

## Annual Complaints Report – 2015/16

### Introduction

Feedback from patients, relatives and carers provides the trust with a vital source of insight about people's experiences of healthcare at the Royal Free London NHS Foundation Trust, and how our services can be improved. The ultimate aim of the trust's complaints process is to listen and respond to the issues being raised and use the information received to improve our services and, in turn, the experience of our patients.

This report provides information on the complaints received in the trust between 1 April 2015 and 31 March 2016. It provides a summary of the complaints received, the areas concerned, the main issues raised and trends identified, and the actions taken in response or those planned for the future. It also looks at our performance against agreed targets and the number of complainants who have come back dissatisfied following receipt of their initial response.

### Background

The statutory instrument for complaints in the NHS is contained in the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*. The legislation expects that each responsible body has arrangements for dealing with complaints to ensure that:

1. complaints are dealt with efficiently;
2. complaints are properly investigated;
3. complainants are treated with respect and courtesy;
4. complainants receive, so far as is reasonably practical -
  - I. assistance to enable them to understand the procedure in relation to complaints; or
  - II. advice on where they may obtain such assistance;
5. complainants receive a timely and appropriate response;
6. complainants are told the outcome of the investigation of their complaint; and
7. action is taken if necessary in light of the outcome of a complaint.

The Department of Health issued *Listening, Responding, Improving: A guide to better customer care* in February 2009 to support organisations in responding to and learning from complaints.

The Parliamentary Health Service Ombudsman (PHSO) *Principles of Good Complaint Handling* has six principles:

1. getting it right
2. being customer focused
3. being open and accountable
4. acting fairly and proportionately
5. putting things right
6. seeking continuous improvement.

## Patient Association review

Following the acquisition in July 2014, the Trust commissioned the Patients Association to review the complaints processes from both the Royal Free Hospital and Barnet and Chase Farm Hospitals. The complaints policy was subsequently revised and practice aligned, incorporating the Patient Association feedback, so that there is one unified approach to dealing with complaints across the trust. The key changes to have been implemented are:

- The default response deadline has increased from 25 to 35 working days.
- Standardisation of Datix subject and sub-subject codes (also aligned to new Health and Social Care Information centre requirements).
- Production of easy-read leaflets for each site (also available on the website).
- Earlier use of local resolution meetings.
- Adoption of the Royal Free style response letter.
- Adoption of the Royal Free reporting structures and report templates.
- Adoption of the Royal Free use of Datix to record the complaint chronology i.e. all letters, statements, file notes, e-mails etc are to be attached to the Datix record.
- Adoption of the Royal Free policy appendices.

## Complaints

There were 1,456 complaints received between 1 April 2015 and 31 March 2016. 785 of those were complaints regarding Royal Free Hospital services, 538 were regarding Barnet Hospital services and 133 were regarding Chase Farm Hospital services. This is more than the combined total of 1,159 complaints received in 2014/15 – 698 of which were for Royal Free Hospital services and 461 for Barnet & Chase Farm Hospital services.

The increase in number for the Royal Free Hospital is largely accounted for by a significant increase in transport complaints. We received 22 transport complaints in 2013/14, 18 in 2014/15 and 100 in 2015/16. The significant increase for Barnet and Chase Farm Hospital complaints is predominantly due to less issues being sent to PALS for resolution and a clearer separation between what is a PALS issue and what is a complaint. In addition, car parking complaints were not previously a regularly reported issue but they have been since the introduction of the new number plate recognition car parking system in October 2014. There have been 86 complaints received in the last financial year about parking.

The 1,456 complaints received are from 1,071,599 in-patient and outpatient episodes, which equates to a complaint ratio of 0.1%, the same percentage as 2014/15.

To date, 1,368 of the complaints have been responded to. Of those, 198 have been fully upheld, 621 have been partially upheld and 549 have not been upheld. There have been 1,447 response target dates in this time period and we have met 1,051 of them, which equates to an overall response rate of 73%.

