

uclh

Annual Complaints Report

Analysis of Formal Complaints
April 1st 2014 – 31st March 2015

CONTENTS

1	Introduction and Purpose	2
2	Overview of Compliance with Complaints Policy <ul style="list-style-type: none">• Compliance with monitoring requirements	4
3	Analysis of Complaints received in 2014/15 <ul style="list-style-type: none">• Benchmarking against other organisations	5 10
4	Key Subject Analysis from DATIX	11
5	Lessons Learnt from Complaints Monitoring <ul style="list-style-type: none">• Examples of lessons learned and changes arising from complaints	22
6	Complaint Referrals to Parliamentary Health Service Ombudsman (PHSO)	25
7	Developments to complaints management in 2014/15 <ul style="list-style-type: none">• Board Engagement• External reports and visits• Education and development• Improving quality of responses• Updating complaints information	28
8	Other Aspects of Complaints management compliance <ul style="list-style-type: none">• Working with other organisations• Target Response Times• Ensuring Equal access• Contact with complainants	30
9	Summary and Conclusions Review of recommendations from 2014/15	35
10	Summary Action Plan 2015/16	37

1 Introduction

Patient surveys, feedback forms and Patient Advice and Liaison Service (PALS) contacts are useful feedback tools about the care and treatment UCLH provides but written complaints give us the clearest message about our services. It is widely recognised that patients are concerned that making a complaint may impact on their treatment and care, so it is important to investigate their concerns and maximise any learning opportunities. We know from thank you letters that whilst this does not affect the complainant's own experience, they are grateful to know that we are keen to learn when we get it wrong: this could be an individual, team or trust level.

All formal complaints received have been fully investigated through the Trust's complaints procedure. At UCLH there is a separate department for complaints and PALS but the two teams work closely, PALS will escalate more serious contacts into the formal complaint process, and the complaints team will resolve concerns that can be addressed quickly outside of a formal complaint response.

In 2014/15 UCLH received 833* formal written complaints at the time of submission of the data to the annual national statistics return, compared to 791 in the previous year, this represents an increase of 5.9% against a national increase of 5.7%. When this is considered against activity this is an average of 0.63 per 1000 patient contacts.

The number of complaints primarily about clinical care at UCLH accounted for 44% of all complaints received in 2014/15, this compares to a national benchmark of 46%. This is closely monitored and further analysis on clinical complaints has been undertaken and shared with Nursing and Midwifery Committees, medical directors and the Clinical Boards.

65.8% of complaints received by UCLH were upheld in 2014/15, compared to a national average of 51.4 % (with a national range 18 - 100%), 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 and cognitive impairment. This allows Trust wide monitoring of these issues to take place and for appropriate improvement actions to be identified and monitored by the relevant committees.

In recent years there has been a significant increase in the number of complaints investigated nationally by the Parliamentary Health Service Ombudsman (PHSO).

At UCLH 22 sets of papers were requested by the Ombudsman (the same as last year) and within the year two cases were partially upheld, but care dated back to 2010 and 2011. 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.

**At the time of this report this number has reduced to 830 due to withdrawal or reclassification of some contacts.*

A ward to board approach exists for complaint management at UCLH. Staff are always encouraged to respond to concerns raised by patients and relatives as soon as they become aware of them, rather than asking them to make a complaint. All Trust 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. Information about complaints and values is provided during new staff induction.

Since February 2015 the Trust Board opens its meeting with a patient story and learning from a complaint.

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. The Chairman spent a day working with the complaint's team in 2014 / 15 whilst the Chief Nurse sat in with the PALS team.

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 via this report and on request to the Care Quality Commission or other parties.

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 2015, and is produced in order to meet NHS Complaints regulations to ensure the Board of Directors, our commissioners and our patients are aware of all complaints related matters.

2

Overview of Compliance with Complaints Policy

UCLH Complaints Monitoring Group (CMG) was established in 2012 and this group continues to meet monthly to examine issues emerging from complaints or PALS contacts and to escalate areas for concern to relevant Divisions, clinical boards or related committees.

Complaint themes have been shared with the Trust's Quality and Safety Committee, the Patient Experience Committee and relevant subject matter experts such as End of Life, Medication safety etc. The patient experience agenda continues to evolve and the complaints department are working with the Chief Nurse and Quality and Safety Leads to ensure issues from complaints are shared widely in order to maximise learning.

It is expected that the Patient Experience Committee will undergo restructuring in 2015 and the format of the CMG may change in line with this.

Compliance with monitoring requirements
A review of agenda and minutes of the new Complaints Monitoring Group (CMG) for 2014/15 confirmed that it received a monthly monitoring report about complaints and themes. This group also had patient representation.
A review of agenda and minutes of QSC for 2014/15 confirmed that QSC received a monthly report via the performance book in line with monitoring arrangements in the Policy. 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. Note in 2015, the reporting structure may change with a quarterly patient experience report under development and a six monthly complaint review under consideration.

3

Analysis of complaints received in 2014/15 (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 agreed date for a response. 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
2014/15	833**	22 (2.6%)	73%	All aspects clinical treatment

During 2014/15 there was a 4.9%% increase in the number of complaints compared to the previous year. There was also a 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.

There is a reduction in the percentage of complaints accepted by the Ombudsman compared to overall complaint numbers.

Complaint data is being closely monitored by the CMG, PEC and QSC and external benchmarking against National data and the Shelford Group. Any national data that is released by the PHSO will also be reviewed against Trust performance.

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

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*

Fig 1: Number of complaints received by Quarter

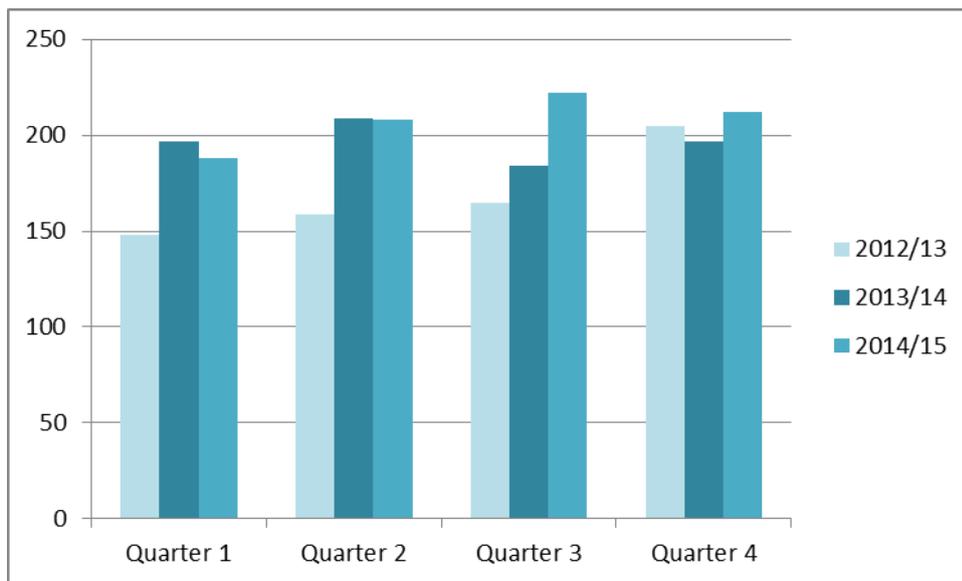
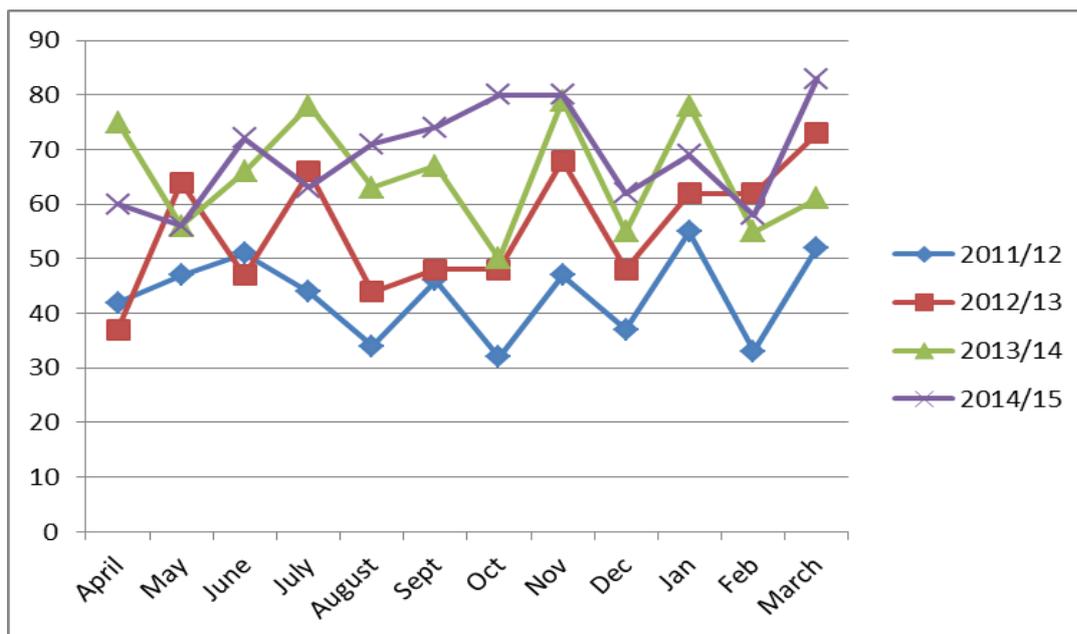


Fig 2: Number of complaints by month 2011/12 – 2014/15



Complaints received have ranged from 58 – 83 with an average of 71 per month. Historically there has been a reduction noted in complaints during the summer period but in 2014/15 this evened out, possibly in line with increased activity.

