

ANNUAL COMPLAINTS REPORT

2010 / 2011



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1.0 INTRODUCTION

This report is an annual overview of complaints at Kettering General Hospital NHS Foundation Trust (known as the Trust) for the year 2010 / 2011. This meets the April 2009 Local Authority Social Services and National Health Service Complaints Regulations.

The key outcome of this regulation is *"listening, responding and improving."*

Kettering General Hospital's main hospital site has 575 beds. It is located on the edge of the town of Kettering, serving a population of approximately 320,000 people across North Northamptonshire and South Leicestershire. This is predominantly a rural area with a number of medium sized districts namely, Kettering, Corby, Wellingborough, Rushden and Market Harborough from where the Trust provides a range of outpatient clinics in a variety of settings.

During April 2010 to March 2011 the hospital saw over 82,000 patients in its Accident and Emergency department. The number of inpatients during the year almost reach 73,000 and the number of patients seen in its outpatient department was over 248,000.

2.0 OVERVIEW of MAKING COMPLAINTS, RAISING CONCERNS, and LEAVING COMMENTS

The Trust recognises the value of learning from its complaints and the comments that it receives and openly encourages patients and their families to do so.

The Trust via its governors who sit on the patient & public involvement topic group, have designed a poster to inform patients and their families how they can leave comments and make complaints, with a leaflet also available in key areas in the hospital, the local community and on the Trust's internet site. This resulted in an increase in the number of complaints during 2009 / 2010 which has subsequently settled in 2010 / 2011 with a small reduction in complaints noted.

The Trust's next focus is to improve on how it deals with complaints at local level, to attempt to address any concerns in an efficient, friendly and speedy manner, thus reducing the need to write a formal complaint and to improve the patient's and family experience at the Trust.

3.0 COMPLAINTS

The complaints process at the Trust has developed considerably during the past two years. It has changed from a centralised process to one which enables the local areas to have the ability to answer their own complaints which aids their awareness of the patients and publics perception of their service. This also enables the compliant responses to be more personalised and individualised.

The Trust during the past two years have consistently reviewed its process and has actively engaged governors, and sought its staffs opinions on the current process and how it can develop and will continue to strive towards improving during 2011 / 2012, to ensure that the Trust improves upon the quality of the compliant letter responses.

All complaints received by the Trust are handled in accordance with the complaints regulations and in a patient centred manner. Early contact is made with each complainant to agree how their complaint will be taken forward with an agreed timescale for response.

Traditionally complaints were made via a formal letter, however, since the new regulations the Trust has adapted this to include complaints via the following:

- Formal letter
- Email
- Telephone call
- Completed proforma

The Trust has developed two proforma's for patients to complete should they not wish to write a letter. This includes a proforma for those whose first language is not English or for those who have a learning disability.

4.0 PATIENT ADVICE & LIAISON SERVICE - CONCERNS/INFORMATION ADVICE

Concerns can be raised via the Patient Advice Liaison Service at the Trust (PALs). This is an independent process which enables any concern or complaints which can be dealt with in a short timescale to be responded to without triggering the formal complaints process.

The ethos of PALs has always been to listen and respond, in a non judgemental way to the patient experience. The PALs department is able to support the organisation to learn and develop by being pro active in responding and listening to the patient experience. It has been a "voice" for patients, carers, relatives and service users, offering them choices and support to raise issues or concerns.

A continuation of awareness and engagement with Clinical Management Teams and their staff, to resolve issues/concerns at a 'local' level has been addressed providing both an 'easy read' and staff guidance leaflet. This has resulted to a clear understanding of the PALs service for staff together with a better use of the service. Over the past year (April 2010 to March 2011) a total of 2,115 concerns/information advice were handled, and only 6.4% were transferred as official complaints and/or claims for lost property.

During the last year, the complaints team and the PALs team have developed a closer working relationship and have started to streamline the process for ensuring a swift transfer over from a concern to a complaint when required.

The council of governors have also in this last financial year, introduced a proforma which enables them to bring comments and concerns on behalf of patients and the public into the Trust when the complaints process has not been used. This information is then included into the Trusts governance process and information is added to the review of trends to enable lessons to be learned.

