

***GETTING IT WRONG AND GETTING IT RIGHT:
COMPLAINTS THEMATIC REPORT 2015-16***

“As difficult as it was to make a complaint, if our experience has highlighted shortcomings in the current service and contributes in just a small way in helping to improve care in this area where there are no second chances, it will be some comfort to know that things are different in the future as a result of my approaches to you.”

Somerset Partnership Carer, 2015

26 April 2016

COMPLAINTS THEMATIC REPORT 2015-2016

1 SUMMARY

- 1.1 This report summarises what we have heard and learnt from complaints received by the Trust for the year 1 April 2015 to 31 March 2016.
- 1.2 This report contains patient and carers' stories as case studies to illustrate the main themes in the complaints. These are edited extracts from the Trust's complaints files. It also contains patients' compliments along the same theme, to contrast with these stories.

2. HOW MANY COMPLAINTS DID WE RECEIVE?

- 2.1 During 2015-16 we received 146 complaints. This compares to 147 in 2014-15.

WHICH SERVICES RECEIVED THE MOST COMPLAINTS?

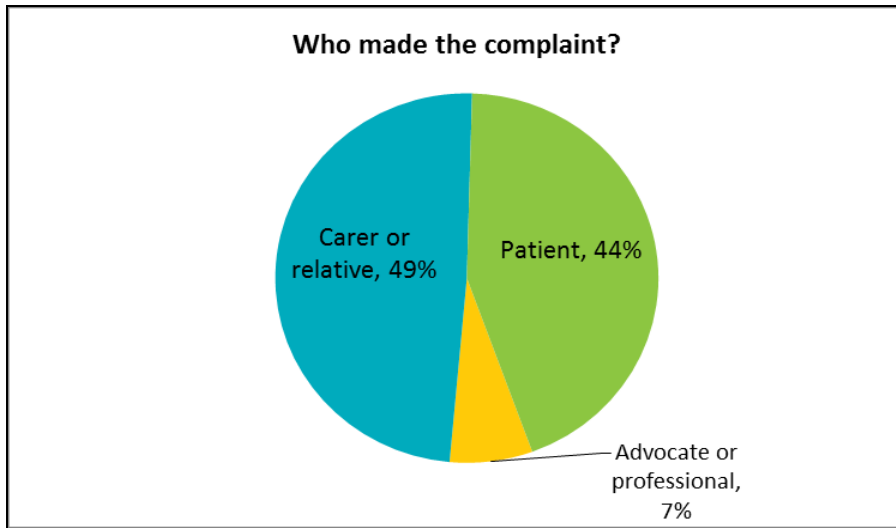
- 2.2 The table below shows the different areas across the Trust where complaints were received. The services which received the largest number of complaints were mental health services: CMHTs and inpatient care. Annex 1 to this report shows how complaints fall across the Trust's divisional structure.

Service (general):	No. of complaints:
Community Mental Health Teams	21
Mental Health Inpatient Care	21
Community Hospital nursing	15
Dental (including prisons)	15
Minor Injury Units	13
District Nursing	10
Child & Adolescent Mental Health Service	8
Crisis Resolution & Home Treatment Team	6
Older Adults' Community Mental Health	4
MSk Physiotherapy	4
Others (less than 3 per service)	29
Total:	146

WHO MADE COMPLAINTS?

- 2.3 The chart below shows who made the complaint. 44% of complaints were made by the patient directly: 49% were made by a relative or carer. Relatives or carers are welcome to make complaints on behalf of their loved one and we always investigate these, however, we do need the consent of the patient before we release the findings of our

investigation to the carer, if the issues raised are about the patient's personal care.