The Divisions with the greatest activity such as Queen Square, which comprises the National Hospital for Neurology and Neurosurgery and the Royal London Hospital for Integrated Medicine plus some services at Chalfont will see the most complaints in a year, however Queen Square received less complaints than the previous year. The following table shows the trend over time for the Divisions within UCLH. When activity is factored in the positions are slightly changed with surgical specialties and gastro services seeing more complaints than Queen Square. (See page 8)

Table 2: Comparison between Divisions 2010 – 2015

Division	Number of complaints 2010/2011	Number of complaints 2011/2012	Number of complaints 2012/2013	Number of complaints 2013/2014	Number of complaints 2014/2015
Queen Square	121	119	153	173	168
Emergency Services	57	58	78	92	64
Women's Health	94	89	77	80	87
Surgical Specialties	98	39	59	90	112
Royal National Throat, Nose & Ear Hospital	Not part of UCLH	Not part of UCLH	56	53	50
Gastrointestinal Services	74	38	51	54	66
Medical Specialties	25	24	35	37	41
Clinical Support	38	19	26	35	44
Eastman Dental	44	18	25	37	38
Heart Hospital	23	24	21	37	35
Cancer	18	8	16	21	31
Imaging	25	30	13	13	16
Infection	7	8	13	10	8
Theatres and Anaesthesia	10	8	11	16	15
Pathology	6	12	10	7	13
Estates and Facilities	10	11	9	8	14
Paediatrics	8	6	6	5	14
Medical Records	5	3	3	6	1
PALS / Patient affairs	2	1	2	1	2
Finance	0	0	2	3	1
Critical Care	4	4	1	3	6
Governance	2	0	0	1	1
ICT	0	1	0	0	1
Totals:	671	520	667	791	830

Table 3: Difference in the yearly figures for the top five Divisions:

Division	Total for 2013/14	Total for 2014/15	Change
Queen Square	173	168	▼
Surgical Specialties	90	112	▲
Women's Health	80	87	▲
Gastroenterology	54	66	▲
Emergency Services	90	64	▼

There was a reduction in the number of complaints for UCLH Emergency Services (from 90 in 2013/14 to 64 in 2014/15). This was a significant achievement against a backdrop of a national increase in complaints about emergency services.

As activity can vary between Divisions and across the Trust, complaints are also tracked against an activity baseline of 1000 patient contacts. In general Divisions with surgical cases are seeing the largest number of complaints. This is linked to both administration issues such as waiting times, delays and cancellations, and clinical matters such as complications following surgery or outcomes as well as questions about clinical management such as surgical treatment versus a conservative approach. The data below shows that although

Queen Square sees the most complaints, when this is compared to activity they are not an outlier. Both Surgical specialities and Gastro services has seen an increase relative to activity for this year. This will be monitored over the coming year to see if this is an ongoing trend.

Fig 3: Number of complaints per 1000 patient contacts for whole Trust 2013/14 & - 2014/15

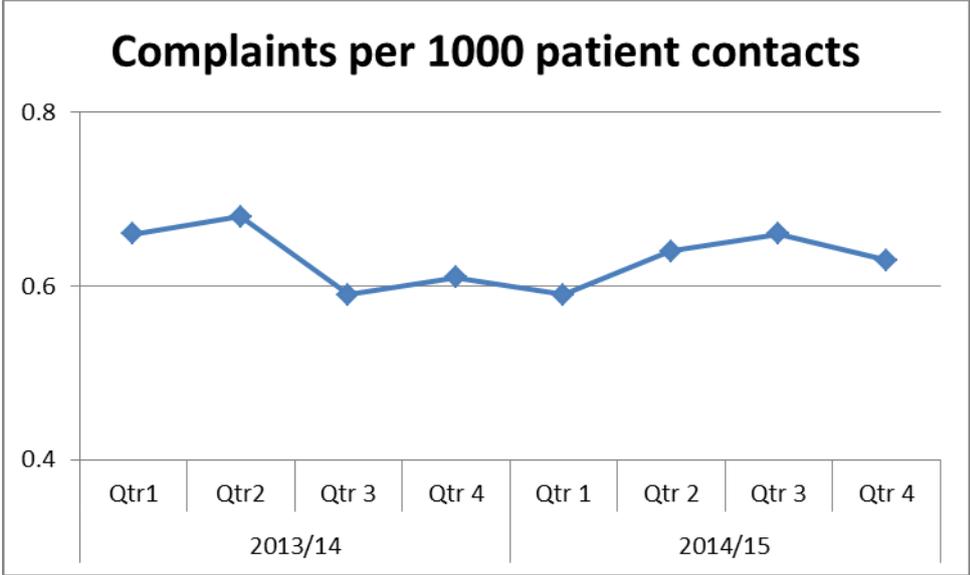


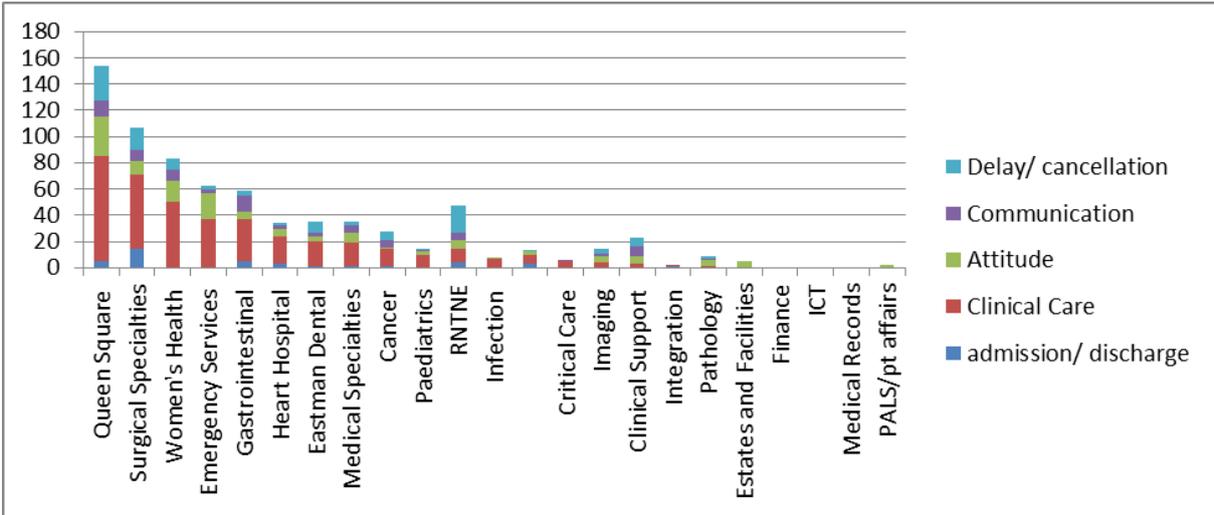
Table 4: Number of complaints by top 10 Divisions and activity

Division	Number of Complaints	Number Patient Contacts	complaints per 1000 patient contacts
Queen Square	168	190084	0.88
Gastrointestinal Services	66	69830	0.95
Surgical Specialties	112	110836	1.0
Emergency Services	64	142933	0.45
Heart Hospital	35	54722	0.64
Clinical Support	44	56696	0.78
RNTNE	50	95059	0.53
Medical Specialties	41	82678	0.50
Women's Health	87	190084	0.46
EDH	38	142933	0.27

What do patients and relatives complain about?

