

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

TRUST BOARD TO BE HELD ON WEDNESDAY 25 MARCH 2015

Service User and Carer Experience

Strategic or Regulatory Requirement to which the paper reports - Continuously improving quality by putting service users at the heart of everything the Trust does to deliver excellence

Strategic ambition: This report also provides assurance in relation to requirements outlined in Monitor's Risk Assessment Framework introduced from 1 October 2013. Specifically, this relates to the organisational quality indicators regarding patient metrics and patient satisfaction. Issues arising and actions being taken to address them are outlined in the report.

ACTION: The Board is asked to note the contents of the report

Executive Summary

Customer Relations:

- Month 11 position statement.
- Key points from Complaints Matter (CQC December 2014) and "My expectations for making a complaint" (Health Watch England, PHSO).

Service User and Carer Experience:

- Friends and Family Test: Implementation, and commentary.
- Engaging families and carers: Top themes from the Triangle of Care submission report: end stage review.
- Recovery: update.

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APPENDIX:

Appendix 1: Customer Relations month 11 and year to date

Appendix 2: Issues of concern by category

Appendix 3: Summary from Complaints Matter CQC December 2014, and "My expectations for raising concerns" (PHSO, Health Watch England, Local Government Ombudsman)

Appendix 4: Complaints data month 11

PREVIOUSLY DISCUSSED: The information has not been previously discussed.

Customer Relations: Month 11

Overview month 11 (detail in Appendix 1)

- January and February 2015 have been busy months for customer relations, with a marked increase of activity coming into complaints and requiring informal resolution. This reflects a seasonal variation in peaks and troughs.
- 16 complaints were registered during month 10, and 10 in month 11.
- 57 issues of concern were resolved through the PALS and local services in January, and 38 in February.
- One complainant returned to the Trust following receipt of their response during January 2015, two in February.
- PHSO: There have been no referrals to the Parliamentary and Health Service Ombudsman during January and February.
- Ten complaints came from detained patients during January and four in February.
- Four complainants registered during January have previously raised issues and are known to customer relations, details are provided as follows:
 - Complainant has had previous contact through PALS and has subsequently used the complaints process. The complainant has also made contact with PHSO, who has referred it to the Trust to investigate.
 - Complainant has used both PALS and complaints previously, and is currently raising issues regarding the quality and availability of support when in crisis.
 - Complainant has had contact with PALS recently but also previous contact with complaints. The complaint relates to being detained, and has come to complaints via the CQC.
 - Complainant has used both PALS and complaints previously, current complaint relates to staff sleeping when undertaking observations.
- One complainant registered during February has previously raised issues and is known to customer relations, details are provided below:
 - Complainant has made a number of complaints over time and is known to customer relations, remaining an inpatient for a significant period. On this occasion the complaint relates to a member of bank staff who failed to give medication when requested.

Update on customer relations improvement plan

- The move of the PALS team to Trust headquarters has taken place as planned and will aid smoother management of all incoming contacts.
- Steady and positive progress is being maintained with regards to the number of complaints formally registered and the increase in informal routes to resolution.
- 100% of complaint responses due out during months 10 and 11 were reported against an 80% target.
- Discussions with the commissioning team have informed the next stage work for customer relations. The focus will be working in partnership with the Patients Association to better assess and improve complainant experience and satisfaction of handling and outcomes. The work will inform the quality improvement plan and will ensure the experience of users and carers directly informs the forward plan and can be independently benchmarked.
- As our improvement plan shifts towards quality and experience, there will be opportunities to “deep dive” into the rich information provided through complainants. One area will be an end of year analysis of categories of concern where numbers are highest, for example regarding the provision of care in the community. Numerical information by category is provided in appendix 2.

- Detailed analysis of the number of complaints which have been either upheld or partially upheld, which to date relates to a total of 82 complaints out of 115 closed complaints is essential.
- Work related to the better understanding of patient experience data will be aided by the completion of the reconfiguration within the wider portfolio.

Service User and Carer Experience

Friends and Family Test (FFT): month two - implementation and commentary

Formal reporting of FFT within Mental Health Trusts commenced from 1 January 2015. The Trust reported 584 FFT returns in January, against an eligible population (discreet contacts made by month) of 18,977. Of those returns the Trust is reporting a score of 86% (percentage scoring likely/extremely likely). The majority of returns during January were provided through the ipad devices and by postcard. The returns to NHSE are divided by category and by method of return, and a breakdown of data is enclosed below. In February there were 760 FFT returns against an eligible population 17,338. 87% of that group scored likely/extremely likely.

Data is reported nationally via the NHSE website also on NHS Choices. As yet mental health data has not been uploaded on to the NHSE site. Information reported nationally relates solely to the numerical information specified above, the free text commentary is not reported nationally and requires patient consent to be published, other than for use at a local level. FFT reports are being issued to teams, wards and other levels within the organisation. The technology provider, Fr3dom, have changed the reporting presentation at our request (and also to meet the recently issued NHSE guidance). This has taken a significant amount of work in an effort to make the data user friendly and is likely to be a work in progress. Future reports will seek to include qualitative and quantitative analysis of free text comments, however the immediate task is to demonstrate use at local level in addressing patient concerns through a "You Said....We did" format. Again this is an area where auditing and reporting on links to service changes will be crucial in closing the loop of patient concerns.

