
COMPLAINTS AND COMPLIMENTS

ANNUAL REPORT 2020-21

Document Information

This paper informs QGG, QSAC and the Board about complaints and compliments that have been received in the financial year 2020-21. This includes reporting on issues that are required under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

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COMPLAINTS and COMPLIMENTS ANNUAL REPORT 2020-21

1. Executive Summary

1.1 This report provides statistical information and commentary about the Trust's complaints handling for the year 2020-21 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 are 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 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 (494) with an explanation of its ratio to the number of referrals, bed days and seen community contacts (0.08%)
- The number of compliments (981)
- 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 50.6% of complaints were upheld or partially upheld
- There has been 1 referral to the Ombudsman in this year and no responses received
- Explains the role and function of the Experience and Governance 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 and value they offer to the Trust in regard to patient experience. 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 bimonthly Patient Stories sourced from Service Lines that have been triangulated with other patient experience information. The stories are told by the patient or carer where possible, or by a staff member on their behalf if this is preferred.
- 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 The 'Complaints Review Group' which comprises 3 service users and carers representatives 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.
- 3.1.7 The Experience and Governance Team comprises the Deputy Associate Director of Governance, two 'Experience and Governance Leads', and a Governance Administrator. They manage the Complaints Procedure, hold

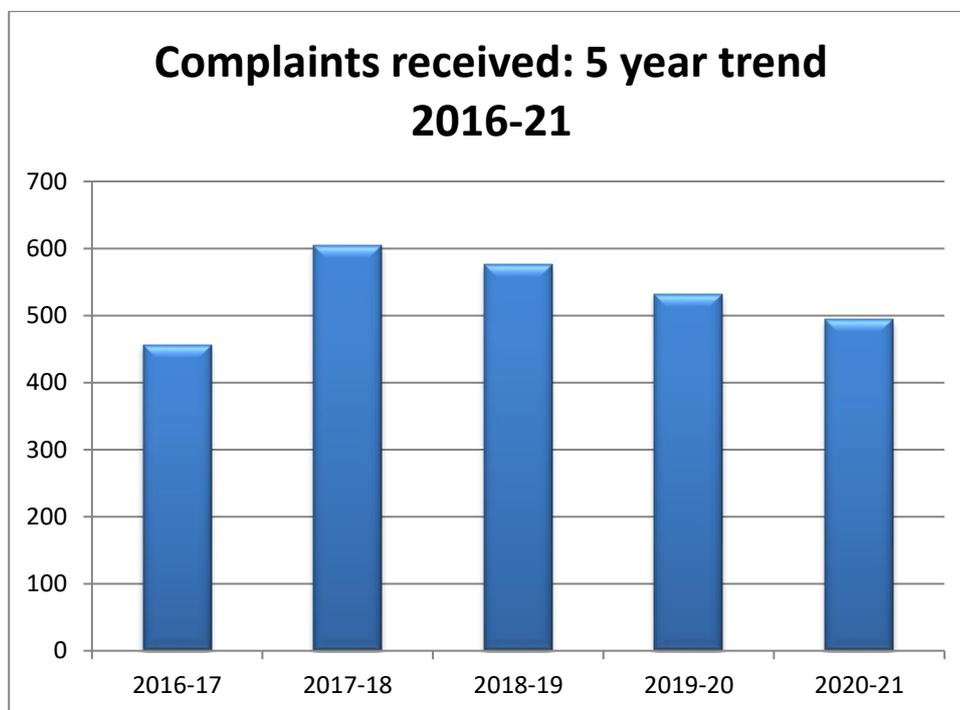
PALS surgeries on in-patient wards, undertake investigations and work to resolve complaints, prepare reporting and provide an interface between the Trust and the Parliamentary and Health Service Ombudsman (the Ombudsman) and other organisations regarding complaints. They also provide guidance, training 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.

