

Annual Complaints Report – 2017/18

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 2017 and 31 March 2018. 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 response targets and the number of complainants who came 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.

Complaints received

There were 1,534 complaints received between 1 April 2017 and 31 March 2018. 765 of those were complaints regarding Royal Free Hospital services, 591 were regarding Barnet Hospital services and 178 were regarding Chase Farm Hospital services. This is very similar to the combined total of 1,567 complaints received in 2016/17 – 853 of which were for Royal Free Hospital services, 565 for Barnet Hospital services and 149 were Chase Farm Hospital services.

The 1,534 complaints received are from 1,410,262 inpatient and outpatient episodes, which equates to a complaint ratio of 0.1%, the same percentage as 2014/15, 2015/16 and 2016/17.

As of 13 July 2018, 1,489 of the complaints have been responded to. Of those, 132 have been fully upheld, 668 have been partially upheld and 689 have not been upheld. There have been 1,518 response target dates in this time period and we met 1,151 of them, which equates to an overall response rate of 76%.

	Q1	Q2	Q3	Q4	Overall
Deadlines met	313 of 411	324 of 441	298 of 377	216 of 289	1,151 of 1,518
Percentage	76%	73%	79%	76%	76%

Weekly meetings between the complaints managers and the corporate complaint leads on the Royal Free Hospital site continue, and regular meetings between the complaints managers and the corporate complaints lead for Barnet and Chase Farm take place regularly. The corporate complaints teams are also assisting with the extending and negotiating of deadlines where necessary.

However, disappointingly, the end of year position (76%) is the same as 2016/17. The overall trust performance could have been significantly better had it not been for the performance of Barnet and Chase Farm, whose average response rate for 2017/18 was 67%, compared to the Royal Free Hospital's average response rate of 85%.

In Q1 the newly appointed complaints manager for the medicine and urgent care (MUC) division at Barnet and Chase Farm facilitated responses to a number of the historic complaints (left behind by the previous incumbent) but, working through the back-log methodically, whilst dealing with the new cases coming through, impacted on performance (43%).

In Q2 the surgery and associated service (SAS) division at the Royal Free met only 24 of 51 targets (47%) and the women's, children's and imaging (WC&I) division at Barnet & Chase Farm met 20 of 40 targets (50%). The MUC and WC&I divisions at Barnet and Chase Farm continued to struggle in Q3 and Q4, with performances of 60%, 62%, 59% and 44%.

Following this, the director of nursing for Barnet Hospital requested that action be taken to improve performance. Consequently, weekly meetings are now taking place between the divisional complaints managers and senior staff in the divisional governance management teams to monitor complaint progress and help escalate matters when needed. The performance for Barnet and Chase Farm in Q1 of 2017/18 has improved to 73%.

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 the average response time for those complaints closed in 2017/18 was 43 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 now plateaued.

NB: the numbers for 2017/18 are accurate as of 13 July 2018 and may continue to change over the next few months.

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
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%)	42 of 853 (5%)	43 of 765 (6%)
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%)	45 of 714 (6%)	41 of 769 (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 2016/17 but have changed order slightly.

2016/17		2017/18	
Clinical treatment	391	Clinical treatment	394
Communications	335	Communications	297
Values & behaviours (attitude)	209	Values & behaviours (attitude)	218
Appointments	184	Appointments	215
Car parking	102	Car parking	96
Transport	75	Admission / discharge	60
Nursing or midwifery care	74	Transport	50
Admission / discharge	60	Nursing or midwifery care	50
Waiting times	28	Waiting times	37
Access to treatment / drugs	16	Administration	37

The top 10 subjects are predominantly the same and the top 5 are identical. Clinical treatment and communication issues are again the most common primary subjects of the complaints received. Attitude and appointment complaints continue to be a feature, as does car parking issues across all sites.

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 531 complaints received where clinical treatment was recorded as a subject of the complaint – in 394 cases it was the primary or sole reason for the complaint. The 531 complaints were received from 1,410,262 inpatient and outpatient episodes, which equates to a complaint ratio of 0.04% (2014/15 was 0.02%, 2015/16 was 0.04% and 2016/17 was 0.04%). There is no identifiable trend in terms of staff member.

Of the 531 complaints received, 23 have been fully upheld (38 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 below breaks the clinical treatment complaints down by primary specialty and primary sub-subject for the 10 most complained about specialties.

