

Freedom of Information Act 2000 disclosure log entry

Reference

16-17340

Date sent

01/02/2017

Subject

Formal complaints

Details of enquiry

I would like to know the number of registered complaints, written or verbal, that your NHS mental health trust received relating to the quality of care that the patient received, for example if the patient was not happy with the way they were treated by their doctors.

I would like this information for the following years:

- 2011/12
- 2012/13
- 2013/14
- 2014/15
- 2015/16

Response Sent

For your ease of reference I have attached the complete reports for your perusal, which are extracts of papers of the following meetings.

1. Board of Directors' Meeting – April 2016
2. Board of Directors' Meeting – April 2015
3. Board of Directors' Meeting – April 2014
4. Board of Directors' Meeting – April 2013
5. Board of Directors' Meeting – May 2012

In summary, the numbers of complaints received in each of the years requested is as follows:

1. 2011/12 9 complaints received
2. 2012/13 16 complaints received
3. 2013/14 12 complaints received
4. 2014/15 14 complaints received
5. 2015/16 27 complaints received

Board of Directors : April 2016

Item : 15

**Title : Annual Clinical Complaints and Whistleblowing
Report
2015-16**

Purpose:

The purpose of this report is to provide a summary of the formal complaints received by the Trust in 2015-16 and to identify any lessons learned from these complaints.

The report also includes details of all whistleblowing cases in the past year: this year there were none.

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance, that complaints have been managed in line with NHS requirements.

This report has been reviewed by the following:

- Corporate Governance and Risk Workstream Committee
- Patient Safety Workstream Lead
- Management Committee, 14th April 2016.

This report focuses on the following areas:

- Patient / User Experience

For : Noting

From : CEO

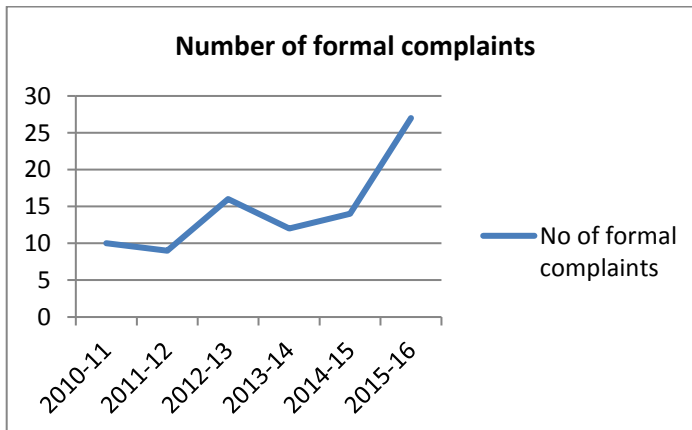
Annual Complaints Report

1. Introduction

The Trust has a Complaints Policy and Procedure in place that meets the requirements of the Local Authority and NHS Complaints (England) 2009 Regulations. The number of formal complaints received by the Trust in 2015–16 has risen to 27. Although significantly higher than in previous years (in 2014–15 we received 14), this is still relatively low compared to other NHS Trusts. The formal complaints received mostly relate to aspects of clinical care with a small number relating to facilities issues. This short report summarises the complaints received in the year, and the lessons learned from this important form of patient feedback.

2. Formal complaints received

Year	2010–11	2011–12	2012–13	2013–14	2014–15	2015–16
No of formal complaints	10	9	16	12	14	27



During 2015–16 the Trust received 27 formal complaints. These were all acknowledged by the Chief Executive, investigated under the Trust’s complaints procedure and a detailed letter of response was sent by the Chief Executive to each complainant.

3. Time to respond to complaints

Of the 27 complaints received in 2015–16, 4 remain open at the end of the year (in time for a response). 23 received formal responses, of which 22 were sent full responses within 25 days and 1 received a full response outside 25 days. The delay in responding to this complainant was due to having received two separate complaints from the same person. One was completed in full before the second complaint was investigated. The patient was kept informed and the Trust did not receive any negative feedback from the complainants as a result of this delay. As detailed in last year’s report the Trust is aware of the need for timely responses and has taken steps to put in place systems to ensure that complaints are acknowledged within 3 working days and, whilst no longer a national requirement, the Trust seeks to respond to complaints in full within 25 working days.

4. Complaints by Service

During the year services were reconfigured so comparisons are shown by Directorate rather than by service for 2015–16. The previous chart has been included for information.

Service	Number of complaints	
	2013–14	2014–15
Adult services	5	7
Portman service	2	2
Adolescent service	0	1
GIDS service	2	0
CAMHS (<i>excluding GIDS and adolescent</i>)	3	4
TOTAL	12	14

Data source: Complaints database

Directorate	Number of Complaints
	2015–16
Children Young Adults and Families	19
Adult and Forensic	6
Corporate Governance and Facilities	2
Total	27

Data source: Complaints database

5. Topics of Complaints

In 2015–16 most complaints related to aspects of clinical care, however two complaints related to facilities issues.

