

Southwark Council Overview and Scrutiny Committee

24 March 2014

Complaints report January 2013 – December 2013 (Financial Q4 2012/13 – Q3 2013/14)

Status: A Paper for *Information*

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Southwark Scrutiny Committee

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Introduction

A formal complaint as part of the Local Authority and National Health Service Complaints (England) Regulations 2009 is described as “*an expression of dissatisfaction with an NHS service*”. Patients or another party with consent of the patient can make complaints. In the event a person has died a complaint can be made by anyone deemed to have “sufficient interest”. Complaints are received in writing, by email and by telephone. Once a complaint is received it is acknowledged within 3 working days, graded for severity, checked whether consent is required, logged on the department's database and then passed on for investigation. Timescales for completing the investigation are given to the investigator/s. On conclusion of the investigation the investigator will provide a report or a draft letter which is reviewed by the complaints department to ensure it answers all concerns raised and that includes any remedial actions to be taken to minimise the risk of recurrence. The Trust secretary reviews all complaint response prior to signing by the Chief Executive.

Complaints received over last 4 quarters from January 2013 to December 2013

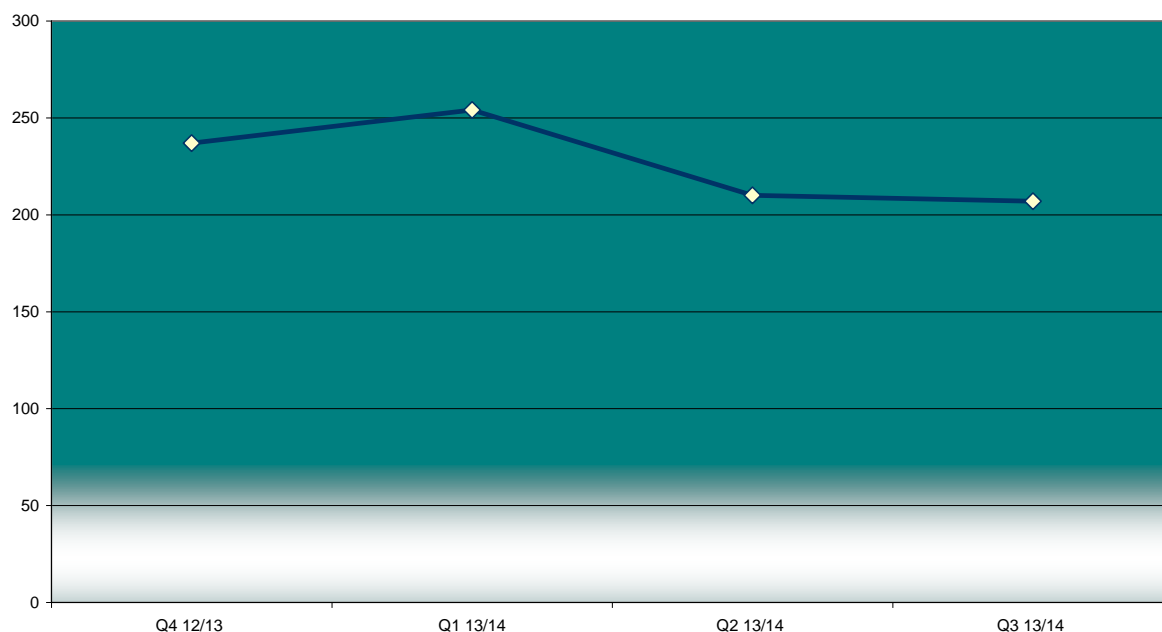


Table 1: Complaints received

Grading of complaints or severity

Complaints received are reviewed and graded in the complaints department using the Trust incident grading system, i.e. the AS/NZS 4360 categorisation protocol (risk matrix).

There were no serious or red-graded complaints across the Trust over the year however there were 121 (13%) moderate or orange graded complaints and 787 (87%) minor or green graded complaints.

