

# **Complaints Annual Report**

## **1 April 2020 – 31 March 2021**

## Contents

<b>Complaints Annual Report</b> .....	1
<b>Contents</b> .....	2
<b>1.0 Executive Summary</b> .....	3
<b>2.0 Introduction</b> .....	4
<b>3.0 Purpose of the Report</b> .....	5
<b>4.0 Accountability for complaints management within the Trust</b> .....	5
<b>5.0 Total complaints received in 2020/21</b> .....	6
<b>6.0 Complaint themes</b> .....	8
<b>8.0 Primary complaint subject by directorate</b> .....	13
<b>9.0 Complaints compliance and performance</b> .....	14
<b>10.1 Reopened Complaints</b> .....	16
<b>11.0 Parliamentary and Health Service Ombudsman (PHSO) Complaints</b> .....	18
<b>12.0 Positive feedback</b> .....	19
<b>13.0 Upheld Complaints</b> .....	19
<b>14.0 Training</b> .....	20
<b>15.0 Patient Advice and Liaison Service (PALS)</b> .....	21
<b>16.0 Looking Forward</b> .....	22

## 1.0 Executive Summary

This is the executive summary of the complaints annual report for the Trust. The report is for the period 1 April 2020 to 31 March 2021. In accordance with the NHS Complaints Regulations (2009) this report provides an analysis of the complaints received and an overview of PALS concerns.

The key findings were:

- 752 complaints were received, which is a decrease of 21.3% (204) when compared to 2019/20 (956)
- 68% of complaints were acknowledged within three days in comparison to 2019/20 (71%)
- The top three complaints subjects related to Clinical Treatment, Communication and Care.
- Overall complaints performance was 97% against the 85% performance target which was an improvement from 92% in 2019/20. In relation to severity of complaints this was:
  - 25 working day: 96% against 85% target
  - 40 working day: 94% against 90% target
  - 60 working day: 100% against 100% target
- 68 complaints were reopened compared to 2019/20 (113), a decrease of 40%
- There were 4 contacts from the Parliamentary Health Service Ombudsman's office (PHSO), 3 of which were requests for documentation compared with 5 requests in 2019/20 and 1 case was confirmed as under investigation.
- 207 compliments were received, a decrease of 58% when compared with 2019/20 (498)
- There were 2331 PALS enquiries. This represents a decrease of 47.5% when compared to 2019/20 (4447). Of these contacts 1705 related to concerns representing a decrease of 40% when compared to 2019/20 (2838). PALS closed to walk-in enquiries in March 2020.
- The top three themes for PALS concerns were Appointments, Care and Communication
- Key themes for complaints related to Covid-19 were focused on visiting restrictions, loss of patient property and communication with family and loved ones.

## 2.0 Introduction

The Complaints Annual Report for St George's University Hospitals NHS Foundation Trust is for the period 1 April 2020 to 31 March 2021. The report provides an overview and analysis of the complaints received, identified themes and trends, compliance with performance targets, and the learning and changes made in response to complaints and the impact on services in accordance with the NHS Complaints Regulations (2009). It also includes an overview of PALS concerns.

Complaints received provide much learning for the Trust on where we need to improve. The themes and trends identified from complaints in 2020/21 highlight the need to improve communication and information provided to patients, carers and families, improve communication on clinical treatment, improve waiting times and improve the care provided.

2020/21 has been an unprecedented period dominated by the Covid-19 pandemic and with a profound impact on the Trust as noted in the wider NHS. The impact was evident in staffing resources which were redeployed to support the increased numbers of inpatients with Covid-19 during the first and second wave; similarly, on the delivery of NHS care and leading to a backlog in outpatient appointments and delays in planned surgical procedures. At the close of 2019/20, Covid-19 was starting to impact on the Trust activity. There was a significant fall in the number of complaints received during the last month of quarter four and this continued into 2020/21.

A key objective of the Trust, and one we need to do better at, is to learn, change, and improve in response to complaints. The lessons learned and trends identified from 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 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, recognition where substandard and inadequate care has been provided and assurance that actions will be put in place and other patients are not affected by a recurrence of the same concerns.

Posters and leaflets are displayed around the Trust and there is information on the Trust website to ensure that patients are aware of the process for raising a complaint. Patient feedback is viewed as positive and patients, carers and families are encouraged to give their views on the ward, through surveys, focus groups and involvement with patient user groups and the Patient Partnership and Experience group (PPEG).

Throughout 2020/21 the Trust continued to proactively manage complaints, improving the process and quality of the responses, and embedding the learning from complaints into services and practice. To provide support for NHS staff and services in responding to Covid-19, NHS England issued guidance for Trusts about the NHS Complaints Process. The advice indicated Trusts could pause complaint investigations for an agreed period; April to September 2020. The Trust adopted this guidance with reference to reopened complaints with a view to responding by the end of July 2020, as there were lower levels of new complaints being received maintaining the focus on new complaints was enabled.

### **3.0 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 shared learning and Trust-wide service improvement.

### **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
- All complainants receive a comprehensive written response, and / or a meeting if requested, to address the concerns

- Complaints are responded to within the Trust 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 concerns received

### 5.0 Total complaints received in 2020/21

During 2020/21 the Trust received 752 complaints which equates to an average of approximately 14 complaints received per week or 62 complaints per month. This shows a significant decrease of 21% (204) on the number of complaints received in 2019/20 (956).

Table 1 below shows the 752 complaints received related to all attendances equates to a complaint versus attendance ratio of 0.08%. This equates to approximately 1.52% complaints as a percentage of inpatient activity (in 2019/20 these figures were 0.09% and 1.50% respectively). The marginal increase is due to the evidenced decrease in Trust activity.

