

**COMPLAINTS, PALS & COMPLIMENTS REPORT FOR THE SERVICE USER & CARER EXPERIENCE SUB-COMMITTEE**

**QUARTER 2**  
**1<sup>st</sup> July 2014 – 30<sup>th</sup> September 2014**

**1. COMPLAINTS**

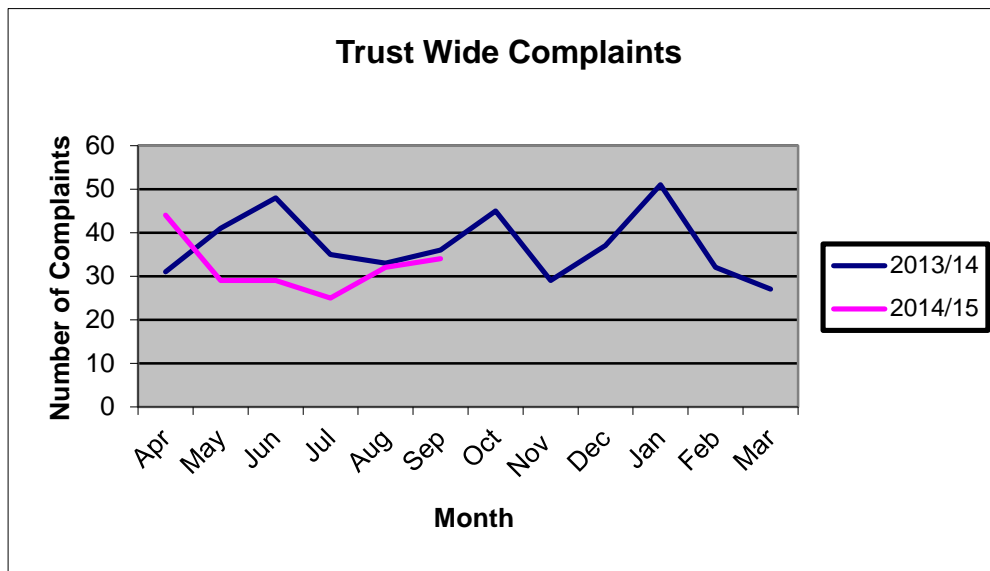
At the time of this report the complaints data provided has been verified across the three CSU's and is consistent with the trust complaints database (the exchange).

As of 8<sup>th</sup> September 2014 Gender Identity Clinic, Cassell, Mott House and Glyn Ward were transferred to Local Services CSU from Specialist & Forensic Services CSU.

During the reporting period of 1<sup>st</sup> July 2014 to 30<sup>th</sup> September 2014 the Trust registered a total of 91 formal complaints. This represents a decrease of 11% in contrast to Q1 (102) and a 12% decrease in comparison to Quarter 2 last year when 103 were registered (see table 1).

Trust wide Complaints 2014-15				
	Q1	Q2	Q3	Q4
<b>2014/15 Complaints Total 193</b>	<b>102</b>	<b>91</b>		
<b>2013/14 Complaints Total 444</b>	<b>120</b>	<b>103</b>	<b>111</b>	<b>110</b>

Table 1



**1.1 Performance**

During this reporting period all complainants were sent a letter of acknowledgement within 3 working days which provides the trust with a 100% compliance with the statutory requirement.

Table 2 below shows a breakdown of complaints activity within each CSU.

## 1.2 Trust wide distribution of complaints broken down by the 3 CSU's

Table 2

Complaints activity within each CSU	Quarter 2				TOTAL
	HSS	LS	S&F	Estates & Corporate	
No. of Complaints Raised	37	31	22	1	91
No. of Complaints Closed	32	26	26	0	84
No. of Complaints Closed In time	26	24	26	0	76
No. of Complaints Closed Outside time	7	2	0	0	9
No. of Complaints Withdrawn	6	2	1	0	9

During this period there were 84 complaints closed in total trust wide. Out of these 84 (92%) complaints were closed within the timeframe agreed with the complainant; 8 (9%) complaints were closed outside the agreed timeframe.

The overtime complaints were due to late sign offs due to further work required by the executive director following submission of investigation reports and investigations taking longer than anticipated. These overtime complaints were distributed as follows: Local Services (2), HSS (7).

