

**Customer Care Annual Report  
April 2018 – March 2019****1. Introduction**

This report sets out how complaints, concerns and compliments are managed and how learning is facilitated within the organisation.

Appendix 1 of the report responds to the organisations statutory requirements in response to the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

**2. Definitions**

The Customer Care Policy defines complaints, concerns and compliments as:

**2.1 Complaints:** Any expression of dissatisfaction made orally, in writing or electronically about any aspect of service provided by the Trust made by a patient, service user, carer or representative (with the patient's consent), or anyone affected by any action or decision made by or on behalf of the Trust. Complaints can be upheld, partially upheld or not upheld or withdrawn.

**2.2 Concerns:** A request for the resolution of a problem or difficulty by a patient, service user, carer or representative. Concerns can be resolved, partially resolved or not resolved. They can include solving problems, sign posting, providing information and liaising with Trust services. Concerns can be resolved, partially resolved or not resolved.

**2.3 Compliments:** Any appreciative statement about a service or employee from a patient, service user, carer or representative. Compliments will be recorded on DATIX and can be used to facilitate learning, bring attention to service developments and reinforce good practice.

**3. Monitoring and performance****3.1 Customer Care Meeting**

A quarterly Customer Care Meeting oversees the management and administration of complaints across the Trust. The meeting reports to the Trust's Care Hub. Performance of the Trust's consideration of complaints, concerns and compliments is monitored.

Members of the meeting also contribute to implementing changes to Customer Care processes to make the service more efficient and effective. In January 2019, an escalation process was introduced to improve overdue level 4 and 5 complaints. The meeting also reviewed and made improvements to the reporting of compliments.

**3.2 Care Hub meeting**

Customer Care report into the Trust's Care Hub which considers themes and triangulates Customer Care information with patient experience, carer experience and service user engagement. Themes are further considered and quality improvement plans are agreed and actioned.

**3.3 Reporting**

Complaints information is provided to the Board and all Trust operational divisions as part of the key performance reports. This includes information about new complaints, the outcome of high-level complaints that have been responded to and any learning that has arisen.

The operational reports monitor the performance of Customer Care management and administration.

### 3.4 Internal complaints audit

Complaints management and administration was audited by Mersey Internal Audit Agency (MIAA) in January 2019. The auditors gave the Trust a substantial assurance opinion in relation to the system for managing complaints. Six recommendations were made by MIAA, all of which have now been completed.

## 4. Complaints data analysis

### 4.1 Table showing all complaints received by level and percentage

	Level 1	Level 2	Level 3	Level 4	Level 5	Total
<b>Totals:</b>	5	749	75	19	4	852
<b>Percentage</b>	0.5	88%	9%	2%	0.5%	100%

Levels are determined as:

**Level 1**, minor impact: Minor inconvenience

**Level 2**, low impact: Inconvenience and some distress

**Level 3**, moderate impact: Distress and harm caused

**Level 4**, major impact: Distress and significant harm

**Level 5**, serious and adverse impact: Catastrophic harm and / or loss

The average complaints received for mental health trusts in England is 271, with a variance between 36 (North Staffordshire) and 1161 (Lancashire Care). GMMH received 852.

The majority of complaints are graded as Level 2 (88%). Level 2 complaints are managed locally within the operational networks. Senior managers are responsible for providing responses, and the standard is to respond to level 2 complaints within one calendar month.

### 4.2 Table showing top five subjects recorded of all complaints received

	Care	Attitude of Staff	Communication	Medication	Appointments	All other subjects
<b>Totals:</b>	332 (30%)	185 (16%)	167 (15%)	76 (7%)	70 (6%)	298 (26%)
<b>Other NHS organisations (ref NHS Digital)</b>	53084 (28%)	19621 (10%)	29735 (15%)	6811 (4%)	11839 (6%)	78728 (37%)

The trust have a higher percentage of staff attitude complaints than other NHS trusts. This issue has been monitored at the CARE Hub and bespoke Quality Improvement Programmes have been delivered in Salford and Bolton. This information has been translated into the Organisational Development Programme.

### 4.3 Outcomes of closed complaints

#### 4.3.1 Table showing outcome of complaints by amount and percentage

The table below shows that 53 % of complaints are upheld or partially upheld with 47% not upheld or withdrawn.

	<b>Amount</b>	<b>%</b>
<b>Complaint not upheld</b>	299	37%
<b>Complaint partially upheld</b>	295	36%
<b>Complaint upheld</b>	141	17%
<b>Withdrawn</b>	80	10%
<b>Totals:</b>	813	100%

#### **4.3.2 Complaints referred to the Parliamentary and Health Service Ombudsman**

The Trust was informed of 13 complaints that had been referred to the Parliamentary and Health Service Ombudsman (PHSO) in 2018/19.

Four complaints investigations by the PHSO were concluded in 2018/19. One complaint was resolved with the Trust agreeing to add a statement to a service user's clinical record. One complaint was discontinued. Two complaints were not upheld.

#### **5. Learning from complaints**

When a complaint is upheld or partially upheld, the Customer Care Team collaboratively review responses to identify whether a service action plan is required.

There was 291 quality improvement recommendations resulting from upheld complaints that were logged on DATIX in 2018/19. The top three themes were communication (38%), care (22%) and attitude of staff (9%) The progress against identified quality improvement is managed within local teams, monitored by the Customer Care Team and noted at Network Hubs and QIC as part of the CARE hub report.

Trust complaint themes are triangulated with other service user and carer feedback. Themes are analysed at the Trust Care Hub meeting with service user/carer leads and service user/carer governors. Following review at the Care Hub, the Customer Care Team will liaise with key individuals such as Carers Lead and Safewards Lead, to identify further support initiatives to strengthen learning and improve quality and so that learning is shared within the key professional and clinical networks. When learning spans more than one service area or network, wider learning events are facilitated in Trust wide forums such as the Ward Managers / Community Managers networks.

Seven-minute briefings that stem from service complaints have been introduced to the Trust and shared via internal communication channels. There has also been a web-based platform developed to host these learning briefs.

#### **6 Complaint administration**

##### **6.1 Proportion of complaints responded to within agreed time scales**

Complaints time scales are agreed with complainants upon acknowledgment of the complaint. The Trust policy sets standards for timescales: Level 2: 1 month, Level 3: 2 months, Level 4 & 5: 3 months.

