

**PUBLIC**

<p><b>PAPER</b> <b>BOD 112/2011</b> (Agenda Item 11)</p>
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**Report to the Meeting of the  
Oxford Health NHS Foundation Trust  
Board of Directors**

**27 July 2011**

**Complaints Report**

**For Information:**

This report is the Annual Report for Complaints covering the period April 2010 to March 2011. During this period the Trust received 154 complaints, a 16% increase compared to the previous year. 96% of the complaints received were acknowledged within the nationally set timescale of three days. This is an improvement on the previous year. 90% of the complaints were responded to within an agreed timescale with the complainant.

Eight cases were referred to the Parliamentary and Health Service Ombudsman, two of which have been closed, one required a further Trust response and five remain open at this time.

During 2010/11 the Trust undertook the first phase of a review of the Trust's approach to complaints. This review resulted in a number of improvements being made within the Complaints and PALS Service. The service transferred to Nursing and Clinical Standards on 13<sup>th</sup> June 2011 and the second phase of the review to develop and implement a new complaints process is being planned.

**Recommendation**

The Board is asked to note this report for information.

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**Lead Executive Director:** Ros Alstead, Director of Nursing and Clinical Standards

1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*
2. *This paper provides assurance and evidence against the Care Quality Commission Outcome 1:*

## Complaints Annual Report 1 April 2010 to 31 March 2011

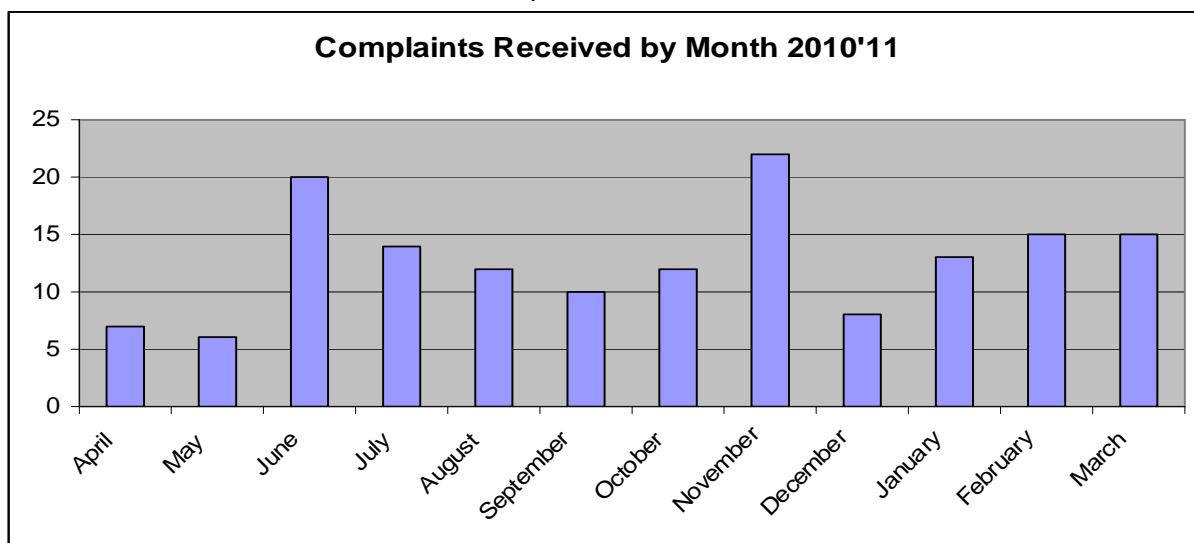
### Introduction

This paper reports on complaints performance, themes, trends and outcomes for mental health services. The reporting period for this report is 1 April 2010 to 31 March 2011.

### Number of complaints received

There were 154 complaints received during the year 2010/11. This is a 16% increase when compared to the 129 formal complaints received the previous year.

The chart below shows the breakdown by month.



### Acknowledgement Times

National regulations require that complaints are acknowledged within three working days of receipt. During 1 April 2010 to 31 March 2011, 148 (96%) of the 154 complaints received were acknowledged within the correct timescale. This is an improvement on the previous year when 88% of complaints were acknowledged within the correct timescale.