**Table 1: Complaints related to inpatient activity**

<b>Activity</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Inpatient Emergency, Maternity, Other and Transfers	58,157	67,569	63,572	49,507
Elective, Day cases, Regular Attends	74,800	84,940	88,794	73,481
A&E Attends (including Streaming and EPU)	171,781	176,483	171,706	113,005
Outpatient attends (New and Follow Ups)	646,691	680,064	718,777	679,941
<b>Total</b>	<b>951,429</b>	<b>1,009,056</b>	<b>1,042,849</b>	<b>915,934</b>
<b>Number of complaints</b>	<b>974</b>	<b>1101</b>	<b>956</b>	<b>752</b>
Complaints as % of all attendances	0.10	0.11	0.09	0.08
Complaints as a % of Inpatient Activity	1.66	1.63	1.50	1.52

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**

Method of Complaint	Count
Complaint via MP	5
E-mail	671
PALS Referral	24
Received by letter	48
Received by telephone	4
<b>Grand Total</b>	<b>752</b>

Chart 1 below demonstrates the number of complaints received in each quarter from 2016 to 2021. There was a significant decrease seen across quarter 1 in 2020/21. This was due to the impact of wave 1 of Covid-19 which had started in March 2020. Although there was an increase in quarter 2 it was still significantly below the expected level for complaints as indicated in the previous quarters.

Expected complaint levels were reached during quarter 3, however by quarter 4 and the second wave of the pandemic there was a noted decrease in the number of complaints received.

**Chart 1: Complaints received by quarter**

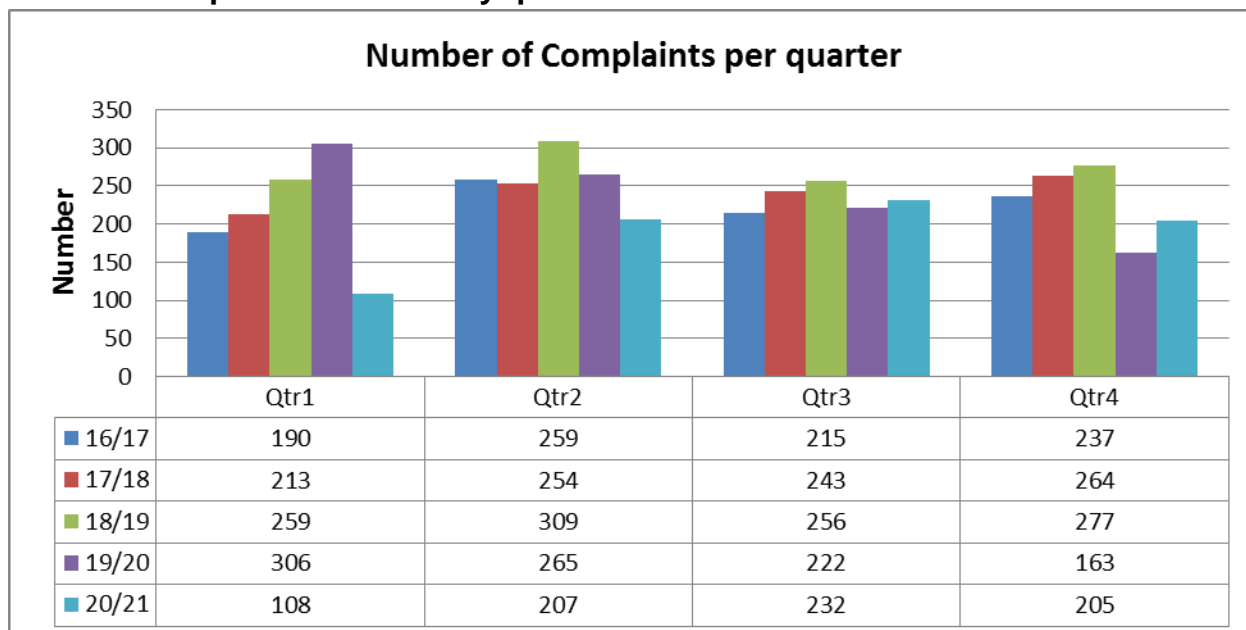


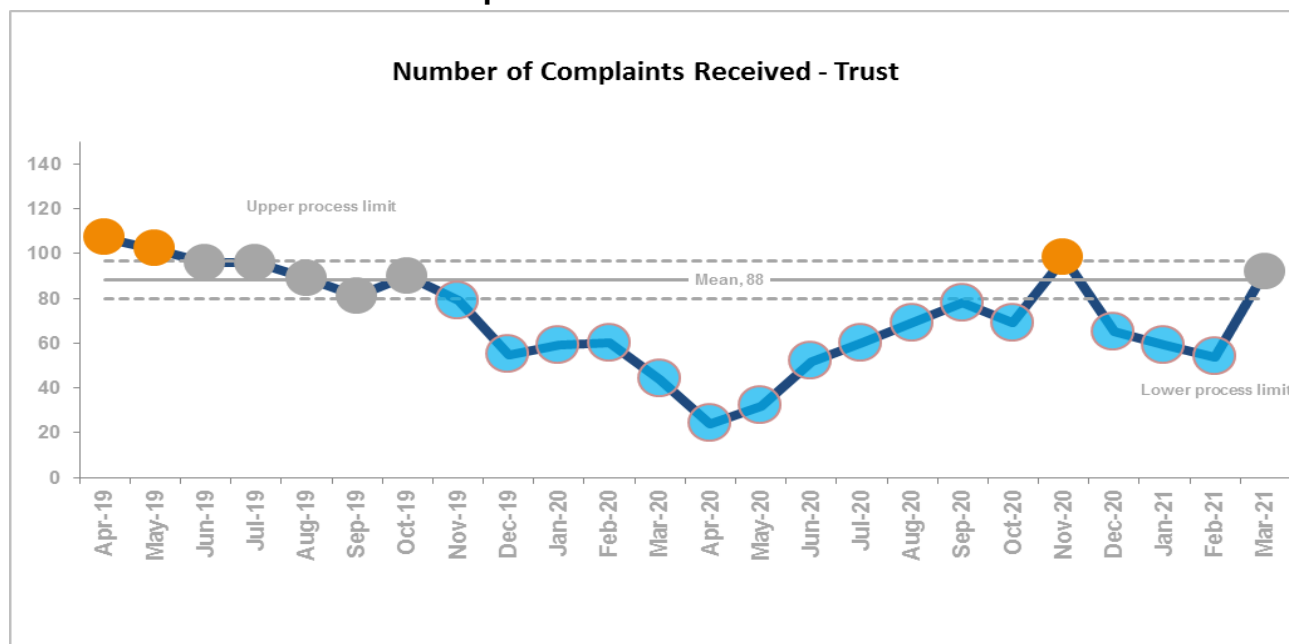
Table 3 below shows complaints received by month and year for 2018/19, 2019/20 and 2020/21.