The overall assessment of position is positive in relation to months one and two, in that the Trust has undertaken FFT using the NHSE guidelines, has technology and a range of methods to support this and a project team who have worked well to prepare. As with all projects the first 6 months will be a learning curve and a time of trouble shooting, learning and benchmarking. There is still work to do on the quality and utility of the reports at all levels, as, unless the reports are of a high quality and are self-explanatory, there will be the potential to deflect to data and presentation queries rather than a clear slighted examination of patient experience information allowing the necessary reflection and action.

Draft Patient Experience dashboard - month 10/11

Issues of concern and complaints January/February 2015

	January	February
Number of registered complaints	16	10
Compliance with 80% timeliness target	100%	100%
Number of general contacts with PALS	187	172
Number of PALS resolutions	52	35



Trust wide Friends and Family survey January/February 2015

F&F Survey	Responses		Sample size	
	January	February	January	February
Extremely Likely	313	412	18,977	17,338
Likely	190	252		
Neither Likely or Unlikely	27	37		
Unlikely	10	25	FFT returns	
Extremely Unlikely	15	12	584	760
Don't know	29	22		

FFT responses by Category	January	February
Primary Care	3	88
Secondary Care Community Services	399	470
Acute Services	104	93
Specialist Services	39	90
Secure & Forensic Services	14	15
Child & Adolescent Mental Health Services	4	0
Mental Health Other	21	4
TOTAL	584	760



Start Date :	01/Jan/2015
End Date :	31/Jan/2015



Total
584

Category Splits	Total	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	FFT Score
Primary care	3	2	1					100%
Secondary care community services	399	227	135	13	3	5	16	91%
Acute services	104	40	31	11	4	9	9	68%
Specialist services	39	32	5	1		1		95%
Secure & forensic services	14	1	7	1	2		3	57%
Child and adolescent mental health services	4		3		1			75%
Mental health other	21	11	8	1			1	90%

		Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	FFT Score
Total	584	313	190	27	10	15	29	86%

Total
584

Category Splits	Total	Handwritten	Telephone call	Tablet/kiosk	SMS/ text message	Smartphone app or online	Other
Primary care	3	2		1			
Secondary care community services	399	106		293			
Acute services	104	21		83			
Specialist services	39	4		35			
Secure & forensic services	14	13		1			
Child and adolescent mental health services	4	2		2			
Mental health other	21			21			

		Handwritten	Telephone call	Tablet/kiosk	SMS/ text message	Smartphone app or online	Other
Total	584	148	0	436	0	0	0



Start Date :	01/Feb/2015
End Date :	28/Feb/2015

* Please add 23:59:59 at end of date



Total
760

Category Splits	Total	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	FFT Score
Primary care	88	55	27	3			3	93%
Secondary care community services	470	248	165	22	14	7	14	88%
Acute services	93	38	36	7	5	2	5	80%
Specialist services	90	63	17	3	6	1		89%
Secure & forensic services	15	5	7	1		2		80%
Child and adolescent mental health services								0%
Mental health other	4	3		1				75%

	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	FFT Score
Total	760	412	252	37	25	12	87%

Total
760

Category Splits	Total	Handwritten	Telephone call	Tablet/Kiosk	SMS/ text message	Smartphone app or online	Other
Primary care	88	14		74			
Secondary care community services	470	176		294			
Acute services	93	21		72			
Specialist services	90	73		17			
Secure & forensic services	15	8		7			
Child and adolescent mental health services							
Mental health other	4			4			

	Handwritten	Telephone call	Tablet/Kiosk	SMS/ text message	Smartphone app or online	Other
Total	760	292	0	468	0	0

Engaging families and carers: Triangle of Care

Work on the Triangle of Care, the nationally recognised good practice approach for carers and families, has now completed across 37 inpatient units. Tailored reports have been presented at local clinical governance committees (CGCs) with an assessment of areas of good practice and areas that need improving. This provides local wards with direction for next phase improvements which can be managed operationally through modern matrons and overseen by the local CGCs. An overarching report is being prepared to be submitted to The Carers Trust this month.

Looking at the results overall these are the key issues that resonated across all areas:

- Tailored training for staff around working with carers is not universal practice. Other than individuals identified locally as carers leads, the majority of our staff have not had dedicated and practical training around including carers. This means that many aspects of good practice are not embedded.
- Offering and providing carers assessments is not routine practice. This issue will relate to training issues, as staff lack confidence in this area. Added to this, there are fundamental issues related to the capacity of the workforce to both assess and deliver care plans for carers.
- The use of advance statements within care planning is not yet standard practice, leaving carers uncertain what to do in a crisis.
- Information for carers is not always available on units in a range of community languages.

Resources for families and carers are provided through a matrix of sources including the local authority commissioned service Stonham, our in house team Meriden, operation resource and through the patient experience portfolio. A number of in-house functions are offered for carers, for example the carers' forum Carers Voice, engagement in mystery shopping activities, opportunities to provide real time feedback and places at the Recovery Steering Group. Although good progress has been made, there is a fundamental lack of clarity regarding direction for carers and families and what resource and capability this entails. Feedback from carers and families is mixed, often poor, and this is a regular theme in complaint information. The challenge of how to work in tandem with Stonham, and draw together in house resources needs addressing to make a coordinated impact.

