King's College Hospital NHS
NHS Foundation Trust

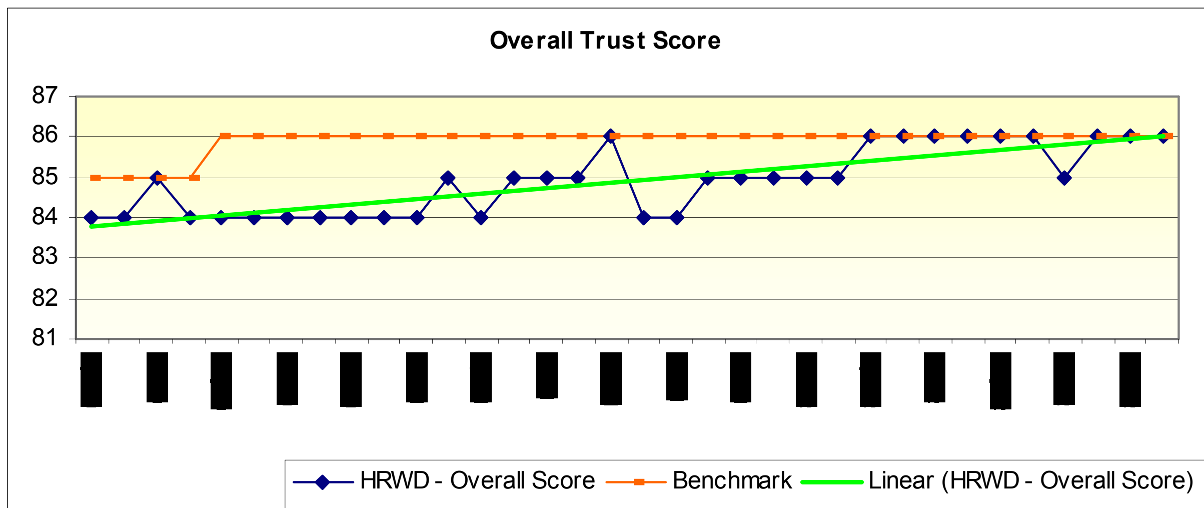
Complaints and PALS Report
Period April 2012 to February/March 2013.

1. Introduction

Delivering a quality service to our patients is one of the Trust's core strategic priorities - safe, kind and effective care.

King's has had a strong focus on improving patient experience over many years, and this continues to develop and evolve. There are well established mechanisms to capture the experience of patients, and drive ongoing improvement. These include the extensive '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 our growing volunteering programme. Over the course of a year, around 20,000 patients feed back to us on their experience of the Trust, both good and bad. All patient feedback is used to drive service improvement.

Over the last 2 years, patients' satisfaction with the experience of their care has improved steadily, as measured by the Trust's internal real time inpatient survey 'How Are We Doing' shown below.



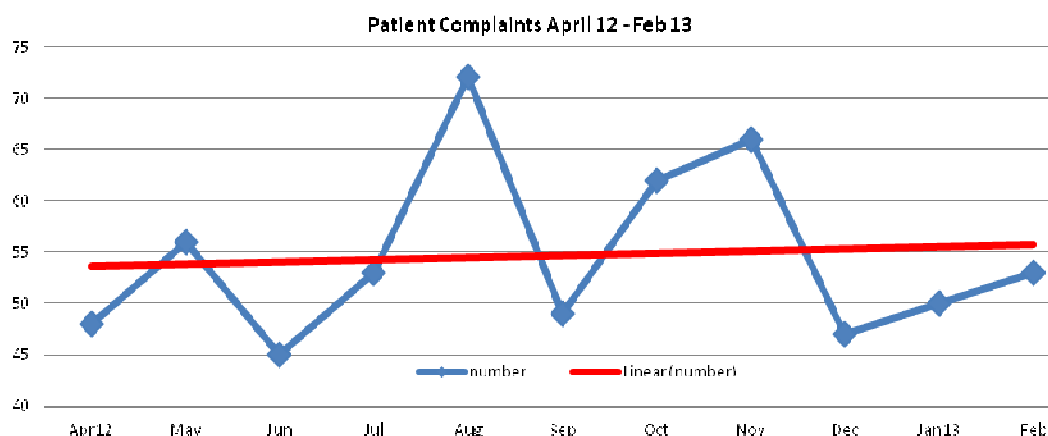
2. Reporting of and Handling of Complaints

Patient experience data, including complaints, is reported to the Board monthly, and more detailed trend information and analysis quarterly. There is a Trust monthly Patient Experience Report which integrates information about complaints with patient feedback from Patient Advice and Liaison (PALS), the How Are We Doing inpatient survey, and patient comments.