##### **6.1.1 Table showing proportion of complaints responded to within agreed time scales**

Complaint Regulations (2009) stipulate agreed response times are set at the time of acknowledgment of complaint. This is reflected in GMMH Customer Care Policy.

	<b>Responses inside agreed timescales</b>	<b>Responses outside agreed timescales</b>
Level 2	77%	23%
Level 3	71%	29%
Level 4	86%	14%
Level 5	100%	0%
Total	77%	23%

Complaints are responded to 'outside of agreed timescales' when responses are delayed and there has not been further communication with complainants about the delay.

The Customer Care Team is taking ongoing action to support services to improve communication with complainants (this information is currently included in customer care team training and has been added to the newly developed letter-writing course for Managers). In 2019/20, the Customer Care Team plan to deliver a quality improvement initiative in one of the services to improve agreed timescales and will share this learning across the organisation.

## 7. Concerns

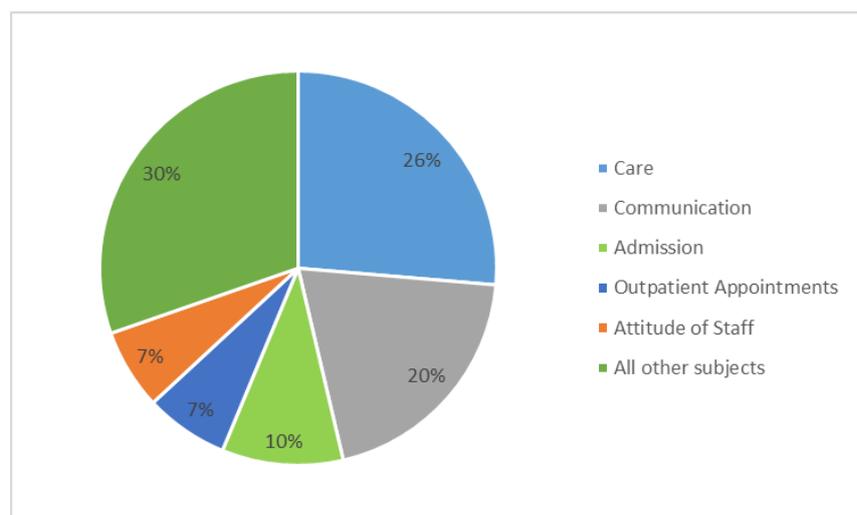
Customer Care logged 378 concerns in 2018/19.

### 7.1 Table showing top five concern subjects

	Total
Care	112
Communication	85
Admission	42
Outpatient Appointments	29
Attitude of Staff	28
All other subjects	129

#### 7.1.1 Pie chart showing percentage of top five concern subjects by percentage

The pie chart below shows four of the subjects are the same as complaints top five subjects. Admission is identified as a top five-concern subject but is not identified as a top five-complaint subject. The analysis surrounding admission concerns has been completed and further work will take place in 2019/20- see recommendations.



### 7.2 Table showing the outcome of concerns

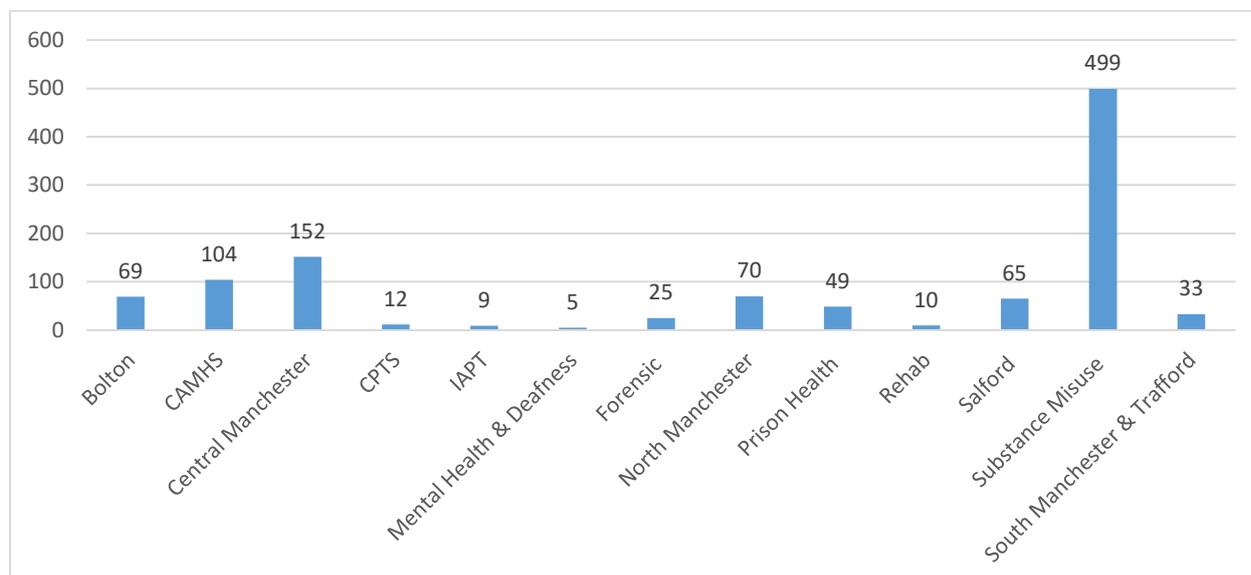
The table below shows that the Customer Care team was able to resolve 80% of logged concerns helping service users, carers and relatives to access the services they need.