Recovery: update

Good progress is being made and includes the formal appointment of service user and carer co-chairs to the Recovery Steering Group.

ImROC have been commissioned to provide support and guidance to the work programme and steering Group members over the coming year and this proposal contains the following:

- ImROC Senior Consultant: six days attendance in year one to include attending every other recovery steering group and dedicated advice to our three work areas (fundamental training in recovery for all staff; recovery college; mainstreaming of peer working opportunities)
- Four one day workshops spread over 12 months, led on by ImROC consultants with experience of delivery of recovery practice and attended by a range of NHS Trusts (six places at each workshop, minimum of two for people with lived experience of mental ill health). Workshop topics are tailored to key recovery functions and we will attend the workshops related to our three priorities.
- ImROC membership.

- ImROC to facilitate presentation and discussion (along with Trust team) to Trust Board seminar on recovery in BSMHFT, at a date agreed.

Customer Relations Contacts (April 2014 – February 2015):

Resolution Type	January 2015	February 2015	Movement from last month	Total Quarter 1	Total Quarter 2	Total Quarter 3	10 month Total	11 month Total
General PALS Calls	187	172	↓	575	589	498	1849	2021
Complaint Resolution	16	10	↓	48	44	36	144	154
Local Service Resolution*	5	2	↓	7	5	37	54	56
PALS Resolution	52	35	↓	153	116	124	445	480
Grand Total	260	219	↓	783	754	695	2492	2712

* Note this is an area being developed

Who raised formal complaints?		
	Jan 15	Feb 15
Advocate	2	
CQC	1	
Patient	10	8
Relative	3	2
Grand Total	16	10

Who made other contacts?		
	Jan 15	Feb 15
Other Professionals	3	1
MP	1	
Patient	39	30
Relative/Partner/Friend	14	7
Grand Total	57	38

Month 10 and 11 by service line:

Service Line	Complaint Resolution	Local Service Resolution	PALS Resolution	Total month 10	YTD
Addictions & The Homeless				0	18
RAID	1			1	5
Birmingham Healthy Minds		1		1	18
Corporate				0	6
East Central & South	4	1	10	15	169
MHSOP	2		10	12	40
North East & West	4	3	21	28	185
Offender Health				0	1
Secure Services	2		1	3	57
Solihull			4	4	40
Specialist Psychotherapy				0	5
Specialties	1		1	2	43
Youth	2		3	5	44
(discharged/unable to identify)			2	2	12
Grand Total	16	5	52	73	643

February Data and 11 month position:

Service Line	Complaint Resolution	Local Service Resolution	PALS Resolution	Total month 11	YTD
Addictions & The Homeless				0	18
RAID				0	5
Birmingham Healthy Minds			1	1	19
Corporate				0	6
East Central & South	3		15	18	187
MHSOP			3	3	43
North East & West	4	3	6	13	198
Offender Health				0	1
Secure Services	1		5	6	63
Solihull			2	2	42
Specialist Psychotherapy				0	5
Specialties	2		2	4	47
Youth			1	1	45
(discharged/unable to identify)				0	12
Grand Total	10	3	35	48	691

Resolutions by category (month 10 & 11 2015)

Category	January	February
Access To Prompt Relapse Prevention	6	3
Aggression between Patients	1	
Allegation Of Abuse / Aggression	2	1
Allegation Of Sexual - Medical	1	1
Appointment - Different Location	3	1
Appointment - Delay	4	3
Appointment - Cancellation	1	2
Attitude Of Staff - Nursing	2	3
Breach Of Confidentiality	1	2
Clinical Judgement	3	1
Clinical Treatment	7	5
Diagnosis	1	1
Discharge Arrangements	4	
Failure To Provide Information	2	
Failure To Engage Family / Carers	1	1
Failure to Follow Procedures	1	
Failure To Return Phone Call (S	1	
Failure To Provide Information	4	1
Hotel Services - Food Choice/quality/other	2	
Lack Of Community Care Provide	8	10

Category	January	February
Level Of Inpatient Care Provided	6	5
Loss of Personal Property	1	
Medication Delay/Error	1	2
Nursing Care		3
Provided Trust Information Lea	2	
Referral To Service	1	1
Restraint		1
Section 17 Leave	2	1
Section Query	2	
Transfer Arrangements	1	
(blank)	2	
Grand Total	73	48

Lack of community care and clinical treatment are the highest categories, with level of inpatient care and access to prompt relapse prevention being the main category of contacts.

