



King's College Hospital   
NHS Foundation Trust

# Patient Complaints Annual Report 2017/18

Compiled May 2018

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## Executive Summary

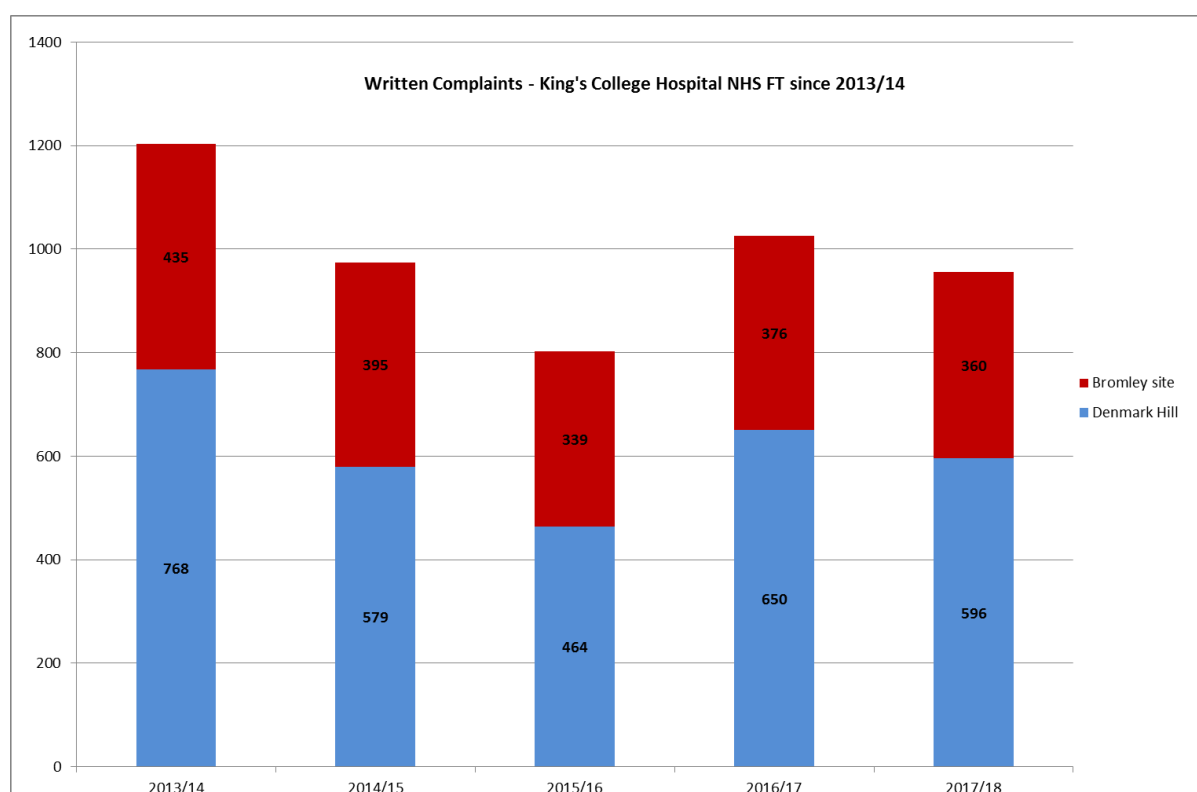
This report provides a summary of patient complaints received between 1 April 2017 and 31 March 2018. It includes details of numbers of complaints received during the year – both for the Denmark Hill and Bromley sites, performance in responding to complaints, Parliamentary and Health Service Ombudsman investigations and actions taken by the Trust in response to the complaints.

The report aims to provide assurance that the Trust is responding to patient complaints in line with its procedures, Department of Health legislation, and service standards expected by the Parliamentary and Health Service Ombudsman.

Patient Experience reports provide integrated quarterly data on complaints, PALS contacts, HWRD survey results and the Friends and Family test survey.

Points to note:

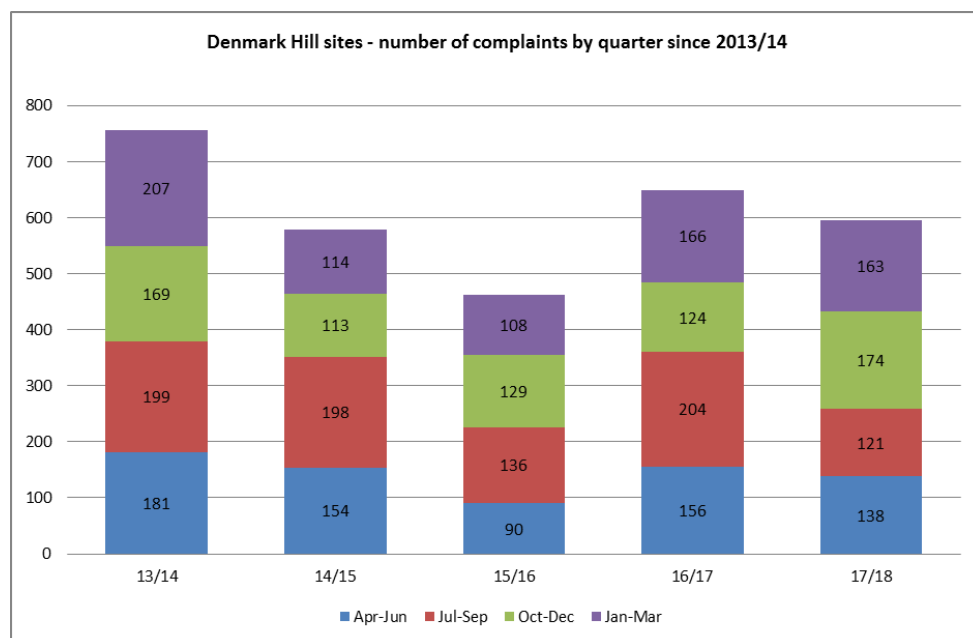
- In 2017/18, the Trust received **956 complaints** – Denmark Hill 596 and Bromley sites 360. Overall, an organisational **decrease of 7%** compared to 2016/17 (1026).
- **8% reduction** in complaints (Denmark Hill) and **4% reduction** on the Bromley sites.
- **12,214 PALS** contacts recorded - **6% increase** from 2016/17.
- End of year **performance of 51%** in responding to complaints within 25 working days (45% Denmark Hill and 59% Bromley sites) – *internal target of 70%*
- 1.5% of complaints (14) were referred to the Parliamentary and Health Service Ombudsman for further independent investigation.



