

UCLH

Annual Complaints Report

Analysis of Formal Complaints

April 1st 2013 – 31st March 2014

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1 Introduction

Patient surveys and PALS contacts are useful feedback tools about the care and treatment UCLH provides but written complaints give us the clearest message about our services.

In 2013/14 UCLH received 791 formal written complaints, compared to 677 in the previous year, this represents an increase of 17% against a national increase of 4.8%. However several steps have been taken to make it easier to raise concerns or complain in 2013/14. The Trust website has been updated with complaints activating better search terms in order to make accessing the complaints system easier, an updated complaints leaflet circulated across the Trust and information on raising concerns and complaints included in the new 'welcome pack' launched in 2013

The number of complaints primarily about clinical care accounted for 44% of all complaints received in 2013/4, this is a 1% reduction from last year and compares to a national benchmark for 2012/3 of 46%. This is closely monitored and further analysis on clinical complaints has been undertaken and shared with Nursing and Midwifery Committees and Medical Directors and the Clinical Boards.

Sixty seven per cent of complaints received were upheld in 2013/14, but an apology was always provided for the experience or for the lack of clarity around communication which led to a complaint, even when not upheld.

Complaints will often trigger improvements to our processes as staff try to learn from negative patient experiences. Complaints data is shared with subject expert leads such as medication safety, falls, pressure ulcers, nutrition, end of life, cognitive impairment so that Trust wide monitoring of these issues can take place and appropriate improvement actions identified and monitored by the relevant committees

During 2013/4 there has been a significant increase in the number of complaints investigated nationally by the Parliamentary Health Service Ombudsman (PHSO). At UCLH 23 sets of papers were requested by the Ombudsman (same as last year) and to date two complaints were partially upheld, one relating to care in 2010 and the other from early 2012. The Trust has apologised in both instances, provided financial remedy and responded quickly to the learning points by putting actions in place to prevent recurrence.

Complaints are a very important source of information about our patients' experiences of services and care provided by UCLH. All formal complaints received have been fully investigated through the Trust's complaints procedure.

Staff are always 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.

All staff are made aware of UCLH's expectation for staff behaviours through the 'Making a Difference Campaign' and increasingly staff are recruited based on values as well as competence and ability. All staff receive information about complaints and values during their induction.

Complaints and their responses are seen by members of the Trust 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) the Patient Experience Committee (PEC) and Complaints Monitoring Group (CMG). Complaints are also used within divisions and Boards to drive change and to reflect on where improvements are required.

UCLH reports complaints data to the Camden Commissioning Group quarterly, annually to the Camden Health Scrutiny Committee and on request to the Care Quality Commission.

Improvements in complaint management have been seen locally, nationally and within The Parliamentary and Health Service Ombudsman's office. A review of both the NHS Complaints regulations and the way complaints are recorded are expected shortly.

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 of complaints which have been used to assist in learning lessons and to improve the quality of patient care during the year
- set out recommendations where 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 2014, 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 matters.

2

Overview of Compliance with Complaints Policy

Update on changes to complaints management during 2013/14

UCLH Complaints Monitoring Group (CMG) was established in 2012 and this group has evolved to invite Divisions on a rolling basis to explore the challenges facing each division and how management and care has been influenced by complaints.

A new programme of learning lessons from complaints was started in 2013 / 14 and shared with the Patient Experience Committee. The first presentation was a scoping exercise of emerging themes from complaints, and which work streams were already using this information. Subject matter expert leads were then invited as part of a programme to share lessons about their subject with the PEC. The first presentation was by the chair of the Nutritional Steering Group.

Trust standards for responding to complaints were introduced in February 2014

Compliance with monitoring requirements
A review of agenda and minutes of the new Complaints Monitoring Group (CMG) for 2013/14 confirmed that it received a monthly monitoring report about complaints and themes. This group also contained patient governor representation from Sept 2012.
A review of agenda and minutes of QSC for 2013/14 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
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.

3

Analysis of complaints received in 2013/14 (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	677	23 (3.4%)	80%	All Aspects of clinical treatment
2013/14	791**	23 (2.9%)	78%	All aspects clinical treatment

During 2013/14 there was a 17% increase in the number of complaints compared to 2012/13. There was a slight reduction in meeting response times, however it should be noted that whilst there may sometimes be a delay in providing a written response, other actions may occur promptly e.g. organising a clinical appointment to assess the patient.

The increase for this year is against a backdrop of increased patient and outpatient activity.

A reminder was sent to all divisions via the Quality newsletter about the drift in response times

Actions for divisions

Where below target, ensure there are steps in place to make sure complaints are responded to within the target time. For example at the Heart Hospital, plans are in place to ensure that responses are completed seven days prior to response deadline, to allow sufficient time for review.

Footnote:

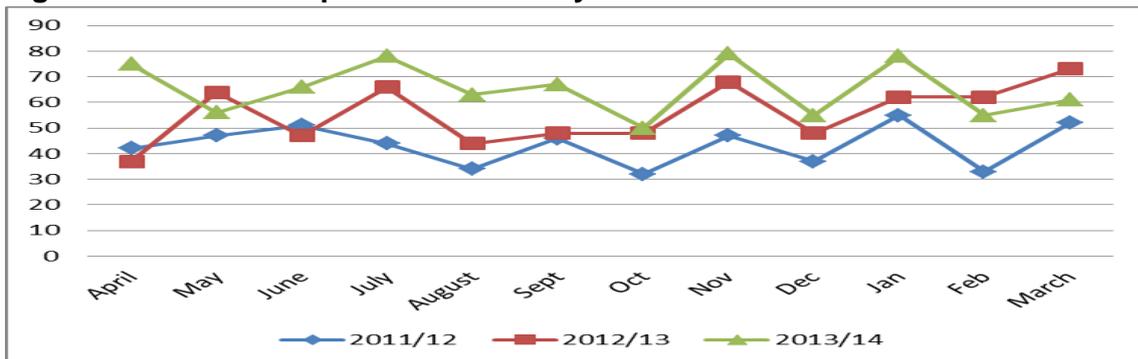
***Number of complaints and targets may fluctuate very slightly in, or at end of the year due to complainant withdrawing their complaint or an initial registration error. Data based on KO41 returns to DoH*

The national figures for NHS complaints show a rise for 2013/14 of 4.8% but both Keogh and the DoH caution 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. Keogh suggests that low levels of complaints could in itself be a trigger for concern.

At UCLH the increase is being closely monitored by the CMG, PEC and QSC and external benchmarking against National data and the Shelford Group.

Actions :Continue to monitor number of complaints and trends in divisions

Fig 1 : Number of Complaints received by month



Complaints received have ranged from 50 – 81 with an average of 65 per month. The rise in complaints for 2012/13 is against a rise in patient contacts. There was a more noticeable rise in the first two quarters and a levelling off in the latter part of the year.

