

KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

ANNUAL COMPLAINTS REPORT 2022 - 23

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Executive Summary

King's College Hospital NHS Foundation Trust provides services to local people across Bromley, Lambeth, Lewisham and Southwark. Services are delivered from five key sites, Denmark Hill, with our south sites including the Princess Royal University Hospital, Orpington hospital, Beckenham Beacon and Queen Mary's Hospital (known as the PRUH).

The trust is required to provide an annual complaints report for each year ending 31 March which includes:

- The number of complaints received
- The number of upheld complaints
- The number of complaints referred to the Parliamentary & Health Service Ombudsman (PHSO)
- A summary of the themes of complaints that were received
- Any significant factors arising from complaints or the way they were handled
- Any action taken or planned to improve the service as a result of complaints

This report covers the formal complaints received 1st April 2022 to 31st March 2023. The Trust received **928** formal complaints this represents a **20 % decrease** in comparison to the same period 2021 – 2022. The top three reasons for complaining in 2022/23 were communication, patient care, values and behaviours. We logged 292 compliments about our services and staff via our central PALS team. Additional compliments will also have been received locally by the teams and staff providing the care.

Achieving sustained improvement in response rates has continued to prove challenging. However a large number (114) legacy complaints were also closed within this year, which significantly impacts our overall closure performance statistics. This is a similar picture across the other local London Trusts. We continue to focus on this to achieve a more responsive process alongside maintaining and improving the quality of investigation and response.

Throughout quarter 3 and 4 we implemented a more robust tracking process with regular meetings with care groups focused on the approach to individual complaints management both centrally and at care group level. The impact in Q3 is positive, but the operational challenges through December and January coupled with the industrial action preparations have resulted in a decreased number of complaints being closed in Q4.

The wider Quality & Governance team meet weekly to discuss complaints that crossover with safety investigations, duty of candour, inquests and those cases that hold wider reputational risk to ensure a co-ordinated approach. We maintain strong links with our safeguarding Adults, Paediatric and Maternity leads to agree the plan for complaints that potentially require consideration under safeguarding processes, or complaints from those already subject to safeguarding referrals.

Throughout 2023 we will be focused on implementing the new NHS complaints standards which are the most significant change to NHS complaints management set to influence the culture and approach to complaints across the NHS. These standards will ensure learning identified through complaints investigations benefit future patients and service users with robust governance ensuring the embedding of changes and improvements at care group level.