## Overview of Complaint Numbers

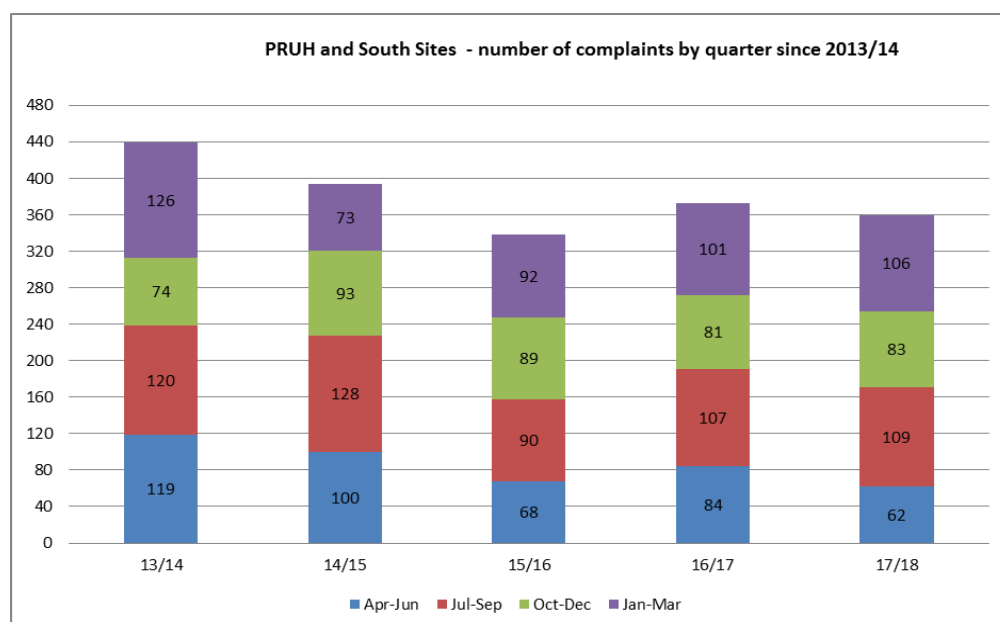
### Denmark Hill

596 complaints were received in 2017/18 which is an 8% reduction compared to the previous year (650). 6% of complaints (35) were re-opened during the year for further response which is a little lower than previous years. The end of year performance in responding to complaints within 25 working days was 45%.



### PRUH and South Sites

360 complaints were received in 2017/18, a 4% reduction compared to the previous year (376). 7% of complaints (25) were re-opened during the year for further response. The end of year performance in responding to complaints within 25 working days was 59%.



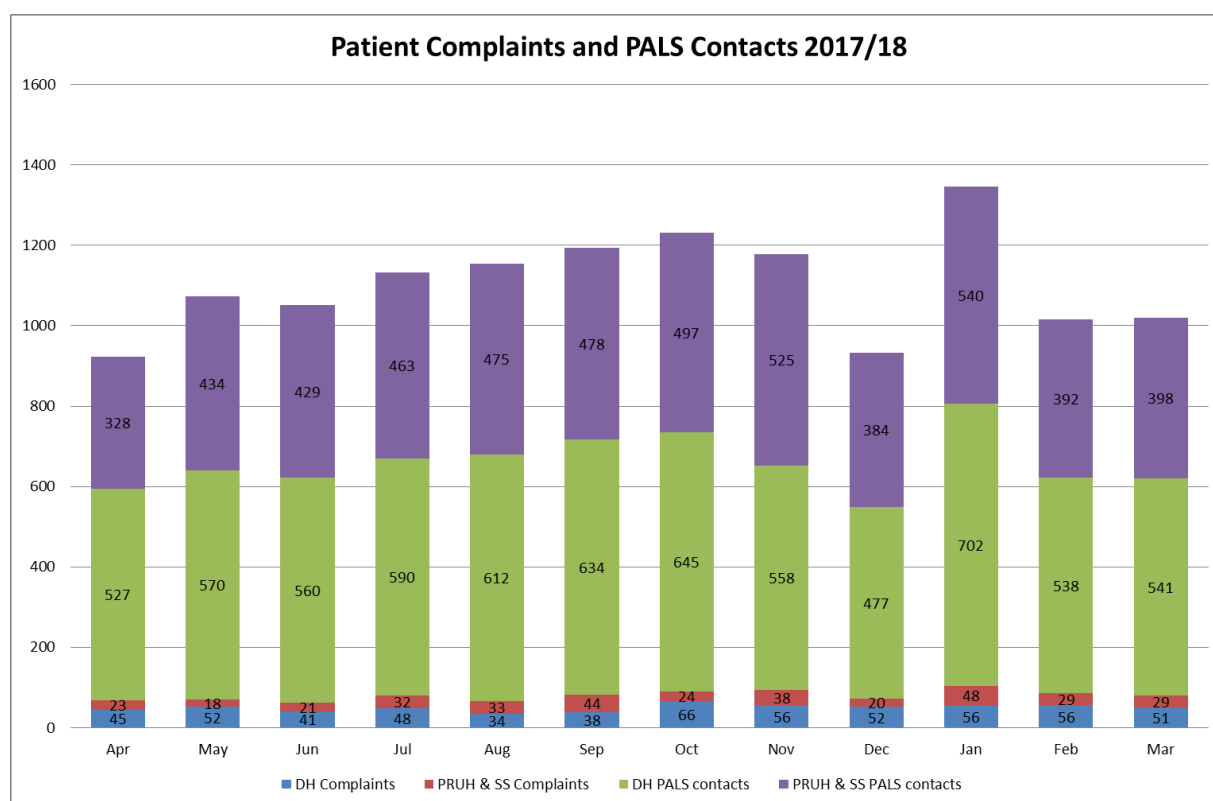
## Complaints and PALS contacts Trust wide for 2015/16

The number of complaints received on all Trust sites reduced in 2017/18 (956). Compared to patient activity within the Trust, this is measured to 0.6 complaints per 1000 attendances.

Complaints received have ranged between 62 and over a 100 a month (a monthly average of 80 complaints); with Denmark Hill receiving on average 50 complaints per month, while Bromley sites received on average 30 complaints per month. The Trust has a challenging target of responding to complaints within 25 working days given the complexity of cases it often receives. We know we can do more to improve the quality and timeliness of our complaint responses and in the coming year we will continue to improve our complaints handling, and this is a priority for the Board.

All new complaints are triaged by the central complaints team with the aim of providing complainants with the opportunity to have their experience addressed by PALS, where intervention is felt possible. This approach has consistently been applied since October 2014.

