

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMISSION

REPORT FROM: DIRECTOR OF SAFETY AND RISK

DATE: 14TH JANUARY 2014

SUBJECT: UHL NHS TRUST COMPLAINTS PROCEDURES, DATA AND ACTIONS TAKEN

1. INTRODUCTION

- 1.1 The purpose of this paper is to provide the City Council Health and Wellbeing Scrutiny Commission with a summary report of complaints activity and management at the University Hospitals of Leicester NHS Trust (UHL).
- 1.2 Complaints within UHL, however received, are managed within the NHS Complaints Regulations, 2009. Furthermore, the Trust seeks to ensure that the Parliamentary and Health Service Ombudsman's 'Principles of Good Administration' are followed. In summary these are:-
- Getting it right
 - Being Customer Focused
 - Being open and accountable
 - Acting fairly and proportionately
 - Putting things right
 - Seeking continuous improvement
- 1.3 The Trust's policy is designed to ensure the patient remains at the centre of the process and that changes are made and embedded as a result of the lessons learned. It is acknowledged that many complainants might like assistance in writing complaint letters or at complaint meetings. POhWER is the local organisation that provides independent advocacy and advice in complaints handling and complainants are informed of this service and how to contact POhWER.
- 1.4 Feedback is actively and openly encouraged from all service users and concerns may be raised in a number of ways, including:-
- Directly with front line staff.
 - Message to Matron.
 - You help us learn.
 - Patient Experience questionnaire.
 - Postcard to Leicester.
 - Free Phone: 08081 788 337.
 - E-mail: pils@uhl-tr.nhs.uk.
 - Web address: www.uhl-tr.nhs.uk/patients/support-and-advice/making-a-complaint
 - In writing: The Firs, C/O Glenfield Hospital, Groby Road, Leicester, LE3 9QP
 - Chief Nurse – public listening event.

2. PATIENT INFORMATION AND LIAISON SERVICE (PILS)

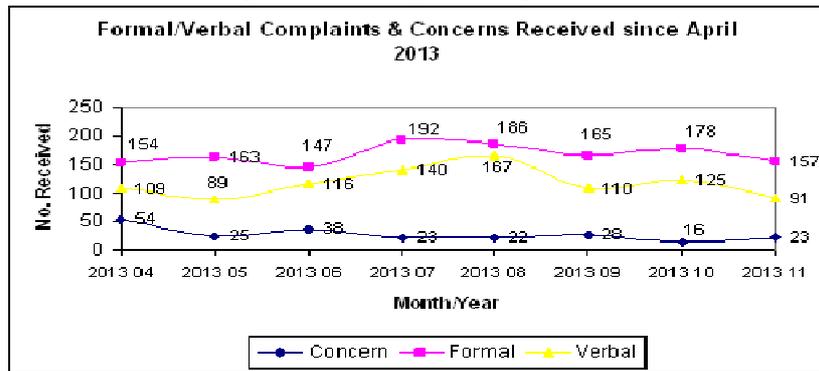
- 2.1 PILS is a central team who receive and administer all complaints, concerns, requests for information, comments and compliments, whether received from a patient, relative, G.P. or external organisations.
- 2.2 They endeavour to deal with all issues as quickly as possible, liaising with the relevant ward and departments within the Trust, and external organisations when appropriate.

- 2.3 Every complaint received is reviewed by a Patient Safety Manager who is a senior member of the team and who has a clinical background.
- 2.4 The issues are assessed/triaged for an appropriate investigation and response as follows:-
- **Triaged as green (10 working days from date of receipt)**
 - Easy straightforward issues that would require a minimum level of investigation, fact finding and resolution.
 - Clinical Management Groups (CMGs) may agree with complainant that they will not provide a written response but will speak with them directly to assure them of actions taken on how resolution has been achieved.
 - CMG must inform Corporate Team (Administrator) of outcomes so that the complaint can be closed on Datix.
 - **Triaged as amber (25 working days from date of receipt)**
 - More complex issues, nearly always serious enough to warrant a face to face meeting. A full and detailed investigation and provision of an investigation report, with a covering letter, or detailed written response. These complaints will require an action plan which will be shared with the complainant and monitored by the CMG.
 - **Triaged as Red (up to 45 working days from date of receipt)**
 - The issues raised will be highly complex, multi-CMG or cross-organisational. They will require the highest level of investigations, and may also be reportable as a Patient Safety Incident. It may be appropriate that an independent review is undertaken either internally or by an external clinical expert.
- 2.5 Re-opened complaints are responded to within 25 working days and are closely monitored by the central team. CMGs whose performance is poor in terms of the numbers, themes or performance of complaints are required to account for their position and their plans at monthly performance meetings with Executive Directors.
- 2.6 Multi-organisational complaints are assessed by the Corporate Patient Safety Team and managed in line with the *Protocol for the Handling of Local Inter-Organisational Complaints* (Revised 2010), ensuring that a single co-ordinated response is provided to the complainant. On receipt of a multi-organisational complaint PILS will acknowledge the complaint within 3 days and seek consent for the sharing of information with other organisations. A 'Lead Partner' (organisation subject to the primary focus of the complaint) is identified and carries out the responsibilities in accordance with the management protocol. All responses are quality checked to ensure;
- Accuracy and attention to detail
 - Consistency
 - All concerns have been addressed
 - No conflicting information
 - No apportionment of blame by one party of another party