1. Complaints Performance April 2022-2023

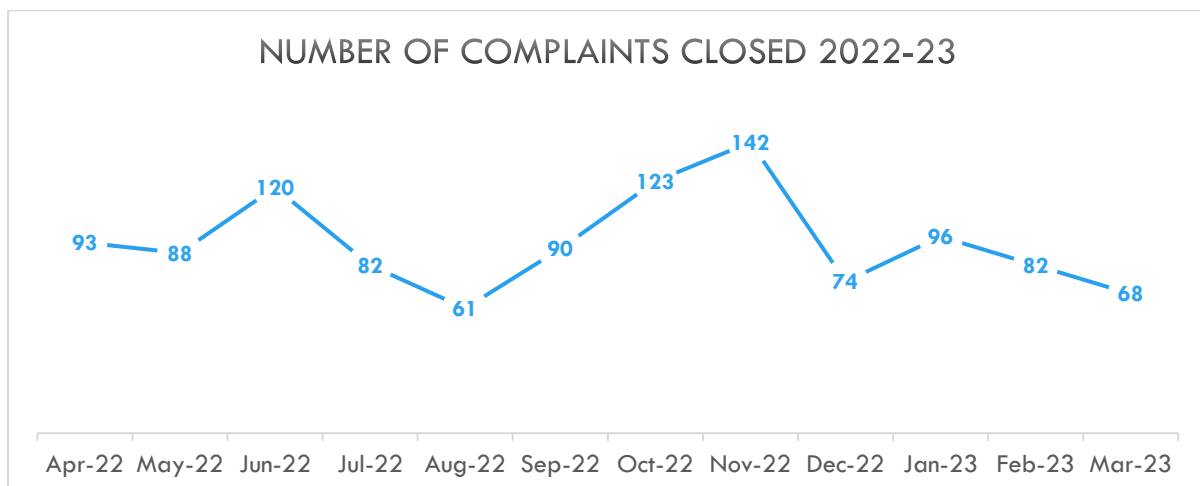
1.1 Complaints Received

In 2022/23 King's College Hospital received 928 formal complaints. In comparison to 21/22 (1166 received in total) this is a 20% decrease. On average the Trust receives 77 complaints per month. The complaints team resolved 105 complaints informally in agreement with the complainants. This offered a more responsive and proportionate resolution which was more favourable to the complainant. The new NHS Complaints Standards supports this approach, by explaining to the complainant what options they have and what outcome they are seeking, by mediating with the service leads a satisfactory resolution can be achieved.

Denmark Hill site received 493 complaints. This compares to 773 for DH in 2021 – 2022. This is a decrease of 37%. PRUH & South sites received 435 complaints. This compares to 389 for PRUH & SS in 2021 – 2022. This is an increase of 11 %.

For 2023 – 2024 we have set a target of achieving 80% of complaints responses in agreed timescales. With close monthly monitoring for those complaints that do not achieve target to assure ourselves that our process is supporting care groups and to identify any improvements required. 1.2 Complaints Closed

In total the Trust closed 998 complaints (slightly more than the number of complaints received in the same time period). The chart below shows the number of complaints which were closed each month in 2022-23. The momentum built up through Autumn 2022 was significantly impacted by the operational pressures going into December 2022 and January 2023. The performance has struggled to recover in 2023. Whilst it is difficult to determine the exact cause for the reducing performance, it is likely that that industrial action preparations have impacted managerial capacity to manage and respond to these complaints.



1.3 Response Rates

In order to determine response rates, the complaints which were closed between April 2022 and March 2023 have been analysed.

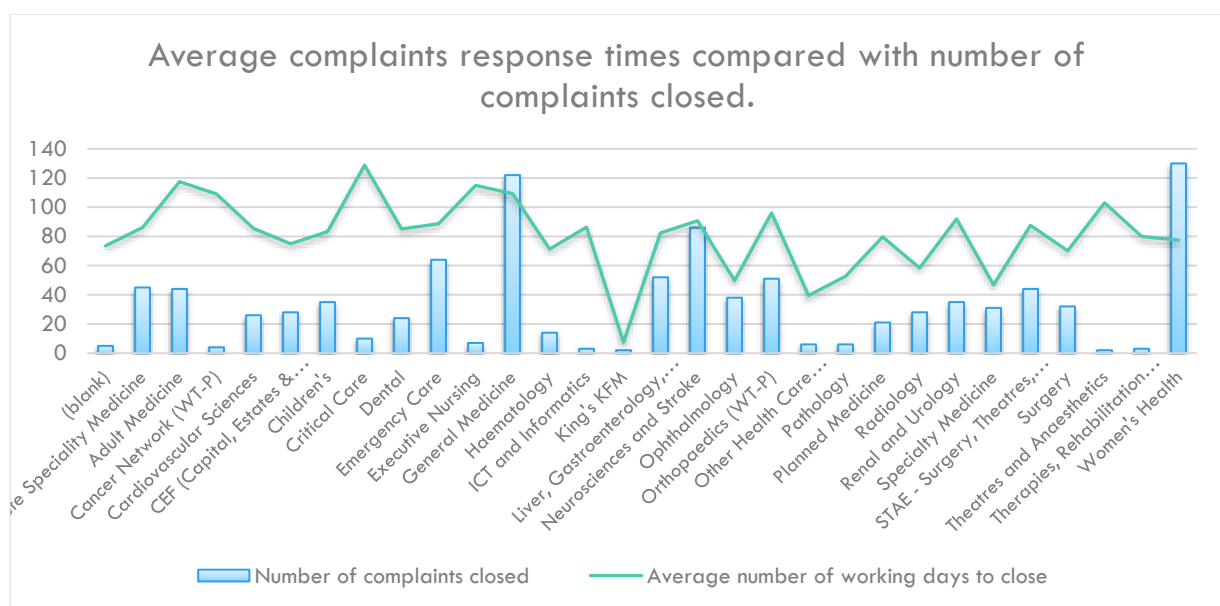
Over the year it took, on average, 86 working days to close complaints (approximately 17 weeks). This is significantly above our targets (ranging from 25 to 60 working days depending on complexity) but within the PHSO 6 month deadline (approx. 26 weeks/120 working days). It should be noted that the work continued through 2022/23 to reduce the backlog built up

during the pandemic resulted in the closure of 114 complaints which were originally received in 2020 and 2021. Closure of these significantly overdue complaints had the effect of skewing the complaints performance data. Excluding these 114 complaints reveals an overall performance of 69 working days (approximately 13 weeks).

