
COMPLAINTS AND COMPLIMENTS

ANNUAL REPORT 2019-20

Document Information

This paper informs QGG, QSAC and the Board about complaints and compliments that have been received in the financial year 2019-20. This includes reporting on issues that are required under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Date:	16 June 2020	Status:	Final
Current Version:	1.1		
Transparency level:	Public		
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File location:	Governance/Patient Experience/Reporting/Board/2019-20		

COMPLAINTS and COMPLIMENTS ANNUAL REPORT 2019-20

1. Executive Summary

1.1 This report provides statistical information and commentary about the Trust's complaints handling for the year 2019-20 including information required under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Corporate responsibilities include ensuring that:

- the arrangements in place for dealing with complaints is in accordance with the Regulations for the handling and consideration of complaints;
- complaints are dealt with efficiently and properly investigated;
- complainants are treated with respect and courtesy;
- complainants receive, so far as is reasonably practical, assistance to enable them to understand the procedure in relation to complaints; or advice on where they may obtain such assistance;
- complainants receive a timely and appropriate response;
- complainants are told the outcome of the investigation of their complaint;
- action is taken if necessary in the light of the outcome of a complaint
- an annual report is made available.

1.2 The Chief Executive has overall responsibility while the Acting Director of Nursing and Quality provides management and internal assurance of these services. To meet these responsibilities the Trust has an appointed Deputy Associate Director of Governance (who is also the Trust's designated Complaints Manager) to be responsible for managing the procedures for handling and considering complaints in accordance with the Regulations. This report provides an annual summary of:

- An outline about how complaints are managed in the Trust
- The number of complaints received (532) with an explanation of its ratio to the number of referrals, bed days and seen community contacts (0.11%)
- The number of compliments (1,177)
- The source, gender and ethnicity of complaints and complainants
- Details of the two performance indicators relating to the acknowledgement and response rate of complaints
- An explanation of how complaints are categorised into themes
- Information that 52.1% of complaints were upheld or partially upheld
- There has been one referral to the Ombudsman in this year and 4 responses received which had been referred in previous years, only 2 of which were upheld
- Explains the role and function of the Experience and Engagement Team and the positive feedback it receives
- A description of the learning and actions that have taken place to address the most common themes
- Examples of compliments that have been received.

2. Background

- 2.1 The Trust is committed to resolving complaints to the satisfaction of the complainant and to learn from what has happened and, where appropriate, make demonstrable improvements to services.
- 2.2 The 2009 Regulations, which govern NHS complaints handling, are reflected in the Trust's Complaints Procedure, which also formally adopts the Parliamentary and Health Service Ombudsman's ("the Ombudsman") Principles of Complaints Handling, Remedy and Administration.
- 2.3 By way of context, complaints and compliments are only two ways that the Trust receives feedback. It also receives feedback from Feedback live! (tablets in wards and in the community and an online link at www.feedback.swlstg.nhs.uk where service users can complete a survey and leave text comments). The Trust also runs a Patient Advice and Liaison Service (PALS), which comprises an Advice Line and holds Surgeries on inpatient wards.

3. Trust Activity

3.1 Complaints Management

- 3.1.1 Complaints are considered at a senior level in the Trust in recognition of their importance. The Chief Executive is the "Responsible Person" under the 2009 Regulations and is signatory to all written responses, delegation in his absence is to a member of the Executive.
- 3.1.2. The Board receives this Annual Report and hears monthly Patient Stories sourced from complaints and compliments that have been triangulated with other patient experience information. The stories set out the complaint from the service user or carer perspective and illustrate the impact of an event or scenario and what the Trust has undertaken to remedy it and prevent reoccurrence in the future.
- 3.1.3. The Quality and Safety Assurance Committee (QSAC) is a Board sub-committee that receives a bi-annual Complaints Analysis and this Annual Report by exception from the Quality Governance Group (QGG) and monthly reports to the governance groups in each service line.
- 3.1.4 All complaints are reviewed weekly at the Patient Experience Review Meeting chaired by the Deputy Associate Director of Governance. They are also reviewed at Quality Matters, an established governance group that reviews complaints on a weekly basis with service line Clinical Directors, Heads of Service Delivery, Heads of Nursing and Quality, the Governance team and representatives from the Trust safeguarding team.
- 3.1.5 All complaints are triaged and consideration is given to whether they should be escalated to the Trust Quality Matters group and/or be treated as an incident or serious incident.
- 3.1.6 A new structure introduced this year is the 'Complaints Review Group' which comprises 4 service users and carers who, alongside the Experience and Governance Team (who handle complaints), review a selection of anonymised complaints and responses to consider whether all points have been answered, the response is compassionate and it is accessible.
- 3.1.6 The Experience and Governance Team comprises the Deputy Associate Director of Governance, two 'Experience and Governance Leads', an

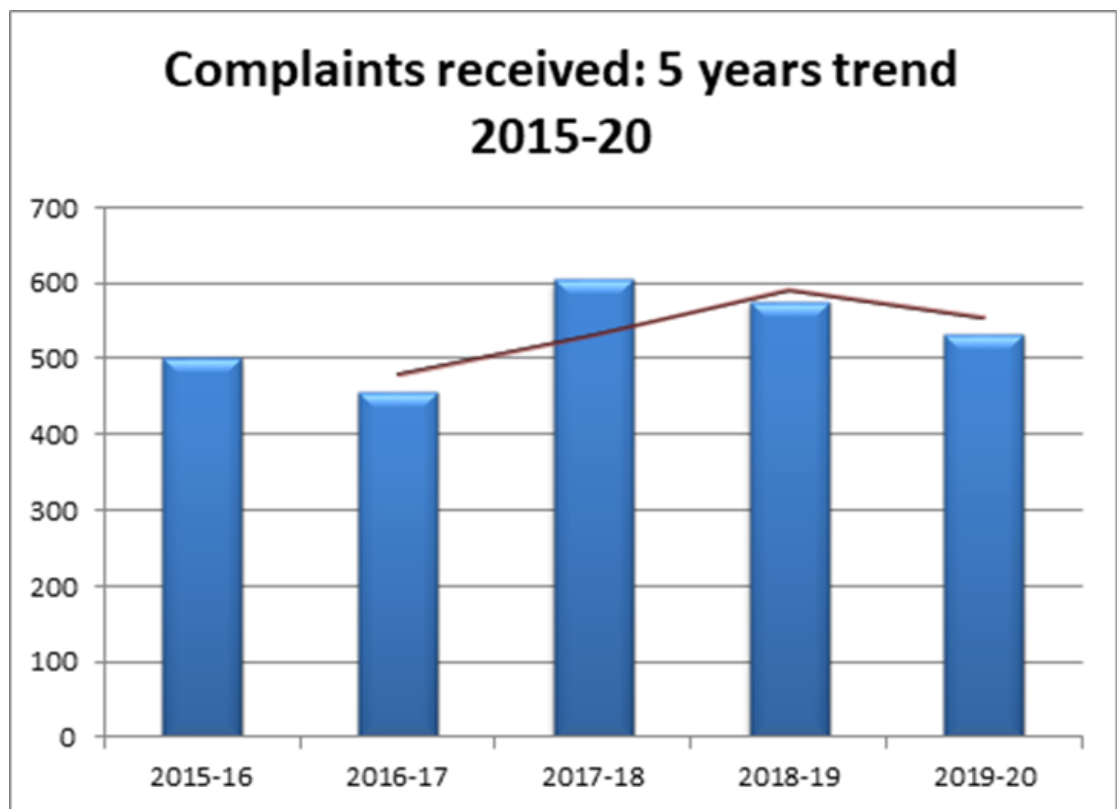
Engagement and Experience Co-ordinator and a Governance Administrator. They manage the Complaints Procedure, hold PALS surgeries on in-patient wards, undertake investigations and work to resolve complaints, prepare reporting and provide an interface between the Trust and the Parliamentary and Health Service Ombudsman (the Ombudsman) and other organisations regarding complaints. They also provide guidance, training and support to staff.