Outcome	Number	Percentage
Concern Not resolved	32	9%
Concern Partially resolved	35	9%
Concern Resolved	303	80%
Withdrawn	8	2%
Totals:	378	100%

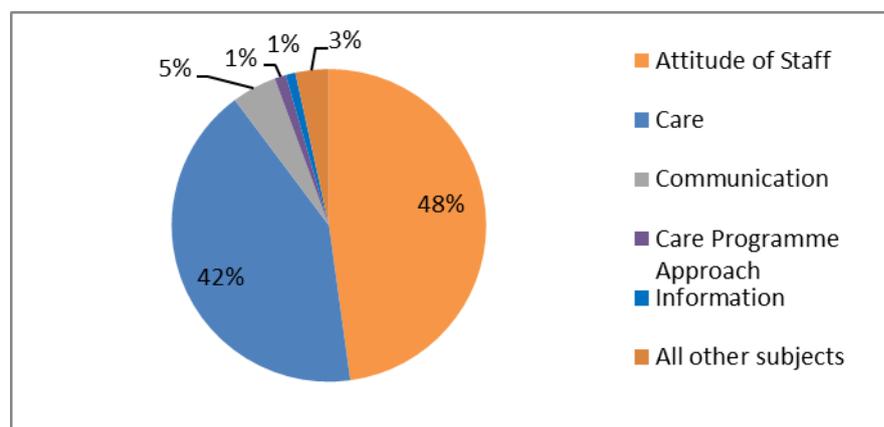
## 8. Compliments

1105 compliments were logged in 2018/19.

### 8.1 Bar chart showing compliments received by each operational division



### 8.2 Pie chart showing top five compliment subjects by percentage



Compliments are reported to individual services on a monthly basis and shared within SLTs and noted at hubs. Customer Care is working to improve the profile of compliments so they can be used to identify areas of best practice and motivate staff.

## 9. MP and Elected Members

The Customer care team received 39 MP/EM enquires during 2018/19.

Rehab, IAPT, Bolton, Salford	6
Manchester, Trafford	32
SSN	1
Total	39

The arrangements for responding to MP/EM enquiries have been reviewed and improved. Improvements include greater flexibility in consideration of responses, introduction of agreed timescales/escalation process and weekly monitor of progress.

## 10. Network Reports

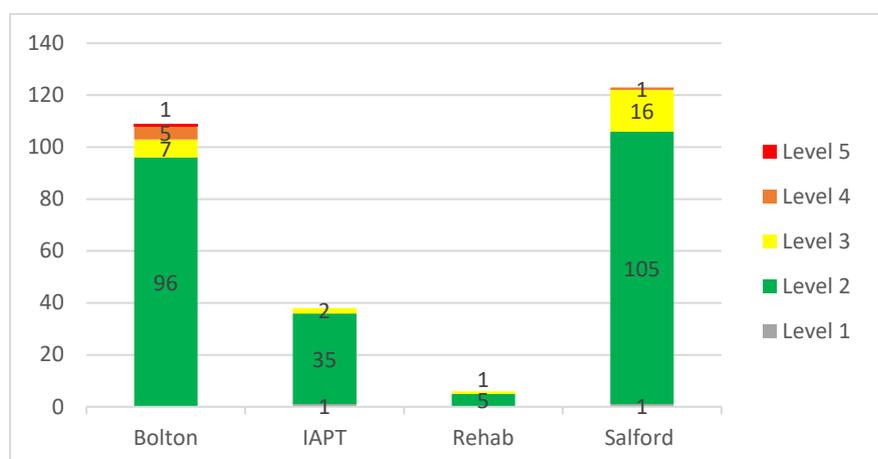
### 10.1 Rehabilitation, IAPT, Bolton and Salford (RIBS) Network

#### 10.1.1 Complaints received

The RIBS Network received 276 complaints, which accounts for 32% of the total complaints received by the Trust.

#### 10.1.2 Bar chart showing number of complaints by division and level

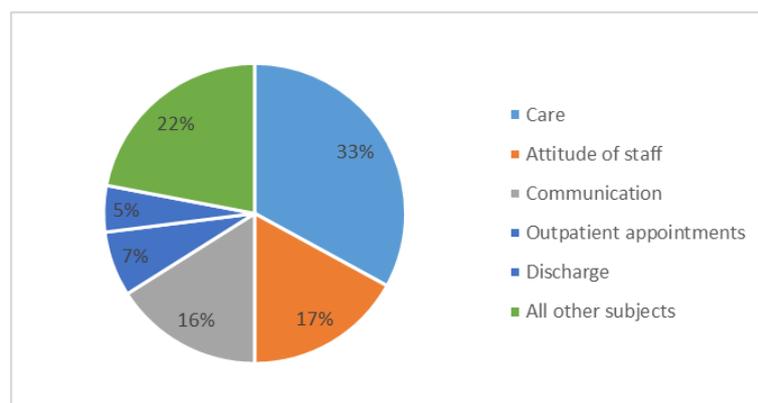
The graph below shows that 241 complaints were graded at Level 2, which is 87% of all complaints that the Network logged. Seven high level complaints (Level 4 and 5) were logged making up 2.5% of the Network's complaints, which is the same proportion as the Trust.



#### 10.1.3 Table showing top five complaints subjects by number

	Total
Care	122
Attitude of Staff	65
Communication	61
Outpatient Appointments	24
Discharge	19
All other subjects	82
<b>Total</b>	<b>373</b>

#### 10.1.4 Pie chart showing top five complaints subjects by percentage



The proportions for four of the top five subjects were similar to the Trust wide subjects. Care represented 33% of all subjects, compared to 30% for the Trust. Attitude of staff represented 17% compared to 15% for the Trust and communication represented 16% compared to 15% for the Trust. Outpatient appointments were 7% compared to 6% for the Trust.

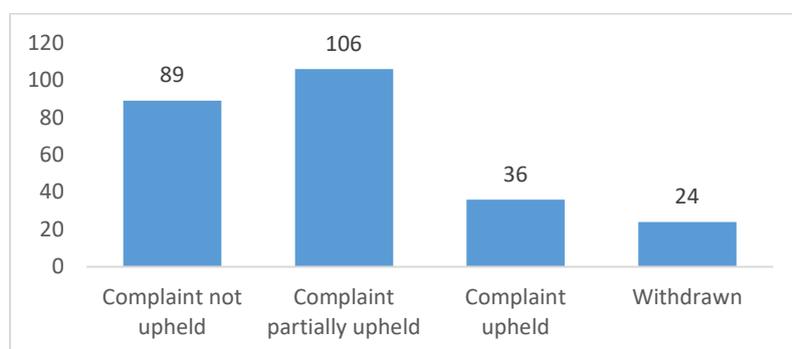
Discharge was in the top five subjects with 5% but fell outside the Trust's top five where it made up 4% of subjects

### 10.1.5 Closed complaints

255 complaints were closed over the 12 months.

