

uclh

Annual Complaints Report

Analysis of Formal Complaints

April 1st 2015 – 31st March 2016

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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 and to reassure patients that their care should not be adversely affected by making a complaint.

We know from feedback following a complaint investigation that whilst the response 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 at an individual, team or trust level, and to put things right.

The trust has made it easier to raise concerns in line with 'My Expectations'¹ by redesigning the complaint leaflet, revising the complaint section on the Trust website and introducing 'Call for Concern' stickers, which provide the contact details of a senior nurse for all in-patient beds. There is evidence that awareness of how to raise a concern is increasing (p31) but further work is needed.

Whilst the term complaint may be used, we know that often the person raising an issue just wants some information or action taken, such as changing an appointment to address their concerns. There are also times when more complex issues are raised, that will require a full investigation and written response.

The distinction between a 'concern' and a 'complaint' can be challenging, both are expressions of dissatisfaction and require a response. The manner in which the contact to the complaints department is handled is in accordance with the wishes of the individual raising the issue, and under the NHS Complaint Regulations (2009) should also be proportionate to the issues.

In order to ensure that any complainant has adequate access to appropriate support, they are also given information about the NHS Complaint Advocacy Service.

The principle on receipt of any complaint or concern is to address the issues as soon as possible. A ward to board approach exists for complaint management exists at UCLH. All staff are 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 during new staff induction and the appraisal process. Information about dealing with complaints is provided during new staff induction.

At UCLH there is a separate department for complaints and PALS but the two teams work closely together. PALS will escalate more serious concerns into the formal complaint process, and the complaints team will also attempt to resolve concerns that can be addressed quickly, outside of a formal complaint response.

¹ The Parliamentary and Health Service Ombudsman (2014) *My Expectations for raising concerns and complaints*

In 2015 / 16 716 contacts to the central complaint team were handled in this way compared to 616 in the previous year, which represents a 16% increase. All formal complaints received are fully investigated through the Trust's complaints procedure.

All formal complaints are logged in line with the KO41 : The Information Centre for Health and Social Care Survey, that all NHS agencies complete. In 2015 /16 the categories and frequency of reporting changed from an annual to a quarterly return. At the time of this report annual figures are not available for comparison.

In 2015/16 UCLH received 712 formal written complaints at the time of submission of the data to the annual national statistics return, compared to 833 in the previous year, this represents a decrease of 15 %. When activity is considered the complaint rate also fell from 0.63 per 1000 patient contacts to 0.53 in 2015 / 16 (see page 10)

Due to the changes in the KO41 returns for this year direct comparison of themes and subjects with previous years is not possible.

In 2015/16 a third category of partly upheld was introduced to the outcome of a complaint investigation.

For 2015 /16 728 complaints were closed within the year, with 232 Upheld (32%), 306 were partly upheld (42%) and 184 not upheld (26%), this compares to a national figure for 38% upheld, 26% partially upheld and 36% not upheld for Q3.

In 2014/15 65.8% of complaints received by UCLH were upheld, 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 and relative experiences. Complaints data is shared internally with subject expert leads and committees 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 can be identified and monitored by the relevant committees

If the complainant remains unsatisfied with the Trust's response to their complaint (known as local resolution, or stage one of the Complaint process) they are signposted to the Parliamentary and Health Service Ombudsman (PHSO) or stage two, in case they wish to take their complaint further. Since the Mid Staffordshire Inquiries and the Francis² and Clywd³ reports there has been a significant increase in the number of complaints investigated nationally by the Parliamentary Health Service Ombudsman (PHSO).

At UCLH there were 91 contacts to the Ombudsman in 2015/16 an increase of 36% on the previous year. Most of these were considered premature by the PHSO, as the complainant had either not made a complaint to us or their complaint was still under investigation. Of the 91 contacts, 24 proceeded to an investigation compared to 22 in the previous year (a 9% increase). During 2015 /16 six investigations by the PHSO were partially upheld with the outcome being an apology, an action plan to rectify failures and in some cases a financial settlement. However of note is that the most recent care for these six cases dates from early 2014, with four dating to 2013 or earlier.

² Mid Staffordshire Inquiry (2013)

³ A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture 2013

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.

Regular reports about complaints are discussed at the Improving Experience Group (IEG), the Trust's Quality and Safety Committee (QSC) the Patient Experience Committee (PEC, and Complaints Monitoring Group (CMG). Issues and actions arising from complaints are also used and discussed within divisions and Boards to drive change and to reflect on where improvements are required.

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

UCLH reports on patient experience quarterly to the Camden Commissioning Group and CQRSG, and annually via this report and on request to the Care Quality Commission or other parties.

This report is limited to a review of formal complaints received up until April 2016, 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.

Please note all data in this report is based on the content of the complaint and not on the outcome of the investigation unless specifically stated

The purpose of this annual 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

2 OVERVIEW OF COMPLIANCE WITH THE TRUST'S COMPLAINTS POLICY

The UCLH Complaints Monitoring Group (CMG) was established in 2012 and had met monthly to examine issues emerging from complaints or PALS contacts and to escalate areas for concern to relevant divisions, clinical boards or related committees. This represented an improvement that enabled themes to be identified but was limited in its membership.

How we are working to improve the patient experience

This year, the trust introduced a patient experience quarterly report using data from complaints, Patient Advice and Liaison Service (PALS), feedback, surveys and friends and family tests (FFTs). Monthly figures on complaints are shared and monitored via the performance pack and a complaint monitoring group which also looks at PALS and patient experience data.

We have also revised our governance structures around patient experience which includes a new committee structure and simplified reporting to support reviewing feedback at site and Trust level on a regular basis. The Patient Experience Committee (PEC) was reviewed and now meets quarterly with a revised membership and will be chaired by a non-executive director from 2016/17. PEC has a new structure reporting into it, including a new Improving Experience Group and site-specific sub groups. This means sites can look at, and take action, on local patient experience feedback that is specific to their environment and processes. Other experiences that may occur in a number of areas or across UCLH can be looked at collectively. This then can inform the new report described above.

As a result of the developments to the patient experience structure the role of the Complaints Monitoring group and the Complaint Policy is currently under review at the time of this report, as is the content of the Experience Report, and it is expected that the Complaint Policy will be reissued in September 2016

Action :

The Complaint Policy and reporting to be reviewed in line with the new wider patient experience framework

To consider an Annual Patient Experience Report rather than a stand-alone Complaint report in future

Compliance with monitoring requirements

A review of agenda and minutes of the new Complaints Monitoring Group (CMG) for 2015/16 confirmed that it received a monthly monitoring report about complaints and themes, but that two meetings had been cancelled with one rescheduled.

This group also contained patient representation.

A review of agenda and minutes of QSC for 2015/16 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 Patient experience on a quarterly basis and a complaint report including cases referred to the Ombudsman on a six monthly basis during the year.

3 ANALYSIS OF COMPLAINTS RECEIVED IN 2015 / 16

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 via the patient experience report with a more detailed report six monthly.

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
2015/16	712**	24 (3.3%)	72 %	Clinical Treatment (main) Communications (all subjects)

During 2015/16 there was a 15% decrease in the number of KO41 reportable complaints compared to the previous year.⁴ This decrease was particularly evident in Q4. However there was an overall increase in contacts that could be resolved quickly without the need to conduct a complaint investigation and response, and are therefore excluded from KO41 reporting.

There was 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, if they are raising clinical concerns that need more immediate attention.

There was an increase in the percentage of complaints accepted by the ombudsman for investigation compared to overall complaint numbers but some of these were initially received in previous year with further contact in 2015 / 16 to say that the scope had changed.. National figures are not available at this time for benchmarking. Complaint data is monitored by the CMG, PEC and QSC and external benchmarking against National data sets and the Shelford Group.

⁴ 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

Action :

Continue to monitor number of complaints and trends in divisions, highlighting any emerging themes or patterns

Review UCLH data against national data when available

Fig 1 : Number of complaints received by Quarter

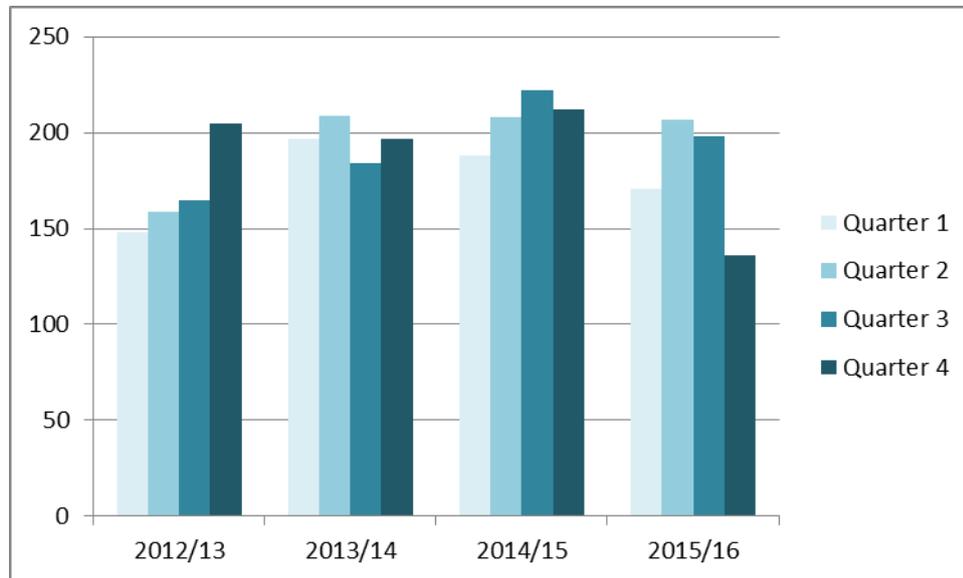
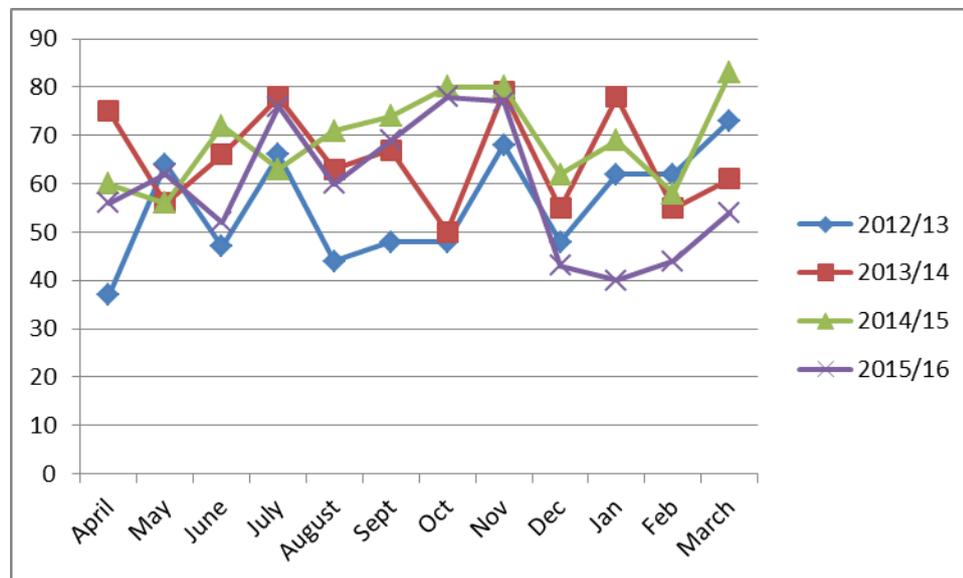


