

Title of the Paper:	Complaints Annual Report - April to March 2007/2008	
Agenda item:	17/09	
Author:	Susan Black, Complaints Manager	
Trust Objective:	Achieve compliance against Standards for Better Health - C14a, b & c	
Key Issues Standard C14 (a, b & c) Patient Focus		
Purpose This report outlines the formal complaints received in the Trust during the period April to March 2007/2008, presents comparative data and identifies the primary subject and specialities involved in complaints received. This report also details learning and action taken following complaints investigations and any subsequent changes in practice and /or service.		
Risk Implications for the Trust:		Mitigating Actions:
Non-compliance of the Core Standards for Better Health, which contribute towards the Trusts overall quality of, services rating for the Annual Health Check.		Action plan in place for Standard that that is not compliant; the number of complaints being responded to and resolved in the 25 working days allowed to ensure compliance by year end (2008/09).
Level of Assurance that can be given to the Trust Board from the Report: Limited due to Standard C14c 'Systems to ensure that the organization acts appropriately on any concerns and makes changes to ensure improvements in service delivery, where appropriate' reporting limited assurance only at present due to: <ul style="list-style-type: none">• More than one Service/Division involved in the complaint• Complex issues resulting in ongoing correspondence and/or meetings with complainants• Quality issues with draft responses and incomplete investigations• Divisional reorganisation and staff absence• Staff shortages and sickness absence within the Complaint's Department		
Links to Key Line of Enquiry (KLOE 1- 5) KLOE 5.3 - Performance Management.		
Legal Implications: Potential cost implications to Trust for complaints that progress to legal proceedings.		
Recommendation to the Trust Board: The Trust Board members are asked to note the contents of this report.		

Complaints Report
April to March 2007/2008

Complaints Department

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1. Introduction

The NHSLA Risk Management Standard 5: Learning from Experience requires all Trusts to have a coordinated approach for the management of risks identified through incidents, complaints and claims through a report including qualitative and quantitative analysis. This report reflects purely on the complaints activity during the year (2007-2008), but is representative of the information contained in the Trust's **Complaints, Litigation, Incident and PALS (CLIP) Reports produced on a quarterly basis, which are presented to the Trust Board.**

This report outlines the formal and informal complaints received in the Trust during the period April to March 2007/2008, presents comparative data and identifies the primary subject and specialities involved in complaints received. This report also details learning and action taken following complaints investigations and any subsequent changes in practice and /or service.

The Trust has during the course of the year achieved Level 1 compliance with the NHSLA Risk Management Standards specifically scoring 9 out of 10 for standard 5: Learning from Experience.