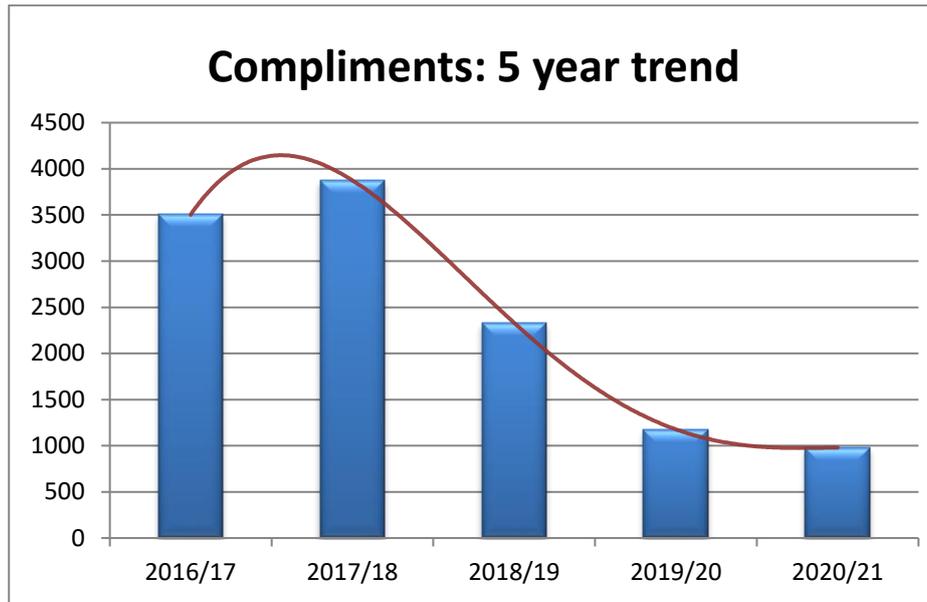
3.2.2 The Trust received 494 complaints in 2020-21 (56 written, 18 Verbal, 344 via email, 2 through PALS surgeries and 57 through the PALS telephone advice line), which is a decrease of 7% from 532 (2019-20). The 5-year trend in Figure 1 below shows the trend in the number of complaints from 2016 to 2021 with slight peaks in 2017-18 and 2018-19 respectively.

Figure 1: 5-year trend (2016 to 2021)



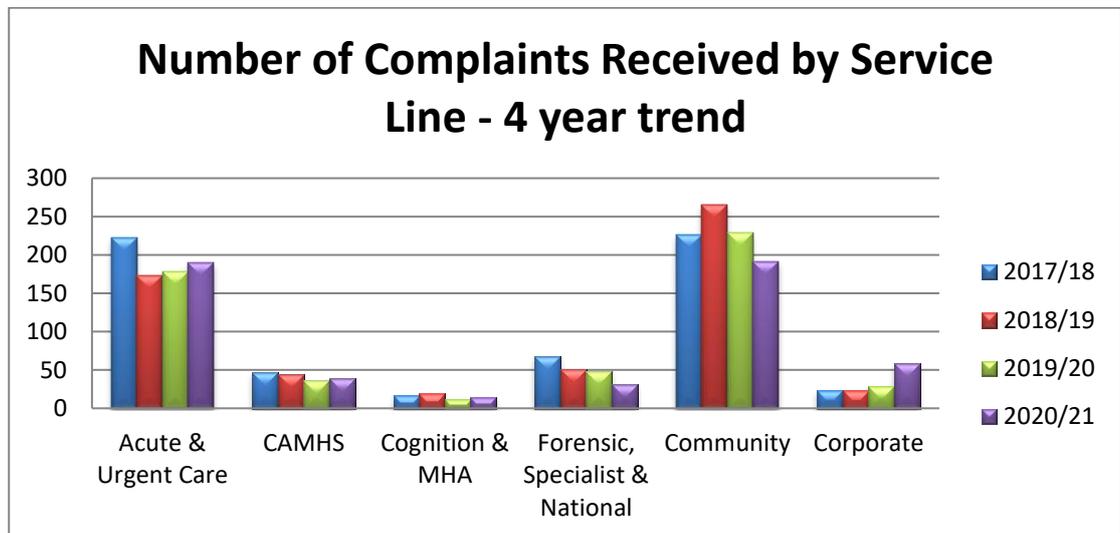
3.2.3 Compliments have decreased in the last 3 years because Real Time Feedback (a now decommissioned feedback platform) compliments are no longer included in the figure. There are now text comments that are included on the Feedback Live! Dashboard, and these are reported in the Patient Experience report. Examples of compliments received are set out in section 3.12 below.

Figure 2: 2016-2021 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 4-year trend of the distribution of complaints across each service line for 2017-21.

Figure 3: Number of Complaints Received in 2017-21



3.2.5 To provide a context, the 436 complaints that were received about clinical services (excluding corporate complaints) represent 0.08% of the 530,309 total number of seen contacts and 0.5% of 84,541 referrals. Please see Figure 4 below.

