

Annual Complaints & Improvements and PALS report

1 April 2015 – 31 March 2016



Executive Summary:

A key objective of St George's University Hospitals NHS Foundation Trust is the willingness to change, improve and evolve in response to complaints and the need for improvement. The lessons learned and trends identified through monitoring data collected through complaints plays a key role in improving the quality of care received by patients and is a priority for the trust.

973 complaints were received in 2015/2016, a decrease of 7% on 2014/2015 when 1051 complaints were received. The most complained about care groups were Neurosciences, Acute Medicine and Accident and Emergency. Posters and leaflets are displayed around the trust and there is information on the trust website to ensure that patients are made more aware about their options and the process for how to complain. We view all types of patient feedback as positive and we are constantly looking at ways in which we encourage patients, carers and families to give their views.

The Department of Health (DH) classifies complaints into 18 distinct categories by the subject of the complaint. Using the DH classifications, at St George's the four most commonly identified complaints were:

1. Communication/information to patients (written and oral)
2. Clinical Treatment
3. Care
4. Discharge arrangements

These are different to the top four subjects in 2014/2015 with discharge arrangements being a new subject in the top four. Clinical treatment moved down to second place from first in 2014/2015. It is not yet possible to compare these with themes nationally for 2014/2015 as the Information Centre for Health and Social Care does not publish the yearly report "Data on Written Complaints in the NHS" until the end of August.

The PALS department was contacted on 7471 occasions for help and assistance during 2015/2016, not significantly different when compared to 2014/2015 when 7661 contacts were received. Concerns decreased slightly in 2015/2016 by from 3564 to 3297.

The four most commonly identified subjects of concern in PALS were:

1. Appointments
2. Communication
3. Request for Information
4. Care

Compliance with response targets

Complaints are acknowledged within 3 working days

The NHS complaints regulations state that complaints should be acknowledged within 3 working days. The trust achieved 96%, an improvement in performance when compared to 2014/2015 when 85% of complaints were acknowledged within this timescale.

A full written response is sent from the Chief Executive or nominated officer within 25 working days or agreed timescales

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 set out the rights of complainants and the expectations on the trust to investigate and respond in an appropriate and timely manner. Best practice is that each complainant is contacted to discuss their complaints and negotiate both the process of resolution and the timescale.

The trust has chosen to maintain a 25 working day response time and the target is that 85% of complaints should be responded to within this timescale. If a complaint is not responded to within 25 working days an extension must be agreed with the complainant. The target is that 100% of complaints should be responded to within 25 working days or agreed timescales.

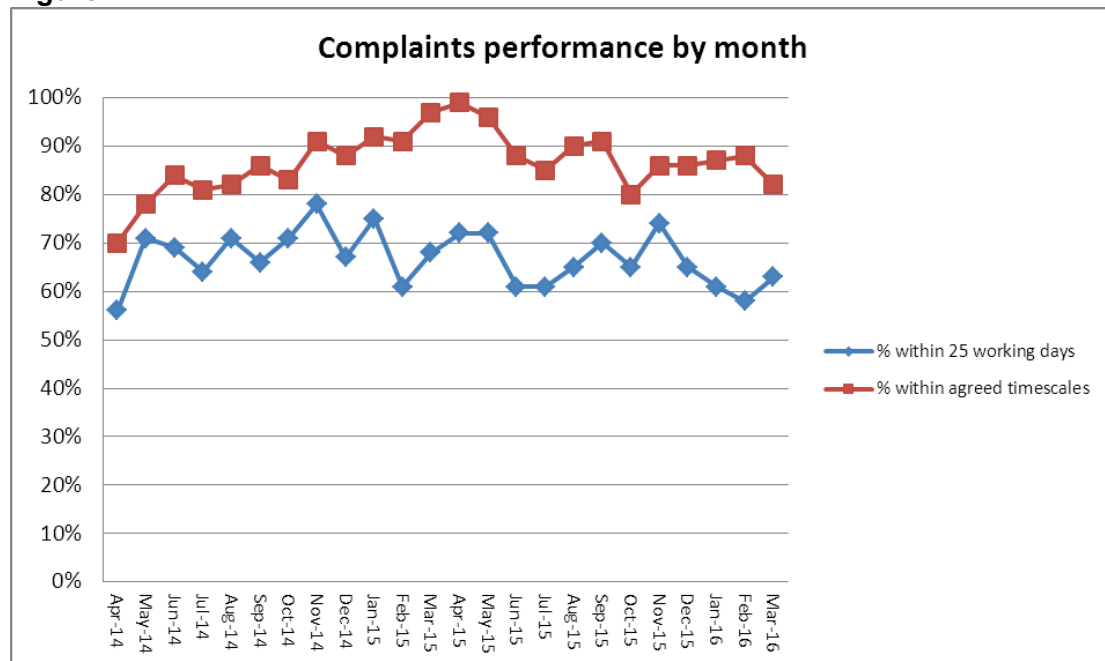
For complaints received in 2015/2016 67% were responded to within 25 working days against a target of 85% showing no improvement in performance when compared to the previous year when 68% were responded to within this timescale.

For the same period, 89% of complaints were responded to within 25 working days or agreed timescales against the target of 100% compared to 84% in 2014/2015; hence the trust did improve performance in contacting complainants to negotiate an extension in this period.

Complaints performance by quarter

This chart shows the percentage of complaints responded to within 25 working days and 25 working days or agreed timescales broken down by month. Although performance improved in August and November this was not sustained and indeed performance declined month on month from December to February.

Figure 1



PALS performance

A key performance indicator (KPI) for PALS is to resolve 80% of concerns within 1 week. This is a local target which was decided upon in consultation with the South West London PALS network as there are no national targets for responding to PALS concerns. In 2015/2016 this target was exceeded as 84% of concerns received were resolved within 1 week. 59% of concerns were resolved on the same day.

Complaints referred to the Parliamentary and Health Service Ombudsman

11 requests for documentation were received from the Ombudsman's office in 2015/2016 whereas seven requests were made in 2014/2015. These requests pertain to complaints from nine different areas: Accident and Emergency, General Surgery, Neurosciences, Physiotherapy, Gynaecology, Obstetrics, Oncology and General Medicine.

For eight of these cases final reports have now been received from the Ombudsman. The Ombudsman did not uphold five complaints and felt that the trust's responses were reasonable. They upheld two cases and partially upheld one case. The trust accepted the recommendations made in these reports.

In two cases the Ombudsman is investigating the complaints. For once case, the Ombudsman has provided the trust with a draft report. Further details are contained within the body of this report (section 9.0).

Positive feedback

In addition to complaints, staff in the Complaints and Improvements Department also log compliments and positive feedback from users of trust services. This provides valuable insight into the things the trust does well and identifies good practice from which lessons can be learnt. In 2015/2016 690 good news/thank you letters were received and logged centrally, an increase of 12% on 2014/2015 when 618 were received.

In addition to centrally received thank you letters the trust records "good news" received on wards such as cards and gifts. In 2015/2016 4071 were reported, a significant increase compared to 2014/2015 when 1500 were received. Women's Services, Oncology and Acute Medicine are examples of areas where a high number of compliments were received.

"Well founded" complaints

It is a requirement of the complaints regulations that trusts set out in their annual report the number of complaints which the trust decided were well founded during the financial year. The trust has decided to uphold all complaints on the basis that even if a complaint is considered to be on the whole unjustified, the complainant was aggrieved enough by what happened to them to take the time to complain. Information about the percentage of upheld complaints is included in the yearly report published by the Information Centre for Health and Social Care "Data on Written Complaints in the NHS". The 2015/2016 report will not be published until the end of August but it can be noted that for London trusts overall in 2014/2015 43% of complaints were upheld. Other trusts which share our practice of upholding all complaints include Great Ormond Street Hospital for Children NHS Foundation Trust and Epsom and St Helier Hospitals NHS Trust.

Training

Throughout the year the Complaints and Improvements and PALS teams offered various training sessions for staff on both handling complaints and concerns on the frontline and investigating complaints. All staff receive a session about customer care and handling concerns on the frontline at trust induction. "Responding to Complaints" and "Effective Customer Care" training sessions alternated monthly in the Training and Development Department until January 2015 when the training was increased to monthly for both courses and additional training is also delivered to groups of staff and individuals. In 2014/2015 this was delivered to nurses, dietitians, pharmacists and doctors in various areas. Feedback from the participant's evaluations has been positive.

Trust induction

3945 staff attended.

Customer care service excellence training

Additional sessions for various staff – 195 staff trained.

Bi monthly sessions in Training and Development Department – 148 staff trained

Responding to complaints training

Additional sessions for various staff – 36 staff trained

Monthly sessions in Training and Development Department – 58 staff trained

Main Report :

1.0 Introduction

A key objective for the trust is the willingness to change, improve and evolve in response to complaints and the need for improvement. The lessons learned and trends identified through monitoring data collected through complaints plays a key role in improving the quality of care received by patients and is a priority for the trust.

2.0 Complaints received

This chart shows a breakdown of complaints received by month and year. There was a noticeable increase in complaints being received in November 2015 which fell outside the upper control limit however following a sharp reduction in complaints being received in December 2015 the number of complaints being received remained steady for the remainder of the financial year.

