



# **Patient Complaints and Patient Advice and Liaison Service Annual Report 2019-20**

**Compiled June 2020**

**Patient 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 .....	5
3.0	Complaints and Patient Advice and Liaison contacts Trust wide	5
3.1	Complaints.....	5
3.2	Patient Advice and Liaison.....	6
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 .....	13
5.0	Responsiveness.....	14
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.....	18
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 2019 and 31 March 2020, in relation to Denmark Hill, Princess Royal University Hospital (PRUH) and South Sites (Orpington Hospital, Beckenham Beacon and St Mary's Sidcup). It includes performance in responding to complaints, Parliamentary and Health Service Ombudsman investigations and actions taken by the Trust in response to complaints. The report also provides a summary of activity recorded by the Patient Advice and Liaison Service (PALS).

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, launched in March 2019, summarise feedback from a range of sources of patient feedback. Complaints reporting also form part of regular performance monitoring both internally and externally.

From Monday 31 March 2020, NHS England and NHS Improvement officially announced they would support NHS providers, if they elected to 'pause' new and ongoing complaints investigations during the COVID-19 pandemic response. This was to allow providers to concentrate on frontline duties. The period of 'pause' remained until 30<sup>th</sup> June 2020.

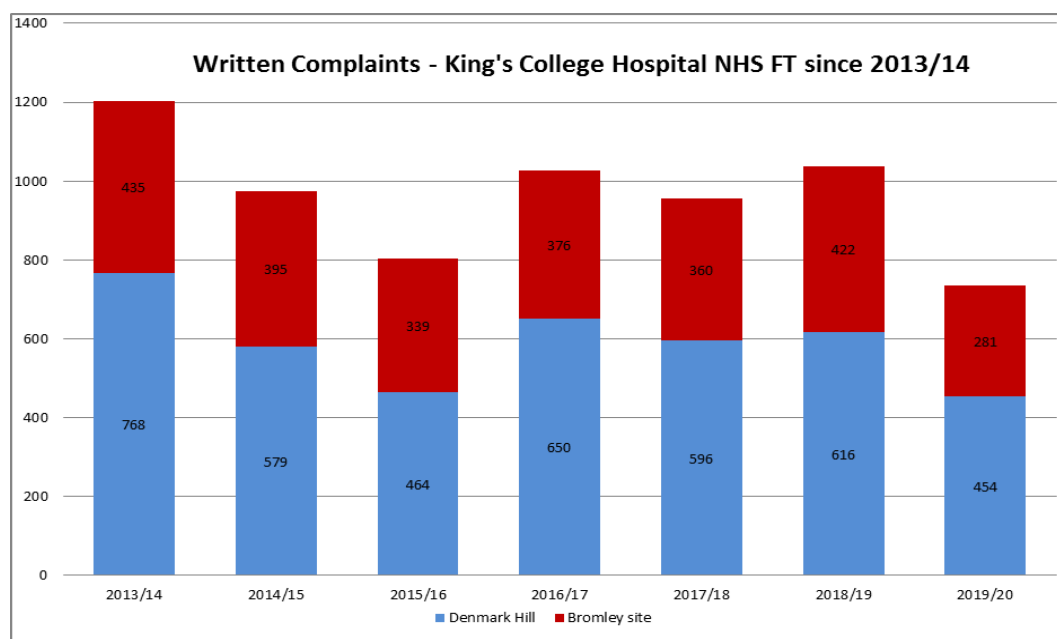
On 26 March 2020, the Parliamentary and Health Service Ombudsman (PHSO) also significantly reduced its complaints handling activity due to the COVID-19 emergency and stated that it would not be accepting new complaints, nor progressing current ones. The PHSO helpline was temporarily closed.

On 23 March 2020, the Trust sent a letter to all current King's complainants to advise them of the national position and the pause of the King's complaints process during the COVID-19 crisis.

Key points to note:

- In 2019/20, the Trust accepted **734 formal complaints** – 453 from Denmark Hill and 281 from PRUH and South Sites. This represents an organisational **decrease of 29%** compared to 2018/19 (1,038).
- Denmark Hill complaints - a **26% decrease** on 2018/19 activity (616)
- PRUH and South Sites - a **33% decrease** on 2018/19 activity (422)
- There were **679** complaints received which were deemed suitable for informal resolution outside of the NHS complaints procedure.
- **3,865 PALS** contacts were recorded – a **71% decrease** from 2018/19, due to changes in recording practices (discussed below).
- End of year **performance of 44%** of complaints responded to within the internal target of 25 working days (44% Denmark Hill and 44% PRUH and South Sites). Excluded from this are 39 complaints which were open and still within the timeframe at the end of March, when NHS England's guidance for support to suspend complaint investigation timescales during COVID-19 was issued.
- 14 complaints (2%) were referred to the Parliamentary and Health Service Ombudsman for further independent investigation (a slight increase from 12 referred in 2018/19).

Table of formal complaints since 2013/14 below:

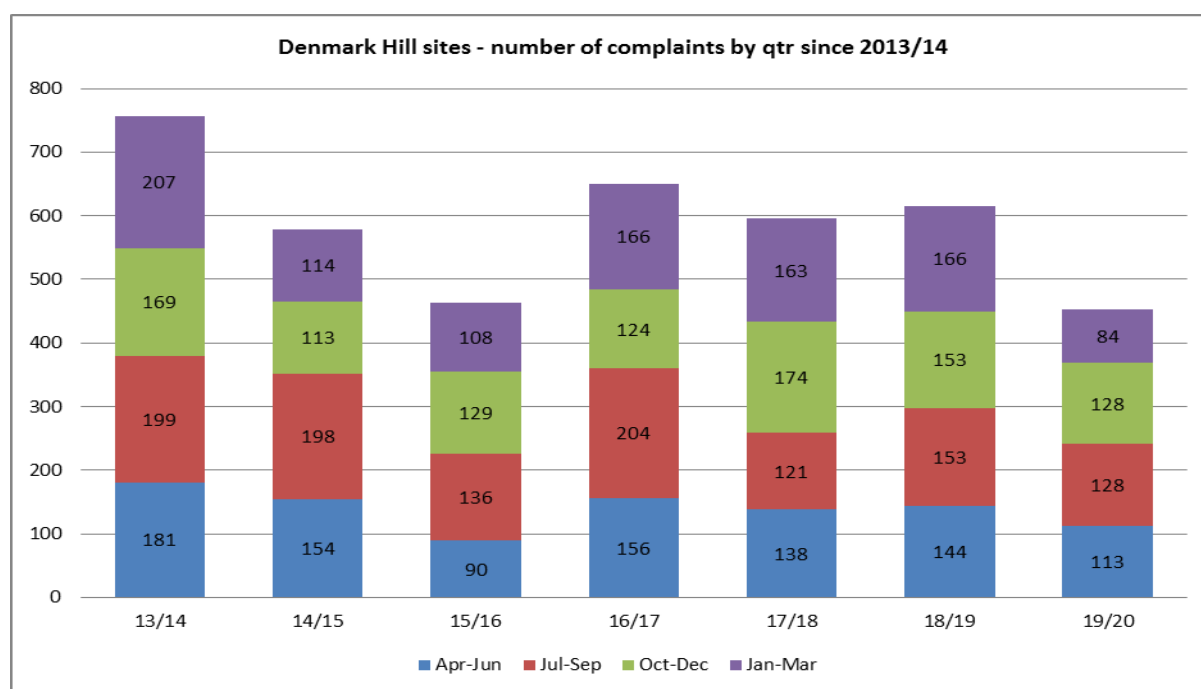


## 2.0 Overview of Complaint Numbers

### 2.1 Denmark Hill

453 complaints were received in 2019/20, which is a 26% decrease compared to the previous year (616). 8% of complaints (36) were re-opened during the year for further response – the same number as 2018/19.

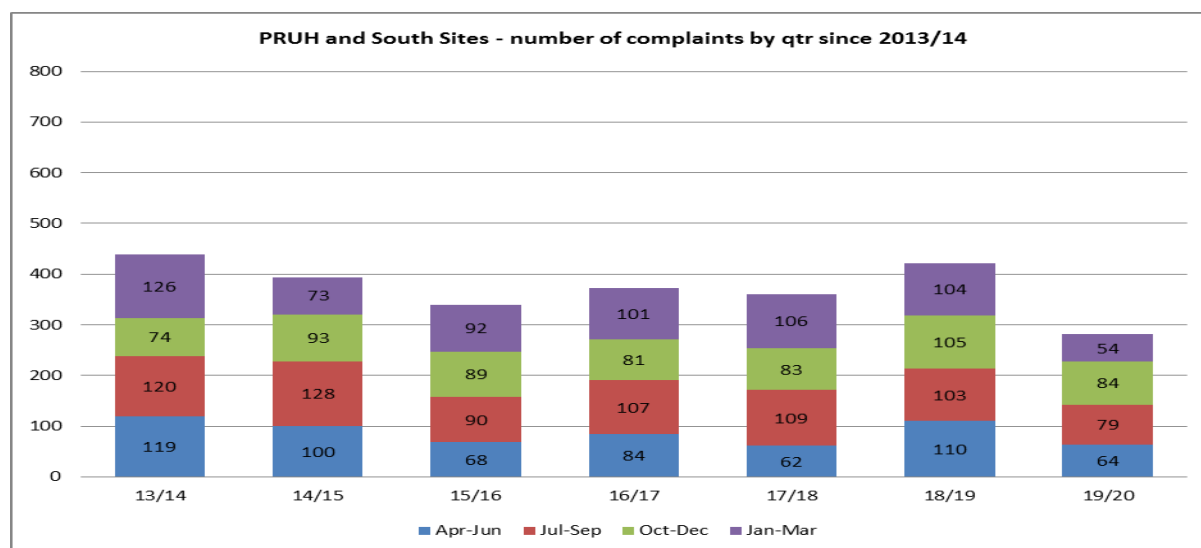
The end of year performance in responding to complaints within 25 working days was 44%.