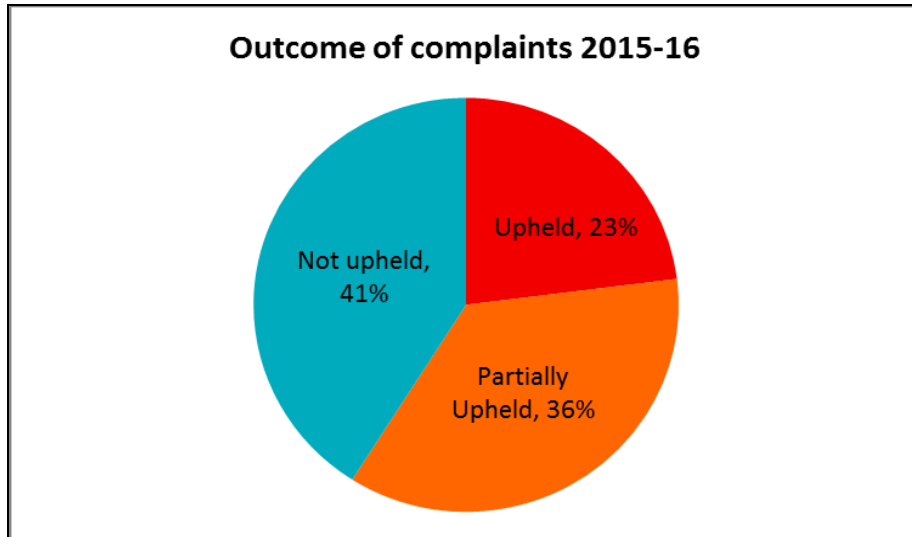


2.4 This shows that more carers make complaints than patients themselves (although there is a reasonably even split). This highlights the importance of continued promotion of the complaints process to carers, so they are able to advocate on behalf of their loved ones.

2.5 Reports this year have highlighted that some patients, particularly older patients, are often reluctant to make complaints about poor care. Encouraging their relatives and carers to make complaints may be a good way of ensuring a high quality service for vulnerable or less vocal patients.

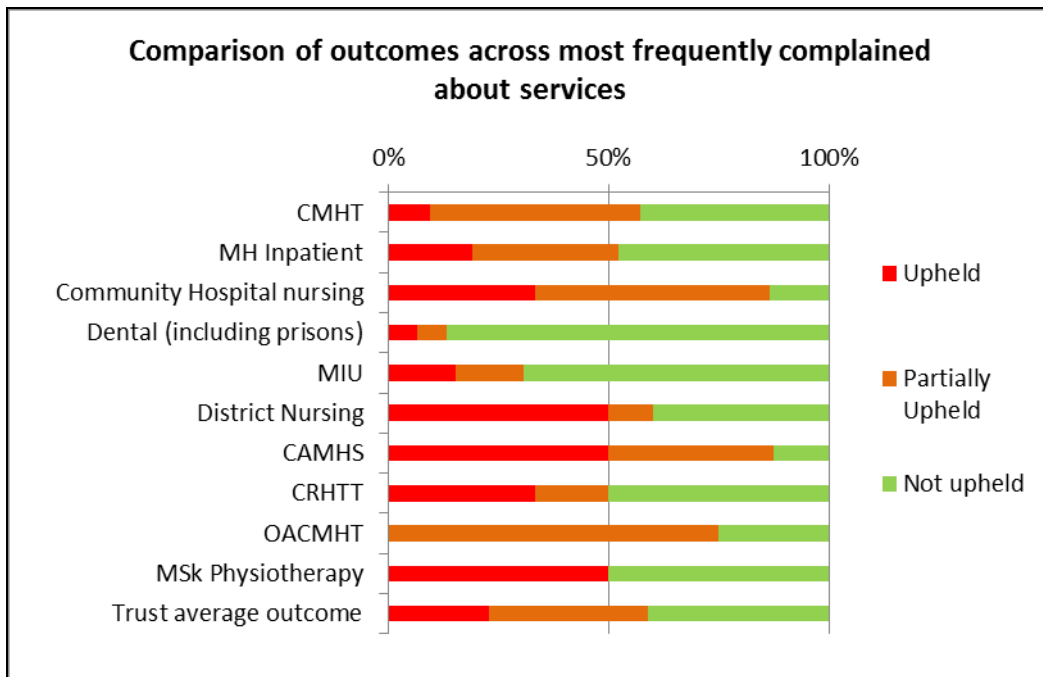
3. COMPLAINTS OUTCOMES: WERE COMPLAINTS UPHELD OR NOT UPHELD?

3.1 Across the Trust, 59% of all complaints were upheld (or partially upheld). A breakdown of the outcomes is shown in the pie chart below.