Fig 2 : Number of complaints by month

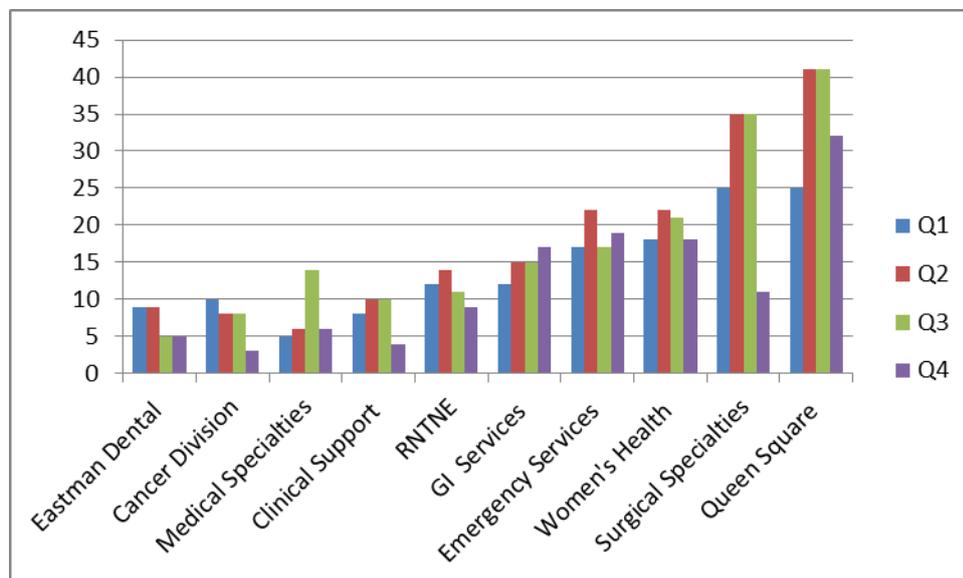


Formal complaints received have ranged from 40 – 80 per month with an average of 60.. Historically there has been a reduction noted in complaints during the summer period but this year the biggest decrease was noted in Quarter 4. The reasons for this were multifactorial but there was also a concerted attempt by the complaint and divisional teams to try to address concerns to the complainant’s satisfaction on receipt, and this approach proved successful in reducing the number of formal complaints.

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 most divisions received less complaints than the previous year. The following figures and tables shows the trend over 2015 / 16 for divisions within UCLH.

Fig 3 : Complaints by Division and Quarter received in 2015/16



In general, divisions with more 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 surgical treatment versus a conservative approach.

Areas that received more complaints within 2015/ 16 compared to 2014/15 were emergency services, Imaging, infection and paediatrics, with PALS and medical records seeing an increase but still very low numbers. This is being monitored but there are a few themes that have emerged in this year, which are discussed below.

Emergency services received some complaints linked to the building work that was underway to improve capacity, and when the increase in activity in 2015.16 is taken into account the rate per 1000 patient contacts was the same.

Imaging complaints have seen a small increase and the themes are appointment availability, communication prior to examinations and staff attitude (both clinical and administrative). Pathways have been reviewed for some clinics that also feature imaging as part of the visit and one of the improving patient experience work-streams for the coming year will look at improving the coordination of clinics and radiology investigations

Infection control continue to see a small number of complaints in which the complainant disputes the medical opinion and results of some tests. There has also been increased media coverage of the diagnosis of some conditions such as Lyme disease this year, which may have raised concerns for some patients. Further review by the PHSO has supported the clinical care and decision making by the team in the small number of cases that have been referred to them.

Paediatrics have seen a small rise in complaints, on review some of these have been linked to when staff have raised concerns to other organisations in line with Trust Safeguarding processes. However staff may not have always communicated this effectively to the parents. Such complaints have been shared with the safeguarding leads, and individual staff have

received more support and training on handling difficult conversations and conflict. This is being monitored and has not been a feature in quarter 4.

Table 2 : Comparison between Divisions over 2012 – 2016

Division	Number of complaints 2012/2013	Number of complaints 2013/2014	Number of complaints 2014/2015	Number of complaints 2015/2016
Queen Square	153	173	168	139
Emergency Services	78	92	64	75
Women's Health	77	80	87	79
Surgical Specialties	59	90	112	106
Gastrointestinal Services	51	54	66	59
Royal National Throat, Nose & Ear Hospital	56	53	50	46
Medical Specialties	35	37	41	31
Clinical Support	26	35	44	32
Eastman Dental	25	37	38	28
Heart Hospital * Transfer of most services to BARTS health	21	37	35	16*
Cancer	16	21	31	29
Imaging	13	13	16	19
Infection	13	10	8	13
Theatres and Anaesthesia	11	16	15	6
Pathology	10	7	13	6
Estates and Facilities	9	8	14	4
Paediatrics	6	5	14	15
Integration	n/a	n/a	0	1
Medical Records	3	6	1	2
PALS / Patient affairs	2	1	2	4
Finance	2	3	1	0
Critical Care	1	3	6	0
Governance	0	1	1	1
ICT	0	0	1	1
Totals:	667	791	830	712

As activity can vary between divisions and across the trust, complaints are also tracked against an activity baseline of 1000 patient contacts to allow comparison.

Fig 4 : Complaints per 1000 patient contacts for whole Trust

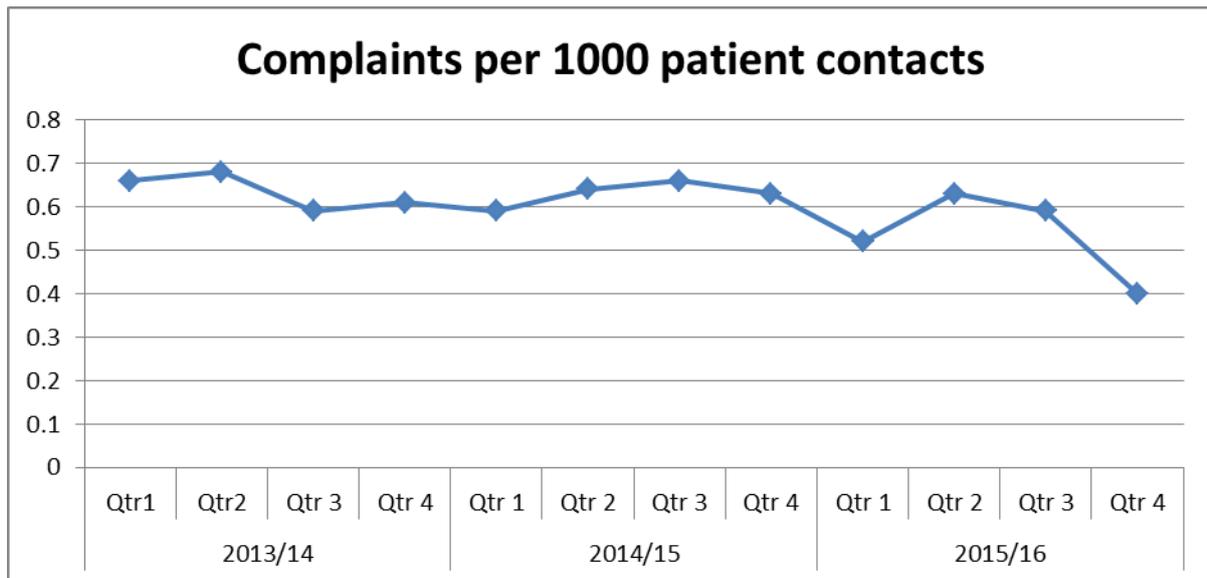
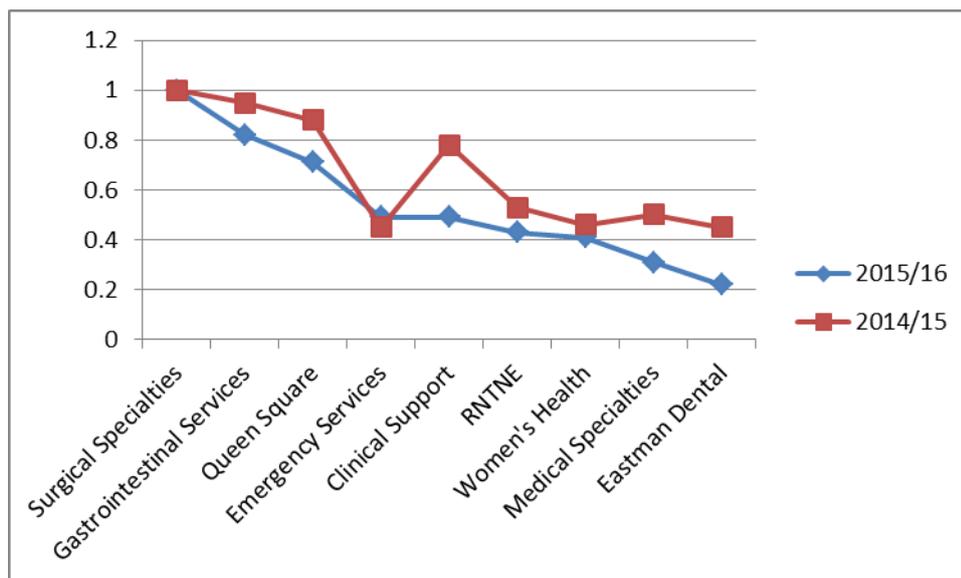