2. Complaints

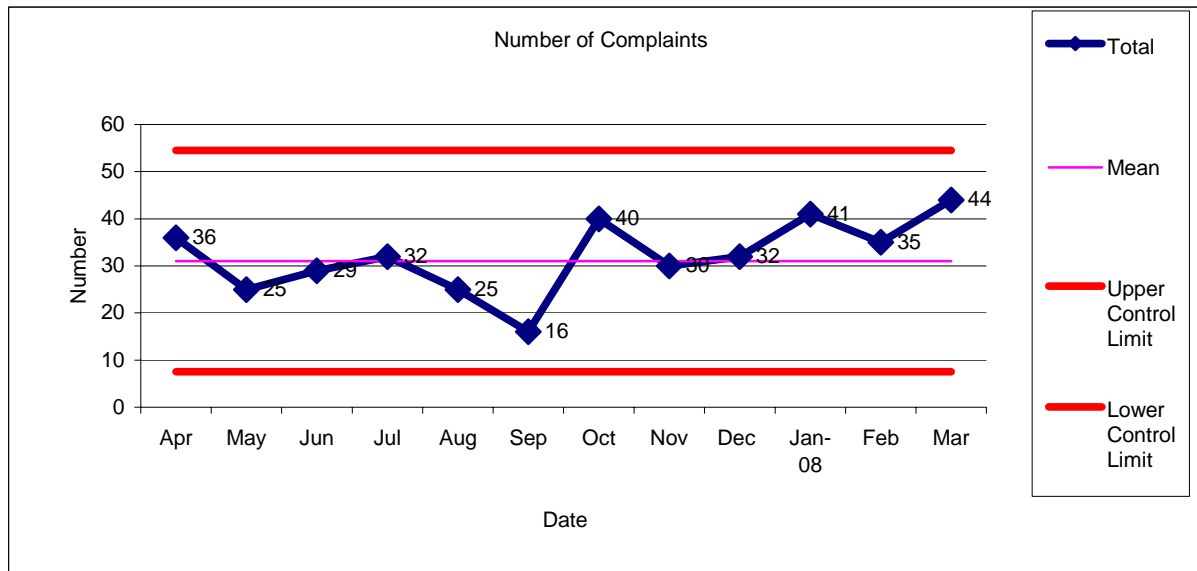
2.1 Overview

- 384 formal complaints were received during the year, of which 310 have currently been resolved by the Trust
- 209 informal concerns, comments and enquiries were received via the Complaints Department
- 80% of all formal complaints were acknowledged within the 2 working days target time, compared to 97% in the previous year – this occurred due to staffing shortages and long term sickness absence with the Complaints Team
- The response rate for the year against the required 25 working days was 48%, compared to 74% in the previous year - due to staffing shortages and long term sickness absence with the Complaints Team and service/personnel changes within Divisions
- 25 'Local Resolution' meetings were held with complainants
- 16 new requests were received for Independent Review, 10 from complaints received in the previous year (2006-2007) and 6 from the current year (2007-2008)
- There has been one case reviewed by the Health Service Ombudsman's Office, in which they upheld the findings of the Healthcare Commission and the action already taken by this Trust and Hillingdon Hospitals NHS Trust.

Graph 1 SPC Chart - Formal Complaints Over the Last 12 months (April 2007 - March 2008)

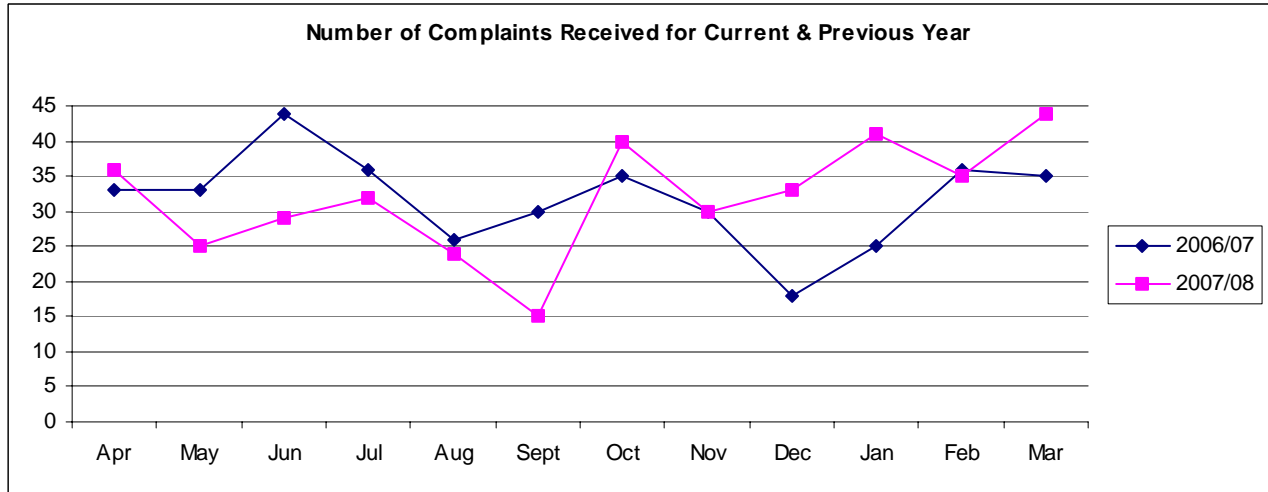
The Statistical Process Control (SPC) chart identifies if there is a trend in a set number of figures. The chart takes the average (mean) from the first 6 months of numbers and then plots the mean line along the graph (the first 6 months may not be visible on the graph in the report). If the number

per month then suddenly rises or falls and the total for each month is below or above the mean line for 6 consecutive months then the mean is adjusted to reflect this (hence a trend is identified).



The chart reports that the average number of formal complaints received per month is 31, with the most complaints being received in October 2007, January and March 2008.

