

1. Introduction

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

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 Complaints can be: upheld, partially upheld or not upheld or withdrawn.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. Handling concerns can involve 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. Performance of the Trust's consideration of complaints, concerns and compliments is also monitored. The meeting reports to the Trust's Service User and Carer Experience Meeting.

Members of the meeting also contribute to implementing changes to Customer Care processes to make the service more efficient and effective. In January 2020, the format for exception reports was agreed to identify services which require extra support. Members of the meeting also reviewed and made improvements to the Customer Care Team letter writing course.

3.2 Service User and Carer Experience Meeting

Customer Care report into the Trust's Service User and Carer Experience Meeting 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 Care Quality Commission inspection

Complaints management and administration was included in the Care Quality Commission inspection in June and July 2019. The Care Quality Commission found that the Trust: 'treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with teams and across the wider service'.

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
Totals:	2	807	75	3	9	896
Percentage	0.2	90%	8%	0.3%	1%	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

Benchmarking data for NHS Trusts by NHS Digital in 2019/20 has been suspended due to Covid-19.

The average number of complaints received for mental health trusts in England in 2018/19 was 271, with a variance between 36 (North Staffordshire) and 1161 (Lancashire Care). GMMH received 896 which is a 5% increase from last year (852).

The majority of complaints are graded as Level 2 (90%). 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.

The Trust recorded the same number of level 3 complaints as last year (75) and the number of level 4 & 5 complaints reduced from 23 in 2018/19 to 12 in 2019/20

4.2 Table showing top five subjects recorded of all complaints received

	Care	Communication	Attitude of staff	Medication	Admission	All other subjects
GMMH totals:	404 (32%)	166 (13%)	150 (12%)	110 (9%)	80 (6%)	343 (27%)
Other NHS organisations (ref NHS Digital 2018/19)	53084 (28%)	29735 (15%)	19621 (10%)	6811 (4%)	11839 (6%)	78728 (37%)

The Trust's proportion of complaints about attitude of staff has reduced from 15% in 2018/19 to 12% in 2019/20.

4.3 Outcomes of closed complaints

4.3.1 Table showing outcome of complaints by amount and percentage

The table below shows that GMMH closed 879 complaints, which is an increase of 8% from last year (813). 56 % of complaints were upheld or partially upheld with 44% not upheld or withdrawn which is an increase from 53% upheld or partially upheld complaints in 2018/19.

	Amount	%
Complaint not upheld	320	36%
Complaint partially upheld	327	37%
Complaint upheld	163	19%
Withdrawn	69	8%
Totals:	879	100%

4.3.2 Complaints referred to the Parliamentary and Health Service Ombudsman

The Trust was informed of 17 complaints that had been referred to the Parliamentary and Health Service Ombudsman (PHSO) in 2019/20.

Four complaints investigations by the PHSO were concluded in 2019/20. One complaint was not upheld and the Ombudsman discontinued their investigation of another complaint as there was no evidence of fault.

Two complaints were upheld

1. The Ombudsman upheld a complaint about the way a carer's assessments had been carried out. The PHSO found no fault in the way the Trust arranged accommodation for the service user or how the Trust communicated with the service user and his carer about this. The PHSO recommended that the Trust apologise and review the way that carer's assessments are carried out. All actions have been completed.
2. The PHSO found no fault in asking a carer to pay a third party top up fee for a relative's care. The PHSO found that there was fault in how the Trust communicated with the carer and that copies of assessments had not been shared. The PHSO recommended that the Trust apologise and pay the carer a financial remedy for her distress. The Trust was also asked to remind staff of the importance of sharing updated assessments. All actions have been completed.

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 were 412 quality improvement recommendations resulting from upheld complaints that were logged on DATIX in 2019/20. The top three themes were communication (42%), care (14%) and attitude of staff (8%) The progress against identified quality improvement is managed within local teams, monitored by the Customer Care Team and noted at Network Hubs and the Quality Improvement Committee (QIC) as part of the service user and carer experience report.

Trust complaint themes are triangulated with other service user and carer feedback. Themes are analysed at the Trust Service User and Carer Experience Meeting. Following review at the Service User and Carer Experience Meeting, 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 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 shared with staff through internal communication channels. There is also a web-based platform on the Trust's intranet to host 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.

	Responses inside agreed timescales	Responses outside agreed timescales	Comparison to 2018 - 19
Level 2	78%	22%	 +1%
Level 3	86%	14%	 +15%
Level 4	80%	20%	 -6%
Level 5	89%	11%	 -11%
Total	79%	21%	 +2%

Two out of fourteen level four and five responses were responded to outside agreed timescales due to the requirement for additional quality assurance. Customer Care remained in contact with complainants.

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. The Customer Care Team have worked with services to improve agreed timescales including North and Central Manchester Divisions and the Specialist Service Network.

7. Concerns

Customer Care logged 311 concerns in 2019/20.

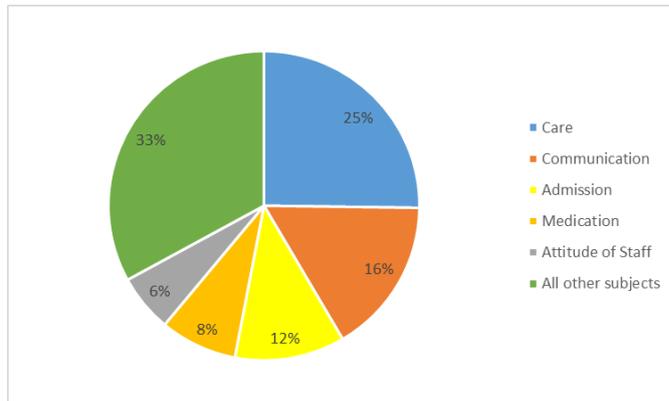
7.1 Table showing top five concern subjects

Subject	Total
Care	88
Communication	57
Admission	40

Medication	28
Attitude of Staff	21
All other subjects	115

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

The pie chart below shows all of the subjects are the same as complaints top five subjects.



