

Group Complaints Annual Report 2023/2024

# Executive Summary

As per the NHS Complaints Regulations (2009), this report presents information on the performance of St George's, Epsom and St Helier (ESTH) University Hospitals and Health Group (GESH Group) in addressing complaints based on a set of key performance indicators for the period of April 2023 to March 2024 financial year. It covers details such as the volume and themes of complaints, escalations, remedies taken for resolution, lessons learned, next steps, investigation findings, and a high-level summary of Parliamentary and Health Service Ombudsman (PHSO) reviews. A summary of PHSO cases will be provided because a separate annual PHSO report has already been developed and discussed.

This report focuses on handling complaints with a separate Patient Advisory Liaison Service annual report to follow.

The total number of GESH complaints received has increased from 1205 in 2022/2023 to 1323 in 2023/2024, which equates to a 9.8% increase, with the average number being 1264. An increase was anticipated due to coming out of the pandemic and other factors such as an increase in demand versus capacity for services, longer waiting lists, longer inpatient stays, high staff shortages with stress and burnout, increase in the cost of living, putting pressure on the population’s physical and mental health. However, we should be mindful that internal challenges with the complaints process not being robust have resulted in dissatisfaction.

Most GESH complaints in 2023/2024 related to clinical care treatments (45.5%) and communication (14.6%). In terms of divisional areas across both Sites, the majority of our complaints related to Medicine (ESTH) and Medicine and Cardiology (St George’s) divisions, a total of 252 (49.5%). However, this can be attributed to their work, i.e., supporting patients to receive the right care by the right person as quickly as possible.

In 2023/2024, of the total 1323 GESH Group received, the investigating timeframe was identified as 446 requiring 25 working days for investigation, 722 were identified as requiring 40 working days for investigation, and 155 were identified as requiring 60 working days for investigation. The majority of the investigation timescale is spent on medium-level investigations. This remains the same as in 2022/2023.

Our performance in responding to complaints has yet to be within tolerance, with only 58.2% responding within the allocated timescale. This is a decrease from what was achieved in 2022/2023, attributed to changes in the complaints process, staffing challenges and extension requirements for more complex complaints.

In February 2024, the Group Chief Nursing Officer initiated a comprehensive review of the complaints-handling approach across the Sites, Divisions, and Services to develop a Group approach to handling complaints. This allowed us to use the Quality Improvement (Qi)

methodology to improve complaints handling. **1**

# Executive Summary

It is recognised that more must be done to monitor recommended actions identified from the investigation of a complaint and ensure the lessons are learnt across GESH. This is a fundamental part of the complaints Qi work, which has resulted in a review of all complaint letters from last year to identify improvement actions taken and use the complaints action information as intelligence of service improvements.

One of many outputs of the Qi complaints work has been a review of all actions taken in the last year to understand the learning and recommendations put forward by the Divisions to transform complaints analysis and findings into intelligence to determine service improvements.

**2**

# Key Headlines 2023 - 2024

Highlights of complaint performance against key performance indicators and comparing 2023/2024 performance to 2022/2023

performance.

74.5% response rate within the agreed

timescale

* St Georges: 83.8%
  + ESTH: 57%

Lower response rate in 2022/2023 (St

Georges 88.2%, 62% ESTH %)

1323 complaints received: an average of 109 complaints per month

* St Georges: 814 complaints, equates to

67 per month

* ESTH: 509 complaints, equates to 42 per

month

More complaints were received for St Georges than ESTH in 2023/2024 – 1205 total GESH complaints in 2022/2023, a 9.8% increase

95% three working days (national target) acknowledgement rate

* St Georges: 93%
  + ESTH: 99%

Higher acknowledgement rate when compared to 2022/2023, (82% St Georges’, 98% ESTH)

1011 complaints closed

* St Georges: 662
  + ESTH: 349

Fewer complaints cases closed – 1150 in 2022/2023 (684 St Georges, 466 ESTH)

5% investigations not completed before the national target of 6 months

* St Georges: 8
  + ESTH: 58

This information was not collected in 2022/2023; therefore, a comparison is unavailable.

