for the year.
Reduce re-opened complaints to below 8% (from 13%), focusing on quality improvements to address issues classed as "inadequate response/not fully addressed".	In progress	<p>During 2025/26, 14 complaints were reopened (9% of closed cases), reflecting a reduction from the previous year, although the target of below 8% was not met.</p> <p>This improvement reflects both strengthened response quality and improved adherence to re-opening criteria, which led to a 45% reduction in complaints categorised as "inadequate response or not fully addressed".</p>
Improve transparency and patient confidence in the complaints process.	In progress	Work has progressed to improve transparency and engagement, including clearer early communication on investigation approach, scope, and timelines. Improvements have also been made to the consistency of how outcomes and learning are communicated.
Raise under-representation of minority ethnic complainants with the Health Inequalities Steering Group to support action on equitable access to complaints.	Complete / escalated	This priority was escalated through the Patient Experience Directorate and raised with the Health Inequalities Steering Group. It will be taken forward as a key objective in the new financial year as part of wider work on equitable access to complaints.
Consolidate complaint themes and align across PALS and Complaints to improve thematic analysis.	Complete	Progress has been made in aligning the most used categories across PALS and Complaints, improving consistency and strengthening thematic analysis. While full alignment remains a significant task, the current position provides a workable framework and the priority will not be carried forward.

PRIORITIES FOR 2026/2027

1. Reduce outstanding caseload to below 100 cases

Reduce open caseload to below 100 by end of March 2027, through improved flow management, strengthened early triage, and closer oversight of ageing cases, supported by proactive escalation and closer working with services.

2. Further reduce re-opened complaints to below 7%

Further reduce reopened complaints through improved investigation quality, clearer communication of outcomes, and strengthened quality assurance prior to sign-off.

3. Review and strengthen Quality Assurance processes

Undertake a structured review of the Quality Assurance framework to ensure consistency and effectiveness, including improved feedback to investigators and systematic sharing of learning.

4. Improve triangulation of complaints with Patient Safety data

Strengthen triangulation of complaints and patient safety data by introducing regular joint thematic reviews, with at least quarterly reporting of shared safety themes identified across both datasets.

5. Increase response rates to the Complaints Satisfaction Survey

Improve survey engagement by reviewing distribution methods, clarifying purpose, and making response routes more accessible, to strengthen the quality and representativeness of feedback. Target: a minimum 8% response rate.

The Complaints Team has continued to build on progress made in previous years, delivering further improvements in response times, investigation quality, and consistency of learning. Focus on early resolution, transparency, and the quality of initial responses has contributed to improved outcomes for people using the service.

We recognise that further work is required in areas including re-opened complaints, caseload management, and engagement with feedback mechanisms. These are reflected in the priorities for the year ahead. We remain committed to using insight from complaints to drive improvement across services. The foundations in place provide a strong platform for continued development over the coming year.

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June 2026