The following table provides a summary of topic of complaints.

Topics of complaints received
Clarity over process involved with clinical treatment (2 cases)
Attitude of facilities staff (2 cases)
Unhappy with involvement of FDAC
Parent feels that therapist had biased view towards them
Insufficient information given to patient about referral processes (2 cases)
Parent unhappy with treatment given to young person (18 years old) (2 cases)
Delays in referral due to administration errors (3 cases)
Misleading, biased and incorrect information included in report
Alleged discriminatory treatment
Alleged incorrect diagnosis and breach of NICE guidelines
Unhappy about the clinical assessment of the family
Unhappy about timings of appointments and resulting delay in commencement of family therapy
Breach of confidentiality (safeguarding issue)
Unhappy with appointment times and lack of timely communication from therapist
Alleged failure to acknowledge patient's mental health when presenting to FDAC
Alleged clinical negligence
Delay in sending case notes following contact sessions between father and child

Data source: Complaints database

6. Complaints Upheld

An assessment of whether a complaint is upheld or not is always made in order to support the lessons that can be learned within the organisation. In 2015–16 more than half (52%) of complaints were upheld fully or in part. Complaints have been reviewed and the increase is likely to relate to a change in emphasis on openness, transparency and learning. There is a recognition that patients feel listened to when it is acknowledged that even small errors have occurred, even if the main basis of their complaint has not been upheld.

Was the complaint upheld?	2013–14	2014–15	2015–16

Upheld in full	0	0	7
Upheld in part	2	3	7
Not upheld	9	9	9
Under investigation at time of report	0	2	4
Total complaints	12	14	27

Data source: Complaints database

7. Lessons learned

Complaints are always considered as opportunities for lessons to be learned, whether or not the complaint is upheld.

All complaints are fully investigated and a detailed report drawn up to address all the issues raised. When a complaint is upheld either in full or in part, an action plan is drawn up to ensure that where appropriate changes are made or further training is offered.

Complaints are discussed quarterly at the Executive Management Team so that the senior staff are made aware of any themes from the complaints and appropriate action taken. From 2015–16 one of the key issues was communication with patients concerning administration delays.

When corresponding with the complainants we seek to ensure that they feel listened to and that their concerns are being taken seriously. Where appropriate further appointments are offered to complainants with senior staff, including the Chief Executive Office, to ensure that any issues over our processes and their clinical treatment is clarified.

A number of specific actions have been taken during the year in direct response to complaints and these are shown in the table below:

Topic	What was upheld	Lessons learned
Insufficient information given about the referral process	The Trust apologised for this and for delays to the referral process.	Clinician reminded of the procedures and a process was established to send a standard letter to patients to

Topic	What was upheld	Lessons learned
		confirm they are on a waiting list and who to contact for support during this time
Delays in referral	This was an administration error	Staff reminded of procedures
Unhappy with appointment time and lack of communication from therapist.	Apology given for delays in communication and appointment times for young people reviewed	Action plan has been put into place to communicate with young people by text who are on the waiting list. Review of out-of-hours appointments was undertaken and this was found to be adequate.
Breach of confidentiality	Disclosure of an incident to police without the consent or knowledge of the patient	Clarification given to staff on when to report a safeguarding incident. Patient advised of alternative private therapist
Rudeness of facilities staff	Facilities staff appeared rude to patients/members of the public when carrying out their security duties.	De-escalation training arranged for facilities staff.

8. Parliamentary Health Service Ombudsman (PHSO) Investigations

If a patient is dissatisfied with a response to a complaint that they have received from an NHS Trust they have the right to refer their complaint to the NHS Healthservice Ombudsman who will review the concern and may take one of three options:

- Refer the matter back to the trust for further investigation
- Under an investigation itself (if the complaint involves clinical matter the Ombudsman's office is required to seek expert opinion)
- Take no action

During the year two patients referred a complaint to the Ombudsman compared to none in either 2014-15 or 2013-14 .

9. Next steps

For 2016–17 the Trust is committed to ensuring that all staff are fully aware of the different ways that patients can raise concerns. Further guidance has been issued to staff and new posters have been displayed in all patient areas on who to contact should a patient wish to make a complaint.

Complaints management will continue to be promoted at staff induction and mandatory training days (INSET) and in other settings as appropriate during the year. Further information on complaints was issued to staff in November 2015 and this is shown in Appendix 1. In addition the PALS Officer, the Complaints Manager and Patient and Public Involvement (PPI) staff will continue to work together as to ensure that patients are appropriately supported when they raise an issue.