135 Complaints reopened

* St Georges: 104
  + ESTH: 31

Higher numbers of reopened cases compared to last year – 114 in 2022/2023 (18.4% increase) (57 St Georges, 57 ESTH)

**3**

# Accountability for complaints

The GESH Group Chief Executive Officer (CEO) is the ‘Responsible Person’ responsible for ensuring the Group’s compliance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and 2014, NHS Complaints Standards. Their leadership is pivotal to ensuring robust systems and processes are in place for handling complaints the Group receives. The Group CEO has delegated the responsibility for managing complaints to the Group Chief Nursing Officer.

The GESH Group Complaints Department sits within the Patient Experience Team within the Group Corporate Nursing Directorate. The departments are led overall by the Group Director of Nursing, Quality, Safety and Governance, and a Deputy Director of Nursing Development supports them. Following the consultation of the corporate nursing directorate, both Site’s complaints teams are managed by the Group Head of Complaints and PALS, with each Site having a Complaints Manager managing the teams and the day-to-day complaints activities to ensure:

* All complaints, without exception, are comprehensively investigated, leaving no concern unaddressed. This approach provides strong

reassurance about the organisation’s commitment to resolving issues.

* The GESH Executive or Site Leadership Teams, on behalf of the Group CEO, provide a comprehensive written response to all complaints.
* Local resolution meetings are held between the service and the person raising the complaint, providing an opportunity for open dialogue and mutual understanding, which can often lead to a satisfactory resolution.
* Complaints are responded to within local standard response times of 25, 40 or 60 working days.
* Where the response time cannot be met, an explanation is provided, and an extension is agreed upon, including providing regular investigation progress updates. It is crucial to adhere to the agreed response times as it demonstrates the Group’s commitment to addressing concerns promptly and effectively and results in compliance with the complaints regulations and standards.
* When a complaint is referred to the PHSO, all enquiries are promptly and openly responded to.

The GESH complaints team comprises 11 Complaints Managers and Officers responsible for coordinating investigations and ensuring the final complaints responses are supported by 2 Complaints Administrative staff. The Divisional and Complaints Teams on each Site share the responsibility and accountability for handling complaints.

Complaints are discussed monthly, quarterly, and annually in different committees, groups, and forums across the Group, including at the GESH Group Trust Board. **4**

# Complaint Performance Summary

**33**

**48**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | **ESTH 2021-2024** |  |  |  |  |  |  |  | **23/24** |
|  | **180** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **22/23** |
| **Complaints received** | **160** |  |  |  |  |  |  | **43** |  |  |  |  |  |  |  | **21/22** |
|  | **140** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Compared to 2022/2023 (where 1205 GESH  complaints were received), the number of GESH | **120**  **100** |  | **55** |  |  | **25** |  | **50 41**  **62**  **45** | **49** |  | **38** |  | **46** |  | **48** |  |
| complaints received between 1 April 2023 and 31  March 2024, 1323, increased by 9.8%. These complaints spanned various areas, including [specific nature of complaints]. This increase equates to an | **80**  **60**  **40**  **20** |  | **40**  **28** |  | **36**  **28**  **29** | **34**  **43** |  | **47**  **38 33 59**  **44**  **28 33 29** | **42**  **42** |  | **51**  **38** |  | **32**  **33** |  | **34**  **41** |  |
| average of approximately 109 complaints received  each month, a 9% increase compared to 2022/2033 | **0** | **Apr** |  | **May** | **June** |  | **July** | **Aug Sept Oct Nov Dec** |  | **Jan** |  | **Feb** |  | **Mar** |  |  |
| (an average of 100 each month). |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

The graph visually represents the trends by breaking down the monthly complaints received over the last three financial years.

