

**Report to Trust Board
on
Complaints Received
in the year
2005/2006**

Report of

**David Rollinson
Complaints and Legal Services Manager
Centre for Service Excellence**

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Report on Complaints received by the Trust in the year 2005/2006

1 Introduction

In 2001 the Trust Board adopted a Policy and Procedure for Handling Complaints and Expressions of Gratitude. A requirement of the policy is that an annual report should be produced, and presented to the Board, giving information about the complaints received by the Trust and the action taken or proposed as a result of any learning opportunities highlighted during their investigation and subsequent consideration. Since 2004 it has also been a requirement of the NHS Complaints Regulations that an annual report be produced and copied to the Strategic Health Authority and the Healthcare Commission. This report gives information for the year from April 2005 to March 2006.

Throughout this report comparative figures (*in bracketed italics*) for the previous year are given wherever available.

2 The NHS Complaints Procedures

New complaints handling regulations came into effect in July 2004 detailing the way in which complaints should be handled by NHS organisations, replacing those introduced in 1996. These new procedures are now well bedded in. Further amendments to the procedure were promised for late 2005 but these have not so far materialised.

Essentially the current procedures encourage local resolution of complaints at a level as close as possible to the origin of the complaint. Complaints are expected to be handled as near to their source as practicable and as speedily as possible. Complaints made more formally are required to receive a formal response from the Chief Executive following their investigation. NHS Trusts are expected to acknowledge receipt of written complaints within 2 working days of their receipt and make a formal, full response within 20 working days of their receipt. Complainants who are dissatisfied with the response they receive from the Chief Executive can apply to the Healthcare Commission for independent review of their complaint. The Healthcare Commission has a wide range of options available to it for dealing with any matters it has referred to it for review. A complainant dissatisfied with the outcome of the Healthcare Commission's involvement can refer the matter to the Health Service Ombudsman.

Users of the Trust's services are informed of the Complaints Procedures through the display of posters in all patient and public areas. Until July 2004 there was also a nationally produced Complaints Leaflet available in all patient and public areas. No new leaflet was produced nationally to meet the needs of the new regulations although a Trust leaflet has now been designed as part of the revised Complaints Policy adopted by the Trust in June 2006. All staff are required to offer any assistance necessary to anyone expressing a desire to make a complaint. There are also a number of advocacy organisations able to assist those wishing to formulate a complaint.

A significant disadvantage within the Trust continues to be the absence of a Patient Advice and Liaison Service (PALS) to deal with many of the smaller issues that otherwise tend to find their way into the formal complaints process.

3 The Importance of Complaints

Complaints are viewed as an important source of consumer feedback and an indicator of areas which may benefit from attention by the Trust's Clinical Governance processes. Complaints are therefore handled with three main purposes in mind:

- a. Providing a satisfactory reply to the complainant to show that their concerns have been properly addressed and thoroughly investigated, and offering a sincere and unreserved apology where one is found to be due.
- b. Complying with the nationally-directed time targets for handling complaints as outlined above.
- c. Identifying areas where lessons may be learned from complaints, and ensuring that appropriate action and learning takes place, not only in the area involved in the complaint but, where appropriate, across the whole Trust.

4 Complaints Handling in 2005/2006

The Complaints Procedure is managed by the Complaints and Legal Services Section within the Trust's Centre for Service Excellence. Complaints, made under the procedures as laid down in the regulations, are logged and monitored centrally. Investigations are conducted by Service Directors (or Service Managers nominated by them), replies to complainants based on these investigations are drafted by Service Directors (who are responsible for ensuring that the replies are accurate and appropriate) and sent to the Complaints Team who quality-check the draft responses and ensure that all issues complained about have been responded to in an appropriate manner. The final reply is then submitted to the Chief Executive for his consideration. All formal responses are signed by the Chief Executive (or Director acting in that role when he is absent).

Last year it was reported that two part time Complaints and Legal Service Assistants had been recruited as part of the restructuring of the Section. These are now fully trained and able to handle any aspect of the complaints process in a competent manner, and their appointment has significantly increased the capacity of the Section to assist in the action planning process that has been developed to help ensure that lessons from complaints are identified and disseminated.