The cumulative response rate has remained steady this quarter with 87% at the end of July, August and 88% in September (end of Q2) whereas during Q1 there was a decrease month on month. In comparison with the same reporting period last year 2013/14 the response rate (87%) has improved marginally by 1%.

Work is in progress within the CSU's to increase the cumulative response rate and to improve the quality of the investigation reports. A key performance indicator is in the process of being set for a Trust wide target and monitoring.

## 1.3 Themes & Trends

The categories used in this report are those reported to the Department of Health however, these categories require further analysis to ensure meaningful data for WLMHT is available. Therefore in order to gain greater knowledge of the complaints raised within our organisation we have developed sub categories to which enable us to see a more accurate picture.

The table below provides a breakdown of the complaint themes and trends within each of the three CSU's.

Table 3

	HSS	Local	S & F	Estates & Corp	Total
All aspects of clinical treatment	8	15	7	0	30
Staff attitude	11	7	2	0	20
Communication/information to patients (written or oral)	3	3	4	0	10
Other	4	2	2	0	8
Appts, delays & cancellations (outpatient)	1	4	2	0	7
Failure to follow agreed procedure	4	0	0	1	5
Aids, appliances, equipment & premises	3	0	0	0	3
Patients privacy & dignity	0	1	2	0	3
Admissions, discharge & transfer	0	2	0	0	2
Hotel Services	2	0	0	0	2
Personal Records	1	0	0	0	1
<b>TOTAL</b>	<b>37</b>	<b>34</b>	<b>19</b>	<b>1</b>	<b>91</b>

#### 1.4 Top three Themes

Of the 91 complaints registered:

- 33% (30) were regarding 'all aspects of care and treatment' which has remained the top category from last month. This theme is further broken down into sub-categories which consisted of issues relating to: admission to hospital, lack of care on the ward and in the community, lack of communication in relation to care, medication, various issues around detention, restrictions placed on the ward. The issues relating to this theme were predominately within Local Services
- 22% (20) were regarding 'staff attitude'. The issues within this category are mainly regarding the way in which Service Users are spoken to by staff, not feeling listened to and perceptions of attitude, staff not being open & honest about relatives care, staff paying too much attention to another patient and staff facilitation of telephone calls. The issues relating to this theme were predominately within High Secure Services.
- 11% (10) were regarding communication to patients (written & oral). The issues related to medical records, being provided with incorrect information, urgent letter request not being dealt with, mail being withheld and lack of information provided in relation to treatment at clinic.

#### 1.5 Closed complaints – upheld/not upheld & themes

Of the 84 complaints closed trust wide:

- **21%(18) were upheld** – emerging themes are all aspects of care & treatment (consisting of general care & treatment concerns), attitude of staff and communication to patients
- **43%(36) were partially upheld** - themes are all aspects of care & treatment (lack of treatment, confidentiality issues),
- **36%(30) were not upheld** - themes are all aspects of care & treatment (various issues such as medication, general care on ward and in the community), attitude of staff, and failure to follow agreed procedures.

If a complaint has several issues raised, it is recorded as partially upheld if one element is upheld even if most elements are found not to be justified - below is a breakdown of the closed complaints within each CSU.

Table 4

Complaint Outcome	HSS	LS	S & F	Total
Upheld	5	6	7	18
Partially Upheld	11	12	13	36
Not Upheld	16	8	6	30
<b>TOTAL</b>	<b>33</b>	<b>26</b>	<b>26</b>	<b>84</b>

## 1.6 Learning

During this quarter there have been many recommendations made which are still yet to be implemented from the complaints that have been closed. The themes from the recommendations have been broken down into the following and have remained the consistent with previous reporting:

- Involving patients in their care and planning
- Clinical Care and decisions
- Communication with service users, families and between professionals
- Improve documentation
- Building good therapeutic relationships between staff and patients

The actions that have been taken and implemented are:

Complaint	Actions we have taken
<b>All aspects of care &amp; treatment</b>	
Complaint about the discontinuation of relative's care	We apologised for the decision to discharge as it was not clearly communicated with the service user and GP at the time. Care coordinators and team doctors have been reminded to communicate decisions made to both service users and GPs either by fax or by letter as soon as possible and this should be evidenced on our electronic notes (Rio). A professionals meeting to be held with those working with the family and service user prior to meeting with the family.
<b>Appointments delay/cancellation</b>	
Complaint about an appointment with a doctor which was cancelled 10 minutes before. In addition CPA appointment had also been cancelled	Full apology offered for any distress and inconvenience caused as doctor had called in sick by leaving a voicemail message which was picked up late by staff. A process has been put in place so that all voicemail messages are screened at 9am and service users are contacted promptly if appointments need to be cancelled and re-scheduled.
<b>Communication / information to patients</b>	
Complaints about being	We apologised profusely to the patient as the

discharged from the mental health services	discharge had occurred in error. There is a need for effective communication and therefore the team manager met with the service user to discuss the issues and another appointment has now been scheduled.
Complaint about items being removed from service user's room with no explanation being provided	A full explanation provided explaining the reasons for removal of contraband items and room searches to be carried out in response to health & safety & duty of care. A full property list re-written and care coordinator to facilitate storage arrangements for excel property.

As from June 2014 summaries of complaints including themes and lessons learnt is now being published on the trust website. The current publication covers Quarter 4 2013/14 and Quarter 1 & 2 is due to be published.

## 2. Compliments

There were 60 compliments received trust wide for this quarter which is a significant increase of 43% (18) in contrast with 42 received in the same reporting period last year. The table below shows a breakdown of the compliments within each of the CSU's.

Table 5

CSU	Number of Compliments	Service / Dept
HSS	11	<ul style="list-style-type: none"> <li>• 7 for Mental Illness directorate</li> <li>• 4 for Personality Disorder</li> </ul>
LS	47	<ul style="list-style-type: none"> <li>• 4 for Community Services</li> <li>• 9 for Inpatient Services Wards</li> <li>• 34 for Partnership Services</li> </ul>
SFS	2	<ul style="list-style-type: none"> <li>• 2 for the Gender Identity Clinic</li> </ul>

Further work will continue across the Trust around raising awareness of compliments so that we can record the positive patient experience as well as identifying gaps through complaints.

Here are some of the compliments received this month:

*"The service you have provided me with have helped me to get through the most difficult time of my life. I am not sure if I would have coped without XX. She has been absolutely fantastic. She helped me to remain positive and helped me to think aloud and helped to deal with issues separately. The service you provide is excellent. Please keep up the good work. I can't say thank you enough."*

*"You deserve to be treated with the utmost for the hard work you do. I am ever so pleased to have you as my doctor."*

*"I just wanted to say thank you for the recent consultation and your advice and words of wisdom and to thank you for your support."*

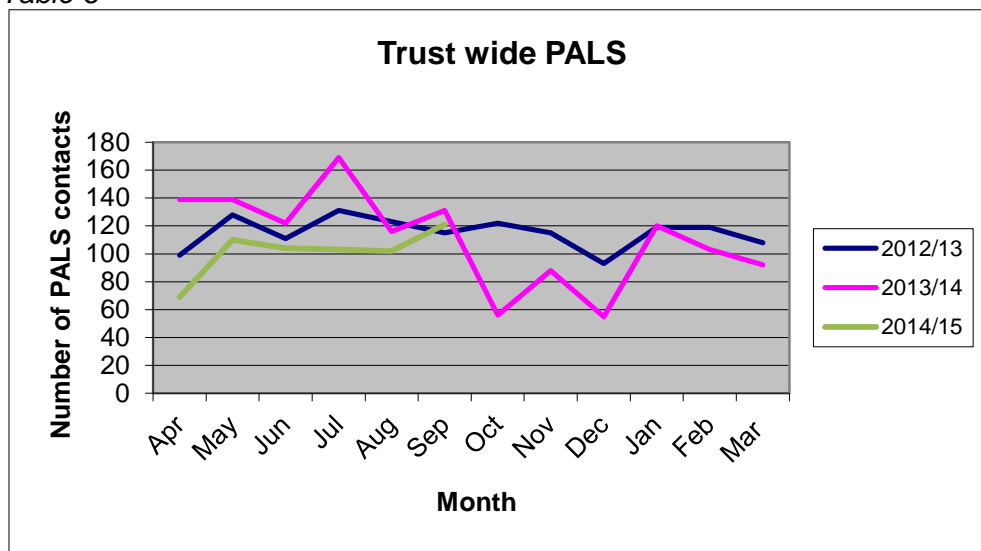
### 3. PALS

There were a total of 326 PALS contacts logged from service users, carers and the wider public during this reporting period. This is a decrease of 22% (90) compared to the 416 PALS contacts received in quarter 2 the previous year 2013/14. (refer to tables below).

