

Patient  
Complaints  
Annual  
Report



2011-12

## Executive Summary

This report provides a summary of patient complaints received in 2011/12. It includes details of numbers of complaints received during the year, performance in responding to complaints, Parliamentary and Health Service Ombudsman investigations, and action taken by the Trust in response to complaints.

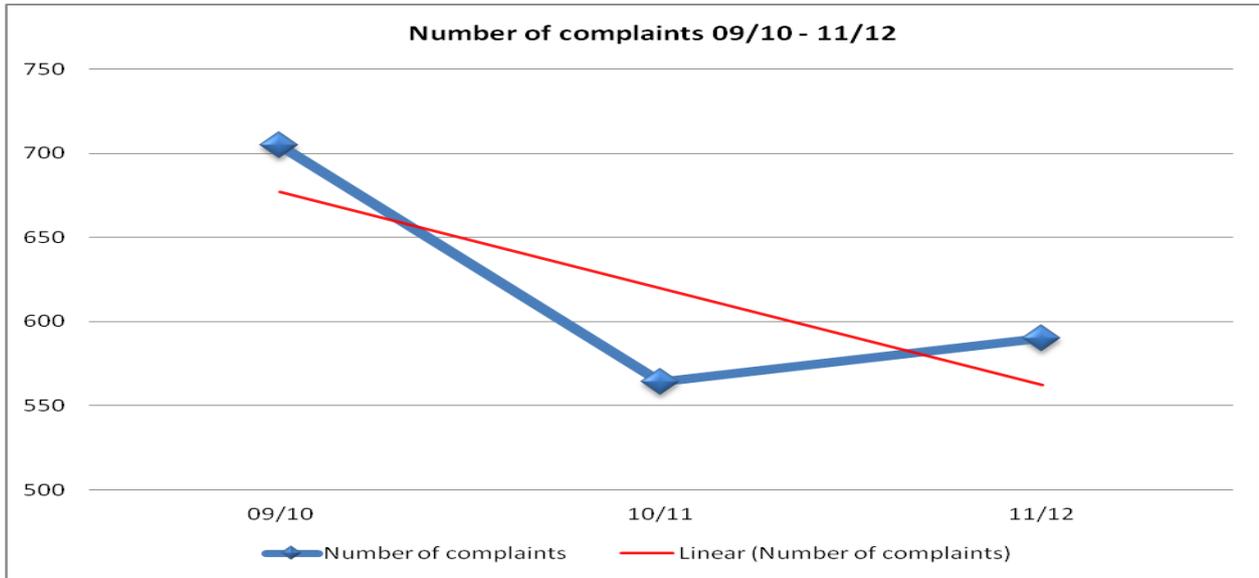
Delivering a quality service to our patients is one of the Trust's core strategic priorities - safe, kind and effective care. Key national programmes to drive improvement in patient experience include Quality Accounts, the Care Quality Commission national patient survey programme and CQUINs (Commissioning for Quality and Innovation).

King's has had a strong focus on improving patient experience over many years, and this continues to develop and evolve. There are both well established, and some newer mechanisms to capture the experience of patients, and drive ongoing improvement. These include the comprehensive How Are We Doing patient feedback programme, use of information gathered through complaints and PALS, listening to patients through initiatives such as 'In Your Shoes' and patient stories, and initiatives such as Energising for Excellence and 15 Steps and our volunteering programme.

Patient complaints are reported to the Board on a quarterly basis, in addition to monthly Patient Experience Report which integrates complaints data with patient feedback from the Patient Advice and Liaison Service (PALS), the How Are We Doing inpatient survey and patient comments.

