

COMPLAINTS REPORT 2010 - 2011

EXECUTIVE SUMMARY

This paper informs the Trust Board about Complaints that have been received this year. This includes reporting on issues that are now required under the Local Authority Social Service and National Health Service Complaints (England) Regulations 2009.

THE BOARD IS ASKED

to note the information provided and support the recommendations for further improvements.

Regulatory framework

CQC Essential Standards for Quality and Safety

“ Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.”

DATE: May 2011

LEAD DIRECTOR: Richard Vergez, Associate Director Corporate Governance

<u>Summary</u>													
1.	238 formal complaints were received during the financial year.												
2.	43 (23%) of the complaints responded to or for which the final response had been drafted, as at 28 April 2011, had an aspect of the issues raised upheld.												
3.	<p>The main categories of complaints were:</p> <ul style="list-style-type: none"> • aspects of clinical treatment (including detention and medication): <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;">2010/11</td> <td style="padding-right: 20px;">120(50%)</td> <td style="padding-right: 20px;">2009/10</td> <td>90(46%)</td> </tr> </table> • staff attitude: <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;">2010/11</td> <td style="padding-right: 20px;">50(21%)</td> <td style="padding-right: 20px;">2009/10</td> <td>62(32%)</td> </tr> </table> • communication: <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;">2010/11</td> <td style="padding-right: 20px;">23(10%)</td> <td style="padding-right: 20px;">2009/10</td> <td>9(5%)</td> </tr> </table> 	2010/11	120(50%)	2009/10	90(46%)	2010/11	50(21%)	2009/10	62(32%)	2010/11	23(10%)	2009/10	9(5%)
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4.	Independent Review – As 28 April the Trust had received notification that 6 of the complaints handled during this year, had been referred for review. Three of the referrals have been closed requiring no further investigation, whilst a further three remain under consideration.												
5.	Learning from Complaints took place via the User Experience Forum and the Organisation Learning Group. Information was presented to each Group on a quarterly, or as requested, basis.												

1. Introduction

The Trust is committed to resolving complaints in an open and non-defensive manner and to the satisfaction of complainants. The Trust is also committed to using the opportunity provided by complaints to listen and learn about its services and to initiate action to make improvements.

This report provides statistical information and a commentary on the Trust's performance on complaints handling for the year 2010/11. This report also details some examples of where the opportunity for learning and improvement was taken during the year.

2. Trust activity

2.1 Complaints Management

The Trust completed its first full year of the implementation of the new procedure, during this period. The main changes of which are: the signing off of final responses being delegated from the Chief Executive to Service Directors; staff agreeing timeframes with complainants rather than working to an imposed deadline; the investigator drafting a final response which is signed off by the Service Director.

During the year the Department was staffed by the Complaints and Litigation Manager working in conjunction with Complaints Officers, one delegated within each of the Directorates. The Complaints and Litigation Manager also provided training on complaints to staff as well as provided the interface between the Trust and the Ombudsman and other organisations regarding complaints.

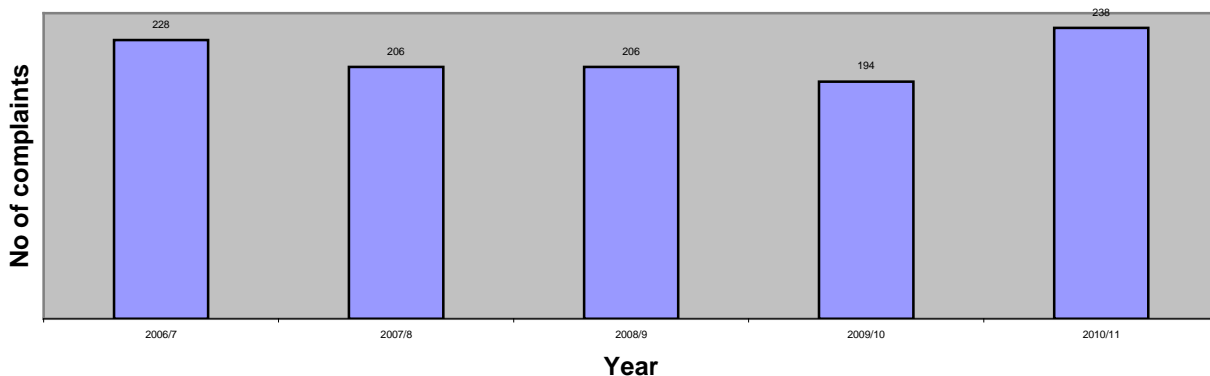
Learning from Complaints took place via the User Experience Forum and the Organisation Learning Group. Information was presented to each Group on a quarterly, or as requested basis. In addition, Services considered complaints being raised about their service in various fora, ranging from nursing staff groups to care quality meetings or groups specifically set up to consider complaints and serious and untoward incidents.

