

Annual Complaints Report

April 1st 2016 – March 31st 2017

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1. INTRODUCTION

The Trust receives and reviews a range of patient experience metrics. This report is focussed on an analysis of the formal complaints that the trust receives and is produced to comply with NHS Complaints Regulations (2009) and to share learning in order to improve patient experience. It is widely recognised that patients are concerned that making a complaint may impact on their treatment and care or will not make any difference. So it is important to reassure patients that their care should not be adversely affected by making a complaint and to ensure that opportunities to improve patient experience and learning are maximised.

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.

Complaints can be made by email, letter or verbally. The vast majority of contacts come by email (see p37). Whilst the term complaint may be used, we know that often the person raising the issue wants information or action taken, such as changing an appointment to address their concerns. Whilst these are not reported through the Department of Health Complaint Report (KO41) these contacts are monitored and trends noted. There are also times when more complex issues are raised, that will require a full investigation and written response, a formal complaint.

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, and the aim is to resolve matters as quickly as possible.

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

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 at University College London Hospitals NHS Foundation Trust (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 induction and the appraisal process. Information about dealing with complaints is also provided during induction.

At UCLH there are separate departments for complaints and Patient Advice and Liaison Service (PALS) but the two teams work closely together. PALS will escalate more serious concerns into the formal complaint process but focus on resolving concerns quickly, and the complaints team will also attempt to resolve concerns that can be addressed quickly, outside of a formal complaint response without passing patients back to PALS.

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 and all subjects within a complaint became reportable not just the main issue. National Figures for this year have just become available.

In 2016/17 UCLH received 772 formal written complaints at the end of financial year but this had reduced to 769 at the time of submission of the data to the annual national statistics return, compared to 712 in the previous year, this represents an increase of 6.7 per cent. When activity is considered the complaint rate also increased slightly from 0.53 to 0.56 per 1000 contacts. The National figures show an overall increase of 1.8 per cent but some individual trusts showed

increases of 20 and up to 85 per cent (this figure may be linked to a merger and most London trust showed increases of 5- 30 per cent whilst some organisations did show decreases for the year.

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 steering groups amongst others so that Trust wide monitoring of these issues can take place and appropriate improvement actions can be identified and monitored by the relevant committees. Issues from complaints are discussed at local departmental and divisional meetings and actions taken where appropriate to ensure learning takes place.

The Trust has an Improving Experience Committee, a Patient Experience Committee and a Quality and Safety Committee in which data from complaints is triangulated with feedback, PALS cases or incident reports to identify trends and explore emerging themes.

Patients unhappy with the outcome of our complaints processes can ask for their complaint to be reviewed by the Parliamentary and Health Service Ombudsman (PHSO). In 2016/17 there were 96* contacts by patients or their relatives with the PHSO. Most of these were considered premature by the PHSO; the complainant had either not made a complaint to us or their concerns were still under investigation. This is a slight increase on the previous year (91 for 2015/6). Of the 96 contacts received by the PHSO, 30 were accepted for investigation, compared to 24 in the previous year, an increase of 25 per cent.

Over the past year, 12 PHSO investigations (some relating to previous years) were partially upheld (partly agreed), with the outcome being an apology, an action plan to rectify the failures that were identified and in some cases a financial settlement. Sixteen cases remain open from 2015/16 and one from 2014/15 at the time of this report.

National figures show an increase in investigations accepted by the PHSO across most of the NHS and an increase in those cases partially or fully upheld for most similar sized organisations.

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.

Quarterly reports about patient experience, including 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.

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 2017.

It 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 data in this report is based on the content of the complaint and not 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 TRUST COMPLAINTS POLICY

The trust’s complaint policy was updated in 2016, notable changes were that the UCLH Complaints Monitoring Group (CMG) terms of reference was reviewed in 2016 and the frequency of meetings was reduced to quarterly in order to prepare for the quarterly patient experience report, which uses data from complaints, Patient Advice and Liaison Service (PALS), feedback, surveys and friends and family tests (FFT’s).

A monthly Improving Experience Meeting (IEG) is held, in which various sites at UCLH feedback on trends and actions noted from patient feedback, PALS and complaints.

Monthly figures on complaints are shared and monitored via the performance pack.

The Patient Experience Committee (PEC) now meets quarterly with a revised membership and is chaired by a non-executive director.

Compliance with monitoring requirements
A review of agenda for the Complaints Monitoring Group (CMG) confirms that this met quarterly
A review of the quality performance book confirms monthly data about patient experience is submitted.
A review of the QSC minutes showed that the QSC received an update on Patient experience on a quarterly basis.

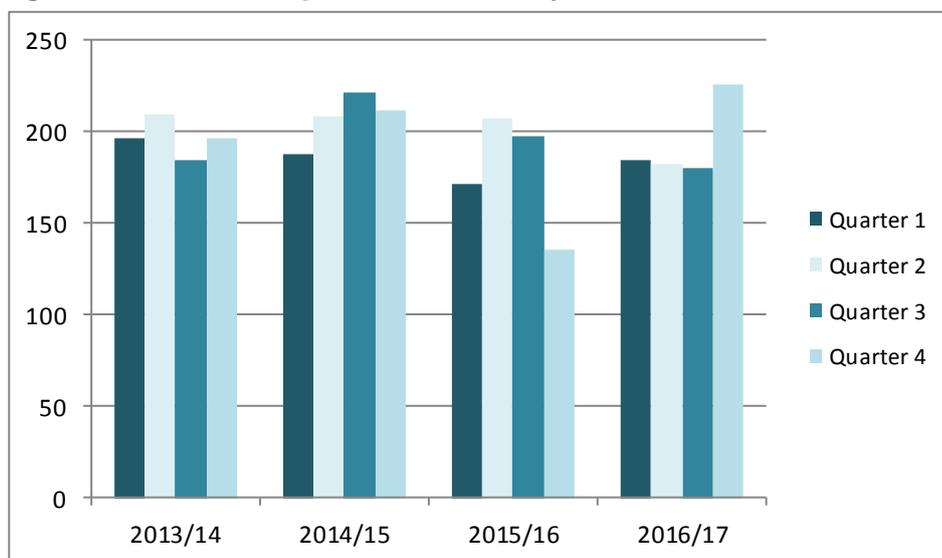
3. ANALYSIS OF COMPLAINTS RECEIVED IN 2016 / 17

Table 1. – Summary Table: complaints, response time and PHSO cases over time.

Year	Total No of Formal Complaints Received	Response time target met (all complaints)	Main Subject matter of original complaint	Complaints accepted for investigation by PHSO	Number of Complaints Upheld by PHSO
2010/11	671	84per cent	All Aspects of clinical treatment	13 (1.9per cent)	0
2011/12	520 (↓22per cent)	85per cent	All Aspects of clinical treatment	30 (5.8per cent)	0
2012/13	677 (↑30per cent)	80per cent	All Aspects of clinical treatment	23 (3.4per cent)	2 partially upheld
2013/14	791 (↑17per cent)	78per cent	All aspects clinical treatment	23 (2.9per cent)	2 partially upheld
2014/15	833 (↑5.3per cent)	73per cent	All aspects clinical treatment	22 (2.6per cent)	2 partially upheld
2015/16	711 (↓15per cent)	72 per cent	Clinical Treatment (main) Communications (all subjects)	24 (3.3per cent)	6 partially upheld
2016/17	769(↑8per cent)	75per cent	Clinical Treatment (main)Communication (all subjects)	30 (3.9per cent)	12 partially upheld

As can be seen from the above table there was an increase in complaints and those referred to the Ombudsman for this year. Until Q4 there had been less complaints compared to the previous year as seen from the chart below.

Fig 1: Number of complaints received by Quarter



An increase in complaints may not in itself be cause for concern as it is recognised that an open culture will encourage feedback and providing information on how to complain will facilitate complaints to be brought. However this sudden increase was noted and the subjects for complaints reviewed as part of the quarterly patient experience report.

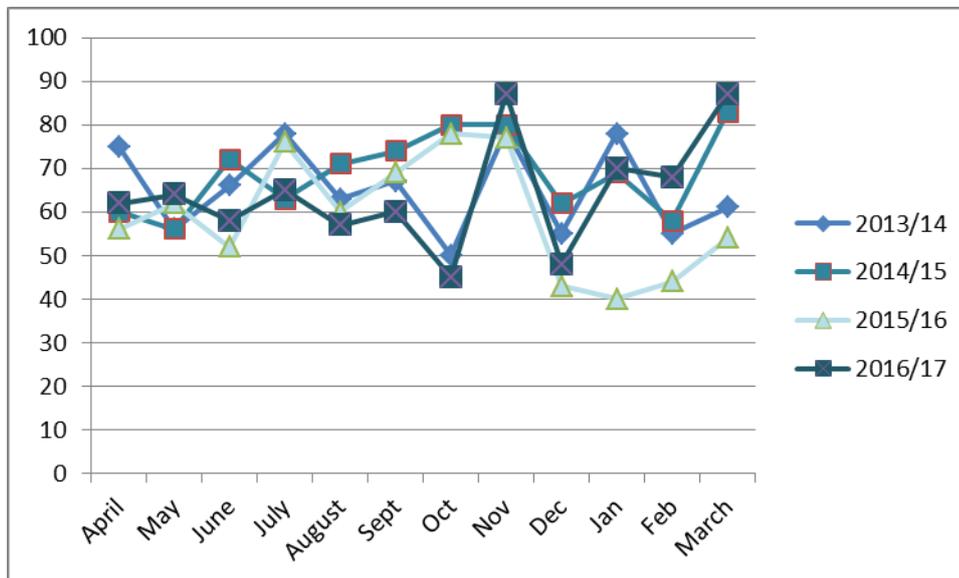
We know that the NHS faced a number of challenges at this time, with significant bed pressures from emergency admissions related to a flu epidemic and outbreaks of norovirus. This may have had a knock on effect to a range of services such as elective surgery, outpatients and so may be partially related to this rise. However there was also a significant increase in complaints linked to the patient transport service for the same period and this is explored further on p 9

There was a slight improvement in meeting response times from 72 percent to 75percent; however there is still significant room for improvement. 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 the previous year with further contact in 2015 / 16 to say that the scope had changed. This is explored further on page 31

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

Fig 2: Number of complaints by month



Formal complaints received have ranged from 45 – 87 per month with an average of 64 compared to 59 for last year. Historically there has been a reduction noted in complaints during the summer period which was the pattern for this year. In 2015/16 Quarter four received the fewest complaints but in 2016/17 there was a significant increase for this period compared to the rest of the year.

