

Annual Complaints Report – 2016/17

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 2016 and 31 March 2017. 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.

CQC Inspection

The CQC inspection found that staff were able to confirm awareness of the trust's complaints procedure, and were also able to provide examples of complaints or concerns that had resulted in a change of practice or demonstrate how they had learnt from it.

The report also commented that most complaints were responded to within the agreed timeframe and provision was made to support vulnerable people to raise complaints as necessary.

Complaints

There were 1,567 complaints received between 1 April 2016 and 31 March 2017. 853 of those were complaints regarding Royal Free Hospital services, 565 were regarding Barnet Hospital services and 149 were regarding Chase Farm Hospital services. This is more than the combined total of 1,456 complaints received in 2015/16 – 785 of which were for Royal Free Hospital services, 538 for Barnet Hospital services and 133 were Chase Farm Hospital services.

The increase in number for the Royal Free Hospital is partly accounted for by the sustained increase in transport complaints. We received 22 transport complaints in 2013/14, 18 in 2014/15, 100 in 2015/16 and 57 in 2016/17. 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 were 102 complaints received in the last financial year about car parking.

The 1,567 complaints received are from 1,304,543 inpatient and outpatient episodes, which equates to a complaint ratio of 0.1%, the same percentage as 2014/15 and 2015/16.

As of 10 July 2017, 1,511 of the complaints have been responded to. Of those, 170 have been fully upheld, 688 have been partially upheld and 653 have not been upheld. There have been 1,747 response target dates in this time period and we met 1,322 of them, which equates to an overall response rate of 76%.

	Q1	Q2	Q3	Q4	Overall
Deadlines met	340 of 454	375 of 468	312 of 426	295 of 399	1322 of 1747
Percentage	75%	80%	73%	74%	76%

Weekly meetings between the complaints managers and the corporate complaint leads on each site continue, and the corporate complaints teams are assisting with the extending and negotiating of deadlines.

The table above would indicate that the response rate has been consistent overall and the end of year position is marginally better than the 73% from 2015/16. Disappointingly, however, performance could have been significantly better had it not been for two issues in particular.

Firstly, the SAS division was without a complaints manager on the Royal Free site for a significant part of Q3, which resulted in only 25 of 46 targets being met – a performance of 54%.

Most significantly, the performance of the urgent care division on the Barnet and Chase Farm sites was an issue throughout 2016 with response rates of 36% in Q1, 20% in Q2 and 29% in Q3, which heavily impacted on the trust's overall performance. Unfortunately, despite additional support and increased assistance from the divisional nurse director, performance did not improve. Staff changes have since taken place and it is anticipated that performance will improve significantly for this financial year and will benefit the overall trust performance.

We appreciate that any missed target reflects poorly on the trust and potentially exacerbates a complainant's feelings of upset and frustration, and we are working hard to improve the response rate in this regard. The trust's default position is to respond to complaints in 35 working days and it is worth noting that the average response time for those complaints closed in 2016/17 was 38 working days.

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 since the acquisition in 2014, there has been a decrease in the number of re-opened complaints regarding services provided by Barnet & Chase Farm Hospitals. This figure too would appear to have plateaued.

NB: the numbers for 2016/17 are accurate as of 10 July 2017 and will continue to change over the next few months.

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Royal Free Hospital	86 of 877 (10%)	75 of 797 (9%)	57 of 709 (8%)	50 of 653 (8%)	60 of 698 (8%)	37 of 785 (5%)	38 of 853 (4%)
Barnet & Chase Farm Hospitals	53 of 225 (24%)	59 of 207 (29%)	53 of 295 (18%)	31 of 337 (9%)	26 of 461 (6%)	41 of 671 (6%)	38 of 714 (5%)

Top 10 Subjects (primary)

The table below is a breakdown of the complaints by primary subject, along with a comparison of the primary subjects reported in last year's annual report. The top 10 subjects are very similar to 2015/16 but have changed order slightly.

2015/16		2016/17	
Clinical treatment	376	Clinical treatment	391
Communications	304	Communications	335
Appointments	158	Values and behaviours (attitude)	209
Values and behaviours (attitude)	142	Appointments	184
Car parking	129	Car parking	102
Transport	88	Transport	75
Nursing care	76	Nursing care	74
Admission / discharge	42	Admission / discharge	60
Access to treatment / drugs	14	Waiting times	28
Waiting times	13	Access to treatment / drugs	16

Clinical treatment and communication issues are again the most common primary subjects of a complaint but the number has increased in line with the general increase in numbers. Attitude and appointment complaints continue to be a feature but there has been a significant increase in the number of attitude complaints received, with 138 of the 209 concerning experiences with the Royal Free Hospital.

