

Meeting of the

HEALTH SCRUTINY PANEL

Tuesday, 16 June 2009 at 6.30 p.m.

A G E N D A

VENUE

M72, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London,
E14 2BG

Members:	Deputies (if any):
Chair:	
Vice-Chair:	
Councillor Lutfa Begum	Councillor Rajib Ahmed, (Designated Deputy representing Councillors Bill Turner, Lutfa Begum, Alex Heslop and Ann Jackson)
Councillor Stephanie Eaton	Councillor Ahmed Hussain, (Designated Deputy representing Councillor Dr. Emma Jones)
Councillor Alexander Heslop	Councillor Waiseul Islam, (Designated Deputy representing Councillors Bill Turner, Lutfa Begum, Alex Heslop and Ann Jackson)
Councillor Ann Jackson	Councillor Abdul Munim, (Designated Deputy representing Councillor Abjol Miah)
Councillor Dr. Emma Jones	Councillor M. Mamun Rashid, (Designated Deputy representing Councillor Abjol Miah)
Councillor Abjol Miah	Councillor Rachael Saunders, (Designated Deputy representing Councillors Bill Turner, Lutfa Begum, Alex Heslop and Ann Jackson)
Councillor Bill Turner	Councillor Dulal Uddin, (Designated

Deputy representing Councillor Abjol
Miah)

[Note: The quorum for this body is 3 Members].

Co-opted Members:

To be appointed.

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact: Paul Ward, Democratic Services,
Tel: 020 7364 4207, E-mail: paul.ward@towerhamlets.gov.uk

LONDON BOROUGH OF TOWER HAMLETS

HEALTH SCRUTINY PANEL

Tuesday, 16 June 2009

6.30 p.m.

1. ELECTION OF CHAIR FOR THE 2009/2010 MUNICIPAL YEAR

To receive nominations for the election of Chair for the 2009/2010 Municipal Year, unless otherwise elected at the Overview & Scrutiny Committee held on 9th June 2009.

2. ELECTION OF VICE-CHAIR FOR THE 2009/2010 MUNICIPAL YEAR

To receive nominations for the election of Vice-Chair for the 2009/2010 Municipal Year.

3. APPOINTMENT OF CO-OPTED MEMBERS

4. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

5. DECLARATIONS OF INTEREST

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Chief Executive.

	PAGE NUMBER	WARD(S) AFFECTED
6. UNRESTRICTED MINUTES	3 - 8	
To confirm as a correct record of the proceedings the unrestricted minutes of the ordinary meeting of Health Scrutiny Panel held on 14 th April 2009.		
7. REPORTS FOR CONSIDERATION		
7.1 Health Scrutiny Panel Terms of Reference	9 - 12	
7.2 Annual Complaints Report 2008/2009 - BARTS and the LONDON NHS Trust	13 - 18	
7.3 Annual Complaints Report 2008/2009 - EAST LONDON NHS	19 - 28	
7.4 Tower Hamlets Primary Care Trust	29 - 32	

8. THINK UPDATE

The Panel will receive an update from Dianne Barham on THINK.

9. HEALTH SCRUTINY PANEL 4 YEAR WORK PROGRAMME

The Panel will receive a presentation outlining the work carried out to date and the development of this years work programme.

10. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

Agenda Item 5

DECLARATIONS OF INTERESTS - NOTE FROM THE CHIEF EXECUTIVE

This note is guidance only. Members should consult the Council's Code of Conduct for further details. Note: Only Members can decide if they have an interest therefore they must make their own decision. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending at a meeting.

Declaration of interests for Members

Where Members have a personal interest in any business of the authority as described in paragraph 4 of the Council's Code of Conduct (contained in part 5 of the Council's Constitution) then s/he must disclose this personal interest as in accordance with paragraph 5 of the Code. Members must disclose the existence and nature of the interest at the start of the meeting and certainly no later than the commencement of the item or where the interest becomes apparent.

You have a **personal interest** in any business of your authority where it relates to or is likely to affect:

- (a) An interest that you must **register**
- (b) An interest that is not on the register, but where the well-being or financial position of you, members of your family, or people with whom you have a close association, is likely to be affected by the business of your authority more than it would affect the majority of inhabitants of the ward affected by the decision.

Where a personal interest is declared a Member may stay and take part in the debate and decision on that item.

What constitutes a prejudicial interest? - Please refer to paragraph 6 of the adopted Code of Conduct.

Your personal interest will also be a prejudicial interest in a matter if (a), (b) and either (c) or (d) below apply:-

- (a) A member of the public, who knows the relevant facts, would reasonably think that your personal interests are so significant that it is likely to prejudice your judgment of the public interests; AND
- (b) The matter does not fall within one of the exempt categories of decision listed in paragraph 6.2 of the Code; AND EITHER
- (c) The matter affects your financial position or the financial interest of a body with which you are associated; or
- (d) The matter relates to the determination of a licensing or regulatory application

The key points to remember if you have a prejudicial interest in a matter being discussed at a meeting:-

- i. You must declare that you have a prejudicial interest, and the nature of that interest, as soon as that interest becomes apparent to you; and
- ii. You must leave the room for the duration of consideration and decision on the item and not seek to influence the debate or decision unless (iv) below applies; and

- iii. You must not seek to improperly influence a decision in which you have a prejudicial interest.
- iv. If Members of the public are allowed to speak or make representations at the meeting, give evidence or answer questions about the matter, by statutory right or otherwise (e.g. planning or licensing committees), you can declare your prejudicial interest but make representations. However, you must immediately leave the room once you have finished your representations and answered questions (if any). You cannot remain in the meeting or in the public gallery during the debate or decision on the matter.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 14 APRIL 2009

**ROOM M72, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON, E14 2BG**

Members Present:

Councillor Alexander Heslop
Councillor Ann Jackson (Vice-Chair)
Councillor Dr. Emma Jones
Councillor Abjol Miah

Other Councillors Present:

Nil

Co-opted Members Present:

Myra Garrett – (THINK Interim Steering Group Member)
Dr Amjad Rahi – (THINK Interim Steering Group Member)

Guests Present:

Caroline Alexander – (Director of Nursing, Tower Hamlets PCT)
Dr Ian Basnett – (Director of Public Health, Tower Hamlets PCT and LBTH)
Judith Bottriell – Associate Director Governance, Barts & The London Trust
Vivienne Cencora – Tower Hamlets Primary Care Trust
Rachel Grady – Tower Hamlets PCT
Dr Charles Gutteridge – Medical Director, Barts & the London NHS Trust
Vanessa Lodge – Tower Hamlets PCT
Peter Mills – Barts & the London NHS Trust
Peter Morris – Chief Executive, Barts & the London NHS Trust
Ben Vinter – Head of Corporate Affairs, Tower Hamlets PCT
Annelese Weichert – Tower Hamlets PCT
Susan White – Tower Hamlets PCT
Alwen Williams – Chief Executive, Tower Hamlets PCT

Officers Present:

Deborah Cohen – (Service Head, Disability and Health)
Afazul Hoque – (Acting Scrutiny Policy Manager)
Nojmul Hussain – (Scrutiny & Equalities Support Officer)
Alan Ingram – (Democratic Services)

Note: In the absence of Councillor Shirley Eaton, Chair of the Panel, the Vice-Chair, Councillor Ann Jackson, took the Chair for the meeting.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Stephanie Eaton, Tim O'Flaherty and Bill Turner.

2. DECLARATIONS OF INTEREST

Nil.

3. UNRESTRICTED MINUTES

The minutes of the meeting held on 27 January 2009 were agreed as a correct record.

4. REPORTS FOR CONSIDERATION

4.1 Tower Hamlets PCT Declaration to the Healthcare Commission 2008/09

Caroline Alexander, Tower Hamlets Primary Care Trust, introduced a report detailing the PCT's preparations for the declarations it would have to make to comply with the Health Care Commission's requirements for performance assessments. The PCT would have to make two declarations in the current year, to reflect its functions as a healthcare provider (Tower Hamlets Community Health Services) and as a commissioner of healthcare services.

Alwen Williams, Chief Executive of Tower Hamlets PCT, added that PCTs were now to be subject to annual reviews of competency in commissioning and comply with the world class commissioning regime. She commented that the organisation was the highest performing PCT in London and was establishing links to work in association with Hackney and Newham PCTs.