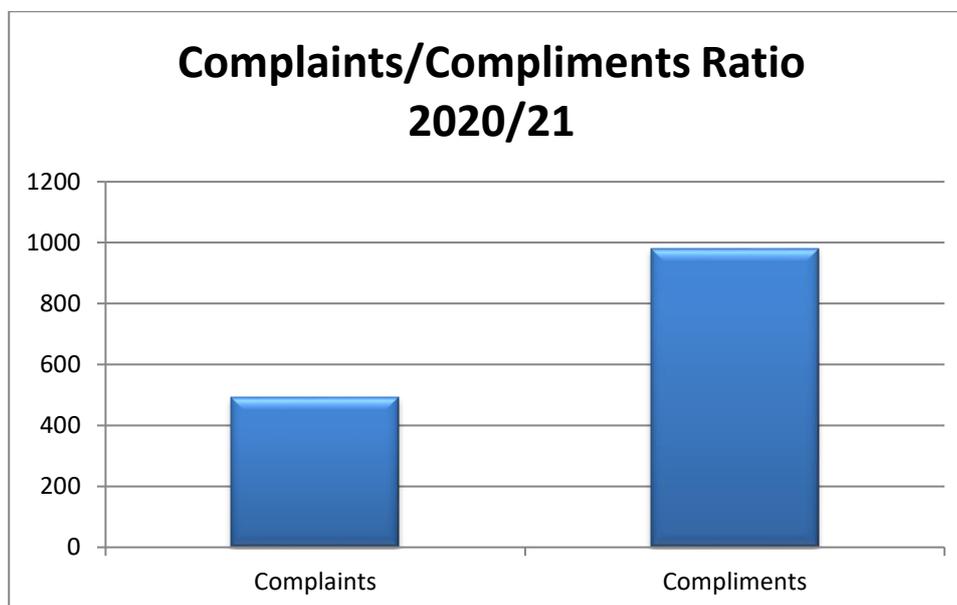
Figure 4

Category	Trust	Acute & Urgent Care	CAMHS	Cognition & MH In Ageing	FSN	Community
Referrals	84,541	19,219	12,167	4780	1469	41,050
Occupied bed days	116,208	66,138	4823	10,998	33,939	0
Admissions	3590	3232	115	132	108	0
Seen Contacts	530,309	67,719	72,229	69,195	22,390	279,941
Complaints	436*	190	39	15	31	192

*Excluding Corporate Complaints

3.2.6 The Trust receives far more compliments than complaints; in 2020-21, 494 complaints were received as compared to 981 compliments.

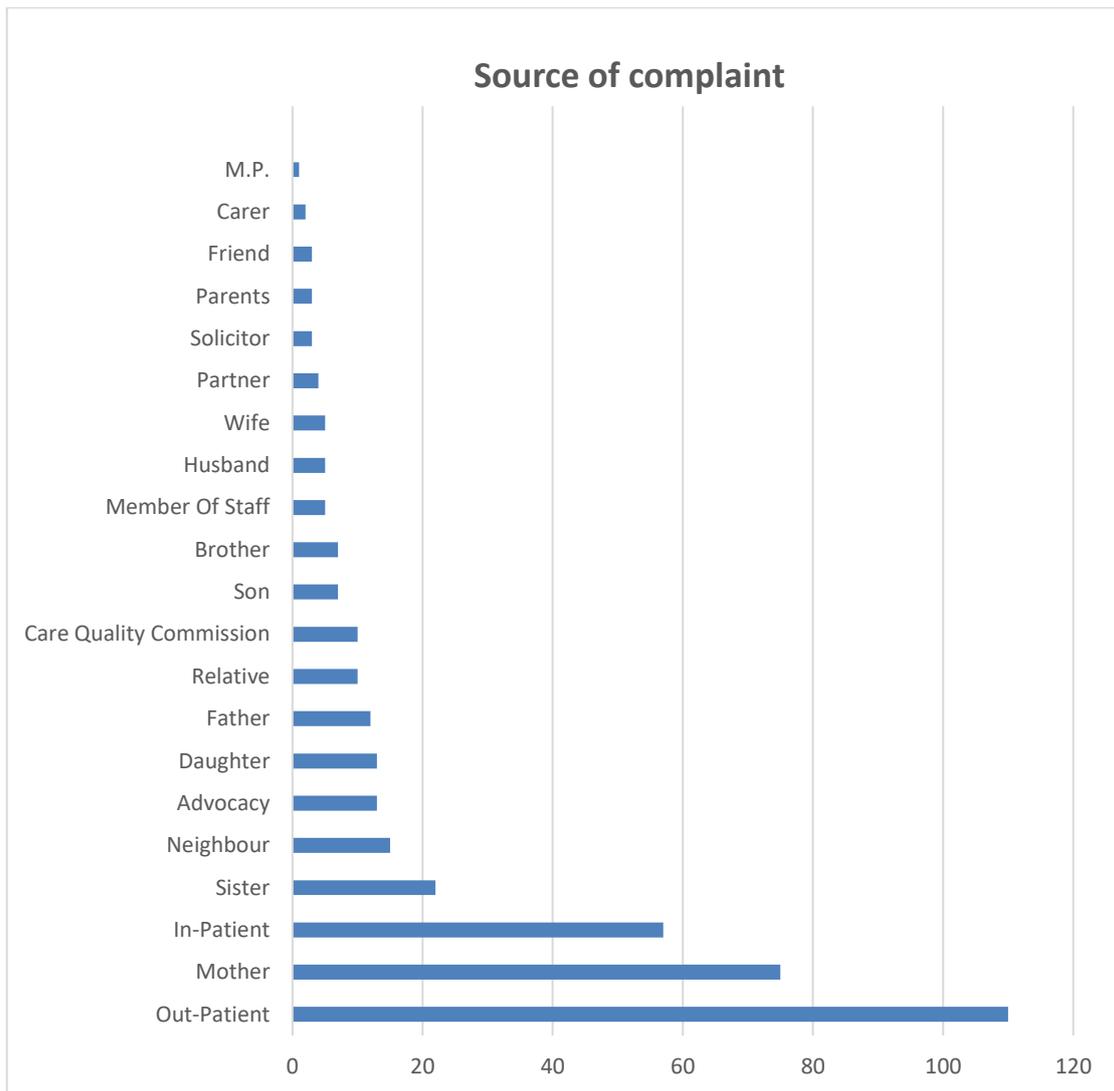
Figure 5: Ratio of Complaints to Compliments Received



