

Annual Complaints Report – 2012/13

Introduction

Feedback from patients, relatives and carers provides the Trust with a vital source of insight about people's experiences of healthcare at the Royal Free, and how our services can be improved. The ultimate aim of the trust and the key objective for the patient affairs team and the trust's complaints process is to listen and respond to the issues being raised and use the information received to improve our services and, in turn, the experience that patients have.

This report provides information on formal complaints received by the patient affairs department between April 2012 and March 2013. It seeks to provide a summary of the complaints received, the areas concerned, the main issues raised and trends identified, and the actions taken in response or planned for future services.

Background

The statutory instrument for complaints in the NHS is contained in the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*. The legislation expects that each responsible body has arrangements for dealing with complaints to ensure that:

1. complaints are dealt with efficiently;
2. complaints are properly investigated;
3. complainants are treated with respect and courtesy;
4. complainants receive, so far as is reasonably practical -
 - I. assistance to enable them to understand the procedure in relation to complaints; or
 - II. advice on where they may obtain such assistance;
5. complainants receive a timely and appropriate response;
6. complainants are told the outcome of the investigation of their complaint; and
7. action is taken if necessary in the light of the outcome of a complaint.

The Department of Health issued *Listening, Responding, Improving: A guide to better customer care* in February 2009 to support organisations in responding to and learning from complainants.

The Parliamentary Health Service Ombudsman (PHSO) *Principles of Good Complaint Handling* which in summary has six principles:

1. getting it right
2. being customer focused
3. being open and accountable
4. acting fairly and proportionately
5. putting things right
6. seeking continuous improvement.

The Royal Free London NHS Foundation Trust Complaints Policy and Procedure takes into account the regulations and the PHSO principles.

The Care Quality Commission regulates complaints under Outcome 17 of the Essential Standards of Quality and Safety. The most recent unannounced inspection carried out in October 2012 found the trust to be compliant with this outcome.

Complaints Data

There were 710 complaints received between 1 April 2012 and 31 March 2013. This is less than the number received in 2011/12, when there were 797. This is partly due to the transfer of the RNTNE, which accounted for 73 complaints in 2011/12. However, the patient affairs team are also processing contacts in a more flexible, negotiated way and we have seen an increase in the number of contacts that have been recorded as informal complaints in the last financial year i.e. there were 58 informal complaints in 2011/12 and 92 in 2012/13.

The 710 complaints received is from 80,167 finished consultant episodes (FCE = the cumulative total of elective, non-elective and day-case attendances for this same time period), which equates to complaint ratio of 0.8%.

To date, 709 of the complaints have been responded to (the one case that remains open is a complex, joint case with Watford General Hospital which has caused a delay). Of the 709 complaints responded to, 142 have been upheld, 336 have been partially upheld and 231 have not been upheld.

There have been 768 response target dates in this time period, and we have met 529 of them, which equates to an overall response rate of 69%.

A breakdown of the complaints by primary subject follows below, along with a comparison table showing the primary subjects for 2011/12. All the top 10 subjects are the same as 2011/12 but have changed order slightly. Clinical treatment complaints have decreased significantly but is again the top subject. Other changes of note are the decrease in transport complaints and the increase in nursing and midwifery complaints.

Top 10 Subjects (primary)

2011/12		2012/13	
Clinical treatment	195	Clinical treatment	159
Administrative	104	Attitude of staff	95
Attitude of Staff	102	Delay	93
Communication	90	Communication	74
Delay	75	Administrative	45
Transport	52	Cancellation	35
Discharge	31	Clinical diagnosis	33
Clinical diagnosis	27	Transport	32
Cancellation	26	Nursing and midwifery	30
Nursing and midwifery	14	Discharge	21

Further analysis of the top 3 subjects

A more detailed analysis of the top three subjects received i.e. complaints regarding 'clinical treatment', 'attitude of staff' and 'delays' will follow below, along with examples of actions taken/changes implemented in response to these complaints. In addition, the same analysis will be undertaken for the nursing and midwifery care complaints received.