### Response Times

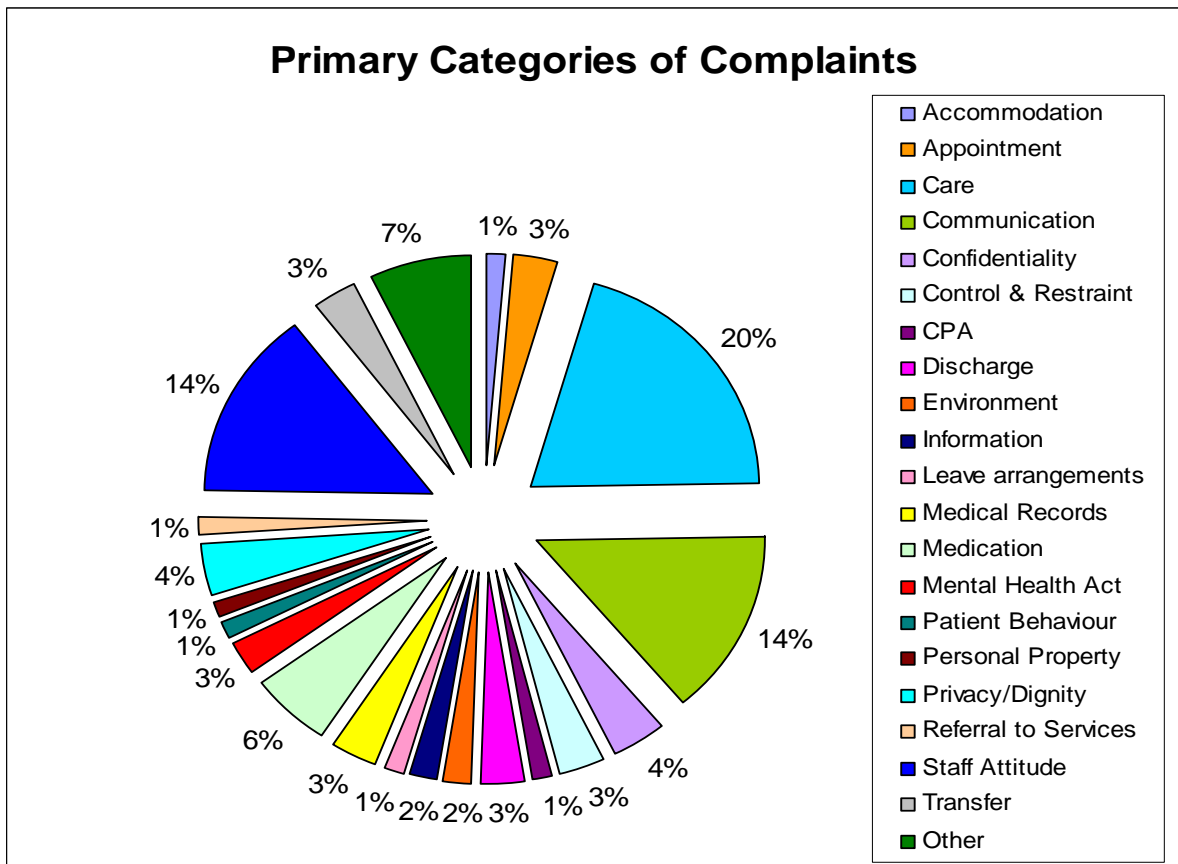
The Trust has a system for grading complaints. Each grade of complaint has set timescales within which the complaint should be resolved. This is as follows:

- Orange complaints = 20 working day response time from agreement of complaints plan
- Red (high) complaints = 8 week response time from agreement of complaints plan
- Red (extreme) complaints = 16 week response time from agreement of complaints plan

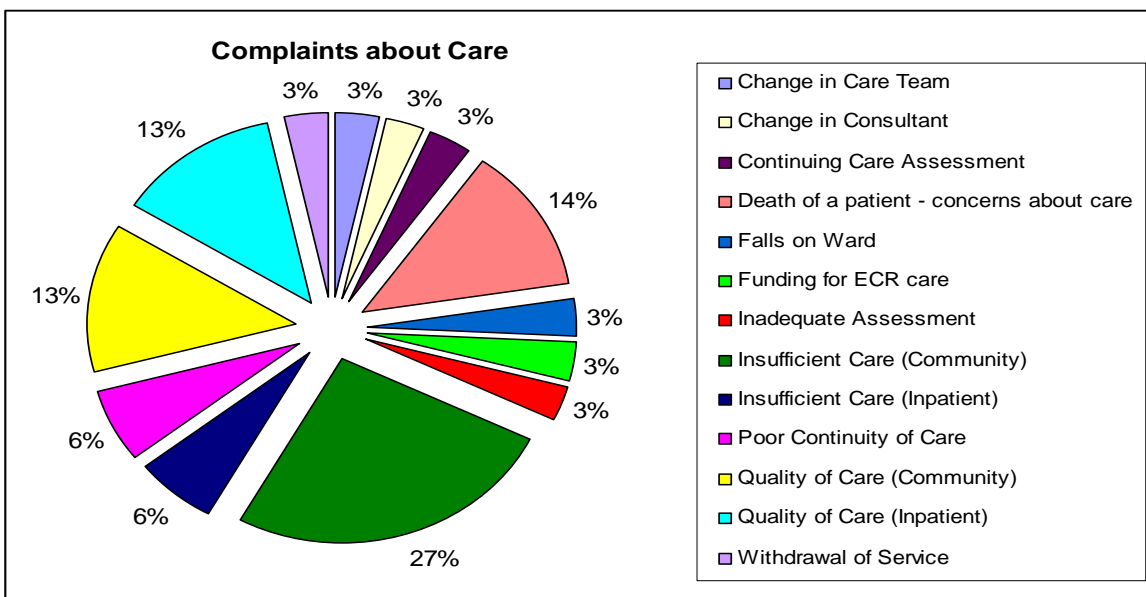
At the time of this report, of the 154 complaints received during 1 April 2010 to 31 March 2011, 139 (90%) of complaints were responded to within a timescale agreed with the complainant. One (1%) complaint was out of time and the complainant would not agree to an extension of the timescale. 14 (9%) complaints are still open and within an agreed timescale or extension.