## 2.2 PRUH and South Sites

281 complaints were received in 2019/20, a 33% decrease compared to the previous year (422). 7% of complaints (21) were re-opened during the year for further response, which is more than the previous year (11).

The end of year performance in responding to complaints within 25 working days was 44%, the same percentage as Denmark Hill.



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

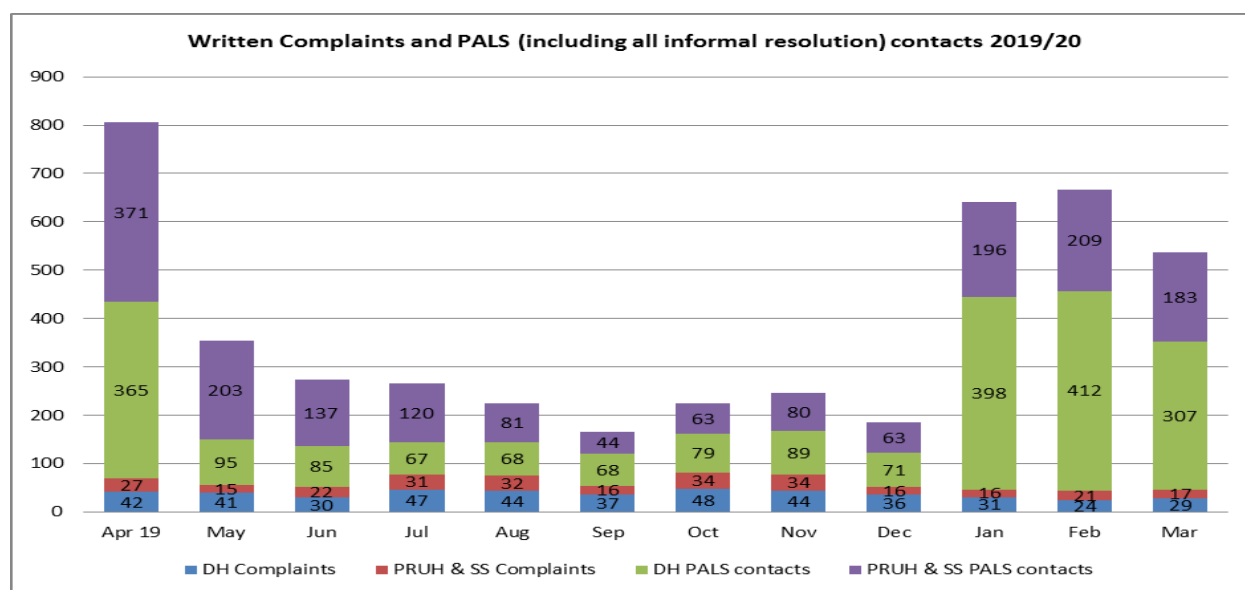
### 3.1 Complaints

The number of complaints accepted as formal at all Trust sites have averaged at 86 complaints per month. Compared to patient activity, this is measured at 0.5 complaints per 1000 attendances (0.7 in 2018/19 and 0.6 in 2017/18).

The Trust currently has a target of responding to complaints within 25 working days. Given the complexity of cases the Trust receives this can be a challenging deadline. On this basis, the Trust 25 working days response deadline is being reviewed in accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. In future, at the time King's complaints staff acknowledge a complaint, an agreed period for responding to the complainant, based on the circumstances and complexity will be discussed and agreed. It is recognised that the expectations of the complainant must be established prior to any investigation commencing.

The central complaints team triages new complaints with the aim of giving complainants the opportunity to have their experience and concerns addressed by PALS, where early intervention for resolution is appropriate.

## 3.2 Patient Advice and Liaison Contacts



## 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.

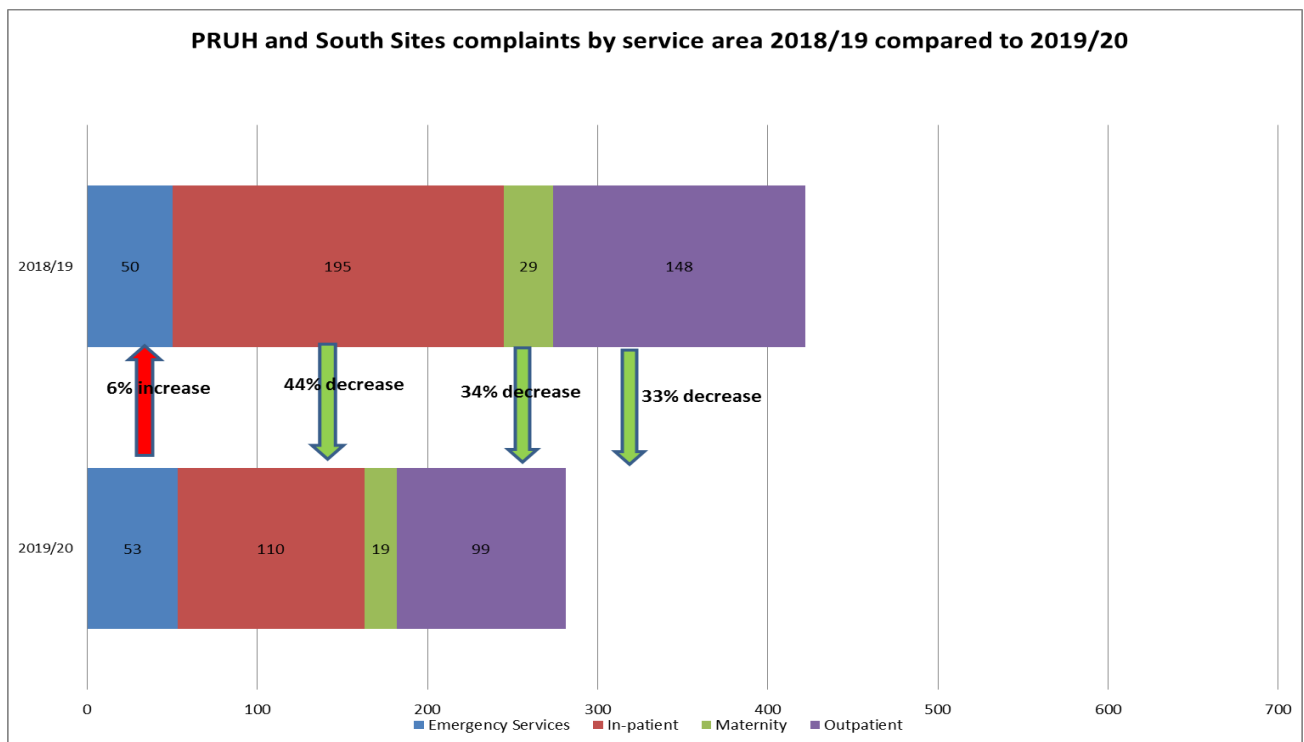
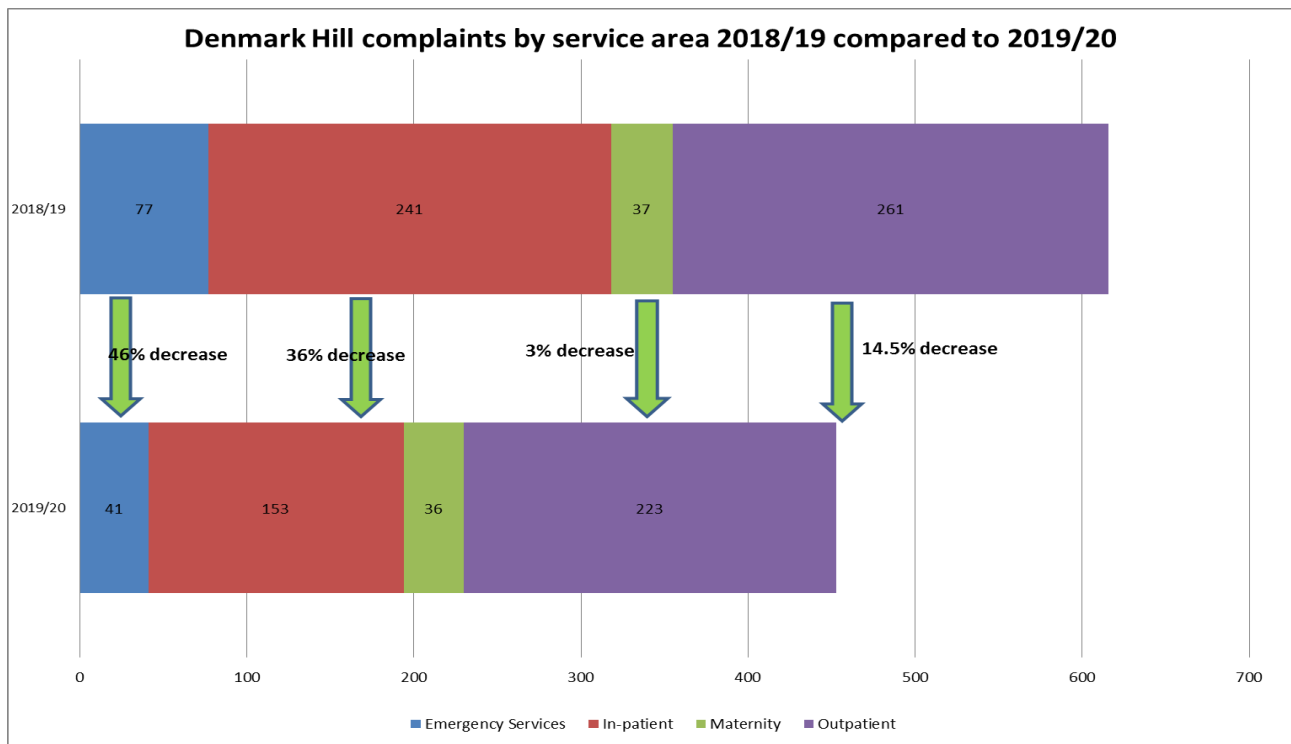
At the Denmark Hill site, 153 inpatient complaints were received (34% of the total). Outpatient complaints amounted to 223 (49%) and Emergency Department complaints 41 (9% of total). The remaining 16% of complaints were spread across other services. At the PRUH and South Sites, 110 inpatient complaints were received (39% of the total), 99 outpatient complaints (35%) and 53 (19%) for the Emergency Department. The remaining 7% of complaints were spread across other services.