3.2 Number of Complaints and Compliments Received

3.2.1 Making a complaint has been made as easy as possible with signposting on the Trust website, designed leaflets and posters and improved escalation by staff.

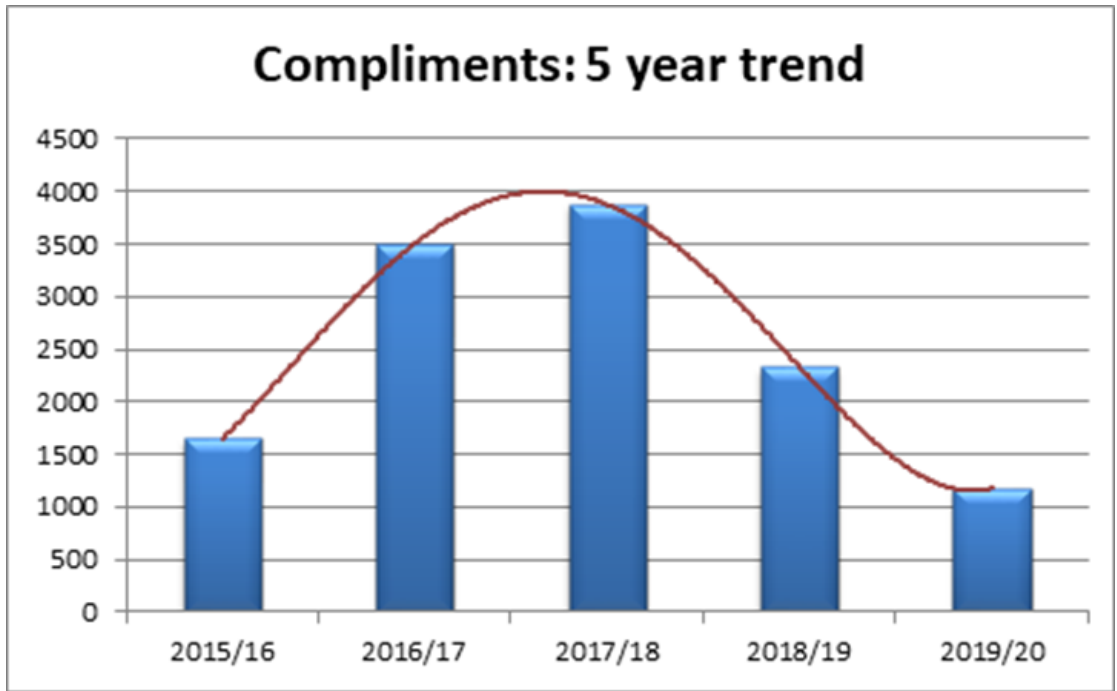
3.2.2 The Trust received 532 complaints in 2019-20 (96 written, 10 Verbal, 328 via email, 7 through the PALS surgery and 91 through the PALS telephone advice line), which is a decrease by 8% from 576 (2018-19). The 5-year trend in Figure 1 below shows the trend in the number of complaints from 2015 to 2020 with slight peaks in 2017-18 and 2018-19 respectively.

Figure 1: 5 year trend (2015 to 2020)



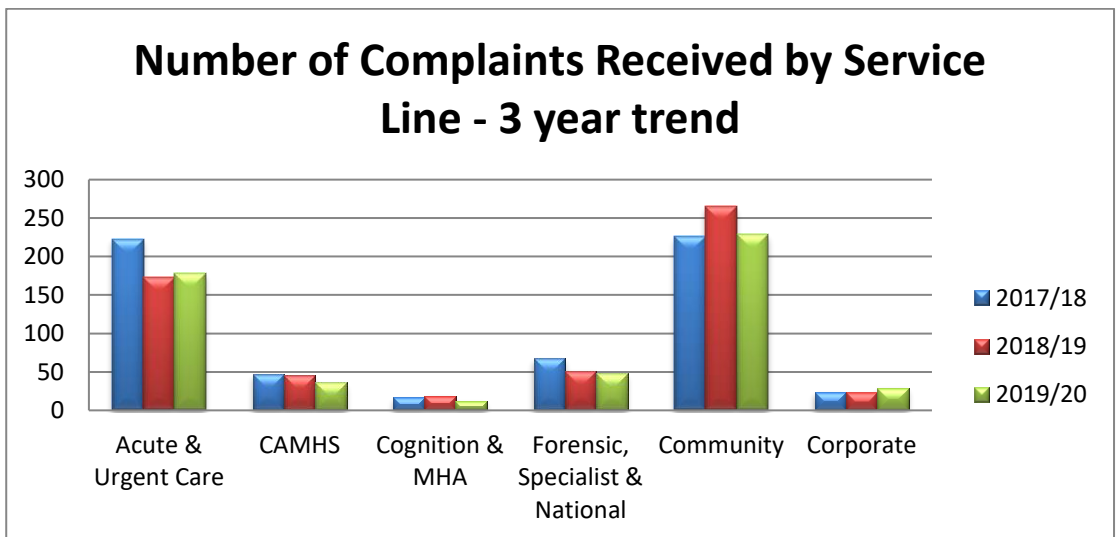
3.2.3 Compliments have decreased in the last 2 years since the Real Time Feedback (a now decommissioned feedback platform) compliments are no longer included in the figure (these are now text comments that are included on the Feedback Live! dashboard and reported in the Patient Experience report). Examples of compliments received are set out in section 3.12 below.

Figure 2: 2013-2018 Compliments Trends



3.2.4 From April 2017, the Trust changed its organisational configuration from directorate borough based services to Service Line Management. This report is therefore unable to provide the 5-year complaint trend broken down by service lines. Figure 3 below shows 3 year trend of the distribution of complaints across each service line for 2017-20.

Figure 3: Number of Complaints Received in 2017-20



3.2.5 To provide a context, the 503 complaints were received about clinical services (excluding corporate complaints) represent 0.11% of the 470,249 total number of seen contacts and 0.6% of 79,291 referrals. Please see Figure 4 below.