7.2 Table showing the outcome of concerns

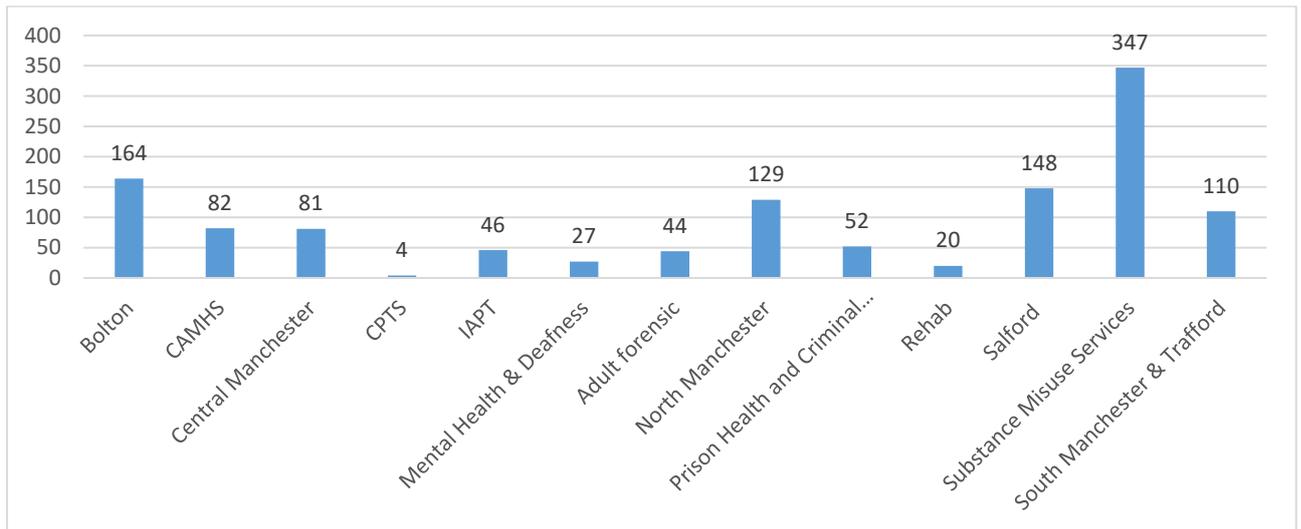
The table below shows that the Customer Care team was able to resolve 86% of logged concerns helping service users, carers and relatives to access the services they need.

Outcome	Number	Percentage
Concern not resolved	25	8%
Concern partially resolved	15	5%
Concern resolved	266	86%
Withdrawn	5	1%
Totals:	311	100%

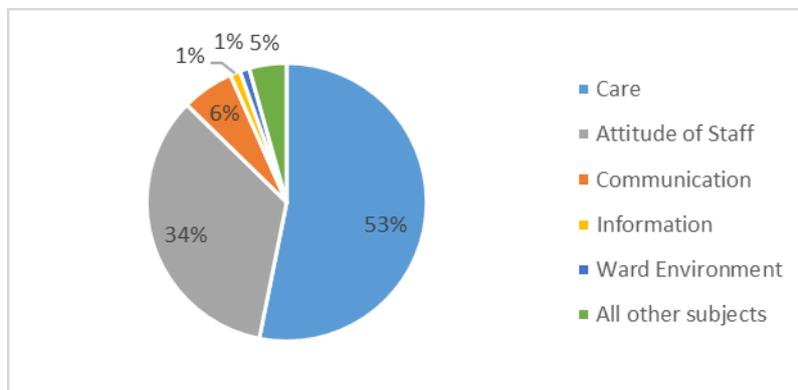
8. Compliments

1258 compliments were logged in 2019/20, an increase from 1105 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 Senior Leadership Teams and noted at hubs. Customer Care is continuing to work to improve the profile of compliments so they can be used to identify areas of best practice and motivate staff. Good examples of compliments are now reported on a monthly basis to Division's Senior Leadership Teams

9. MP and Elected Members

The Trust received 65 Member of Parliament / Elected Member enquires during 2019/20, an increase from 39 in 2018/19.

Rehab, IAPT, Bolton, Salford	14
Manchester, Trafford	45
SSN	6
Total	65

The arrangements for responding to Member of Parliament / Elected Member enquiries have been consolidated after last year's review.

10. Network Reports

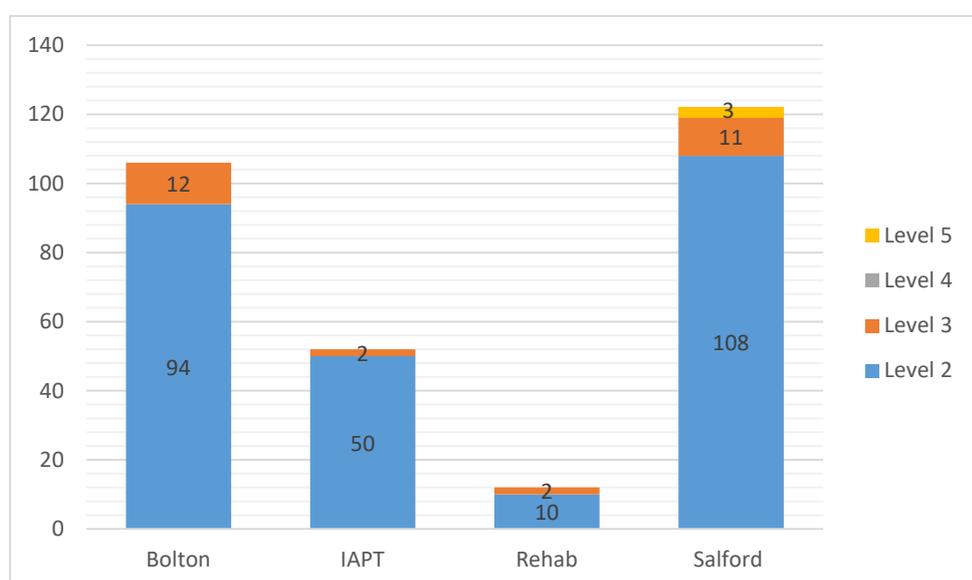
10.1 Rehabilitation, IAPT, Bolton and Salford (RIBS) Network

10.1.1 Complaints received

The RIBS Network received 292 complaints, which accounts for 33% of the total complaints received by the Trust.

10.1.2 Bar chart showing number of complaints by division and level

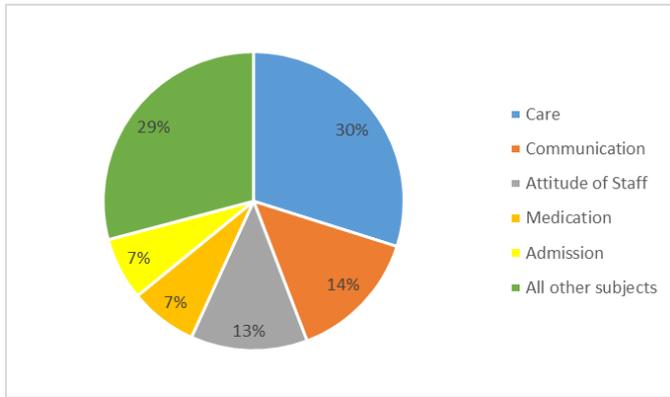
The graph below shows that 262 complaints were graded at Level 2, which is 90% of all complaints that the Network logged. Three high level complaints (Level 4 and 5) were logged making up 1% of the Network's complaints, which is slightly lower than the proportion of high level complaints for the Trust (1.3%).