3. DATA

- 3.1 For the year 2012/13 UHL received 1527 formal complaints. The overall activity for PILS during this year was 3668 contacts. This demonstrates an increase in total activity from the previous year, but a decrease in the number of formal complaints received.
- 3.2 It is acknowledged by the Department of Health that a high number of complaints is not necessarily a reflection of the quality of services provided. UHL encourages the patients and public to voice its views and express any concerns they may have.

3.3 The table below shows complaints activity from April to the end of November 2013:-



3.4 The following table provides complaint information for 2013 by subject:-

	2013 01	2013 02	2013 03	2013 04	2013 05	2013 06	2013 07	2013 08	2013 09	2013 10	2013 11	Total
Medical Care	29	30	31	38	35	19	36	38	37	47	43	383
Waiting times	20	18	24	20	28	29	30	34	34	34	21	292
Communication	18	19	15	13	22	24	20	12	13	17	11	184
Nursing care	14	20	22	19	15	20	16	15	15	13	15	184
Cancellations	14	9	22	13	14	10	24	19	12	11	12	160
Staff attitude	12	13	15	13	14	12	16	13	10	20	17	155
Discharge	6	4	11	7	7	4	14	7	4	5	12	81
Administration	6	3	2	2	5	2	4	14	8	2	6	54
Complications	3	2	4	2	3	6	5	9	6	8	6	54
Information	3	3	3	4	3	5	6	3	3	2	1	36
Medication	2	1	3	4	1	2	0	2	1	1	4	21
Hotel Services	2	0	1	0	1	2	1	5	6	2	0	20
Beds	1	2	2	4	3	0	1	0	2	0	1	16
Environment	2	1	0	0	1	1	1	2	1	5	1	15
Medical Records	1	0	0	4	1	0	1	1	1	2	4	15
Dignity/Privacy	1	1	3	1	1	1	2	1	1	1	1	14
Security	1	2	1	2	2	2	1	1	1	1	0	14
End of life care	0	1	1	0	2	3	3	1	2	0	0	13
Telephones	0	0	0	1	1	0	3	2	4	0	2	13
Car parking	0	1	1	2	0	1	3	1	0	1	1	11
Access	0	0	0	3	0	0	1	2	1	2	0	9
Confidentiality	1	2	0	0	1	1	0	2	0	0	2	9
Transport	0	1	1	1	1	0	1	0	2	2	0	9
Clinical Care (Other Staff)	2	0	0	0	1	1	0	1	0	0	1	6
Consent	0	0	0	0	1	1	1	0	1	1	0	5
Funding	0	2	1	1	0	0	1	0	0	0	0	5
Appliances/equipment	1	0	0	0	0	0	0	0	0	0	1	2
Equality and Diversity	1	1	0	0	0	0	0	0	0	0	0	2
Infection Control	0	0	0	0	0	0	1	1	0	0	0	2
Safeguarding issues	0	0	0	0	0	1	0	0	0	1	0	2
Totals:	140	136	163	154	163	147	192	186	165	178	162	1786
Complaints per 1000 admissions/attendances	1.4	1.5	1.7	1.5	1.6	1.5	1.9	2.0	1.7	1.7	1.6	1.7
IP	17923	16561	17365	17273	17722	16951	18246	16898	17544	18748	17796	19307

OP	68,996	63,530	62,313	69,118	66,855	65,133	71,158	64,076	69,024	75,220	68,675	74408
ED	13655	12865	14336	14415	14343	14145	13439	11517	11964	12254	11874	14487
TOTAL	10054	92956	94014	10086	98920	96229	10283	92491	98532	10622	98345	10812

- 3.5 The Trust sets a standard of 95% compliance with the 10, 25 and 45 working day response performance, and this is monitored on a monthly basis, both internally and with commissioners as part of the quality schedule.
- 3.6 UHL's current performance is 86% (10 working day), 85% (25 working day) and 81% (45 working days). The need to improve complaints performance is recognised and work is being undertaken with the relevant Clinical Management Groups to provide more timely responses to complainants. 100% of formal complaints are acknowledged within the required 3 working days.
- 3.7 In 2012/13, 24 UHL complaints were referred to the Parliamentary and Health Service Ombudsman (PHSO). Of these, only one was upheld which related to compensation for lost dentures. The trust is still waiting to hear the PHSO's decision regarding two of the 24 complaints.
- 3.8 Under the new approach, detailed in "More investigations for more people" (Parliamentary and Health Service Ombudsman announcement, April 2013), if the complaint meets some basic tests the Ombudsman will begin an investigation immediately and inform those involved. The Ombudsman's office hopes this will improve openness and transparency for all the parties involved in a complaint. They also hope that it will help healthcare providers to see and learn from more of the complaints that are notified each year, helping to identify opportunities to develop and improve services.