	Q1	Q2	Q3	Q4	Overall
Deadlines met	195 of 334	248 of 365	319 of 391	289 of 357	1,051 of 1,447
Percentage	58%	68%	82%	82%	73%

As can be seen from the above table the overall response rate was affected by poor performance in Q1 and Q2, which was the result of change-over of staff on the Royal Free site during April (a new interim head of complaints & PALS, and a new interim complaints

manager for the urgent care division) and ongoing sickness issues within the TASS complaints team.

It has also been affected by the poor performance of the contracted transport provider when dealing with complaints about transport both in the timeliness and quality of the information provided. Only 32 of 100 targets have been met for complaints involving transport.

The figures demonstrate that proactive updates to complainants and extensions where necessary were not undertaken as they should have been. As a result, in Q3 weekly complaints meetings with the director of nursing were reinstated and a new weekly meeting between the complaints managers and the head of complaints & PALS, and the corporate complaints teams once again became more involved in the extending and negotiating of deadlines process.

### Complaints re-opened following receipt of their first response

As demonstrated by the table below, the number of complainants who have re-opened their complaint regarding services provided by the Royal Free Hospital, following receipt of their first response letter, has fallen gradually since 2010/11 but would appear to have now plateaued. Despite the increase in numbers received, there has been a decrease in the number of re-opened complaints regarding services provided by Barnet & Chase Farm Hospitals.

NB: the numbers for 2015/16 are accurate as of 12 July 2016 and will continue to change over the next 12 months.

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Royal Free Hospital	86 of 877 (10%)	75 of 797 (9%)	57 of 709 (8%)	50 of 653 (8%)	60 of 698 (8%)	27 of 785 (3%)
Barnet Hospital & Chase Farm Hospitals	53 of 225 (24%)	59 of 207 (29%)	53 of 295 (18%)	31 of 337 (9%)	26 of 461 (6%)	38 of 671 (6%)

### Top 10 Subjects (primary)

A breakdown of the complaints by primary subject follows over the page, along with a comparison of the primary subjects reported in last year's annual report.

2014/15		2015/16	
Clinical treatment	304	Clinical treatment	376
Communications	223	Communications	304
Values and behaviours (attitude)	137	Appointments	158
Delay	129	Values and behaviours (attitude)	142
Clinical diagnosis	74	Car parking	129
Car parking	61	Transport	88
Cancellation	41	Nursing care	76
Discharge	32	Admission / discharge	42
Nursing care	24	Access to treatment / drugs	14
Transport	20	Waiting times	13

The subject and sub-subject codes have been unified since 1 January 2015. The top 10 subjects are very similar to 2014/15 but have changed order slightly.

Clinical treatment complaints are again the most common primary subject of a complaint but the number has increased in line with the general increase in numbers. Communication and attitude continue to be a feature and there are significant increases in the car parking and transport complaints received. There is also an increase in the number of nursing complaints received, although some of that increase is accounted for by the subject codes that were previously in use at Barnet and Chase Farm Hospitals NHS Trust, which recorded nursing complaints under the subject of clinical treatment.

### **Further analysis of the top 3 subjects**

A more detailed analysis of the top three subjects i.e. complaints regarding clinical treatment, communication and appointments will follow below, along with examples of actions taken and changes implemented in response to those complaints. In addition, the same analysis will be undertaken for the nursing care complaints received.

#### Clinical treatment

There were 439 complaints received where clinical treatment was recorded as a subject of the complaint – in 376 cases it was the primary reason for the complaint. The 439 complaints were received from 1,071,599 inpatient and outpatient episodes and equates to a complaint ratio of 0.04% (last year was 0.02%). There is no identifiable trend in terms of staff member.

Of the 439 complaints received, 26 have been fully upheld. Detailed explanations have been provided to each complainant along with apologies and information regarding the action taken as a result. There has been escalation to the serious incident process whenever appropriate and/or the involvement of human resources for further investigation.

The table over the page breaks the clinical treatment complaints down by primary specialty and primary sub-subject of the complaint for the 10 most complained about specialties.

Delays with treatment taking place is the common theme and the adult section of our emergency departments is the most common specialty referred to.

