

Complaints Annual Report

1 April 2019 – 31 March 2020

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1.0 Executive Summary

This is the executive summary of the complaints annual report for St George's University Hospitals NHS Foundation Trust. The report is for the period 1 April 2019 to 31 March 2020. In accordance with the NHS Complaints Regulations (2009) this report provides an analysis of the complaints received. It also includes an overview of PALS concerns and activity for the same period.

The key findings were:

- 956 complaints were received, which is a decrease of 13.7% (145) when compared to 2018/19 (1101)
- 71% of complaints were acknowledged within three days in comparison to 2018/19 (82%)
- The top three complaints subjects related to Clinical Treatment, Communication and Care, which was the same in 2018/19
- Overall complaints performance was 92% against the 85% performance target. A significant improvement from 62% in 2018/19. This is broken down further by working day response as follows:
 - 25 working day: 93% against 85% target
 - 40 working day: 84% against 90% target
 - 60 working day: 100% against 100% target
- 113 complaints were reopened compared to 2018/19 (108), an increase of 4.6%
- Two final reports have been received with two cases partially upheld. There were 5 requests for documentation from the Parliamentary Health Service Ombudsman's office (PHSO) compared with 7 requests in 2018/19
- 498 compliments were received and logged, a decrease of 37.6% when compared with 2018/19 (798)
- There were 4447 enquiries raised with the patient advisory and liaison service (PALS): a contact refers to any enquiry or request. This represents a decrease of 34% when

compared to 2018/19 (6779). Of these contacts 2838 related to concerns (when a patient or relative raises a concern about the Trust and does not want to follow the formal complaints procedure) which represents a decrease of 26% when compared to 2018/19 (3858). The top three themes for contacts related to appointments, care and communication.

- Examples of actions taken in response to the learning from our complaints were:
 - Clinical Treatment: Junior doctor training was provided on the management and documentation of potassium levels in response to poor communication
 - Communication: Staff were reminded to use a check list when taking a medication history to ensure all the required information is obtained
 - Care: The Cauda Equina Syndrome Pathway was reviewed to improve patient experience. The review focused on improving communication with patients and other hospitals as well as documentation.

2.0 Purpose of the Report

The Complaints Annual Report is a statutory requirement (Local Authority Social Services and National Health Service Complaints (England) Regulations 2009).

This purpose of the report is to provide:

- assurance the Trust is managing its formal complaints in accordance with the Trust complaints policy and procedure
- information relating to the complaints activity for the Trust with specific focus on each of the divisions
- Examples of where complaints have led to service improvement and shared learning Trust-wide.

3.0 Introduction

The Complaints Annual Report for St George's University Hospitals NHS Foundation Trust is for the period 1 April 2019 to 31 March 2020. The report provides an overview and analysis of the complaints received, the key identified themes and trends, compliance with performance targets, and the changes and impact on services in accordance with the NHS Complaints Regulations (2009). It also includes an overview of PALS enquiries and activity for the same period.

Complaints received provide much learning for the Trust on where and how we need to improve. The themes and trends identified from complaints in 2019/20, and previously in 2018/19, highlight the need to improve communication and information provided to patients, carers and families, improve communication on clinical treatment, improving waiting times and improving the care provided.

A key objective of the Trust, and one we need to do better at, is to learn, change, improve and evolve in response to complaints. 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 their experience and is a priority for the Trust reaching its vision of outstanding care every time.

The efficient and effective handling of complaints by the Trust matters to the people who have taken the time to raise their concerns with us. They deserve an appropriate apology for their experience alongside a recognition where substandard and inadequate care was provided and assurance that we will put actions in place to ensure other patients are not affected by a reoccurrence of the same concerns. This assurance comes through robust investigation with meaningful actions put in place.

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 raising a complaint. 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.

Throughout 2019/20 the Trust continued to proactively manage complaints, improving the process and quality of the responses, and embedding the learning from complaints in to services and practice.

In July 2019 a daily 'complaints huddle' was established to focus on better management of complaints investigation to ensure complaint responses went out on time. In addition, the PALS and complaints service was restructured in December 2019 to include senior posts with enhanced skills in root cause analysis to provide support and coaching for divisional leads with investigations, complaint responses, and local resolution meetings.

From January 2020, in response to an internal audit assessment of learning from complaints, the Trust included a summary of the actions to be taken in the complaint response letter to put all the

improvement actions together in a summary table for the complainant and support the monitoring and delivery of the improvement actions.