Complaint Outcomes:

Complaint outcomes YTD	
Complaint withdrawn	8
Early Resolution	2
Not upheld	33
Partial Upheld	63
Upheld	19
Remain Open	29
Grand Total	125

Appendix 2: Issues of concern by category

KO41 Category	Category of Concerns:	Total YRD
Admission, discharge & transfer arrangements	Admission Arrangements	6
	Discharge Arrangements	11
	Transfer Arrangements	14
All aspects of clinical care	Access To Prompt Relapse Prevention	73
	Clinical Judgement	42
	Clinical Treatment	50
	Diagnosis	7
	Failure To Provide Medication	4
	Lack Of Community Care Provided	86
	Lack of Patient Supervision	1
	Level Of Inpatient Care Provided	54
	Medication Delay/Error	17
	Nursing Care	5
	Referral To Service	19
	Restraint	3
	Section 17 Leave	9
	Section Query	16
	Suicide Or Self Harm	1
	Appointments – delay/cancellation (Outpatient)	Appointment - Cancellation (OP)
Appointment - Delay (OP)		28
Appointment - Different Location		9
Appointment - Waiting Time (OP)		9
Attitude of Staff	Allegation Of Abuse / Aggression	9
Attitude of Staff	Allegation Of Sexual abuse	3
Attitude of staff	Attitude Of Staff - Hotel Services	1
	Attitude Of Staff - Medical	10
	Attitude Of Staff - Nursing	47
	Attitude Of Staff - Psychology	3
	Attitude Of Staff - Supplement	1
Communication / Information to Patient	Failure to Engage Family / Carer	3
	Failure To Provide Information	18
	Failure To Return Phone Call(S	3
	No Answer On Telephone	1
	Out Of Hours Service	1
	Provided Trust Information Leaflet	6
	Request From Police	1
	Signposting - Independent Advocacy	3
	Signposting - Other Hospital Trust	2
Complaints Handling	Complaints Handling	1
Failure to follow agreed procedures	Breach Of Confidentiality	11
	Failure to Follow Procedures	3

Appendix 2: Issues of concern by category

KO41 Category	Category of Concerns:	Total YRD
Hotel Services – Including Food	Environment	2
	Hotel Services - Choice/quality/other	7
Patient's privacy & dignity	Patient's Privacy & Dignity	2
Patient's property & Expenses	Access to Funds	1
	Damage To Patient's Property	1
	Loss of Personal Property	12
Personal records (including medical & complaints	Personal Records (Medical)	3
Transport	Transport (Hospital)	4
Other	Visitors Waiting Time	1
	(blank)	13
	Aggression Between Patients	7

Summary from Complaints Matter CQC December 2014, and “My expectations for raising concerns” (PHSO, Healthwatch England, Local Government Ombudsman)

Making a complaint is rarely done without much consideration, and is frequently a culmination of many issues of concern at a time of deteriorating health, change and upheaval. Responding well is key, yet feedback nationally suggests we are far from good at this.

In “My expectations for raising concerns” and complaints “what good looks like” for people in 5 easy steps:

Step 1 – I felt confident to speak up

Step 2 – I felt that making my complaint was simple

Step 3 – I felt listened to and understood

Step 4 – I felt that my complaint made a difference

Step 5 – I would feel confident making a complaint in the future

The “my expectations” document is simple, easy to read and is a user led vision for how complaints can be managed well.

It advocates a direct relationship between the ‘I statements’ above and on what ‘good’ looks like from the point of view of the patients and service users themselves, and that is the vision’s strength. It is a bold attempt to articulate their voice in such a way as to ensure that it is listened to by those making and implementing complaint policies across health and social care, and those delivering complaint services at the frontline. The fact that it is not, in its current form, a prescription, also recognises the fears of the frontline of a vision that allows little room for flexibility.

The “Complaints Matter “ document increases the focus by the CQC on the importance of complaints in their regulatory framework and inspection regimes , which will include detailed review of closed complaint files , and standards relating to complaints handling and duty of candour. The report provides extracts of good from recent CQC inspections, and includes an extract from the recent inspection in BSMHFT (page 16): “People said they felt listened to, and they were able to provide feedback to the service. They knew how to make a complaintAll incidents were screened by the clinical lead.....We found examples where learning from complaints had been used to change front line practice”.

The document endorses the value of working in partnership with the Patients Association. Of particular interest regarding national benchmarking is data regarding the total number of written complaints in NHS trusts. The annual rate of complaints to trusts is measured per 1,000 patients. Mental health trusts show almost double the numbers in acute trusts even accounting for the area (acute inpatients) which receives the highest number in acute settings. The range of complaints per 1,000 patients in mental health trusts varies significantly with the average being 6.33 per 1000, and the range being from 14.63 to 1.97.

To summarise the two documents provide a range of strategic direction, regulatory and practical information regarding handling of issues of concern and reinforce once again the fundamental importance patient and carer communications hold in quality of care and patient experience.

Birmingham and Solihull Mental Health Foundation Trust
Reportable complaints 2014/2015
Report: Month 11

154 complaints received: year to date

10 complaints received in February 2015. All of which remain open, within timescale.

100% response time compliance for those due throughout February 2015.