The KO41 is a national return for complaints received that has been made by all acute Trusts on an annual basis. This return used to record only the main subject of the complaint and the categories were quite limited. In 2015/16 it is planned to extend the data set. More than 80% of all complaints fall into four main categories, the graph below shows the main subject for complaint across UCLH by Division. This is explored further in section 4.

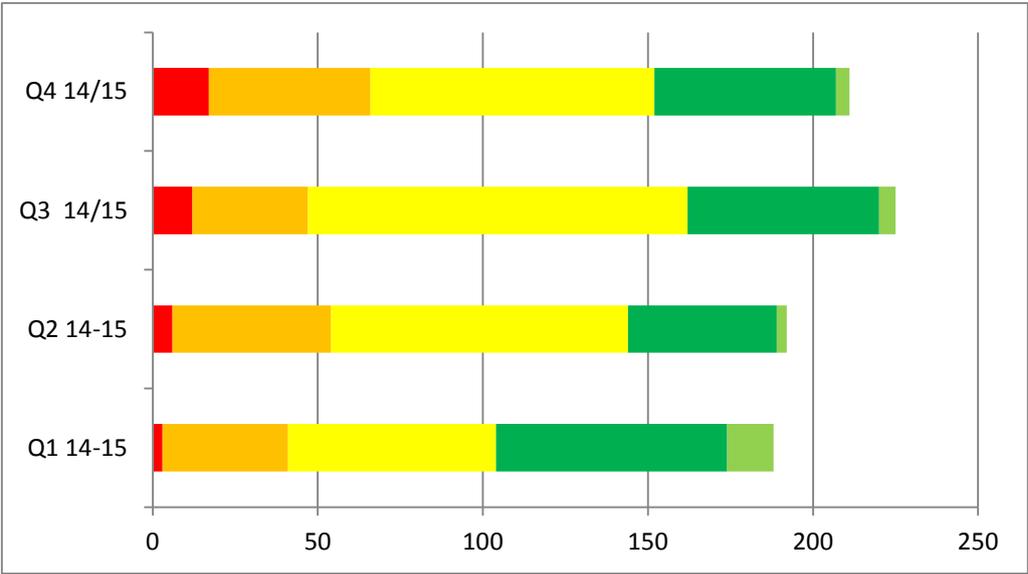
Fig 4 : Number of Top 4 complaints by subject and Division



Grading of Complaints

Complaints are triaged on receipt and graded, based on the content of the complaint and not on the outcome of the investigation, with red being most serious. Figure 5 below shows a rise over the year in the number of complaints graded red. Whilst this is thought to reflect changes in the grading process (rather than an increase in serious complaints), it is being kept under close review. The majority of red complaints are from relatives asking if more could have been done for their family member prior to their death. Complaints are reviewed on receipt against any incidents that have been reported for the patient, and safety huddles used for any potential clinical incidents or safeguarding concerns. In 2014 /15 3 complaints were received that were also investigated as serious incidents.

Figure 5- : Number of Complaints by Grade and Quarter



Benchmarking against other organisations

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 5: Comparison of UCLH complaints to other key London trusts and members of the Shelford Group for 2014/15 compared to 2013/14 using K041 data:

Organisation	Complainants 2014/15 & 2013/14	Trend since last year	Complaints Upheld ** 2014/15
UCLH	833 / 791	↑6%	65.8%
Royal Free *	1209 / 711	↑70%	57.2%
Guy's & St Thomas'	938 / 926	↑1%	69.9%
St George's	1052 / 1083	↓1%	100%
Imperial*	1242 / 884	↑40%	38.3%
Barts Health*	3034 / 2451	↑24%	77.8%
Kings	982 / 980	same	48.7%
Central Manchester	1035 / 1192	↓13%	70.9%
Oxford hospitals	1009 / 890	↑13%	73.3%
Cambridge hospital	523 / 465	↑12%	74.0%
Sheffield Teaching Hospital	877 / 949	↓8%	48.5%
University Hospital Birmingham	792 / 664	↑19%	53.9%
Newcastle	728 / 702	↑ 4%	60.2"
NATIONAL FIGURE		↑5.7%	51.4% upheld

*please note: Changes in Trust configuration in year so change may not reflect worsening position but rather increased activity

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 over the last 3 years, but the National K041 dataset has been updated for the coming year and so future complaint reports will not be able to make like for like comparisons over time.

The main subject for NHS complaints is not surprisingly – clinical care. This is a broad subject and the new sub categories planned for 2015 /16 will allow easier review and possible benchmarking of this subject.

At UCLH, 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 wider complaint but may not be the main issue raised

Table 6: Main Subject for Complaint: Trend over Time

Main Subject of Complaint	2015	2014	2013
Clinical treatment	375	343	295
Attitude	135	111	105
Delay/Cancellation	112	97	71
Communication	80	84	89
Admission Discharge Transfer	38	54	39
Transport	18	16	9
Administration	16	15	3
Privacy and dignity	24	14	13
Records	7	13	5
Equipment etc.	6	12	19
Hotel Services	13	11	9
Consent	1	8	0
Property and expenses	3	4	9
Other	2	1	0

In line with National statistics UCLH's main area for complaint is clinical care and this is examined in more detail in the next section.

Primary Subject of complaint as logged on DATIX	% of complaints	Trustwide and National Trend compared to previous year
All aspects of clinical Treatment	45% UCLH 44% nationally	increase 1% (national figures down 2%)

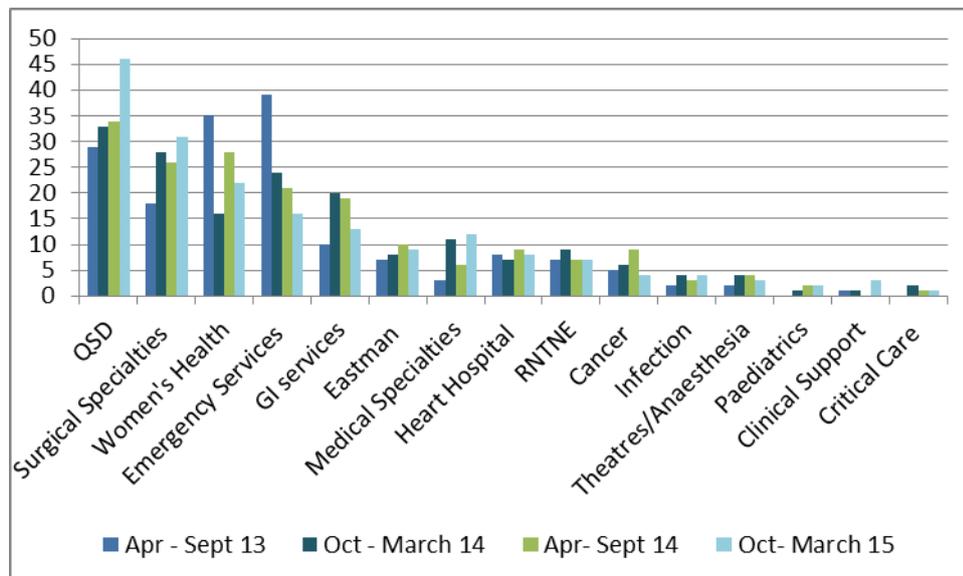
Clinical complaints continue to be reviewed closely for trends and emerging concerns

An improvement planned for 2014 /15 was to provide further analysis of clinical complaints. Reports have been taken to the Nursing and Midwifery forums and to the medical director, Divisions and boards. Clinical complaints may also have their root in administrative errors, e.g. not booking a follow up appointment or sending letters to incorrect addresses.

Many of the complaints about clinical care such as drug errors, on investigation show no failings in actual care but do indicate communication could be improved.

For example : when medication has been changed, patient's or their relatives may not have had adequate explanation and may feel that doses have been missed by accident or too much of a drug has been given, when they have been omitted or increased deliberately as part of the treatment plan. All complaints about medication safety are shared with the Trust's medication safety lead to ensure triangulation of data with other sources and to maximise learning.

Fig 6: Number of complaints over last two years for Clinical Medical Complaints by Division



An improvement was noted for emergency services and gastro intestinal Divisions for the same period but an increase was noted for Queen Square and Surgical Specialities for Q3 and Q4 compared to previous. The main themes were similar for both areas: Concern that surgical outcome is not as expected - either through development of a complication, or that the outcome of the operation on their quality of life has not been as good as they expected.

There may be elements relating to the consent process, but the response usually demonstrates that consent has included the development of the complication after surgery, suggesting that communication may be a root cause.