The complaints peaks for the 2023/2024 financial year were notably concentrated in June and March (St Georges) and April and August (ESTH), indicating the need for targeted interventions in these specific months and locations.

**120**

**STG 2021-2024 21/22**

**100**

**103**

**96**

**97**

**100**

**95 95**

**90**

**80**

**77**

**81**

**75**

**84**

**77**

**86**

**78**

**88**

**78**

**60**

**63**

**65**

**71**

**63**

**57**

**69**

**64**

**65**

**63**

**58**

**60**

**50**

**48**

**52 53**

**47**

**40**

**42**

**42**

**43**

**20**

**0**

**22/23**

**23/24**

**Apr May June July Aug Sept Oct Nov Dec Jan Feb Mar 5**

# Complaint Performance Summary

**Complaints by Site and Divisions** The table below shows the number of complaints received about the Group’s divisional areas compared with the previous three financial years. Directional arrows indicate change compared to the last fiscal year.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ESTH Division** | **2021/22** | **2022/23** | **20223/24** |  | **St George’s Division** | **2021/22** | **2022/23** | **20223/24** |
| Medicine | 226 | 198 **↓** | 252 **↓** |  | Children, Women, Diagnostic, Therapy | 254 | 208 **↓** | 209 **↑** |
| Surgery | 84 | 88 **↑** | 85 **↓** |
| Medicine & Cardiology | 369 | 241 **↓** | 312 **↑** |
| Women & Children | 85 | 72 **↓** | 96 **↑** |
| Renal | 14 | 16 **↑** | 5 **↓** |
| Surgery Neurosciences, cancer & Theatre | 345 | 188 **↓** | 232 **↑** |
| Clinical Services | 20 | 21 **↑** | 22 **↑** |
| Surrey Downs Health Care Community Service | 15 | 11 **↓** | 14 **↑** |
| Estates & Facilities | 47 | 36 **↓** | 42 **↑** |
| Corporate Department incl. Southwest London Pathology | 26 | 14 **↓** | 19 **↑** |
| Sutton Health Care Community Services | 13 | 17 **↑** | 9 **↓** |
| Elective Orthopaedic  Centre (EOC) | 14 | 9 **↓** | 11 **↑** | **Total** | **1041** | **687** | **814** |
|  | | | | |
| Estates, Facilities and Capital Projects | 10 | 12 **-** | 12 |
| Patient Services | 1 | 1 **-** | 2 **↑** |
| Strategy, Corporate  Affairs and ICT | 2 | 1 **-** | 1 |
| **Total** | **528** | **511** | **509** |

The data shows that the Medicine (ESTH) and Medicine and Cardiology (St George’s) divisions received the majority of complaints during 2023/2024, which can be attributed to their size as the largest clinical divisions.

However, complaint numbers have increased across all divisions within St Georges and five divisions across ESTH, except Strategy, Corporate Affairs and ICT, which remained the same compared to 2022/2023.

The top two staff groups to which the majority of complaints relate across GESH are the medical staff group and the nursing and midwifery staff group. This is linked to the clinical concerns around care standards and communication.

These staff groups represent the number of issues raised relating to the staff group rather than the number of complaints. Equally, this is the first time this information is being included in the annual report. It is based on the data available at the time of reporting and, therefore, cannot be compared with 2022/2023.

**6**

# Complaint Performance Summary

## Complaints mode of receipt

Anyone who has received care or used services from GESH Group organisations and services can complain. A person may also complain if they are not in direct receipt of our care or services but are affected, or likely to be affected by, any action, inaction, or decision by our organisation and services. If the person affected does not wish to deal with the complaint, they can appoint a representative to raise it. There is no restriction on who may represent the person concerned. There is a consent process to enable the representative to present and discuss the complaint. During 2023/204, there were 285 cases where the complaints were made via a representative (170 St Georges, 115 ESTH). This data is not consistently collected across St Georges, but through the reconfiguration of Datix, this information will be made compulsory.

Complaints are received via different modes, with complaints emails being the preferred route for complaining.