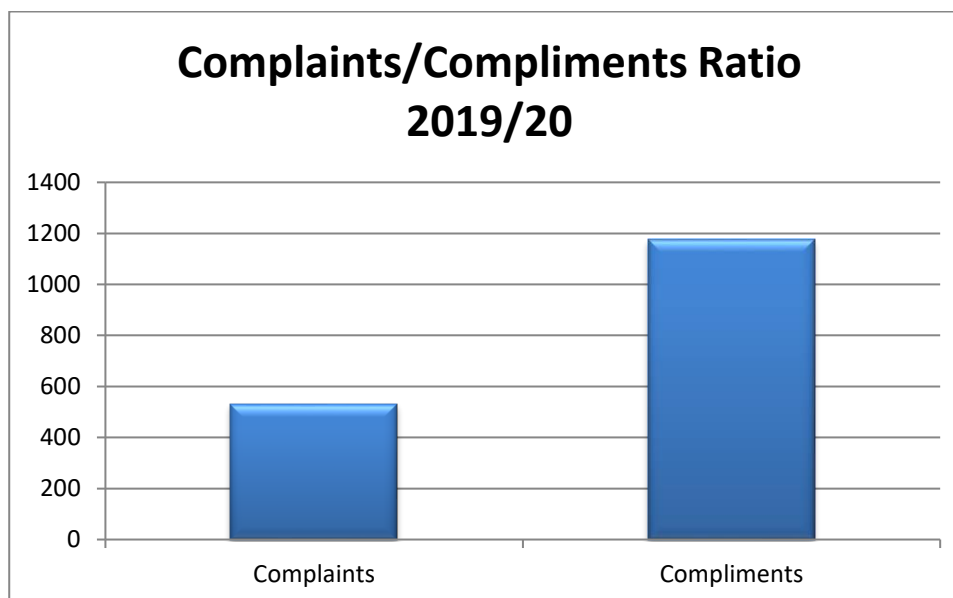
Figure 4

Category	Trust	Acute & Urgent Care	CAMHS	Cognition & MH In Ageing	FSN	Community
Referrals	79,291	13,057	13,843	4,805	1909	42,305
Occupied bed days	125,835	70,384	5,537	11,571	38,253	89
Admissions	1763	1381	93	157	132	0
Seen Contacts	470,249	82,963	59,208	47,297	22,579	237,258
Complaints	503*	178	36	12	48	229

*Excluding Corporate Complaints

3.2.7 The Trust receives far more compliments than complaints and in 2019-20 (532 complaints received 532 and 1,177 compliments received).

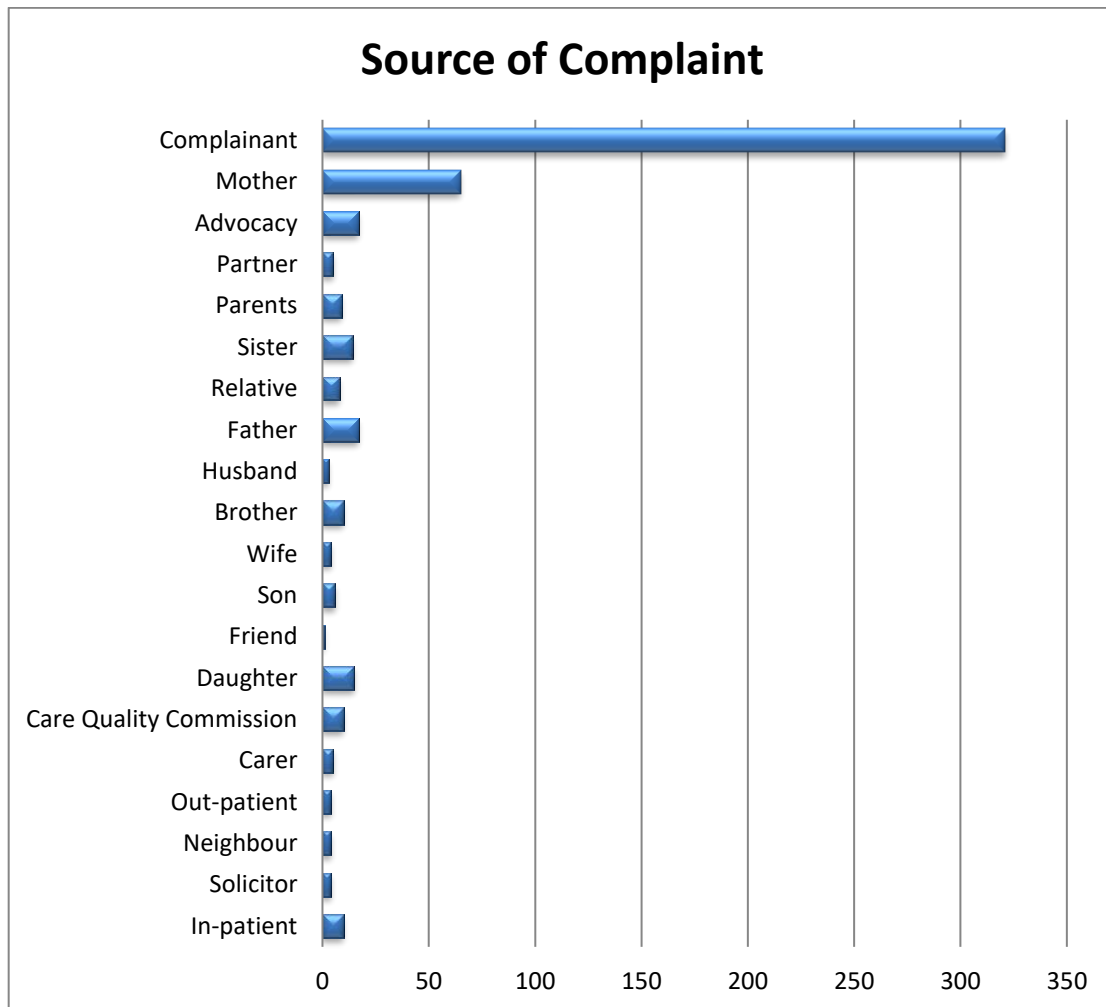
Figure 5: Ratio of Complaints to Compliments Received



3.3 Source of Complaints

3.3.1 Figure 6 below sets out the source of complaints. The majority of complaints are from complainants themselves at 64% (335) with other complaints being received from family, friends and relatives 30% (157), with advocacy and solicitors 3% (18) and CQC 2% (10).

Figure 6: Source of Complaints



3.4 Gender and Ethnicity Profile

3.4.1. The gender of the 532 complainants were 275 female (51%), 230 male (43%), the remaining 27 (6%) were either from joint partners or organisations.

3.4.2 The ethnicity profile of the service users of the Trust and the comparison with complainants is set out in Figure 7 below. This shows that most (9%) complainants do not wish to state their ethnicity. Those where it is recorded are mostly from White or White British ethnicity group but the number of complaints from this group represents only 0.34%.of the cohort referrals. Black or Black British ethnicity groups are the second highest referral client and the highest representation of 0.83% of the referrals cohort.

3.4.3 The table also shows that whilst the largest proportion of well founded complaints is unstated at 56.7%, the highest proportion of well-founded complaints where ethnicity is known is from 'Mixed' ethnicity complainants (70%) followed by 'White or White British' (50.6%), 'Other Ethnic' groups (40%), 'Black or Black British' (38.5%) and 'Asian or Asian British' (34.6%).