**Table 3: Comparative monthly complaints totals 2018-2021**

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
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
24	32	52	60	69	78	69	98	65	59	54	92	752

Chart 2 below is a statistical process control chart (SPCC) which enables a broader understanding of the differences and norms of complaints received from April 2019 to March 2021. 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 noticeable deviations outside of the upper and lower process limits from December 2019 to October 2020 and during January and February 2021. The deviation outside of the lower process limit was due to the impact of Covid-19 leading to reduced complaints levels.

**Chart 2: SPCC overview of complaints received**



## 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



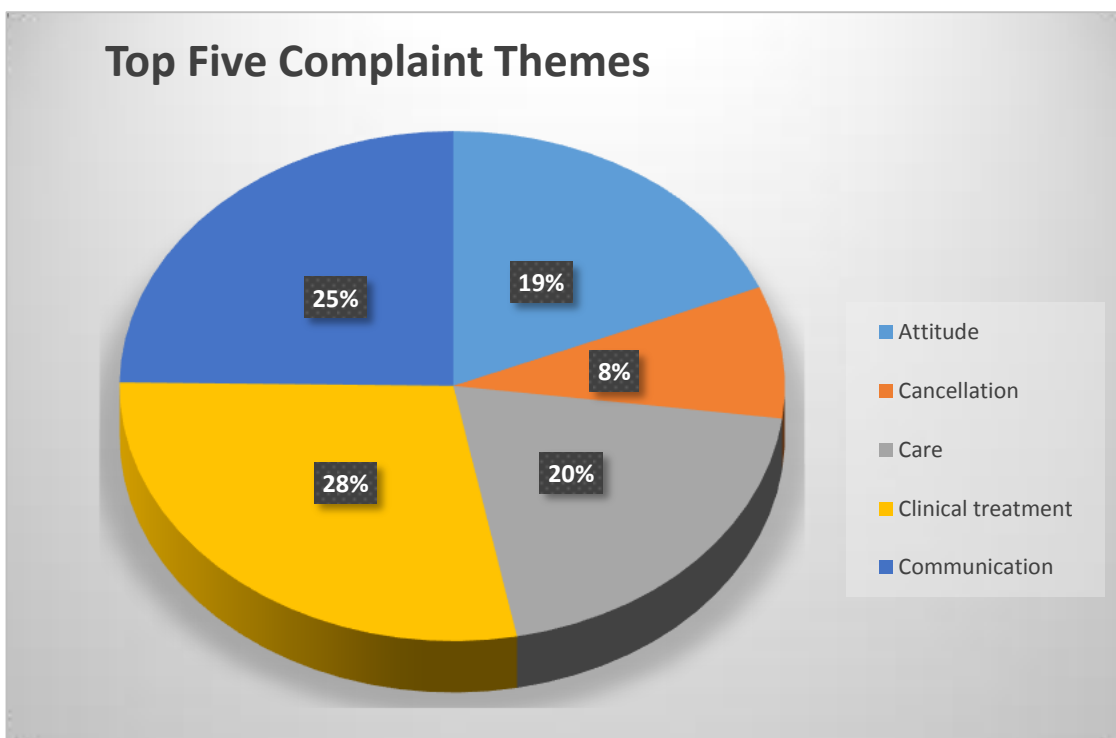
developing.

The five most commonly identified complaints are identified in table 4 below with the bracketed figures indicating the position in 2019/20:

**Table 4: Top 5 Complaint Themes**

Complaint Themes	Percentage of total complaints
Clinical Treatment (2)	22%
Communication (1)	19%
Care (3)	15%
Attitude	14%
Cancellation	6%

**Chart 3: Top five Complaint Themes**



The top three subjects of clinical treatment, communication and care were the same in 2020/21. There was a change in position from the previous year with clinical treatment as the top subject and communication moving to the second position. Attitude moved up to fourth place from fifth in 2020/21 and cancellation was a new subject included in the top five.

Table 5 below identifies the top five themes and trends from our complaints quarterly by primary subject.

**Table 5: Complaints received quarterly by primary subject**

Primary Subjects	Qtr1	Qtr2	Qtr3	Qtr4	Grand Total
Admission arrangements	1	0	1	0	2
Attitude	33	5	34	35	107
Cancellation	9	9	12	18	48
Cancellation of surgery	0	1	2	9	12
Car Parking	2	1	2	2	7
Care	24	19	29	42	114
Clinical treatment	52	32	32	48	164
Communication	27	21	48	46	142
Covid-19	2	0	0	0	2
Discharge arrangements	9	2	3	7	21
Hotel and site services	3	1	0	0	4
Medical records	3	1	1	2	7
Other	18	4	17	8	47
Request for Information	1	0	0	2	3
Respect for privacy	1	0	1	0	2
Transfer arrangements	0	1	0	0	1
Transport arrangements	2	2	7	3	14
Unhelpful	5	1	1	0	7
Waiting times	13	8	17	10	48
<b>Grand Total</b>	<b>205</b>	<b>108</b>	<b>207</b>	<b>232</b>	<b>752</b>

Table 6 below shows the top five primary subjects of complaints received by each of the directorates. Once again, it has not been possible to indicate the total change in comparison to the previous year as the top five primary subjects have changed. The 21% decrease in the number of complaints received over the year is reflected in the number of complaints by directorate.