Complaints are received via a variety of different routes, from letter, email, telephone, to face to face contact. Complaints are acknowledged within 3 working days, graded for severity and passed on for investigation to the relevant Division. On conclusion of the investigation a draft letter is produced which is reviewed by the complaints department to ensure it answers all concerns raised and that it includes details of any action to be taken. All complaints are reviewed by the Chief Operating Officer and Chief Executive, and sent out under the cover of a personal letter signed by the Chief Executive. Both the Medical Director and Director of

Nursing review all complaints, which form part of the monthly performance management meetings for all Divisions, chaired by the Chief Operating Officer.

3. Complaints received April 2012 – February 2013



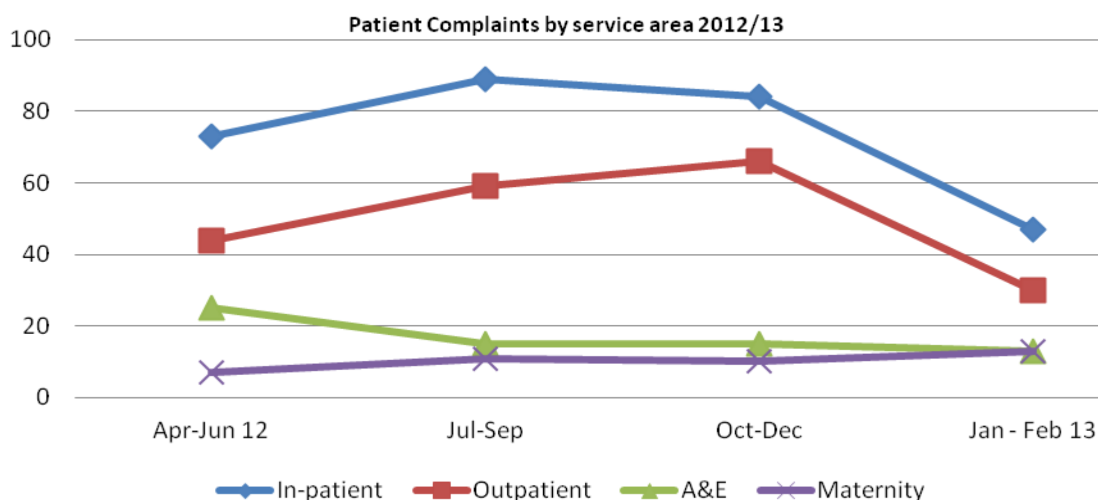
- 601 complaints received for the period April 12 – February 13 with a projected year end figure of 655. This compares with figures of 700, 560 and 590 in the preceding 3 financial years. This is against a background of significant increases in activity over the four year period.

- 52% of complaints received this year were responded to within the target of 25 working days. Performance is below the Trust's target of 70% with improvement noted since December 2012. The Trust's performance committee continues to monitor performance in responding to complaints.

- 3% of complaints were referred by complainants to the Parliamentary and Health Service Ombudsman. The PHSO investigated one case but did not uphold the complaint, and a further case is currently being investigated.

- 56% of complaints received YTD relate to an inpatient admission (including maternity) and 44% relate to outpatient services (including the Emergency Department).

- Maternity complaints for a consecutive year are at their lowest for many years, and ED complaints remain low relative to the significant and increasing activity within the department.