Caroline Alexander then continued a comprehensive presentation on how monitoring was carried out to ensure robust processes for quality assurance of service providers; redesign of services where necessary; accessible and responsive care. She pointed out that access to GPs services in 24 hours had improved to 80% over the last year.

Susan White, Tower Hamlets PCT, explained measures by which Tower Hamlets Community Health Services addressed patient safety; clinical cost effectiveness; governance issues; access for wheelchair users; engagement of communities in service provision; care environment and public health.

The Chair invited questions on the report and PCT Officers responded to questions put by Members of the Panel relating to:

- Contracting out of failing GP services, with particular reference to the St Paul's Way surgery. It was acknowledged that the PCT would have

to involve local people earlier in such instances and lessons had been learned in that respect. However, it was likely that any attempt to restrict bids for service provision to other local providers would be challenged through national commissioning rules unless particular specialisms were involved.

- Ensuring that pathways to more polyclinics were thought out with community involvement and measures should be undertaken to target BME communities to secure their inclusion in access to services to ensure early diagnosis of problems and the provision of linked services for full treatment. It was felt that great improvements to access had been made over the last 12 months and had been enhanced by a dedicated interpreting service through PRAXIS and a mobile dental service.
- Involvement of BME communities which had been undertaken with regard to an education programme concerning diabetes and also breast screening sessions particularly targeting Somali and Bengali women. Very positive feedback had been received in these connections. In addition, information had been made available on staying healthy, regarding smoking and obesity. Meetings had been held in the community and at such locations at the East London Muslim Centre.
- Linking of dental services through schools and the mobile service was confirmed and dental decay rates had been halved over the past year.
- Encouraging BME communities to take up sight tests in local facilities was being progressed in liaison with colleagues in Barts and the London NHS Trust and was also being aimed at persons with learning disabilities.
- Smoking cessation and tobacco use had been identified as areas where more education was required and work would be progressed especially with the Somalian community to address the issue.
- Changing people's behaviour to improve their health was a major issue and health guides would be provided at all LAP meetings.
- Alwen Williams added that details of health training would also be provided to a future meeting of the Overview and Scrutiny Committee.

The Chair asked particularly that the matter of patient issues and complaints be reviewed for the next annual report and Caroline Alexander indicated that details of the relevant processes and community opinions would be provided. The Chair made the point that the views of THINK should also be included as an integral element.

The Panel noted the work being undertaken with regard to the required declarations and the Chair asked that any further comments to be made in this connection and also the report on End of Life Care be forwarded to Mr Afazul Hoque, Acting Scrutiny Policy Manager, as soon as possible.

4.2 Barts and the London NHS Trust Declaration to the Healthcare Commission 2008/09 (TO FOLLOW)

The Panel received a presentation from Dr Charles Gutteridge, Medical Director, Barts and the London NHS Trust concerning the Trust's declaration to the Health Care Commission. Dr Gutteridge introduced Mr Peter Morris, Chief Executive of the Trust, who had been in post for 10 days.

Dr Gutteridge provided a very detailed account of how the Trust had produced a self-assessment against the Health Care Commission's Core Standards in Domain 4 – Patient Focus; Domain 5 – Accessible and Responsive Care and Domain 7 – Public Health. He also described measures being taken to address current issues such as patient dignity/privacy on the old site, which would be improved when the new buildings were in use. There had been huge problems with the Trust's computer system over the past year and this had hindered meeting the national performance standards in booking and appointments processes, however, the Care Records Service was being developed to attain improvements.

Substantial improvements had been achieved in combating infection rates, which was a key priority, but more remained to be done. Development of the new site was proceeding on target and the first phase was due to open in March 2010. Dr Gutteridge added that the Trust was considered to comprise the leading emergency trauma treatment facility in London and achieved three times the survival rates of other hospitals. He then spoke at length Core Standards Document that had been circulated to the Panel, pointing out that there had been concerns at the surge of patient's complaints during the year as a result of computer problems affecting booking of appointments and access to services. This had resulted in failure to meet Core Standards C14c, relating to appropriate actions to make changes in service delivery and C18, relating to enabling all sectors of the community to access services and treatment equitably.

Following the presentation, the Chair invited questions and Dr Gutteridge responded to queries relating to:

- MRSA screening and infection prevention: monthly audits were now undertaken with cleaning service providers and most wards were now experiencing improvements.
- Agency/bank staffing: this represented about 15%-18% for the Trust's employees overall and management were keen to reduce this.
- The effect of trauma admissions on patients, particularly local people, awaiting treatment in Accident and Emergency: the Trust's patients were overwhelmingly local residents but emergency incidents did have an affect on waiting times. There was a need to invest in increased critical care services to provide additional beds and reduce waiting times. It was accepted that local residents should feel they could attend A and E without long waits but, in addition, people tended to go there as first port of call when other treatment centres could be more appropriate.
- Maternity care and confidence/trust of women had presented issues since before the last Overview and Scrutiny Committee service review: while concerns probably related to figures produced in 2006, personal performance assessments had been made for all staff by outside assessors. The programme had been very successful and individual

performances were being strongly monitored. 20 more midwives had been recruited and there was an ultimate target of ensuring 1 – 1 care in that area, with additional obstetricians on ward.

- C. difficile infections had been reduced from 484 per year, which was poor when compared to national standards, to 282, which was considered mid-range. The aim was to reduce this further to no more than 16 cases a month, which would be among the best levels nationally.
- There was no shop at the London Chest Hospital, Bethnal Green, to avoid patients from reintroducing further infections: the shop at Whitechapel was well-used but it was agreed that it was necessary to improve patients' knowledge of infection. This was further required in that 20,000 people a day passed through the hospital. A challenge programme was also in place to encourage patients to challenge staff and others who did not conform to hand-washing requirements.
- It was accepted that improvements were needed to the discharge process, particularly for older patients, so that GPs were informed and linked services could be provided.
- On staff accommodation, the Trust no longer provided or ran housing for staff except sleeping arrangements for on-call staff, although assistance was given with travel passes, etc.
- Junior doctor working hours: there had been a significant reduction from 100 hours a week average some years ago to none now exceeding 60 hours. The total would be eventually reduced to 48 to comply with European regulations and working practices would have to be redesigned accordingly.
- On a workforce reflecting the community: great attention was being given to selecting ethnic minority staff and recruiting from local schools. The selection of women doctors, who now made up 60% of that work area, now exceeded males. There was a wide representation of ethnic groups but Black Caribbeans were under-represented and pathways needed to be created for them. Nursing staff were recruited from East London but there was under-representation here especially of Bengali women and more were also needed as midwives, especially important for the Whitechapel area.
- Customer care issues, where there may be problems with contact between staff and patients, such as midwifery and phlebotomy, would be tackled when identified on a personal basis.

Peter Morris, Chief Executive of the Trust, then addressed the Panel on his vision for development of the Trust and service improvements.

The Panel noted the report and the Chair commented that the matter of parking problems for hospital patients (raised by Dr Amjad Rahi) would continue to be a problem to be addressed in future. She added that care at ward level, involving feeding and dignity was a major concern for older patients, along with discharge arrangements, and she considered that future Trust reports should specify how people were being helped. She also asked that patient comments and data relating to customer satisfaction be provided as soon as possible to Mr Afazul Hoque, Acting Scrutiny Policy Manager.

4.3 End of Life Care - Draft Report (TO FOLLOW)

The Panel considered and approved the draft report on End of Life Care and delegated final approval of the report to the Service Head, Scrutiny and Equalities after consultation with the Chair of the Health Scrutiny Panel.

It was noted that Councillor Heslop asked for his name to be removed from the list of contributors, in view of his late appointment.

4.4 Joint Strategic Needs Assessment - Draft Report of Scrutiny Challenge Session

The Panel noted and agreed the outcome of the Scrutiny Challenge Session on the Joint Strategic Needs Assessment Review and improving Adults' Health and Wellbeing.

The Chair asked that any further suggestions for inclusion be made available to Mr Afazul Hoque, Acting Scrutiny Manager, as soon as possible. She further indicated that steps were necessary to encourage people to be able to come forward and take up access to services and patient's choice. It was important that THINK were also involved to help develop an advocacy facility so that local people would be able to demand services.

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

NIL

The meeting ended at 8.35 p.m.