Some patients may have done their own research into their condition and believe that a specific treatment or surgical procedure is indicated. When clinical staff do not agree they seek further clarification through the complaints process. Such complaints appear to be on the increase but overall numbers remain low.

Demand for the pain service at Queen Square resulted in some patients being sent to alternative providers and patients were not happy with this option. Some patients are concerned at seeing a registrar when they have already seen someone locally and are coming to UCLH for a second – ‘expert’ opinion, even though the care and management may be directed by a consultant.

There have been several changes in ward composition at UCLH over the last 18 months. The wards in the Tower at UCH have undergone the most changes, and the Heart Hospital service and patients were transferred to Barts Health in May 2015. It can take some time for complainants to alert us to their concerns so this needs to be considered when looking at this data. The aim of the Tower restack was to have the right patient, in the right place being cared for by the right team. Prior to this we know that patients who were outlying in another specialty are more likely to experience care from clinical staff that raises a concern or complaint.

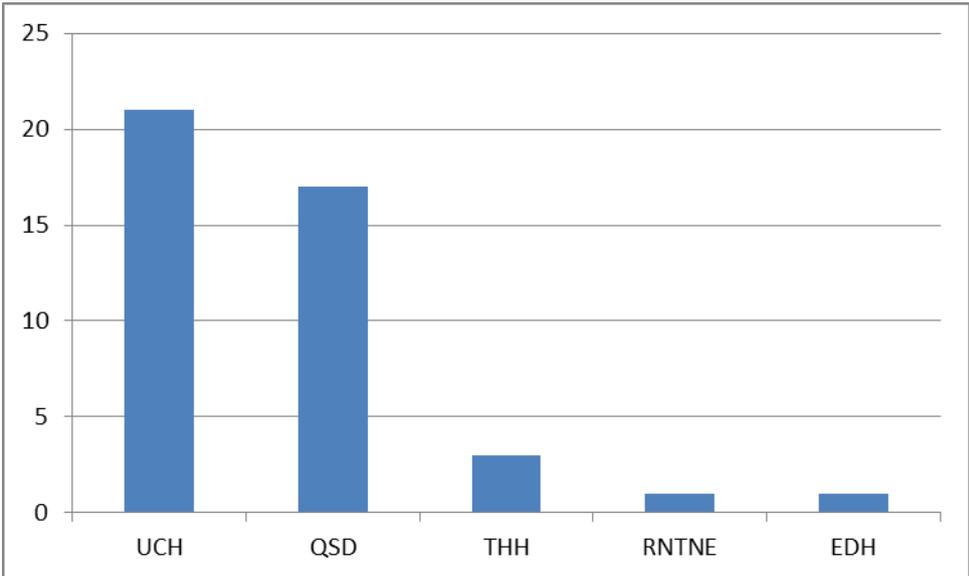
Privacy and Dignity

There was an increase noted in 2014/15 but due to the sub categories this was indicative of administrative failings rather than clinical care. Four complaints featured concerns about letters being sent to incorrect addresses (breach of confidentiality). Areas of note related to provision of clinical care was the layout of the surgical reception (Three complaints) which was planned for improvement work in 2015 and four regarding the layout of the phlebotomy rooms, which were also planned to be relocated in 2015. Others concerns related to noise at night from other patients and requests for care by same gender

Nursing Complaints

This can vary from a single nurse’s attitude or behaviour to more complex complaints indicating failure in the overall care and support offered across an admission.

Figure 7: Number of Nursing Complaints as main subject by Location



UCH University College Hospital, **QSD** – Queens Square Division, **THH**- The Heart Hospital
RNTNE – Royal National Throat, Nose & Ear Hospital, **EDH** Eastman Dental hospital

Data from complaints is used to triangulate with other sources such as incidents, patient feedback and PALS, and is used as part of the Ward Safety Data. The senior nursing team and complaint's manager monitor nursing complaints for any areas of concern such as clusters of complaints or similar clinical themes. However the overall numbers of nursing complaints remain low when compared to activity and no single ward has experienced high numbers of complaints.

When care at night has been mentioned in a complaint this has been fed into the Chief Nurse's unannounced out of hours rounds.

Wards record the number of complaints on their local quality boards. Greater sharing of complaints has been made within the past year with subject matter experts such as medication safety, discharge, end of life care and in turn these groups have reported both learning and future plans into the Patient Experience Committee. This approach is due for review in line with the planned changes to patient and customer experience in the coming year.

Learning Points: When a complaint is about more than a one off experience then the whole team will usually discuss the care provided and the complaint, and consider how they can learn from the issues raised. Several wards have used a complaint as part of ward development programme.

Training has also been provided by local experts related to: pain management, post-operative care for a group of patients and diabetic management during reduced nutritional intake (this was also shared with the relevant subject matter expert leads) in response to investigations

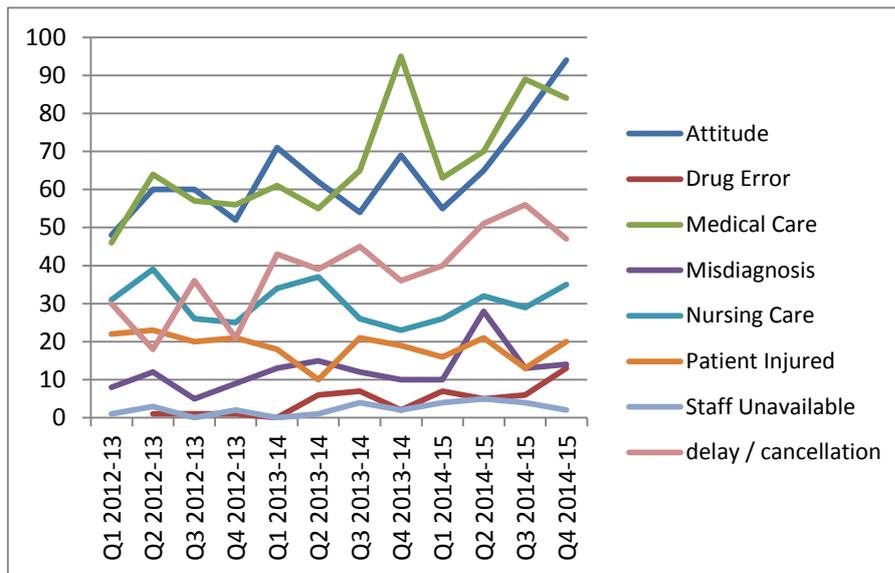
Clinical cases studies will be used for junior doctor training or discussion at local governance groups

Improvements noted through complaint analysis

Falls – any complaints featuring falls are shared with the Falls group and falls leads and incident reports are checked. In 2014 /15 two complaints featured falls and both had been reported as incidents at the time. This is an improvement against the previous year when 6 complaints featured falls

Pressure ulcers – any complaints featuring these are shared with the tissue viability team. There were no complaints for 2014/15 about pressure ulcers compared to two for the previous year

Fig 8: Number of Complaints (by themes) 2012 - 2014



Other subjects showing the greatest increase in complaint numbers compared to the previous year have been identified and are explored further, namely:

- Attitude (which had a significant increase in Q3 and 4)
- Delay / Cancellation (upward trend over the year)

Attitude:

Primary Subject of complaint as logged on DATIX	% of complaints	Trustwide and National Trend compared to previous year
Attitude of staff	16% UCLH* 11% nationally	increase 2% (stable %)

Complaints relating to attitude made up 16% of the total in 2014/15, with a large peak noted in Q4. The Quality and Safety Committee and Patient Experience Committee have been made aware of this trend and a number of actions planned.

The performance team are looking at attitudinal data more closely in 2015. A review of the patient experience programme is planned, and recruitment of a lead for patient experience is intended. There is emerging evidence from complaints that unacceptable attitude or behaviour by one individual 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.

Several caveats needs to be applied to this data - The overall number of complaints are increasing each year, in line with activity. More sub subjects have been captured since April 2013, so this may reflect better data capture rather than deterioration in staff behaviours per se. However the percentage of attitude as the main complaint when compared to National figures for England, which suggests UCLH, may have a higher than average number of attitudinal complaints.