4.0 Accountability for complaints management within the Trust

The Board has corporate responsibility for the quality of care and the management and monitoring of complaints received by the Trust. The Chief Executive has delegated the responsibility for the management of complaints to the Chief Nurse and Director of Infection Prevention and Control. The Head of Patient Experience and Partnership, reporting to the Director of Quality Governance and Compliance, is responsible for the management of the complaint process to ensure:

- All complaints are investigated appropriately to the concerns raised
- All complainants receive a comprehensive written response, and / or a meeting if requested, to address the concerns
- Complaints are responded to within the set local standard response times
- When a complaint is referred to the PHSO, all enquiries are responded to promptly and openly

Each month the following information is reported through the Integrated Quality Performance Report to the Trust Board:

- Numbers of complaints received
- Number of complaints closed by working day response time and compliance with performance targets
- Number of complaints breaching the 6 month response timeframe
- The number of PALS contacts received

5.0 Total complaints received in 2019/20

During 2019/20 the Trust received 956 complaints which equates to an average of approximately 18 complaints received per week or 80 complaints per month. This shows a decrease of 13.7% (145) on the number of complaints received in 2018/19 (1101).

Table 1 below shows the 956 complaints received related to all attendances equates to a complaint versus attendance ratio of 0.09%. This figure equates to approximately 1.46% complaints as a percentage of inpatient activity (in 2018/19 these figures were 0.11% and 1.63% respectively).

Table 1: Complaints related to inpatient activity

Activity	18/19	19/20
Inpatient Emergency, Maternity, Other and Transfers	67569	65392
Elective, Day cases, Regular Attends	84940	88781
A&E Attends (including Streaming and EPU)	176483	171706
Outpatient Attends (New and Follow Ups)	680064	719699
Total attendances	1009056	1045578
Number of Complaints	1101	956
Complaints as % of all Attendances	0.11	0.09
Complaints as % of Inpatient Activity	1.63	1.46

Table 2 below shows the number of complaints received and the method by which they were received. The majority of complaints were received by email.

Table 2: Complaints and mode of receipt

	Formal Complaint
E-mail	715
Received via Facebook	1
Received by letter	106
Complaint via MP	5
PALS Referral	71
Received in person	14
Received by telephone	22
Received on the ward	2
Totals:	936

Table 3 below demonstrates the number of complaints received in each quarter from 2016 to 2020. There was a significant increase seen across quarter 1 in 2019/20. However, quarters 2 and 3 have seen a consistent decrease in the number of complaints received. It is noted that complaints received in quarter 4 was significantly decreased in comparison to previous years. An assumption can be made that Covid-19 impacted on the last 2 weeks of this quarter.

