

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	22 July 2008	Unrestricted		4
Report of: East London NHS Foundation Trust		Title: Annual Complaints Report 1 April 2007 – 31 March 2008		
Originating Officer(s): Leanne McGee, Borough Director		Ward(s) affected: all		

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 2007 to 31 March 2008 the Trust received 252 formal complaints. This represents an increase on the previous year of 66%.

Of the 252 complaints received 93% were acknowledged within two working days and 64% received a full written response within the timescale of 25 working days. This represents a decrease of 19% from 2006 to 2007. This decrease was, in the main, due to the extended absence on sick leave of a senior member of staff in the complaints department and despite best efforts the Trust was unable to find suitable cover. An additional senior member of staff has now been recruited to the new post of Complaints Manager. Amongst the key responsibilities of the new role will be to ensure that the Trust can demonstrate learning as a result of complaints as well as ensuring compliance to the timescales.

Of the 252 complaints received six complainants contacted the Healthcare Commission. Of these four cases were referred back to the Trust for investigation/local resolution and two are currently under review. During 2007 - 2008 the Trust was not informed of any requests for review by the Health Service Ombudsman.

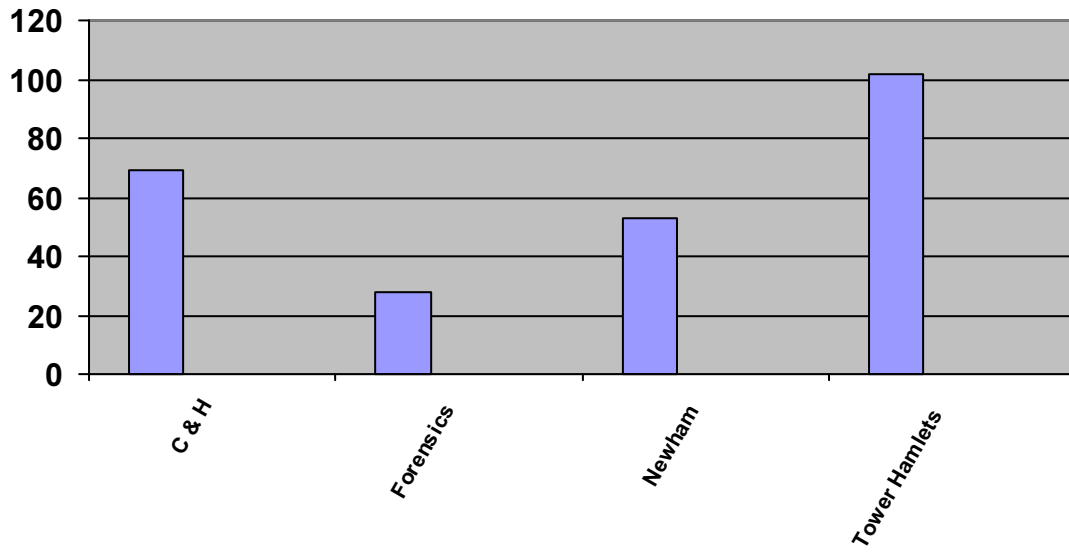
3.0 Looking forward

A new Complaints Procedure is due to be launched in April 2009 and the Trust is currently taking part in the Early Adopter Programme to support the development of an innovative approach to responding to complaints. The Programme and subsequently the new procedure aim to achieve an overall framework to:

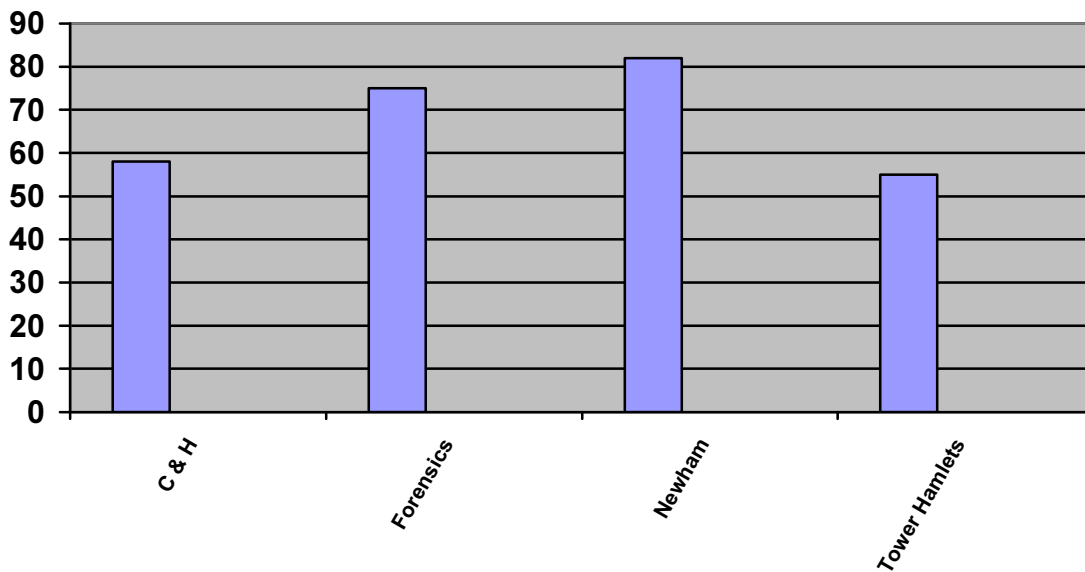
- Facilitate the resolution of complaints locally, through a more accessible, personal and flexible approach to handling complaints
- Treat and respond to each case according to its individual nature and wishes of the complainant
- Ensure organisations improve the services they provide by routinely learning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