During the year the Trust has become more robust in replying to patient's comments on the NHS Choices website. The Trust aims to reply to any comment left within 5 working days. Where the Trust is unable to reply in detail, the patient is invited to contact the relevant member of staff to discuss their concern. Information from the NHS Choices website is also added into the Trusts governance process.

5.0 MONITORING OF OUR COMPLAINTS

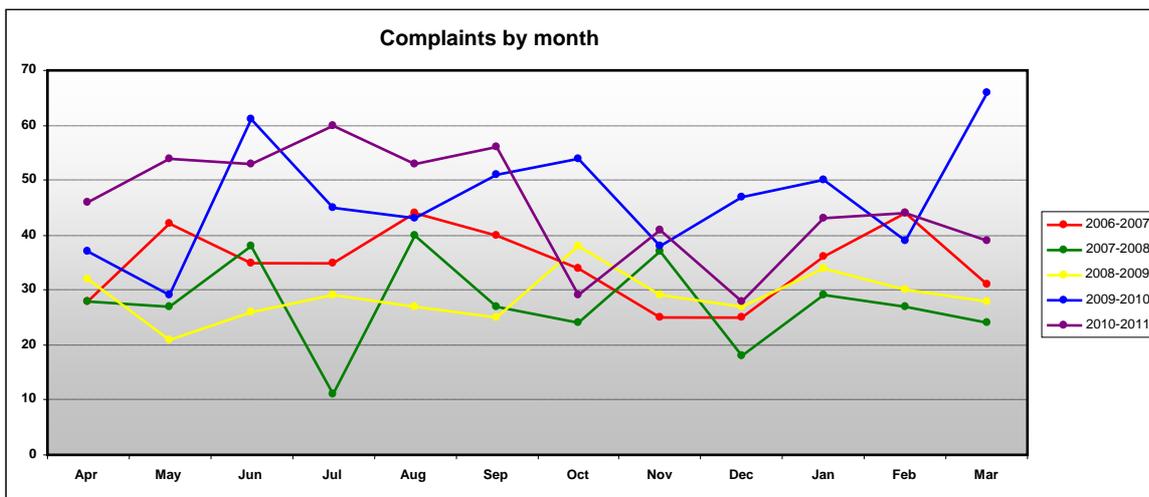
Each complaint received is reviewed individually and any learning is taken forward.

Each month each of the clinical management teams receive individualised information about their complaints for them to review how well they are doing via their governance processes and what learning it needs to take forward. This information also includes an overview from the Trust's point of view.

The Trust reviews its complaints information via the Governance Committee, and each month a quality dashboard is reviewed at the Board of Directors, which includes information about the number of complaints received and any emerging or existing trends.

6.0 OVERVIEW OF OUR COMPLIANTS

6.1 The number of complaints received for the past 5 years



The brown line is the line for the past financial year (2010 / 2011) and shows the number of complaints for the year by month.

In 2009 / 2010 the Trust saw an increase in complaints, which was 60% higher than the previous year. This followed the Trust active promotion of how to make a complaint. In 2010 / 2011 the Trust has seen the number of complaints settle, and there was a 3% reduction.

In 2010 / 2011 the Trust received a total of 607 complaints.

6.2 The area where the complaints are received

The complaints received by the Trust are from the following areas:

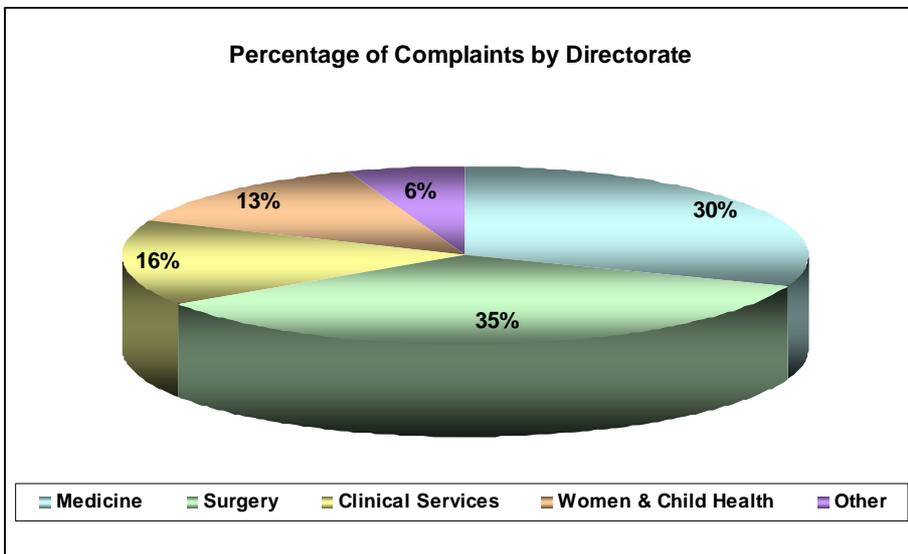
Medicine – 185

Surgery – 214

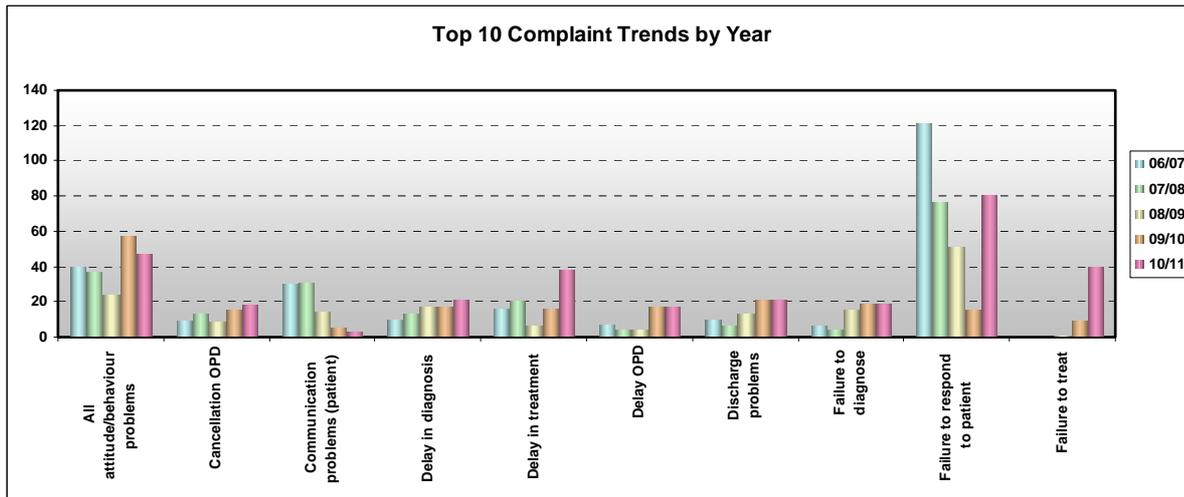
Clinical Services – 95

Women & Child Health – 79

Other – 34 (This category consists of combined CMT complaints / Trust-wide complaints or facilities such as car parking, site management)



6.3 The reason why patients and their families complain



The above graph shows the top 10 trends for complaints for the past 5 years.

The top four trends for the Trust which are highlighted in complaints for 2010/2011 are:

- Attitude and behaviour of staff
- Delay in treatment
- Failure to respond to a patient
- Failure to treat a patient

6.3.1 What the Trust is doing to reduce its complaint trends

Below are examples of actions that each of the clinical management teams are undertaking to ensure that trends are reduced and mitigated. These actions, although allocated to a specific team also form part of the Trust's action to mitigate these trends. To demonstrate the variety of actions taken, different information has been included within the different clinical management team updates.