Table 3: Complaints received by quarter

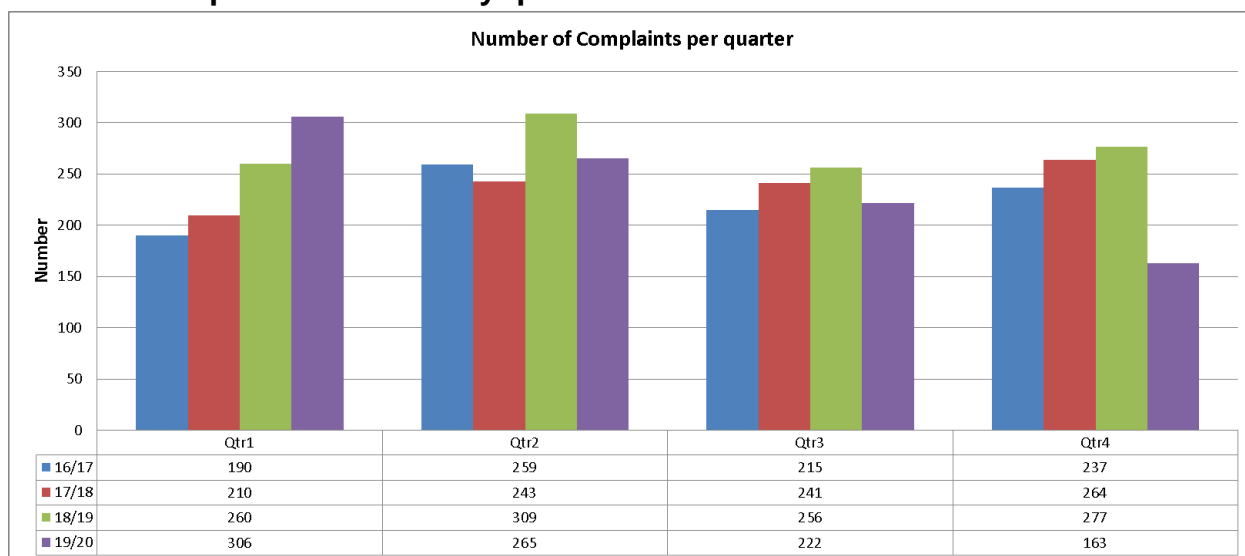


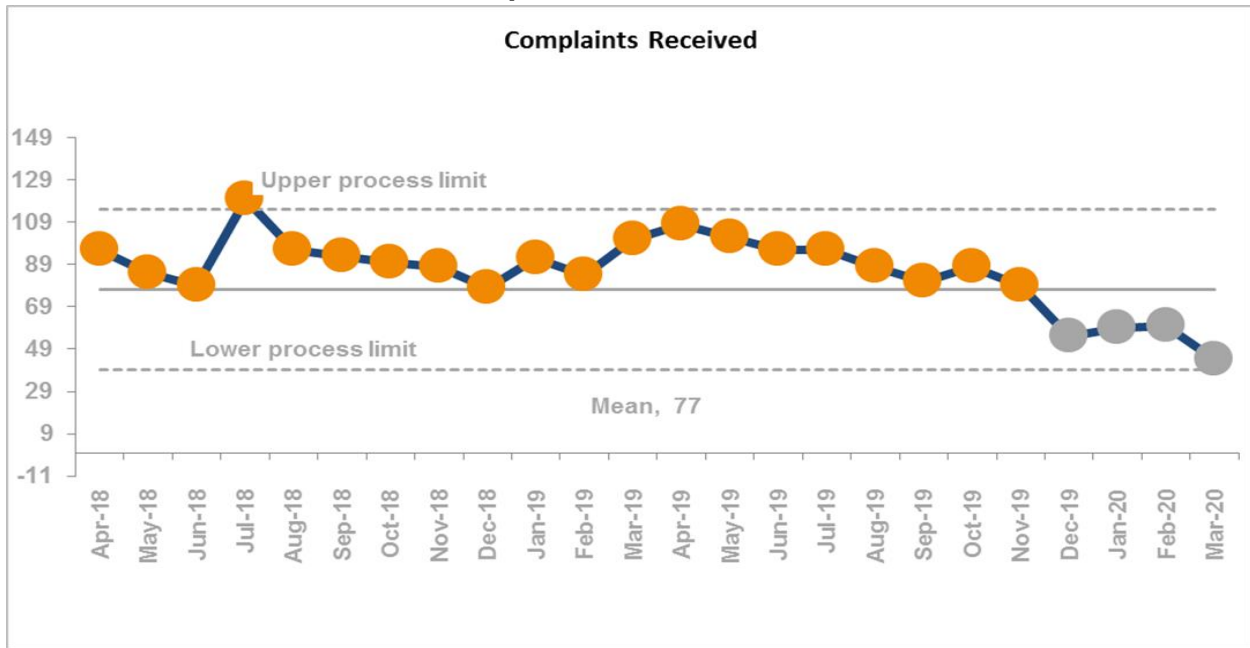
Table 4 below shows a breakdown of complaints received by month and year for the years 2017/18, 2018/19 and 2019/20.

Table 4: Comparative monthly complaints totals 2017-2019

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
63	76	71	66	97	80	96	77	68	90	80	94	958
Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
96	84	79	120	96	93	90	88	78	92	84	101	1101
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
108	102	96	96	88	81	88	79	55	59	60	44	956

Table 5 below is a statistical process control (SPC) chart which enables a broader understanding of the differences and norms of complaints received during 2019/20. The monthly complaint rates are plotted within upper and lower process limits which measure whether variations on a monthly basis are stable and thereby predictable (common cause variation), or in contrast were unstable and thereby unpredictable (special cause variation). The table illustrates no noticeable deviations outside of the upper and lower process limits.

Table 5: SPCC overview of complaints received



Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
96	84	79	120	96	93	90	88	78	92	84	101	1101

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
108	102	96	96	88	81	88	79	55	59	60	44	956

6.0 Complaint themes

The Department of Health (DH) classifies complaints in to 18 distinct categories by the subject of the complaint.

Each complaint may involve more than one issue depending on the nature and complexity of the complaint. By theming our complaints by subject it allows us to identify whether any trends are developing. Table 6 below identifies the top five themes and trends from our complaints by subject during each quarter of 2019/20. The data is related to the primary subject raised within each complaint.

Using the DH classifications, the five most commonly identified complaints were related to:

1. Communication / information to patients (written and oral)
2. Clinical Treatment
3. Care
4. Waiting Times
5. Attitude

Table 6: Complaints received quarterly by primary subject

Subject	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	Total
Admission arrangements	0	0	2	0	2
Attitude	33	18	23	16	90
Cancellation	13	6	19	16	54
Cancellation of surgery	7	5	2	4	18
Care	37	34	33	19	123
Car Parking	5	0	0	0	5
Clinical treatment	55	64	54	44	217
Communication	103	87	52	23	265
Discrimination	0	0	2	0	2
Discharge arrangements	0	3	4	5	12
Hotel and site services	2	3	0	1	6
Request for Information	1	0	0	1	2
Other	7	10	2	9	28
Medical records	5	4	1	0	10
Transport arrangements	4	6	3	4	17
Transfer arrangements	0	0	1	1	2
Unhelpful	0	1	2	3	6
Waiting times	29	23	22	23	97
Totals:	301	264	222	169	956

The top three subjects of communication, clinical treatment and care were the same in 2018/19. Waiting times was a new subject included in the top five and staff attitude moved down to fifth place from fourth in 2018/19.