10.1.3 Table showing top five complaints subjects by number

Care	119
Communication	57
Attitude of staff	50
Medication	29
Admission	27
All other subjects	116

10.1.4 Pie chart showing top five complaints subjects by percentage



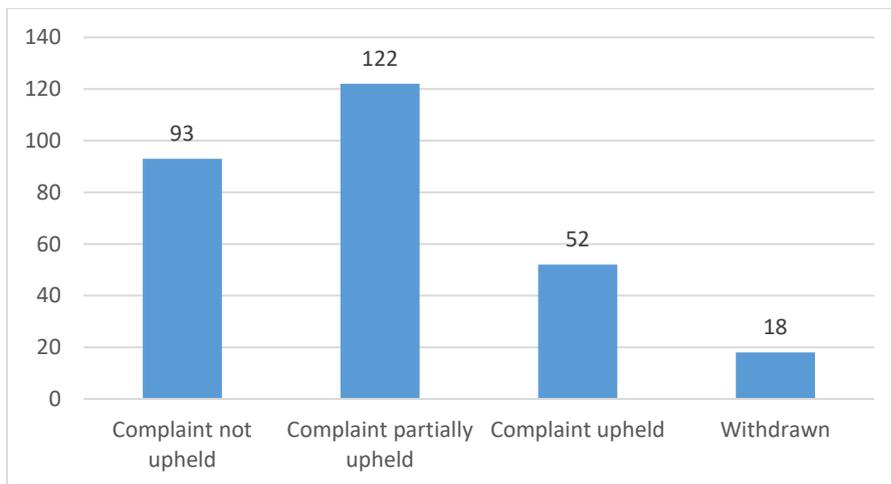
The proportions for all five of the top five subjects were similar to the Trust wide subjects. Care represented 30% of all subjects, compared to 32% for the Trust. Communication represented 14% compared to 13% for the Trust, attitude of staff represented 13% compared to 12% for the Trust and. Medication was 7% compared to 9% for the Trust and admission was 7% compared to 6% for the Trust.

10.1.5 Closed complaints

285 complaints were closed over the 12 months.

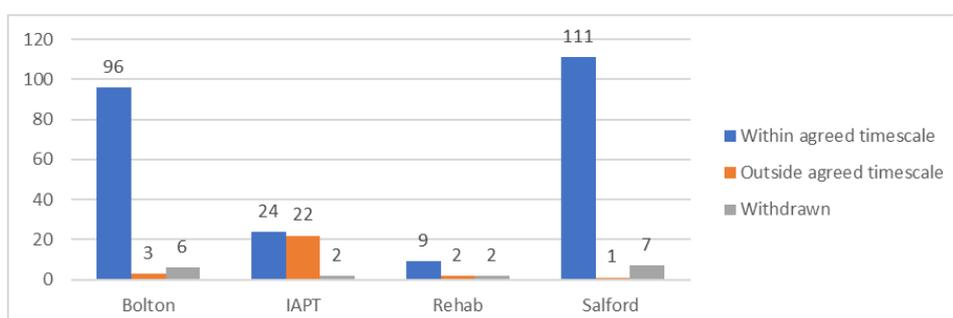
10.1.6 Bar chart showing the outcome of closed complaints

The graph below shows that 174 complaints were upheld or partially upheld, representing 61% of all closed complaints, 5% more than the Trust 56%.



10.1.7 Bar chart showing complaints responded to within agreed timescales

The bar chart below shows that 90% (240) of complaints were responded to within agreed time scales compared to 79% for the Trust.



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

10.1.7.1 Table showing quarterly performance for responding to complaints within agreed timescales

	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Responded to within agreed timescales	50	57	68	65
Responded to outside agreed timescales	8	7	10	3
Withdrawn	6	6	4	1
Totals:	64	70	82	69
Percentage responded to within agreed timescales excluding withdrawn	86%	89%	87%	96%

The table shows improvement in Quarter 4 after support was provided to IAPT

10.1.8 Learning from upheld and partially upheld complaints

137 quality improvement recommendations were identified from upheld complaints of which 97 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.

10.1.8.1 Learning from high level complaints

Bolton: A & E liaison

A service user complained that after he had been assessed to need an inpatient admission, he was left for hours waiting to find out which ward he would be transferred to.

- Staff have been supported to improve patient experience for those assessed to require an inpatient admission following a mental health assessment. Staff now ensure people receive timely updates about progress allocating a bed and are offered food.

Salford: A & E liaison

The mother of a service user complained that staff had failed to understand the significant risk her son posed to himself during a number of attendances at A & E.

- Following investigation into the complaint senior managers have developed a case study reflecting a service user's experience of mental health services to use as a learning and reflection tool with staff. The specific focus of the case study will be to help staff consider the importance of secondary information, how individuals present themselves and what they report.
- The Trust's Carers Lead has ensured that the importance of consulting carers when people are being assessed or admitted into our services is incorporated into service induction materials for new staff.
- A senior manager and medic have developed training for Mental Health Liaison Team, Home Based Treatment and Community Mental Health Team staff regarding formulating longitudinal risks, risk assessment in dual diagnosis patients and most importantly the risk assessment and management of patients who disengage with services. The senior manager has ensured that the training will be added to service's standard operational procedures.

10.1.9 Exception reporting

Manchester Central IAPT

In February 2020 Manchester Central IAPT service logged a spike of eight complaints and concerns when the average monthly complaints and concerns per service is one. The Customer Care Team produced an exception report which was shared with the senior manager responsible for the service. Complaints and concerns have subsequently reduced in the following months.

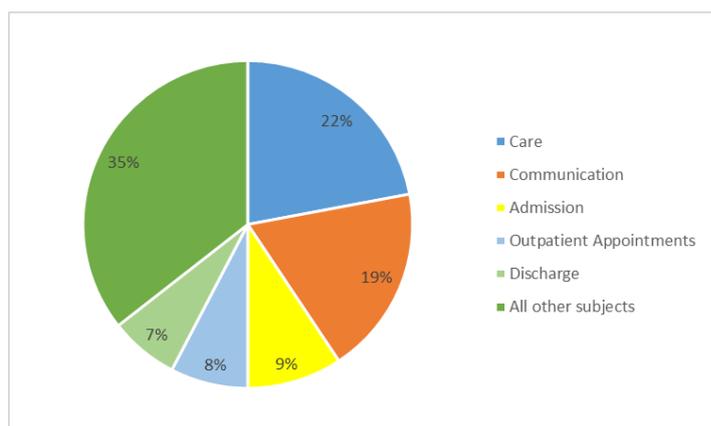
10.1.10 Parliamentary and Health Service Ombudsman

Six complaints about the Network were referred to the Parliamentary and Health Service Ombudsman out of the 17 referrals from the Trust.