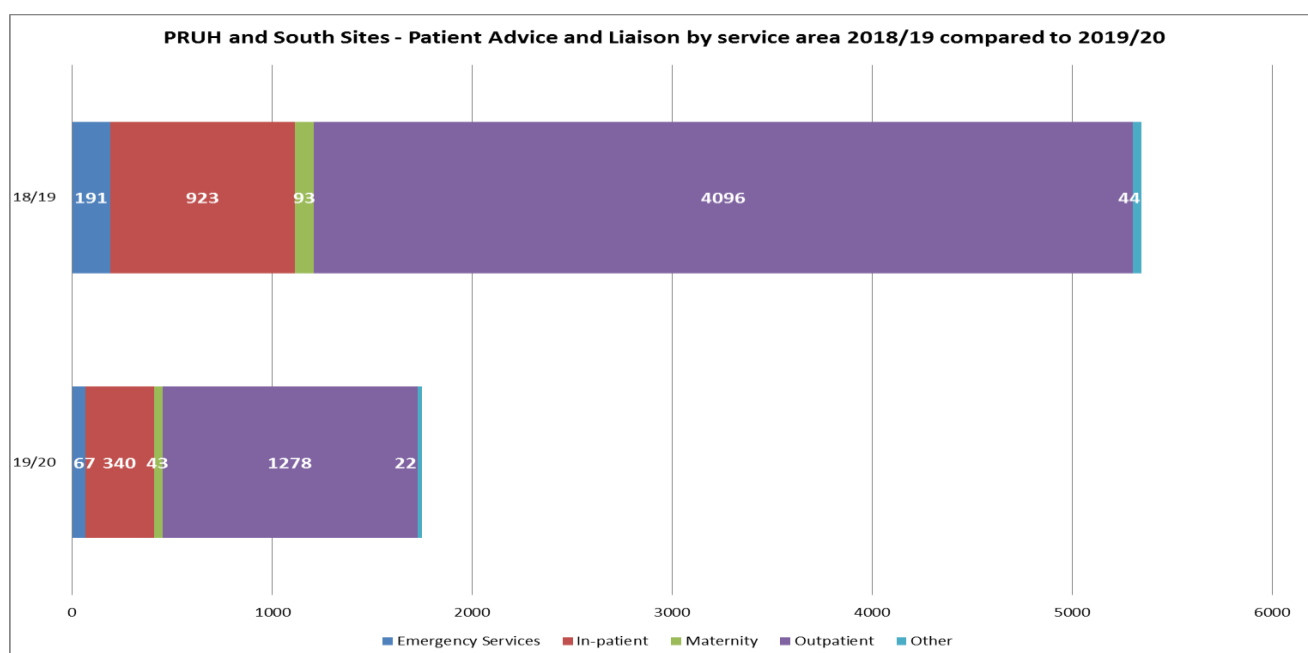
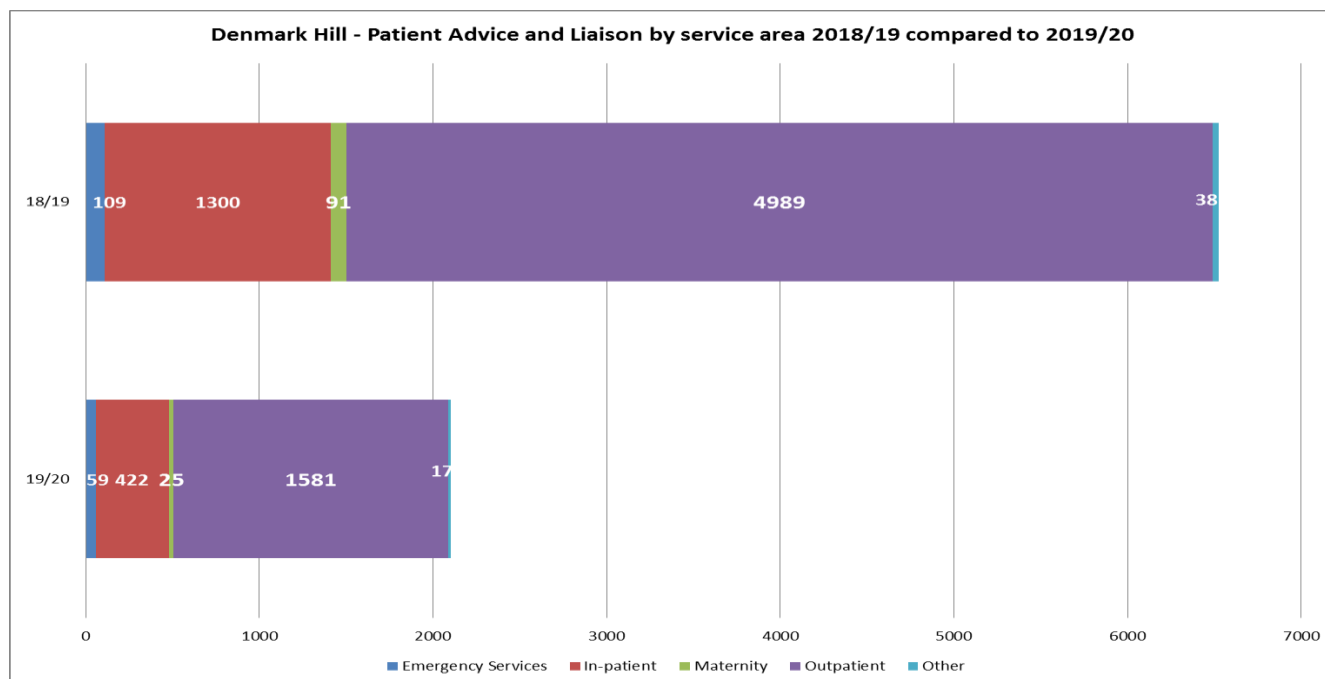
Outpatient complaints have decreased by 15% at Denmark Hill and 33% at PRUH and South Sites. Inpatient complaints have decreased by 36% at Denmark Hill and by 44% at PRUH and South Sites.

Complaints about emergency care have decreased at Denmark Hill by 46%, but increased by 6% at PRUH (although this represents only three cases).

Maternity complaints are marginally down at Denmark Hill (3%), while PRUH maternity complaints have reduced by 34%.

Recorded PALS concerns reduced across all sites during the year. The reduction was mainly due to the capacity of PALS staff to record all contacts on the Datix system, rather than a reduction in activity. Several new appointments were made to PALS in 2019/20 and the service now has a fully established team, responding to the majority of concerns in real time.





## 4.1 Complaints measured against Trust activity

In comparison to patient activity, the numbers of complaints against an outpatient attendance have remained unchanged for the past three years (0.3 complaints per 1000 attendances). However, there is an improvement on inpatient complaints in 2019/20; Denmark Hill 1.3 complaints per 1000 attendances from 2 in 2018/19. PRUH and South Sites, 1.6 complaints per 1000 attendances from 2.8 in 2018/19.



