



King's College Hospital **NHS**  
NHS Foundation Trust

# **Patient Complaints and Patient Advice and Liaison Service Annual Report 2018-19**

**Compiled May 2019**

**Sophie Dalton  
Head of Patient Relations and Complaints  
King's College Hospital NHS Foundation Trust  
Denmark Hill  
London  
SE5 9RS**

**[Kch-tr.complaints@nhs.net](mailto:Kch-tr.complaints@nhs.net)**

## Contents

|      |                                                                 |    |
|------|-----------------------------------------------------------------|----|
| 1.0  | Executive Summary.....                                          | 3  |
| 2.0  | Overview of Complaint Numbers.....                              | 4  |
| 2.1  | Denmark Hill.....                                               | 4  |
| 2.2  | Princess Royal University Hospital (PRUH) and South Sites ..... | 4  |
| 3.0  | Complaints and Patient Advice and Liaison contacts Trust wide   | 5  |
| 3.1  | Complaints.....                                                 | 5  |
| 3.2  | Patient Advice and Liaison.....                                 | 5  |
| 4.0  | Complaints and Patient Advice and Liaison by Service Area.....  | 6  |
| 4.1  | Complaints measured against Trust activity.....                 | 8  |
| 4.2  | Complaints by Division.....                                     | 9  |
| 4.3  | Patient Advice and Liaison Activity .....                       | 11 |
| 5.0  | Responsiveness.....                                             | 13 |
| 6.0  | Causes of complaint and PALS contacts.....                      | 14 |
| 6.1  | Denmark Hill – Complaints and PALS themes.....                  | 15 |
| 6.2  | PRUH and South Sites – Complaints and PALS themes.....          | 17 |
| 7.0  | Ethnicity and Access.....                                       | 19 |
| 8.0  | Parliamentary and Health Service Ombudsman.....                 | 19 |
| 9.0  | Learning from feedback .....                                    | 20 |
| 10.0 | Conclusion.....                                                 | 21 |

## 1.0 Executive Summary

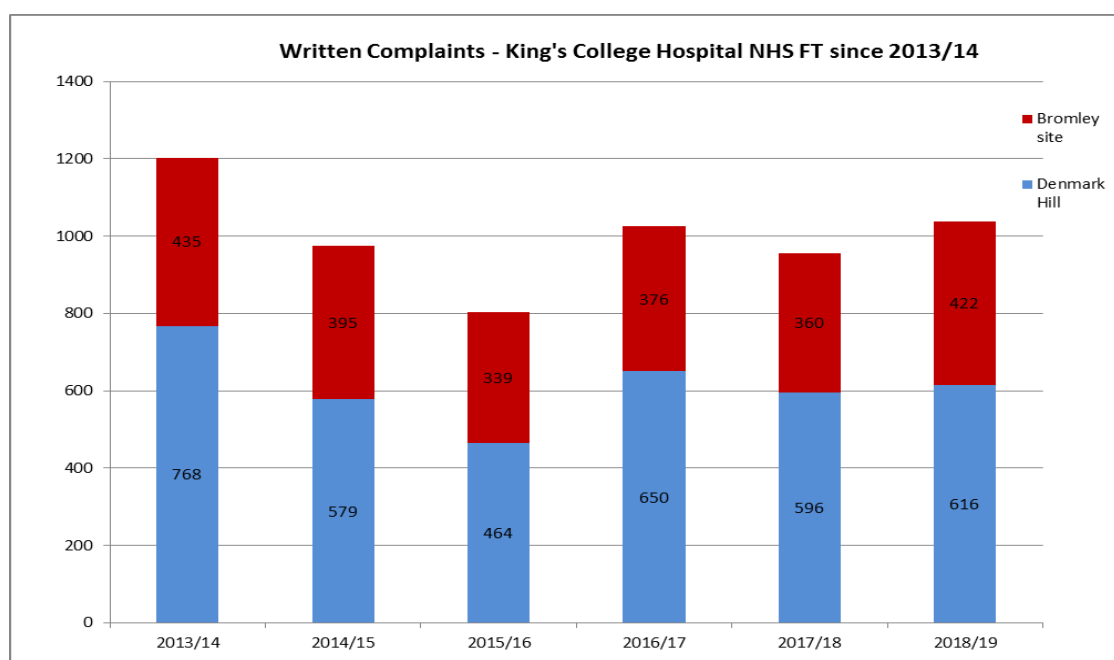
This report provides a summary of patient complaints received between 1 April 2018 and 31 March 2019. It includes details of numbers of complaints received during the year – both for the Denmark Hill and Princess Royal University Hospital (PRUH) and South Sites, performance in responding to complaints, Parliamentary and Health Service Ombudsman investigations and actions taken by the Trust in response to the complaints. The report also provides a summary of activity recorded by the Patient Advice and Liaison Service.

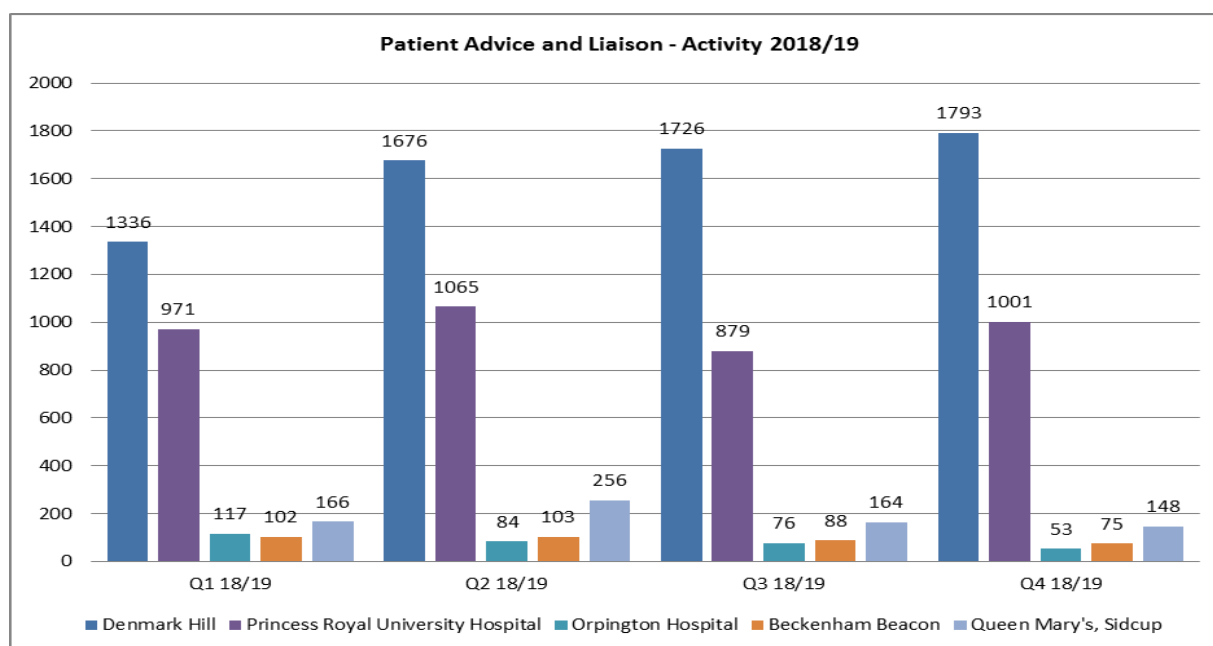
The report provides assurance that the Trust is responding to patient complaints in line with its procedures, Department of Health legislation, and service standards expected by the Parliamentary and Health Service Ombudsman.

Patient experience reports provide integrated quarterly data on complaints, Patient Advice and Liaison contacts, How Are We Doing? (HRWD) survey results and the Friends and Family Test survey. The new monthly reports were launched in March 2019, which summarises feedback from a range of sources of patient feedback. Complaints' reporting also forms part of regular performance monitoring both internally and externally.

Key points to note:

- In 2018/19, the Trust received **1,038 complaints** – Denmark Hill 616 and PRUH and South Sites 422. Overall, this represents an organisational **increase of 8.6%** compared to 2017/18 (956).
- **3% increase** in complaints (Denmark Hill) and **17% increase** on the PRUH and South Sites.
- **11,879 PALS** contacts were recorded – a **3% decrease** from 2017/18.
- End of year **performance of 61%** of complaints responded to within the internal target of 25 working days (63% Denmark Hill and 57% PRUH and South Sites).
- 12 complaints (1%) were referred to the Parliamentary and Health Service Ombudsman for further independent investigation.