## Complaints acknowledgement

|  |  |  |
| --- | --- | --- |
|  | **St Georges** | **ESTH** |
| Complaints via MP | 5 | 0 |
| Email | 653 | 457 |
| PALS referral | 108 | 29 |
| Letter | 25 | 22 |
| Telephone | 20 | 1 |
| In person | 3 | 0 |
| **Total** | **814** | **509** |

GESH Group considers all accessibility and reasonable requirements for people who wish to make a complaint alternatively. In the future, any reasonable adjustments will be recorded.

All complaints, whether in writing, electronically, or verbally, should be acknowledged within three working days of receipt (national timescale). During 2023/2024, St Georges achieved 93% compliance, and ESTH was 99% compliant.

Both Sites saw an increase in acknowledgement time in 2023/2024 compared to 2022/2023 (St Georges 82%, ESTH 98%).

As part of the complaints improvement work initiated by the Group Chief Nursing Officer, an online complaints form on the website, a Datix ‘Reporting a Complaint’ form to register formal complaints requiring investigation sent directly to front-line teams, and a robust process for capturing complaints sent directly to the Group Chief Executive Officer and Site Managing Directors will be created. **7**

# Complaint Performance Summary

## Timescale for making a complaint

A complaint should be made immediately after the action giving rise to it.

According to national guidance, the time limit for making a complaint must be within 12 months from the date the matter is being complained about or the date the person investigating the complaint was found out, whichever is later.

During 2023/2024, across GESH, the complaints teams have not been able to consistently capture when a matter occurred to identify complaints that exceed the 12-month limit. St Georges identified ten complaints that had exceeded the 12-month limits. A decision was made to investigate these based on the following reasons:

* There was good reason for not making the complaint before the deadline,
* It was possible for the Trust to investigate the complaint effectively.

As part of the Datix reconfiguration improvement, this information will be

made available in the future.

The themes of the St Georges out-of-time complaints that were investigated relate to:

**84**

**78**

**79**

**63**

**63 64**

**57**

**60**

**65 63**

**50**

## Withdrawn or rejected complaints

During 2023/2024, there were a total of 39 (17 St Georges, 22 ESTH) GESH complaints that were withdrawn or rejected. These were for the following reasons:

* Following receipt of the new appointment, the complainant

wanted the complaint withdrawn.

* Complaint was managed through PALS and did not require a full investigation
* Complaints were made about other trusts with nothing for GESH to respond to.
* Consent not received.
* Following the verbal conversation with the clinician, the person raising the complaint withdrew the complaint.
* The person raising the complaints did not want a full
  + Care
  + Clinical treatment
  + Staff Attitude
  + Medical Records

100

80

60

40

20

0

**St Georges: exceed 12-month time limit versus total complaints**

**88**

1 1 1 1 0 2 1 0 1 2 0 0

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

Formal

investigation; they just wanted GESH to be made aware of the concerns so that they could improve and learn.

* The complaint policy was not the suitable route for

managing the complaint: HR procedure

* Resolved within 214 hours
* Complaint resolved to the person’s satisfaction within 24 hours. The Complaints Regulations do not govern them.

**8**

# Complaint Performance Summary

## Complaints response timeframe

National guidance states that Trusts must investigate a complaint within six months and ‘*in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed*’. Therefore, when a response is not completed in the set timeframe, the trust should explain and agree on a new timetable with the complainant. All complaints received are triaged to determine the level and length of time an investigation will take. The current completion timeframe is

These timeframes are to be reviewed and set to change as part of the complaints improvement review to enable the principle of ‘*investigate once, investigate well.*’

|  |  |  |  |
| --- | --- | --- | --- |
| **Investigation days** | **25 working days** | **40 working days** | **60 working days** |
| **Level of investigation** | Early resolution and investigation | Medium level case and investigation | Complex level case and investigation |