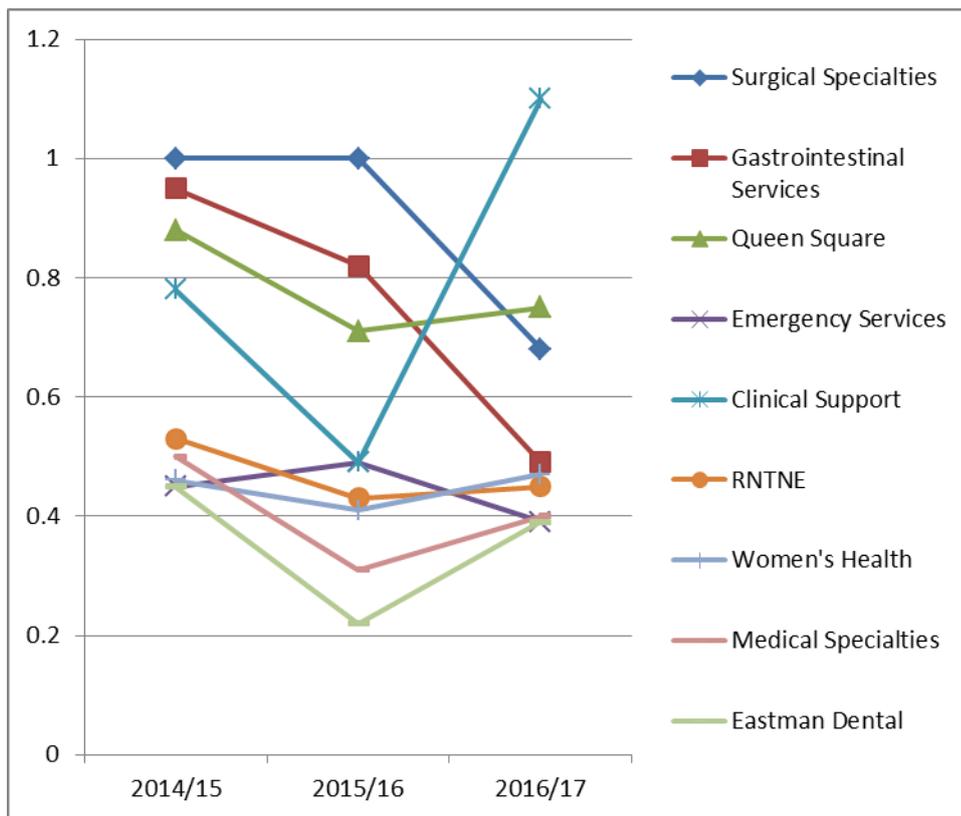
Table 2: Comparison between Divisions over 2012 – 2017

Division/Department	2012/13	2013/14	2014/15	2015/16	2016/17
Queen Square	153	173	168	139	152
Emergency Services	78	92	64	75	84
Women's Health	77	80	87	79	94
Surgical Specialties	59	90	112	106	76
Gastrointestinal Services	51	54	66	59	38
Royal National Throat, Nose & Ear Hospital	56	53	50	46	49
Medical Specialties	35	37	41	31	40
Clinical Support	26	35	44	32	76
Eastman Dental	25	37	38	28	50
Heart Hospital * Transfer to BARTS	21	37	35	16*	n/a
Cancer	16	21	31	29	34
Imaging	13	13	16	19	18
Infection	13	10	8	13	8
Theatres and Anaesthesia	11	16	15	6	11
Pathology	10	7	13	6	5
Estates and Facilities	9	8	14	4	7
Paediatrics	6	5	14	15	17
Integration	n/a	n/a	0	1	3
Critical Care	1	3	6	0	1
Corporate functions : medical records/ IT/ Finance/ PALS/ Chaplaincy/ Governance	7	5	6	6	6
Totals:	667	791	830	712	772

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. *(This is based on performance figures for each division and clarification is being sought on whether clinical support reflects the number of PTS journeys that are made)*

Analysis shows us that despite an increase in the overall number of complaints, when activity is considered, the rate of complaints fell in many areas, notably surgical specialties and gastro intestinal services. There were small increases noted for Queen Square (which encompasses the Royal London Hospital for Integrated Medicine and services at Chalfont Hospital), Women's Health, Royal National Throat, Nose and Ear Hospital and Eastman Dental Hospital

Fig 3: Complaints by Divisions receiving most complaints per 1000 patient contacts



Clinical Support services saw a significant increase in complaints for the year with a surge noted starting in Quarter 3. On review this was linked to a change in the provider for Patient Transport Services. Patients were experiencing long delays in collection from home or the hospital and this was discussed with the Transport team and the poor experience for patients was escalated to Board level. This increase was due to a number of factors, the previously contracted patient transport service terminated their contract without notice in July 2016 and the new transport provider experienced a number of teething problems in delivering the full aspects of the new contract.

The Improving Experience Committee and Patient Experience Committee received updates on actions being taken to improve matters but due to the significant impact on patients, the Trust declared this matter a serious incident, with an investigation carried out and an action plan developed in conjunction with the new provider. Improvements have been noted but this aspect remains under close scrutiny through the patient experience committees and further work is ongoing in this area.

In general, divisions with more surgical cases receive 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.

Complainants usually have a year to bring a complaint. Cancer services received more complaints for this year, usually relating to clinical care however some complaints related to care dating back to previous years. In cases where there has been bereavement, the trust would always try to respond to concerns about care and treatment, but in such cases the response may be affected by the passage of

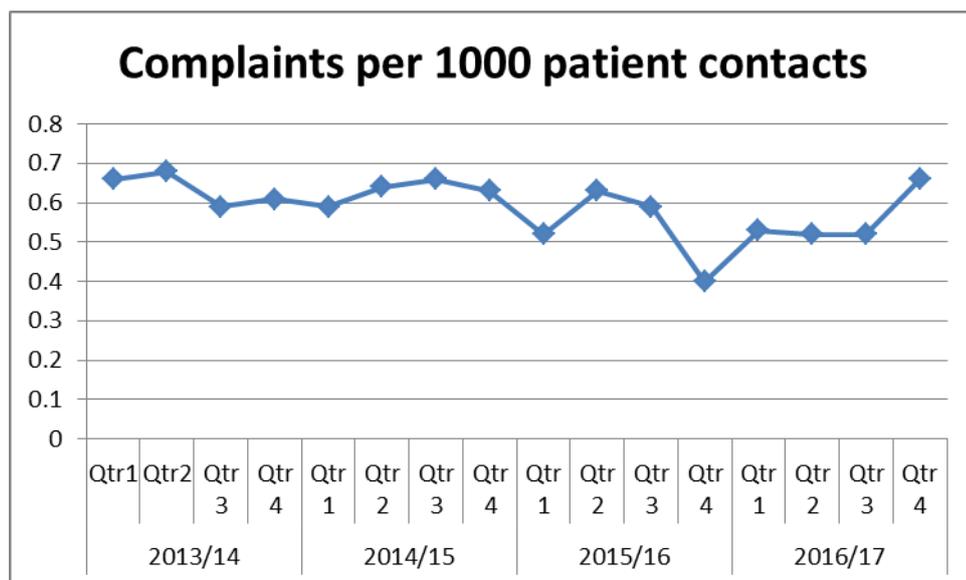
time and complainants are advised of this. Such complaints are shared with the End of Life steering group and anonymised examples have been used for teaching staff about improving communication about prognosis, treatment and when discussions about resuscitation or escalation of treatment should be held.

Infection control continues 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 in recent 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 by the division.

The increase in quarter 4 resulted in an overall increase in complaints per 1000 contacts.

Fig 4: Complaints per 1000 patient contacts for whole Trust

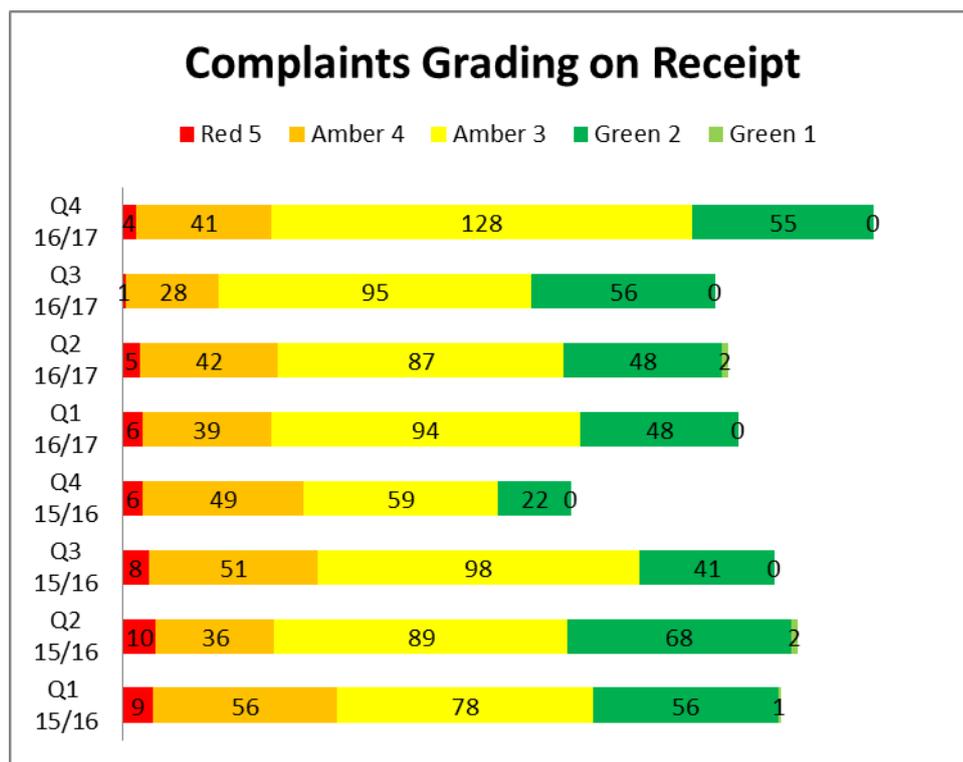


Grading of Complaints

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. In 2017/18 Complaints about a death will be shared with the Mortality (deaths) surveillance group and the Patient Safety team. (Need reference).

Fig 5 : Complaints by Grade and Quarter



The increase noted in complaints in quarter 4 was not linked to a rise in more serious complaints.

Improving Patient Safety: Triage of serious complaints

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 safety huddle were introduced, in which complaints, clinical risk and safeguarding looked at the issues raised in the complaints. In 2016 /17 a total of 61 complaints were reviewed in safety huddles with six being managed under complaint and safeguarding processes, four utilising the Trust’s serious incident process and 19 being both an incident and a complaint.

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

More serious complaints are shared with medical directors and heads of nursing, with amber 4 and red 5 complaint responses requiring approval from clinical directors before they are sent to complainants.

Action : Use information from complaints to inform mortality reviews in the coming year in line with CQC recommendations

4. 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.

Nationally complaints about NHS care decreased by 1.4per cent, UCLH saw an increase of 6.7per cent for 2016 /17 compared to the previous year. However as can be seen from the table below, this figure varied considerably between organisations. Caution needs to be taken when looking solely at the overall number of complaints: as organisations may have improved ways to complain, may have taken over new divisions, departments or organisations or just increased activity.

Table 3 : Comparison of UCLH complaints to other key London trusts and members of the Shelford Group for 2016/17 using K041 data :

	complaints 2016	complaints 2017	Trend	Resolved in 2016/17
Birmingham	680	779	↑14.5per cent	738
BARTS health	1396	2206	↑58per cent	1770
Cambridge	519	503	↓0.3per cent	346
Chelsea & Westminster	344	628	↑83per cent	455
Central Manchester	1152	1026	↓10.9per cent	1227
Frimley Park	772	921	↑19per cent	667
Kings	823	1034	↑25.6per cent	754
GSTT	1122	1198	↑6.7per cent	1176
Imperial	1164	1166	↓0.17per cent	1062
Oxford	1047	1093	↑4.39per cent	666
Sheffield	1148	1163	↑1.3per cent	1138
Newcastle	627	541	↓1.4per cent	486
St George's	975	903	↓7.4per cent	934
Royal Free	1440	1545	↑7.3per cent	1113
UCLH	721	769**	↑6.7per cent	725

** Please note this data (above) is submitted at the end of April and is slightly reduced since the data was initially produced for the Trust's main annual report.

From this raw data, although UCLH has seen a significant rise above the national figure, as a Trust it has not seen the very significant rises that other Trusts have noted (25 per cent – 83 per cent). Quite why such wild fluctuations have occurred is not known at this stage but some are likely to be linked to mergers of trusts or transfer of some services.