### Primary Categories of Complaints

The primary category for each of the 154 formal complaints is set out in the pie chart below. Categories where only one complaint was received have been collated under "Other". These include admission, assessment, AWOL, food and drink, illicit drugs, patient's behaviour, patient services and service provision.

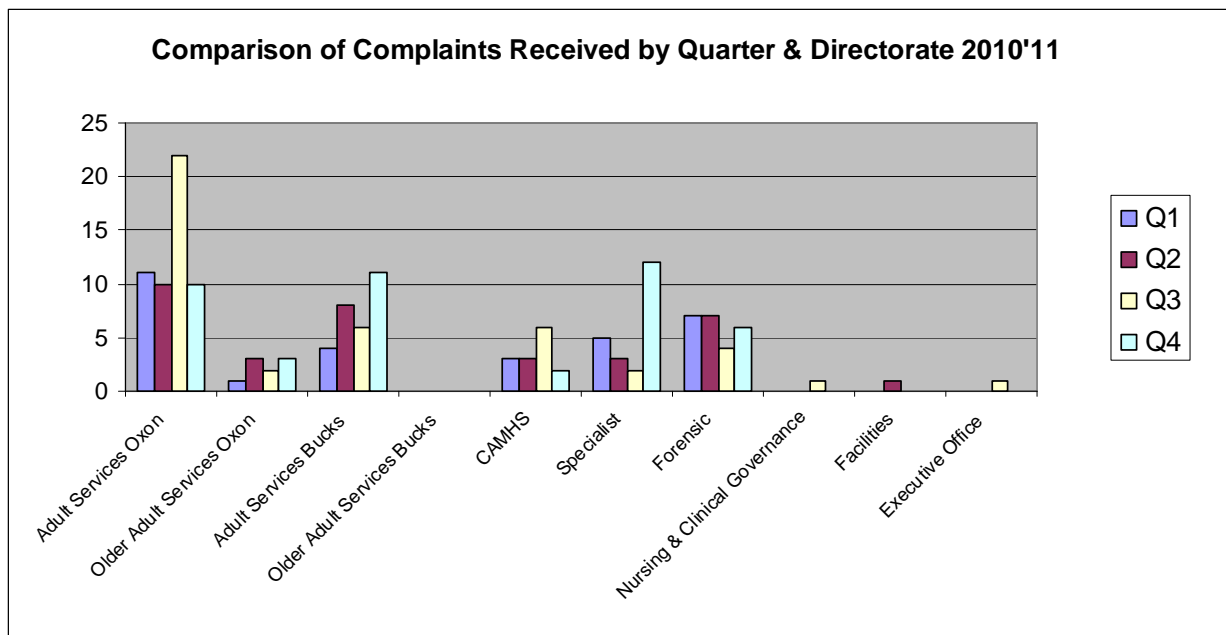


In keeping with previous years, care remains the category where most complaints are made. This is a continued trend and is to be expected. During 2010'11 31 complaints (22%) were made about care. A further breakdown of complaints made about care is set out below:



#### Complaints by Directorate and County

The graph below shows complaints received by directorate and county during each quarter.



The highest number of complaints received by any one team was 12. The table below shows teams receiving three or more complaints and the categories these complaints related to. Often complaints are made up of several issues. The categories listed below show only the primary category to which the complaint related.