This quarter the number of PALS contacts have increased by 15% compared to 283 received last quarter.

	Q1	Q2	Q3	Q4
<b>2014/15 PALS Total 315</b>	<b>283</b>	<b>326</b>		
<b>2013/14 PALS Total 1330</b>	<b>400</b>	<b>416</b>	<b>199</b>	<b>315</b>

Table 6



The table below shows the distribution of PALS contacts across the Trust including any contacts regarding external agencies and trusts.

Table 7

CSU	HSS	Local	S & F	Estates & Corporate	Total
PALS Contacts	24	107	160	35	326

The table below demonstrates the activity of PALS in Q2. 91% of the PALS concerns have been closed this quarter.

Table 8

<b>PALS activity Trust wide</b>	<b>Q1 2014/15</b>
Number of PALS received in quarter	326
Number of PALS closed	296
Number of PALS still open	30
Total time spent on calls (hours)	117
How many concerns were raised on behalf of another	23
Number of PALS concerns progressed to complaints	0

Due to the fact that PALS concerns are so varied and often come from members of the public who seek general advice it is difficult to identify trends. Table 15 provides the top 3 themes with associated sub categories of PALS contacts received for Q2.

Table 9

<b>PALS THEMES</b>	<b>HSS</b>	<b>LS</b>	<b>S &amp; F</b>	<b>Estates &amp; Corporate</b>	<b>Total</b>
Any other issue <ul style="list-style-type: none"> <li>• CCG query</li> <li>• contacting staff</li> <li>• information about trust</li> </ul>	18	55	56	30	159
Any aspect of care & treatment <ul style="list-style-type: none"> <li>• assessment</li> <li>• lack of treatment/neglect</li> <li>• medication</li> <li>• referral</li> <li>• leave</li> <li>• support</li> <li>• consent to treatment</li> </ul>	3	18	15	0	36
Waiting times – appointments <ul style="list-style-type: none"> <li>• appointment delay</li> <li>• admin error</li> <li>• not happy about the waiting times</li> <li>• cancellation</li> <li>• staff unavailable</li> </ul>	0	9	77	0	86

The table has also broken down the categories further so that that the issues raised can be identified. In line with previous themes, the main issues raised were around 'aspects of care and treatment', specifically support, assessment and medication. The 'other' category included issues that did not fit into any particular category and did not have a theme in common.

## **Specialist & Forensic**

There were 160 SFS queries logged during this reporting period making up 49% of the trust wide total (326).

### **Issues of concern:**

- Majority of these concerns are related to the Gender Identity Clinic which represent 90% (144) of the total SFS contacts (127).
- The issues raised within the GIC services were again in line with previous reporting and were regarding the waiting times on initial appointments for referrals, requests for information and not being able make contact with the clinic when using the telephone number.
- A meeting with the service manager is to be scheduled in the next quarter

The GIC services have now transferred over to Local Services as of September 2014 and therefore the data will be shown under this CSU as of next quarter reporting.

## **High Secure Services**

High Secure Services had the lowest number of PALS contacts making up 7% (24) of the total (326) trust wide PALS contacts.

No main theme but a balance between calls relating to request for change to records, confiscation of property and assessments.

## **Local Services**

Local Services had 107 PALS queries this quarter making up 33% of the total (326) trust wide PALS contacts for this quarter.

- 62% (66) of the PALS contacts were for the community services – these comprised of issues relating to assessments, medication, delayed discharge, staff attitude, cancellation of appointments & no communication. Predominately these were within the assessment and recovery teams.
- 25% (27) were for inpatient services – these comprised of support, medication, lack of involvement in CPA discharge, facilities, leave, consent to treatment.
- 7% (7) were for Partnership services
- 6% (6) were for children services

## **Estates and Corporate**

Estates and Corporate CSU this quarter had 35 PALS queries making up 11% of the total (326) trust wide.

These concerns related to issues such as trust property, contacting specific services and estates.