Did complaint outcomes vary across different services?

3.2 The chart below shows a comparison of outcomes across these services. Where few complaints are upheld, this may indicate a high expectation on behalf of patients, or it may indicate different ways of handling complaints within different teams.



4. FORMAL COMPLAINTS: ANALYSIS OF ISSUES RAISED

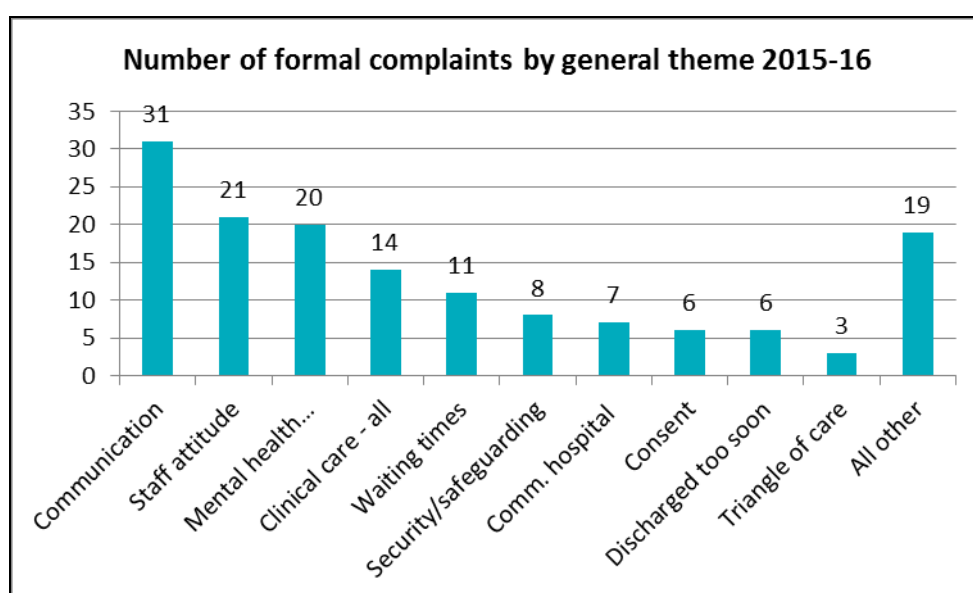
4.1 The Datix recording of complaints themes is very basic and is made against the pre-defined categories that we are required to report against on a quarterly basis (K041 categories).

4.2 As well as these categories, all complaints during the year have been individually categorised by issue by the Patient Experience Manager. (This analysis is by its very nature a subjective one.)

4.3 These issues have been counted and all issues with a count of four or over are shown in the table below:

General theme:	Total:
Communication	33
Staff attitude	21
Mental health – services not meeting needs	20
Clinical care - all	14
Waiting times	11
Security/safeguarding	7
Community hospital care	6
Consent	6
Discharged too soon	6
Triangle of care	3
All others/misc.	19
Grand Total:	146