When the themes that patients complain about is considered then UCLH is better than national and London percentage for six categories including clinical care but worse than National and London for seven, with 5 categories being better than either National or London data but not both.

However there is a problem with this analysis due to the small number of 'other' categories for UCLH 0.6 per cent compared to the national data 5.4 per cent and London 19.9 per cent so this 'other' data could have an effect on any of the subjects if it represents poor data capture.

Areas that UCLH remains a negative outlier for are often administrative in nature rather than clinical treatment or care : eg) admissions and discharges at 8 per cent (possibly linked to the number of transport related complaints for Q3 and Q4, trust administration (3.8 per cent), which would also see a large number of transport related complaints due to some of the sub categories in this section. Sadly values and behaviours (13.6 per cent) remains higher than national or London datasets but has improved slightly when compared to previous years. Further data is being sought from Shelford colleagues to understand this variation better.

Table 4: Comparison of all subjects within a complaint as a percentage of the total Subjects for that organisation / area

	National	London	UCLH
Clinical Treatment	26.7	24.6	17.7
Patient care	11.4	4.2	5.8
other	5.4	19.9	0.6
access	3.7	8.4	2.4
Admissions / discharges	5	1.5	8
appointments	6.1	6.7	7
Commissioning	1.9	0.2	0.1
Communication	14.7	11.5	27
consent	0.3	1.8	1.3
EOL	0.6	0.5	0.35
Facilities	1.7	0.4	2.3
Integration	0.9	0.3	0.15
privacy	2	0.8	2.1
restraint	0.1	0.2	0.15
Staffing	0.4	1.4	1.2
Trust admin	1.9	0.2	3.8
Values & behaviours	10.1	10.7	13.6
Waiting	2.2	5.4	3.2

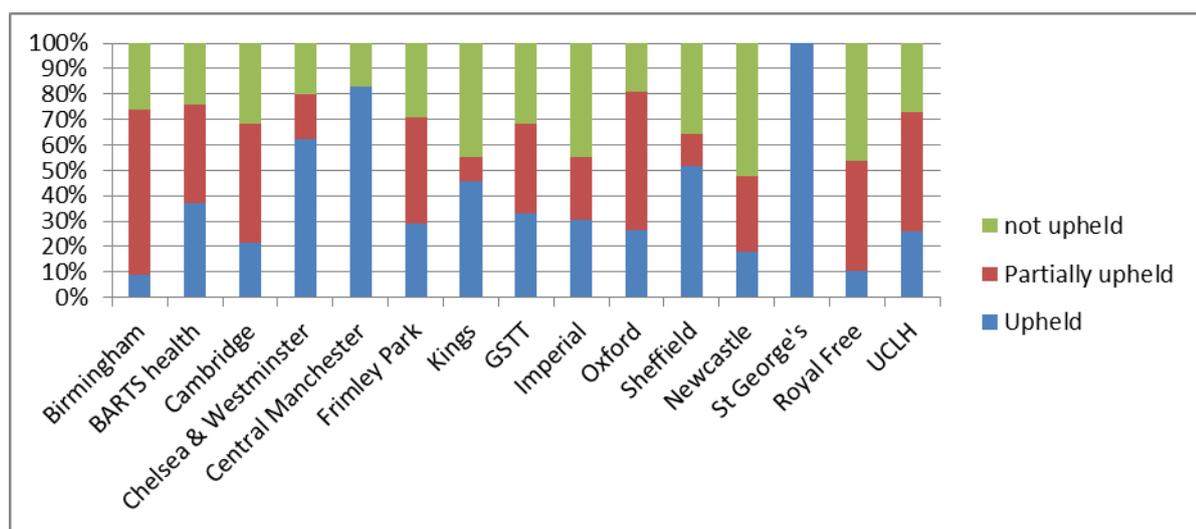
Table 5: Upheld status after investigation

	2016/17	per cent	2015/16	per cent
Not Upheld	204	27.5	184	25.4
Partially Upheld	350	47.2	308	42.6
Upheld	187	25.3	232	32
Totals:	741		723	

There remains considerable variance for this figure as can be seen from the figure overleaf, e.g.) St George’s NHS University Hospitals NHS Foundation Trust upholds 100 per cent of all complaints it investigates, whilst University Hospitals Birmingham NHS Foundation Trust upheld about 10 per cent however this data was felt on review to be inaccurate as it did not add up to the number of cases resolved.

UCLH upholds or partially upholds about 75 per cent of all complaints. Most trusts will be in the range of 60-80 percent for this with Royal Free NHS Foundation Trust, Newcastle Hospitals NHS Foundation Trust and Imperial College Healthcare NHS Foundation Trust being lower at 40-50 per cent upheld of partially upheld. This categorisation clearly remains subjective and should be based on the overall complaint not the main or most significant element to it.

Figure 6 : Comparison of Percentage of Upheld, partially upheld and not Upheld for 2016/17



5. SUBJECT ANALYSIS AND KEY THEMES

Whilst it is possible to make a direct comparison with last year’s data, due to National changes made in complaint classification in 2015 it is not possible to directly compare the trend over a longer time.

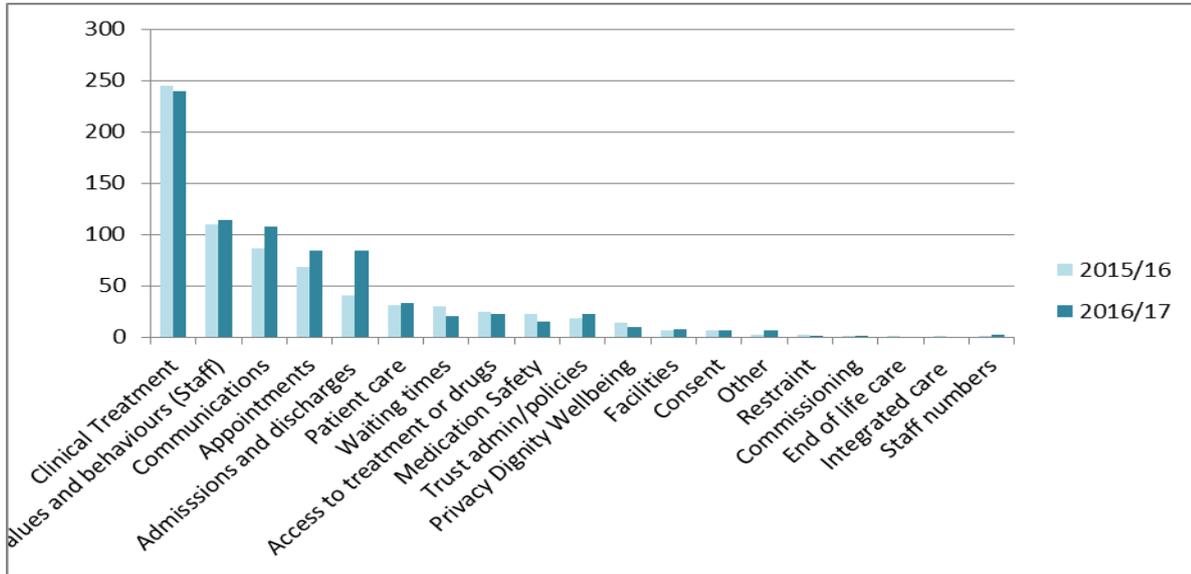
For example whilst clinical care had previously been one category it now falls within a number of main subjects and spans a number of staff groups:

- Clinical treatment
- Patient Care
- Prescribing (medication safety)

- Values and behaviours
- Privacy and dignity

Therefore whilst clinical treatment is the main reason for a complaint, when all of the sub subjects are considered communication becomes the main topic (see fig 7 overleaf)

Fig 7: Main subjects featured in complaints to UCLH



From 2015 /16 more than one subject is logged and reported per complaint, therefore when all subjects and sub subjects are considered then the key subjects for 2016 /17 are illustrated overleaf, communication becomes the root cause of most complaints.

Fig 8: ALL Subjects within complaints

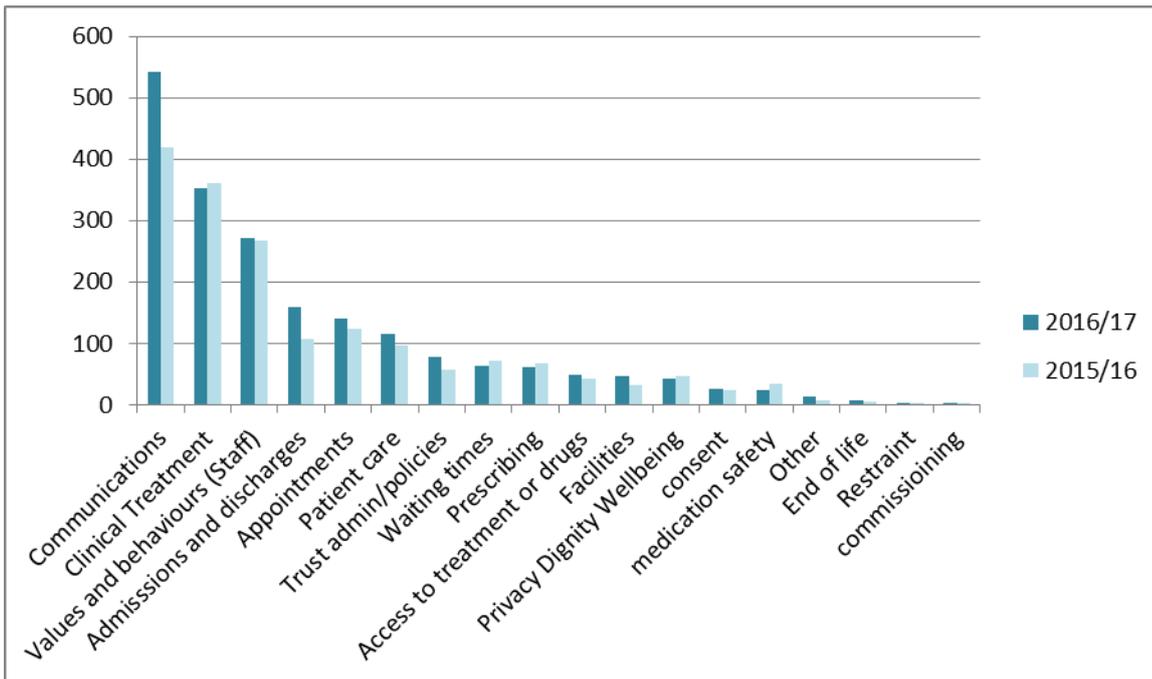
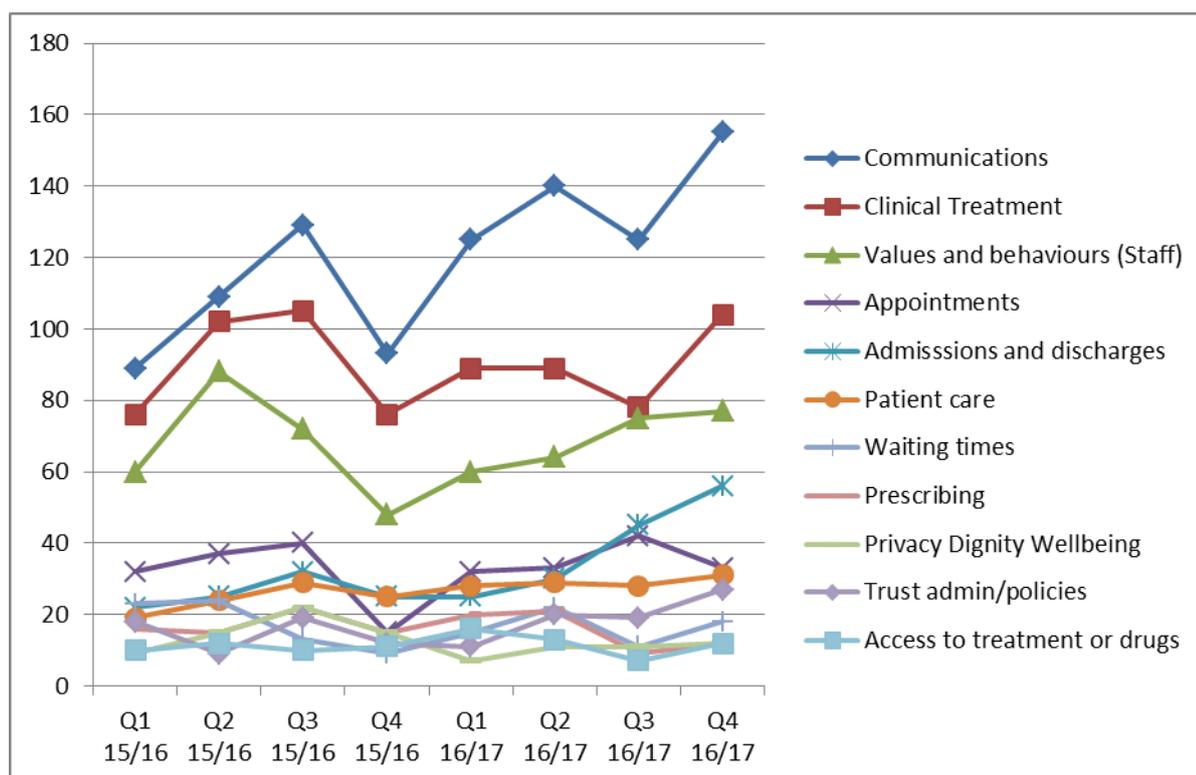