Performance against targets will be monitored through the Trust's performance management framework, including report to the Service Delivery Board.

Reports will also be provided to the Public Participation Committee.

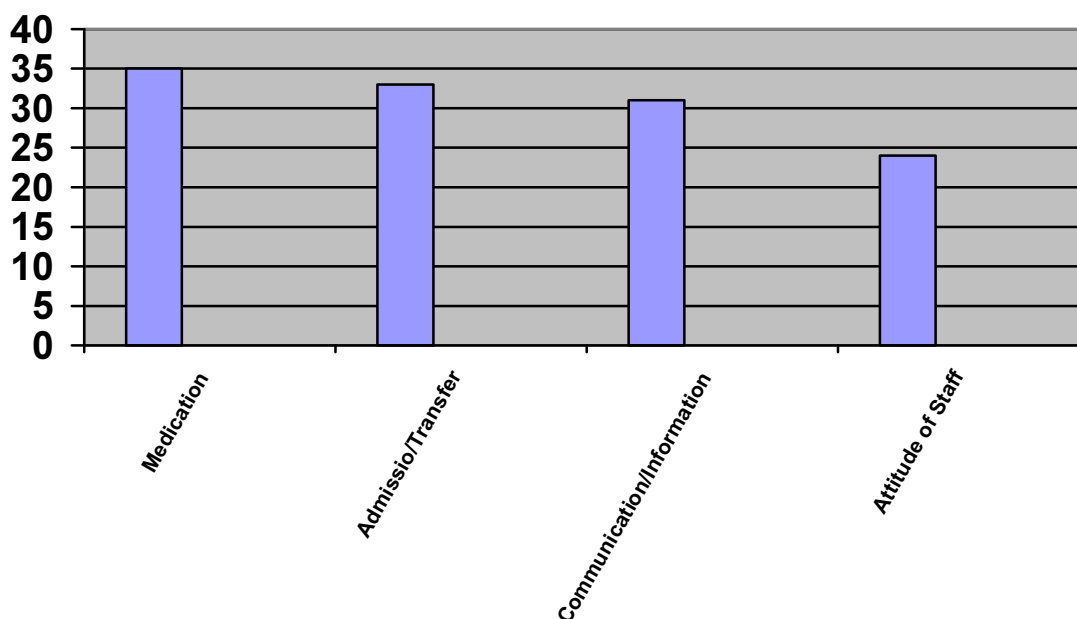


The chart below shows the percentage of complaints responded to within the 25 working day timescales, broken down by Directorate:



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

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



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.

	C&H	FOR	NEWH	TH	Total
Safety	8	2	6	8	24
Alleged Assault (Patient)	0	1	0	0	1
Alleged Assault (Staff)	0	0	3	2	5
Occupancy Rates and Access to Admission	1	0	0	0	1
Communication/Information (Written/Oral)	0	0	1	1	2
Control & Restraint	0	0	0	3	3
Inappropriate sexual behaviour (Patient)	1	1	1	0	3
Medication	2	0	0	1	3
MHA (Sectioning)	1	0	0	0	1
Physical Health	2	0	0	0	2
Security	0	0	0	1	1
Violence and Aggression (Staff)	1	0	1	0	2

	51	18	48	64	181
Clinical Effectiveness	51	18	48	64	181
Admission/Discharge/Transfer arrangements	6	3	10	14	33
A&E	1	0	0	0	1
Staff Attitude	4	3	3	4	14
Attitude of Staff	1	0	0	1	2
Occupancy Rates and Access to Admission	1	0	0	0	1
Cleanliness/Upkeep	0	0	1	0	1
Communication/Information (Written/Oral)	8	4	8	8	28
Communication	0	0	0	2	2