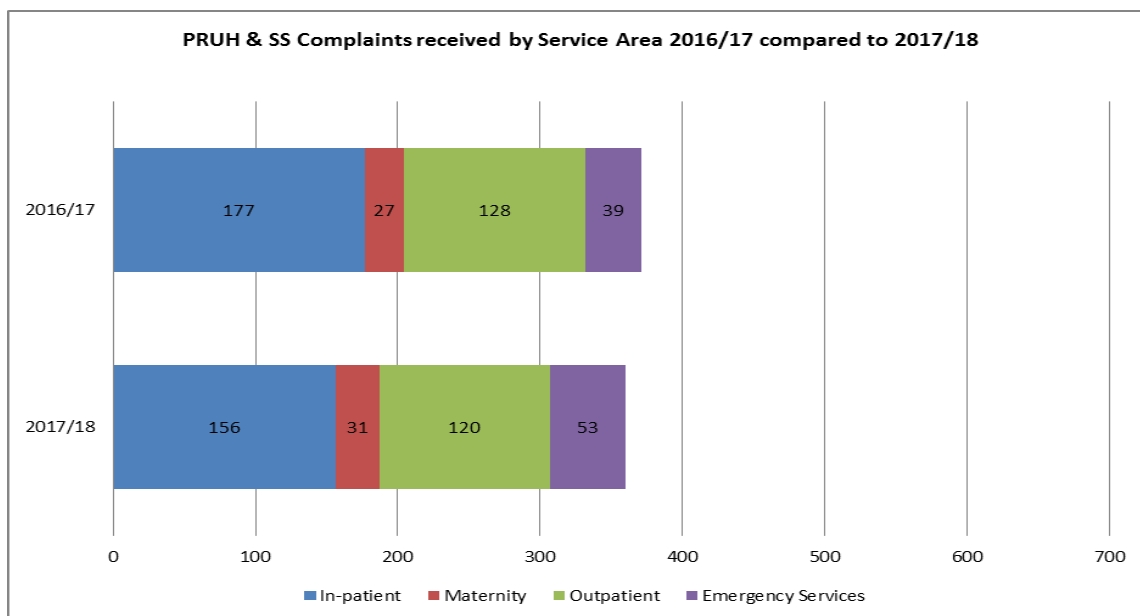
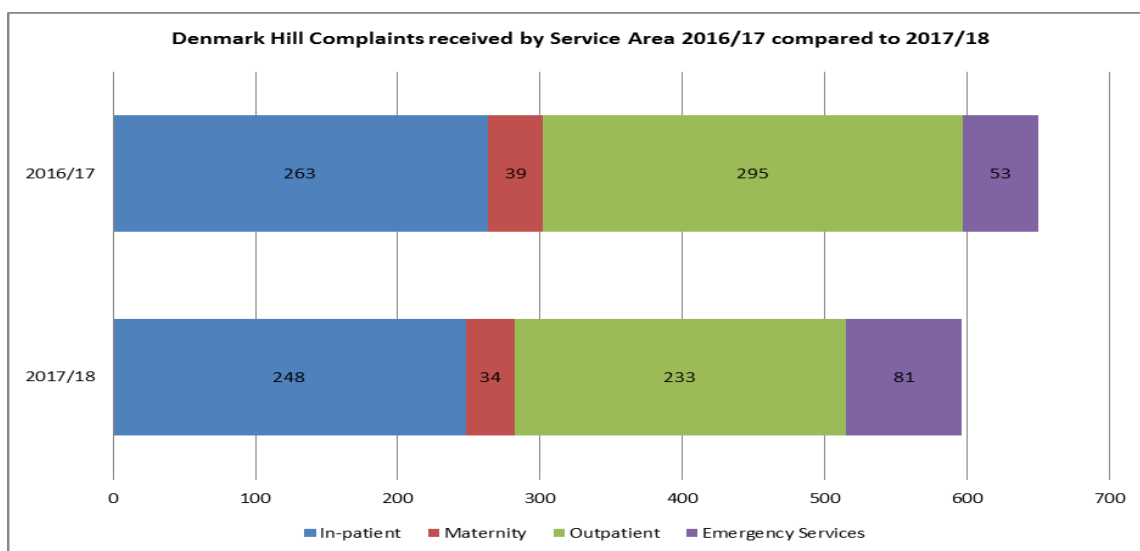
PALS contacts increased by 6% during the year which is a smaller increase than that seen in the previous year.



The Trust also regularly receives positive patient experience stories via patient opinion websites, HRWD, through social media networks, Twitter and Facebook. Since January 2017, 209 compliments have been recorded in addition to comments, complaints and concerns.

## Complaints by Service Area

The charts below illustrate the distribution of complaints between the service areas of patient care over the year. On the Denmark Hill site, a total of 282 inpatient complaints (including maternity) which is 47% of the total complaints at Denmark Hill, outpatient complaints, 233 (39%) and Emergency Department, 81 complaints (14%). On the Bromley sites, a total of 187 inpatient complaints (including maternity) were received (52%), 120 outpatient complaints (33%) and Emergency Department, 53 (155). Denmark Hill Maternity complaints have remained static as they have at the PRUH. Complaints about emergency care have increased across both sites in 2017/18 (DH, 81 from 53); (PRUH, 53 from 39).