The table below shows the breakdown of responses within the specified investigation timeframe by Site.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Target** | **St Georges** | **ESTH** |
| 25 working days | 85% | **95.4%** | **38%** |
| 40 working days | 90% | **75.4%** | **32%** |
| 60 working days | 95% | **57.1%** | **21%** |

100% timeframe was not achieved due to challenges within the complaints and divisional teams due to operational pressures resulting in divisional teams having to manage competing clinical priorities alongside their responsibilities within complaints investigation, sickness absence, staffing shortage, the impact of end-of-year annual leave requests, the complaints process not being robust to enable a consistent monitoring approach and frequent changes to the process with a repelling effect on other parts of the complaints service.

Several actions are underway to support improving the response completion timeframe. One such action is Datix, the complaints management and monitoring tool configured for robust tracking of each complaint journey. Weekly complaints team meetings and divisional team meetings have been introduced. This enables the complaints teams and the divisional investigating officers to meet to discuss each complaint. It provides an opportunity to identify challenges and provide support and escalation.

**9**

# Complaint Performance Summary

## Closed complaints and Outcomes

During 2023/2024, GESH closed 1011 complaints (662 St Georges, 349 ESTH). The number of complaints closed reflects those that could have been logged the previous year with a completion timeframe in 2023/2024. Complaints logged in 2023/2024 with an investigation timeframe in 2024/2025 are not included.

Across GESH, the final decision (upheld, partially upheld, not upheld) of complaints investigation isn’t consistently collected as it is not a compulsory field on Datix. Therefore, this data is currently unavailable but will be following the reconfiguration of Datix.

**Complaints surveys** It is good practice to understand the experience of the person(s) raising the complaint during and after an investigation, including those staff who either complained about or were involved in the complaints investigations.

GESH does not have a complaints experience survey for persons complaining or staff involved in the complaints. These are being developed to be used from 2024/2025. The complaint experience survey will be sent to the person raising the complaint two weeks after their complaint has been closed and twice a year to staff involved in complaints.

These future surveys promise to enhance our complaints process. The insights they provide will be instrumental in our continuous improvement efforts, fostering a more transparent and effective system.

## Complaints reopened

When the person raising a complaint is not satisfied with the final response, they are given the opportunity to ask further questions based on the final response at least once and/or arrange a meeting with the person to discuss the dissatisfaction. This process is in place to ensure that all concerns are thoroughly addressed and that the initial investigation is considered adequate, complete, and satisfactory.

During 2023/2024, GESH Group reopened 135 (14.9%) complaints (104 (20%) St Georges, 31 (9%) ESTH). This is quite a significant increase in the number of complaints reopened at St Georges (57) and a decrease for ESTH (28) in 2022/2023

Through the revised complaint approach, the Site Chief Nursing Officer, in collaboration with the divisional leadership, will decide whether a complaint should be reopened. The improvement in the investigation approach, applying the principle ‘*investigate once and investigate well*’, would contribute to minimising the number of reopened complaints.

**10**

# Complaint Performance Summary

## Management of complaints backlog

In January 2024, a backlog of 100 complaints was identified. The backlog was defined as all complaints that should have been responded to before 31 December 2023.

The complaints and divisional teams have worked together to eliminate the 100-complaint backlog. This joint effort is a testament to

GESH’s shared commitment to resolving the backlog.

As of the 31st March, the complaints backlog remained as 41 GESH complaints backlog (16 St Georges, 25 ESTH) left to be investigated and responded to. 59 GESH complaints backlog had been closed from the identified 100.

## Stop-the-clock

Stop-the-clock is a formal process for pausing the complaints process and investigation for an agreed period. Therefore, stop-the-clock is usually only applied in exceptional circumstances, for example, when required to do so by:

* The Police
* A Coroner
* A Judge
* In some cases, a resolution meeting has been identified but has not yet occurred.

While stop-the-clock was applied on several occasions during 2023/2024, the complaints team needs a consistent process for monitoring it monthly, quarterly, and annually. The reconfiguration of Datix as part of the complaint improvement project will enable this data to be robustly captured.