Figure 7

	Referrals	Complainants	Ratio as %	Upheld	Partially upheld	Percentage of well-founded
Asian or Asian British	5,975	26	0.43	1	8	34.6%
Black or Black British	6,483	52	0.83	5	15	38.5%
Mixed	3,968	10	0.25	0	7	70%
Other Ethnic Groups	4,508	5	0.11	1	1	40%
White or White British	51,375	176	0.34	24	65	50.6%
Not stated or unknown	6,988	263	3.37	51	98	56.7%

3.5 Acknowledgement Rates

- 3.5.1 Under the 2009 Regulations all complaints are required to be acknowledged within 3 working days of receipt of the complaint. The Trust has a performance indicator that all complaints are to be acknowledged within 3 working days in at least 100% of cases. This indicator is also monitored by the Board.
- 3.5.2 The Trust has met this indicator for 8 months with only minor variance in 4 months. This is broken down by month as set out below in Figure 8.

Figure 8: 3 Days acknowledgement

2019-20: Percentage of acknowledgements within 3 working days											
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
100 %	100%	97.4%	100%	100%	97.8%	100%	85.4%	95.8%	100%	100%	100%

- 3.5.3 Whilst the Experience and Engagement Team acknowledges all complaints, the timeliness can be dependent on wards and services sending complaints received by them to the team. The team are reliant on complaints being sent to them in a timely way because the date of receipt in the Trust is when the clock starts. Experience and Engagement Team present at Inductions for new starters in the Trust to stress the importance of sending complaints swiftly to the team once received.

3.6 Response Rates

- 3.6.1 The 2009 Regulations dispensed with the requirement to respond to complainants within 25 working days which had been in place prior to 1st April 2009. The Trust had set a performance indicator that all complaints are to be responded to within 25 working days in at least 85% of cases.
- 3.6.2 The KPI of responding to complaints within 25 working days in 85% of cases has been met throughout the year, except for March 2020) as set out below in Figure 10.

Figure 9: Responses within 25 working days

2019-20: Percentage of responses within 25 working days											
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
91.7%	92.1%	93.3%	100%	96.9%	95.0%	97.2%	93.9%	96.2%	97.4%	92.9%	83.3%

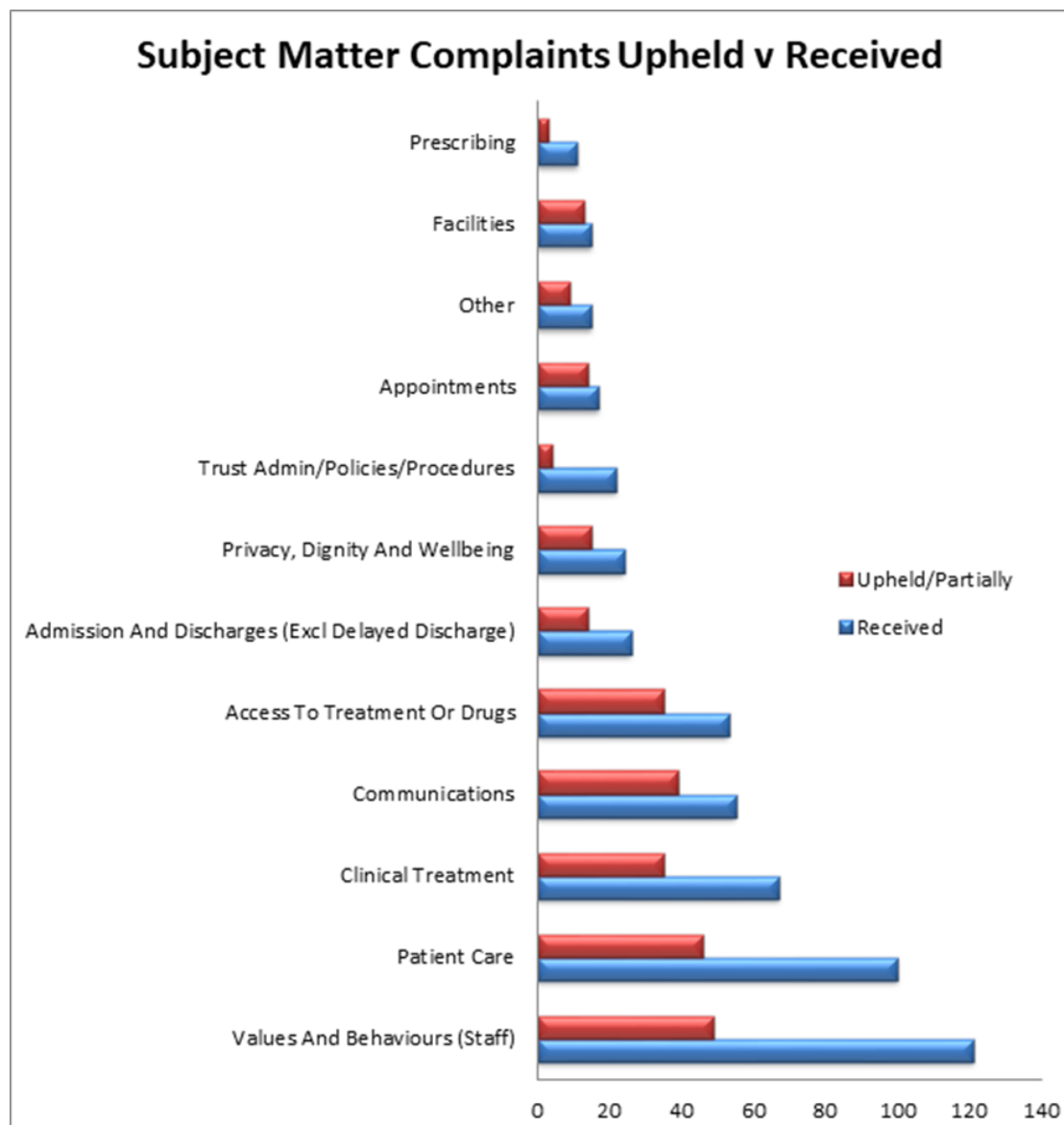
- 3.6.3 A caveat to the 25 day KPI is that complaints that are complex cases can be responded to within 40 working days. In complex complaints investigations time is required for example to liaise with multiple agencies or teams, the complainant may have provided extensive information at various stages of the complaint or time is required to finalise conclusions of complex issues.
- 3.6.4 The Experience and Engagement Team discuss the complaints weekly, the Engagement and Governance Lead will discuss any case that they deem to be complex and provide reasons why. It is at this meeting that cases are converted to complex cases and this is recorded in the team minutes. The complainant is subsequently informed that their complaint will be responded to in 40 days as opposed to the original 25 days and the reason for the change in the period.
- 3.6.5 In total, there were 23 cases 8 of which were responded to within 40 days (35%).
- 3.6.6 It is good practice from an Ombudsman perspective to be proactive in reopening cases to review the complaint and this works well as there is a very low rate of referrals to the Ombudsman and when they are referred they tend to be not upheld by them). Re-opened complaints are reviewed by a different investigator from within the team to whom conducted the initial complaint investigation.
- 3.6.7 There were 55 re-opened complaints (10% of the 532 received) of which 26 were not upheld, 28 were partially upheld. 1 was upheld (1 case withdrawn and 9 cases are ongoing).
- 3.6.8 9 cases had their findings changed on review (the complainant tends to provide additional information when they ask for a review).