10.1.11 Concerns

96 concerns were logged for the Network, which made up 31% of all Trust concerns

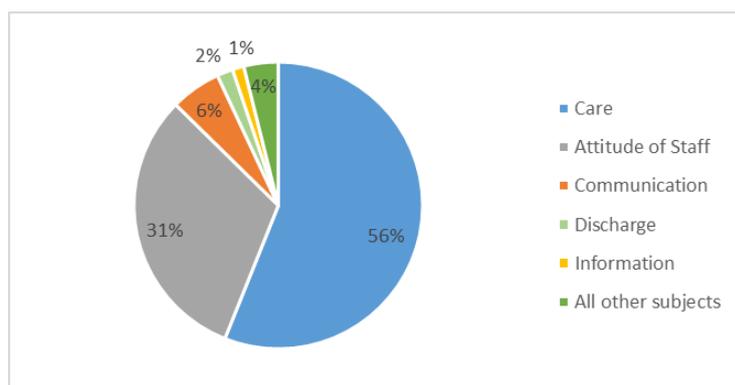
10.1.12 Pie chart showing top five subjects of concerns by percentage



10.1.13 Compliments

380 compliments were logged by the Network representing a 148% increase from 2018/19 and 30% of all compliments made about the Trust.

10.1.14 Pie chart showing top five subjects of compliments by percentage



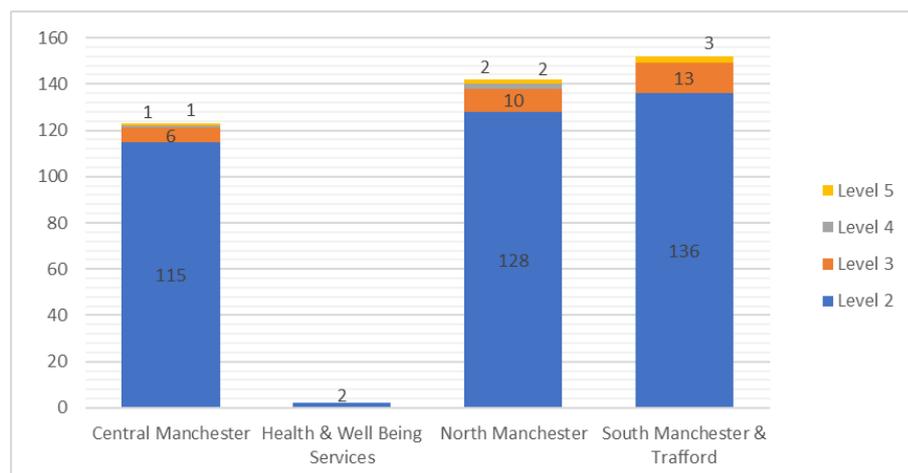
10.2 Manchester, Trafford and City Wide Network (MTCW)

10.2.1 Complaints

The MTCW Network received 419 complaints, which accounts for 47% 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 381 complaints were graded at Level 2, which is 91% of all complaints that the Network logged (419). 9 high level complaints (Level 4 and 5) were logged making up 2% of the Network's complaints, which is higher than the Trust percentage (1.3%).

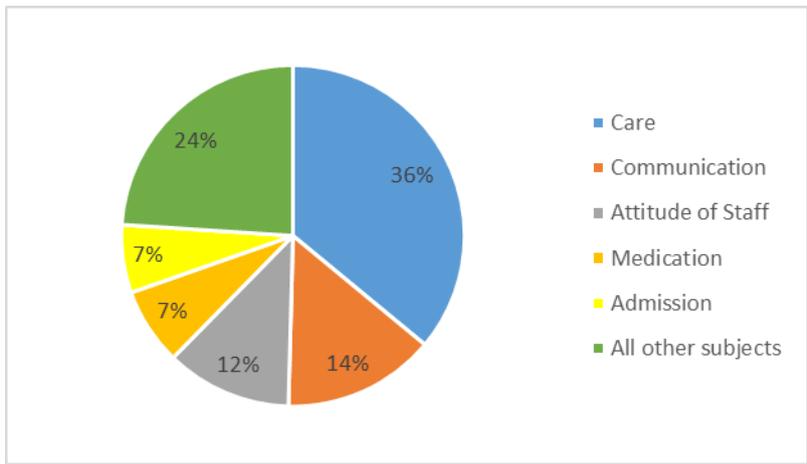


10.2.3 Table showing top five complaints subjects by number

Care	218
Communication	87
Attitude of Staff	72
Medication	44
Admission	39
All other subjects	145

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 36% of all subjects, compared to 32% for the Trust. Communication represented 14% compared to 13% for the Trust. Attitude of staff represented 12% which is the same as the Trust. Medication is 7% compared to 9% for the staff and admission is 7% compared to 6% for the Trust.

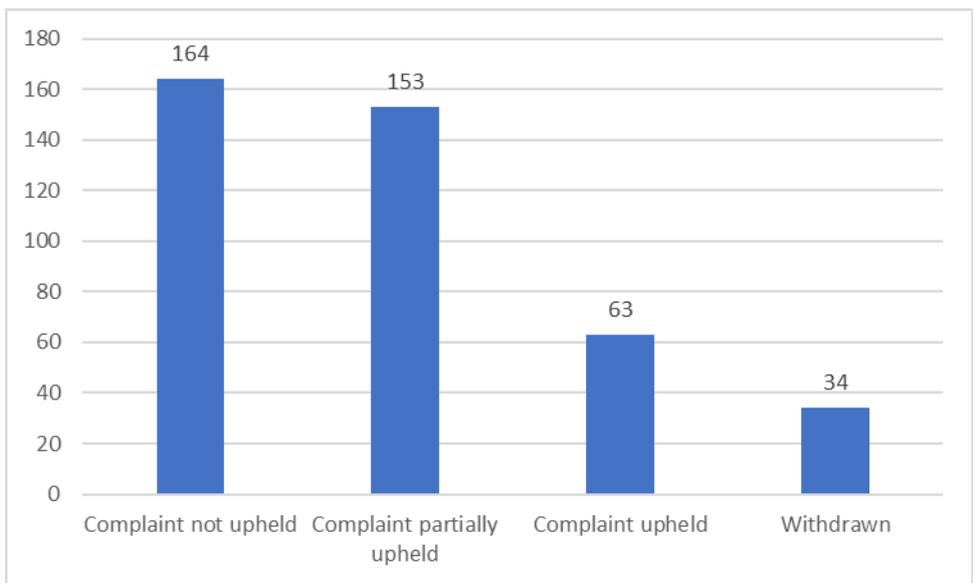


10.2.5 Closed complaints

414 complaints were closed over the 12 months.