The care groups which closed the greatest number of complaints in 2022/23 are shown in the chart below:

- General Medicine (PRUH)
- Maternity (DH)
- Neurosciences and Stroke (DH)

The chart compares the number of complaints closed in each care group by the average number of working days it has taken to close the complaint.



1.4 Reopened Complaints

When complaints are reopened it typically, but not definitively, indicates that the initial resolution of a complaint was deemed unsatisfactory by the complainant or that new information has emerged. Reopened complaints provide valuable insights and implications, including:

1. Patient Feedback: Reopened complaints reflect the concerns and experiences of patients and their families. They provide a platform for patients to voice their dissatisfaction, highlight unresolved issues, or raise new concerns.
2. Quality Assurance: Reopened complaints can, in some cases, be a measure of the effectiveness of the quality assurance processes. They offer an opportunity to review and reassess the initial investigation, ensuring that all relevant factors are considered. This helps in identifying any shortcomings in the complaint handling process and improving the overall quality and consistency of complaint resolution.

3. **Accountability and Transparency:** Reopening complaints demonstrates a commitment to accountability and transparency within the NHS. It signifies that the healthcare system acknowledges and values feedback from patients and is willing to re-examine and address concerns that may have been previously overlooked or mishandled.
4. **Legal Considerations:** In some cases, reopening a complaint may be driven by legal or ethical obligations.

Overall, reopened complaints in the NHS serve as an important mechanism for continuous improvement, patient-centred care, and ensuring accountability in the healthcare system. They provide valuable insights that can contribute to enhancing the quality of services and patient satisfaction.

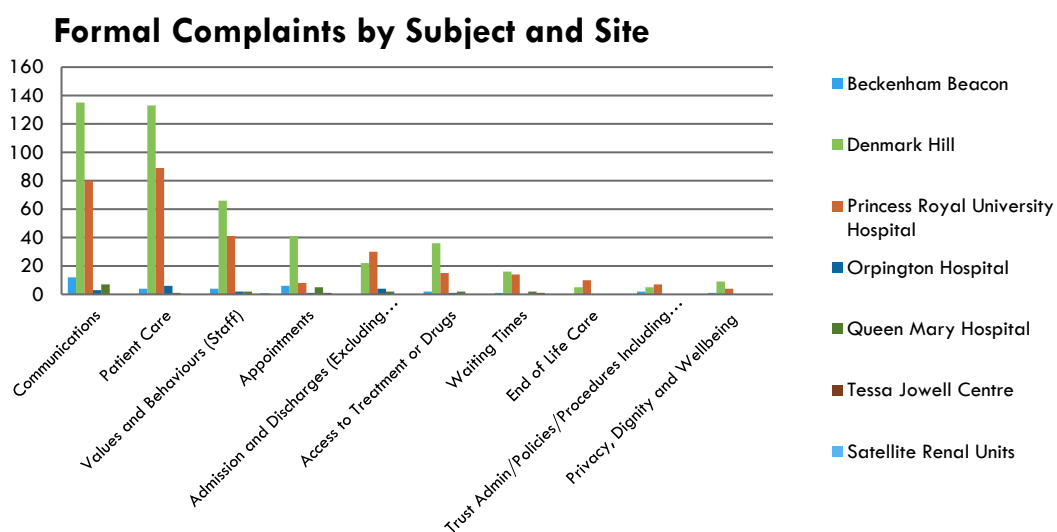
There were 66 re-opened complaints in 2022-23 (approx. 7% of all closed complaints) compared to 83 in 2021-22.

Managerial Site	No of Re-Opens 2021-22	No of Re-Opens 2022-23
Denmark Hill	57 (7.4%)	35 (7%)
PRUH & South Sites	26 (6.6%)	31 (7.1%)
TOTAL	83 (7%)	66 (7%)

The overall Trust picture demonstrates that we have maintained a level of 7% re-opened complaints between 2021 and 2023, and this is replicated at site level across both years also.