	Awareness under anaesthetic	Delay or failure to undertake scan/X-ray	Delay or failure in acting on / ordering test results	Delay or failure in treatment for infection	Delay in induction of labour	Delay or failure to monitor wound	Delay or failure in treatment or procedure	Delay or failure to diagnose	Delay or failure to follow up	Delay in obtaining clinical assistance	Failure to follow up on observations / recognise deteriorating patient	Inadequate pain management	Inappropriate procedure or treatment	Injury sustained during treatment or operation	Mismanagement of labour	Total
Emergency Dept - Adults	0	7	3	0	0	0	8	20	1	1	1	1	8	1	0	51
Orthopaedics & Trauma	0	1	0	1	0	1	11	3	2	0	0	0	5	2	0	26
Obstetrics & Maternity	0	1	2	2	1	0	1	1	1	0	0	1	1	1	13	25
Cardiology	1	0	1	0	0	1	7	2	1	0	2	0	2	2	0	19
Plastic Surgery	0	0	0	0	0	1	9	0	4	0	0	1	1	1	0	17
Urology	0	0	1	0	0	0	6	1	4	0	0	0	1	1	0	14
Paediatrics	0	1	1	0	0	0	2	2	2	0	0	0	4	0	0	12
Breast Surgery	0	0	0	1	0	0	4	4	0	0	0	1	1	0	0	11
Ophthalmology	0	0	0	0	0	0	4	0	0	0	0	0	4	3	0	11
Gynaecology	0	0	0	1	0	0	4	0	2	0	0	0	2	0	1	10
Total	1	10	8	5	1	3	56	33	17	1	3	4	29	11	14	196

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 again the most common specialties to be referred to.

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

- ✚ Whilst arrangements for review or follow up are suitable to be discussed via telephone, certain conditions, such as wounds, cannot be assessed adequately via telephone because they require a visual or physical examination. For such cases, foundation year 2 ED doctors should seek a local, senior emergency department opinion, rather than a remote, junior surgical opinion. This will be reiterated during junior doctor induction and teaching sessions and included in the ED handbook. The surgical teams, including plastics, will also be advised that their junior staff should not give such opinions over the telephone.
- ✚ A complaint highlighted that some patients have not been receiving their cardiology test results in a timely manner due to a breakdown in the registrar review process. A new process has therefore been instigated within cardiology so that all results, requiring review from a registrar, are distributed to the on-call cardiology registrar, who will do them within the week that the test happens. An escalation process has also been instigated to chase outstanding administration work via the educational supervisors.
- ✚ The ED consultant has discussed this case with the doctor concerned and provided him with education on the management of a clavicle injury and possible underlying chest injuries. There will also be a teaching session on this case [anonymously] to ensure there is learning for all the ED junior doctors.

Communication

There were 424 complaints received where communication was recorded as a subject of the complaint – in 297 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.

	Breakdown in communication between staff	Breakdown in communication re appointments	Communication Failure between departments	Communication failure within department	Communication with patient	Communication with relatives/carers	Communication with GP	Conflicting information	Delay in giving information/results	Delay in reporting results	Inadequate or insufficient information provided	Incorrect Entry on Medical Records	Incorrect/inaccurate interpretation	Incorrect/No information given	Patient Not Listened to	Insufficient information provided prior to consent	Total
Emergency Dept - Adults	0	0	0	0	8	3	1	1	0	0	0	3	1	0	2	0	19
Urology	1	1	0	0	10	1	0	0	2	0	0	0	0	1	0	1	17
Obstetrics & Maternity	0	1	0	0	10	0	0	1	1	0	1	1	0	1	1	0	17
Dermatology	0	1	0	0	7	0	0	3	2	0	2	0	0	0	0	0	15
Orthopaedics and Trauma	0	0	1	0	10	0	0	0	0	0	0	0	0	0	1	0	12
Gynaecology	0	0	0	0	5	2	1	0	1	0	1	0	0	2	0	0	12
Radiology	0	0	0	0	4	0	0	0	1	2	2	0	0	1	1	0	11
Cardiology	0	0	0	0	5	1	0	0	1	1	1	2	0	0	0	0	11
Plastic Surgery	0	1	1	1	5	2	0	0	0	0	0	0	0	0	0	0	10
Ophthalmology	0	0	0	0	7	1	0	0	0	0	0	1	0	0	0	0	9
Total	1	4	2	1	71	10	2	5	8	3	7	7	1	5	5	1	133

The specialties involved and numbers received are lower than last year's report. The top ten specialties and sub-subjects are very similar to last year's report but elderly medicine, the outpatient appointment centre and general surgery have been replaced by gynaecology, radiology and plastic surgery. Communication with the patient is once again the key underlying theme.