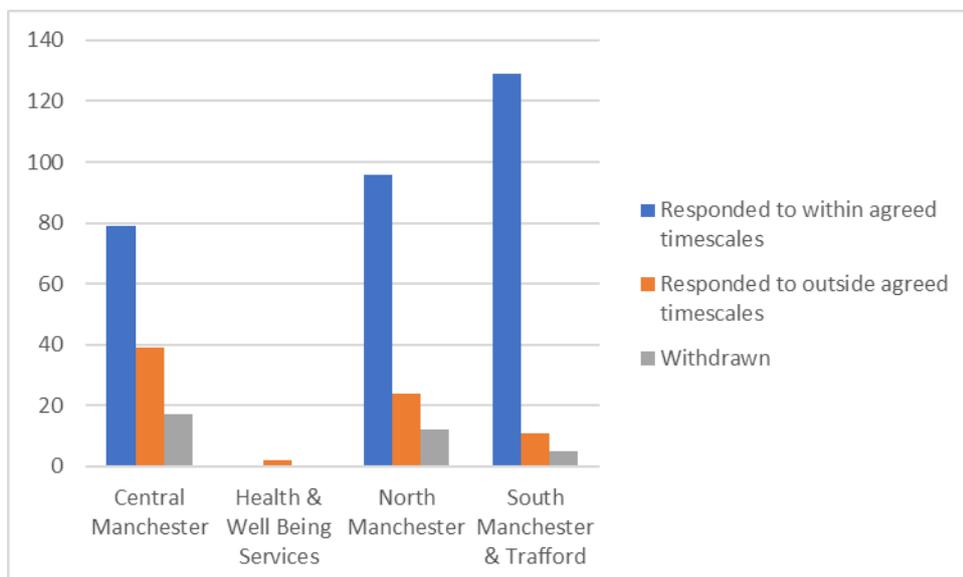
10.2.6 Bar chart showing the outcome of closed complaints

The bar chart below shows that 216 complaints were upheld or partially upheld, representing 52% of all closed complaints, 4% less than the Trust 56%.



10.2.7 Bar chart showing complaints responded to within agreed timescales

80% (304) complaints were responded to within agreed time scales compared 74% last year and 79% for the Trust.



Customer Care have continued to provide 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 management has been strengthened in the Divisions. Complaints responded to within agreed timescales is also reported to the Care Hub / Service User and Carer Experience Meeting.

10.2.7.1 Table showing quarterly performance for responding to complaints within agreed timescales

	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Responded to within agreed timescales	79	67	78	80
Responded to outside agreed timescales	20	29	22	5
Withdrawn	12	7	12	3
Totals:	111	103	112	88
Percentage responded to within agreed timescales excluding withdrawn	80%	70%	78%	94%

The table shows improvement in Quarter 4 after complaint administration and management was strengthened in Quarter 3 in Central Manchester and North Manchester Divisions

10.2.8 Learning from upheld and partially upheld complaints

217 quality improvement recommendations were identified from upheld complaints of which 123 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.

10.2.8.1 Learning from high level complaints

North Manchester: Elm Ward Park House

An inpatient complained that she was injured during a restraint at Elm Ward in Park House North Manchester General Hospital.

Following consideration of the complaint the Trust's Safewards lead has supported the inpatient team to review complaint responses and reflect on how to achieve better outcomes for inpatients

and staff. Managers have also assessed how safeguarding procedures were followed. The managers found that safeguarding procedures were not followed in line with the Trust's safeguarding policy. Learning has been shared within inpatient staff to improve understanding of safeguarding and to make the delivery of inpatient care safer.

North Manchester: Cavendish Ward Laureate House

The wife of an inpatient complained after her husband had an unwitnessed fall in Cavendish Ward's lounge and sustained a critical injury.

- The management team have introduced arrangements to ensure a member of staff is present in the lounge at all times to decrease the risk of falls.
- The Trust's physiotherapy lead has also delivered training to ward staff to improve access to the physiotherapy service.

North Manchester: West Community Mental Health Team

The mother of a service user complained that services in North Manchester had failed to recognise how poorly her son was and that he should have been admitted to inpatient services to keep him safe

- The Operational Lead for Bed Management and Patient Flow has met with ward managers at Cheadle Royal to ensure that they understand their responsibility to provide discharge summaries to Trust services in a timely manner. Managers have ensured that all staff including agency staff have an allocated supervisor and receive regular supervision.
- Managers have ensured that carers are identified and offered a carers assessment and support. The Trust Carers Lead has also supported Community Mental Health Team Management to develop staff awareness of carers' issues.
- The Head of Service User and Carer Involvement has liaised with the Matron to immediately review the discharge process from inpatient services and ensure staff are notifying family members accordingly. Managers have ensured that all staff including agency staff have an allocated supervisor and receive regular supervision
- Care coordinators involved with the service user's care have been provided with feedback on the findings of a complaint's investigation to enable them to reflect on how their own practice can be improved so that they maintain care plans in line with the Trust's CPA Policy.
- Home Based Treatment Team staff have been instructed to ensure service users, carers (if possible/appropriate), referrers and GPs are notified of the outcome
- Senior managers have ensured that notes from zoning meetings relating to service users are reviewed by doctors prior to outpatient appointments with them.
- Managers have ensured that all staff including agency staff have an allocated supervisor and receive regular supervision.
- Managers have ensured that carers are identified and offered a carers assessment and support. The Trust Carers Lead has also supported Community Mental Health Team Management to develop staff awareness of carers' issues.

North Manchester: SAFIRE Unit, Park House

The mother of a service user complained that her son should have remained receiving inpatient care rather than being discharged

- Staff have reflected on the need to clearly communicate staff shortages with the night manager when they are informed colleagues have been delayed on their way to work.
- A nurse has reflected in supervision about the need to record an adequate amount of information when completing a mental state examination.
- A new system has been introduced to ensure records from a different service, following transfer, are scanned and uploaded onto service users' clinical records.
- Managers have conducted a comprehensive review of the discharge process at Park House and introduced standards which are now audited on a monthly basis.