Table 7 below shows the top five primary subjects of complaints received by each of the Trust's directorates. It is not possible to indicate the total change compared to the previous fiscal year as there has been a change within the top 5 with complaints related to cancellation replaced by waiting times. There is a decrease of 17% (19) in the number of complaints related to attitude from 109 cases in 2018/19 to 90 cases in 2019/20. A decrease of 30.9% (55) was noted in complaints related to care from 178 cases in 2018/19 down to 123 cases in 2019/20. Complaints related to

communication also saw a decrease of 6.4% (18) from 283 cases in 2018/19 down to 265 cases in 2019/20. These decreases are reflective of the 13% overall decrease in complaints received for 2019/20. The increase in the number of complaints related to clinical treatment might be considered significant against the 13% decrease in overall complaints. There are noted increases in complaints received for neurosciences (64%) acute medicine (54%) and surgery clinical (23%).

Table 7: Complaints by Primary Subject and Directorate

Directorates	Attitude	Care	Clinical treatment	Communication	Waiting times	Total for Top 5 Primary Subject
(MC) Emergency Department	13	22	28	10	5	85
(MC) Acute Medicine Clinical	4	18	17	14	0	63
(MC) Cardiology Clinical Academic Group	5	3	14	20	4	50
(CW) Children's	2	5	11	7	2	32
(CW) Community Services	2	4	4	6	4	24
Corporate Affairs	0	0	0	0	0	1
Corporate Nursing	2	0	0	0	0	4
(CW) Critical Care	1	2	2	0	0	6
(MC) Cardiac, Vascular, Thoracic Surgery	3	8	8	3	0	25
(CW) Diagnostics Clinical	9	3	7	12	0	33
Estates & Facilities	6	0	0	6	1	40
Finance	0	0	0	5	0	8
(SN) Neurosciences Clinical	6	10	23	36	11	99
Operations	0	0	0	1	0	2
(MC) Renal, Haematology, Palliative Care & Oncology	3	3	4	14	5	33
(MC) Specialist Medicine Clinical	6	3	10	19	5	57
(SN) Surgery Clinical (inc. Trauma and Orthopaedics)	11	20	58	59	39	224
South West London Pathology	0	0	1	2	1	4
(SN) Theatres Clinical	1	0	2	4	1	9
(CW) Therapeutics Clinical	9	1	5	22	11	66
(CW) Women's	7	21	23	25	8	91
	90	123	217	265	97	956

7.0 Analysis of the top five complaints subjects and examples of learning

Analysis of the top five subjects is included below with examples of actions taken in response to the learning from the concerns raised.

7.1 Complaint Themes: Communication

There were 265 complaints received where communication was recorded as the primary subject of concern and were related to a wide range of directorates and services. Surgery clinical directorate

was noted to have the largest decrease of 27% (22) where communication was the primary subject. This is a significant improvement in relation to 2018/19 where surgery directorate was noted to have the largest increase. In contrast, there were increases within neurosciences and renal, haematology, palliative care and oncology (RHPCO). It is encouraging to note decreases within cardiac, vascular and thoracic surgery and children’s directorates.

An example of a complaint in surgery, neurosciences, cancer and theatres division and the actions taken:

Concern:	Actions Taken:
Concerns were raised in relation to the level of communication when taking a medication history	<p>Review training and assessment requirements of staff members involved</p> <p>Ensure patients and relatives are involved at all stages of patient care including establishing medication history</p> <p>Use a check list when taking a medication history to ensure all the required information is obtained</p> <p>Repeat training logs to complete medication histories</p>

An example of a complaint in medicines and cardiology division (where the complaint was resolved by speaking directly with the complainant and resolving the concerns raised and closing with a verbal resolution letter from the General Manager):

Concern:	Actions Taken:
Communication when discharged from ward as the patient considered the information was insufficient	Discharge summary sent to patient and GP and apology given for distress caused.

An example of a complaint in children, women’s, diagnostics, therapies and critical care division:

Concern:	Actions Taken:

Insufficient information being provided by consultant	Further reflection and learning and discussion of the complaint and concerns raised at the team meeting and subsequently at annual appraisal for the consultants involved
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7.2 Complaint Themes: Clinical Treatment

There were 217 complaints received where clinical treatment was recorded as the primary subject of concern. There are noted increases in, neurosciences (64%) acute medicine (54%) and surgery clinical (23%).

An example of a complaint in medicines and cardiology division and the action taken:

Concern:	Actions Taken:
Poor clinical observations	Junior doctor training provided on the management and documentation of the patient's potassium levels

7.3 Complaint Themes: Care

There were 123 complaints received where care was recorded as the primary subject of concern.*
Comparison required

An example of a complaint in surgery, neurosciences, cancer and theatres division and the actions taken:

Concern:	Actions Taken:
Concerns were raised about insufficient information being provided by staff within plaster services	Plaster technicians reminded to explain to patients the process/steps to be taken before proceeding with any treatment or procedure. Information and appropriate leaflets provided on how the patient can look after their affected limbs or cast. Training provided to the plaster technician team and updates provided about roles and responsibilities to improve patient experience

An example of a complaint received in medicine and cardiology division and the actions taken:

Concern:	Actions Taken:
Concerns raised about the care received within the service	The Cauda Equina Syndrome Pathway was reviewed to improve patient experience. The review focused on improving communication with patients and other hospitals as well as the documentation provided.