Chair, Councillor Stephanie Eaton
Health Scrutiny Panel

Agenda Item 7.1

Committee Health Scrutiny Panel	Date 16th June 2009	Classification Unrestricted	Report No.	Agenda Item No.
Report of: Service Head, Democratic Services	Title Health Scrutiny Panel – Terms of Reference/Schedule of Dates/Membership			
Originating Officer(s): Paul Ward Senior Committee Officer	Ward(s) affected: N/A			

1. SUMMARY

- 1.1 This report sets out the Health Scrutiny Panel's Terms of Reference, a schedule of meeting dates and details of Membership.

2. RECOMMENDATION

- 2.1 That the report be noted.

LOCAL GOVERNMENT ACT, 2000 (SECTION 97)

LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Brief description of "background paper"
and address where open to inspection

Name and telephone number of holder

Democratic Services
Council Constitution

Paul Ward
020 7364 4207

3. BACKGROUND

3.1 TERMS OF REFERENCE

3.1.1 The Health Scrutiny Panel is a Sub-Committee of the Overview and Scrutiny Committee and undertakes the Council's functions under the Health and Social Care Act 2001. The Panel's Terms of Reference are set out below:-

- (a) To review and scrutinise matters relating to the health service within the Council's area and make reports and recommendations in accordance with any regulations made thereunder;
- (b) To respond to consultation exercises undertaken by an NHS body; and
- (c) To question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of the services.

3.2 SCHEDULE OF DATES

3.2.1 Council on 22nd April 2009 agreed a schedule of dates for Committees/Panels for the Municipal Year 2009/2010. The dates agreed for this Panel were as follows:-

- **Tuesday 16th June 2009**
- **Tuesday 21st July 2009**
- **Tuesday 20th October 2009**
- **Tuesday 26th January 2010**
- **Tuesday 23rd March 2010**

3.2.2 The meetings will be held at the Town Hall, Mulberry Place Meeting Room M72, Seventh Floor, 5 Clove Crescent London E14 2BG at 6.30pm.

3.3 MEMBERSHIP

3.3.1 The Membership of the Panel was agreed at Council Meeting held on 20th May 2009. The following Members were appointed:-

- Councillor Bill Turner
- Councillor Ann Jackson
- Councillor Lutfa Begum
- Councillor Alex Heslop
- Councillor Dr Emma Jones

- Councillor Abjol Miah
- Councillor Stephanie Eaton

4. COMMENTS OF THE CHIEF FINANCIAL OFFICER

4.1 There are no Financial Implications arising from this report.

5. CONCURRENT REPORT OF THE CHIEF LEGAL OFFICER

5.1 The Health and Social Care Act 2001 Section 7 requires that as part of the Overview and Scrutiny function the Council should establish appropriate arrangements to review and scrutinise matters relating to the health service in the authority's area and to make reports and recommendations. This Panel fulfils the Council's statutory obligations in that regard.

6. EQUAL OPPORTUNITY IMPLICATIONS

6.1 There are no Equal Opportunity Implications arising from this report.

7. ANTI –POVERTY IMPLICATIONS

7.1 There are no Anti-Poverty Implications arising from this report.

8. RISK MANAGEMENT IMPLICATIONS

8.1 There are no Risk Management Implications arising from this report.

9. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

9.1 There are no direct Sustainable Action for a Greener Environment Implications arising from this report.

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**QUALITY DEVELOPMENT (complaints)
ANNUAL REPORT
2008/09**

1. Introduction

The Quality Development Department is responsible for central complaints management. The key functions of the department are

- To support the services to follow the national regulations for complaints handling, and meet national and local standards for complaints management
- Liaise with other agencies and assist with the independent review process
- Liaise with the Health Service Ombudsman, the body that considers complaints when all avenues of local resolution have been exhausted and the complainant remains dissatisfied
- To monitor and report on complaints management performance, the themes arising from patient complaints and support initiatives to learn from complaints.

This report provides a Trust-wide overview of the complaints received in the Trust between 01/04/08 and 31/03/09.

It includes:

- An overview of the formal complaints performance and themes
- A summary of the work that is planned or has been undertaken in response to patient complaints
- An summary of the complaints that were granted an independent review by the Healthcare Commission
- An outline of work planned to ensure that the complaints handling processes are robust and facilitate organisational learning

1.1 Context

The Trust had 700,376 patient contacts during the year, 0.15% of them made a formal complaint. In addition to the 1067 formal complaints, 195 informal complaints were registered and 402 compliments recorded.

It is acknowledged that many of the concerns raised by patients and visitors, on a daily basis, are resolved quickly by staff and not always recorded. The themes emerging from recorded complaints indicate only a portion of the problems our patients report. It is therefore important to review complaints in the wider context of patient feedback.

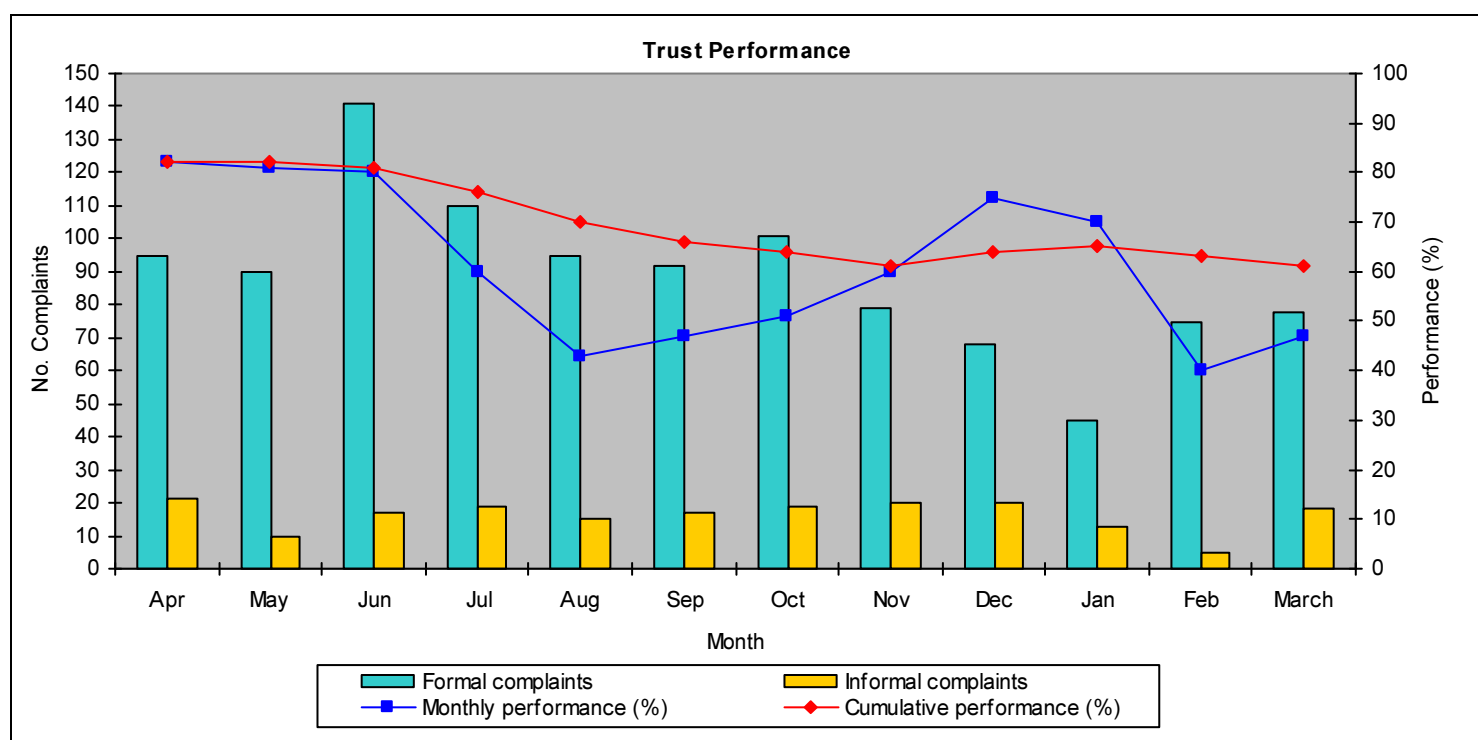
The amended complaint regulations, issued by the Department of Health on 1st April 2009 allow for greater flexibility to negotiate with the complainant how their complaint is managed and an agreed response time. The Trust has decided to maintain a 25 working day target for investigating and responding to formal complaints.

