Briefing for Leicester City Overview and Scrutiny Committee
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Care of Older People

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1. Customer Care policies

Since late 2009 NHS Leicester City has handled customer care including complaints and PALS via its Customer Services team, who remained responsible for speaking directly with patients. This also includes ensuring patients are kept informed and involved with their complaint. By handling PALS concerns too, this allowed them to have a broad overview of the complaints and concerns landscape across the city. Learning's from complaints was disseminated to the appropriate teams for follow up to ensure any actions were taken. This includes (but is not limited to) Fitness to Practice, patient safety, infection control and Primary care contracting teams.

Work is ongoing to bring together LCR and LC complaints systems. This new process will be robust, fair and encourage learning across our organisations. The investigatory work will now be lead by staff employed within the directorates. It gives directorate's access to greater intelligence on what is happening in the localities and within the commissioned services themselves. This in turn, can allow staff to pick up on and target any causes for concern earlier and also contribute to making more informed commissioning choices.

The Customer Services team will now also work more closely with the Patient Safety Manager and Patient Experience Manager to ensure patients are receiving a first class service.

All reported concerns and complaints (regardless of how serious or how small) will be held on one database, which will allow us to report accurately on any trends and allow us to pin point any area that needs improvement.

UHL Complaints

As a PCT commissioning services, we are also able to support patients in making complaints about UHL services. If a patient does not feel comfortable approaching UHL, under the NHS Complaints regulations 2009, we can investigate their complaint. UHL are informed of this and an investigation is led by the PCT, with UHL cooperating with this process. Clinical advice can be taken from our clinical advisor, or sought independently.

Any learning from this process is fed back into UHL via the contracts manager who uses the information to inform discussions regarding quality of service with UHL.

Any significant failings found as a result of a complaint would be escalated to the appropriate Director/AD within the PCT and directed to UHL at this level.

Publicising our policy

Our complaints policy is found online and available from the organisation at any time. We also carry literature in other languages, and are able to provide Braille versions and audio tapes if necessary.

2. Complaints monitoring

All patients/carers are advised to talk to a member of staff where they received treatment in order to make a complaint. Often talking things through straight away, problems can be resolved there and then. If the decision is made to make a formal complaint, this is done in writing either to the complaints department of the organisation where the care was provided, or to the commissioning Primary Care Trust. As a PCT commissioning services, we are also able to support patients in making complaints about provider services. If a patient does not feel comfortable approaching the organisation directly, under the NHS Complaints regulations 2009, we can investigate their complaint. The provider organisation is informed of this and an investigation is led by the PCT, with them cooperating with this process. Clinical advice can be taken from our clinical advisor, or sought independently.

Any learning from this process is fed back via the contracts manager who uses the information to inform discussions regarding quality of service with UHL. Any significant failings found as a result of a complaint would be escalated to the appropriate Director/AD within the PCT and directed to UHL at this level.

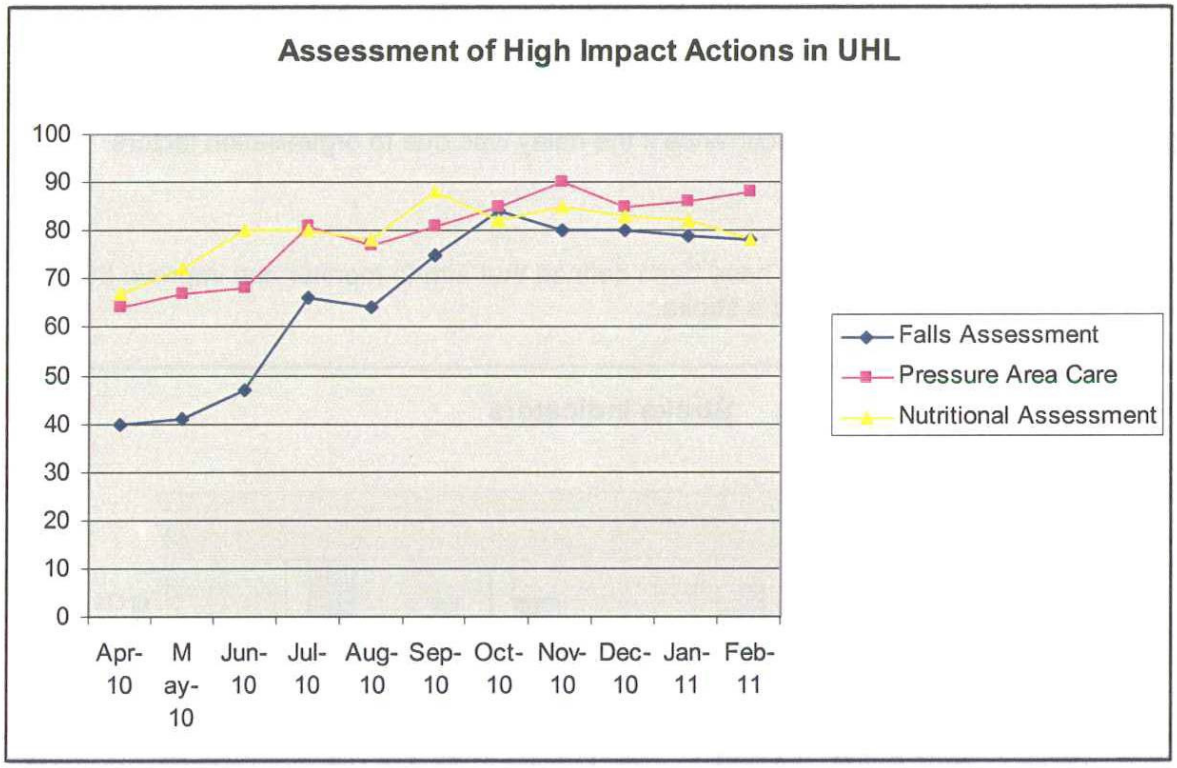
In order to monitor the standard of care provided to patients by the organisations the PCT commissions from, themes and trends are monitored to see if there is a pattern emerging. If this is the case the organisation will be asked to undertake a review and report findings and actions to the PCT. In addition to this the PCT monitors complaint themes, numbers and response time through the contractual process. This allows the PCT to gain assurance that both individual complaints and trends are acted upon in a timely manner.