7.4 Complaint Themes: Waiting Times

There were 97 complaints received where waiting times was recorded as the primary subject of concern.

An example of a complaint received in Children, Women's, Diagnostics, Therapies and Critical Care Division

Concern:	Actions Taken:
Concerns raised about waiting time for wheelchair and appropriateness of one provided.	All suppliers and manufacturers to only use our clients' individual reference numbers on the equipment packaging Reflection and learning on the order omission by the member of staff Re-assessment of patient's needs undertaken to improve future care

7.5 Complaint Themes: Attitude

There were 90 complaints received where attitude was recorded as the primary subject of concern. This represents a decrease of 3% (19) when compared with 2018/19.

In relation to staff attitude, staff are expected to read the complaint letter and are supported by their line manager to reflect by providing a reflective statement on how they could have responded differently. The reflection is further reviewed with the staff member to ensure learning has taken place. Where indicated, training on values based leadership and effective people management is provided. Customer service training is also provided monthly by PALS which can be accessed by all staff across the trust. Medical staff are required to discuss the complaint with their medical

supervisor and agree a corresponding development plan and this is revisited annually as part of their appraisal.

In some cases staff attitude was investigated in line with the Trust policies and escalated to the Chief Nurse, Chief Medical Officer and/or Chief Operating Officer as appropriate.

8.0 Primary complaint subject by directorate

Table 8 below shows totals of the primary subjects identified during 2018/19 within each directorate.

Directorate	Admission arrangements	Attitude	Cancellation	Cancellation of surgery	Care	Car Parking	Clinical treatment	Communication	Discrimination	Discharge arrangements	Hotel and site services	Request for information	Other	Medical records	Transport arrangements	Transfer arrangements	Unhelpful	Waiting times	Total
(MC) Emergency Department	1	13	0	0	22	0	28	10	0	1	1	0	2	2	0	0	0	5	85
(MC) Acute Medicine Clinical	0	4	0	0	18	1	17	14	0	3	0	0	3	2	1	0	0	0	63
(MC) Cardiology Clinical Academic Group	0	5	3	0	3	0	14	20	0	0	0	0	0	0	0	0	1	4	50
(CW) Childrens	0	2	4	0	5	0	11	7	0	1	0	0	0	0	0	0	0	2	32
(CW) Community Services	0	2	2	0	4	0	4	6	0	0	0	0	2	0	0	0	0	4	24
Corporate Affairs	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Corporate Nursing	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	4
(CW) Critical Care	0	1	0	0	2	0	2	0	0	0	0	0	1	0	0	0	0	0	6
(MC) Cardiac, Vascular, Thoracic Surgery	0	3	1	0	8	0	8	3	0	2	0	0	0	0	0	0	0	0	25
(CW) Diagnostics Clinical	0	9	0	0	3	0	7	12	0	0	0	0	2	0	0	0	0	0	33
Estates & Facilities	0	6	0	0	0	4	0	6	0	0	4	0	5	0	13	0	1	1	40
Finance	0	0	0	0	0	0	0	5	0	0	0	0	3	0	0	0	0	0	8
(SN) Neurosciences Clinical	0	6	3	2	10	0	23	36	1	2	0	0	1	0	2	2	0	11	99
Operations	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	2
(MC) Renal, Haematology, Palliative Care & Oncology	0	3	0	0	3	0	4	14	0	0	0	0	3	0	1	0	0	5	33
(MC) Specialist Medicine Clinical	1	6	10	1	3	0	10	19	0	0	0	0	1	1	0	0	0	5	57
(SN) Surgery Clinical (inc. Trauma and Orthopaedics)	0	11	20	11	20	0	58	59	0	1	1	0	2	2	0	0	0	39	224
South West London Pathology	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	1	4
(SN) Theatres Clinical	0	1	0	1	0	0	2	4	0	0	0	0	0	0	0	0	0	1	9
(CW) Therapeutics Clinical	0	9	10	0	1	0	5	22	1	2	0	1	1	2	0	0	1	11	66
(CW) Womens	0	7	1	3	21	0	23	25	0	0	0	0	1	1	0	0	1	8	91
Totals:	2	90	54	18	123	5	217	265	2	12	6	2	28	10	17	2	6	97	956

9.0 Complaints compliance and performance

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 complaint and agree both the process of resolution and the timescale.

The NHS complaints regulations state that complaints should be acknowledged within 3 working days. In 2019/20 the Trust achieved 71% of complaints acknowledged within 3 working days, a decrease in performance when compared to 82% achieved in 2018/19. This is related to the team transitioning to a new structure. The new structure will be embedded in 2020 and it is anticipated that this performance target will be met.

For a number of years the Trust’s complaints performance has remained below the Trust’s internal targets with an average of 65% of complaints being responded to within 25 working days.