During the year a new complaints leaflet was printed and distributed across the Trust.

2.2 Number of complaints received

238 complaints were received during the year, 1 April 2010 - 31 March 2011. (Complaints that were withdrawn during the period are excluded, as are complaints for Hillingdon Community Services as these have been included in the Hillingdon PCT report.) This represented an increase of 44 (or 21%) over last year. Peaking at 228 in 2006/7 there was a year on year rise in the number of complaints received, followed by a drop to 206 for the following two years, down to 194 in 2009/10.

No of complaints received 2006/7 - 2010/11



The complaints received were distributed as follows across the Directorates.

Directorate	Complaints received		Caseload as at 31/3/11*	Complaints per 100 Caseload
	2010/11	2009/10		
Adult:				
Brent	46	38	1665	2.76
Harrow	32	31	3549	0.90
Hillingdon	27	19	4203	0.64
Kensington & Chelsea	43	39	3327	1.29
Westminster	41	39	3416	1.20
CAMHS	5	4	4522	0.11
Eating Disorder	1	4	321	0.31
Learning Disabilities	4	1	367	1.08
Older Adult	25	10	3485	0.71
Other including Horton Haven	2	3	91	2.19
Addictions	12	6	3397	0.35
Total	238	194	28,252	0.54

*Open episodes as at 31/3/11, source: Trust Performance Directorate

All but two of the Directorates showed a rise in the number of complaints received. The most significant increases occurred in the Older Adults, Brent, Hillingdon and Addictions & Offender Directorates.

A number of reasons have been suggested for the increases seen by staff spoken to and from findings of some complaints investigations across the Directorates. These include:

- bed management challenges across a number of the Trust sites, where patients experience being asked to move beds on different wards or to different sites, or do not have an allocated bed or bed area which many find unsettling
- earlier discharges, particularly when the admission is for the reason of respite and is not clinical
- high bed turnover
- unfilled vacancies, leading to less access to some professional groups, such as psychologists
- use of agency and locum staff who are unfamiliar with the systems and processes
- restructuring of services
- staff being busier generally
- disparity between service provision and service user expectations
- increased awareness of the complaints process and support from advocates

2.3 Complaints received by Inpatient site over five years

113 (47%) of complaints received concerned an inpatient stay (including rehab stays). The number raised about care in one of the Trust's main inpatient sites appeared to be consistent with the findings over the past five years.

The only site showing a significant increase, by 6, was the Gordon Hospital. A view from one of the Matrons was that there is a high bed turnover of inpatients. The complaints from this site concerned: clinical care and treatment issues, including detention in several instances, and relationships with members of the nursing staff. One complaint concerned access to religious observance, which was partly upheld, as staff were unsure of how to meet the service user's specific need, but nonetheless had made an effort to do so.

16 (64%) of the Older Adult complaints concerned an inpatient stay, however these are excluded from the chart below as they are spread across the Trust.

The Older Adult complaints raised a range of issues, including: the frequency of transfer of one service user across several sites within and outside the Trust, disruptive conduct of a fellow service user and the impact of this on other users' care and treatment on one ward, difficulties experienced with the hospital transport system on one site, the relationship between staff and service users' family members. Clinical care and treatment concerns, such as medication and physical health care, and the general attitude of staff, were also raised.

Main Inpatient Adult Acute Sites	No of beds*	2006/7	2007/8	2008/9	2009/10	2010/11
Gordon Hospital	71	24	17	12	13	19
Northwick Park	47	11	15	13	15	13
Park Royal Centre	96	12	14	17	18	20
Riverside Centre	49	9	17	6	12	12
Paterson Centre		18	N/A	N/A	N/A	N/A
St Charles	93	11	19	20	19	18
SK&C	30	8	5	15	10	7
Total	386	86	87	83	87	89

*Availability of adult beds on an average day. Source: Trust Performance Directorate

2.4 Performance monitoring

As at 28 April 184 (77%) complaints were responded to, or had a response drafted.