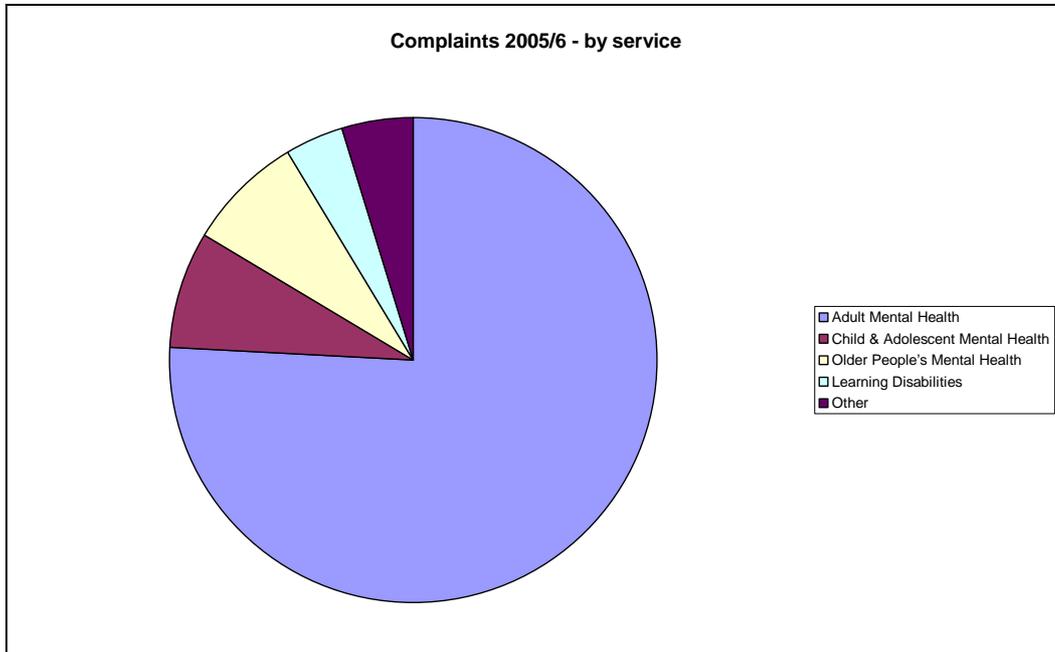
The work of the Complaints Team is overseen by the Complaints & Compliments Committee which meets quarterly to review statistics on complaints and to consider significant issues arising from the complaints handling process. At each meeting the Committee reviews a selection of complaints from the previous quarter in depth to examine the quality of correspondence and methods of investigation used and, as a result, to improve the complaints handling methods employed by the Trust. The Committee reports on a quarterly basis to the Trust's Audit and Governance Committee.

Written complaints made in 2005/2006

103 (*80 in the previous year*) written complaints were received during the year. A summary of all the written complaints received may be found at Appendix II. The increase of 25% in formal complaints cannot be attributed to any particular service or issue and is similar to the increase

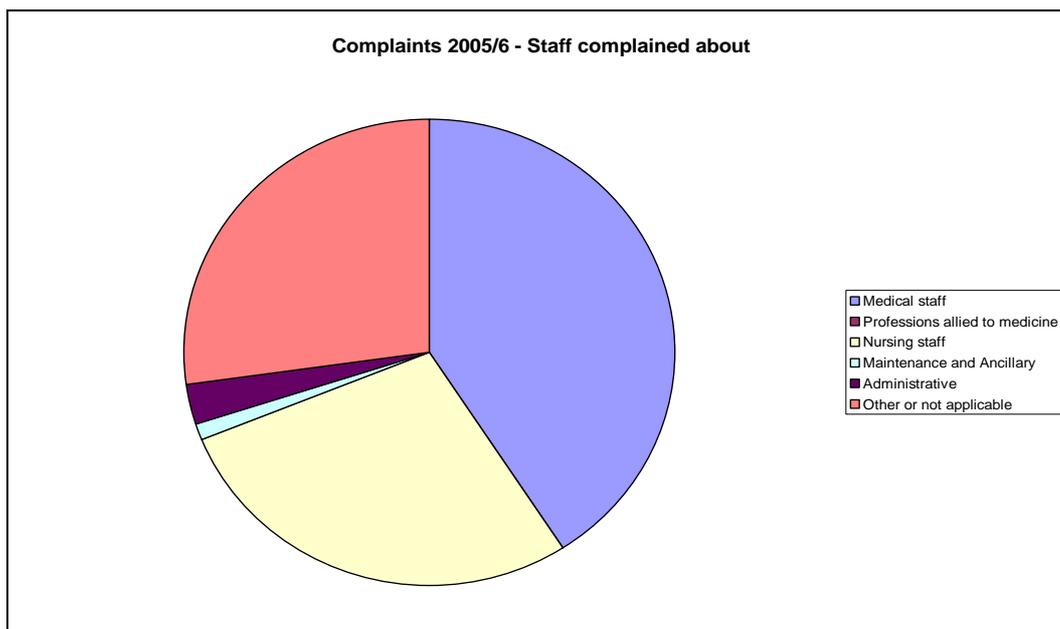
reported in other mental health trusts. It may be due to better publicity of the complaints procedure, better advocacy, and greater public confidence in the system now that the second stage of the procedure is truly independent.