In July 2019 a new process was implemented supported by a daily Complaints Commcell; a thirty minute meeting. Commcell was led by the Chief Nurse alongside the Director of Quality Governance and Compliance, Head of Patient Experience and Partnership and including all the complaints officers. A clear message was signalled to the divisions at the beginning of the process that local performance targets would be achieved.

The purpose of the Commcell was to track each complaint due within the next two week period as it progressed from the investigation stage to response letter to ensure the complaint response was of high quality and sent within the agreed timescales. Complaints identified as at risk of breaching the expected timeframes were escalated to the divisional leads for further scrutiny and appropriate support from the complaints team.

This focussed approach yielded the following results:

- Complaints performance target (85%) met for Green complaints from July 2019 to March 2020
- Complaints performance target (90%) met for Amber complaints from August 2019 to March 2020
- Complaints performance target (100%) met for Red complaints throughout 2019/20
- Complaints performance target met for all responses from August 2019 to March 2020
- Reduction in the number of overdue complaints by 77%

Table 9 identifies the proportion of complaints responded to within set performance target.

Table 9

KPI	Category	Target	2018/19 performance	2019/20 performance full year
25 working days	Green	85%	68%	93%
40 working days	Amber	90%	55%	84%
60 working days	Red	95%	62%	100%

Table 10 below shows the further breakdown of performance by clinical group across the Trust.

Table 10: Complaints by care group and severity

	Green - 25 working days	Amber - 40 working days	Red - 60 working days	Total
Emergency Department Care Group	65	22	4	91
Anaesthetics, Acute Pain & Resuscitation Care Group	1	1	0	2
Audiology & ENT Care Group	44	6	1	51
Cardiology	35	12	2	49
Cardiac Surgery	4	3	1	8
Clinical Genetics Care Group	2	2	0	4
Chest Medicine Care Group	4	4	0	8
Clinical Infection Unit & Genito-Urinary Medicine Care Group	2	1	0	3
Community Services - Adult Services	21	1	0	22
Community Services - Childrens Services	1	0	0	1
Community Services - HMP Wandsworth Offender Healthcare	2	0	0	2
Corporate Affairs	0	1	0	1
Critical Care Care Group	2	1	1	4
Diabetes & Endocrinology Care Group	11	2	0	13
Estates & Facilities	37	1	1	39
Finance	7	1	0	8
Gastroenterology & Endoscopy Care Group	13	1	0	14
General Medicine	28	30	1	59
General Surgery Care Group	34	10	2	46
Imaging Care Group	25	3	0	28
Oral & Maxillofacial Surgery Care Group	9	2	0	11
Neonatal Care Group	0	1	0	1
Stroke Neuro-logy & -rehab Care Group	33	13	1	47
Neuro-surgery, -radiology & -pathology Care Group	37	12	1	50
Nursing	3	1	0	4
Obs & Gynae, & Fetal Medicine Care Group	62	27	2	91
Medical Oncology, Clinical Haematology, Renal & Palliative Care Group	24	10	1	35
Operations	2	0	0	2
Outpatients & Medical Records Care Group	42	2	0	44
Plastic Surgery Care Group	27	6	0	33
Paediatric Medicine & PICU Care Group	17	6	1	24
Paediatric Surgery Care Group	2	5	1	8
Rheumatology, Dermatology & Lymphoedema Care Group	15	3	1	19
South West London Pathology	2	1	0	3
Therapies Care Group	15	0	0	15
Thoracic Surgery	4	2	0	6
Inpatient & Day Case Theatres & Decontamination Care Group	3	1	0	4
Trauma & Orthopaedics Care Group	46	19	1	66
Urology Care Group	13	4	0	17
Vascular Surgery	1	10	0	11
Totals:	695	227	22	944

*Noted Datix pull through for reporting means figures do not total 956.

10.1 Reopened Complaints

The number of complaints that do not achieve resolution with the first response is used as a proxy

measure for the quality of the complaint response. A complainant who does not feel listened to is unlikely to be satisfied with their response. 113 complaints were reopened during 2019/20 compared with 108 in 2018/19, an increase of 5 (4.62%). This demonstrates that significant improvement in meeting complaint response times marginally impacted on the quality of the complaint response.

A proportion of the complaints were unresolved due to questions arising from the information provided. In many of these cases local resolution meetings have taken place with key staff to discuss and address the on-going questions and concerns directly with the complainant.

Table 11 below shows the number of reopened complaints received and primary subject quarterly for 2019. | Since quarter 2 in 2019/20 the number of reopened complaints has begun to decrease to expected levels by quarter 4 in 2019/20.