**11**

# Complaint Themes

Complaints are classified into 18 categories by the subject of the complaint. Depending on the nature and complexity of the complaint, each complaint may involve more than one issue or subject.

The complaints are grouped by primary subject, allowing us to identify whether trends are developing. The primary themes for the last two years are clinical treatment, care treatment, care, attitude, and communication.

|  |  |  |
| --- | --- | --- |
| **ESTH Divisions** | **Number of complaints** | **Top three themes** |
| Medicine | 252 | Clinical Care & Treatment (131)  Communication (43) Attitude (36) |
| Surgery | 85 | Clinical Care & Treatment (48) Communication (21) Attitude (8) |
| Women & Children | 96 | Clinical Care & Treatment (53) Communication (14) Attitude (16) |
| Renal | 5 | Clinical Care & Treatment (4) Communication (1) Privacy & Dignity (1) |
| Clinical Services | 22 | Clinical Care & Treatment (11) Communication (6) Attitude (10) |
| Surrey Downs Health Care Community Service | 14 | Clinical Care & Treatment (10) Discharge (4) Attitude (6) |
| Sutton Health Care Community Services | 9 | Clinical Care & Treatment (5) Communication (2) Attitude (2) |
| Elective Orthopaedic Centre (EOC) | 11 | Clinical Care & Treatment (6) Communication (3) |
| Estates, Facilities and  Capital Projects | 12 | Ambulance Services (8), Car Parking (3), Accommodation, facilities and equipment (3) |
| Patient Services | 2 | Clinical Care & Treatment (1) Discharge (1) |
| Strategy, Corporate Affairs and ICT | 1 | Communication |

Care accounts for 24% of the complaint themes at St Georges, and

ESTH, it is 51%.

More work is required to unpick the theme and enable a detailed understanding of the areas for improvement. This would allow the Trust to use the Qi methodology to improve and have supporting evidence.

|  |  |  |
| --- | --- | --- |
| **St Georges Divisions** | **Number of complaints** | **Top three themes** |
| Children, Women,  Diagnostic, Therapy | 209 | Care (52), Clinical Treatment (41)  Attitude (35) |
| Medicine & Cardiology | 312 | Care (81), Clinical Treatment (65)  Communication (40) |
| Surgery Neurosciences, cancer & Theatre | 232 | Care (42), Clinical Treatment (42)  Communication (37) |
| Estates & Facilities | 42 | Transport (19), Hotel & Site services (6) Attitude (3) |
| Corporate Department incl. South West London Pathology | 19 | Communication (3) Attitude (3) Clinical  Treatment (3) |

**12**

# PHSO Enquiries & Investigation Summary

A total of **69** PHSO enquiries were made to GESH between the period 2018 – 2023.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PHSO**  **Enquiries** | **2018-2019** | **2020-2021** | **2022–2023** | **GESH Total** |
| **ESTH** | 12 | 6 | 21 | **39** |
| **St George’s** | 13 | 5 | 12 | **30** |
| **GESH Total** | **25** | **11** | **33** | **69** |

From the 64 PHSO enquiries made to GESH between 2018 and 2023, the PHSO decided to carry out primary or detailed investigations of **44** cases. Twenty-eight cases were not investigated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Investigations received each year** | **2018-2019** | **2020-2021** | **2022–2023** | **GESH Total** |
| **ESTH** | 8 | 2 | 4 | **14** |
| **St George’s** | 13 | 5 | 12 | **30** |
| **Total** | **21** | **7** | **16** | **44** |

The breakdown of enquiries and investigation are outlined in the table below. Medicine divisions across GESH saw the highest numbers of enquiries and investigations, followed by planned care in ESTH and CWDT in St George’s