Fig 5 : Complaints by Divisions per 1000 patient contacts



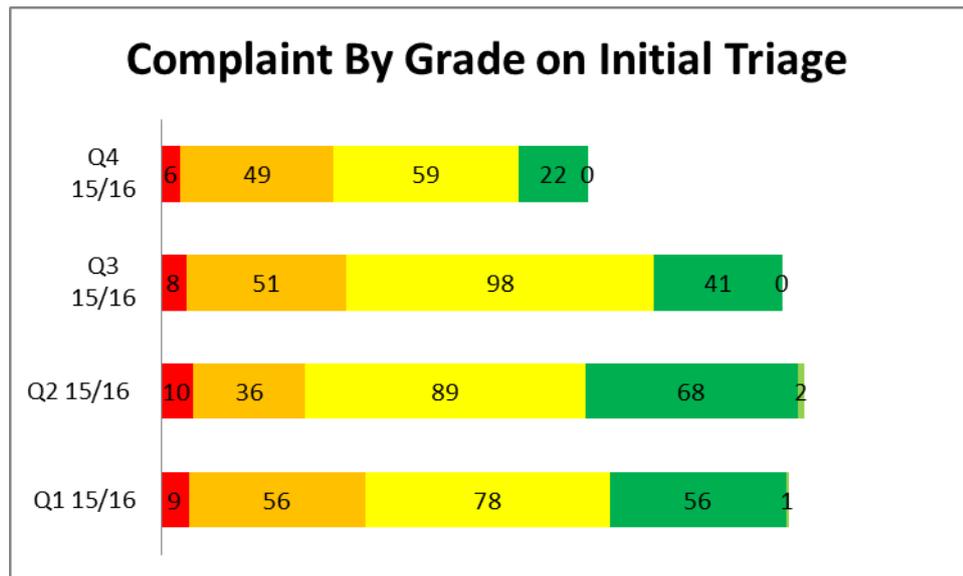
This shows that when activity is considered Surgical Specialties and Gastro Intestinal Services show the most complaints per patient contacts with Queen Square third, and Emergency services fourth, whereas Queen Square received the most complaints by number .

There are a number of reasons for these figures. Surgical Specialities experienced the relocation of urology services to the Westmoreland Street site, and transfer of Ophthalmology services to the Royal Free and the transfer of cardiac services to Barts health generated some pathway related issues over the times of relocation. The trend in Q4 for surgical specialties reduced in line with other areas.

Grading of Complaints

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. 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 are used for any potential clinical incidents (see p 25).

Figure 6 : 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. At this moment the end of year figures have not been released for comparison. When these are available the data for UCLH will be reviewed against the Shelford Group of Hospitals as well as nationally.

4 SUBJECT ANALYSIS AND KEY THEMES

This section examines the reasons why patients and relatives complain to UCLH. In April 2015 changes were made to the National Complaint framework (K041) and there is now a quarterly data set rather than an annual one. Unfortunately the data remains experimental and it is not really possible to benchmark against other organisations at this time due to a number of factors: the end of year data has not been released and there has been no definitive national guide released for the new categorisation of subjects and sub - subjects.

As there is also some overlap between some of the subjects, this can mean that there will be variation between organisations and staff in allocating a subject.

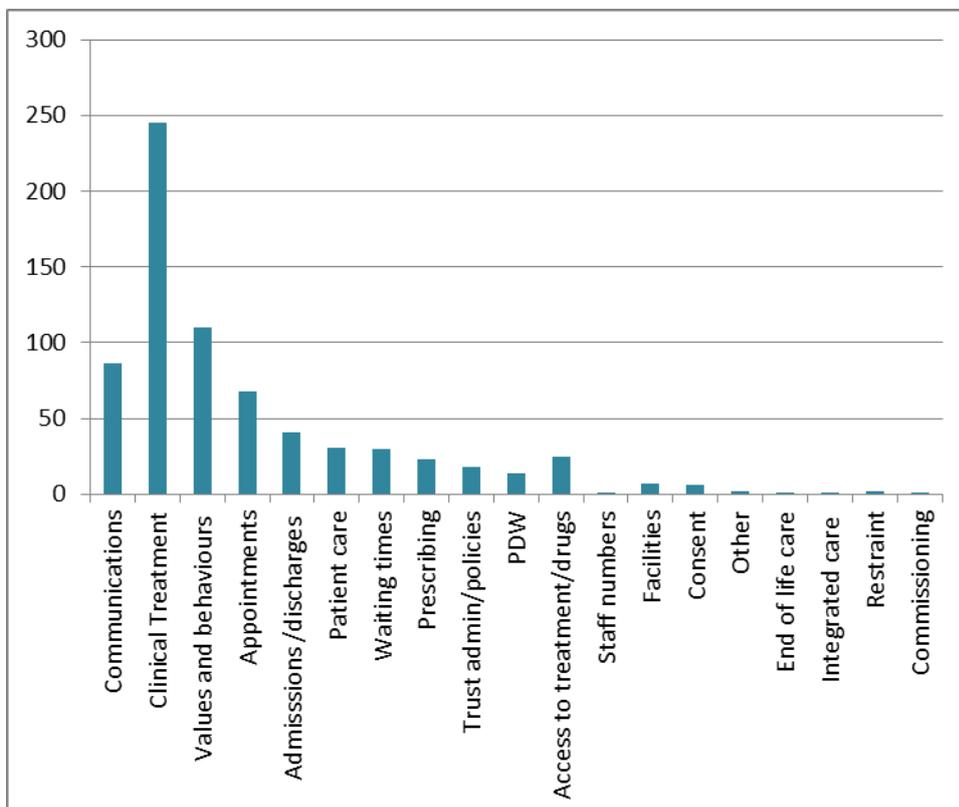
At UCLH data is categorised by three staff members which allows a high degree of consistency on overall categorization.

Unfortunately the changes has also meant it is not possible to directly compare data to previous years.

For example clinical care had previously been one category but now falls within a number of main subjects and spans a number of staff groups:

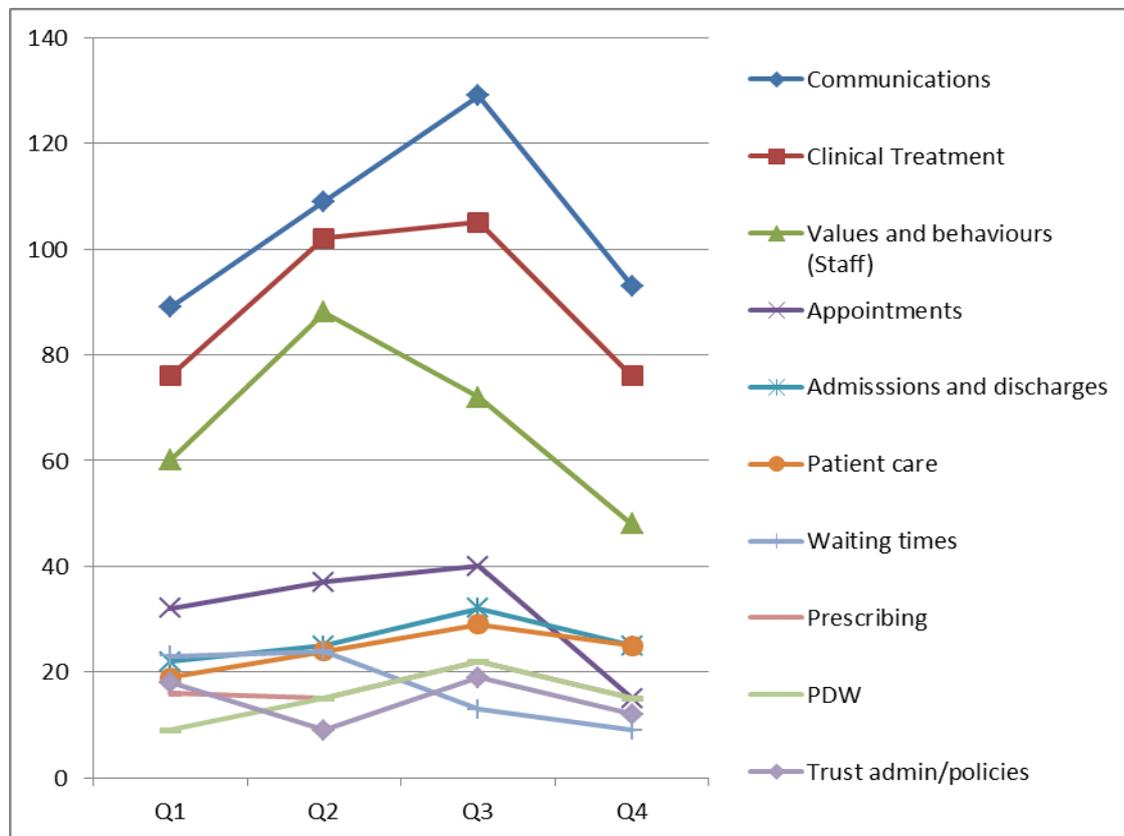
- Clinical treatment
- Patient Care
- Prescribing (medication safety)
- Values and behaviours
- Privacy and dignity

Fig 7: All Main subjects featured in complaints to UCLH



In 2015 /16 more than one subject is usually logged and reported per complaint, When all subjects and sub subjects are considered then the key subjects for 2015 /16 are illustrated below

Fig 8 : Top 10 subjects when all components of the complaint are considered



Trends are monitored by the central complaints team and in 2015 by CMG. When numbers or types of complaints change significantly over time, the division is asked to account for the variation.