There was 1 new referrals to the Parliamentary Health Service Ombudsman during February 2015

STATUS	
	SIRI/RCA underway
	Complete
	Current
	Overdue

Central HTT	Zinnia Centre – Lavander Ward	Longbridge CMHT	Newbridge Inpatients	Patrick House CMHT	Riverside CMHT	Tamarind – Hibiscus Ward	Neuropsychiatry Outpatients
1	1	1	2	1	1	1	2

FEBRUARY

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3506	East Central & South	Zinnia Centre – Central HTT	27/2/15	Breach of Confidentiality - When a staff 'phoned patient's mother instead of contacting the patient. Why are there two mobile 'phone numbers on the system without identification of one of them belonging to patient's mother? Expecting a visit from a clinician, Dr failed to arrive. Patient promised visit following day however staff arrived late and when they did, they confirmed that they had 'phoned patient's mother. Patient requests confirmation that her mother's 'phone number has been deleted from the system.	Timescale to be agreed in discussion with complainant
3488	East Central & South	Zinnia Centre – Lavander Ward	20/2/15	All aspects of clinical care – Restraint: Patient states suffered a broken arm in two places and a fractured ankle as a result of unnecessary force used by staff during restraint. Patient feels abused and degraded and would like an apology, disciplinary action or form of compensation.	Referred to Safeguarding Timescale to be agreed in discussion with complainant

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3469	East Central & South	Longbridge CMHT	09/2/15	All aspects of clinical care – Lack of community care provided: Since being diagnosed with various mental health issues such as personality disorder & depression in 2011, patient has received very little assistance in addressing his needs, despite his repeated requests. Why is patient not receiving appropriate support such as therapeutic solutions? Why is he being provoked to react when he is turned away? Why has he not been seen by a CPN or mental health specialist for more than 3 years? Why are discharge letters sent to his GP but not to him? Why is patient made to feel that his mental health needs are not deemed serious enough to warrant any intervention?	Timescale to be agreed in discussion with complainant
3461	North East & West	Newbridge Inpatient Unit	11/2/15	All aspects of clinical care – Nursing care: Staff sat in office while patients were causing disruption. Complainant felt intimidated and scared by what she witnessed. Nurse ignored a patient who was running around naked leaving this for other staff. Staff attitude when patient asked to make an urgent call.	Timescale to be agreed in discussion with complainant
3462	North East & West	Newbridge Inpatient Unit	11/2/15	All aspects of clinical care – Nursing care: nursing staff had not been able to dispense medication to patient because another staff had the keys to access medication. Patient later discovered nurse was able to dispense as she had the keys. Patient missed medication at a time when she was struggling. Nurse failed to intervene when another patient was running around the ward naked leaving another colleague to deal with the situation. Attitude of nurse who told patient she was filling in an Eclipse form because of patient's bad attitude.	Timescale to be agreed in discussion with complainant
3492	North East & West	Patrick House CMHT	25/2/15	All aspects of clinical care – Lack of community care provided: Lack of support whilst patient's psychologist went on maternity leave. Brief assessment carried out by another Dr - unhappy with the contents of this as they feel they have been inaccurately observed. Request for information on clinical notes to be removed and/or amended have not been taken forward.	Response due 13/4/15
3486	North East & West	Small Heath Health Centre – Riverside CMHT	18/2/15	All aspects of clinical care – Nursing care: Severe pain in the depot site 2 days after medication which has continued; currently taking pain relief. Feels should not be experiencing these effects as a result of routine injection.	Response due 8/4/15

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3463	Secure Services	Tamarind – Hibiscus	11/2/15	Breach of confidentiality: Letters addressed to patient from family members & solicitor handed to another patient. Letters contained sensitive information; the breach has caused patient great distress knowing that another patient has had access to the information. The letter from patient's brother contained £20.00 & 50 grams of tobacco; patient is requesting reimbursement.	Timescale to be agreed in discussion with complainant
3456	Specialties	Barberry Centre – Neuropsychiatry Outpatient	11/2/15	All aspects of clinical care – Lack of community care provided: Initial delay in patient being seen, chasing referral. Staff failed to return calls. Not informed patient was about to have psychotherapy assessment when relative believed was to receive CBT after waiting 2 years. All other professionals involved have been clear & communicative except for BSMHFT service.	Response due 30/4/15
3485	Specialties	Barberry Centre – Neuropsychiatry Outpatient	23/2/15	Failure to provide information: Mother of deceased patient highlighting difficulties in obtaining necessary information to the funding board from specialist service, resulting in a delay in funding for medication being granted. Patient sadly took his own life.	Response 6/4/15

Update on Previously reported complaints

JANUARY

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3435	East Central & South	Longbridge CMHT	19/01/15	All aspects of clinical care – Lack of community care provided: CPN off sick, patient not made aware & no cover provided. Dr refused to prescribe Zopiclone to patient. Patient feels if she had been provided with appropriate care it would have prevented her admission to hospital over the Christmas period.	Timescale to be confirmed following discussion with complainant

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3443	East Central & South	Oleaster – Tazetta	30/01/15	Allegation of abuse/aggression: Up to 6 members of staff had escorted patient to his room & made him have his depot under threat of restraint. Patient was physically touched which he considers to be assault; Why was mobile 'phone taken from him? accused of taking pictures however this was not the case-he is dyslexic & wanted to record & play back what had been discussed with staff; Believes being held against his will; Personal documentation taken from patient's room; staff stopped patient from contact police.	Response due 7/4/15
3362	East Central & South	Zinnia CMHT	06/01/15	All aspects of clinical care – clinical judgement: Care plans and risk management are not sufficient to assist when in crisis. Lack of support from duty workers and no access to crisis team due to clinicians decision. Difficulty in obtaining explanation from Doctor regarding treatment and diagnosis. Distress caused during consultation due to approach of doctor. Lack of intervention from responsible clinician when patient was having suicidal thoughts and overdose.	Arranged meeting to discuss issues & timescale cancelled by complainant. Further meeting arranged when timescale will be agreed.