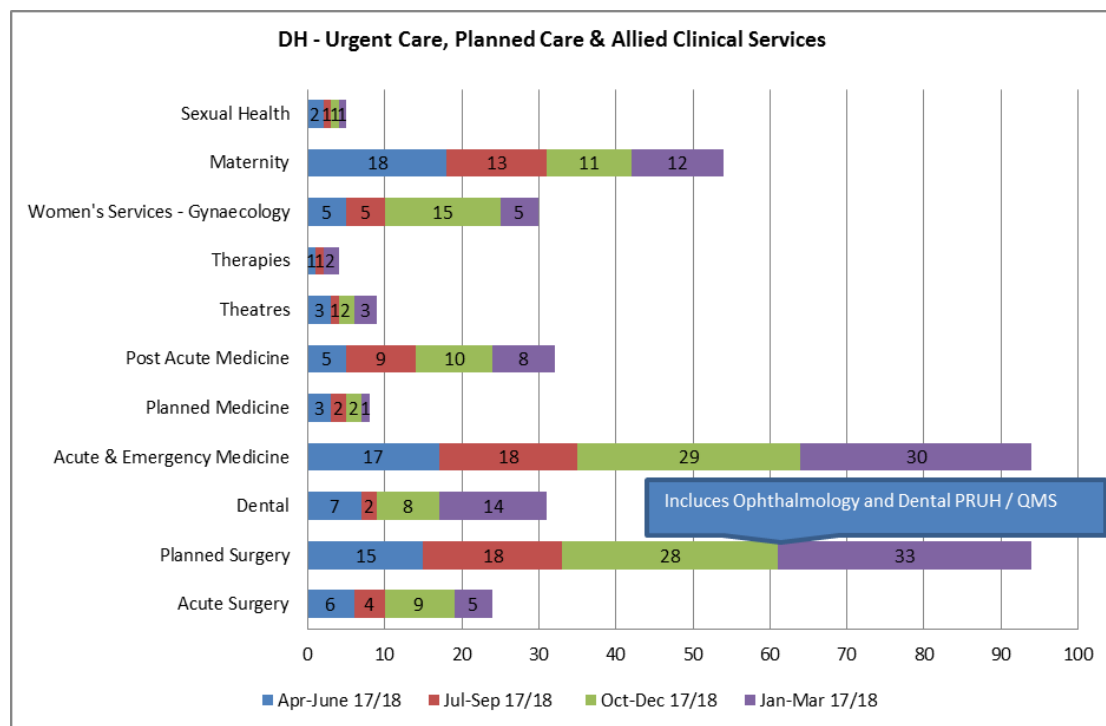


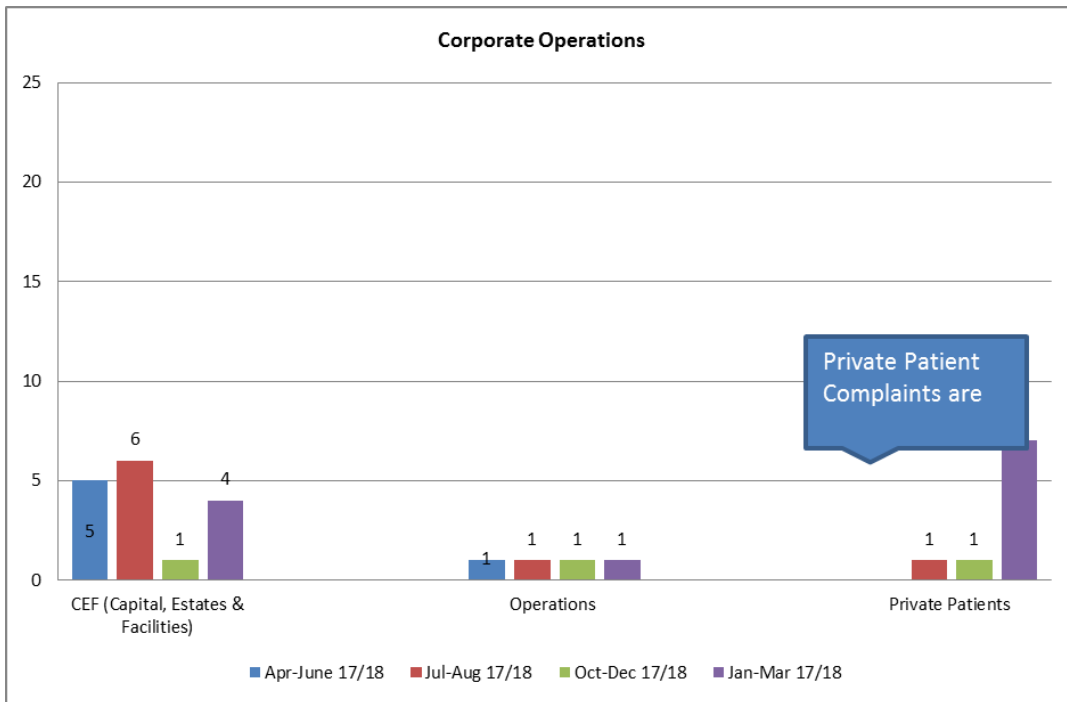
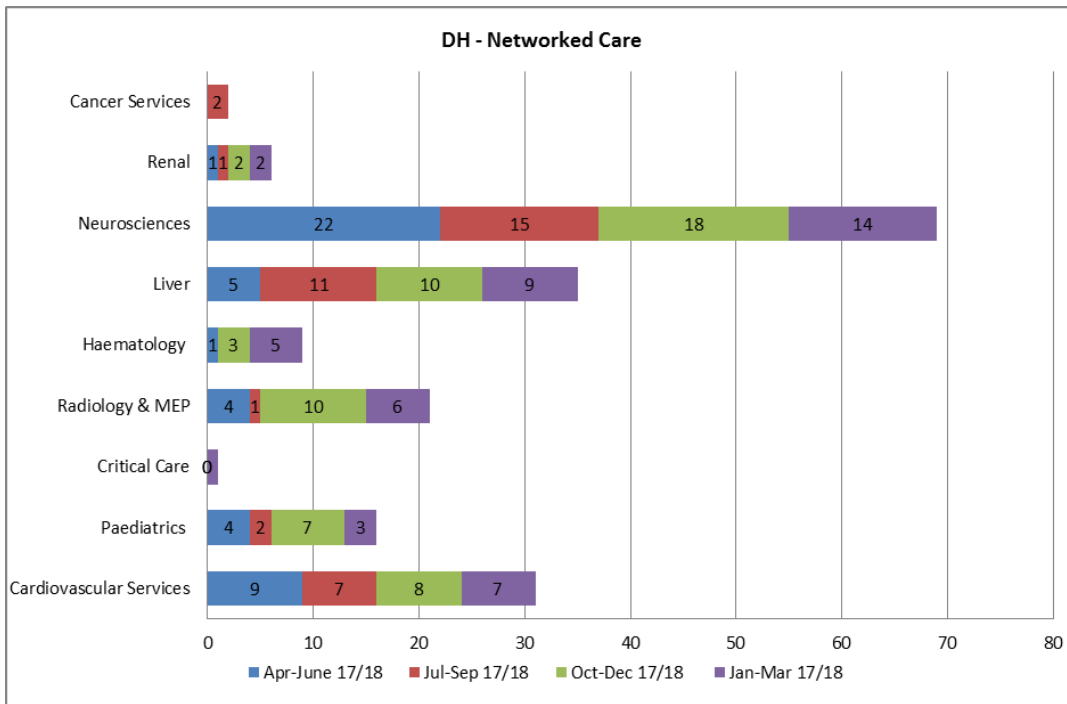
## Complaints measured against Trust activity

Denmark Hill	2017/18	PRUH & SS	2017/18
<b>Inpatient attendances</b>		<b>Inpatient attendances</b>	
Number of inpatient complaints	282	Number of inpatient complaints	187
Inpatient episodes	138,934	Inpatient episodes	80,134
Complaints per 1000 attendances	2	Complaints per 1000 attendances	2.3
<b>Outpatient attendances</b>		<b>Outpatient attendances</b>	
Number of outpatient complaints	233	Number of outpatient complaints	120
Outpatient episodes	804,266	Outpatient episodes	448,632
Complaints per 1000 attendances	0.3	Complaints per 1000 attendances	0.3

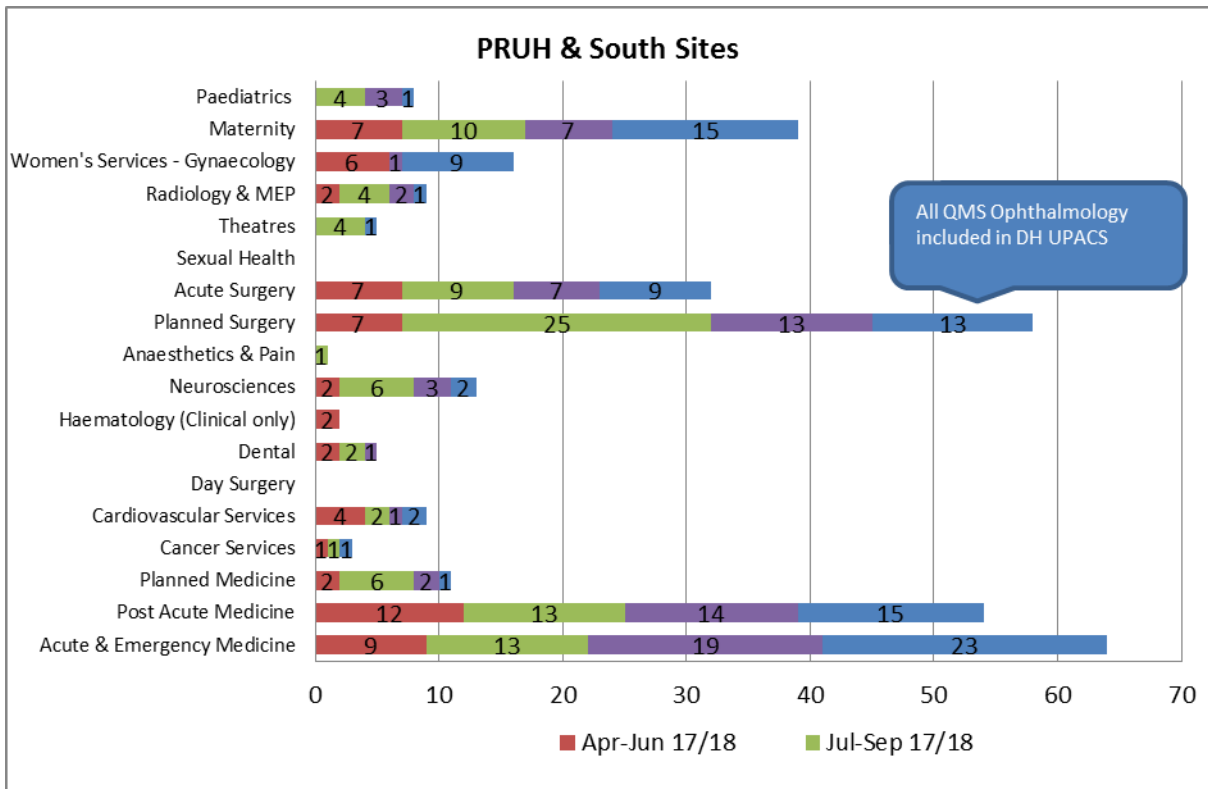
## Complaints by Division and Responsiveness

Each complaint is assigned to a principle Division regardless of other specialities that may be involved in another aspect of the complaint. The following tables illustrate the distribution of complaints by the key Division during 2017/18.