4. Causes of complaint:

As in previous years, complaints about clinical care and treatment are by far the highest cause of complaint (328), which is currently representing 55% of all complaints received. Other causes include:

- Staff attitude (58)
- Communication, written and oral (52)
- Admissions, discharge and transfers (39)
- Outpatient, delays and cancellation of appointment (35)

Main cause of complaint	2011-12	% of complaints	2012-13 (to month 11)	% of complaints
Admissions, discharge and transfer arrangements	34	6	39	6
Appointments, delay/cancellation (out-patient)	16	3	35	6
Appointments, delay/cancellation (in-patient)	37	6	26	4
Attitude of staff	56	9	58	10
All aspects of clinical treatment	335	57	328	55
Communication	41	7	52	9
Patients' privacy and dignity	13	2	16	3
Personal records (including medical and/or complaints)	8	1	10	2
Transport (ambulances and other)	17	3	13	2
Hotel services (including food)	4	1	3	0
Others	14	2	10	2

5. Grading of Complaints

All complaints are graded for severity by the Complaints team using the trust's Incident grading tool. All complaints that indicate an adverse incident may have occurred are flagged as a high priority for the investigating team and the Risk Management team are notified. This ensures senior review at the earliest opportunity to direct the required investigation and if necessary, Root Cause Analysis.

The table below illustrates the severity of complaints investigated since April 2012 which have now been closed. There were no very serious or red graded complaints. 16 (3%) were assessed as having significant issues, 132 (27%) with service or experience below reasonable expectations and majority (70%) with an unsatisfactory service or experience.

Grading of complaint	Total
Unsatisfactory service or experience	347
Service or experience below reasonable expectations	132
Significant Issues regarding standards, quality of care	16
Serious issues that may cause long-term damage	0
Totals:	**495**

6. Complaints Examples

Outlined below are some examples of complaints and how the Trust responded

Outline of Complaint	Outcome of investigation
Complaint – Example 1 Patient came to the Emergency Department (ED) with chest pain. He was assessed by several doctors and given a diagnosis of pericarditis (inflammation of the fibrous sac surrounding the heart) and discharged from the ED. He returned to ED 8 days later with similar chest pain but with increasing pain down the left side of his chest. He was further assessed and underwent some investigations and given a diagnosis of musculoskeletal pain. The patient was discharged with some medication and advised to visit GP. Patient felt he was not appropriately assessed and was given poor information about his condition.	The patients care was reviewed by an independent consultant. A review of the clinical notes and investigations confirmed that the patient had been appropriately assessed and on each occasion the attending doctor had obtained advice from senior doctors. Documentation confirmed that the doctors involved in the care had all given the patient appropriate explanations of his symptoms and did not make a diagnosis of pericarditis but one of musculoskeletal chest pain. A discharge notification letter to the GP was sent following the two attendances. The Trust apologised that the advice was confusing and that his care had been handed over from one doctor to another. It was explained that the review by more than one senior doctor was an important part of his care and safety in the ED.
Complaint – Example 2 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	The Trust apologised and agreed 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 direct to minimise further inconvenience. In future, in the event a patient is in contact with the Trust prior to an

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.	admission, describing symptoms of a cold/flu, the advice of the anaesthetist will be sought. The patient replied saying "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".

7. Learning from Complaints

The Trust is committed to learning the lessons from complaints to drive service improvement both at a trust-wide and local level. Throughout the year complaints have fed into staff education and learning, reflective practice across multi-disciplinary teams and changes to local practice and procedures.

- **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 has reviewed its policy for insertion of femoral lines. A protocol for administering portacaths has been written and distributed to staff with associated training.

- **Delay in informing patient that lump (from lip) which was biopsied was cancerous – delay in referral to oncology team at GST.**

  King's and GST have worked closely to establish a new care pathway for all patients with rubbery lumps in and around the mouth. It is designed to ensure that, until proven otherwise, they are considered salivary tumours and biopsied by fine needle aspiration prior to any treatment plans being put in place.

- **The incorrect interpretation of a limb x-ray led to a child being discharged home from the Emergency Department (ED). The x-ray was later reviewed by the consultant and a double fracture diagnosed. The parents were contacted and the child was brought back to ED.**

  There is a joint ED/radiology project underway to review the x-ray reporting process. All ED doctors have been reminded to seek specialist opinion from radiologists before patient leaves the ED if they are unsure about the findings.