Chart 1: Reopened complaints and primary subjects

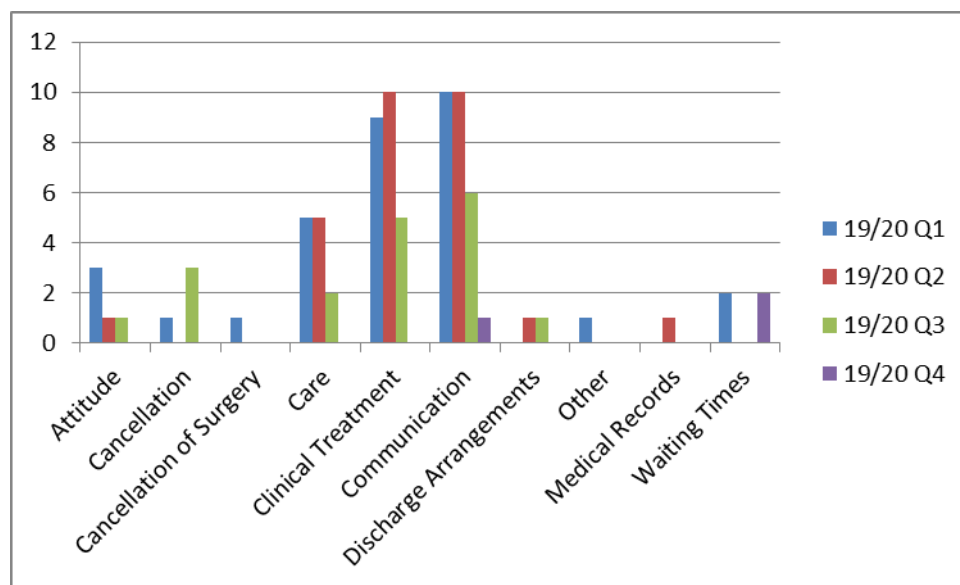


Table 11: Reopened complaints and primary subject

	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Attitude	3	1	1	0
Cancellation	1	0	3	0
Cancellation of Surgery	1	0	0	0
Care	5	5	2	0
Clinical Treatment	9	10	5	0
Communication	10	10	6	1
Discharge Arrangements	0	1	1	0
Other	1	0	0	0
Medical Records	0	1	0	0

Waiting Times	2	0	0	2
Totals	32	28	18	3

Table 13 below shows the primary themes identified with complaints which were reopened. It is evident that the key themes relate to clinical treatment, communication and care.

Table 13

	Attitude	Cancellation	Cancellation of surgery	Care	Clinical treatment	Communication	Discharge arrangements	Other	Medical records	Waiting times	Total
(MC) Emergency Department Directorate	0	0	0	3	5	2	0	0	0	0	10
(MC) Acute Medicine Clinical Directorate	1	0	0	2	5	1	0	1	0	0	10
(MC) Cardiology Clinical Academic Group	1	0	0	1	2	3	0	0	1	0	8
(CW) Childrens Directorate	0	0	0	1	2	4	0	0	0	0	7
(CW) Community Services	1	0	0	0	0	1	0	0	0	1	3
Corporate Nursing Directorate	0	0	0	1	0	0	0	0	0	0	1
(MC) Cardiac, Vascular, Thoracic Surgery	0	0	0	1	1	0	1	0	0	0	3
(CW) Diagnostics Clinical Directorate	1	0	0	0	1	2	0	0	0	0	4
Estates & Facilities Directorate	0	0	0	0	0	2	0	0	0	0	2
(SN) Neurosciences Clinical Directorate	1	1	0	3	3	4	1	0	0	0	13
Operations Directorate	0	0	0	0	0	1	0	0	0	0	1
(MC) Renal, Haematology, Palliative Care & Oncology Directorate	0	0	0	0	0	1	0	2	0	0	3
(MC) Specialist Medicine Clinical Directorate	0	1	0	0	2	1	0	0	0	0	4
(SN) Surgery Clinical Directorate (inc. Trauma and Orthopaedics)	3	1	1	3	9	10	0	0	1	2	30
South West London Pathology	0	0	0	0	0	0	0	0	0	1	1
(SN) Theatres Clinical Directorate	0	0	0	0	2	0	0	0	0	0	2
(CW) Therapeutics Clinical Directorate	0	1	0	0	0	0	0	0	0	0	1
(CW) Womens Directorate	1	0	1	2	3	2	0	0	0	0	9
Totals:	9	4	2	17	35	34	2	3	2	4	112

11.0 Parliamentary and Health Service Ombudsman (PHSO) Complaints

Five requests for documentation were received from the PHSO in 2019/20 compared with seven requests in 2018/19. The requests related to complaints from: Emergency Department, Acute Medicine, Specialist Medicine and Children's. The Trust is awaiting confirmation on whether four of these cases will be investigated and one is under investigation.

Two cases have been investigated and we have received final reports from the PHSO in 2019/20. Both were partially upheld. Recommendations have been complied with and these cases are closed.

Case	Directorate	Outcome
547RR	Therapies	Under investigation
1018SS	Specialist Medicine	Case file requested
054TT	ED	Case file requested
003SS	Acute medicine	Case file requested

811SS	Children's	Case file requested
956NN	Specialist Medicine / Complaints	Partially Upheld
161RR	Children's	Partially upheld

12.0 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. 498 good news/ thank you letters were received and logged centrally, a decrease of 37% (798) when compared with 2018/2019.