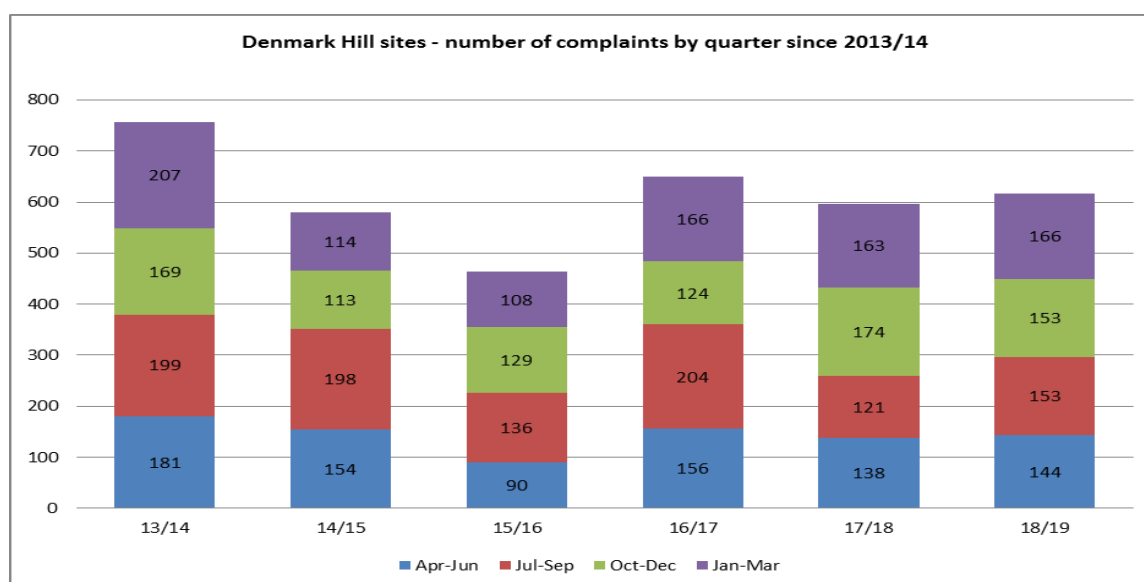




## 2.0 Overview of Complaint Numbers

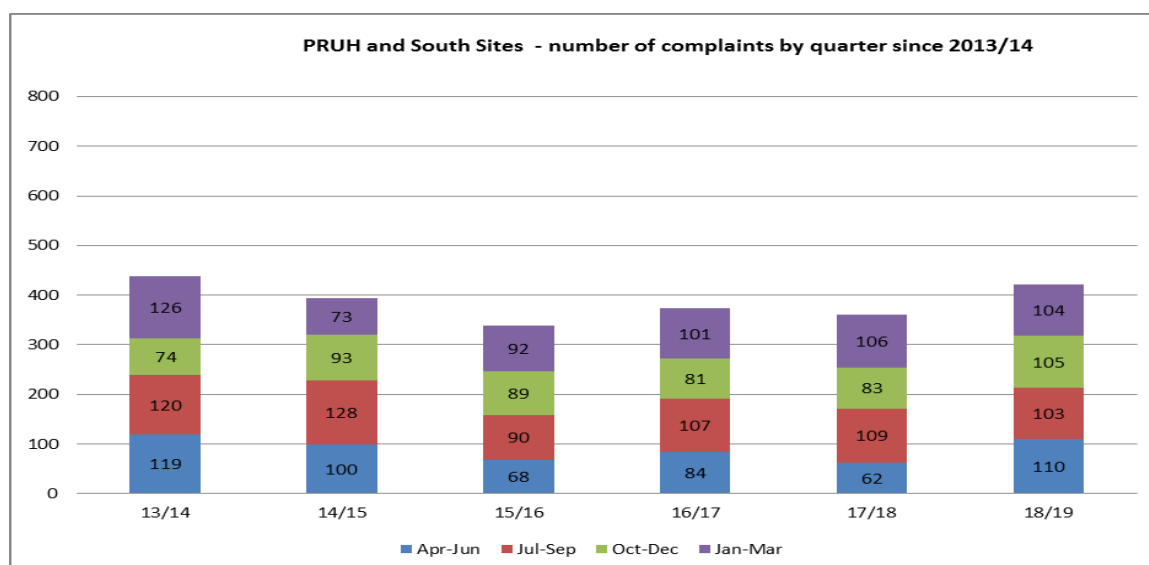
### 2.1 Denmark Hill

616 complaints were received in 2018/19 which is a 3% increase compared to the previous year (596). 6% of complaints (36) were re-opened during the year for further response which represents no change. The end of year performance in responding to complaints within 25 working days was 63%.



### 2.2 PRUH and South Sites

422 complaints were received in 2018/19, a 17% increase compared to the previous year (360). 3% of complaints (11) were re-opened during the year for further response which is fewer to the previous year (25). The end of year performance in responding to complaints within 25 working days was 57%.



### 3.0 Complaints and Patient Advice and Liaison contacts Trust wide

#### 3.1 Complaints

The number of complaints received on all Trust sites increased in 2018/19 (1,038). Compared to patient activity within the Trust, this is measured to 0.7 complaints per 1000 attendances (0.6 in 2017/18).

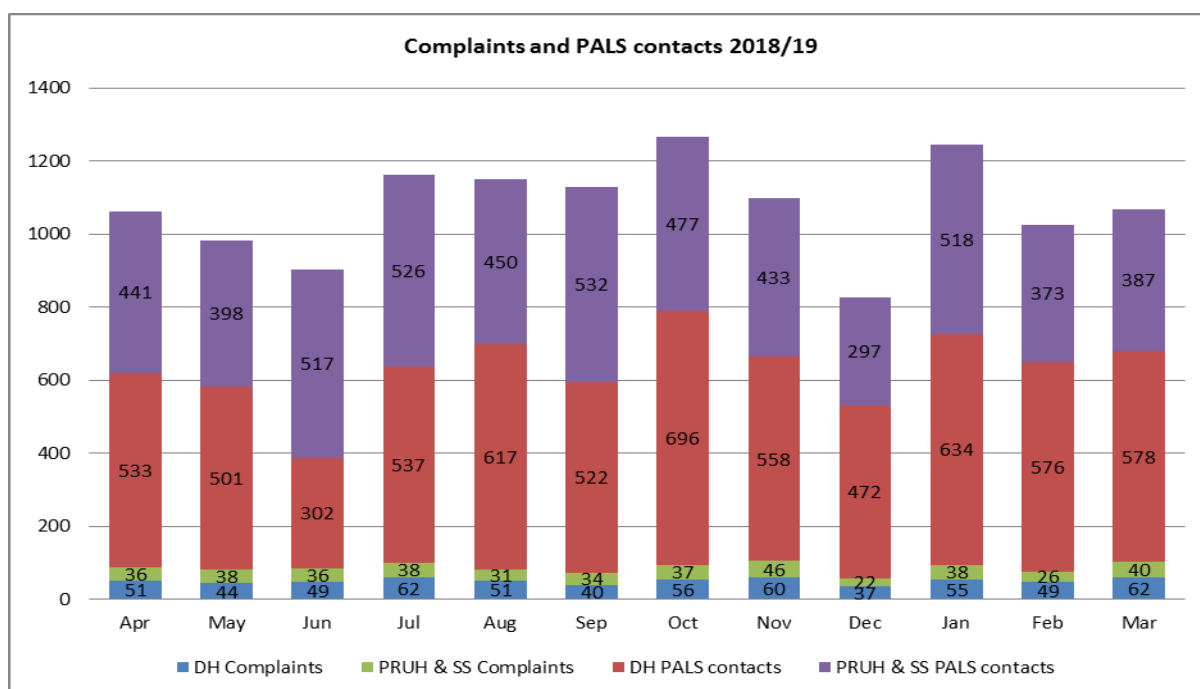
Complaints received have ranged between 59 and over a 106 a month (a monthly average of 87 complaints); with Denmark Hill receiving on average 51 complaints per month, while PRUH and South sites received on average 35 complaints per month. The Trust has a challenging target of responding to complaints within 25 working days given the complexity of cases it often receives. In Qtr 3 a second response time was introduced of 40 working days for cases that are complex and involve multiple care groups or need an external comment – to date, 8 cases in total (4 on each site) have required the 40 day timescale.

More can be done to improve the quality and timeliness of our complaint responses and a weekly activity report is circulated by the Director of Quality Governance to the Divisional management teams detailing the current status and the process stage of each overdue complaint. In the coming year the aim is to continue to improve complaints handling with the aim of responding to 100% within the agreed time.

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.

#### 3.2 Patient Advice and Liaison Contacts

Reported PALS contacts have decreased by 3% during the year – the reduction in part, caused by staffing resources within PALS in year, which resulted in less contacts being recorded on the Datix system, rather than less activity. The resourcing issue is in hand following a restructure of the Patient Experience teams.



From April 2019, Patient Advice and Liaison and Complaints are being aligned under one Head of Department with a reconfiguration of resources across both sites reporting to the Head of Engagement and Patient Experience.

Bringing the key departments' together will:

- establish a cohesive team enhance our ability to respond appropriately to patient concerns
- facilitate more flexibility and resilience within the teams
- strengthen reporting of different sources of patient feedback across the whole Patient Experience Team to maximise impact and learning from what our patients are telling us.

The Trust regularly receives positive patient experience stories via patient opinion websites, HRWD, through social media networks, Twitter and Facebook.

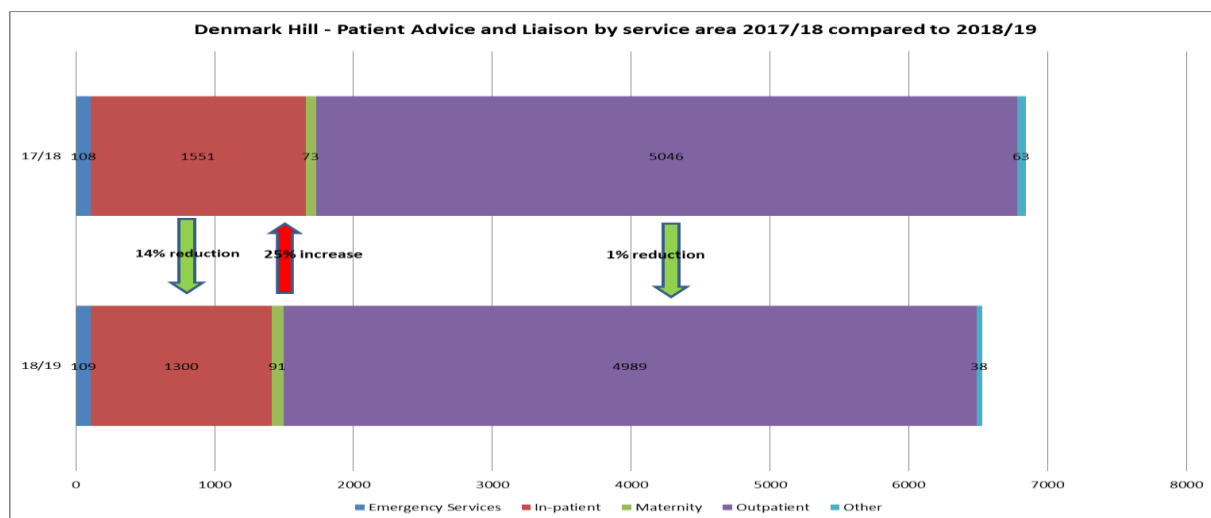
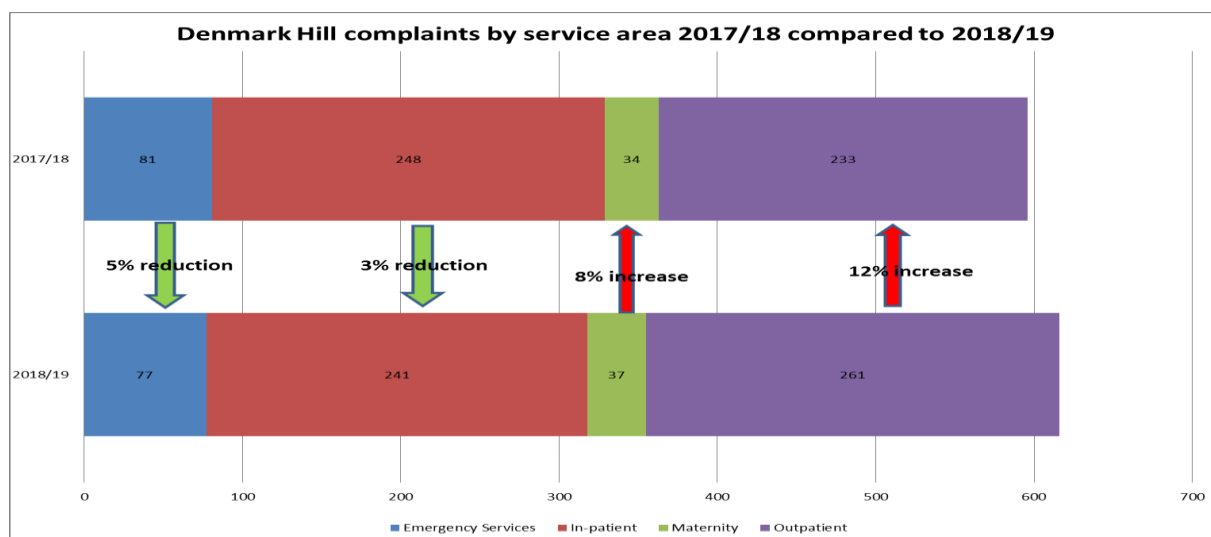
#### 4.0 Complaints and Patient Advice and Liaison contacts by Service Area

