

uclh

# Annual Complaints Report

Analysis of Formal Complaints  
April 1<sup>st</sup> 2012 – 31<sup>st</sup> March 2013

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# 1

## Introduction and Purpose

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Complaints are a very important source of information about our patients' views regarding the quality of services and care provided by UCLH. All formal complaints received have been fully investigated through the Trust's complaints procedure. All staff are encouraged to respond to concerns raised by patients and relatives as soon as they become aware of them, rather than waiting to receive a formal written complaint.

Complaints and their responses are seen by members of the Board including the Medical Director, Chief Nurse, Chief Executive and Chairman. Non executive directors review complaints on a rotational basis and ward to board involvement in the complaints process is encouraged.

Regular reports about complaints are discussed at the Trust's Quality and Safety Committee (QSC) and the Patient Experience Committee (PEC).

In 2012/3 Sir Robert Francis' report into the failings at Mid Staffordshire, highlighted the importance of a centralised complaints team and a robust Trust process to monitor complaints, and to ensure lessons are learned in order to prevent similar repeated failings within an organisation.

The purpose of this report is therefore to:

- Provide assurance that the Trust follows its Complaints Policy and procedures when investigating and responding to formal complaints addressed to the Trust.
- Show examples in which data from complaints and lessons learned from complaint investigations have been used to improve the quality of patient care during the year (pages 14-17).
- Set out recommendations and an action plan for 2013/14 for areas of non-compliance and ways in which further improvements could be made to both the complaints process and the use that the Trust makes of formal complaints received from patients and their representatives.

This report is limited to a review of formal complaints received up until April 2013, and is produced in order to meet NHS Complaints regulations to ensure the Board of directors and our patients are aware of all complaints related work.

Since April 2013 many improvements have been made in how we respond to complainants and approaches to learning lessons. The Trust is currently exploring ways in which all feedback mechanisms might be integrated in order to improve patient experience and maximise learning from themes. Updates on this work can be found in quarterly reports to the QSC.

# 2

## Overview of Compliance with Complaints Policy

### Update on changes to complaints management during 2012/13

As a result of the revised terms of reference of the PEC a review of complaints monitoring was undertaken in 2012 and proposals for change submitted to the May 2012 meeting of the QSC. Some key proposals accepted by the QSC included:

- A new monthly complaints review group should be established and would include governor and board representation; ACTIONED: Complaints monitoring group (CMG) was established in June 2012 and membership continues to evolve.
- That the existing quarterly complaints report to the QSC is continued and extended and copied to the PEC for information; ACTIONED
- That any significant Trust wide lessons arising from complaints to be submitted to the PEC and QSC for consideration; Partially ACTIONED: Actions have been circulated via the QSC News sheet. The role of the PEC in relation to complaints is under development
- That improved mechanisms for learning lessons continue. This includes trial of a monthly review of complaints issues by the Clinical Risk and Complaints Manager (CCRM) and the sending of themes, issues and learning to relevant Trust teams : ACTIONED with improvements ongoing

Compliance with monitoring requirements
A review of agenda and minutes of the new Complaints Monitoring Group (CMG) for 2012/13 confirmed that it received a monthly monitoring report from the time it was established in June 2012 on timeliness of responses, outstanding responses and where relevant lessons learned from Ombudsman's cases. This group also contained patient governor representation from Sept 2012.
A review of agenda and minutes of QSC for 2012/13 confirmed that QSC received a monthly report via the performance book in line with monitoring arrangements in the Policy. A review of exception reporting demonstrated that when divisions did not meet the target for complaint responses they were asked to account for this at the Executive Board Performance sub Group and this was in turn reported to QSC.  From July 2012 there was a request to divisions via the performance book to ensure complex complaint responses were sent to the complaints department by day 22 in order to allow for review and quality checking.  A review of the QSC minutes showed that the QSC received an update on cases referred to the Ombudsman on a quarterly basis during the year.

## Internal Audit Findings

There were several actions recommended by an internal audit of the complaints process made in 2011 for action in 2012/13.

	Action	Status
1	Ensure <i>all</i> complaints received have evidence of when they are received for example they should all be date stamped.	This has been audited on 2 occasions and shows compliance
2	Ensure that <i>all</i> complaints are acknowledged within three working days	Audit of a sample of 165 complaints showed a 95% completion of acknowledgement letters within 3 working days
3	Where there is no evidence of telephone contact between the Division and the complainant, the Complaints Department should chase the Divisions concerned	There is evidence that escalation occurred but further work is needed in this area
4	Where complaints have exceeded the 25 working day limit or other agreed timescales for resolution, the responsible Divisional Leads should provide commentary as to why there have been delays.	QSC minutes demonstrated that this occurred but further work is required to improve timeliness of responses
5	The Trust-wide Complaints Policy should be updated	Completed

# 3

## Analysis of complaints received in 2012/13 (from DATIX Database)

The Complaints team provided monthly updates to the CMG on the number of new formal complaints received, any reinvestigations, key themes and the percentage of responses that are sent to the complainant within the Trust (performance target of 25 working days unless otherwise agreed with the complainant.) The reporting of complaints continued quarterly to QSC.

**Table 1: Total complaints received and response time**

Year	Total No of Formal Complaints Received	Total No of complaints referred to PHSO *	Response time target met (all complaints)	Main Subject matter
2010/11	671**	13 (1.9%)	84%	All Aspects of clinical treatment
2011/12	520**	30 (5.8%)	85%	All Aspects of clinical treatment
2012/13	674**	23 (3.4%)	80%	All Aspects of clinical treatment

From Table 1 overleaf:

\* Parliamentary Healthcare Service Ombudsman (PHSO)

\*\*Number of complaints and targets may fluctuate very slightly in, or at end of the year due to complainant withdrawing their complaint or an initial registration error

A reduction of 22% in formal complaints for UCLH was noted for 2011/12, but there has been an increase of 154 complaints (29%) in 2012/13. Reasons for rises in complaints are multi factorial, but this rise may indicate the reduction seen for 2011/12 to be an anomaly, as the increase takes us nearer to the 2009/10 levels.

The increase for this year is against a backdrop of increased inpatient and outpatient activity, including the transfer of the Royal National Throat Nose and Ear Hospital and Neurosurgical services from The Royal Free into the Specialist Hospitals Board of UCLH.

The national figures for NHS complaints show a rise for 2012/13 of 2% but the report released by Health & Social Care Information Centre at the end of August 2013 also cautions about focussing purely on the number of complaints, as organisations that ask for feedback, such as UCLH, may expect to receive more complaints as a result of its open culture. This increase is being closed monitored by the CMG, PEC and QSC.

The number of cases referred to the PHSO has fluctuated but the role of the PHSO continues to evolve, and the number of referrals is now expected to rise year on year in line with changes, post release of the Francis report. This is explored further on page 24.