Figure 2 Total complaints received (by month and year)

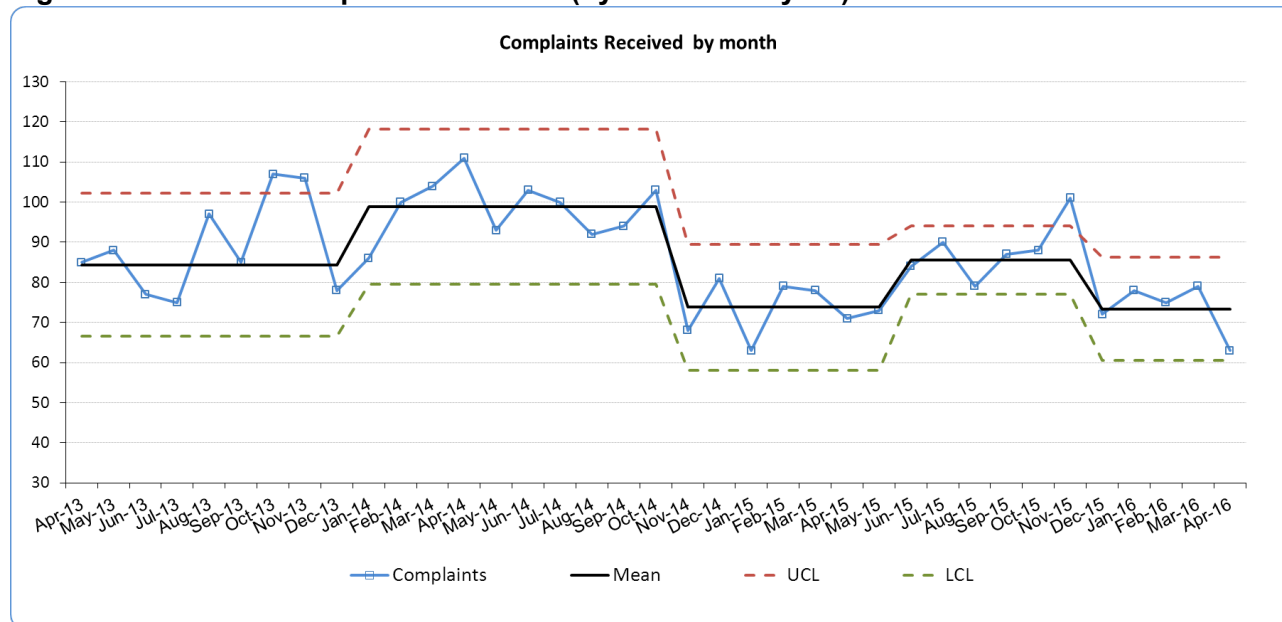
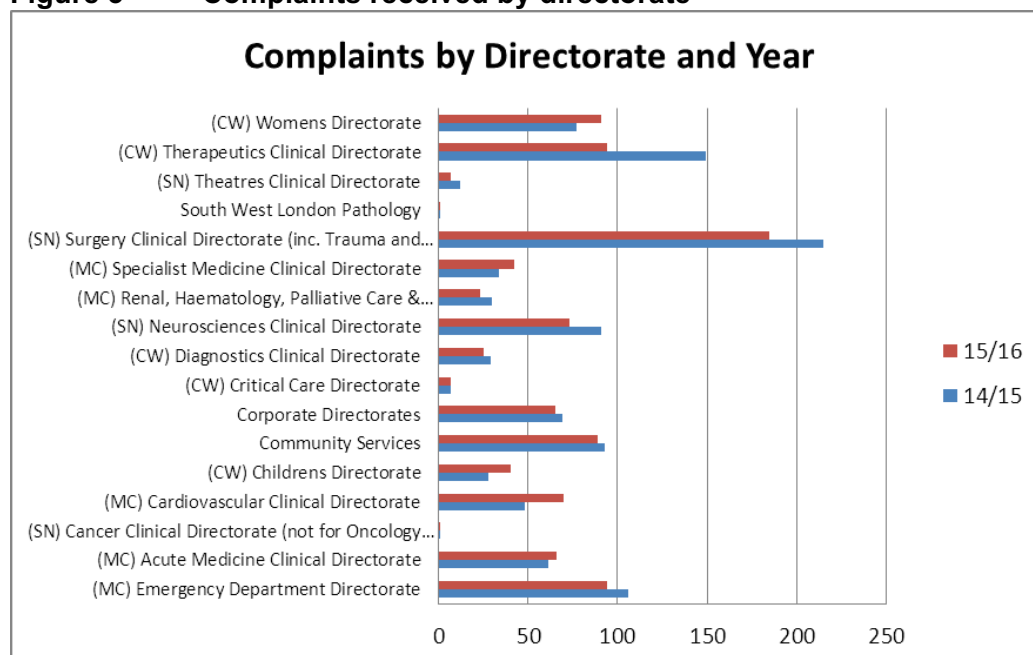


Figure 3 Complaints received by directorate



The high number of complaints received for the directorate of surgery is partly due to the large number of care groups in the directorate.

3.0 Compliance with external and internal response targets

3.1 An acknowledgement letter is sent within 3 working days of receipt of the complaint Complaints are acknowledged within 3 working days

The NHS complaints regulations state that complaints should be acknowledged within 3 working days. The trust achieved 96%, an improvement in performance when compared to 2014/2015 when 85% of complaints were acknowledged within this timescale.

3.2 A full written response is sent from the Chief Executive within 25 working days or agreed timescales

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 set out the rights of complainants and the expectations on the trust to investigate and respond in an appropriate and timely manner. Best practice is that each complainant is contacted to discuss their complaints and negotiate both the process of resolution and the timescale.

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Table 1 Response times by division

	Total	Within 25 working days	% within 25 working days	% within 25 working days or agreed timescales
Children's and Women's	257	152	59%	(62) 83%
Medicine and Cardiovascular	295	196	66%	(84) 95%
Surgery and Neurosciences	266	173	65%	(57) 95%
Community Services	89	70	79%	(13) 93%
Estate and Facilities	52	47	90%	(3) 96%
Other corporate departments	13	10	77%	(1) 85%
South West London Pathology	1	0	0%	(1) 100%
Totals:	973	648	67%	(221) 89%

The trust consistently fails to reach these targets with performance declining month on month. It is recognised that this is unacceptable and cannot continue.

A workshop took place on 19 April 2016 to review how the complaints process is working and how we might go about improving performance and strengthening learning. Represented were the Corporate Nursing team, Divisional Directors of Nursing and Governance, Heads of Nursing and Matrons, General and Operational Managers, Divisional Governance Managers and the corporate Complaints and PALS teams.

Following the workshop an action plan was developed by the Patient Experience Manager and Deputy Chief Nurse in consultation with the Divisional Directors of Nursing and Governance. This will be monitored at the Patient Experience Committee, Quality and Risk Committee and the Trust Board.

Performance is being reviewed weekly and poorly performing areas will be required to undertake root cause analysis exercises and produce action plans. All poor performing areas are required to set a trajectory for improvement and to meet the targets in that trajectory.

Table 2 Response times by directorate and care group

	Total	Within 25 working days	% within 25 working days	% within 25 working days or agreed timescales
(MC) Emergency Department Directorate	94	64	68%	(23) 93%
Emergency Department Care Group	94	64	68%	(23) 93%
(MC) Acute Medicine Clinical Directorate	66	42	64%	(23) 98%
General Medicine	66	42	64%	(23) 98%
(SN) Cancer Clinical Directorate (not for Oncology wards)	1	0	0%	(1) 100%
Cancer Care Group	1	0	0%	(1) 100%
(MC) Cardiovascular Clinical Directorate	70	47	67%	(18) 92%
Blood Pressure Unit (BPU) Care Group	2	2	100%	(0) 100%
Cardiology Care Group	29	21	72%	(7) 97%
Cardiothoracic Surgery Care Group	22	13	59%	(7) 91%
Vascular Care Group	17	11	65%	(4) 88%
(CW) Childrens Directorate	40	16	40%	(18) 85%
Neonatal Care Group	5	3	60%	(2) 100%
Paediatric Medicine & PICU Care Group	26	11	42%	(11) 85%
Paediatric Surgery Care Group	9	2	22%	(5) 78%
Community Services	89	70	79%	(13) 93%
Community Services - Adult Services	31	23	74%	(7) 97%
Community Services - Childrens Services	3	3	100%	(0) 100%
Community Services - HMP Wandsworth Offender Healthcare	35	28	80%	(3) 89%
Community Services - Older People and Neurorehabilitation	20	16	80%	(3) 95%
Corporate Directorates	65	57	88%	(4) 94%
Director of Estates & Facilities	52	47	90%	(3) 96%
Director of Finance	6	3	50%	(1) 67%
Director of Nursing	7	7	100%	(0) 100%
(CW) Critical Care Directorate	7	4	57%	(2) 86%
Critical Care Care Group	7	4	57%	(2) 86%
(CW) Diagnostics Clinical Directorate	25	20	80%	(4) 96%