Fig 9: Top '10' subjects when all components of the complaint are considered

Trends are monitored by the central complaints team and discussed at CMG. When numbers or types of complaints change significantly over time, the division is asked to account for the variation. As has already been discussed, Clinical Support management were asked to attend IEG when a sudden increase in contacts was noted in Q3 Q4 in relation to transport issues, these fall under both admission and discharge arrangements and trust policy and procedure as subjects.

We were very concerned to see this increase, which included some very poor patient experiences. This was linked to the new transport provider taking longer than expected to deliver the full service to the quality we required. We are working closely with them to improve the quality of this service. Measures already taken have included working with clinical areas to reduce transport bookings at short notice. The transport team has also been proactive in talking to patients who have had problems and ensuring future travel plans have been checked to avoid similar problems occurring. This is being monitored closely.

Access to services has been included as an eleventh subject as an upward trend in accessing British Sign Language interpretation has been noted in Quarter 4 and is currently being monitored by the IEG.

When all subjects are considered medication issues have reduced for this year and this may be linked to the introduction of electronic prescribing and a focus on reducing dose omissions as a quality initiative. It should be noted that some additional categories have been added to this dataset on request of the Trust's Medication Safety Committee.

COMMUNICATION

It is disappointing to see communication issues continue to rise but further analysis shows that many of these complaints are linked to the administration of appointments, such as short notice cancellations., This situation is then not helped when patients cannot access the phone numbers provided on the appointment letters. A deep dive of issues linked to this from complaints and PALS

cases was taken to the Improving Experience Committee and has been sent to the Improving Access patient team for developing an improvement strategy.

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

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

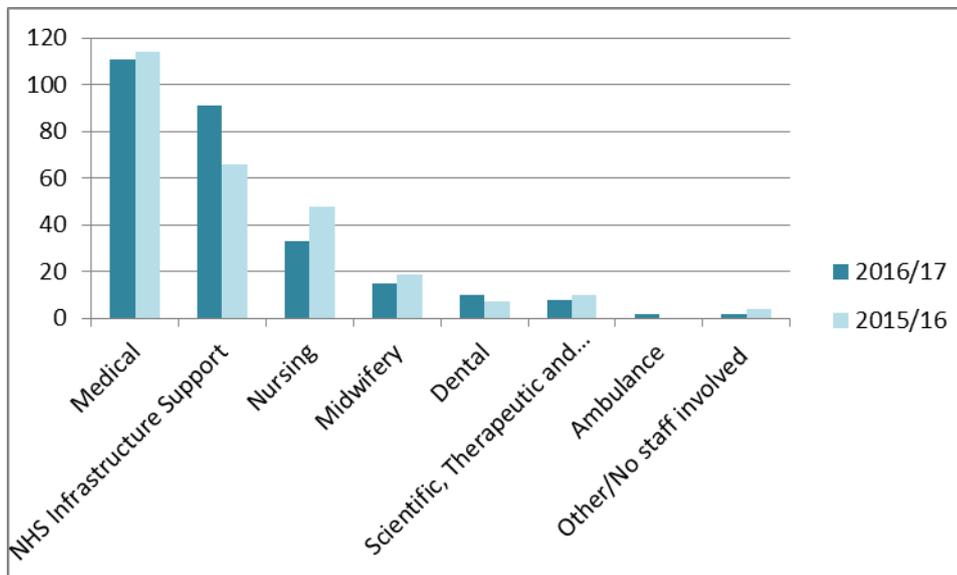
End of year national data shows that whilst UCLH has less clinical complaints than many organisations, complaints about communication and values and behaviours account for more complaints when compared with national figures. It is not clear if this is because of the way that data is captured as UCLH does not cap the number of subjects recorded for any complaint and further work is required to understand whether the communication issues we record are recorded as administrative issues by other organisations

Action: Discussion with Shelford managers about how subjects are categorised. With benchmarking planned against communication, values and behaviours and administration categories

VALUES AND BEHAVIOURS

Generally there has been an improvement across professional groups but an increase is noted for non-clinical staff. A focus on administration staff is planned for 2017/18

Fig 10: Value and behaviour complaints by staff group



What does further analysis of complaints at UCLH tell us?

There is an improvement in the number of complaints mentioning clinical staff for 2016/17 but work is ongoing. We know from many complainants that they have received care and support from the majority of staff, with many staff being singled out for particular praise but that single experiences may be the trigger for the complaint due to the distress caused by individual staff members.

Complaints about attitude or behaviours can be 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 but it is concerning that there has not been more improvement in complaints about this topic.

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 that care from other staff has been very good.

Action: End of year data will be shared with site groups and improving experience group to consider further actions

A compliments category will be added to Datix to capture any positive feedback.

Contributory Factors from Value and Behavioural 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 areas eg) desk location does not facilitate eye contact at reception
- Other environmental factors – department lay out etc.
- Lack of rooms for private discussions in some areas
- 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 or triage
- Not being able to contact staff– 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.
- However some patients do expect an immediate email response and are not aware that staff are not office based and usually require three days or more to respond
- Being given a complaint leaflet rather than giving the patient time and escalating their concerns

Actions: These themes have been shared during teaching sessions and via periodic reports to the Trust

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

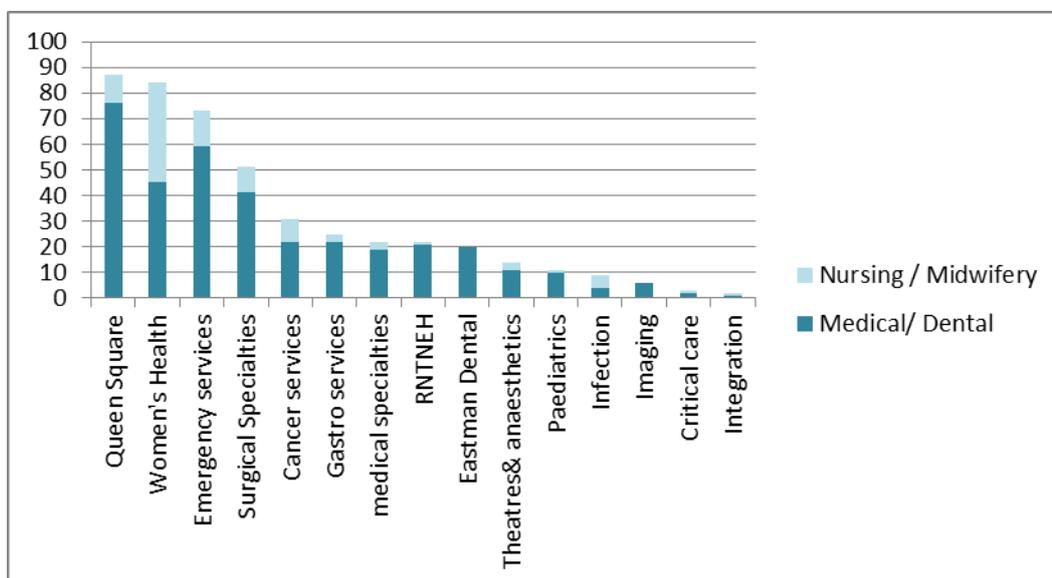
development and leadership programmes. New recruits have to complete and pass a values based assessment before they are allowed to apply for a post at UCLH. Existing staff have an annual appraisal in which they consider their performance against the trust values of kindness, teamwork, safety and improving

Several caveats need to be applied to this data - more sub subjects about values and behaviours 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.

CLINICAL TREATMENT AND PATIENT CARE

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 and this usually resolved the concern.

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

Clinical themes: Medical staff

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. Communication is the main subject for complaint when all subjects are considered, with many patients being upset by the manner in which they have been

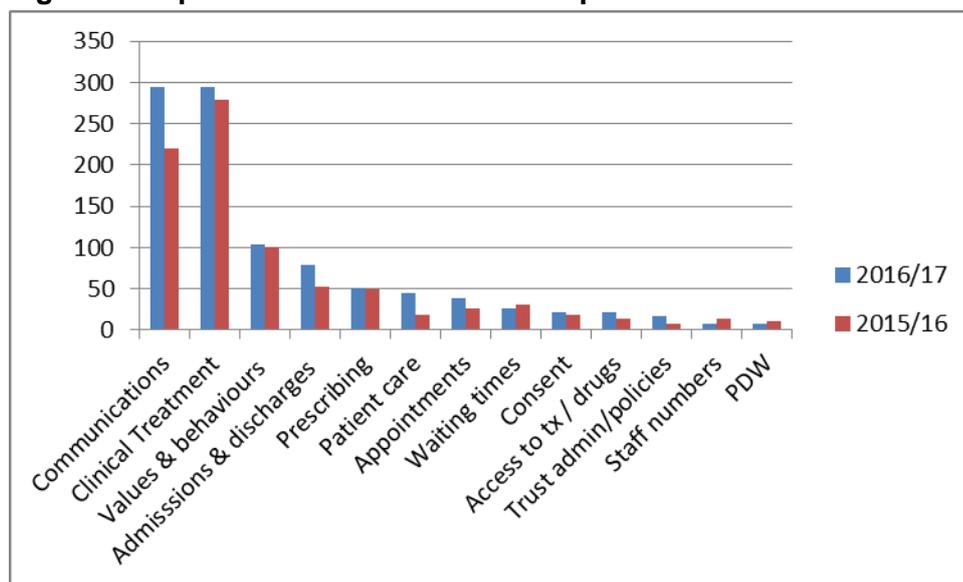
spoken to. Complaints may be about conflicting information or insufficient information from medical (and other) staff.

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.

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

Fig 12: Comparison of Medical Staff complaints



Although there is a slight reduction in complaints about clinical care for this year, medical complaints have not shown the same reduction in numbers that nursing has seen. A review of the data shows some of this may be linked to coding but further analysis is recommended.