Consent to Treatment	0	0	0	2	2
Control & Restraint	4	0	1	0	5
Control & Restraint	0	0	0	1	1
CPA	0	0	2	1	3
Appointments Delay/Cancellation	0	0	1	1	2
Diagnosis	2	0	5	1	8
Full Needs Assessment	1	0	0	1	2
Information & Choice	0	0	1	0	1
Leave	2	3	0	3	8
Medication	9	2	8	16	35
MHA (Sectioning)	8	0	4	1	13
Nursing Care	0	2	1	2	5
Occupancy Pressures	1	0	0	1	2
Physical Health	1	0	0	1	2
Records	0	0	1	1	2
Relationships with Professionals	2	1	2	3	8

Patient Focus	38	12	26	57	133
Access to Services	0	0	0	1	1
Access to Services	1	0	3	2	6
Admission/Discharge/Transfer arrangements	1	0	1	1	3
A&E	2	0	0	0	2
Staff Attitude	0	2	0	0	2
Attitude of Staff	6	1	4	12	23
Occupancy Rates and Access to Admission	4	0	1	5	10
Bullying/Harassment/Verbal Abuse (Patient)	0	0	0	2	2
Bullying/Harassment/Verbal Abuse (Staff)	5	0	0	3	8
Care Planning/CPA	0	0	0	1	1
Cleanliness/Upkeep	0	0	1	0	1
Communication/Information (Written/Oral)	1	0	1	1	3
Communication	0	0	2	1	3
Confidentiality	1	0	1	2	4
Control & Restraint	1	0	0	1	2
CPA	0	0	0	1	1
Diagnosis	0	0	0	0	0
Catering/Diet	1	0	1	1	3
Discrimination/Equality/Human Rights	0	1	0	0	1
Full Needs Assessment	0	0	0	1	1
Furniture & Fixtures	0	1	0	0	1
Inappropriate sexual behaviour (Patient)	1	0	1	0	2
Information & Choice	0	0	1	0	1
Leave	0	1	0	2	3
Medication	2	1	3	7	13
Nursing Care	0	0	1	0	1
Privacy & Dignity	1	0	0	2	3
Patients Property and Expenses	0	0	1	0	1
Patient Property & Expenses	2	1	0	1	4
Physical Health	1	0	0	0	1
Relationships with Professionals	3	0	0	2	5

Adequate Staffing & Skills	0	0	0	1	1
Support in the Community	4	0	4	6	14
Use of	0	0	0	1	1
Visiting Arrangements	1	4	0	0	5

Governance	0	3	4	4	11
Staff Attitude	0	0	1	0	1
Care Planning/CPA	0	0	0	1	1
Communication/Information (Written/Oral)	0	0	1	1	2
Discrimination/Equality/Human Rights	0	2	2	0	4
Furniture & Fixtures	0	1	0	0	1
Occupancy Pressures	0	0	0	2	2

Accessible and Responsive Care	7	1	3	18	29
Access to Services	1	1	0	2	4
Admission/Discharge/Transfer arrangements	0	0	0	1	1
Communication/Information (Written/Oral)	0	0	0	1	1
Appointments Delay/Cancellation	1	0	1	2	4
Diagnosis	0	0	1	0	1
Delayed Discharge/Transfer of Care	1	0	0	0	1
Funding	1	0	0	0	1
Occupancy Pressures	1	0	0	8	9
Privacy & Dignity	0	0	0	1	1
Support in the Community	0	0	1	1	2
Waiting Times (Therapy)	2	0	0	2	4

Care Environment and Amenities	4	4	1	5	14
Alleged Assault (Patient)	0	1	0	0	1
Attitude of Staff	0	0	0	1	1
Bullying/Harassment/Verbal Abuse (Staff)	1	0	0	0	1
Cleanliness/Upkeep	0	0	1	0	1
Furniture & Fixtures	0	1	0	0	1
Leave	0	1	0	0	1
Occupancy Pressures	0	0	0	1	1
Privacy	1	0	0	0	1
Physical Health	0	0	0	1	1
Safety/Security/Property	0	1	0	0	1
Security	0	0	0	1	1
Adequate Staffing & Skills	0	0	0	1	1
Ward Conditions	2	0	0	0	2

Public Health	1	0	0	0	1
Community Follow Up	1	0	0	0	1
Totals:	109	40	88	156	393

NB: Some complaints will contain more than one issue and in such circumstances more than one subject will be recorded.

4.0 Tower Hamlets synopsis 07/08

Complaints trends in Tower Hamlets are as follows:

- Attitude
- Medication
- Communication
- Occupancy / bed pressures
- Support in the community

In terms of in patient are the statistics are as follows:

- Globe ward 17
- Lea ward 10
- Out patients 13
- Roman ward 9
- Brick lane 7

In terms of service development the complaints analysis is shared with the PCT and Local Authority quarterly and trends and emergent themes and relevant action plans put in place to rectify and remedy service deficits. More recently this has manifested in a number of staff being subject to capability or disciplinary procedures.

Through User involvement forums and the work of the Patients Council we have developed strategies to improve and inform service development before complaints are made.

Leeanne McGee
08.07.08