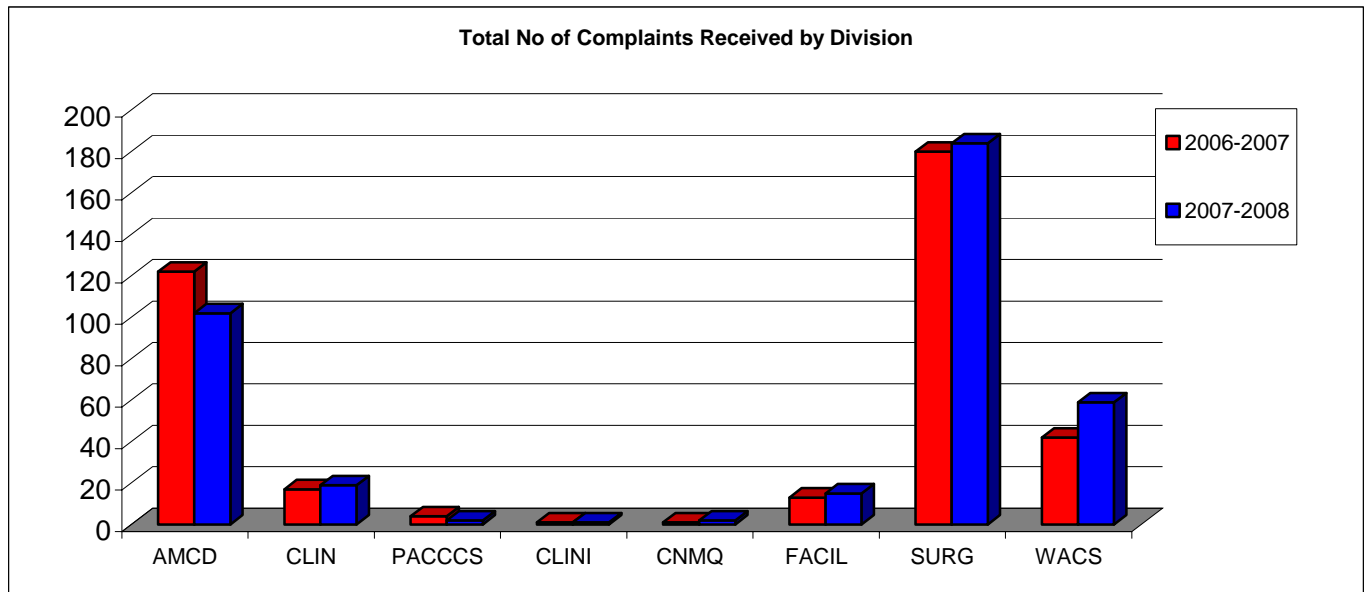
Graph 2 - Number of Complaints Received for Previous & Current Year



The number of complaints received ranges from 15 per month to 44. The noticeable trends identified are a fall in both years in August 2007 with an increase in both October 2007 and January 2008.

Graph 3 - Number of Complaints Received for Previous & Current Year by Division

Abbreviations are as follows: AMCD: Medicine; CLIN: Clinical Support; CLINI: Clinical Informatics; CNMQ: Corporate; FACIL: Estates and Facilities; PACCES: Patient Access; SURG: Surgery and Anaesthetics; WACS: Womens and Childrens



The only significant change from the previous years figures is an increase of 17 complaints for the Women's and Children's Division, and a decrease of 20 complaints for Medicine.