2. Complaint themes & Lessons Learned

The chart below shows the breakdown of themes for all of the complaints received in 2022-23 broken down by physical location. When interpreting this chart, it is important to recognise that an analysis of volume of complaints will always tend towards issues in Denmark Hill location given higher volume of patients, therefore it should not be used to analyse performance between sites, but rather to understand the dominant themes in each location.

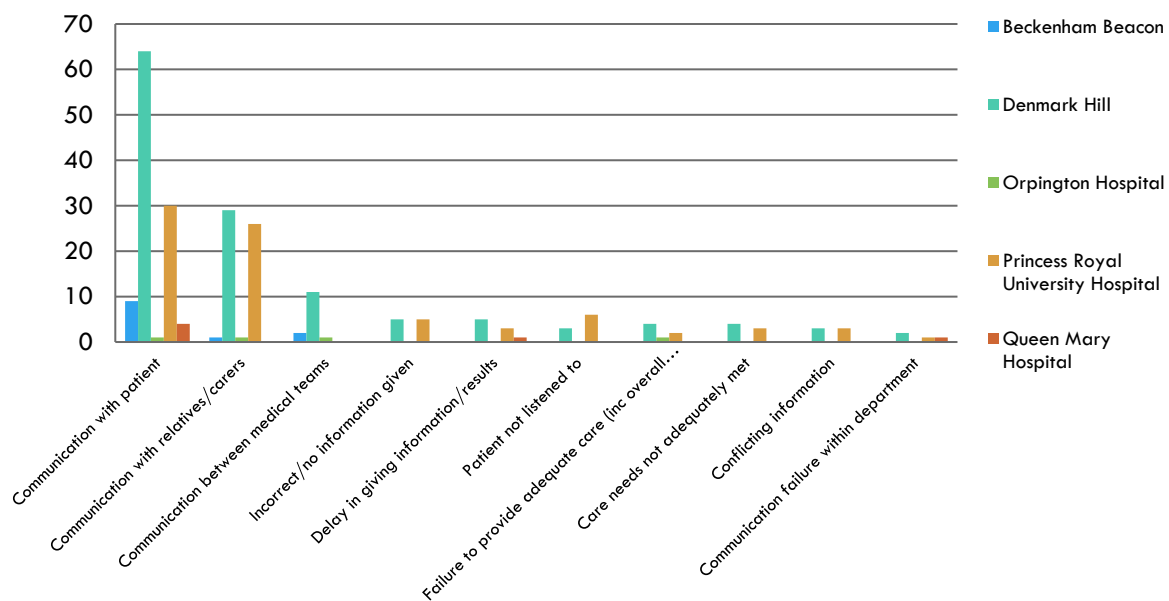


The broad themes in the chart above are captured at the point when the complaint is received. The categorisation at that time can lack some nuance, so it is often more insightful to review the themes evident in the learning identified following closure of the complaint. An analysis of the 495 upheld/partially upheld complaints in 2022/23 provides a more detailed understanding of the outcomes of the complaints, including importantly, the actions which are being taken to address. Not surprisingly Covid-19 remains a thread running through many of the complaint responses including dealing with cases of hospital acquired Covid-19, delays in communicating about infection status, concerns about adherence to infection control standards, and ward transfers without communication with families. We have also seen a higher proportion of patients raising complaints about the delays with serious incident investigations, or the outcomes of duty of candour investigations.

2.1 Communication

Communication is a very broad theme and encompasses communication directly with patients, with their families and between teams within the organisation. The chart below shows the breakdown of information.