Fig 2 : Complaints per 1000 patient contacts .

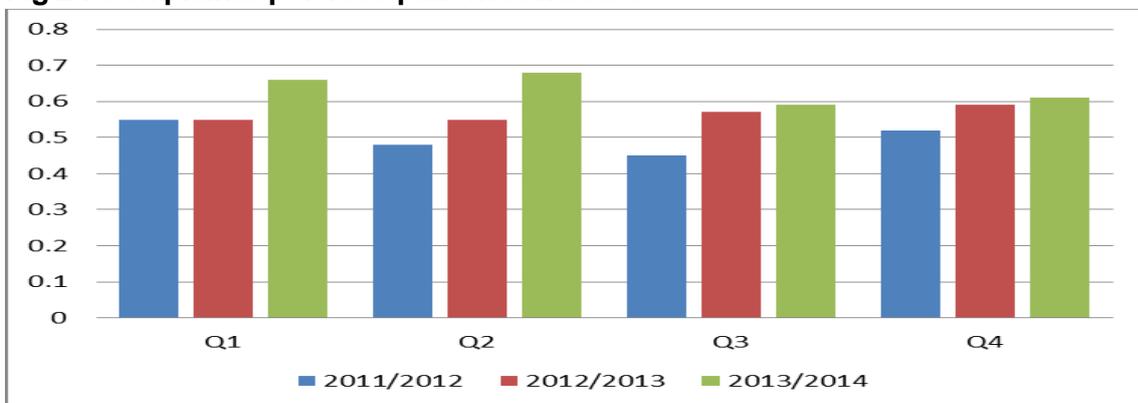
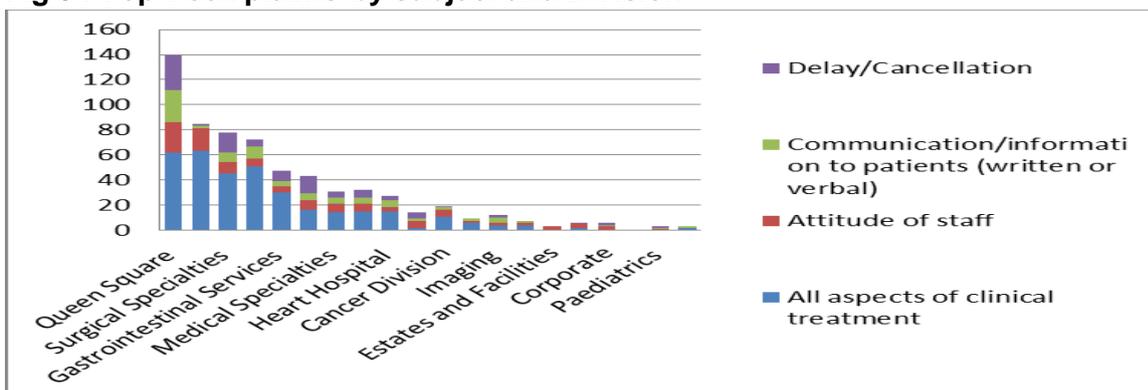


Fig 3 : Top 4 complaints by subject and Division



The divisions seeing the largest numbers of patients are those with the largest number of complaints. Caution does need to be applied to the data as this is currently exploratory, however this does allow some comparison across services. It is expected that more data will be collected in the future at a national level, but this has not yet been confirmed. In general divisions with surgical cases are seeing the largest number of complaints, this is linked to waiting times, delays and cancellations, and from a clinical perspective complications or outcomes as well as questions about clinical management such as suitability for surgery.

This will be explored with the performance team in 2014/15.

Table 2 : Complaints by top 10 Divisions and activity

Division	Number of Complaints	Number Patient Contacts	complaints per 1000 patient contacts
Queen Square	173	180017	0.96
Gastrointestinal Services	57	64859	0.88
Surgical Specialties	92	105451	0.87
Emergency Services	93	133961	0.69
Heart Hospital	37	53464	0.69
Clinical Support	33	47992	0.69
RNTNE	53	85522	0.62
Medical Specialties	38	79999	0.48
Women's Health	80	178225	0.45
EDH	37	119625	0.31

Benchmarking against other organisations

It had been hoped to expand benchmarking during 2013/14 against other organisations e.g. via participation in The Shelford Group of Hospitals 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 and revisions to the data collection by the DoH. We do know that complaints have increased from between 10 – 30% during 2013/14 for most Shelford organisations.

The position for the whole of the NHS from The Health & Social Care Information Centre is an overall increase in formal complaints of 4.8%, which include PCT and other health providers. Due to mergers of organisations it is hard to compare year on year data, e.g. the development of Barts Health and the acquisition of Princess Alexandra Hospital in Bromley by King's Hospital. We understand that 2015 will see complaints produced by hospital site and possibly an activity measure to allow greater comparison.

The Health & Social Care Information Centre (which produces annual statistics on complaints) 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 2013/14 :

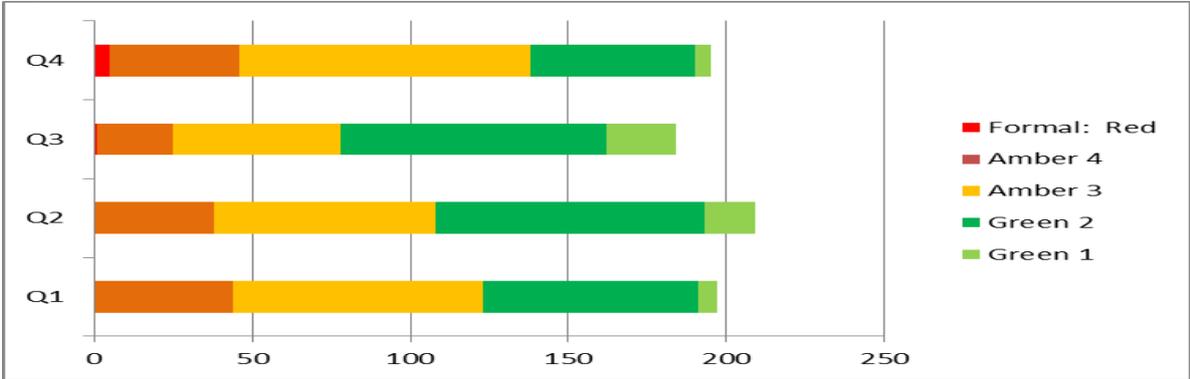
Organisation	Complainants	Trend since 2013	Upheld **
UCLH	788 / 677	↑17%	66%
Royal Free	652/ 711	↓8%	68%
Guy's & St Thomas's	926/ 812	↑14%	67%
St George's	1083/ 828	↑30%	100%
Imperial	884/ 834	↑6%	43%
Barts Health	2451/1994	↑23%	9%
Kings	980 / 595	↑64%	37%

**Table 3 shows wide variation in the rate of complaints upheld which is likely to reflect different methods, in the absence of definitive national guidance. This is still an experimental category and ongoing discussion is occurring. What is clear even if the complaints is not in itself upheld, is that our patients have had a poor enough experience to put something in writing, indicating, ineffective communication. Recent audit demonstrated all patients who requested a written response to their formal complaint received an apology, even if we were only providing an explanation and not upholding their complaint.