The breakdown of complaints by service was as follows:



For full details see Appendix I – Table A

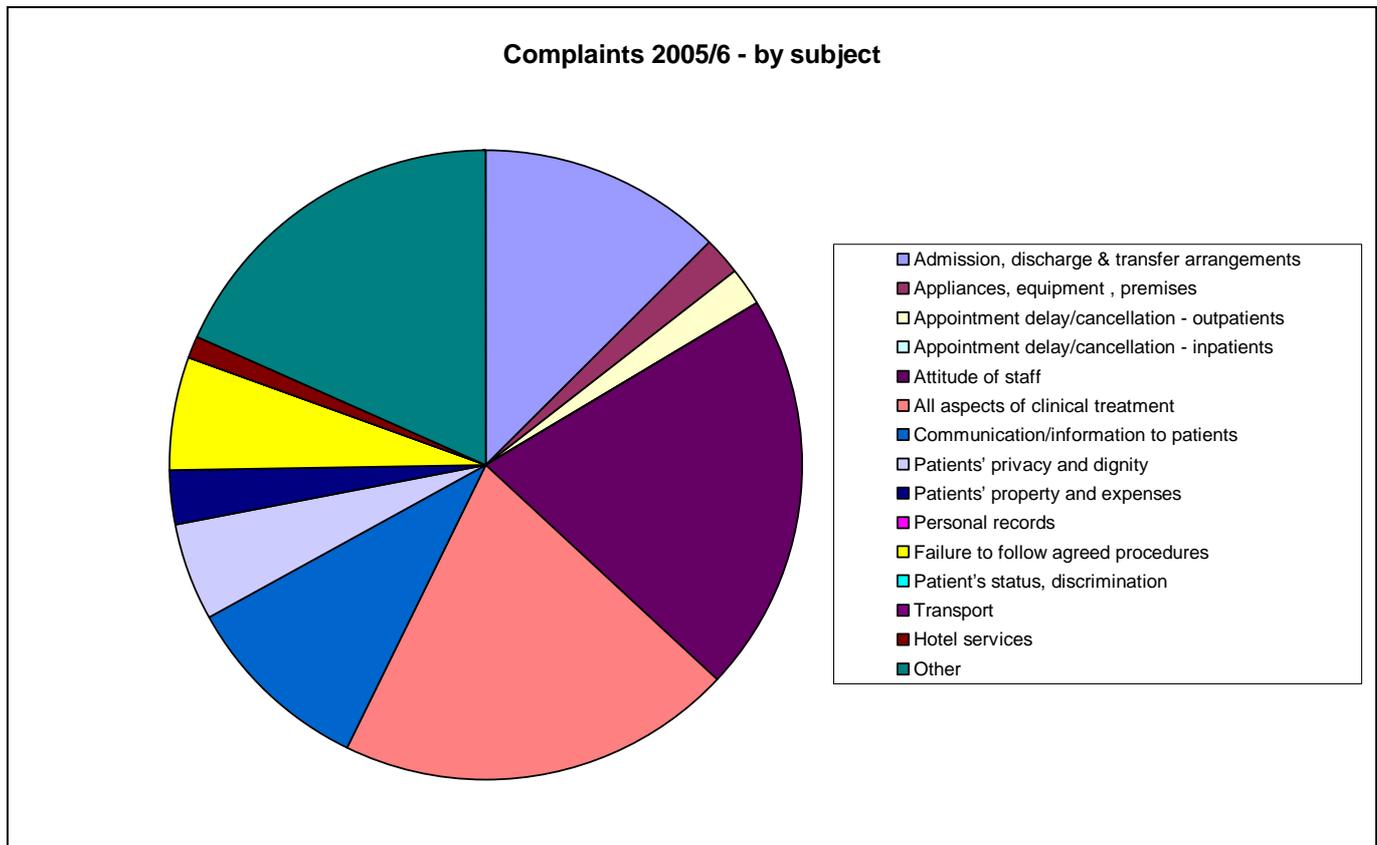
Staff complained about fell into the following categories:



For full details see Appendix I – Table B

(In the table above “not applicable” relates to complaints which are not specifically about the actions of identified staff).

The subject matter of the complaints received was as follows:

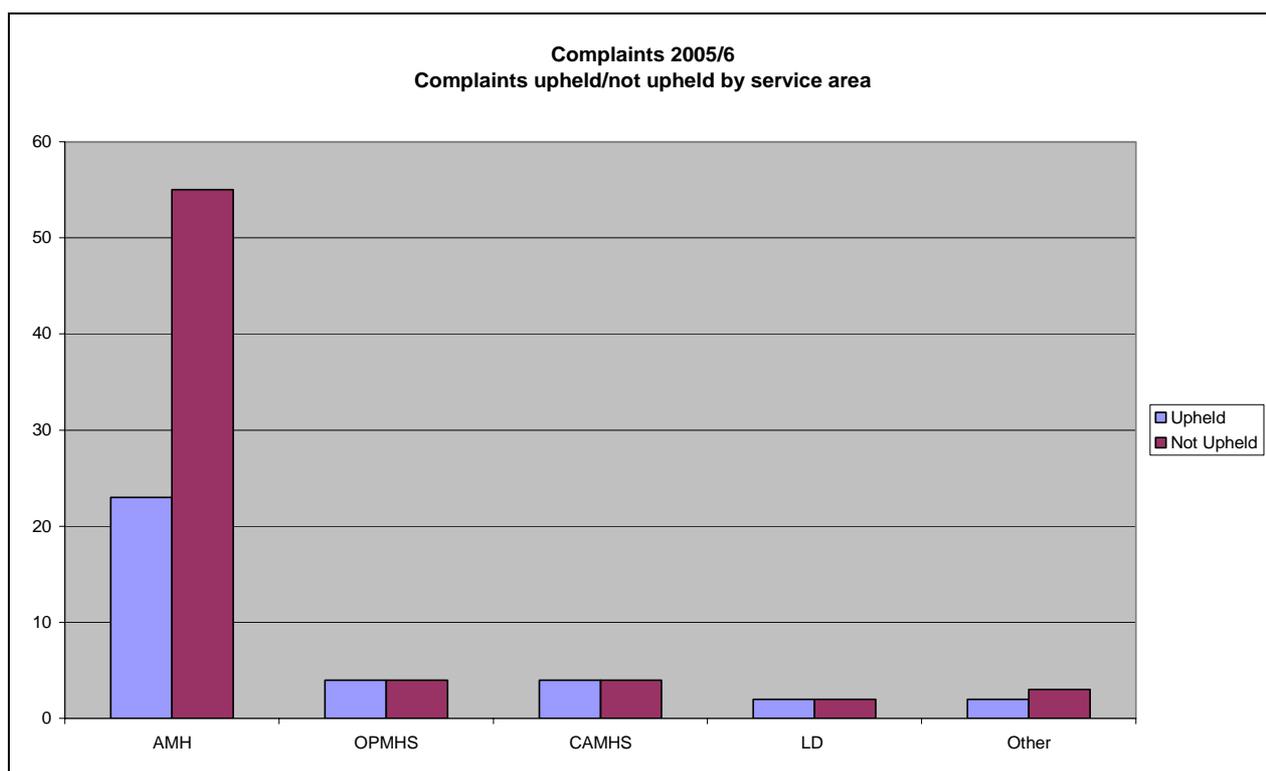


For full details see Appendix I – Table C

The subject categories used are those required by the Department of Health in their annual statistical returns.

The reported number of 103 complaints represents all written complaints made but it should be understood that not all of these were upheld following investigation.

The decision as to whether a complaint is upheld can be a subjective one and the national returns require no distinction between complaints upheld or not upheld. However an attempt has been made to analyse the Trust's complaints to ascertain what proportion were upheld on investigation. In doing this a complaint has been regarded as upheld if any part of it was upheld: In total 68 (46) complaints were not upheld – (66%) (58%). It should be remembered that many complaints from patients in hospital are made at a time when they are often acutely unwell and many of the allegations they make are found to have no substance when investigated.



5 The Incidence of Complaints

To give some idea of the number of complaints received compared to the level of activity in the various service areas the following table shows activity levels for 2005/2006 alongside the number of formal complaints received by service area. Analysis in this area cannot be precise as the categories used for recording complaints do not exactly correspond to those used to analyse activity.

Service Area	No of Complaints	Activity data
Adult Mental Health	78	1128 Finished Consultant Episodes 43353 Occupied Bed Days (Rehab) 10652 Outpatient contacts 58484 Community Team Contacts
Child & Adolescent Mental Health	8	10697 Contacts
Older People's Mental Health Services	8	423 Finished Consultant Episodes 34411 Occupied Bed Days 9336 Outpatient Attendances 21459 Community Contacts
Learning Disabilities	4	904 Finished Consultant Episodes 32691 Occupied Bed Days 1221 Outpatient Attendances 13223 Community Contacts

6 Response Times

6.1 Acknowledgments

The Trust achieved reasonably good compliance with the required response times for acknowledging written complaints. Of the 103 (80) complaints received 87 (65) were acknowledged within the required two working days – a compliance rate of 84% (81%). Much work has gone into improving the acknowledgment rate and this will continue to receive attention.

6.2 Formal Replies

Of the 103 (80) complaints received 89 (71) were formally responded to within the required 20 working days. This is a compliance rate of 86.4% (88.8%). This is a disappointing figure for the Trust and more work needs to be done to improve the response rate back to the levels enjoyed in recent years - when the Trust consistently responded to well over 90% of complaints within 20 days. However, it still compares very favourably with the latest figures available nationally (2003/4) which showed a national average response rate of just 69.1% (all trusts), and 67.9% (mental health trusts).