3.7 Summary of the Subject Matter of Complaints

- 3.7.1 Complaints are categorised in accordance with the Ko41a quarterly return submitted to the Department of Health (DoH). It is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care. The categorisation of complaints was reviewed last year in response to the Francis Inquiry and the Trust categorises and sub-categorises its complaints into the themes set out in the Ko41a.
- 3.7.2 The top three categories of complaints were Values and Behaviour at 23% (121 complaints), Patient Care at 19% (100 complaints) and Communication at 10.5% (55 complaints).

Figure 10 below shows the number of complaints in each category that are upheld or partially upheld. For the top three categories of complaints, the data shows that the most upheld category is Communication with the number of those being upheld or partially upheld at 70.9% (39 of 55 complaints) followed by Patient Care at 46% (46 of 100 complaints) and Values and Behaviour at 40.5% (49 of 121 complaints). Please see Figure 10 below.

Figure 10: Subject matter of Complaints Received



3.7.3 Trust wide themes:

- Values and Behaviour- this theme had the highest number of complaints and a cluster of the complaints were around lack of empathy from staff at patients distress, rude, abrupt and unprofessional behaviour from staff, breach of confidentiality by staff, forcing patients to have injection and threat of seclusion, not providing information to patients regarding transfer, intimidation and physical assault. Several were on the way staff spoke to service users i.e. disrespectfully, inconsiderate and not sympathetic about service users distress
- Patient Care – the cluster of complaints for this theme were around retirement of Psychiatrists with no replacement in post thus disrupting care to be provided, change in Care Coordinators leading to declining support, Care Coordinator unwilling to listen to concerns of Carer about son’s health, patients fear for their safety on the ward because of threat from other patients, delay in medical intervention from staff despite warning of self-harm. Most of the complaints were on patients, being discharged despite still presenting as unwell and in some cases suicidal.

- Communications – this theme remains a reoccurring one for complaints. The cluster of complaints was surrounding inaccuracies with information in the assessment letter, no BSL interpreter booked on 3 occasions for service user's session, lack of support from Care Coordinator, not informed that consultant has left the team, autistic service user who has difficulty in speaking banned from texting or emailing Care Coordinator despite this being his most appropriate method of communication, unprofessional and rude tone used in communication. Most of the complaints in this category centred around not receiving letters for appointment and cancellation

2.7.4. Additional themes are broken down by service line, as follows:

(1) Acute & Urgent care service line

- Despite complaints being identified upon its receipt as a Patient Care or Clinical Treatment issue, when the care is reviewed during an investigation it is found that the clinical treatment is in fact appropriate but the communication to the patient or their friend, family or carer about the care has not been provided fully, explained in a way that is understandable to them.
- This above theme is particularly the case when patients are being discharged. This can be a stressful time for a patient who can feel worried about leaving the care of the ward, but they feel the process is rushed, unplanned and with limited communication to prepare them. Patients' families have also interpreted body language as wanting to discharge quickly. This has been particularly felt on the Lotus Assessment Suite from patients who want to stay longer but this is not the model of the service.
- There have been patient complaints of assaults or aggression from other patients but in these cases the situation has been de-escalate by staff, patient moves considered and managed under the Trust's incident reporting procedures.
- The loss of patients' property on the wards has also been a consistent theme and the complaints investigations have found that property is not being documented appropriately.

(2) Cognition and Mental Health in Ageing

- Family members of the older person not feeling the care is adequate for which explanations are given. However this is also a feature of family members not being kept informed of their relatives care so not feeling fully appraised.

(3) Community

- Poor communication with service users, including not being able to contact a team, messages not being returned; inaccurate or disputed letters being sent or being informed late of cancelled appointments
- Some staff were found to be abrupt and rude and lacking compassion
- Waiting longer than anticipated for therapies or treatment and not being kept in contact about this

(4) Child and Adolescent Mental Health Services

- Parents concern at their child's deteriorating mental health and frustration at waiting times to access help.
- Difficulties in contacting CAMHS teams and the lack of reply to messages

(5) Forensic, Specialist and National Services

- There was not one additional theme in the whole service line except for Forensic ward patients complaining that staff not treating patients fairly (i.e. favouritism) and the environment on Hume ward.
- Whilst not a theme in terms of number cluster, there was a significant complaint about clinical treatment on Avalon ward and this has been an area of development since the 2019 CQC inspection.

(6) Corporate services

- There were no overriding themes, whilst 11 of the 29 complaints were upheld or partially upheld the actions taken to resolve them were taken. They were: apologising for lack of liaison at an inquest, apologising for rudeness and not having calls answered, lopping a tree on a boundary or clarifying times of sites works or giving reasons why parking availability is reduced, explaining behavioural process to involvement register members, or rectifying an erroneous debit payment.

3.8 Well Founded Determination

3.8.1 In assessing whether complaints are well founded a determination is made upon whether a complaint was upheld, partially upheld or not upheld. Our definition of well-founded is where a complaint was either upheld or partially upheld.

3.8.2 On this basis 52.1% of complaints were considered to be well founded (82 upheld (15%) and 195 partially upheld (36.7%) 38% were not well founded (i.e. not upheld). The remaining 13.7% relate to withdrawn cases or those that were investigated under other procedures (such as Serious Incidents or Safeguarding Vulnerable Adults protocols). This also includes complaints that were excluded under the Complaints Regulations because they related to events that were too far in the past to enable the Trust to reply.

3.8.3 An analysis of how the upheld and partially upheld complaints are made up in terms of category of complaints is set out in Figure 10 above.

3.9 Referral to Parliamentary and Health Service Ombudsman

3.9.1 The Ombudsman is the point of recourse for a complainant if they are not happy with the outcome of a complaint response or the way a complaint has been handled. The Ombudsman reviews Trust complaint files where there has been a referral and may make recommendations about future handling or taking additional steps. All complaint response letters clearly advise complainants of their right to refer their complaint to the Ombudsman and also provides the Ombudsman's relevant contact details.

3.9.2 There was one referral to the Ombudsman in 2019-20 and one final outcome received, which partially upheld the complaint. One provisional outcome was received in October 2019, which proposed to partially uphold a complaint from the previous financial year, however the final report has not yet been received

from the Trust. In 2019-20, 11 enquiries were made to the Trust from the PHSO. In these instances, the PHSO would request information from the Trust which was provided, however these cases have not as yet been taken on formally by the PHSO. Please see Figure 11 below.