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3400	MHSOP	Reservoir Court	13/01/15	<p>Allegation of abuse / aggression: Bruising to patient's wrists. When patient told nurses they were hurting her, they said they didn't care.</p>	<p>Response date met</p> <p>Outline of investigation approach, explaining staff statements had been taken. Explanation that the ward in times of necessity takes on patients with organic illnesses and had three such patients at the time. Staff recall a verbal incident between patients suggestive of an altercation but couldn't be proven. Following a full body map, patient stated the bruises didn't hurt and couldn't explain their reason, seemingly unconcerned. During assessment patient explained she like to exchange the wrist she wears her watch, which can hurt sometimes. Safeguarding referral was made by the service but was stood down. No definitive conclusion reached - offer made to meet and discuss further and possibility of transfer had also been covered in discussions.</p> <p>Not upheld</p>
3433	MHSOP	Reservoir Court	23/01/15	<p>All aspects of clinical care – Section query: Hospitalised by force with consultant saying he didn't know why patient was sectioned. Patient not given her rights & detained without knowledge; patient has concerns relating to medication & the effects they are having; Level of inpatient care with teeth broken, no plaster for her hurt foot, not being given sleeping tablets; Work men are wandering around unchecked - lack of privacy for female patients.</p>	<p>Response due 27/3/15</p>

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3412	North East & West	Northcroft – Erdington CMHT	23/01/15	<p>All aspects of clinical care – clinical treatment: Patient requested reduction in medication as she wanted to conceive, but questions the clinical decision to continue reduction after suffering a series of bereavements in quick succession which made them unstable. When patient communicated her deterioration, it was ignored. She does not want explanation or contact other than a written response of apology.</p>	<p>Response date met</p> <p>Thorough response clarifying rational for reduction of medication centred around concerns of efficacy and longevity of use. Complainant's desire to conceive was incorporated into this as part of her care and agreed to the reduction. The lack of support and notion of becoming unwell as a result of the medication reduction was deemed to be a result of stressful home events rather than the medication itself. The letters written by complainant to clinical staff were not received by the service but it was noted that complainant had read concerns out during an appointment suggesting that although written, letters may not have been sent. Efforts undertaken by staff to provide support were detailed, emphasising that it was to aid through a necessary change rather solely for the purpose of conception. No actions were identified for this response.</p> <p>Not Upheld</p>

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3369	North East & West	Soho Hill – Ladywood home treatment team	05/01/15	<p>Failure to provide information: Patient recalled a home visit by a doctor in early 2014 to deliver an appointment letter. Doctor took the letter with him and patient heard nothing thereafter; upon contacting service was informed he had been discharged. Patient had to seek his own counselling as a result. States he has felt unsupported by services since 2006.</p>	<p>Response date met</p> <p>Apology misunderstanding with staff spoke with at an LIA event when raising concerns, not being clear wished these to be a formal complaint – will feedback at such events to offer this as an option. Explanation offered that Birmingham Healthy Minds was felt to be the best option for patient and that if patient felt this treatment unsuitable, he could discuss other options with his GP initially as it was not deemed necessary to involve mental health services. Failing identified as no discharge letter sent to patient, causing him to contact the service, to which he received no response - this will be reminded to staff as well as the importance of following discharge process. When visiting a patient for home assessment, Doctors will be advised to leave contact details.</p> <p>Partial Upheld</p>

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3407	North East & West	Newbridge Inpatients	20/01/15	All aspects of clinical care – Level of inpatient care provided: A number of areas of complaint pertaining to staffing, varying uniforms, lack of communication, too few regular staff and lack of knowledge and a distinct lack of leadership. Lack of activities, garden out of bounds, access to computers, dietary requirements lacking in choice. Staff unable/unwilling to deal with non-psych/medical problems; no dressings for cuts. Chairs remained broken, varying security of staff allowing/refusing access. No privacy during visits. Staffing board not up to date; availability of female lunge; no inpatient psychology offered. Ward round held in inappropriate room. Carer's pack should have been given not available on request. Lack of housekeeper meant staff had to serve food being taken away from other duties. Overall impression that this is a forgotten unit.	Response date of 27/3/15
3401	North East & West	Small Heath Health Centre – Riverside CMHT	19/01/15	All aspects of clinical care – Diagnosis: Patient feels diagnosis was made without being thoroughly assessed.	Resolved locally following telephone conversation with clinical director. Information provided in order for patient to access a copy of their clinical records & access to care records leaflet sent. Agreed to remove mention of personality disorder from records as this is not patients confirmed diagnosis Partial Upheld
3434	RAID	RAID – Heartlands	23/01/15	Failure to provide information: Patient had been admitted to general hospital following road traffic accident. During course of assessments for mental health, it was found that he had vascular dementia. This diagnosis was not relayed to the family and only came to light when patient's daughter accompanied him to a GP appointment.	Timescale to be agreed in discussion with complainant