Subjects raised in complaints

Clinical care is the most complained about issue at the Trust which is also reflected nationally. This covers a range of concerns which can be broken down as follows:

- Unhappy with clinical advice
- Concerns about clinical treatment
- Poor outcome
- Administration of treatment
- Inadequate discharge planning

The other subjects are fairly self explanatory apart from “waiting times/delays/cancellations” which are mainly about appointments and “hotel services/environment” which tend to be about accommodation and the physical environment of the hospital.

Figure 1 shows the subject of all complaints received by main subject over the 4 quarters (many complaints involve more than one subject). The four most complained about subjects of Clinical Care, Communication/Information, Waiting times/delays/cancellations and Attitude/Behaviour of staff are reflective of national figures.

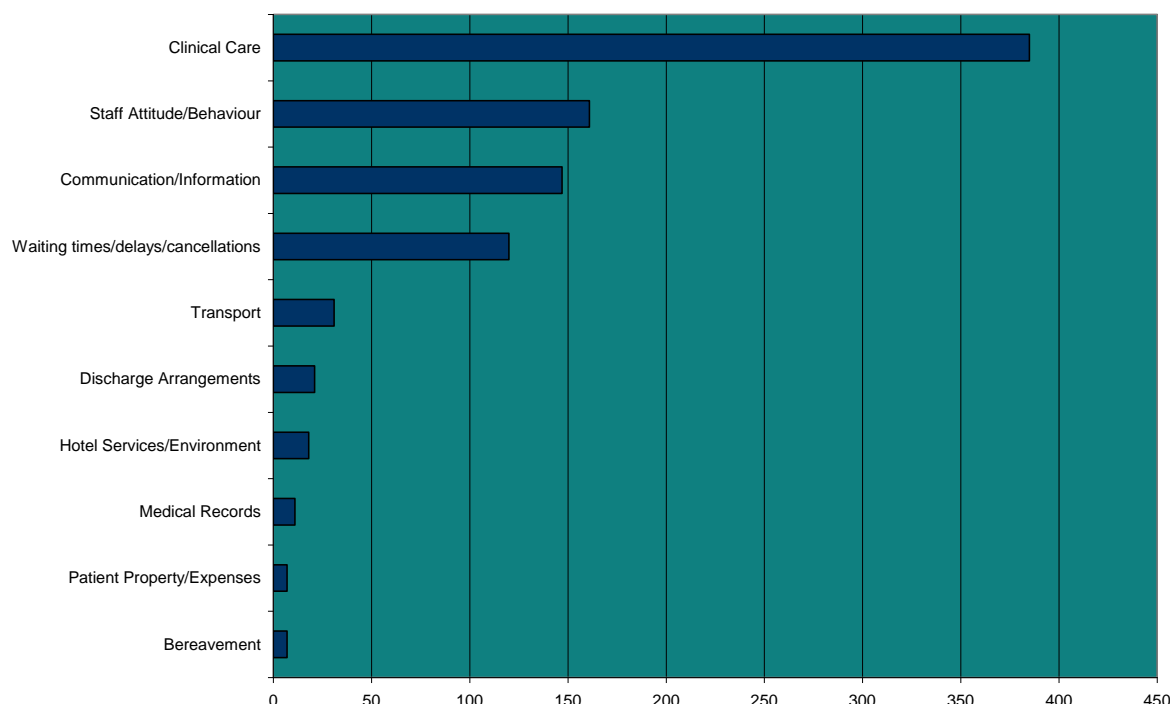


Figure 1: Complaints received by main subject of complaint

Figure 2 shows the number of the top four issues (main subject of complaint) received across the Trust over 2013.