The 14 (9) formal replies that took longer than 20 days were replied to in the following timescales:

21-25 days:	8 (4) replies
26-30 days:	1 (2) replies
31-35 days:	3 (3) replies
36-40 days:	0 (0) replies
41-45 days:	0 (0) replies
46-50 days:	2 (0) replies
Over 50 days:	0 (0) replies

These late replies were nearly all caused by delayed reports from investigating Service Managers and during the year it became apparent that some services were finding it difficult to investigate complaints promptly due to Service Managers being on sick leave or due to a reduction in the number of Service Managers available to carry out investigations.

7 Informal Complaints

The Trust has no formal system in place intended to capture the learning points from complaints handled informally at a local level. These are complaints made personally to staff and not put into writing. Such issues are discussed locally in Community Meetings and other staff forums.

8 Independent Review

Of the 103 (80) original complainants made in the year only 4 (1) complainants referred their complaint to the Healthcare Commission for Independent Review (as far as is known at the time of writing this report in July 2006) at the conclusion of the local resolution stage because they remained dissatisfied. In addition one complaint from an earlier year was referred to the Healthcare Commission.

During 2005/6 the Commission reported on the one case that had been referred to them in 2004/5 and advised the complainant that they considered that the Trust had responded adequately to their complaint and that they proposed to take no further action.

Of the five complaints referred to the Commission during 2005/6:

- In three cases full paperwork has been submitted to the Commission, who are still considering their response.
- In one case the Commission advised the complainant that they considered that the Trust had responded adequately to their complaint and that they proposed to take no further action. As the complainant had raised a new issue when referring the matter to the Commission the Commission asked the Trust to respond to that additional point. The Trust did so and nothing further has been heard from the complainant.
- In one case the Commission advised the complainant that they proposed to take no further action but asked the Trust to explain in more detail two aspects of the original reply. This was done and then the complainant raised additional issues which have also been responded to. It is currently not known whether the complainant will re-refer the matter to the Commission.

9 The Health Service Commissioner (Ombudsman)

Of the 103 (80) original complainants none (0) had referred their complaint to the Ombudsman as at the date of this report.

10 Learning from Complaints

At the beginning of the year the Trust adopted an action planning approach to enable a more systematic identification of the learning points emerging from the investigation of formal complaints.

The table at Appendix III summarises a selection of the learning points identified by this process.

11 Ethnicity

In line with the national requirements, statistics are maintained on the ethnicity of those whose care is the subject of each complaint and also of any staff specifically identified in complaints. The ethnicity of the patients involved is taken from the Epex system and the ethnicity of the staff from the Prism system. Both of these systems allow the subject to decline to give their ethnicity and therefore the recording of ethnicity is optional as far as the subjects are concerned.

Ethnicity of patients who made a complaint or on whose behalf a complaint was made

The following table shows the percentage breakdown, by ethnic group, of patients who made a complaint compared to that of all patients seen in the Trust during the year:

Ethnic Group	% of all patients seen during year	% of patients who made a complaint
White – British	63.9	54.6
White - Irish	0.5	0.9
White - other	14.6	13.6
Mixed White and Black Caribbean	0.3	0
Mixed White and Black African	0.2	0
Mixed White and Asian	0.1	0
Any other mixed background	0.2	0
Asian or Asian British – Indian	0.2	0
Asian or Asian British – Pakistani	0.1	0
Asian or Asian British – Bangladeshi	0.1	0
Any other Asian background	0.2	0
Black or Black British - Caribbean	0.7	0.9
Black or Black British - African	0.1	0
Any other black background	0.3	2.9
Chinese	0.1	0
Any other ethnic category	0.6	0.9
Not stated	16.9	26.2
Not known	0.9	0
Total	100.0	100.0

Ethnicity of staff specifically complained about

The following table shows the percentage breakdown, by ethnic group, of staff identified in complaints compared to that of all staff employed in the Trust at 31st March 2006:

Ethnic Group	% of staff employed by Trust (as at 31.3.06)	% of staff identified in complaints
White – British	89.2	56.2
White - Irish	1.0	3.0
White - other	2.2	6.1
Mixed White and Black Caribbean	0.3	0
Mixed White and Black African	0.1	1.5
Mixed White and Asian	0.2	0
Any other mixed background	0.4	0
Asian or Asian British – Indian	1.0	13.6
Asian or Asian British – Pakistani	0.5	3.0
Asian or Asian British – Bangladeshi	0.2	1.5
Any other Asian background	1.0	3.0
Black or Black British - Caribbean	1.2	0
Black or Black British - African	0.7	7.6
Any other black background	0.4	0
Chinese	0.2	0
Any other ethnic category	0.4	1.5
Not stated or not known	1.0	3.0
Total	100.0	100.0

Appendix I – Written Complaints analysed by Service, Categories of Staff Complained About, and Subject Matter.