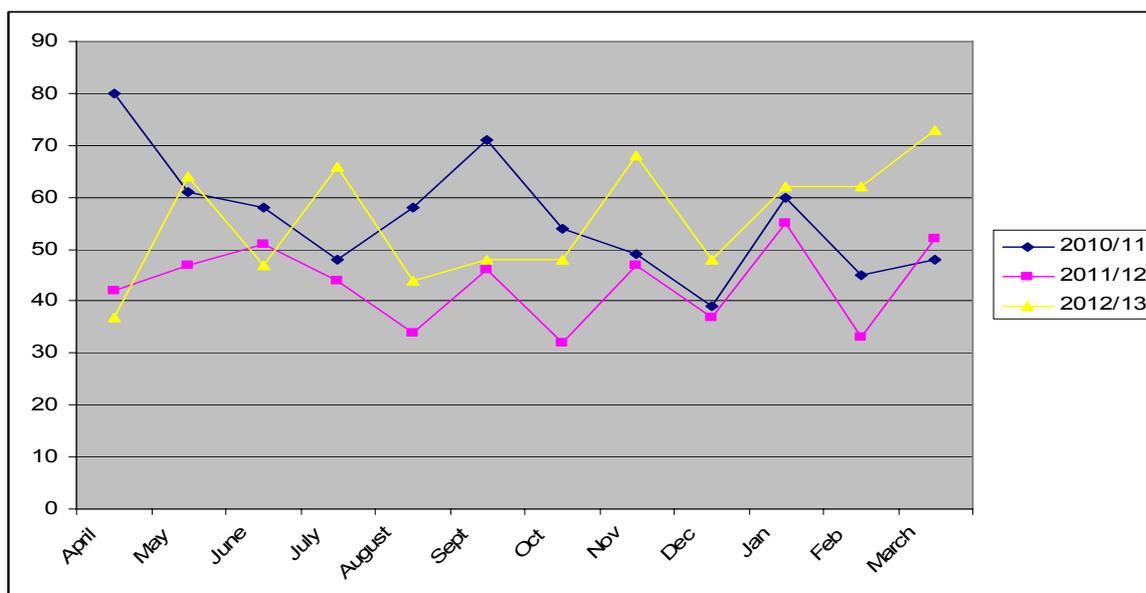
**Actions:**

Continue to monitor number of complaints and trends in divisions in light of increase in overall numbers

Develop further initiatives with divisions, QSC and PEC to improve timeliness of complaints responses

Ensure effective liaison with PHSO to ensure lessons about complaint processes as well as individual complaints are learnt

**Fig 1 : Number of Complaints received by month**



Complaints received have ranged from 37 – 73 with an average of 56 per month  
The rise in complaints for 2012/13 is against a rise in patient contacts (see table 2).

**Table 2: number of complaints and number by patient contacts (over page)**

Years	Period	Number Of Patient Complaints	Number of Patient Contacts	Complaints per 1000 patient contacts
2011/12	Qtr1	139	254211	0.55
	Qtr2	126	261254	0.48
	Qtr3	114	255842	0.45
	Qtr4	140	268315	0.52
2012/13	Qtr1	149	273737	0.54
	Qtr2	157	285771	0.55
	Qtr3	166	291422	0.57
	Qtr4	205	349703	0.59

**Benchmarking against other organisations**

It had been hoped to expand benchmarking during 2012/13 against other organisations e.g. via participation in The Shelford group however limited comparative data has been made available to date. It is hoped that this aspect will be strengthened in the coming year, as more data is made available following the Francis report

The position for the whole of the NHS from The Health & Social Care Information Centre is an overall increase in formal complaints of 2%, which include PCT and other health providers. The most significant increase in complaints to acute trusts was noted to be 50-60% in some non foundation trusts in London, many of these have since been monitored under 'special measures'.

The Health & Social Care Information Centre states that caution should be taken when interpreting the basic quantitative data. An organisation that has good publicity, that welcomes complaints as an opportunity to learn and to improve services, and that has a non-defensive approach in responding to complaints may be expected to receive a higher number of complaints than an organisation with poor publicity and a defensive approach in responding. Yet one might also expect its services to be of a higher quality. It is important that organisations are open about the number of complaints received, but these should not be read in isolation

**Table 3: Comparison of UCLH complaints to other key London trusts for 2012/13**

Organisation	Complainants	Trend since 2012	Upheld **
UCLH	674	↑29%	66%
Royal Free	711	↓11%	64%
Guy's & St Thomas's	812	↑9%	67%
St George's	828	↓19%	100%
Imperial	834	↓2%	55%
Barts Health	1994(new merged organisation so no comparison possible)	?%	36%
Kings	595	↑5%	50%

As can be seen from the above table there is a wide variation in the rate of complaints upheld which is likely to reflect different methods. This is an experimental category and ongoing discussion is occurring between Trusts and the Statistics centre

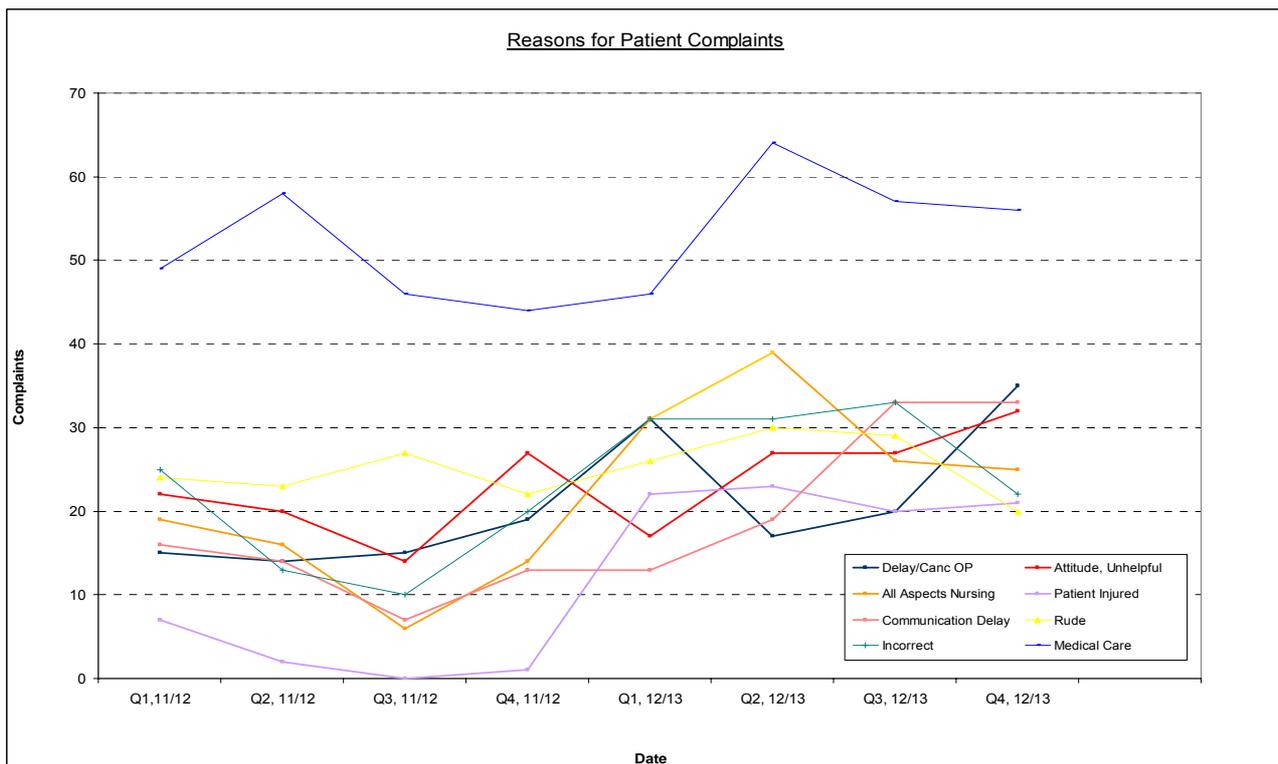
# 4 Key Subject Analysis from DATIX

This section will examine the reasons why patients and relatives complain to UCLH. The main subject areas are defined by the department of health and are analysed nationally via the KO41 data. Underneath these main subjects, further sub subjects can be captured.

An improvement on recording the sub subject reasons has taken place in 2012/13, but further work is required in order to distinguish between better data capture versus a trend of increasing complaints relating to these subject areas.