8. Patient Advice and Liaison Service (PALS)

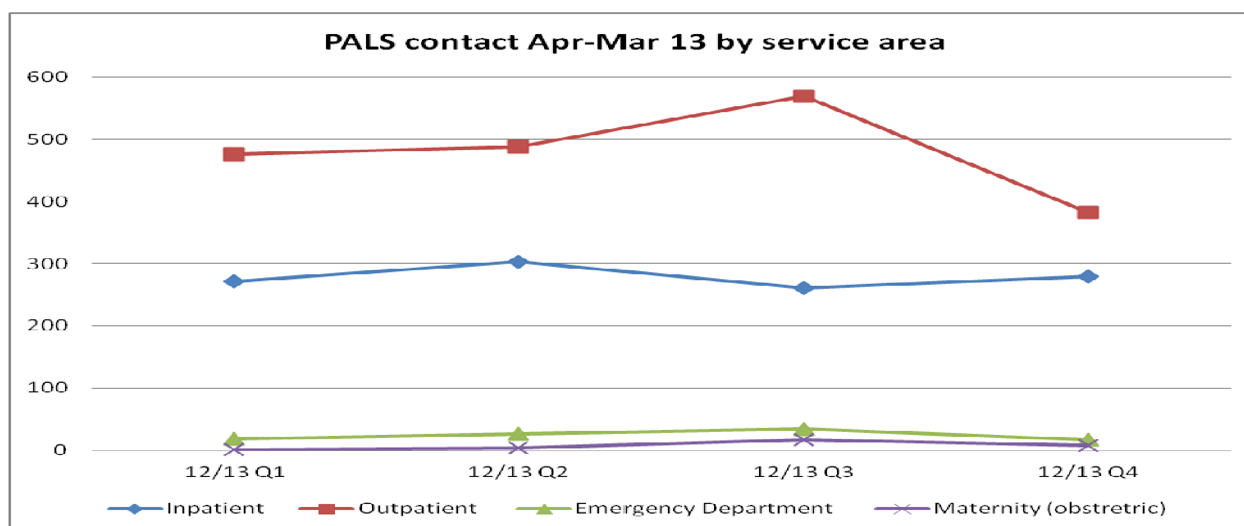
PALS provides a face to face, confidential service, accessible in the hospital main entrance. It often acts as the first point of contact for a patient or visitor to raise a concern. Contact can be made in person, by telephone, dedicated PALS email address and through a general enquiries email contact from the hospital website. The Hospital switchboard and other staff signpost patients and visitors to PALS. Contacts are also made through the "How are we doing" in-patient survey, Trust comment card feedback and external posting on websites such as NHS Choices and Patient Opinion.

The PALS service acknowledges contacts within 24 hours and aims to provide a response to "simple" concerns within 5 working days (these would include issues such as appointment or admission enquiries). More complex concerns which involve contact with a number of staff may require individual negotiation regarding a timescale for response.

The Head of PALS and the Head of Patient Complaints are co-located and work collaboratively. Where concerns discussed with PALS raise serious care concerns, complex issues which would require a significant amount of investigation, or allegations regarding staff behaviour, PALS will refer to Patient Complaints Procedure as the more appropriate method of investigating and responding to these concerns. In the rare event of a potentially serious adverse incident being reported to the PALS team, the issue will immediately be escalated to the Head of Patient Safety. There will also be occasions when the agreed PALS interventions or actions fail to achieve the desired outcome and the issue will be escalated to the Complaints team.

8.1 PALS Activity

A wide range of information and guidance is sought from PALS. The contacts documented for reporting purposes only represent contacts where significant support and assistance has been sought to resolve a problem or concern. In the period April 2012 to March 2013 there were 3161 PALS contacts.



During 2012/13, as in previous years, there were high numbers of contacts about outpatient appointment processes handled by the PALS team. Difficulties experienced include:

- contacting appropriate appointment staff
- identifying the progress of a GP referral
- seeking information about waiting times for appointments,
- concerns regarding cancellations and rescheduling.

One Division experienced particular delays in the processing of spinal surgery referrals affecting a large cohort of patients. The administration process for that referral pathway has been redesigned to minimise delays for future patients. The position is being closely monitored.

There were similarly enquiries about the inpatient admissions process for surgical patients. Enquiries can begin when patients are still in other Trusts awaiting transfer to a King's specialty bed. Elective surgical admission patients require information about length of waiting lists, delays, cancelling and rescheduling of admission dates. Winter bed capacity issues have exacerbated these issues.