The decrease in subjects in quarter four is in line with the decrease in the number of complaints for this period.

The 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

Please note that clinical treatment referred to in the table overleaf is when clinical care was the main subject and could refer to any professional group. At this time clinical care could only fall into one subject

CLINICAL CARE

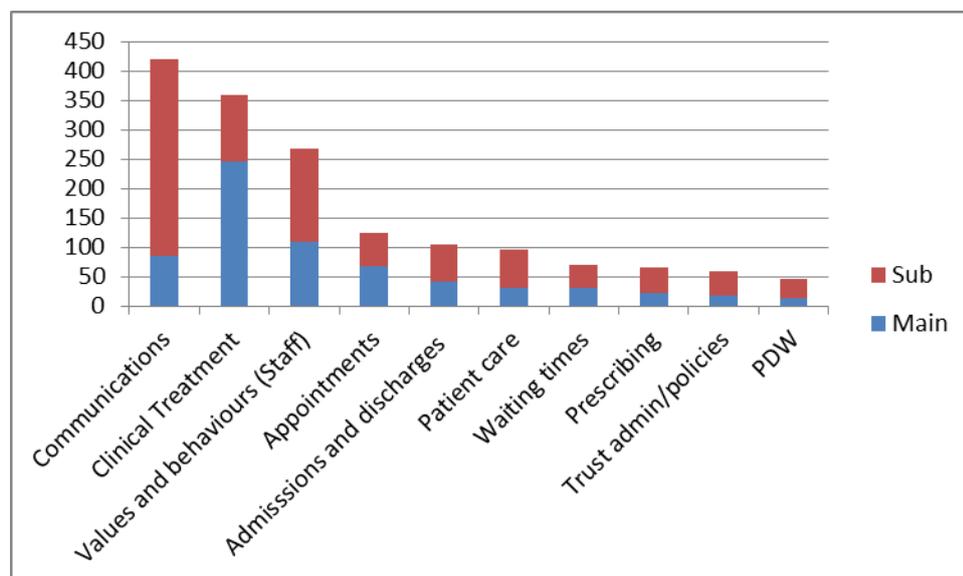
Table 3 : Main Subject for Complaint : Historical Trend over Time

Main Subject of Complaint	2014/5	2013/4	2012/13
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

Therefore whilst clinical treatment is the main reason for a complaint, when all of the sub subjects are considered communication becomes the main topic.

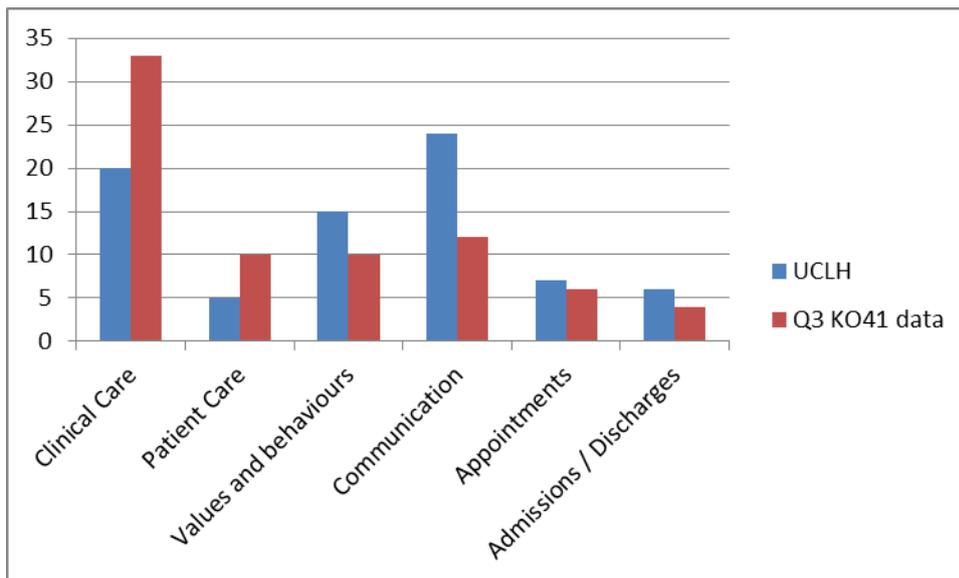
Direct comparison with previous years is difficult due to the change in categories and the use of additional sub categories from April 2015.

Fig 9 : Figures of the 10 main and sub subjects for 2015 /16



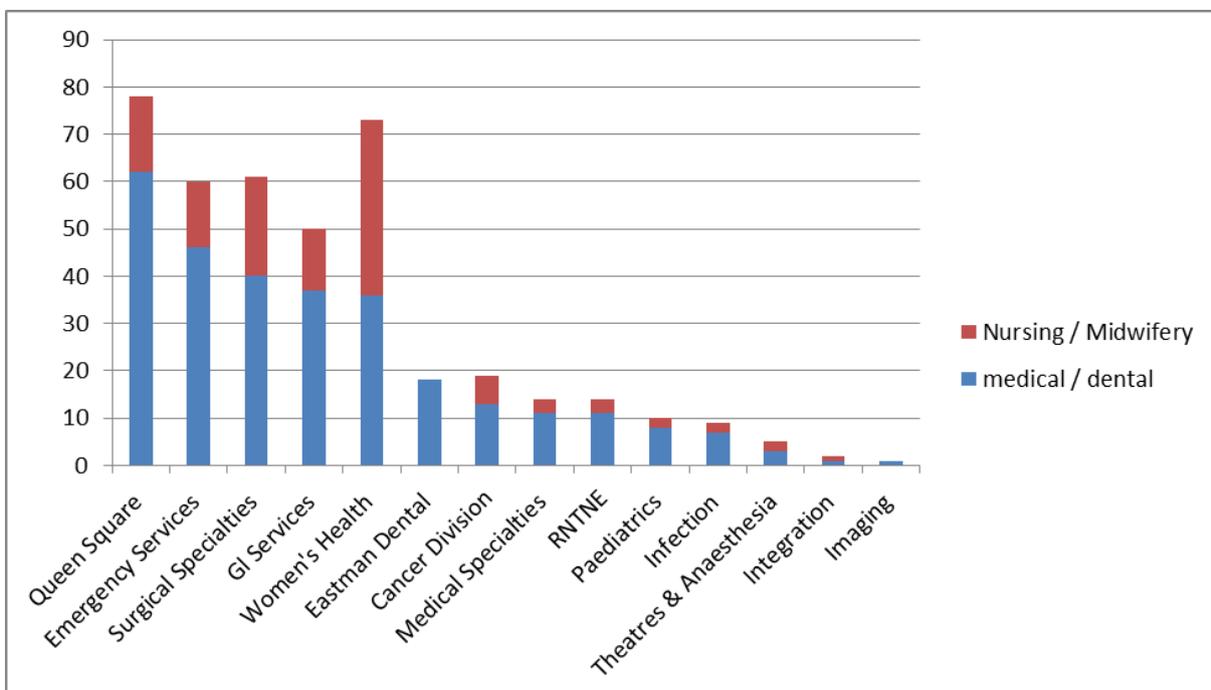
End of year data is not available for comparison but by comparing the percentage of Trust data to National figures at end of Q3 it is of note that whilst UCLH has less clinical complaints than many organisations, complaints about communication and values and behaviours account for more complaints when compared with the Q3 position.

Fig 10 Comparison between UCLH and National figures for Top 6 Categories (Q3 Interim data)



Clinical complaints continue to be reviewed closely for trends and emerging concerns, reports have been taken to the Nursing and Midwifery forums and to the medical director, divisions and boards and Quality and safety Committee.

Fig 11 : Clinical Treatment and Patient Care Complaints by Division (there may be more than one issue and division per complaint)



If contact is made to the complaints team from a patient or relative whilst they are admitted, this is referred to the ward sister, matron or a consultant to arrange a meeting to try to resolve any concerns at the earliest opportunity.

When the subject is looked at more closely the following themes emerge, please note this is based on the content of the complaint and not the outcome

Fig 12 :Top 10 Nursing Related Complaints (please note there can be more than one issue per complaint)