Clinical treatment

The table below breaks the clinical treatment complaints down by specialty and the sub-subject of the complaint for the 10 most complained about specialties.

	Poor communication over treatment	Delay in treatment	Incorrect treatment	No treatment	Clinical Treatment	Unsuccessful treatment	Total Number	Finished Consultant Episodes	Complaint Percentage
Accident & Emergency	4	1	8	6	6	0	25	92,472	0.03%
Trauma & Orthopaedics	2	1	2	3	2	2	12	2,608	0.5%
Obstetrics	1	2	1	2	2	2	10	2,686	0.4%
Plastic Surgery	2	0	1	2	3	1	9	7,311	0.1%
Hepatology	2	0	1	0	1	2	6	1,895	0.3%
Health Services for Elderly	0	1	1	1	3	0	6	4,253	0.1%
Ophthalmology	3	0	0	1	1	1	6	4,515	0.1%
General Surgery	0	0	3	0	2	1	6	3,258	0.2%
Gynaecology	2	1	0	0	1	1	5	1,657	0.3%
Nephrology	0	0	1	1	3	0	5	3,016	0.2%
Total	16	6	18	16	24	10	90	33,988	-

The trust had 80,167 finished consultant episodes (FCE) in this time period. The 90 complaints about clinical treatment equate to 0.1% of FCEs. In terms of the FCE data, the specialties above are in the top 18 of the 84 specialties with FCE activity recorded against them for this time period. 6 of the specialties (accident & emergency, plastic surgery, ophthalmology, HSEP, general surgery and nephrology) are in the top 7. There is no identifiable theme in terms of staff member(s) involved.

Of these 90 complaints, 5 of them were fully upheld. They related to A&E (x2), gynaecology, hepatology and plastic surgery. Actions taken in response to these particular complaints are listed below.

- A new-born baby attended A&E after being diagnosed at another hospital with an infected umbilicus. Antibiotics were prescribed but the incorrect dose was on the bottle and the parents were administering 5ml three times a day, as opposed to 1ml three times a day. The baby was violently sick as a result. The pharmacist who made the error has undergone a debrief session and is being counselled by her manager.
- The consultant used the wrong commission board's criteria when reviewing a request for a patient to undergo breast surgery. The request was initially turned down as a result but, following the complaint and identification of the error, it was reviewed again using correct criteria and the patient was added to waiting list for surgery.
- A patient was administered an intravenous antibiotic for treatment of pneumonia. The patient had an acute allergic reaction to the antibiotic and developed a systemic rash and fever, and it was subsequently discovered that the patient is allergic to penicillin (the antibiotic given to this patient was a derivative of penicillin). This was escalated to a serious incident and recommendations, including the three below, were made as a result:
 - The education supervisor is to discuss the incident with the trainee doctor who documented 'No Known Drug Allergies' on the drug chart, and to address any learning needs identified at the meeting.

- The importance of accurate and timely documentation of allergy information, including checking against other existing records and reviewing and updating this information on each clinical encounter, was reiterated to the nursing staff concerned.
- The importance of asking the patient to verify drug allergy history before each new medication is prescribed, even where the medication chart states 'No Known Drug Allergies', was reiterated to the medical staff involved.
- It was discovered that the patient's samples had not been sent to the laboratory for testing because they were still in the fridge and had slipped to the back of the fridge, having fallen out of the box. The hysteroscopy was repeated immediately and the department now use boxes with higher backs to store their samples in.

Nursing and midwifery care

There were 34 complaints where nursing/midwifery care was recorded as a subject of the complaint (in 30 of those complaints it was the primary subject).

The director of nursing reviews all complaints and signs off complaint responses, ensuring that appropriate explanations and apologies have been provided in each case and action taken in response to the points raised. The director of nursing also has escalated to her any issues that are raised regarding unsafe/uncaring practice or potential serious incidents.

The table below breaks the nursing complaints down by location and sub-subject.