4.4 This data is shown in the bar chart below:

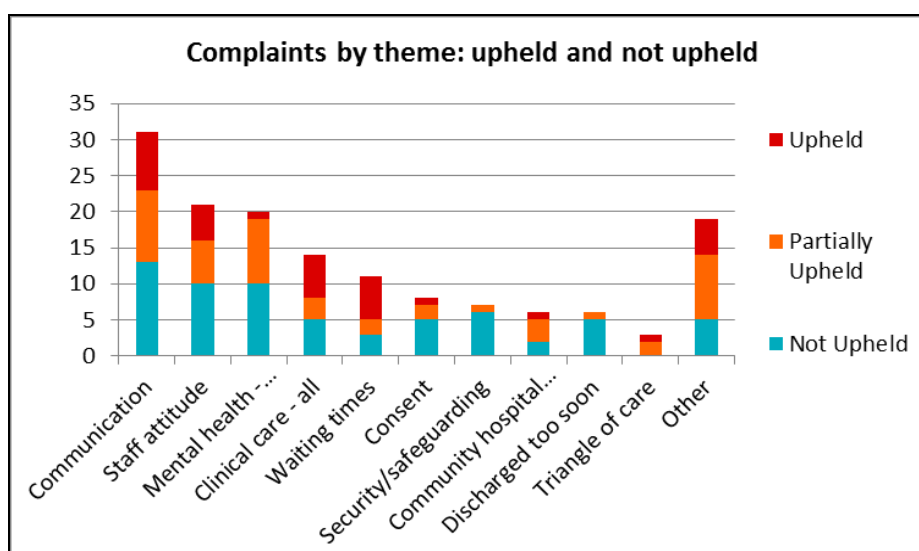


4.5 The top themes for 2015-16 are:

1. Communication
2. Staff attitude
3. Mental Health – services not meeting needs/not available
4. Clinical care – all aspects
5. Waiting times

Outcomes across themes:

- 4.6 The bar chart below shows whether complaints were upheld or not upheld according to theme. This shows that outcomes are fairly consistent across the themes.



5. ANALYSIS OF TOP THEMES:

5.1 Theme 1: Communication:

Good communication is key to good relations with patients and families.

- 5.2 31 complaints were categorised as being largely about communication. Many of these were about communication with families, as well as with patients themselves. Some were about communication between organisations and agencies.

5.3 Key lessons:

1. Take extra time to communicate carefully with families over key milestones on the patient's journey, including:

- assessments
- admission
- incidents

- discharge
- end of life care

2. Take extra time to communicate carefully with patients at key points, such as:

- when a patient is in physical pain,
- when a patient is admitted to a mental health ward
- when a patient is being assessed or receiving a diagnosis
- when patients have an expectation that we will respond to them: for example, returning calls or correspondence
- when things have gone wrong in the course of our working days e.g. staff are ill or late

3. Key information should be recorded on Rio, particularly if you have conversations with relatives, carers or other agencies looking after a patient.

5.4 Case study:

Complaint case study: Communication

“There was an incident in the course of my late mother's illness which caused us concern. It was clear that my mother was terminally ill and in her last days. The doctor ordered a hospital bed so that my mother could be made as comfortable as possible.

When the manager of her care home called to check on the progress of the bed order, she was told that it had been cancelled by a District Nurse. It was not clear which nurse had taken this decision; what was absolutely clear was that whoever did so had not discussed it either with my brother or me. My family were very distressed by this incident; we were taking very difficult decisions on behalf of our mother and were completely disconcerted by this turn of events. We were very anxious about the implications for the care of our mother in her last days.

I think it important that you should know what happened, in order that you can take action to prevent it happening again.”

Outcome:

The complaint was upheld. We apologised for the breakdown in communication.

The GP had originally asked the District Nurse to order the bed, but when she tried to do so, there was a problem with the supplier's computer and she was unable to complete the order. She spoke to the care home and was assured this would not be a problem as they were able to meet the patient's care and comfort needs on her current bed. However, this decision was not properly communicated to the family, the GP or the home.

Complaint case study: Communication

We told the family that we would be implementing a 'named nurse' approach within the District Nurse Service which will mean that patients have a 'named nurse' - and an associate nurse – who will oversee their care. Although they may not always be the ones to deliver the care, they will be the main contact for patients, family and carers and they will be responsible for coordinating the patient's care. We are also further improving and implementing detailed personalised care plans for end of life patients, which will include contributions from everyone involved in the patient's care. This gives an opportunity to consult with all parties so everyone's voice is heard, most importantly, the patient and their families.

5.5 Theme 2: Staff attitude

5.6 This issue arose 21 times across several services, including mental health inpatient wards (5), Community hospitals (4) and MIUS (4).

5.7 Some of the incidents occurred when situations escalated and patients become aggressive with staff. Some appear to have been incidents involving particular staff members; in cases where these were upheld and the staff member was an agency worker, for example, the staff member was not employed by the Trust again. In other cases, HR processes needed to be followed.

5.8 Due to staff confidentiality, it can be hard to give much information to patients about what happened after their complaint, which can be very frustrating for the patient who wants to see a 'proper outcome'.

5.9 Key lessons:

- Patients' experience of staff attitude is key to their experience of our service as a whole: one poor staff member can taint a patient or carer's view of our Trust.
- Complaints about staff attitude should be investigated and if substantiated, formal HR processes should be followed, for example, reflecting on the issues in supervision and capability/disciplinary if appropriate.

