

SDHT Complaints and Plaudits Report

July - September 2005

1 Introduction

99 people complained about the services provided by South Downs Health during the reporting period. The Trust also received a further 6 formal expressions of dissatisfaction which are not counted in these statistics because they either did not fall under complaints procedure; were later withdrawn; or they were made by a third party without the of the service user. At the same time 91 people expressed their satisfaction with the Trust.

The complaints team have amended the covering letter that goes out to all complainants at the end of the local resolution stage of the complaints process and which explains their further rights of complaint. This amended letter now encourages further dialogue with the service being complained of. It was felt that the previous letter encouraged going to the Healthcare Commission rather than seeking further attempts at resolution more locally.

2 Recommendations

The Board is asked to note this report.

3 Background

- 3.1 Of the 99 complaints made in the period, 72 (72%) were made in writing and 27 were made verbally, either in person or by telephone. Comparisons with previous quarters are displayed in table 1.

Table 1

	Oct-Dec 04		Jan-Mar 05		April-Jun 05		Jul-Sep 05		Average	
Written	64	74%	53	76%	58	73%	72	73%	61	73%
Verbal	22	26%	17	24%	21	27%	27	27%	22	27%
Total	86	100%	70	100%	79	100%	99	100%	83	100%

3.2 All written complaints should be acknowledged within two working days of receipt. Table 2 shows that of the 72 written complaints received this quarter 65 (90%) met this standard.

This is a slight increase in comparison to the previous quarter when 88% of written complaints were being acknowledged within 2 working days. Work to raise awareness of this performance indicator is ongoing. All members of staff who attend the new induction programme are given information about this timescale.

Table 2

	Oct-Dec 04		Jan-Mar 05		April-Jun 05		Jul Sep 05		Average	
Met	52	81%	46	87%	51	88%	65	90%	54	87%
Not Met	12	19%	7	13%	7	12%	7	10%	8	13%
Total	64	100%	53	100%	58	100%	72	100%	62	100%

3.3 Table 3 shows the services in which complaints arose and compliance with the acknowledgement standard for written complaints and the response standard for all complaints. The table also indicates whether the complaint is ongoing or resolved. Where local resolution has been completed the outcome is shown in terms of the complaint being fully upheld, partly upheld, or found to be without substance.

Table 3

	Verbal	Ack Std Met	Ack Std Not Met	Resp Std Met	Resp Std Not Met	Ongoing	Upheld	Part Upheld	Not Upheld	Total
	a	b	c	d	e	f	g	h	i	j
CAMHS		1		1					1	1
Chailey Clinical	1			1			1			1
Community Beds		1		1				1		1
Community Dental		1		1			1			1
District Nursing	1	4		3	2		1	2	2	5
Foot Health	2	1	1	3	1		2	1	1	4
Hotel Services	1	1		2			2			2
Intermediate Care	5	2		6	1		4	2	1	7
Learning Disabilities	2	5	1	6	2		6		2	8
MHSOP	3	1	1	2	3		1		4	5
SALT	2	2	1	5			2		3	5
SRC Brighton	1	3	1	5			4		1	5
SRC Shoreham	1	6	1	7		1		3	4	8
Substance Misuse	1	2		3				1	2	3
Transport		1		1					1	1
WAMHS	7	34	1	34	6	2	12	8	20	42
Total	27	65	7	81	15	3	36	18	42	99

3.4 The standard for responding to complaints at the local resolution stage is currently 20 working days and table 4 below shows that overall, this was met in 65 (93%) of closed cases, 50 of which were written complaints and 15 of which were verbal complaints.

Managers investigating complaints are sent reminders of the need to meet this timescale and its importance as a performance indicator. Awareness work plus training and support with completing responses is ongoing. All members of staff who attend the new induction programme are given information about this timescale.

Table 4

	Oct-Dec 04		Jan-Mar 05		April-Jun 05		Jul Sep 05		Average	
Met	62	72%	65	93%	58	74%	81	84%	66	80%
Not Met	24	28%	5	7%	20	26%	15	16%	16	20%
Total	86	100%	70	100%	78	100%	96	100%	82	100%

3.4.1 The Department of Health monitors the percentage of written complaints resolved within 20 working days as a performance indicator. Table 5 below shows that of the 72 written cases this quarter 59 (82%) met this timescale.

The Trust's percentage performance for the current financial year presently stands at 75%.

Table 5

	April – June 05		July – Sep 05		Oct – Dec 05		Jan – Mar 06		Total	
Met	39	67%	59	82%					98	75%
Not Met	18	31%	12	17%					30	23%
Ongoing	1	2%	1	1%					2	2%
Total	58	100%	72	100%					130	100%

3.5 Table 6 below shows that of the complaints resolved following investigation 36 were upheld, 18 were partly upheld and 42 were found to be without substance.

Additionally to this table, there are 3 cases that began in this reporting period which are still ongoing at the time of writing.

Table 6

	Oct-Dec 04		Jan-Mar 05		Apr-June 05		Jul-Sep05		Average	
Upheld	23	27%	34	49%	16	21%	36	37%	27	33%
Partly upheld	21	25%	21	30%	25	32%	18	19%	21	26%
Not Upheld	41	48%	15	21%	37	47%	42	44%	34	41%
Total	85	100%	70	100%	78	100%	96	100%	82	100%

3.6 Table 7 shows the relationship of the complainants to the service users. A new category of complaints where patients were helped to complain by an advocate has been added – as there is now a duty on Trust’s to encourage and promote the use of advocacy services for all complainants.