Graph 4 - Total No of Complaints and Compliance Achieved

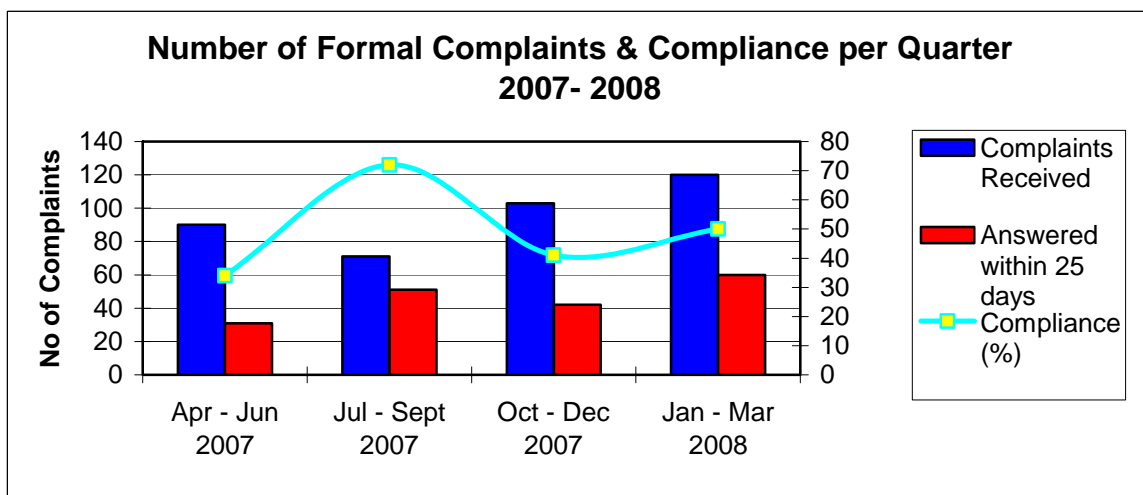


Table 5 - Total No of Complaints and Compliance Achieved by Division

Division	Total No of Complaints	Q1 (%)	Q2 (%)	Q3 (%)	Q4 (%)	Total Year (%)
Acute Medical Care	102	72	94	55	68	69
Surgery & Anaesthesia	184	20	68	34	32	36
Women's & Children's	59	27	25	20	30	25
Clinical Support Service	19	100	100	100	100	100
Facilities & Estates	15	0	100	75	83	80
Clinical Informatics	1	N/A	N/A	N/A	100	100
Corporate/Trust Wide	2	N/A	N/A	0	N/A	0
Patient Access	2	N/A	N/A	N/A	0	0

The Trust's performance in relation to the number of complaints being responded to and resolved in the 25 working days allowed, has not improved over the year as was expected, and there is clearly still much work to be done in regards to this. With the exception of Clinical Support, who have maintained 100% compliance year on year, all other Divisions have failed to achieve this standard, and have regressed from last years (2006-2007) performance. The timely resolution of complaints is essential in order to help restore confidence in the Trust for those patients who have found their care and treatment falling short of what is expected.

Reasons for delayed responses/problems experienced:

- More than one Service/Division involved in the complaint
- Complex issues resulting in ongoing correspondence and or meetings with complainants
- Quality issues with draft responses and incomplete investigations
- Divisional reorganisation and staff absence
- Staff shortages and sickness absence within the Complaint's Department

The Complaint's Manager with the support of the Associate Director for Integrated Governance will continue to work with Divisional Managers and key staff within the Divisions to address this issue. Both Surgery and Womens & Children's Divisions have been through a reorganisation and this has undoubtedly impacted on performance in this area; a lack of permanent Managers in place has not helped and there has been a lack of continuity in the handling of complaints. A substantive Divisional Manager was appointed within Surgery, and is working closely with the Complaints Manager to improve both their performance and to ensure a thorough investigation of complaints. We would expect to see a vast improvement by the end of the year.

Table 6 - Activity Data

The table below shows the levels of patient activity within the Trust and how the number of complaints, enquiries and concerns received compare in percentage terms. *Data obtained from Which Doctor.*

No of Complaints	Q1	Q2	Q3	Q4	Total Year
No of Complaints (Informal/Enquiry & Formal)	149	136	158	150	593
Finished Consultant Episodes Inpatient (Percentage)	19,233 (0.8%)	19,494 (0.7%)	19,909 (0.8%)	20,290 (0.7%)	78,926 (0.8%)
A&E Attendances (Percentage)	31,335 (0.5%)	30,498 (0.4%)	29,647 (0.5%)	29,164 (0.5%)	120,644 (0.5%)
Outpatient Attendances (Percentage)	70,641 (0.2%)	69,865 (0.2%)	71,444 (0.2%)	70,236 (0.2%)	282,186 (0.2%)

Table 7 - Top Complaints by Primary Subject and Division

Recurrent themes occur in more than one Division. It is evident that Clinical Practice, Communication and Staff Attitude are the main subjects for complaints across the Trust. It is not surprising to note the inclusion of Admissions, Appointments and Waiting Times, as an identifiable theme for the year given the recent centralisation of elective surgery at St Albans City Hospital, and the teething problems associated with this change.

Top Complaints by Primary Subjects per Division	Apr - March 07/08
Acute Medical Care Division	
Clinical Practice	40
Communication	15
Staff Attitude	13
Nursing Care	12
Clinical Support	
Services Provided	8
Staff Attitude	5
Facilities, Estates, Clinical Engineering and Fire Safety	
Facilities	13
Surgery & Anaesthesia	
Admissions, Appointments and Waiting Times	71
Clinical Practice	53
Communication	27
Staff Attitude	10
Womens and Children Services	
Clinical Practice	30
Communication	11
Staff Attitude	7

Table 8 - Top Complaints by Secondary Subjects and Division

Recurrent themes occur in more than one Division. It is evident that the diagnosis of conditions and the clinical treatment provided to patients is recurrent in all clinical Divisions. The cancellation of surgery was of concern to patients this year, and is a reflection of the teething problems associated with the transfer of Elective surgery to St Albans.

