

QUALITY DEVELOPMENT (complaints) ANNUAL REPORT 2008/09

1. Introduction

The Quality Development Department is responsible for central complaints management. The key functions of the department are

- To support the services to follow the national regulations for complaints handling, and meet national and local standards for complaints management
- Liaise with other agencies and assist with the independent review process
- Liaise with the Health Service Ombudsman, the body that considers complaints when all avenues of local resolution have been exhausted and the complainant remains dissatisfied
- To monitor and report on complaints management performance, the themes arising from patient complaints and support initiatives to learn from complaints.

This report provides a Trust-wide overview of the complaints received in the Trust between 01/04/08 and 31/03/09.

It includes:

- An overview of the formal complaints performance and themes
- A summary of the work that is planned or has been undertaken in response to patient complaints
- An summary of the complaints that were granted an independent review by the Healthcare Commission
- An outline of work planned to ensure that the complaints handling processes are robust and facilitate organisational learning

1.1 Context

The Trust had 700,376 patient contacts during the year, 0.15% of them made a formal complaint. In addition to the 1067 formal complaints, 195 informal complaints were registered and 402 compliments recorded.

It is acknowledged that many of the concerns raised by patients and visitors, on a daily basis, are resolved quickly by staff and not always recorded. The themes emerging from recorded complaints indicate only a portion of the problems our patients report. It is therefore important to review complaints in the wider context of patient feedback.

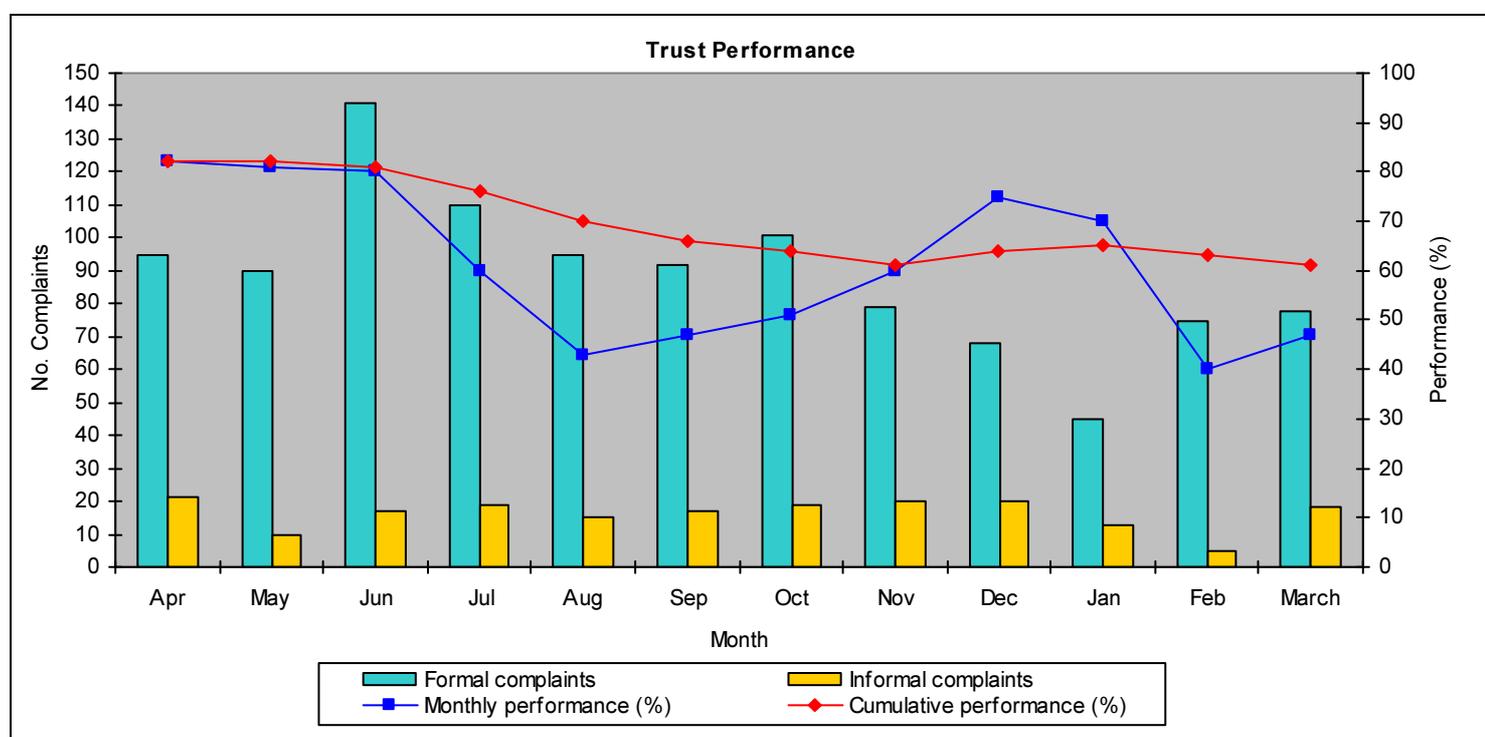
The amended complaint regulations, issued by the Department of Health on 1st April 2009 allow for greater flexibility to negotiate with the complainant how their complaint is managed and an agreed response time. The Trust has decided to maintain a 25 working day target for investigating and responding to formal complaints.