The changes proposed for last year have been completed and the new Associate Director of Quality and Governance, reporting to Louise Lyon as Director of Quality and Patient Experience, is now in post. A new Complaints Manager has been appointed as our very experienced former Complaints Manager is nearing retirement and they are working together at present to ensure continuity of service.

Report prepared by
Amanda Hawke, Complaints Manager
on behalf of Chief Executive Officer

April 2016

10. Whistleblowing

There were no formal whistleblowing cases raised in 2015/16.

There were no formal whistleblowing cases raised in 2014/15.

Gervase Campbell
Trust Secretary, April 2016.

11. Report from the Freedom to Speak Up Guardian

The Francis Review recommended that all NHS Trusts appoint a Freedom to Speak Up Guardian. Gill Rusbridger began in this role on behalf of the Trust in October 2015.

The Trust has had no members of staff coming forward and raising formal complaints about patient care. However, this does not mean that we should become complacent. Just as in every other NHS trust, we need to build on a culture of openness and responsiveness to staff speaking out about anything that might place the care of our service users into question.

Actions Since Being Appointed.

To raise the profile of the role with staff a number of actions were undertaken:

Between November and December 2015, an email was sent to the whole Trust with my photograph attached so that everyone could recognise me, and a page set up about the role on the staff intranet. Since January 2016, posters with my contact details have been distributed to staff noticeboards, as well as information cards about the National Whistleblowing Helpline. A small version of the original poster was then attached to everyone's pay slip.

A further email was sent out informing staff about the appointment of a National Guardian, Dame Eileen Sills, and an email was sent to staff managers attaching information about 'top tips for managers' for when staff raise concerns. An additional email was sent to everyone that spoke in particular of the difficulties for BME staff in feeling able to speak out and raise concerns.

Staff seem curious about the role and often say spontaneously that they think it is a good thing. They liked the posters and flyers and some have commented on the Trust needing to be aware of how hard it might be to speak up. As a result of the emails being sent out, between October 2015 and March 2016, I have had 6 members of staff visit me. They all seemed relieved to be able to contact someone in confidence. Their concerns were mainly to do with feeling pressured and at risk of being overlooked and bullied. These concerns mirror an issue raised in the 2013 staff survey about staff bullying, which is being actively addressed elsewhere in the Trust. This was seen to have improved in the 2014

survey. However, it is important to recognise that feeling bullied can be linked with feeling unable to raise concerns. One member of staff did raise a concern about patient safety and I believe that this is now being dealt with directly with managers.

I spoke to the CYAF management group about the role and intend to arrange to attend an equivalent meeting with managers in AFS, and I met with Angela Haselton, Staff side Representative, to share information about staff raising concerns.

I met with Paul Jenkins, CEO, Louise Lyon (Director of Quality and Patient Experience) and Edna Murphy (NED) in March to report back on my experience so far.

Links Outside The Trust.

I contacted the National Whistleblowing Helpline and now receive regular newsletter updates from them via email. I have also joined the NHS Employers local Guardian hub and my details are on the freedom to speak up Guardian map. I have been in touch with another local Guardian, based at the Royal Free Hospital.

The National Guardian Office is becoming more active and there are now meetings for NHS Guardians, held alternately in Leeds and in London. I attended one that was held in London in March. Unfortunately, the National Guardian had by then resigned, but recruitment is underway to appoint a replacement. I anticipate there being more linking up with other Guardians – to share questions about the role and take part in training initiatives. A first conference for FTSU Guardians is being planned for next year.

For The Future.