Action: Further analysis of medical complaints is recommended to inform actions for improvement

Mechanisms for sharing medical complaint review should be established as per nursing and midwifery

Clinical: 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. A six monthly review of complaints is shared with the Trust’s Nursing and Midwifery Board.

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 theme. Patients often feel vulnerable at night and when staff are not supportive these are fed back to the matrons for the area. Agency / Bank staff may be perceived to be less caring / knowledgeable and recruitment has focussed on replacing temporary staff with permanent trust employees.

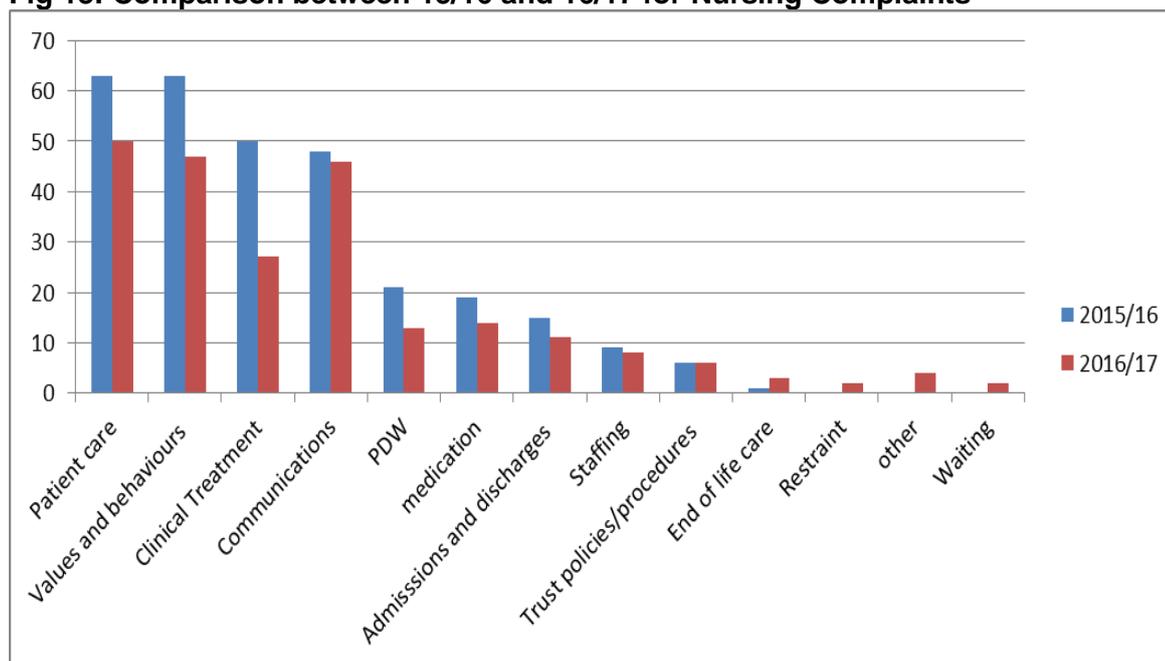
Table 6: Number of Complaints in which Nursing features Trend Over time

	All complaints	Nursing Complaints	Percentage
Q1 15 16	171	30	17.5 per cent
Q2 15 16	205	48	23.4 per cent
Q3 15 16	197	41	20.8 per cent
Q4 15 16	139	32	23 per cent
Q1 16 17	184	32	17.4 per cent
Q2 16 17	183	32	17.5 per cent
Q3 16 17	180	22	12.2 per cent
Q4 16 17	225	26	11.6 per cent

Complaints featuring nursing are reducing over time at a time when the number of complaints UCLH received increased by 8 percent for 2016/17 compared to the previous year.

When the complaints are reviewed for topics there is also a reduction for each of the top 8 subjects for nursing complaints for 2016/17 compared to 2015/16.

Fig 13: Comparison between 15/16 and 16/17 for Nursing Complaints



In 2015/16 patient survey data suggested a problem with care at night, on review it was found that patients were likely to be disturbed by other patients as well as experience concerns about reduced care and support. In 2016/17 there was a reduction in complaints about care at night for both midwifery and nursing. With five complaints for nursing in 2017 compared to 12 for the year before and two complaints about midwifery support at night compared to five for the previous year

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 2016 /17 two complaints featured falls and both had been reported as incidents at the time. This is the same as 2015/16 but remains below the six reported in 2013/14.

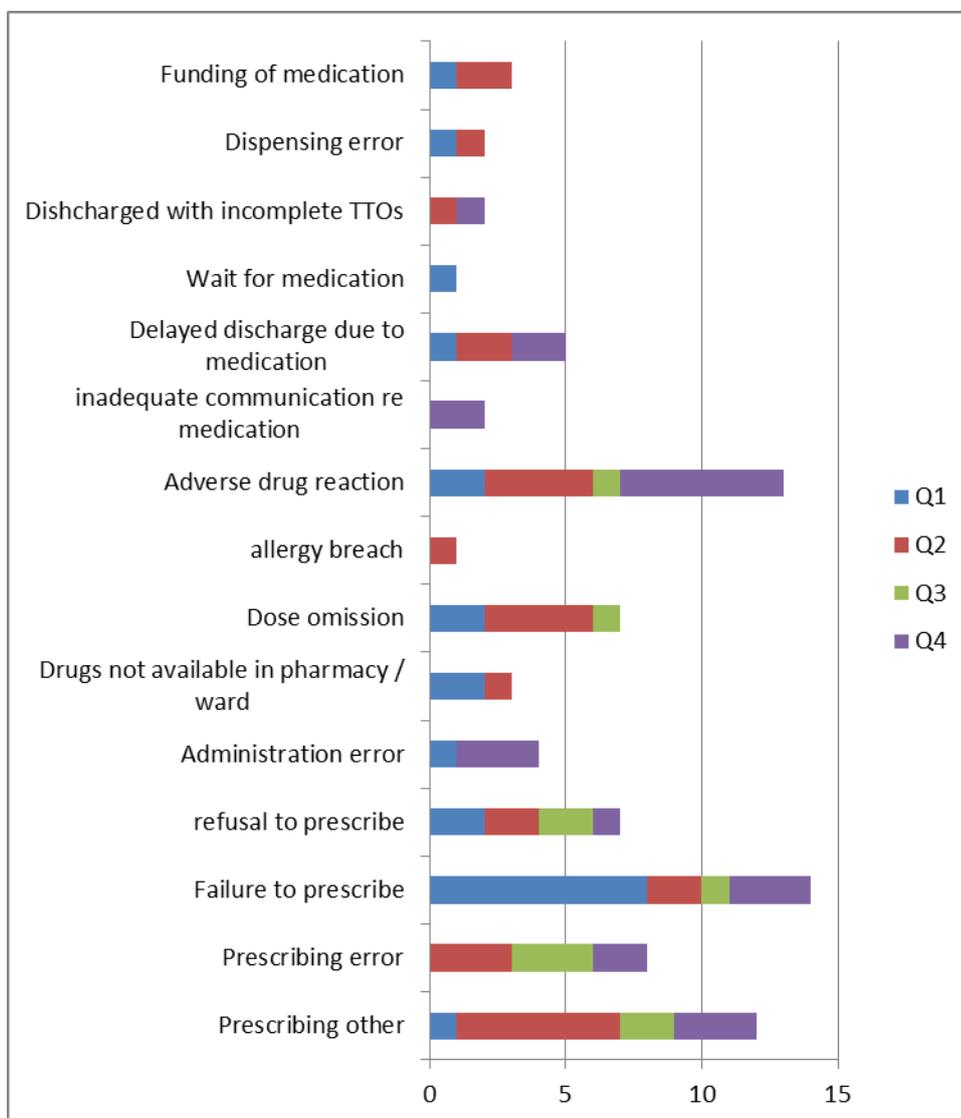
Pressure ulcers – any complaints featuring these are shared with the tissue viability team. There were no complaints about pressure ulcers in 2016/17 but advice was sought regarding wounds for two complainants, there was one complaint about an acquired pressure ulcer in 2015/16 but this related to care given in the previous year, there were no complaints received in 2014/15 about pressure ulcers compared to two for 2013/14

Medication safety - a quarterly report is shared with the Trust medication safety committee and data triangulated with clinical incident reports. These complaints can be linked to medical, nursing or pharmacy staff.

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. There has been a reduction in complaints about dose omissions since this system was introduced.

Fig 14: Medication Related complaints 2016/17



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 2016/17 several wards have used a complaint as part of their ward development programme and a section on dealing with concerns and complaint handling is planned for the senior staff nurse development programme in April and July 2017.

When complaints are received teams utilise safety huddles to address immediate actions following complaints and more significant learning is discussed at local governance meetings

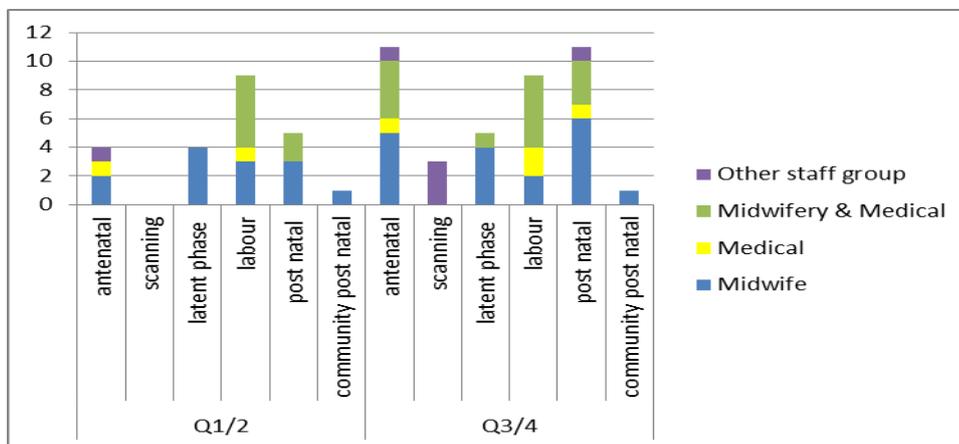
Clinical cases studies have also been used for junior doctor training or discussion at local governance groups eg) unusual / atypical presentations, X-ray review and teaching

Where a lack or conflicting information about a procedure or 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 reviewed. Examples for this year include: cystoscopy leaflets and blood test location maps

Maternity Complaints

Complaints for Women’s health services increased slightly for this year, therefore further review of these have been carried out by Maternity Services and the complaint manager to identify themes and develop improvement plans.

Fig 15: Maternity and Obstetric related care complaints



Ante Natal Care

The department has seen an increase in complaints for the year especially in Quarter 3. On review this is largely tied to long waits in clinic and a lack of continuity in midwifery leading to complaints as women are concerned that this will be the pattern for their pregnancy. Some women have had a poor experience with phlebotomy and getting test results in a timely manner. The ante natal matron and complaints officer shared the numbers and themes from complaints in a team meeting

Actions taken locally: These themes were brought to the Women’s Health Operational Group to ensure learning took place and that solutions were sought to improve these aspects.

Latent phase: A working group has been formed to work towards bringing about an

improvement in the experience of women in latent phase of labour. The group is focusing on 4 key areas:

- Telephone communication before admission (telephone triage)
- Communication of the diagnosis of latent phase with the woman and her family
- The use of oramorph as pain relief
- The option and place of admission

Waiting time: The diabetes clinic has emerged as the main source of complaints relating to waiting time. The following areas have been addressed through the outpatients programs of care working group.

- The patient pathway
- The number of clinics on a single day, with potential extension to a different day
- The role of music; which has been introduced in the waiting area.