Communication themes by location

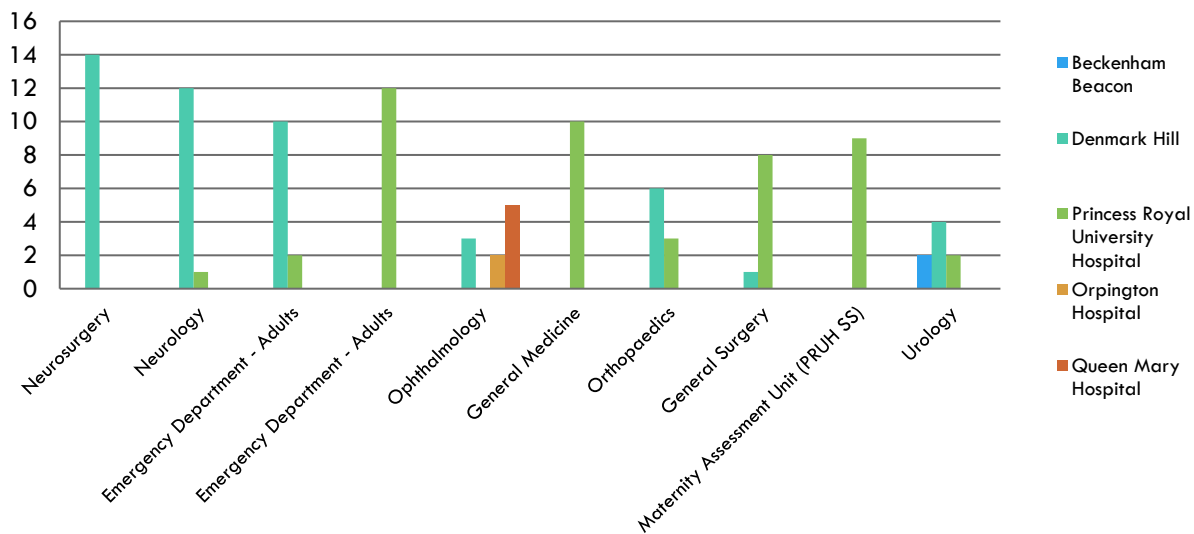


Specific examples of these include:

- Families not feeling listened to (inpatient setting)
- Next of Kin details not appropriately updated in the medical records system
- Communication from the MDT (outpatient setting)
- LPA communication (outpatient setting)
- Failure to explain or seek assent for the presence of students during examinations (predominantly in maternity)
- Availability of sufficient patient information

- DNAR status communication

Communication Complaints -Top 10 Specialties



What are we doing to improve communication?

- ✓ Ophthalmology QI project as part of Trust's quality priority
- ✓ Introduction of ward processes to ensure that next of kin details are updated on the system at the point of admission
- ✓ Adding a section to the weekly MDT forum between surgery and elderly care to identify families who require additional or altered communication approaches
- ✓ Neurosurgical MDT referral process improvements
- ✓ Reducing time taken to send out clinic letter
- ✓ Enhanced departmental telephone management processes e.g. availability of voicemail and call chase systems.
- ✓ EDI training in dermatology

2.2 Delays/Cancellations for appointments and procedures

Multiple cancellations of elective admissions and outpatients attendances is an issue which has been impacted both by covid-19, clinical prioritisation under the recovery programme and the impact of industrial action. The closed complaints highlight a higher than usual proportion of these issues in orthopaedics, with many patients being reimbursed for travelling to site for appointments/procedures which had been cancelled.

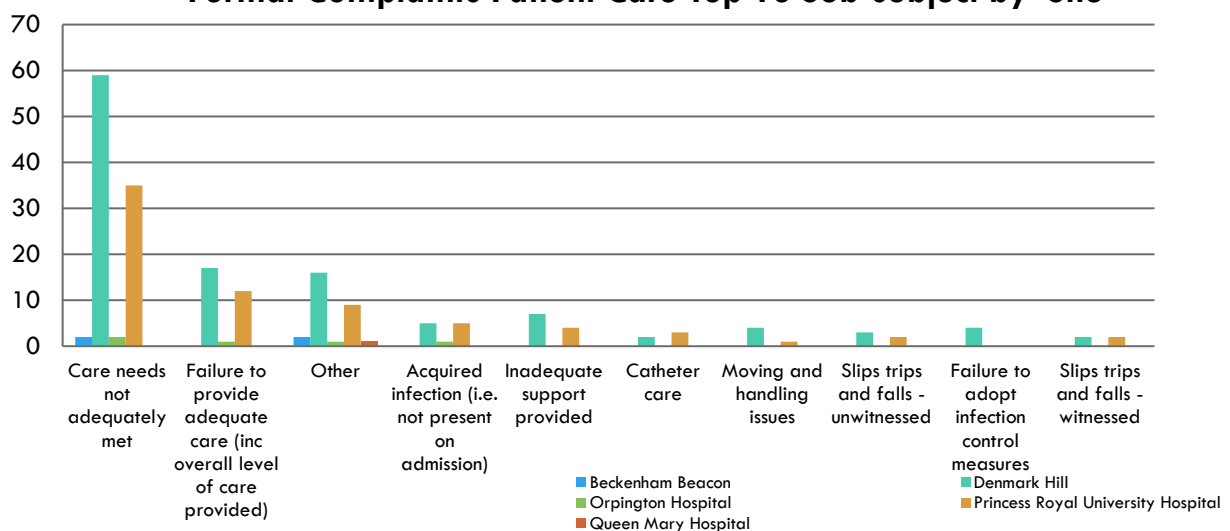
What have we done to action patient feedback about multiple cancellations/delays?