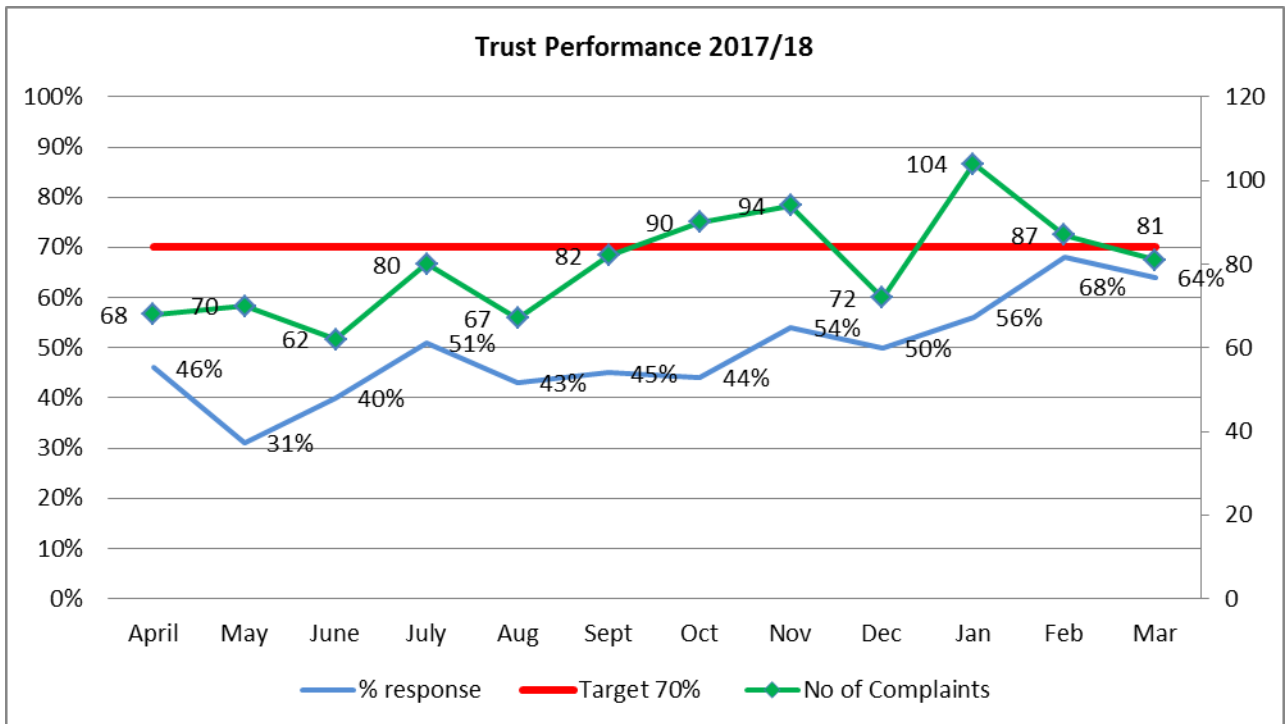


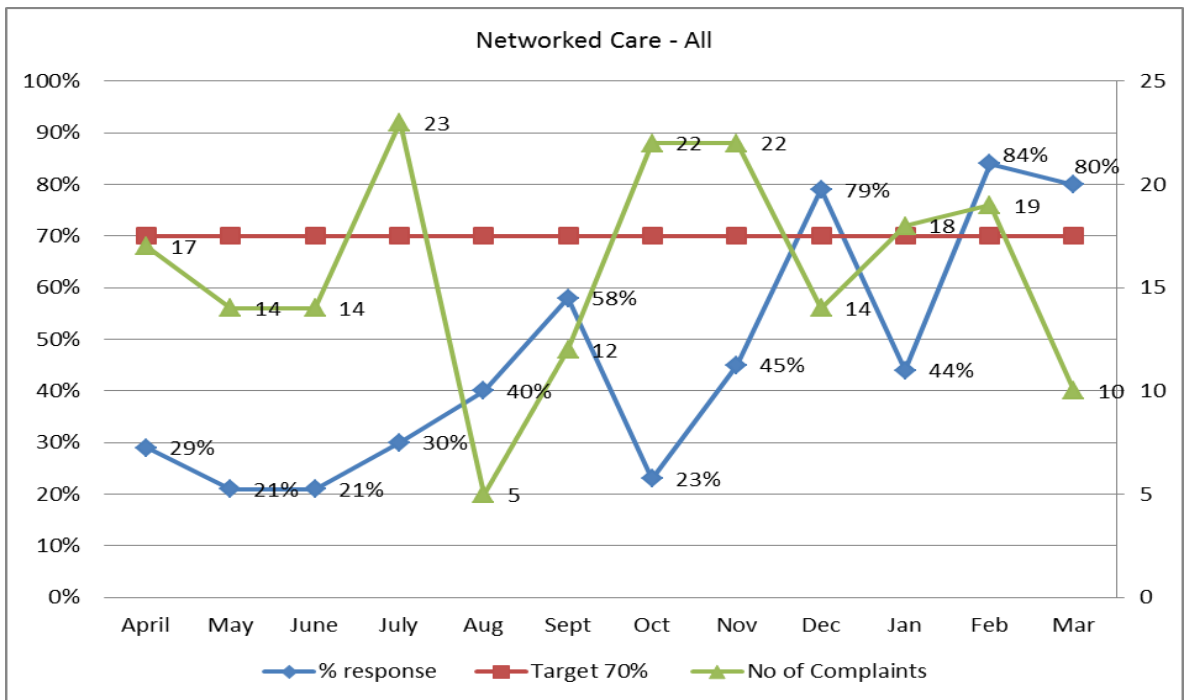
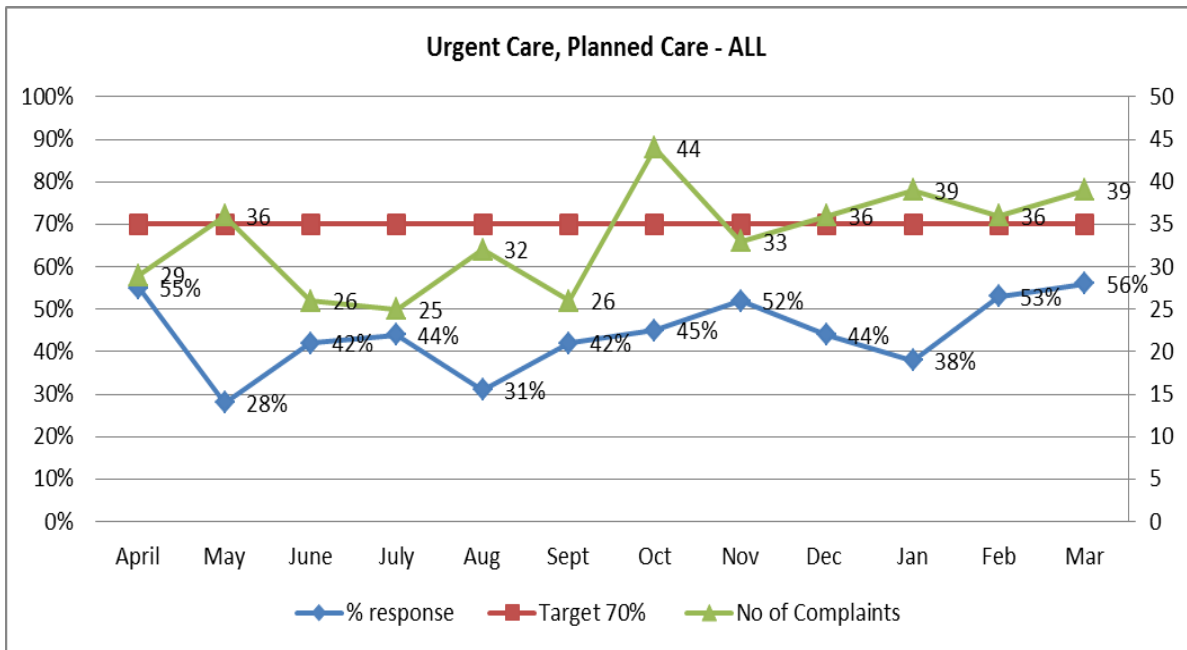