Team	Number	Category Type	Category
Allen Ward	5	Staff Attitude/Behaviour Mental Health Act Mental Health Act Care Admission	Unhelpful/disinterested Not Advised Of Rights Not Advised Of Rights Quality Of Care (Inpatient) Inappropriate Ward
Ashurst PICU	12	Privacy/dignity Privacy/dignity Privacy/dignity Staff Attitude/Behaviour Staff Attitude/Behaviour Personal Property Control & Restraint Staff Attitude/Behaviour Consent Control & Restraint Staff Attitude/Behaviour Control & Restraint	Intrusion Of Privacy By Staff Intrusion Of Privacy By Staff Intrusion Of Privacy By Staff Aggressive/threatening Physical Assault Loss Of Patient's Property Pt Injured During Restraint Uncaring/uncompassionate Consent To Treatment Excess Force Used Aggressive/threatening Excess Force Used
Central East Bucks CMHT	3	Communication Care Care	Poor Communication External Insufficient Care (Community) Poor Continuity Of Care
City West (Central) CMHT	3	Communication Care Appointment	Poor Communication With Patient Insufficient Care (Community) Cancelled Appointment
Complex Needs - Bucks	3	Care Discharge Care	Withdrawal Of Service Patient Discharged Too Early Quality Of Care (Community)
County Assertive Outreach & Reach Team	5	Appointment Transfer Funding Safety Staff Attitude/Behaviour	Kept Waiting Delayed External Transfer Delay In Payment Of Funding Unsafe Environment Unfriendly/hostile Attitude

Crisis Team Oxon	5	Communication Staff Attitude/Behaviour Care Mental Health Act Communication	Poor Communication Internal On-Call Team Unhelpful Quality Of Care (Community) Detention - Under MHA Poor Communication With Patient
Early Intervention Service Oxon	3	Care Information Medication	Insufficient Care (Community) Incorrect Information Side-Effects Of Medication
Glyme Ward, Oxford Clinic	3	CPA Confidentiality Transfer	Rel/Carer Not Invited To CPA Breach Confidentiality - Internal Excessive Ward Transfers
Kennet Ward, Oxford Clinic	6	Privacy/dignity Staff Attitude/Behaviour Medication Privacy/dignity Medication Leave Arrangements	Intrusion Of Privacy By Staff Unfriendly/hostile Attitude Administration Of Depot Inject Intrusion Of Privacy By Staff Dispensing Error Inadequate Policy
Kimmeridge Ward	4	Environment Care Control & Restraint Environment	Cleanliness (Ward) Insufficient Care (Inpatient) Pt Injured During Restraint Cleanliness (Ward)
Kingfisher Ward	5	Staff Attitude/Behaviour Food/drink Patient Behaviour Patient Behaviour Care	Unfriendly/hostile Attitude Quality Of Food/drink Inappropriate Communication Inappropriate Communication Quality Of Care (Inpatient)
Marlborough House	6	Information Care Medical Records Medical Records Medical Records Medical Records Leave Arrangements	Incorrect Information Inadequate Assessment Inaccurate Medical Records Inaccurate Medical Records Inaccurate Medical Records Cancellation Of Leave
North West Bucks CMHT	3	Staff Attitude/Behaviour Personal Property Discharge	Unfriendly/hostile Attitude Failure To Remove Property Patient Disagrees
Phoenix Ward	3	Care Plan Care Care	No Care Plan On Discharge Insufficient Care (Inpatient) Request Change Consultant
Portland Ward	3	Transfer Care Control & Restraint	Unhappy With Ward Transfer Quality Of Care (Inpatient) Pt Injured During Restraint
SCAS Oxford	5	Medication Care Referral To Services Communication Care	Medication Not Prescribed Change In Care Team Waiting Times For Therapy Poor Communication With Patient Poor Continuity Of Care
Vaughan Thomas Ward	6	Staff Attitude/Behaviour Communication AWOL Communication Confidentiality Transfer	Rude Manner Poor Communication - Rel/carers Patient Went AWOL (Informal) Poor Communication External Breach Confidentiality - Internal Unhappy With Ward Transfer

### Analysis for Themes and Trends

During the year, there have been 31 complaints about care, 22 about staff attitude and 22 about communication. The complaints about care related to various teams across the Trust. A breakdown of complaints about care is detailed above.

In terms of the overall themes and trends, it is clear that there has been a slight increase in complaints about care, staff attitude and communication compared to previous years. The complaints are related to various teams across the Trust indicating that these appear to be issues of general concern. Of the 20 complaints received about staff attitude/behaviour, five of these complaints related to Ashurst Ward. An internal review of Ashurst Ward has been undertaken and any issues of concerns are being appropriately addressed. No other common threads were identified. The Crisis Team in Oxfordshire received three complaints about communication and, on reviewing these cases further, no common issues were identified. All other complaints related to various teams with no one team receiving more than two complaints.