Clinical Treatment was the top primary subject within complaints received. In relation to division MEDCard had the highest number of clinical treatment complaints (36%). The Divisions with the most clinical treatment complaints received were Women's' (29%) and Surgery (21%).

Complaints where communication was the primary subject were second in the top five complaints. In relation to clinical division, MEDCard had the highest number of communication complaints (39%). Surgery (20%) and Specialist Medicine (18%) were the directorates with the most complaints related to communication received.

Complaints where care was the primary subject were highest within MEDCard Division (36%) and

surgery and acute medicine directorates.

It is noted that the number of complaints where the primary subject was attitude was significantly high within CWDT division (47%) and particularly in the women's' directorate (20%) where attitude was the second highest primary subject after clinical treatment.

Complaints where cancellation was the primary subject were highest within the surgery division and directorate. Surgery (including Trauma and Orthopaedics) received the most complaints during this period.

The majority of the complaints within Estates and Facilities division related to Transport (33%). Within Corporate Nursing, Finance, ICT, and South West London Pathology divisions there were no specific themes identified.

It was noted that complaints where the primary subject was 'other' accounted for 6%.

**Table 6: Top 5 Complaints by Primary Subject and Directorate**

Directorate	Attitude	Cancellation	Care	Clinical treatment	Communication	Total
(CW) Childrens	3	1	7	9	3	33
(CW) Community Services	3	0	0	1	0	4
(CW) Critical Care Directorate	0	0	3	2	1	12
(CW) Diagnostics	11	2	6	6	8	39
(CW) Therapeutics	12	5	2	4	12	47
(CW) Womens	21	3	15	26	15	89
(MC) Acute Medicine	7	0	23	11	10	67
(MC) Cardiac,Vascular,Thoracic Surgery	1	0	3	4	1	13
(MC) Cardiology	2	4	3	6	12	33
(MC) Emergency Department	9	0	6	13	5	42
(MC) Renal, Haematology, Palliative Care & Oncology	5	0	4	7	2	20
(MC) Specialist Medicine	5	9	2	18	25	66
(SN) Major Trauma	0	1	0	2	1	4
(SN) Neurosciences	7	5	11	20	13	70
(SN) Surgery (inc. Trauma and Orthopaedics)	15	18	26	32	29	156
(SN) Theatres	0	0	0	0	1	2
Corporate Nursing	1	0	0	0	1	5
Estates & Facilities	5	0	3	0	2	42
Finance	0	0	0	0	1	3
Information Communication Techonology	0	0	0	0	0	1
South West London Pathology	0	0	0	1	0	1

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

Analysis of the top five subjects was undertaken and the learning is included below. The actions tables included in the specific complaint responses were reviewed and examples below show the learning from the concerns raised.

### **Communication - Lessons learned:**

- Staff must endeavour to respond to queries in a timely manner
- Families should be given timely information and updates on the condition and location of patients where and when appropriate
- Develop a series of teaching sessions for staff on 'breaking bad news'
- Communication with family/carers improved through increased staffing on wards supporting communication for inpatients on Thomas Young Ward
- All staff to introduce themselves to patients, including students

### **Clinical Treatment - Lessons learned:**

- Develop and implement robust handover process for senior health therapies patients when they are transferred to another ward
- Develop "Eat Drink and Move" campaign on Senior Health Wards
- Assign a named midwife during pregnancy and birth
- Ensure a senior midwife is available for the provision of telephone advice

### **Care - Lessons Learned:**

- Training for wound and tissue viability management for all staff working on Mary Seacole Ward
- Service to introduce additional clinic slots throughout the year to enable appointments to be rescheduled at an earlier time.
- Provision of manual blood pressure machines to ensure the availability of manual BP machines with the correct cuff size for individual patients, to check an unclear reading of an electronic device. Additional training for nursing staff provided by the Education Team. This will be included in staff induction programmes to the Paediatrics wards

### **Staff Attitude - Lessons learned:**

- The patient is at the heart of all we do, staff must be empathetic when dealing with patients and relatives

### **Cancellation - Lessons Learned:**

- Staff were reminded to include specific information relating to face to face appointments so patients are assured they need to come into the hospital and their appointment cannot be conducted by phone

## 8.0 Primary complaint subject by Directorate

Table 7 below shows totals of the primary subjects identified in directorates during 2020/21.

**Table 7: Complaints Received by Directorate and Primary Subject**

Directorate	Admission arrangements	Attitude	Cancellation	Cancellation of surgery	Car Parking	Care	Clinical treatment	Communication	Covid-19	Discharge arrangements	Hotel and site services	Medical records	Other	Request for Information	Respect for privacy	Transfer arrangements	Transport arrangements	Unhelpful	Waiting times	Grand Total
(CW) Childrens		3	1			7	9	3		4			1					1	4	33
(CW) Community Services		3					1													4
(CW) Critical Care						3	2	1					6							12
(CW) Diagnostics		11	2		1	6	6	8				1	1		1				2	39
(CW) Therapeutics		12	5			2	4	12				2	4						6	47
(CW) Womens	1	21	3	1		15	26	15		1			1					1	4	89
(MC) Acute Medicine		7		1		23	11	10		6		1	7						1	67
(MC) Cardiac, Vascular, Thoracic Surgery		1		2		3	4	1		2										13
(MC) Cardiology		2	4			3	6	12	1				1	1				1	2	33
(MC) Emergency Department		9				6	14	5		1		3	3		1				1	43
(MC) Renal, Haematology, Palliative Care & Oncology		5				4	7	2								1		1		20
(MC) Specialist Medicine		5	9	1		2	18	25	1				2						3	66
(SN) Major Trauma			1				2	1												4
(SN) Neurosciences	1	7	5			11	20	13		4			3					1	5	70
(SN) Surgery Clinical (inc. Trauma and Orthopaedics)		15	18	7		26	33	29		3			6	1					20	158
(SN) Theatres								1					1							2
Corporate Nursing		1						1					1						2	5
Estates & Facilities		5			6	3		2			4		7	1			14			42
Finance								1					2							3
ICT													1							1
SW London Pathology							1													1
<b>Grand Total</b>	<b>2</b>	<b>107</b>	<b>48</b>	<b>12</b>	<b>7</b>	<b>114</b>	<b>164</b>	<b>142</b>	<b>2</b>	<b>21</b>	<b>4</b>	<b>7</b>	<b>47</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>14</b>	<b>7</b>	<b>48</b>	<b>752</b>