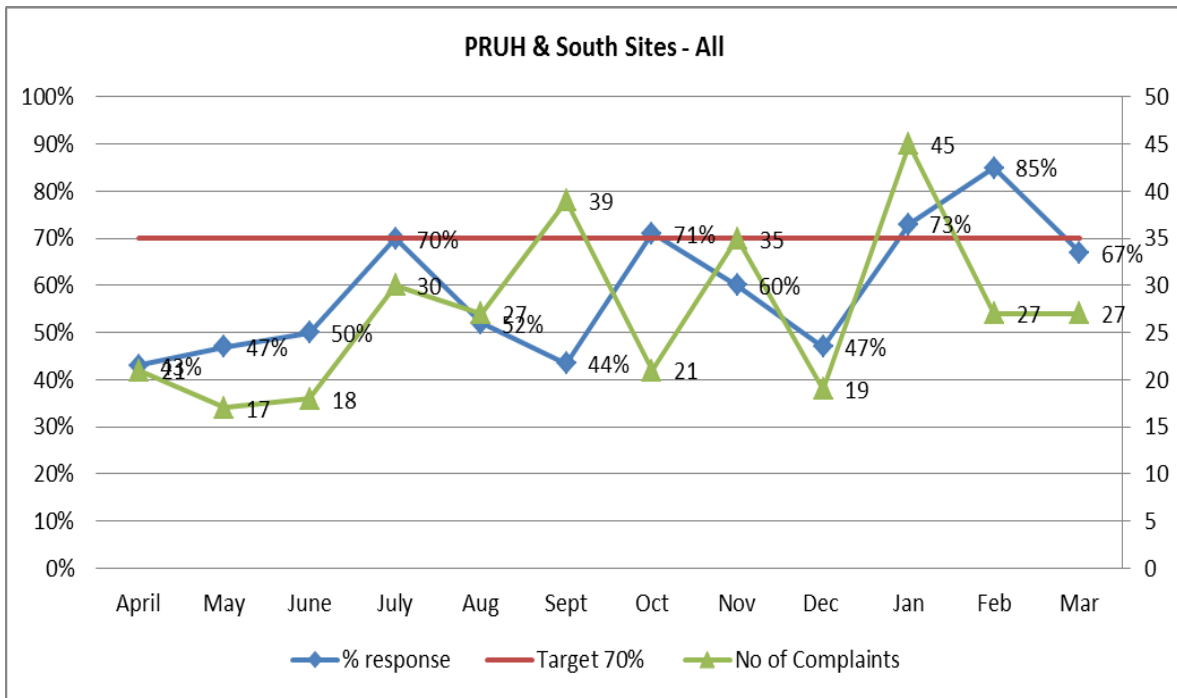




The following tables provides the overall Trust and then by Division, the responsiveness to complaints in 2017/18. The improvement in response is noticeable, particularly since January 2018 which reflects the initiatives taken to drive performance; this includes regular meetings with Divisional staff and close case tracking to highlight and prevent breaches to the working timeframe being aimed for.





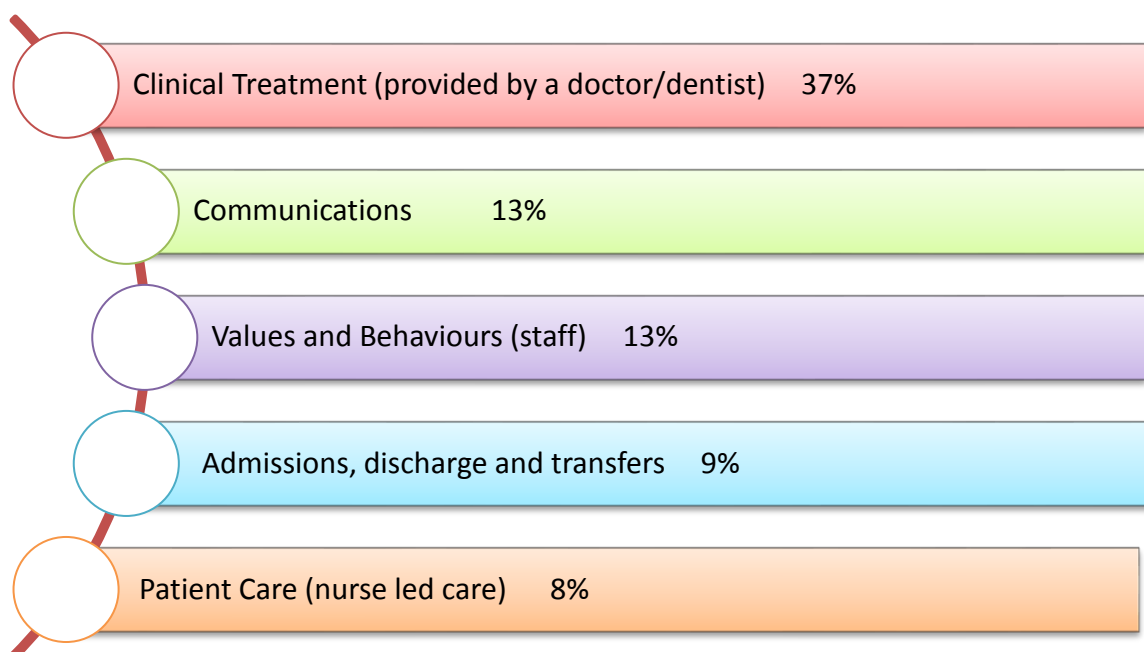


### Causes of complaint

Since April 2015 changes were made to the National Complaint framework (K041) and there is now a quarterly data set return rather than an annual one. The information obtained from the KO41 collection monitors written hospital and community health service complaints received by the NHS.

Each complaint is considered on a case by case basis to ensure the issues raised are carefully and appropriately considered. Whereas some complaints relate to a single episode of care or experience, others can be multi-faceted and may involve multiple clinical specialities and/or require comments from another NHS hospital or service. All complaints are allocated against subject areas, as set out by the Department of Health.

Our top 5 subject categories of complaint in 2017/18 are:



## Denmark Hill

Clinical treatment refers only to contact and care provided by a clinician whereas in past years it encompassed all clinical treatment provided by the full clinical multi-disciplinary team. A separate category for nursing led care is also now applied, which includes patient nutrition and hydration.

However, clearly a complaint relating to clinical treatment (doctor led care) is the predominant cause of a complaint being made (215 - 36%), while 79 (13%) concern communication.