Fig 9a: Number of complaints classified as Attitude

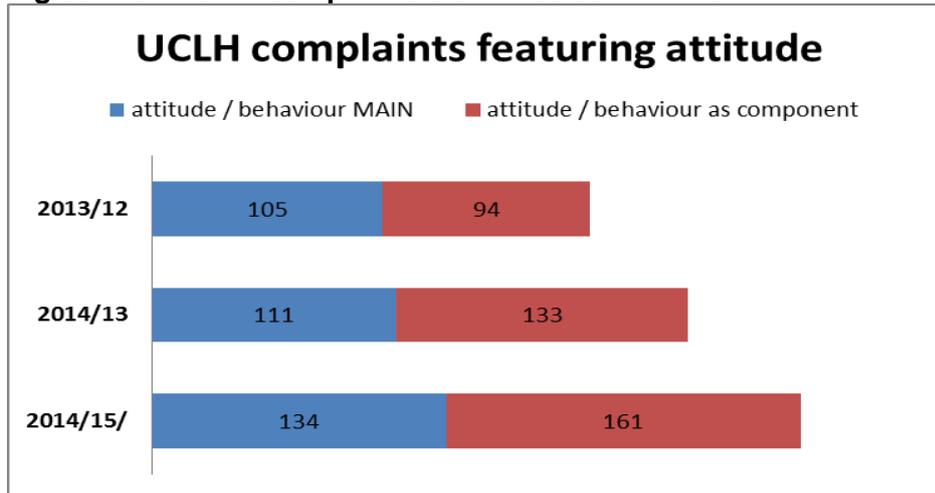


Fig 9b: Number of complaints relating to attitude by staff group (can be more than one staff group per complaint) 2012/13 – 2014/15

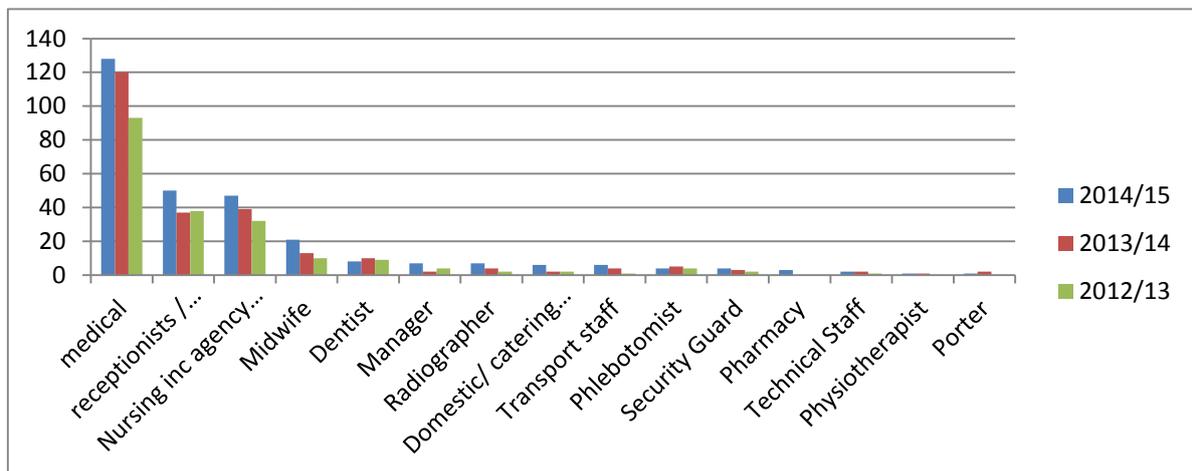


Table 7 Number and percentage of complaints relating to attitude by staff group

Staff Group	2014/15	Percentage
Medical	128	44%
Receptionists / secretary	50	17%
Nursing inc agency and HCA	47	16%
Midwife	21	7%
Dentist	8	3%
Manager	7	2%
Radiographer	7	2%
Domestic/ catering staff	6	2%
Transport staff	6	2%
Phlebotomist	4	1%
Security Guard	4	1%
Pharmacy	3	1%
Technical Staff	2	<1%
Physiotherapist	1	<1%
Porter	1	<1%

When looking at the number of patient contacts through outpatient and in patients it is not surprising that medical staff attract the greatest number of complaints. Rude or dismissive behaviour from medical staff is also in the patient's association top ten complaints that they receive.

What does further analysis of these complaints tell us?

The majority of attitudinal complaints are about a single individual member of staff, or a few isolated individuals - in fact many are complimentary about their overall clinical care. A selection of case studies is used below to illustrate issues arising and steps taken.

Learning: Where a clinical complaint about care or attitude is only related to one named individual, a number of options will be used. Personal reflection is always encouraged and the Trust has also used SAGE (Supporting patients and carers who are distressed training) as part of personal development plans. Additional mentorship, improvement notices and other sanctions under employment policies have also been used.

Examples of Case Studies:

Case Study 1: Administrative staff

As I have only even been treated with the greatest kindness, respect and care by the hospital in the past, I am very well aware that this is not how you expect your staff behave. I am keen to work with you to resolve this matter. During the conversation, this individual made offensive remarks and then hung up on the patient. ..this left me feeling very upset, stressed and I was unable work properly for the rest of the day. I accept that, for obvious reasons, I may come across as frustrated, but that in no way excuses the remarks made

Action taken:

An immediate apology was given for the experience by the complaints team. The manager for the clinical area immediately arranged to meet the patient before their next appointment and was able to identify the member of staff. The member of staff was spoken to and customer care skills was made a priority for her development. An improvement order was utilised and her performance closely monitored. No complaints for the named individual have been received since this.

Case Study 2: Nurse

Nurse gave patient the wrong medication to take home, when the patient pointed this out to the nurse – she became defensive and did not admit her error. The patient reported her concerns to the nurse in charge as the nurse had not accepted any responsibility for the error and this deeply concerned the patient.

"I had previously noticed this nurse had a very arrogant way of performing her tasks - we cannot expect every nurse to be as patient and professional as the vast majority of your staff are but I felt obliged to bring this to your attention"

Action taken:

Matron immediately rang patient to apologise. The response included: *Since receiving your complaint, a carefully structured work-based action plan has been implemented to support Staff Nurse X She has been working closely with the Charge Nurse, Clinical Supervisor and Clinical Practice Facilitator to ensure that concerns regarding aspects of her clinical capabilities are addressed and that she engages in appropriate and effective coping strategies in times of stress or difficulty. This work has formed part of her personal development plan and has allowed her to focus on how she can continue to improve her situational learning, in particular around effective communication. As such, she has and will continue to undertake training and development in these areas in line with the trust vision and values*

Case Study 3: Doctor

Parents had come to ED because of their child's pain. The registrar became focussed on their social situation and *'in front of the child, asked numerous insensitive questions'. Despite 'my partner' continuing to ask questions regarding the problem Patient A had presented with, the registrar by this point refused to engage with her questions ("I'm not worried about that")*

Happily, the consultant who appeared finally was quickly very sympathetic. She was kind to Patient A recognised that the social situation was insignificant, took the long-forgotten question of why we were there seriously, and gave us some useful advice regarding her care, before we were quickly sent on our way. I perceive that the consultant was embarrassed by what had happened.

Action Taken:

An apology was given and a meeting offered, & follow up for the child with a play therapist was offered. Explanation about why staff need to consider safeguarding / non accidental injury as a possibility: *Though with good intention, we and the registrar acknowledged that the way and the order of how the consultation was conducted were inappropriate and insensitive. The registrar agreed that she should have initially concentrated on the medical complaint and should not have needed to ask many of the questions (e.g. about social worker) This incident has provided a good chance for Dr X to reflect on her communication skills especially in a delicate and sensitive clinical encounter. Dr X has identified a few clear areas to improve and she will continue to achieve that with formal and informal teaching and training*