Values and Behaviours: The maternal and fetal assessment unit is also working with the patient experience group to towards the "Always Event".

Care during Labour

Birth reflection meetings (midwife and obstetric) are available and occurs weekly. These after-birth reflections play a vital role in supporting women through difficult birth experiences and provide the opportunity to plan appropriately for subsequent pregnancies. There was a small cluster of complaints from partners in Q3 Q4, who did not seem prepared for the fact that their partners would be in a bay with other women. There was also a backlog in duty of candour letters which left some women confused about what to expect in relation to the review of their care. Some complaints were received connected to delay in communications about process. The backlog has now been addressed as the safety team has been strengthened with the appointment of a Risk Management midwife, who is supported by a Safety Midwife. The number of complaints remains steady.

Pain control – after seeing a reduction in complaints about delays awaiting epidurals during labour, this is slightly higher for this year and should be monitored. However the overall number of complaints about pain control is stable with 11 for 15/16 and 12 for 16/17. This is against activity of 6753 births (Apr 16 – Mar 17). This may also be linked to care being provided whilst awaiting a definitive bed and the senior midwifery team have reiterated that midwife led analgesia can be provided in any location.

Post Natal Care

In a report to NMB in 2014 complaints about midwifery care and support were largely connected to post natal care. Women's Health took this on board, arranged rotations for staff, focused on team and individual development and this had an impact in 2015/16. The role of the breastfeeding coordinator was strengthened and more training in this area was provided. Breast feeding complaints have reduced further from 5 in 2015/16 to 2 in 2016/17. However the overall number of post natal complaints increased in the latter part of the year. This appears to be linked to a mismatch between the amount of support expected by the women and that provided, with an increase in complaints noted about discharges being 'rushed'. This may be connected to the increasing demand on the service and an increase in activity year on year.

6. 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 response times:

The trust met 75 percent of agreed response times in 2016/17, although this is an improvement compared to 72 percent in 2015/16 it is short of the 85 percent Trust target. The table on page 2 demonstrates that this has deteriorated overtime. It should be noted that performance does vary, and this is reported monthly via the quality scorecard. Some divisions consistently meet their targets and keep the complainants updated. Longest delays tend to occur with complex clinical complaints. Queen Square have reviewed their local coordination of investigations and focussed on improving response times and have recently met 100 percent of response times

Action: Divisions that are not meeting response deadlines have been asked to review their local complaint handling processes and develop an action plan.

Quality checks by the division and the central complaint team and an improvement in the quality of initial responses to complainants has reduced the number of complainants sending further concerns following their complaint response (8.5 percent for 2016/17 compared to 10 percent in 2015/16).

Re contacts from complainants are now scrutinised more carefully, and direction is provided by the central complaint team to divisions on the areas to respond to. If there is nothing more to add (such as further response or meeting) then a letter explaining that local resolution has concluded and information about contacting the Ombudsman is provided following feedback that as an organisation we sometimes took too long to close the local process.

Compliance with Complaint Process

In 2016 /17 Complaint Handling was audited by internal audit at UCLH They found that the complaint policy was easy to read and explained staff roles in the process. They also identified room for improvement:

- That response times could be improved
- That patients needed to be kept more informed about the progress of their complaint, divisions were not always making telephone calls to complainants and did not always let them know when there had been a delay in investigating their complaint.
- They noted improvements to training staff in handling complaints had been made but asked us to consider if this training should become mandatory for some groups.
- They also noted that although there was evidence of lessons being learnt and actions to improve patient experience being taken after complaint investigations this could be strengthened further.

Actions : An action plan has been developed in conjunction with divisions and clinical boards

Learning and sharing learning from complaints

There is a great deal to be learned when patients or their relatives raise concerns. We use our monthly quality and safety bulletin to highlight and share that learning widely across our hospitals. We tell staff what needs to be done to prevent the concern recurring.

A complaint was received from patients' next of kin about the death of their relative following discharge from the emergency department.

Action: This was thoroughly investigated and as a result we reminded staff they should be aware that if a patient dies on UCLH premises after recent discharge from (any) hospital the death must be referred to the coroner. We asked divisions to reinforce with staff that referrals of a death to the coroner are the responsibility of the treating clinician, and should be done by an appropriate clinician on the ward where the patient died. We provided a reminder of when a referral should be made. This includes when there are other concerning features that need to be explained to the coroner and could include where the patient was discharged from hospital and died unexpectedly soon after the discharge or if family raise concerns about care. We reminded staff that if they are unsure about whether to make a referral to the Coroner, it is recommended they discuss the matter with their clinical lead.

We received a couple of complaints in the Cancer division in which a chaperone had not been offered

Action: We have produced a policy for staff on chaperoning. The policy requires clinical staff to explain the nature of any examinations at the earliest point possible in the consultation, ensure that patients are offered a chaperone, document the choice to have/not have a chaperone made by the patient and highlight any difficulties in obtaining a chaperone to the nurse in charge /matron/manager. In the UCH Macmillan Cancer Centre stamps for the clinical notes have been made available to make this easier for staff.

A patient with a learning disability complained that the complaint response from UCLH was difficult to read and 'inaccessible'.

Action: We now offer an 'Easy to Read' version of the complaint response to patients with a learning disability. Our clinical nurse specialist for patients with a learning disability provides support with the production of Easy Read documents for complaint responses. We offer help for staff communicating with patients with a learning disabilities on the UCLH intranet.

When care does not meet our expected standards.

One complaint highlighted the importance of team working and good communication and the importance of risk assessment and escalation. An elderly patient was admitted with a history of Alzheimer's and falls resulting in a fracture. He was transferred a number of times and was primarily being cared for as an 'outlier'. The patient's next of kin complained about the overall lack of care and support for him, poor pain control and weight loss during his time in hospital and about arrangements for discharge. Although the nursing staff had risk assessed the patient as high risk for nutritional problems, this was not reassessed or escalated to the nurse in charge or the dieticians in a timely manner, and there was also lack of recognition of his ongoing reduced food intake.

Action: When this was noted, escalated and a multi-disciplinary approach used, with dietician involvement, medical staff prescribing supplements, nurses encouraging the patient and family to try small amounts often, the weight loss stabilised.

This is an unusual complaint that demonstrates many risk factors / red flags that feature in the lead up to patient incidents or complaints. We reinforced with staff that they need to pay extra attention to counter the risk when they recognise multiple 'red flags'/ risks.

RED FLAGS	Patient Factors	Care delivery factors
	<ul style="list-style-type: none"> ➤ Elderly ➤ Cognitive impairment ➤ Few visitors 	<ul style="list-style-type: none"> ➤ 'Outlying' on a ward ➤ Multiple transfers ➤ Lack of escalation ➤ Discharge planning did not start on admission ➤ Lack of continuity of staff

We are introducing 'nutrition buddies' to each ward and a nutrition Darzi fellow is in post who has objectives connected to the nutrition screening tool assessments and ensuring patients are accurately assessed on admission, transfer and when their condition changes.

Being open when things go wrong – getting it right for patients. We shared the following messages to encourage staff in being open and honest in letters and in having difficult conversations with patients/families. They appreciate openness and transparency and this may reduce distress and anxiety when there is moderate or severe harm.

During a serious incident investigation meeting with the family concerned, under the duty of candour the patient's father said that "he was surprised to hear the trust being so honest about the mistakes that had been made, this is not what they had expected and he was grateful that there was no attempt to sweep these issues under the carpet."

A complainant fed back to the complaints team: "how pleased he was with the response he just received from the chief executive, with a letter. He said he was surprised that the investigation was very thorough and with the outcome. He said he has nothing but praise."

A complainants' feedback to the divisional manager: "Mxxx welcomed the opportunity to explain to you about the events of 19th November. We both appreciated the care and attention that has been shown in response to our complaint."

Early Response to patient worries: We encourage staff to intervene early with a 'phone call if a patient needs more information, or has concerns. The complaints team shared this example of a patients' response when the division responded quickly to her concerns with a 'phone call.

" ,I did receive a phone call last night from a senior member of staff from endoscopy which I'm very thankful for, I was able to explain the issues that occurred during my test which was all I needed to do, so it can help with further treatment. I really appreciate everything that you and the senior member of staff from the endoscopy department have done for me, thank you so much. Kind regards".

This may have averted a formal complaint.

A relative bringing a patient with a disability to the hospital complained about disabled parking availability.

Blue badge holders wishing to park on the UCLH site must have a dispensation notice. We changed the rules to enable patients with a disability to obtain a dispensation notice before coming to the hospital. Previously, they would have to make three journeys from their car to the hospital - one to get a notice from reception staff, one to park their car and one to go back to the hospital. Now, visitors with a disability can simply park and get to their appointment. We also now employ parking attendants to ensure that disabled spaces at the hospital are used correctly at all times.

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 outpatient appointments at UCLH, these issues continue to be raised. At the time of this report the national figure for complaints linked to appointments is 6 percent compared to UCLH 7 percent.

Action : Further work is planned with the access and 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

A patient with a rare condition had a number of problems with nurses and doctors during their care pathway

The matron met with the patient and apologised and explained how they had fed back her experience through a series of safety huddles on the ward, and presented an anonymised (confidential) version of her pathway and experience at the local governance group, so that the whole team became aware of the impact on the patient. Formal educational sessions on the patient's rare condition were also arranged for key medical and nursing staff so that future patients would not have the same experience.

The patient was very happy with this resolution.”

7. REFERRALS TO THE PARLIAMENTARY HEALTH SERVICE OMBUDSMAN (PHSO)

The Parliamentary and Health Service Ombudsman (PHSO) is a free and impartial organisation that makes final decisions on complaints that have not been resolved by the NHS in England and UK governments and other public organisations. They receive 8000 complaints a year and go on to investigate about 50 percent (but will ask for medical records and complaint files on many more.) They will not usually investigate unless the organisation has completed their own investigation. In deciding to investigate they will consider:

- Whether the person been personally affected
- Whether they complained to the PHSO (or MP) within a year of the matter becoming known**
- Whether they have or has the option of a legal route**
- Whether there are signs that the organisation potentially got things wrong that has had a negative effect on the complainant that has not been put right.

Overall the PHSO upholds or partially upholds approx. 37 percent of the cases it investigates nationally, and finds that in:

- 1 in 5 of the complaints are due to poor communication
- 1 in 4 show failures in decision making
- 1 in 5 the organisation has arrived at the wrong conclusion or used incorrect guidance

The PHSO periodically releases papers, to try to share learning across the NHS. In 2016 they reviewed complaints across the NHS linked to serious harm / death. Key findings were inconsistency in quality of investigation with many cases not reported as a serious incident.

UCLH reviews all complaints it receives against incidents that have been reported and considers serious incident reporting criteria, using safety huddles or 72 hour reviews. In line with national guidance on mortality governance we have made learning from deaths a quality priority for 2016-

17. Complaints received raising concerns about deaths will be screened and will feed into this process.

Complaints to the Parliamentary and Health Service Ombudsman

In 2016/17 there were 96* contacts by patients or their relatives with the PHSO. Most of these were considered premature by the PHSO; the complainant had either not made a complaint to us or their concerns were still under investigation. This is a slight increase on the previous year (91 for 2015/6). Of the 96 contacts received by the PHSO, 30 were then investigated, compared to 24 in the previous year, an increase of 25 per cent. This data was based on the data that had been provided to the Trust over the year, however these figures changed when the PHSO provided their working data to us in June.

Over the past year, 12 PHSO investigations (some relating to previous years) were partially upheld (partly agreed), with the outcome being an apology, an action plan to rectify the failures that were identified and in some cases a financial settlement. Sixteen cases remain open from 2015/16 and one from 2014/15 at the time of this report. This makes analysis of the data challenging

If the PHSO 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.