- ✓ Introduction of failsafe process for booking of ophthalmology clinics
- ✓ Liver clinic slot adjustments to ensure that patients can be seen by the right clinician at the right time
- ✓ Introduction of a new process to avoid lost to follow up cases in bariatrics
- ✓ Consultant led referral management process in interventional radiology to ensure that patients are not inappropriately added to waiting lists
- ✓ Changes to text message appointment reminder systems in Paediatrics which was erroneously enabling children and parents to cancel appointments via text
- ✓ Recruitment of additional admin staff in gastroenterology
- ✓ Reinstating text message appointment reminders for gastroenterology

2.3 Clinical Management

Using patient feedback to shape and improve our clinical pathways and management is a crucial part of our quality improvement journey. There were many complaints closed in 2022-23 which demonstrated that patient feedback was been used proactively to improve care. This includes recognition that pathways could be improved, patients could be provided with better information to enable and empower them to manage their condition, ensuring that we have the full range of test results to make good clinical decisions and recognising areas in which our clinical expertise could be improved. The top types of patient care concerns are highlighted in the chart below. The specialties most frequently involved in these complaints were ED (both site), Maternity and Orthopaedics.

Formal Complaints Patient Care Top 10 Sub-subject by Site



What are we doing to improve clinical management?

- ✓ Training for ED staff on managing sickle cell presentations
- ✓ Training in suture care
- ✓ Intensive lactation training for the breastfeeding team
- ✓ Recalibration of microphones used for reporting in radiology
- ✓ Introduction of rapid access pathways for paediatric patients requiring dental/maxfax intervention
- ✓ Paediatrics have implemented new guidance on uploading text results from other care providers
- ✓ Supporting self-administration of diabetic medication for those patient who are able
- ✓ Raising awareness of dietary needs e.g. gluten, vegan and options available to support.
- ✓ Introduction of patient information leaflets for febrile seizures

2.4 Values and Behaviours

Sadly, several of our patients and their families have reported a lack of empathy from staff over the course of the year. They have described poor and dismissive attitudes; a feeling that their appointments are being rushed; and that the care they receive isn't person centred. There have been a number of complaints in which patients report overhearing unprofessional or unkind statements being made by clinical and nursing staff regarding patients. These happened in a number of different areas across the Trust. Patient reports about the absence of compassion have been more frequent in our Emergency Departments (both sites) and in our Maternity Departments.

What action are we taking to improve compliance with Trust values and behaviours?

- ✓ Use of *Aftathought* training sessions in which actors play out various complaints to help staff reflect and learn
- ✓ Dermatology attending Equality, Diversity and Inclusion training
- ✓ Attending active bystander training
- ✓ Use of patient stories at ward meetings, care group and Trust level meetings
- ✓ Individual staff feedback and supported reflection
- ✓ Compassionate communication training in Harris Birthright supported by complaints teams
- ✓ Customer services training for receptionist staff

3. Parliamentary Health Service Ombudsman (PHSO) Referrals

The PHSO offer second stage review for those complaints that remain unhappy despite attempts to resolve the complaint at a local trust level. The Trust had 11 complaints investigated by the PHSO in 2022 – 2023. Of these 5 were upheld, and required either an apology, redress payment or action plan where failings were identified. The Ombudsman throughout 2022 were clearing a backlog created as a result of the pandemic. The PHSO upheld complaints are monitored at our Patient Experience Committee with action plans

presented by the specialty leads to ensure action plans are monitored and completed and that the lessons are learned.