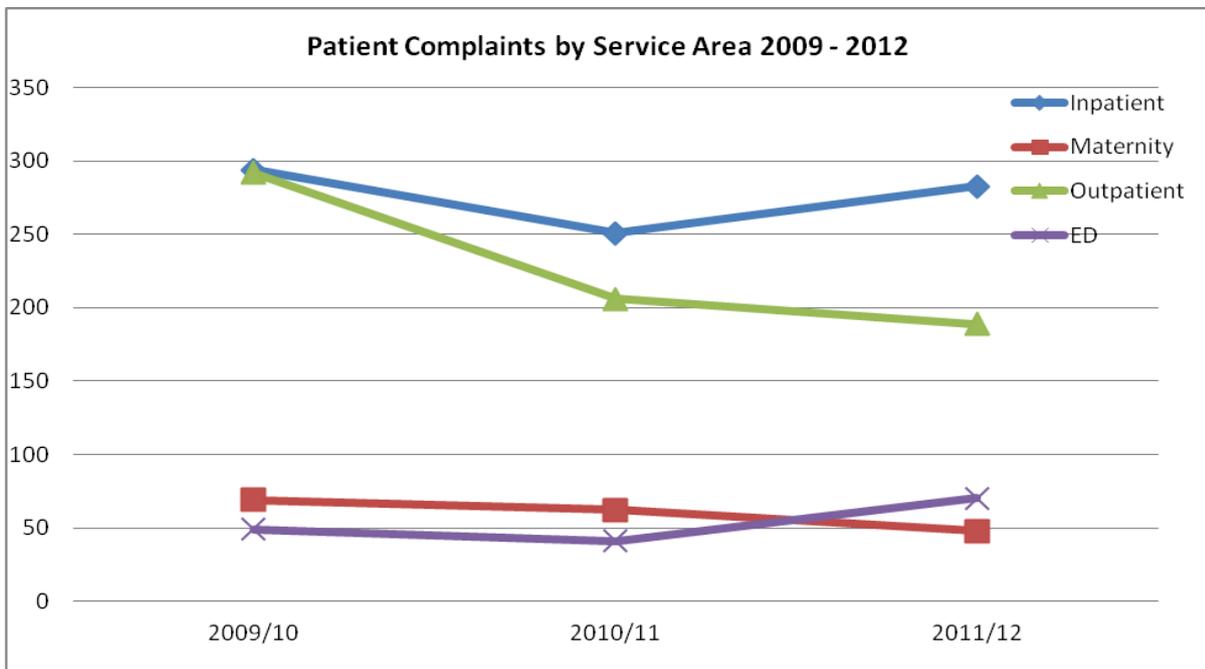
### **Main points to note:**

- 590 complaints – the Trust was within its target of 600 but saw a slight increase of 5% in complaints raised in 2010/11 (560)
- Outpatient and maternity complaints are at their lowest for many years
- 43% of complaints were not found to have well founded issues
- 61% performance on complaints responded to within 25 working days against target of 70%
- 6% of complaints were reactivated in year – no change from 2010/11
- 3% of complaints (21) were referred by complainants to the Parliamentary and Health Service Ombudsman which is a reduction from 2010/11 (33). The PHSO directed the Trust to provide financial remedy in two cases. Both complaints were raised in 2010/11 and related to care provided in the Emergency Department.



Whilst the number of complaints received in 2011/12 was 5% more than in the previous year, the overall trend in complaints is down. Through Patient Complaints and the PALS service, we can offer swift resolution of concerns, engaging staff on wards or in clinics, to put things right, as they arise.

The chart below illustrates the complaints received by service area over the past three financial years.