Complaints are triaged on receipt and graded, with red being the most serious. Grading is based on the content of the complaint and not on the outcome of the investigation. The chart below shows complaints by grade that entered the formal complaints process, some complaints maybe resolved immediately. The slight increase in Quarter 4 for red complaints may represent a change in the triage process, due to staff changes and remains under close review.

It is expected that additional guidance will be provided for 2015. These tables and figures demonstrate why benchmarking remains a challenge.

Figure 4 : Complaints by Grade and Quarter



Actions: in line with key publications and changes in legislation, give further consideration to grading of complaints. E.g. consider a second grade after investigation.

4 Key Subject Analysis from DATIX

This section examines 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 but these vary by organisation.

An improvement on recording the sub subjects has taken place in 2013/14, but further work has been suspended until the National K041 dataset has been updated, as it is hoped that this will standardise categorisation and facilitate more benchmarking opportunities.

The main subject for NHS complaints is not surprisingly – clinical care. This is a broad subject and an aim for 2013/14 was to analyse this in greater detail. Reports have been taken to the Nursing and Midwifery forums and to the medical director, divisions and boards. Clinical complaints may have their root in administrative errors and so such issues from complaints are also shared with leads for quality improvements, such as out patients and communication with patients.

The figure below compares percentage of clinical complaints by division against national benchmark (46%) and trust and divisional complaints.

Figure 5 : Clinical Complaints in 2013/14

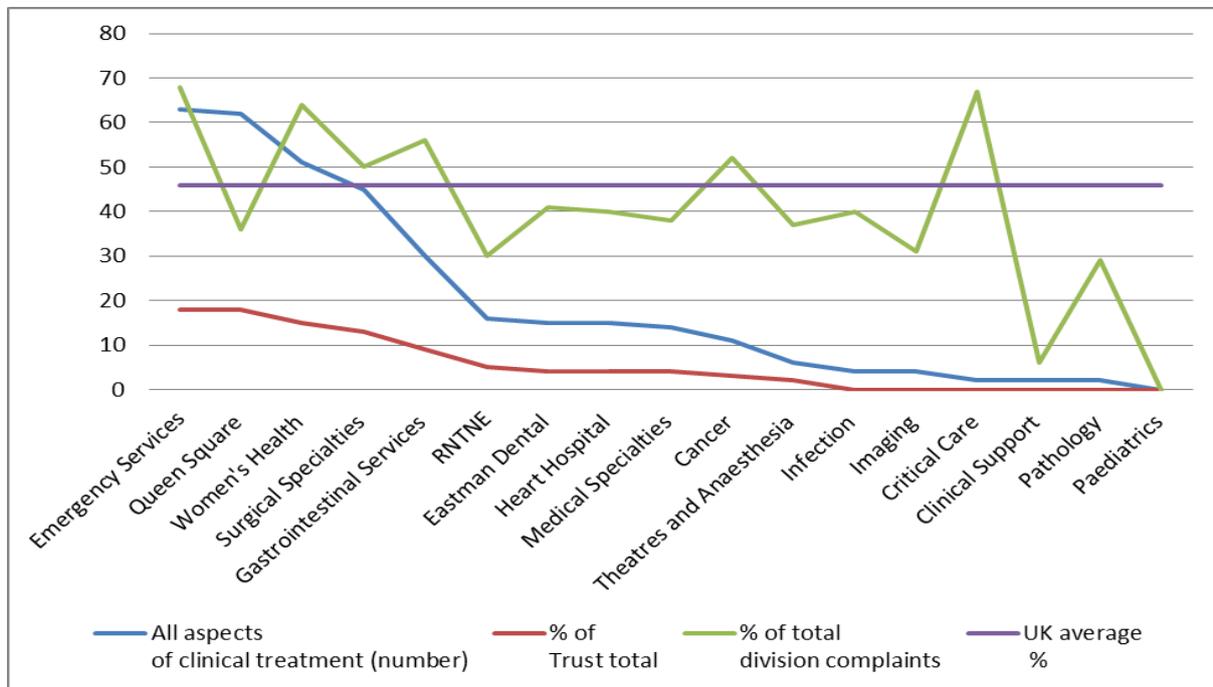
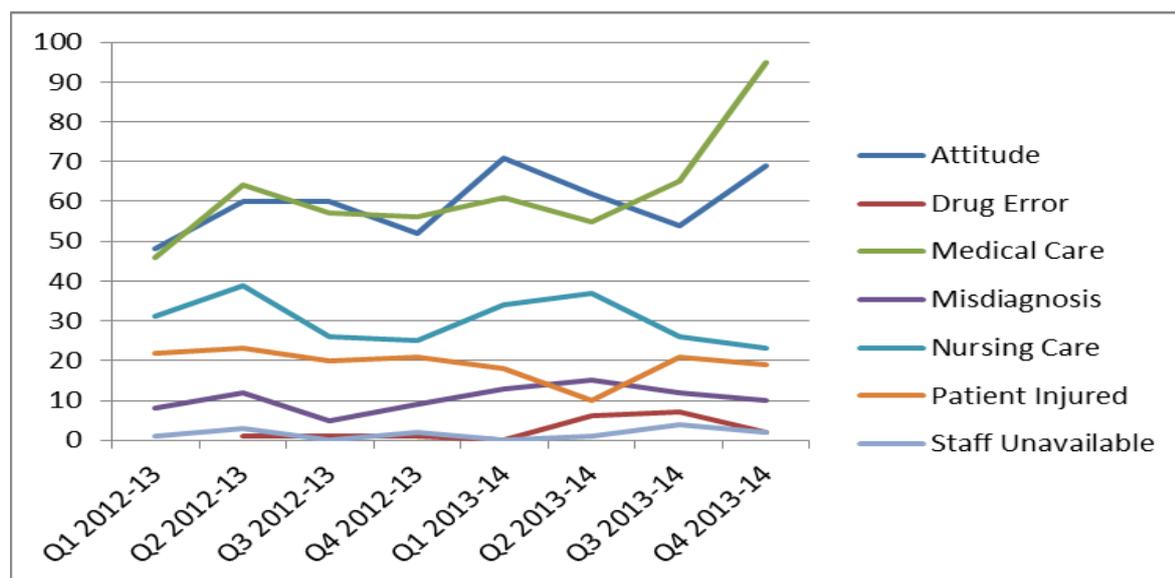


Figure 6 : Trend of Clinical complaints across the last two years



The large spike at Q4 for medical care was reviewed and was linked to a larger than usual number of delays/ cancellations recorded (16) and 4 cases which saw a registrar in out patients and were upset not to see a consultant. These were recorded as clinical care episodes (as patients felt this had an adverse effect on their condition.) It continues to be monitored closely, and may represent coding changes linked to changes in personnel. In 2014/5 greater consistency of coding through triage is planned.