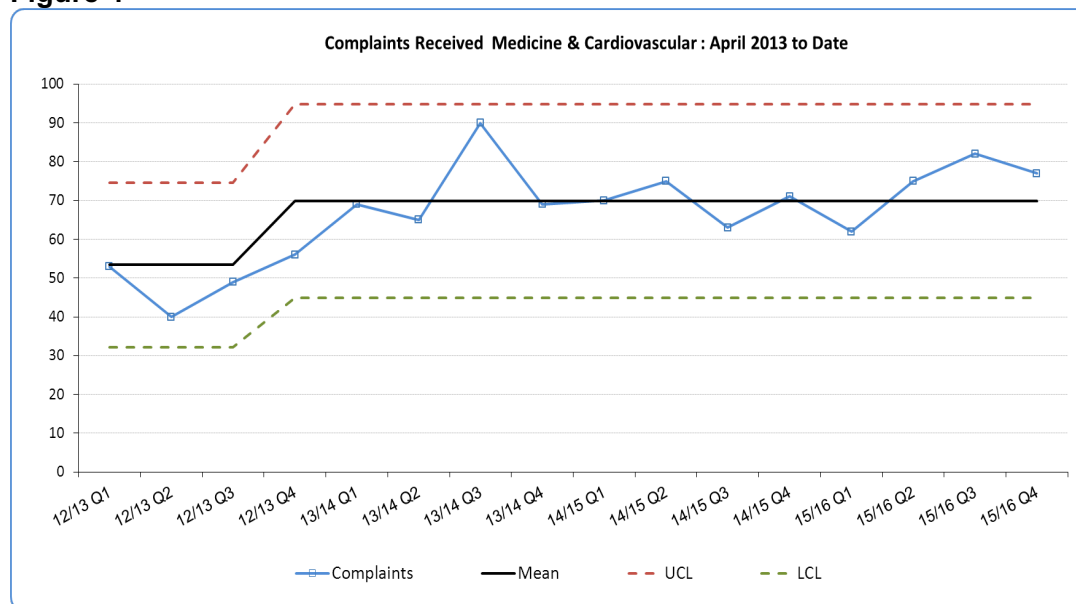
Imaging Care Group	23	19	83%	(3) 96%
Mortuary	2	1	50%	(1) 100%
(SN) Neurosciences Clinical Directorate	73	46	63%	(15) 84%
Stroke Neuro-logy & -rehab Care Group	40	28	70%	(6) 85%
Neuro-surgery, -radiology & -pathology Care Group	33	18	55%	(9) 82%
(MC) Renal, Haematology, Palliative Care & Oncology Directorate	23	15	65%	(8) 100%
Medical Oncology, Clinical Haematology, Renal & Palliative Care Group	23	15	65%	(8) 100%
(MC) Specialist Medicine Clinical Directorate	42	28	67%	(12) 95%
Chest Medicine Care Group	7	5	71%	(1) 86%
Clinical Infection Unit & Genito-Urinary Medicine Care Group	1	1	100%	(0) 100%
Diabetes & Endocrinology Care Group	4	1	25%	(2) 75%
Gastroenterology & Endoscopy Care Group	17	16	94%	(1) 100%
Rheumatology, Dermatology & Lymphoedema Care Group	13	5	38%	(8) 100%
(SN) Surgery Clinical Directorate (inc. Trauma and Orthopaedics)	185	121	65%	(40) 87%
Audiology & ENT Care Group	47	37	79%	(5) 89%
Dentistry	2	1	50%	(1) 100%
General Surgery Care Group	28	15	54%	(10) 89%
Oral & Maxillofacial Surgery Care Group	11	10	91%	(0) 91%
Plastic Surgery Care Group	19	9	47%	(7) 84%
Trauma & Orthopaedics Care Group	65	45	69%	(8) 81%
Urology Care Group	13	4	31%	(9) 100%
South West London Pathology	1	0	0%	(1) 100%
South West London Pathology	1	0	0%	(1) 100%
(SN) Theatres Clinical Directorate	7	6	86%	(1) 100%
Anaesthetics, Acute Pain & Resuscitation Care Group	4	3	75%	(1) 100%
Inpatient & Day Case Theatres & Decontamination Care Group	3	3	100%	(0) 100%
(CW) Therapeutics Clinical Directorate	94	77	82%	(10) 93%
Outpatients & Medical Records Care Group	67	58	87%	(4) 93%
Pharmacy Care Group	5	4	80%	(1) 100%
Therapies Care Group	22	15	68%	(5) 91%
(CW) Womens Directorate	91	35	38%	(28) 69%

Obs & Gynae, & Fetal Medicine Care Group	91	35	38%	(28) 69%
Totals:	973	648	67%	(221) 89%

4.0 Divisional complaint profiles

4.1 Medicine and Cardiovascular Division

Figure 4



There was an overall increase in complaints being received for the division when compared to 2014/2015 when 279 complaints were received. The number of complaints being received for Accident and Emergency remains but with a slight decrease from 106 to 94, the main themes being clinical treatment (diagnosis) and care. Complaints about attitude decreased from 25 to 13.

Complaints about Cardiovascular Services increased from 48 to 70 with Specialist Medicine complaints also increasing from 34 to 42. There was a reduction in complaints received from Renal, Haematology and Oncology from 30 to 23 and also a reduction about the subject of care reducing from 7 to 3. Complaints about Acute Medicine increased slightly from 61 to 66.

Table 3

	ED	Acute Med	Cardio	RHO	Specialist	Total
Admission arrangements	0	0	1	0	0	1
Attitude	6	2	4	0	1	13
Cancellation	0	0	0	0	5	5
Cancellation of surgery	0	0	6	0	0	6
Care	12	22	12	3	0	49
Clinical treatment	39	23	23	7	9	101
Communication	16	5	11	5	13	50
Discharge arrangements	1	4	3	1	0	9
Request for Information	1	0	0	0	0	1
Other	12	8	3	2	2	27
Medical records	1	0	1	2	2	6

Transport arrangements	1	2	0	0	0	3
Transfer arrangements	0	0	2	0	1	3
Unhelpful	1	0	0	0	0	1
Waiting times	4	0	4	3	9	20
Totals:	94	66	70	23	42	295

Actions taken:

Specialist Medicine

Following complaints relating to appointment waiting times, evening clinics were established in order to accommodate current demand, so that appointments can be offered with less delay.

Emergency Department (ED)

Following a complaint regarding clinical treatment of patients with Post Traumatic Stress Disorder, teaching sessions for awareness and management of patients with PTSD and similar conditions have been delivered.

In order to address recurring instances of missing patient property, a Healthcare Assistant is being recruited, in order to take responsibility for dealing with patient property issues. In order to address complaints arising from communication problems in ED Triage, Matrons and band 7 team leaders are holding weekly team meetings.

Cardiovascular

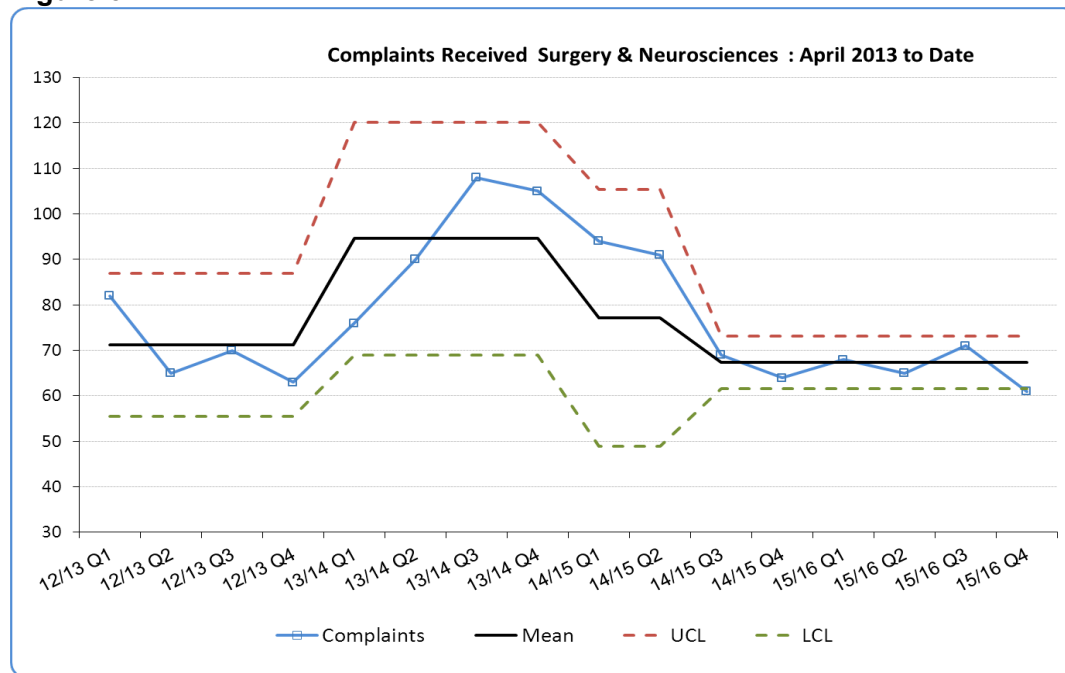
Following a (red) complaint & serious incident regarding the cardiac surgery waiting list - Patient Pathway Co-ordinators are being recruited, who will be responsible for ensuring that patients are actively managed through the referral pathway and not lost in the system. This will enable each patient to be tracked and have an active plan for the next appointment. It will also provide the patient with a single point of contact if they have any queries.

Renal

As a result of complaints regarding discharge co-ordination and transport arrangements there is now a robust system in place to ensure safe discharge and on-going care. Buckland Ward now has a specific discharge co-ordinator post which is held by a senior qualified nurse who is responsible for ensuring safe and appropriate discharge of patients.

4.2 Surgery and Neurosciences Division

Figure 5



There was a reduction for complaints received in this division from 319 complaints in 2014/2015 to 266 in 2015/2016. For the subject area of clinical treatment, there was a slight increase in complaints from 87 to 96 with an increase in complaints about diagnosis and operative procedure. There was a reduction in complaints about communication from 67 to 49 and for complaints about the subject of waiting times a decrease from 52 to 48.

There was a decrease for complaints received about neurosciences from 91 to 73. Complaints about clinical treatment increased from 24 to 28 with the most complaints being about diagnosis. However, complaints about the subject of communication decreased from 23 to 15. There was a significant decrease in complaints received for surgery from 215 in 2014/2015 to 185 in 2015/2016. Complaints about care reduced from 27 to 12 and complaints about communication from 42 to 33. There was a slight increase in complaints about the subject of clinical treatment from 59 to 64.

Table 4

	Cancer	Neurosciences	Surgery	Theatres	Total
Attitude	0	6	9	0	15
Cancellation	0	1	5	0	6
Cancellation of surgery	0	0	9	1	10
Care	0	10	12	0	22
Clinical treatment	0	28	64	4	96
Communication	1	15	33	0	49
Discharge arrangements	0	2	2	0	4
Hotel and site services	0	0	1	0	1
Request for Information	0	2	1	0	3
Other	0	3	3	1	7
Respect for privacy	0	0	0	1	1

Medical records	0	1	1	0	2
Transport arrangements	0	0	1	0	1
Transfer arrangements	0	1	0	0	1
Waiting times	0	4	44	0	48
Totals:	1	73	185	7	266

Actions taken:

Neurosciences

Opened 16 additional neurosurgical beds in October- has immediately reduced the numbers of bed moves and delays to patients waiting for admission

The specials project on Kent Ward saw 10 HCA's specifically recruited and trained to support the head Injury patients- has stopped use of ad hoc specials and improved continuity and quality of care as well as reducing costs

Trauma and Orthopaedics

Outpatient Department work – specifically fracture clinic- 6 key themes, each with a project group leading the work: radiology, IT, staffing levels, capacity/demand, patient information & experience

Secretarial workforce – in response to prolonged response times to calls and messages performance indicators set to ensure timely responses eg 24 hours for a message, aiming to reduce variability and improve experience.