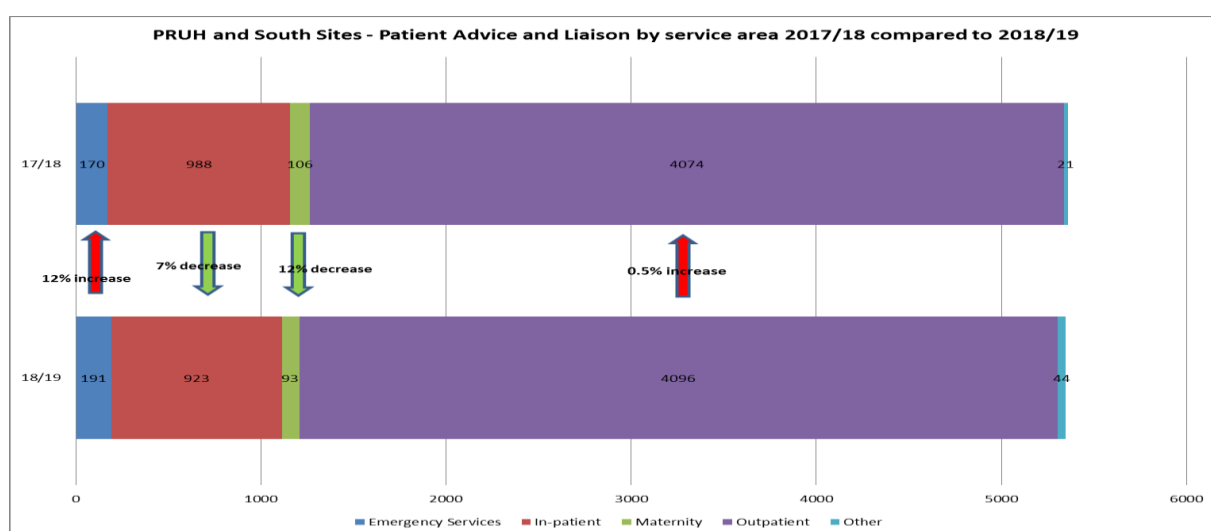
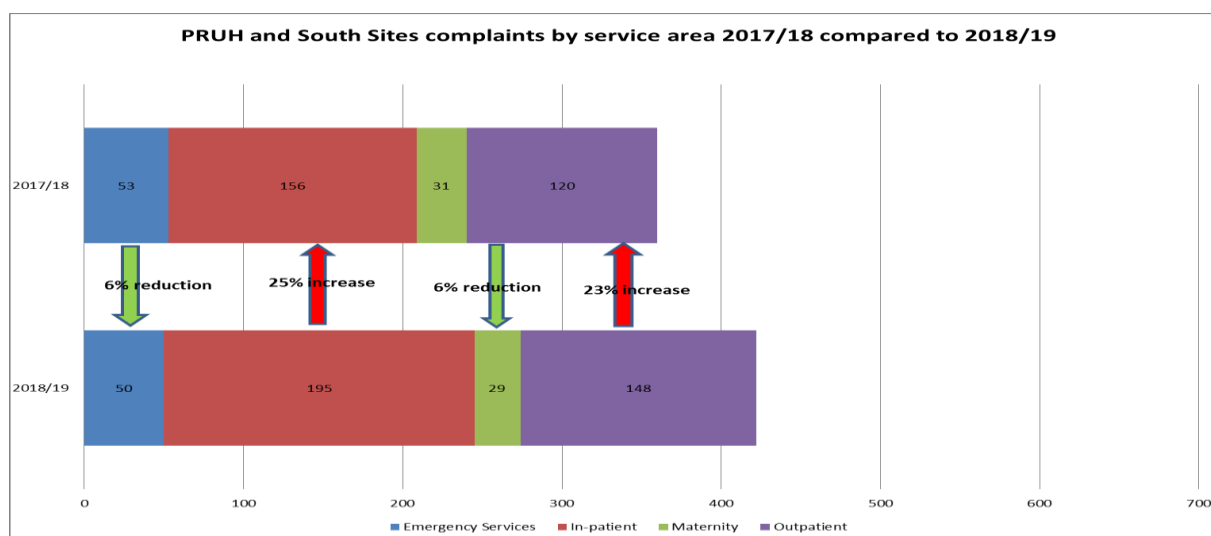
The charts below illustrate the distribution of complaints and PALS contacts by service areas over the year. On the Denmark Hill site, a total of 278 inpatient complaints (including maternity) which is 45% of the total complaints at Denmark Hill, outpatient complaints, 261 (42%) and Emergency Department, 77 complaints (12.5%). On the PRUH and South Sites, a total of 224 inpatient complaints (including maternity) were received (53%), 148 outpatient complaints (35%) and Emergency Department, 50 (12%). Outpatient complaints have risen by 12% at Denmark Hill and 23% at PRUH and South Sites. Inpatient complaints at Denmark Hill is marginally down but a 25% increase at the PRUH. Complaints about emergency care have decreased across both sites (DH, 77 from 81); (PRUH, 50 from 53). Maternity marginally up at Denmark Hill (8% increase) while a 6% reduction is seen at the PRUH.

Staffing levels within the Patient Advice and Liaison Service during 2018/19 referred to earlier, have affected real time recording so the data available is not a complete representation of total casework. However, the data provides a helpful overview of concerns that have received local support and resolution and highlights areas where patients struggle most, for example in contacting clinical departments.

#### Overview of contacts:

- Inpatient concerns/enquiries fell at Denmark Hill by 14% and 7% at PRUH and South Sites (matching the decrease in complaints).
- Maternity contacts increased at Denmark Hill by 25% (matching the rise in complaints) and decreased at PRUH and South Sites by 12% (matching the fall in complaints).
- Outpatient contacts show little change trustwide, however, the notable increase in outpatient complaints might have some correlation as contacts are escalated to the complaints process when a solution cannot be found or the complainant remains dissatisfied. The rising number of outpatient concerns relating to appointment cancellations can often progress to a complaint when there is a slow response from the service or repeated poor experience (i.e. history of cancellations). Outpatients represented 75% of all PALS casework.





## 4.1 Complaints measured against Trust activity

In comparison to patient activity, the number of complaints against inpatient and outpatient episodes remains static compared to 2017/18; with the exception of inpatient complaints at PRUH and South Sites, where there was an increase from 2.3 complaints per 1000 attendances to 2.8. PALS activity by patient attendance is higher at PRUH and South Sites for both inpatient and outpatient contacts (12.5 and 9.3 per 1000 patients).

| Denmark Hill                       | 2018/19 | PRUH & SS                          | 2018/19 |
|------------------------------------|---------|------------------------------------|---------|
| <b>Inpatient attendances</b>       |         | <b>Inpatient attendances</b>       |         |
| Number of inpatient complaints     | 278     | Number of inpatient complaints     | 224     |
| Inpatient episodes                 | 142,152 | Inpatient episodes                 | 81,068  |
| Complaints per 1000 attendances    | 2       | Complaints per 1000 attendances    | 2.8     |
| PALS contacts                      | 1,391   | PALS contacts                      | 1,016   |
| PALs contacts per 1000 attendances | 9.8     | PALs contacts per 1000 attendances | 12.5    |



| Outpatient attendances             |         | Outpatient attendances             |         |
|------------------------------------|---------|------------------------------------|---------|
| Number of outpatient complaints    | 261     | Number of outpatient complaints    | 148     |
| Outpatient episodes                | 832,200 | Outpatient episodes                | 463,203 |
| Complaints per 1000 attendances    | 0.3     | Complaints per 1000 attendances    | 0.3     |
| PALS contacts                      | 5,098   | PALS contacts                      | 4,287   |
| PALS contacts per 1000 attendances | 6.1     | PALS contacts per 1000 attendances | 9.3     |