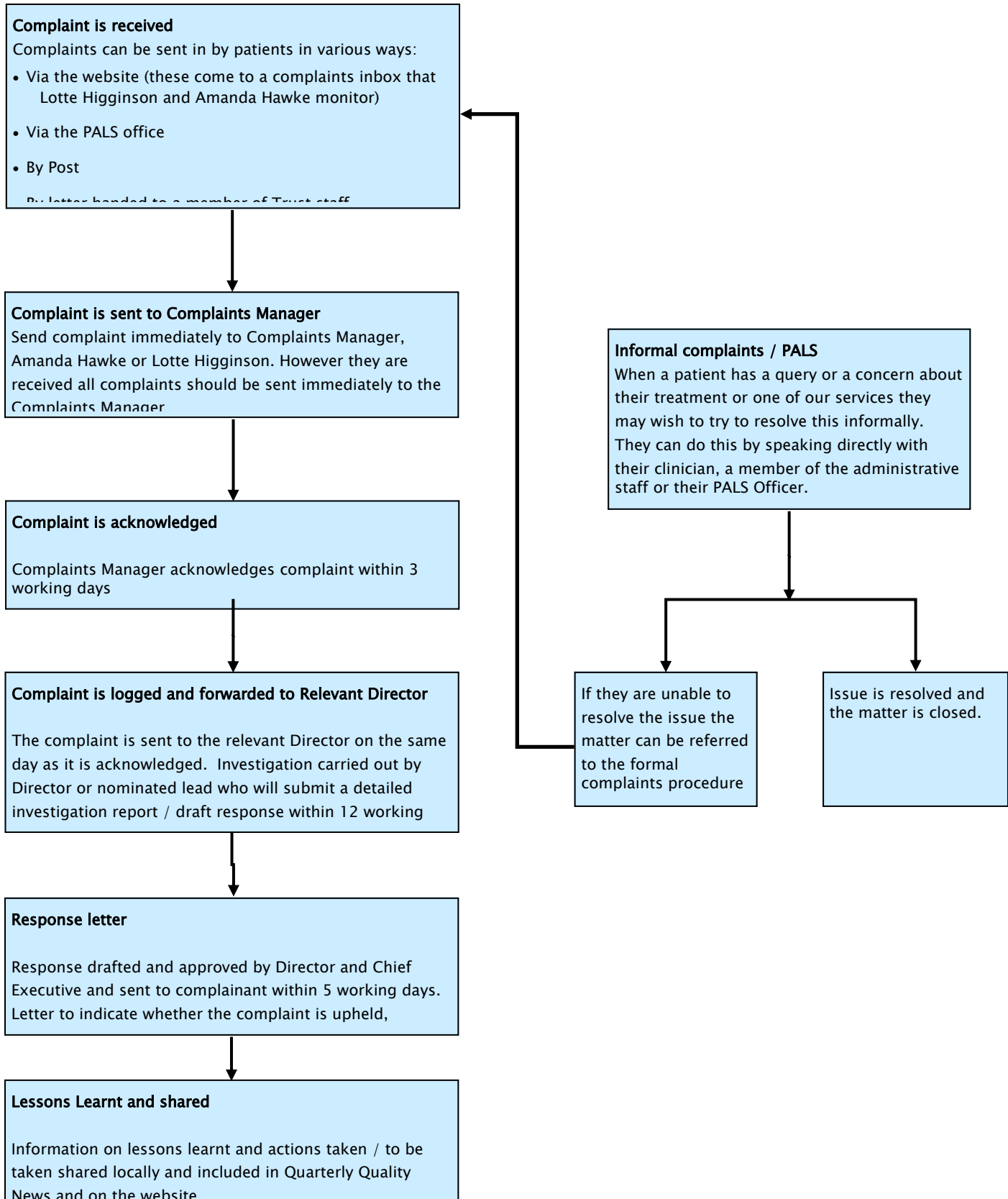
- I will be sending out regular emails reminders to all staff about my role and availability as an independent person with whom to consult about concerns they may have.

- I will continue to arrange particular meetings with groups of staff and managers.
- I am arranging a slot at our next Inset day.
- I will be attaching a question to the next staff survey relating to staff views on how comfortable they feel about speaking up.
- I will extend my connections with other local FTSU Guardians and with the National Office.
- I will continue to keep the profile of the Guardian in the Trust as high as possible. This is an important role that actively addresses and acknowledges the Trust's commitment to ensuring a culture of openness where staff are encouraged to speak up about patient safety.

Gill Rusbridger
Freedom to Speak Up Guardian
April 2016.

Appendix 1 Complaints Flowchart for staff issued November 2015

Complaints and Concerns (PALS) Procedure for Staff



Board of Directors : April 2015

Item : 13

Title : Annual Complaints Report 2014–15: Patient Services

Purpose:

The purpose of this report is to provide a summary of the formal complaints received by the Trust in 2014–15 and to identify any lessons learned from these complaints.

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance, that complaints have been managed in line with NHS requirements.

This report has been reviewed by the following:

- Corporate Governance and Risk Workstream Committee
- Patient Safety Workstream Lead
- Management Committee, 16th April 2015.

This report focuses on the following areas:

- Patient / User Experience

For : Noting

From : CEO

Annual Complaints Report

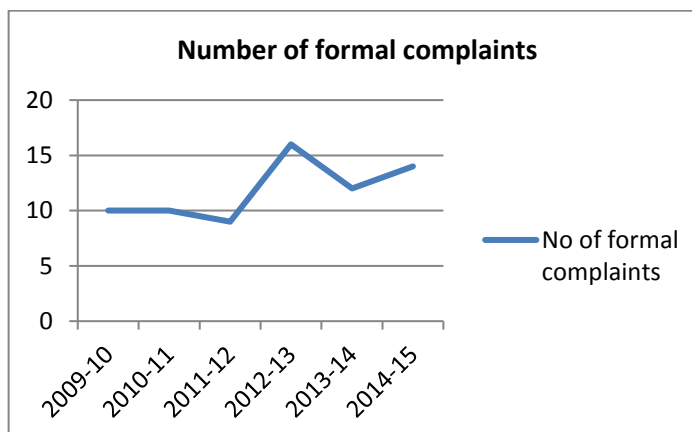
1. Introduction

The Trust has a Complaints Policy and Procedure in place that meets the requirements of the Local Authority and NHS Complaints (England) 2009 Regulations. As in previous years the number of formal complaints received by the Trust in 2014–15 remains low at 14, this compares to 16 in 2012–13 and 12 in 2013–14. All formal complaints received relate to aspects of clinical care, as in previous years we have received no complaints about environment, facilities or other non-clinical issues.