The Francis report has also made key recommendations in reviewing data from complaints which will be discussed as part of the Trust's ongoing work into implementing improvements following the Francis Report.

**Figure 3: Reasons for Complaints in 2012/13**



An average of 46% of all main subjects within NHS complaints nationally are primarily about 'all aspects of clinical care', there is early evidence that hospitals placed under special measures were a notable outlier, with in excess of 70% of their complaints being primarily about 'all aspects of clinical care'. The charts below compare the main subjects reported to the DoH by UCLH in 2011/12 and 2012/13. In line with national findings - 'All aspects of clinical treatment' continues to be the main subject that patients or their relatives complain about at UCLH, (45%)

**Action :** 'all aspects of clinical care\*' is very broad, & includes care from all clinical staff. It is recommended that further analysis be undertaken in 2013/14 to ensure optimal organisational learning.

Four types of complaint account for 85% of all complaints made against the Trust for the reporting period. K041a only captures one category from each complaint for analysis, so the allocation is based on the most significant aspect emerging from the complaint. The main categories are outlined below

**Table 4: Summary Analysis of Key Themes and Trends for 2012/13**

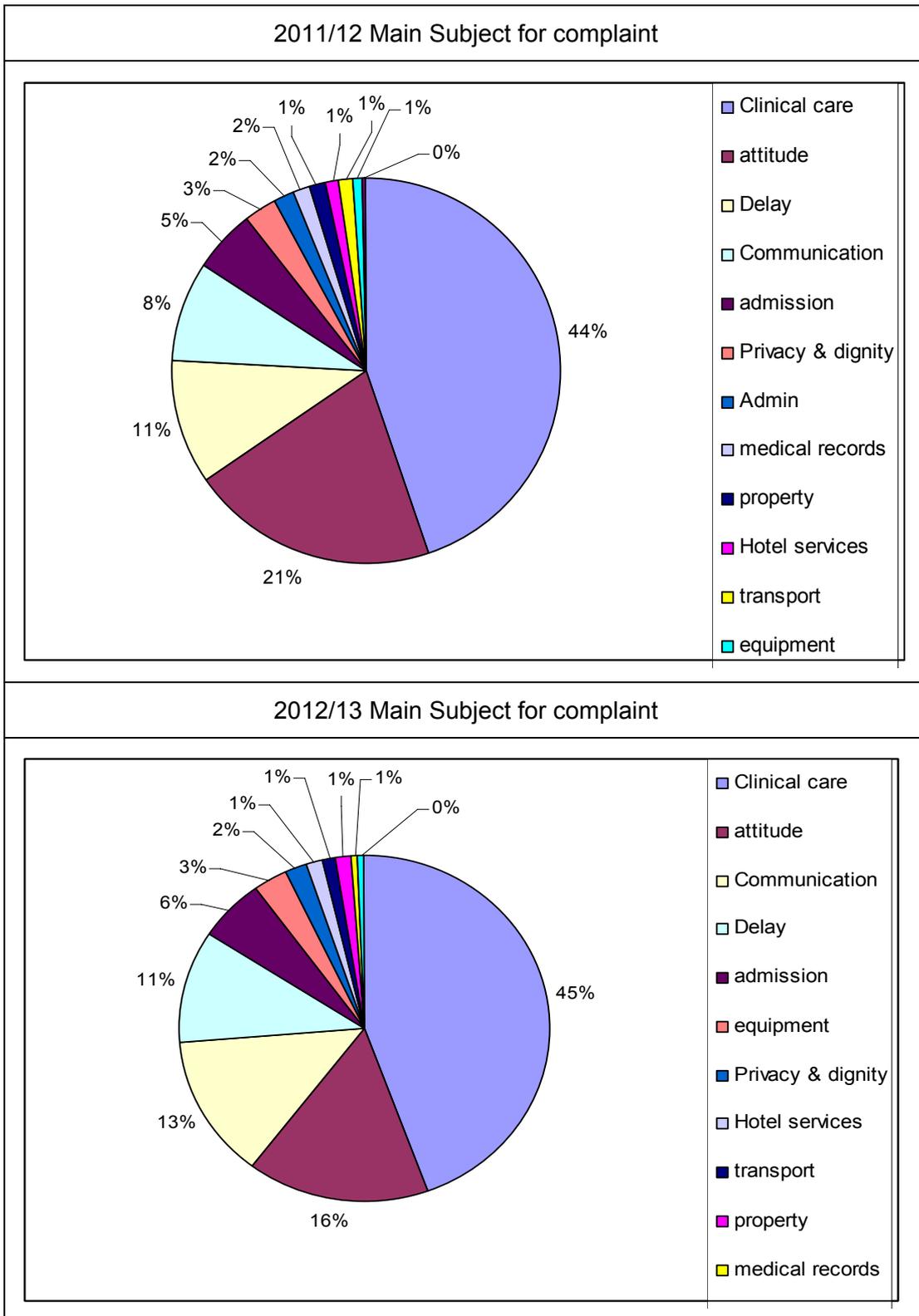
Primary Subject of complaint as logged on DATIX	% of complaints N=674	Trust-wide Trend compared to 2011/12
*All aspects of clinical Treatment	45% UCLH (301/674) 46% nationally	Increase 1%
Attitude of staff	16% UCLH* (108/674) 11% nationally	Reduction 5%
Communication /Information to patients – written and verbal	13% UCLH (91/674) 10.5% nationally	Increase 5%
Appointments delay/cancellation (outpatients)	11% UCLH (70/674) 8% nationally	Same

In 2012/13 UCLH showed a reduction in complaints that were primarily about attitude of staff, from 21% to 16% of the total. This maybe linked to the work that the Making a Difference Together campaign (MaDT) has initiated but should be monitored further before definitive conclusions are drawn. There is emerging evidence from complaints that unacceptable attitude or behaviour may be the trigger for a much broader complaint about their experience of healthcare and improving. Appropriate attitude and behaviour of staff, and their responsiveness to patients remains a key trust priority.

There was also an increase in complaints about communication with the patient, this appears on review to be linked to a delay in patients receiving letters after discharge as an in patient or after attending an out patient appointment.

**Actions:** The teams involved have reviewed their processes and changes are also planned by the ICT group to the electronic discharge summary.

