

2017/18 Trust complaints service annual report

1.0 Summary

Last year saw the Patient Advice & Liaison Service (PALS) and Complaints Teams maintain the high standard of service provided in previous year, meeting all the key targets for timeliness and responsiveness of service. The quality of responses provided by the complaints team was demonstrated by the low number of complaints being reopened as well as being referred to the Parliamentary & Health Service Ombudsman (PHSO) during the year, with only three of those being partly upheld upon investigation. PALS continued to build on previous successes by developing the PALS Volunteer service which allows the team to take a pro-active, visible approach to anticipating and resolving patients' concerns before they are allowed to escalate.

The complaints process was audited in October 2017 on "Learning Lesson from Complaints" and the assurance provided was substantial.

The headline performance figures for 2017/18 are:

- 979 formal complaints received and 2710 PALS cases resolved.
- 99% of complaints were responded to within their agreed deadlines. Only four cases breached their agreed deadlines for the whole year.
- 99.2% of acknowledgment letters were sent within 3 working days.
- The average number of days to respond to complaints was 29 days, which is well below the local target of 40 days.
- The number of complaints referred to the PHSO fell to 11, from 17 cases in the year previously. During the year the PHSO shared the outcomes of 14 cases (11 not upheld, 3 partly upheld and 0 fully upheld). This is the Trust's best ever performance and reflects the improvements made to the quality of our investigations and responses since the function was centralised in October 2015.
- The proportion of reopened complaints continues to fall; from 14% in 2015/16 to 10% in 2016/17, to 5.7% in 2017/18.
- Various members of the complaints team continue to be nominated by directorates for Make a Difference instant recognition awards.

Engagement between the Central Complaints Team, PALS and the divisions remains strong and there is an established complaints presence at divisional monthly and quarterly governance meetings. This is supported by regular reports provided by the Complaints & Service Improvement Manager. A fortnightly tracker is sent out to key staff. This shows a summary of complaints performance across the Trust and allows queries and delays to be identified and dealt with promptly. The report continues to highlight the great work being done around the Trust by including compliments. This helps balance feedback and improves general engagement with the complaints team.

A system for ensuring that actions arising from complaint investigations are captured is in place, and all actions are followed up systematically with the Divisions and evidence is collected to ensure that they have taken place. The first significant service improvement

resulting from trends in formal complaints was completed during 2017/18. This related to improving the discharge process for vulnerable patients.

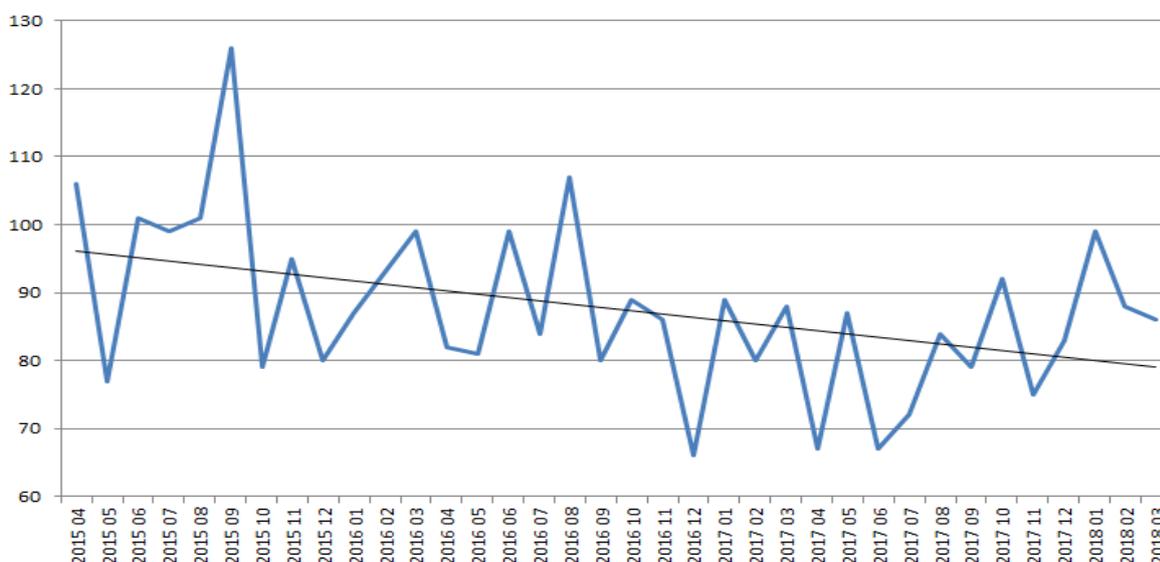
When looked at in relation to other comparable trusts, ICHT has performed particularly well in terms of meeting response targets and in the number of PHSO cases relative to our overall case load. The Shelford Group represents ten of the leading NHS multi-specialty academic healthcare centres in England. Along with Sheffield Teaching Hospitals NHS Trust, ICHT had the fewest cases upheld or jointly upheld at Ombudsman review. The complaints team set a target of reducing the number of complaints being re-opened during 2017/2018 to 5% of all caseloads received. This was narrowly missed with 5.7% being achieved but was still a significant reduction on 10% in 2016/2017. The complaints team is on track to re-open fewer than 5% of complaints during 2018/2019.