3.3 Source of Complaints

3.3.1 Figure 6 below sets out the source of complaints. The majority of complaints are from patients themselves at 56% (279) with other complaints being received from family, friends and relatives 37% (183), with advocacy and solicitors 3% (16), CQC 2% (10), members of staff 1% (5) and MP <1% (1)

Figure 6: Source of Complaints



3.4 Gender and Ethnicity Profile

3.4.1. The gender of the 494 complainants were 274 female (55%), 216 male (44%), the remaining 4 (<1%) 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 (52%) 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 represent only 0.29% of the cohort referrals. Black or Black British ethnicity groups are the second highest referral client and the highest representation of 0.51% of the referrals cohort.

3.4.3 The table also shows that the highest proportion of well-founded (upheld or partially upheld) complaints where ethnicity is known is from 'Mixed' ethnicity complainants (66.7%) followed by 'White or White British' (50.9%), 'Black or

Black British' (48.7%), 'Asian or Asian British' (42.3%), and 'Other Ethnic' groups (25%).

Figure 7

	Referrals	Complainants	Ratio as %	Upheld	Partially upheld	Percentage of well-founded
Asian or Asian British	6815	26	0.38	4	7	42.3%
Black or Black British	7652	39	0.51	3	16	48.7%
Mixed	4740	9	0.19	2	4	66.7%
Other Ethnic Groups	4702	4	0.09	0	1	25%
White or White British	54,159	157	0.29	27	53	50.9%
Not stated or unknown	6473	259	4.0	46	87	51.3%

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 100% of complaints are to be acknowledged within 3 working days. This indicator is also monitored by the Board.

3.5.2 The Trust has met this indicator for 3 months with only minor variance in 6 months. This is broken down by month as set out below in Figure 8.

Figure 8: 3 Days acknowledgement

2020-21: Percentage of acknowledgements within 3 working days											
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
97.2%	100%	100%	100%	95.4%	97.6%	97.9%	97.1%	97.2%	96%	97.5%	93.5%

3.5.3 While the Experience and Governance 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. The Experience and Governance Team stresses the importance of sending complaints swiftly to the team once received as part of complaints training.

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 at least 85% of complaints are to be responded to within 25 working days.

3.6.2 The KPI of responding to complaints within 25 working days has been met for 7 months throughout the year, as set out below in Figure 10. The low response rates in April and May 2020 were due to the impact of Covid-19, as staff from the Experience and Governance team were redeployed to support clinical services and there was sickness in the team.

Figure 9: Responses within 25 working days

2020-21: Percentage of responses within 25 working days											
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
57.8%	34.6%	89.1%	100%	86.9%	88%	84%	92.3%	96.4%	77.2%	92%	80%

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 Governance Team discuss the complaints weekly, and the Experience 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 48 cases 28 of which were responded to within 40 days (58%). This is a significant increase from the previous year where 23 complex cases were investigated. Complex cases take much more investigative time to review, seek other clinical opinions, liaison with more than one ser service and reviewing extensive documentation received from the complainants. This, together with an increase in the number of PALS concerns the team have handled has an impact on the 25-day KPI.

3.6.6 It is good practice from an Ombudsman perspective to be proactive in reopening cases to review the complaint. This works well as there is a very low rate of referrals to the Ombudsman and when referrals take place, they tend not to be upheld. Re-opened complaints are reviewed by a different investigator from within the team to whom conducted the initial complaint investigation.

3.6.7 In addition to the 494 complaints received, there were 72 re-opened complaints of which 28 were not upheld, 40 were partially upheld and 4 were upheld

3.6.8 2 cases had their findings changed on review.

