

LPT report for Health & Wellbeing Scrutiny Commission Meeting

14 January 2014

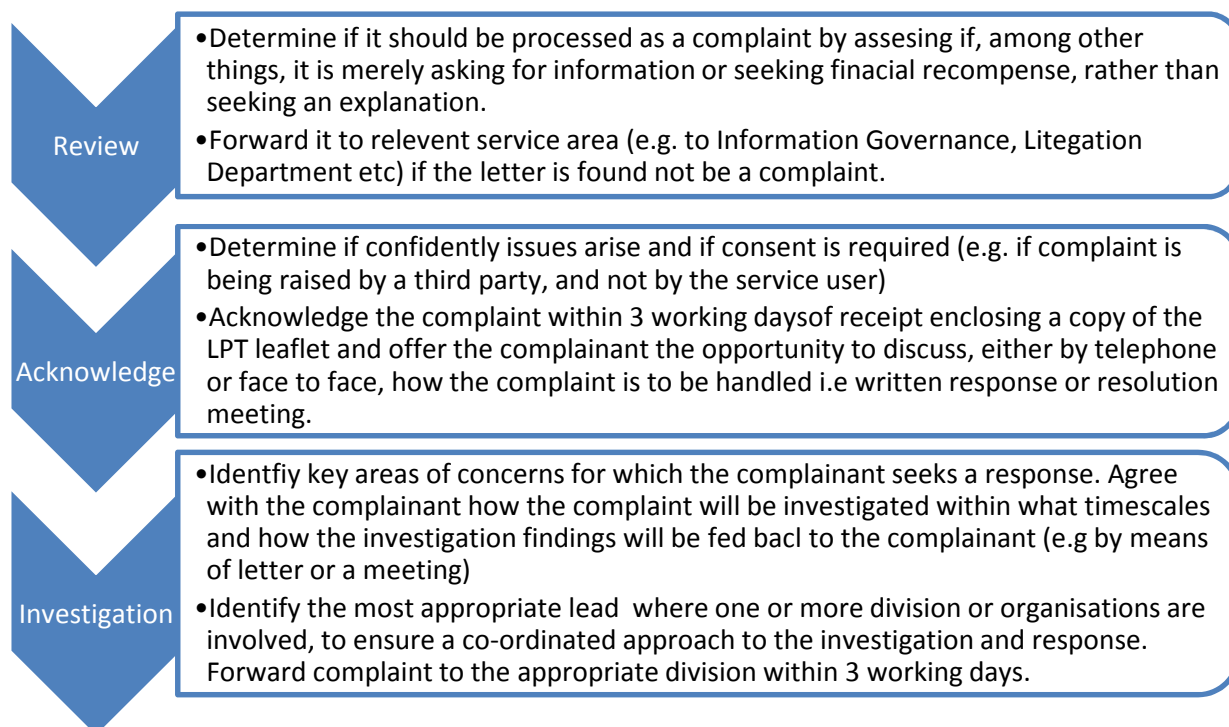
Complaint Process

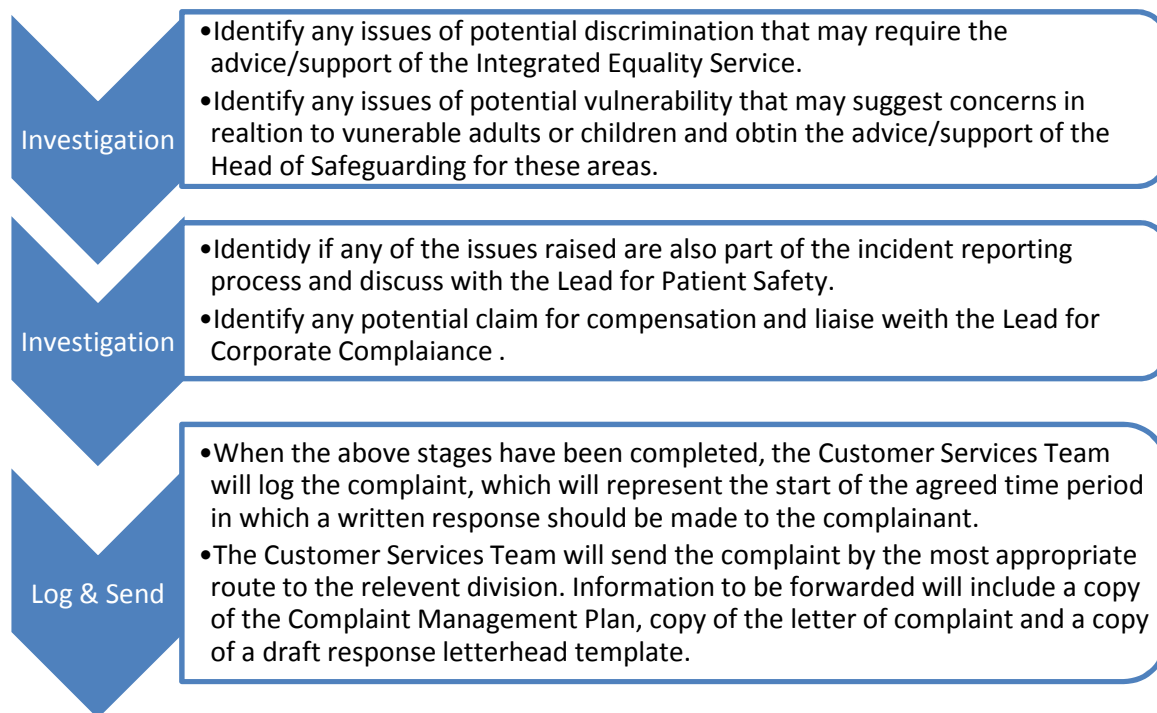
LPT's objective is to address all complaints within 25 working days, with the exception of those cases which are highly complex and /or require multi-agency involvement. Any extended timescale will only be agreed by the Customer Service Team in negotiation with the complainant and investigation Lead. NOTE: the timescale must be agreed by the complainant, it cannot be imposed.