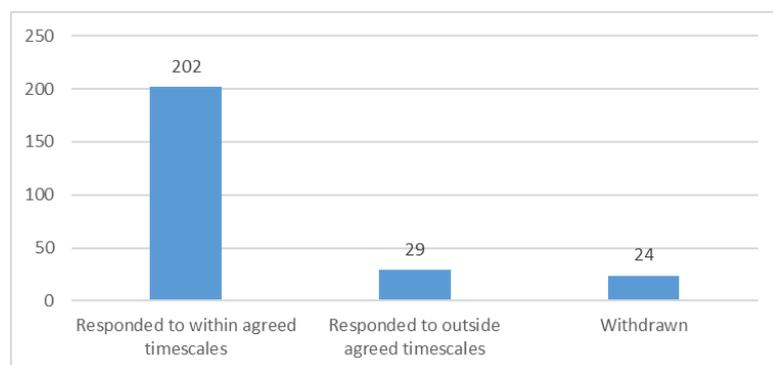
### 10.1.6 Bar chart showing the outcome of closed complaints

The graph below shows that 142 complaints were upheld or partially upheld, representing 56% of all closed complaints, 3% more than the Trust 53%.



### 10.1.7 Bar chart showing complaints responded to within agreed timescales

The bar chart below shows that 88% (202) complaints were responded to within agreed time scales compared to 77% for the Trust.



Divisions receive monthly performance reports about complaints responded to within agreed timescales. Customer Care have liaised with senior managers to improve performance.

Complaints responded to within agreed timescales was 87% from April 2018 to September 2018; this has improved to 88% from October 2018 to March 2019.

105 quality improvement recommendations were identified from upheld complaints of which 42 had been completed at the time of writing this report. There are governance processes in place to ensure progress implementing quality improvement recommendations are monitored.

Five complaints about the Network were referred to the Parliamentary and Health Service Ombudsman out of the 13 referrals from the Trust.

### 10.1.8 Learning from upheld and partially upheld high level complaints

In 2018/19, the Customer Care Team completed an analysis of level four & five complaints in Salford. One of the common themes identified was all of the service users had a diagnosis of personality disorder and had experienced either an unplanned discharge/ or aspects of restrictive practice as part of their care at Meadowbrook. These findings were shared with local service managers, the organisational lead for the Personality Disorder work stream as part of the Quality Account and translated in to the training needs analysis for the organisation. The Safewards lead has worked in collaboration with the Meadowbrook ward teams and there has been a significant increase of peer mentors (volunteers with lived experience) located on the wards. Salford have existing pathways in relation to crisis support for service users with personality difficulties and these were reviewed by Salford Senior Management post thematic analysis.

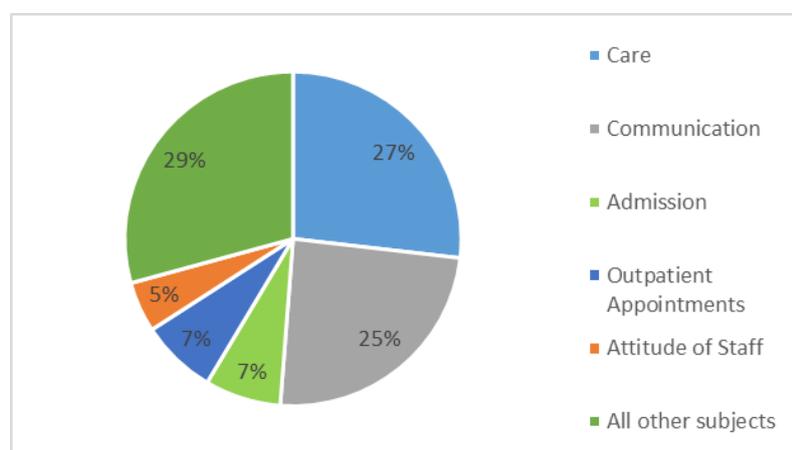
During this period, Oak Ward, Bolton had a level 4 complaint, and learning surrounding family involvement has been identified. The Trust Carer Lead has supported the ward, delivered local training, and re-vitalised the carer champion role. The complaint was surrounding information about the Mental Health Act and changes have since been made to the Mental Health Act paper work. This learning has been shared via a seven-minute briefing and a local positive learning event has been held

Bolton Home Based Treatment had a level 4 complaint, and learning surrounding family involvement and staff attitude were identified. All staff attitude issues have been monitored via the CARE Hub, and trends identified have contributed to the organisations training needs analysis for the provision of psychological interventions/awareness training for all staff. The Trust Carer Lead has supported the team and the service has held a positive learning event. There have also been subsequent changes in the referral processes for counselling services.

### 10.1.9 Concerns

108 concerns were logged for the Network, which made up 29% of all Trust concerns

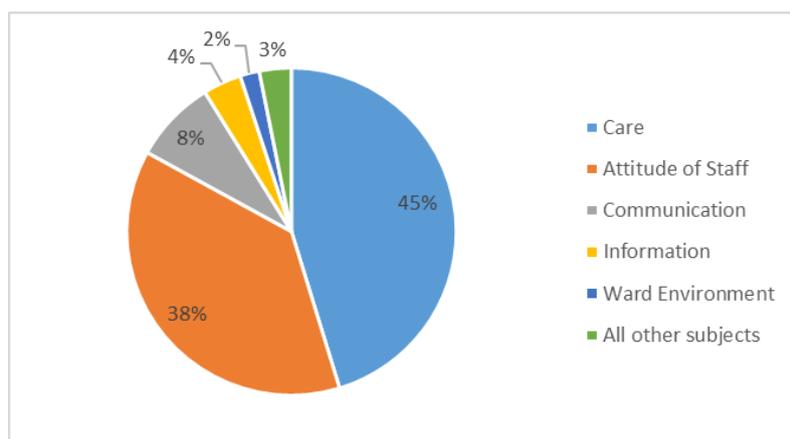
#### 10.1.10 Pie chart showing top five subjects of concerns by percentage



### 10.1.11 Compliments

153 compliments were logged by the Network representing 14% of all compliments made about the Trust.