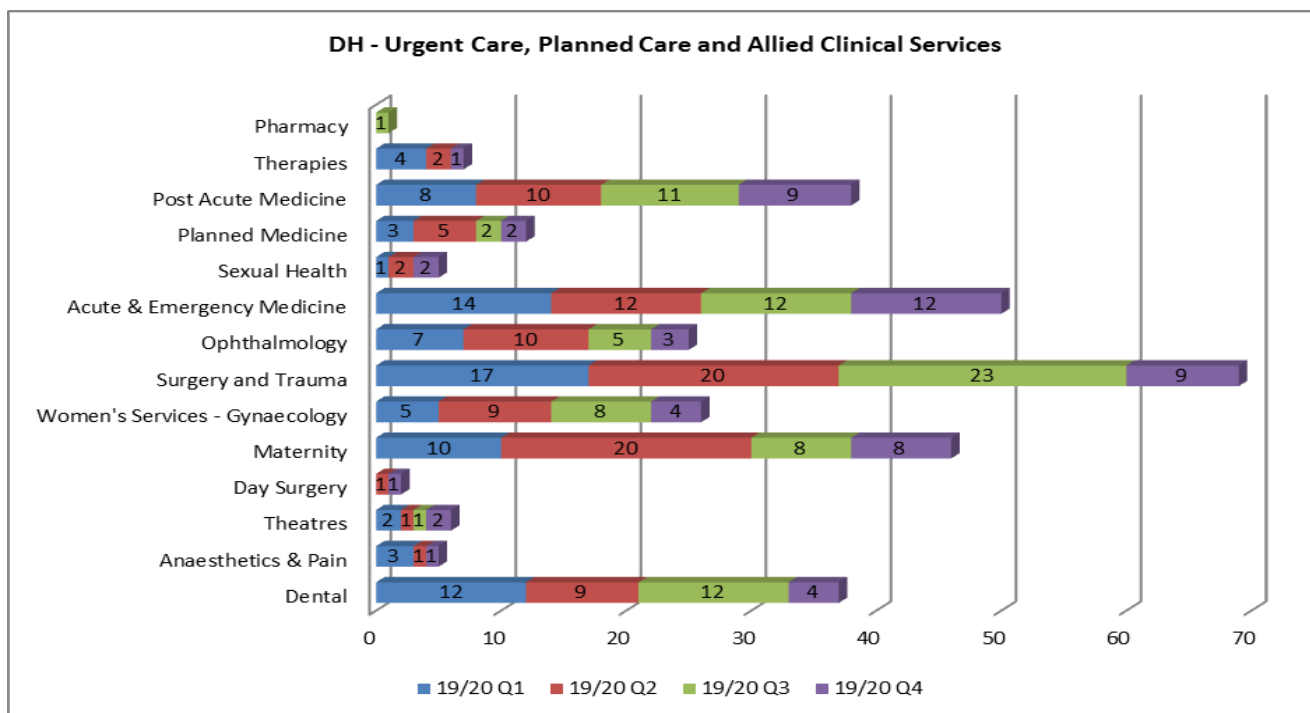
Denmark Hill	2019/20	PRUH & SS	2019/20
<b>Inpatient attendances</b>		<b>Inpatient attendances</b>	
Number of inpatient complaints	189	Number of inpatient complaints	129
Inpatient episodes	142,978	Inpatient episodes	79,758
Complaints per 1000 attendances	1.3	Complaints per 1000 attendances	1.6
PALS contacts	447	PALS contacts	383
PALS contacts per 1000 attendances	3.1	PALS contacts per 1000 attendances	4.8
<b>Outpatient attendances</b>		<b>Outpatient attendances</b>	
Number of outpatient complaints	264	Number of outpatient complaints	152
Outpatient episodes	850,493	Outpatient episodes	443,151
Complaints per 1000 attendances	0.3	Complaints per 1000 attendances	0.3
PALS contacts	1,640	PALS contacts	1,345
PALS contacts per 1000 attendances	1.9	PALS contacts per 1000 attendances	0.3

## 4.2 Complaints by Division

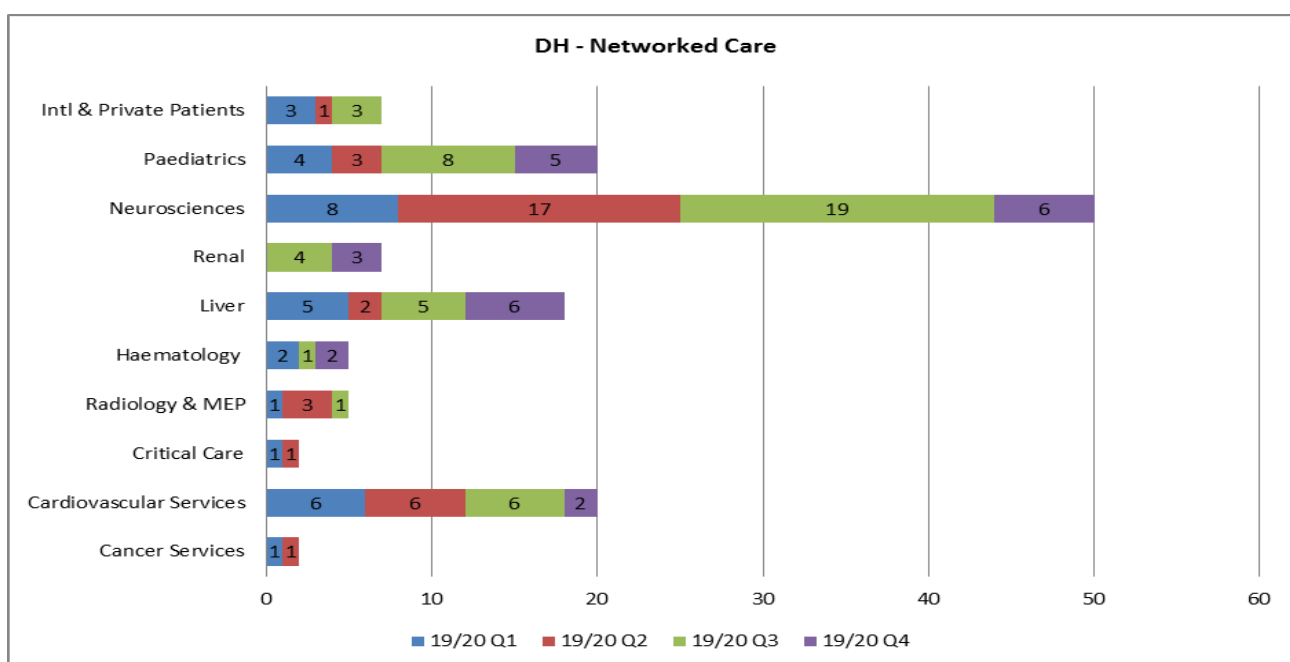
Each complaint is assigned to a principal division to lead on, regardless of other specialities cited in aspects of the complaint. The decision is based on a discussion with the complainant and the specialities involved, with a multi-disciplinary approach to the investigation of the complaints being of paramount importance.

The table below illustrates the distribution of complaints by the key Division during 2019/20.