	2009/10	2010/11	2011/12
<b>Inpatient</b>	294	251	283
<b>Maternity</b>	69	62	48
<b>Outpatient</b>	292	206	189
<b>ED</b>	49	41	70

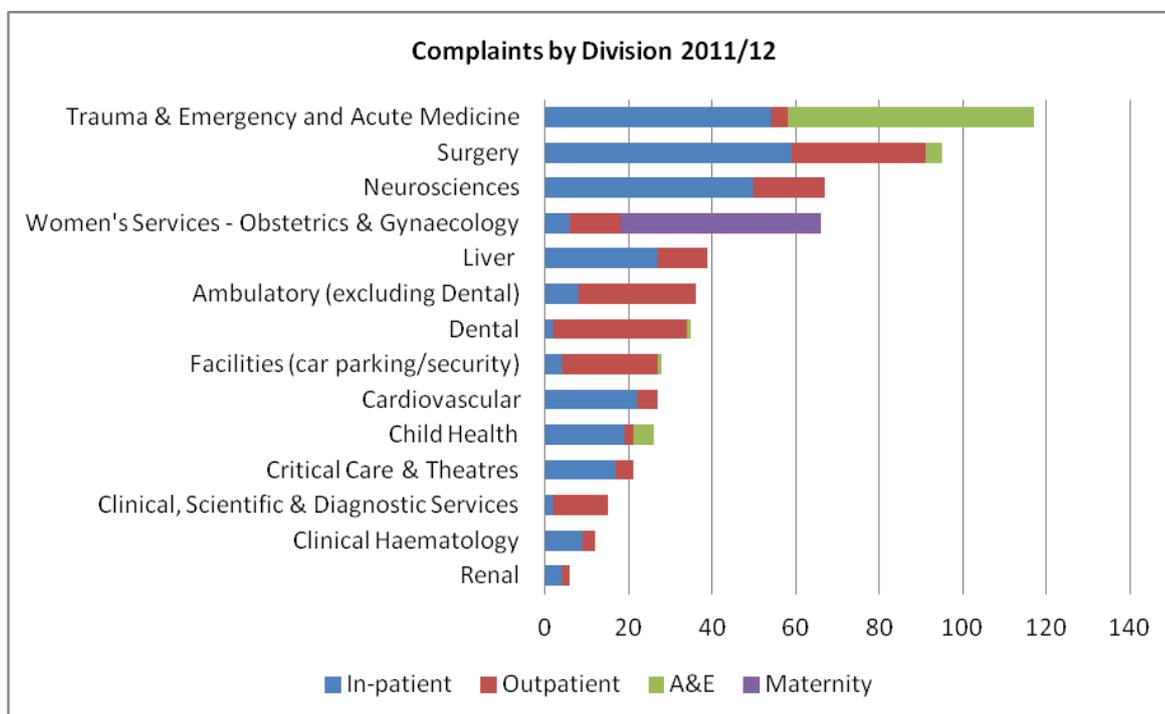
The reduction in outpatient complaints especially, demonstrates the sustained willingness within the organisation (for example by Consultants, Matrons, Service Delivery Managers) to resolve appropriate concerns at the point of contact. Maternity complaints are at their lowest for many years. Following the mixed results of Care Quality Commission’s 2010 National Maternity, the service has put a number of actions in place to improve the experience of women using the service, for example, restricting out of area referrals and increasing the number of midwives. A repeat survey conducted in 2011 showed a marked improvement, and improving maternity services was also a local CQUIN in 2011/2012.