2. Overview of complaints performance and themes

Chart 1 shows monthly performance against the response time target of 25 working days. The Trust responded to 61% of complaints within time, which is below the national standard of 80%. This fall in performance is due to a number of contributory factors

- 355 more formal complaints than the previous year mainly due to the implementation of a new computer record system
- A major organisational restructure
- Variable staff resource
- Staff turnover
- Availability of health records

Chart 1



Themes for complaint

A notable change in the themes of complaint is that transport complaints have halved this year and are no longer in the top 5 causes of complaint. The three main themes for complaints continue to be clinical treatment, attitude of staff and appointment delays and cancellations.

2007/08

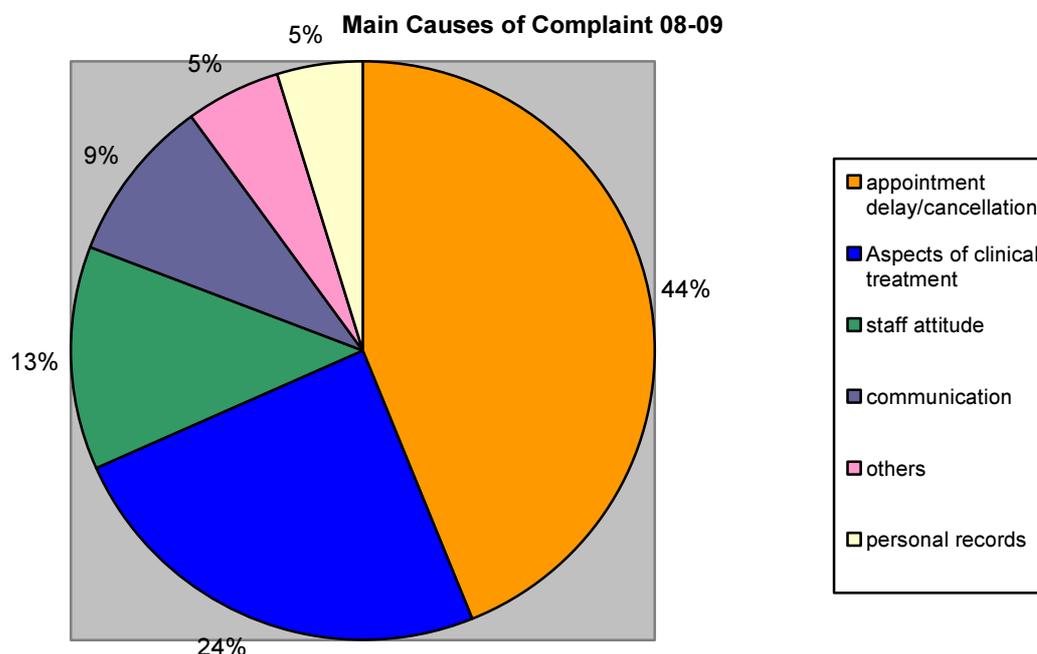
Aspects of clinical treatment	204
Appointments/delays and cancellation outpatients	116
Attitude of Staff	106
Transport	63
Appointments/delays – in patients	58

2008/09

Appointment delays and cancellation outpatients	398
Aspects of clinical treatment	221
Attitude of Staff	114
Communication with patients	86
Personal Records	49

Chart 2 details the five most common causes of complaint 2008/09

Chart 2



Formal Complaints by Risk

Significant Risk	High Risk	Moderate Risk	Low Risk	Not graded	Total
0	140	417	367	143	1067

2.1 Actions Taken to Improve complaints management 2008/09

- The Quality Development Department carried out a Best Value review, incorporating views from stakeholders and incorporated recommendations from both the complainant and staff surveys.
- Training and development was provided to complaint leads from an external company and a training tool purchased for each directorate that can be adapted for use with different teams.
- Work with the patient engagement and clinical staff to visit local community groups and work collaboratively with PALS, ICAS and other partners to raise awareness and confidence in formal feedback processes within the local community.
- ‘Tell Us’ (complaints) posters and leaflets were reviewed to ensure they are up to date, easy to follow and printed in the Trust style.
- Work was undertaken to support the implementation of the new regulations in 2009, with partners in the North East London VIAN (Voices for Improvement Action Network) to strengthen working relationships and create a single and responsive complaints process throughout the region.

2.2 Actions taken to improve complaints performance

The implications of the fall in complaints performance overall led to the decision to declare that core standard C14c, (Standards for Better Health) is not met. A plan to address this has been developed and the following actions undertaken in order to stabilise performance.

- Weekly performance meetings to review the status of all open formal complaints in the Trust
- Development of performance metrics
- Review process for ensuring timely sign off in Trust Offices
- Temporary staff employed until substantive post is filled, in quality development
- Training for divisional governance staff

2.3 Responding to patients' complaints

Appointments

Problems with appointments were the most common cause of complaint this year.