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

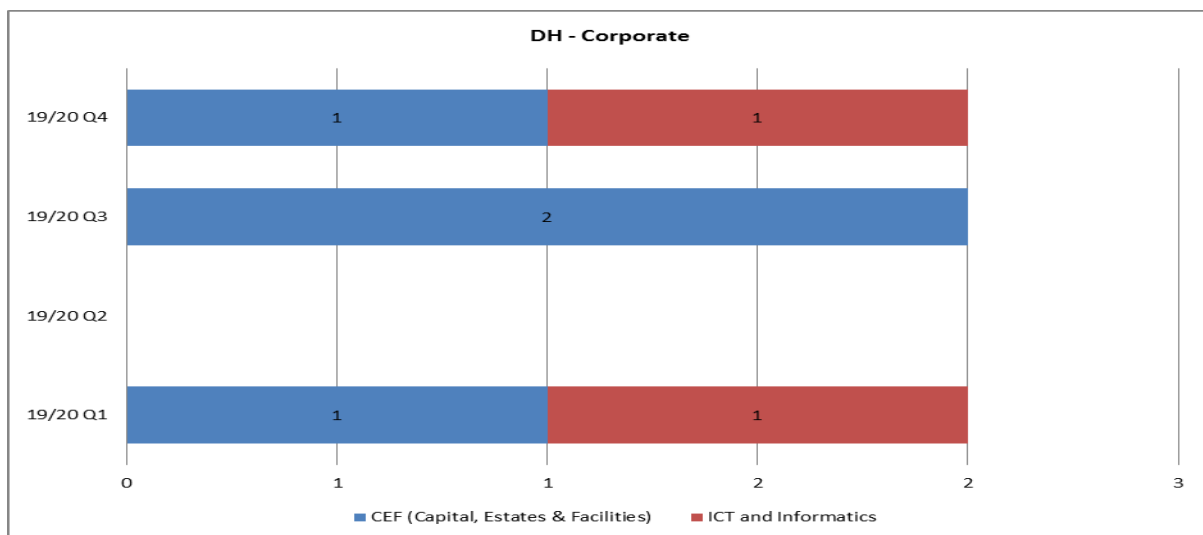


- Networked Care**

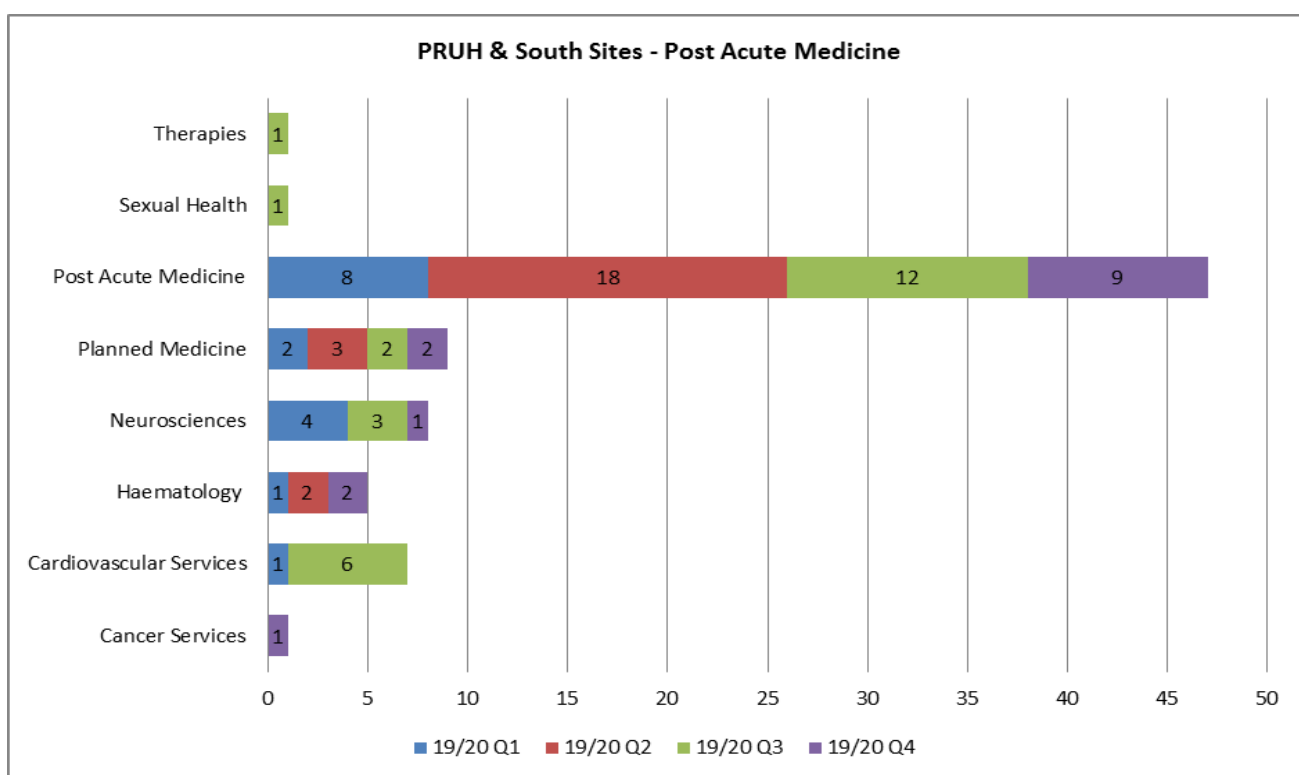


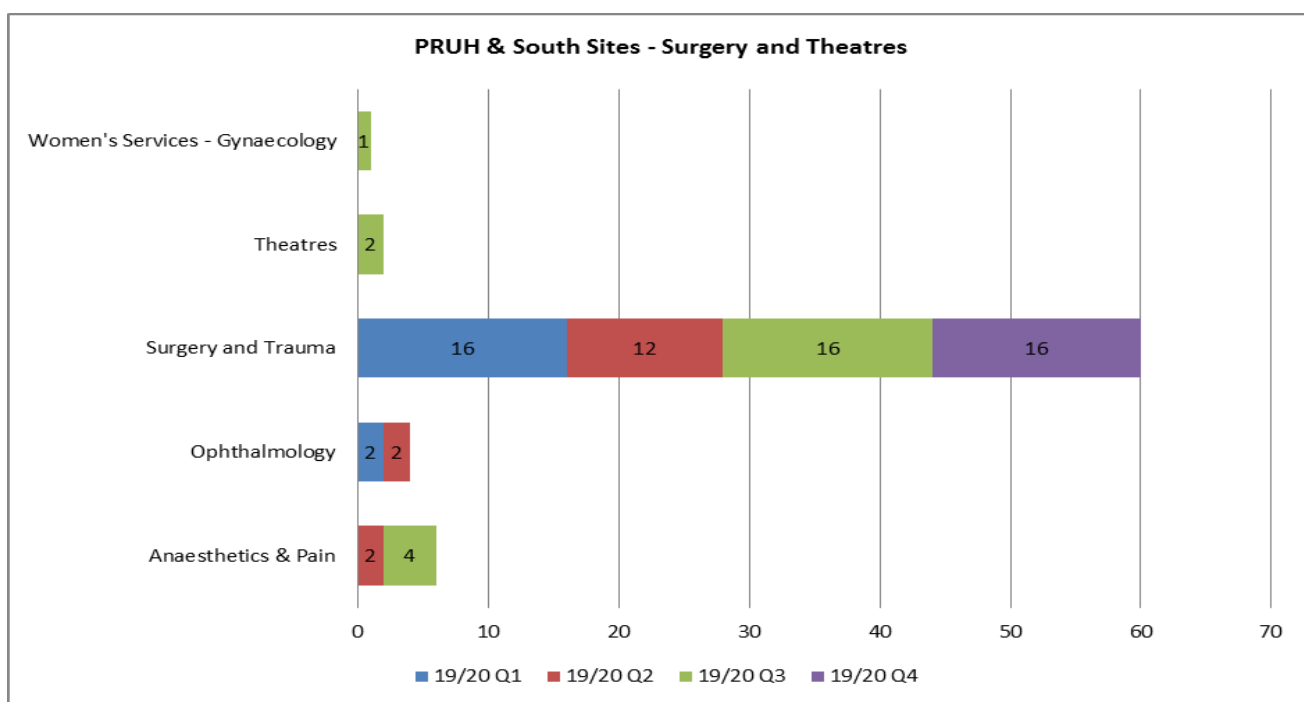
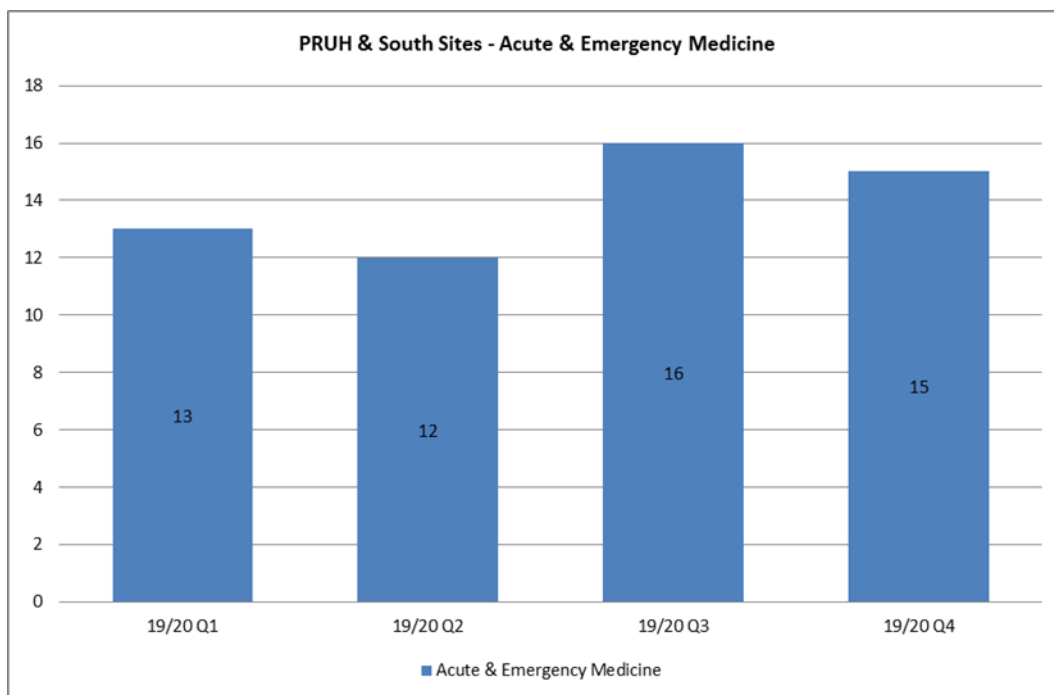
- Corporate areas**

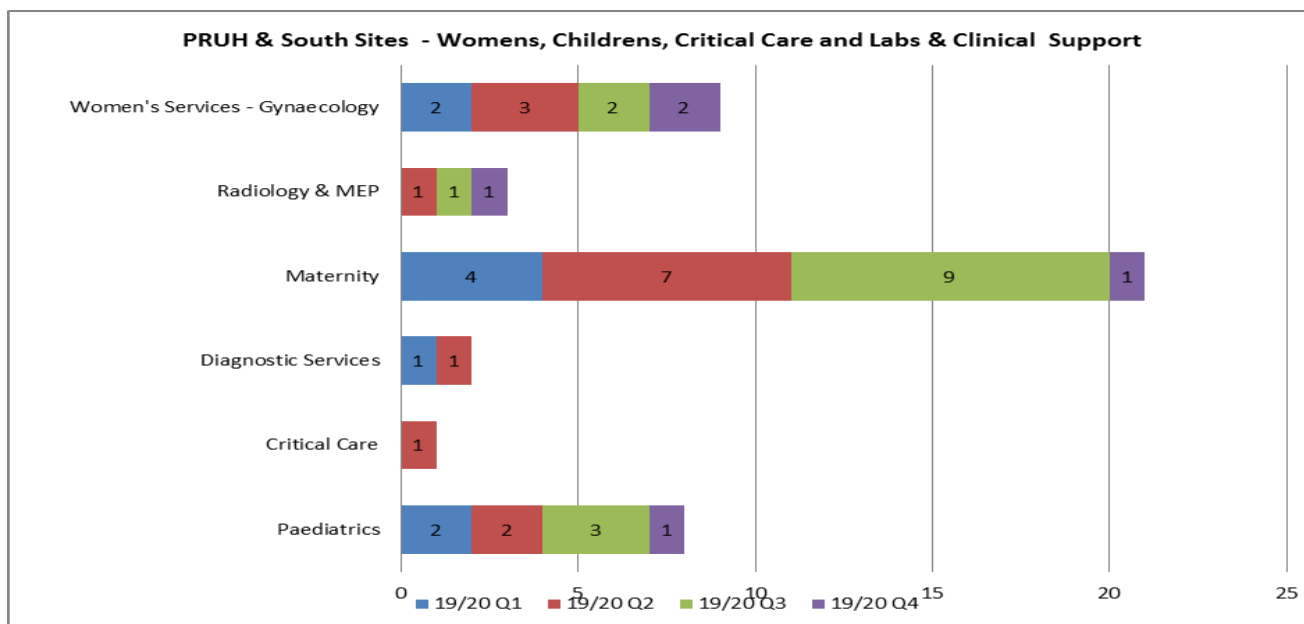
In 2018/19, the highest number of corporate complaints related to patient transport. Previously, responsibility for addressing these complaints had been with the contracted transport providers. As of May 2020, transport complaints have been brought back within the oversight of the Trust.