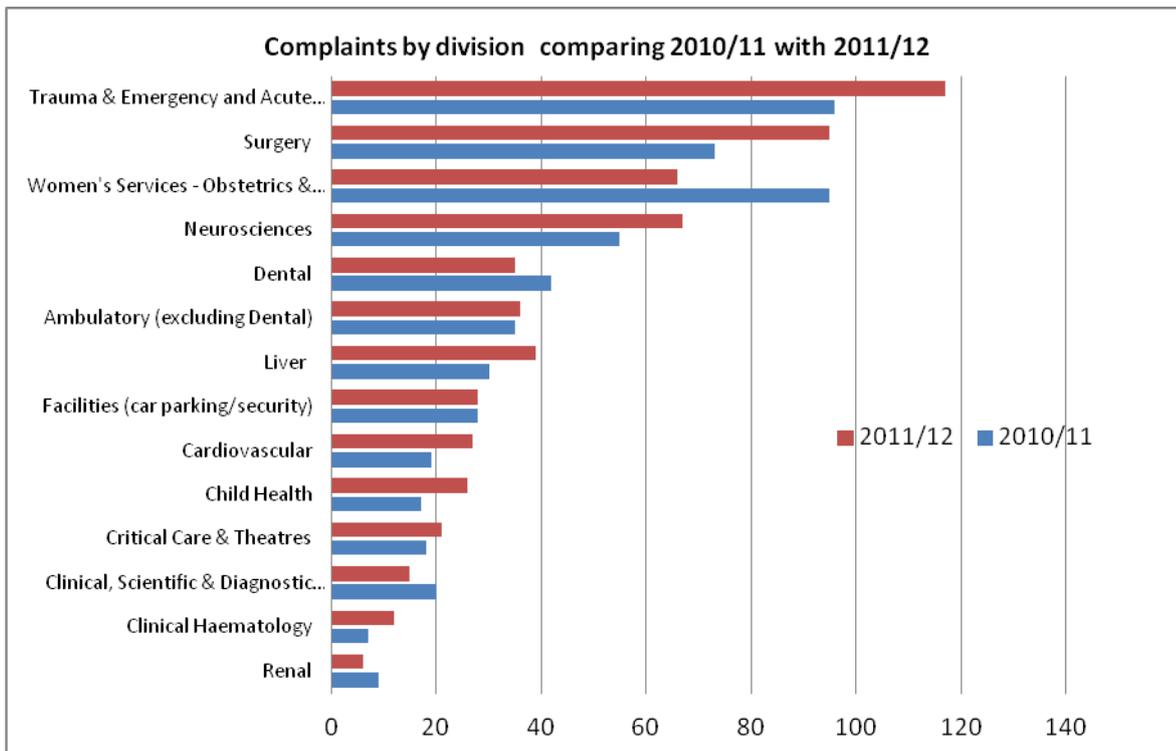
This year we reduced our internal performance target from 80% to 70%, of complaints being responded to within 25 working days. This decision was taken to reflect the complexity of some complaints which can often need review by a multi-disciplinary team and/or external comments, and therefore require a longer timeframe to investigate. During 2011/12, 61% of complaints met the internal target. This represents no change in the Trust’s performance from 2010/11.

We are committed to providing an open, honest and straightforward response, with robust complaint handling at a local level. Of the 590 complaints investigated in 2011/12, 38 cases were reactivated for further local resolution, equating to 6% of complainants being dissatisfied with the response they received from the Trust. This represents no change from 2010/11 and illustrates the continuous effort to provide comprehensive responses.

### 1. Complaints by Division

The following tables illustrate the distribution of complaints during 2011/12 and provide a comparison with 2010/11.