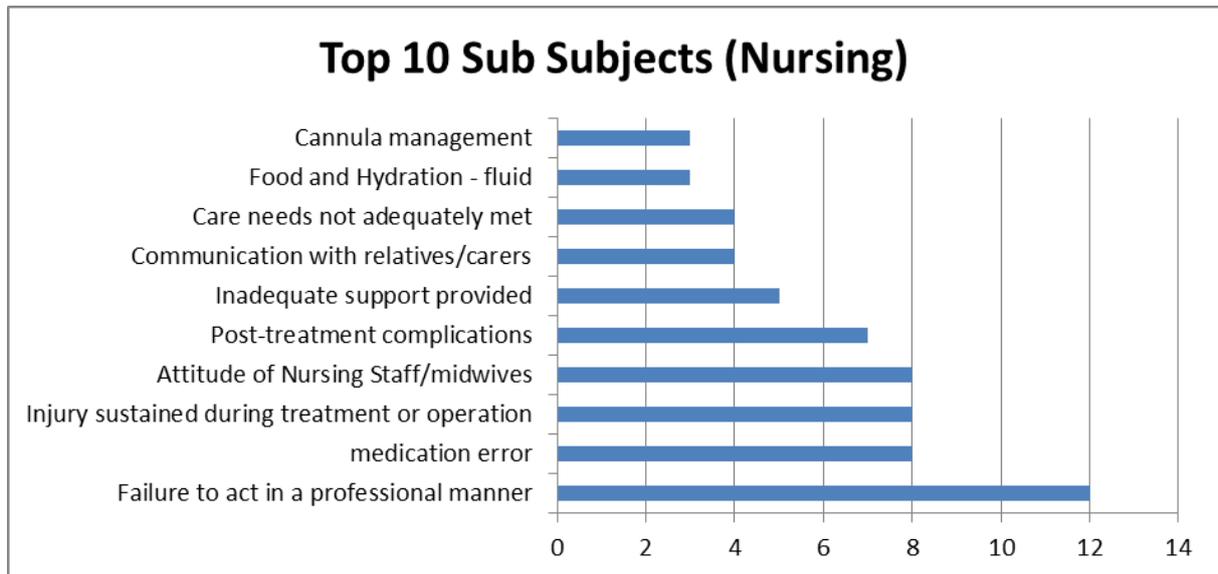
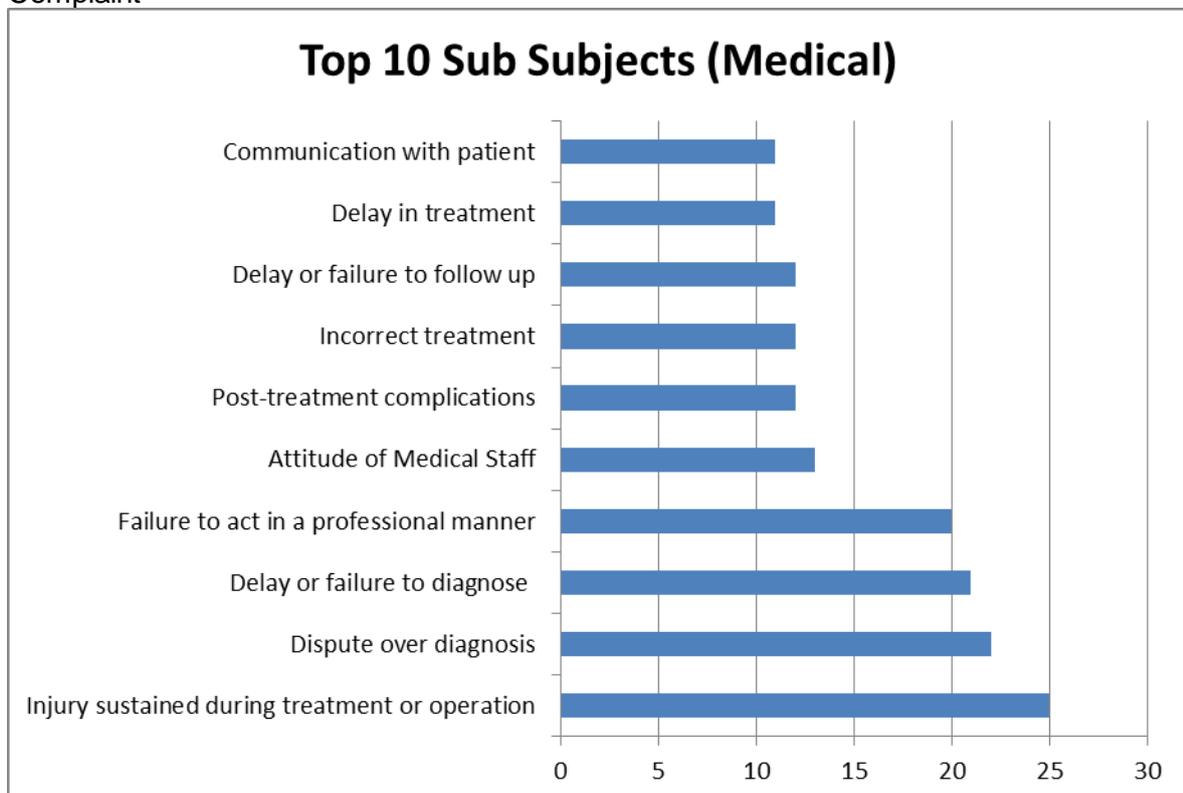


Fig 13: Top 10 Medical related Complaints (please note can be more than one issue per Complaint)



Clinical themes: Medical

The main reason for a complaint about medical care is 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 the patient 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 and patient understanding 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 or that the diagnosis they have been given is incorrect. When clinical staff do not agree they seek further clarification through the complaints process. Such complaints appear to be on the increase compared to previous years but as already discussed the categories have changed making direct comparison for this year challenging.

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.

Missed diagnosis of a fracture is not an uncommon issue for any emergency service but when this happens clinical teams used the cases within their local governance meetings and have used them as anonymised case studies for junior doctor’s education programme. It can take some time for complainants to alert us to their concerns so this needs to be considered when looking at this data. Several of the beds in the wards in the Tower at UCLH had their specialties changed in 2015 /16. The aim of this 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 based on a ward outside their specialty were more likely to experience care from clinical staff that raises a concern or complaint.

Clinical themes: Nursing

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.

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. Each ward records the number of complaints on their local quality boards. 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.

There are many committees that receive data on complaint issues that are related to clinical complaints. For example

Falls – any complaints featuring falls are shared with the Falls group and falls leads and incident reports are checked. In 2015 /16 five complaints featured falls and all had been reported as incidents at the time. This is an increase against the previous year when 2 complaints featured falls but remains below the six reported in 2013/14. Of the falls four resulted in no or minimal harm and one is currently under review as a clinical incident.

Pressure ulcers – any complaints featuring these are shared with the tissue viability team. There was one complaint about an acquired pressure ulcer in 2015/16 but this related to care given in the previous year, there were no complaints received in 2014/15 about pressure ulcers compared to two for 2013/14

Medication safety / prescribing issues

These can be linked to medical, nursing or pharmacy staff.

Complaints about medication safety issues account for 1% of all complaints nationally at the end of Quarter 3, at UCLH the figure at year end was 0.4%. Any complaint mentioning medication issues is shared with the medication safety lead and a quarterly report is shared to cross reference themes from complaints with incidents.

The trust has focussed on reducing the number of times that drugs are missed for non clinical reasons and has also introduced an electronic prescribing system to try to improve the safety of prescribing, dispensing and administering medication to patients.

On review many complaints about medication safety / prescribing show that when medication has been changed, patients or their relatives may not have had adequate explanation and therefore may feel that doses have been missed by accident or too much of a drug has been given. In the majority of cases the drug has been omitted or increased deliberately as part of the treatment plan. A reminder to staff about ensuring changes to medication are explained to the patient and on the discharge letter has been circulated via the Quality and Safety news letter and 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

Learning Points : When a complaint is about an individual then this is used to direct their development and training needs. When the issue has been noted for more than one individual then the whole team will usually discuss the care provided and the complaint, and consider how they can learn from the issues raised.

In 2015 /16 several wards have used a complaint as part of their ward development programme.

Training provided related to: epidural management, intravenous cannulation, and moving and handling (this was also shared with the relevant subject matter expert leads) in response to investigations

Clinical cases studies have also been used for junior doctor training or discussion at local governance groups eg) unusual / atypical presentations, X-ray review and teaching

Where information about the potential complications has been identified as an issue this has been shared with the patient information lead and new leaflets have been developed or existing information revised forexample for cystoscopy and central lines

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

ATTITUDE

Complaints about care and treatment in the NHS are generally increasing nationally year on year. Poor attitude or behaviours from staff will often be the trigger for a complaint or negative feedback. We also know that when patients are involved in a serious incident this may not result in a complaint – suggesting that effective staff communication and empathy can also be very powerful positive behaviours.

UCLH have recognised that that staff behaviours are key patient experience factors and have utilised a number of initiatives over recent years⁵:

- Making a Difference Together*
- ALWAYS campaign* -
- Development of Trust values
- Recruitment of staff has utilised questionnaires to select staff with positive attitudes and behaviours
- Appraisal processes have included Trust values that reflect positive attitudes and behaviours.
- Sage and Time training*
- Customer care training

Despite these initiatives in 2014 /15 Staff Attitude was noted to be on the increase and higher than national figures. A paper exploring this topic was therefore submitted to the Trust's QSC in December 2015 and has also been looked at in quarterly patient experience reports.

Key findings from The Clwyd Hart Complaints review in 2013 ¹

- Identified Consultant attitude as being a key factor – if consultants demonstrated behaviour that was pompous, arrogant or condescending to patients and relatives, this not only had a serious impact on those they were meant to be caring for but set a very poor role model for future doctors.
- Nurses were felt to sometimes treat patients with a lack of dignity and respect, and demonstrated behaviours that showed little sympathy or empathy. There was particular concern in the report about patients with no friends or family to act as mediators.
- The report acknowledged that shortage of staff was a factor but also referenced complaints when staff were seen conducting non essential personal tasks such as talking on mobiles and checking personal sites on work computers.

What does further analysis of complaints at UCLH tell us?

Complaints about attitude or behaviours are often difficult to investigate, it maybe one person's word against another. Often the perceptions maybe very different – we know that some patients may have been confused, have mental health problems or be under the effect of medications. Some patients or relatives may have unrealistic expectations about how much time staff can spend with them on an individual basis and a very small minority appear to be vexatious.

However the majority of complaints UCLH receive are about a single encounter with a member of staff that has left them affected enough to write in, often with the intention of avoiding it happening to someone more vulnerable than they are. Far less common are complaints about multiple care failings accompanied by a series of unsatisfactory staff encounters. Many complaints about a single staff member will acknowledge this does not reflect the overall care they have received.