	Delay or Failure to undertake Scan/X-ray	Delay or Failure acting on Test Results	Delay or Failure in observations	Delay or Failure in Ordering Tests	Delay or Failure in Treatment for Infection	Delay or Failure in Treatment or Procedure	Delay or Failure to Diagnose (e.g. missed Fracture)	Dispute Over Diagnosis	Inadequate Pain Management	Incorrect Treatment or Diagnosis	Injury Sustained during Treatment or Operation	Post-Treatment Complications	Total
<b>Emergency Dept - Adults</b>	6	4	1	0	2	10	18	0	1	5	0	0	<b>47</b>
<b>Orthopaedics &amp; Trauma</b>	2	1	1	0	2	7	5	3	1	3	0	1	<b>26</b>
<b>Obstetrics/Maternity</b>	0	2	2	1	0	7	4	0	1	3	0	0	<b>20</b>
<b>Gynaecology</b>	1	5	0	0	2	5	2	2	1	1	0	0	<b>19</b>
<b>Plastic Surgery</b>	0	0	0	0	1	11	0	2	1	0	0	0	<b>15</b>
<b>Cardiology</b>	1	1	0	1	0	6	2	0	0	1	1	0	<b>13</b>
<b>General Surgery</b>	0	2	1	0	1	4	2	0	1	2	0	0	<b>13</b>
<b>Elderly Medicine</b>	0	0	0	0	1	3	5	2	0	0	0	0	<b>11</b>
<b>Urology</b>	0	1	0	0	0	3	5	0	1	1	0	0	<b>11</b>
<b>Colorectal Surgery</b>	0	0	0	0	0	0	5	0	1	1	0	1	<b>8</b>
<b>Totals</b>	<b>10</b>	<b>16</b>	<b>5</b>	<b>2</b>	<b>9</b>	<b>56</b>	<b>48</b>	<b>9</b>	<b>8</b>	<b>17</b>	<b>1</b>	<b>2</b>	<b>183</b>

Example actions are listed below:

- The paediatric audiology waiting list has been growing over the past year. Consequently, the service has recently been experiencing delays for routine hearing assessment appointments in some areas. This is one of the reasons why a senior doctor reviews all referral letters received i.e. to ensure that those referrals that need to be prioritised are identified and the patient seen as quickly as possible. The team hope to recruit further paediatric audiologists in order to address the demand for the service.
- A percentage of subtle un-displaced talar fractures are missed on examination and x-ray but we now have virtual fracture clinics, which means that each morning the consultants review all radiographs taken in the emergency department the day or evening before and action further where appropriate. The orthopaedic team also discussed this complaint with the radiology team so that the lessons could be learned and shared.
- We are committed to providing dedicated slots for the colorectal one-stop clinic and ensuring that capacity is improved for on the day scopes, and we are working to ensure this happens in the near future. However, there may continue to be occasions in future where emergency situations result in the one-stop clinic slots being unavoidably used. The trust is putting in significant equipment, infrastructure and staffing resource to address the current pressures within the endoscopy service.

- The trauma and orthopaedic service is currently recruiting a full-time substantive consultant who will help reduce patient waiting times. The service has also commenced weekend operating, offering patients greater choice as well as increasing their capacity to treat patients. As a further measure to reduce patient waiting times, the service has arrangements with a number of private provider sites, where patients are treated by Royal Free London Hospital consultants within a private provider setting.

### Communication

There were 366 complaints received where communication was recorded as a subject of the complaint – in 304 cases it was the primary reason for the complaint.

The complaints related to a wide range of departments and specialties and there is no obvious trend in terms of numbers received or the departments or staff member(s) involved. The table below breaks the communication complaints down by specialty and the sub-subject of the complaint for the 10 most complained about specialties.