5.10: Case study:

Complaint case study: Staff attitude

"I was admitted to your hospital and on the whole received professional and kindly care from all levels of staff, including Matron who came to see me personally. Unfortunately I did encounter one particularly unpleasant incident which would have

Complaint case study: Staff attitude

coloured my entire concept of the NHS had it not been for the other staff.

After a fall I was taken to your ward. On my arrival the staff member was very unpleasant. She said she did not know why I was being admitted as I was able bodied and could go home. I explained that I had been admitted for physiotherapy. She said: "The only physiotherapy you will get will be walking along the corridor holding onto a nurse. I needed the toilet. She followed me in and glared down at me as I managed myself and said: "Whether you are here or at home you'll be in pain, so you may as well be at home." I did not say anything.

Outcome:

The complaint was upheld. We apologised for the patient's experience.

Due to staff confidentiality issues, it was very difficult to explain the further actions that we took, but these issues were followed up with the staff member through the appropriate HR processes.

Getting it right: Staff attitude

"I would just like to let you know about the amazing care that I am receiving from your community hospital. The staff there are above and beyond anything that I can put into words. They are caring, gentle, thoughtful, and attentive and nothing is too much trouble for them. They are an absolute credit to the Trust. The receptionists make you really welcome, the nurses are amazingly kind. I hope that you can pass on my thanks to the team at the hospital for the best care that any patient could possibly receive."

"My 3 year old son fell off his scooter and hit his head on the Tarmac. On the journey there my son was so scared of having to go to hospital. When we arrived we were booked in straight away and were seen within 5 minutes of arriving. The hospital staff were so friendly and my son laughing and smiling straight away. The nurses who seem to us were brilliant, they fixed his 'baddy' and we were on our way home within 15 mins of arriving. On the way home my son told me if he ever had another 'baddy' could we please go to this hospital again because he loved it !! Thanks so much for everything!"

"I attended the MIU with my son who had a potential broken wrist. We were booked in straight away by the very friendly receptionist who made my 10 year old son relax and laugh, thank you! We were seen by the nurse within 10 minutes of arriving. My son was very well looked after and cared for. He was spoken to as the patient and was made to feel relaxed and in good hands. We had to return this morning for an x Ray as the department was closed at 6 last night when we attended. Again all the staff were brilliant. Thank you staff at your for making my son (and me) have a pleasurable experience."

5.11 Theme 3: Mental Health – services not meeting needs

5.12 This issue arose 20 times across times across adult and children's mental health services, including Community Mental Health Teams (10) and CAMHS (5).

5.13 Some of these complaints are due to patients having unrealistic expectations of open-ended flexible low-level support, rather than time-limited interventions. This can lead to patient's expectations of the service being different from what we are able to offer.

5.14 Key lessons:

- If staff are off sick or absent, ensure appropriate cover, particularly for care coordination, and make sure that patients know who is looking after them.
- Make sure that patients understand what we can offer: the reasons for focused, often time-limited work, and explain why we need to discharge patients from our services if they do not attend or engage.
- Offer support to patients and their families after inpatient admissions due to overdoses or other self-harm.
- Make sure patients receive signed and jointly agreed care plans.

5.15 Case study:

Complaint case study: Mental health services not meeting needs

"I would like to make a formal complaint about the inadequate for my daughter. Neither my daughter nor I have seen her current care plan. The last care plan we have is three years old.

She has not been seen by a consultant psychiatrist for over a year or her Community Psychiatric Nurse (CPN) for nearly a year. This is despite concerns about her welfare being raised each month by me. The reasons I was given were of staff sickness and staff shortages. In the meantime my daughter's mental health continued to deteriorate. A new care coordinator was appointed but he never met her. It was extremely difficult to get hold of him as he worked part time. He then went off sick.

In the last 6 weeks before her admission to hospital I was repeatedly told that there was going to have a professionals meeting. I kept asking for the date but was not given one. I made 10 phone calls trying to get help for her. During one I was told to ring 999 if I was worried.