**Figure 4: Comparison of Main Subjects for Complaint within UCLH**



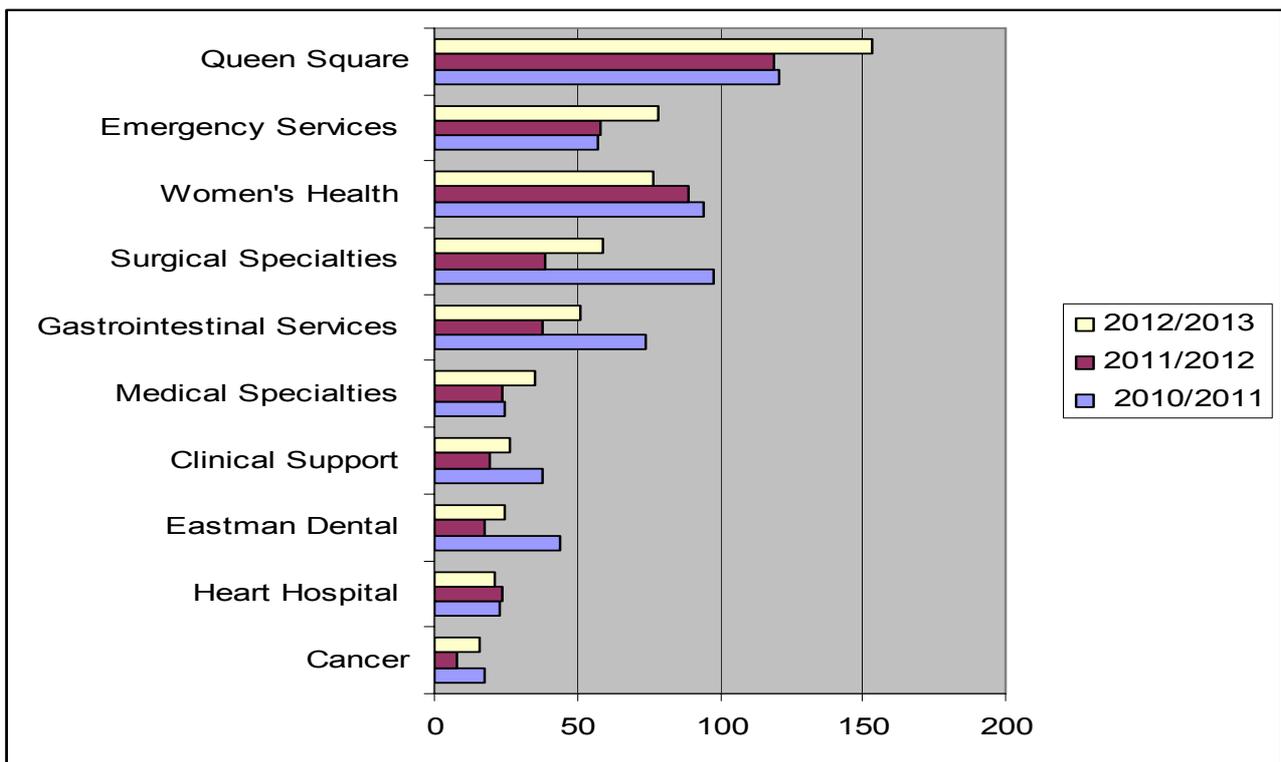
Trends are monitored by QSC and PEC and when numbers of complaints change, the division is asked to account for the variation.

This allocation of complaints to a lead division explains the low number of complaints for some divisions, as issues such as transport or food may appear within a complaint but are often not the main issue raised

A variety of focussed improvement work was previously undertaken within Women’s Health and Surgical Specialities in 2010/11 and it is positive to note a reduction in complaints over the last three years in these areas. The rise in complaints within Queen Square and Emergency Services was noted through the year and the Divisions were asked to account to the QSC / CMG /PEC and work is ongoing within these divisions. These rises in complaints have been against a background of increasing activity and both divisions have plans for additional building work to improve access and capacity.

Actions: Customer care training for reception staff has been undertaken within A & E, and this appears to have reduced the number of attitudinal complaints.

**Figure 5: The 10 Clinical Divisions with the most complaints over last 3 years**



The increase in complaints within Queen Square is multi-factorial but is in part linked to the presence of highly specialised services for autonomies, headache, complex spine and pain that are offered in the division, and due to the scarcity of provision for these highly specialised services, longer than normal waiting lists result. There has also been a transfer of neurosurgical services from The Royal Free to Queen Square, increasing demand.

There were also local factors such as the inability to find a suitably experienced clinical nurse specialist to replace maternity leave within the headache service, despite timely recruitment advertising which resulted in poor patient experience for a period of time. There is now cover in place.

There has also been an increase in concerns about medical diagnosis or individual management plan within ‘neurology’ which also encompasses specialist services such as pain. This is being monitored but is more pronounced within this division, possibly linked to the expectation of patients to be given a firm diagnosis and management plan – which is unfortunately not always possible within this complex clinical speciality.

We know that increased hospital activity can negatively impact on A & E experience, both directly due to increasing numbers attending the department and also on patient flow when patients maybe waiting for a bed for admission to a ward.

Due to the complex patient pathways involved, Emergency Services and Queen Square divisions have often led on complaints spanning multiple divisions, which may result in further distorting the numbers as complaints spanning several divisions are only logged with one lead division.

All divisions have focussed on complaints during their divisional governance or audit meetings and have taken a number of actions to learn from issues raised (see section 5)

**Table 5: Comparison between Divisions 2010 - 2013**

<b>Division</b>	<b>Number of complaints 2010/2011</b>	<b>number of complaints 2011/2012</b>	<b>number of complaints 2012/2013</b>
Queen Square	121	119	<b>153</b>
Emergency Services	57	58	<b>78</b>
Women's Health	94	89	77
Surgical Specialties	98	39	59
Royal National Throat, Nose & Ear Hospital	Not part of	UCLH	56
Gastrointestinal Services	74	38	51
Medical Specialties	25	24	35
Clinical Support	38	19	26
Eastman Dental	44	18	25
Heart Hospital	23	24	21
Cancer	18	8	16
Imaging	25	30	13
Infection	7	8	13
Theatres and Anaesthesia	10	8	11
Pathology	6	12	10
Estates and Facilities	9	9	9
Paediatrics	8	6	6
Medical Records	5	3	3
Patient Advice & Liaison Service/Bereavement Services	2	1	2
Finance	0	0	2
Critical Care	4	4	1
Governance	2	0	0
Interserve	1	2	0
Information Communication Technology	0	1	0
<b>Totals:</b>	<b>671</b>	<b>520</b>	<b>667</b>

# 5 Lessons Learnt from Complaint Monitoring

This section considers how the Trust learns from the complaints it receives. The 2013 Francis Report made several recommendations about complaints, including greater attention being paid to narrative contained in complaints as well as analysis of numbers, themes and trends. Complaints will form one of the sections of the Trust's Task and finish review of the Francis report and actions are expected to be forthcoming as this work progresses

**Actions :** Ensure that all actions related to complaints arising from the UCLH Francis Review Group are reported in the next Annual Complaint report

Explore greater use of narrative to assist in learning from complaints

Complaints provide valuable feedback, and should be viewed by staff and the trust as positive agents for change. This may arise from review of themes or trend analysis but on occasion issues can be identified from individual complaints which have implications for other patients, their relatives and carers, as well as the services provided by the Trust.

Complaints are triaged on receipt as to the seriousness of the issues raised. This grading system was revised during 2012 to reflect a five stage matrix rather than the previous three stages. The vast majority of complaints received are graded amber.

As part of this triage, complaints that highlight potentially serious incidents are discussed within the Quality and Patient safety team. During 2012/13 six complaints were received which were investigated as serious incidents.

Complaints monitoring is a standing agenda item for each divisional governance meeting, and there is evidence to support this from Divisional meeting minutes.

Trust wide issues are discussed at QSC and shared via the QSC newsletter, examples of which are included on pages 16-18

Anonymous information from complaints maybe used to inform Trust wide initiatives in order to improve patient experience and safety and to reduce harm to our patients. Examples include :

**Outpatient Quality and Effectiveness programme** –presentations from the complaints team about themes and individual complaints relating to out patient experience have been made

**Diagnostic Quality and effectiveness programme** has used data from PALS, complaint and incidents to inform their initial project scoping.

**Contacts** – following a series of complaints about patients not being able to contact staff with questions, QEP used this information to develop a code of conduct for phone and voicemails in April 2012. Data on percentage of calls answered within 30 seconds is also now recorded on the scorecard for Trust and Divisions

**Improving end of life care** – a monthly report on end of life care issues arising from complaints is submitted for discussion at the End of Life Steering group

**Ward round time tabling** – as a result of numerous data sources, including complaints the Trust launched an initiative for every patient to be seen once a day by a decision maker, senior registrar or consultant and a senior nurse from the clinical area. This was especially relevant when patients were outliers on a ward. Reducing outliers will be an objective for 2013/14

Work is also ongoing to link learning from complaints, incidents and claims and aggregate analysis. In 2012/13 work was carried out for two single topic reviews on tracheostomy care and missed initial diagnosis of fractures.