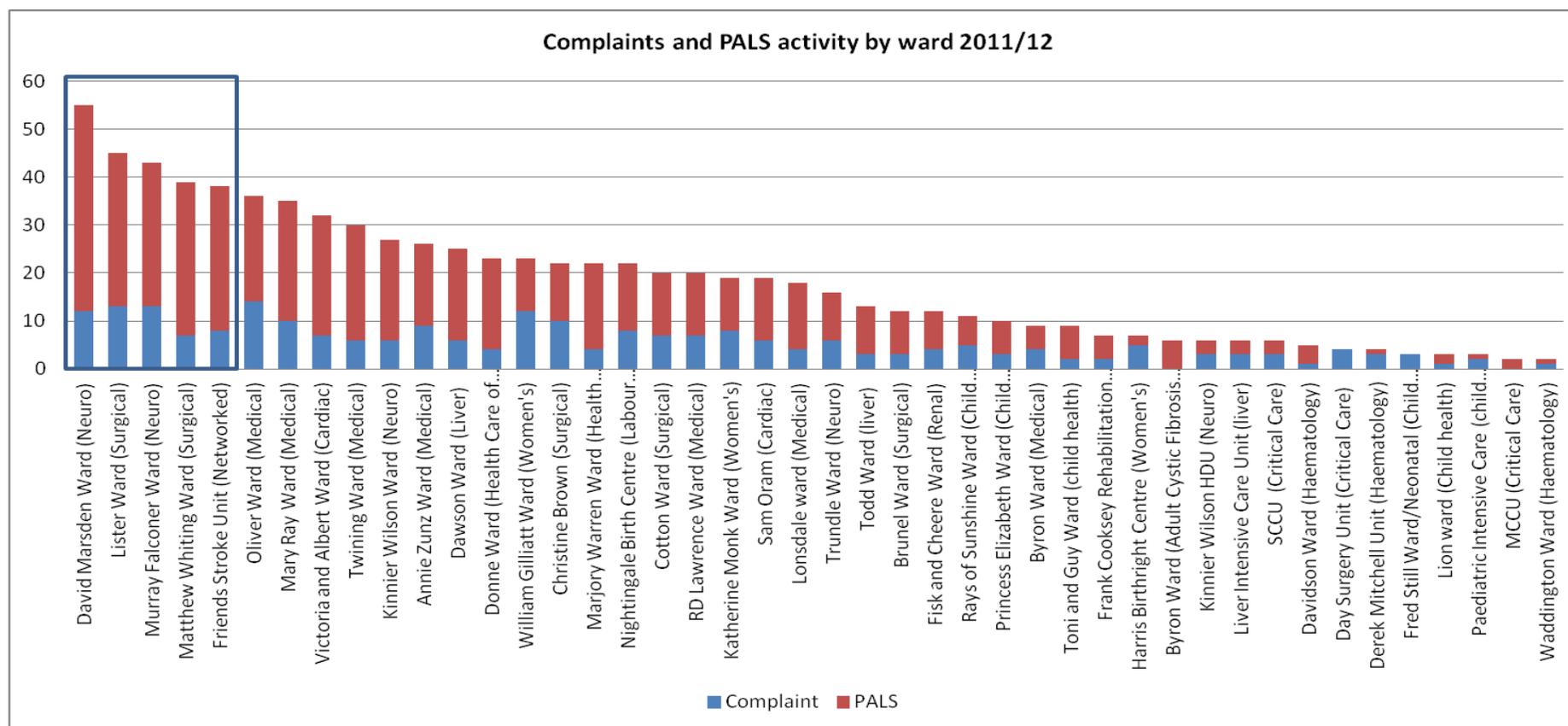
It is worth noting in particular that:

**Surgery** saw a 30% increase in complaints received in 2011/12 compared with 2010/11. This increase reflects a 50% rise in complaints received in Q3 2011/12 relating to admission delays/cancellations for general surgery patients.

**Trauma, Emergency and Acute Medicine (TEAM)** saw a 22% increase in complaints received in 2011/12 compared with 2010/11, which reflects an overall increase of 87% in complaints relating patients accessing emergency care. Despite the overall increase, the distribution of complaints to patients attending the ED is 0.5 to 1000.

In 2011/12 there were high levels of patient activity and an increase in emergency admissions which rose steadily for the period. The increase in complaints from both surgical patients and those coming into King's through the emergency route, will therefore reflect this.

**Women's Services (including maternity)** received a notable reduction in complaints. Maternity complaints, which have been at a broadly similar level since 2006, reduced by 29% in 2011/12 compared with 2010/11 and are now at their lowest level on record.



The chart above shows wide variation in the distribution of complaints and PALS by ward and Division. The data also illustrates that, even when complaints are relatively low, PALS contacts can be high.

- Communication, admission waiting times/cancellations, and discharge arrangements are the top 3 reasons for patients contacting PALS. This represents 69% of all inpatient enquiries.

Looking at the five wards with the greatest number of PALS contacts / Complaints:

- Discharge planning and communication (care plan and treatment) are the most frequent issues raised.