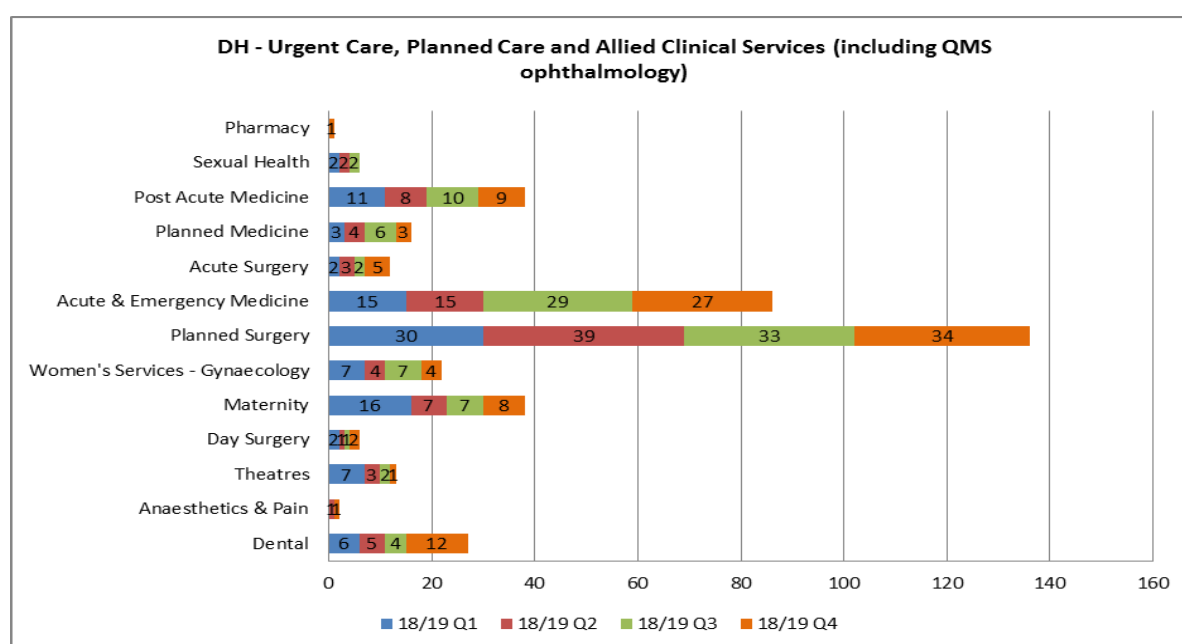
## 4.2 Complaints by Division

Each complaint is assigned to a principle Division regardless of other specialities that may be involved in aspects of the complaint. The table below illustrates the distribution of complaints by the key Division during 2018/19.

- **Urgent Care, Planned Care and Allied Clinical Services (UPACS)** *(including Ophthalmology at Queen Mary's Sidcup)*

Planned Surgery received the highest number of complaints (136) with ophthalmology receiving 42 of these (32%), Orthopaedics 36 (27%), General Surgery and Urology, 18 (14%) and Colorectal 13 (10%). Main themes include:

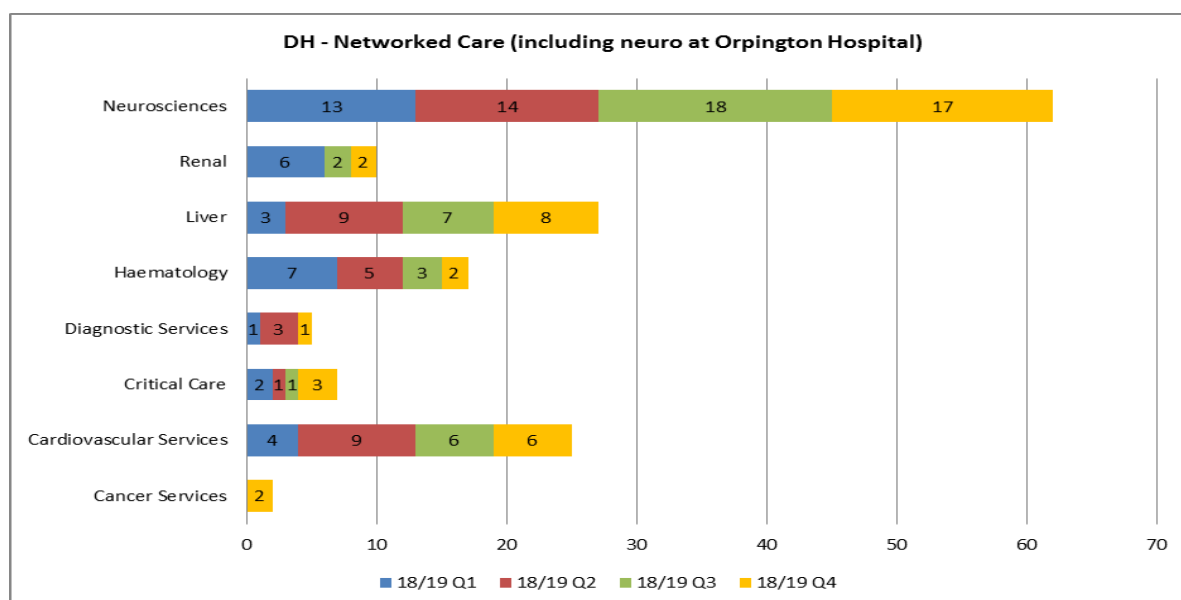
- cancellation of elective admissions,
- outpatient cancellations
- communication
- medical staff attitude
- delays in treatment and complications post treatment where the outcome is not as expected.



- **Networked Care**

Neurosciences received 38% (58) of the total Networked Care complaints, with Neurosurgery (28) and Neurology (20) being the top areas. The predominant themes are:

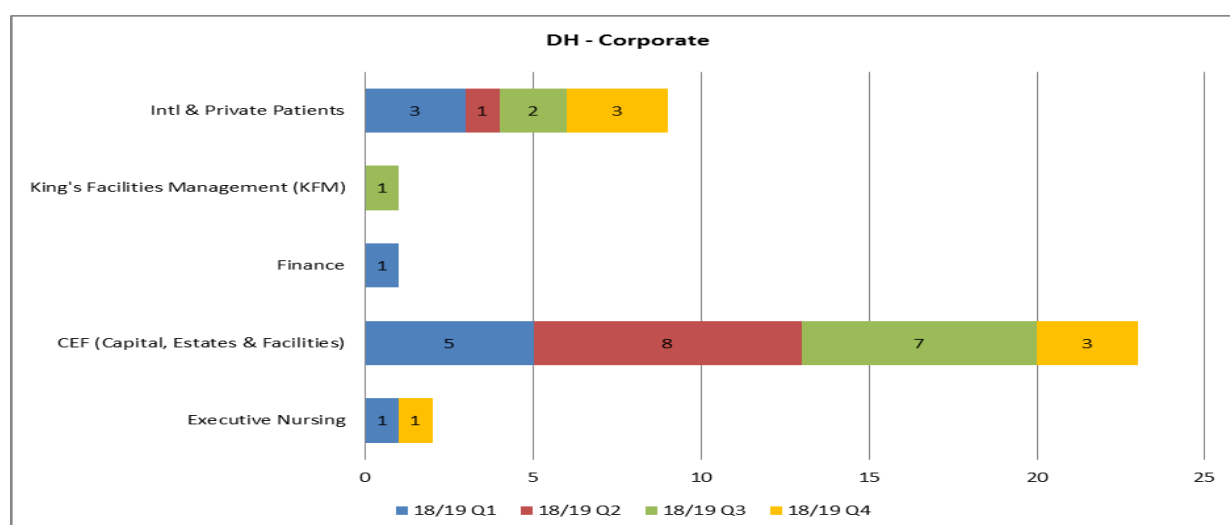
- communication (with patients/carers and within the multidisciplinary team)
- pain management
- appropriateness of treatment



- **Corporate areas**

Within the Corporate departments, the highest number of complaints relate to patient transport. Late or non arrival of transport the largest problem.

From April 2019, it will be the responsibility of the patient transport contractor to respond to complaints directly and to ensure a high quality and timely response. Contract meetings between King's and the contractor will review complaints management and monitor quality and responsiveness.

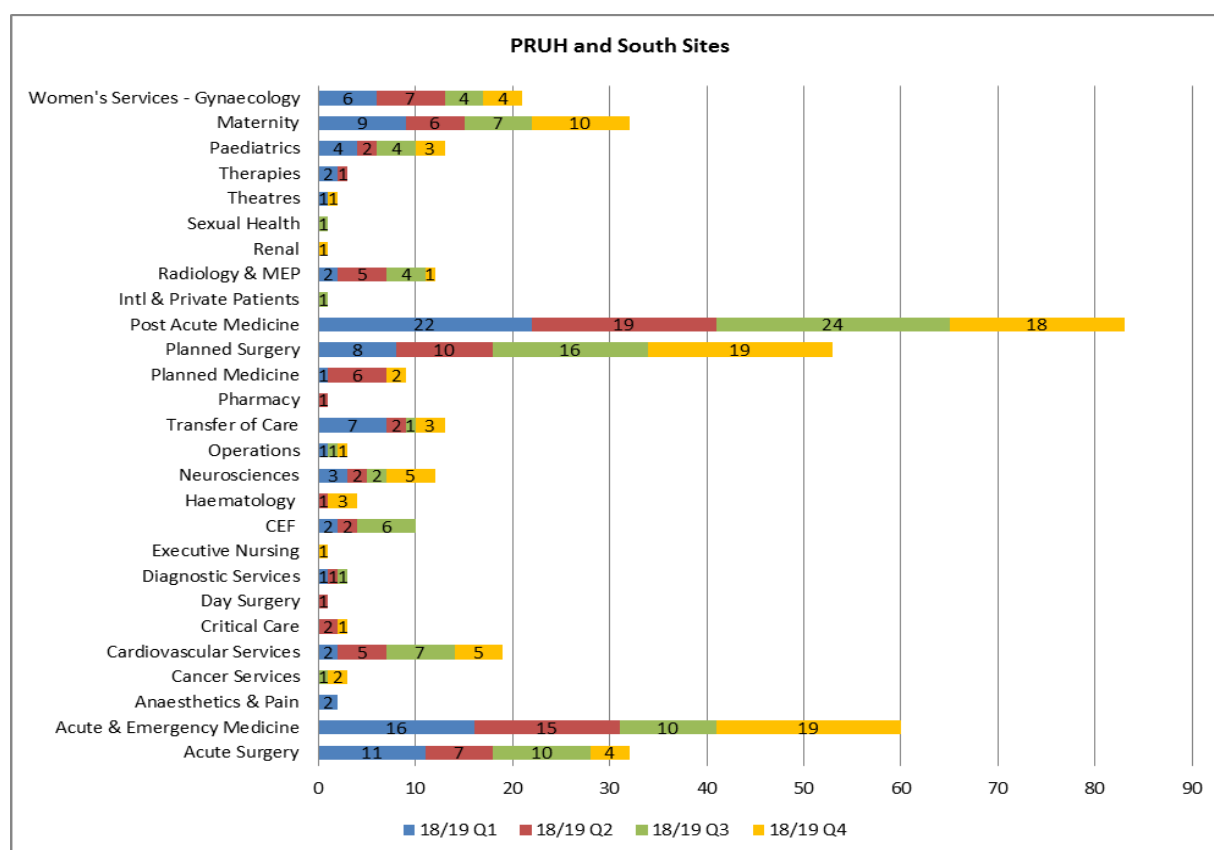


- **PRUH and South Sites**

Post-Acute Medicine received the largest number of complaints at the PRUH and South Sites with Clinical Gerontology, 32 (42%) and 27 relating to General Medicine (36%).