Four types of complaint account for 81% of all complaints made against the Trust for the reporting period. The Department of Health (DoH K041) data only captures one category from each complaint for analysis, so the allocation is based on the most serious aspect emerging from the complaint.

The main four categories are outlined below.

Table 4 : Summary Analysis of Key Themes and Trends for 2013/14

Primary Subject of complaint as logged on DATIX	% of complaints	Trustwide and National Trend compared to previous year
All aspects of clinical Treatment	44% UCLH 46% nationally	decrease 1% (national up 2.5%)
Attitude of staff	14% UCLH* 12% nationally	Decrease 2% (national up 8%)
Communication/Information to patients – written and verbal	11% UCLH 10% nationally	Decrease 2% (national decrease 1%)
Appointments delay/cancellation	12% UCLH 8% nationally	Increase 1% (national data recorded is variable on in and out patients)

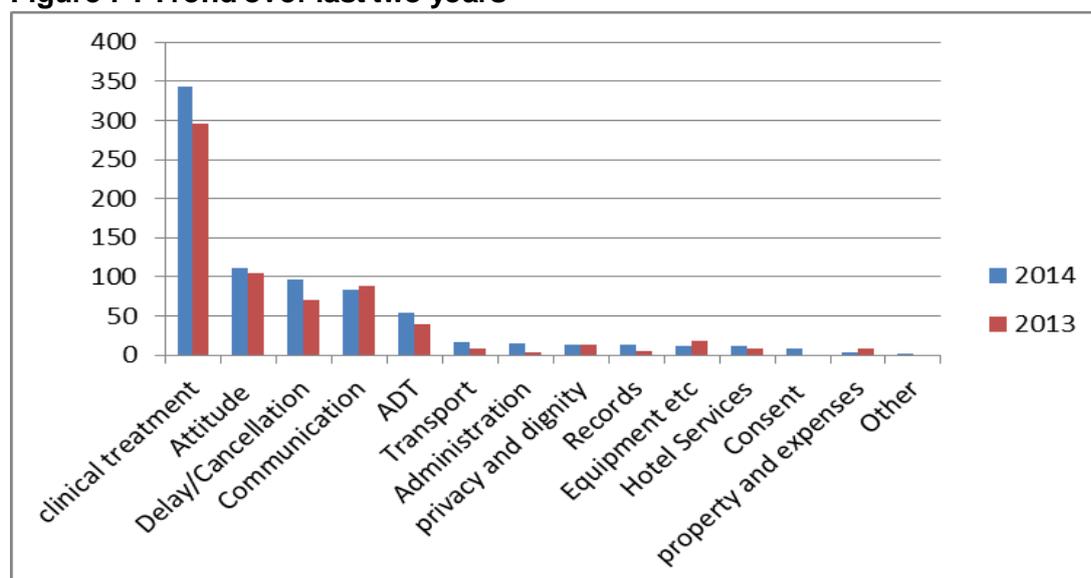
In 2013/14 UCLH showed a reduction in complaints that were primarily about attitude of staff, from 16% to 14%, although this remains slightly above the national figure of 12%. There is emerging evidence from complaints that unacceptable attitude or behaviour may be the trigger for a much broader complaint about their experience of healthcare. Appropriate attitude and behaviour of staff, and their responsiveness to patients remains a key trust priority and this message is reiterated to staff from recruitment, through induction to development and leadership programmes.

The one area for complaint that increased as a percentage related to delays and cancellations. UCLH is running various work streams and improvement projects to improve on this aspect. However the decision to cancel a patient's operation at short notice is not taken lightly, has several controls in place and may ultimately be related to emergency cases or unforeseen absence of key personnel.

Table 5 : Comparison of Main Subjects for Complaint within UCLH

MAIN SUBJECTS	2014	2013
Clinical treatment	343	295
Attitude	111	105
Delay/Cancellation	97	71
Communication	84	89
Admission Discharge Transfer	54	39
Transport	16	9
Administration	15	3
Privacy and dignity	14	13
Records	13	5
Equipment etc	12	19
Hotel Services	11	9
Consent	8	0
Property and expenses	4	9
Other	1	0

Figure 7 : Trend over last two years



Trends are monitored by CMG and PEC and when numbers or types of complaints change significantly over time, 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 may not be the main issue raised

Rises in complaints for Queen square and Emergency services have been against a background of increasing activity and both divisions have plans for additional building work to improve access and capacity.