## A small selection of lessons learnt are summarised below to illustrate how complaints may drive service improvements:

### Complaints about clinical care

A patient's relative complained that the **food choice** offered was not suitable for their condition, as they had been prescribed a soft diet by a Speech and Language Therapist (SALT), an alternative option was not offered

**Action taken:** The investigation showed nurses did not have access to the kitchen outside of immediate mealtimes. A cupboard and fridge were then allocated specifically for SALT use to ensure that stocks of food meeting the criteria for appropriate consistencies were available to nurses on a 24 hour basis. A snack box option appropriate for patients on a soft diet was also developed after this complaint.

In another area a patient complained about not being able to **access drinks** in the evening after a procedure and being woken up very early the next morning for their discharge after a procedure

**Action taken :** The investigation revealed a variation in the number and times that drinks were provided. This was standardised with the facilities team, and additional snacks and drinks can also be obtained outside of these 'normal times'. Pilot work is underway to ensure patients are not asked to leave too early in the morning but that they are informed before their admission of an expected 11am discharge.

A patient's relative complained about a **failure to control pain adequately**. In order to escalate the lack of effective pain management to the pain team, it was necessary to have given all prescribed medication first and to allow time for this to work. The investigation found that the staff did not provide an adequate explanation about what was happening to the family and this led to a perception that they were 'ignoring the pain'. There were also other non medical actions that could have helped improve the patient's comfort.

**Action taken:** As a result of the complaint, sessions on effective communication and pain management were discussed on the team's teaching programme as part of the 'In Your Shoes' improvement programme. Staffing levels were also reviewed for that area. Individual staff were debriefed by the ward sister and some staff received additional training and monitoring. An apology was given to the patient, and they were invited to the nursing staff's study days to share their first-hand experience and increase awareness among the staff.

### Complication after surgery

**Action taken:** The patient was referred to an appropriate ophthalmologist and staff were interviewed about their actions on the day of surgery. On investigation there was no standard Trust wide guidance and practice on eye care and protection whilst under general anaesthesia. Trust wide guidance has since been developed via the trust Clinical Guidelines Committee

A complaint was received about **pain and distress from an intravenous cannula** that was inserted before a test took place in out patients. The patient was not informed that this would happen and did not feel prepared for their experience.

**Action taken:**

The manager reviewed the information and documentation sent to patients for this procedure and found that the patient was not informed that they would receive a cannula, whereas they all would need this in order to undergo the test. As a result of the complaint there was a discussion at the local governance meeting and all the patient information was reviewed. The division is now updating all of its patient information literature to ensure patients are prepared and informed of what will happen for each test and why

**Concerns about advice before discharge**

Concern about anticoagulation advice on discharge was raised by both a GP and a patient. As a result of these complaints the anticoagulation team and pharmacy reviewed the circumstances leading up to the patient's discharge and the arrangements that had been put in place

**Action taken:**

A reminder about the appropriate pathway and guidance was circulated via Sumtips (the pharmacy newsletter for sharing learning from incidents, complaints and near misses)

**Complaints relating to pathway issues**

A number of complaints were received about 'poor organisation of the timing and **coordination of tests**' within the day unit at NHNN. This was unusual for this area

**Action taken:** The Division responded to the upturn in complaints by reviewing the administrative and clinical support to this area, in light of increased activity within this service. The sister for this area had covered two separate areas, in order to provide strong leadership, her role was revised and another sister recruited. Process mapping of the pathways in daycare and a review of admin support, together with the increase in senior nursing presence has resulted in no further complaints for this area for the past six months.

Several complaints related to reduction of a service linked to a Clinical Nurse **Specialist Shortage** (The division had not been able to recruit a suitably qualified CNS for the service despite advertising locally and nationally)

**Action taken:**

Consultants were asked to triage cases and a registrar was utilised to provide additional support to the service until a nurse could be recruited. A letter was drafted from the clinical lead and divisional manager explaining why there was temporarily a longer wait for treatment, and what the interim arrangements were. This was sent to all relevant patients and the complaints stopped. An appropriate replacement has now been recruited and trained

**Complaint about being cancelled on the day of a procedure**

The patient was upset at the last minute cancellation, especially as they had already undertaken the preparation for the procedure which had been unpleasant

**Action taken :** The complaint response apologised and explained why it had been necessary to cancel at the last minute, and that this was the only option available to the staff under the circumstances due to the number of emergencies that had to be prioritised on that day. The division offered reimbursement of the costs that were incurred as a result of the late cancellation

## Complaints relating to privacy and dignity

**Action taken:** These types of complaints have been reviewed and monitored via the quarterly complaints report to QSC, in order to confirm that there was no upward trend. Investigations showed that most of the complaints within this section map to concerns about potential breaches in confidentiality rather than care concerns.

Senior nurses have shared examples of complaints involving privacy and dignity with ward and departmental teams in ward meetings and team days.

Further triangulation of any such complaints with ward level information from the care thermometers is planned for the monthly matron's forum and additional scoping of nursing complaints is planned for 2013/14 by the Chief Nurse's team.

## Examples of Trust wide issues shared via QSC newsletter :

### **Out patient consultations**

The health service ombudsman has identified that more patients in the UK complain about staff attitude than about professional competence. At UCLH for example, a few patients have complained that doctors answer their mobiles during consultations and do not listen to patient concerns.

#### **Action for divisions:**

- Ensure that on-call rosters take into consideration out patient clinic responsibilities
- Remind staff that [the quality of the ]interaction with the patient is as important as what they have to say
- Remind staff to introduce themselves to the patient and explain their role in the team if the patient was 'expecting to see the consultant'

### **Delays in OPD**

- Ensure that patients are kept updated about delays to clinics
- Ensure that clinics start on time

### **Contacting staff**

Patients are concerned about difficulty in contacting staff and leaving messages. This appears to be most relevant to divisions that have undergone recent administrative reviews.

#### **Action for divisions:**

- Ensure staff understand they must clear voicemail boxes so they are not full
- Ensure clinical staff and their support staff leave clear instructions about who to contact in an emergency or have arrangements for answering or transferring their calls when away from their area
- Ensure that appropriate administration arrangements are in place when staff are on leave, resign or change roles - ie. that switchboard / ICT are informed of leavers and maternity leave.
- Any phone number given out as a contact via letter [or other mechanism]. should have voicemail and appropriate arrangements in place to check messages

### **Next of Kin**

Family members have raised concerns that 'inappropriate' relatives have been assigned as next of kin (NoK) by the hospital. There is no legal definition of a next of kin but as families are becoming more diverse the patient representative / first point of contact may be quite varied.

#### **Actions for divisions:** Ensure staff are aware of:

- The difference between a named primary contact (who may not be related to the patient) and the person regarded by the patient and their family as the NoK.
- Each case should be reviewed individually but there should be clear documentation in the medical / nursing records and it is advisable to ask the patient to countersign if there is a request to change the NoK details, or in complex family situations.
- If the patient is unconscious then whoever is acting as the NOK should be asked if there are other relatives that should be kept informed and this should be clearly documented.

- Property (including house keys) should only be released to family members and must always be signed for, seek advice from Patient Affairs if unsure

### ***Delays and cancellations***

With the increase in patient activity and acuity there has also been an increase noted in complaints about delays and cancellations.