Further analysis of the top 3 subjects

A more detailed analysis of the top three subjects i.e. complaints regarding clinical treatment, communication and attitude 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 507 complaints received where clinical treatment was recorded as a subject of the complaint – in 391 cases it was the primary or sole reason for the complaint. The 507 complaints were received from 1,304,543 inpatient and outpatient episodes, which equates to a complaint ratio of 0.04% (2014/15 was 0.02% and 2015/16 was 0.04%). There is no identifiable trend in terms of staff member.

Of the 507 complaints received, 19 have been fully upheld (47 are still under investigation). 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 for the 10 most complained about specialties.

Delays with treatment taking place is again the common underlying theme for the complaints received and the adult section of our emergency departments, along with orthopaedics and obstetrics/maternity, are the most common specialties referred to.

	Delay or Failure to undertake Scan/X-ray	Delay or Failure in acting on Test Results	Delay or Failure in observations	Delay or Failure in Ordering Tests	Delay or Failure in Treatment or Procedure	Delay or Failure to Diagnose	Delay or Failure to Follow Up	Dispute Over Diagnosis	Inadequate Pain Management	Inappropriate Procedure or Treatment	Incorrect Procedure or Treatment	Injury Sustained during Treatment or Operation	Lack Of Clinical Assessment	Total
Emergency Dept - Adults	5	2	2	1	14	13	1	1	1	8	0	0	1	49
Orthopaedics & Trauma	3	2	1	0	15	2	0	1	1	2	1	0	0	28
Obstetrics / Maternity	1	3	3	0	6	1	0	0	1	4	0	0	0	19
Plastic Surgery	1	0	0	1	9	0	2	1	0	2	0	0	0	16
Radiology (NOT IRCU)	3	0	0	0	1	7	0	0	0	2	2	0	0	15
Urology	0	0	0	0	9	1	2	0	0	0	1	1	0	14
General Surgery	0	2	0	0	7	0	0	1	0	1	1	0	0	12
Urgent Care Centre	1	0	0	0	1	6	0	0	0	1	0	0	2	11
Ear Nose & Throat	0	0	0	0	2	1	0	1	1	2	4	0	0	11
Elderly Medicine	1	0	1	0	2	0	0	1	0	3	1	0	0	9
Breast Surgery	0	1	0	1	4	1	0	0	0	2	0	0	0	9
General Medicine	0	0	0	0	3	1	0	2	0	1	0	0	0	7
Total	15	10	7	3	73	33	5	8	4	28	10	1	3	200

Example actions are listed below:

- The consultant paediatrician concerned attended an allergy course, where the importance of allergy history was reiterated. She has reflected on the complaint and, in future, will review a patient's history personally or ensure that she has correctly heard and interpreted the facts presented to her. She has also shared her learning with her colleagues and will use this in her own future teaching sessions to emphasise the importance of confirming any allergy history.
- Whilst there were no hard signs of cord compression at the patient's first presentation to the emergency department (ED), she did have problems passing urine and was constipated, both of which are potential signs of cord compression. On their own, without any other signs, they rarely mean that a patient has cord compression, which is why it was not deemed necessary to perform scans at this presentation. However, the above should have raised concerns about the possibility of cord compression and, in hindsight, if scans were not to be performed it might have been better to have kept the patient in overnight and reassessed matters again in the morning. The specific learning for the ED team is the fact that difficulty passing urine and constipation are potential signs of cord compression and may warrant further review. The ED consultant therefore conducted a

teaching session for the ED doctors on the potential signs and symptoms of cord compression in order to heighten their awareness of this serious condition.

- The radiology department, in conjunction with the plastic surgery department, have completely revised the pathway for patients who experience a contrast extravasation injury in order to enable appropriate management of patients at the time of the extravasation and subsequent follow up. The lessons that have been learnt from this incident have been shared across the radiographic group in the monthly staff meeting and a resilient model for the management of these incidents has been devised at their patient experience meeting. The CT Standard Operating Procedure has also been updated and now includes the recording of extravasation injuries as an incident on Datix.