2. Overview of complaints performance and themes

Chart 1 shows monthly performance against the response time target of 25 working days. The Trust responded to 61% of complaints within time, which is below the national standard of 80%. This fall in performance is due to a number of contributory factors

- 355 more formal complaints than the previous year mainly due to the implementation of a new computer record system
- A major organisational restructure
- Variable staff resource
- Staff turnover
- Availability of health records

Chart 1



Themes for complaint

A notable change in the themes of complaint is that transport complaints have halved this year and are no longer in the top 5 causes of complaint. The three main themes for complaints continue to be clinical treatment, attitude of staff and appointment delays and cancellations.

2007/08

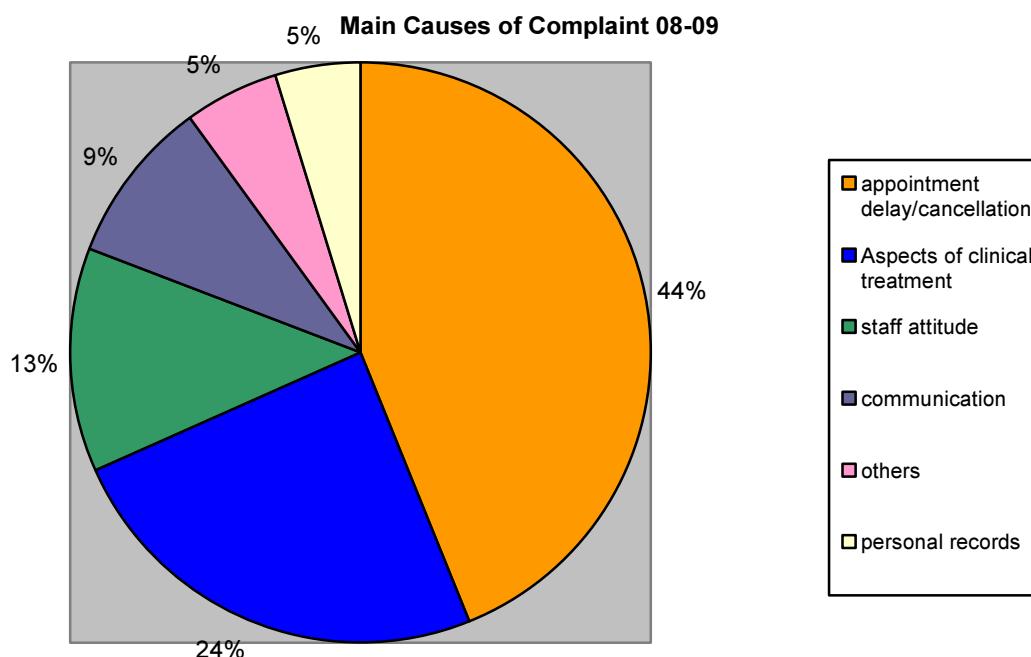
2008/09

Aspects of clinical treatment	204
Appointments/delays and cancellation outpatients	116
Attitude of Staff	106
Transport	63
Appointments/delays – in patients	58

Appointment delays and cancellation outpatients	398
Aspects of clinical treatment	221
Attitude of Staff	114
Communication with patients	86
Personal Records	49

Chart 2 details the five most common causes of complaint 2008/09

Chart 2



Formal Complaints by Risk

Significant Risk	High Risk	Moderate Risk	Low Risk	Not graded	Total
0	140	417	367	143	1067

2.1 Actions Taken to Improve complaints management 2008/09

- The Quality Development Department carried out a Best Value review, incorporating views from stakeholders and incorporated recommendations from both the complainant and staff surveys.
- Training and development was provided to complaint leads from an external company and a training tool purchased for each directorate that can be adapted for use with different teams.
- Work with the patient engagement and clinical staff to visit local community groups and work collaboratively with PALS, ICAS and other partners to raise awareness and confidence in formal feedback processes within the local community.
- ‘Tell Us’ (complaints) posters and leaflets were reviewed to ensure they are up to date, easy to follow and printed in the Trust style.
- Work was undertaken to support the implementation of the new regulations in 2009, with partners in the North East London VIAN (Voices for Improvement Action Network) to strengthen working relationships and create a single and responsive complaints process throughout the region.

2.2 Actions taken to improve complaints performance

The implications of the fall in complaints performance overall led to the decision to declare that core standard C14c, (Standards for Better Health) is not met. A plan to address this has been developed and the following actions undertaken in order to stabilise performance.

- Weekly performance meetings to review the status of all open formal complaints in the Trust
- Development of performance metrics
- Review process for ensuring timely sign off in Trust Offices
- Temporary staff employed until substantive post is filled, in quality development
- Training for divisional governance staff

2.3 Responding to patients' complaints

Appointments

Problems with appointments were the most common cause of complaint this year.

The majority of these complaints are received in the Patient Access Service. The number of formal complaints about appointments peaked at 47 in June 08 and has reduced to 7 - 10 per month since January 09.

Themes from appointment complaints

- Time taken to answer the telephone
- Time taken to book an appointment
- No appointment offered/available when patients call
- Cancellation of clinics – no notification, multiple cancellations
- Inconsistent information on calling patients back or arranging appointments
- Attitude of staff
- Appointment letters – poor or missing information
- Length of time for responses to e mails
- Appointments being booked incorrectly

Contributory factors causing the increase in complaints

- Complex new computer system introduced in April 2008
- High turnover of staff and therefore reliance on temporary staff
- A focus on understanding of the computer system rather than on customer care
- Problems with Call Handling software /telecoms

Solutions/Improvements

- Permanent recruitment programme – monthly adverts since October 2008
- Review of staffing skills and numbers
- Local training on computer systems
- Development of a tailor-made training package
- Rotation of staff to enable learning of different department systems
- Formalised customer care training commissioned from Learning and Development
- Updated call handler information to patients

- Work with Service Managers to address appointment availability for some specialties
- Review of the clinic cancellation process to ensure cancellation letters are always sent to patients on time
- Work with computer systems partners to ensure that patients cannot be cancelled by the hospital multiple times
- Hospital appointment letters re-written, reviewed and implemented
- Departmental performance being monitored on a weekly basis
- Patient Satisfaction survey sent out with 10% of all appointment letters week commencing 9 March
- Patient Event held on 24 March. 168 people who had complained about the service were invited to the event to give their views on future

Clinical Treatment

Many of these complaints are prompted by miscommunication or failing to fully explain to patients what to expect from a medical nursing or surgical intervention. There is sometimes a lack of understanding or awareness of Trust policy and procedures by some staff and further training; clear explanations and apology are often the outcomes.

However there are some examples where the standards of care we provide fall short of our expectations and when this happens specific action plans are developed.

In addition to local action plans, this year the Trust is supporting a project to enable 5 teams of clinical staff to develop an area of care that is identified as being of most concern to the patients who use their services. The initiative will be identified through complaints, surveys and other forms of patient feedback. The development, implementation and evaluation of the service improvements will be supported by internal mentors and external facilitation.

Staff Attitude

An element of communication underpins almost all complaints and the most common action taken is personal reflection or discussion of particular complaints amongst relevant groups of staff. Communication issues raised in complaints are regularly raised at ward and team meetings and are used to set objectives and give feedback through appraisals.

Complex Complaints

Some complaints are complex and incorporate different elements of the service provided. When this happens there is often more than one outcome. For example, a woman complained about the standard of care, consideration and information given to her throughout labour.

The complaint was investigated and registered as a Serious Incident and followed up through the Risk management processes. The result of the investigations prompted actions for medical/obstetric care and a disciplinary investigation of a member of staff.

Additional work is required to strengthen the learning from formal and from informal complaints or concerns raised, including those raised via PALS. This issue was picked up in our recent NHSLA assessment. Responsibility for review and follow up in these cases has previously been taken by a Complaints

Management Group which has not met during the past year, and by local governance boards which have been in a period of reorganisation since the implementation of the Divisions. Re-establishing effective arrangements for review and learning from these concerns will be a priority for this year.