	Inappropriate conduct	Delayed care	Substandard care	Total
6 East	1	1	3	5
Day Surgery Unit	0	0	2	2
Outpatients Department/Clinic	0	1	1	2
8 North	0	0	2	2
8 West	1	0	1	2
9 West	0	0	2	2
10 North	0	0	2	2
10 West	0	0	2	2
11 East	1	0	1	2
11 West	0	0	2	2
Antenatal clinic	0	0	1	1
CT scan room	1	0	0	1
Majors	0	0	0	1
Renal Day Ward	1	0	0	1
Waiting Room/Reception	0	0	1	1
6 South	0	0	1	1
7 East A	0	0	1	1
7 North	0	0	1	1
9 North	0	0	1	1
10 South	0	0	1	1
11 South	0	0	1	1
Totals:	5	2	26	34

Of these 34 complaints, 1 was fully upheld which related to care received on 6 East ward. 23 of the complaints were partially upheld, with the other 10 not being upheld.

The data above demonstrates that there is an identifiable trend in complaints regarding 6 East ward. One staff member on 6 East ward was mentioned in 2 of the 5 complaints received. Actions taken in response to the complaints about 6 East are listed below:

- The investigations have identified that the nurse's communication skills and personal style have room for improvement and a training programme is now in place to support her and improve this aspect of practice. The staff nurse has also been moved to another ward area to support her development.
- In addition, in light of recent feedback about 6 East ward, the need to review the way that various staff groups involved in the care of stroke patients work and interact with each other has been identified as a learning point. Therefore, an integrated working group has been set up to review how the clinical teams i.e. nurses, physiotherapists, occupational therapists, and speech and language therapists on 6 East engage and work with each other.

We are working towards establishing an integrated nursing and therapies team on 6 East ward in line with national evidence that demonstrates improved outcomes for patients. An integrated team allows nursing and therapy teams to cover and support one another and to develop an understanding of the roles of colleagues from different disciplines. The aim of these changes to working practices on 6 East is to enable the nursing and therapy teams to work together, rather than independently, on all aspects of patient care. Therefore, nurses and therapists contribute together to patients' activities of daily living, which now forms part of their therapeutic and rehabilitation programme e.g. protected meal-times involves both therapy and nursing staff in the supervision and assisted feeding of patients as required.

The ward nursing and therapy teams have participated in "creating a positive environment" development sessions with an external facilitator to refresh and embed the world class care values and behaviours, and focus on how all individuals contribute to the team. Feedback from the sessions has been overwhelmingly positive.

We believe that this new way of working will further enhance improvements in patient care, enable faster patient recovery, resulting in better long-term outcomes as well as providing patients and their relatives with more information and effective communication they need at such a difficult and worrying time.

In addition, the Divisional Nurse Director, the Matron the Operational Lead for therapies have dedicated attendance on the ward on a Monday and Thursday to demonstrate visible leadership and support effective role-modelling of nursing and therapy care by the ward sister, her senior clinical team and the clinical leads for therapies.

Staff attitude

The table below breaks the primary attitude complaints down by staff group and whether the complaint was upheld or not.

	Number received	Number upheld
Administrative	23	6
Medical	34	7
Nursing	27	9
Other	11	5

It is not always possible to identify the staff member involved in an allegation of poor attitude, due to complainants not being aware of their name or the exact date, time and location of the interaction(s) concerned. Wherever possible, staff are identified during the investigation process by using descriptions and referring to rotas etc, and action taken to follow the matter up.

There were a number of staff members identified in these complaints but the only identifiable trends related to two doctors who both featured on more than one occasion. In response to those complaints both doctors had their performance escalated to their clinical director, who met with the doctors concerned to discuss the complaints and the issues raised regarding their attitude.