2.0 Numbers of Formal Complaints Received

Last year the Trust received a total of 979 formal complaints. Following the pattern established in the previous year the volume of complaints fell by 5%, from 1032, albeit at a slower rate than in 2016/17 when a 10% year on year fall was recorded. This year's reduction in the number of formal complaints was particularly pleasing because of the concurrent increase in the Trust's activity and the challenges on services across the NHS. This was especially apparent during the winter period when non-urgent elective surgery was being rescheduled. This reflects the quality and timeliness of the Trust's complaints handling and the contribution of PALS in swiftly resolving concerns so that they do not unnecessarily escalate to formal complaints. Additionally, the Complaints & Service Improvement Manager has been delivering regular training sessions to preceptorship nurses and junior doctors on complaints handling to provide them with the skills to resolve low level concerns at the bedside. Feedback from these sessions has been very positive.

The graph below shows the trend in the number of formal complaints being raised over the last three financial years. This graph demonstrates a slow but steady year-on-year fall in the volume of complaints received by the trust. The rate of the fall is expected to reduce over the next two years as numbers reach a sustainable minimum level

Graph 1: Numbers of formal complaints received for the last three years

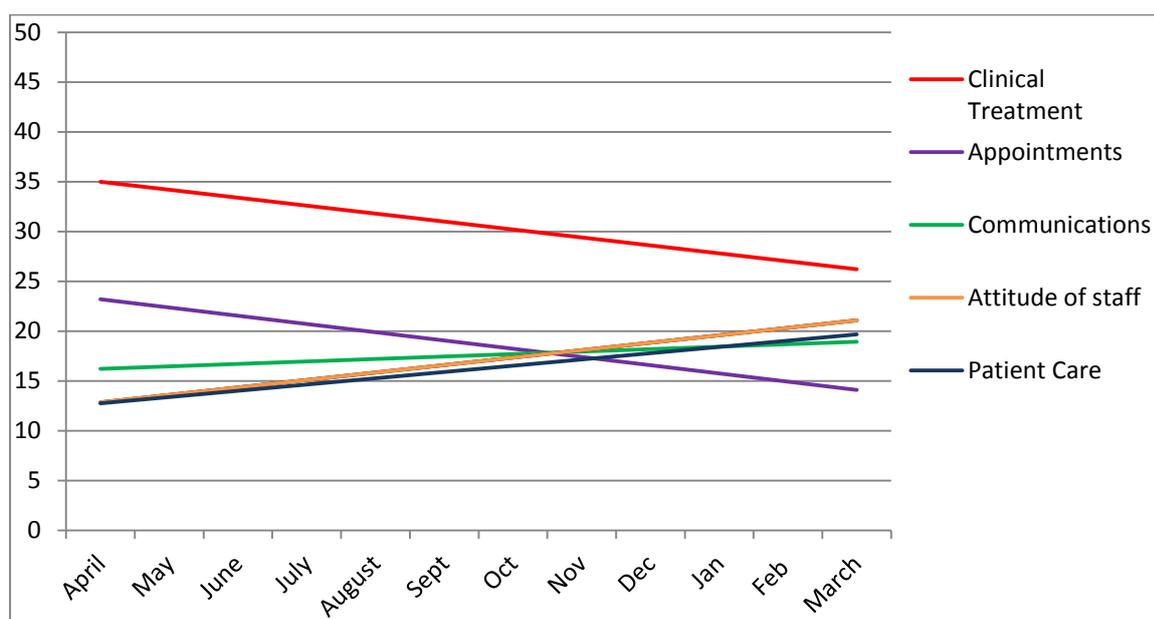


3.0 Complaints cases

Overall trends in formal complaints received

Graph 2 demonstrates general trends in formal complaints themes (top 5) raised as a proportion of the overall caseload for that month. Increases can be observed in issues relating to Attitude of Staff, Patient Care and Communications. However, there has been an overall reduction in the proportion of complaints about Clinical Treatment and Appointments over the year. This fall in the average was observed despite a spike in the number of Appointment related complaints raised during the winter months.