3. Healthcare Commission /Independent Reviews

3.1 Number of cases by Division – Table 1

Division	Returned for resolution	Not upheld	Partially upheld	Fully upheld	Awaiting decision	Total
Clinical and Diagnostics	3	2			1	3
Acute and Family	10	2		3	5	10
Regional Services	3			2	1	3
Corporate	1	1				1

3.2 Example of Actions from Healthcare Commission recommendations

Recommendation	Actions
<ol style="list-style-type: none"> 1) Trust to supply copy of pressure area care policy and ensure compliance with Essence of Care and NICE guidance. 2) Staff to receive training and update on risk assessment, prevention and management of pressure sores. 3) Supply copy of record-keeping policy 4) Provide action plan- details of specific actions planned or taken 5) Provide copies of policies for EOC Guidance & Benchmarks for Personal & Oral Hygiene 6) Provide details of checks to ensure nurses are adhering to standards 	<p>All named policies and guidance supplied to the complainant.</p> <p>A detailed action-plan was drawn up to respond to the complaint and other issues to include audits against Essence of Care standards for pressure ulcers</p> <p>Implement a staff development programme to be measured by improvements in quality indicators and performance managed</p>

4. Plans for 2008/9

- To further develop the complaints policy and processes to strengthen systems that support high performance and comply with the new regulations
- To re-establish a formal structure to ensure learning and review of complaints
- To support the development of staff skills in responding to patients' feedback including concerns and complaints
- To strengthen learning from complaints by increasing the involvement of clinical staff; linking complaints to other sources of feedback to identify priorities for improvement work and supporting better use of the electronic database to improve quality and access to information about actions and changes in response to complaints.
- To include complaints information, performance and methods of resolution in the ward/department visual management boards.

Annual Complaints Report 1 April 2008 – 31 March 2009

1.0 Purpose of the Report

This is an annual complaints report, which is a standard item on the Trust Board's agenda. The report details the number of complaints received and the performance against timescales as set in the NHS Complaints Procedure. The report also notes any requests for independent review.

2.0 Report Content

During the period 1 April 2008 to 31 March 2009 the Trust received 255 formal complaints. This represents an increase on the previous year of 2%.

Of the 255 complaints received 91% were acknowledged within two working days and 81% received a full written response within the timescale of 25 working days. This represents an increase of 17% from 2007 to 2008.

Of the 255 complaints received during this period, six complainants referred their complaints to the Healthcare Commission for review. These have either been returned to the Trust for further local resolution or a decision is still to be made on whether to undertake a review.

3.0 Looking forward

From the 1st April 2009 new complaints regulations came into force. The new procedures place a greater emphasis on proactively engaging with complainants.

Under the new arrangements the Healthcare Commission will no longer have a role in reviewing complaints and the Trust will be required to take all possible action in order to resolve concerns. Those that cannot be resolved locally can be referred to the Parliamentary and Health Service Ombudsman.

The new procedure aims to:

- Facilitate the resolution of complaints locally, through a more accessible, personal and flexible approach to handling complaints
- Treat and respond to each case according to its individual nature and wishes of the complainant
- Ensure organisations improve the services they provide by routinely learning from peoples experiences.

The Trust is still working to a 25 working day target for responding to complaints and this will be monitored through the Trust's performance management framework, including reports to the Service Delivery Board.

Regular reports will also be provided to the Healthcare Governance Committee and Public Participation Committee.

4.0 Action Requested

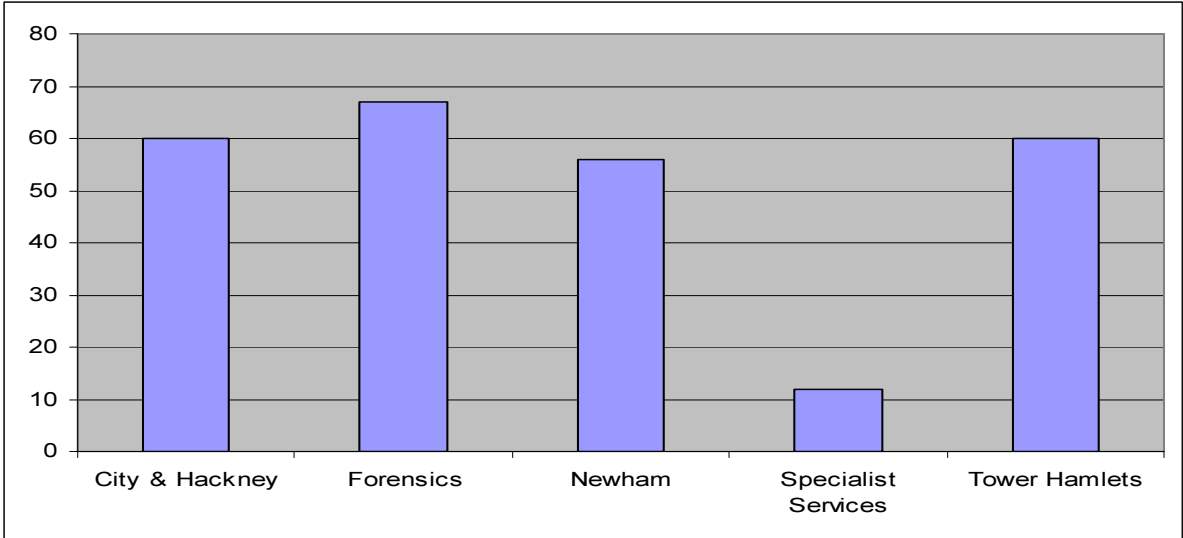
The Board are asked to **receive** and **note** the report for information.

5.0 Complaints Received

The following tables provide a breakdown of complaints received between the 1 April 2008 – 31st March 2009

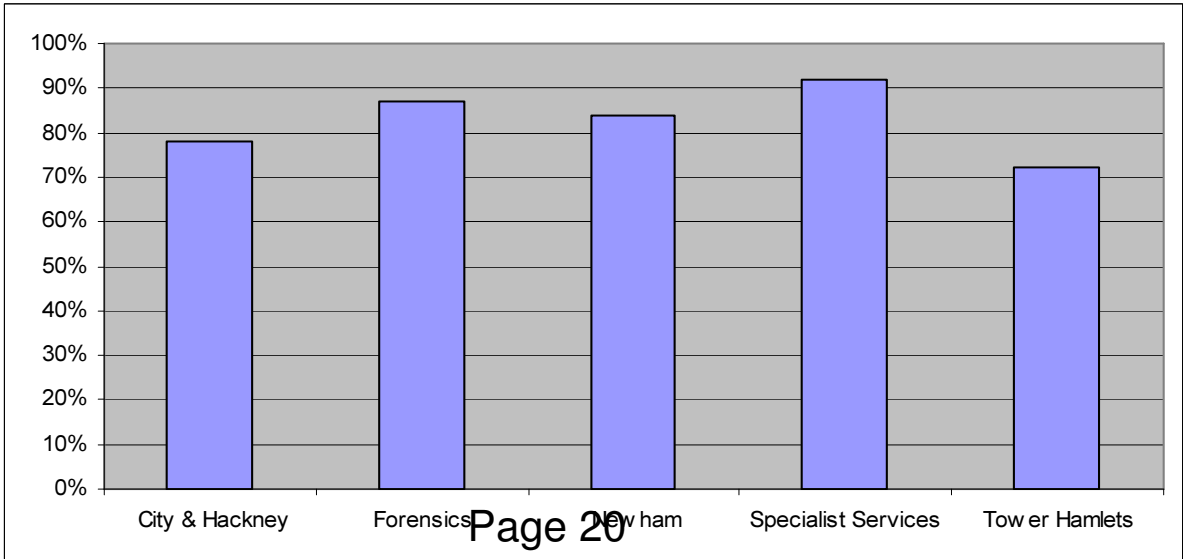
The chart below shows the number of complaints received by Directorate during 2008-2009:

Number of Complaints



The chart below shows the percentage of complaints responded to within the 25 working day timescales, broken down by Directorate:

Response Rate

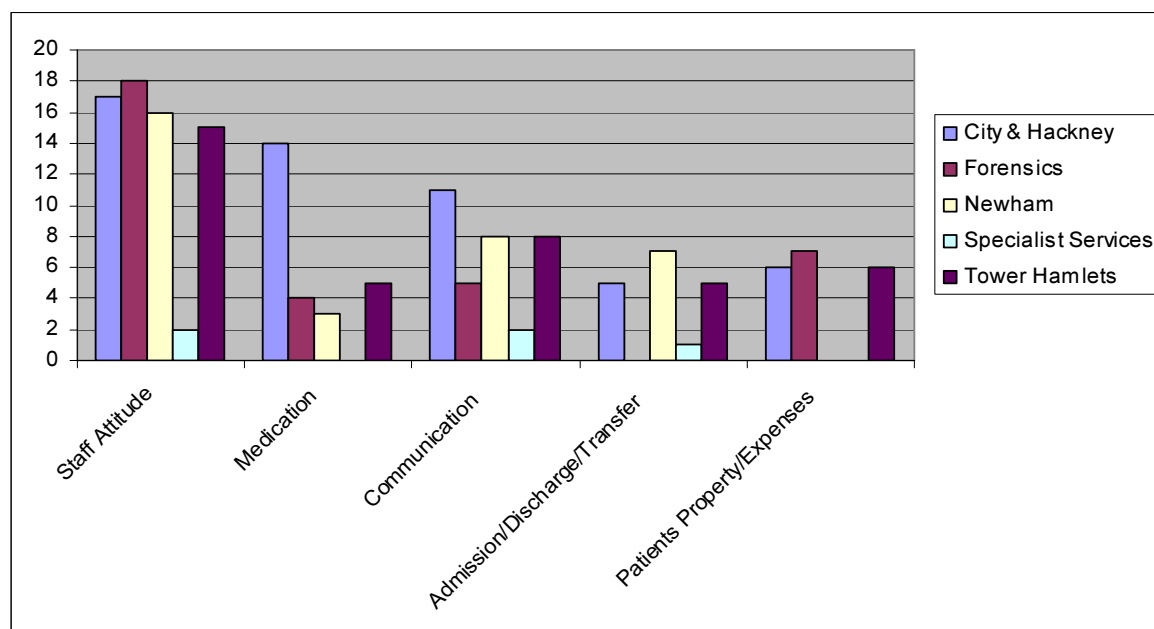


6.0 Complaints Subjects

The Trust received the highest number of complaints regarding issues involving staff attitude.

The chart below shows the subjects where the highest number of complaints were received.

Subject of Complaints



The Trust keeps a comprehensive database of all formal complaints received and captures information on the subject of the complaints. The following chart shows the number of complaints received Trust wide, by subject category. These are grouped under the seven domains of the Healthcare Commission's Standards for Better Health.

NB: Some complaints will contain more than one issue and in such circumstances more than one subject will be recorded. 438 subjects were recorded during 2008-09.

	CITHAK	FOR	NEWH	SPEC	TWRHAM	Total
Safety	8	9	7	1	7	32
Alleged Assault (Patient)	3	0	1	0	1	5
Alleged Assault (Staff)	0	2	3	0	2	7
Abscnscion/AWOL	0	0	1	0	1	2
Children's safety	0	0	0	1	0	1
Cleanliness	1	1	0	0	0	2
Control & Restraint	1	1	1	0	1	4
Health & Safety	1	1	0	0	0	2
Inappropriate sexual behaviour (Patient)	0	0	0	0	2	2
Security	1	3	1	0	0	5
Substance Misuse	1	0	0	0	0	1
Violence and Aggression (Staff)	0	1	0	0	0	1

	CITHAK	FOR	NEWH	SPEC	TWRHAM	Total
Clinical Effectiveness	43	36	34	3	35	151
Admission/Discharge/Transfer arrangements	5	0	7	1	5	18
Communication/Information (Written/Oral)	7	3	5	0	3	18
Consent to Treatment	0	0	1	0	0	1
Control & Restraint	0	0	0	0	1	1
CPA	1	1	0	0	1	3
Delay	0	0	0	0	1	1
Diagnosis	1	0	6	0	2	9
Full Needs Assessment	1	1	4	1	0	7
Follow up	2	0	1	0	0	3
Leave	3	10	0	0	2	15
Medication	14	4	3	0	5	26
MHA (Sectioning)	5	1	1	0	4	11
Nursing Care	0	1	0	0	2	3
Physical Health	1	2	1	1	3	8
Records	0	2	0	0	0	2
Relationships with Professionals	2	5	4	0	2	13
Seclusion	0	6	0	0	0	6
Therapeutic Programme	1	0	1	0	4	6

Patient Focus	49	47	40	5	43	184
Access to Services	3	0	3	0	2	8
A&E	0	0	2	0	0	2
Attitude of Staff	17	18	16	2	15	68
Occupancy Rates and Access to Admission	0	1	0	0	1	2
Bullying/Harassment/Verbal Abuse (Patient)	0	0	1	0	0	1
Bullying/Harassment/Verbal Abuse (Staff)	1	0	2	0	1	4
Care Planning/CPA	0	3	0	0	4	7
Communication	4	2	3	2	5	16
Incidents/Complaints Handling	5	1	0	0	0	6
Confidentiality	5	1	2	1	1	10
Catering/Diet	3	3	2	0	1	9
Diversity	1	0	1	0	0	2
Environment	2	7	0	0	2	11
Information & Choice	0	1	0	0	2	3
Privacy & Dignity	0	2	2	0	0	4
Patient Property & Expenses	6	5	0	0	6	17
Support in the Community	1	0	4	0	3	8
Transport	0	0	1	0	0	1
Visiting Arrangments	1	3	1	0	0	5

Governance	7	13	6	2	3	31
Discrimination/Equality/Human Rights	0	0	1	0	1	2
Policy/Corporate Decisions	0	2	0	0	0	2
Patients Property and Expenses	0	2	0	0	0	2
Records	4	2	1	1	0	8
Adequate Staffing & Skills	1	0	1	0	0	2
Standards of Care	1	2	2	0	0	5
Systems/Working Practices	1	5	1	1	2	10

	CITHAK	FOR	NEWH	SPEC	TWRH	Total
Accessible and Responsive Care	13	1	5	1	8	28
Access to Services	3	0	2	0	0	5
Cultural Needs	0	1	0	0	0	1
Appointments Delay/Cancellation	2	0	0	1	0	3
Delayed Discharge/Transfer of Care	0	0	0	0	1	1
Funding	0	0	1	0	0	1
Occupancy Presures	7	0	1	0	6	14
Race	1	0	0	0	1	2
Waiting Times (A&E)	0	0	1	0	0	1

Care Environment and Amenities	3	3	3	0	2	11
Cleanliness/Upkeep	1	2	0	0	0	3
Furniture & Fixtures	0	1	0	0	2	3
Infection Control	0	0	1	0	0	1
Privacy	0	0	1	0	0	1
Ward Conditions	2	0	1	0	0	3

Public Health	0	0	0	1	0	1
Local Partnership Arrangements	0	0	0	1	0	1
Totals:	123	109	95	13	98	438

7.0 Recommendations, Actions and Learning

Complaints received in 2008 – 2009 resulted in the following recommendations, action points and learning.

Quarter 1

Process of arranging CPA meetings to be reviewed by Modern Matron in conjunction with Consultant (Tower Hamlets)

Nurse redeployed as a result of concerns. Modern Matron will work with nurse on the engagement of patients in their care delivery (Tower Hamlets)

Modern Matron arranging training sessions for staff on the importance of providing up to date care plans. In addition, documentation audits will ensure any further deficiencies are highlighted and action taken to correct them (Tower Hamlets)

All decisions taken to sleep out patients from acute services will be led by modern matron / borough lead nurse (Tower Hamlets)

Relevant training on assessing capacity and in the Mental Capacity Act will be provided to staff (Tower Hamlets)

A member of staff will undergo security and search training and will be actively supervised and mentored as a result of concerns raised (Forensics)

Prescribing error and physical health checks to be discussed between consultants and Clinical Director and issue taken to monthly healthcare governance meeting to ensure dissemination to all staff (City & Hackney)

Quarter 2

Staff will be made aware of the importance of the Missing and Absent Without Leave Policy and an individual staff member will be provided with supervision and support following a complaint about staff actions when service user AWOL (Tower Hamlets)

In response to a delay in being informed the service cannot assess outside of the borough, junior staff will be reminded of importance of timely communication with outside agencies (Specialist Services)

Protocol for the Management of Psychiatric Emergencies has been updated (Specialist Services)

A training session in how to use questionnaires as part of therapy will be taking place in response to a complaint about this technique being used insensitively (Newham)

Team to be reminded of importance of informing service users when staff will be going on leave and who to contact should they require additional support (Newham)

In response to difficulties in relationship, PIN will work with staff member and service user to re-establish their relationship (Forensics)

Staff will be reminded of the suitability of referrals to the Behavioural Genetics Clinic to avoid concerns over the refusal of referrals in future (Tower Hamlets)

After carers views were not included in care plan, staff will be reminded of the importance of communication between professionals, service users and their carers (Tower Hamlets)