Medicine is undertaking the following to reduce the trends highlighted:

Attitude & Behaviour:

- CMT away days where complaints training is discussed and scenario based training is undertaken including role play
- Complaints pack for staff new to complaints process & procedure to ensure they have all the skills required
- Discuss all issues and reoccurring themes at CMTG, CMTD and MMF
- Patient Discovery interviews
- CMT will start inviting complainants back to discuss their journey/feelings with staff at staff meeting
- Complaints discussed weekly at Co-hort meetings by Matrons

Delays

- Recording A&E time to Triage and Time to Treatment all incidents over 15 minutes for Triage are logged via DATIX and a monthly report is provided which is shared with the department to work together to resolve waiting times
- Receptionist staff now inform patients of waits

Women and Children are doing the following to reduce the top trends:

Attitude and behaviour

- Complaints are discussed at CMTG meetings
- Attitude and behaviour has been a theme picked up from complaints and also IHT questionnaires, these are discussed at ward meetings
- The CMT distribute a complaints newsletter to highlight current trends with staff
- Recently awareness sessions around complaints have been undertaken at paediatric divisional meetings and the teaching session for doctors

Delay in treatment

- Staff have been encouraged to report on Datix when delays occur in clinic etc. This will enable the CMT to investigate any trends or issues and allow for action to be taken.

Failure to respond to patient and Failure to treat patient

- The CMT feel that this terminology is not a true reflection of the complaints allocated to this category and is misleading as failure to respond and failure to treat are both sub trends categories. On reviewing some of the complaints that have been sub categorised as such there is nothing to suggest failure to respond and there are many facets to some of these complaints.

Surgery are doing the following to mitigate the top trends:

Attitude and Behaviour of Staff

- Complaints are discussed as part of the Quality and Patient Safety Forum to address the trends and implement actions as required.
- Complaints concerning specific areas are discussed at ward meetings and directorate meetings to address attitude and behaviour.
- This is also a key theme addressed through the IHT questionnaires; each area must complete an action plan on a quarterly basis regarding the IHT themes.

Delay in Treatment

- The CMT are aware that delays are experienced in treatment, specifically urology and ophthalmology. However, recovery plans are in place and are being monitored on a monthly basis. This has seen a reduction in complaints concerning urology, however ophthalmology continues to see a high number of formal and informal complaints.

Failure to Respond to a Patient and Treat a Patient

- The CMT finds these categorisations ambiguous and often can refer to lack of communication. The CMT is currently reviewing all new complaints that come through to help facilitate improve the categorisation of complaints.

Clinical Services are doing the following to mitigate the top trends:

Attitude and behaviour

- Complaints are discussed at CMTG meetings on a monthly basis, trends identified are shared with the CMT. Specific trends such as attitude and behaviour are raised with the department manager to ensure areas of concern are addressed with staff and patient experience highlighted.

Delay in treatment

- Staff are encouraged to report incidents on Datix where issues arise in clinics such as delays in patients being seen or early and late starts to clinics. An audit of early and late start clinics is undertaken on a monthly basis within outpatient areas within the CMT and reported via the Outpatient Sisters Monthly Reporting Template to the Outpatient Sisters Meeting. This enables the CMT to investigate any trends or issues and allow for action to be taken.

Failure to respond to patient and Failure to treat patient

- The CMT feel that this description for the complaints allocated for this category is misleading, as failure to respond and failure to treat are both sub trends categories. It is not clear from the detail within these complaints as to why they have been categorised in this way. The CMT feels this is not a true reflection of the type of complaints being received for the CMT, which is misleading as this type of complaint has been reported as the highest trend for the last two overview reports received for the CMT.

6.4 The number of days we take to reply to complaints

The following table shows the number of days that the Trust takes as an average, to resolve a complaint for the past 5 years.

| Financial year | 2006/2007 | 2007/2008 | 2008/2009 | 2009/2010 | 2010/2011 |
|---|-----------|-----------|-----------|-----------|-----------|
| Average days to resolve initial complaint | 33 | 38 | 30 | 42 | 47 |

The above table shows that the average length of time has increased from 42 days to 47 days to resolve a complaint when 2010 / 2011 is compared to the previous year of 2009 / 2010.

It is thought that the key reason for this increase in this average is the improved number of complaints which are resolved locally and within a short timeframe (therefore not becoming a formal complaint and included within these statistics), and also there appears to be more complaints which required more than one area to review, which requires a longer time period for completion.

Complainants are offered the choice of a meeting to visit the Trust and speak to the individuals involved; this may mean that the timescale for resolving complaints is much longer. Whilst this can be seen as a negative it actually is more of a positive reflection that the complaint is being dealt with how the complainant wishes it to be resolved.