Table 7: PHSO cases Comparison across Shelford Groups

	Trust complaints 2016/17	PHSO referral	Cases accepted	Cases closed	Upheld	Partially upheld	Not upheld	Percentage upheld/ partly upheld**
Birmingham	779	64	17 (2.3per cent)	27	0	12	14	45 per cent
GSTT	1198	66	9 (0.8per cent)	19	0	3	16	16 per cent
Cambridge	503	28	3 (0.5per cent)	8	1	2	5	38 per cent
Imperial	1166	72	14 (1.2per cent)	22	2	7	12	41 per cent
Newcastle	541	55	19 (3.5per cent)	24	1	11	11	50 per cent
Central Manchester	1026	69	17 (1.7per cent)	32	3	7	18	31per cent
Oxford	1093	27	12 (1.1per cent)	20	2	7	9	45 per cent
Kings	1034	84	17 (1.6per cent)	29	2	10	10	41 per cent
UCLH	769	64	16 (2.1per cent)	24	2	10	7	50 per cent

*** although cases may not be closed in the same year, this is the easiest way to try to compare organisations given the limited data available but does not reflect a true percentage.*

It is difficult to analyse any Ombudsman data until the PHSO releases its official figures due to the number of premature or repeat cases and our local data is therefore never the same as that which

the PHSO holds, as they will count repeat contacts as 'new' cases whilst we would consider it the same patient / case if it relates to the same complaint. The data has been shared with the Shelford group by the Ombudsman as the official data is still not ready for release. This shows that between 16 – 50 percent of cases that were accepted by the PHSO and closed in 2016/17 were upheld for this particular group of hospitals.

Why has there been an increase in partially upheld cases, and is this a concern?

There was a backlog of PHSO investigations due to the large increase in cases accepted nationally for review since 2013, this meant that UCLH received a large batch of decisions in both 2015/16 and 2016/17 compared to previous years.

There was an overall increase in percentage of cases going to the PHSO compared to complaints received in 2016/17, but this will include cases from earlier years.

The PHSO cases are spread across the organisation and no single area emerges as a concern, but surgical cases are more common than non- surgical ones.

For action: Further exploration of PHSO data with Shelford group and monitoring of trend over coming year

Thematic review of PHSO cases:

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

Main Themes from review of partially upheld complaints by the Ombudsman

- Inadequate communication to patient or relatives (in most cases)
- Inadequate or missing documentation (in some cases)
- Consent process has not included documented risk / benefit or various treatment options including option for no treatment (in some cases)
- Pathway delays (in some cases)
- Inadequate complaint investigation, failure to cover all issues in complaint response (in a few cases)
- Complaint Maladministration (in some cases) – responses took too long and the complainant had not been kept updated

Financial implications: financial redress was recommended in 8 out of the 12 cases partially upheld cases.

Action plans may be requested by the PHSO in response to the outcome of their investigations. It has been challenging to obtain action plans for the PHSO in a timely manner, with updates on completion of the action plans equally challenging to obtain.

Action: Review process for completion of action plans with clinical boards taking more responsibility in developing and tracking completion of these

Actions to reduce complaint maladministration findings:

Complaints team: To Provide training on complaint handling

Divisions: to ensure sufficient staff are trained in investigating and responding to complaints

Both: Consider ways to improve response times

Examples of Learning from Ombudsman's cases

A patient complained to the ombudsman about the results given to them by UCLH, when a different diagnosis was made overseas

The PHSO investigated and concluded that we had carried out tests recognised in the UK as the gold standard for making a diagnosis and these had been negative. The complaint was therefore not upheld (not agreed).

A relative was unhappy with a number of aspects of their relative's care. UCLH's investigation had already partially upheld their concerns.

The PHSO case looked at the consent process for the complex surgical procedure and recommended a review of some of the pre-operative tests and how these were documented. They also recommended improving written patient information and documentation during ward rounds. The consent process had originally been considered appropriate by UCLH. The overall case was upheld (agreed). A payment was provided to recognise the failures identified and an action plan is being developed. This will also feed into the improvement work on consent planned for next year.

A patient had been referred for a specialist opinion, but the patient was not given a definitive diagnosis

During a series of tests, some incidental findings were noted but the consultant had not recommended following these up with a further referral to another specialist team. This delayed definitive treatment for the patient. The case was subsequently discussed within the medical team and a reminder of the importance in asking the GP to consider further referrals when unexpected results are noted.

Concerns about delay in responding to an infection were raised

Although there were clinical reasons to request more tests prior to an operation, on review it was agreed that antibiotics and surgery should have been considered earlier. The report was shared with the Improving Sepsis team and used to illustrate why the campaign for prompt treatment of infection is important.

A patient was unhappy with the information they had been given prior to surgery.

The PHSO case looked at the consent process for the procedure and recommended an improvement in documenting the discussions and information given prior to consent. They also recommended reviewing written patient information and improving clarity of documentation that this had been supplied. The consent process had originally been considered appropriate by UCLH. The overall case was partially upheld (agreed). A payment was provided to recognise the failures identified and an action plan is being developed. This will also feed into the improvement work on consent planned for next year.

8. COMPLAINT MANAGEMENT AND COMPLIANCE

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. The non-executive director who chairs the patient Experience committee has had regular contact with the complaints manager.

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

External Reports and Visits

The new Ombudsman hopes to visit UCLH in 2017/18. There was no CQC inspection during this calendar year

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 percent reinvestigation/ recontact rate.
- In 2011/12 UCLH continued to have a 10 per cent reinvestigation / recontact rate.
- In 2012/13 UCLH experienced a drop in reinvestigations / recontacts to 7 percent
- In 2013/14 UCLH had a 8 percent reinvestigation / recontact rate
- In 2014/15 UCLH had a 8.5 percent reinvestigation / recontact rate
- In 2015/16 UCLH had an 11percent reinvestigation/ recontact rate
- In 2016/17 this reduced to 8.5 percent

It is hoped that the complaints handling training provided in 2016 /17 has improved the quality of responses provided to complainants but it is not possible to state this for certain. 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 (6) 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

Education and development

The Complaints team have run a series of workshops on handling complaints, with over 100 staff receiving training.

A series of teaching materials have been developed and shared with staff.

Complaints team staff have presented at audit days at Queen square, Eastman Dental and RNTNE in 2016/17 with over 300 staff attending these sessions

The complaints team have also had input into the Senior Staff Nurse Development programme with sessions on dealing with concerns effectively and handling more formal complaints.

Action: To review if complaint training should become mandatory for some staff
To provide further educational sessions on responding to concerns and 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.

7000 complaint leaflets were distributed in 2016/17 across the trust. More complaints and contacts were received in 2016/17

The Trust website has an on line complaints form. The complaints team assist patients in making a complaint and provide advocacy details when additional support is required

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.

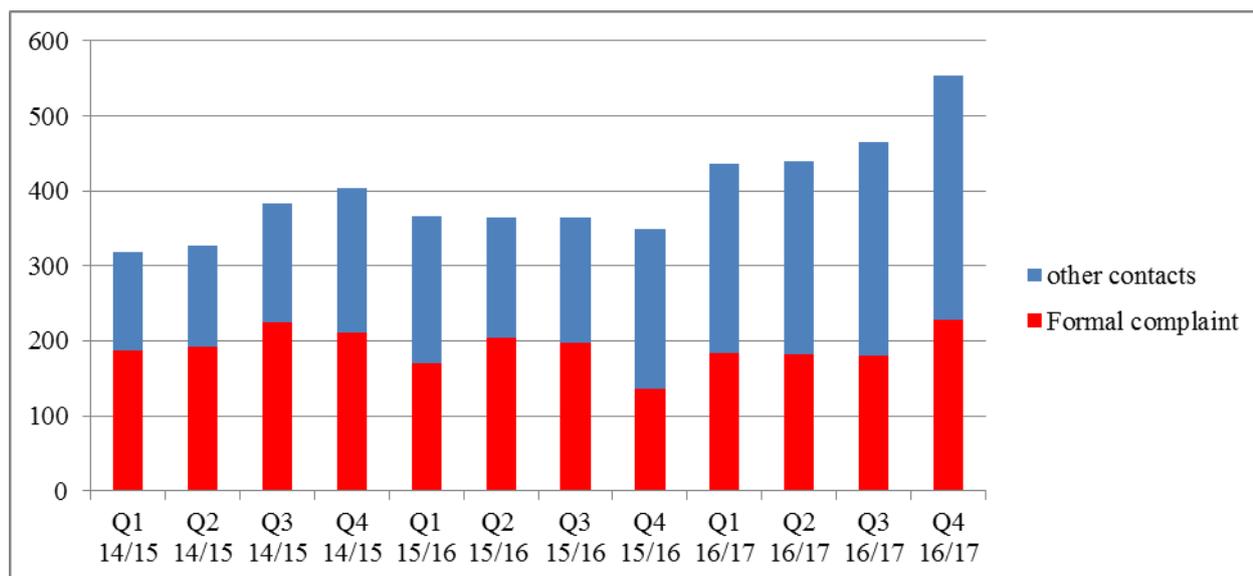
In 2013/14 a welcome pack was introduced for all patients undergoing an elective admission. This contained a section on how to raise a concern or make a formal complaint.

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 and the complaints team work with divisions to ensure any matter that is raised is reviewed to see if prompt actions can resolve any concern without it needing to become a formal complaint

Fig 16: All Contacts to complaints department



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 2016/17 the Trust received 17 complaints which required co-operation with another organisation. This is a reduction from 35 for 2015/16, 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

Audit of Complaint Process

Internal auditors looked at the complaints process this year. The audit found ‘significant assurance with minor improvement opportunities’. It highlighted that there were processes for learning lessons in place at divisional and trust-wide level. For example, the quality and safety bulletin was used to share lessons from complaints and good complaints handling practice. Areas for improvement included improving response times and communication with complainants if delay occurred.

Compliance with Complaint Process:

a) acknowledging a complaint

KPMG conducted an audit in 2016/17 that showed most contacts were acknowledged within 3 days, but that sometimes more information was needed before investigations could take place.

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 8: response times

	Response within 25 working days or negotiated target	Comments
2016/17	75 per cent	Slight improvement in performance but not meeting target
2015/16	72 per cent	Deterioration in performance
2014/15	73 per cent	Deterioration in performance
2012/13	84 per cent	Marginal deterioration in performance
2011/12	85 per cent	Slight improvement in performance
2011/10	81 per cent	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 and then medical director 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.