3. Statistics and performance

There are a number of areas included in contracts set by the PCT that look to improve the provision of care for older people. These include indicators for UHL, LPT and Community health services. The following are examples of the areas monitored by the PCT. Where performance is less than would be expected, the PCT ensures that actions implemented by the organisations are sufficient to make a difference. Such indicators include falls, pressure ulcer, nutrition assessments, continence assessments, stroke care, fractured hip performance, complaints, serious incidents, dementia care, and safe discharge. Examples of performance are as follows:

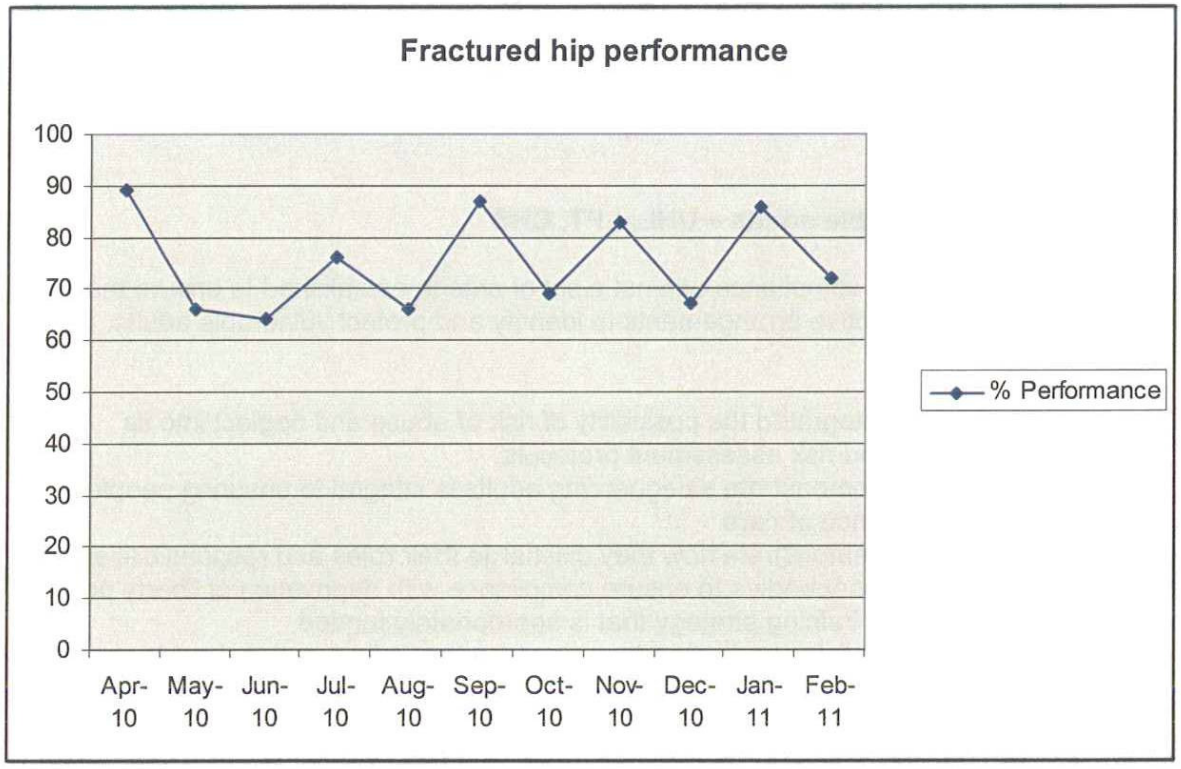
3.1 High Impact Actions – UHL

The High Impact Actions for Nursing and Midwifery were developed following a 'call for action' which asked frontline staff to submit examples of high quality and cost effective care that, if adopted widely across the NHS, would make a transformational difference. Compliance with these actions is monitored within UHL:



3.2 Performance following fractured hip – UHL

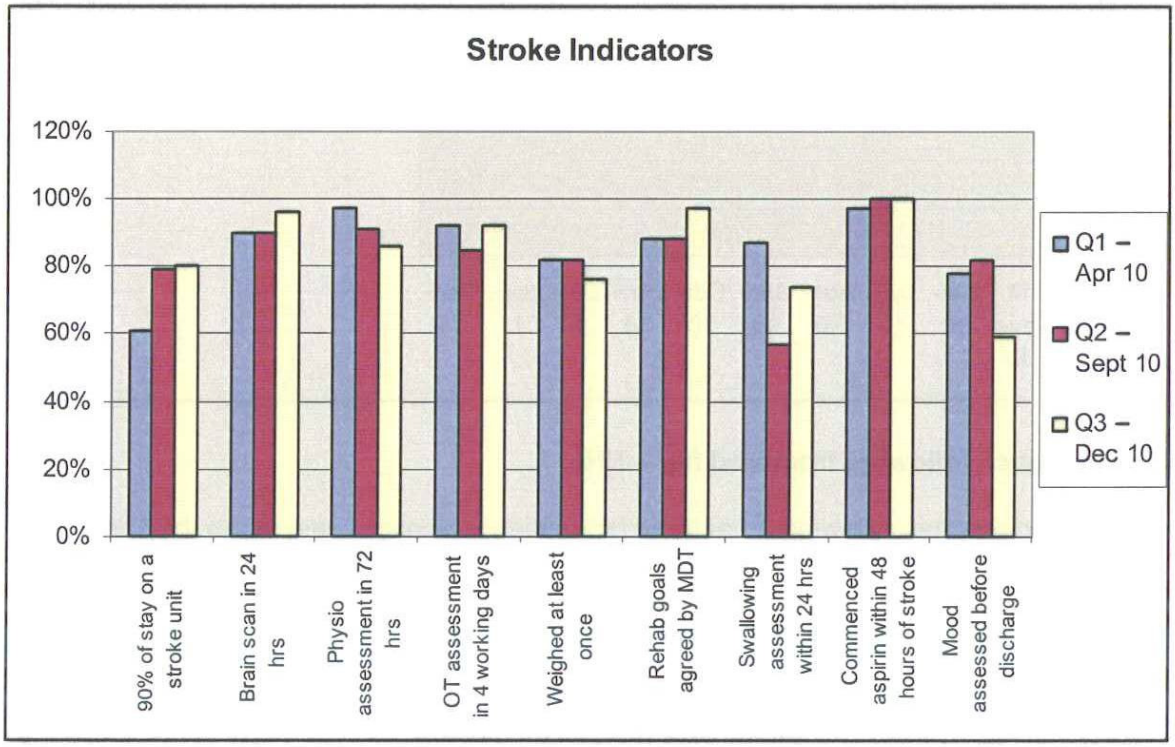
It is acknowledged that, following a fractured hip, patients recover better when they are operated on earlier. Therefore UHL are monitored to ensure that the majority of patients are taken to theatre within 36 hours. In some cases this cannot be done, especially if the patient needs to be made medically fit prior to the operation.



On a daily basis, each time a patient has to wait longer than 36 hours for their operation, an investigation is undertaken to identify the reasons for the delay and ensure there are action in place to reduce the risk of reoccurrence if the delay was due to organisation factors.

3.3 Stroke indicators – UHL

There are national indicators that have been defined that aim to monitor and improve the management of patients following a stroke.



The trust has recently made changes to the stroke unit to assist in improving the care received.

3.4 Safeguarding vulnerable adults – UHL, LPT, CHS

All organisations report full compliance against a set of criteria established to ensure that services have in place effective arrangements to identify and protect vulnerable adults. Such indicators include:

- The organisation has integrated the possibility of risk of abuse and neglect into its assessment practice and risk assessment protocols.
- The organisation can demonstrate safeguarding adults is integral to ensuring people have a positive experience of care
- The organisation can demonstrate how they discharge their roles and responsibilities as managing and supervisory bodies to ensure compliance with deprivation of liberty policy.
- The organisation has a training strategy that is appropriately funded
- The organisation has policies and procedures in place that reflect national guidance and LSAB procedures.

- The organisation must have in place a flagging system to enable staff working with adults at risk of abuse in all services to know when an adult is subject to a safeguarding plan
- The organisation can demonstrate safeguarding adults is integral to treating and caring for people in a safe environment and protecting them from avoidable harm