

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.

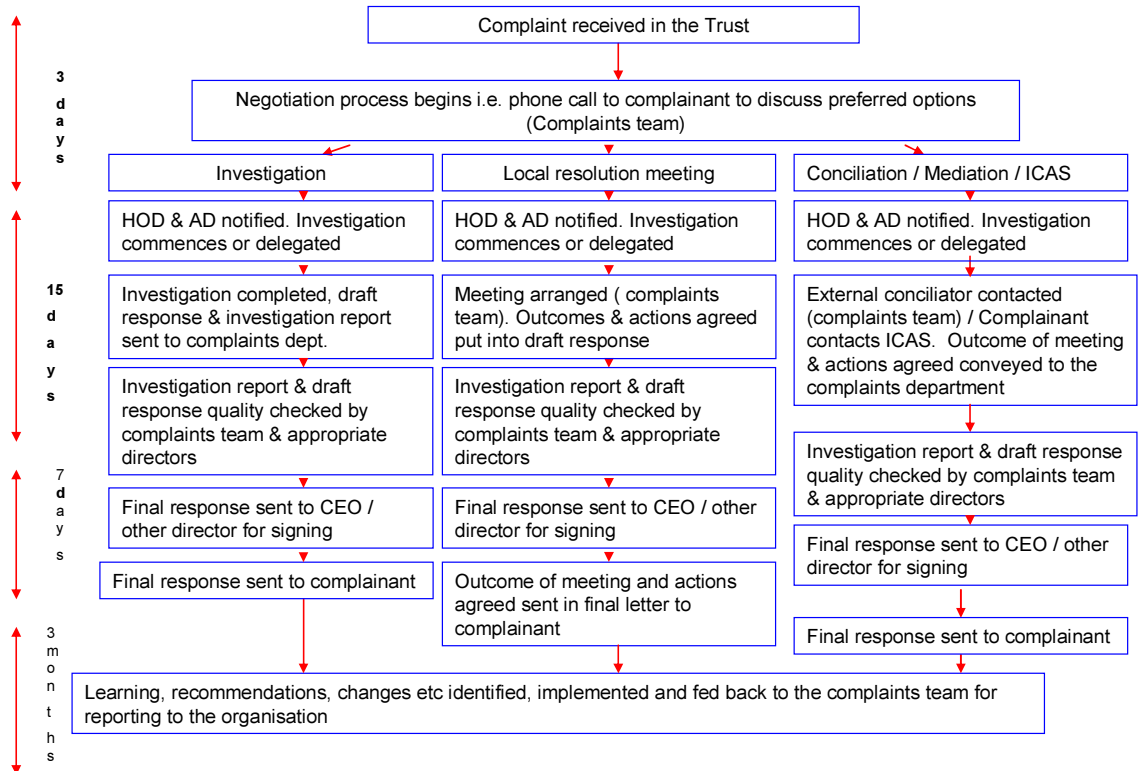
2.3 Timescales for Response

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.