⁵ See Glossary of terms

On further review the following issues were identified that can lead to complaints:

- Staff not introducing themselves or not wearing a visible ID badge
- Staff not robustly checking and changing patient address, GP and next of kin details – often adds to a complaint when errors are passed on – patient feels not listened to
- Lay out of some desks does not facilitate eye contact at reception
- Other environmental factors – department lay out etc.
- Lack of rooms for private discussions
- Patients do not understand why some patients are ‘seen ahead of them’ – e.g. in ED and multiple clinic waiting rooms and may see this as deliberate behaviour rather than streaming
- Noise especially at night – if staff are dealing with emergencies or very ill patients, other patients may not understand why there is so much ‘noise’ if staff do not update them
- Not being able to contact staff to discuss their concern – patients often report voicemails as full, no one answering or getting transferred to lots of people. This can make some patients very angry and some staff do not seem able to make allowances for this and can terminate calls very quickly as they may feel threatened by the person on the phone
- Being given a complaint leaflet rather than giving the patient time and escalating their concerns

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. New recruits have to complete and pass a values based assessment before they are allowed to apply for a post at UCLH. Existing staff have an annual appraisal in which they consider their performance against the trust values of kindness, teamworking, safety and improving

Several caveats need to be applied to this data - . more sub subjects have been captured since April 2013, and in particular since April 2015 so this may also reflect better data capture rather than deterioration in staff behaviours per se. However the percentage of attitude as the main complaint can be compared to National figures for England at Q3, which does still suggest UCLH has a higher than average number of attitudinal complaints

'Appearances can be deceptive'

- Doctors should not be on call when in clinic but sometimes are – any interruption may then be seen as a personal phone call
- Nurses in charge carry mobiles – some patients refer to seeing nurses on personal mobiles when they may actually be organising emergency admissions etc.
- Comments about staff eating at desks, staff may not have time for a break and maybe grabbing a very quick drink or something to eat – patients perceive this as 'social activities at the expense of patient care'. However it is still trust policy not to eat in clinical areas
- Many reception areas have staff other than receptionists in the area, when queues are long – patients may see 'inactive staff' and see this as 'lazy'

Outliers

- Patients 'outlying' may not be seen by medical staff as often as often as when on their own speciality ward – may feel ignored by the doctors they see working on the ward, as they do not come and see them in the way that other patients are.
- Likewise patients may feel nurses dismiss their concerns or lack empathy

Action : the Tower reconfiguration was with the aim for patients to be in the right place to be cared for by the right team at the right time

This does appear to have reduced complaints from patients outlying in another ward but is currently under further review.

Tertiary / specialised referrals for medical complaints

- When patients are referred from a local consultant to see a specialist, this can result in a long wait for an appointment.
- Patient often require further tests after this assessment rather than progressing to treatment, which the patient may be expecting
- UCLH staff may not appreciate that although they have seen the patient as quickly as possible – overall the impact to the patient can be years of 'waiting'.
- If after all this the patient is asked lots of questions – patients may interpret this as the doctor not being prepared for them rather than seeing it as part of their assessment (often a feature of neurological complaints)
- Likewise if they are given the name of a consultant but see another consultant or a registrar they often feel 'fobbed off' no matter what the quality of the appointment, so any negative aspect is more likely to arise in a complaint

Action : this work has been shared with the medical directors and clinical boards for staff to be aware of the impact of their behaviours.

For example) how they speak and what they say is as important as explaining why it

is sometimes important to ask the 'same' questions

Dental

- Patients may take it very personally when told they are not suitable for NHS treatment after an assessment, as they have built up an expectation that assessment will result in treatment. Some staff (often students) may add to this expectation by talking about treatment options rather than the assessment process

Action : the EDH letters and website were revised to provide better explanation of the criteria for NHS treatment

Nursing

- There are appear to be more complaints about attitude of a nurse on night shifts (these are fed into the out of hours walk rounds by the senior team)
- Agency / Bank staff may be perceived to be less caring / knowledgeable
- Patients may not understand that health care assistants (HCAs) are limited in their role and if the HCA has not explained why there is a delay in getting assistance from a suitable qualified nurse – this can be perceived as ignoring the patient.
- Relatives not being able to contact the ward to see how their relative is doing and then being given very limited information. This is often significant when the relative is not able to visit
- Relatives coming from a long way away to be told they cannot visit – staff are perceived as unhelpful or 'jobsworth' especially if they have made an arrangement with one member of staff only for another to countermand it
- HANDOVER – patients and relatives may report being ignored over this period, when staff may not be visible
-

Action : these issues are fed into the Nursing and Midwifery meetings and shared with matrons and sisters

Learning :

The key message for staff is to communicate effectively with patients and relatives

Explain when delays are happening in clinics – boards have been put up in each area, but it also helps when staff go around and explain in person.

Medical staff should not be on call in clinic but if they have to take an urgent call, they should explain to the patient why

Staff should ask patients if they are happy for student's to participate in their care or assessment.

Decisions about care and treatment and especially if there are limitations needs to be explained

Staff should wear visible identity badges and introduce themselves

Intentional ward rounds – should mean that inpatients are asked if there is anything that they need

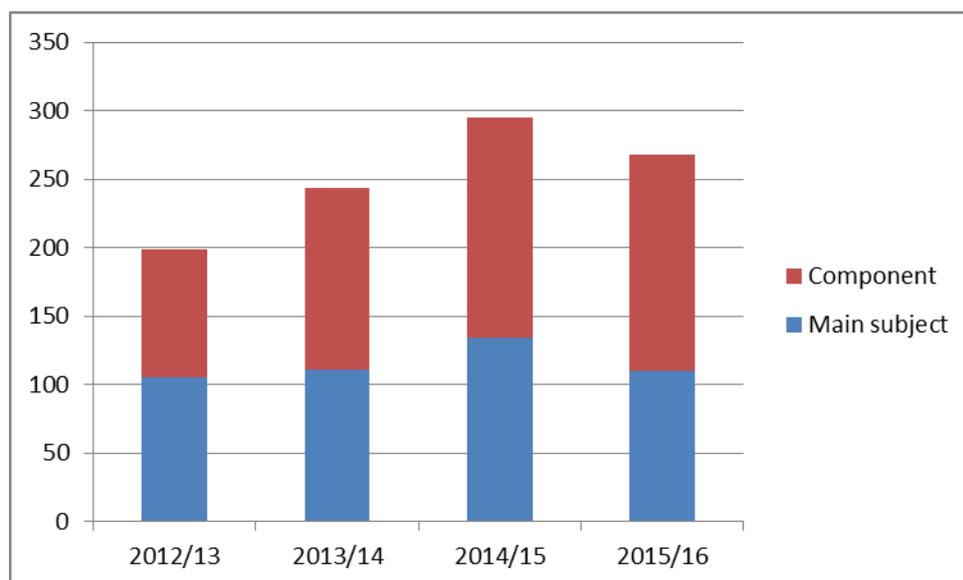
Where a clinical complaint about care or attitude is only related to one named individual, a number of options will be used:

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.

In 2015 /16 the categorisation of attitude changed to cover a broader range of values and behaviours, despite this a reduction in such complaints was noted

Fig 14 : Trend over time for Attitude / Values and Behaviours



Actions :

Review data when full year figures are available for comparison

Try to establish reasons for variation in complaint data for communication and values and behaviours by working with Shelford group to review categorisations

Non Clinical Themes : facilities and transport

The newly formed Site groups were keen to benchmark shared service related complaints and concerns.

Table 4 : The findings per site for 2015 /16 are as follows :

	UCH	MCC	EGA	QS	EDH	RNTNE	WMS
FACILITIES							
cleanliness	1	0	3	1	0	1	0
Environment or temperature	1	1	2	1	0	1	0
Food or drink choice, quality or availability	9	0	0	1	0	0	0
Signage	3	0	1	2	1	1	0
Security behaviour	3	0	1	0	2	0	0
Parking issues	5	0	2	1	0	0	0
TRANSPORT							
Late or no show	6	1	0	2	0	1	1
Not eligible	8	0	0	0	0	0	0
Not allowed escort	2	2	0	1	0	0	0
Not allowed single use		0	0	1	0	0	0
expected discharge with transport	2	0	0	0	0	1	0
Incorrect transport booked	2	0	0	0	0	0	0
Communication with transport department	6	n/a	n/a	n/a	n/a	n/a	n/a
Transport behaviours (contacts and drivers)	9	n/a	n/a	n/a	n/a	n/a	n/a

There are very few contacts to the complaints department about facilities and transport when you consider the size and structure of the organisation.

Learning Points :

Changes have been made to the parking signage and process for UCH and appear to have reduced since then. Signage has also been reviewed related to each complaint received, areas that were reported as difficult to find were Urgent Treatment Centre* and pharmacy and Pain Clinic at Queen Square* (which have since moved or had completed building work).

5 OTHER 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.

Improving Patient Safety

Complaints are triaged on receipt as to the seriousness of the issues raised.

As part of this triage, complaints that highlight potential clinical incidents are reviewed against the clinical incident database and in 2015 /16 a safety huddle was introduced, in which complaints, clinical risk and safeguarding looked at the issues raised in the complaint. In 2015 /16 a total of 54 cases were considered with 6 complaints also considered under the safeguarding process and 4 were managed as a serious incident

Complaints monitoring is a standing agenda item for each divisional governance meeting, and there is evidence to support this from Divisional meeting minutes. Clinical board have also used complaints as an example for learning across their divisions.

Trust wide issues are also highlighted as part of the monthly Quality and Safety Newsletter.

As has been mentioned, complaints are shared with the relevant subject matter leads, for example :

Medication safety – any complaint involving a 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.

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, and presented at the December Quality and Safety meeting.

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

Complaints related to all end of life complaints accounted for 31 out of 830 complaints for 2014 /15, or 3.7%. Of these very few related to palliative care and symptom control, suggesting the Trust's pain and improving care at the end of life campaign has been effective.

However further work is ongoing to encourage an early discussion about resuscitation wishes with patients and their families, and other improvements such as a patient and relative information sheet is planned.

Radiology

A complaint was received regarding a contrast extravasation (dye leaking into the tissue rather than the blood vessel) before a scan

Action: the Imaging Division has developed a record sheet for in the event of an extravasation and started reporting extravasation injuries as an incident on Datix

This is a good example of how reporting can help to improve the measurement and monitoring of patient safety following a complaint. The team are now able to reflect on the causes of the incidents and learn from them. In addition, the team also have a record of each extravasation incident, to monitor over time, which can demonstrate that the trust has proactively acknowledged when an injury has occurred and have evidence of an investigation, learning and actions reducing further complaints.

Issues with appointments: administration and process issues

Data from complaints has been used to drive improvements by divisions and also the Trust transformation programme. However unsurprisingly given the large number of out patient appointments at UCLH, these issues continue to be addressed. At the time of this report the national figure for complaints linked to appointments is 6% compared to UCLH 7%.

Action : Further work is planned with the transformation team for the coming year but divisions and specialties were asked to look at their processes in particular for managing multiple cancellations and short notice cancellations

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

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

Action: Divisions were reminded via the quality and safety newsletter 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: relevant complaints are shared with discharge and safeguarding leads.