13.0 Upheld 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 upheld during the financial year. Historically, the Trust's position has been to determine that all complaints are 'upheld' on the basis that even if a complaint is considered by the Trust to be unjustified, the complainant was aggrieved enough by what happened for them to take the time to complain. This means it was not possible for the Trust to provide the number of upheld complaints.

In 2018/19 the Trust undertook to record the number of complaints that were upheld, not upheld and partially upheld. However, due to instability in the complaints team and changes in senior leadership this did not happen consistently. Consistent reporting will commence from April 2020 from Datix in line with the complaints procedure.

14.0 Training

Throughout 2019/20 the Complaints and Improvements and PALS teams have provided training sessions for staff on both directly handling complaints and concerns as they arise and on investigating complaints and providing written responses. All new staff to the Trust received a session about customer care and handling concerns on the frontline as part of the Corporate Trust induction.

Table 14: Number of staff attending Customer Care induction sessions

	2019									2020			Total
Professions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Add Prof Scientific and Technic	14	3	13	21	11	19	14	12	6	4	3	7	127
Additional Clinical Services	23	22	28	32	28	39	25	33	26	36	47	44	383
Administrative and Clerical	36	42	33	39	32	60	24	46	32	33	17	10	404

Allied Health Professionals	4	5	11	11	13	25	19	11	4	17	10	5	135
Estates and Ancillary	2	2	3	2	1	2		4	4	4	2	3	29
Healthcare Scientists	1	1	1	5	5	2	5	5		5	5	1	36
Medical and Dental	14	13	15	20	19	24	14	15	23	12	20	10	199
Nursing and Midwifery Registered	32	23	43	33	26	98	96	61	21	38	28	36	535
Grand Total	126	111	147	163	135	269	197	187	116	149	132	116	1848

“Responding to Complaints” and “Effective Customer Care” training sessions are provided monthly in the Training and Development Department. 98 staff attended training for effective customer care in 2019/20 in comparison to 91 in 2018/19.

Additional bespoke training was also delivered to groups of staff and individuals where indicated and requested.

15.0 Patient Advice and Liaison Service (PALS)

The PALS team provided the following:

- Assistance to patients and their representatives with concerns and requests for information. (Examples are enquiries are patients being unable to contact outpatient departments, patients concerned about waiting times for an operation and patients with transport queries)
- Act as a liaison between patients and services to offer suggestions for improvements drawing on the patient experience
- Deliver customer care training to staff in partnership with training and development and on a bespoke basis to wards and services Trust wide
- Raise the profile of PALS throughout the Trust by linking in with wards and departments and representing the service and views of patients on relevant committees
- Provide accessible information to patients, relatives, visitors and staff on the Trust’s intranet and internet

The PALS values are to:

- offer on the spot resolution (where able)

- ensure patients receive appropriate information
- resolve patient concerns at an early stage
- provide a seamless service
- inform and educate staff
- monitor concerns and outcomes
- be a catalyst for service improvement and change

15.1 PALS Activity

A PALS **contact** refers to any enquiry or request. An example of this is where a patient wanting information about a service or a member of staff requested information on how to contact an external organisation. It also included expressions of thanks from patients and relatives. The number of PALS **contacts** was 4447 in 2019/20. This represents a decrease of 3.6% (6779) when compared to 2018/19.

A PALS **concern** refers to when a patient or relative raises a concern about the Trust and does not want to follow the formal complaints procedure. The number of PALS **concerns** raised was 2838 in 2019/20 which represents a decrease of 22% (3858) when compared with 2018/19.

16.0 Looking Forward

It is noted that at the close of 2019/20, Covid-19 was just starting to impact on the Trust and our patients' experience. There was a significant fall in the number of complaints received during the last month of quarter 4 and it is assumed that this is likely to continue into quarters 1 and 2 of 2020/21.

The PALS and Complaints service will need to adapt to find new and responsive ways of working with patients and families. In line with the new PALS and Complaints service structure, it is essential that coaching and training is provided to identified staff within the divisions. This will enhance the investigation and complaint response writing skills of those staff, reducing the disproportionate impact of complaints on Divisional Directors of Nursing and Governance and

other senior staff. New training packages will be developed to incorporate root cause analysis, investigative skills and human factors (study of the physical and psychological behaviour of humans and how this impacts on their interaction and performance with specific environments, organisational culture or tasks) in partnership with corporate governance and risk teams by quarter three.

The Trust will continue to proactively manage complaints, improve the process and quality of the responses, and embed the learning from complaints in practice.

The Trust will also review the process for the complaints satisfaction survey with a view to increasing our feedback to facilitate further improvement where indicated.

The PALS and complaints team will work closely with the paediatric team to develop a child friendly complaints process by quarter four of 2020/21

Given the increase in the number of complaints related to clinical treatment when compared with the decrease in overall complaints, a deep dive analysis will be undertaken to identify any opportunities for divisional and organisational learning in 2020.

PALS and complaints will work with the clinical audit team to identify areas where audit may be needed and establish an audit schedule.