54 (23%) complaints remained under investigation or were suspended at the time of this report, for a number of reasons, including:

- Need for the complainant to be engaged in the process in order to proceed
- Ongoing meetings with the complainant/awaiting agreed action to close
- Report shared awaiting feedback
- Other investigations ongoing, such as human resources or Safeguarding
- Difficulties faced in the investigation
- No timeframes being agreed with complainant

There is a need to ensure that complaints are resolved promptly and to the complainants' satisfaction.

Timescales within which complaints are to be investigated and responded to, are to be agreed between the complainant and the investigator. In general the response time for many complaints under the new policy is longer than under the old policy. The Regulations require the Trust to monitor dates set with the complainant for completion of the complaint investigation and response, but in practice the investigators in a majority of cases do not set timeframes, or do so loosely.

There are many instances of avoidable delays – where staff for one or several reasons, do not or cannot prioritise the investigation and response. An inevitability of not imposing timescales is that there are some cases where the complainant has resorted to contact the Trust Complaints Manager to help resolve a lack of progress.

In practice a number of strategies/initiatives have been introduced: investigators have been asked to make contact with the complainant within 5 days of being nominated to conduct the investigation. In addition over the year Directors across the Trust have introduced various methods to deal with this difficulty, including:

- In Hillingdon Mental Health Services, the Director imposes deadlines
- In Harrow the Director has recently asked that investigators provide her PA with an update each Friday
- The Older Adult Director prompts investigators.
- In some other Directorates, as in Brent, complaints are discussed in the business meeting.

These strategies have led to varying degrees of success, with the imposition of deadlines in Hillingdon the most successful. Remedying this difficulty continues to be a challenge therefore.

The new services joining the Trust, Camden and Hillingdon Community Services have maintained an imposed timeframe, which continues to work very well. Information from SLAM, South London & St George's show that many Trusts have retained an imposed timeframe, both as a performance indicator and in order to monitor and ensure more efficiency in the closing down of the complaints investigations.

There are some advantages to the relaxation of the timeframe as there appears to be a greater level of engagement and dialogue with the complainant to clarify the full nature of the complaint and the desired outcome. In many instances, complainants will have had at least one, sometimes two meetings with the investigator and have achieved the outcomes sought, well in advance of receiving a formal final letter from the Trust closing the complaint. However this needs to be balanced with obtaining more efficient completion timeframes.

2.5 Referrals to the Health Service Ombudsman

Complainants who are unhappy with the outcome of or the quality of the response, have the right to request the Ombudsman review their complaint. As at 28 April 6 referrals have been made to the Ombudsman, from the complaints handled during this year. Three of the referrals have been closed requiring no further investigation, whilst a further three remain under consideration.

As with the previous year, many of the complaints referred to the Ombudsman concerned decisions made about aspects of clinical care and treatment, with which the complainant was in disagreement, albeit considered appropriate and in line with assessments carried out by the Trust. In one instance, although not upheld, the Ombudsman suggested that had more been done to acknowledge the complainant's view of reality in its response, whilst explaining more clearly its different view of the situation, this may have helped the complainant to accept the outcome of the Trust's investigation.

Several complainants who approached the Ombudsman prematurely were referred back to the Trust for local resolution to take place.

During the year the Ombudsman also undertook an investigation of one complaint which was handled during 2009/10. The Ombudsman's formal response is awaited. During the year the Ombudsman also handled and closed a number of referrals from previous years.

2.6 Sources of complaints

59% (140), the majority of complaints, were made by service users concerned with their own care and treatment. However in 41% (98) the complaint was raised by a third party, being either a relative, advocate or solicitor.

2.7 Gender and ethnicity profile (of service user named in complaint)

Of the 238 complaints, 131 (55%) female: 107 (45%) male
 [Gender makeup of the total Trust patient case load: female = 49, male = 51% respectively (2010/11)]

	Ethnic group breakdown 2010/11	
Ethnic groups	All complaints	Total Trust service users
Asian	11%	14%
Black	23%	16%
Other	6%	11%
White	53%	58%
Not stated	7%	1%
Total	100	100

The above information indicates an under representation of complaints from all of the stated groups, except from the Black ethnic groups which has shown an over representation, when viewed against their proportion in the Trust's total population as a whole.