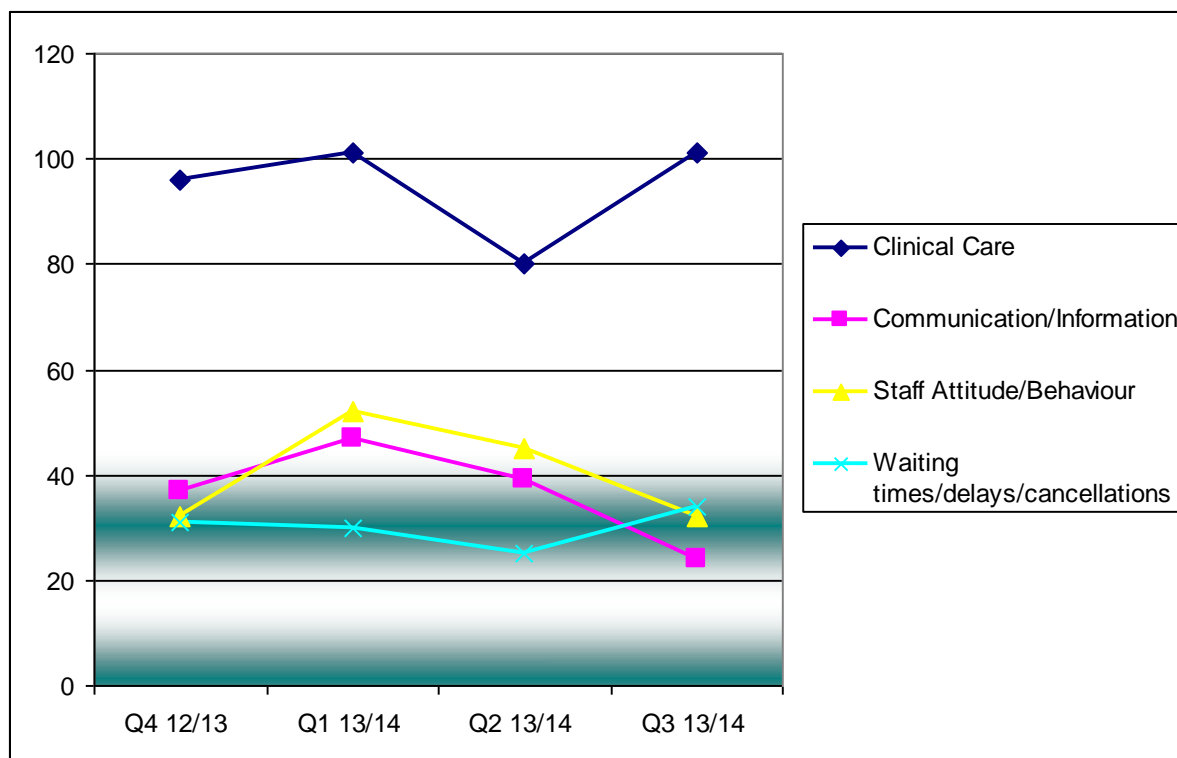


Figure 2: Top 4 complaint subjects over previous 4 Quarters

Complaint Examples

Example 1:

Patient was unhappy that a large scar was left on their forehead after a biopsy, especially after expressing their concern before the procedure.

Effect on patient

Patient felt distress and shock over the size of the wound when removing the dressing the next day as they had been instructed to do.

Action

The department is producing a photograph album that they can show to patients prior to surgical procedures so they know what outcome to expect.

Example 2:

The patient complained that they were discharged from hospital with only a two week course of oral steroids. After the two week course had been completed the patient became aware that the prescription should have been long term. On discovery of the error the GP prescribed further steroids.

Effect on patient

The patient was extremely anxious and distressed and questioned whether this error had caused deterioration in their condition. The patient was seen by the medical team and reassured that the other drugs in a complex regime would have compensated for the oral steroids being stopped. However this was potentially serious and action was taken to investigate and prevent it happening again.

Action

The error with the oral steroids occurred due to the design of the electronic discharge letter. The option to provide the steroid long term was not easily visible on the drop down menu of the electronic prescribing programme. As it is mandatory to provide the duration of the course for this particular steroid on the electronic prescription, 2 weeks was the option chosen, a note was made for the dosage to be reviewed in the outpatient clinic. The issuing of the discharge letter, which was not marked urgent, was delayed due to annual leave of the clinician's secretary and the note regarding "review of the dosage" was not seen.

The handbook for junior doctors has been updated to explicitly state the guidelines for the use of this steroid.