	Communication failure re appointments	Communication Failure between departments	Communication failure within department	Communication with patient	Communication with Relatives/Carers	Communication with GP	Delay in giving information/results	Incorrect Entry on Medical Records	Incorrect/inaccurate interpretation	Incorrect/No information given	Insufficient information provided	Total
<b>Emergency Department - Adults</b>	0	1	0	17	4	1	1	0	0	0	2	<b>26</b>
<b>Obstetrics/Maternity</b>	0	0	0	24	0	0	0	0	0	0	0	<b>24</b>
<b>Elderly Medicine</b>	0	0	0	6	14	0	0	0	0	0	0	<b>20</b>
<b>Outpatients Appointment Centre</b>	1	0	0	15	0	0	0	0	1	0	0	<b>17</b>
<b>Dermatology</b>	1	0	0	12	0	0	1	0	0	0	0	<b>14</b>
<b>Gynaecology</b>	0	0	1	11	0	0	2	0	0	0	0	<b>14</b>
<b>Plastic Surgery</b>	0	0	0	11	0	0	0	0	0	0	0	<b>11</b>
<b>General Medicine</b>	0	0	0	4	5	0	0	1	0	0	0	<b>10</b>
<b>Orthopaedics &amp; Trauma</b>	0	0	0	8	1	0	1	0	0	0	0	<b>10</b>
<b>Cardiology</b>	1	0	0	4	1	0	2	0	0	1	0	<b>9</b>
<b>Total</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>112</b>	<b>25</b>	<b>1</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>155</b>

Example actions are listed below:

- There is to be a patient information leaflet produced to better explain the cryotherapy treatment and healing process.

- The cardiology department plan to add some wording to the second section of their appointment letter template in order to make it clearer what the patient is attending for.
- We have now put in place a process that enables all histology results to be reviewed by the Specialist Early Pregnancy Unit nurses. The Specialist Early Pregnancy Unit nurses will keep track of the outstanding cases and will then liaise with the team on-call to ensure that information is sent promptly to patients regarding the results and/or any expected delays.
- The doctor concerned has reflected on her consultation with the patient and accepts that she need not have been so direct with the patient. The clinical director also took the opportunity to review the doctor's communication skills and offered advice on how best to discuss this element of care in future.
- The ante-natal department has appointed to and are developing a team of clinical pathway co-ordinators. Their role will be to support patients through their pathway, ensuring that they have the correct outpatient appointments, diagnostic tests and know who to contact. They will also help ensure that patients are not passed from one member of the team to another with queries and, if at all possible, any queries will be dealt with at the time of the patients' phone call.
- Patients in 3 East ward and 10 South ward are given an information leaflet after having undergone new renal access procedures. However, it is recognised that these leaflets need updating and the access team have produced a new and much more detailed leaflet, which also incorporates information about renal dialysis access surgeries. This leaflet is being finalised.
- A patient attended Barnet Hospital for a CT scan but could not have it performed as they were more than 10 days past the start of their last menstrual cycle. The service has now made amendments to the appointment letter, explaining the issue around the 10 day restriction and the fact that patients can telephone in and change their appointments if they do not fit the pregnancy criteria.

### Appointments

There were 174 complaints received where appointments were recorded as a subject of the complaint – in 158 cases it was the primary reason for the complaint.

The complaints related to a wide range of departments and specialties and there is no obvious trend in terms of numbers received or the departments involved. Appointment delay is the most common sub-subject of the complaints and, not surprisingly, the outpatient appointment centre is the most referred to specialty. Dermatology and ophthalmology feature highly and both have had capacity issues throughout this financial year.

The table over the page breaks the appointment complaints down by specialty and the sub-subject of the complaint for the 10 most complained about specialties.