In comparison to outpatient and inpatient activity, there are relatively few contacts relating to attendance in the Emergency Department or Obstetric wards. These are more likely to be registered as complaints when an episode of care has concluded as there is less opportunity for PALS to resolve a problem in an acute presentation.

8.2 Main causes of PALS contacts.

The profile of contacts in 2012-13 is broadly similar to that of the previous year.

Main cause of PALS contacts	2011-12	% of PALS contacts	2012-13 (to month 11)	% of PALS contacts
Discharge Arrangements (general)	166	6	133	4
Equipment, environment and facility	42	1	40	1
Waiting times - outpatient (general)	435	15	506	16
Waiting times - inpatient (general)	224	8	276	9
Staff Attitude	187	6	191	6
Dissatisfaction with clinical care	276	9	296	9
Communication	1303	44	1485	47
Privacy and Dignity	15	1	14	0
Patient property (lost or damaged)	54	2	48	2
Patient records	107	4	59	2
Transport	85	3	76	2
Hotel Services	21	1	5	0
Additional categories	36	1	17	1

Communication

In addition to requests for information about clinical care plans, appointments and hospital admission patients describe experiencing other communication difficulties. The quality of communication and documentation in some areas is criticised and poor experiences when trying to make telephone contact with hospital staff and departments are a common theme.

Communication themes	Number of PALS contacts
Information relating to care plan/ treatment	455
Information re: outpatient appointment	267
Information re: admission	152
Quality of communication / documentation	132
Unable to contact DDI or dept - no response	104
Information	94

Referral letter not written/ sent / received	56
Positive patient comments	56
Difficulty obtaining results	49
Outpatient appt / cancellation correspondence	38
Waiting time/cancellation for outpatient appointment	20
Waiting list delays for elective admission	18
Staff attitude	15
Telephone message not responded to / call not returned	15

8.3 Examples of PALS cases

Theme	Description of case	Outcome of case
Outpatient referral	Patient chasing the outcome of a referral from Consultant at another Trust for a diagnostic intervention	Identified that referral received as patient registered. Contacted department and told referral with Consultant. Contacted Consultant who confirmed delay and apologised. Details of appointment conveyed to patient. Consultant has written to confirm arrangement to referring Consultant (copied to patient)
Cancellation of admission for surgery	Patient very distressed as clinically prioritised as urgent. Concerned at lack of clarity regarding re-scheduled admission date. Required medical advice about drugs taken in preparation for her surgery which were causing side effects.	In view of situation PALS contacted Consultant directly. Admission re-scheduled for following week and advice given regarding medication.
Patient's father felt confusing information was given about his baby's condition	Father of baby unhappy with visit to Emergency Department where he feels conflicting/ unclear advice offered by medical teams.	With consent of father, PALS contacted Paediatric Specialist Registrar. Telephone discussion was arranged between Registrar and father to explain medical terminology and care plan on attendance. Intervention did not resolve father's concerns who also requested financial redress for a wasted journey. Escalated to a formal complaint.
Dissatisfaction with hand washing procedures and	Concerned that hand washing measures were not as robust on new ward. Issue with room	PALS outlined the patient's concerns to the Matron responsible for

ward environment when patient transferred between wards.	temperature not being adequately maintained and broken shower.	area. Meeting arranged between Matron and patient and his wife to discuss and resolve concerns. Facilities contacted and asked to review heating issue. Fed back that fault and broken shower had been repaired.
Patient arrived at outpatient consultation to be told that the doctor sick and appointment cancelled.	Patient unhappy that there had been no attempt to notify her of the unexpected sickness absence. The patient had travelled with partner at cost of £17. Will be difficult to re-attend because of joint work commitments.	PALS contacted Service Manager. It was acknowledged that there had been a delay in communicating the doctor's absence to patients and could have been handled more effectively. Agreed to reimburse travel costs. PALS contacted the doctor on returning from sick leave. Special arrangement made to see patient at end of clinic to minimise work inconvenience and seen within a week.

8. Recommendation:

The Overview and Scrutiny Committee is asked to note this report for information/discussion.

Jane Walters & Judith Seddon **25 March 2013**