### 10.1.12 Pie chart showing top five subjects of compliments by percentage



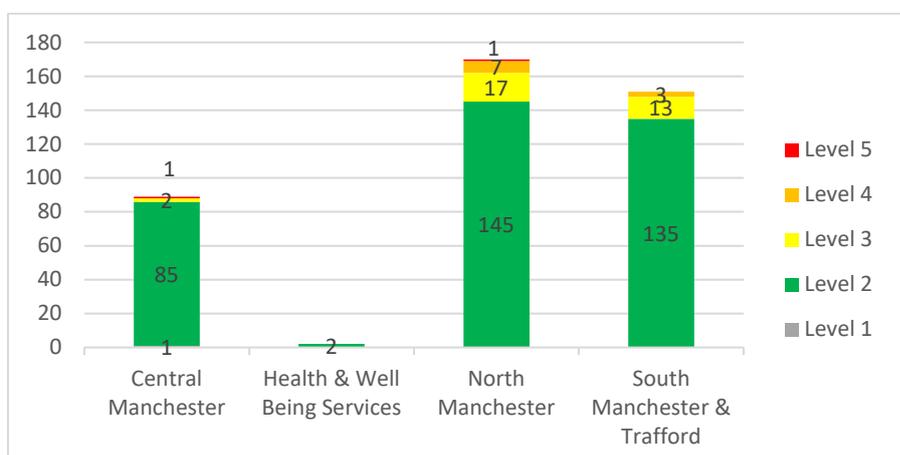
## 10.2 Manchester, Trafford and City Wide Network (MTCW)

### 10.2.1 Complaints

The MTCW Network received 412 complaints, which accounts for 48% of the total complaints received by the Trust.

### 10.2.2 Bar chart showing number of complaints by division and level

The graph below shows that 367 complaints were graded at Level 2, which is 89% of all complaints that the Network logged (412). 12 high level complaints (Level 4 and 5) were logged making up 3% of the Network's complaints, which is higher than the Trust percentage (2.5%).

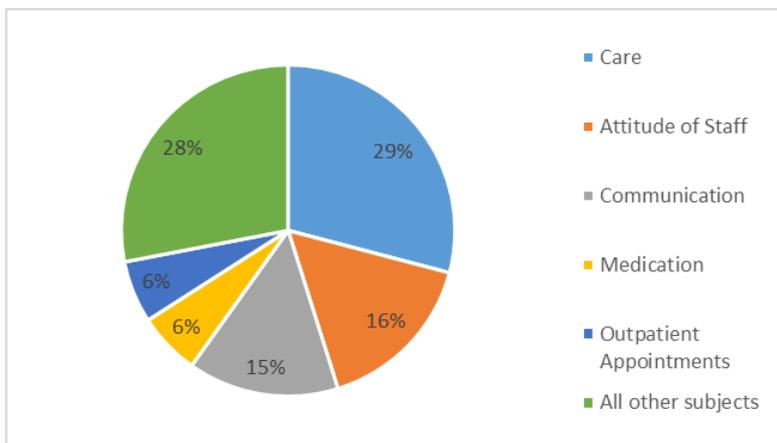


### 10.2.3 Table showing top five complaints subjects by number

Care	163
Attitude of Staff	90
Communication	82
Medication	34
Outpatient Appointments	34
All other subjects	157
<b>Total</b>	<b>560</b>

### 10.2.4 Pie chart showing top five complaints subjects by percentage

The pie chart below shows that the proportion for all of the top five subjects were similar to the Trust wide subjects. Care represented 29% of all subjects, compared to 30% for the Trust. Attitude of staff represented 16% compared to 15% for the Trust and communication represented 15% the same as the Trust. Outpatient appointments were 6% the same as the Trust. Medication was 6% whereas the Trust was 7%.

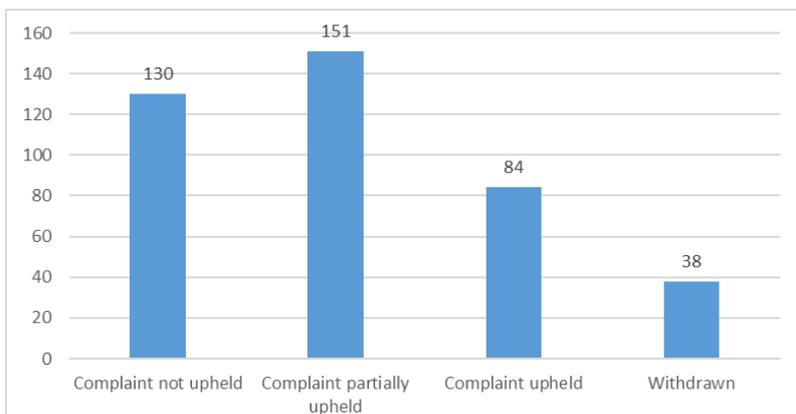


### 10.2.5 Closed complaints

403 complaints were closed over the 12 months.

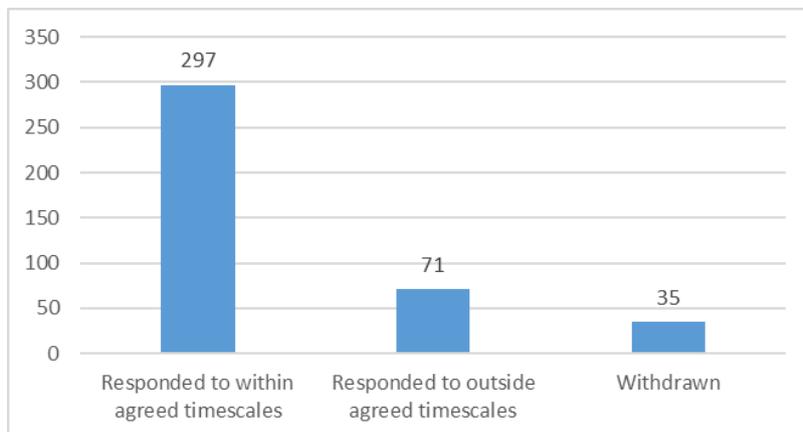
### 10.2.6 Bar chart showing the outcome of closed complaints

The bar chart below shows that 235 complaints were upheld or partially upheld, representing 58% of all closed complaints, 5% more than the Trust 53%.



### 10.2.7 Bar chart showing complaints responded to within agreed timescales

74% (297) complaints were responded to within agreed time scales compared to 77% for the Trust.