The following three tables illustrate the proportion of patient complaints to actual patient episodes. The number of patient complaints received in 2011/12 has remained static against the Trust's activity.

	2010/11	2011/12
<b>Number of inpatient complaints</b>	313	331
<b>inpatient episodes</b>	116,590	119,915
<b>complaints per 1000 attendances</b>	3	3
<b>Number of outpatient complaints</b>	247	259
<b>outpatient episodes</b>	767,701	746,844
<b>complaints per 1000 attendances</b>	0.3	0.3

The following two tables provide a breakdown by Division of inpatient and outpatient activity to the number of complaints received during the year. It can be seen that in Neurosciences and Surgery, there is greater dissatisfaction per 1000 inpatient attendances.

<b>Inpatient complaints</b>	<b>2011/12 No of complaints</b>	<b>Patient episodes</b>	<b>complaints per 1000 episodes</b>
Renal	4	1571	3
Clinical Haematology	9	10259	1
Child Health	19	13099	1
Cardiovascular	22	6665	3
Liver	27	8913	3
Ambulatory (excluding Dental)	8	10678	1
Dental	2	11696	0.2
Neurosciences	50	7777	6
Women's Services - Obstetrics & Gynaecology	6	21723	0.3
Surgery	59	12067	5
Trauma & Emergency and Acute Medicine	54	14745	4

<b>Outpatient complaints</b>	<b>2011/12</b>	<b>episodes</b>	<b>complaints per 1000 episodes</b>
Liver Renal Surgery	50	145056	0.35
Networked Services	25	81194	0.30
Women's and Children's	60	110407	0.54
Ambulatory	61	293137	0.20
Trauma & Emergency and Acute Medicine	63	101573	0.62

## 2. Causes of complaint

As in previous years, complaints about clinical care and treatment are by far the highest cause of complaint (335) which represents 57% of all complaints received. Other causes of complaint include:

- Staff attitude (56)
- Communication, written and oral (41)
- Inpatient, delays and cancellations (37)
- Admissions, discharge and transfers (34)

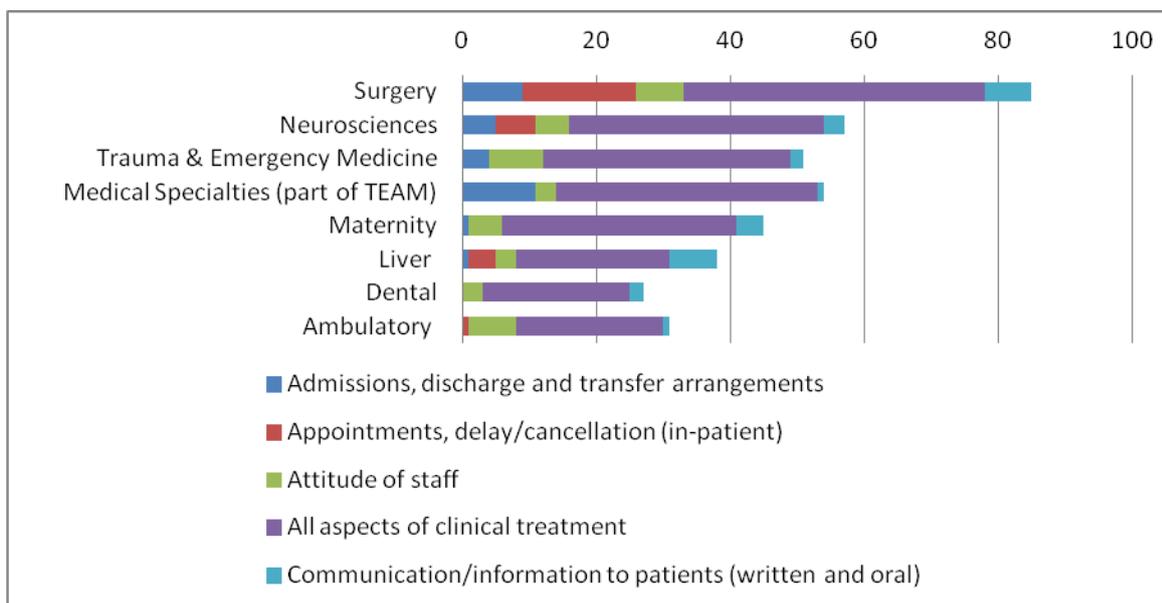
Overall, the greatest increase in complaints relate to inpatient discharges and transfers, inpatient admissions (delays/cancellations) and patient privacy and dignity issues (which includes patient confidentiality). TEAM received the largest number of complaints concerning discharges and transfers (14), Surgery (9); Inpatient admission delay/cancellations were in the main relating to Surgery (17) and Neurosciences (16).