3.7 Summary of the subject matter of complaints

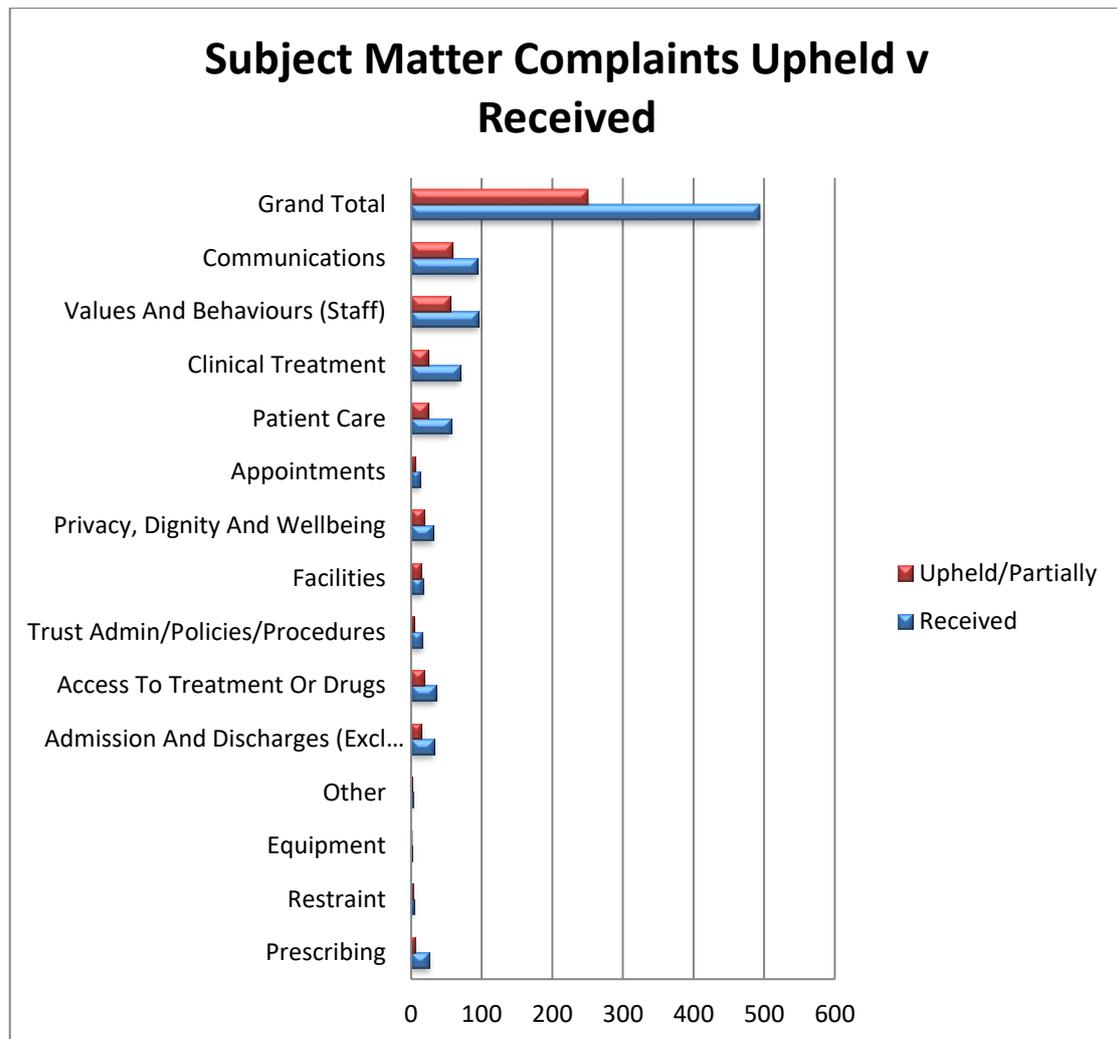
3.7.1 Complaints are categorised in accordance with the Ko41a quarterly return submitted to the Department of Health (DoH). It is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.

3.7.2 The top three categories of complaints were Values and Behaviour at 19.4% (96 complaints), Communication at 18.9% (93 complaints) and Clinical Treatment at 14% (69 complaints).

3.7.3 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 62.4% (58 of 93 complaints) followed

by Values and Behaviour at 58.3% (56 of 96 complaints) and Clinical Treatment at 34.8% (24 of 69 complaints) and Please see Figure 10 below.

Figure 10: Subject matter of complaints received



3.7.4 Trust wide themes:

- Values and Behaviour: this theme had the highest number of complaints and a cluster of the complaints were around complainants feeling that staff were rude towards them and unprofessional. 11 complaints were about staff breaching patient confidentiality. Other complainants felt bullied by staff and that staff were unprofessional and disrespectful. Some complainants felt they were not listened to.
- Communication: this theme remains a reoccurring one for complaints and had the second highest number of complaints. The cluster of complaints was surrounding inaccuracies with information in letters or complainants not agreeing with wording used in letters. There was also a cluster around communication with families where families did not feel

listened to, or not contacted by services. Several complaints were about patients or carers not being contacted by clinicians when they were expecting to be and calls or messages to teams not being returned.

- Clinical Treatment: 12 complaints were about diagnosis issues, where a complainant did not agree with their diagnosis. Some complaints were about leave being suspended or escorted leave not being granted. Other complaints were about patients not agreeing with their treatment plan or feeling that that staff would not discuss treatment with them.