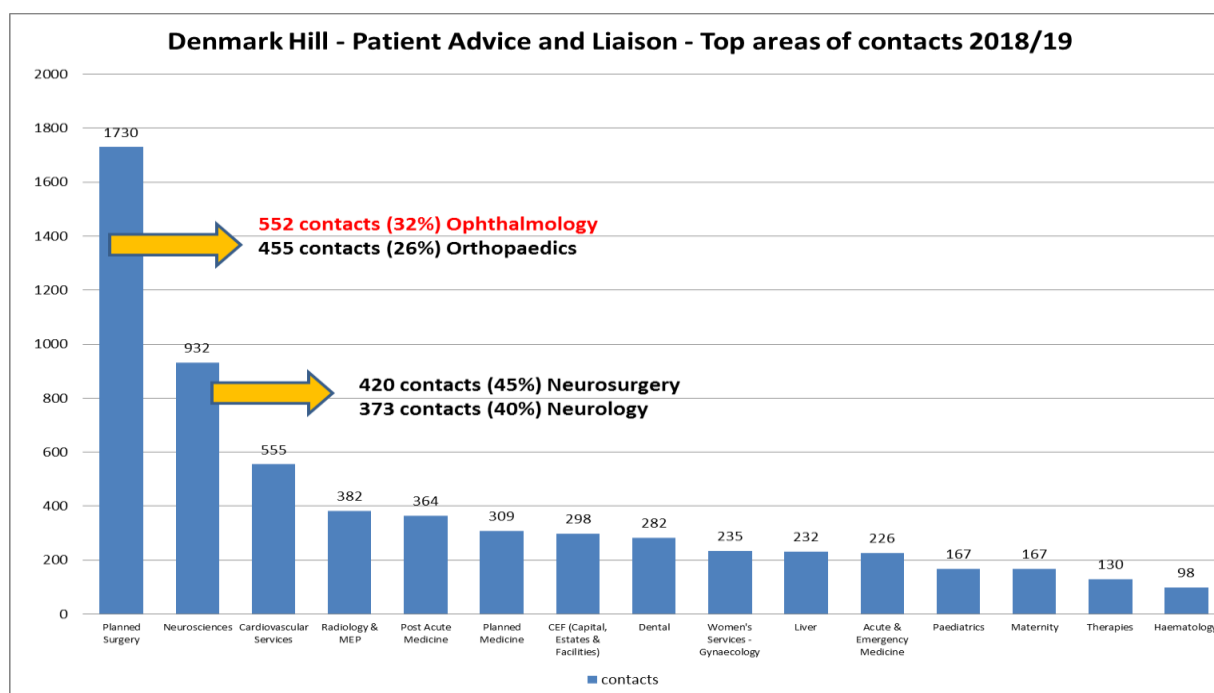
Key themes are:

- discharge planning or a failed discharge
- communication with family/carers



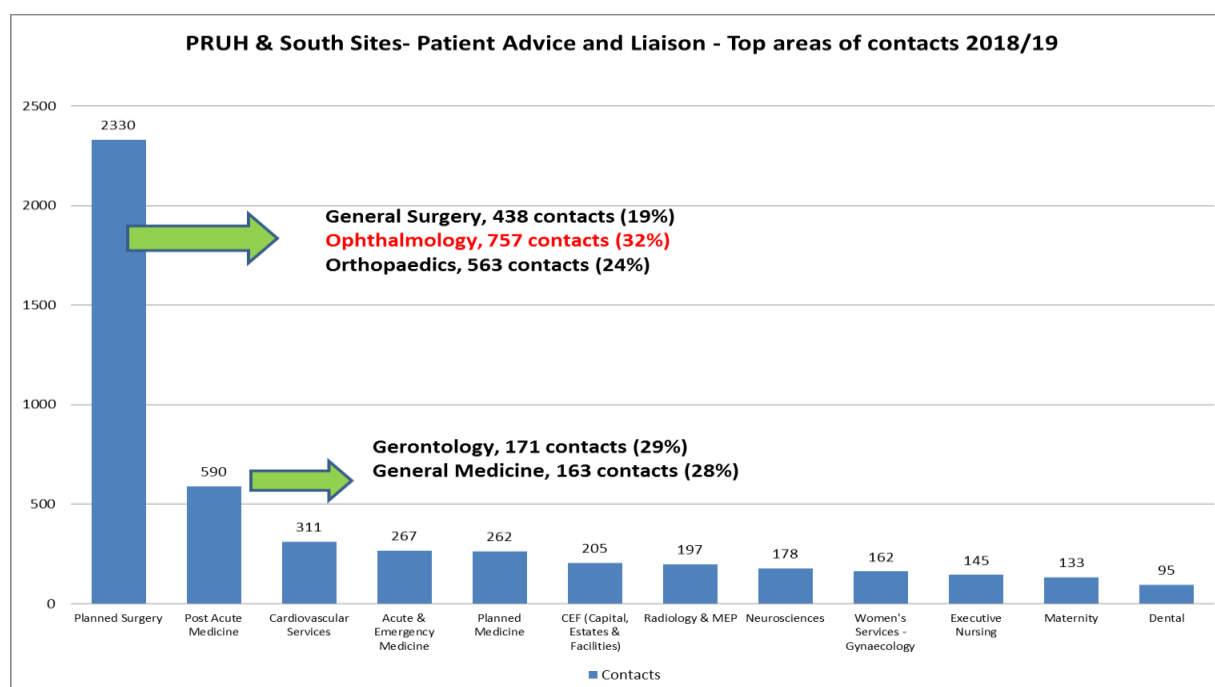
### 4.3 Patient Advice and Liaison Activity – greatest numbers of contacts by area

Planned Surgery has the largest number of PALS contacts recorded at Denmark Hill, with Ophthalmology and Orthopaedics having the highest volumes (552 and 455). These areas have the most appointment rescheduling issues, elective admission enquiries and also problems with patients unable to reach departments directly by telephone.



Ophthalmology patients have also raised the most PALS issues at the PRUH and South Sites (757) and in Orthopaedics (563).

- **Ophthalmology**, patients have usually contacted PALS because they have not been able to reach the service directly, require information about their appointments or results or have had an appointment cancelled.
- **Orthopaedics**, patients refer to PALS for enquiries relating to appointments, general patient information and where there is a delay in an elective admission for surgery being dated.

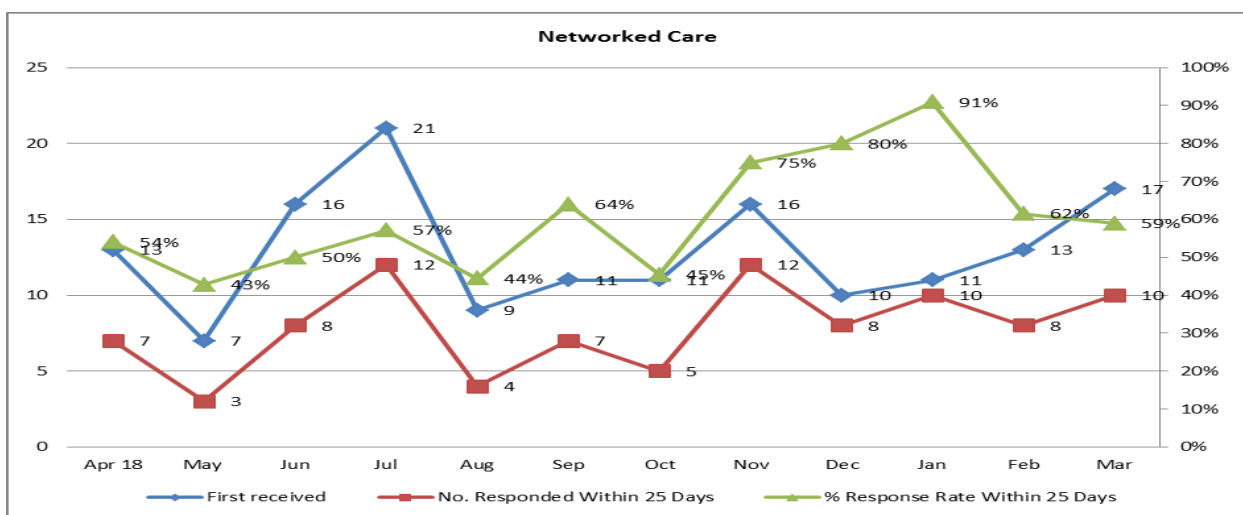
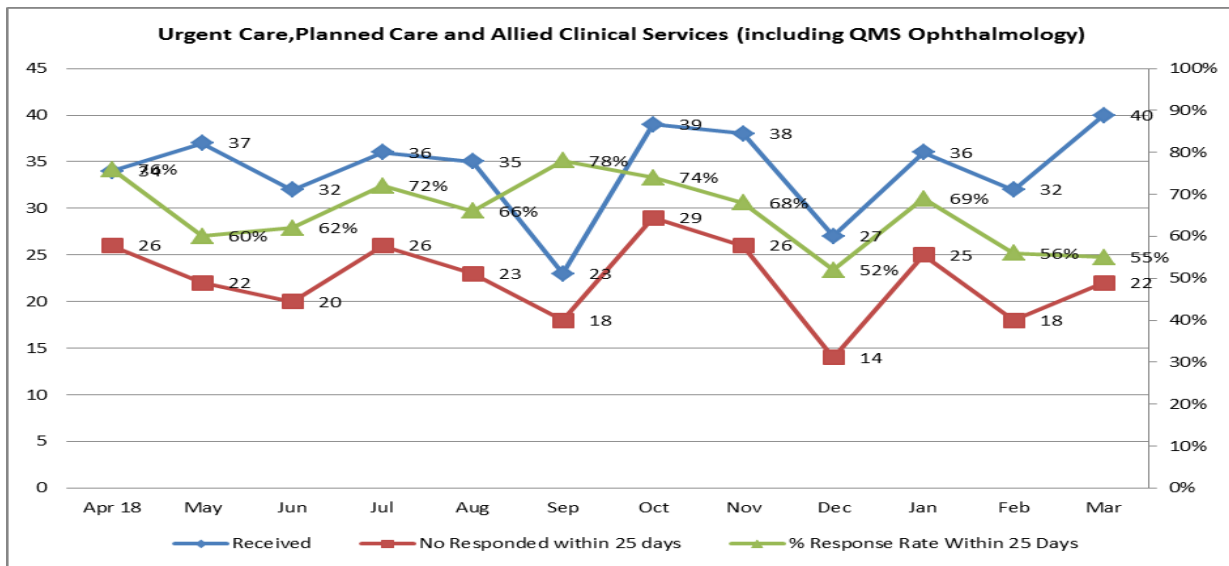