Graph 2: Trends in PALS and complaints themes last year



Since 1 April 2016 ICHT has been reporting using standardised categories, set by NHS Digital, which allow for benchmarking across NHS Trusts. Table 1 highlights the top 5 categories of formal complaints received in the year in comparison with the previous year.

Table 1: Formal complaints by category

Category	2017/18	% of total	2016/17	% of total
Clinical treatment/patient care	357	37%	475	46%
Appointments	141	15%	185	18%
Communications	133	14%	114	11%
Values and Behaviours (Staff)	132	13%	108	10.5%
Admissions & Discharges	57	6%	83	8%
TOTAL	820	84%	965	93.5%

Interestingly the proportion of complaints about clinical care has fallen significantly between 2016/17 and 2017/18 from 46% to 37% of the overall total. This appears to demonstrate that despite unprecedented pressures on services, our clinicians continue to deliver safe and effective care to patients.

Despite the pressures on services, the proportion of formal complaints about appointments has also fallen slightly although only by a small amount. This is likely to be a reflect the impact of the central booking function and the work PALS does to ensure that issues about appointment delays and cancellations are, where possible, dealt with quickly and at source without being escalated to the formal stage.

Values and behaviours (staff attitude) and communication were identified as emerging themes during 2016/17 and have unfortunately continued to increase during 2017/18. Complaints about poor staff attitude were of a particular concern in Maternity Services. The most common themes of these complaints are rudeness, unhelpful attitude and poor communication. A plan of action is in place to address this which we expect to have an impact during the course of 2018/19. This is will be followed up in next year's report. A summary of the action plan is outlined below:

- Back to the Floor Thursday: Senior midwifery staff have set aside Thursdays to get out and about in their clinical areas to enable them to:
 - Monitor standards of care
 - Engage with staff and patients
 - Facilitate the resolution of problem
 - Support operational readiness for the weekend
 - Gain feedback that supports the improvement of patient care

Table 2 provides a breakdown by service area. During 2016/17 ICHT received more complaints about outpatients than inpatient services. During 2017/18 that situation reversed. This is likely to be a reflection of the success of the Outpatient Improvement Programme in addressing previous shortcomings in services for outpatients. In terms of the increase for inpatients, there have been significant pressures on our inpatient services due to the cancellation of non-urgent elective surgery during the winter months across the NHS in England. Additionally there has been a great deal of pressure on HDU/ITU capacity which will have negatively affected the experience of our inpatients. Complaints about Emergency Medicine and Maternity remain more or less stable as an overall proportion of complaints received.

Table 2: Complaints by service area

Service area	2017/18	% of total	2016/17	% of total
Outpatients	350	36%	470	46%
Inpatients	469	48%	412	40%
A&E	83	8%	77	7%
Maternity	77	8%	73	7%
Total	979	100%	1032	100%

Table 3 shows the number of complaints received by division compared with the previous year. We have also looked at the Directorates that have attracted the most complaints in Table 4.

Table 3: Complaints by division

Division	2017/18	% of total	2016/17	% of total
Medicine & Integrated Care	298	30%	389	38%
Surgery, Cancer & Cardiovascular	373	38%	314	30%
Women's, Children's & Clinical Support*	205	21%	192	19%
Corporate (including IPH)	101	10%	137	13%
NWL Pathology	2	<1%	N/A	N/A
Total	979	100%	1032	100%

Table 4: Complaints by Directorate

Division	2017/18	2016/17	% change year on year
Trauma	98	84	+16%
Urgent Care & Emergency Medicine	85	78	+8%
Maternity	79	70	+11%
General Surgery & Vascular	67	94	-40%
Gynaecology & Reproductive Medicine	68	54	+21%

Orthopaedics and Imperial Private Healthcare (IPH) featured in the Top 5 complaints by Directorate during 2016/17 and no longer appear on the list this year. The General Surgery and Vascular Directorate has also significantly decreased its volume of complaints. All other areas on the list above have shown increases, notably Gynaecology & Reproductive Medicine with a 21% increase as well as an 11% increase in Maternity. As outlined above, the allocated Patient Complaints Investigator is continuing to work with the Maternity Directorate to look at strategies to improve patient experience and of avoiding complaints becoming formal.