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

- ✚ The overseas visitors team will work with the senior nurses on 11 West ward to produce a patient information leaflet about treatment for a high consequence infectious disease and chargeable treatments.
- ✚ The dermatology service at Barnet Hospital will be implementing a cryotherapy consent form that has to be read and signed by patients prior to receiving this treatment. Furthermore, following comments about the quality of the images available on the current information leaflet for cryotherapy, the dermatology service has agreed to make colour, laminated copies of the information leaflets available for each clinic room so that patients can better visualise what to expect.

- ✚ Corneal abrasion (scratch to the eye) will now be something that the ophthalmology staff discuss more thoroughly with patients before going ahead with injections, and it will now become part of the formal consent procedure.
- ✚ The ophthalmology team have now employed another member of staff to support the ophthalmology service at the Whittington Hospital site and prevent difficulties in patients getting through to the clinic.
- ✚ The urology service is in the process of arranging a new system that will link all the administrative telephone lines in the service together and therefore enable the management team to view the performance of the administrative team in answering calls and voicemail messages. We hope that this will ensure that patients will not encounter problems getting through to the department.

Values and behaviour – attitude

There were 307 complaints received where attitude was recorded as a subject of the complaint – in 218 cases it was the primary or sole reason for the complaint.

The complaints related to a wide range of departments and specialties. 165 (54%) related to Royal Free Hospital services and 142 (46%) related to Barnet and Chase Farm Hospital services, whereas in last year's report the Royal Free Hospital services accounted for 65% of the attitude complaints.

There is no obvious trend in terms of individuals involved but the adult emergency departments and our obstetric services again received the most complaints in this regard.

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

	Attitude of Nursing staff/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	9	11	2	0	0	2	24
Obstetrics & Maternity	8	7	0	0	1	1	17
Radiology	0	7	1	2	1	3	14
Orthopaedics and Trauma	6	4	2	0	0	0	12
Dermatology	2	3	2	0	0	1	8
Gynaecology	1	2	4	0	0	2	9
Phlebotomy	1	1	2	2	0	1	7
Outpatient Appointment Centre	0	0	3	2	0	2	7
Respiratory Medicine	2	4	0	1	0	0	7
Rheumatology	2	3	1	0	0	0	6
Cardiology	1	3	1	0	0	1	6
Total	32	45	18	7	2	13	117

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

- ✚ The urology secretary concerned will be attending a professional telephone skills course.
- ✚ The outpatient appointment centre has now introduced new software which allows us to record all calls made to the department. The software records who called, when, and how long the conversation lasted. This should help improve the standard of service being provided and, with the greater degree of monitoring, will allow us to take further action on any complaints about unsatisfactory call handling.
- ✚ The switchboard operator in question has listened to the recordings that were made, in the presence of her manager, and was shocked by how abrupt she was. This incident has been recorded on her staff file and will be followed up during the course of her ongoing appraisal and assessment.
- ✚ The outpatient appointment centre manager has listened to the recording of the phone call and agrees that the matter could have been handled much better by the member of staff and that her tone was inappropriate at times. The member of staff has been spoken to about this matter by her line manager and it has been placed on her record so that it can be monitored and discussed during her upcoming appraisal.
- ✚ The doctor who discussed the 'do not attempt resuscitation' form with the patient is going to have a debrief with their line manager and clinical lead in order to improve the way in which they conduct such conversations in future.

Nursing and midwifery care

There were 94 complaints received where nursing/midwifery care was recorded as a subject of the complaint – in 50 of those complaints it was the primary or sole reason for the complaint being lodged.

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

The table on pages 14 and 15 of this report breaks the nursing complaints down by the primary location and primary sub-subject for the complaints received. The data highlights that the concerns raised about nursing care are spread across a number of wards; 48 in total. A patient's care needs not being met and a lack of support for patients during their admission were the most common underlying themes, although if you were to group together the 5 different sub-subjects linked to nutrition and hydration this would also become a theme.

No area received a concerning number of complaints during the financial year (no ward had more than 5 complaints recorded against them) and there was no identifiable trend in terms of staff members involved.

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

- ✚ The maternity day unit at Barnet Hospital has set up a service improvement group, with a named consultant taking the lead, looking at ways to improve the service to our women.