Table A - Analysed by Service

Service	No of Complaints 2005/6	<i>No of Complaints 2004/5</i>
Adult Mental Health	78	53
Child & Adolescent Mental Health	8	6
Older People's Mental Health	8	9
Learning Disabilities	4	9
Other	5	3
TOTAL	103	80

Table B - Analysed by Categories of Staff complained about

Category of staff	No of Complaints	
	2005/6	<i>2004/5</i>
Medical staff	42	32
Professions allied to medicine	-	2
Nursing staff	29	32
Maintenance and Ancillary	1	2
Administrative	3	3
Other or not applicable	28	9
TOTAL	103	80

Table C - Analysed by Subject Matter

Subject matter of Complaints	No of Complaints	
	2005/6	<i>2004/5</i>
Admission, discharge & transfer arrangements	13	8
Appliances, equipment , premises	2	1
Appointment delay/cancellation - outpatients	2	5
Appointment delay/cancellation - inpatients	-	1
Attitude of staff	21	6
All aspects of clinical treatment	21	33
Communication/information to patients	10	4
Patients' privacy and dignity	5	2
Patients' property and expenses	3	-
Personal records	-	1
Failure to follow agreed procedures	6	7
Patient's status, discrimination	-	2
Transport	-	1
Hotel services	1	2
Other	19	7
TOTAL	103	80

Appendix II - Summary of Written Complaints received April 2005 to March 2006.

Abbreviations used in this table:

Hosp	- Hospital In-Patient Services	CPN	- Community Psychiatric Nurse
O/P	- Hospital Out-Patient Services	CPA	- Care Programme Approach
CMHT	- Community Mental Health Team		
OPMHS	- Older Peoples' Mental Health Services		
CAMHS	- Child and Adolescent Mental Health Services		
SEEDS	- Suffolk East Eating Disorders Service		

Ref	Service Area	Brief summary of complaint	Upheld? *1
04.05.01	Adult Mental Health - Hosp	Failure to respond to needs of patient	Yes
04.05.03	Adult Mental Health – O/P	Discharged without being told	No
04.05.04	Adult Mental Health - Hosp	Nurse injured patient's foot	Yes
04.05.05	Adult Mental Health - CMHT	Poor follow up in the community	No
04.05.06	Adult Mental Health - Hosp	Refusing to allow a phone call to a friend and comments on an aftercare form	No
04.05.07	Adult Mental Health - Hosp	Allegation of racial discrimination and unreasonable behaviour	Yes
04.05.08	Adult Mental Health – O/P	Delayed appointment and poor communication	Yes
04.05.09	Adult Mental Health - CMHT	Told that necessary treatment not available on NHS	No
04.05.10	Adult Mental Health - Hosp	Attitude of staff and inappropriate comments made	No
04.05.11	CAMHS	Parents misled about support available	Yes
04.05.12	CAMHS	Dissatisfied with care and advice given	Yes
05.05.01	Adult Mental Health - Hosp	Unacceptable language and actions of nurse / inappropriate medication	Yes
05.05.02	Adult Mental Health - Hosp	Lack of care for daughter and inaccurate information in letter to GP	No
05.05.03	Adult Mental Health - Hosp	Consultant would not tell patient why he was being detained	No
05.05.04	Adult Mental Health - Hosp	Dissatisfaction with consultant	No
05.05.05	Adult Mental Health - Hosp	Inappropriate comments made by Consultant	No
05.05.06	Adult Mental Health - Hosp	Inappropriate behaviour and attitude of nurse	Yes
05.05.07	Adult Mental Health - Hosp	Various actions of consultants	Yes
05.05.08	Adult Mental Health – O/P	Breach of confidentiality and other issues	No
05.05.09	OPMHS	Various issues regarding ward including privacy	Yes
05.05.10	CAMHS	Inaccurate letter sent by Consultant to GP	Yes
05.05.11	Adult Mental Health – O/P	Dissatisfaction with uncommunicative Consultant	Yes
05.05.12	Adult Mental Health - Hosp	Poor aftercare & being barred from visiting ward	No
05.05.13	Adult Mental Health - Hosp	Unsuitability of rehabilitation services	Yes