Top Complaints by Secondary Subjects per Division	Apr - March 07/08
Acute Medical Care Division	
Diagnosis	15
Treatment	10
Discharge Arrangements	7
Staff Attitude - Medical Staff	7
General Standards of Nursing Care	7
Clinical Support	
Inadequate Services	8
Facilities, Estates, Clinical Engineering and Fire Safety	
Parking/Security	6
Cleanliness	5
Surgery & Anaesthesia	
Cancellation of Surgery	30
Treatment	26
Outpatient Appointments	13
Diagnosis	11
Womens and Children Services	
Pregnancy & Childbirth	12
Surgical Treatment	7
Staff Attitude - Clinical Staff	4

Table 9 - Top Complaints by Primary Speciality and Division

The Orthopaedic service received the most number of complaints, followed by complaints about A&E and General Surgery.

Top Complaints by Primary Speciality per Division	Apr - March 07/08
Acute Medical Care Division	
Emergency Care	38
Care of the Elderly	21
Cardiology	14
Clinical Support	
Phlebotomy	5
Radiology	5
Surgical Appliances	4
Facilities, Estates, Clinical Engineering and Fire Safety	
Car Parking	6
Domestic Services	3
Surgery & Anaesthesia	
Trauma & Orthopaedics	63
General Surgery	33
Urology	20
Ophthalmology	17
Womens and Children Services	
Gynaecology Services	22

Obstetrics	11
Midwifery	11

3. **Organisational Learning**

In order to learn from complaints and comments about the Trust and its services, it is essential, where appropriate, that actions are taken following investigation to prevent a similar situation arising in the future. These actions must then be monitored to ensure that the improvements are maintained over the proceeding months.

The newly formed Complaints, Litigation, Incidents and PALS Group will champion the organisational learning; the first CLIP meeting has been scheduled for the 17th July 2008.

Listed below are examples of such actions taken following the investigation of complaints received within the year. It is important that the issues raised in complaints are shared with relevant staff in order that lessons may be learnt.

- Following a complaint that raised issues about the management of babies with a diagnosis of Group B Streptococcus following delivery, as well as the systems for notifying patients have been reviewed, in order to ensure that they are managed appropriately. Additionally, the Matron for the Postnatal Ward will ensure that there is a more robust system used for obtaining, recording and communicating any such results
- Following a complaint about a failure to diagnose a second fracture in the wrist in addition to one confirmed in the shoulder, action has been taken to ensure that a more in-depth investigation takes place for the elderly. The case has been discussed at the departmental Clinical Governance Meeting in order to ensure greater awareness
- A family were concerned that domestic staff came in to clean a side room when the patient was in their final hours of life; this was clearly inappropriate. As a result of this complaint Medirest have instructed their staff to establish with the ward staff whether it is appropriate to commence any cleaning
- As a result of a complaint made about the poor handling of confidential patient information and the disposal of confidential waste the Sister on CCU has reinforced the correct procedure with both the nursing and medical staff and ensured that other staff within the Medical Wards have been made aware of the incident, thereby ensuring that confidential information is disposed of in accordance with Trust policy and procedure
- A standard letter providing information on Audiology waiting times is to be reviewed in order that it is presented in the agreed Trust format
- Following a complaint where a patient went missing from the ward, the stairwells on the Watford site have now all been labelled and the site plans updated; this will aid in any searches undertaken in future

4. Healthcare Commission Core Standards

4.1 Core Standard Compliance

The Trust declared compliance with the following standards for complaints for 2007-2008, as detailed below:

‘The Trust has systems in place to ensure that patients, their relatives and carers:

C14a - have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

C14b - are not discriminated against when complaints are made.

The Trust declared limited compliance with the following standard for 2007-2008, as detailed in Table 5:

‘The Trust has systems in place to ensure that patients, their relatives and carers:

C14c - are assured that the organisation acts appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery.’

4.2 Complaints that Impact on Other Core Standards

The top five core standards identified in complaints received are:

C13a - The Trust has systems in place to ensure that staff treat patients, their relatives with dignity and respect

C13b - The Trust has systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information

C16 - The Trust makes information available to patients and the public on their services, provides patients with suitable and accessible information on the care and treatment they receive and, where appropriate, informs patients on what to expect during treatment, care and aftercare

C21 - The Trust provides services in an environment, which promotes effective care and optimises health outcomes, by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises

C4 - The Trust keeps patients, staff and visitors safe by having systems to ensure that:

(a) the risk of healthcare acquired infections is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA

(b) all risks associated with the acquisition and use of medical devices are minimised

(c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed

We are currently in the process of redefining and expanding the systems we have in place to capture this data in order to ensure that we are accurately identifying this element of complaints reporting.