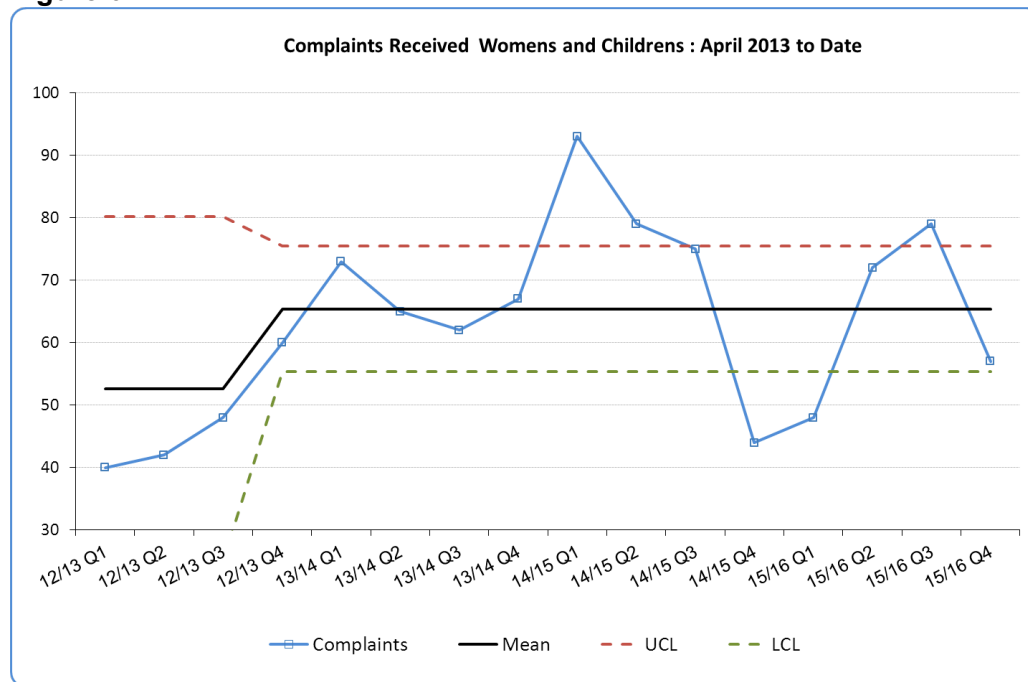
Work on roles and responsibilities with the personal assistants/consultant body to ensure patients receive a consistent and safe service with good continuity of care. PA handbook developed and senior coordinating PA

Day Surgery Unit

In response to complaints around the environment and discharge planning changes were made to the clinical environment to make it more patient friendly/clarity around discharge arrangements with clear written information supported by consistent communication from the nursing team. There is an education programme in place to support these changes.

4.3 Children's, Women's, Diagnostics and Therapeutics Division

Figure 6



There was a decrease in complaints received overall for the division from 290 in 2014/2015 to 257 in 2015/2016.

There was a notable increase in complaints received for children's, from 28 to 40, with an increase in complaints about the subject clinical treatment (diagnosis and operative procedure) and communication (verbal). There was a notable reduction for complaints received for therapeutics from 149 to 94, with a decrease in the subject of waiting times from 36 to 20.

Women's services saw an increase in complaints received from 77 in 2014/2015 to 91 in 2015/2016. There was an increase in complaints received about obstetrics from 35 in 2014/2015 to 43 in 2014/15, with a decrease in complaints about operative procedures from 7 in 2014/2015 to 2 in 2015/2016.

There was an increase in complaints received about gynaecology from 35 in 2014/2015 to 44 in 2015/2016, with complaints about operative procedures staying the same from 7 in 2014/2015 to 7 in 2015/2016.

There was a reduction in complaints received for diagnostics from 29 to 25. Diagnostics received fewer complaints about attitude (reducing from 9 to 5).

Table 5

	Childrens	Critical Care	Diagnostics	Therapeutics	Womens	Total
Admission arrangements	0	0	0	0	1	1
Attitude	4	1	5	9	4	23
Cancellation	0	0	0	6	2	8
Cancellation of surgery	0	0	0	0	3	3
Care	6	2	1	2	23	34
Clinical treatment	18	2	8	7	26	61
Communication	8	1	4	37	18	68

Discrimination	0	0	0	1	0	1
Discharge arrangements	1	0	0	1	0	2
Other	2	1	2	3	3	11
Respect for privacy	0	0	2	1	0	3
Medical records	0	0	3	6	2	11
Transfer arrangements	0	0	0	0	2	2
Unhelpful	0	0	0	1	0	1
Waiting times	1	0	0	20	7	28
Totals:	40	7	25	94	91	257

Actions taken:

Outpatients

Customer care training continues in outpatients is being expanded to include the use of a short film made in the Trust, by staff and patients, in addition one of the service managers is providing customer service training directly to the administrative staff in corporate outpatients.

Children's Services

Educational films which re-enact real complaints are being utilised within children's services and an additional piece of work is being delivered to improve the communication to adolescents.

Gynaecology

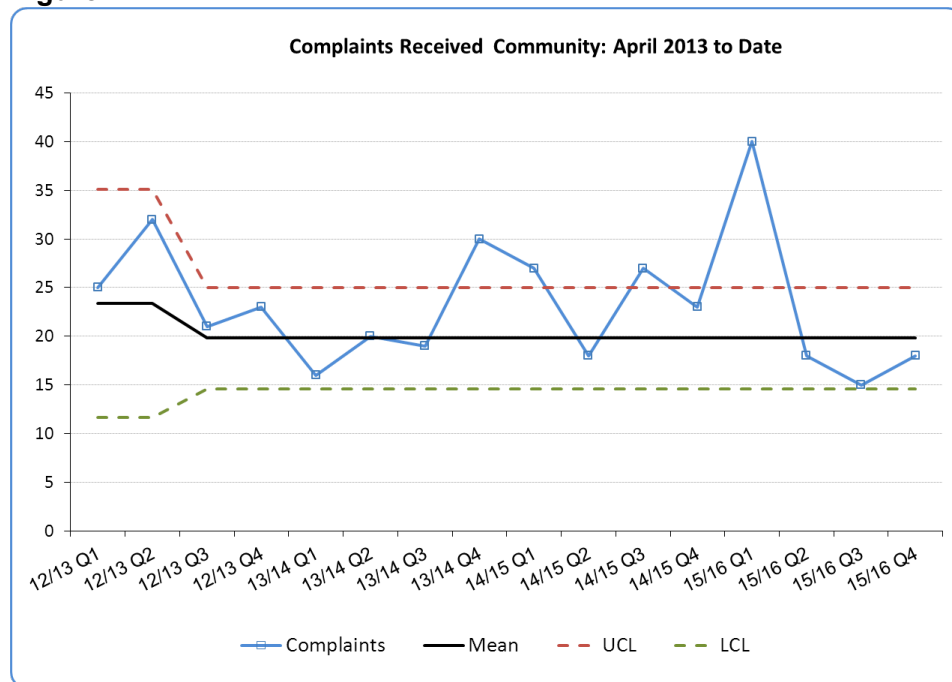
The suspension of the urogynaecology service featured in complaints received throughout the year. There is a consistent approach to the complaints related to this service, which is also being managed via a public consultation. All patients have been offered alternative hospitals for treatment.

Obstetrics

Within obstetrics a birth reflections clinic has been established; through this it is hoped the number of complaints will be reduced as this clinic will give women the opportunity to discuss their birth experiences with a midwife. This clinic is being held on a monthly basis and will be open to all women irrespective of when they gave birth.

4.4 Community Services Division

Figure 7



There was a slight decrease in complaints being received for the Community Division as 93 complaints were received in 2014/2015 compared to 89 in 2015/2016.

Complaints about the offender healthcare service increased from 32 in 2014/2015 to 35 in 2015/2016. There was an increase in complaints about the subject area of clinical treatment (medication and diagnosis) from 18 in 2014/2015 to 26 in 2015/2016. There was also an increase in complaints about waiting times (appointments and dates) from 1 to 4.

For Adult Services, there was a decrease in complaints received from 37 in 2014/2015 to 31 in 2015/2016. However, there was an increase in the subject area of clinical treatment (medication) from 6 to 11, but a reduction in complaints about communication (verbal) from 10 to 7.