Figure 11: PHSO Outcomes

	Not Upheld	Partially Upheld	Upheld	Other	Open
2019-20 complaints		1			
2018-19 PHSO decisions (but relating to complaints of previous years)	2	1 (Provisionally)			
Received	PHSO Decision	Details			
2018-19	Partially Upheld (provisionally)	<p>Complaint was made from the brother of a patient who sadly died by taking his own life. The complaint was about the lack of care and attention to the patient from April to October 2016. The complainant was of the opinion that, had appropriate care been provided, this tragic incident could have been avoided.</p> <p>PHSO findings: The PHSO found that there were failings with regard to CPA, however that there was not enough evidence to say that this impacted the patient in the way that the brother felt it had. The PHSO found that prior to the patient's discharge from hospital, a discharge review took place but there was no formal CPA planning meeting between the patient and professionals. The PHSO did find that the patient had been needs assessed and that the discharge was safely planned. The PHOS highlighted good patient involvement in his care plan, although found that he had not been assessed for therapy despite two Psychiatrists recommending this.</p>			
2019-20	Partially Upheld	<p>The complaint was from the mother of a patient about her son's discharge from the Recovery Support Team, complaint handling, and communication during the complaint investigation.</p> <p>PSHO findings: The PHSO partially upheld the complaint about discharge, and did not uphold the complaints about the complaint and handling and communication (in the investigation) aspect.</p> <p>They found that Trust did not complete a risk or a FACT assessment prior to the patient's discharge or consider all types of treatment prior to discharge. The PHSO recommended that the Trust write to the patient apologising for these failings, and to complete an action plan detailing the changes it will make to its service to ensure it provides patients with risk and FACT assessments where appropriate, as well as considering all types of potential treatment before discharging a patient to their GP</p>			

3.10 Matters of Importance arising out of complaints or complaints handling

The Care Quality Commission

- 3.10.1 The Trust was rated 'Good' overall in its 2019 Inspection. For its inspection of complaints, it reviewed a selection of complaint responses chosen at random by them as well as conducting reviewing reports and conducting a 'Well Led' interview and commented in the final report as follows:

'Managers investigated incidents and complaints and shared the lessons with staff to minimise the risk of them happening again. Since the last inspection the trust had involved patients and carers in improving the tone of complaint response letters, so that they were less corporate and conveyed empathy.'

'The trust had continued to make good progress and considerable improvement since the last inspection in early 2018. Areas of improvement included.....improving the quality of complaint responses....'

Compassion in Complaints Handling

- 3.10.2 This improvement was the result of a work stream implemented in response to a finding in the 2018 CQC inspection which commented that complaint responses were too corporate and lacked empathy. Consequently, compassion in complaints handling has been a continued key area of focus this year which saw the commencement of a 'Complaints Review Group'. This group meets quarterly, and is made up of 4 service users and carers who, together with the Experience and Governance team, review a selection of anonymised complaint responses.
- 3.10.3 Each group member completes an audit tool identifying whether they felt that the complaint response had addressed the concerns raised and whether the language used in the response is compassionate and accessible. A discussion takes place identifying positive practice and areas to develop and any actions arising are taken forward. We have made several changes to our acknowledgment letters and complaint response templates as a result of the feedback received. As the staff team who investigate and prepare the responses are participants of the group, the feedback from service users and carers, the discussion points and views expressed has had a positive influence on their complaint handling practice as compassion from the groups' perspective is appreciated and learned from. The group has also considered the Complaints Policy and with a view to formally reviewing it and considered the regulatory framework within which complaints handling operates.
- 3.10.4 Members of the Complaints Review Group have also held co-production workshops where we have developed, with service users and carers, 'Compassionate Complaints Handling' training for staff (to supplement compassionate training that was provided earlier on in the year). The co-produced version was planned to be delivered to staff, with the service users and carers who developed the training, participating in the presentations.
- 3.10.5 The training poses the question of: 'What is meant by compassion?' It explores its understanding and how it can be applied in handling a complaint. It highlights features of complaints handling that are very important to service users and carers, and provides principles to adopt when someone approaches front line staff and wishes to make a complain. The training was due to be delivered face to face, interactive with service users and carers, at the end of March and beginning of April but was postponed as part of the Covid19 response and will be delivered later in 2020/21.

Complaints Handling response to Covid19

- 3.10.6 On 31 March 2020 NHS England and Improvement announced they were supporting all NHS providers to 'pause' new and ongoing complaints investigations, to allow providers to concentrate on front-line duties and responsiveness to COVID-19.
- 3.10.7 However the Experience and Governance Team who handle complaints continued to be fully operational throughout the lockdown period after some initial disruption when staff were trained and redeployed to front line duties and this had a slight impact on response rate for March. .
- 3.10.7 The weekly escalation of complaints to Quality Matters, a governance meeting where serious or complex complaints received Trust wide are reviewed and a actions agreed, continued throughout the Trust response to Covid19.
- 3.10.7 The PALS advice line was fully operational to handle concerns and complaints (the PALS number is displayed on wards and on the Trust website) as staff were not redeployed from this service. Only one complaint was received in year (others were received in April and May) relating to Covid19 and this is set out in Figure 12 below

Figure 12

Date	Team	Details	Response
20.03.20	Merton ADHD	Patient attended an appointment. An alert showed up on Rio stating that the patient had Covid-19 so she was asked to leave the building. She was upset and felt she had been discriminated against.	The Trust apologised and explained that this was an error in the system that indicated that they had Covid-19. It was further explained that this had been reported to IT and the error removed. It was also noted that the consultant had phoned the service user 15 minutes after the appointment to apologise and explain and that she had been able to have a telephone appointment. It was confirmed with IT that the error in the system had been resolved so that this would not recur.

- 3.10.8 The Parliamentary and Health Service Ombudsman suspended their operation during the lockdown period. Accordingly, Trust complaint response letters were amended to reflect this to explain this to complainants. It is anticipated that their service will resume.
- 3.10.9 The NHSE statutory reporting of complaints data, namely the Ko41a report was also suspended in April from Q4 reporting (and this is to continue for Q1 2020/21) but will resume in July.

Positive feedback about complaints handling

3.10.9 The Experience and Governance Team is a dedicated hub of investigators that was formed in response to the Francis Inquiry. Features of the Team are:

- Provide arms-length investigations to complainants as they are clinically and managerially separate to the provision of clinical services
- Resolve complaints in a timely and responsive manner
- Promote an open and transparent culture
- Provide quality responses that are reviewed and focus on answering complaints in a structured way
- Link effectively with the wider safety governance structures when identifying risk
- Embed learning.