5. Healthcare Commission (HCC) Status

The following information relates to those cases that have been reviewed by the Healthcare Commission and details the current status of each complaint, as well as any action that has been taken.

6 HCC reviews requested (from complaints received 01/04/07 to 31/03/08)

2 Closed or withdrawn

2 With recommendations

Case Reference No	Date Request received by Trust from HCC	Date Trust Submitted Information to HCC	Date recommendations received from HCC
C200801_0580	19/03/08	Not supplied as complainant has agreed to further local resolution	Closed
C200712_0195	25/01/08	Complaints file and medical records sent 28/02/08	27/03/08 - Response to Recommendations sent 08/05/08
C200802_0497	07/03/08	Complaints file and medical records sent 08/04/08	16/05/08 - Response to Recommendations sent 19/06/08
C200711_0312	07/12/07	Complaints file and medical records sent 01/02/08	14/02/08 - Complaint withdrawn Reimbursement for MRI scan provided

Under Investigation (detailed below)

Case Reference No	Date Request received by Trust from HCC	Date Trust Submitted Information to HCC
C200803_0411	31/03/08	Complaints file and medical records sent 06/05/08
C200803_0454	11/04/08	Complaints file and medical records sent 30/04/08

10 HCC reviews requested (from complaints received by Trust during previous year 2006/2007)

Case Reference No	Date Request received by Trust from HCC	Date Trust Submitted Information to HCC	Date recommendations received from HCC
C200801_0277	30/01/08	Complaints file and medical records sent 29/02/08	12/05/08 - Response to Recommendations sent 10/06/08
C200706_0530	16/10/07	Complaints file and medical records sent	18/02/08 – Action plan implemented for ongoing

		07/01/08	development and review
C200705_0474	25/06/07	Complaints file and medical records sent 20/08/07	06/12/07 (declined)
C200708_0156	27/09/07	Complaints file and medical records sent 28/11/07	09/05/08
C200706_0049	05/09/07	Complaints file and medical records sent 01/11/07	28/02/08
C200708_0549 & E200801_0036	19/09/07	Not requested	07/04/08
C200704_0328	01/05/07	Complaints file and medical records sent 18/05/07	13/08/07 – Action plan implemented for ongoing development and review
C200712_0216	02/01/08	Complaints file and medical records sent 11/02/08	19/02/08 - Referred back for conclusion of Local Resolution. Final response sent 25/03/08 with offer of meeting
C200705_0296 (reconsideration of C200501_0547)	03/09/07	Further medical records sent 17/09/07	26/11/07
C200802_0569	03/04/07	Complaints file and medical records sent 24/04/07	06/06/07

Appendix 1 provides the details of follow-up actions implemented in response to Healthcare Commission recommendations following initial review of complaints.

6. Compliments

The Complaint's Department received 80 thank you letters on behalf of the Trust.

7. Conclusion

It is acknowledged that the Trust's overall performance can be improved upon in terms of both the time taken to respond to complaints and the thoroughness of the investigations undertaken, thereby reducing the number of complaints that are referred to the Healthcare Commission.

The processes and methods that the Trust has in place for investigating and responding to complaints are currently being reviewed against the Complaints Toolkit published by the Healthcare Commission in March 2008, in order to ensure that best practice is being followed and to ensure that our performance improves.

With the proposed introduction of new complaints regulations in 2009, it is essential that the Trust's current systems are in accordance with the intended changes in order to ensure a smooth transition.

Projects being taken forward in the current year (2008-2009) will see the introduction of a Complaints Questionnaire. This will help to monitor patients' views on the Trust's Complaints Procedure, how complaints were handled in terms of time taken, and whether the Trust satisfactorily resolved their concerns and took any necessary action to prevent future reoccurrence.

In addition, and in order to enhance our current compliance with Standard C14b S4BH: *'Healthcare organizations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made'*, specific questions relating to this subject will be included, to ensure discrimination is not taking place. A revised version of *'How To Deal With Complaints'* will also be produced in order to formalize any required system changes.

Susan Black
Complaints Manager

1st July 2008