This short report summarises the complaints received in the year, and the lessons learned from this important form of patient feedback.

2. Formal complaints received

Year	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15
No of formal complaints	10	10	9	16	12	14



During 2014–15 the Trust received 14 formal complaints. These were all acknowledged by the Chief Executive, investigated under the Trust’s complaints procedure and a detailed letter of response was sent by the Chief Executive to each complainant.

3. Time to respond to complaints

During 2014–15 of the 14 complaints received, 2 remained open at the end of the year (in time for a response), and 12 received formal responses, of which 9 (75%) were sent full responses within 25 days and 3 (25%) received full responses outside 25 days. 2 responses were delayed over the summer period due to the leave and consequent delays in collating responses and one was delayed in Jan due to sickness. The trust did not receive any negative feedback from the complainants as a result of these delays. The Trust is aware of the need for timely responses and is taking steps to ensure that there are systems in post to support the absence of our extremely experienced complaints manager.

4. Complaints by Service

During the year services were reconfigured so comparisons are shown by services rather than at a Directorate Level for 2013–14 and 2014–15.

Service	Number of complaints	
	2013–14	2014–15
Adult services	5	7
Portman service	2	2
Adolescent service	0	1
GIDS service	2	0
CAMHS (<i>excluding GIDS and adolescent</i>)	3	4
TOTAL	12	14

5. Complaints Upheld

Upheld?	2012–13	2013–14	2014–15

Upheld in full	0	0	0
Upheld in part	5	2	3
Not upheld	11	9	9
Under investigation at time of report	0	0	2
Total complaints	16	12	14

6. Topics of Complaints

In 2014–15 as in the previous year all complaints related to aspects of clinical care. The trust did not receive any complaints about environment or facilities

The following table provides a summary of topic of complaints, all related to clinical care.

Topics of complaints received
Long wait for treatment
Non-involvement in an SI investigation (brother of the patient)
Criticism of handling of a child safeguarding matter
Balance between confidentiality and disclosure
Termination of therapy process (2 separate complaints about this, in different services)
Alleged breach of confidentiality (re letter to a GP)
Parent claiming that their child had been misdiagnosed
Alleged errors in the clinical record
Case closed due to non-attendance
Treatment was 'overwhelming'
Failure to inform one parent of young person's attendance (young person with other parent and did not want second parent to be informed)
Parent unhappy about health and social services plans to support teenage child
Unhappy with assessment process, believes was hypnotised during session

7. Lessons learned

Complaints are always considered as opportunities for lessons to be learned, whether or not the complaint is upheld.

As can be shown by the list above there are very few themes that can be drawn from the wide range of concerns expressed in letters from complainants.

In all cases the clinical teams seek to learn lessons from the complaints that are received, which whilst being low in number often generate large files of records of dialogue with patients, often over

months or even years; meetings with patients and considerable careful clinical consideration as to the best way in which each individual complainant can be helped.

A number of specific actions have been taken during the year in direct response to complaints and these are shown in the table below:

Topic	What was upheld	Lessons learned
Delay in name added to waiting list	This was an administration error	Team systems reviewed and staff reminded of their responsibilities
Failure to share Serious incident report with family member	This issue was raised following an inquest of an adult patient, at the time of the investigation the trust was unaware of the family member who raised a complaint as the patient had not provided any details . The Trust did accept that we should have made a copy of the report available to the family member in the context of disclosure for the inquest	The Trust has made an amendment to the serious incident procedure to include consideration for involvement of family members/carers when details have been provided by the patient
Breach of confidentiality when sharing information with GP	Failure to take account of the patient 's wishes when communicating with the GP	Asking a patient whether or not they wish the trust to communicate with their GP is a standard part of all assessments, staff in this team were reminded of this requirement and the need to refer back to the decision when considering communication

8. Parliamentary Health Service Ombudsman (PHSO) Investigations

If a patient is dissatisfied with a response to a complaint that they have received from an NHS Trust they have the right to refer their complaint to H M Ombudsman who will review the concern and may take one of three options:

- Refer the matter back to the trust for further investigation

- Under an investigation itself (if the complaint involves clinical matter the Ombudsman's office is required to seek expert opinion)
- Take no action

During the year no patients referred a complaint to H M Ombudsman compared to 7 in 2013-14

During the year one case from March 2012 was finally resolved. In this case the Trust did not accept the findings of the Ombudsman appointed expert and unusually the Ombudsman's office commissioned a second expert opinion this time from a suitably experienced psychotherapist who did find that the clinical decisions taken by the Trust were right in the circumstances. This matter has now been resolved and the case closed.