## 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 to investigate and respond in an appropriate and timely manner. Best practice is demonstrated where each complainant is contacted to discuss their complaint and agree both the process of resolution and timescale.

The Trust's overall complaints response performance has seen further improvement from 2019/20 (92%) increasing to 97% in 2020/21. Complaints Commcell is a daily meeting instigated in 2019 to track each complaint due within the next two-week period as it progressed from the investigation stage to response letter to ensure complaints are of high quality and sent within the agreed timescales. Complaints identified as at risk of breaching the expected timeframes are escalated to the divisional leads for further scrutiny and appropriate support from within their division and/or the complaints team. The Complaints Commcell process has remained in place as a consistent means of tracking complaints on a daily basis. This process has contributed to improved yearly performance for green complaints. There was a significant improvement (10% increase) in the yearly performance for amber complaints.

**Table 8: Complaints responded to within set performance target**

KPI	Category	Target	2019/20	2020/21
25 working days	Green	85%	93%	<b>96%</b>
40 working days	Amber	90%	84%	<b>94%</b>
60 working days	Red	95%	100%	<b>100%</b>

**Table 8a: Complaints Performance by Severity and Division**

	Amber	Green	Red	Grand Total
<b>CORP NURSING</b>	1	4	0	<b>5</b>
<b>CWDT</b>	61	154	9	<b>224</b>
<b>E &amp; F</b>	1	41	0	<b>42</b>
<b>FINANCE</b>	1	2	0	<b>3</b>
<b>IT</b>	0	1	0	<b>1</b>
<b>MEDCARD</b>	88	149	5	<b>242</b>
<b>SNCT</b>	63	169	2	<b>234</b>
<b>SWLP</b>	0	1	0	<b>1</b>
<b>Grand Total</b>	<b>215</b>	<b>521</b>	<b>16</b>	<b>752</b>

Table 9 below shows the further breakdown of performance by clinical group across the Trust.

**Table 9: Complaints by care group and severity**

<b>Complaints by Care Group and Severity</b>				
	<b>Amber - 40 working days</b>	<b>Green - 25 working days</b>	<b>Red - 60 working days</b>	<b>Total</b>
Emergency Department Care Group	14	28	0	42
Anaesthetics, Acute Pain & Resuscitation Care Group	0	1	0	1
Audiology & ENT Care Group	8	32	0	40
Cardiology	7	27	1	35
Cardiac Surgery	5	1	0	6
Clinical Genetics Care Group	0	3	1	4
Chest Medicine Care Group	3	8	0	11
Clinical Infection Unit & Genito-Urinary Medicine Care Group	2	2	0	4
Critical Care Care Group	6	5	1	12
Diabetes & Endocrinology Care Group	1	9	0	10
Estates & Facilities	1	42	0	43
Finance	1	2	0	3
Gastroenterology & Endoscopy Care Group	2	18	0	20
General Medicine	37	29	3	69
General Surgery Care Group	10	20	0	30
Imaging Care Group	5	28	0	33
Major Trauma Care Group	2	0	0	2
Oral & Maxillofacial Surgery Care Group	3	11	0	14
Mortuary	2	0	0	2
Neonatal Care Group	1	0	0	1
Stroke Neuro-logy & -rehab Care Group	12	33	0	45
Neuro-surgery, -radiology & -pathology Care Group	6	17	1	24
Nursing	1	4	0	5
Obs & Gynae, & Fetal Medicine Care Group	34	50	4	88
Medical Oncology, Clinical Haematology, Renal & Palliative Care Group	8	12	2	22
Operations	0	1	0	1
Outpatients & Medical Records Care Group	2	38	0	40
Pharmacy Care Group	0	6	0	6
Plastic Surgery Care Group	3	10	0	13
Paediatric Medicine & PICU Care Group	6	15	2	23
Paediatric Surgery Care Group	2	4	1	7
Rheumatology, Dermatology & Lymphoedema Care Group	6	14	0	20
South West London Pathology	0	1	0	1
Therapies Care Group	1	4	0	5
Thoracic Surgery	3	1	0	4
Inpatient & Day Case Theatres & Decontamination Care Group	0	2	0	2
Trauma & Orthopaedics Care Group	17	33	0	50
Urology Care Group	3	9	0	12
Vascular Surgery	1	1	0	2
<b>Totals:</b>	<b>215</b>	<b>521</b>	<b>16</b>	<b>752</b>

The NHS complaints regulations state that complaints should be acknowledged within three working days. In 2020/21 the Trust achieved 68% of complaints acknowledged within three working days, a slight decrease in performance when compared to 71% achieved in 2019/20. Since September 2020 the daily Complaints Commcell has included a focus on the logging and acknowledgements of complaints to support sustained improvement on this measure. Whilst improvement was noted it was not sustained. This will be monitored monthly to assess the impact.