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

Figure 8 : Clinical Divisions with the most complaints over last 3 years

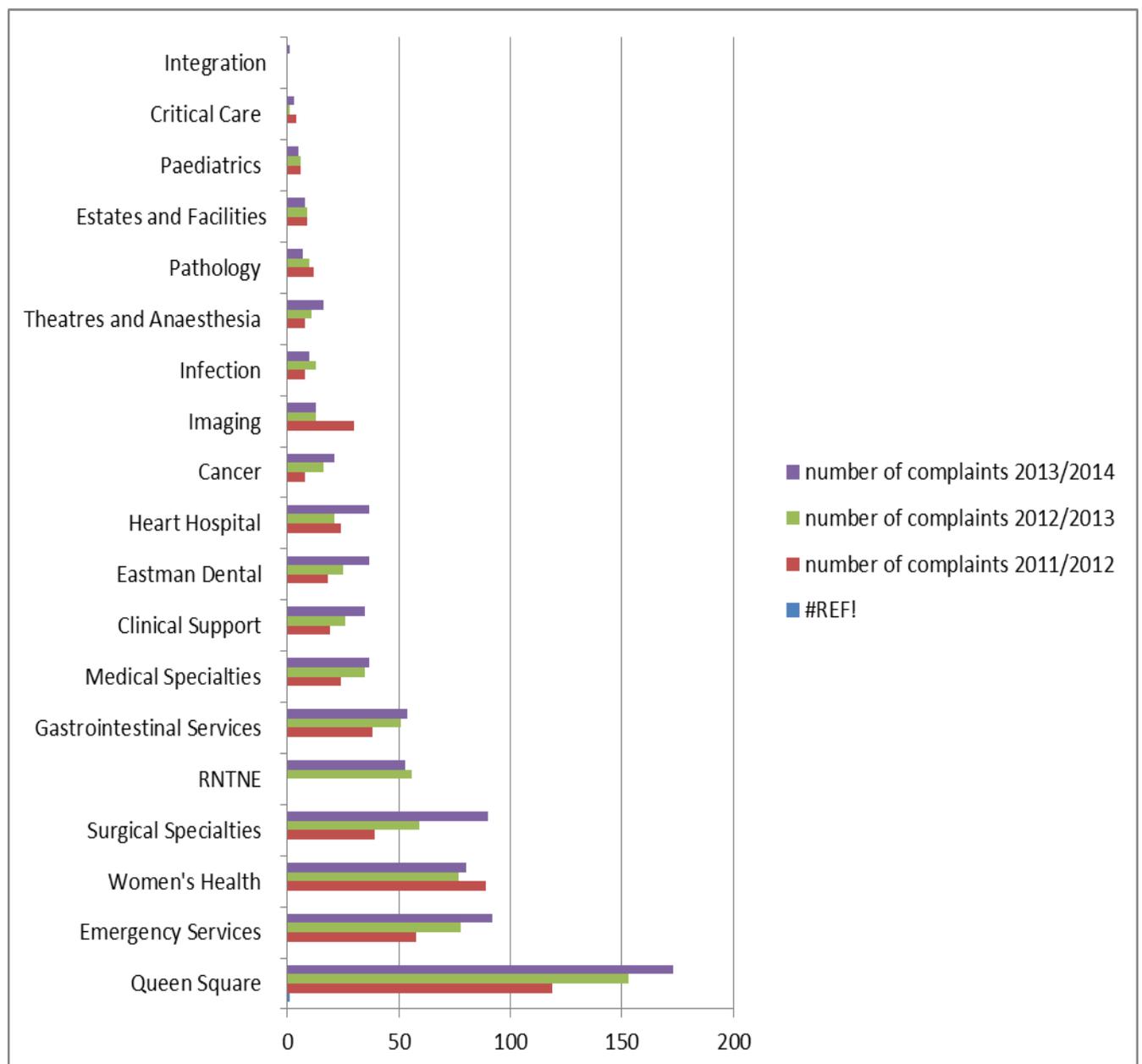


Table 6 : Comparison between Divisions 2010 - 2014

Division	Number of complaints 2010/2011	Number of complaints 2011/2012	Number of complaints 2012/2013	Number of complaints 2013/2014
Queen Square	121	119	153	173
Emergency Services	57	58	78	92
Women's Health	94	89	77	80
Surgical Specialties	98	39	59	90
Royal National Throat, Nose & Ear Hospital	Not part of	UCLH	56	53
Gastrointestinal Services	74	38	51	54
Medical Specialties	25	24	35	37
Clinical Support	38	19	26	35
Eastman Dental	44	18	25	37
Heart Hospital	23	24	21	37
Cancer	18	8	16	21
Imaging	25	30	13	13
Infection	7	8	13	10
Theatres and Anaesthesia	10	8	11	16
Pathology	6	12	10	7
Estates and Facilities	9	9	9	8
Paediatrics	8	6	6	5
Medical Records	5	3	3	6
Patient Advice & Liaison Service/Bereavement Services	2	1	2	1
Finance	0	0	2	3
Critical Care	4	4	1	3
Governance	2	0	0	1
Interserve	1	2		
Information Communication Technology	0	1	0	0
Totals:	671	520	667	791

Queen Square contains a number of highly specialised services, such as uro neurology, neurosurgery, complex spine and autonomics. As referral to these are usually from another acute hospital, there may be considerable delays in the referral pathway, wait for an appointment, then wait to have specialised tests to be conducted, then a further wait if surgery is indicated. Therefore delays and administrative functions account for a greater percentage than the Trust average in this area, while the percentage of complaints about clinical care in this area are lower than other clinical departments. Capacity work is underway to improve the patient experience. The chronic pain service also sits in Queen Square and this also accounts for the larger numbers noted within this division. (0.96 complaints per 1000 contacts).

Emergency departments have seen a national increase of 2.5% in complaints over the past year. At UCLH emergency services incorporates A & E and the acute medical unit, and the increase is in line with activity with 0.69 complaints per 1000 contacts.

Neither division are above the threshold of 1.4 Complaints per 1000 contacts which would cause concern as a significant outlier to available benchmarking data.

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. Single complaints may show learning points, as will analysis of complaints by topic or by time period.

Thematic analysis is shared with the complaints monitoring group but an aim for 2014/15 will be to strengthen this further.

Complaints also formed one of the sections of the Trust's Task and Finish review of the Francis report.

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 potential clinical incidents are reviewed against the clinical incident database and those with potential for severe harm are highlighted to the Risk team. During 2013/14 three complaints were received which were also investigated as serious incidents. Potential safeguarding concerns may also be detected via complaints and in 2013/14 four complaints were reviewed in parallel with the safeguarding lead.

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

Example of learning within a division:

Divisional Manager at Queen Square presented a summary of recent complaints and the learning which came out of subsequent investigations at one their quality days.

Key learning points :

- Staff were asked to reflect on the experiences described by the complaints and to put themselves in their place.
- The Divisional manager shared how upsetting it is for patients when their surgery is cancelled or postponed.
- This is a key driver to develop a strategy to expand capacity constraints as soon as possible.

Trust wide issues are also discussed at QSC, within subject specific steering groups and often shared via the QSC newsletter, examples of which are included on pages 18/19.

Trust wide quality initiatives have data from PALS, complaint and incidents to inform initial project scoping. An example of this is the introduction of Quality and Safety Boards and Patient Name Boards.

Patient name boards include the correct consultant name – this is particularly important for outliers who are not within their own ward/ speciality to be clear on the consultant in charge. The quality and safety boards are also now up in all areas. This is live information about the area, and includes data on patient safety issues such as falls or pressure ulcers and also number of complaints received. The daily huddle around the board will include 'safety' and quality messages and all members of the multidisciplinary team attend.

Further triangulation of all 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 2014/15 by the Chief Nurse's team and the complaints team

Examples of Thematic learning

Medications safety – any complaint involving potential medication safety incident is shared with the medication safety lead, and a quarterly complaints report is used to triangulate data from audit and incidents with that of complaints

Outpatient Quality and Effectiveness programme – presentations from the complaints team about themes and individual complaints relating to outpatient experience have been shared as part of the improvement projects

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. In 2013/14 there were 26 complaints linked to 'end of life', these complaints cover a range of concerns e.g. concern about communication of diagnosis and prognosis with patient or family, symptom control, discussion about resuscitation or care provided by nurses or medical treatment options in the final stages of life. In 2013/4 the Liverpool care pathway was criticised by the media and UCLH received one complaint linked to this.

A small selection of lessons learnt from complaints are shown below and also in Appendix B.

Complaints about clinical care (complaints monitoring will continue to evaluate ongoing impact)

Fracture Clinic Pathway

Actions taken:

A meeting was facilitated by QEP and staff from ED and orthopaedics and a new process agreed.

Patients will now be given their fracture clinic appointment before leaving the ED department; and other improvements are under consideration.

Dietary choices

A patient complained that the menu choice did not cater for their allergy and they were not seen by a dietician.