Table 6

	Adult Services	Childrens Services	Offender Healthcare	Older People and Neurorehabilitation	Total
Attitude	4	1	0	1	6
Cancellation	0	0	1	0	1
Care	2	0	4	6	12
Clinical treatment	11	0	26	3	40
Communication	7	1	0	5	13
Discharge	0	0	0	2	2

arrangements					
Hotel and site services	0	0	0	1	1
Other	3	1	0	2	6
Unhelpful	1	0	0	0	1
Waiting times	3	0	4	0	7
Totals:	31	3	35	20	89

Actions taken:

Adult Services

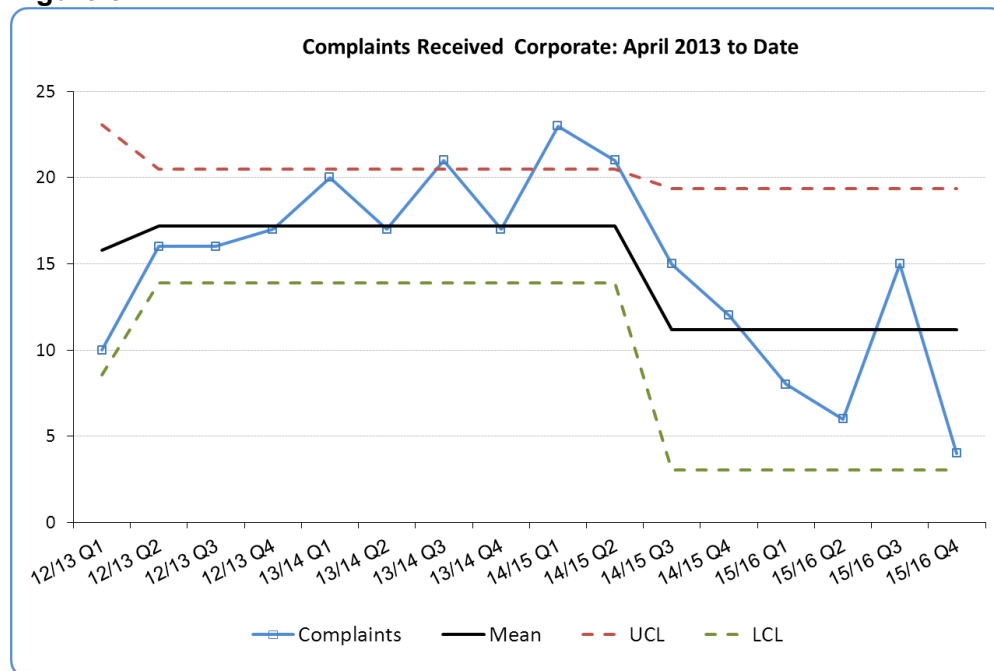
As a result of a complaint where a patient was unhappy with the length of time it took to have radiotherapy after being diagnosed, the team is now putting a copy of the fax receipt in the medical notes and are sending emails via NHS.net to ensure there is a record of any referral made.

Offender Healthcare

In Offender Healthcare a triage system has been introduced to respond to comment/complaints cards and proactively managing appointment requests.

4.5 Corporate Directorates

Figure 8



The majority of complaints about corporate functions continue to relate to the Estates and Facilities Directorate. There was a decrease of complaints received about Estates and Facilities from 56 in 2014/2015 to 52 in 2015/2016. The number of complaints for the subject area of transport arrangements decreased significantly from 28 in 2014/2015 to 19 in 2015/2016. However, there was an increase of complaints about the subject of hotel and site services (4 to 12), and about car parking (5 to 8).

The number of complaints received in finance stayed the same at 6 in 2015/2016. There was a decrease in the subject area of communication from 5 to 2.

Table 7

	Estates & Facilities	Finance	Nursing	Total
Attitude	4	1	4	9
Care	1	0	0	1
Car Parking	8	0	0	8
Clinical treatment	1	0	0	1
Communication	4	2	0	6
Hotel and site services	12	1	0	13
Other	3	2	1	6
Transport arrangements	19	0	0	19
Unhelpful	0	0	1	1
Waiting times	0	0	1	1
Totals:	52	6	7	65

Actions taken:

Transport

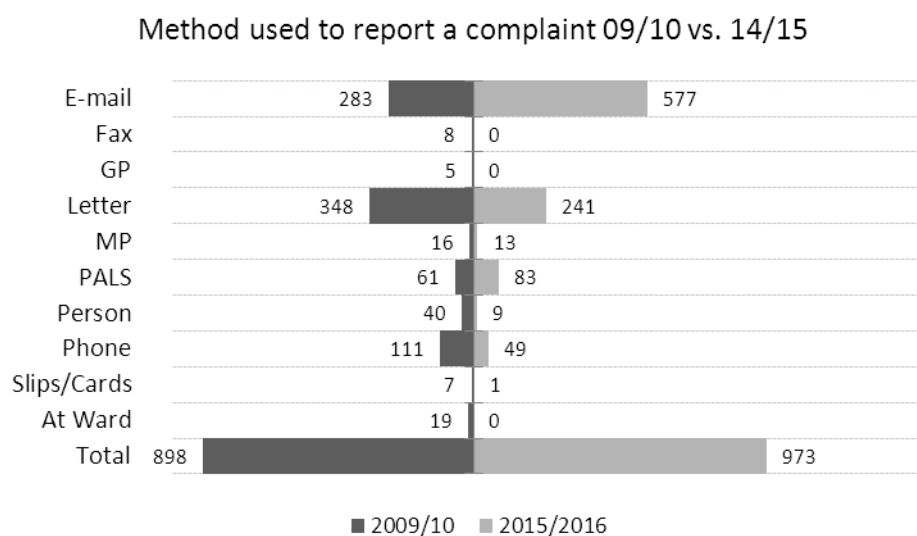
Two new team leaders have been recruited and are based in the transport lounge. They will also be tasked with overseeing renal patient transport.

The trust is planning to re-tender the patient transport service this year as part of a South West London service. This is a completely new way of working and the provision of renal transport is a top priority.

Waits will be monitored at the weekly meeting and the renal staff will work on ensuring she is booked ready to return home to travel with the patients she travelled in with. This will reduce the waiting times.

5.0 Methods used to report a complaint

Figure 9



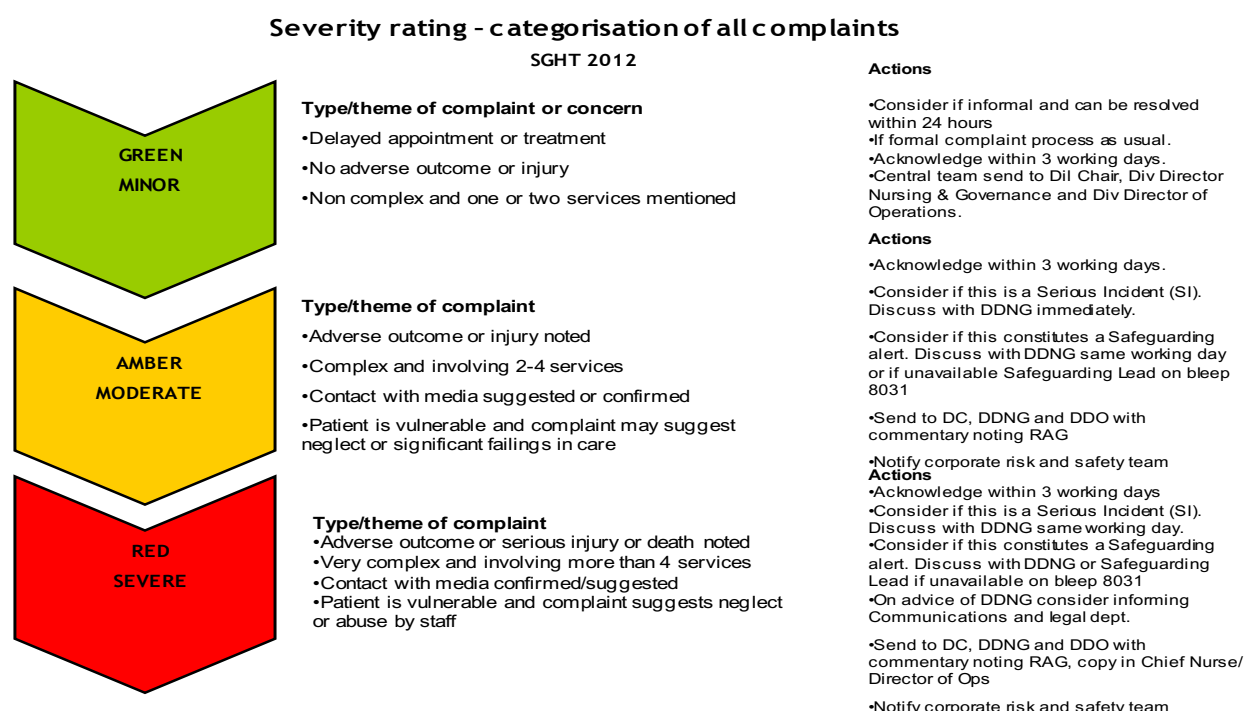
6.0 Complaints & Improvements Department Severity Report 2015/2016

The Complaints and Improvements Co-ordinators make an initial assessment of each complaint and grade them in accordance with the matrix below. It is the responsibility of the General Manager/Head of Nursing investigating the complaint to adjust the grading if necessary following the investigation.

This is vital to ensure that urgent/critical matters are dealt with by relevant senior staff and in a timely way. If there is a concern about a possible serious incident (SI) or safeguarding issue these are discussed with the risk department and the relevant safeguarding lead(s) for children or adults.

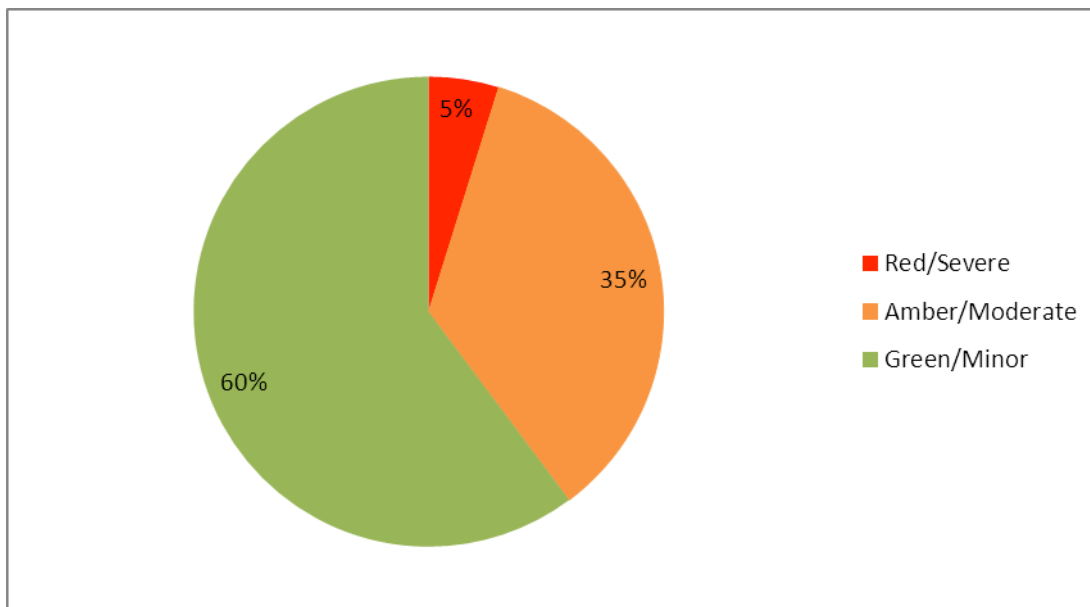
This system is an internal flag to ensure critical issues or incidents are escalated and investigated appropriately. It is not an attempt to determine how serious the complainant thinks/feels it is.