3.10.2 The Experience and Governance Team received 26 compliments from complainants, staff and external organisations about the positive and proactive way it handles, investigates and resolves complaints and engages with stakeholders. Examples are as follows:

From complainants

- *“I just wanted thank you for the email and letter. I feel that I have been listened to and heard. I appreciate that these things are not always easy and I thank you all for the time that has been taken”*
- *“Let me seize this opportunity to thank you for the work you did to investigate my complaint. I can tell from the response that you did a thorough job and I am satisfied that we all agree on the facts. I am not satisfied with the substance of the response, but that is no reflection on your investigation.”*
- *“Many thanks for your email below and your kind comments. If I have any further concerns in the future I will certainly be in contact with you.”*

From staff

- *“I think you’ve written a very balanced letter, given the difficulties staff have experienced...”*
- *“Dear Team we received the annual complaints report today, and the Clinical Directors, particularly XXX was quite vocal in the improvements made to the complaint responses and the process of the CD involvement in the review (plus your work with the team managers). There is a greater level of compassion, but recognising that sometimes it a tricky balance between the formal and the less formal language that is largely being balanced well. Well done and thank you”*
- *“Thank you XXX For pulling all this together and keeping to the correct deadlines! This really helps us.”*

3.11 Matters where action has been taken to improve services

- 3.11.1 In response to complaints raised, the Trust may take action to resolve the issue for example, the arrangement of a second opinion of a patient's diagnosis, a change of clinical team or consultant, issuing a formal apology if things have gone wrong, compensation for loss of property or review of care plan and changes made where appropriate. The Engagement and Governance Leads raise individual learning points to staff directly or by attending and reporting to Clinical Governance Groups on a monthly basis and a monthly Learning Bulletin has been developed and is issued to all staff identifying and sharing learning from Incidents, Investigations, Inquests, Complaints, Compliments, Safeguarding, Risk and Audits.
- 3.11.2 In response to Trust wide key themes identified in paragraph 2.7.3 above, the Trust has implemented a significant Trust wide programme of work called 'Making Life Better Together' which included a series of in depth independently facilitated sessions to improve Trust culture called 'In Your Shoes' and 'In Our Shoes'.. Both staff and service users and carers worked and reflected together of their experiences of the Trust and what improvements they wanted to see
- 3.11.3 This included the design of a focussed, Trust wide engagement week, enabling staff, patients and carers to agree the behaviours that will underpin our values. Part of the workshops looked at complaints and compliments and gave reflection time on how this made people feel.
- 3.11.4 Arising from these workshops the Values and Behaviours framework was implemented in the Trust that set expectations on behavioural standards. It has been supported by a training programme for staff.
- 3.11.5 The Acute and Urgent service line has covered four key areas to address their complaint themes:
- Effective communication with families and carers has been a core objective for the service line. Learning from complaints we have introduced carers groups on almost all of our wards led by carer champions. We have in most all cases ensured carers and relatives are with consent invited to the discharge meeting. A plan to audit engagement with carers and families is being led by the professional lead for Occupational Therapy.
 - The service has updated the welcome pack which now includes individual ward information and service line standards. The service is also working with stakeholders to develop auditable minimum standards of care across all the pathways. The project is called improving the patient pathway.
 - We welcome feedback from users of Lotus, the service model is for a minimum 24 hour stay with support to move on or to be admitted if the person is in crisis, this can feel as though the service is fast paced however this is the model of the service.
 - We are very sorry when we are not able to protect patient from harm injury or fear, at times we have patients on the ward who are very distressed by what they are experiencing and are unable to manage their impulses. Staff are always at hand to provide distraction and de-escalation to patients who present in this manner. Patients witnessing this are supported to move to safer spaces on the ward. We will add a section on fear and safety on the ward more prominently in the welcome pack.

- Loss of patient property has prompted a Trust wide review of a search and Property policy to apply to all staff and this piece of work is currently underway.

3.11.6 The Community and Cognition and Mental Health in Aging Service lines Both service lines have initiated three key areas to address their themes

- User & Carer engagement

Clear guidance has been developed around the engagement of clients in the care plan. This includes reinforcing clients' rights with respect to the Mental Health Act.

All teams have had a triangle of care assessment and this has enhanced level and quality of service user and carer engagement within the care planning process.

Service line care planning training addresses the need co-production and supporting clients with self-management, this includes using carers as resort.

The service line has incorporated clear guidance on how to be engaged with carers and has been incorporated into RST/CMHT operation Policy.

Richmond EIS - are setting up a carers focus group on Microsoft teams, to enable us to develop more co-produced carers support.

Reviewing information leaflets and will be updating the Trust website with details of EIS with a booklet that was co-produced.

- Communications

We ensure that we have the correct mobile number so that text reminders can be sent. Doctors are chased to approve letters as this is often where delays are caused.

Calls are now directed to the individual staff member by the contact centre for Kingston, Richmond and Wandsworth. Sutton & Merton currently deal with the own calls and these are dealt with by the admin team.

Messages are passed via e-mail where possible so that these can be tracked. Any inaccuracies with regards to letters which are all signed off by doctor then these will need to be addressed by the respective clinician.

Admin staff send out CPA invites to clients and carers (where appropriate) because there was a lot of complaints about the way review meetings were managed. Some of these complaints were formal but a lot were via direct feedback to Team Managers

- Staff Attitudes

A review was undertaken of team actions and assurance received that there is clear evidence that staff attitude issues are being addressed with individuals.

3.11.7 The Child and Adolescent Mental Health Services has 3 areas of improvement to address their themes

- an improvement work stream is underway for interpreting and access to training and we are monitoring BSL interpreters.

- the values and behaviours framework is reiterated in team business meetings on some wards but despite a number of discussions this has had to be managed via a Human Resources route.
- Inpatient teams across FSN have reflective practice this is also an opportunity to reflect on patient engagement.
- Information Governance breaches across the CAMHS community teams has been reviewed and action plan is under development.

3.11.8 The Forensic, Specialist and National Services has 3 key area of improvement to address their complaint themes:

- Supervision is high across the FSN service line and this is an opportunity to support and develop staff and offer time and space to reflect.
- Following the National Staff Survey results it was agreed to look at staff experience in more detail, as this is closely related to patient experience and safety. A local survey was carried out using an internationally validated tool to gain feedback on bullying and harassment experiences in the Service Line.

Responses were received from 106 people, about 33% of the staff. Six main issues were highlighted by their responses - having your opinions ignored, being ignored or excluded, being exposed to an unmanageable workload, being ignored or facing a hostile reaction, someone withholding information that affects your performance and being ordered to work below level of competence. The results were feedback via service line and local governance meetings.

The Trust In Your Shoes initiative coincided with the results phase and the project dovetailed into the work that came from that. Teams have been encouraged to use the series of booklets and the Staff Values and behaviour framework produced by the Trust to develop local team cultures of openness and listening, so that staff feel more confident to raise issues.

- The Adult Eating Disorder service runs regular family workshops for families, including siblings, and friends to attend. This one day workshop is co-facilitated by the occupational therapist and the systemic family therapist. It aims to:
 - Equip family and friends with tools and insight to help support a loved one
 - Increase their understanding of eating disorders
 - Offer techniques for dealing with the difficulties created by the eating disorder

The focus of the workshop varies across the year, so that family and friends can attend more than once. The focus is based upon feedback from the attendees, and includes guest speakers, videos, teaching and interactive exercises. It is very helpful for attendees to meet and share experiences with other families and friends who are supporting someone with an eating disorder. Since COVID and the impact with face to face meetings, this has been taken forward remotely and has been received really well by families. More recently the team are offering sibling workshops, these were developed last year and have been very

successful, feedback has been positive for both groups and engagement with both carers and siblings have been very positive

3.12 Compliments

3.12.1 The extent of positive feedback about the Trust’s clinical services and teams are reflected in 1,177 logged compliments this year. Figure 13 below provides the breakdown by service line. A sample of compliments received follows this breakdown. Please see Figure 13 below.