Ref	Service Area	Brief summary of complaint	Upheld? *1
05.05.15	Adult Mental Health - Hosp	Inadequate assessment by Consultant	No
05.05.16	Adult Mental Health - Hosp	Problems over assessment and admission	Yes
05.05.17	Adult Mental Health - Hosp	Threats from a fellow patient	No
05.05.18	Psychiatric Liaison Service	Failure to refer wife to CMHT following assessment	Yes
05.05.19	Adult Mental Health - Hosp	Staff cancelled appointments with patient's solicitor	No
06.05.01	CAMHS	Lack of services locally	Yes
06.05.02	Adult Mental Health - CMHT	Absence of CPN/social worker at time of discharge, dissatisfaction with assessment, lack of support	No
06.05.03	Adult Mental Health - Hosp	Concerns about discharge, dissatisfaction with assessment and medication prescribed	No
06.05.04	OPMHS	Concern over poor health of mother/told St Clement's was closing, no beds	No
06.05.05	Adult Mental Health - Hosp	Staff sleeping during night shift, poor attitude to duty and duty of care	No
06.05.08	Adult Mental Health - CMHT	Poor standard of care provided to mother	Yes
07.05.01	Adult Mental Health - Hosp	No privacy, loss of property, unnecessary detention	No
07.05.02	Clubhouse	Policies were not followed in reinstating a member following suspension from the clubhouse	Yes
07.05.03	Adult Mental Health - Hosp	Inadequate care and attention, loss of property	No
07.05.04	Adult Mental Health – O/P	Comments made by consultant in correspondence	No
07.05.05	Adult Mental Health - Hosp	Unhappy with seclusion, left in state of undress	No
07.05.06	OPMHS	No plug in wash basin in bathroom, wash basin on ward broken & not supplying water	Yes
07.05.07	Adult Mental Health - CMHT	Dissatisfaction with care provided	No
07.05.08	SEEDS	Confidentiality and misrepresentation	Yes
07.05.09	Adult Mental Health - Hosp	Staff attitude when self-presented for admission	No
07.05.10	Adult Mental Health - Hosp	Staff refused to allow patient to contact police to report theft of property	No
08.05.01	Trust HQ	Improper procedures followed by Board	No
08.05.02	Adult Mental Health - Hosp	Patient's hair cut by fellow patient	Yes
08.05.03	Adult Mental Health - Hosp	Concern over discharge plans	No
08.05.05	OPMHS	Inappropriate behaviour of member of staff	Yes
08.05.06	Adult Mental Health - Hosp	Given medication against patient's will	No
08.05.07	Adult Mental Health - Hosp	Concern over manner in which addressed	No
08.05.09	Adult Mental Health - Hosp	Not being assessed by Consultant, being bruised, removal of lock	No
09.05.01	OPMHS	Family dissatisfied with care given to elderly mother	No
09.05.02	Adult Mental Health - Hosp	Loss of property whilst on leave from ward	No
09.05.03	Adult Mental Health - Hosp	Unnecessary restriction on leave	Yes
09.05.05	Adult Mental Health - Hosp	Dissatisfaction with length of time for admission, not seen Consultant regularly, told needs medication review but still waiting.	No

Ref	Service Area	Brief summary of complaint	Upheld? *1
09.05.06	Learning Disabilities	Concern about comments made by consultant in correspondence & meeting	No
09.05.07	Adult Mental Health - CMHT	Unhappy about lack of support given to brother by CMHT and also unhappy with state of accommodation provided	No
09.05.08	Adult Mental Health – O/P	Three messages left for doctors - none of the calls were returned	Yes
09.05.09	Adult Mental Health - Hosp	Attitude of staff during assessment	No
09.05.10	Adult Mental Health - CMHT	Lack of communication regarding appointment	No
09.05.11	Adult Mental Health - Hosp	Dissatisfied with lack of information about medication. Complaint about lack of activities available to patients in the evening.	Yes
09.05.12	CAMHS	Dissatisfied with wait in getting an appointment and also with advice given	No
09.05.13	Adult Mental Health - Hosp	Concern re hygiene in dining room and kitchen, papier mache pot left in toilet for 2 days	No
10.05.02	Adult Mental Health – O/P	Inadequate consultation	No
10.05.03	Adult Mental Health – O/P	Belief that had been put on waiting list but subsequently discovered not on list	Yes
10.05.04	Adult Mental Health - Hosp	Inadequate assessment	No
11.05.01	Adult Mental Health - Hosp	Visiting arrangements, patient's money, food	No
11.05.02	Adult Mental Health - Hosp	Being sent a bill for damage caused to ward	No
11.05.03	CAMHS	Concern that diagnosis not made soon enough	No
11.05.04	Adult Mental Health - Hosp	Dissatisfied with lack of support provided	No
11.05.05	Learning Disabilities	Unhappy with daughter's physiotherapy being withdrawn	Yes
11.05.06	Adult Mental Health - Hosp	Unhappy about being only female patient on ward	Yes
11.05.07	Adult Mental Health – O/P	Lack of support from Consultant, medication not prescribed	No
12.05.02	Adult Mental Health - Hosp	Inadequate response to allegations made against a member of staff	Yes
01.06.01	Adult Mental Health - Hosp	Care of wife prior to and following discharge	Yes
01.06.02	Adult Mental Health - Hosp	No social worker being present at Mental Health Assessment	No
01.06.03	Adult Mental Health - CMHT	Concerned about reason/management of discharge/direct payment	Yes
01.06.04	Adult Mental Health - Hosp	Poor assessment of father's needs	No
01.06.05	Adult Mental Health - CMHT	Lack of support from CMHTs and unexplained discharge from psychiatrist	No
01.06.06	OPMHS	Upset about actions of fellow patients including them entering his room and moving his belongings	No
01.06.07	Adult Mental Health - Hosp	Feels that son should be admitted because of deterioration in his mental health	No
01.06.08	CAMHS	Complaint about content of letter sent by Psychiatrist and Outreach Nurse	No
02.06.01	Adult Mental Health - CMHT	Unhappy with comments made by Care-Coordinator	No
02.06.02	OPMHS	Issues regarding responsibility for care of over 65s in overlap area with neighbouring trust	Yes