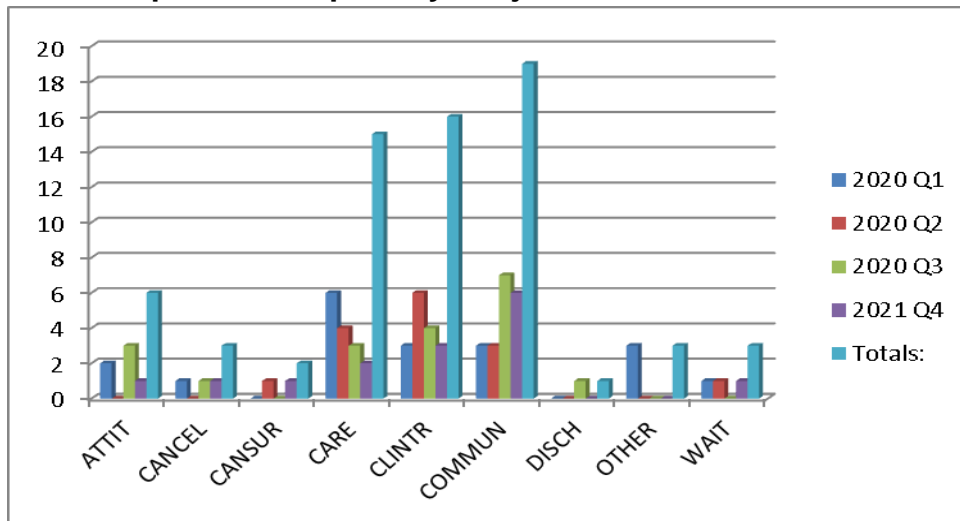
### 10.1 Reopened Complaints

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. 68 complaints were reopened during 2020/21 compared with 113 in 2019/20, a significant decrease of 45 (40%). Whilst this demonstrates that sustained improvement in meeting complaint response times has not impacted on the quality of the complaint response it should also be noted that the significant decrease in the number of complaints will have affected the lower number of reopened complaints. The majority of the reopened complaints were within MEDCard (41%), followed by SNCT (32%) and CWDT (22%).

A proportion of the complaints were unresolved due to questions arising from the information provided. In many of these cases local resolution meetings with key staff to discuss and address the on-going questions and concerns directly with the complainant were delayed as a result of visiting restrictions put in place for Covid-19. Complainants were given the option to meet by MS Teams, however many preferred to wait and have the local resolution meetings face to face.

Chart 4 and Table 10 below shows the number of reopened complaints received and primary subject quarterly for 2020/21.

**Chart 4: Reopened complaints and primary subjects**





**Table 10: Reopened complaints and primary subject**

	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
Attitude	2	0	3	1	6
Cancellation	1	0	1	1	3
Cancellation of surgery	0	1	0	1	2
Care	6	4	3	2	15
Clinical treatment	3	6	4	3	16
Communication	3	3	7	6	19
Discharge arrangements	0	0	1	0	1
Other	3	0	0	0	3
Waiting times	1	1	0	1	3
<b>Totals:</b>	19	15	19	15	68

Table 11 below shows the primary themes identified with complaints which were reopened. It is evident that the key themes relate to communication, clinical treatment and care.

**Table 11: Reopened Complaints by Primary Subject**

	Attitude	Cancellation	Cancellation of surgery	Care	Clinical treatment	Communication	Discharge arrangements	Other	Waiting times	Total
(CW) Childrens Directorate	0	0	0	0	1	1	1	0	0	3
(CW) Critical Care Directorate	0	0	0	0	1	0	0	0	0	1
(CW) Diagnostics Clinical Directorate	2	0	0	0	2	0	0	0	0	4
(CW) Therapeutics Clinical Directorate	0	0	0	0	1	1	0	0	0	2
(CW) Womens Directorate	0	0	0	1	1	2	0	0	1	5
(MC) Acute Medicine Clinical Directorate	1	0	0	5	1	0	0	2	0	9
(MC) Cardiac,Vascular,Thoracic Surgery	0	0	1	2	0	0	0	0	0	3
(MC) Cardiology Clinical Academic Group	0	0	0	2	0	2	0	0	0	4
(MC) Emergency Department Directorate	0	0	0	1	2	2	0	0	0	5
(MC) Renal, Haematology, Palliative Care & Oncology	0	0	0	0	0	3	0	0	0	3
(MC) Specialist Medicine Clinical Directorate	1	0	0	0	1	2	0	0	0	4
(SN) Neurosciences Clinical Directorate	1	0	1	0	1	2	0	0	0	5
(SN) Surgery (inc. Trauma and Orthopaedics)	1	3	0	4	5	2	0	0	2	17
Estates & Facilities Directorate	0	0	0	0	0	1	0	0	0	1
Finance Directorate	0	0	0	0	0	1	0	1	0	2
<b>Totals:</b>	6	3	2	15	16	19	1	3	3	68

## 11.0 Parliamentary and Health Service Ombudsman (PHSO) Complaints

Table 12/12a below provides an overview of PHSO requests for initial enquiries/ under formal investigation which were received during 2020/21. There were four cases opened following a file request from the PHSO and one case confirmed as under investigation during this period. There were a further four cases opened following a PHSO file request and one confirmed as under investigation from 2019/20. Therefore there are currently eight cases where the Trust is awaiting a decision on whether an investigation will take place and two cases under formal investigation and awaiting an outcome and PHSO recommendations.

It must be noted there has been a delay within PHSO case decisions as there was a pause to complaints investigations undertaken by them in 2020 as a result of Covid-19.

**Table 12: Overview of PHSO Complaints 2020/21**

Case	Directorate	Outcome
808RR	Cardiac Academic Group	Under Investigation
1080SS	Neurology	Case file submitted
761TT	Emergency Department	Case file submitted
300TT	Surgery	Case file submitted
415TT	Womens'	Case file submitted

**Table 12a: Overview of PHSO Complaints 2019/20**

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

Table 12b below provides an overview of decisions made following PHSO investigations since April 2016. The number of reports received from PHSO investigated cases was particularly high in 2017. This has since seen a steady decline. However, as there are currently 10 cases where we are awaiting a decision from the PHSO on formal investigation, it is likely there will be an increase in the number of reports received in future years.