Customer Care have introduced weekly reports to monitor and improve the percentage of complaints responded to within agreed timescales. Senior managers have been briefed in Central and North Manchester and complaints clinics have been delivered in Central Manchester. Complaints responded to within agreed timescales is also reported to the Care Hub. Complaints responded to within agreed timescales was 69% from April 2018 to September 2018; this has improved to 92% from October 2018 to March 2019.

158 quality improvement recommendations were identified from upheld complaints of which 89 had been completed at the time of writing this report. There are governance processes in place to ensure progress implementing quality improvement recommendations are monitored.

Seven complaints about the Network were referred to the Parliamentary and Health Service Ombudsman out of the 13 referrals from the Trust.

### 10.2.8 Learning from upheld and partially upheld high level complaints

Elm ward, Park House received a level 4 complaint and subsequently made immediate improvements to the environment and infection control standards. The team have been support by the Trust IPC team and Matrons. The service have also introduced 'Meet the Leader' sessions.

It has been identified that two wards in Park House (Elm and Poplar) have received a disproportionate amount of complaints. This has been raised with the operational management and corporate services are currently developing a support plan. Outcomes will be reported via the CARE hub and through operational structures.

Maple ward, Park House received a level 4 complaint and systems have since been introduced regarding access to physical health care teams. The ward have held a positive learning event and the Trust Carer Lead has provided training and reflection for the team.

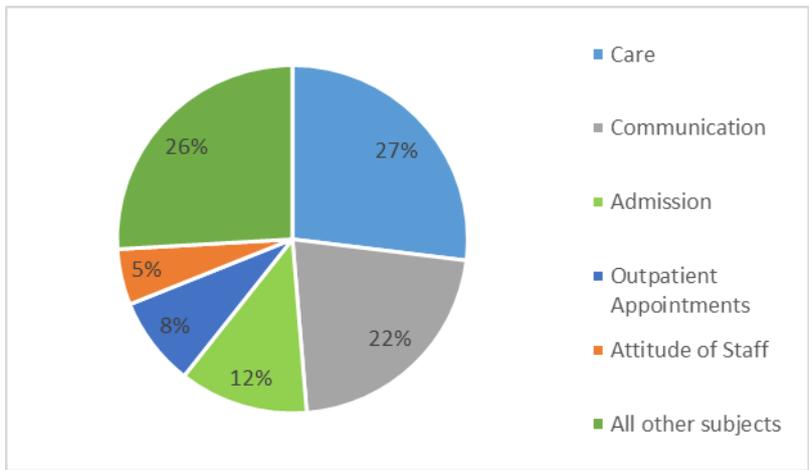
Greenway, Trafford have received a level 4 complaint in regards to access to physical health care and improving procedures. The ward has held a positive learning event to address these.

During this reporting period, a number of level 2 complaints were identified in a Community Mental Health Team in Trafford, whereby service users were struggling to make contact via telephone. Once acknowledged, a senior manager reviewed the current communication arrangements and several changes were introduced to improve accessibility (including improving the telephone system).

### 10.2.9 Concerns

180 concerns were logged for the Network, which made up 48% of all Trust concerns

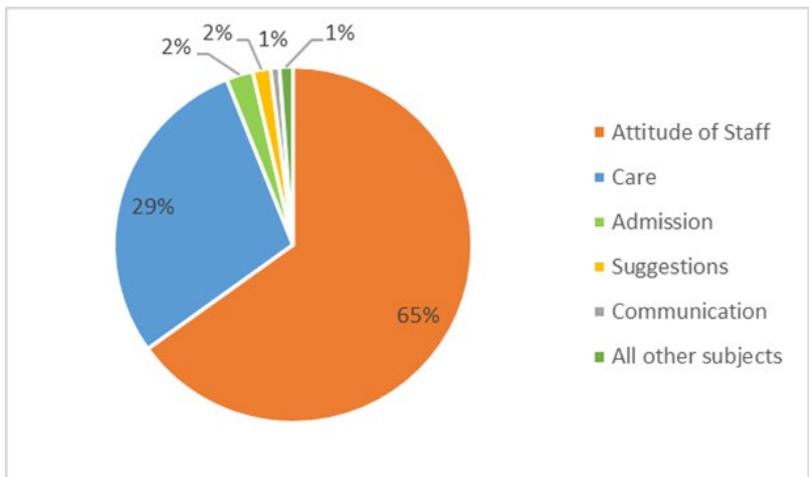
#### 10.2.10 Pie chart showing top five subjects of concerns by percentage



### 10.2.11 Compliments

255 compliments were logged by the Network representing 23% of all compliments made about the Trust.

### 10.2.12 Pie chart showing top five subjects of compliments by percentage



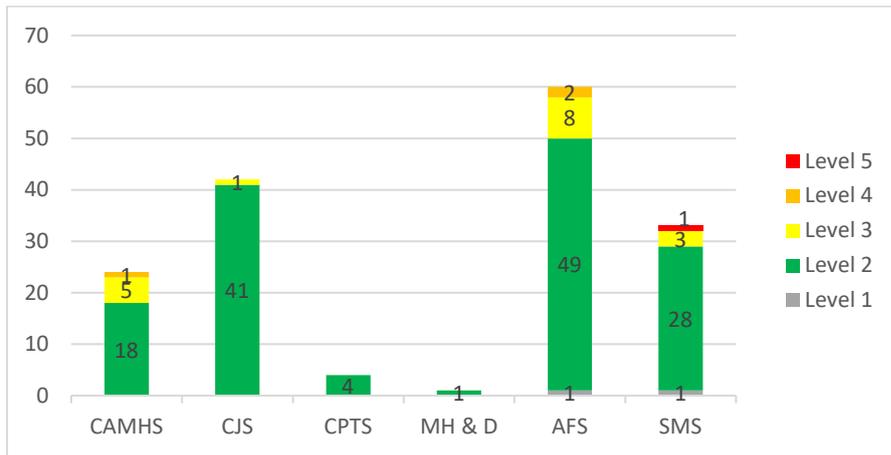
## 10.3 Specialist Service Network (SSN)

### 10.3.1 Complaints

The SSN Network received 164 complaints, which accounts for 19% of the total complaints received by the Trust.