Action taken: Discussed at the Nutrition Steering group

Actions included : review of guidelines for dietician referral to include complex allergies

Refresher training for all dieticians on food allergy and intolerances

Review of all menus to ensure coded options were clearly marked e.g. Gluten free and nut free

Spot audits planned re documentation of allergy status linked to food sources

Complaints about nursing care at night

A small number of complaints highlighted that care at night was not felt to be to the same standard as care on day shifts on some wards.

Action taken: the complaints were shared with the Chief Nurse and helped to inform which areas of the trust would be visited unannounced out of hours, e.g. at weekends and night by the Deputy Chief Nurses and the matrons on a rotational basis.

out of hours issues were also shared with the Trust's Steering group for 24/7 care

Complaints related to post natal support for new mothers and partners

A reduction in complaint relating to care during labour were noted for the year but post natal care did not demonstrate the same reduction.

Action taken: A few recliner chairs were purchased for partners to use.

Additional breastfeeding support midwife was identified and has been recruited and work has begun with the wider team to improve responsiveness for new mothers.

Increased Complaints and PALS contacts about transport issues

Several patients complained about the practice of sharing transport with several other patients which significantly added to their journey time

Actions taken: Division alerted to the increasing numbers. This will be factored into the future provider contract to reduce this practice

Process

Transport Manager attended CMG and updated on contractual issues and arrangements. New contract due in next financial year which will address issues relating to waiting and growth in activity. The need to ensure Trust values and behaviours are inbuilt into the contract is to be taken forward.

Complaints relating to attitude will be dealt with on an ongoing basis as they relate to individual staff.

Individual staff

Have been spoken to and managed under HR policies as appropriate

Complaints relating to administration

Accessing medical records

A number of complaints were received about delays or concern that medical records were incomplete

Action taken: The records manager was invited to CMG to explore the issues. There had been an increase in requests for copies of notes and expectations that this would be done very quickly (the standard is 40 days from receipt of payment and confirmation of identity to request the notes). It was also evident that whereas some patients might only want a few days of their notes, others required extensive periods of care at multiple sites, adding to the workload.

As a result of the discussion the medical records team redesigned the request form using input from some patients who had complained. This appears to have had a positive impact on complaints and PALS enquiries about this matter.

Not being able to contact clinic for advice

Letters gave a number of contact numbers for advice and queries. As staff were performing a range of duties they were not responding to all of the calls to the department, and voicemail messages were not clear and often reported as full.

Action taken: A dedicated advice line was set up and advertised on website and through clinic and referral letters for this group of patients. This line was manned Mon – Fri 9-5 and had clear messages on voicemail when busy or for out of hours actions.

Staff were allocated to the phone on a roster and this ensured messages were checked and returned on a regular basis. Complaints and PALS contacts for this department fell markedly after this change.

Complaint from GP about the difficulty in booking a pelvic ultrasound, and from a patient about the impact of an unclear pathway

Actions taken:

Process

Ultra sound request form for GPs reviewed and updated (by gynaecology and radiology teams).

UCLH website updated to simplify access to ultrasound services by GPs.

Information to GP's about the booking process reviewed and updated

For the individual

Senior Staff member apologised to the patient for their experience and the division has updated the GP about changes made as a result of their concerns.

6 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.

Since April 2013 the PHSO has adopted a new approach, which is to review many more cases than previously. They also plan to share more information from complaints, in order to improve learning across the NHS.

The PHSO will consider any approach before local resolution is finished as premature, if they accept a case they may now consider no further action is needed, or may partially or fully uphold the complaint and may request an action plan, apology and possible compensation.

In 2013/14 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 the same as the previous year.

A quarterly report was presented to QSC for monitoring purposes and two PHSO cases were partially upheld within the financial year for care given in to 2010 and 2012.

Case one was linked to the management of constipation and the communication to the patient about the risk of further problems.

A formal apology and payment was made, and an action plan was developed to minimise further occurrence. This was shared with the patient, CQC and the local clinical commissioning group. New clinical guidelines were introduced and a series of messages to staff were circulated including one via the quality and safety newsletter.

Improving clinical care

Untreated constipation can lead to significant complications, including bowel perforation. A recent complaint about care at UCLH highlighted the need for staff to monitor and respond to acute constipation. Staff should encourage patients to mobilise and maintain good hydration. Risk factors for constipation will include regular analgesia use and reduced mobility, especially after surgery. Trust guidelines are currently under development. Patients should not be discharged home whilst still significantly constipated.

Action for divisions

All divisions should be aware of this and ensure medical and nursing staff act accordingly

Another case was linked to communication and consent, although informed consent for the procedure was obtained, the option of a non surgical approach had not been fully explored.

The consultant involved reflected on the case with his medical director and a personal apology was provided to the complainant, with a financial payment for remedial justice.

The following message was shared via the Quality and safety newsletter

Consent

The new consent policy was launched in December. Summary key points of the policy have been distributed via the QSC newsletter; however, some staff do not appear to be applying this consistently. Related to this the Parliamentary Health Service Ombudsman has recently upheld a case in relation to a patient not offered the option of 'no treatment' during the consent process.

Action for divisions

- Ensure that *all* staff are aware of the new policy, particularly medical and dental staff
- Ensure that all staff are aware that they *must not* photograph patients using mobile devices
- Reinforce compliance at one to ones, clinical supervision, team meetings and job planning

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Developments to complaints monitoring and management in 2013/14

Board engagement

The medical directors, chairman and Chief Nurse have always played very active roles in the complaints process, in reading complaints and raising issues raised by complaints with their teams and in a variety of meetings.

Board and senior staff involvement has been strengthened in the past year and a management forum dedicated to complaints and improving complaints management and learning was held in August 2013. A more formalised roster of non-executive directors reading all complaints and responses and providing feedback has also been established.

A Trust Board – ‘*Listening to patient’s stories*’ event was held in October 2013. This illustrated the five main themes from complaints, and looked at:

- Behaviour of clinical staff
- Care delivery
- Inability to communicate with the Hospital from outside
- Outpatient booking system
- Misdiagnosis

Each complaint and subject was facilitated by a clinical director and explored:

- Summary of complaint theme – how many of this type
- Impact on patients and families
- Root cause of this type of problem
- Sustainable actions likely to reduce recurrence

All complaints and responses are shared with the Chief Nurse, Chairman and a non-executive director (on a rolling basis) and signed off by the Chief Executive

Trust ‘Standards for UCLH Complaint Responses’ were introduced early in 2014.

UCLH became involved in the Shelford Complaints forum which explores best practice and shares learning from complaints management.

External Reports and Visits

A Complaints and PALS report was taken to the **Camden Health Scrutiny Committee** in February 2014.

A Complaints information session was held for the **UCLH MembersMeet** in March 2014.