	Appointment Cancellation	Appointment Error	Appointment Delay (inc Length of Wait)	Appointment Time	Appointment - Availability (inc Urgent)	Appointment - Letter not issued/not received	Appointment - Failure to Provide Follow-Up	Referral - Delay	Referral - Refusal/Non	Referral - Failure	Total
<b>Outpatients Appointment Centre</b>	6	10	1	0	0	0	0	4	0	0	<b>21</b>
<b>Dermatology</b>	6	5	6	0	0	0	2	0	0	0	<b>19</b>
<b>Ophthalmology</b>	1	2	8	0	2	0	0	0	0	0	<b>13</b>
<b>Urology</b>	2	2	3	0	0	0	0	1	0	1	<b>9</b>
<b>Orthopaedics and Trauma</b>	1	1	5	0	0	1	0	0	0	0	<b>8</b>
<b>Cardiology</b>	2	0	2	0	0	1	1	1	0	0	<b>7</b>
<b>Neurology</b>	1	1	2	0	0	0	0	0	1	1	<b>6</b>
<b>Pain Management</b>	0	0	5	0	1	0	0	0	0	0	<b>6</b>
<b>Plastic Surgery</b>	2	0	1	1	0	0	0	0	0	1	<b>5</b>
<b>Paediatrics</b>	0	0	4	0	0	0	0	1	0	0	<b>5</b>
<b>Total</b>	<b>21</b>	<b>21</b>	<b>37</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>7</b>	<b>1</b>	<b>3</b>	<b>99</b>

Example actions are listed below:

- The pain service management team is currently reviewing their patient pathways in conjunction with the roles of the multidisciplinary team that are involved in treating patients under the pain service. They are looking at ways of ensuring that patients are referred to the most appropriate clinician early on in their treatment pathway, and our musculoskeletal department is looking at ways of advising patients of actions to take to minimise their pain whilst they wait to be seen. Additionally, we are looking at putting in place additional clinics to bring down the waiting lists and are working with the local clinical commissioning groups and GPs to work out ways in which more patients can be treated in the community.
- We are looking at extending our ophthalmology clinic times into the early evening and have opened a further eye clinic at St Pancras Hospital, allowing us to meet the increasing demand for ophthalmology services.
- The usual process when an abnormality is found on an ultrasound scan is for the sonographer to contact the Fetal Medicine Unit, where an appointment is made for the patient to see a doctor immediately. To facilitate this process our antenatal clinics are held Monday to Friday in the morning, so that doctors are available. However, there are no antenatal clinics held on a Friday afternoon so doctors are not always readily available at this time. As a result, we have now put into place a process for patients to be seen on a Friday afternoon if they need to see a doctor urgently.



- The trust is working to redesign the fracture clinic so that it can treat patients appropriately, without such long waits, by ensuring that only those patients who need to be seen in clinic attend on specific days. We have recently started to use the Glasgow Virtual Fracture clinic model, which has been successfully trialled in various units around the UK. We now aim to review the ongoing fracture care of many patients by telephone, saving them an unnecessary visit to the clinic for review and reducing the number of attendees who need to be seen in the clinic on that day.
- Regrettably, we have had issues with regard to capacity in the dermatology service and we currently have an improvement plan in place to enable us to meet the demand on the service – this includes improving systems of referring patients, seeing patients and reporting results. We are also in the process of recruiting more clinical staff.

### Nursing and midwifery care

There were 88 complaints received where nursing/midwifery care was recorded as a subject of the complaint – in 76 of those complaints it was the primary reason for the complaint.

The director of nursing reviews all complaints and signs off complaint responses, ensuring that appropriate explanations and apologies have been provided in each case and action taken in response to the points raised. The director of nursing is also informed of any issues raised regarding unsafe practice or potential serious incidents.

The table below breaks the nursing complaints down by the primary location and sub-subject for the nursing complaints received.

	Acquired pressure ulcer	Acquired infection	Care needs not met	Catheter care	Call bell not answered	Cannula care	Cannula left in situ at discharge	Delay or failure with treatment	Discharge arrangements	Failure to identify food allergy	Hand hygiene	Inadequate support	Inappropriate setting	Loss or damage to personal property	Moving and handling	Nutrition and hydration	Slips, trips and falls	Other	Total
<b>A&amp;E Depts</b>	1	-	3	-	-	3	2	-	-	-	-	-	-	-	-	-	1	-	<b>10</b>
Edgware Kidney	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	<b>1</b>
Gynae Theatres	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	<b>1</b>
Labour Ward	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	<b>2</b>
CDU	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	<b>2</b>
CCU	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	<b>2</b>
Surgi-Centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	<b>1</b>
Recovery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	<b>1</b>
3 North A	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	<b>1</b>
5 East B	-	-	1	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	<b>3</b>
5 West B	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	<b>1</b>
6 South	-	-	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	<b>3</b>
6 North	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	<b>1</b>