The majority of complaints are closed within one month of the complaint being received. The table below demonstrates the breakdown of the number of days taken to resolve the complaints within this month.

| Resolved in: | 2006/2007 | 2007/2008 | 2008/2009 | 2009/2010 | 2010/2011 |
|--------------|-----------|-----------|-----------|-----------|-----------|
| 0-3 Days | 23 | 6 | 3 | 69 | 10 |
| 4-7 Days | 13 | 2 | 4 | 41 | 26 |
| 8-14 Days | 41 | 9 | 5 | 51 | 41 |
| 15-21 Days | 59 | 23 | 13 | 58 | 40 |
| 22-28 Days | 70 | 50 | 68 | 74 | 42 |

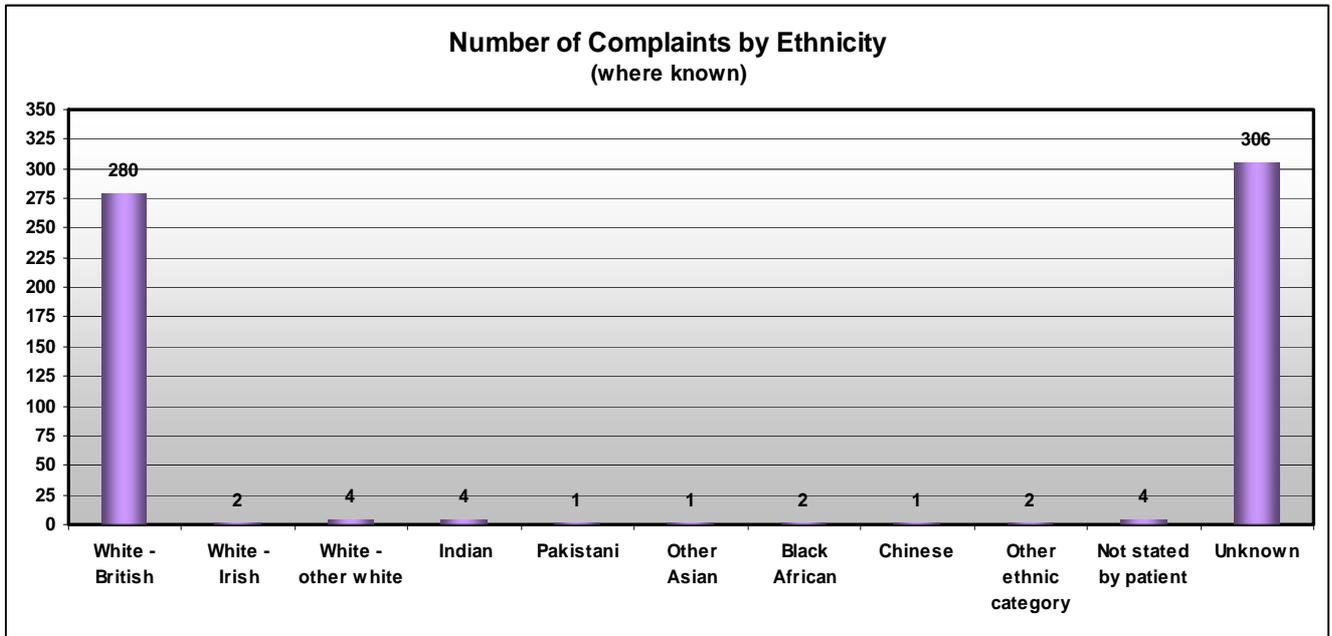
Local resolution is paramount to our complaints process and as such a number of new initiatives are in place throughout the Trust. These are:

- Across the board complaints training, at induction, on the wards, at junior doctor induction, ward manager's week and ad-hoc throughout the clinical management team governance meetings.
- The Trust are using patient stories which may include a complaints and are telling these stories at the Board of Directors.
- There are "patient, relative and communication" clinics set up on a weekly basis which is led by a consultant and ward manger, where families have the opportunity to address any concerns about, diagnosis, treatment, discharge arrangements or communication
- The grand round doctors teaching sessions are in place, complaints is a standing topic that is covered to share lessons learned
- Individualised approach to the timescale for responses.