Figure 13: Compliments by Service Line

Service Line	No. of Compliments
Acute & Urgent Care	82
CAMHS	725
Cognition & MH in Ageing	38
Community	180
Forensic, Specialist & National	105
Corporate	50
TOTAL	1177

Examples of compliments received are set out below:

3.12.2 Acute & Urgent Care

- Laurel Ward

“Dear Nurses, doctors, carers. To all the amazing staff who work so hard to give professional care and kindness to the patients who come into your ward, we are immensely appreciative. Your work is both challenging and exhausting. Thank you for your care”

- Ward One

“To all the staff on the ward, thank you for your kindness and expertise you have shown my son over the last few weeks. when mental health service are over stretched you have all done your very best for him.”

- Phoenix Ward

“Members of the Phoenix staff were so supportive within my stay here. Issues I had were resolved. Place was very clean at all times”.

- Lotus Assessment Suite

“Thank you for a 2 day experience that has probably saved my life. Yesterday something snapped and I knew that there were only 2 options; get help or end my life.

I was admitted to Lotus last night full of fear and a sense of hopelessness .now a mere 24 hours later, somehow I have been empowered to return to my everyday life and face the challenges ahead. Lotus has been a breathing space for my soul”.

3.12.2 Child and Adolescent Mental Health Services

- Richmond CAMHS Tier 3 (COM7398)

“The two key merits of the care are firstly that it was delivered as a program. Being part of a program gave me well defined weekly targets and objectives that were small enough to not become unmanageable yet were still able to make a difference after the first couple of weeks. This allowed me to retain confidence in the program and the direction it was taking - knowing that we would achieve our goals over time as part of the process. Secondly the opportunity to have regular discussions with our primary care contact helped me get the most out of the material that we covered. Charlotte was a fantastic sounding board for my questions about the techniques and approaches promoted and was able to provide me with depth and perspective that would have been harder to achieve without her”.

- Kingston CAMHS Tier 3

I was listened to and I was given good advice what has helped me move on thing and get over problems that come my way”.

- Merton CAMHS Tier 2

“The model use was very simple and practical. The best thing was practitioner’s ability to listen to me, she really addressed the root to the problem and gave me very practical advice and tips.

- CAMHS Neuro Developmental Team

“.....colleagues shown a remarkable sense of connection and is able to relate to the descriptions given by me and able to relate to the behaviours of my child seeing the videos and pictures Perhaps more toys My service was straightforward, no complications or misunderstandings with Dr X or his colleagues, He explained everything clearly to my satisfaction and helped me better understand reasons for my child’s behaviours, Dr X has a very warm, humanitarian quality and made me feel appreciated for coping with my struggle alone as a lone parent with 2 kids with ASD and ADHD”

3.12.4 Cognition & Mental Health in Ageing

- Wandsworth Memory Assessment Service

“As the main carer for my husband I was pleased to get some to talk to and able to ask any question and be listened to.it was also important and supportive that it is the same nurse that visit every time

- Kingston Older People Community Mental Health Team

“I took my husband, to the Memory Clinic at Tolworth Hospital on the 16th of this month.....I should like to put on record how impressed I was by his expertise. He was thorough, supportive and most conscientious. In fact we could not have had a better consultation - it was excellent. I came away perfectly satisfied and felt that my husband’s needs were being met in the best possible way”.

- Crocus Ward

“Dear Crocus team, Thank you all for making my time such a great experience on both professional and personal level I would like to express my gratitude for all the support and guidance”.

- Richmond Older People’s Community Mental Health Team

“Thank you very much for all the sessions we had together. I found them helpful-largely because they gave me opportunity of articulating my problems with you and analysing my feelings as I recovered”.

3.12.5 Community

- Recovery College (COM6768)

“The Recovery College I have been attending the college this time round since March 2018 At the moment I am attending Effective Communication through assertiveness The presenters of this..... make a good team and make it interesting and concise What I have observed ...is as we do feedback along the way she suggests how this may have come up in training content In my opinion confirms to me that she really values your input I have found this course helpful in dealing with a current close friendship where they have automatic response to my suggestions about when if we can meet up socially I have gained the confidence to challenge and make them aware that no more will I accept it and we need to continue the conversation for a positive outcome without doubting each other I feel more respected now by action and not just word I feel we have both gained from this and our friendship more about give and take as it has been before I have recently been discharge by my Recovery support. Attending courses have had major impact on my journey through mental illness diagnosed 40 years plus I look forward to attending more courses next term”.

- Merton Uplift IAPT (COM7445)

"I would like to thank you for attending my Formal Grievance meeting with me....."

The service you provide is very important it made me feel supported at a very difficult time. I know if you had not been present at my meeting I would have felt very pressured and my Anxiety and Stress levels would have been a lot higher than they was.

It was such a relief when you said you would be able to attend has my original support was a work colleague and sadly she had to leave her position so that left me feeling very alone and anxious and very worried to face this on my own.

Please keep doing what your doing this makes a big difference to people lives".

- Sutton ADHD/ASD Service

"No-one has ever got me as quickly as you" in relation to an assessment outcome".

3.12.6 Forensic, National & Specialist

- Seacole Ward

"To all the staff on Seacole ward, It's been a very difficult but rewarding journey that I feel very lucky to have been supported with by such a fantastic team. You have not only helped me to tackle OCD but have given me my life back".

- Eating Disorder Day Unit

"I would just like to say thank you so much to all of you for your support whilst I have been here at the unit. Without your patience, encouragement, understanding and kindness I would not have made the progress that I have".

- OCD/BDD NCG Outpatients

"Friendly environment, made some great friendships. Majority of staff I really got on very well with. Regained activities I enjoyed as OCD has stripped away from me. Day's trip and art work has helped with my confidence".

- Turner Ward

"Since my son arrived on Turner ward, he says everyone has been very kind and this absolutely brilliant occasion helped him greatly. I walked into the dining room and was met with the sight of beautiful dressed tables of balloons and stars.it was uplifting".

4. Conclusion

- 4.1 There has been a reduction in the number of complaints received (532 – 8% reduction from last year) by the Trust. 52.1 of complaints were well founded and the top themes (Values and Behaviours 23%, Patient Care 19% and Communication 10.5% (communication was the highest upheld them) and actions have been taken by service lines to progress learning from complaint in their domains. However,
- 4.2 The Experience and Governance Team met its KPI's for 3 days acknowledgement rate apart from 4 months when the variance was marginal. The 25 day response rate was met throughout the year except to March 2020.
- 4.4 The CQC positively commented on improved complaint responses in their 2019 inspection and the compassionate complaints handling work stream working well with an established quarterly 'Complaints Review Group' which monitors and develops compassion in the Trust's responses to complaints
- 4.5 The complaints domain has only been marginally affected (1 month 25 day KPI) in year due to the Covid19 response but NHSE/I did announce that complaint investigations could be suspended so that staff could be reallocated to the front line. Although the complaints team received training and did volunteer for this, it did not have any significant impact on the service. However, the Parliamentary and Health Service Ombudsman suspended its reviews and investigations and NHSE also suspended its Ko41a statutory reporting for Q4 (and Q1 2020/21).
- 4.6 The Experience and Governance Team received 26 compliments from both the complainants and from within the organisation about the positive way they handle complaints.

5. Recommendation

- 5.1 QGG and QSAC are requested to note this report.