4. Embedding learning from complaints

4.1 Process for Learning from Complaints

Learning from complaints is an important aspect of improving the quality of healthcare services provided by the NHS. Learning from complaints is a continuous process that involves analysing patterns and themes across multiple complaints to identify systemic issues or areas for improvement. There are several mechanisms for sharing this learning, which can generally be classed in the following ways:

1. **Feedback mechanisms:** The NHS ensures that the lessons learned from complaints are disseminated throughout the organization. This can be done through regular reports, staff briefings, training sessions, and dissemination of best practices.
2. **Policy and procedure review:** Complaints often highlight gaps or shortcomings in existing policies and procedures. We can use this feedback to review and revise policies, procedures, and guidelines to ensure they are patient-centred, effective, and address the concerns raised.
3. **Staff training and development:** Complaints can also highlight the need for additional training or development opportunities for healthcare staff. We use this feedback to provide targeted training programs that address areas of improvement and enhance the skills and knowledge of healthcare professionals.

These approaches are all evidenced in the sections above highlighting key learning outcomes.

Complaints offer insight into the care and service being delivered to our patients. As a result of the changes to quality governance (following the Good Governance Institute support) there is now a much more standardised approach to the oversight of patient experience, including complaints, at Care Group Governance meetings. This allows those responsible for the delivery and quality of care to acknowledge the service users experience and identify the potential for service improvements. This can then be considered in the broader context alongside incidents, risks, claims and operational performance.

Revised complaints performance metrics to enable care groups to track responsiveness to complaints have been agreed with the Business Intelligence Unit to support care group and site level oversight. This changes aligns to recommendations arising out of an Internal Audit into Patient Experience in 2022-23.

Complaint themes and actions associated with PHSO upheld investigations are tracked on a monthly basis through the Trust's Patient Experience Committee.

Recognising the increase in complaints linked to incident investigations we have instigated a number of weekly operational meetings to ensure that all relevant teams are sighted on progress and clear patient communication plans can be agreed. This includes the weekly Inquest Collaboration Meeting and the Quality Hotspots meeting. There are also weekly complaint tracker meetings with site and care group leadership teams. As part of the Trust's

work to implement the Patient Safety Incident Response Framework (PSIRF) there will also be a strong focus on improving patient/family engagement in the safety incident response. A specific working group to address this has been set up and the Trust is currently recruiting four Patient Safety Partners to help guide our improvements in this area.

5. NHS Complaints Standards & Framework King's Approach & Plan

The new NHS Complaints Standards ([Complaint handling guidance | Parliamentary and Health Service Ombudsman \(PHSO\)](#)) are live from April 2023. Some elements still await confirmation from the PHSO, such as the e-learning package for staff. It is anticipated that the complaint teams will need to complete this training and then the PHSO plan to open up to all NHS staff. The training will include advice for frontline staff on how to resolve issues locally and at the time they arise.

Some elements of the standards require extensive change (there are 13 modules in all). We are trying to align some of these changes to the revised processes being rolled out under PSIRF, in order to avoid overwhelming staff who are also preparing for the Epic go-live in October 2023. The implementation of the action plan arising from the gap analysis against the new standards will be overseen through the Patient Experience Committee. Engagement with our local Healthwatch organisations and advocacy providers is already underway.

Moving into Quarter 1 2023 - 2024 we are moving to allocated complaints officers for each care group to ensure continuity, build relationships and support a responsive approach to complaints whilst supporting the care groups in achieving the new NHS Complaints Standards.

In Q1 we will also be transitioning from DCIQ complaints management system to Inphase. This will enable much better linkage between our complaints, incidents and legal files to help us to triangulate key themes. Importantly the system will also give us a much more effective platform for assigning and tracking actions required to implement lessons learned from complaints.

6. Priorities 2023 – 2024

Key priorities include:

- The implementation and monitoring of achieving the new Complaints Standards
- Further develop the Inphase complaints management system to support real time complaints dashboards to monitor performance and identify trends within care groups
- Adopting within complaints the PSIRF approach to learning and improvement
- Achieving deadlines that are agreed with complainants
- Supporting the care groups in managing complex complaints that also crossover with safety incidents and the duty of candour