Communication

There were 441 complaints received where communication was recorded as a subject of the complaint – in 335 cases it was the primary or sole 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 for the 10 most complained about specialties.

	Appointment - Letter not issued/not received	Access to Interpreting Service	Communication Failure between departments	Communication failure within department	Communication with patient	Communication with Relatives/Carers	Communication with GP	Communication between Medical Teams	Delay in giving information/results	Delay in reporting results	Inadequate or insufficient information provided	Incorrect Entry on Medical Records	Method/Style of Communication	Total
Obstetrics/Maternity	0	0	0	0	28	1	0	0	3	0	1	1	0	34
Emergency Dept - Adults	0	1	1	0	18	5	2	0	1	1	0	1	1	31
Orthopaedics & Trauma	0	0	2	1	8	2	0	1	0	0	0	0	0	14
Dermatology	0	0	0	0	9	1	0	0	2	0	1	0	1	14
Urology	0	0	1	1	9	0	0	0	2	0	1	0	0	14
Elderly Medicine	0	0	0	0	1	9	0	0	0	0	2	0	0	12
Cardiology	0	0	0	0	6	3	0	0	0	1	2	0	0	12
Ophthalmology	1	0	1	0	8	0	0	1	0	0	0	0	0	11
Outpatient Appt Centre	0	0	0	0	7	1	0	0	0	0	1	1	1	11
General Surgery	0	0	0	0	7	1	0	0	0	0	1	1	0	10
General Medicine	0	0	0	1	6	2	0	0	0	0	0	0	0	9
Total	1	1	5	3	107	25	2	2	8	2	9	4	3	172

The specialties involved and numbers received are very similar to last year's report, although ophthalmology and urology have replaced gynaecology and plastic surgery. Communication with the patient is the key underlying theme.

Example actions are listed below:

- We now have an IBD administrator to take and triage calls in the department when the IBD nurses are unavailable to deal with non-clinical enquiries. We are currently looking for a third IBD nurse to further support the IBD service.
- A new call logger system is being introduced in the outpatient appointment centre, which will enable us to track all calls to the centre and know which member of staff patients have spoken with.
- Matron for 3 East C ward has reviewed the patient information provided regarding pre-admission for peritoneal dialysis catheter insertion. The outcome of this review is that a new patient information leaflet will be produced for patients having surgery on the ward, which will cover the issues of surgical stockings, transfer to theatre, recovery from surgery and the discharge process.
- The ophthalmology service manager is updating the patient information leaflets to include the telephone number which gives direct access to the administrator for the Barnet Hospital clinics.
- The ED are considering the use of a traffic light system to help patients understand more about waiting times and to explain when the department is under pressure and waiting times are likely to be longer than expected. In the future, we are hoping for a solution that links to our electronic patient record.
- A new, permanent neurology co-ordinator started working in the department in October 2016. The responsibility of this role is to co-ordinate inpatient and outpatient investigations and, most importantly, communicate between internal departments and with patients to ensure appointments are arranged efficiently and that any problems are resolved.
- The urology department are introducing a new telephone system with an options menu to assist patients when making telephone enquiries.
- The breast screening department have changed the introductory message on the telephone system so that it better assists patients who are self-referring to the service.

Values and behaviour – attitude

There were 291 complaints received where attitude was recorded as a subject of the complaint – in 209 cases it was the primary or sole reason for the complaint.

The complaints related to a wide range of departments and specialties but 188 of the 291 were regarding experiences at the Royal Free Hospital. There is no obvious trend in terms of individuals involved but the adult emergency departments and our obstetric services received the most complaints in this regard.

The table below again breaks the complaints down by specialty and the sub-subject for the 10 most complained about specialties.

	Attitude of Nurses / Midwives	Attitude of Medical staff	Attitude of Admin & Clerical staff	Attitude of other staff	Failure to act in a professional manner	Rudeness	Total
Emergency Dept - Adults	5	3	4	0	0	1	13
Obstetrics/Maternity	6	2	0	1	0	2	11
Rheumatology	1	8	1	0	0	0	10
Phlebotomy	1	0	3	3	0	1	8
Outpatients Department	2	0	4	2	0	0	8
Gynaecology	0	3	1	2	1	0	7
Orthopaedics & Trauma	0	5	1	0	0	1	7
Dermatology	2	2	1	0	0	2	7
Plastic Surgery	1	5	1	0	0	0	7
Radiology (NOT IRCU)	0	0	3	1	1	2	7
Total	18	28	19	9	2	9	85