Modern Matron to review CPA meeting structure particularly where relatives are permitted to join the meeting (Tower Hamlets) *recurrence from quarter 1*

In response to personal information being sent to the wrong individual, the staff member concerned will receive regular supervision to review organisation and time management issues (Tower Hamlets)

Modern matron to review use of old smoking room for appropriate purposes pending the redecoration (Forensics)

In response to lost items of clothing, all items will be documented and staff will assist with managing his laundry (Forensics)

Staff to be reminded they should not enter a patients room without consent unless it is an emergency situation or cause for concern (Forensics)

Staff to be reminded not to bring personal mobile phones onto the ward (Newham)

Modern Matron will provide training in customer relations, risk assessment and management, and address leadership issues with staff on the ward in response to a complaint about staff professionalism (Tower Hamlets)

Line manager will examine conduct of a staff member who has been vague when interviewed as part of the above complaint investigation (Tower Hamlets)

Modern Matron is investigating allegation of staff member smoking with service users on Trust grounds and will meet with staff member to discuss (Forensics)

Reception staff will be reminded to obtain correct details from our records in the event of an incorrect number being documented (Tower Hamlets)

In response to a missing medical file, a review of case note management has been undertaken across the whole site (Forensics)

Service user invited to attend User Involvement Group to discuss issue of Trust smoking policy further (Forensics)

Borough Lead Nurse has developed a procedure for managing sleepovers and will ensure all ward based staff are familiar with this (Tower Hamlets) *recurrence from quarter 1*

PIN has spoken to nurses about the importance of communication with relatives as part of the transfer process (City & Hackney)

Quarter 3

Issue raised about door being locked when voluntary patients on ward. Matter will be reviewed to ensure it is in line with the Trust's Door Locking Policy (City & Hackney)

In response to concerns about service users wandering into another service users room, staff on the ward have been reminded of the importance of maintaining the privacy and dignity of service users (City & Hackney)

The issue of security standards has been raised with the on-site contractor in response to concerns about the front door being unlocked after 10 pm (Newham)

Staff have been instructed to wear their ID badges at all times in response to concerns that ID was not visible (Newham)

Staff have been reminded that if a drug is not stocked on any of the wards they should contact the senior nurse who can access an out of hours cupboard which stocks supplies for emergencies (City & Hackney)

In response to a complaint that the duty doctor had not been contacted by staff, this issue will be raised in the Nursing Reflective Practice Group and staff will be reminded that in a non-urgent situation to contact the duty doctor (Newham)

All staff in Psychiatric Outpatients and the Psychotherapy Department have been reminded about the importance of ensuring all correspondence is kept in a service user's file (Tower Hamlets)

Complaint investigation highlighted that clinical records had not been adequately completed. Modern Matron will highlight importance of completing clinical records appropriately to all staff. (Forensics)

In response to dissatisfaction with the reduction of smoking facilitation without prior consultation, a meeting will be set up as a matter of urgency to review the arrangements taking into account all views (Forensics) *recurrence from quarter 2*

Occupational Therapy Board on ward has been updated to show all current activities (Tower Hamlets)

Following investigation into complaint regarding smell of smoke or ward, Acting Modern Matron will monitor situation to ensure individuals put out their cigarettes before re-entering ward. This will also be discussed at the community meeting (Forensics)

In response to complaint regarding attitude of senior Doctor, incident is to be reviewed in Doctors supervision with Clinical Director (Newham)

In response to a complaint about the length of time it took for staff to arrive at a service users home for a visit, staff will be reminded of the importance of printing out a map prior to setting out (City & Hackney)

After witnessing a violent incident in A&E waiting area a complainant raised the issue of staff not being available to provide reassurance to people waiting. These observations will be raised with the responsible senior manager as part of discussions for the future development of services on this site (Newham)

In response to an assessment taking place in an office where confidential information was on display the team manager has discussed this issue with the member of staff. The staff member has been instructed not to use the office in future (Newham)

In response to concerns about cleaning work taking place at night the contractor has been instructed not to undertake floor maintenance on wards at night (Newham)

Quarter 4

In response to a lack of documentation relating to items stored in the Banned Items Box, the Restricted Items Policy will be reviewed (Forensics)

After service users passport went missing the PIN will be reviewing the Patients Property Policy with all ward staff. Staff will also be reminded of the requirement to maintain a record of property taken for safe keeping. Matter has also been referred to Counter Fraud Team at the Trust (Tower Hamlets).

Issue re Doctor taking a personal phone call during an appointment will be addressed further in supervision (Newham).

Modern Matron who will speak to member of staff in response to a complaint where a member of staff pushed the office door closed after a service user refused to leave. (City & Hackney)

Staff member has been advised they should notify solicitors of their clients discharge in writing rather than verbally (City & Hackney)

Team will be reminded of the importance of communicating with relatives after a mother was not informed that her daughter had been admitted to hospital. (Newham) *recurrence from quarter 2*

It has been recommended that members of staff should switch off their mobile phones or put them on silent when they are conducting a meeting. (Newham)

All staff on team have been spoken to about the importance of ensuring relatives are informed about incidents at the earliest possible opportunity on the day they occur. (Tower Hamlets)

CMHT told service user to contact Home Treatment Team incorrectly. CMHT will be reminded of importance of providing service users with correct information (Newham)

In response to concerns about confidentiality, the team has stopped the practice of stamping outgoing mail with the name of the team on the envelope (City & Hackney).

Staff will consider if in future information given at ward round, for example regarding medication increase, should be repeated to patients in an individual consultation with their doctor (Forensics)

In response to a misunderstanding regarding responsibility for physiotherapy services to mental health inpatients the Trust will be writing to the manager of the community physiotherapy team. Modern Matrons and Borough Lead Nurses will work together to ensure there is clear information in place for the multidisciplinary teams. (Tower Hamlets)

Due to unusual circumstances in which depot medication is being used outside of NICE guidelines on a patient with borderline personality disorder, a second opinion is being arranged. (City & Hackney)

Checking name and date of birth did not pick up a mistake that had been made in identifying the correct service user. Service will review how we check information given in phone messages to ensure mistake can not occur again. (Specialist Services)

Investigation into how a request for records was mislaid revealed a lack of a recording and monitoring system for access to records requests. Such a system will now be implemented (Specialist Services)

Team have been reminded of the need to carry out a further check after correspondence was sent to an incorrect address. (City & Hackney) *recurrence from quarter 2*

The team completing referral paperwork have been spoken to about the importance of accurately completing forms in response to a complaint where the telephone number of the service user and relative were confused by staff. (City & Hackney)

In response to a delay in an access to health records request being processed, the Office Manager has been asked to remind all administrators of how requests to access records should be handled. In addition posters will be displayed in all team reception and office areas setting out the correct procedure. (City & Hackney)

In response to concerns about the relocation of the outpatient service, an audit will be carried out to ascertain service user views of the new location after six months. This will allow the Trust to review the changes made and the impact that this has had on service users. (Tower Hamlets)

Following complaint regarding sleeping out, the Bed Manager and Modern Matron have been reminded of the importance of informing service user as soon as possible (City & Hackney) *recurrence from quarters 1 & 2*

Head of Nursing to undertake further enquiries regarding an incident where a patients shoulder was dislocated during restraint. (Newham)

In response to an incident between a domestic staff member and a service user senior nursing staff have met with Facilities Management and recommended that an internal investigation should be carried out (Tower Hamlets)

Report to the Health Scrutiny Panel – June 2009

Tower Hamlets Primary Care Trust

This paper is divided into 3 parts looking at 1) complaints received by Tower Hamlets PCT both as a provider and commissioner of services 2) summary and impact of the new complaints regulations from April 2009 and 3) how the PCT as a commissioner of services assures itself that the provider of services both have robust complaints procedures in place and that lessons from complaints are learnt.

Background

The NHS complaints procedure has been revised from April 2009 and changes and implications of this are discussed in section 3. The importance of complaint handling has recently been highlighted in the investigation into Mid Staffordshire NHS Foundation Trust¹ which found that there were many complaints about the quality of nursing care. The Trust's Board appeared to be largely unaware of these.

Section 1: complaints received by Tower Hamlets PCT

In 2008-09, the PCT received a total of **92** formal complaints, compared to **61** cases the previous year.