7 North	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
7 West	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
8 East	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	1	1	1	5
8 West	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
9 North	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	3
9 West	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
10 South	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
10 West	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	2
10 North	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	2
10 South A	-	-	3	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	5
11 South	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2
11 North	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Adelaide	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Beech	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Canterbury	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Capetown	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Cedar	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Damson	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Galaxy	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	2
Juniper	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Mulberry	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Napier	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Rowan	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Spruce	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2
Victoria	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Walnut	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Willow	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Wellington	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
<b>Total</b>	<b>1</b>	<b>1</b>	<b>48</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>88</b>

The data above highlights that the concerns raised about nursing care are spread across a number of wards, with no area receiving a high number during the year and no identifiable trend in terms of staff members involved.

Example actions taken in response to the complaints are listed below:

- Pre-admission nurses are usually able to take a patient's blood but, unfortunately, the nurse who saw the patient was new to the department and did not take blood at that time. The nurse has now been booked onto a phlebotomy course. Furthermore, as a result of the complaint, the blood test department have made arrangements with pre-admissions for patients to have their blood taken by them, without requiring an appointment, if the pre-admission nurses have not done so. All reception staff and phlebotomists have been informed that patients coming from pre-admissions should be prioritised, although this will not mean they are seen immediately. Pre-admissions staff will inform their patients appropriately and mark their request forms so that the phlebotomy department may identify them when they arrive in clinic.

- The 7 East B ward matron discussed the point about nurses being distracted during their medication rounds with the ward sister and, as a result of the patient's experience, they are looking to re-introduce 'do not disturb aprons' for the medication rounds. They are also in the process of trying to set up a nurse-led post-discharge medication review clinic, so that any medication problems post-discharge can be resolved quickly.
- As a result of a student midwife failing to follow procedure with regard to medication administering (not performing the task with the support and direct supervision of her supervisory midwife), the student midwife has been referred her to the university who are undertaking a formal investigation.
- To improve the support that amyloidosis patients and their families receive, we have appointed a cardiac amyloidosis link nurse for 10 West ward – someone with a keen interest in this very specialist area who has spent time with senior doctors to learn about the disease but also to learn about what specific nursing needs this group of patients have and what input the family require. This nurse's role will also support the discussions around prognosis. Although we have a dedicated specialist haematology nurse for myeloma and amyloidosis, this nurse is part of the 10 West ward team and we hope that this new role will greatly improve communication with families and address any concerns they may have as early as possible.
- The senior matron on 5 East B ward has identified and interviewed the staff involved and it has been made very clear to them that IV paracetamol should not have been withheld from the patient. The explanations provided by the staff as to why the IV paracetamol was withheld were unfounded and, although there was no breach in policy, their actions fell below the standard of nursing care expected. This incident has been managed as part of the trust's performance management process.

### **Examples of actions taken in response to other complaints received**

In addition to apologies and explanations, the majority of our complaint responses will include details of specific action(s) taken as a result of the complaint that has been received. Some general examples of actions taken/changes implemented are listed below:

- We have changed practice following a complaint and now, as soon as a parent and child reports to the reception area, they are escorted by a nurse or healthcare support worker to Galaxy ward. All children are now admitted and discharged from Galaxy ward. Galaxy ward is better equipped and more comfortable for children. Our admissions are now staggered and the DSU aim for children to be nil-by-mouth for as short a period as possible. All children are now admitted to Galaxy ward, prepared for surgery (including consent) on Galaxy ward, taken back to Galaxy ward following surgery and then discharged from Galaxy ward. The theatre staff are contacted by Galaxy ward when a patient arrives on the ward and they do not go to theatre until all checks and preparations have been completed on the ward.
- Following a medication issue in Lloyds Pharmacy, all grades of Lloyds Pharmacy staff have been provided with an educational update on Wilson's disease, the diagnostic processes used in association with this condition and the treatment plan options for patients diagnosed with this condition.