- ✚ Matron for 9 North ward met with complainant to discuss the complaint and apologise in person for what happened with the nurse. This was an agency member of staff who has not worked on the ward since this incident and the bank team have been made aware so that they don't book this agency nurse anymore.
- ✚ It took too long to commence a patient's NG feed, partially because of difficulties in ensuring that it was in the correct position and partially because staff did not carry out the correct protocols. In light of our findings, we have advised the doctor to call the radiology team when requesting x-rays to confirm the position of a NG tube and for Sister to remind her staff to escalate any issues to senior staff, where necessary. Sister for 9 North ward will also ask the clinical practice educator to perform an audit on NG feeding documentation and to arrange for any necessary training arising from there.
- ✚ The nurse from 8 East ward has acknowledged that, on reflection, the problems encountered by a patient were caused by her lack of knowledge of what was required. Consequently, the matter is now being taken forward in line with appropriate internal processes.
- ✚ The senior matron for renal and urology plans to have a 30 minute surgery every day on 10 South A ward where he is available to talk to families about concerns they might have.
- ✚ 5 East B ward are setting up a daily clinic for relatives of patients to ask questions and raise concerns about their loved ones treatment.

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 review of the signage from the ground floor to the cashier's office indicates that it is insufficient. There will therefore be increased the signage from the main entrance along the route to the cashier's office.
- ✚ It has been identified that there was an operational issue with the Dictate IT system, which resulted in letters that were ready for printing and distribution to patients between the 15 May 2017 and 9 June 2017, not being sent out until July 2017. We can confirm that this issue has been rectified and the process amended to ensure this does not happen again, including daily audits of the letters distribution. We have also had assurances that all letters are now sent out on a daily basis from the Dictate IT system. This matter is being taken very seriously and has been reported internally as a serious incident in order to ensure that all patients affected are reviewed and followed up appropriately.
- ✚ The dermatology service is currently experiencing capacity issues and there has also been an increase in the referrals received, which is impacting on the time patients wait to receive their appointments/treatment. Consequently, the dermatology department is currently undergoing restructuring and are in the process of recruiting more staff to help with the flow of patients.

- ✚ A reduced car parking rate over night was considered many years ago but a flat fee was eventually decided upon because this keeps the administration costs down. When we changed to ParkingEye the decision was made to keep a flat fee so as to keep changes to a minimum during the transition from pay and display to automatic number plate recognition controlled cameras. However, when the multi-storey car park closes, we will be introducing a capped fee at 8 hours parking.
- ✚ The diabetes clinic has recently taken on a pump nurse, who can undertake reviews by telephone and email, which both increases convenience for patients and means that clinic consultations by medical staff can take less time, thereby reducing delays.
- ✚ Your complaint was discussed at the weekly urology operations meeting on 4 September 2017. Whilst those in attendance noted that the correct pathway was followed, it was felt by all that the patient's experience was not ideal and the clinical director for nephrology, urology and transplantation has agreed that the urology management team would review the pathway (for patients transferring across from Barnet Hospital) to see if there were any improvements that could be made in this regard.
- ✚ The operations manager will ensure that the general surgery on-call contact details are available on 5 North A ward, and has been working with the breast team, in conjunction with the nursing teams working on DSU, to develop a 23 hour mastectomy pathway.
- ✚ Due to the patient's circumstances she is entitled to claim back her taxi fares to the hospital. The fact that this was not widely known by staff is a failing, which stems from a lack of clear guidance within the treasury team. Finance are therefore leading on a piece of work to implement new processes and procedures which will be available to patients, clinic and ward staff, and the cashiers office staff by the end of March 2018.

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 3 years.

Of the 1,534 complaints opened in this financial year, 5 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 3 are regarding services provided by the Royal Free Hospital. To date, 1 Barnet Hospital case has been closed and not upheld and the other 4 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.

Barnet Hospital																							
Discharge Arrangements (inc Lack of or Poor Planning)	Acquired pressure ulcer	Call bell out of reach	Call Bell - failure to respond	Care needs not adequately met	Catheter care	Cannula management	Cannula left in situ on discharge	Continance issues	Failure to provide adequate care	Failure to comply with hand-hygiene requirements	Failure to adopt infection control measures	Failure to identify food allergy	Failure to monitor observations	Failure to monitor pressure ulcer	Failure to provide assistance with eating/drinking	Failure to provide food appropriate to clinical condition	Failure to provide fluids	Inadequate support provided	Lack of nutrition and hydration	Moving and handling issues	Patient felt neglected	Slips trips and falls - unwitnessed	Total
AAU																1							1
Beech				1											1				1				3
Cedar			1	1					1						1							1	5
Damson				1						1											1		3
Delivery Suite														1									1
Emergency Dept															1								1
EPU				1																			1
Juniper														1									1
Larch				2																			2
Mulberry									2														2
MDU																						1	1
MSSU					1				1										1				3
Outpatients dept																		1					1
Olive																				1	1		2
Palm												1				1							2
Post-op care unit		1																					1
Rowan									1														1
Spruce	1			3																		1	5