North Manchester: SAFIRE Unit, Park House

The wife of an inpatient complained that staff had failed to understand how physically poorly her husband was and that their action and inaction contributed to his illness.

- Arrangements have been introduced if there is disagreement between Mental Health Liaison staff and acute trust medics about the necessity of a brain scan. Mental Health Liaison Team consultant psychiatrist or the on-call consultant psychiatrist are now informed so that they can speak directly to the acute trust medics to discuss disagreements further.
- Both verbal and written handovers of concerns regarding possible organic causes for a presentation are now arranged between medics on different hospital sites or on different wards so that investigations can be completed without delay.
- All doctors at Park House are now provided with practical training regarding identifying signs of serotonin toxicity.
- Senior managers have liaised with their counterparts at North Manchester General Hospital to implement a system for urgent communication with ward staff when the telephone is not answered.
- A Trust-wide learning event has been arranged regarding rare forms of encephalitis.
- The failure to complete body maps in relation to service user's injuries has been raised in the ward team meeting and will be addressed with individual members of staff through line management supervision
- All ward managers will ensure that NHS Professionals staff should only participate in PMVA as last resort and that the nurse in charge should be notified of any occasion when bank staff are involved in restraint. An incident will be recorded on each occasion that bank staff are involved in PMVA.

Central Manchester: West Community Mental Health Team

A family complained about the lack of support and communication from services whilst their relative was under the care of Central Manchester CMHT West

- Managers have reviewed zoning meeting processes with clinical staff to ensure staff are aware of how and when to request a complex case discussion with the team psychologist or

case conferences/professionals' meetings and strategy meetings when patients disengage, present as high risk or have identified safeguarding needs

- Managers have reviewed the documentation standards of zoning meetings, ensuring recent clinical entries are reviewed as part of the MDT discussion and that previous actions have been completed.
- Staff members have engaged in a reflective discussion within supervision about decision making when changing a patient's zone status.
- Community Mental Health Team Managers and their staff have reviewed caseloads to address capacity issues.
- Community Mental Health Teams have held training sessions on the importance of safeguarding, the safeguarding referral process and when to raise safeguarding concerns in particular when considering vulnerability and neglect.

Central Manchester: A & E Liaison Team and Central East Community Mental Health Team

A mother of a service user complained that the A&E Liaison Team and CMHT did not fully understand how poorly her daughter was. The services therefore failed to provide an adequate level of support to keep the service user safe.

- Community Mental Health Team Managers ensure that carers are identified and offered a carers assessment and support. The Trust Carers Lead has also supported Community Mental Health Team Managers to develop staff awareness of carers' issues.
- The operational procedures for the Community Mental Health Teams have been amended to ensure cover when a care coordinator is absent

Central Manchester: West Community Mental Health Team and South Manchester and Trafford: Medlock Ward, Moorside Unit

The partner of a service user complained that doctors did not listen to his wife's opinion about medication and that when she was discharged services did not provide adequate support

- The Divisions lead consultant and the service user's inpatient consultant have reflected on the failure to consider an inpatient's reports of an adverse reaction to depot medication in the past.
- The Trust's Medical Director has ensured that all medical staff are appraised of their responsibilities in completing medication reviews before medication is prescribed.
- Community Mental Health Team's Standard Operating Procedures have been amended to ensure that contact is made with service users following reallocation of Care Coordinators and that the maximum length of time between contacts is reduced before requiring consideration in supervision.

10.2.9 Exception reporting

Central East Community Mental Health Team

Central East Community Mental Health Team have logged significantly more complaints and concerns compared to other Community Mental Health Teams across district services. The Customer Care Team produced an exception report for the senior manager responsible for the service who then discussed the reports with the senior leadership team. Complaints and concerns about the service have now reduced.

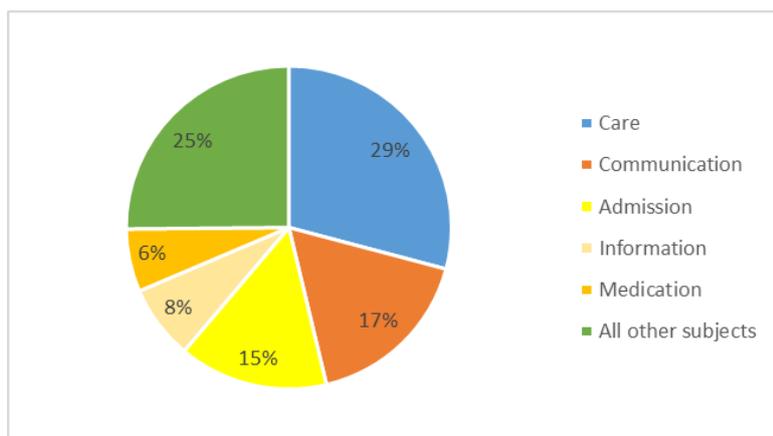
10.2.10 Parliamentary and Health Service Ombudsman

Five complaints about the Network were referred to the Parliamentary and Health Service Ombudsman out of the 17 referrals from the Trust.

10.2.11 Concerns

163 concerns were logged for the Network, which made up 52% of all Trust concerns

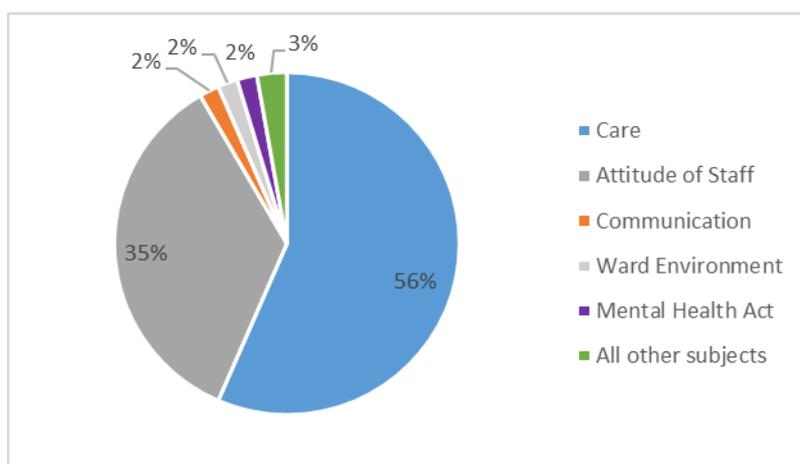
10.2.12 Pie chart showing top five subjects of concerns by percentage



10.2.13 Compliments

320 compliments were logged by the Network representing 25% of all compliments made about the Trust.