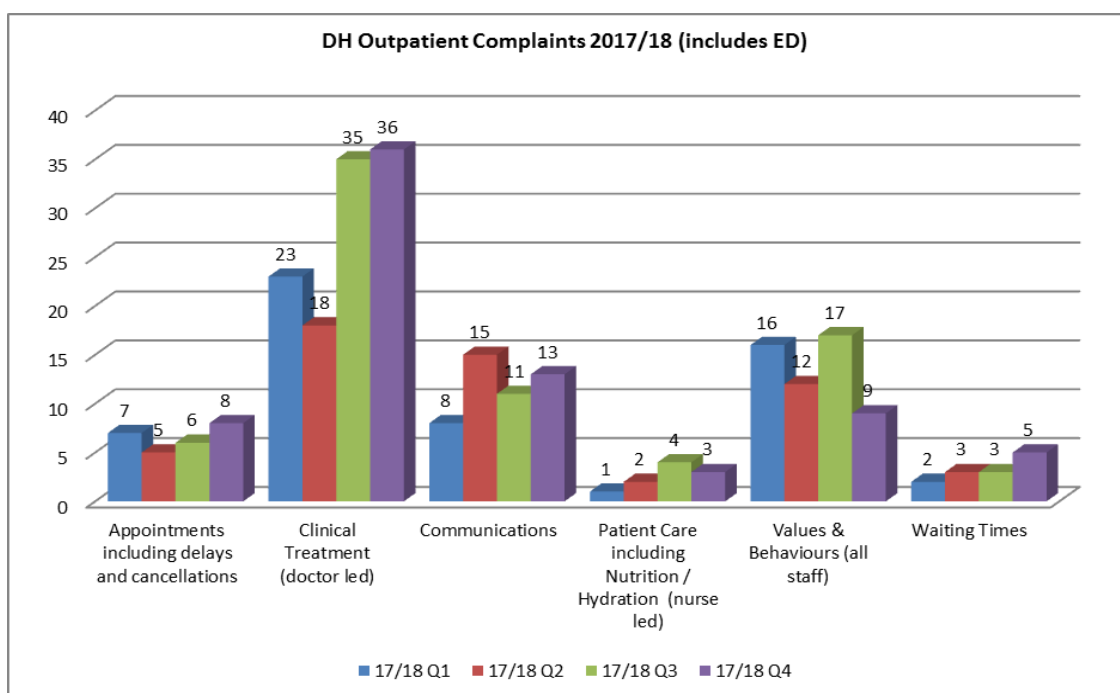
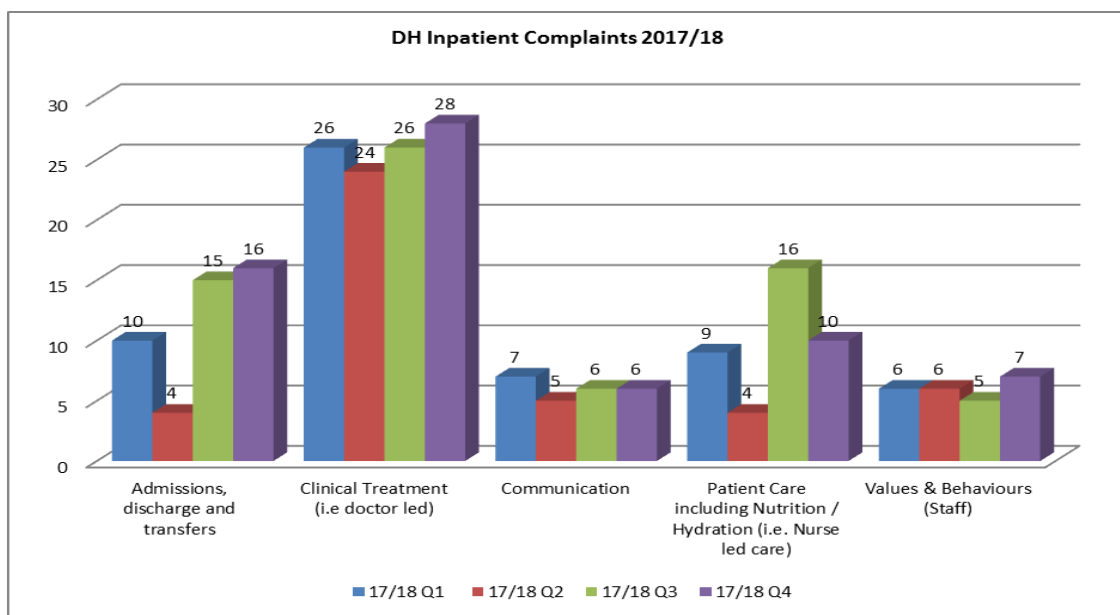
Denmark Hill - Primary subject of complaint	2017/18	% of complaints
Clinical Treatment (doctor led care)	215	36%
Patient Care (nurse led care)	49	8%
Admissions, discharge and transfers	55	9%
Communications	71	12%
Values & Behaviours (Staff)	79	13%
Appointments including delays and cancellations	34	6%
Access to treatment or drugs	13	2%
Trust Administration	13	2%
Waiting Times	17	3%
Facilities Services	4	1%
Prescribing errors	15	3%
Privacy, dignity and wellbeing	11	2%
End of Life Care	3	1%
Other	17	2%
Totals:	596	100%

Because complaints reflect a personal experience, it is difficult to be precise about any common themes but some of the issues raised include a perceived delay or failure in treatment or a procedure (medical and surgical patients), inappropriate surgical management, post-operative management either a developed complication

or outcome not as expected, discharging arrangements and obstetric management (labour). Running throughout most complaints are communication issues and the negative impact this has had. Poor attitude and behaviour is a trigger for a complaint when staff do not display empathy and compassion or are brusque and do not appear to be willing to give the patient the voice to speak. Complaints of this type are more apparent in the outpatient setting.

Complaint issues also include missed or incorrect diagnosis in the Emergency Department, for instance when an x-ray is not ordered and an undiagnosed fracture is later confirmed.

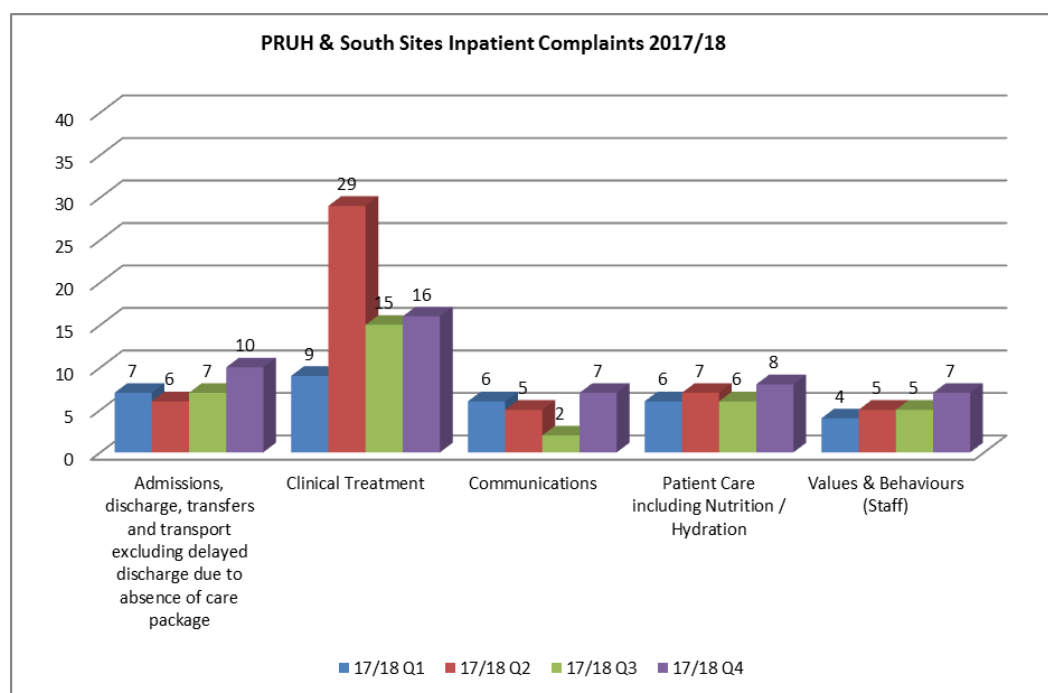
The following tables illustrate the main complaint themes by quarter for both inpatient and outpatients.