9. Next steps

For 2015-16 the Trust is committed to ensure that all staff are fully aware of the different ways that patients can raise concerns and we have recently launched a short guidance note for staff to help them support their patients. This is shown at Appendix 1.

Complaints management will continue to be promoted at induction and INSET and in other settings as appropriate during the year.

Some changes are proposed in the course of the year in the handling of work on complaints within the Trust. This is linked to the appointment of a new Clinical Governance and Quality Manager reporting to Louise Lyon as Director of Quality and Patient Experience. A further update on these arrangements will be provided to Directors in due course.

Summary prepared by
Jane Chapman, Governance and Risk Adviser
on behalf of Chief Executive Officer

April 2015

Appendix 1 Guidelines for staff issued March 2015

Guidance for staff: Responding to Complaints and Concerns

The Care Quality Commission (CQC) requires all Trust staff to be able to support any patient who wishes to raise a query, complaint or concern. These guidance notes have been prepared to support this process.

Any patient who attends the Trust is able to raise any concerns they may have directly with their clinician. Some will wish to raise a concern or a complaint outside the therapeutic relationship.

All staff should be sensitive to the wishes of patients who may have queries and concerns, and should be able to guide patients on their options which include:

- raising queries or concerns via PALS (our Patient Advice and Liaison Service)
- raising concerns informally with their clinician
- raising concerns informally with a member of the administrative and/or management team
- making a formal complaint (normally by letter or e-mail)

How can you help a patient who has a concern or a complaint?

1. If a patient tells you they want to complain, then explain that they have a number of options available to them in order to try and best resolve their concern or complaint. For example, you can advise a patient that they can: speak to their clinician; talk to PALS, or make a formal complaint to our Chief Executive.
2. For more information about how we handle patient concerns and complaints here, please see our 'Comments and suggestions, Concerns and complaints' leaflet by downloading it from our website by clicking here.

The Tavistock and Portman 
NHS Foundation Trust

3. If a patient chooses to raise their concern/complaint directly with you, do not give an undertaking that you can deal with it. Depending on the nature of the concern you may have to refer it to e.g. your team leader, directorate manager or our complaints manager.
4. If the concern is about care or treatment that you have given, and something has gone wrong, then it is okay to say 'sorry' (this is not the same as accepting responsibility). In this situation you should refer the matter to your line manager or the complaints manager so that a detailed investigation and explanation can be prepared.

Learning from complaints and feedback

Fortunately, we receive very few formal complaints (around 12 per year), but each one of these complainants consider that something has not gone well for them, and they may then enter into lengthy correspondence with the organisation. It is important that we take every opportunity to learn lessons from these complaints.

From 1 April 2015, on a quarterly basis, a short summary of lessons learnt will be included in the Quality Newsletter which is circulated via an 'all-user' email. You can also read the latest edition of the newsletter by visiting the CQC Intranet pages.

Note: in order to protect the confidentiality of individuals, care will be taken to 'disguise' any facts that could lead to identification of complainants. Team managers and governance leads are encouraged to use these summaries to prompt local discussion and, if appropriate, local quality improvement in services.

For further advice on handling complaints speak to your team leader, directorate manager or the Trust's Complaints Manager, Lotte Higginson (available Tuesday to Thursday) on x2335 or via email:

LHigginson@tavi-port.nhs.uk

Further information

If you have a question about our up-and-coming CQC inspection, please contact the CQC team by emailing: CQCHelp@tavi-port.nhs.uk

Board of Directors : April 2014

Item : 8

Title : Annual Complaints Report : Patient Services

Purpose:

The purpose of this report is to provide a summary of the formal complaints received by the Trust in 2013–14 and to identify any lessons learned from these complaints.

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance, that complaints have been managed in line with NHS requirements.

This report has been reviewed by the following:

- Corporate Governance and Risk Workstream Committee
- Patient Safety Workstream Lead
- Management Committee

This report focuses on the following areas:

- Patient / User Experience

For : Noting

From : Chief Executive

Annual Complaints Report

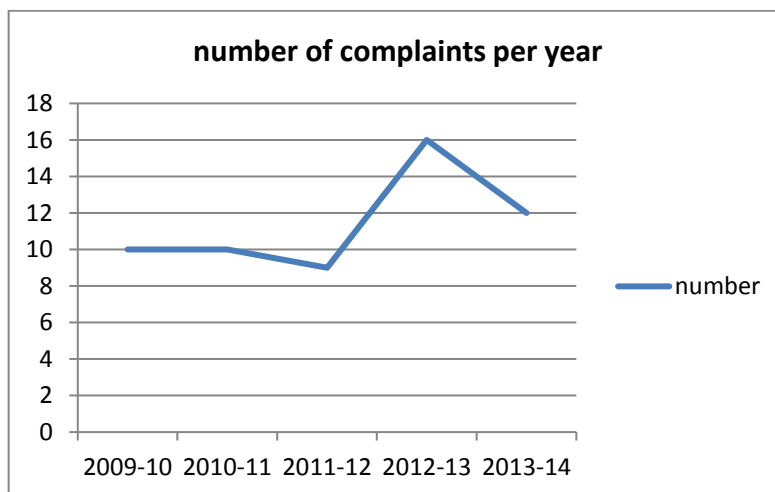
1. Introduction

The Trust has a Complaints Policy and Procedure in place that meets the requirements of the Local Authority and NHS Complaints (England) 2009 Regulations. As in previous years the number of formal complaints received by the Trust in 2013–14 remains low at 12, this is a drop from 2012–16 when 16 formal complaints were received.

This short report summarises the complaints received in the year, and the lessons learned from this important form of patient feedback

2. Formal complaints received

Year	2009–10	2010–11	2011–12	2012–13	2013–14
No of formal complaints	10	10	9	16	12



During 2013–14 the Trust received 12 formal complaints. These were all investigated under the Trust’s complaints procedure and a

letter of response was sent by the Chief Executive to each complainant.

During 2013–14 patients referred a total of 0 complaints to HM Ombudsman compared to 7 in 2012–13 (see section 7 below).

3. Complaints by Directorate

Directorate	Number of complaints	
	2012–13	2013–14
CAMHS	7	3
SAMHS	9	9

4. Complaints Upheld

Upheld?	2012–13	2013–14
Upheld in full	0	0
Upheld in part	5	2
Not upheld	11	10
Under investigation at time of report	0	0
Total complaints	16	12

5. Topics of Complaints

See table for brief summary of topic of complaints, all related to clinical care. The Trust received no complaints about environment or facilities during 2013–14

Long wait for treatment.
Disagreed with diagnosis of child's condition
Difficulties with supervised contact arrangements between father and daughter at
Unhappy with contents of court report
Dissatisfied with lack of crisis provision in the Trust
'Prolonged' delays to treatment (GIDS)
Negative experience of group therapy (patient stopped attending after 6 months)
Negative experience of method of therapy
Complaint about missing report
Decision not to offer therapy
Patient challenging assessor's interpretation of his difficulties
Delay in starting medical therapy (GIDS)

6. Lessons learned

The elements of the complaints which were upheld are summarised in the table below together with actions taken/lessons learned if applicable.

Topic	What was upheld	Action/Lessons learned
Long wait for treatment. Lack of clarity about waiting list Failure in administrative procedures (delay in completion of paperwork)	Department accepted failure in administrative procedure. Apologised for the fact that that clinician was not fully familiar with procedures which resulted in mixed messages being given. However, no additional delay had occurred as a result of the error. Position about waiting list explained.	Clinician advised on correct procedures

Topic	What was upheld	Action/Lessons learned
Lack of response to referral from GP Complaint about missing report	NOT UPHELD Investigation found that GP had not made a referral to the Trust UPHELD Complaint about missing report upheld. Despite extensive search the report had not been located	Reminders to staff about the importance of filing reports when received

7. Parliamentary Health Service Ombudsman (PHSO) Investigations

At the start of 2013–14, 3 cases reported to PHSO in 2012–13 remained open.

During 2013–14, 2 of these two cases were closed with no further action required from the trust or being taken by PHSO.

One case (a complaint first presented in 2012–13) remained under investigation and the trust received a report from the PHSO which it disagreed. At March 2014 we were offered the opportunity to meet with the PHSO, which the Trust has accepted.

8. Next steps

At the end of 2012–13 the Management Committee asked the two Clinical Directors to see if any general lessons could be learned by in the increase in complaints to 16 and meetings to discuss complaints and their management took place in both CAMHS and SAAMHS

At the end of 2013–14 the complaints number has fallen to 12 (a drop of 25%) so no specific action has been identified at this time.

Report prepared by
Jane Chapman
Governance and Risk Adviser
April 2014

Board of Directors : April 2013

Item : 13

Title : Annual Complaints Report : Patient Services

Purpose:

The purpose of this report is to provide a summary of the formal complaints received by the Trust in 2012–13 and to identify any lessons learned from these complaints.

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance, that complaints have been managed in line with NHS requirements.