Table 7

	Oct-Dec 04		Jan-Mar 05		April-June 05		Jul-Sep 05		Average	
Relatives/friends	27	32%	31	45%	22	28%	38	38%	30	36%
Service User	46	54%	28	40%	42	53%	42	43%	39	47%
Other profs.	2	2%	3	4%	2	3%	3	3%	2	2%
MP & Councillors	3	3%	3	4%	1	1%	8	8%	4	5%
Advocates	6	7%	3	4%	9	11%	4	4%	5	6%
Others	2	2%	2	3%	3	4%	4	4%	3	4%
Total	86	100%	70	100%	79	100%	99	100%	83	100%

- 3.7 Table 8 shows the different Department of Health (DOH) categories of complainants arising in this reporting period.

Table 8

DOH Code	Description	Complaints
1	Admission discharge and transfer arrangements	13
2	Aids, appliances, equipment, premises	6
3	Appointments, delays/cancellations (outpatients)	9
5	Staff attitudes	16
6	All aspects of clinical treatment	9
7	Communication information to patients	5
10	Patient privacy and dignity	1
11	Patient's property and expenses	5
19	Transport	3
20	Policy and commercial decisions made by the Trust	4
22	Hotel Services	1
23	Other	6
102	Lack of funding	1
103	Service delay, not available, reduced/withdrawn	15
104	Competency of Staff	5
Total		99

- 3.8 The DOH requires the Trust to submit data about the staff groups involved in complaints as shown in table 9 below. This includes social care staff seconded to the Trust as a result of integration of services.

Table 9

	Oct-Dec 04		Jan-Mar 04		April-Jun 05		Jul-Sep 05		Average	
Medical (01)	27	32%	16	23%	26	33%	22	22%	23	28%
Dental (02)	0	0%	1	1%	0	0%	1	1%	1	1%
PSM* (03)	6	7%	6	9%	4	5%	11	11%	5	6%
Nursing & HV (04)	33	38%	25	36%	27	34%	27	28%	28	33%
Science/T/P** (05)	5	6%	2	3%	0	0%	4	4%	3	4%
Maint & Ancil (07)	2	2%	4	6%	3	4%	7	7%	3	4%
Admin & staff (09)	2	2%	1	1%	3	4%	4	4%	3	4%
Social Care staff	9	11%	13	18%	11	14%	17	17%	13	15%
Others (10)	2	2%	2	3%	5	6%	6	6%	4	5%
Total	86	100%	70	100%	79	100%	99	100%	83	100%

*PSM = Professions supplementary to medicine (allied health professions)

**Science/T/P = Scientific, technical and professional staff

***Maint & Ancil = Maintenance and Ancillary staff

3.9 Healthcare Commission Cases

The Trust received **5** initial review requests for information from the Healthcare Commission (HCC) during this period.

The initial review stage of Healthcare Commission cases is similar to the old stage 2 convening stage. The HCC requires that the Trust supplies a comprehensive file to the HCC's exact specifications. The file must include all investigation notes, witness statements, all correspondence and evidence of any changes made to working practices, policies and procedures etc in the light of upheld complaints. The HCC requests much more systematic and rigorous annotation of complaints investigations, policies and procedures than previously required. All contact with complainants must be recorded.

No cases have resulted in the need for an independent review panel.

3 of the cases which began in this period are still ongoing and require further work from the Trust to achieve resolution. **2** of these cases are now closed because the HCC felt that there was no case to answer.

Early experiences of these initial reviews – all conducted on paper – suggests that for most cases it is taking a minimum of a complete week of staff time in order to compile the files to the HCC's specifications and construct the Trust's view of events.

Responding to the HCC's decisions and requests for further actions from cases which began in earlier periods has amounted to between one to three days further time spent on individual complaints. The Complaints and Improvements Manager has made such cases a priority in order to both supervise and support staff through the new process.

- 3.10** There is one outstanding case at Stage 3 of the Adult Social Care Complaints Procedures. The Review Panel Hearing date is set for November 2005.

- 3.11 Plaudits were received as shown in table 10 below. These mostly relate to patients and/or their relatives who expressed appreciation in writing of the care and treatment they had received from Trust services. In some instances the plaudits relate to service given by support staff to their internal customers within the Trust.

Table 10

Service	Number
Specialist Rehabilitation	
Sussex Rehabilitation - Shoreham	14
Community Rehab (stroke)	4
Community Care	
Community Nursing Services for Adults and Older People	15
Stop Smoking Service	2
Palliative Care	5
Intermediate care services	6
Hove Poly Admin/Café	6
Speech and Language Therapy (Adults)	2
Mental Health	
AMHS/WAMHS – Adult Mental Health/Working Age mental Health – Mill View	2
MHSOP – Mental Health Services for Older People	4
Assertive Outreach Team	6
Community Mental Health Teams	4
Substance Misuse	2
Learning Disabilities	
Community Learning Disability Team	2
Child Health	
Health Visitors	16
Management Group	
Hotel Services	1
Total	91