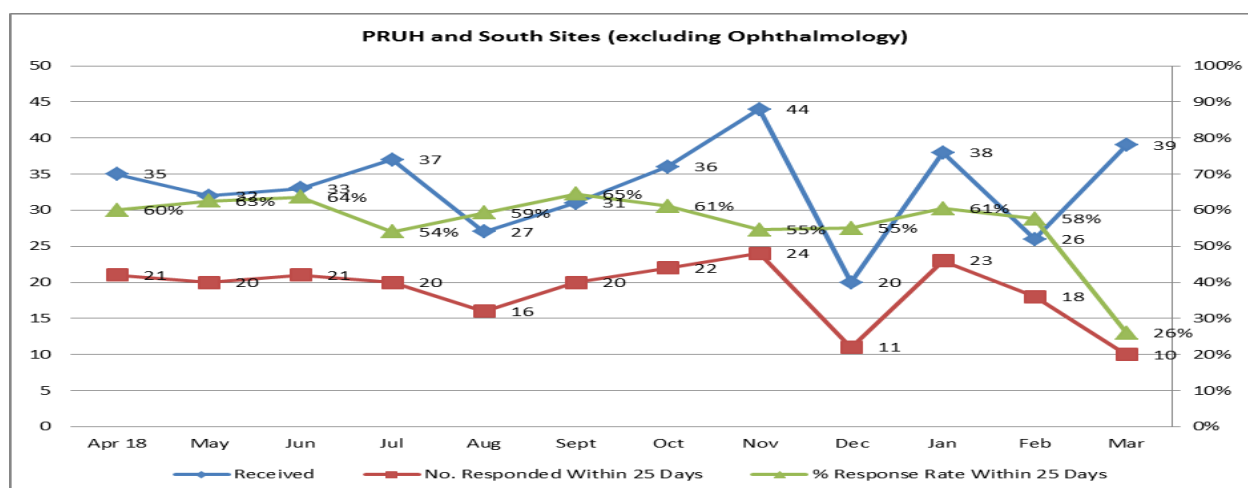
## 5.0 Responsiveness

The overall Trust responsiveness to complaints in 2018/19 has improved with an average monthly rate of 61% responded within the agreed time compared to 48% in 2017/18.

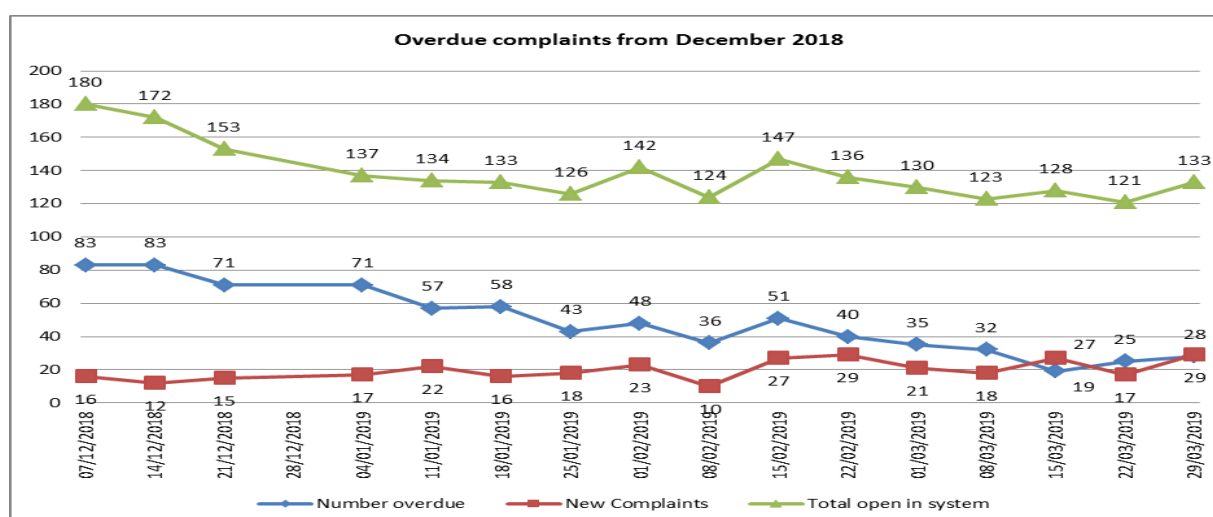
The percentage of complaints responded to within the 25 working day timeframe within the Divisions was as follows:

- UPACS – 66%
- Networked Care – 61%
- PRUH and South Sites – 57%





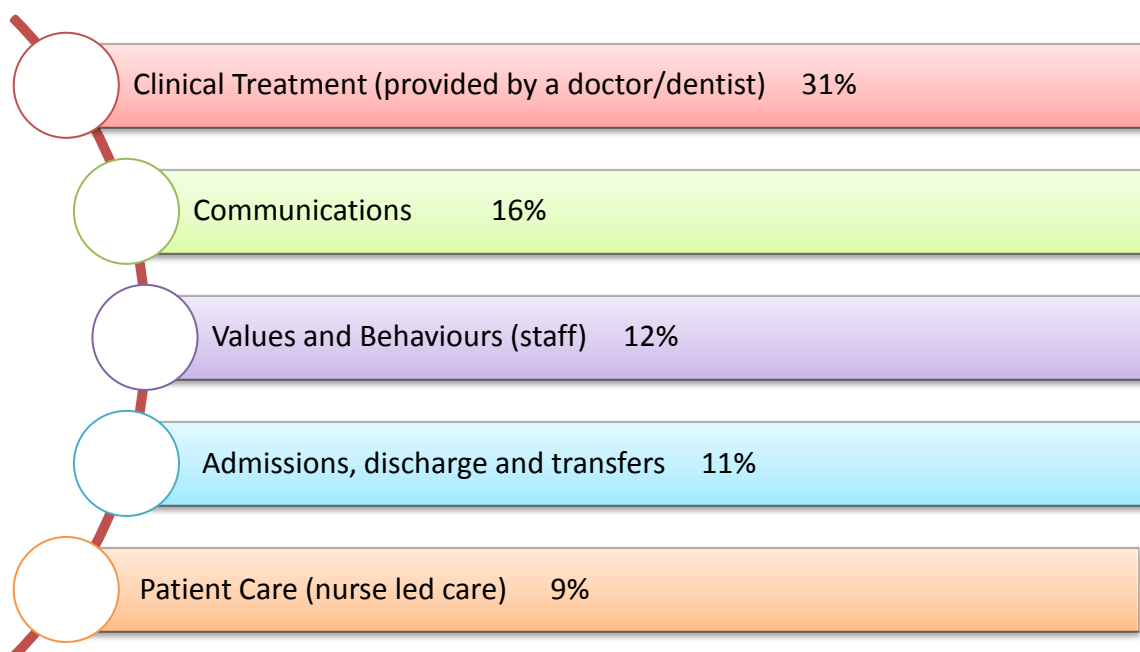
From December, a more robust tracking process was launched for all overdue complaints, reporting to divisions weekly on their activity using a traffic light system. Progress is shown in the graph below with 28 overdue cases reported as at 29/3/19. The Trust expects 100% responsiveness to complaints and the complaints team have been supporting divisions by providing bespoke training in responding to complaints and providing good examples of written responses – the team will continue to give support to individual teams in the coming year.