Examples of other action taken in response to attitude complaints received are:

- The member of staff's conduct was found to be unacceptable and they are no longer employed by the Trust. The A&E administration manager has set up a programme of training for A&E staff, which will focus on providing good customer service, team building and improved IT skills. In addition, extra administrative staff will be recruited and trained to supplement the existing A&E team, with a view to preventing the type of delay encountered.
- The doctor concerned has reflected on this matter and appreciates that she should always address patients directly and not assume to defer to carers/advocates who have accompanied patients to clinic appointments. In order to avoid a recurrence of this most regrettable and unacceptable lapse, the clinical lead has shared your experience with the wider ophthalmology team and used it to highlight the importance of communicating with patients in a professional and appropriate manner at all times. He is also arranging for a formal training session with the Royal National Institute for the Blind and will look to implement this on a regular basis.
- The nurse concerned has been spoken to, reprimanded, advised of the procedures in place and will have their performance monitored.
- Operations manager acknowledges the fact that the comments made by the secretary were inappropriate. This is certainly not the kind of behaviour we expect from our staff. The operations manager has made this clear to the secretary and commenced appropriate managerial action.

Whilst there is evidence of action being taken to address staff attitude and communication of particular individuals identified in complaints, the difficulty with staff attitude and poor communication has been identified as an issue of importance and has informed the current World Class Care initiative. It is anticipated that as the ongoing World Class Care work becomes more embedded in the trust, practice will improve and we should, in turn, see a decrease in the numbers of attitude complaints.

Delay

	Delay in Admission	Delay/length of wait in A&E	Length of wait in clinic	Delay in receiving inpatient treatment	Delay in making further appointment	Delay in receiving outpatient appointment	Delay in dealing with referral	Delay in receiving test results	Delay in being added to waiting list	Delay in arranging diagnostic tests	Delay in provision of diagnostic test results	Total
Not recorded	13	1	1	1	2	5	1	3	1	1	0	29
Outpatient Dept	1	0	9	0	0	3	0	1	0	0	1	15
Area not specified	6	0	1	0	2	1	0	0	0	0	0	10
Clinic 3	0	0	7	0	0	0	0	0	0	0	0	7
Clinic 6	0	0	4	0	0	0	0	0	0	0	0	4
Day Surgery Unit	3	0	0	1	0	0	0	0	0	0	0	4
Fracture Clinic	0	0	3	0	0	0	0	0	0	0	0	3
Triage	0	2	0	0	0	0	0	0	0	0	0	2
Office Area	0	0	0	0	1	1	0	0	0	0	0	2
Audiology	0	0	0	0	1	0	0	0	0	0	0	1
Barnet & Chase Farm	0	0	1	0	0	0	0	0	0	0	0	1
Fracture clinic	0	0	1	0	0	0	0	0	0	0	0	1
Clinic 14	0	0	0	1	0	0	0	0	0	0	0	1
Eating Disorder Unit	0	1	0	0	0	0	0	0	0	0	0	1
Majors	0	1	0	0	0	0	0	0	0	0	0	1
Treatment Room	0	0	0	0	0	0	0	0	0	1	0	1
Antenatal clinic	0	0	1	0	0	0	0	0	0	0	0	1
Barnet Outpatients	0	0	1	0	0	0	0	0	0	0	0	1
Edgware Outpatients	0	0	1	0	0	0	0	0	0	0	0	1
Main Reception Areas	0	0	0	0	0	0	0	1	0	0	0	1
Recovery	0	0	0	0	0	0	0	0	0	1	0	1
RNTNE	0	0	1	0	0	0	0	0	0	0	0	1
EGU	0	0	1	0	0	0	0	0	0	0	0	1
5 East B	1	0	0	0	0	0	0	0	0	0	0	1
5 North A	0	0	1	0	0	0	0	0	0	0	0	1
8 East	0	0	0	1	0	0	0	0	0	0	0	1
Totals:	24	5	33	4	6	10	1	5	1	3	1	93

The evident trend from the data above is delays in clinic/outpatients (clinic 3 is mentioned on 7 occasions), delays in receiving an outpatient appointment and delays with admissions taking place.