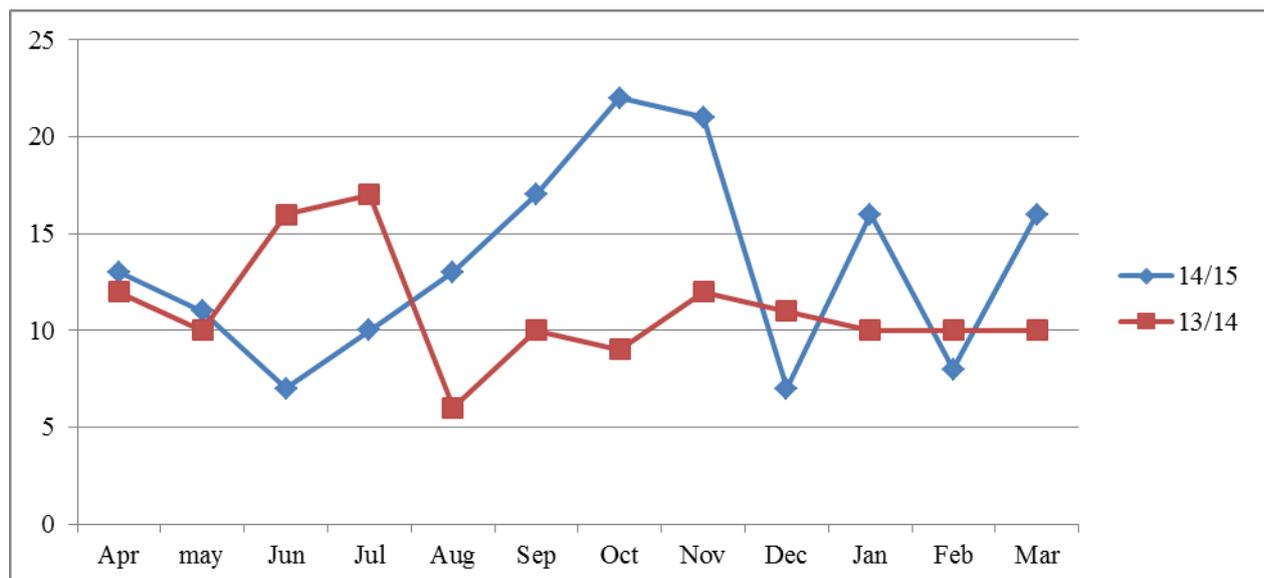
Delays and cancellations

Primary Subject of complaint as logged on DATIX	% of complaints	Trustwide and National Trend compared to previous year
Delays and Cancellations	13% UCLH* 11% nationally	increase 1% (increase 13%)

After seeing an increase in complaints about this area, QSC requested further analysis. A caveat of the data below is that many concerns about delays would be resolved by the departments at the time, go to PALS or be resolved quickly after contact to complaints as 'informal concerns'. The following is based on the data obtained from the Trust database Datix using KO41 criteria for reportable complaints.

One hundred and sixty one out patient complaints featured delays or cancellations from April 14 to March 15 with an upward trend noted Quarter 2 and 3. When compared to 133 for previous year.

Fig 10: Number of complaints featuring delays / cancellations in outpatients



The individual complaints were then reviewed and further themes identified:

- Delays on the day in outpatients : 36 (see Fig 11 below)
- No letter leading to attendance after cancellation: 16 (see Fig 12 below)
- Delays for First Appointment : 23
- Delays for Follow up Appointment : 15
- Delays Awaiting a test or investigation before appt or treatment :23 Delays for Pharmacy dispensing linked to out patient or ED visit : 5
- Delays linked to Choose and Book / Triage : 3
- Delay for Date of Surgery : 10
- Multiple cancellations : 3
- Transport delays causing cancellation of out patient appt : 5
- Other : 22

Fig 11: Delays on the day in the outpatient clinic

Delays were noted to range from 20 minutes to 4.5 hours, with the majority falling midway between the range. Whilst only a small number in total (36) we know that waiting times at appointments can be of particular inconvenience to patients.

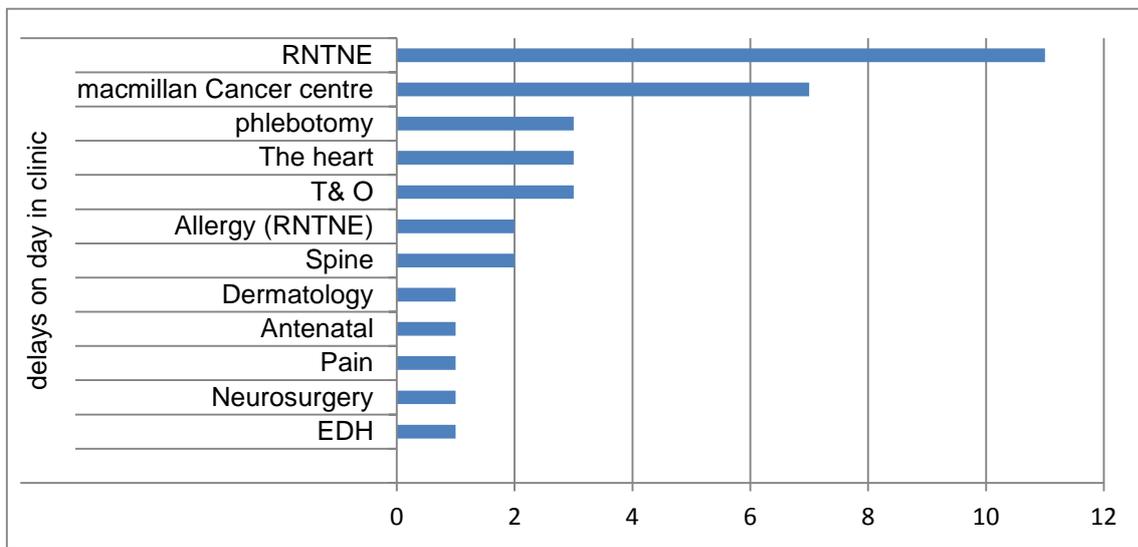
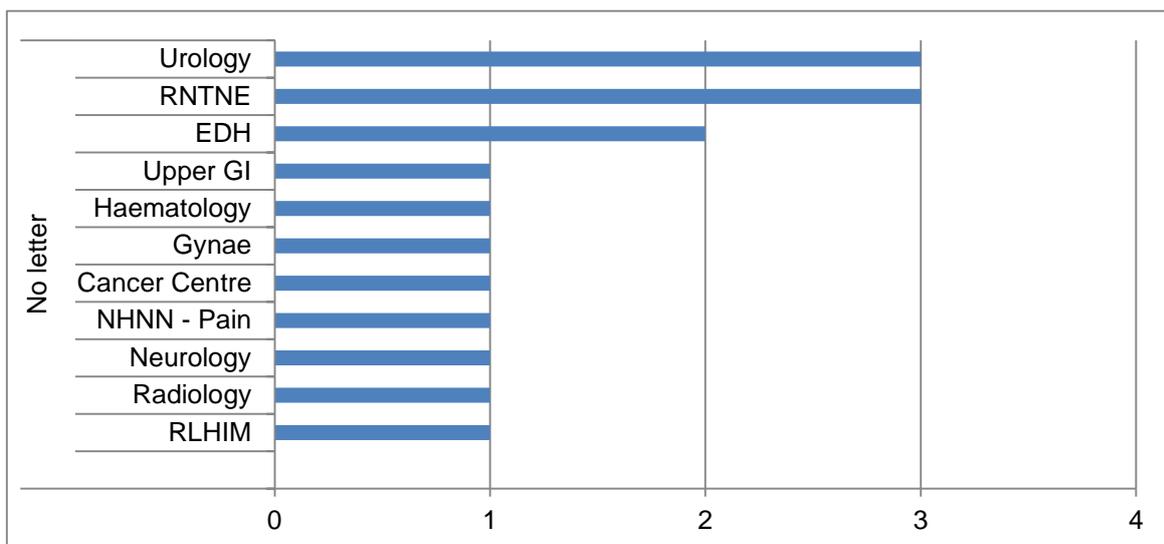


Fig 12: Patient attended on the day to be told their appointment had been cancelled



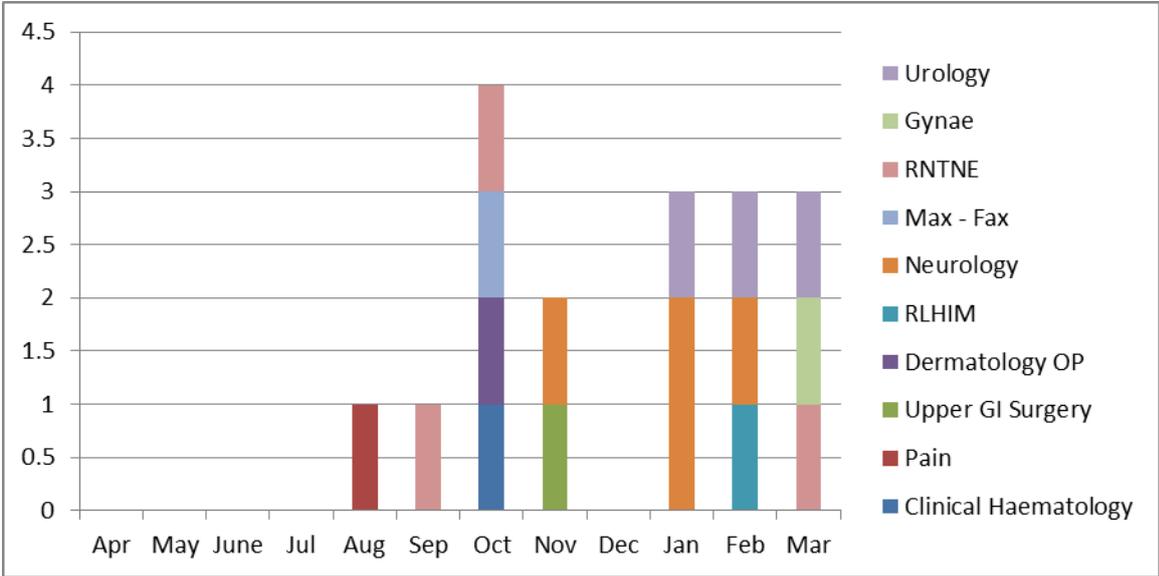
Although relatively small in number, an increase was noted in complaints relating to the application of the Trust's access policy, i.e. when patients were discharged from the Trust back to GP because of non attendance at an appointment.