## 6.0 Causes of complaint and PALS contact

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 2018/19 are:



## 6.1 Denmark Hill – complaints and PALS themes

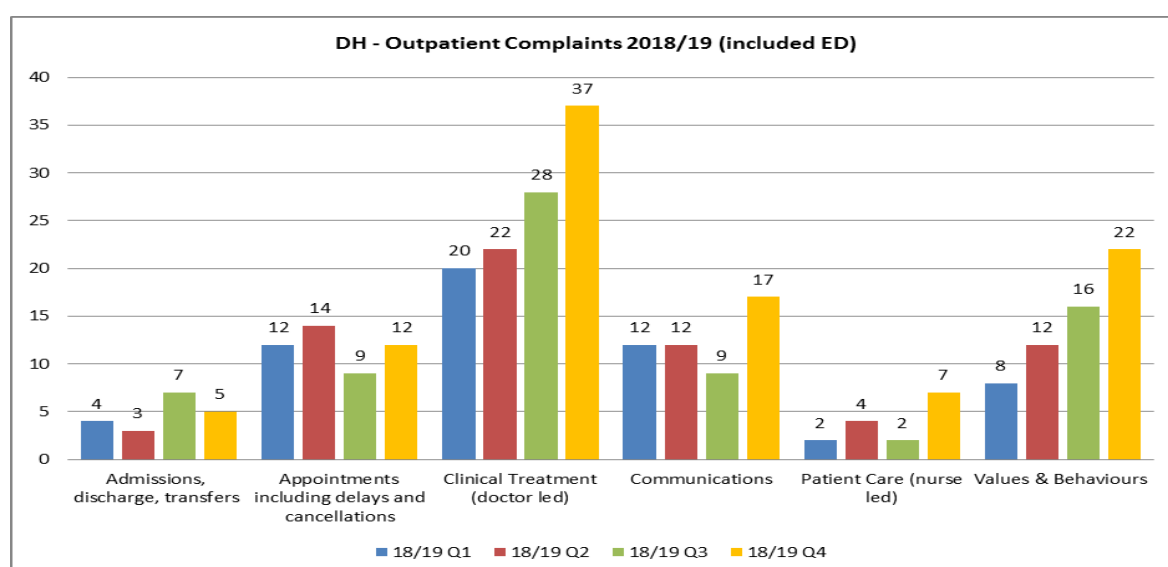
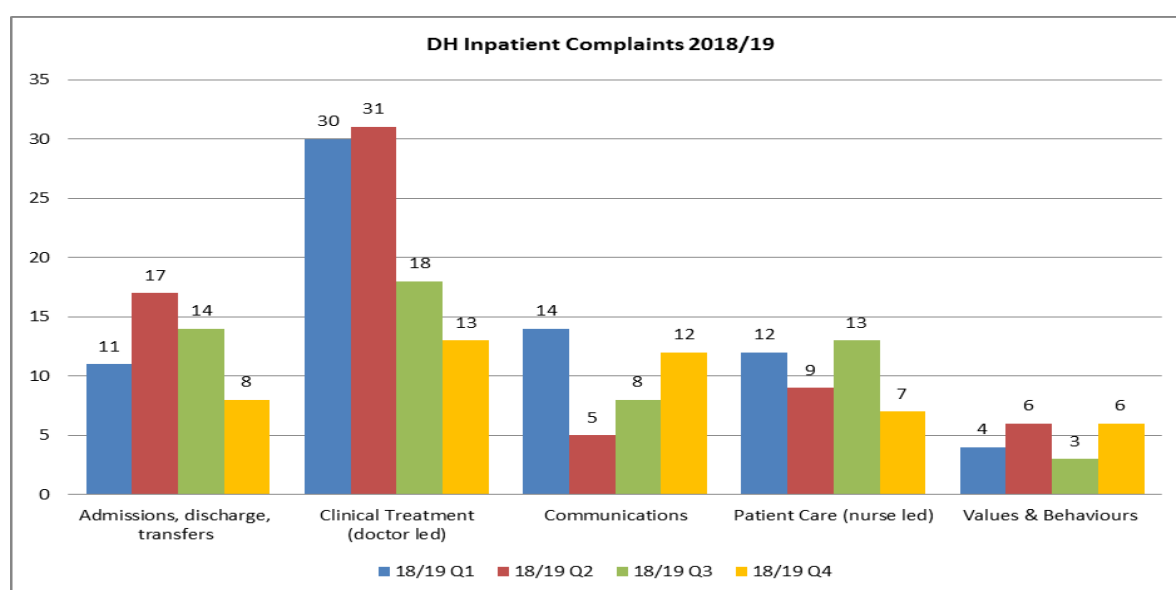
Clinical treatment refers only to contact and care provided by a clinician whereas in past years it encompassed all clinical treatment provided by the full clinical multi-disciplinary team. A separate category for nursing led care is used which includes patient nutrition and hydration.

However, clearly a complaint relating to clinical treatment (doctor led care) is the predominant cause of a complaint being made (200 - 32%), while 89 (14%) concern communication.

| Denmark Hill - Primary subject of complaint     | 2018/19    | % of complaints |
|-------------------------------------------------|------------|-----------------|
| Access to treatment or drugs                    | 6          | 1%              |
| Admissions, discharge, transfers                | 69         | 11%             |
| Appointments including delays and cancellations | 53         | 9%              |
| Clinical Treatment                              | 200        | 32%             |
| Commissioning Services                          | 1          | 0%              |
| Communications                                  | 89         | 14%             |
| Consent to treatment                            | 3          | 0%              |
| End of Life Care                                | 3          | 0%              |
| Facilities Services                             | 7          | 1%              |
| Patient Care including Nutrition / Hydration    | 57         | 9%              |
| Prescribing errors                              | 9          | 1%              |
| Privacy, dignity and wellbeing                  | 5          | 1%              |
| Restraint                                       | 1          | 0%              |
| Trust Administration                            | 10         | 2%              |
| Values & Behaviours (Staff)                     | 77         | 13%             |
| Waiting Times                                   | 11         | 2%              |
| Other                                           | 15         | 2%              |
| <b>Totals:</b>                                  | <b>616</b> | <b>100%</b>     |

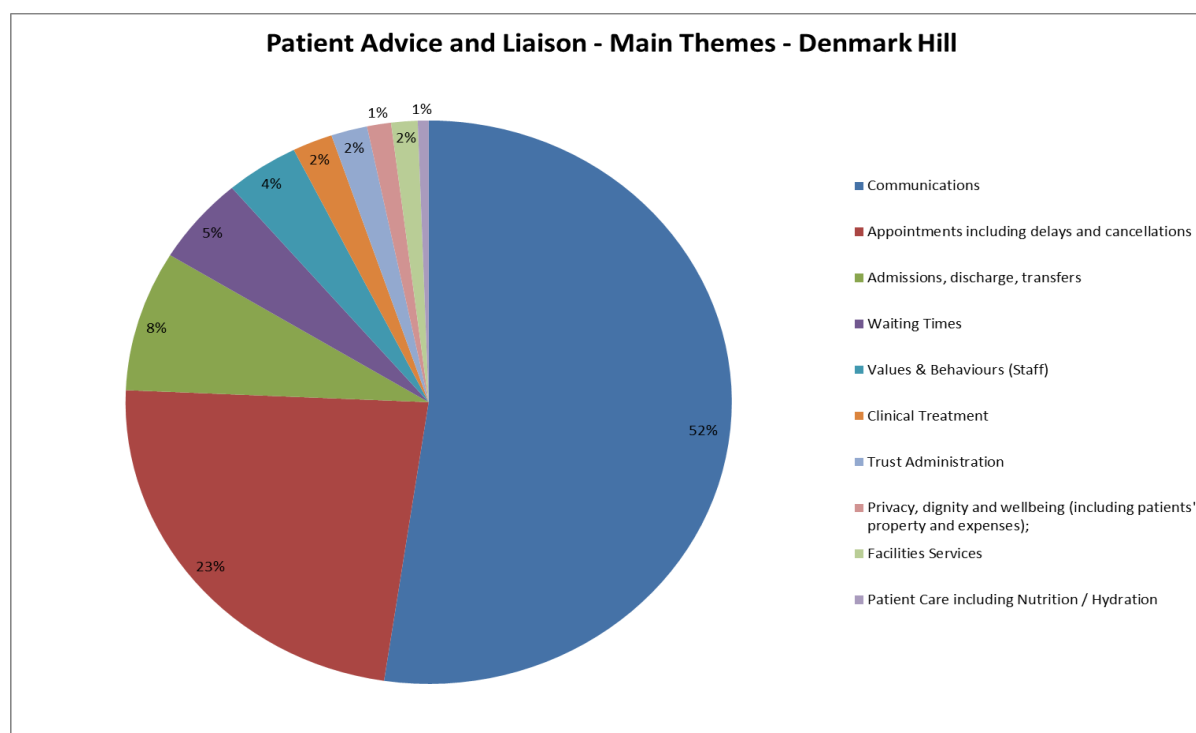
Because complaints reflect a personal experience, it is difficult to be precise about any common themes but some of the issues raised include a perceived delay or failure in treatment or a procedure (medical and surgical patients), post-operative management, developed complication or surgical outcome not as expected and discharging arrangements. 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. Cancelled elective admissions and the rescheduling of outpatient appointments escalate to a formal complaint when patients cannot be given an early resolution or have had multiple poor experiences.

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.





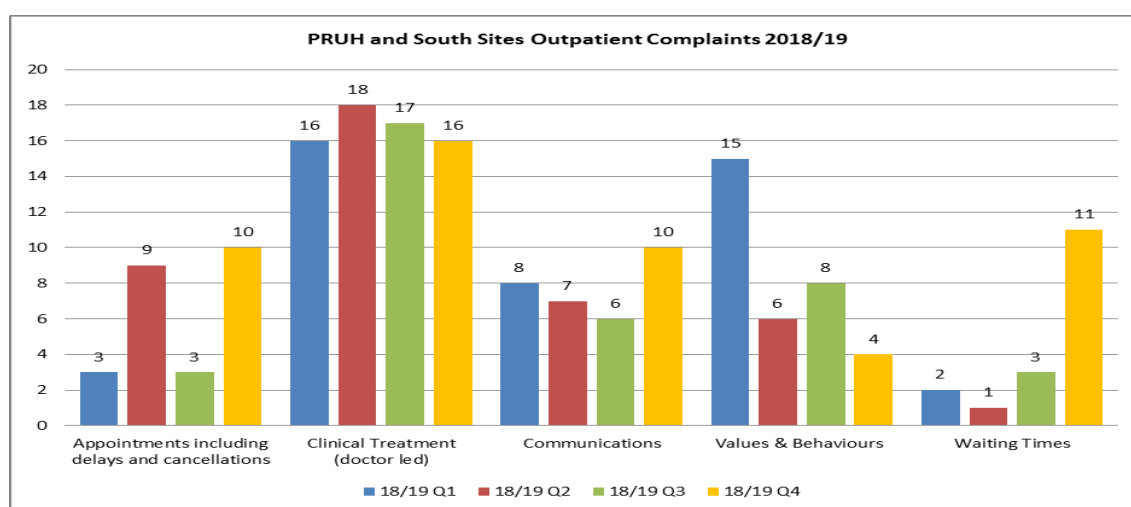
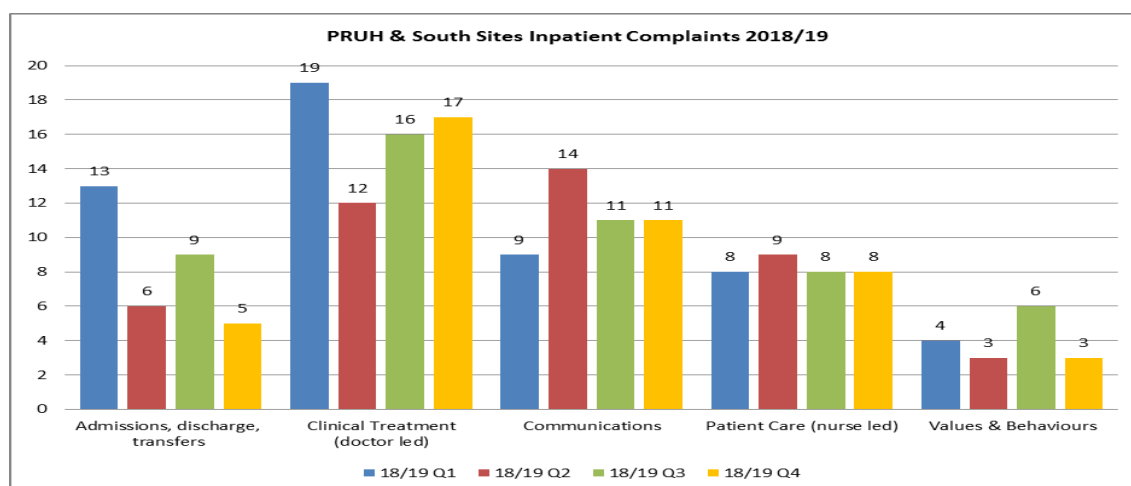
The following diagram shows the contacts recorded by Patient Advice and Liaison Service. This demonstrates that 52% of casework concerns communication with services and 23%, appointment support either due to cancellation or delay.