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

(1) Acute & Urgent care service line

- Several complaints were specifically about nursing care, examples include patients on wards feeling that nursing staff were not managing other patients behaviour well and feeling unhappy with nursing assessments. Some complainants felt unhappy about the admission process conducted by nurses.
- Some complaints were about the Mental Health Act (MHA) where patients did not agree with their detention under the MHA.
- Several complaints were about medication issues where patients did not agree with the medication that was prescribed, or they experienced unpleasant side effects.
- The loss of patients' property on the wards continues to be a consistent theme and the complaints investigations have found that property is not being documented appropriately. A review is currently taking place by the Acute Service Line in order to improve the way property is recorded.
- As noted above, communication with families was a theme for complaints and this was present in Acute Service Line complaints. Relatives or carers felt their concerns were not taken seriously and felt they were not listened to or communicated with well.

(2) Cognition and Mental Health in Ageing

- Families not feeling communicated with adequately and disagreeing with treatment
- Families being concerns about decisions made around care homes or residential placements.

(3) Community

- As above, communication with families was a theme with relatives or carers not feeling listened to or calls to services not being returned.
- Appointments being cancelled or delayed, and patients not being communicated with around this.
- 5 complaints were around breaches of confidentiality or information sharing.

- Complaints about staff attitude included patients or carer feeling staff were not supporting them, or staff being rude or unhelpful.
- (4) Child and Adolescent Mental Health Service
- Parents feeling not listened to or supported, and not communicated with.
 - Concerns about waiting lists and access to treatment.
- (5) Forensic, Specialist and National Services
- Patients feeling that staff were rude towards them or receiving poor treatment from staff.
- (6) Corporate services
- Several complaints were received from neighbours of the Trust, raising concerns about staff smoking or making noise. Complaints from neighbours also included concerns about noise and disruption caused by the improvement works currently taking place.

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 50.6% of complaints were considered to be well founded (82 upheld (16.6%) and 168 partially upheld (34%). 36.6% (181) were not well founded (i.e. not upheld). The remaining 12.8% 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 (PHSO)

- 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 2020-21 although this has not yet concluded, and no final outcomes received. In 2020-21, 6 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.
- 3.9.3 The PHSO recently updated the Trust to advise that due to the impact of Covid-19, they have a large backlog of cases and will only be focussing on more serious complaints. They will still review all cases and if a complaint can be

resolved quickly they will take this forward, however if it cannot be resolved quickly, and they feel the impact is relatively limited, they will not consider the care further and will close the case.

3.10 Matters of importance arising out of complaints or complaints handling

The Care Quality Commission (CQC)

3.10.1 The Trust had an unannounced focussed inspection on Avalon Ward in August 2020. In the responsive domain, the CQC reviewed 'listening to and learning from concerns and complaints'. The report said:

'The service treated concerns and complaints seriously, investigated them and took action where this was required.'

'Patients knew how to complain or raise concerns. Information on how to make a complaint was available on the noticeboard and there were leaflets around the unit. Patients also had the opportunity to raise complaints or concerns at the weekly community meetings.'

'Staff knew how to handle complaints. The service had a complaints policy and staff knew how to access this. Informal complaints were dealt with as they arose. If patients wanted to make a formal complaint staff supported them to do this.'

'When patients complained or raised concerns, they received feedback. When a formal complaint was made that required investigation, patients were contacted by the manager acknowledging their complaint. A written response was sent to the complainant.'

'Staff received feedback on the outcome of investigations of complaints and acted on the findings. We were told that complaints were discussed at handover meetings and team meetings.'

Compassion in complaints handling

3.10.2 Compassion in complaints handling has been a continued key area of focus and the 'Complaints Review Group' has continued to run. This group meets monthly and is made up of 3 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.

3.10.4 Meetings were not held at the beginning of the year due to the impact of Covid19, but resumed in the second half of the year, carrying out audits of anonymised complaints and their responses and reviewing templates in the complaints policy. The group also conducted a 'Look Back' of how the

complaints handling had changed since the group started in 2019. Service user and carer representatives all felt that there had been significant improvement to complaints responses and that letters were much more compassionate in their approach. The plan for next year is to embed these improvements into the Complaints Policy and formally incorporate the changes that have been made and piloted as the changes recommended by the group have been carried out.

Strengthening the Review Process of Responses

- 3.10.5 An audit was carried out by the Director of Nursing and Quality, Associate Director of Governance and Risk and the Deputy Associate Director of Governance of responses reviewed and commented on by the Executive signatories to complaint responses. Recommendations were made regarding the standard responses to the complaints team and their qualitative review by Service Line senior leadership and the Executive signatories to strengthen the assurance process.

Positive feedback about complaints handling

- 3.10.6 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.