Year	Not Upheld	Partially Upheld	Upheld	Submitted for investigation	Total
2016	7	1			7
2017	8	4	1		14
2018	5	3	1		9
2019	3	4		4	11
2020		1		4	5
<b>Totals</b>	<b>23</b>	<b>13</b>	<b>2</b>	<b>8</b>	<b>46</b>

## 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. 207 good news/ thank you letters were received and logged centrally, a decrease of 58% (498) when compared with 2019/20. Resource constraints within the team have focused on complaints during this period which has resulted in compliments not being logged and circulated to divisions when received. It is essential to ensure this is better managed in the future as compliments received are so integral to staff morale. Additional voluntary resources will be sourced to ensure compliments are logged and circulated to the services in a timely manner.

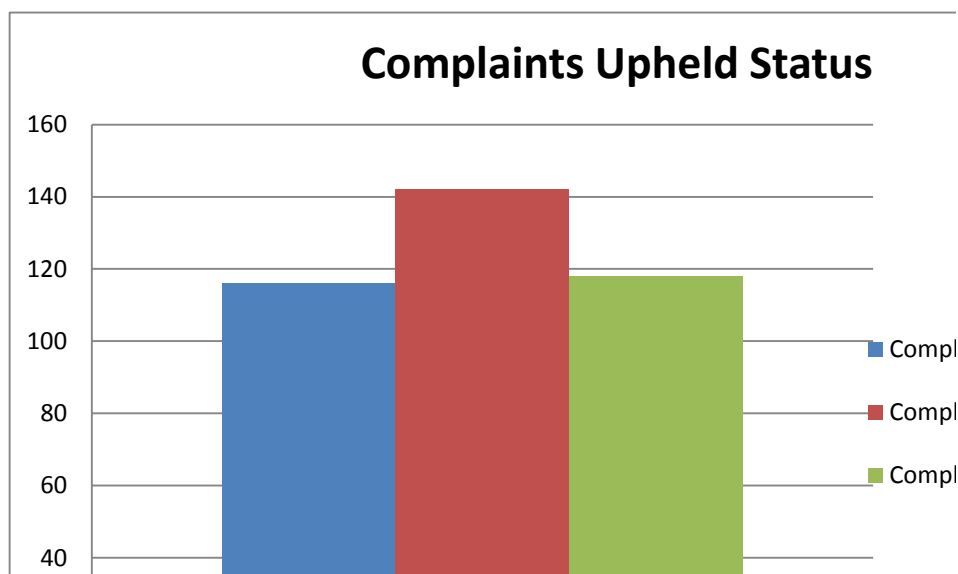
## 13.0 Upheld Complaints

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. Reporting of complaints status has commenced from April 2020 from Datix in line with the complaints procedure. Chart 5 below shows the status of closed complaints according to whether they were upheld, partially upheld or not upheld. The majority of the complaints were either partly upheld (142) or upheld (118). There were 116 complaints which were not upheld. The divisions should be commended for the level of complaints which have been verbally resolved (235) as indicated in table 13 below.

**Table 13: Complaints by outcome code and severity**

Outcome	Amber	Green	Red	Grand Total
Complainant provided with info re SI process	1			1
Complaint not upheld	55	73		128
Complaint partly upheld	77	86	10	173
Complaint upheld	31	89	6	126
Complaint withdrawn	1	5		6
Concerns resolved	40	251		291
Information given	1	4		5
No action required	3	5		8
Patient did not return	2	2		4
Patient Satisfied		5		5
Stop the Clock	4	1		5
<b>Grand Total</b>	<b>215</b>	<b>521</b>	<b>16</b>	<b>752</b>

**Chart 5: Complaints Status**



#### 14.0 Training

Throughout 2020/21 divisional staff have received coaching on investigating and drafting complaints responses as required. 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.

The “Responding to Complaints” training did not take place during this period due to the impact of Covid-19 in the Trust. This training needs to be reviewed and will be restarted in quarter 3, 2021/22. The “Effective Customer Care” training was significantly reduced in comparison to previous years and has since restarted.

## 15.0 Patient Advice and Liaison Service (PALS)

The PALS team provide assistance to patients and their representatives with concerns and requests for information, advice and support and offer liaison between patients and services to offer suggestions for improvements drawing on the patient experience.

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. There were a total of 2331 PALS contacts. This represents a decrease of 47.5% when compared to 2019/20 (4447).

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. Of these contacts 1705 related to concerns which represents a decrease of 40% when compared to 2019/20 (2838).

PALS ceased providing a walk-in service in March 2020 to limit the impact of Covid-19 and in line with visiting restrictions. The service has continued over this period to provide responses to telephone and email enquiries. Staffing has been a challenge over this period and this led to the development of a backlog of enquiries awaiting a response and enquiries resolved and to be closed. A plan was put in place in March 2021 to reduce this backlog.