After being discharged from hospital she has had no contact from the Community Mental Health Team (CMHT). I would like you to please investigate the lack of care she has received with a view to her getting the appropriate support for her complex needs and for the sake of other families and individuals who are also desperately trying to get the help they require locally."

Complaint case study: Mental health services not meeting needs

Outcome

The complaint was partially upheld. The patient's care had been difficult due to lack of engagement. We apologised for poor communication, lack of continuity due to staff absence and not sharing a care plan. These issues were taken up with the staff involved in this patient's care.

It is not unusual for clients open to community mental health teams not to see a consultant psychiatrist, particularly if they are under the care of their GP. In this case, it was also not intended that this patient continued to see a CPN; we apologised that we had not clearly explained our approach.

The patient had been seeing specialist staff from the Eating Disorders Team following her admission to hospital, who had been sharing information with the CMHT. We apologised that our approach had not been communicated clearly.

Getting it right: mental health recovery

"I wanted to take this time to write down how important a Support, Time Recovery (STR) worker is. My STR worker has been important in my life. I am now leading a pretty independent life. Two years ago I could not see past the next hour. I still take things day by day but have confidence and self-belief.

My STR worker made me a care plan of exercises I would have to undertake. The first being that, instead of my STR worker picking me up, I would have to make my own way to meet her. I found the thought of this horrific. My STR worker talked me through the journey and I knew that she was at the end of the phone. I made my way into the town centre. I was having breathing problems, I was sweating and walking really fast with my head down, but I made it and managed to walk around the town centre. This taught me confidence to walk slowly and to hold myself properly.

I wouldn't go into a café on my own. The next task was to go in and order the drinks on my own, which I did. The next step was to go in a shop on my own. I felt safe because I knew when my STR worker was somewhere in the shop. My STR worker also took me to a sports centre and I joined up and went swimming, whilst she had a coffee. I could see her the whole time through a glass screen.

All of this recovery took time and a lot of support and has rebuilt my confidence. I know how to use public transport, how to deal with voices in my head and suicidal thoughts and how to put myself in a safe place.

I wish that support recovery workers, including my STR worker, get appreciated for the amazing work they do. Thank you to my STR worker for me being in the place that I am today physically, emotionally and independently. I would like my STR worker to be recognised for the person that she is and how important she is within

Getting it right: mental health recovery

Somerset mental health services. I know the next person that she works with will get their lives saved and will be how I feel today.

I would like to thank mental health services so much for giving me a support worker for the last two years. I am so very grateful and could never thank my STR worker enough.”

6. LEARNING FROM COMPLAINTS 2015-16: FIVE KEY STATEMENTS

6.1 The key themes and learning from complaints are summarised below and should be discussed in team meetings across the Trust:

1. I want you to be kind to me and treat me with respect.

Patients' experience of staff attitude is key to their experience of our service as a whole: one poor staff member can taint a patient or carer's view of our Trust. Complaints about staff attitude should be investigated and if substantiated, formal HR processes should be followed, for example, reflecting on the issues in supervision and capability/disciplinary if appropriate.

2. I want to know what is happening to me when I am at my most vulnerable.

Take extra time to communicate carefully with patients at key points, such as when a patient is in physical pain, when a patient is admitted to hospital, when a patient is being assessed or receiving a diagnosis and when patients have an expectation that we will respond to them. Take care to communicate when things have gone wrong in the course of our working days e.g. staff are ill or late. If staff are off sick or absent, ensure appropriate cover, particularly for care coordination, and make sure that patients know who is looking after them. Make sure patients receive signed and jointly agreed care plans.

3. I want to know what service I can expect to receive.

Set realistic and clear expectations: Make sure that patients understand what we can offer: the reasons for focused, often time-limited work, and explain why we need to discharge patients from our services if they do not attend or engage.

4. I want assurance that you are looking after my loved one.

Take extra time to communicate carefully with families over key milestones on the patient's journey, including: assessments,

admission, incidents, discharge and end of life care. Offer support to patients and their families after inpatient admissions due to overdoses or other self-harm.