4. ACTIONS TAKEN/LEARNING FROM COMPLAINTS

- 4.1 Complaints provide a rich source of feedback and learning for organisations and the Trust is keen to listen, learn and improve as a result of complaints. Furthermore the recent Francis, Keogh and Berwick reports highlight the fundamental importance of using complaints as spur for learning and improvement.
- 4.2 Within UHL, reports on complaints are currently received by, and discussed at the monthly meetings of the Executive Quality Board, the Quality Assurance Committee and the Clinical Quality Review Group (with our CCG Commissioners). All complaints are reviewed and if they meet the relevant triggers they will be escalated and investigated as a serious untoward incident.

The following are examples of learning from recent complaints:-

- 4.3 A complaint was received regarding an incident which was also a Never Event, where a child had to be returned to theatre from recovery for x-ray and removal of a retained needle. Following the serious incident investigation, a meeting was held with the patient's mother to discuss her complaint and the findings of the investigation. The policy relating to the management of swabs, needles and instruments in theatre has been revised to make the responsibilities for missing items and the importance of x-raying a patient whilst still in theatre clearer. This policy and the learning from the incident have been widely disseminated through a variety of routes including e-mails, meetings and newsletters. There was also an article about Never Events included on the intranet with details in a desktop box on screen when staff logged in to a computer.
- 4.4 A man complained about the discharge of his daughter on a Saturday, from Leicester General Hospital, taking a long time due to delays in provision of her discharge medication. The delays were due to a combination of issues i.e. a delay in the discharge

letter being written due to the workload of the doctors and a delay in the provision of medication. This was due to the Pharmacy at Leicester General Hospital closing at 14:00 at weekends. New ways of working for junior doctors are being trialled. The main aim of this is to try to prepare discharge letters the day before patients are due to go home, in order to assist with timely discharges. The provision of Pharmacy services across all sites is going to be reviewed to identify the service needs. The outcome of this review may include extending opening hours and staff availability on each of the UHL sites during evenings and weekends. The roll out of electronic prescribing will also assist with this process.

- 4.5 A patient complained that his operation was cancelled on the day of surgery after the anaesthetist had started to administer anaesthetic gas, as an implant required was not available. The patient was smaller than average and requires a smaller implant which was not part of the routine stock. At the Team Brief the equipment required was discussed but the surgeon had not realised that the implant he needed had to be specially ordered therefore did not identify this as an issue at this stage. As a result of this issue, theatre staff have created a list of prostheses routinely stocked. This has been attached to the shelf next to the equipment to assist with the checking procedure.
- 4.6 A patient's daughter complained that their mother had missed doses of medication and that staff had reported they were unable to contact Pharmacy support out of hours. Following a review of this complaint, it was evident that there was a lack of knowledge about out of hours (OOH) Pharmacy provision amongst nursing staff. To address this:-
- Staff received feedback regarding OOH provision.
 - A poster was designed and displayed to provide an on-going prompt.
 - Electronic prescribing has been introduced on the ward.
- 4.7 A patient's brother complained that there was a lack of provision of equipment and wheelchairs for bariatric patients. On review of this complaint, it was identified that there was a lack of knowledge amongst nursing staff about what equipment is available within the hospital and how to access it. To address this:-
- Staff have been spoken to on an individual basis as a team.
 - The Trust has formed a working group to improve services for this group of patients.
- 4.8 A complainant was unhappy with the standard of privacy and dignity afforded to them and wanted assurances regarding staff training. As a result of this complaint:-
- A five day Health Care Assistant (HCA) induction programme (for all new HCAs to the Trust) has been implemented.
 - A four day HCA Development Programme (over three months) for HCAs who have been in post for at least one year has been implemented which also includes a project on improving patient experience.
 - A new three day programme began on the 18th February 2013 in partnership with the Learning Disability Liaison Team for HCAs. The programme is designed to provide HCAs with the skills to provide quality care for those patients who require extra support during hospitalisation.
- 4.9 Concerns were received regarding the cancellation of a procedure due to a low haemoglobin level. Bloods had been taken at a pre-assessment appointment (21st December), however the patient was cancelled on arrival (3rd January 2013). A long wait during a pre-assessment appointment due to the doctor's availability. As a result of this complaint actions were taken to:-
- To amend the appointment letter to include waiting time expectations and advise patients that they may need to see an anaesthetist during their visit.