#### **Actions for divisions:**

- Where delays are occurring due to activity, weather or other factors - please ensure there is a system in place to inform and update patients in a timely manner.
- Divisions may want to consider drafting letters of explanation or apology where 'winter pressures' may impact on patient's pathway eg. if patients are cancelled on the day of surgery.
- These letters should provide information about the next steps and a contact number, and should be given out on the day.

### **Discharge information**

Complaints have highlighted the impact of delayed discharge letters eg. on advice for medication change.

#### **Action for divisions:**

Ensure that patients are given a copy of their discharge letter at the time of discharge and that timely faxing of discharge summaries is made to GP surgeries.

### **Impact of Christmas 'closures'**

Last year certain outpatient services closed early on Christmas eve without informing local GP practices and we received a number of PALS enquiries and complaints as a result.

#### **Actions for divisions**

Reinforce with staff that:

- Senior management permission must be obtained for any reduced hours
- Robust communications about reduction in services should be conveyed to all relevant staff and patients, if it has been agreed that a service is to close earlier than its advertised time over the Christmas period.

**Further Actions** : consideration to be given to other ways in which lessons can be shared across the organisation.

Consider whether a web based complaints management system would be advantageous

# 6

## Developments to complaints monitoring and management in 2012/13

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### Targeted work with Royal National Throat Nose and Ear Hospital (RNTNE)

The RNTNE joined UCLH Foundation NHS Trust in April 2012, having previously been a part of The Royal Free NHS Trust.

UCLH were given access to historical data on complaints for the RNTNE and were aware that historically most complaints were linked to outpatient services and were largely administrative in nature, with transport arrangements and missing medical records a common issue. As a new service there was close monitoring of complaints by the new divisional management team, the specialist hospital board, the PEC and QSC.

As a result of a steady stream of complaints with similar issues a meeting was held between the Divisional management team and the complaints manager to see how we could work together to learn from the issues being raised and to establish an improvement programme.

Data from PALS, complaints and incident reporting was reviewed and a report produced showing areas for improvement. This demonstrated that the issues of concern for patients remained largely administrative rather than clinical. However there were ongoing issues that needed attention in order to improve patient experience and reduce complaints of a similar nature. The review was shared with the CMG and the RNTNE division and an action plan was developed by the division.

This included reviewing the template and format of clinic letters, validating that telephone contacts that were given to patients in correspondence were appropriate and had voicemail. Some clinics and patient pathways were identified for redesign and the division worked with the improvement team, medical records and out patients groups to make these changes.

As a result of this there has been a reduction in concerns of this nature during the middle and later part of 2012/13, but monitoring remains in place.

### Pilot of monthly themes

From April to November the Complaints and Clinical Risk Manager (CCRM) reviewed all complaints on a monthly basis and extracted emerging or common themes. These reviews were shared with medical directors, heads of nursing, chief nurse, heads of operations and the directors of quality and workforce.

<p><b>Action</b> : further consideration to be given as to how this work can be progressed and the best way to share such information across the organisation</p>
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### Education and development

Complaints handling and learning lessons from complaints has been presented to a series of consultant groups, multidisciplinary teams and senior registrars on request.

**Action:** A good practice guide was developed to support staff dealing with challenging behaviour by complainants and included in the 2012 revised Complaints Policy.

Further advice for staff in managing & responding to complaints should be explored

A series of interactive half day sessions using a complex complaint as a tool for improvement in care was facilitated by CCRM as part of the staff nurse development programme

The feedback was excellent and further ad hoc sessions have been provided, based on this model for smaller teams in out patient and in patient areas.

A meeting was held between the complaints manager and the education centre in order to explore ways that information from complaints can inform and direct educational opportunities in the trust

**Action:** Working with the education centre and practice development teams to use examples of complaints (and incidents) as the basis for more staff development programmes is ongoing.

### **Pilot re validation of Consultants**

Steps have been taken in year to ensure that information from complaints feeds into the revalidation process for consultants, alongside that of serious incidents and claims

**Action :** Further refinement of this process should be explored

### **Improving quality of responses**

Whilst the majority of the complaint responses appear to satisfactorily resolve the concerns raised, there are a number of complainants who return to the Trust with additional queries, follow up questions or re-contacts for areas that require clarification. In some cases a complaint may require a full reinvestigation.

- In 2010/11 UCLH had a 10% reinvestigation/ recontact rate.
- In 2011/12 UCLH continued to have a 10% reinvestigation / recontact rate.
- In 2012/13 UCLH experienced a drop in reinvestigations / recontacts to 7%

A small number of complainants have also re-contacted the department after receiving their response to thank us for the explanation we have provided and the actions we plan to take.

Improving the quality of complaint responses remains an important objective for 2013/14. A number of actions are outlined below.

**Action:** Use anonymised examples of 'best practice' complaint responses or phrases for training purposes in one to one or group sessions.

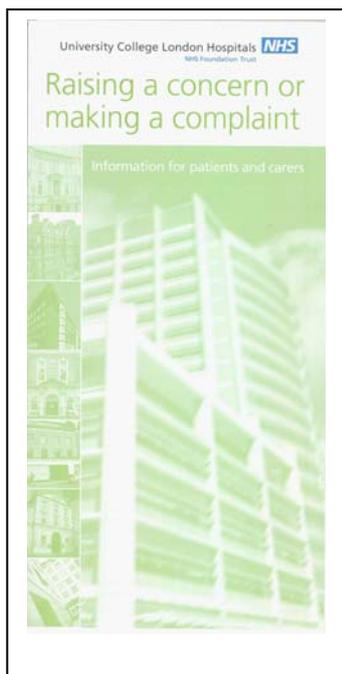
Continue to monitor reinvestigation rate and complaints that go to the Ombudsman to establish themes for dissatisfaction with initial response and to establish if further improvements can be made

Develop standards for complaint responses and the management of complaints

Explore further ways to improve the initial investigation and response to complaints – a section on complaints should feature in a Trust wide quality event

Explore ways to establish complainant satisfaction with the process and response they receive

## Updating Complaints Information Leaflets



The complaints leaflet was updated in 2012 after input from a range of patients, governors, the Caldicott Guardian, Patient Advice and Liaison Service (PALS), clinical divisions, matrons, representatives of the PEC and the Central Complaints team.

The complaints policy was also reviewed within 2012

An initial run of 6000 leaflets were circulated to all clinical areas and PALS and electronic copies are also available to download from the web.

# 7 Other Aspects of Complaints Management Compliance

## Working with other organisations

The 2009 Complaints Regulations require organisations to provide complainants with a single joint response where their complaint raises issues which cross more than one care provider if this is the complainants wish.

The Trust currently asks the complainant for consent to share a complaint with another organisation. During 2012/13 the Trust received 15 complaints which required co-operation with another organisation.

All the complaint files were reviewed against the following criteria:

- Patient consent was obtained in order to share information between organisations
- A lead organisation was identified

### Key findings

- In all cases consent was obtained
- In 10 of these cases UCH was the lead organisation
- In 5 cases the Trust provided a response to another organisation who were leading on the investigation

## Conclusion

All complaints requiring joint working across organisations were managed in line with the policy, and joint responses provided either by UCLH or via another organisation.

## Care Quality Commission visit to Complaints in 2012

The CQC Compliance Inspector asked for complaints data as part of their unscheduled visits to UCLH in 2012. There were no issues raised by the CQC in relation to complaints management at UCLH

### Target response times

- a) acknowledging a complaint

The UCLH Complaints policy states that all complaints should be acknowledged by letter within 3 working days. 165 complaints received between October and December 2012 were reviewed.