- Dementia leads in the emergency department are working on designing cubicles with facilities for dementia patients.
- It is acknowledged that the physical environment on 6 North ward is deteriorating and the hospital has a programme of ward upgrades which it is progressing at the moment. We expect to fully rebuild the children's ward in 2017 but, in the interim, plans for a less comprehensive repair and cosmetic programme have been provided, contractors have been appointed and work will be starting imminently.

### **Complaints referred to the Parliamentary & Health Service Ombudsman (PHSO)**

The PHSO continue to record any preliminary reviews of complaint files as investigations in their annual figures, as opposed to only those cases that went on to be formally investigated. The draft reports produced by the PHSO continue to make recommendations for financial payment in recognition of distress caused but the number of cases this has applied to has decreased over the last 12 months.

Of the 1,456 complaints opened in this financial year, 10 have so far been escalated to the PHSO by the complainant. 6 of those were complaints regarding services provided by Barnet & Chase Farm Hospitals and 4 were regarding services provided by the Royal Free Hospital. 1 Barnet Hospital case has been closed and not upheld and the other 9 cases are currently under investigation.

### **Complainant satisfaction questionnaire**

As previously reported a complainant postal satisfaction questionnaire has been introduced be sent to a random selection of complainants at least three months after the completion of their complaint with the trust. The questionnaire is anonymous and two batches of the questionnaire were sent out to complainants who received responses from the trust in April 2015 and October 2015.

There were 41 questionnaires returned out of 160. The Royal Free Hospital received 10 from April 2015 and 14 from October 2015. Barnet Hospital and Chase Farm Hospital received 3 from April 2015 and 14 October 2015. An overview of the key questions and results is provided in the table over the page:

	<b>APRIL 2015</b>	<b>OCTOBER 2015</b>
<b>Was your complaint treated seriously and with sensitivity?</b>	Yes = 42% No = 58%	Yes = 62% No = 38%
<b>Were all points raised in your complaint addressed by the response?</b>	Completely or mostly = 50% Partially or not at all = 50%	Completely or mostly = 61% Partially or not at all = 39%
<b>Was the response letter clear and understandable?</b>	Yes = 58% No = 42%	Yes = 82% No = 18%
<b>Were you kept updated about any delays with the investigation?</b>	Yes = 9% No = 62% N/A = 29%	Yes = 61% No = 25% N/A = 14%
<b>Overall, how well do you think your complaint was handled?</b>	Very well or well = 33% Average = 17% Poor or very poor = 50%	Very well or well = 50% Average = 29% Poor or very poor = 21%
<b>Was your disability taken into account during the process?</b>	Yes = 0% No = 8% N/A = 82%	Yes = 18% No = 3% N/A = 79%

Overall, the results are reflective of a period in which our complaint investigations were taking longer than expected and updates to complainants about those delays were not happening routinely and proactively.

There is a positive trend in every question with October's data, which it is felt is largely reflective of the improvements that have been made since October 2015 with regard to turnaround times for completion of investigations, updates to complainants about delays and stability within the divisional complaints teams.

### **Summary**

Policy and procedure and the way in which complaints are recorded and dealt with is harmonised.

The primary subjects remain largely the same as the last financial year, with the most common subjects being clinical treatment, communication, delays and appointment issues. However, the actions outlined in this report demonstrate that trends are acted upon and the complaints received in the trust are used to inform pieces of work aimed at improving the patient experience. The responses provided invariably outline action(s) that have been taken in response to the concerns raised or explain what is planned as a result of issues identified during the investigation.

We have systems in place to systematically review the complaints received and ensure that investigations are undertaken appropriately, in line with legislation, and escalated within the trust as necessary. The data collected is used to inform reports, is disseminated amongst divisional teams and taken to various committees to inform ongoing work within the trust.