In respect of the complaints made by these complainants however, the issues raised did not differ in substance from those being raised by the other ethnic groups.

2.8 Outcome of complaints

As at 28 April 184 (77%) complaints had been responded to, or had a response drafted. 54 (23% remained under investigation). The investigation of a complaint can result in one of four outcomes:

- 43 (23%) had an aspect of the complaint upheld or was fully upheld.
- 69 (37.5%) had an indeterminate outcome, where it was not possible to decide to uphold or not to uphold.
- 72 (30%) were not upheld

[Of the 169 complaints completed at the time the 2009/10 annual report was written, 24% had had an aspect of complaint upheld.]

2.9 Complaints raised

The key issues for complainants continued to be concerns about:

- aspects of clinical care and treatment
- staff behaviour
- communication (written and verbal).

There did not appear to be any clustering of type of complaints by site or directorate. Complaints made by service users were similar to those raised by other persons on their behalf.

Subject of complaint	Total number of written complaints received
Admissions, discharge and transfer arrangements	2
Aids and appliances, equipment, premises (including access)	0
Appointments, delay / cancellation (outpatient)	5
Appointments, delay / cancellation (inpatient)	1
Attitude of staff	50*
All aspects of clinical treatment	120*
Communication / information to service users (written and oral)	23*
Consent to treatment	2
Complaints handling	2
Service users privacy and dignity	3
Service users property and expenses	5
Personal records (including medical. and/or complaints)	5
Failure to follow agreed procedures	0
Patient's status, discrimination (e.g. racial, gender, age)	1
Code of openness - complaints	0
Policy & commercial decision of Trust	1
Hotel services (including food)	6
Other	12
Total	238

*The breakdown of categories in this table are in line with the Department of Health's K041 requirements, and a breakdown of the individual concerns raised in these three categories is

below.

2.9.1 Clinical care and treatment

50% (120) of complainants' main grievance concerned an **Aspect of their clinical care and treatment**. It is acknowledged that a certain level of complaint is inevitable given that a significant proportion of complaints are made during an inpatient stay, from or on behalf of service users compulsorily detained under the Mental Health Act (1983), and receiving treatment to which they have not voluntarily given consent.

The main reasons for complaint were related to:

- Overall general care and treatment (where more than one aspect of care and treatment is raised and all given similar weighting) (38)
- Diagnosis – for example: disagreement with (22)
- Medication – for example: the need for, disagreement with prescribed medication, side effects (17)
- Medical care – for example: access to, the quality of (9)
- Nursing care – the quality of (6)
- Care by multi-disciplinary team (5), Leave (5),
- Violence – patient to patient or staff to patient (5)
- Detention – circumstances and reasons for (3)
- CPA (2), Restraint (2)
- Close Observation (1) & Too early discharge (1)

2.9.2 Staff Behaviour & Communication

The Trust views the positive attitude of its staff as a vital part of delivering high quality services. However, in both inpatient and community complaints, concerns about the quality of the contact with staff featured widely, with all categories of staff being named. The root cause of some of these concerns was the quality of communication and customer care.

21% (50) of complainants main concern was a grievance related to the **Behaviour of staff**. Some examples of the concerns raised of how complainants had perceived their contact with staff were:

- Poor verbal communication: rude, verbally abusive or aggressive, shouting, inappropriate use of language, use of mother tongue
- Inappropriate behaviour: inappropriate physical contact, body language or facial expression, bullying, negative attitude, prejudicial, unprofessional, uncaring, unco-operative, unfair in treatment, untruthful and unsympathetic.

Of the complaints responded to in this category, two were fully upheld and 6 had an aspect upheld. One member of staff was named in two of these complaints and training was identified for her, as well as for staff named in some other cases.

In 23 cases (10%) **Communication** was the main concern raised. Some issues raised were the quality of face to face communication, inaccuracies in written communication, illegible handwriting in one instance, lack of access to information, and information expected not being received.