**Table 6: Number of complaints acknowledged within 3 days of receipt in complaints department**

	Number	Percentage
Acknowledged on day of arrival	121	73 %
Within 1 working day	25	16 %
Within 2 working days	8	5 %
Within 3 working days	2	1 %
> 3 working days	9	5%
Total	165	100%

The complaints files for those taking more than three working days to acknowledge were reviewed by the complaints manager. Two of the nine appeared to have been data entry errors related to the need to obtain consent, as the day that consent is received should be recorded as the day the complaint is registered. In four cases there was evidence from the complaints file that contact with the complainant had been made either by the complaints team or the division investigating but that this had not been in the format of a formal acknowledgement letter. In the remaining three cases there was no evidence that the complainant had been acknowledged within three days

**Action** : The audit should be repeated in 2013/14 and the complaints team should recheck when consent is required that DATIX is completed appropriately

- b) responding to a complaint

UCLH has an internal target response time of 25 working days unless negotiated with the complainant. Monitoring timescales is therefore based on whether either the 25 working day or other negotiated target is met.

**Table 7: response times**

	Response within 25 working days or negotiated target	Comments
2012/13	84%	Marginal deterioration in performance
2011/12	85%	Slight improvement in performance
2011/10	81%	baseline

Adhering to the response date and providing a high quality response in the allocated time frame continues to present a challenge for some Divisions, with a slight reduction in meeting response times noted in 2012/13. Where performance within divisions consistently fell below target, there is evidence from QSC minutes that this was escalated to the relevant division via the hospital boards for comment and action.

A complaint may involve several Divisions including facilities or diagnostic and support services. The impact of investigating concerns across services and departments can build delays into the responses that are often outside the control of the lead division who the complaint is recorded against, but the division should keep the complainant informed and negotiate a longer period to respond.

The complaints team continue to explore methods for meeting the timescales agreed with the complainants with the various divisions. Failure to meet the target is not always linked to the volume of complaints received - with facilities and cancer missing a larger percentage of targets, whilst they received fewer than many divisions. Emergency services although, missing the 80% target performed better than cancer and facilities with more than 8 times the number of complaints.

It should be noted that many divisions consistently perform well with medical specialities, clinical support, infection control, imaging, critical care, theatres and anaesthetics, gastro-surgery / medicine, finance and the Heart all achieving response times >95% of the time.

As a result of the findings of the Internal Audit it was agreed that where complaints have exceeded the 25 working day limit or other agreed timescales for resolution, the responsible Divisional Leads should provide commentary as to why there have been delays.

Delays have been multi-factorial and in some instances have related to missing medical records. This loss has been reported as clinical incidents on DATIX and appropriate escalation to the medical records management has resulted in all but 2 records being recovered. Some delays were noted to be linked to the absence of key staff during the investigation of a complaint. This might have been amplified by the Trust's role during the Olympics, as staff leave was restricted, thus resulting in non availability at other times. When many teams are involved, getting all of the responses back in a timely manner has proved challenging but the lead division has not always escalated this problem.

The Trust can renegotiate the response deadline with complainants; disappointingly, when the investigation has proved to be more complex or e.g) when key staff are absent during the investigation, divisions have not always re-contacted the complainant to arrange an extension or have not updated the complaints team in a timely manner. In some of the divisions, turnover of staff contributed to delays and by the end of the year all areas had shown an improvement.

<b>Action</b> : Explore ways to improve response times but not affecting the quality of the response
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Divisions must keep complainants and the central complaints team informed of any delays and some divisions should review their processes, resources and timeframes for responding to complaints.

## Ensuring Equal Access

The Trust endeavours to make the complaints process easy to access and equitable, in the following ways:

- Support is provided to complainants who wish to make a complaint but for whatever reason are unable to write in to the Trust or make the complaint themselves. Approximately 31 complainants were supported in this way by a member of the complaints team in 2012/13.
- Complaints responses are translated on request but during 2012/13 no requests for translation were received.
- The complaints leaflet, complaints policy and Trust intranet pages have been reviewed and updated in 2012. Leaflets can be translated into other languages on request but no requests for this service were received during 2012/13.
- The issue of Equal Access for ethnic minorities to make complaints was raised at the Health Scrutiny Committee in Camden in February 2013 and will continue to be monitored across the sector

**Action :** Explore ways to review complaints process to ensure equal access

## Ethnicity – please note this was not reported in the KO41 figures for 2012-13

Ethnicity data is drawn from CDR / EPR and is linked to the patient not the complainant as per NHS guidance.

The percentage of ethnicity remains relatively constant when compared to previous year's data, however the Trust may wish to explore the increasing percentage of unstated ethnicity outside of the complaints process.

**Table 8: Ethnicity of patients as appearing on carecast**

Ethnicity	2012/3	% 2012/13	Previous year
White-British	334	50%	55%
White -Irish	11		2%
White – other white	60		9%
Mixed White & Black Caribbean	2		<1%
Mixed White & Black African	0		<1%
Mixed White & Asian	1		<1%
Other Mixed	6		1%
Indian	11		1%
Pakistani	2		<1%

Bangladeshi	5		<1%
Other Asian	9		1%
Black Caribbean	14		2%
Black African	11		2%
Other Black	4		<1%
Chinese	3		<1%
Other Ethnic category	25		4%
Not stated	169	25%	18%
<b>TOTAL</b>	<b>667</b>		

### Methods of accessing the complaints process

The Trust offers a range of options for raising complaints:

**Table 9: Breakdown of method of first contact for complaints during 2012/13**

	2012/13	2012/13	2011/12	2011/12	Trend
<b>Letter</b>	343	51%	301	58%	↓
<b>E-mail</b>	214	32%	147	28%	↑
<b>Leaflet</b>	85	13%	45	9%	↑
<b>Telephone</b>	21	3%	17	3%	↔
<b>In person</b>	10	1%	10	2%	↓
<b>Fax</b>	1				
<b>Totals:</b>	<b>674</b>	<b>100%</b>	<b>520</b>	<b>100%</b>	

The use of email as first contact continues to rise, and permission for correspondence using email is always sought. The revised leaflet maybe responsible for the increase noted in leaflets received but it is too early to determine this, especially as the distinction between old and new leaflets has not been made on the database.

Most written complaints are submitted independently, but provision is made to support complainants when this is not possible. For example noting their concerns made via telephone and in person, these are then sent back to the individual to confirm an accurate representation of the issues they want the trust to investigate.

### Use of initial contact sheet / telephone contact, compliance with Trust Complaint's Policy

As part of the monitoring of compliance with the Complaints Policy two elements were selected for the monitoring by 'mini audit' which reviewed 62 complaints for June 2012 and 52 for January 2013

- Use/completion of the initial contact sheet
- Making the initial telephone call to complainants

**Table 10: Contact Compliance**

	June n = 52 number & (%)	Jan n = 62 (number & (%))
Contact sheet completed & returned	15 (29%)	17 (27%)
Other evidence to support contact call was made	12 (23%)	12 (19%)
Could not be contacted	4** (8%)	2 (4%)
No evidence	9 (17%)	18 (29%)
Decision made to respond directly or patient requested	12** (23%)	13 (21%)

It was disappointing to see a decrease in divisions contacting patients to try to explore how their complaint might best be resolved compared to last years figures. There is anecdotal evidence that the number of patients that could not be contacted may have been higher but there is no evidence available to show that divisions informed the complaints team that contact could not be made beyond the 4 and 2 cases respectively.

The complaints team did contact divisions that were not making the phone call to complainants, and in some cases this can be attributed to the increase in A & E activity and bed pressures within the relevant divisions. There was also substantial change in senior Trust managers over this period and as staffing levels were affected, only limited role cover could be provided by the remaining staff.