A number of factors could be considered a contributory factor in this increase. Firstly at the same time last year the department was staffed by one member of staff. This last year, there have been three full time members of staff in the complaints department and three telephone lines, meaning improved access for service users.

The increased staffing levels also meant the team were able to be directly involved in the management of some independent contractor complaints, preparing the team for the change in legislation.

84 (91%) of the complaints received were acknowledged within the national timescale of two working days.

49 (53%) of the complaints received were resolved within the national timescale of 25 working days. In some cases complaints were quite complex and required more than twenty five working days before they could be responded to. In other cases, internal quality checking standards meant that some cases were delayed until they met the appropriate standard. Where there were such delays, complainants were kept informed of developments as they progressed.

Areas where highest number of complaints received

- Attitude of staff
- Appointments – Delayed/Cancelled
- All aspects of Clinical Care

1.2 Learning lessons from complaints

Complaint handling is managed overall by the complaints manager. Accountability for the process and monitoring is managed through the Investigation Management Group which also monitors implementation of recommendations. Focus on learning

¹ Healthcare Commission – Investigation into Mid Staffordshire NHS Foundation Trust March 2009

lessons from feedback and complaints are being embedded. A number of cases received last year prompted service reviews across a number of services. In a particular service, this resulted in the development of a comprehensive action plan.

Examples of changes in practice:

- Index system for medical notes developed
- Handover sheet developed
- Nursing staff attended Medicine Management training
- Several staff attended Customer Care training
- Speech and Language Therapy Policy and Procedure for Transfer and Transition updated
- A policy on Protected Meal Times written
- Recruitment drive in the Clinical Assessment Service

1.1 compliments

The complaints department also receives positive feedback on services and reports on these in the same format and equally learns from what it does well in addition to what it does not do so well. This year the Trust received 57 complements through the complaints department. The organisation continues to encourage staff to report back on the compliments they receive so that a comprehensive overview of patient's perception of good service they receive is recorded and reported via the official channels such as the complaints team.

Some of the positive things service users had to say included:

"I impressed by the way I was welcomed by the receptionist I met. I think she should be made a manager"

"Thank you for seeing my mother and providing her equipment so promptly"

"Thank you, the nurses provided me with an excellent service"

"I received a first class service from, the team and I want my thanks conveyed to them, especially the specialist nurse"

"We are pleased about the condition of the ward. It is very clean and I know my relative is in safe hands"

Section 2: New Complaints Regulations

Since 1 April 2009 a new complaints system has been introduced². It is a unified system covering both health and social care and will focus more on local resolution.

If a complaint covers more than one service, then those services must work together to provide the complainant with a single response that represents the findings from each organisation.

The former 3 stage process has been replaced with a 2 stage process. All cases that are referred at stage 2 are now referred to the Health Service Ombudsman.

² The Local Authority Social Service and National Health Service Complaints (England) Regulations 2009 No 309

The arrangements for dealing with complaints must be such as to ensure that:

- Complaints are dealt with efficiently and investigated properly
- Complainants are treated with respect and courtesy and that their circumstances are taken into consideration
- Complainants receive information on the services available to assist them e.g.: ICAS (Independent Complaints Advocacy Service)
- Complainants agree the timescales for completion of the investigation and receive a timely and appropriate response.
- Complainants are told of the outcome of their complaint
- That action is taken if necessary

2.1 Time Limit for Making Complaints

Complaints must not be made later than 12 months after the event occurred or 12 months from the date that the complainant realised that they had reason to complain. However, exceptions can be made if the organisation feels that there is a good reason why the complaint was not made sooner, or if they are still able to carry out an effective investigation.

2.2 Complaints about Provider Services/Independent Contractors/Third Parties

If the complaint relates to a provider service or Independent Contractor, then the complainant must be asked for consent to forward the complaint to the service/provider.

When consent is received the complaint must be forwarded to the relevant service/provider within 3 working days.

In some circumstances the PCT may consider that it is appropriate for them to deal with the complaint rather than the provider. In such instances the PCT must advise both the complainant and the provider. The investigation would then be carried out by the relevant PCT manager and the response sent from the PCT.

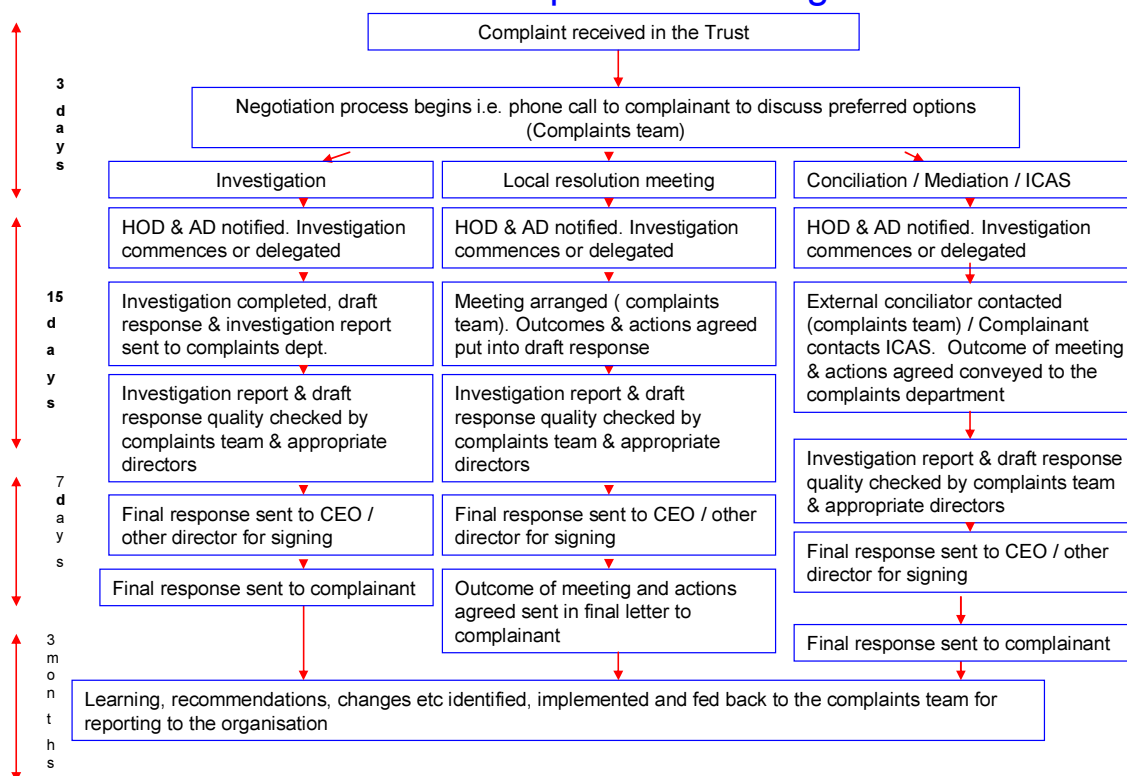
2.3 Timescales for Response

The formal response time of 25 working days for complaints regarding PCT services and 10 working days for complaints in respect of Independent Contractors has been removed and an appropriate timescales will need to be agreed with the complainant locally. The PCT however considers the above timescale a reasonable bench mark and have therefore opted to keep them. All complaints must be contacted to agree options for dealing with complaint and acknowledged within 3 working days

2.4 work in progress

Work continues to embed the new processes in the organisation including publicising the new regulations to staff, patients and members of the public. Training staff in complaint handling will continue throughout the year.

Trust Complaints Handling



Section 3: Assurances on provider services

The national contracts for provider services contain a section whereby organisations have to abide by the regulations for complaint handling.

There is within the performance and quality reviews for each provider an opportunity to review number, trends and issues around complaint handling. As stated in Section 2 there is now the opportunity for service users of provider services to direct any concerns/complaint directly to the PCT commissioners.

Within the contract for the larger providers for 09/10, a clause has been added for the numbers of cases that have been referred to the Ombudsman.

Conclusion

The new complaints process is now being embedded within the processes of the PCT. Monitoring of timeliness and resolution will be monitored closely this year to determine what further work needs to be developed. Improvement of the database that will allow deeper analysis of themes and triangulation with other data sources will be developed this year. The complaints department will continue to offer a service to both the provider and commissioning side of the PCT. Work is currently underway to determine how this function will be aligned with the provider side so that the complaints team provide a service to them and it is appropriately independent to the commissioning function when Tower Hamlet CHS becomes a Designated Provider Organisation.