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3399	Secure Services	Ardenleigh – Citrine	13/01/15	All aspects of clinical care – Level of inpatient care provided: Staff fall asleep during observations; ward ran out of medication; incident during OBS in bathroom where patient self-harmed; patient has to ask staff to use the toilet; activities rarely offered; no bedroom access; confidential information was passed on to another member of staff.	Response being drafted
3363	Secure Services	Tamarind – Laurel	07/01/15	All aspects of clinical care – Clinical judgement: Patient on medication for over 2 years which is not controlled and in capsule form. Issue on ward with medication which resulted in capsules being broken open; however was not a blanket approach as patient first thought. Request to reinstate medication in capsule form was denied. Patient feels they are being punished and persecuted for no reason and has always been compliant with medication.	Response time met Review of clinical record, policies and national guidance were completed. Positive comments received from staff regarding patient's recovery. Medication prescribed by opening capsules due to concerns on ward about potential misuse was considered a reasonable course of action. Acknowledge communication of this to be considered by staff in future. Prescription and its dispensing to be kept under review. Partial Upheld
3442	Specialties	Barrberry Centre – Jasmine	30/01/15	All aspects of clinical care – Level of inpatient care provided: Too many bank staff giving rise to communication issue and increase in risk; No interpreter available; Bank staff arguing; Ward has been unsettled with patient being asked to leave the room where nowhere relaxing to go to resulting in patient feeling stressed; Information not being handed over properly; Bank staff constantly falling asleep; When patient complains she does not receive feedback; Outcome of discussion in ward review doesn't get feedback to patient; Request for feedback in bullet point writing.	Response being drafted

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3397	Youth	Ardenleigh – Pacific	13/01/15	<p>All aspects of clinical care – Level of inpatient care provided: Another patient made sexual advances towards complainant. Complainant is requesting to be moved but refused.</p>	<p>Consultant met with client & since initially raising his complaint, the situation had improved & he felt he was no longer a target of the other young person. It was suggested that if the behaviours were repeated, in the first instance, he should seek support from staff & client has agreed to this. It was felt issue had been resolved with client seeking acknowledgement of the complaint but no further action was to be taken.</p> <p>Complaint Withdrawn</p>
3398	Youth	Ardenleigh - Pacific	13/01/15	<p>All aspects of clinical care – Level of inpatient care provided: Another patient made sexual advances towards complainant who feels he was put at risk as staff have let the situation continue for weeks. No prior consultation regarding decision to transfer from another ward. Allegation of physical attack by another patient which resulted in injury and damage to property, which they are seeking reimbursement for. Delay in pain relief being provided and attendance of doctor on ward.</p>	<p>Response due 16/3/15</p>

DECEMBER 2014

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3314	North East & West	Orsborne House - Aston & Nechells CMHT	17/12/14	Personal Records - Patient states that their consultant recorded information incorrectly which has consequently influenced her treatment by other professionals. Patient wants her records changed, action against the consultant and compensation.	Response date set – 13/3/15
3272	East Central & South	Yewcroft Resource Centre - EIS South	09/12/14	All Aspects of Clinical Care – Clinical Judgement: Errors in patient's care leading to hospital admission which could have been avoided if they were treated appropriately in the community. Told by Dr they could not make a complaint. Comments made by staff regarding patient's presentation and non-compliance with medication. No explanation regarding admission to hospital. Lack of support from CPN. Query regarding what is contained within their clinical record and refused access. Patient states they have not been provided with a diagnosis. Requested apologies from staff involved. Lack of inpatient care provided. Patient not informed about their right to appeal against section. Comments made by HTT regarding patients suicidal thoughts	Response date set – 13/3/15
3276	East Central & South	Oleaster - South East HTT	08/12/14	All Aspects of Clinical Care – Clinical Judgement: Judgement exhibited by two clinicians during urgent home assessment resulting in S136 and admitted under Section 2. Patient states this was a wrongful decision caused unnecessary strain within the family both financially and emotionally. Distance was an issue as he was transferred out of area. Seeks apology and recompense for costs, loss of earnings and inconvenience.	Response date set - 20/3/15

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3265	MHSOP	Juniper centre - Sage ward	04/12/14	All Aspects of Clinical Care – Level of Inpatient Care Provided: Decision to transfer patient to a care home quite a distance from only remaining 84 year old brother, making it difficult to visit. Level of care provided to patient whilst inpatient i.e., dishevelled, unshaven. Poor communication from staff.	Response date met Thorough response to main themes of complaint accepting a much better service should have been given, with apology for unintentional distress caused. Poor communication with the family and within the team had a bearing on the care provided and as a result significant work needs to be taken to address that. Actions identified in individual areas of concern highlighted. Partial Upheld
3214	North East & West	Small Heath Health Centre - O'Donnell House CMHT	24/12/14	All Aspects of Clinical Care – Diagnosis: Complainant believes his father is suffering from mental illness however son has not received confirmation of diagnosis to enable best course of treatment. Son has asked for a mental health assessment to be carried out however nothing has been done. Feels community team have not carried out duty of care & have failed to take action to resolve issues.	Timescale to be confirmed following discussion with complainant
3284	North East & West	Small Heath Health Centre - O'Donnell House CMHT	03/12/14	Communication / Information to Patient – Provide Information: Regarding content of summary of a session, inaccurate and distressing reporting of the experience; judgemental and upsetting language.	Response ready to be provided
3317	Secure Services	Reaside Clinic – Trent Ward	19/12/14	Failure to Follow Agreed Procedures – Breach of Confidentiality: At a recent tribunal hearing, information from the patient's ex-partner was disclosed. Patient unhappy that consent was not sought before approaching and discussing care with ex-partner. Patient would like to know the extent of contact.	Response date of 10/4/15