### 10.3.2 Bar chart showing number of complaints by division and level

The graph below shows that 141 complaints were graded at Level 2, which is 86% of all complaints that the Network logged (164). Four high level complaints (Level 4 and 5) were logged making up 2.4% of the Network's complaints, which is a 0.1% lower proportion than the Trust.



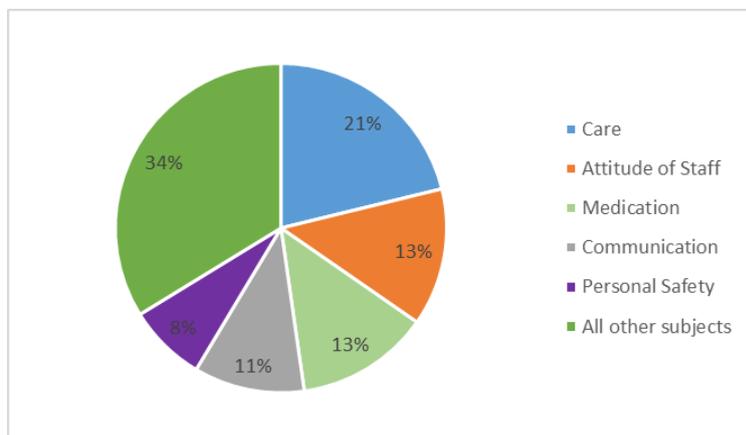
### 10.3.3 Table showing top five complaints subjects

	Total
Care	47
Attitude of Staff	30
Medication	29
Communication	24
Personal Safety	17
All other subjects	75
<b>Total</b>	<b>222</b>

### 10.3.4 Pie chart showing top five complaints subjects by percentage

The pie chart below shows care represented 21% of all subjects, compared to 30% for the Trust. Attitude of staff represented 13% compared to 15% for the Trust and communication represented 11% compared to 15% for the Trust. Medication represented 13% of subjects compared to 7% for the Trust which is be due to SMS services in the Network logging proportionally more complaints about medication.

Personal safety (8%) is in the top five subjects, but fell outside the Trust's top five where personal safety made up 5%. There were 16 personal safety complaints in SSN; 5 CAMS, 10 AFS, 1 prison health). An analysis was completed and no trends identified (these were reported across 13 locations). Customer Care takes immediate action when required and will contact the ward.

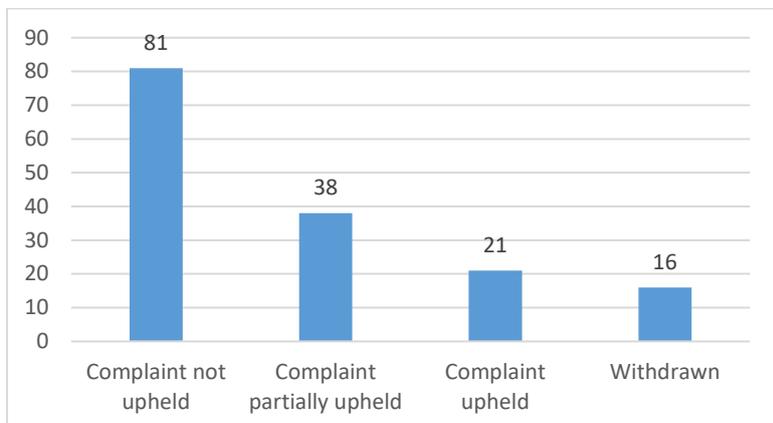


### 10.3.5 Closed complaints

156 complaints were closed over the 12 months.

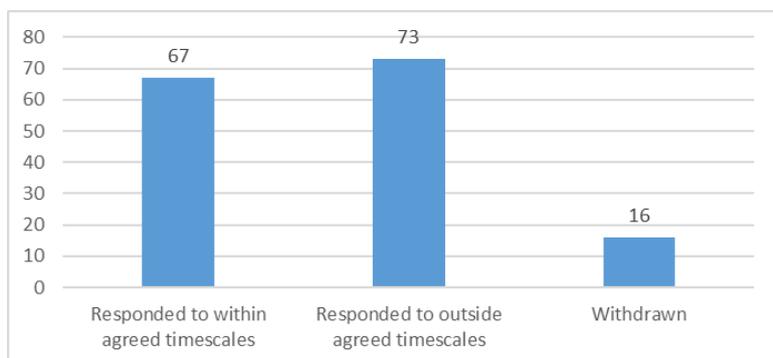
### 10.3.6 Bar chart showing the outcome of closed complaints

The bar chart below shows that 59 complaints were upheld or partially upheld, representing 38% of all closed complaints, 15% less than the Trust 53%.



### 10.3.7 Bar chart showing complaints responded to within agreed timescales

The bar chart below shows that 48% (67) complaints were responded to within agreed time scales compared to 77% for the Trust.



Customer Care has been working with the SSN to improve the percentage of complaints responded to within agreed timescales, including: weekly performance reporting; meeting with senior managers at Junction 17 and Bolton CAMHS; Training delivered to Band 6 & 7 staff at Junction 17; support and training provided for ward managers at AFS; Support provided for Investigating Officers considering level 3 and 4 complaints.

Complaints responded to within agreed timescales from April 2018 to September 2018 and October 2018 to March 2019 have not improved. See recommendations.

33 quality improvement recommendations were identified from upheld complaints, of which 19 had been completed at the time of writing this report. There are governance processes in place to ensure progress implementing quality improvement recommendations are monitored. This is via monthly reporting to the divisions and quarterly oversight at the trust Care Hub

One complaint about the Network was referred to the Parliamentary and Health Service Ombudsman out of the 13 referrals from the Trust.

### 10.3.8 Learning from upheld and partially upheld high level complaints

Junction 17 responded to a level 4 complaint and have worked closely with the medicines management team to ensure the safety of medicines and service users. The Trust Carer Lead has also worked pro-actively with the ward to improve communication with families.