The trigger for these complaints were::

- Patient has contacted Trust to cancel but is then still marked not attending,
- Patient states not told about appointment by letter but then advised they had not attended,
- Patient had requested a change in appointment and then told that they would be referred back to GP (but this was not made clear at the time they asked to change appointment)

We can see from Figure 13 below that complaints relating to the Trust access policy occurred across a range of different specialties between August 2014 – March 2015.

Fig 13: Number of application of access policy issues by speciality over 2014/15



Learning Points and action taken :

Escalation to relevant work stream and heads of operations as soon as theme was noted.

Education about implementation of the rules for discharging back to the GP was reiterated and is ongoing, with staff encouraged to review each case on an individual basis and to escalate when uncertain.

Letters about non attendance have been reviewed and are part of the improved letters project which is due to be implemented in the next financial year

Data was given to the improvement teams and several outpatient teams have planned improvement work for 2015/16

5 Lessons Learnt from Complaint Monitoring

This section considers further how the Trust learns from the complaints it receives.

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. Some of these lessons have already been shared in section 4.

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. This grading is not changed after the complaint investigation but the overall complaint is considered upheld or not upheld. This will be explored further in 2015/16.

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 2014/15 three complaints were received which were also investigated as serious incidents. Potential safeguarding concerns may also be detected via complaints and in 2014/15 11 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.

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. A couple of very unusual dispensing errors were raised via complaints and this combined with incident reporting data lead to a review of the process and a business case for more staff in this area

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. Case studies are anonymised and used for training purposes on communication and care.

A full review of all End of Life complaints was made for 2014 and 2015 following the publication of the PHSO report: Dying without Dignity in May 2015.

This report uses the same themes to provide an analysis of 'End of Life Complaints' at UCLH for the last financial year

Complaints related to the all end of life complaints account for 31 out of 830 complaints, (3.7%). They provide a very rich source of information for improvement. Very few of these relate to palliative care and symptom control, suggesting the pain campaign has been effective.

However further work is ongoing to encourage an early discussion about resuscitation and other improvements such as a patient and relatives information sheet is planned for 2015 /16.

A small selection of other lessons learnt from complaints are shown below

Feedback following outpatient and phlebotomy moves.

Whilst the move itself was well coordinated, complaints and feedback have been received, particularly about the phlebotomy services to outpatients.

Actions:

A number of immediate actions were taken, a floor walker was introduced into main out patients to signpost patient to different phlebotomy areas, a numbering system was introduced, patients are offered blood tests at a number of local GP practices and a multidisciplinary group has been setup in conjunction with estates and facilities and patients have been invited to input into this. The plan is to relocate phlebotomy in the future.

Following complaints about waits in different out patient areas:

Actions

Additional self check in kiosks have been brought in
Group work has been used by the manager for the area to ensure patients are kept updated of any delay and visual boards are now updated regularly throughout the clinic

Transport

A new issue emerged in quarter 2; patients were complaining that they were not dropped off at the appropriate area of the trust or not receiving help from drivers

Actions:

This is being factored into the new tendering process but the management team have reminded the contractors of the expectation of the Trust and patients that drop off points are as close to the requested destination as possible and are monitoring this

Accuracy of data on CDR and EPR

A number of complaints and PALS contacts highlighted that addresses for patients and GPs might not be accurate on both systems.

Actions:

Corrections were made to those individual records
IT were made aware of the number of errors and work is underway to ensure a change to either CDR or carecast will be transferred to both systems
Information was sent to Divisions through quality and safety newsletter to alert staff to check address at first points of contact and to ensure any corrections were checked on both systems

Increase in contacts to complaints and PALS about not being able to reach staff over the last quarter.

Examples of contacts: No answer when emailing or phoning, Voicemail full, staff taking messages and not returning calls

Action:

Divisions were reminded of the good practice telephone guide and to ensure robust systems were in place for cover especially during annual leave

Discharge

Although only a small number of complaints about discharge arrangements have been received, when discharge arrangements are not robust it can have a significant impact on patient safety.

Actions:

Shared with discharge and safeguarding leads.

A recent annual report triangulating complaints data with incidents and discharge alerts was produced, with a short presentation to PEC.

Root cause analysis within the Divisions and a group has been set up with the community and discharge team to develop a full action plan re contacting district nurses and clarifying the process and accountability for ordering equipment or supplies for use in the community

Missed diagnosis of a fracture is not an uncommon issue for any emergency service but a couple of cases were noted in quarter 4 for both Emergency and trauma and orthopaedic teams.

Actions taken:

Both clinical teams used the cases within their local governance meetings and have used them as anonymised case studies for junior doctors education programme

Other Improvements noted through complaint monitoring:

Medical records: Following the redesign of the medical records request form last year the numbers of complaints have reduced with only 2 being received this year compared to seven for the previous year

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, via a quarterly report 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 2014/15 the Trust was notified by the PHSO of 22 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

Learning can come from PHSO cases that have been upheld or even when not upheld

Case Study 1: Complex cancer pathway across several organisations.

In 2014/15 the PHSO upheld a complaint relating to the care of a cancer patient in 2010. A formal review of actions taken in response to the complaint had already taken place following receipt of the complaint and the whole of the care pathway has changed in the intervening time. **The Ombudsman upheld the case across both organisations**

Actions taken: Another review of actions to ensure sustained improvement was undertaken and an apology and financial compensation were given by both organisations in response to the Ombudsman's review.

Case Study 2: Complication from cannulation or phlebotomy in 2011

Patient had a series of blood tests and cannula insertions during an admission. They were also on anticoagulation. After discharge they noted pain at the site and sometime later made a complaint. The investigator was not able to confirm which cannula or blood taking might have been responsible for the complication – which was identified as nerve damage following neurological review that was arranged. Documentation was not as robust as it could have been. A second letter of complaint was sent but not responded to during the investigation

The Ombudsman partially upheld the case from clinical and complaint handling

Actions: included sharing the case study with the cannulation training team, the documentation improvement group, local governance group and quality and safety newsletter. Ongoing monitoring of cannulation or extravasation injuries is in place via the Medication safety committee and cannulation training lead.

An apology and financial compensation was given to the patient for service failures.

Case study 3: Complication following minor surgery

The patient was unhappy with cosmetic result - there had been an infection and patient claimed the outcome had affected their ability to work and had psychologically harmed them.

The patient was seen again at the UCLH to review their current condition, and referred back to the GP to book an appointment with plastics team at another trust.

The complaint response explained that further treatment could be given at UCLH but that we would not guarantee this would be carried out by a consultant as this is a teaching hospital

The Patient then went to see someone privately and sought full refund of costs from UCLH.

The Division offered a small amount as goodwill as ‘treatment was available on the NHS and it was their choice to go privately.’

The PHSO commented that the size of the scar did not mean that the care was inappropriate and that the trust had offered an appropriate option to remedy the concern, but considered that the patient chose to pursue another avenue

The Ombudsman did not uphold the case.

Action:

This was shared with Boards and Divisions via the Quality and Safety newsletter:
Boards and Divisions might wish to consider this case when asked to pay for private care as a result of deficiencies / complications. If an alternative NHS option can be considered and offered in a timely manner, and this may be considered by the PHSO to provide remedy

Thematic review of PHSO cases:

The types of cases that the PHSO accepts for investigation will vary, with attitude and clinical care the main triggers.

An increase was noted for both Eastman Dental and Gastro services compared to previous years. There was no clear pattern to the cases relating to gastro cases but for EDH the concerns were mainly associated with funding and treatment decisions, namely:

- Patient expected treatment not just an assessment
- The decision to refer back to the local dentist was not always accepted
- The criteria for refusal was disputed

As a result of complaint investigations a number of actions were taken:

- Website information updated for both patients and dentists
- Letters were changed to make it explicit to patients that assessment did not guarantee treatment
- Junior staff were reminded not to raise patient expectation about treatment during the assessment process
- Criteria for treatment was provided when patients were refused funding

Whilst this has not significantly reduced the number of complaints, the Ombudsman has agreed that these actions have been appropriate and has not yet upheld any of the cases that have been referred to them.