10.2.14 Pie chart showing top five subjects of compliments by percentage



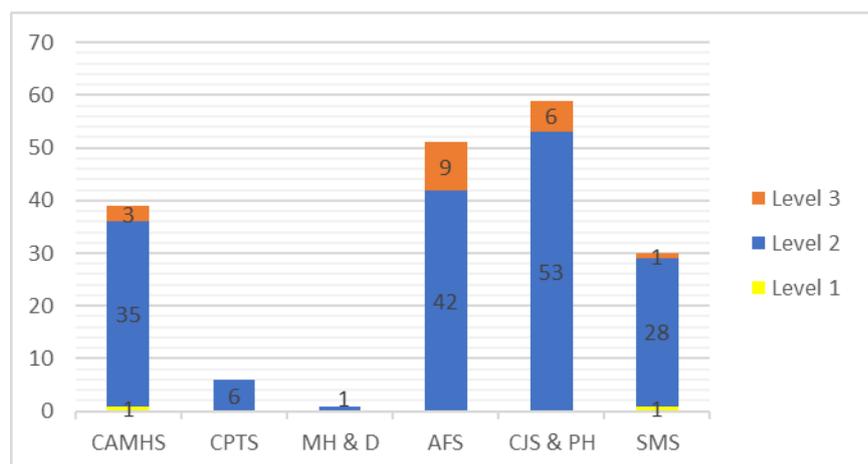
10.3 Specialist Service Network (SSN)

10.3.1 Complaints

The SSN Network received 186 complaints, which accounts for 20% 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 165 complaints were graded at Level 2, which is 89% of all complaints that the Network logged (186). No high level complaints (Level 4 and 5) were logged.

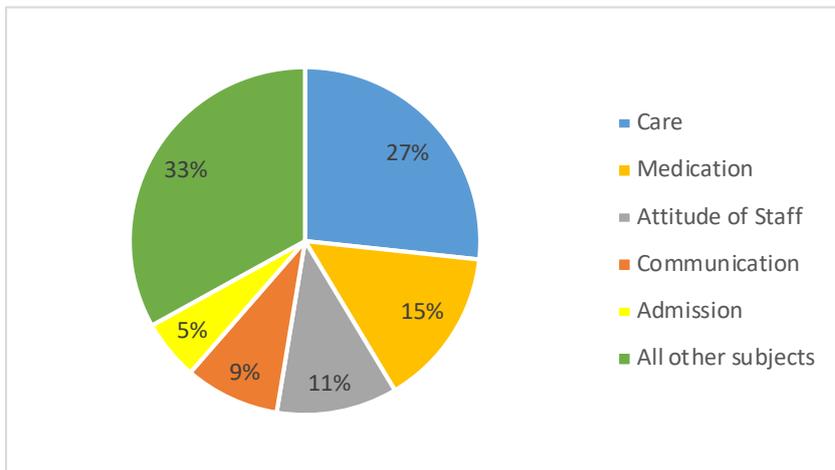


10.3.3 Table showing top five complaints subjects

	Total
Care	67
Medication	37
Attitude of Staff	28
Communication	22
Admission	14
All other subjects	83

10.3.4 Pie chart showing top five complaints subjects by percentage

The pie chart below shows care represented 27% of all subjects, compared to 32% for the Trust. Attitude of staff represented 11% compared to 12% for the Trust and communication represented 9% compared to 13% for the Trust. Medication represented 15% of subjects compared to 9% for the Trust which is be due to SMS services in the Network logging proportionally more complaints about medication. Admission represented 5% of all subjects, compared to 6% for the Trust.

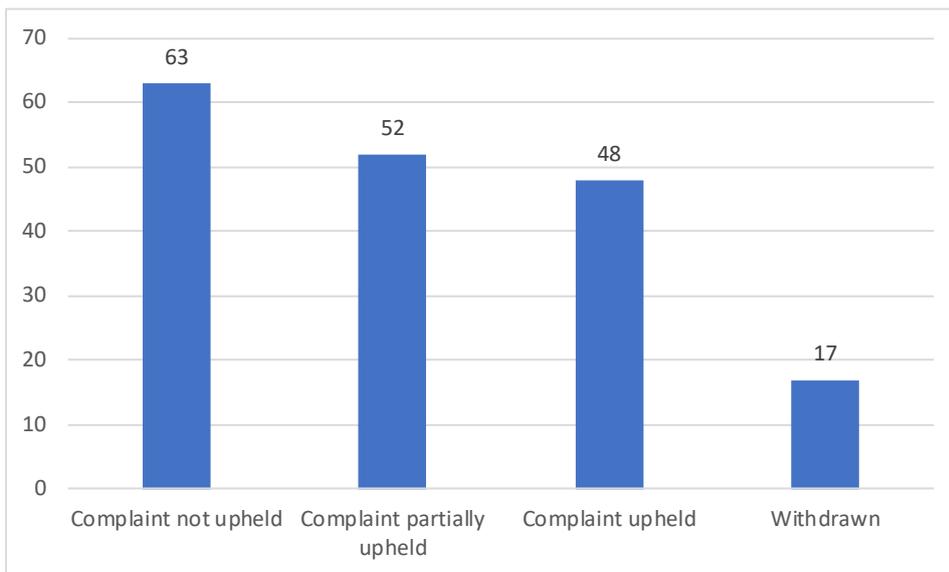


10.3.5 Closed complaints

180 complaints were closed over the 12 months.

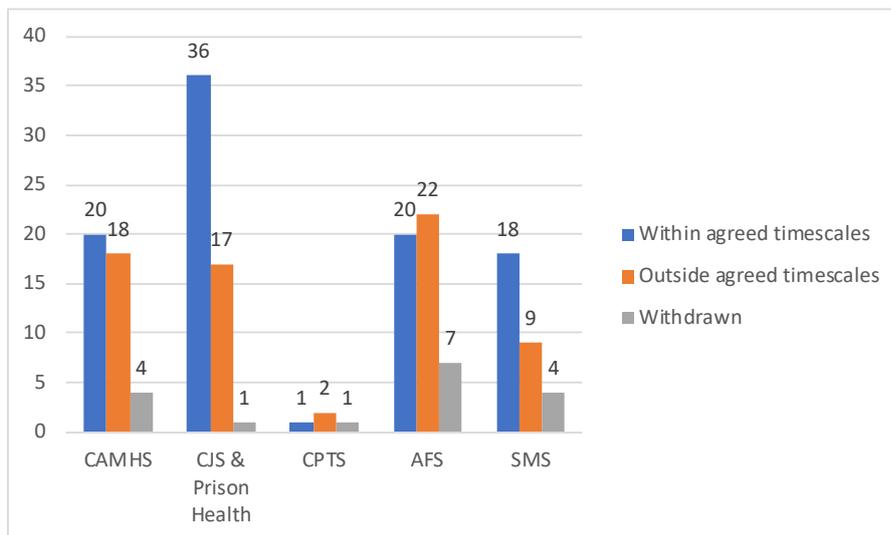
10.3.6 Bar chart showing the outcome of closed complaints

The bar chart below shows that 100 complaints were upheld or partially upheld, representing 56% of all closed complaints, which is the same as the Trust's rate.