Below is a detailed description of the complaints severity rating process:



Year 2015-2016 Severity across all divisions

Severity rating	Total
Red/Severe	47
Amber/Moderate	340
Green/Minor	586
Total	973



Year 2015-2016 complaint cases categorised as Red/Severe.

Directorate	Total
Medicine and Cardiovascular	24
Surgery, Neuro & Cancer	9
Women's & Children's, Therapeutics & Diagnostics	9
Corporate	2
Community Services Wandsworth	3
	47

The red severity cases have been examined to decipher if they should still remain red after investigation and response completed. However some of the cases are still open therefore the total figure for red severity cases may change and will be reflected in the end of year final report.

The reasoning for the red ratings included:

- Death noted.
- Serious Injury/ Serious Adverse Outcome.
- Vulnerable patient, possible neglect.
- Complex case as more than one service involved.

Year 2015-2016 complaint cases categorised as Amber/Moderate.

Directorate	Total
Medicine and Cardiovascular	103
Surgery, Neuro & Cancer	100
Women's & Children's, Therapeutics & Diagnostics	88
Corporate	16
Community Services Wandsworth	33
	340

The most common reasons for the amber ratings were an adverse injury or outcome and the complaint being complex and/or involving 2/4 services.

Year 2015-2016 complaint cases categorised as Green/Minor.

Directorate	Total
Medicine and Cardiovascular	186
Surgery, Neuro & Cancer	160
Women's & Children's, Therapeutics & Diagnostics	159
Corporate	34
Community Services Wandsworth	47
	586

7.0 Informal issues and queries

The complaints and improvements department received 337 informal issues and queries during 2015/2016. These issues include queries from patients and their representatives about waiting times for appointments, written and verbal communication and clinical treatment being diagnosis, letters from GPs and MPs, issues where the patient decides not to pursue their complaint formally. These issues are usually resolved by a telephone call from the relevant person or by a letter from the appropriate manager.

Table 8

	13/14	14/15	15/16
(MC) Accident and Emergency Directorate	5	16	13
(MC) Acute Medicine Clinical Directorate	2	13	9
(SN) Cancer Clinical Directorate (not for Oncology wards)	0	2	0
(MC) Cardiovascular Clinical Directorate	10	31	28
(CW) Childrens Directorate	5	7	14
Community Services	21	29	29
Corporate Directorates	21	19	44
(CW) Critical Care Directorate	0	2	0
(CW) Diagnostics Clinical Directorate	11	7	6
External Organisations	0	4	1
(SN) Neurosciences Clinical Directorate	14	27	25
(MC) Renal, Haematology, Palliative Care & Oncology Directorate	7	12	5
(MC) Specialist Medicine Clinical Directorate	7	25	26
(SN) Surgery Clinical Directorate (inc. Trauma and Orthopaedics)	29	50	75
South West London Pathology	0	0	3
(SN) Theatres Clinical Directorate	2	1	0
(CW) Therapeutics Clinical Directorate	15	54	43
(CW) Womens Directorate	20	19	16
Totals:	169	318	337

8.0 Complaints referred to the Parliamentary and Health Service Ombudsman

11 requests for documentation were received from the Ombudsman's office in 2015/2016 compared to seven in 2014/2015. These requests pertain to complaints from nine different areas: Accident and Emergency, General Surgery, Neurosciences, Physiotherapy, Gynaecology, Obstetrics, Oncology and General Medicine.

For eight of these cases final reports have now been received from the Ombudsman. The Ombudsman did not uphold five complaints and felt that the trust's responses were reasonable. They upheld two cases and partially upheld one case. The trust accepted the recommendations made in these reports.

In two cases the Ombudsman is investigating the complaints. For once case, the Ombudsman has provided the trust with a draft report.

Gynaecology

The final report was received on 01 August 2014. It is not possible to comment further on the nature of the complaint for reasons of patient confidentiality.

The Ombudsman upheld the complaint. The trust accepted the recommendations made in the report which were:

1. To apologise to the complainant for the service failure and injustice identified – **to be completed.**
2. To make a payment of £500 to reflect the anxiety and uncertainty caused to the patient – **completed on 12 May 2016.**
3. Prepare a plan that describes what the trust has done to ensure lessons have been learnt. The trust is to also detail what we have or plan to do (including timescales), to avoid these failings from happening again – **to be completed.**

Obstetrics

The final report was received on 12 May 2016. It is not possible to comment further on the nature of the complaint for reasons of patient confidentiality.

The Ombudsman partially upheld the complaint. The Ombudsman also found that there had been poor communication when handling the complaint.

The trust accepted the recommendations made in the report which were:

1. To make a payment of £750 for the distress caused to patient by delays and poor complaints handling - **completed on 15 June 2016.**
2. To prepare a plan that describes what the trust has done to ensure lessons have been learnt. The trust is to also provide further detail of the process that is now in place to ensure the error does not happen again - **completed on 15 July 2016.**

9.0 Compliments and positive feedback

In addition to complaints, staff in the Complaints and Improvements Department also log compliments and positive feedback from users of trust services. This provides valuable insight into the things the trust does well and identifies good practice from which lessons can be learnt. In 2015/2016 690 good news/thank you letters were received and logged centrally, an increase on 2014/2015 when 618 were received. In addition to centrally received thank yous the trust records "good news" received on wards such as cards and gifts. In 2015/2016 4071 were reported compared to 1500 in 2014/2015. Ward staff were encouraged to recommence the reporting of good news via an email from the complaints team.

Table 9

	13/14	14/15	15/16
Accident and Emergency	131	116	135
Acute Medicine	20	26	28
Cancer (not for Oncology wards)	4	1	2
Cardiovascular	102	54	43
Children's	39	15	27
Community Services	54	26	88
Corporate Directorates	44	25	32
Critical Care	0	5	4
Diagnostics	20	25	20
External Organisations	0	0	1
Neurosciences	72	57	52
Renal, Haematology, Palliative Care & Oncology	25	17	17
Specialist Medicine	56	34	61
Surgery (inc. Trauma and Orthopaedics)	105	119	106
Theatres	9	5	1
Therapeutics	21	13	8
Women's	87	80	65
Totals:	789	618	690

Please find below extracts from two compliments received. Please note staff and patient names have been anonymised.

Neurosurgery

"My father was transferred to St George's Hospital after suffering from a stroke. The care he received was outstanding and I just wanted to thank the staff members who cared for my father and also who supported me through an awful time. Huge Thank you the the incredible nurses on neurology ICU."

Gynaecology

"I just wanted to express my appreciation for the Doctor I had a gynaecology appointment with this week. I was rather nervous about the appointment but she was brilliant at making me feel more relaxed. Her knowledge was amazing and she was able to explain to me what was happening and why she thought this was. I have hypothyroidism and It was great to meet a doctor who had a really good knowledge of this illness too, often doctors I meet don't seem to know much about it and don't understand the impact it has on my body and life. She was truly amazing and I'd appreciate it if you could pass my thanks on to her."

Cardiothoracic Surgery

"I would just like to write and offer a huge debt of gratitude to you and all your staff for the care and treatment I received whilst an in-patient, particularly on the Cardio-Thoracic Intensive Care Unit."

The way the "cogs mesh" really do make your department a world class centre of excellence and one of which you can all be justifiably proud. This is despite the various pressures you have to work under."

I did say that I would write to Mr Hunt and I enclose a copy of this letter. I am not sure that it will do any good though it must be beneficial to get it off your chest, particularly given the circumstances!

I wish you and your team all the very best for the future and offer my warmest thanks to you all."

10.0 Service user comments posted on NHS Choices and Patient Opinion

The Patient Experience Manager and Patient Advice and Liaison Service Manager are responsible for checking and responding to comments posted on the NHS Choices website and the Patient Opinion website.

Comments are passed on to relevant staff for information/action. Often the comments are anonymous so it is not possible to identify the patient or the staff involved, but such comments are still fed back to departments to consider themes and topics.

If a comment is a cause for concern then the individual is given information via the website about how to obtain a personalised response via the Patient Advice and Liaison service (PALS) or the complaints and improvements department.

There were 132 posts made on NHS Choices in 2015/2016 compared to 150 in 2014/2015 and 81 in 2012/2013. 77 were positive, 38 were negative and 17 were a mixture of both. The most commented about areas were the Emergency Department at St George's Hospital and the Minor Injuries Unit at Queen Mary's Hospital with the majority of comments being positive.