Complaint letters received anywhere other than Customer Services Team, must be immediately faxed (within 1 working day of receipt) to Customer Services Team using the safe haven fax (0116 2950843) or securely emailed to customerservices@leicspart.nhs.uk

If the complaint is made verbally, staff must complete a 'Record of Concern/Verbal Complaint Form' which must be immediately faxed to the Customer Service Team using the safe haven fax. The Customer Service Team will seek verification of the record with the complainant. A copy of the verbal complaints form will be sent to the complainant by the Customer Services Team for accuracy checking and signature prior to being logged as a complaint.

If the Customer Services Team receives a complaint, the following steps will be taken:





Divisional staff

On receipt of the complaint details, if the designated division feels that they should not be the lead, or they consider that input from other division or agencies is required, they should notify the Customer Service Team within 1 working day.

The designated division lead will progress the complaint investigation within the service and ensure key staff are notified/involved as necessary. This will include allocating an Investigating Officer to investigate what went wrong and why, offering an apology where appropriate.

Where appropriate, key staff, shall be asked to provide statements to assist in the investigation. These statements shall clearly include:

- The name of the person making the statement;
- The individual's position and how long in the post;
- The date the statement was made;
- The name of the complainant/service user;
- The individual's response to all relevant points of the complaint;
- Signature of the individual giving the statement.
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By the end of the designated investigation period the divisional investigation lead will produce and submit to the Customer Service Team:

A draft response, using the response letterhead template which will acknowledge where mistakes have been made if appropriate and will tell the complainant what will be done to put things right and/or reduce the possibility of this happening again in the future.

A completed complaint management plan template which identifies where any mistakes have been made and/or an opportunity for learning and what action will be taken to address and prevent reoccurrences.

Complaint Data

1. Complaint Numbers

During Quarters one (1/4/13-30/6/13) and two (1/7/13-30/9/13) 164 complaints were received, this was a 35% increase in complaints from the previous two quarters

Division	Quarter Two 2013/14 (July- Sept 13)	Quarter One 2013/14 (Apr- Jun 13)	Quarter Four 2012/13 (Jan- Mar 13)	Quarter Three 2012/13 (Oct – Dec 12)	Quarter Two 2012/13 (July- Sep 12)	Quarter One 2012/13 (Apr- June 12)
Adult Mental Health	40	49	23	22	27	23
Learning Disabilities	0	1	2	1	0	1
Community Health	30	20	30	6	30	21
Families, Young People and Children's	10	14	12	9	7	10
Enabling	0	0	1	1	2	0
Trust- Wide	80	84	68	39	66	55

2. Timescales

Of the 164 complaints received in quarters one and two 100% were acknowledged within three working days of receipt in line with 'The Local Authority Social Services and National health Service Complaints (England) Regulations 2009'

118 complaints were closed within agreed timescales, of these 61 were 'upheld' and 57 were 'not upheld'. 29 complaints are currently on-going within agreed timescales, 2 complaints are on hold, 1 awaiting consent and 1 awaiting further information and 15 complaints were withdrawn.

3. Complaint Themes

During quarter four the highest three categories for complaints Trust-Wide were;

- Staff Attitude
- Communication
- Patient Expectations

The top category has remained consistent over the last three quarters.

Category	Total
Aids & Appliances	2
Appointment - Cancellation(OP)	7
Appointment - Delay (IP)	1
Appointment - Delay (OP)	9
Attitude Of Staff - Allied Health Professionals	3
Attitude Of Staff - Medical	13
Attitude Of Staff - Nursing	18
Bed Moves / Transfers	1
Clinical Advice/Treatment	14
Communication/Info To Carers	6
Communication/Info to Patients	12
Confidentiality	2
Diagnosis Problems	1
Difficulty/Delay In Being Accepted by a Service	5
Difficulty/Delay In Contacting	3
Discharge Arrangements	8
Failure to Follow Procedures	2
Failure/Difficulty With Tests/	1
Inadequate/Incomplete Assessment	1
Incorrect Information Contained in Documentation	4
Information	2
Issues Around Standard Of Therapy Care	2
Loss of Personal Property	1
Medication Error/Issues	10
Nursing Care	7
Other Environmental Issues	1
Patient Expectations And Service Delivered	15
Patient Safety	7

Patient's Privacy & Dignity	5
Transfer Arrangements	1
TOTAL	164

4. Lessons Learned / Actions Taken as a Result of Complaints

As a result of complaints a number of lessons were learned and actions identified for example;

- Good practice to discuss medication changes with patients who are detained under the Mental Health Act as much as is possible before changes are made and explanations about legal rights under the Mental Health Act may need to be explained on a number of occasions to patients who are detained.
- Teams being reorganised during the out of hour's period to increase the capacity of the service and to ensure that all calls are prioritised appropriately and care is provided without delay. This is expected to be implemented by October.
- Reiterate to schools the importance of informing School Nurses of continence issues experienced by children on site.