**Action:** To continue to engage with divisions to explore ways to improve contact with the complainant and use of the contact sheet or other feedback



# Complaint Referrals to Parliamentary Health Service Ombudsman (PHSO)

Once local complaints resolution is complete, if the complainant remains dissatisfied they may ask the Parliamentary Health Service Ombudsman (PHSO) for consideration of their case by providing details of the way in which they consider that the Trust has failed to answer a complaint. The PHSO can take a range of action from 'no action' to undertaking a full independent review of a complaint.

**The following action were agreed in 2012 as a result of discussion with the PHSO:**

When the Trust leaflet was revised UCLH would put the PHSO details at the end of the complaints information to try to reduce premature contact with the PHSO

In 2012/13 the Trust was notified by the PHSO of 23 cases that they wished to review. In each case the Trust was asked to provide relevant background information including a copy of the full complaints investigation file and the relevant medical records for the PHSO to consider whether a full independent investigation was required. This is in comparison to 2012/11 when the Trust were notified by the PHSO of 30 cases that they wished to review.

There have been substantial changes to the Ombudsman's approach to reviewing complaints over the last year and the two cases referenced in the 2012 / 13 report actually date from 2009. The Ombudsman therefore took two 'interventions' for UCLH in 2012/13:

- The complainant raised a new issue to the Ombudsman about loss of an item that had not previously been raised to the trust, this caused a delay in resolving the issues to the complainant's satisfaction, and the Ombudsman commented on the time taken.
- To ask if a payment of £250 for administrative failings (previously offered to the complainant but not accepted) was still available.

At the date of this report the Ombudsman has taken no further action in relation to 21 cases noted for 2012/13. The Trust is awaiting the Ombudsman's decision on the remaining 2 cases.

A quarterly report was presented to QSC for monitoring purposes, but no actions were required within this year as the Trust did not receive any request for further intervention or action from the PHSO for cases that occurred within 2012/13.

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## Summary and Conclusions

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The annual compliance review shows that the Trust broadly meets the process requirements as set out in the revised 2012 Complaints Policy and procedure

The annual review of complaints management shows that UCLH is broadly compliant with best practice as evidenced by review of The Ombudsman Report and the Advice of the patient's association but that opportunities exist for improvement. It is recommended that UCLH develops a set of standards for complaints management

A comparison of data available from UCLH and other London acute trusts suggests that our numbers of complaints is in line with other comparable organisations but that UCLH has experienced a greater percentage increase in the number of complaints for this year and close monitoring should continue

There is ongoing evidence that improvement in complaints management remains, and is regarded by the organisation as a valuable aspect of the patient experience at UCLH. There is evidence that complaint responses regularly identify opportunities for individuals, departments and the organisation to learn from complaints. Further improvements to the quality of complaint responses have been identified and a trust wide sharing event is planned for 2013/14.

It is recommended that UCLH explore ways to capture and share this learning further

Although the incidence of reinvestigations and referrals to the PHSO has reduced in the past year, further work is needed to ensure patients are satisfied by the complaints handling process and are given an opportunity to input into how they want their complaint resolved, and to ensure complaints are responded to in a timely manner.

Towards the end of this monitoring period in February 2013 Sir Robert Francis published the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

Following this in July 2013 Sir Bruce Keogh published his report Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report and a further review of how complaints are handled in the NHS is expected in 2013/14 from Ms Ann Clwyd MP

Going forwards therefore there will be considerable focus on what steps can be taken to further improve how we manage, learn from and respond to complaints

**Table 11: Review of recommendations from previous year's annual complaints report**

The complaints report for 2011/12 made a series of recommendations, progress is as follows:

	<b>Action</b>	<b>Status</b>
1	<p><b>Review of Trust Complaints policy to include:</b></p> <p>a. update on organisational change and impact on monitoring arrangements</p> <p>b. alignment of complaints grading with incident reporting recommendations from internal audit</p>	Completed within year : Policy updated
2	<p><b>Implement Internal audit Recommendations:</b></p> <p>a. Ensure <i>all</i> complaints received have evidence of when they are received for example they should all be date stamped.</p> <p>b. Ensure that <i>all</i> complaints are acknowledged within three working days.</p> <p>c. Where there is no evidence of telephone contact between the Division and the complainant, the Complaints Department should chase the Divisions concerned</p> <p>d. Where complaints have exceeded the 25 working day limit or other agreed timescales for resolution, the responsible Divisional Leads should provide commentary as to why there have been delays.</p>	a. b. d Completed c partially completed
3	<p><b>Complaints Feedback:</b></p> <p>Explore other mechanisms to achieve feedback from complainants</p>	referrals to PHSO and reinvestigation rates are monitored as proxy measurements
4	<p><b>Implement actions for improvement in response times:</b></p> <p>a. Reduce target date for responses to be returned to Governance department</p> <p>b. Establish timeframes for feeding back comments to the divisions, from the Governance department</p> <p>c. Consider further metrics for inclusion in Divisional quality Scorecards</p>	Commenced  The Quality and Safety performance book has included complaints per 1000 episodes and by 1000 contacts.
5	<p><b>Contribute to Staff Training &amp; Development:</b></p> <p>Use anonymised examples of 'best practice' complaint responses for training purposes</p> <p>Working with the education centre to use examples for complaints (and incidents) as the basis for staff development programmes is planned</p> <p>Provide training to departments as required</p>	Commenced but ongoing
6	<p><b>Learning from Complaints:</b></p> <p>To consider use of complaint data in further analysis work such as single topic analysis</p> <p>Further develop complaints review mechanism to feed into Trust governance structures</p>	Single topic analysis for Tracheostomy care and missed fractures in A & E was completed in 2012  There is evidence of sharing learning from

		complaints in governance forums and newsletters Further improvements should be considered for 2013/14
7	Explore the categorisation of complaints being upheld a) via complaints managers forum b) Agree a UCLH Trust process for upholding complaints	Commenced but ongoing
8	Explore possible reasons for the difference between UCLH and national scores on staff attitude,	MaDT have used complaints data to inform some of their improvement work
9	<b>Working in partnership:</b> CQC would alert UCLH when they had been copied into a complaint and UCLH would, with patient consent share their response	Completed

# 10 Summary Action Plan for 2013/14

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	Action	Lead	Target completion date
1	Review complaints management post Francis report and to address findings of other reviews to be undertaken in 2013/14.eg Keogh and Clwyd.	Head of Quality and safety	April 2014
2	Take steps to improve complaint responses. Identify standards for letter writing	Head of Quality and safety	April 2014
3	Strengthen systems for learning lessons from complaints	Head of Quality and safety and complaints manager	April 2014

4	Strengthen systems for data capture and analysis – including sub subject data, access to Datix across the Trust and use of web based system	Complaints manager	April 2014
5	Explore benchmarking opportunities	Complaints manager	April 2014
6	Greater analysis of 'all aspects of clinical care' complaints	Complaints manager	Dec 2013
7	Strengthen systems for feeding complaints data into the revalidation process for consultants	Complaints manager	April 2014
9	Explore ways to improve compliance issues : improve contact with complainant and reduce late responses	DMs, DCDs, complaint manager	April 2014
10	Review approach to management of cases referred to the Ombudsman.	Head of Quality and safety, complaints manager	Dec 2014

### **Complaints Monitoring Group Membership**

- Head of Quality and Safety (Chair)
- Assistant Chief Nurse
- Complaints Manager
- Complaints Coordinator
- Complaints Coordinator
- Patient / Public Governor / Member
- PALS representative
- Minute Taker (from complaints team)
- Invited guests from Board or Division as appropriate to agenda

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