- To establish existing information accessibility/availability on the surgical wards (re: escalating unresolved concerns). To address the information provided (if insufficient) to relatives/patients.
 - To address the information provided to bank nursing staff re: communicating to patients/relatives/professionals.
 - To oversee the revised pre-assessment letter contents prior to it being implemented.
- 4.10 In the Women's and Children's CMG complaint themes are monitored on a weekly basis and reported back to the CBU and Divisional Quality Boards on a monthly basis. It has already been highlighted to the Boards that nursing and midwifery themed complaints have increased in Quarter 4. However as a result of this, the Division will be undertaking a total complaints review for Quarter 3 and 4 to identify whether there are any trends or themes within the subject themes.

In addition, the Division have re-written the Quality and Safety teaching package on the mandatory training days, targeting complaints identified as medical, nursing and staff attitude. Following the complaints review, if specific issues are identified, the Division will formulate an action plan with recommendations on how to reduce their incidence.

5. FUTURE PLANS

- 5.1 The long-awaited publication of the Clwyd-Hart review into the NHS hospitals complaint process was released on 28th October 2013 and sets out a number of recommendations to improve the complaints system. The government-commissioned inquiry, led by Labour MP Ann Clwyd and Professor Trish Hart, was a response to the Francis Report which detailed 13 specific recommendations that relate directly to complaints and their handling.
- 5.2 'Putting Patients Back in the Picture' sets out the reasons people complain, picks up on staff attitudes and concerns about resources and goes on to set out what patients want from a complaint system. The following recommendations are particularly relevant to UHL and are currently being reviewed:-
- i Trusts should provide patients with a way of feeding back comments and concerns about their care on the ward.
 - ii Attention needs to be given to the development of appropriate professional behavior in handling complaints. This includes honesty, openness and a willingness to listen to the complainant, and to understand and work with the patient to rectify the problem.
 - iii Staff need to record complaints and the action that has been taken and check with the patient that it meets their expectation.
 - iv There should be NHS accredited training for people who investigate and respond to complaints.
 - v Trusts should actively encourage both positive and negative feedback about their services. Complaints should be seen as essential and helpful information and welcomed as necessary for continuous service improvement.
 - vi Every Chief Executive should take personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings.
 - vii There should be Board-led scrutiny of complaints. All Boards and Chief Executives should receive monthly reports on complaints and the action taken, including an evaluation of the effectiveness of the action.
 - viii Every Trust has a legislative duty to offer complainants the option of a conversation at the start of the complaints process. This conversation is to agree on the way in which the complaint is to be handled and the timescales involved.
 - ix Hospitals should offer a truly independent investigation where serious incidents have occurred.
 - x When Trusts have a conversation with patients at the start of the complaints process they must ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant.
 - xi Board level scrutiny of complaints should regularly involve lay representatives.

- 5.3 Following consideration of all the recommendations and noting the on-going work of external organisations, we propose that there are a number of recommendations which we can action within the Trust without delay. These include:-
- Increase the signage around the Trust for patients and relatives who wish to raise concerns;
 - Improve feedback mechanisms at ward level;
 - Deal with patient concerns early – ‘real-time’;
 - Strengthen the sign-off arrangements for complaint responses;
 - Early engagement with patient groups on complaints;
 - Update complaints handling guidance for new CMGs.
- 5.4 However, other recommendations will require further consideration so the following is proposed:-
- Further, early collaboration with HealthWatch to consider this report and improving our complaints handling including reporting to the Board;
 - Consider the establishment of an internal Complaints Review Panel with lay representation;
 - Hold a ‘Putting Patients Back in the Picture’ LiA event with internal staff and external stakeholders;
 - Consider UHL making pledges to our patients and public on complaint handling;
 - Review the training needs re complaints handling within the Trust;
 - Improved triangulation of complaints, patient experience and NHS Choices information;
 - Consider a mechanism for independent advocacy of complaints / concerns.
- 5.5 Following discussion on this at the Executive Quality Board and Quality Assurance Committee, the Trust Board have agreed to a Trust Board Development Session on complaints handling in February 2014.

6. RECOMMENDATIONS

- 6.1 The City Council Health and Wellbeing Scrutiny Commission is invited to receive this report and note:-
- i UHL’s current data and performance relating to complaints.
 - ii The learning and actions the Trust is taking.
 - iii The Trust’s on-going plans to strengthen and improve complaint management at UHL.

**Moira Durbridge,
Director of Safety and Risk
December 2013**