Table 10

Area/team	Positive	Negative	Both	Total
Accident and Emergency	11	3	1	15
Accident and Emergency/Richmond Ward	2		1	3
Accident and Emergency/111	1		1	2
Accident and Emergency,LAS / AAA	1			1
Accident and Emergency/Resus/ LAS	1			1
Accident and Emergency / CDU	1			1
Accident and Emergency /LAS	1			1
Accident and Emergency /Fracture clinic			1	1
Accident and Emergency/Moorfields	1			1
Accident and Emergency//Trauma Ward	1			1
Atkinson Morley Wing	1			1
Ante Natal Day Unit	1			1
ANC/ Obstetric		1		1
Angiogram	1			1
Cardiology	1			1
Cardiology/Hypertension telephone		1		1
Cardiology/James Hope Ward	1			1
Cardiothoracic/Benjamin Weir	1			1
Cardiac Surgery	1			1
CCU / LAS	1			1
CCU / LAS /111/James Hope Ward	1			1
CCU2	1		1	2
Cystoscopy at The Nelson	1			1
Day Surgery		1		1
Dentistry / Orthodontics	1			1
Dermatology		1		1
Endoscopy (QMH)	2			2

Endoscopy	1			1
ENT		4		4
ENT Outpatients		2		2
ENT Paediatrics/Paediatric Infectious Disease			1	1
ENT Paediatrics		1		1
Eye Clinic(QMH)		1		1
Gastro		1		1
Gastroscopy(QMH)	1			1
Gestational Diabetics Team		1		1
Gordon Smith Haematology Team	1			1
Gunning Ward/Surgery	1			1
Gynaecology	2	1		3
Gynaecology Scanning		1		1
Hand Unit	3			3
Minor Injuries Unit (QMH)	8			8
Minor Injury Unit/Car Parking			2	2
Minor Injury Unit/Dermatology	1			1
Minor Injuries/Urgent Care Centre communication(QMH)		1		1
MRI AMW	1			1
Neurosciences Booking of Referrals		1		1
North Wandsworth		1		1
Obstetrics	1	2	2	5
Oral Surgery/MaxFax	1			1
Orthopaedics	1			1
Orthopaedic Outpatient Clinic		2	2	4
Orthopaedics/Physio/OT	1			1
Pharmacy	1			1
PICU			1	1
Podiatry	1			1
QMH General	5			5
QMH Outpatient Communication		2		2
Receptionists		1		1
Renal		1		1
Renal/Kidney Transplant/Buckland Ward	1			1
Rose Centre Breast Scanning	2			2
Rose Centre Breast Clinic	1			1
Rose Centre Breast Clinic/Cancer Services	1			1
Security	1			1
SGH General	2	2	1	5
Surgery/Cavell Ward	1			1
Surgery/Thyroidectomy		1		1
Telephonist QMH/Directions			1	1
Transport Booking			1	1
Transport to Moorfield Clinic		1		1
Urgent Care Centre/CDU	2			2
Urology		2	1	3

Vascular Team	2			2
Website re QMH		1		1
Wolfson Centre		1		1
Total	77	38	17	132

Below are two examples of posts made during 2015/2016:

***Talib* gave Obstetrics at St George's Hospital (London) a rating of 1 stars**
Sent invitation for scan after scheduled date

My wife is 18 weeks pregnant and got her obstetrics op appointment on 7th November 15, but on the day of appointment just 2 hours before they called to say that she cannot be seen on that day coz they are out of time. We rang the dept. after few days to know what's going on, and told that her appointment is booked on 26th November 15, but we insist it's too late as she needs to have her scan done as well. We were transferred to the scan department, she told us that it's not late and scan will be arranged after that. But on 12th November 15, we received 2 letters, 1 for 26th Nov appointment and the other is for scan scheduled 10th of November 15 which is already passed.

I don't understand why St George's hospital sent letter for appointment after the scan date. Is it just for formalities? This time no body picks the phone if you call them.

Question is what other better services we can expect from them !!

Visited in November 2015. Posted on 14 November 2015

***Anonymous* gave Accident and emergency services at St George's Hospital (London) a rating of 4 stars**
Experience of my 80 year old father in A&E

Last week I attended A&E with my father who is very frail and has significant difficulty walking.

We were transported by ambulance. No wheelchairs were available when we arrived and no member of staff seemed to think that it was their responsibility to find one. The result was that my elderly father had to sit on metal, slippery chairs in the waiting room for an hour - chairs which are very difficult to sit on if you are weak and frail.

The medical care that he received was excellent, tests were expedited due to his frail condition and all medical and nursing staff were extremely efficient and professional.

Visited in October 2015. Posted on 14 October 2015

11.0 Patient Advice and Liaison Service (PALS)

11.1 Background

PALS staff assist with any problems or concerns that patients and the public may have about the trust's services and listen to their views and comments. They also provide information for access to interpreters, signers and other services and assist trust staff when they are in need of support. In addition to this PALS staff provide customer care training to staff throughout the trust.

The PALS values are as follows:

- On the spot resolution.
- To ensure patients receive appropriate information.
- To resolve patients' concerns at an early stage.
- To provide a seamless service.
- To inform and educate staff.
- To monitor concerns and outcomes.
- To be a catalyst for change.

11.2 The roles of the PALS team

- Assisting patients and their representatives with concerns and requests for information. Some examples of recurring themes are patients unable to contact outpatient departments, patients concerned about waiting times for an operation, assisting patients with transport queries.
- PALS staff act as a liaison between patients and the services and offer suggestions for improvements drawing on the patient experience.
- Delivering customer care training to staff both in conjunction with the training and development department and on a bespoke basis to wards and departments across the trust.
- Representing the service and the views of users on various committees such as the Access Committee for Environment and Services, the Maternity Services Advisory Group the Acute Services Children & Young People's Safeguarding Committee.
- Raising the profile of PALS throughout the trust by visiting units and wards.
- Providing information on the PALS page on the trust's intranet which provides staff with an easy way to access information about PALS, interpreting services, customer care training and resources available to assist patients with queries and concerns.

11.3 Number of PALS contacts/concerns received

The PALS department was contacted on 7471 occasions for help and assistance during 2015/2016, not significantly different when compared to 2014/2015 when 7661 contacts were received. Concerns decreased slightly in 2015/2016 by from 3564 to 3297.

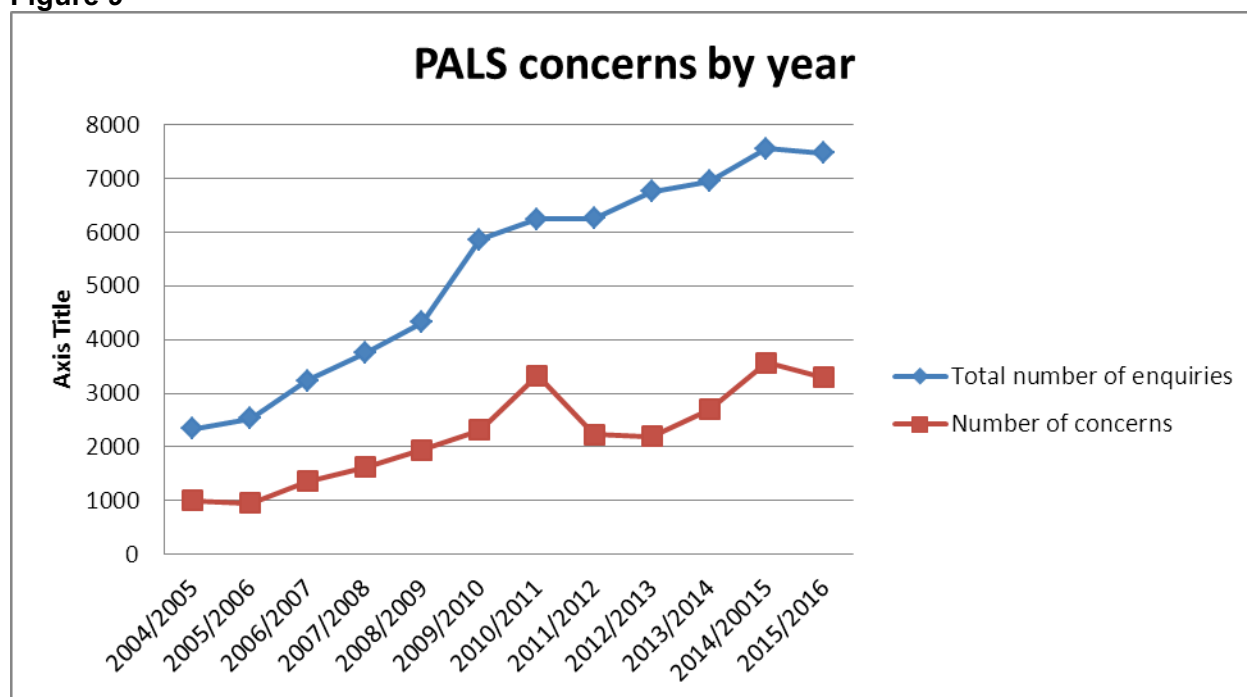
11.4 Total number of contacts and concerns received in PALS – comparison with previous years

Contacts - refers to any enquiry or request that does not raise areas of concern within the trust. For example, a contact may be a patient wanting information about a service or a member of staff seeking advice about how to contact an outside organisation. Also included in this category are patients and relatives who expressed thanks.

Concerns - refers to when a patient or relative has raised a concern about the trust but does not wish to follow the formal complaints procedure.

The chart overleaf shows the number of total enquires and concerns raised from 2004/2005 to 2015/2016. There has been an overall increase in enquires and concerns being raised. Following decreases in the number of concerns being raised in 2011/2012 and 2012/2013, concerns increased significantly in 2013/2014 by 23% from 2198 to 2701 and increased again in 2014/2015 by a further 32% to 3564. The number of contacts and concerns received in 2015/2016 did not change significantly.