7

Developments to complaints monitoring and management in 2014/15

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.

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. Significant complaints and all PHSO cases are also shared with the medical directors and heads of nursing.

Board and senior staff involvement in complaints has been strengthened in the past year and since February 2015 learning from a complaint as a standing agenda item with each of the medical directors and Chief Nurse presenting a complaint related to their area and leading a discussion on the issues and learning that has resulted at each Trust Board meeting.

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

External Reports and Visits

In 2014 UCLH contributed to the local Healthwatch review of complaints handling and have asked Healthwatch to review the information available on our website about the complaints process. The local NHS Advocacy Service Lead has met the complaints team and as a result of this has made contact with the members forum and reached out to some local groups such as to explain how they can help patients and their relatives make a complaint or raise concerns about their care and treatment.

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
- In 2014/15 UCLH had a 8.5% 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.

In 2014 new standards to improve Clinical Complaint responses were introduced. An audit was conducted to review whether additional clinical input was being received. This demonstrated an improvement in clinical sign off.

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

Documentation Improvement Group

In early 2014 an improvement group was set up to explore and improve on Trust documentation. The complaint's manager was part of this group during the scoping and early stages, and was able to use examples from complaints to inform the group's work. It is too early to evaluate if the new documentation will either reduce complaints but early indication is that the improvements made to the documentation has made it easier to investigate and respond to them

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 on a six monthly basis to triangulate data from PALS and patient feedback responses. This will be reviewed in line with Patient Experiences changes planned for 2015/16.

Education and development

The Complaints Manager and Chairman have held a series of events across the Trust on Complaints handling and learning lessons from complaints. In 2014/15 Queen Square and Eastman Dental were visited.

Action: Further visits will happen in 2015/16 with Women's Health, Surgical Specialities and Gastro Intestinal Services.

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.

In 2014/15 – stickers were added to the bedside for patients to be able to contact a senior member of staff if they had concerns about care.

Environmental walk-rounds involving a wide selection of staff and governors take place, part of the checklist is to check availability of complaints forms and obtain feedback from patients. It is hoped that this would increase feedback and awareness of how to raise a concern or to complain. The complaints leaflet is due to be revised later in 2015.



Other Aspects of Complaint 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 2014/15 the Trust received 35 complaints which required co-operation with another organisation. This is a significant increase on the 10 for the previous year and may suggest the complexity of complaints is increasing; this should be monitored in the coming year but may reflect changes within NHS England.

All the complaint files were reviewed against the following criteria:

- Patient consent was obtained in order to share information between organisations

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.

Compliance with Complaint Guidelines:

- a) acknowledging a complaint

The UCLH Complaints policy states that all complaints should be acknowledged within 3 working days. Two randomly selected samples of 25 complaints were selected for 2014/15 to review compliance

Qtr 1 and 2: 22 (88%) out of 25 were acknowledged within 3 days

Qtr 3 and 4: 21 (84%) out of 25 were acknowledged within 3 days.

This is a reduction compared to previous years and was linked to staff turnover and unexpected absence, a temporary member of staff was recruited to support the complaints team during the period of staff absence. .

Action : Continue to run small sample audits in 2015/16 to monitor

Explore whether email acknowledgement could be utilised when appropriate

Monitor complaints involving other organisations after a significant increase noted

- 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 from their complaint, with many immediate actions being taken e.g. booking a clinical appointment, arranging a meeting The default 'target', is to respond in 25 working days, but we recognise that some complaints 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

Year	Response within 25 working days or negotiated target	Comments
2014/15	73%	Deterioration in performance
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 unfortunately noted for the last 2 years.

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. The reasons for delay are multifactorial and may include difficulties contacting the patient to discuss their complaint, notes not being available to the investigator, general workload or absence or changeover of staff. In 2014/15 there was considerable workload in planning for the transfer of The Heart Hospital services to Barts Health and the relocation of urology services to Westmoreland Street which may have impacted response times.

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.

The reason for delays are multifactorial 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 Divisions are trying to update complainants when response times are not going to be met but this could be improved as it does not always happen on

Action: Revised format for the weekly memo to enable Divisions to see due dates 2 weeks ahead of time

- Work with performance and the clinical boards to improve response rates and to ensure that complainants are kept updated when delays occur.
- Explore with the Shelford Group whether other approaches could be considered

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 32 complainants were supported in this way by a member of the complaints team in 2014/15, however this is probably an under representation due to data capture methods
- Complaints responses are translated on request and during 2014/15 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>
- The complaints team work closely with local advocacy services and health watch schemes and both have visited the Trust in 2014/15

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. This metric is now not included in Ko41 returns.

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, e.g. 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 UCLH patient administration system

Complaints by Ethnicity	number	%
White – British	210	26
Not stated	248	30
Blank	215	26
White - other white	42	5
Other ethnic category	21	5
Black African	12	2
White – Irish	5	<1
Black Caribbean	10	1
Indian	3	<1
Other mixed	3	<1
Bangladeshi	5	<1
Other Asian	5	<1
Pakistani	5	<1
Chinese	3	<1
Other Black	6	<1
Mixed white and black Caribbean	4	<1
Mixed white and Asian	4	<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 2014/15

	2011/12	2012/13	2013/14	2014/15
Letter	58%	51%	41%	37%
E-mail	28%	32%	42%	47%
Leaflet	9%	13%	12%	12%
Telephone	3%	3%	4%	3%
In person	2%	1%	1%	<1%
Totals:	100%	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 some patients may expect an instant response and often do not include enough information to start the investigation. This should be explored when revising Trust complaints guidelines.

An automated receipt has been developed informing patients that they should receive further contact within 3 days.

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. All complainants are provided with the Independent Complaints Advocacy Service as they are better placed to support patients draft complaint letters and provide independent support.

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 Enquiries team 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 50 complaints throughout 2014/15

- 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%	40%
Call made but after 5 days	23%	24%
No evidence	15%	13%
patient had initially raised complaint to a member of staff or had requested written response or staff had tried but could not contact so letter sent	24%	23%

Of note was that more complainants made their initial contact via staff or had specifically asked not to be contacted by telephone this year. Although an improvement was noted in initial phone contacts it remains disappointing that not all complainants are contacted to discuss how they want to resolve their complaint. Some Divisions have improved on last year's performance by using an administrative assistant to make the calls, but the most successful group at making contact are the matrons. 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 and this has happened more frequently in 2014 /15 than last year.

Following feedback to Divisions some of the Divisions took steps to improve contact to patients. In three Divisions the complaints coordinator (Divisional PA) now makes the initial call rather than the investigating manager or clinician and this has improved outcome. However not all Divisions have staff in these roles and so flexible approaches are needed

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

9

Summary and Conclusions

UCLH has noted an increase in complaints, although this increase was in parallel to an increase in activity further 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 over the last two years 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. It is hoped that a national measure will be introduced in 205/16 via the National Complaint Managers Forum.

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

Table 12: Review of recommendations from previous year's annual complaints report

	Action	Lead	Due date
1	Set up working group to consider ways to improve compliance	Complaints and Performance teams	Progress made but still under review
2	Strengthen learning lessons	Head of Quality and Safety and Complaints manager	Progress made, patient experience metrics are being reviewed by PEC
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	Improvement in updating complainants noted but response rate in some areas remains of note
4	Prepare for changes in National data	Complaints manager,	Upgrades and

	capture (K041)	datix manager and performance lead	data collection changes made in time for first submission
5	Review approach to management of cases referred to the Ombudsman.	Complaints manager	New process now embedded
6	Review complaints procedure in line with key reports and any legislative changes in financial year	Complaints manager	Postponed due to late KO41 change now due by December 2015

10

Summary Action Plan for 2015/16

	Action	Lead	Due date
1	Ensure submission to National data capture (K041) and explore benchmarking	Complaints	By first submission date Aug 15
2	Review complaints procedure in line with key reports and any legislative changes in financial year	Complaints manager	Feb 16
3	Strengthen learning lessons	Head of Quality and Safety and Complaints manager	April 16
4	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	Ongoing
5	Explore ways to establish complainant satisfaction	Complaints Manager	Feb 16
6	Integrate complaints reporting / learning lessons with Patient/ Customer Experience development	Complaints Manager	April

Compiled: October 2015
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We are committed to
delivering top-quality patient
care, excellent education
and world class research

Safety
Kindness
Teamwork
Improving