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation	
3275	Solihull	Newington Clinic -	11/12/14	<p>All Aspects of Clinical Care – Lack of community care provided: Lack of appropriate community care offered to patient with delay in written assessment and recommendation following home visit.</p>	Response drafted following discussion with complainant	

NOVEMBER 2014

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3190	Addictions & The Homeless	Stratford Road – South ARCH	17/11/14	<p>All Aspects of Clinical Care – Clinical Treatment: Although has had input from three Dr's over (30) years, has never been formally assessed or offered appropriate treatment. Also, not being consulted about replacement of ARCH, by CRT. Finally no contact from CEO following LIA as advised when raised issue.</p>	<p>Responded to within agreed timescale</p> <p>Explanation outside of complaints procedure to look into care provided over a 30 year period. Initial correspondence dealt with by PALS team, as it was initially considered the most helpful way to assist you. PALS officer did this and responded to issues discussed, apology if did not satisfactorily resolve. Hope to do so as far as possible in this response.</p> <p>Agreed in discussing complaint would consider recent referral which has identified the need for psychological input with appointment being arranged. Patient was consulted regarding the replacement of drug services – dissatisfied with how this was undertaken by commissioners. Encouraged to further consider decision regarding CRI and the risks associated with disengagement. Confirmation of referral letter sent to endocrinologist at the QE and patients agreement to this.</p> <p>Not upheld</p>

Appendix 4: Complaints data month 11

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3100	North East & West	Endeavour Court	28/11/14	<p>All Aspects of Clinical Care – Clinical Treatment: Concerns relating to decisions around patient's clinical treatment with physical health problems resulting in numerous admissions to general hospital; Complainant questions actions of staff to allow patient to withdraw large amount of money from bank at a time when patient possibly lacked capacity; Items of personal property remained missing & initially TV returned belonged to another patient. Patient unfortunately passed away following discharge to a nursing home.</p>	<p>Response date met</p> <p>Newly purchased tv awaiting PAT testing was not labelled and so another patient claimed the tv in error. This was rectified when it was identified with suggestion they be labelled in future. Assurance all items found in bedroom were packed and staff recall doing so in an orderly manner. Assurance of rationale for medication being appropriate to mental state. Also around capacity at time of escort and withdrawing money. Concerned to ensure a large amount of money was redeemed for safekeeping and was allocated for following procedure.</p> <p>Partial upheld</p>
3161	North East & West	Mary Seacole – Meadowcroft ICU	24/11/14	<p>All Aspects of Clinical Care – Clinical Treatment: Dr told patient that he didn't have authorisation to admit him to hospital, even though patient felt he was a danger to himself & felt suicidal; Dr asked patient if he thought he needed his meds changing; patient feels the Dr should know & not ask patient; Team were supposed to visit however didn't ring doorbell but left note instead; staff asked for patient's name & then said "not you again".</p>	<p>Response being drafted</p>

OCTOBER 2014

COMPLAINT REFERENCE	DIRECTORATE	Ward / Service Area	DATE RECEIVED	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
3154	East Central & South	Longbridge CMHT	21/10/14	All Aspects of Clinical Care - Clinical Judgement: Dr suggested referring patient to forensic clinic for psychological therapy without alternative location being offered. Altered decision from agreeing to a drug free trial, was this due to anything in patient's records? Increased dose of Aripiprazole caused side effects. Queries decision for depot injections based on medical history and further administration despite adverse effects.	Meeting arranged for feedback, with a written response to follow
3044	North East & West	East HTT	27/10/14	All Aspects of Clinical Care – Section Query: HTT gave orders to police to detain and remove daughter from the family home without parents' knowledge. Placed under Section for no reason.	Response being drafted following discussion with complainant

AUGUST 2014

Complaint Reference	Directorate	Ward / Service Area	Date Received	Complaint Category & Brief	Initial Findings & Outcome of Complaint Investigation
2578	Solihull	Lyndon CMHT	01/8/14	<p>All Aspects of Clinical Care – Lack of Community Care Provided: Mother of a patient outlines her experience in attempting to ensure her daughter has support to live in the community without being detained in hospital. Mainly around actions and input from CPN; decisions around medication and monitoring of bloods; lack of respite care, not adhering to care plan and communication/engagement with mother as her carer.</p>	<p>Response sent having extended initial timescale in agreement with complainant.</p> <p>Thorough response to main themes of complaint, considering NICE Guidance and Trust policies. Some areas fully / partial upheld with some areas not upheld. Highlighting areas where review of diagnosis may have led to earlier consideration of Clozapine, failure to inform of blood testing requirements; hand over of information between community & inpatient of medication; deficiencies in care planning; periods of focus on medication monitoring & mental health, not being linked with a coherent overall plan of care; review of medication error; some discrepancy with content of notes. Actions have been identified relating to these specific areas highlighted.</p> <p>Partial Upheld</p>