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

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

A further review of discharge issues for 2016 /17 is planned following the recent PHSO report highlighting concerns about discharge planning

6 REFERRALS TO THE 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.

At UCLH there were 91 contacts by patients or relatives to the Ombudsman an increase of 36% on the previous year. Most of these were considered premature by the PHSO, as the complainant had either not made a complaint to us or their complaint was still under investigation. Of the 91 contacts, 24 proceeded to an investigation compared to 22 in the previous year (a 9% increase).

During 2015 /16 six investigations by the PHSO were partially upheld with the outcome being an apology, an action plan to rectify failures and in some cases a financial settlement. However of note is that the most recent care for these six cases dates from early 2014, with four dating to 2013 or earlier. The care issues identified during the complaint or PHSO investigation had already been addressed, with the actions largely to update the complainant about this. Eleven cases remain open from 2015 / 16 and two from 2014/ 15 at the time of this report

A six monthly report was presented to QSC for monitoring purposes

Thematic review of PHSO cases :

The cases that the PHSO accepts for investigation varies, with medical clinical care and attitude noted as the main reasons for dissatisfaction with the local UCLH investigation.

An increase in referrals to the PHSO in 2015 /16 for Queen Square was noted. Some of these cases are linked to an absence of a definitive diagnosis, which unfortunately remains the case for some patients despite extensive investigation.

EDH still see a small number referred to the PHSO and 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

No single division is an outlier for cases that are upheld, and many PHSO cases have spanned several divisions.

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

Examples of Learning from PHSO cases

Case 1 : partially upheld

The Patient was referred to UCLH for specialist review and experienced delays in their care pathway and poor levels of communication when they tried to chase up their care. Actions taken since then have been a review of the clinical triage for referrals, improvements to the MDT and action tracking after case discussion. Additional radiology capacity and reporting has been put in place. Additional pathway co-ordinators have been recruited and arrangements for covering phone and email have been reviewed. The team have also updated the website to provide more information so that patients do not need to contact coordinators for 'routine' information.

Case 2: partially upheld

The Patient experienced a delay in going to theatre, as it was not clear initially if an infective process or disease progression was responsible for their symptoms.. The Ombudsman upheld that earlier surgical intervention could have happened but agreed that it was not clear if the patient's outcome was affected by this. The case has been anonymised and discussed in both Divisions, and the Trust's Sepsis improvement project is now rolling out across the Trust

Case 3: partially upheld

A Complex case involving care at three different trusts. Communication and coordination of the care was found to be sub optimal, resulting in an overall delay to treatment. Learning points include identifying a lead team and consultant for co-ordination, Ensuring referrals are written down not telephoned or passed on in person, and tracking any outcome/ decision must happen via an MDT. There was also an action for complaint handling, if trust staff attend complaint meeting at another trust, they need to feedback to the complaint team at UCLH as actions agreed at the meeting had not been conveyed back to either division or complaint team, this led to a delay in resolving the complaint

Case 4 Not upheld

Concern about clinical care, communication and diagnosis was raised by the patient. However good practice was identified from the PHSO review of the documentation, as the quality of letters and medical entries for the patient provided full evidence of the care and the discussions with patient. The PHSO view was that the patient was extensively investigated and the team tried to provide optimal treatment' and had tried very hard to explain the diagnosis

7 DEVELOPMENTS TO COMPLAINT MANAGEMENT

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 rotational 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.

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

External Reports and Visits

In March 2015/16 UCLH was visited by the Care Quality Commission but there is no formal report as yet.

Senior officers from the PHSO visited the trust in December 2015 to meet the central complaint team and check on how patients were signposted to the PHSO. The visit confirmed there were no concerns about the signposting for complainants who were not happy with the Trust's local investigation. The numbers of upheld cases were considered low and some discussion was held about how we could speed up response times to the PHSO.

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, especially if new information is provided.

- 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
- **In 2015/16 UCLH had an 11% reinvestigation/ recontact rate**

It was disappointing to note that the reinvestigation rate had increased for this year. On review a number of the re-contacts were when the Trust's evidence did not uphold the complaint, but the complainant remained of the opinion that care or service delivery failures had taken place. In the absence of new evidence the approach has now been to review the concerns with the division and to recommend review by the Ombudsman at an earlier stage than previously. Some of the reinvestigations are logged when a meeting is planned as part of the response and it is felt that this might be affecting the data for some divisions.

A small number of complainants (8) 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:

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

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

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

Explore the criteria Shelford group use for recording reinvestigations to ensure consistency

In 2015 an audit was undertaken to confirm that clinical concerns were receiving clinical oversight or sign off and this was presented to the Quality and Safety Committee.

The findings supported that more clinical involvement was evident since the UCLH Standards for responses had been introduced

In a sample audit 100% of clinical complaints had evidence of clinical involvement in the investigation with 81% signed by a clinician compared to only 43% signed by a clinician in a sample taken prior to the introduction of the clinical standards

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 2015/16 Women's Health, Surgical Specialties and Gastro Intestinal Services were visited. However the usual teaching sessions that are facilitated by the complaint team did not happen due to unexpected absence within the central complaint team

Action: Consider drop in sessions for staff involved in complaints and improve on line resources on complaint handling

How can we be reassured that patients and relatives know how to complain?

A leaflet explaining the complaint process and also how to contact PALS has been in use since 2008, it was last revised in February 2016

In 2015 /16 the website was checked and slight adjustments made to make it easier to make an on line complaint or raise a concern.

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.

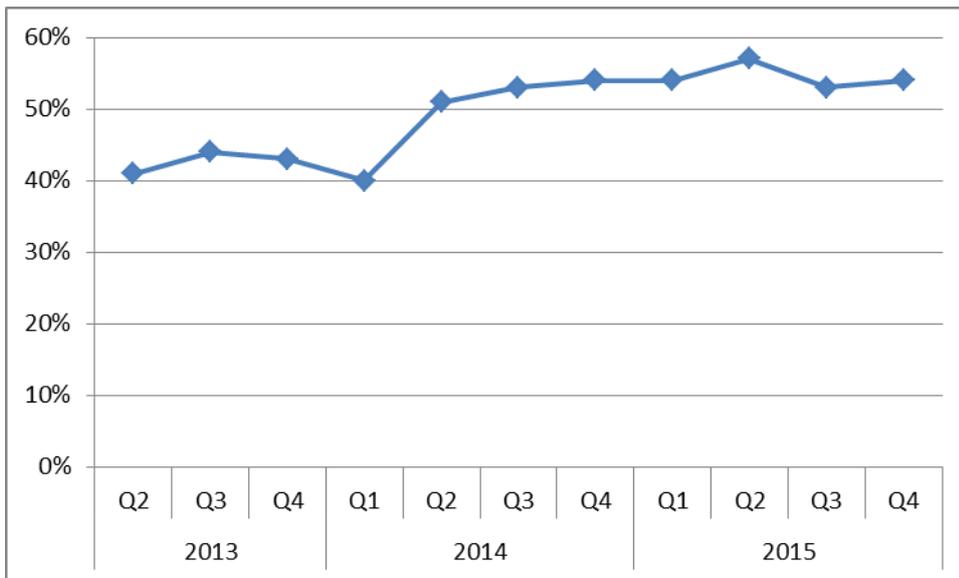
Environmental walk-rounds involving wide selection of staff and governors take place, part of the checklist is to check availability of complaints forms and obtain feedback from patients.

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

The UCLH Patient feedback survey (meridian) asks patients did they see or were they given information about how to complain to the hospital about the care they received

The results below show an upward trend, but are still not as high as we would hope given the measures that have been introduced. However the results of the in patient survey that have just been released in June 2016 did put UCLH in the top 20% of all trusts for this.

Fig 15 : Percentage of patients completing trust in patient survey who know how to raise a concern



Action :

Improving experience group is currently considering whether other measures could be used to improve this further, for example if posters in ward areas may be useful in addition to the other measures already in place.

Local Healthwatch to be asked to review our website re ease of making a complaint

8 OTHER ASPECTS OF COMPLAINTS MANAGEMENT AND COMPLIANCE

Working with other organisations

The 2009 Complaints Regulations require organisations to offer complainants the option of a 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 2015/16 the Trust received 35 complaints which required co-operation with another organisation. This is the same as previous year, after a big increase from 10 in 2013/14.

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 but joint responses have delayed our own responses considerably in four cases, despite providing longer periods for the investigation .

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 : 24 out of 25 were acknowledged within 3 days 96% compared to 88% for the same period last year

Qtr 3 and 4 : 22 out of 25 were acknowledged within 3 days. 88%, compared to 84% for last year

When email acknowledgments were reviewed there was 100% for Q1 and Q2 and 98% for Q3 and Q4, suggesting that the process for drafting letters is responsible for the delay in acknowledgement

Action :

Run small sample audits in 2016/17 to monitor

Monitor complaints involving other organisations as this has dramatically increased and explore ways to improve the response times when other organisations are involved

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, in line with the revised NHS Complaints Guidance (2009) which removed the 25 day target.

Many issues may be 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. eg booking a clinical appointment, arranging a meeting

We recognise that some complaints may take considerably longer where multiple divisions or organisations are involved. Monitoring timescales is therefore based on whether the negotiated target is met.

Table 4 : response times

	Response within 25 working days or negotiated target	Comments
2015/16	72%	Deterioration in performance
2014/15	73%	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 few years.

Where performance within divisions consistently fell below target, this is escalated to the relevant division 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, especially when a clinical reviewer is needed or absence or changeover of staff.

In 2015/16 there was considerable workload in planning for the transfer of ophthalmology, haematology, upgrading of emergency department and the completion of the relocation of urology services to Westmoreland Street which also had an impact on response times for the relevant teams.

Although some of our patients indicate they are not concerned by how long their response takes, as 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.

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.