- PRUH and South Sites**

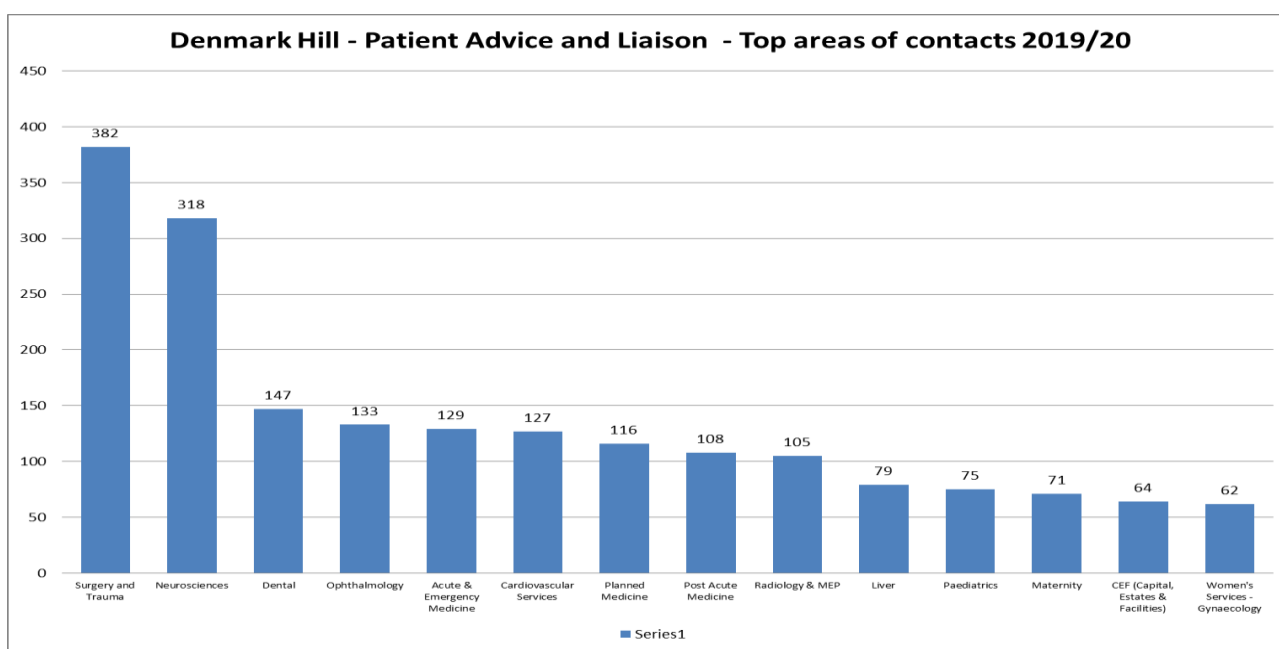


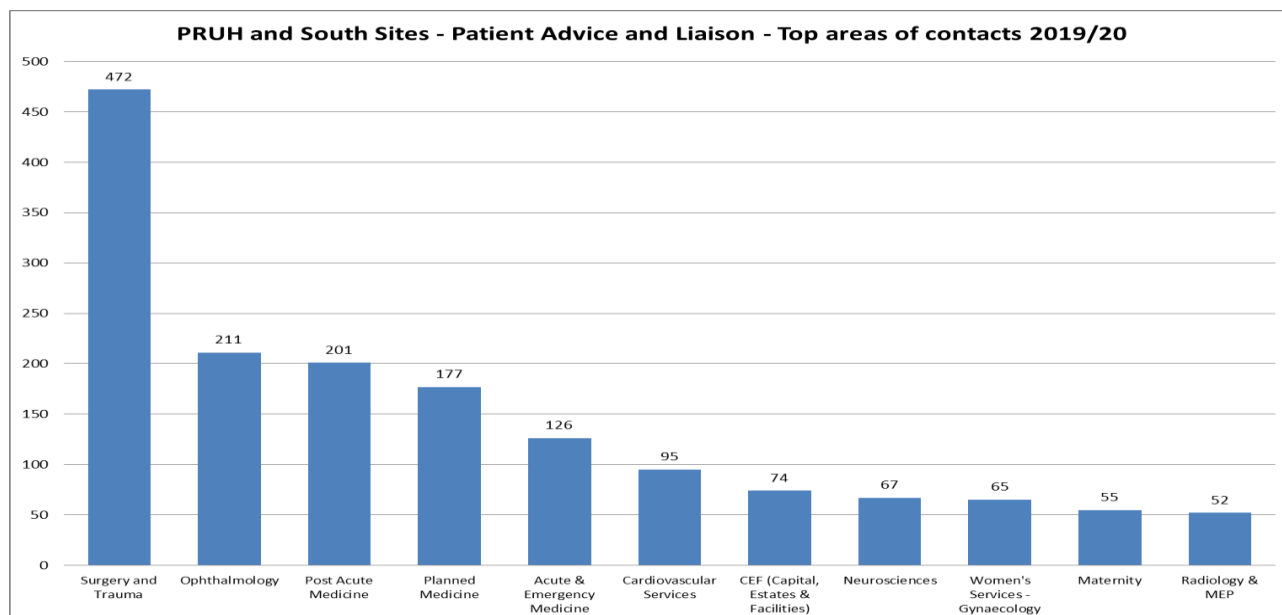




### 4.3 Patient Advice and Liaison Activity – greatest numbers of contacts by area

Surgery & Trauma had the largest number of PALS contacts at both Denmark Hill and PRUH and South Sites. Followed by Ophthalmology at PRUH and Neurosciences at Denmark Hill.





## 5.0 Responsiveness

The overall Trust response to complaints in 2019/20 has deteriorated, with an average monthly rate of 44% responded within the agreed time, compared to 61% in 2018/19.

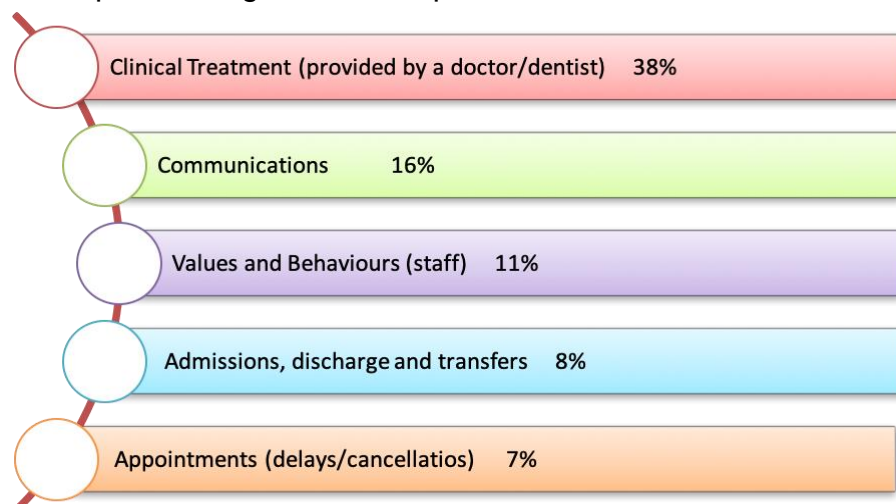
Progress on tracking overdue cases is shown in the graph below, with 28 overdue cases reported as at 17/02/2020. The Trust expects a timely response to complaints in all cases.

The complaints team have been supporting divisions by providing bespoke training in responding to complaints and providing examples of good written responses – the team will continue to provide support and training to individual teams in the coming year.

## 6.0 Causes of complaint and PALS contact

Complaints are reviewed on a case-by-case basis, ensuring that the issues raised are carefully considered. 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 input from another NHS provider. All complaints are allocated against specialist areas as set out by the Department of Health.

Our top five categories of complaint in 2019/20 are:



## 6.1 Denmark Hill – complaints and PALS themes

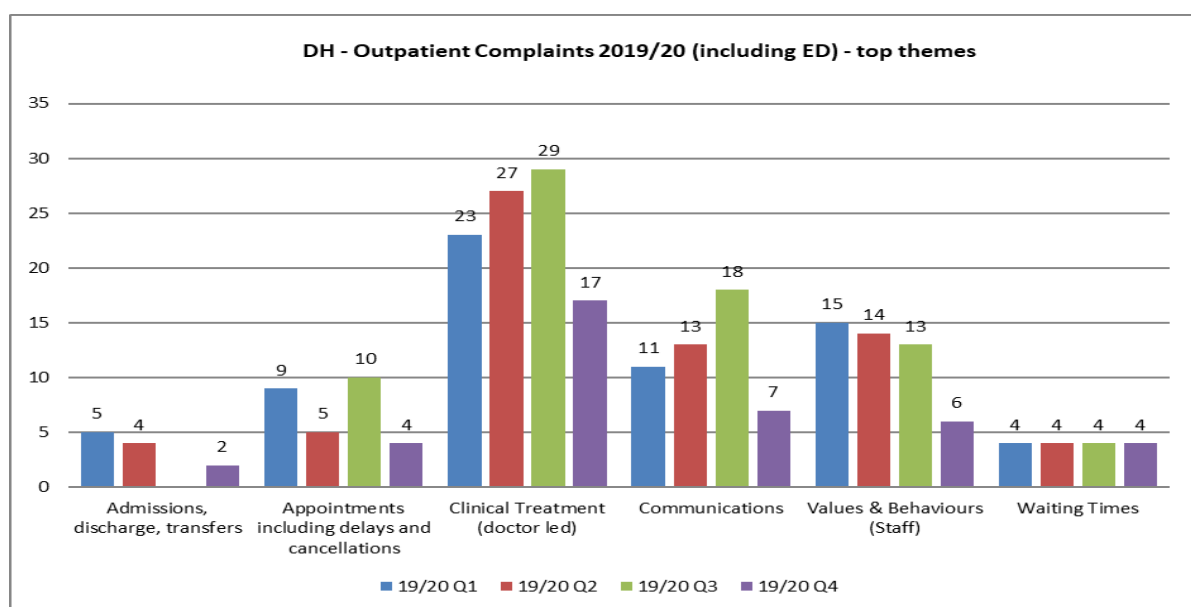
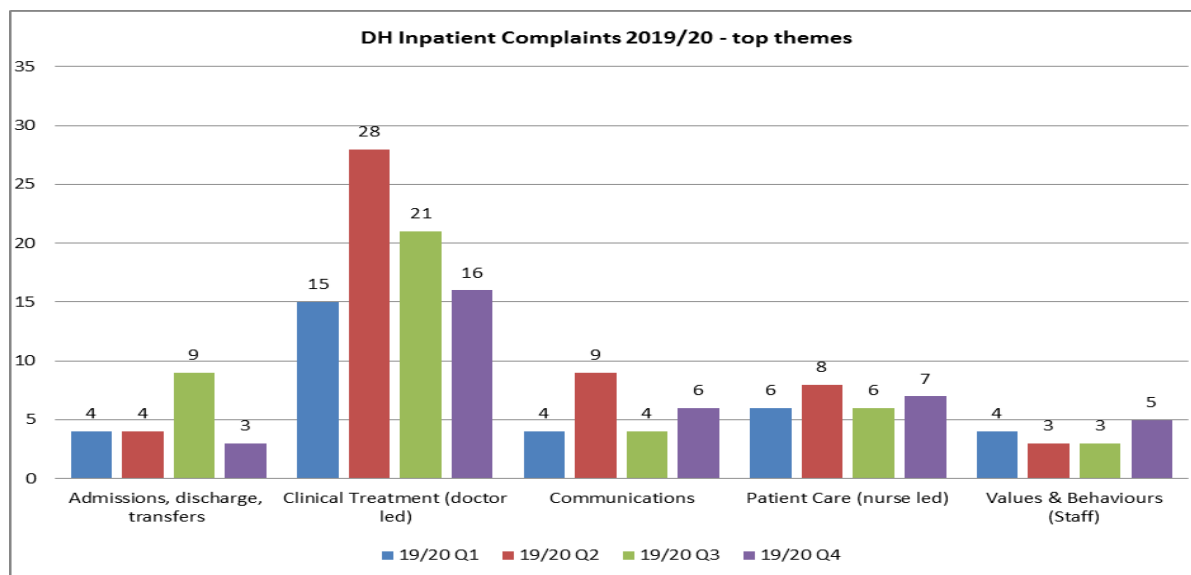
Clinical treatment refers only to contact and care provided by a doctor. A separate category is applied for nurse-led care, which includes patient nutrition and hydration.

Clinical treatment (doctor led care) is the predominant cause of complaints (176 cases at 39%), while 72 (16%) concern communication.

Denmark Hill - Primary subject of complaint	2019/20	% of DH complaints
Access to treatment or drugs	5	1%
Admissions, discharge, transfers	31	7%
Appointments including delays and cancellations	30	7%
Clinical Treatment	176	39%
Communications	72	16%
Consent to treatment	6	1%
End of Life Care	1	0%
Facilities Services	3	1%
Patient Care including Nutrition / Hydration	30	7
Prescribing errors	6	1%
Privacy, dignity and wellbeing	4	1%
Trust Administration	4	1%
Values & Behaviours (Staff)	63	14%
Waiting Times	20	4%
Other	2	0%
Totals:	453	100%

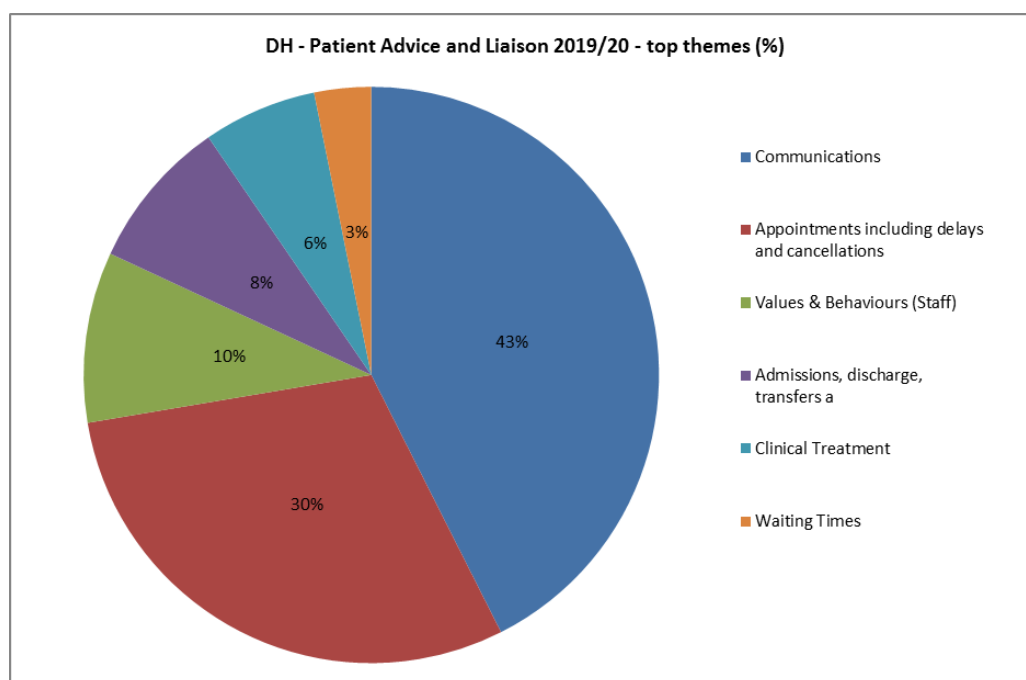
Complaints reflect personal experience so it is difficult to be precise about specific common themes, but the cited predominate cause is perceived delay or failure in treatment or in procedure and discharging arrangements.

We are very conscious that the majority of complaints have an aspect relating to communication with patients or their relatives/carers. Poor attitude and behaviour are triggers for a complaint when staff do not display empathy and compassion. The Trust takes attitude complaints seriously as this can be an indicator of poor care and also can cause reputational harm to the Trust.



The following diagram shows the contacts recorded by Patient Advice and Liaison Service. Communication is by far the most common reason people contacted the service. In 2019/20 43% of casework concerned patient, relative or visitor communication with services. 30% of contacts related to appointment support, either due to cancellation or delay.



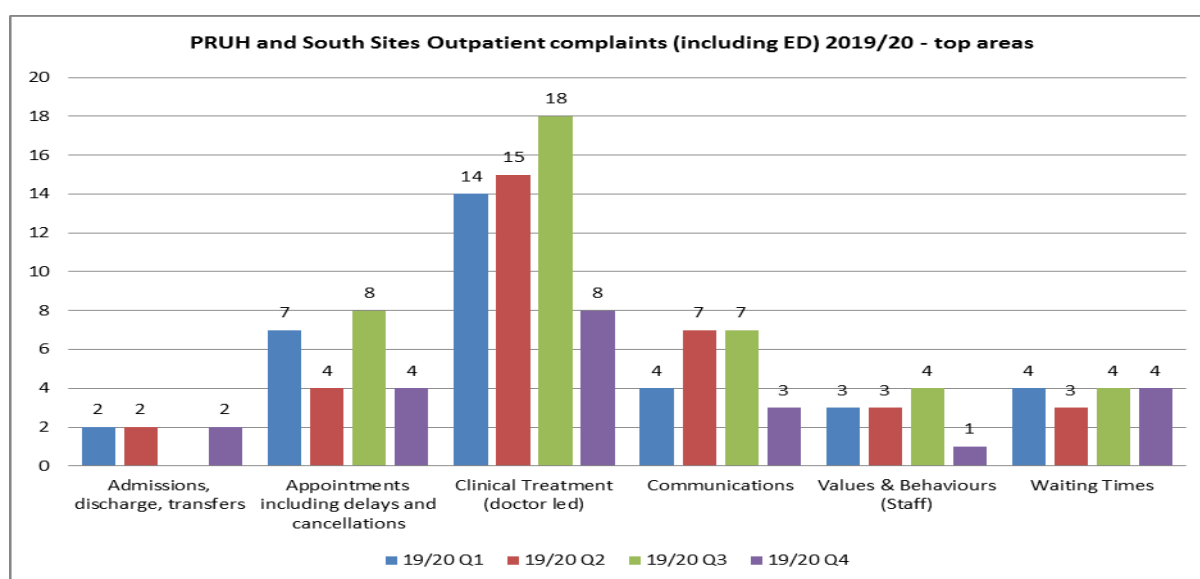
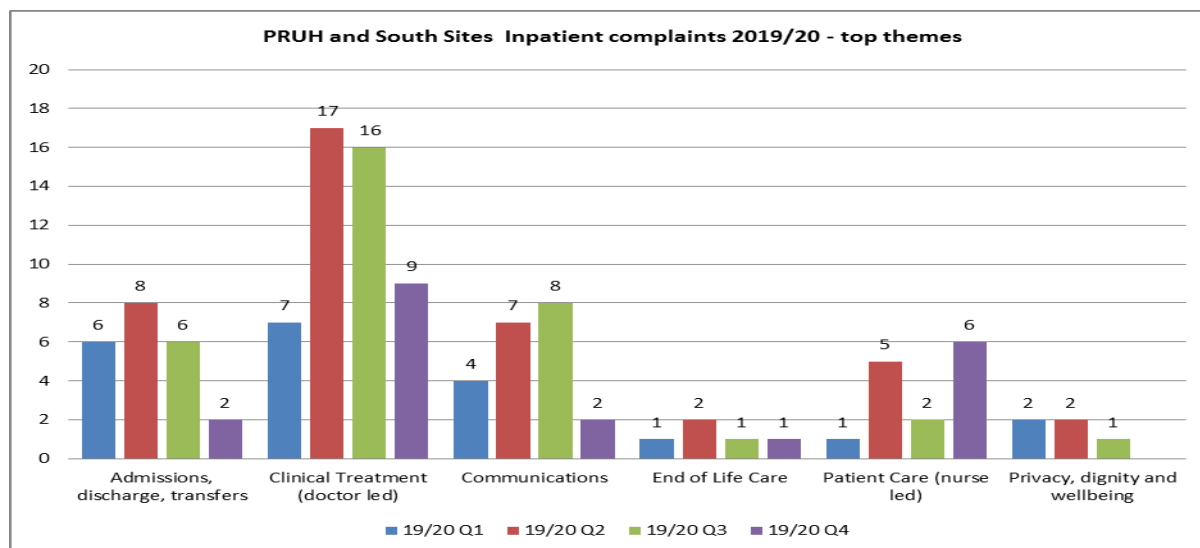