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PHSO enquiries and investigations by ESTH Division** | **2018-2019** | **2020-2021** | **2022–2023** | **GESH**  **Total** |
| ESTH Medicine | 7 | 4 | 15 | **26** |
| ESTH Planned Care | 3 | 2 | 4 | **9** |
| ESTH EFCP | 1 | 0 | 0 | **1** |
| ESTH SDHC | 0 | 0 | 1 | **1** |
| ESTH Clinical services | 0 | 0 | 1 | **1** |
| ESTH W&C | 1 | 0 | 0 | **1** |
| **ESTH Total** | **12** | **6** | **21** | **39** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PHSO enquiries and investigations by St George’s Division** | **2018-2019** | **2020-2021** | **2022–2023** | **GESH Total** |
| St George’s CWDT | 4 | 2 | 4 | **10** |
| St George’s Medcard | 8 | 1 | 6 | **15** |
| St George’s SNCT | 1 | 2 | 1 | **4** |
| St George’s Finance |  |  | 1 | **1** |
| **St George’s Total** | **13** | **5** | **12** | **30** |

**13**

# PHSO Final Decision Summary & Themes

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PHSO Final Decisions** | **2018-2019** | | **2020-2021** | | **2022–2023** | | **GESH**  **Total** |
| **St George’s** | **ESTH** | **St George’s** | **ESTH** | **St George’s** | **ESTH** |
| Upheld complaint | 3 | 2 | 0 | 1 | 2 | 1 | **9** |
| Partly upheld  complaint | 4 | 4 | 0 | 0 | 1 | 1 | **10** |
| Not upheld complaint | 7 | 2 | 1 | 0 | 1 | 0 | **11** |
| Out of jurisdiction | 1 | 0 | 0 | 0 | 1 | 1 | **3** |
| **GESH Total** | **15** | **8** | **1** | **1** | **5** | **3** | **33** |

The final decisions made by PHSO between the period **2018 – 2023** are broken down as follows:

The above final decision data reflects the final decision received from PHSO that year. They could have been logged as a complaint with PHSO the previous year.

The top three complaint themes reported to PHSO by complainants across GESH were about:

* Clinical treatment
* Care treatment
* Communication

**14**

# Looking forward

GESH continues proactively managing its complaints process, leveraging the Qi methodology. This approach not only helps us

understand the problem better but also ensures that the right improvements are implemented, instilling confidence in our strategies.

The following represents the objectives of the GESH Complaints Departments for 2024/2025:

* Our primary objective for 2024/2025 is to Eliminate the complaints backlog to zero. This will not only ensure robust systems and processes but also pave the way for a sustainable process, removing the risk of having complaints breached or backlogged, and ultimately improving our service delivery.
* Increase complaints data reporting through the development of the following reports:
  + Weekly complaints flash report to be shared with the Group, Site & Divisional leadership teams
  + Monthly complaint early warning surveillance dashboard accessible by complaints and divisional teams
  + Monthly complaints reports can be used for quarterly and annual reports.
  + Quarterly complaints, incidents, risks, claims, patient survey and inquest data, themes, and learning triangulation report.
* Creating a standardised group complaint handling policy and procedures aligned with national guidance.
* As part of our strategy, we will roll out complaints investigation training. This training is not just for the complaints team, but also for divisional managers who will be undertaking complaints investigations. This initiative underscores the crucial role of our complaints team in supporting and providing expertise to the division.
* Review and refresh the ‘*Don’t take your problems home*’ campaign.
* We are committed to ensuring a consistent and thorough complaints-handling process. To this end, we will reconfigure Datix to align with the new Group complaints handling policy. This will enable the consistent monitoring and management of complaints, giving our patients and service users a sense of security in our processes.
* Review and update the complaints handling leaflets and information on the Trust website.
* Develop complaints experience surveys to be sent out to persons complaining two weeks after the closure of the complaints and staff complaint experience survey for staff to be sent out twice a year.
* Identify a generative AI writing system which would support the complaints team with quality assurance of complaints responses.
* Develop a robust approach to recommended action monitoring and sharing the lessons.

**15**