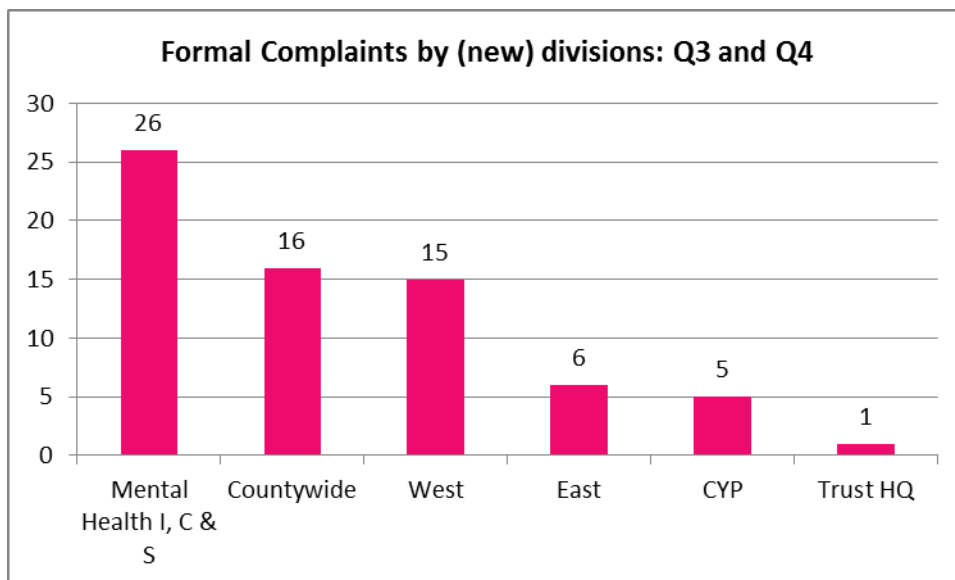
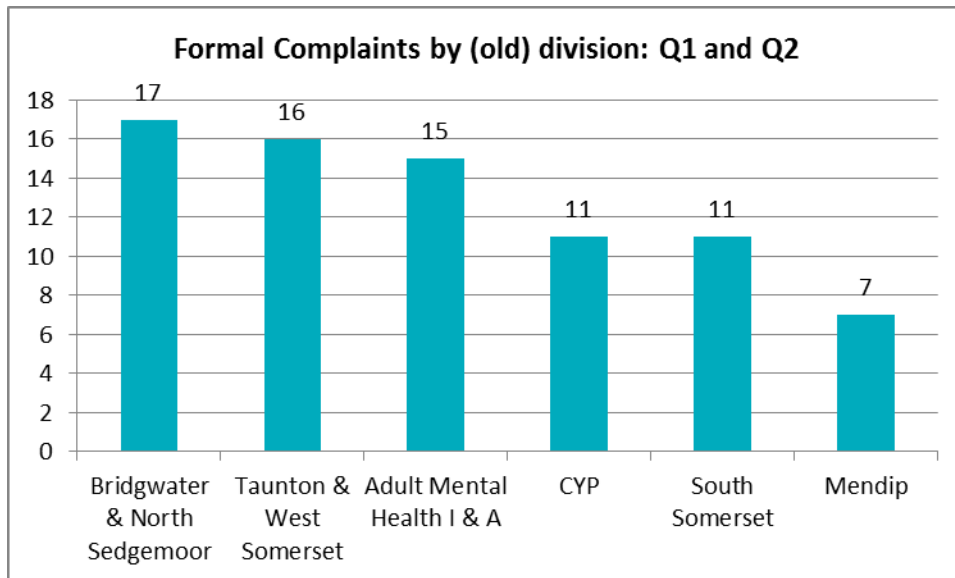
5. I want reassurance that care is joined up and staff are talking to each other.

Key conversations should be recorded on Rio, particularly if you have conversations with relatives, carers or other agencies looking after a patient.

**LUCY NICHOLLS
PATIENT EXPERIENCE MANAGER
1 MAY 2016**

NUMBER OF COMPLAINTS BEFORE AND AFTER DIVISIONAL RESTRUCTURE

The charts below show the number of complaints made across all divisions during the first two quarters, and the number made during the second two quarters.



This shows that before the re-structure, the number of complaints fell reasonably evenly across all of the divisions, but since the re-structure, the Mental Health Inpatient, Crisis and Assessment Service is managing a proportionally higher number of complaints than other divisions.