## 6.2 PRUH and South Sites – complaints and PALS themes

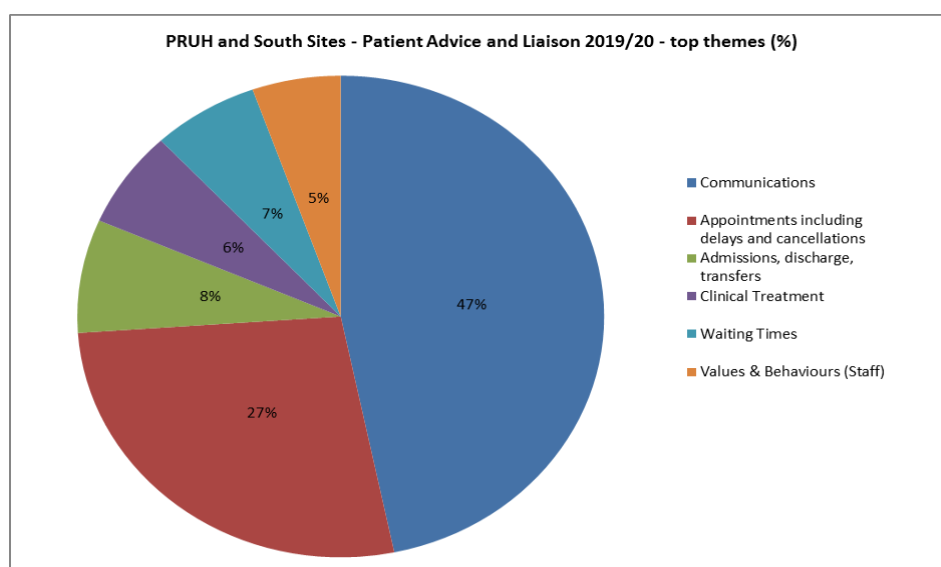
Complaints relating to clinical treatment (doctor led care) – 104 (37%) are the largest category, with complaints concerning communication the second highest 42 (15%).

Complex discharge arrangements involving community teams or premature/failed discharge are common problems. Concerns relating to communication continue as a main theme.

PRUH & South Sites - Primary subject of complaint	2019/20	% of DH complaints
Access to treatment or drugs	1	0%
Admissions, discharge, transfers	28	10%
Appointments including delays and cancellations	24	9%
Clinical Treatment	104	37%
Communications	42	15%
Consent to treatment	1	0%
End of Life Care	5	2%
Facilities Services	3	1%
Patient Care including Nutrition / Hydration	19	7%
Prescribing errors	3	1%
Privacy, dignity and wellbeing	8	3%
Trust Administration	7	2%
Values & Behaviours (Staff)	16	6%
Waiting Times	17	6%
Other	3	1%
Totals:	281	100%



The following diagram shows the contacts recorded by Patient Advice and Liaison. This demonstrates that 47% of casework concerns communication with services and 27% 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 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 in an accessible location at both the Denmark Hill and Princess Royal University Hospital sites.

Patients/carers are also signposted to free NHS advocacy services where support may be required.

Following receipt of a complaint or PALS concern, if possible, all inpatients are visited on the ward/inpatient unit. This gives the opportunity for a patient to discuss concerns or to obtain consent for a relative or carer to make the complaint on their behalf.

Complaint resolution meetings are encouraged and frequently facilitated at both sites.

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

	Denmark Hill	PRUH & South Sites
White British	146	122
White – Irish	1	2
White – other white	20	8
Mixed White and black Caribbean	0	0
Mixed White and black African	0	1
Other mixed	3	0
Indian	2	1
Pakistani	0	0
Other Asian	1	0
Black British	26	3
Black Caribbean	23	6
Black African	12	1
Other Black	6	3
Chinese	0	2
Other ethnic	8	0
Not stated	205	132
<b>Total</b>	<b>453</b>	<b>281</b>

Only 12 complaints in the year were made by or on behalf of patients with a learning disability. The Trust acknowledges this may reflect the fact that the complaints service is not fully accessible to some vulnerable groups. The Trust intends to publish easy-read information about how to complain and raise concerns as a leaflet and on the website. Making the service more accessible to the population who access our services is a priority for the coming year.

## 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 to the complainant's satisfaction at a local level.

The PHSO have broadened their review process and have significantly increased the numbers of cases they consider. The Local Government Ombudsman (LGO) has a joint working team, which considers complaints that straddle social care and healthcare. Any complaints to the PHSO, which are suitable for the joint working team, are passed to the LGO for investigation.

In 2019/20, the PHSO and LGO notified the Trust of 14 cases that went forward for further review/investigation. This is an increase from 12 in 2018/19. This represents about 2% of the total complaints received.

The PHSO have reported that of the cases investigated in 2019/20, two complaints were partially upheld against the Trust. Six complaints did not meet their investigation criteria and a further 6 remain open. All recommendations and actions have been completed and monitored.

PHSO Outcome	Number	Division and area
Upheld	None	
Partially upheld	2	Planned Medicine (DH) Gynaecology (DH)
Not upheld	None	
Not investigating	6	ED (PRUH) Safeguarding (PRUH) Respiratory Medicine (PRUH) The Havens (DH) Transfer of Care Bureau (PRUH, LGO case) ED (DH)
Open	6	Colorectal (PRUH) Post-Acute Medicine (PRUH) General Surgery (PRUH) Cardiology (DH, LGO case) MSK Radiology (PRUH)
<b>Total</b>	<b>14</b>	

## 9.0 Learning from feedback

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

Although complaints are an opportunity for patients, carers and relatives to raise concerns about the quality of their care, King's also views complaints as one of the most direct, effective and transparent means of driving improvement within the Trust.

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

All responses include recommendations for adverse incident reporting, mortality and morbidity review, or other independent clinical review where appropriate.

Complaints rated as high or moderate in line with the Complaints Policy, together with their respective responses, are quality/accuracy checked and challenged by the Chief Nurse and the Chief Medical Officer. A covering letter signed by the Chief Executive is also sent to the complainant.

In 19/20 there were regular reports to share complaint themes, learning and actions, which includes:

- Quarterly report to QARC (Quality, Assurance and Research Committee) and subsequently Quality, People and Performance Committee
- Quarterly 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.

King's College NHS Foundation Trust welcomes complaints as they present an opportunity to review patient care, our services and interactions with patients and visitors. It also gives us an opportunity to review the provision of information given to our patients.

Following investigation and resolution to the complainant's satisfaction, the complainant is informed of action/s taken to reduce the risk of such events recurring, with a strong focus on learning from our mistakes.

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. For those complaints investigated as a patient safety incident, the final report is shared with the complainant and will include an action plan.

All complaints relating to end of life care are shared with the Trust's End of Life Committee, where they are reviewed for themes.

## **10.0 Conclusion**

The Trust has seen a decrease in formal complaints in 2019/20, compared to previous years. The major focus for 2020/21 will be to drive quality and rigour in investigatory work, including independent oversight in investigations. Our aim is to deliver a better experience for our service users.

An ongoing programme of training for the complaints team has commenced to equip the team to support good governance practices throughout the Trust and work closely with services to improve complaints investigations, providing independent and expert oversight. The complaints team will increasingly work in close partnership with other integrated governance teams, in particular the patient safety team, to deliver high quality responses and improvements in care, in line with the Trust's strategic objectives.

## 2020/21 Priorities:

- There will be an increased focus on embedding the learning from complaints across all areas of the Trust. Continuous monitoring and analysis of complaints data, triangulated with patient safety, Freedom to Speak Up, risk and claims and inquest data, to provide assurance to the Board.
- A fully integrated PALS and complaints team will ensure a consistent and joined up approach to resolving concerns and complaints and reporting.
- The Trust is committed to driving forward its focus on quality, ensuring the complainant receives an appropriate and comprehensive response. With a strong focus on quality, the current internal 25-day target will be subject to review.
- Introduction of a Trust-wide complaints standards framework, ensuring all responses are investigated and resolved to a high level.
- Improve reporting systems to record, track and regularly review lessons learned.
- Standardise complaints processes across all sites.
- Roll out of Datix Cloud, to enhance the opportunity to learn from concerns, complaints and incidents.

The Board is invited to discuss the findings in this annual report, to note the actions taken in 2019/20 and planned for 2020/21 to learn from and improve the experience of patients, families and visitors to the Trust.