Actions within individual teams have been put in place to address issues such as poor communication, quality of care and reminders about policies and procedures. Discussions within supervision and identification of training needs have helped to address some of the complaints about individual members of staff. Where appropriate the complaints about staff behaviour towards patients were referred for investigation in line with the Trust's Human Resources procedures.

### **Complainant Satisfaction Check (CSC)**

Once a reply has been sent to a complainant a member of the Complaints & PALS Department tries to contact that person to ask if they are satisfied with the results of the investigation. The Department was unable to contact 50 complainants to discuss the outcome of their complaint. Of the remaining 104 complaints, 50 complainants were fully satisfied with the outcome of their complaint. One complainant was partially satisfied with the outcome of their complaint and did not feel that the Trust could resolve their concerns. 23 complainants were not fully satisfied with the outcome of their complaint but were willing to work with the Trust to try to resolve these outstanding concerns. 16 complainants were dissatisfied with the outcome of their complaint and were unwilling to work with the Trust. 14 complaints currently remain open at this time.

The Complaints & PALS Department are working closely with the Trust's Divisions to provide a clearer view of the complainants concerns and their desired outcome. The investigating officers are being encouraged to contact complainants at the beginning of their investigation to ensure that they have a full understand the issues being raised.

Meetings with complainants remain a useful way of discussing and resolving complaints. Such meetings help to ensure that a complaint is fully addressed at the first stage. Directorates are being encouraged to consider meetings as way of resolving complaints.

### **Cases referred to the Parliamentary and Health Service Ombudsman (PHSO)**

During the period of the report, the Trust was notified of eight cases that had been referred to the PHSO for consideration. Two of these cases have been closed with no recommendations made. Of these eight cases, the PHSO advised the Trust to send a further response to one of the complainants to try to resolve their concerns. The remaining five cases are open at this time.

### **Complaints Improvement Plans**

A key part of the complaints investigation process is to identify learning from the complaint. Investigating Officers are required to submit a Complaints Improvement Plan with their investigation papers. These are then collated into a wider Complaints Improvement Plan (CIP)

for each directorate. The Complaints Department monitors implementation of the identified actions in liaison with the directorates.

To date 97 individual actions have been identified as a result of complaints investigations. Of these, 87 (90%) have been confirmed as implemented. Of these 72 (83%) were implemented within time.

Examples of actions taken as a result of complaints are:

- A review has been undertaken on Ashurst Ward of the documenting of patients' clothing and possessions upon arrival and discharge from the ward.
- The Oxford Clinic has reviewed and made improvements to the Friday Community Meeting held on the ward. The meeting was moved to the Dining room to enable all those attending to sit down and to provide a safe space for people to discuss difficult issues. The Complaints & PALS Department has received positive feedback from patients on the ward following this.
- Within Oxfordshire Adult and Older Adult Services, a review has been undertaken and guidance/training for staff is being rolled out in relation to carrying out intimate searches.
- A review has been undertaken on Phoenix Ward of the Trust's Health Records Policy and the method of scanning and uploading patient documents to avoid errors of records being uploaded to the incorrect patient's file.

Improvements and changes to the care provided to individual service users have also been made. Some of these include a patient's transfer, second opinion being undertaken and formal support being provided to a family.

### **Next Steps**

During 2010/11 a review of the complaints procedures was undertaken by the Trust to identify ways in which the process could be made more efficient and timely. This included a review of the timescales within which complaints were dealt with. The outcome of the review is still being discussed but some early actions have been implemented which will improve practice and offer a more responsive service to complainants. This includes the service becoming "paperless", the introduction of Divisional Lead Roles and a reduction in "over" recording.

The Complaints & PALS Department has introduced a "Divisional Lead Role". Part of the role will be to work closely to support the Division and to highlight areas of concern, improve learning across services, offer support to investigating officers and to run training sessions.

The team will be preparing monthly Divisional reports which highlight complaints, concerns and compliments within the Division. It will also look at themes, trends and learning. This will be presented to the Division on a monthly basis at the senior management team meeting.

The Patient Advice and Liaison Service (PALS) run surgeries throughout the year at various locations across the Trust focusing mainly on inpatient wards. There will be an increase in the number of PALS surgeries being held across the Trust from 16 to 25 each month and this will include some day services. This is an opportunity to ensure that concerns can be picked up as early as possible and dealt with in a timely manner.