Ref	Service Area	Brief summary of complaint	Upheld? *1
02.06.03	OPMHS	Various aspects of care	No
02.06.04	Adult Mental Health - Hosp	Complaint about alleged perpetrator of alleged sexual assault (separately investigated by police) being kept on neighbouring ward and staff not being sympathetic to the situation	Yes
02.06.05	Adult Mental Health - Hosp	Complaint about attitude of nursing assistant	No
02.06.06	Adult Mental Health - Hosp	Breach of confidentiality/data protection & bullying and harassment by staff member	No
02.06.07	Clubhouse	Unhappy with the way Clubhouse was being run	No
02.06.08	Adult Mental Health - Hosp	Alleged abuse by other patients	No
02.06.09	Community Drugs Team	Refusal of funding for rehabilitation	No
02.06.10	Adult Mental Health - Hosp	Unhappy with events leading up to being sectioned	No
02.06.11	Adult Mental Health – O/P	Dissatisfied with not being able to change to a female consultant and also current Consultant's inflexibility with appointment times.	No
02.06.12	Adult Mental Health - Hosp	Unhappy that consultant did not see patient when he told her he would, and patient was unaware of the dosage of her medication.	Yes
03.06.01	Adult Mental Health - CMHT	Unhappy with injections being given following discharge and accusing member of staff of interfering with patient's bank account	No
03.06.02	Learning Disabilities	Delay in notifying care organisation of incident. Late notification of closure of day centre	Yes
03.06.03	Adult Mental Health - CMHT	Complaint about staff at CMHT encouraging ex-partner to see daughter	No
03.06.04	Adult Mental Health - Hosp	Unhappy about being given injection	No
03.06.06	CAMHS	Inappropriate use of NHS premises for private work	No
03.06.07	Learning Disabilities	Poor staff attitude to visitors	No

Notes:

- * 1 Complaints are recorded as “upheld” if any part of the subject matter of the complaint is upheld. A complaint recorded as “upheld” does not necessarily mean that all aspects of the complaint were upheld.
- All summaries shown are as identified by the complainant when making their complaint.

Appendix III – Some of the Learning Points derived from the Complaints Process.

Issue identified from complaint	Action taken
Delayed appointment and poor communication.	Patients, as well as GPs, to be informed of outcomes of referrals. CMHTs now copy GP letters to patients.
Complaint had not been recognised as such when it arrived leading to a delay in acknowledgment and response.	All managers reminded of need to adhere to Complaints Policy.
Lack of clarity around reduction in service to daughter.	Staff advised to improve content of care plans to ensure they fully explain the level and nature of service agreed.
There had been a breakdown in process when a member of staff was off on long term sick leave.	Administration systems have been reviewed to ensure all clients are contacted if their care coordinator is off for an extended period of time, and made aware of contact details of service until interim arrangements are put in place.
Lack of suitable activities for in-patients.	Review of activities to ensure that there are sufficient to keep patients adequately occupied.
A patient had been allowed to have scissors whilst unsupervised and had used them to cut a fellow patient's hair.	Review of policy on issuing sharp instruments to patients.
Patient discovered that they had not been referred for psychological treatment when they were under the impression that this was being arranged.	To prevent misunderstandings with patients being under the impression that they are being referred when this is not the case all conversations with reference to appointments/referrals are now confirmed in writing.
Failure to comply with CPA policy.	Training given in CPA policy and procedures.
Appointment letter sent to wrong address because patient had not advised us she had moved.	Patients to be reminded to ensure we have up to date contact details.
Patient unaware of content of care plan.	Patients to be given copies of care plans in all cases.

Mistaken withdrawal of escorted ground leave.	Detailed information is now included on care plans relating to “leave plans”. This should avoid any misunderstanding for either the patient or any member of staff on escort duty.
Patient was upset that fellow patients could enter his room and move his belongings.	Work on design of new ward for patients who are more confused to ensure that the new ward and bedrooms promote patients’ privacy whilst maintaining safety for all patients. Plans are in hand to incorporate new security locks and key codes on wards in the future.
Discharge letter sent to former GP and not to current GP.	Staff reminded about need to update Epex system promptly with changes to information.
Problem obtaining care for older person in overlap area with neighbouring trust.	Position clarified with PCTs and this Trust now responsible for care in that area.
Inappropriate action following identification of incident involving a vulnerable adult.	Staff reminded of need to follow vulnerable adults policy .