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 failure to update the complainant can very distressing and is a common reason for dissatisfaction with the complaint process

Action

Ensure staff agree realistic deadlines for complex complaints when speaking to complainants

Consider experimental performance metric to monitor complaints that take longer than 65 working days

Work with performance and the clinical boards to improve response times 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 complainants were supported in this way by a member of the complaints team in 2016/17, 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 complainants with learning disabilities when they have complained.
- A patient with autism has shared their experiences with the clinical team in a forum led by the Trust's CNS for Learning Disability.
- Complaints responses are translated on request and during 2016/17 only one requests for translation was received and actioned
- All complainants are given information about accessing advocacy services via the complaint leaflet and acknowledgement letters
- Complaints data is found alongside other data within the Trust's Equality and Diversity report and is only summarised briefly in this section to meet NHS Complaint report guidance
- An emerging issue has been identified with the provision of British Sign Language interpreters in Q4 and this is being monitored by the Trust and arrangements are under review to facilitate timely interpreting is available for deaf patients
- Further analysis is provided to the Trust's annual diversity report

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

Fig 17: Complaints By Gender

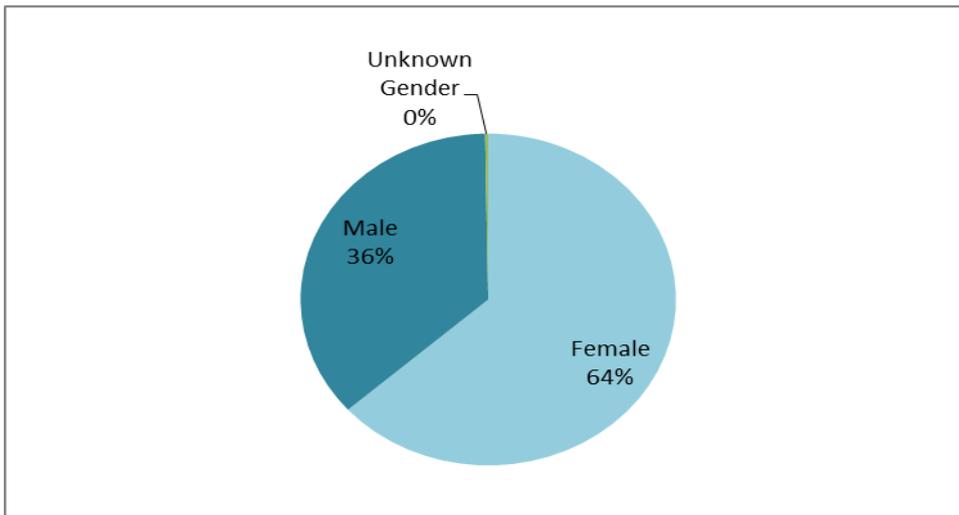
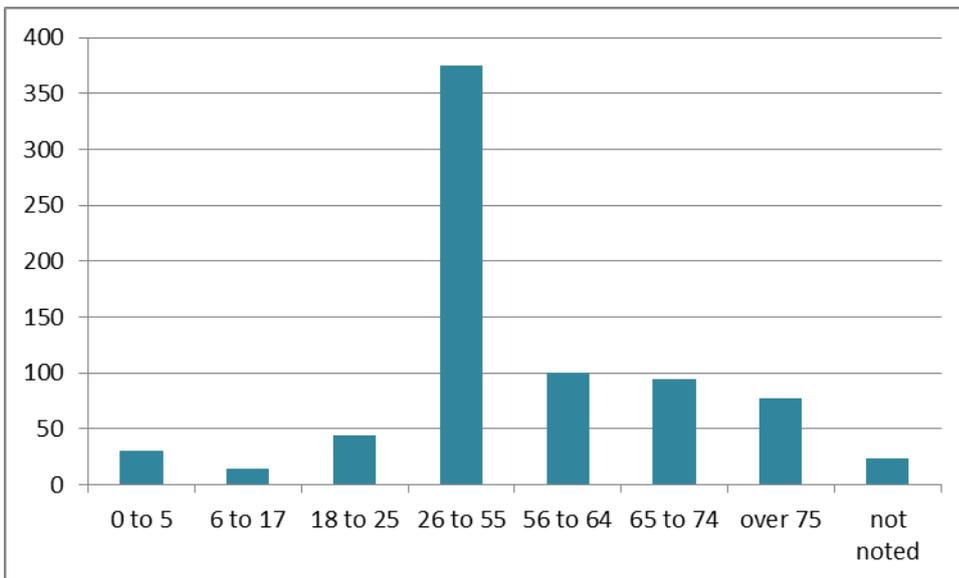


Fig 18: Complainants by Age



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.

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 an increase where no ethnicity data was provided

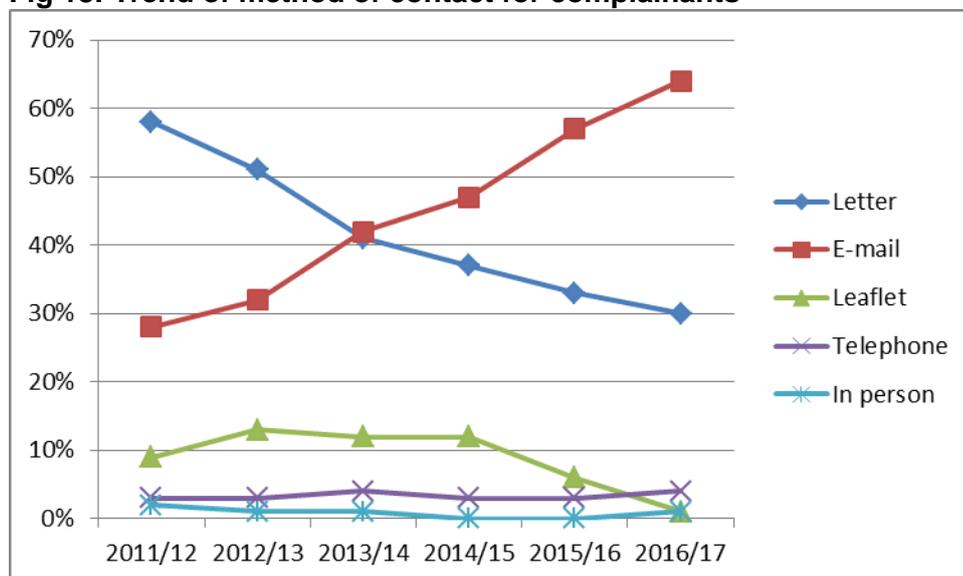
Table 9: Ethnicity of patients as appearing on Carecast

	2016/17
Not stated	331
White - British	255
White - other white	67
Other ethnic category	32
Black African	18
Indian	15
Black Carribean	14
Other Asian	9
White - Irish	6
Bangladeshi	6
Other Black	6
Pakistani	5
Other mixed	<5
Mixed white and black Carribean	<5
Mixed white and black African	<5
Mixed white and Asian	<5
Chinese	<5

Methods of accessing the complaints process

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

Fig 18: Trend of method of contact for complainants



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.

The leaflet in 2016 was changed to be for information only, not to submit their complaint as this was felt to limit space for complainants to describe their experience.

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 2016/17

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

Table 10: Complainant Contact Compliance

	Qtr1 and 2	Qtr 3 and 4
Evidence to support contact call was made within 5 days	30 per cent	40 per cent
Call made but after 5 days	15 per cent	26 per cent
No evidence	45 per cent	20 per cent
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	10 per cent	14 per cent

It was disappointing that there was less evidence on the data base of contacting complainants to discuss their complaint for the year but due to use of temporary staffing in complaints in Q1 and Q2 this may be a data collection issue.. In Q1 and Q2 the complaints team had 6 documented contacts chasing a phone call and in Q3 and Q4 this had increased to 12

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 2016 /17 than last year.

Action:

To amend acknowledgment letter and emails to explain about withheld numbers from trust extensions

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.

To ensure complaint team are capturing data accurately

To revise contact sheet to be more useful to divisions, not just capturing that a call has been made

9. SUMMARY AND CONCLUSIONS

UCLH has noted a 6.7 per cent increase in KO41 reportable complaints, against a backdrop of increased activity but this is above the overall national figure of an increase of 1.8 per cent. Staff try hard to resolve concerns at the earliest opportunity and there has been an increase in the number of contacts to the complaints team that are resolved promptly without the need for investigation. The time taken to respond to some complaints remains too long in some cases. This is supported by the audit of complaints carried out by KPMG in 2017 and action is needed to improve response times within some divisions and boards.

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 2016 /17 and this is supported by the internal audit in Jan – March 2017, which found evidence to support that learning was evident and changes were being implemented as a result of complaints. However opportunities exist to build on this further.

The incidence of reinvestigations and referrals to the PHSO has again increased over the past year, with an increase noted in partially upheld complaints but this remains small when compared to the overall number of complaints investigated by the Trust. This pattern is in line with most of the Shelford Group members but will be monitored in the coming year and those organisations with low PHSO referrals will be approached to see if any learning can be shared.

UCLH receives less clinical and patient care complaints than national figures, and also sees less end of life complaints. However areas for improvement from complaint data are communication, values and behaviours, administration and possibly transport but further analysis and comparison will be sought from Shelford to clarify the sub topics and confirm this is not a data capture issue

REVIEW OF ACTION PLAN FOR 2016 / 17

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

	Action	Leads	Outcome
1	Explore ways to improve response times	DMs , DCDs, clinical boards Performance and Complaints team	<p>The escalation process for overdue complaints was revised. Divisions receive a weekly memo for all complaints due in the coming fortnight and the medical directors and heads of operations were made aware when complaints were significantly overdue.</p> <p>Periodic reports on delayed complaints have been circulated to the Trust.</p> <p>The performance team has monitored compliance with the clinical boards. Improvement was noted at year end (3 percent) but further work is needed to continue with this improvement.</p>
2	Review complaints procedure in line with key reports and any legislative changes in financial year	Complaints manager and other staff as required	There were no significant changes noted in this financial year so no amendments required to UCLH complaints procedure
3	<p>Strengthen learning lessons across whole patient experience</p> <p>e.g.) Use of complaints data alongside other data sets such as clinical incidents and PALS for responsive reports or comparisons against key national reports</p> <p>Consider the development of a patient experience annual report in which complaints will be considered alongside other metrics and data sets.</p>	Head of Quality and Safety, site leads, clinical boards and Complaints manager	<p>This was achieved in a number of ways such as sharing lessons from complaints and Ombudsman cases via the Trust wide quality and safety newsletters. Site improvement groups use complaint data. Quarterly reviews from complaints are shared with some subject matter experts such as end of life, nutrition and medication safety. A six monthly report on issues arising from nursing care complaints is shared with the Chief Nurse and the Nursing and Midwifery Board It was felt on review that patient experience report would remain separate from the complaint report but complaints have been integrated into the quarterly experience report that is shared Trust wide and with commissioners</p>

4	Consider methods to evaluate complaint handling	Complaint manager	This was considered with NHS England and the Shelford group. It was believed that a national questionnaire was going to be launched as per recommendations in the Francis report, this did not happen. A questionnaire was piloted within the Shelford group but this was not successful due to the poor uptake and the difficulty in separating out experience of process from outcome.
5	Improve training materials for staff involved in investigating complaints	Complaint manager	Achieved. Training materials developed and training sessions given to more than 150 senior staff
6	Offer governors and non-executive directors (NEDS) the opportunity to visit the complaint team	Complaint manager	This has been offered. The chairman meets with the complaints manager regularly. The NED who chairs the patient experience committee has met the complaints manager and the chairman, and NEDs continue to review responses on a rotational basis

10: SUMMARY ACTION PLAN FOR 2017 / 18

	Action	Leads	Date Due
1	<p>Trust Objective : To improve patient experience</p> <p>Complaint team objectives aligned to this :</p> <p>a) Explore ways to further improve response times and communication to complainant</p> <p>b) Explore development of complaint handling training via e learning with education team and implement further face to face training for staff building on the success of 16/17</p>	DMs , DCDs, clinical boards Performance and Complaints team	April 2018
2	<p>Trust Objective : To improve how we learn</p> <p>Complaint team objectives aligned to this :</p> <p>a) Improve board and trust wide feedback following complaint investigations through Patient Safety Committee</p> <p>b) Improve trust wide learning from when things go wrong, and when patients die. We will do this by linking with the Mortality (deaths) surveillance group and the Patient Safety team when complaints of this nature are received</p>	Quality and safety team, IEG, DMs DCDs, Clinical Boards	October 2017
3	Review complaints procedure in line with key reports and any legislative changes in financial year	Complaints manager and other staff as required	As required