CQC Visit

The CQC visit involved feedback from complaints and their report in January 2014 stated “*The trust had good systems in place for dealing with complaints, following good practice.*”

They noted the yearly increase but commented: *“However the number of complaints is not always an indicator of poor performance because a trust may actively encourage comments.”*

Monthly complaint thematic analysis

Having previously been a pilot this has now been adopted on a monthly basis and these reviews were shared with medical directors, heads of nursing, chief nurse, heads of operations and the directors of quality and workforce. This report is also produced as a trend analysis for the Boards to triangulate data from PALS and patient feedback responses.

Education and development

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

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

Revalidation of Consultants

This is now an established process i.e. information from complaints feeds into the revalidation process for consultants, alongside that of serious incidents and claims.

Action : expansion to include other registered healthcare professionals is now being considered in line with registration bodies and nominated trust accountable officers and Human Resources

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%
- In 2013/14 UCLH had a 8% reinvestigation / recontact rate

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

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

Updating Complaints Information

In 2013/14 a welcome pack was introduced for all patients undergoing an elective admission. This contained a section on how to raise a concern or make a formal complaint.

The complaints leaflet was also revised and 6,000 leaflets distributed across all sites of the Trust and the website was updated to allow emailed complaints and feedback forms to be found more easily.

It is hoped that this would increase feedback and awareness of how to raise a concern or to complain.



Other Aspects of Complaints Management Compliance

Working with other organisations

The 2009 Complaints Regulations require organisations to offer complainants the option of a single joint response when their concerns cross the boundaries of NHS care providers

The Trust currently asks the complainant for consent to share a complaint with another organisation. During 2013/14 the Trust received 10 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 2 of these cases UCH was the lead organisation

In 8 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.

Two randomly selected samples of 24 complaints were selected for 2013/14 to review compliance

Target response times

- a) acknowledging a complaint

The UCLH Complaints policy states that all complaints should be acknowledged within 3 working days.

Qtr 1 and 2 : 23 out of 24 were acknowledged within 3 days

Qtr 3 and 4 : 22 out of 24 were acknowledged within 3 days but of the two not acknowledged by a separate letter, both were joint responses in which the UCLH was contributing to another response and an email confirming receipt was present.

Action : Continue to run small sample audits in 2014/15 to monitor

b) responding to a complaint

UCLH has a flexible approach to complaint response times, and seeks to negotiate the time period with the complainant wherever possible. Many complaints maybe resolved during the initial phone call and all divisions are encouraged to involve the complainant in determining what they are hoping to achieve form their complaint. The default 'target', is 25 working days, but we recognise that some complaints require immediate attention and others may take considerably longer where multiple divisions or organisations are involved. Monitoring timescales is therefore based on whether either the 25 working day or other negotiated target is met.

Table 8 : response times

	Response within 25 working days or negotiated target	Comments
2013/14	78%	Deterioration in performance
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 reduction in meeting response times noted in 2013/14. This may be linked to the introduction of complaint response standards which are felt to have improved the standard of responses but may have added time to providing the response.

Where performance within divisions consistently fell below target, there is evidence that this was escalated to the relevant division via the hospital boards for comment and action.

Timeliness of responses to complainants is important. There has been a 6% reduction in the timeliness of complaint responses over the last year. Although some of our patients indicate they are not concerned by how long their response takes, they want to know that a thorough investigation has occurred and that we have learnt from the issues they have raised, for others a long response time may add to their distress and anxiety.

In 2013/14 divisions were also asked to attend the CMG on a rolling basis, and one of the things explored was why it took so long to provide responses to some of our patients.

Divisions are sent a weekly reminder for all targets due on the next two weeks. Response times are monitored through the Quality Performance Book and additional reminders about this have been circulated through the quality and safety briefing sheets, example below.

Action for divisions: Ensure that:

- There is a robust means within the division of tracking when complaint responses are due.
- Responses are sent back to the complaints team **before** the due date
- When an investigation has taken longer than expected that-
 - A) Divisions arrange to call the complainant and negotiate a longer response time

B) The complaints team are made aware of the reason for the delay and any new date that has been agreed with the complainant.

The reason for delays are multi factorial but failure to meet the target is not always linked to the volume or complexity of the complaints received.

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. 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 to the complaints team. There is evidence that escalation beyond the weekly memo has happened but this work could be strengthened further.

Action : Performance will be consulted about expanding metrics on complaints handling performance

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 28 complainants were supported in this way by a member of the complaints team in 2013/14, however this is probably an under representation due to data capture methods
- Complaints responses are translated on request and during 2013/14 one request for translation was received and actioned
- Complaints data is found in the Trust's Equality and Diversity report <http://www.uclh.nhs.uk/aboutus/wwd/SES/documents/UCLH%20Diversity%20and%20Equality%20Information%20Annual%20Report.pdf>
- and also in the Trust report to Camden Health Scrutiny Report <http://democracy.camden.gov.uk/documents/s32608/3b.%20UCLH%20PALS%20report.pdf>
- Females account for 49% of all complainants in 2013/14, this mirrors the patient population
- The complaints team work closely with local advocacy services and health watch schemes and have invited both to the Trust in 2013/14

Action : Continue to explore ways to review complaints process to ensure equal access

Ethnicity

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 numbers of unstated ethnicity outside of the complaints process.

Please note that where a complainant is not a patient this data is not available, eg visitor, relative etc. It is not possible to separate out 'not stated' from those who do not wish to provide this data, but there was a reduction of 3% in such loggings

Table 9 : Ethnicity of patients as appearing on carecast

Complaints by Ethnicity	number	%
White – British	324	50%
Not stated	149	23%
White - other white	52	8%
Other ethnic category	25	4%
Black African	22	3%
White – Irish	17	3%
Black Caribbean	12	2%
Indian	10	2%
Other mixed	8	1%
Bangladeshi	8	1%
Other Asian	8	1%
Pakistani	6	1%
Chinese	4	1%
Other Black	3	<1%
Mixed white and black Caribbean	2	<1%
Mixed white and Asian	2	<1%

Methods of accessing the complaints process

The Trust offers a range of options for raising complaints:

Table 10 : Breakdown of method of first contact for complaints during 2013/14

	2011/12	2012/13	2013/14
Letter	58%	51%	41%
E-mail	28%	32%	42%
Leaflet	9%	13%	12%
Telephone	3%	3%	4%
In person	2%	1%	1%
Totals:	100%	100%	100%

The use of email as first contact continues to rise, and applied in line with information governance principles. The rise in emails brings challenges as patients appear to expect an instant response and this should be explored when revising Trust complaints guidelines.

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.

Complaints may come from advocates, solicitors, MPs, and GPs. All complaints are treated equally regardless of the source and consent is obtained when appropriate.

Letters from GPs will be shared with the Trust's GP Liaison manager and any relevant learning will be anonymised and shared via the GP newsletters when relevant.