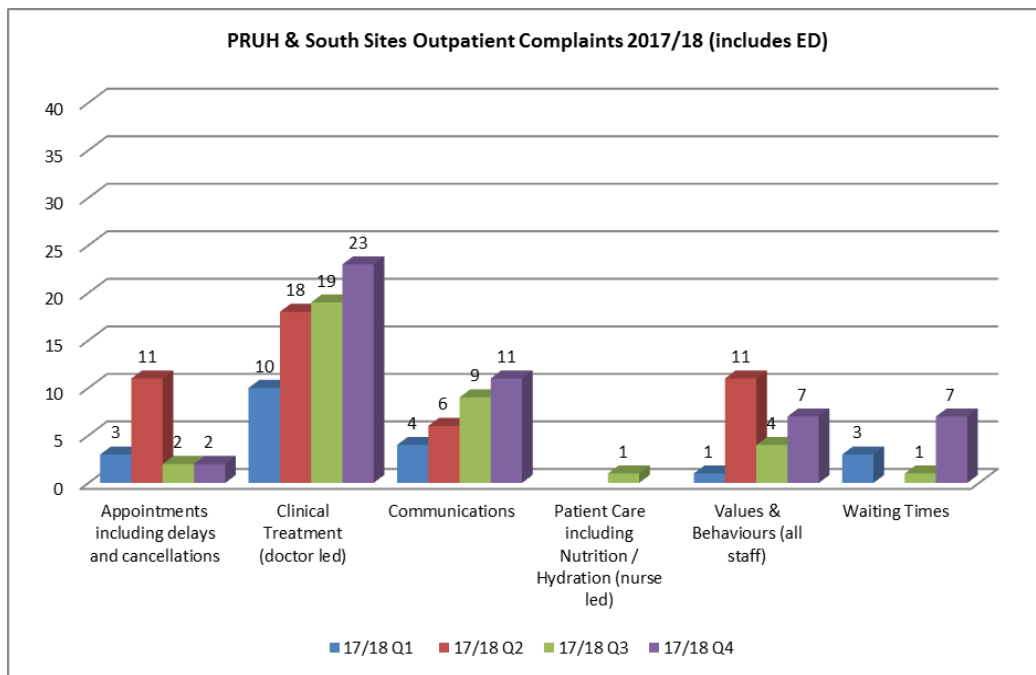


## Bromley sites

Complaints relating to an aspect of clinical treatment (doctor led care) – 139 (39%) are the predominant cause cited, with complaints concerning communication, the second highest 50, (14%). Staff behaviour and conduct, 44 complaints (12%) and Admissions, Discharges and Transfers, 35 complaints (10%). Complex discharge arrangements involving community teams or concerns a discharge has been made too soon in a patient’s pathway are common problems.

Bromley sites - Primary subject of complaint	2017/18	% of complaint
Clinical Treatment (doctor led care)	139	39%
Patient Care (nurse led care)	28	8%
Admissions, discharge and transfers	35	10%
Communications	50	14%
Values & Behaviours (Staff)	44	12%
Appointments including delays and cancellations	20	6%
Waiting Times	14	4%
Prescribing errors	2	1%
Access to treatment or drugs	2	1%
Trust Administration	6	2%
Privacy, dignity and wellbeing	4	1%
Consent to treatment	1	0%
Other	15	4%
Totals:	360	100%





## Ethnicity and access

The Trust widely promotes the opportunity for patients to raise concerns or provide feedback through many communication mediums; for example, all patient letters and patient information all now provide details for the PALS service. We provide an on-line form for submitting an enquiry, concern or feedback and PALS is located in an accessible location at both the Denmark Hill and Princess Royal University Hospital sites. We signpost patients/carers to free NHS advocacy services where support may be required, and Easy Read literature and translations are also available. We also visit patients on the ward to either take a complaint verbally or to obtain consent. We arrange complaint resolution meetings on both sites.

The table below records the ethnicity of patient when recording complaints.

	Denmark Hill	PRUH & South Sites
<b>White British</b>	236	237
<b>White – Irish</b>	12	
<b>White – other white</b>	19	5
<b>Mixed White and black Caribbean</b>	5	0
<b>Other mixed</b>	6	
<b>Indian</b>	4	4
<b>Other Asian</b>	4	3
<b>Black Caribbean</b>	41	2
<b>Black African</b>	20	3
<b>Black British</b>	23	2
<b>Other Black</b>	9	2
<b>Chinese</b>	1	1
<b>Other ethnic</b>	15	5
<b>Not stated</b>	83	46

## Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman (PHSO) investigate complaints where an organisation has not been able to resolve the complaint at a local level. The PHSO have broadened their review process and have considerably increased the numbers of cases that they consider.

In 2017/18, the PHSO have recorded 93 complaints against King's College Hospital – of these 14 cases went forward for investigation; a decrease from 26 in 2016/17. This represents 1.5% of the total complaints received. This highlights that a high number of enquiries are made to the PHSO prematurely (i.e. before making complaint to the Trust, or the complaint is open and awaiting a response).

The PHSO have reported that of the cases investigated in 2017/18, 6 complaints were either upheld or partially upheld, with recommendations to provide an apology, and/or an action plan to put things right. Ten complaints were not upheld.

## Learning from feedback

There is an organisational emphasis on both quality and timeliness of complaint handling which is reinforced by the Board. Divisions have confirmed their processes in managing complaints and the Deputy Chief Nurse and Corporate Medical Director - Quality, Governance and Risk are supporting the patient complaints team in achieving improvements.

In addition, Patient Safety and Governance clinical leads have been appointed to support the complaints process at a local level. All complaints are aligned to ongoing or new patient safety investigations/duty of candour cases for coordinated investigations and response.

All complaints together with their respective responses are quality/accuracy checked and challenged by either the Executive Medical Director or Chief Operating Officer and Chief Nurse with a separate letter signed by the Chief Executive. Includes recommendations for adverse incident reporting, mortality and morbidity review, or other independent clinical review where appropriate.

We increased the resources to patient complaints by 1WTE in 2017/18 to provide onsite complaints management for the PRUH and South Sites. This has helped to instigate regular meetings with risk managers to identify at an early stage, any adverse incidents arising out of complaints. Staff have been supported and trained in how to deal effectively with a complaint.

We report regularly to share complaint themes, learning and actions – includes:

- Quarterly report to QARC (Quality, Assurance and Research Committee)
- Quarterly feeder report to the Patient Safety Committee
- Annual Report
- Trust scorecard
- Finance and Performance Committee
- Executive Quality Committee
- 6-monthly divisional reports for local governance meetings



Complaints present an opportunity to review patient care, our services, and the way we interact and provide information to our patients. Once we have investigated a complaint, we tell the complainant where we will be taking action to ensure the events leading to their experience, are put right. Often this may involve individual staff members reflecting on the way they have provided care, team discussions for wider group learning, staff training or use of the complaint as a case study. If complaints are investigated as a Duty of Candour, the final report is shared with the complainant and will include an action plan.

Complaints monitoring is a standing agenda item for each divisional governance meeting and a 6-month complaints report is provided for discussion and shared learning. This includes any specific actions and required monitoring/audit.

Trust-wide issues are highlighted in the integrated Quarterly Patient Experience Report and all complaints which refer to end of life care are shared with the Trust's End of Life Committee where they are reviewed for themes.

## **Conclusion**

The Trust has seen a moderate decrease in complaints in 2017/18. The major focus for 2018/19 will be to continue the improvement work introduced in 17/18 to sustain compliance against our internal target and to focus on learning from complaints across all areas of the Trust.

***Board members are invited to discuss this report and to note its findings.***