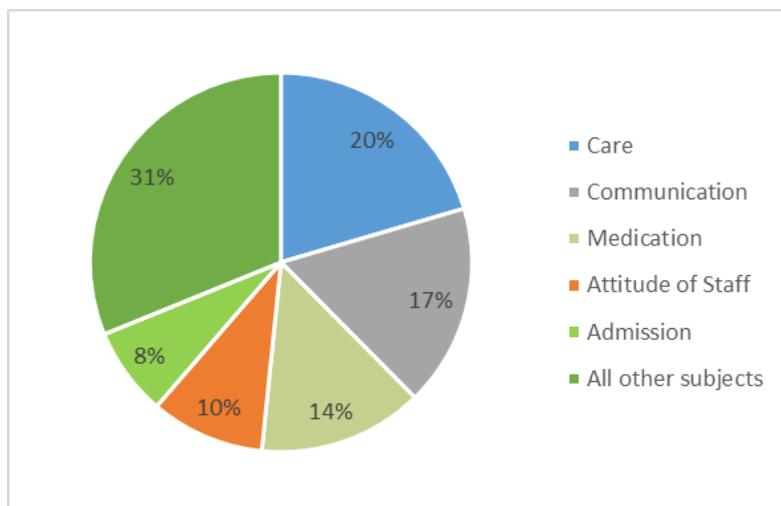
Bolton Substance Misuse Community Team received a level five complaint. The learning identified was surrounding transfers in care and access to alcohol pathways and detox. The service had arranged a positive learning event, however due to unforeseen circumstances this was cancelled. This has been re-arranged.

Newlands, AFS received a level 4 complaint, whereby lack of family involvement in the AWOL procedure was identified. The Care Hub have since made additions to the AWOL policy and procedure for the organisation. The service has also facilitated a positive learning event.

### 10.3.9 Concerns

79 concerns were logged for the Network, which made up 21% of all Trust concerns

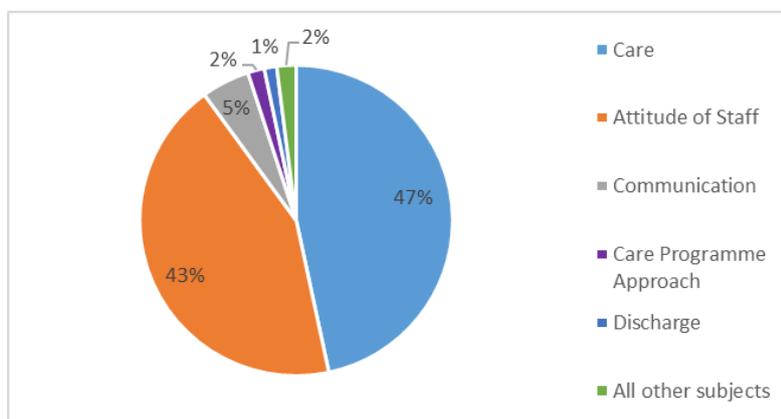
#### 10.3.10 Pie chart showing top five subjects of concerns by percentage



### 10.3.11 Compliments

697 compliments were logged by the Network representing 60% of all compliments made about the Trust.

#### 10.3.12 Pie chart showing top five compliments by percentage



## 11. Recommendations

- It has been identified the Customer Care Team will require further support becoming QI (Quality Improvement) focused. Plans are in place to build improvement capability and strengthen the focus of the team by incorporating improvement as well as assurance. In the first instance, the customer care team will nominate team members to engage in the year one cohort of training. This will be delivered by AQuA, using a dosing formula approach, and will be available at foundation, practitioner and expert level across GMMH. This training will be utilised to enable a cultural change within the team, moving from a system of measurement, to one that uses service user feedback to support services on where they can make improvements in the work they do. Training will equip the team with the tools and skills needed to swiftly identify root causes of patient dissatisfaction, and to coproduce rapid improvement programmes to improve the quality of care across frontline services.
- In 2019/20, the customer care team will continue to support divisions to improve the percentage of complaints responded to within agreed time scales. Measures which have been successful in different divisions will be replicated to improve compliance within Specialist Service Network. Performance will be monitored on a monthly basis with quarterly updates provided to the Customer Care Meeting and the CARE Hub. One area will be identified to deliver quality improvement work around this issue.
- Implement seven minute learning from complaint briefings to ensure lessons learned from complaints are shared to all staff on an ongoing basis. Strengthen the governance frameworks for sharing and learning from complaints. Care Hub working with governance and communications department to develop strategy moving forward.
- Carry out quality improvement initiative for concerns noted for admissions in the organisation.
- Support services to deliver positive learning events for all level 4 & 5 complaints.
- Continue working with customer care service leads to raise the profile of recording compliments so that the Trust records 10% more compliments in 2019 / 20.
- Develop resources and a training package including a letter writing workshop to improve the quality of level 1, 2 and 3-complaint responses
- All actions will be monitored by the CARE Hub with progress reported on a quarterly basis to Quality Improvement Committee.

## Annual Complaints Report 2018 / 19

### Statutory Requirements

#### 1. Introduction

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires responsible bodies to prepare annual reports on complaints that are to include numbers, subject matter and outcomes. The Trust Performance Management Framework identifies Quality Improvement Committee as the responsible committee for monitoring complaints. This report summarises complaints activity across the Trust from April 2018 to March 2019

#### 2. Number of complaints received

The Trust received 852 complaints

#### 3. Number of upheld and partially upheld complaints

436 complaints were upheld and partially upheld

#### 4. Number of complaints referred to Parliamentary and Health Service Ombudsman

The Trust has been formally informed of 13 complaints, which have been considered, by the Parliamentary and Health Service Ombudsman (PHSO) in 2018/19.

Four complaints investigations by the PHSO were concluded in 2018/19. One complaint was resolved with the Trust agreeing to add a statement to a service user's patient record. One complaint was discontinued. Two complaints were not upheld.

#### 5. Number of complaints referred to Clinical Commissioning Groups

One complaint was referred to Bolton CCG

#### 6. Subjects of complaints

1155 separate subjects were recorded about the 852 complaints received.

The top 5 subjects are:

Care 332  
Attitude of staff 185  
Communication 167  
Medication 167  
Outpatient appointments 70

There were a further 325 subjects recorded

#### 7. Matters of general importance arising out of those complaints, or the way in which the complaints were handled;

77% of complaints were responded to within agreed timescales

#### 8. Matters where action has been or is to be taken to improve services as a consequence of those complaints.

291 actions resulting from upheld complaints were logged on DATIX in 2018/19