Clinic 3 is an ophthalmology clinic and it is necessary for patients to have a number of tests while at the hospital, typically seeing a nurse and an orthoptist before their consultation with the ophthalmologist. In the case of patients attending the macular clinic, nurses also carry out visual acuity tests and instil eye drops to enable further examination of the eye, and it can take up to 30 minutes for the iris to dilate following the administration of these drops. Before the surgeon administers the eye injection, it is also necessary to perform a special

scan of the eye. It is not therefore unusual for patients to spend 3 to 4 hours in clinic and this information is included in the appointment letter. Tea and biscuits have also been made available for patients on the day.

Cancellation of admissions is often unavoidable due to emergencies and/or urgent cases at any given time. The trust as a whole has also experienced increased bed pressures this year and that would appear to account for the admission complaints received.

A lot of the issues with delays are interlinked with administration and communication issues and centre on the administration of outpatient clinics and appointment letters. In response to the feedback received within the trust, an outpatient improvement programme has been commenced and the following actions should lead to an improvement in services:

- The training team are working on a program to refresh staff skills in the use of the Patient Administration System. This will decrease administrative errors and ensure data entry is robust and accurate.
- Staff are also completing national vocational qualifications in customer care skills and business and administration. This keeps them motivated and increases their skill mix, as well as helping to improve patient experience.
- Some staff are working on an Amspar qualification. This is a medical terminology course designed for secretarial and junior staff.
- Kiosks have recently been introduced. Each kiosk has a wayfinding route map to help patients find their way around the Trust. They are also used for self-check in, which will help to reduce waiting times in the outpatient environment, congestion at the reception desk and enable our staff to focus more on making accurate follow up appointments, as well as increased customer care.

Examples of other action taken in response to the delay complaints are:

- A patient's appointment was cancelled without medical review of the clinic list. Procedures have now been changed to prevent a recurrence and the appointment reinstated. Before cancelling or reducing clinics, a dermatologist will now review the clinic list and advise their administration colleagues which appointments to change or reschedule. Doctors will also give their administration colleagues clear information to confirm if it is necessary to cancel the entire clinic if all of the doctors who usually attend that clinic are away or to reduce the clinic if some members of the team are unavailable. The dermatology department is in the process of recruiting an additional skin cancer clinical nurse specialist to help alongside the consultant in clinics, in turn, providing additional clinic capacity.
- A new system for the management of requests for urgent radiological investigations has been introduced. The radiology administration team now review all requests for urgent radiological investigations on a daily basis and ensure that appointments are arranged within the two-week time-frame. If, for any reason, it is not possible to offer an appointment within two weeks of the referral date, the radiology administrative team are now required to escalate this information to the operations manager immediately. If we are able to offer an appointment with less than seven days notice, the radiology team will telephone the patient to give information about the date and time of their appointment.
- Apologies were offered for the lack of information provided regarding the delay in clinic. The nursing staff were reminded to provide updates to patients and the receptionists

were instructed to escalate matters/make enquiries with nursing staff if patients are asking about when they are likely to be seen.

Examples of actions taken in response to other complaints

In addition to apologies and explanations, the majority of our complaint responses will include details of specific action(s) taken as a result of the complaint that has been received. Some general examples of actions taken/changes implemented are listed below:

- We are currently running a pilot of two alerts on CRS; acute oncology and learning disabilities. The alerts committee meets regularly and will be overseeing their implementation. Once the alerts committee is satisfied that the system is working effectively, the plan is to oversee the roll-out of various other alerts, including hearing difficulties, which we hope to have in place by the end of 2013.
- Due to an administration error, a referral for the catheter clinic was not sent from the emergency department to the clinic administrators. The person responsible has been identified and re-trained in order to ensure this does not happen again. The lead consultant has also re-written the relevant guidance for referring patients to follow up clinics. This now includes a fax number for use by the emergency department doctors to fax referrals directly to the clinic nurses. This has been relayed to the relevant staff and should hopefully reduce the risk of such an occurrence in the future.
- The radiology department fully recognises the advantage of appointments being booked at appropriate and convenient times for patients and, as such, the department is currently developing a booking system to allow for a mutually agreed appointment date to be arranged. In addition, the trust has also recently installed a third scanner that will allow more flexibility with the planning of our patient caseload.
- 4 out of our 6 dialysis units now offer a formal clinic setting which enables patients to be seen in clinic, at the same location, following their dialysis. We are trying to arrange for this clinic facility to be provided at Barnet General Hospital.
- The hepatology team are looking at implementing a new protocol to ensure that all patients of the joint hepatology/oncology clinic are appropriately transferred within the existing consultant/CNS body when a member of staff retires. As part of this work, we have a current pilot study underway to configure the Cerner inbox of clinicians to receive diagnostic/biopsy results and ensure that scans are reported on and followed up without delay. In addition, over the past year there has been a four-step process put in place, which includes a pre-clinic attendance telephone conversation with a CNS, in order to ensure that patients find out about their diagnosis and are given practical advice prior to attending the clinic.
- The driver assigned to you on this day was given his work the previous day, before planning was complete, and failed to follow correct procedures to check his work plan at the start of his shift. The controller you spoke to was not aware that the driver had not received the updated work plan. This complaint has highlighted an issue with the planning of MSL's journeys, and we have requested an immediate stop to the issuing of work-sheets before planning has been completed. MSL agreed to this. In addition:
 - All drivers now have PDA's to receive their work electronically, which can be updated in real time to account for service changes.
 - MSL have increased the resources for two person crews in the evening.

- MSL have appointed a number of transport assistants to assist in conveying patients to their appointments on arrival at the Trust, which has much improved the patient experience.

Complaints re-opened and referred to the PHSO

As demonstrated by the table below, the number of complainants that re-open their complaint following receipt of the first response is falling, as is the number of complaints being taken to the PHSO and the number being referred back to the trust for further work.

2010/11	2011/12	2012/13
10% (87) of complaints were re-opened following receipt of the first response	9% (75) of complaints were re-opened following receipt of the first response	7% (49) of complaints were re-opened following receipt of the first response
26 complaints received in 2010 went to the PHSO 8 were sent back to us for further work 1 case was eventually upheld	16 complaints received in 2011 went to the PHSO 4 were sent back to us for further work 1 case was eventually upheld	8 complaints received in 2012 went to the PHSO To date 0 cases have been sent back for further work and 0 cases been formally investigated

Conclusions

The number of formal complaints received has reduced from 2011/12. This is partly due to the transfer of the RNTNE, which accounted for 73 complaints in 2011/12. It is also due to an increase in the number of complaints recorded as informal, which as a result of increased negotiation and greater flexibility at the point of registration.

The patients who are the subjects of our complaints are largely representative of the patient demographic from the FCE data for this time period. 52% of patients were white British, 8% were classified as other white, 5% were other Asian and 4% were recorded other ethnic group.

The primary subjects remain largely the same (clinical treatment, attitude, delay and communication) but the actions contained in this report demonstrate that trends are acted upon and the complaints received in the trust are used to inform trust-wide pieces of work aimed at improving the patient experience.

The number of complaints being re-opened by complainants and escalated to the PHSO is reducing year on year, which would seem to indicate that the trust's investigations are more robust and the resultant responses more satisfactory. The response rate has averaged out at 69% for the last 12 months but needs to improve.

The patient affairs department are shortly due to instigate a complainant satisfaction questionnaire, which will provide valuable feedback on where the process can be improved further.

In summary, the trust values the feedback obtained from the complaints received and responds to all concerns openly, thoroughly and efficiently. The ultimate aim of the trust and the key objective for the patient affairs team, as well as the trust's wider governance structures, is to listen and respond to the issues being raised and use the information received to improve trust services and, in turn, the patient experience.

We have systems in place to systematically review the complaints received and ensure that investigations are undertaken appropriately, in line with legislation, and escalated within the trust as necessary.

The responses provided invariably outline action(s) that have been taken in response to the concerns raised or explain what is planned as a result of issues identified during the investigation. The data collected is used to inform reports, is disseminated amongst divisional teams and taken to various committees to inform ongoing work within the trust.