6.5 Demographics

6.5.1 Ethnicity of Complainants

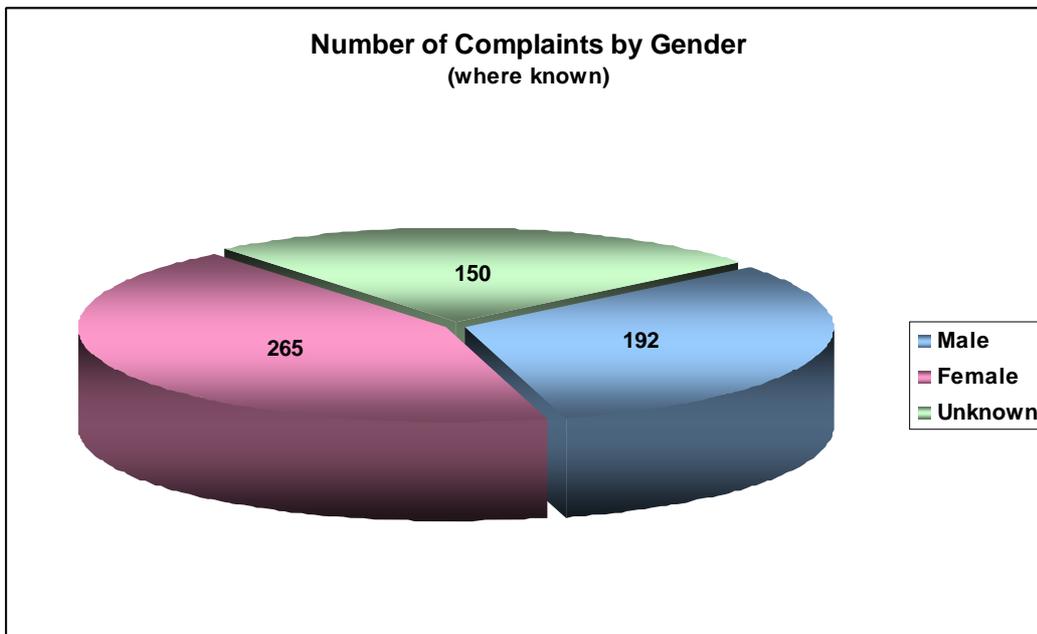
The following table shows the ethnicity of complainants for the past year. This includes a column where the ethnicity of the complainant is not known, and also shows that 4 have not wished to state their ethnicity. In total out of the 607 complaints received, the Trust knows the ethnicity of 297 complainants.



This shows that most patients are from the White British ethnic group. The Trust will use this information to ensure that it enabling patients from all ethnic groups to complaint should they feel appropriate.

6.5.2 Gender of Complainants

The following graph shows the gender of complainants for the past year. The Trust knows the gender of 457 complainants, which are 192 for males and 265 for females.



The reason why there are not 607 genders entered into this graph is because the Trust at the beginning of the year (April 2010) did not routinely enter this information onto its database. Subsequently this field has been made a mandatory item on the Trusts database. Also, some complainants are not patients and it is difficult to determine if some names are male or female, for example they some names may be used by both sexes.

7.0 LEARNING FROM OUR COMPLAINTS

There are 4 key areas within the Trust and the following are the actions which they are taking to learn from complaints. This learning forms part of the Trust wide lessons learned committee.

The key Surgical CMT actions to mitigate the top trends for complaints are:

- Communication session instigated by AMD to be held, this also links in with the action plans developed from the Inpatient Survey results for 2009 and 2010.
- Care rounds are to commence on two occasions per 12 ½ shift, this will include observation checks, fluid balance, tissue viability, medication, cannulas and other aspects of basic patient care. Although this is currently what the CMT have instigated, there are two pilot wards in Medicine and one in Surgery that will be carrying out care rounds every two hours. It is hoped that this will be piloted in August.
- Urology recovery plans are in place, which has seen a reduction in the number of complaints relating to Urology. This is with regards to outpatient appointments, endoscopic procedures and one stop clinics.
- Ophthalmology are currently finalising a business case in relation to the delays in appointments, and the environment of the department.