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 48 complaints throughout 2013/14

Use/completion of the initial contact sheet

- Making the initial telephone call to complainants

Table 11 : Complainant Contact Compliance

	Qtr1 and 2	Qtr 3 and 4
Evidence to support contact call was made within 5 days	38%	33%
Call made but after 5 days	25%	21%
No evidence	25%	21%
Contact not needed as patient had initially raised complaint to a member of staff or had requested written response	12%	25%

It was disappointing to see that almost a quarter of the sample, albeit small did not receive a call to discuss their complaint. It was apparent on reviewing the files that a further quarter are contacted but later than the 5 days we set as goal. However there are some challenges to making a call, many patients are not available during the day, trust phone numbers appear on mobiles as 'withheld', which can be off putting to some. The complaints team have encouraged staff to let them know if contact cannot be made, so that a letter can be sent offering them to re contact us.

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

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Summary and Conclusions

The annual review of complaints management shows that UCLH is broadly compliant with best practice as evidenced by review of The Ombudsman Reports and the advice of the patient's association but that opportunities still exist for improvement.

UCLH has noted an increase in complaints, which is to be expected following The Francis report and the commitment as an open and learning organisation. This increase was in parallel to an increase in activity but improvements can be made. The time taken to respond to complaints is too long in some cases and this needs to be explored further with the divisions and boards. Although some evidence supports that the quality of complaints responses has improved since the introduction of Trust standards, variation continues to exist between some divisions in terms of clinical engagement.

There is ongoing evidence that improvement in complaints management remains, and is regarded by the organisation as a valuable gauge 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. Greater sharing of issues and solutions from complaints has taken place in 2013/4 but can always be improved

Although the incidence of reinvestigations and referrals to the PHSO has remained steady over 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.

PHSO recommendations have been implemented and UCLH practice will be evaluated against key PHSO documents and papers as they become available.

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

	Action	
1	Review complaints management post Francis report and to address findings of other reviews to be undertaken in 2013/14.e.g. Keogh and Clwyd.	Complaints management was part of the task and finish group
2	Take steps to improve complaint responses. Identify standards for letter writing	Standards produced
3	Strengthen systems for learning lessons from complaints	Progress made but continually reviewed
4	Strengthen systems for data capture and analysis	Progress made but awaiting national guidance

5	Explore benchmarking opportunities	Progress made,
6	Greater analysis of 'all aspects of clinical care' complaints	Completed and ongoing
7	Strengthen systems for feeding complaints data into the revalidation process for consultants	Completed
9	<p>Explore ways to improve compliance issues :</p> <ul style="list-style-type: none"> • Improve contact with complainant • Reduce late responses 	Progress made but needs further work
10	Review approach to management of cases referred to the Ombudsman.	System in place

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Summary Action Plan for 2014/15

	Action	Lead	date
1	Set up working group to consider ways to improve compliance	Complaints and Performance teams	By April 15
2	Strengthen learning lessons	Head of Quality and Safety and Complaints manager	April 15
3	Explore ways to improve compliance issues : <ul style="list-style-type: none"> • improve contact with complainant • reduce late responses 	DM's DCDs. Performance and Complaints team	April 15
4	Prepare for changes in National data capture (K041)	Complaints manager, datix manager and performance lead	January 15
5	Review approach to management of cases referred to the Ombudsman.	Complaints manager	September 14
6	Review complaints procedure in line with key reports and any legislative changes in financial year	Complaints manager	Ongoing through year

Appendix A :

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

Appendix B

Examples of Trust wide issues arising from complaints shared via QSC Newsletter :

Contacting the hospital

Patients and relatives report that they are having difficulty contacting staff or departments. Some patients may also expect to be re- contacted on the same day, (which maybe unrealistic with other staff work requirements.)

Actions for divisions:

- Ensure that staff are aware of and comply with the [UCLH Telephone and Voicemail Code of Practice](#).
- The patient should be provided with a timeframe for a response to their enquiry, so that patients are not expecting an immediate response where that's not possible.
- If staff need to pass on an enquiry to another member of staff they should ask the patient to recontact them if they do not get a response in this timeframe.

Delays 'on the day'

Despite the improvement work that has gone on within departments and clinics, patients are still reporting that they are not told when or why delays in appointment times occur.

Actions for divisions:

Ensure front line staff apologise and explain to patients when and why delays are occurring, and that where possible this message is also available to read. E.g. Clinic boards are updated.

Complaints about pain management

Pain control (a) – there are less complaints about pain control in ward areas, but patients are raising concerns about being left in pain whilst awaiting specialist opinion.

Action for divisions

Ensure pain control advice is provided to the patients' GP

Pain control (b) Staff maybe improving pain control but may not be escalating ongoing requirements for strong analgesia to senior staff and this may in turn be masking complications. This is being addressed as part of the education programme for pain control.

Action for divisions

Remind staff that constant or increasing demand for analgesia maybe a red flag that requires clinical review

Policy compliance

Learning from investigating complaints shows that where UCLH policy or guidance has not been followed, in addition to an apology and explanation an action plan **must** be included in the response to the complainant to show how future non-compliance can be prevented.

Action for divisions;

- When investigating a complaint check that staff performance was in line with relevant policy/ guidance
- If non compliance is found, ensure staff include an explanation of what will be done to prevent further non- compliance in response to the complainant

Results on CDR

Recent complaints and incidents have highlighted that not all staff are aware that:

- CDR does not display all results on one screen. When patients have multiple results these can be on multiple screens and there is also an **archive** function.
- Archive results are only displayed when the archive button is ticked.
- Not all 'out of range' results are highlighted. E.g. 'positive' results may not have a highlight.
- When investigations are requested there are robust systems for checking the results especially if this relates to pathology.

Actions for divisions

Divisions are asked to ensure all staff, especially clinicians are made aware of this and that junior staff are made aware of the significance of filling in clinical details and following up when requesting results

Transferring care to other specialists or hospitals

An increase in complaints from patients for whom UCLH has ended the care relationship but where there remains a care needs. In some instances patients are concerned that this has been due to raising concerns or making a complaint – either to UCLH or to the GMC.

Action for divisions

Reinforce with staff that patients should not be adversely affected by making a complaint and that [good practice guides](#) exist.

Advise staff that in such instances staff should:

- a Warn the patient that you are considering ending the relationship
- b Do what you can to restore the professional relationship
- c Explore alternatives to ending the professional relationship
- d Discuss the situation with an experienced colleague or your employer or contracting body

Safe Discharge

Although numbers are low, we continue to see occasional complaints or safeguarding referrals regarding poor or alleged unsafe discharges.

Action for divisions : Ensure

1. Communication is adequate between agencies regarding discharge
2. Adequate documentation of: skin integrity, wound care, care plans, discharge summary and handover.
3. Ensure clothing is appropriate for the journey and that relatives are informed of the discharge
4. Do not discharge at inappropriate late hours

Compiled : October 2014
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uclh

We are committed to
delivering top-quality patient
care, excellent education
and world class research

Safety
Kindness
Teamwork
Improving