This report has been reviewed by the following:

- Corporate Governance and Risk Workstream Committee
17th April 2013
- Patient Safety Workstream Lead
- Management Committee 18th April 2013

This report focuses on the following areas:

- Patient / User Experience

For : Noting

From : Dr Matthew Patrick, Chief Executive

Annual Complaints Report

1. Introduction

The Trust has a Complaints Policy and Procedure in place that meets the requirements of the Local Authority and NHS Complaints (England) 2009 Regulations. As in previous years the number of formal complaints received by the Trust in 2012–13 remains low at 16, however this number is a significant increase on the numbers received in previous years

This short report summarises the complaints received in the year, and the lessons learned from this important form of patient feedback

2. Formal complaints received

Year	2009–10	2010–11	2011–12	2012–13
No of formal complaints	10	10	9	16

During 2012/13 the Trust received 16 formal complaints. These were all investigated under the Trust’s complaints procedure and a letter of response was sent by the Chief Executive to each complainant.

During 2012–13 patients referred a total of 7 complaints to H M Ombudsman compared to just one in 2011–12 (see section 7 below).

3. Complaints by Directorate

Directorate	number of complaints
CAMHS	7
SAMHS	9

4. Complaints Upheld

Upheld in full	Upheld in part	Not upheld
0	5	11

5. Topics of Complaints

All 16 complaints raised issues about clinical care or the clinical process of care. They covered topics including: the alleged breach of confidentiality; wait for treatment; accuracy of letter to GP; failure to be offered treatment; premature ending of treatment; alleged misdiagnosis of a child and allegation that a report contained fabricated contents.

No complaints were received that related to environment; car parking or other aspects of the patients non- clinical experience.

6. Lessons learned

The elements of the complaints which were upheld are summarised in the table below together with actions taken/lessons learned

Topic	What was upheld	Action/Lessons learned
GP letter	That the contents of a GP letter contained too much personal and sensitive information about a patient	A teaching session on writing letters for GP's was prepared and delivered to all SAAMHS staff
Website	A statement about patient information on the website was misleading	This statement was amended and a review carried out by the Caldicott Guardian of all statements relating to patient

Topic	What was upheld	Action/Lessons learned
		information on the website was completed.
Information on child's progress	Accepted that there was a delay in informing the GP of progress	Raised awareness of record keeping standards which includes guidance on how often a GP should receive an update
Group therapy	The way in which termination of the group was handled which the patient found difficult, the Trust accepted that transition could have been handled better so as to reduce uncertainty for the patients	Issues were discussed in team meetings. The patient has been offered and has accepted a place in a new group
Consent for treatment	Patient was taken into treatment with insufficient information as to what to expect	A training session of the principles and practice of consent for treatment was delivered to SAAMHS staff, assessment paperwork has been amended to include specific questions about care planning, information to patient and patient consent for treatment
Engagement of adolescent in sessions	Accepted that the therapist did not give the impression to the adolescent that he was fully engaged with the session, though this was an impression as the therapist had in fact been listening intently to the patient	

7. Parliamentary Health Service Ombudsman (PHSO) Investigations

During 2012–13 a total of 7 patients referred a letter of complaint to PHSO. Of these 4 relate to complaints received and investigated in

2012-13, the remaining 3 are from previous years. These are summarised in the table below:

Date of original complaint	Topic	Actions taken by PHSO	Status at 31.3.13
(Adult) 2011-12	Dissatisfaction with treatment	Investigated by PHSO, with Advisor appointed Trust asked to take further action to try and conclude complaint 27.03.2013. Letter from Chief Executive and Clinical Director to patient c.c. Ombudsman, attempting fuller explanations of the clinical decisions that were made	OPEN at 31.3.13
(Adult) 2006-2008	Dissatisfaction with treatment	no investigation by PHSO following review of Trust file	CLOSED
(C and F) 2010-11	Dissatisfaction with compliant investigation	no investigation by PHSO following review of Trust file	CLOSED
(Adult) 2012-13	Dissatisfaction with treatment	no investigation by PHSO following review of Trust file	CLOSED
(Adult) 2012-13	Unhappy at not being offered treatment	no investigation by PHSO following review of Trust file	CLOSED
(C and F) 2012-13	Alleged Misdiagnosis of child	Referred to PHSO in Feb 2013 PHSO seeking advice from a clinical adviser	March 2013 OPEN with PHSO
C and F 2012-13	Contents of report prepared in context of child protection proceedings	Referred to PHSO in Feb 2013 Internal investigation : NOT UPHOLD Assessment undertaken/Report prepared in accordance with referral from Haringey Legal Services,	March 2013 OPEN with PHSO

Date of original complaint	Topic	Actions taken by PHSO	Status at 31.3.13
		following a Court Order	

8. Next steps

The Management Committee noted that whilst complaint numbers are still low there has been a significant increase in numbers between previous years and 2012-13. In the light of this the Management Committee have agreed that the executive team of each directorate will meet to discuss the complaints picture for their directorate and consider whether any general lessons can be drawn from this. The two Clinical Directors will report back to the Management Committee in June 2013.

Dr Matthew Patrick
 Chief Executive
 April 2013