10.3.7 Bar chart showing complaints responded to within agreed timescales

The bar chart below shows that 58% (95) complaints were responded to within agreed time scales compared to 79% for the Trust representing an improvement from 2018/19 (48%)



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; training delivered to administration staff across in AFS and CAMHS and ongoing support has been provided for Investigating Officers considering level 3 and 4 complaints.

Complaints responded to within agreed timescales have improved from 54% between April 2019 to September 2019 to 61% between October 2019 to March 2020, however more improvement is required. See recommendations.

10.3.8 Learning from upheld and partially upheld complaints

55 quality improvement recommendations were identified from upheld complaints, of which 31 had been completed at the time of writing this report. There are governance processes in place to ensure progress implementing quality improvement recommendations is monitored. Monitoring includes monthly reporting to the divisions and quarterly oversight at the trust Care Hub / Service User and Carer Experience Meeting.

10.3.9 Learning from upheld and partially upheld high level complaints

The Specialist Service Network partially upheld one high level complaint in 2019/20.

Substance Misuse Services: Bolton Achieve

Bolton Substance Misuse Community Team Achieve responded to a level five complaint. A mother of a service user complained that the service failed to fully understand how ill her son was when he was initially referred and did not take adequate action after he was discharged from an acute hospital.

- The service manager and clinical lead reviewed the initial assessment process conducted by the service and introduced robust measures to ensure physical health of service users is now fully considered.
- The service manager and clinical lead introduced improved procedures for the referral of people with substance misuse problems from acute hospitals to the service.

10.3.10 Examples of learning from low level complaints

CAMHS: Phoenix Ward

A father complained that his son had missed medication, that he had experienced poor communication with staff and was concerned regarding discharge plans

- Managers have ensured that all discussions regarding the rationale for prescribing medication are now communicated with parents/carers and discussed during in discharge planning and CPA meetings.
- Parents/carers are now informed who will be covering periods of leave for the Responsible Clinician or who they should contact for information within the multi-professional team.
- If parents/carers are unable to attend a clinical meetings, they are now given feedback as to the outcomes of the meeting.

Adult Forensic Services: Borrowdale Ward

A relative complained that they had been advised that their visit to the ward had been booked, however when the family arrived, reception staff refused the visit as the family were not on the list for visits.

- Managers discussed booking ward visits with the nursing staff and the importance of family visits and the implications of visits being double booked or not booked with reception staff in both staff meetings and nursing supervision
- The carer support worker was asked to make contact with the family to ensure that all future visits took place as planned.

10.3.11 Exception reporting

No exception reports have been produced

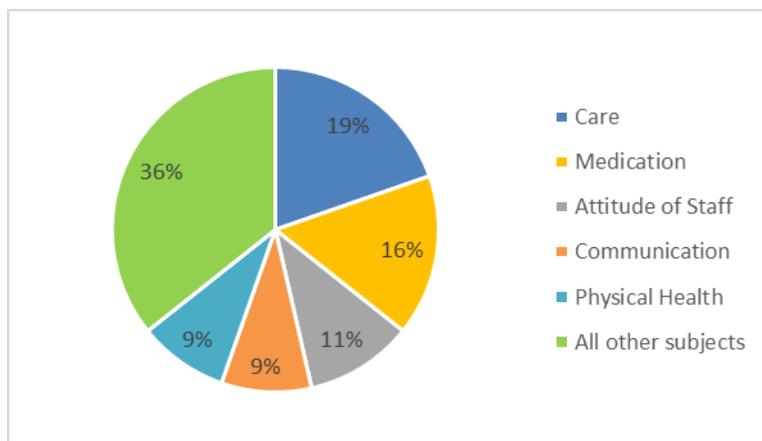
10.3.12 Parliamentary and Health Service Ombudsman

Six complaints about the Network were referred to the Parliamentary and Health Service Ombudsman out of the 17 referrals from the Trust.

10.3.13 Concerns

52 concerns were logged for the Network, which made up 17% of all Trust concerns

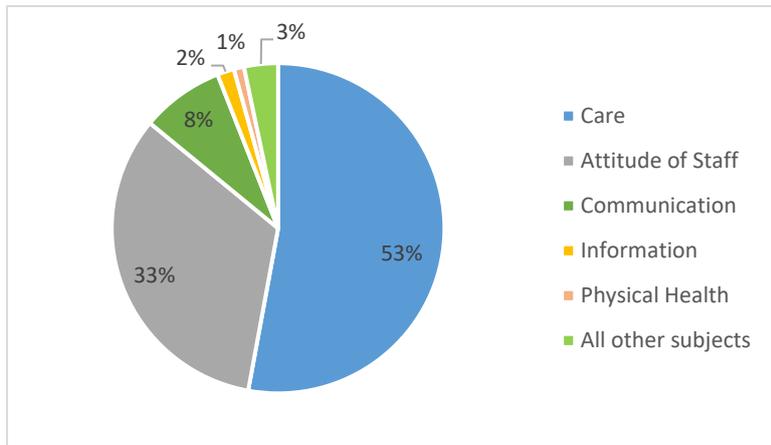
10.3.14 Pie chart showing top five subjects of concerns by percentage



10.3.15 Compliments

602 compliments were logged by the Network representing 48% of all compliments made about the Trust.

10.3.16 Pie chart showing top five compliments by percentage



11. Recommendations

- In 2020/21, 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 Service User and Carer Experience Meeting.
- Decrease the number of complaints by 5% whilst increasing the number of concerns being logged and resolved.
- Review monthly reporting to operational divisions to further emphasise compliments and their benefit to the Trust and the resolution of concerns before they become complaints.
- Further develop the system for exception reporting which will include gaining agreement with operational services management and subsequently amending the Customer Care Policy.
- Implement a number of actions to improve the consistency in quality of local complaint responses