Primary subject of complaint	2010-11 No of complaints	% of complaints	2011-12 No of complaints	% of complaints
Admissions, discharge and transfer arrangements	28	5	34	6
Aids and appliances, equipment, premises (including access)	6	1	3	1
Appointments, delay/cancellation (out-patient)	29	5	16	3
Delay/cancellation (in-patient)	25	4	37	6
Attitude of staff	53	9	56	9
All aspects of clinical treatment	314	56	335	57
Communication	41	7	41	7
Consent to treatment	3	1	4	1
Complaints handling	1	0	0	0
Patients' privacy and dignity	6	1	13	2
Patients' property and expenses	3	1	3	1
Personal records (including medical and/or complaints)	11	2	8	1
Failure to follow agreed procedure	1	0	4	1
Patients' status, discrimination (e.g. racial, gender, age)	2	0	1	0
Transport (ambulances and other)	19	3	17	3
Hotel services (including food)	3	1	4	1
Others	19	3	14	2

Staff attitude remains a key issue raised in patient complaints and this is reflected in other patient feedback including the inpatient How are we doing survey where scores for 'How would you rate the courtesy of the staff treating you?' remained off target for the period. Similarly, the score for 'Were you involved in your decisions about your care?' also struggled

to meet the benchmark. The failure to properly involve patients in decisions about their care and treatment and to properly communicate with them can often be the main cause of complaint about clinical care. In many cases, our investigations show that the care provided is satisfactory but there were shortcomings relating to communication.

The following table shows the distribution of the top complaint causes during the year by Division. Surgery have received the most complaints relating to delays/cancellations for an elective admission (which may reflect the steady rise in emergency admissions through the year); Surgery and TEAM have a similar number of complaints relating to discharge and transfer arrangements; all divisions received concerns about staff attitude and communication.



### 3. Outcomes

The Trust is required under the complaints legislation to assess and record the complaint grading (the seriousness of the concerns) and whether or not the issues were considered to be substantiated following investigation. During 2011/12, 43% of the complaints investigated were not upheld, which is a decrease from 2010/11 (48%). Over half of the complaints investigated have well founded issues (full or partial).

One case which was considered serious was also investigated as a serious incident. The following table provides information on how we have assessed complaints to date in 2011/12 with their recorded outcome.

	Complaint upheld	Complaint not upheld	Complaint partially upheld
Unsatisfactory service or experience	84	209	106
Service or experience below reasonable expectations	74	36	50
Significant Issues regarding standards, quality of care	8	0	2
Serious issues that may cause long-term damage	1	0	0
Totals:	167	245	158

#### 4. Ethnicity, age of complainants, and access

The ethnicity of patients has remained consistent with previous years, with only a slight increase (3%) in patient's stating their ethnicity as Black African. 13% of patients chose not to disclose their ethnic background to the Trust. Below is a breakdown of ethnicity recorded in 2011/12.

- White British - 44%
- Not stated - 13%
- White (Irish) - 3%
- Black Caribbean - 7%
- Black African - 7%
- Other Black - 7%

The following list shows the age range of patients affected by the concerns raised. This profile is again, consistent with previous years.