Action

Ensure staff are aware of realistic deadlines for complex complaints when speaking to complainants

Introduce experimental performance to monitor complaints that take longer than 60 working days

Work with performance and the clinical boards to improve response times and 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 29 complainants were supported in this way by a member of the complaints team in 2015/16, however this is probably an under representation due to data capture methods
- Easy read complaint leaflets are available on the website and also the trust's Clinical Nurse Specialist has been involved in supporting two complainants with learning disabilities when they have complained
- Complaints responses are translated on request and during 2015/16 two requests for translation was received and actioned
- All complainants are given information about accessing voiceability via the complaint leaflet and acknowledgement letters
- **Complaints data is found alongside other data within the Trust's Equality and Diversity report add [LINK](#) to electronic version and is only summarised briefly in this section to meet NHS Complaint report guidance**

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

Fig 16 : Complaints By Gender

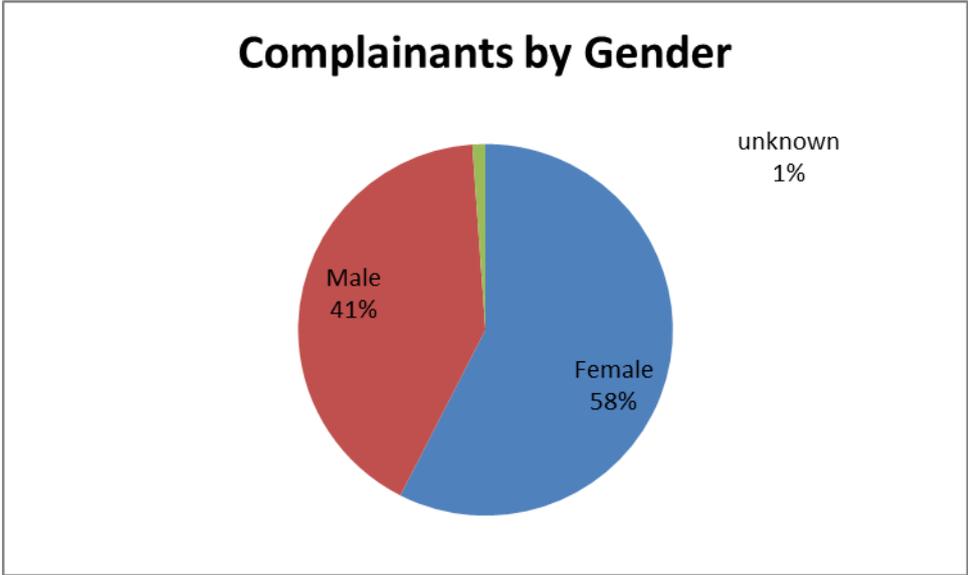
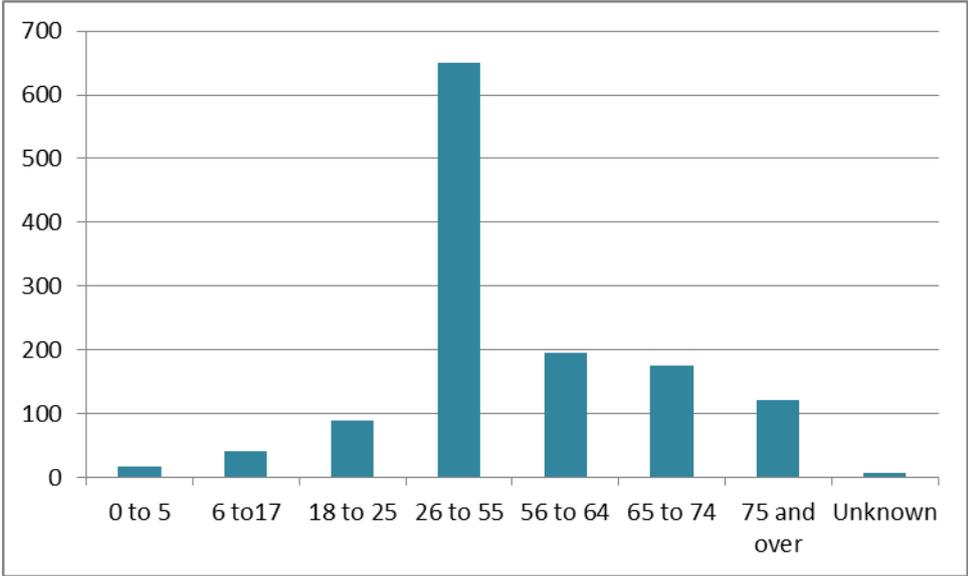


Fig 17 : Complainants by Age



National data is not available for comparison at this point

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, 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

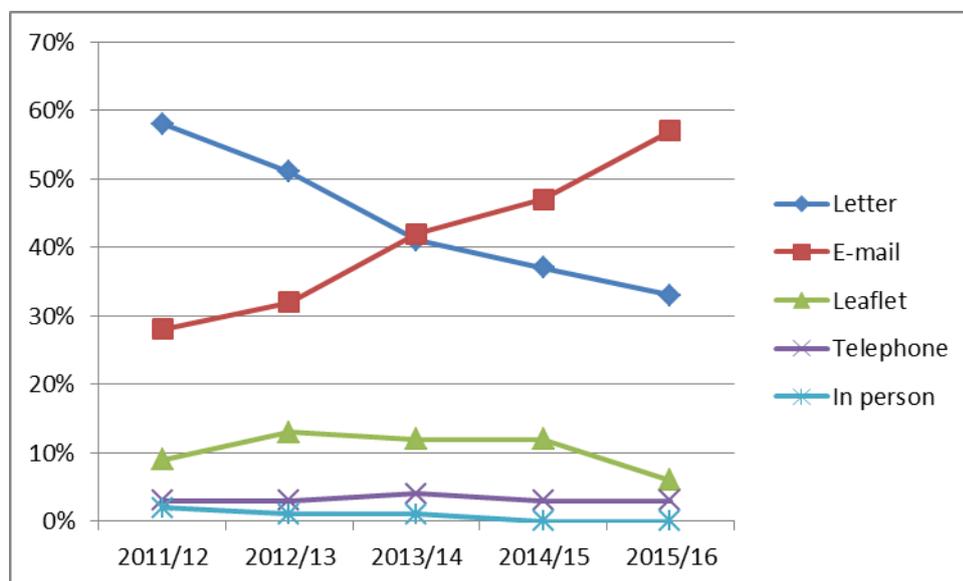
Table 8 : Ethnicity of patients as appearing on carecast

	Complainants	%
White - British	241	34%
unknown	180	25%
Not stated	138	19%
White - other white	41	6%
Other ethnic category	29	4%
Black Caribbean	16	2%
Indian	15	2%
Black African	12	2%
White - Irish	9	1%
Other Asian	6	
Other Black	6	
Other mixed	5	
Bangladeshi	4	
Mixed white and Asian	3	
Chinese	3	
Mixed white and black Caribbean	2	
Mixed white and black African	2	
Totals:	712	

Methods of accessing the complaints process

The Trust offers a range of options for raising complaints : leaflet, letter, email, in person, by phone

Table 9 : Breakdown of method of first contact for complaints during 2015/16



The ongoing rise in emails brings challenges as some people may expect an instant response and often do not include enough information to start the investigation.

An automated receipt has been developed informing patients that they should receive further contact within 3 days, although the aim is always to try to respond that or the next working day

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 information about 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 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 a selection of complaints throughout 2015/16

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

Table 9 : Complainant Contact Compliance

	Qtr1 and 2	Qtr 3 and 4
Evidence to support contact call was made within 5 days	40%	42%
Call made but after 5 days	30%	24%
No evidence	15%	12%
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	15%	22%

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 who have not stated that they want to proceed to a written response are contacted to discuss how they want to resolve their complaint.

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 complainants and not everyone has a voicemail to leave a return contact. Staff may also not want to leave messages about complaints and would prefer to speak to the complainant. 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 2015 /16 than last year.

Some divisions have improved on last year's performance by using an administrative assistant to make the initial call, but matrons are the most successful group at making contact with complainants and letting the central complaint team know.

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 to confirm this has been actioned

9 SUMMARY AND CONCLUSIONS

UCLH has noted a decrease in KO41 reportable complaints, although there is an increase in the number of overall concerns raised. The time taken to respond to complaints is too long in some cases and this needs to be explored and action taken within some divisions and boards. Although some evidence supports that the quality of complaints responses is of a high standard, variation continues to exist between some divisions in terms of clinical sign off of complaints, although this has improved in 2015 /16.

There is ongoing evidence that complaints are 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 all aspects of patient experience has been achieved in 2015 /16. It is hoped that this will be enhanced as these committees and structures mature.

The incidence of reinvestigations and referrals to the PHSO has increased over the past year, and 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 to review satisfaction with the handling of complaints will be introduced in 2016/17 via NHS England, as this is currently being piloted within the Shelford group.

There is evidence that PHSO recommendations have been implemented and UCLH complaint handling has been evaluated against key documents and papers as they became available in the coming year.

Table 10 : Review of recommendations from previous year's annual complaints report

	Action	Lead	Outcome
1	Prepare for changes in National data capture (K041)	Complaints	Achieved
2	Review complaints procedure in line with key reports and any legislative changes in financial year	Complaints manager	Ongoing through year
3	Strengthen learning lessons	Head of Quality and Safety and Complaints manager	More case studies have been shared through the quality and safety newsletter, message of the day and patient experience reports but work is ongoing
4	Explore ways to improve compliance issues : <ul style="list-style-type: none"> • improve contact with complainant • reduce late replies 	DM's DCDs. Performance and Complaints team	Performance has fluctuated

10 SUMMARY ACTION PLAN FOR 2016 / 17

	Action	Leads
1	Explore ways to improve response times	DM's , DCDs, clinical boards Performance and Complaints team
2	Review complaints procedure in line with key reports and any legislative changes in financial year	Complaints manager and other staff as required
3	Strengthen learning lessons across whole patient experience Eg) Use of complaints data alongside other data sets such as clinical incidents and PALS for responsive reports or comparisons against key national reports Consider the development of a patient experience annual report in which complaints will be considered alongside other metrics and data sets	Head of Quality and Safety, site leads, clinical boards and Complaints manager
4	consider methods to evaluate complaint handling	Complaint manager
5	Improve training materials for staff involved in investigating complaints	Complaint manager
6	Offer governors and non executive directors the opportunity to visit the complaint team	Complaint manager

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

Safety
Kindness
Teamwork
Improving