2.10 Action taken and learning lessons

Of equal importance to resolving complaints for complainants, is the opportunity for learning which these issues present for the Trust.

There were instances where a complaint reinforced the need for an action already being undertaken in a service, for example:

- Patient Engagement Time activities across the unit are under review (Hillingdon)
- Introduction of induction programme for agency and bank staff (Hillingdon)
- Programme of refurbishment (Older Adult, Harrow)
- Plan to introduce separate facilities for functional and organic service users (Older Adults)
- Recruitment programmes to fill vacancies (Older Adult, Hillingdon)
- Checklist introduced, to supplement systems to ensure environmental standards maintained (Hillingdon)

Some of the examples where complaints were upheld and lessons identified are listed below. In all of these instances remedial action was taken locally, either with the individual employee named, or a group of staff, such as a ward nursing team:

- The nurse in charge on each shift will wear a label to identify himself/herself (Hillingdon)
- Admission procedure, issues such as the confiscation of patient's property – the need for explanations of these are being and will continue to be discussed in multi-disciplinary team meetings (Hillingdon)
- Care plan folder introduced for all service users on discharge and in the community – packs include various documents, ie signed care plan, crisis card and relevant contact numbers) (Hillingdon)
- More customer care training is being provided for staff (Hillingdon, Harrow)
- Reinforced with staff the need to ensure that they adhere to the leave policy, to lessen inconsistencies (Hillingdon)
- Wherever possible medication to be clarified with patient's family doctor before admission (Harrow)
- Review of how special diets are catered for (Harrow)
- Welcome packs to be reviewed to ensure information given on meals and access to snacks and refreshments are up to date as well as displayed on notice boards (Westminster)

2.11 Organisational Learning points:

Amongst the complaints raised with the Trust are matters which should be obvious to relevant staff in carrying out various routines in their remit, and for this the opportunity is taken to reiterate these matters Trust wide for learning. Others are matters which might not have previously occurred but which having done so, provide the chance for the Trust to take steps to ensure they do not recur.

Inpatient

The need for:

1. Staff to make use of resources available, including leaflets, site Pharmacists, to ensure that service users receive adequate information about their medication (K&C & Westminster - awareness raised with relevant staff)
2. Staff to be aware that service users can have access to food and drink at all times (Westminster - awareness raised with staff and food and drink made available)
3. Staff to have discussions with service user, about why blood is being taken, even when it is routine bloods (awareness raised with staff K&C)
4. Staff to know that laxative should be available to service user as and when requested
5. To involve parents in reporting process and to tell them about referrals to social services, where there is no risk of the safety of the child being compromised (CAMHS – awareness raised with staff)
6. To address the lack of awareness of how to care for people with a visual disability (K&C: strategy put in place to skill up staff in this area)
7. To ensure staff always available in communal areas, particularly for patients who are unfamiliar with ward, or are very ill and need support in being heard (Westminster, AOCD)

Community

8. The need for clear information to be provided in first appointment letters about who the patient will see at the appointment (awareness raised with staff Hillingdon)
9. The need for staff to ensure legibility in writing notes to patients. (Brent – Manager provided staff with prepared letters for future use)
10. For clear instructions to be provided to staff that seeing clients with their minor children in tow is unacceptable, but if unavoidable care should be exercised (AOCD awareness raised with staff)
11. for staff to know not to give patients their mobile numbers particularly over bank holidays, when they will not be answered (AOCD - awareness raised with staff)
12. for staff to ensure information being given to service users about holiday opening times of pharmacies is correct. (AOCD – awareness raised with staff)

The need for:

13. Improved communication between teams

14. Staff to ensure that telephones are properly hung up after calls with service users (K&C – awareness raised with staff).
15. For care in sending letters to the correct GP from electronic list...a letter was sent to a Dr J. in Newcastle, rather than Dr J. who was in London (K&C awareness raised with staff)

3. Plans for 2011/12

In addition to ongoing work:

- Ensure that complaints are resolved promptly and to the complainants' satisfaction
- Ensure that all patients are informed about how they can make a complaint if they have a need to (an issue identified in responses to the service user surveys)
- Work with Camden and Hillingdon Community Services as necessary
- Provide training in relevant Trust policy and data recording processes.

Jacent Tracey
Complaints and Litigation Manager

May 2011