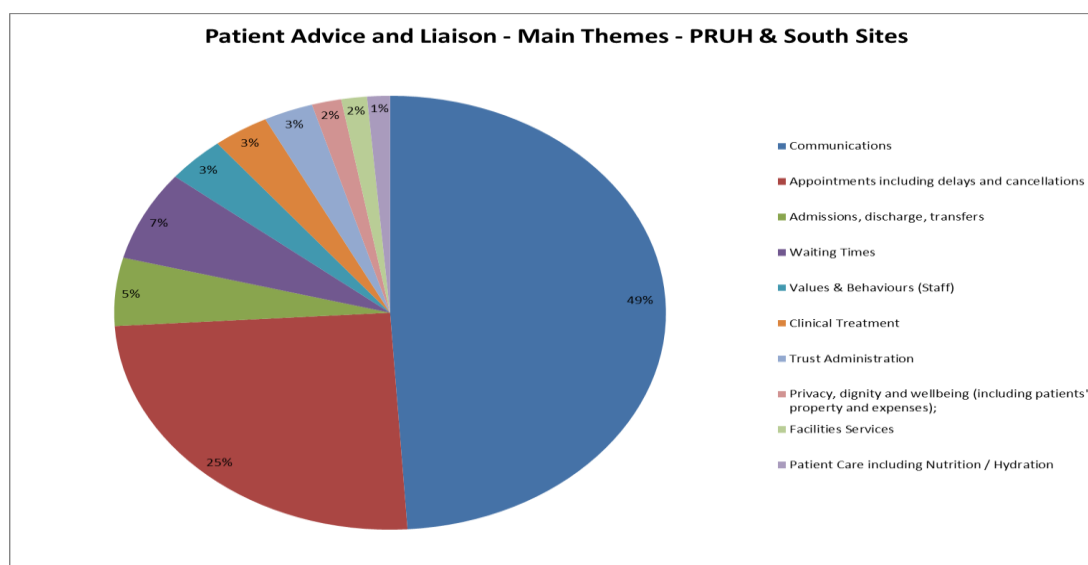
## 6.2 PRUH and South Sites – complaints and PALS themes

Complaints relating to an aspect of clinical treatment (doctor led care) – 131 (31%) are the predominant cause cited, with complaints concerning communication, the second highest 76, (18%). Complex discharge arrangements involving community teams or concerns a discharge has been made too soon in a patient's pathway are common problems. Concerns relating to staff behaviour continue as a main theme when patients feel conduct as not been in keeping with standards expected.

| PRUH and South Sites - Primary subject of complaint | 2018/19 | % of complaint |
|-----------------------------------------------------|---------|----------------|
| Clinical Treatment (doctor led care)                | 131     | 31%            |
| Patient Care (nurse led care)                       | 36      | 9%             |
| Admissions, discharge and transfers                 | 42      | 10%            |
| Communications                                      | 76      | 18%            |
| Values & Behaviours (Staff)                         | 49      | 12%            |
| Appointments including delays and cancellations     | 24      | 6%             |
| Waiting Times                                       | 27      | 6%             |
| Prescribing errors                                  | 9       | 2%             |
| Access to treatment or drugs                        | 1       | 0%             |
| Trust Administration                                | 5       | 1%             |
| Privacy, dignity and wellbeing                      | 5       | 1%             |
| Consent to treatment                                | 1       | 0%             |
| Other                                               | 16      | 4%             |
| Totals:                                             | 422     | 100%           |



The following diagram shows the contacts recorded by Patient Advice and Liaison. This demonstrates that 49% of casework concerns communication with services and 25%, appointment support either due to cancellation or delay.



## 7.0 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. There is the provision of 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. Patients/carers are signposted to free NHS advocacy services where support may be required, and Easy Read literature and translations are also available. Patients are visited on the ward to either take a complaint verbally or to obtain consent. Complaint resolution meetings are arranged on both sites.

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

|                                 | Denmark Hill | PRUH & South Sites |
|---------------------------------|--------------|--------------------|
| White British                   | 238          | 148                |
| White – Irish                   | 7            | 3                  |
| White – other white             | 17           |                    |
| Mixed White and black Caribbean | 7            | 1                  |
| Mixed White and black African   | 1            |                    |
| Other mixed                     | 12           | 2                  |
| Indian                          | 7            | 3                  |
| Pakistani                       | 2            |                    |
| Other Asian                     | 6            | 1                  |
| Black British                   | 41           | 5                  |
| Black Caribbean                 | 28           | 2                  |
| Black African                   | 30           | 1                  |
| Other Black                     | 3            | 1                  |
| Chinese                         | 4            |                    |
| Other ethnic                    | 23           | 3                  |
| Not stated                      | 190          | 252                |
| <b>Total</b>                    | <b>616</b>   | <b>422</b>         |

## 8.0 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 2018/19, the PHSO notified the Trust of 12 cases which went forward for further review/investigation; a decrease from 14 in 2017/18 and 26 in 2016/17. This represents about 1% of the total complaints received.

The PHSO have reported that of the cases investigated in 2018/19, 3 complaints were partially upheld, with recommendations to provide an apology as the actions already taken by the Trust were deemed appropriate resolutions. One complaint was not upheld, 5 were

not accepted for investigation and a further 3 remain open. All recommendations have been completed.

| PHSO Outcome      | Number    | Division and area                                                                                       |
|-------------------|-----------|---------------------------------------------------------------------------------------------------------|
| Upheld            | No cases  | -                                                                                                       |
| Partially upheld  | 3         | Critical Care (PRUH)<br>Planned Care (PRUH)<br>Child Health (DH)                                        |
| Not upheld        | 1         | Women's Health (DH)                                                                                     |
| Not investigating | 5         | Cardiac (PRUH)<br>Obstetrics (PRUH)<br>Cardiac (PRUH)<br>Haematology (DH)<br>Post-Acute Medicine (PRUH) |
| Open              | 3         | Liver (DH)<br>Women's Health (DH)<br>Planned Care (DH)                                                  |
| <b>Total</b>      | <b>12</b> |                                                                                                         |

## 9.0 Learning from feedback

There is an organisational emphasis on both quality and timeliness of complaint handling which is reinforced by the Board.

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 the Deputy Chief Executive and Chief Nurse and the Executive Medical Director with a separate letter signed by the Chief Executive. This includes recommendations for adverse incident reporting, mortality and morbidity review, or other independent clinical review where appropriate.

There are regular reports 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
- 6-monthly divisional reports for local governance meetings
- Patient Experience Committee – scheduled presentations delivered by the care groups to share and understand their collective patient feedback, analyse key themes and identify targeted and measurable actions to improve the experience of patients.

Complaints present an opportunity to review patient care, our services, and the interactions and provision of information to our patients. Once a complaint is investigated the complainant is informed about action to be taken to reduce the risk of such events recurring. 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.

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.

**Below are some actions taken in response to complaints received in 2018/19**

- A new risk assessment tool to evaluate the needs of patients who may be at higher risk of absconding from the Emergency Department.
- The Ophthalmology service is conducting an evaluation of the booking-in process and 'flow' of patients through the clinic to improve clinic efficiency. Recruiting additional staff.
- The Paediatrics team are undertaking a review of how the tongue tie clinic runs to ensure patients are not in the clinic for longer than necessary, and to improve the patient experience. They are also reviewing the information provided to parents before and after their appointments to help keep parents fully informed about the processes and what to expect.
- Training for nurses on stoma care management, pain management, dressing choices and wound care.
- Hoists on medical wards recalibrated to ensure accurate patient weights are recorded.
- Review of referral process for MCATS (Musculoskeletal Clinical Assessment and Treatment Service).
- Orthopaedic clinical team using Wi-Fi telephones for better contact within the hospital and for escalating urgent referrals.

## **10.0 Conclusion**

The Trust has seen a moderate increase in complaints in 2018/19. The major focus for 2019/20 will be to continue the improvement work introduced in 2018/19 to sustain compliance against our internal response target and to focus on learning from complaints across all areas of the Trust. A Patient Experience review has been established for each Care Group reporting into the Patient Experience Committee where all aspects are explored including complaints, PALS, patient feedback questionnaires and national patient surveys to identify trends and themes. Once identified, the Care Group commit to three actions for improvement to ensure there is a clear focus and relevant to their experience data. This will further enhance the learning from Complaints and PALS information to provide a positive experience for patients.

QARC members are invited to discuss the findings in this annual complaints review and to note the actions taken in 18/19 to learn from, and improve, the patient and families' experience at Kings College Hospital NHS Foundation Trust.