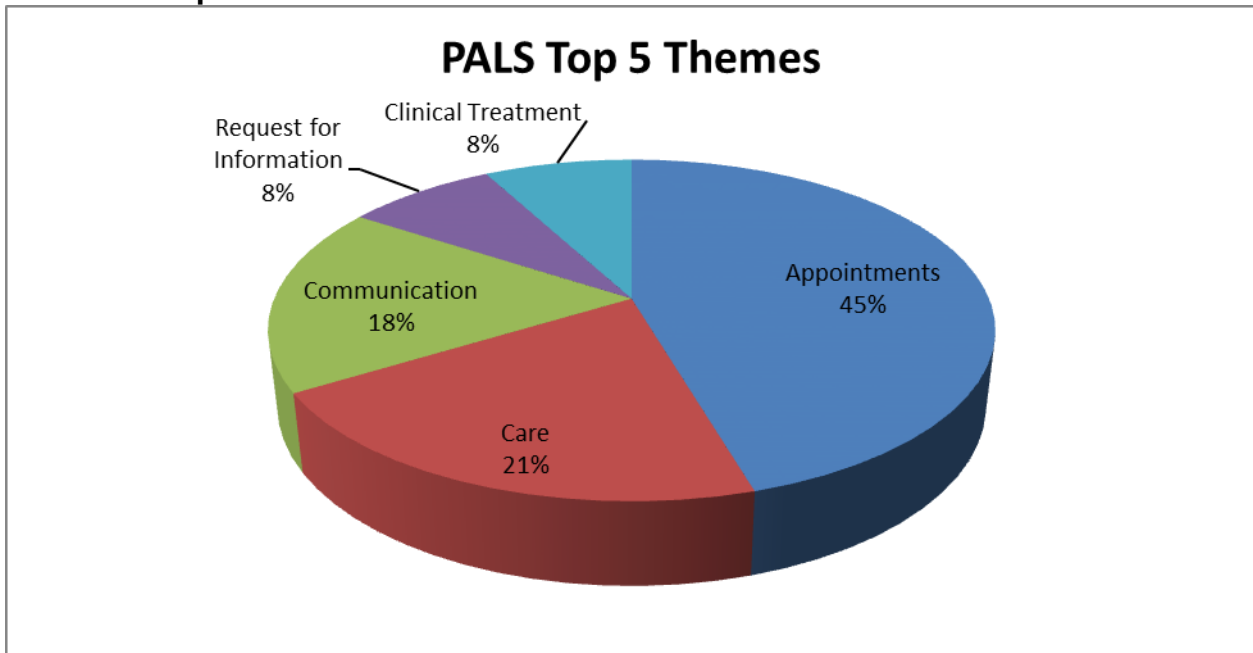
**Table 14: PALS concerns by directorate**

PALS by Directorate and Received	2020 04	2020 05	2020 06	2020 07	2020 08	2020 09	2020 10	2020 11	2020 12	2021 01	2021 02	2021 03	Total
(MC) Emergency Department Directorate	1	6	5	4	4	5	5	9	5	6	6	3	59
(MC) Acute Medicine Clinical Directorate	4	7	16	7	8	4	9	10	11	15	25	16	132
(SN) Cancer Clinical (not for Oncology wards)	0	1	1	1	1	0	0	1	0	0	3	0	8
(MC) Cardiology Clinical Academic Group	6	3	17	11	8	8	7	8	10	7	14	16	115
Chief Executive	0	0	0	0	0	0	0	0	0	0	1	0	1
(CW) Childrens Directorate	1	2	6	2	8	6	6	8	8	6	14	14	81
(CW) Community Services	0	0	2	6	4	1	4	8	1	1	8	9	44
Corporate Affairs Directorate	0	0	0	0	0	0	0	0	0	0	3	1	4
Corporate Nursing Directorate	1	9	3	1	1	4	5	5	0	4	14	3	50
(CW) Critical Care Directorate	3	1	3	1	3	0	5	2	0	4	9	6	37
(MC) Cardiac, Vascular, Thoracic Surgery	1	5	5	2	2	3	7	8	6	4	10	10	63
(CW) Diagnostics Clinical Directorate	0	2	4	5	5	7	5	6	0	3	2	4	43
Estates & Facilities Directorate	1	2	1	1	1	5	5	1	7	0	3	2	29
External Organisations	0	0	2	0	0	1	0	1	3	12	0	3	22
Finance Directorate	0	0	0	0	0	2	0	0	0	1	3	2	8
Information Communication Technology	0	0	0	0	0	0	0	1	0	0	0	0	1
(SN) Major Trauma (does not include Trauma and Orthopaedics)	1	2	1	2	1	1	3	9	11	9	1	5	46
(SN) Neurosciences Clinical Directorate	6	4	20	27	14	21	19	23	20	14	20	32	220
Operations Directorate	0	0	0	0	0	0	0	0	0	0	1	0	1
(MC) Renal, Haematology, Palliative Care & Oncology	0	3	7	4	3	4	3	4	1	0	4	5	38
(MC) Specialist Medicine Clinical Directorate	4	2	19	12	21	19	17	21	12	23	34	28	212
(SN) Surgery Clinical Directorate (inc. Trauma and Orthopaedics)	7	18	30	21	29	31	30	40	20	26	36	47	335
South West London Pathology	0	0	0	0	0	1	0	0	0	0	0	0	1
(SN) Theatres Clinical Directorate	0	0	0	0	0	0	0	1	1	0	0	0	2
(CW) Therapeutics Clinical Directorate	0	4	4	5	1	4	1	5	1	10	6	6	47
(CW) Womens Directorate	4	3	10	15	6	13	12	8	4	11	11	9	106
Totals:	40	74	156	127	120	140	143	179	121	156	228	221	1705

**Table 15: PALS Top 5 Themes**

<b>Appointments</b>	468
<b>Care</b>	215
<b>Communication</b>	184
<b>Request for Information</b>	82
<b>Clinical Treatment</b>	81
<b>Totals:</b>	1030

**Chart 6: PALS Top Themes**



## 16.0 Looking Forward

The Head of Patient Experience and Partnership will undertake the following improvement actions over the coming year:

- Provide coaching and training to identified staff within the divisions incorporating root cause analysis to support the complaint investigation
- Embed learning from complaints within divisional governance to ensure the learning is shared effectively
- Re-establish the complaints satisfaction survey and analysis with support of Trust volunteers
- Establish a responsive children and young people led complaints process and resources
- Develop and implement a standard operating procedure to ensure consistency in complaints process and data quality.