The key Medical CMT actions to mitigate the top trends for complaints are:

- Patient interviews have commenced in addition to clinics to invite the patient to “tell their story” and interact with staff to come up with solutions to concerns
- Patient Experience Pathway has been developed as per complaint/claim
- Due to the number of complaints re vexatious complainants and they feel they have been “mismanaged” we are currently reviewing the frequent attendees policy, and working with the consultants to agree a referral process, appropriate support and a large piece of work would be to provide these patients with a care plan to reduce admissions, hence complaints and resources associated with this.

The key Clinical Services CMT actions to mitigate the top trends for complaints are:

Chemotherapy Patients

A patient receiving Chemotherapy experienced an extravasation injury during the course of her treatment. Although this is a known side effect for the patient, which had been explained during the course of her treatment and at the point of consenting, the patient felt that staff did not react in a way which provided assurance that they were familiar with the injury. The staff at the time reviewed her injury and checked the protocol required for an extravasation injury. The patient felt that by doing this it appeared that staff were unsure of what they needed to do for the injury. The patient also had other concerns which were raised within the complaint relating to the wards upon which she was cared for.

As a result of the complaint staff have had further teaching sessions on extravasation from the Lead Nurse for Chemotherapy Services and have been encouraged to report incidents of potential extravasations. The Lead Nurse for Chemotherapy Services has also produced a patient information leaflet which provides more information in relation to this possible side effect when receiving Chemotherapy. The patient was sent a copy of the Trust approved leaflet as part of the complaint response to show the learning from her experience.

Phlebotomy Staff

Following a small number of complaints relating to the Phlebotomy service, with regards to attitude and behaviour of staff, over the last 12 months work has been done around the customer service skills of staff. The Haematology Manager has raised this trend on each occasion this has been raised by a patient with the Phlebotomy Team. Where particular members of staff have been identified by patients this has been addressed with them and the team as a whole to ensure all staff learn from the patient's experience. On three of the five occasions these types of complaints have been raised, the patients have been happy to resolve the complaints informally with the Haematology Manager with the reassurance that actions have been taken around this.

The key Women and Children CMT actions to mitigate the top trends for complaints are:

The CMT received a complaint from a patient who had a fetal anomaly and went away from her appointment feeling extremely distressed, with many questions prior to having to decide if she terminated the pregnancy or not. As a result of this the CMT screening co-ordinator is designing a sheet of information for these patients to take away with them. The complainant has been involved in it's design.

Following a number of complaints around early pregnancy, the CMT identified that there was a trend regarding the treatment pathway for suspected miscarriage etc. A task and finish group has been set up and the CMT are currently compiling an early pregnancy pathway which will also be shared with A&E.

In two CMTs patients who have made complaints have offered advice and input regarding patient leaflets and as a result the Trust has redesigned specific leaflets to be more use friendly.

PALS learning:

PALS work closely with the Learning Disability Lead Nurse to ensure that LD patient's care on ward is of a good standard in her absence.

An answer phone was introduced to the Ophthalmology outpatient department for patients booking follow up appointments.

Review of location of disabled bays near cave block currently being undertaken as several are not suitable for disabled passengers.

8.0 PATIENT & PUBLIC INVOLVEMENT TOPIC GROUP COMMENTS

This complaint report was taken to the Patient & Public Involvement Topic Group on August 4th 2011.

The following is the groups comment:

“Two years ago the Patient & Public Involvement Topic Group worked with the Trust to develop the complaints process, and to develop a new system to capture patient comments.”

“The Patient & Public Involvement Topic Group receives a break down of the statistics and is reviewed by the group.”

9.0 GLOSSARY

| SHORT VERSION | INFORMATION |
|----------------------|---|
| CMT | Clinical Management Team |
| AMD | Associate Medical Director |
| CMTG | Clinical Management Team Governance Meeting |
| MMF | Medicine Team Management Meeting |
| A&E | Accident & Emergency |
| DATIX | Computer system used for entering information from complaints |
| LD | Learning Disabilities |
| Extravasation injury | Deep tissue injury |

**Quality Governance & Patient Advocate Liaison Service Team
July 2011**