Example actions are listed below:

- The attitude of an agency nurse in the ED was found to be unacceptable. Whilst the nurse will not be subject to the trust's disciplinary procedures, the agency he works for has been provided with full details of the incident and they are conducting their own investigations. This nurse has also been permanently prohibited from working at any of the hospitals connected to the trust.
- The doctor involved has reflected on the complainant's feedback with a senior colleague and is very apologetic for the upset experienced and any lack of communication and compassion portrayed. He has advised that, in future, he will be more compassionate about a child's current distress and circumstances before commencing his examination. He will also give consideration to letting the child and parents wait in the waiting room until the child is more settled before commencing his examination.
- Information given to a patient regarding the closing time of 3 East C ward was incorrect. In addition, we would certainly not expect patients admitted to the day surgery unit to attend the ED in order to seek medical help. Both of these issues, along with the abrupt, rude manner encountered and the failure to reassure and support the patient during preparation for theatre, were escalated to the trust's internal performance procedures.

- The staff nurse who dealt with a patient in the ED has reflected on the feedback with his matron. He commented that he felt under pressure and stressed and, regrettably, allowed this emotion to be conveyed in his communication with the patient. He is aware that he spoke in a manner that was brusque and not at all how we would expect him to speak to a patient. Matron explained very clearly that this was not acceptable and put in place a number of measures to ensure it did not happen again. Matron will ensure that his communication is monitored and will follow up on his performance in this respect.

Nursing and midwifery care

There were 104 complaints received where nursing/midwifery care was recorded as a subject of the complaint – in 74 of those complaints it was the primary or sole 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 primary sub-subject for the complaints received.

	Discharge Arrangements (inc Lack of or Poor Planning)	Did not help to mobilise	Delay or Failure in observations	Acquired pressure ulcer	Acquired infection	Call Bell - failure to respond	Care needs not adequately met	Cannula management	Cannulae left insitu on discharge	Failure to provide adequate care	Failure to comply with hand-hygiene requirements	Failure to adopt infection control measures	Failure to monitor food intake during admission	Failure to monitor fluid intake during admission	Failure to provide assistance with eating/drinking	Food/drink left out of reach	Inadequate support provided	Moving and handling issues	Slips trips and falls - witnessed	Slips trips and falls - unwitnessed	Other	Total
Barnet Hospital																						
Adelaide	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
AAU	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2
Blood Unit	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Beech	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Coronary Care Unit	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Damson	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2
Delivery Suite	-	-	-	-	-	-	2	-	-	-	-	-	-	1	-	1	-	-	-	-	-	4
Emergency Dept	-	-	-	-	-	-	2	1	-	1	-	-	-	-	-	-	-	-	-	-	-	4
Juniper	1	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	3
Larch	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2

Mulberry	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	2		
Neuro Rehab	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1		
Olive	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	2		
Palm	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	2		
Rowan	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2		
Spruce	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	2		
Labour	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	2		
Victoria	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	3		
Walnut	-	-	-	-	1	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	4		
Willow	-	-	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	3		
Quince	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1		
Chase Farm Hospital																							
Blood Unit	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	2		
Endoscopy	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1		
Fern Unit	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1		
Royal Free Hospital																							
Emergency Dept	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1	-	-	-	-	3		
ICU 4 West	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
Medical Short Stay	-	-	-	-	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	3		
5 East B	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	1	-	-	-	-	3		
5 North A	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	1	3		
5 West B	-	-	-	-	-	-	2	-	-	1	-	-	-	-	-	2	-	-	-	-	5		
6 East	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2		
6 South	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1		
6 West B	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
7 East A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1		
7 East B	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2		
7 North	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	2		
7 West	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
8 East	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1		
8 North	-	1	-	-	-	-	1	-	-	1	-	-	-	1	-	-	1	-	-	-	5		
8 West	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	2		
9 North	-	-	-	-	-	-	1	-	-	2	-	-	-	1	-	-	2	-	-	-	7		
9 West	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	2		
10 East	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1	-	3		
10 North	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	2		
10 South A	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2		
11 East	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1		
11 West	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1		
11 South	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1		
Total	1	1	1	1	1	3	3	6	1	1	1	2	5	2	3	1	1	7	2	1	2	3	104

The data above highlights that the concerns raised about nursing care are spread across a number of wards. A patient's care needs not being met and a lack of support for patients were the most common underlying themes.