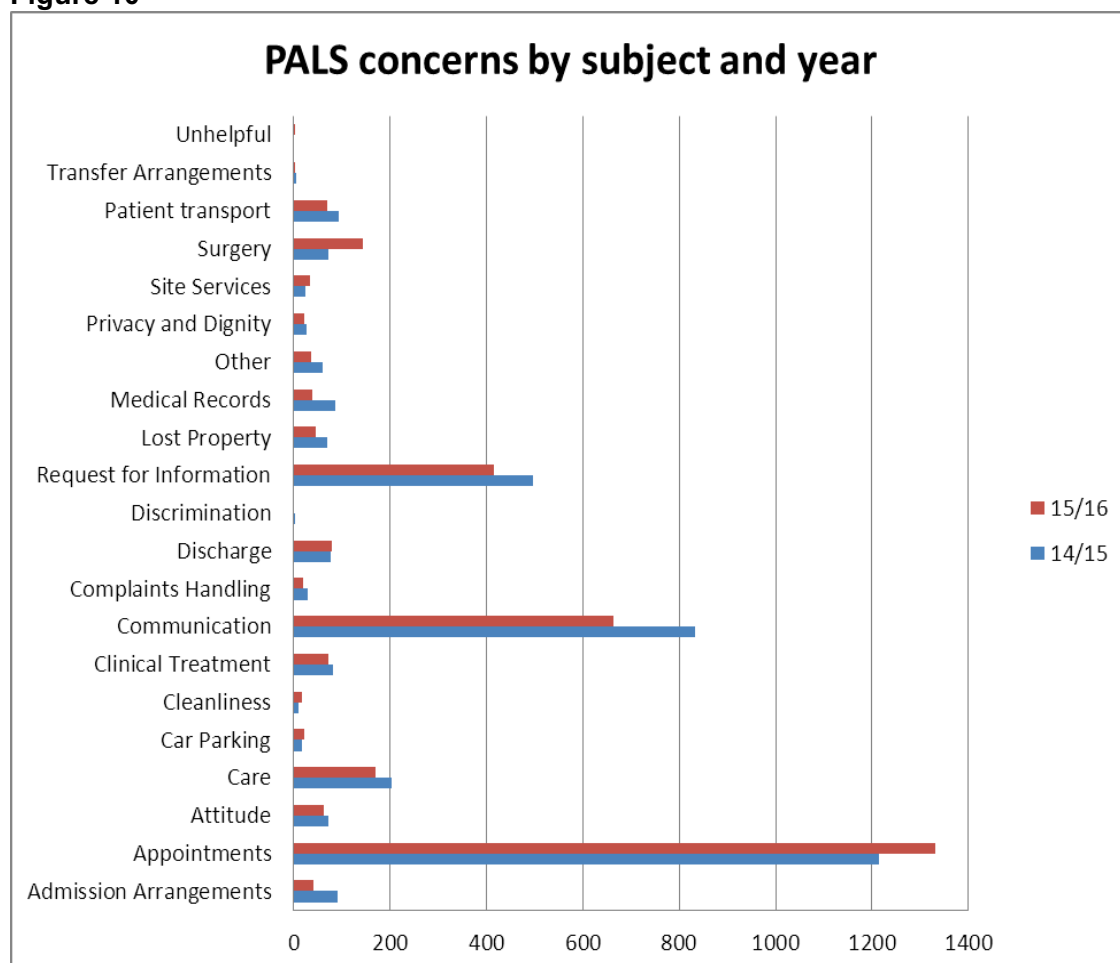
Figure 9



11.5 Subjects

The graph below shows the number of concerns raised between 2014/2015 and 2015/2016 by subject. The most commonly raised subject is appointments.

Figure 10



Further breakdown of concerns about the subject of appointments

This subject can be broken down into six sub-subjects (as below).

Table 11

	Cancellation of appointment	Length of time in clinic	Notification of appointment	Waiting time for appointment	Choose and Book	Referral letter re appointment	Total
(MC) Emergency Department Directorate	0	1	0	2	0	2	5
(SN) Cancer Clinical Directorate (not for Oncology wards)	0	0	0	0	0	1	1
(MC) Cardiovascular Clinical Directorate	12	0	20	19	0	14	65
(CW) Childrens Directorate	7	2	8	18	0	14	49
Community Services	7	0	11	14	0	3	35
Corporate Directorates	0	0	1	2	0	0	3
(CW) Diagnostics Clinical Directorate	4	1	19	12	0	8	44
External Organisations	1	0	1	0	0	4	6
(SN) Neurosciences Clinical Directorate	14	0	21	45	0	22	102
(MC) Renal, Haematology, Palliative Care & Oncology Directorate	2	1	5	2	1	3	14
(MC) Specialist Medicine Clinical Directorate	66	2	32	98	0	30	228
(SN) Surgery Clinical Directorate (inc. Trauma and Orthopaedics)	70	6	119	183	2	120	500
South West London Pathology	0	0	0	0	0	1	1
(CW) Therapeutics Clinical Directorate	39	6	46	31	2	29	153
(CW) Womens Directorate	36	0	30	44	0	16	126
Totals:	258	19	313	470	5	267	1332

Below are some synopses of concerns received and action taken for information.

Directorate – Therapeutics (Outpatients)
Sub-subject – Notification of appointment

Description:

Patient contacted PALS regarding a no show letter that he has received. The patient reports that at his last appointment on 21/09/15 the receptionist told him that they would send him an appointment in the post and he did not receive this so he was unaware that the appointment had been booked. Patient wants the no show removed and a new appointment posted to him.

Outcome:

E-mailed managers requesting the appointment for the patient. OPD SM advises that a member of the team has contacted the patient and given him a new appointment and changed the no show.

Directorate – Specialist Medicine (Rheumatology)
Sub-subject – Waiting time for appointment

Description:

Patient reports that there is a 6 month delay between deciding to change treatment to starting the new treatment. Patient is unhappy about this.

Outcome:

Forwarded e-mail to managers requesting the patient is contacted

17/2/16 - ASM has asked the Consultant for advice

22/2/16 - Chased for information - Consultant advises that the delay is down to the Nursing staff. SM has asked Matron and HON to contact the patient. Matron has left a voice mail for the patient. Matron has spoken with the patient and explained the reason for the delay. One part of the delay is that the patient needed to have blood tests and these were requested on 27/11/15 when he came for his appointment but the patient did not have the blood taken until 15/1/16.

Directorate – Women's Services (Gynaecology)

Sub-subject – Referral letter re appointment

Description:

Patient attended clinic on 03/03/16 and was told that she needed to have a scan and she would be contacted within 3 working days about this. Patient has not been contacted and would like this chasing. Patient does not know who was booking the scan.

Outcome:

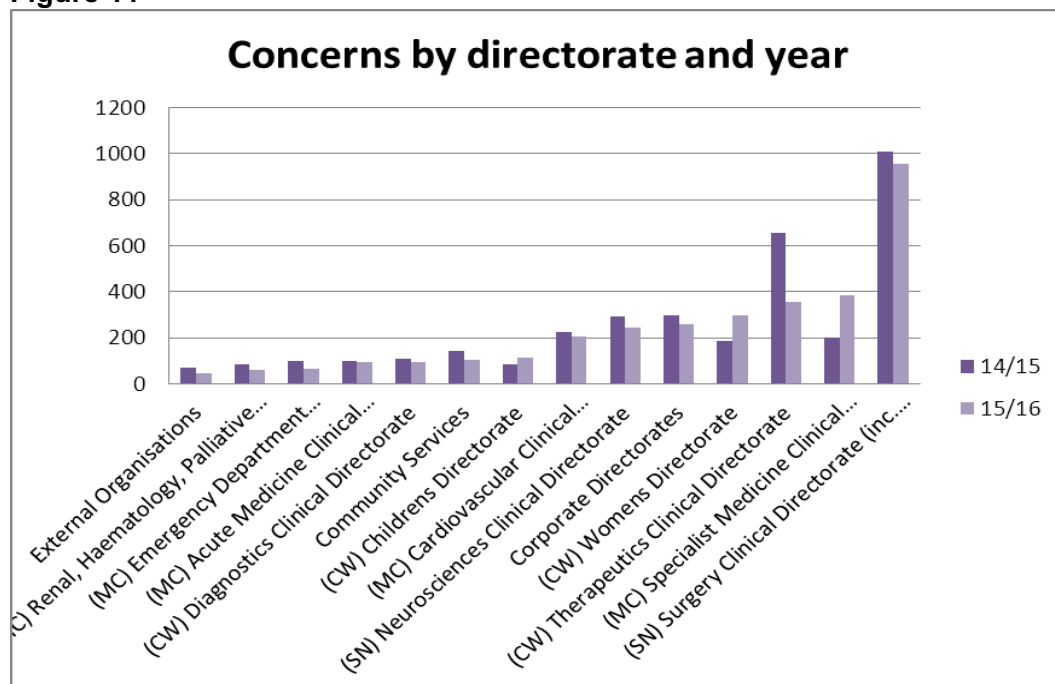
E-mailed managers requesting the scan is looked into and the patient's husband contacted.

AGM has contacted the patient's husband. Secretary has also contacted the husband as there is no record of a scan being requested. Secretary is investigating.

29/03/16 - Consultant is looking into the scan and if necessary will send in a new referral for it.

11.6 PALS concerns by directorate and year

Figure 11



This graph does not include the directorates of Cancer, Theatres, South West London Pathology, Major Trauma or Critical Care where <13 concerns were received.

The high number of concerns received about the directorate of surgery is partly due to the large number of care groups in the directorate. As mentioned previously, the highest number of concerns are received about appointments. T&O, Audiology and ENT and General Surgery received particularly high numbers.

11.7 Time taken to respond to PALS concerns

A key performance indicator (KPI) for PALS is to resolve 80% of concerns within 1 week. This is a local target which was decided upon in consultation with the South West London PALS network as there are no national targets for responding to PALS concerns. In 2015/2016 this target was exceeded as 84% of concerns received were resolved within 1 week. 59% of concerns were resolved on the same day.

The chart below shows the time taken to respond to concerns by directorate split by how long it has taken to respond. The majority of concerns were raised in surgery of which approximately half were responded to within one day.

As before, this chart does not include the directorates of Cancer, Theatres, South West London Pathology, Major Trauma or Critical Care where <13 concerns were received.

Figure 12