The majority of these complaints are received in the Patient Access Service. The number of formal complaints about appointments peaked at 47 in June 08 and has reduced to 7 - 10 per month since January 09.

Themes from appointment complaints

- Time taken to answer the telephone
- Time taken to book an appointment
- No appointment offered/available when patients call
- Cancellation of clinics – no notification, multiple cancellations
- Inconsistent information on calling patients back or arranging appointments
- Attitude of staff
- Appointment letters – poor or missing information
- Length of time for responses to e mails
- Appointments being booked incorrectly

Contributory factors causing the increase in complaints

- Complex new computer system introduced in April 2008
- High turnover of staff and therefore reliance on temporary staff
- A focus on understanding of the computer system rather than on customer care
- Problems with Call Handling software /telecoms

Solutions/Improvements

- Permanent recruitment programme – monthly adverts since October 2008
- Review of staffing skills and numbers
- Local training on computer systems
- Development of a tailor-made training package
- Rotation of staff to enable learning of different department systems
- Formalised customer care training commissioned from Learning and Development
- Updated call handler information to patients

- Work with Service Managers to address appointment availability for some specialties
- Review of the clinic cancellation process to ensure cancellation letters are always sent to patients on time
- Work with computer systems partners to ensure that patients cannot be cancelled by the hospital multiple times
- Hospital appointment letters re-written, reviewed and implemented
- Departmental performance being monitored on a weekly basis
- Patient Satisfaction survey sent out with 10% of all appointment letters week commencing 9 March
- Patient Event held on 24 March. 168 people who had complained about the service were invited to the event to give their views on future

Clinical Treatment

Many of these complaints are prompted by miscommunication or failing to fully explain to patients what to expect from a medical nursing or surgical intervention. There is sometimes a lack of understanding or awareness of Trust policy and procedures by some staff and further training; clear explanations and apology are often the outcomes.

However there are some examples where the standards of care we provide fall short of our expectations and when this happens specific action plans are developed.

In addition to local action plans, this year the Trust is supporting a project to enable 5 teams of clinical staff to develop an area of care that is identified as being of most concern to the patients who use their services. The initiative will be identified through complaints, surveys and other forms of patient feedback. The development, implementation and evaluation of the service improvements will be supported by internal mentors and external facilitation.

Staff Attitude

An element of communication underpins almost all complaints and the most common action taken is personal reflection or discussion of particular complaints amongst relevant groups of staff. Communication issues raised in complaints are regularly raised at ward and team meetings and are used to set objectives and give feedback through appraisals.

Complex Complaints

Some complaints are complex and incorporate different elements of the service provided. When this happens there is often more than one outcome. For example, a woman complained about the standard of care, consideration and information given to her throughout labour.

The complaint was investigated and registered as a Serious Incident and followed up through the Risk management processes. The result of the investigations prompted actions for medical/obstetric care and a disciplinary investigation of a member of staff.

Additional work is required to strengthen the learning from formal and from informal complaints or concerns raised, including those raised via PALS. This issue was picked up in our recent NHSLA assessment. Responsibility for review and follow up in these cases has previously been taken by a Complaints

Management Group which has not met during the past year, and by local governance boards which have been in a period of reorganisation since the implementation of the Divisions. Re-establishing effective arrangements for review and learning from these concerns will be a priority for this year.

3. Healthcare Commission /Independent Reviews

3.1 Number of cases by Division – Table 1

Division	Returned for resolution	Not upheld	Partially upheld	Fully upheld	Awaiting decision	Total
Clinical and Diagnostics	3	2			1	3
Acute and Family	10	2		3	5	10
Regional Services	3			2	1	3
Corporate	1	1				1

3.2 Example of Actions from Healthcare Commission recommendations

Recommendation	Actions
<ol style="list-style-type: none"> 1) Trust to supply copy of pressure area care policy and ensure compliance with Essence of Care and NICE guidance. 2) Staff to receive training and update on risk assessment, prevention and management of pressure sores. 3) Supply copy of record-keeping policy 4) Provide action plan- details of specific actions planned or taken 5) Provide copies of policies for EOC Guidance & Benchmarks for Personal & Oral Hygiene 6) Provide details of checks to ensure nurses are adhering to standards 	<p>All named policies and guidance supplied to the complainant.</p> <p>A detailed action-plan was drawn up to respond to the complaint and other issues to include audits against Essence of Care standards for pressure ulcers</p> <p>Implement a staff development programme to be measured by improvements in quality indicators and performance managed</p>

4. Plans for 2008/9

- To further develop the complaints policy and processes to strengthen systems that support high performance and comply with the new regulations
- To re-establish a formal structure to ensure learning and review of complaints
- To support the development of staff skills in responding to patients' feedback including concerns and complaints
- To strengthen learning from complaints by increasing the involvement of clinical staff; linking complaints to other sources of feedback to identify priorities for improvement work and supporting better use of the electronic database to improve quality and access to information about actions and changes in response to complaints.
- To include complaints information, performance and methods of resolution in the ward/department visual management boards.