No area received a concerning number during the year and there was no identifiable trend in terms of staff members involved. 9 North ward does feature more than most, with 7 complaints in this time period, and there have been a number of actions taken by the ward in response to the complaints received – see below for some examples.

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

- On 10 East ward a diabetes management quality improvement project has been started to improve staff knowledge and skills.
- The charge nurse for 5 East B ward is arranging for further education for ward nursing staff regarding PICO (negative wound pressure) dressings.
- The maternity triage policy has been updated to include the instruction that: 'Any woman who calls triage on 2 or more occasions with symptoms of labour will be invited to attend for assessment, irrespective of the history given.'
- The hepatology management team are aware of the vacancies on 9 North ward and there are planned recruitment campaigns in place to recruit to the vacant posts. 9 North ward have recently appointed six staff nurses to permanent posts and the ward is continuing to work to reduce the number of agency staff used.
- Sister has advised that the housekeeper on 9 North ward now attends the ward's safety briefings so that she is fully aware of which patients require a red tray. The housekeeper also assists the nursing team by preparing the patients' trays and by ensuring that patients are supported with their meals. Sister has taken this opportunity to reiterate this practice with the nursing team.
- A number of the nursing team on 9 West ward knew how to change the wound management system, but not all of the staff did. Consequently, the stoma nurses arranged teaching sessions on 16 and 18 September 2016 for the nursing team.
- As a result of concerns raised with regard to the changing of a patient's PICC line on 9 North ward, the ward's clinical practice educator (CPE) attended a vascular access study day so that she could share best practice with the ward staff. In addition, the vascular access team came to 9 North ward and provided training to all nursing staff and the CPE now monitors the nurses' management of PICC lines on a daily basis. Following this, nurses on the ward can only manage PICC lines if they have been assessed and approved accordingly.

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:

- A phlebotomy training course is being rolled out over a 12 month period to increase skills of all staff and prevent 'fishing' as described by the complainant.
- To address concerns about a lack of wheelchairs near the front entrance of the Royal Free Hospital, the trust are:
 - Emphasising the importance of returning chairs and not holding onto them.
 - Currently looking at purchasing additional chairs.
 - Submitting a bid to the Charity for static chairs to be situated along the front of the building at the drop of points.

- The domestic services manager has increased the frequency of cleaning the toilets on 9 West ward, organised for spot-checks to take place and placed a sign on the door to advise service users of the action to take in the event of any concern about the toilets condition.
- We have had a proposal accepted to extend our pharmacy opening hours at weekends, which will reduce the need for out of hours supplies.
- We are very much aware of the pressures on the podiatry service and the trust is currently reviewing a business case for employing another podiatrist for the wards.
- For obvious reasons Cerner (the patient administration system) should not allow there to be multiple active home addresses for a patient. Following receipt of a complaint, this technical error with Cerner has since been resolved and will not recur.
- The immunology service sees a large number of patients, as they often suffer from long-term conditions. Due to the requirement to see these patients within specific timeframes to ensure that appropriate care and treatment is maintained, on occasions, the service needs to overbook clinics, which causes delays. The immunology management team are actively working on improving the flow of patients in order to try and reduce the need for its clinics to be overbooked. In addition, the team are in the process of training clinical nurse specialists on how to assist clinicians more effectively, and reviewing where it would be appropriate for them to see patients, rather than a consultant.
- In order to meet the increasing demand of the dermatology clinic, two consultants have been reallocated tasks in order to ensure that more patients can be seen. In addition, the service plans to assign a weekly slot that will be kept for patients required to be seen urgently.
- When DHL first took over the transport service, the planning team were initially planning their journeys too tightly. In response to concerns and complaints received, they learnt from this and adjusted their planning processes accordingly.

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 also 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 2 years.

Of the 1,567 complaints opened in this financial year, 7 have so far been escalated to the PHSO by the complainant. 2 of those are complaints regarding services provided by Barnet & Chase Farm Hospitals and 5 are regarding services provided by the Royal Free Hospital. 1 Barnet Hospital case has been closed and not upheld and 1 Royal Free Hospital complaint has been closed and partially upheld. The other 5 cases are currently under investigation.

Summary

The primary subjects remain largely the same as the last financial year, with the most common subjects being clinical treatment, communication, attitude, 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.

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