- Under 20 - 7%
- Aged 20-40 - 31%
- Aged 40-60 - 32%
- Aged 60-80 - 21%
- Over 80 - 9%

During 2011/12 an online complaint form was introduced via the Trust's website - 8% of complaints have been made this way; 53% were made in writing; a further 39% of complaints were made either in person or by telephone, and in these cases the patient complaints team supported the complainant in registering their concerns with the Trust.

## 5. Parliamentary and Health Service Ombudsman reviews

In 2011/12 the Trust was informed of 21 complaints which had progressed to the second stage of the complaints process for independent review. This is a decrease on the number referred in 2010/11 (33). Of the 21 cases, 1 case is being considered for investigation; 14 cases were not considered for further investigation; 3 cases were recommended for further local resolution and were successfully resolved; 1 case was withdrawn; and 2 remain open. The complaint being considered by the Ombudsman relates to the discharge process.

The Trust also responded to two investigations, both relating to diagnosis within the Emergency Department. In its responses, the trust has outlined the actions it is taking as a result of its review, which have been considered by the Serious Incident Committee chaired by the Medical Director. These include reinforcing the existing referral policy (Steps for Improving the Emergency Pathway); reviewing the system for looking at abnormal blood results; and a multi-disciplinary team will look at a practical protocol for the management of back pain.

## 6. Service Improvements

The Trust has made a number of changes and improvements in response to patient complaints. Listening to patient feedback and engaging with the experiences of patients through meetings, patient stories and “In Your Shoes” events, supports our staff to improve the standard of care and service provided. Throughout the year complaints have fed into staff education and learning, reflective practice across multi-disciplinary teams and changes to local practice and procedures where lessons have been learnt. During 2011/12 the Trust provided patient experience training through the Garnet Foundation which was well attended. Further focus on patient experience and embedding the King’s Values will form part of the Trust’s improvement work over the coming year.

The following are examples of some improvements we have made during the year.

### **Communication**

*Patient due to undergo an endoscopic retrograde cholangiopancreatography (ERCP). The patient developed a cold prior to the admission and was prescribed antibiotics by his GP. He was informed he would be assessed by the anaesthetists on the ward prior to proceeding with the ERCP. After an overnight stay it was recommended that the procedure should not go ahead. The patient complained that he should not have been advised to come to hospital which had caused inconvenience and worry.*

The Trust apologised and accepted that the patient’s experience was unsatisfactory. As a result of the complaint the patient was given assistance in rebooking the ERCP and liaised with the Consultant directly to minimise further frustration. In future, in the event a patient is in contact with the Trust prior to an admission, describing symptoms of a cold/flu, the clinician will seek the immediate advice of the anaesthetist.

The patient replied to the trust’s response quoting “I did hope my observations and experiences would result in a proper investigation, and am pleased to note that not only have you looked into my complaint in some detail but as a result, have decided that improvements should be made”.

### **Quality of care and experience**

*A child was brought to the Emergency Department (ED) with an injury to his forehead. Tissue adhesive (glue) was used to close the wound. During the procedure, some glue spilled into the child's eye which caused the eye lashes to adhere to one another.*

The Trust apologised for the distress this event had caused. It was recognised that the doctor should have protected the eyes while using tissue adhesive to manage the head wound. It was apparent that the parents were not given adequate assurance and support during a distressing event and an apology was given for this also. The correct clinical advice had been given. However as a result of the complaint the ED management of facial wounds has been reviewed.

*A patient complained that when attending for an electrocardiogram (ECG) she was not provided with a gown and she was unhappy her dignity had been compromised.*

The Trust apologised for the patient's experience and has provided gowns to the department for anyone attending an ECG.

*A patient complained after a portacath (medical device under the skin) had been fitted which was not correctly flushed and dressed and the patient developed complications.*

The Trust apologised and is reviewing its policy for insertion of femoral lines. A protocol for administering portacaths will be written and distributed to staff with training.