The information technology team will ensure that the field '*prednisolone long term maintenance tablets*' appears as an option high on the drop down menu list so it is clearly visible with the other timed options for prednisolone.

Example 3:

The patient advised they were unhappy about their discharge with a catheter from the Emergency Department, that they were given no advice on how to maintain it, also no spare catheter bags were provided.

Effect on patient

The patient was anxious and distressed at not being given any advice on how to maintain the catheter.

Action

The emergency department have introduced packs which contain guidance on managing the ongoing care of catheters and sufficient supplies.

Further learning from complaints

There are opportunities to identify common themes and trends as a result of both formal and informal complaints, PALS enquiries and a wide variety of other feedback mechanism within the Trust. A case study leading to improvements in services and care is described here, and is followed by examples of actions taken in response to themes from patient feedback.

Case study

The complaints department receive a consistent number of complaints about patient transport. Some of which are a significant cause for concern regarding lengthy waits in the transport lounge for patients with limited mobility. Two recent complaints involved patients receiving regular dialysis who had waits of 2.5hrs and 7 hours respectively. The contract standard with Savoy transport for a maximum wait is 90 minutes and clearly this was exceeded in both instances.

Both of these patients are wheelchair bound, one of whom is transported on a stretcher once in the ambulance due to having a pressure ulcer and fractured hip (awaiting repair).

These patients are transported to the dialysis unit at Guy's three times a week and they frequently experienced delays returning home after treatment. For the first patient a culmination of delays led to the complaint. The second patient frequently experienced shorter delays (exceeding the 90 minute standard) but this extreme delay was the catalyst for complaint.

The complaints were made by their relatives who were concerned about the patients' well being and whether their basic needs for food, fluids and toileting were being met.

The hotel services manager had a meeting with the relatives of the patient who experience the 7 hour delay to gain insight into the patient's experience of transport as a whole as well as the event leading to the complaint.

Actions

As a result of both complaints and an outcome of the meeting the following actions are being carried out.

- All drivers to check in with the transport reception on arrival to ensure transport staff are fully informed of the status of journeys and patients are not overlooked.
- Journeys are not to be aborted without authorisation from transport reception team.
- The introduction of a dedicated transport number for direct internal contacts and for contractors to make enquiries as to the status of journeys, to avoid delays in getting through and reduce the pressure on the incoming calls and booking line.
- Consistent notes to be put on the booking system where there are 'non standard' requirements.
- Stop direct contact with the transport contractors by non transport staff so that all matters relating to transport are dealt with by the transport team.
- Provision of a beverage vending machine easily accessible for both patients and the nurse present.
- Raise awareness with patient that they can ask the nurse or transport reception staff if they need food or drink or have any other requirements (including assistance with the lavatory)
- Clear guidelines on the provision and access to food for those patients who have had a prolonged wait.
- Review the roll-call system to ensure that a protocol is in place to deal with delays. This is to include an escalation process when problems cannot be handled at a local level.
- Customer service training for all frontline transport staff to ensure they can deal with adverse situations and use language and words that are appropriate.
- Liaison with all teams to ensure that they do not criticise or blame the failings of other departments of the trust and work together to resolve issues.
- In addition the patient transport team is currently in the process of re-tendering for services. One key element they are looking at is the waiting time for patients to go home after their appointment. Rather than the current 90 minutes standard (depart within 90 minutes of booking ready to travel) it is hoped to reduce this to 30 minutes. In anticipation of this a trial using this standard has begun and initial signs are that the trial is going well, with the overall waiting for patients improved.

Responses to themes from patient feedback

The surgical admissions lounge team are implementing staggered admission times with some surgical teams, with plans to roll this out for all surgical specialities in the future. The aim is to provide a calmer environment and allow for more patient centred care. Additional communication skills training has been arranged for their staff.

The Community Adult Services team arranged a team training day to raise awareness and explore the importance of good communication with patients and relatives, as well as within the team.

Recommendation:

The Overview and Scrutiny Committee is asked to:

- **Note the report for information / discussion**

Elizabeth Palmer

17 March 2014