- 3.10.7 The Experience and Governance Team received 41 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'm so pleased, thank you so much he definitely needs that assessment, I could cry I'm so happy thank you again for all your help Kind regards"*
- *"I have no complaints about the previous investigating officer, she was very professional and treated me with kindness, courtesy and respect."*
- *"Thank you for your email and for taking our concerns seriously regarding our son's recent treatment by the HTT. We accept the apologies and are glad to hear that the Trust will be taking into account all the comments made so improvements can be made where necessary."*

From staff

- *"Thank you so much for your time today, to discuss this complaint with me, I really appreciate it."*
- *"I think that this was an extremely helpful response from the Patient Experience dept."*

- *“I really appreciate you being so thoughtful and caring towards this family.”*

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 Experience 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 All complaints actions continue to be logged on Ulysses (our data management system) and monitored through the Quality Matters report on a monthly basis by Quality Governance Group. At the time of writing this report, there were 135 open complaints actions, and 109 of these were overdue. 18 of these were over 6 months old, and 28 were over 1 year old. Overdue actions are highlighted to Service Lines via monthly governance meetings and through automated reports.
- 3.11.3 A QII project is underway to improve communication with families and carers. The project team has reviewed all communication complaints and clusters and discussed project options and put a project plan in place and it has identified carers to commence development work.
- 3.11.4 Learning from complaints is also disseminated to all staff by a Monthly Learning Bulletin which also highlights compliments received. Below are examples of action and learning identified from complaints, which were highlighted in the Trust’s monthly learning bulletin:
- A complaint that highlighted learning around the importance of informing patients about potential interactions between medicines. The article provided several recommendations for prescribers and staff to ensure that possible interactions are checked and all discussions around this be documented in the clinical notes.
 - A complaint that highlighted learning about advanced directives. The article noted that staff should ensure that advanced directives are reviewed and considered if they are in place and noted that information in ‘pop up notes’ on RIO should be reviewed by staff.
 - A complaint that highlighted learning around a Multi-Agency Safeguarding Hub (MASH) referral, and a lack of training in Obsessive Compulsive Disorder (OCD). A complainant was unhappy as he felt his OCD intrusive thoughts were not understood and were not explored, noting that a MASH referral was made due to the lack of understanding.
 - A complaint highlighted that staff should familiarise themselves with the Trauma Informed Care Initiative
 - A complaint about communication with families highlighted that team should always try to involve family where this is possible, noting that discussions about patient wishes around family involvement should be clearly documented. The article noted that teams should consider the

most appropriate point of contact where there are issues around family members being vulnerable themselves.

- A complaint that highlighted issues around patients wanting to record clinical sessions. The article noted that patients do have the right to recorded sessions for their own personal reference and directed staff to the current guidance around this.
- A complaint which highlighted how a referral form to Merton Uplift had been amended to make it clear that patients under the care of other services within the Trust cannot be taken on.

3.12 Compliments

3.12.1 The extent of positive feedback about the Trust’s clinical services and teams are reflected in 981 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 11: Compliments by Service Line

Service Line	No. of Compliments
Acute & Urgent Care	109
CAMHS	419
Cognition & MH in Ageing	114
Community	200
Forensic, Specialist & National	110
Corporate	29
TOTAL	981

Examples of compliments received are set out below:

3.12.2 Acute & Urgent Care

- Orchid MHES

“To the management and whole team of staff at Orchid at Springfield hospital. We are writing on behalf of X and Y mum as a commendation for your staff and the way they have treated Y in her numerous admissions recently. Firstly, we would like to say a huge thank you to all the amazing staff that you have at Orchid. They truly are an asset to the NHS and have gone above and beyond to pull out all of the stops in order to get Y the necessary and appropriate treatment and care whilst she has been there. Secondly, the way that your staff communicate and respond to Y and her poor mental health whilst she has been under your care is admirable and we have felt reassured and rested well knowing how well looked after she has been under Orchid's care. You have always communicated with us both updates, and we really do appreciate you enabling Y to see her boyfriend whilst being on the ward as he is a big support to her and this was kind of you to facilitate whenever he has visited.” (Orchid MHES)

- Perinatal Community Team

“Thank you so much for helping me during these so sad and challenged days I had to go through and that now are all in the past.

Thanks for listening and caring about me and F. He is a happy boy and so full of energy!! Best wishes and keep doing this amazing job you do!"

- Laurel Ward

"As I am being discharged later today I just wanted to write a short note to say thank you to all the nurses that looked after me in my stay at your ward. But in particular X, he was superb throughout the 2 weeks or so I was here. He was not only extremely attentive but also mindful and patient regarding my issues with my hands and did everything me could to make my life easier in this period, he really did go above and beyond, listening to me and really taking the time he is a credit to the staff and NHS and has truthfully helped me on my road to recovery. Hope that he gets the recognition he deserves."

- Merton Home Treatment Team

"I enjoy the different professionals who see me. They give different useful advice. They were very good to me, their visits make me happy. They explained things to me very well and listened. I am very grateful for the service. Pleasure to have their visits. Professionals from MHTT treat me and make me feel like I'm a human being. No judgements passed - you're all understanding."

3.12.3 Child and Adolescent Mental Health Services

- CAMHS Neurodevelopmental Team

"I was very impressed with the service after being on the waiting list for so long and considering the current situation with covid-19. I felt it was an amazing service and highly professional"

- Richmond CAMHS Tier 3

"I was given plenty of helpful tips on how to manage anxiety, especially if I am being overloaded with my thoughts"

- Corner House

"I never believed I would get to this point, but here I am starting college in September and looking forward to my future. All of you have helped me in some way, and I will forever be thankful to all of you even the staff who have left. I'm no longer the sad person I was when I stepped foot in this ward 2 years have been tricky at times."

- Wandsworth CAMHS Tier 2

"I felt I was listened to. The therapist was knowledgeable and was able to understand my challenges and support me."

3.12.4 Cognition & Mental Health in Ageing

- Richmond OPCMHT

"To Dr A – I have wanted to write to you since your zoom consultation with my mum and I. I was very impressed with the way you talked to my

mum X about Dementia and how you worked your way to being very open with her. You hit exactly the right notes and I love how she invited to have coffee next time. We ended the call with good eye contact between you and I knew we were in good hands. I can't thank you enough we are going to call you Dr Lovely from now on and you left my mum feeling comforted. I am grateful to team particularly C who is so kind and considerate too."

- Jasmines Ward

"We love these Valentine cards from mum! Thank you so much for emailing them over. That is really kind of you and very touching. Knowing how much she has enjoyed colouring activities with P, she will have loved making these."

- Wandsworth MAS

"I am writing with Regards to my Father who was assigned the above Nurse.

I would like you to recognise the outstanding compassion and dedication she shows my father whilst attending to him.

We are in the middle of a safeguarding investigation she shown commitment is always at the end of the phone supporting me also with all my concerns with regards to his care.

Without her support the process would have been difficult. So please let her know how very much she is appreciated and truly exemplary Nurse."

- Wandsworth BACSS

"Thanks so much for your expert and detailed advice and communication on Mum's sleeping patterns and her dementia. It makes so much difference to have focussed and timely communication and to feel that we are all part of a 'team' supporting the individual."

3.12.5 Community

- Sutton Uplift IAPT

"X is exceptional, I was going through an extremely challenging and stressful time with my employer, without her support and guidance the eventual positive outcome would not have been possible. I will be forever indebted to her and I only wish there were more people with her focus and dedication to helping others, in the way she has helped me."

- Wandsworth MHL Team

“Yet again I feel impelled to write formally to record my appreciation for the very high quality of your work with my son X who has behaviour which challenges. I am aware that he is just one of many clients.

I have looked at the slides you prepared showing analysis of X's outbursts this year. They are very illuminating. They also represent long careful hard work analysing data and pulling out themes. They provide a really practical tool as well as constituting an impressive piece of academic work

Thank you also for taking time to share the slides with N's care team on zoom on Friday 1 May.

They were an outstandingly useful tool for helping our excellent team develop a reflective but consistent approach to X's outbursts.”

- East Wandsworth CMHT

“I would just like to highlight the very helpful attitude, now on two occasions, that has been shown to me by X. On the two occasions I have had to speak to him concerning me son Y he has listened carefully and made full notes and swiftly emailed these to the appropriate team. I found his help very reassuring.”

3.12.6 Forensic, National & Specialist

- Eating Disorders Outpatients

“You have taught me how to be healthy and strong. X now has a mum that she can learn from in a positive way. I now have the energy to raise my daughter. Thank you so much.”

- Neuropsychiatry

“Thank you so much for your time. The time I have spent with you has been so very valuable. The most important thing is pacing; anyone could have said slow down, but over the time you have helped me you used a different approach to brute force.

You have helped me believe in myself and reconnect to friends and family. I am going to truly miss our time together. Thank you so much, and I wish you the best on your new adventure on life.

You are super amazing!”

- OCD/BDD NCG Outpatients

“I don't think there are enough words to describe how much you have done for me to improve my wellbeing. From the plan we made to tackle the long showers to discussing my fears that I personally couldn't share with anyone.

Thank you for gently pushing me to achieve more, as it taught me to want more from life and more from myself.”

- Turner Ward

" It's with a great thanks and appreciation that I write to you, you gave me a strength of "my words" after the storm the sun will be back."

4. Conclusion

- 4.1 There has been a reduction in the number of complaints received (494 – 7% reduction from last year) by the Trust, although there has been an increase in complex cases. 50.6% of complaints were well founded and the top themes; Values and Behaviours 19.4%, Communication 18.9% and Clinical treatment 14% (communication was the highest upheld them) and actions have been taken by service lines to progress learning from complaint in their domains.
- 4.2 The Experience and Governance Team only met its KPI's for 3 days acknowledgement rate for 3 months, although the variance was marginal for 6 months. The 25-day response rate was met for 7 months of the year.
- 4.4 The CQC positively commented on complaint handling during an unannounced focussed inspection on Avalon Ward in August 2020.
- 4.5 The 'Complaints Review Group', which monitors and develops compassion in the Trust's responses to complaints, continues to work well and is currently reviewing the Complaints Policy.
- 4.6 The Experience and Governance Team received 41 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.