All complaints are risk assessed upon receipt by a senior member of the complaints team. They are assigned a risk grade which informs the timescale for completing the investigation as well as who approves and signs off the final response. Table 5 shows the number of complaints per division by risk grade.

Table 5: Risk grade by division

Division	LOW	MEDIUM	HIGH
Medicine & Integrated Care	259	42	0
Surgery, Cancer & Cardiovascular	355	16	3
Women, Children & Clinical Support	178	24	4
Corporate (including IPH)	96	0	0
NWL Pathology	2	0	0
Total	890 (91%)	82 (8%)	7 (1%)

The outcome of trust complaint investigations is that the complaint can be “not upheld”, “partly upheld” or “upheld”. For those cases which are partly upheld or upheld, actions and

learning are extracted and recorded on complaints change register for follow-up. Please see Section 8 for more information about how we learn from complaints. Table 6 shows the outcomes of the 921 complaints investigations completed in 2017/18. Approximately half of all complaints investigated were not upheld, which is in keeping with previous years. Surgery, Cancer and Cardiovascular along with Corporate (including IPH) had the highest proportion of upheld cases whilst Medicine and Integrated Care had a significantly lower proportion. A complaint is upheld, or partly upheld, when a failing in care or process is identified.

Table 6: Outcome by division

	Upheld	Partly upheld	Not upheld	Total
Medicine and Integrated Care	63	58	150	271
Surgery, Cancer and Cardiovascular	122	69	167	358
Women's, Children's and Clinical Support	40	65	91	196
NWL Pathology	1	0	1	2
Corporate (Inc. IPH)	41	14	39	94
Total	267	206	448	921
Percentage	29%	22%	49%	

4.0 The year ahead for the Central Complaints Team

The focus in 2018/19 will be on maintaining the current high standard of performance in terms of quality and timeliness of responses. We will continue to be empathetic, explain clearly what has gone wrong in the cases where we find failings, and we will be very clear about what actions we will take to put things right. We will then make sure those actions happen.

Following a small restructure as the result of a vacancy, we will recruit an additional investigator. This will allow increased focus on the investigation and learning processes and free up time more time for the Complaints & Service Improvement Manager to develop quality improvement initiatives arising out of complaints.

We will ensure actions continue to be logged and monitored and that they are followed up with the Divisions who will provide confirmation when the actions are implemented. The Complaints & Service Improvement Manager will analyse complaints data to identify trends/themes and hotspots and raise them with the service areas concerned so that they can be supported to make any necessary service improvements.

The quality of the complaints service will be demonstrated by a reduction in the number of cases we re-opened. We have set ourselves a target of reducing them to 5% or below. We will continue to respond to all complaints received in fewer than 40 working days and we are also introducing a new key performance measure of "overall satisfaction" with the handling of patients' complaints, for which we have set ourselves an initial target of 70%. This will be measured via the feedback questionnaire which we are sending to complainants six weeks after conclusion of their complaint. Feedback gained via the questionnaire will be discussed by the Complaints and Service Improvement Manager during regular 1:1 meetings with the

Patient Complaints Investigators to examine how they can make immediate improvements to their complaints handling, where necessary.

The Complaints & Service Improvement Manager will continue to offer expert advice to colleagues across the Trust and carry out regular training sessions with colleagues from all service areas on how to effectively manage and resolve complaints.

5.0 PALS cases

The PALS team resolved 2710 informal concerns and enquiries during 2017/18. Table 7 displays a breakdown of the cases received by Division.

Table 7: PALS cases by Division

Division	2017/18	% of total	2016/17	% of total
Medicine & Integrated Care	933	34.5%	885	31%
Surgery, Cancer & Cardiovascular	1145	42.5%	1140	40%
Women's, Children's & Clinical Support	442	16%	327	11%
NWL Pathology	3	<1%	N/A	N/A
Corporate	187	7%	507	18%
Total	2710	100%	2859	100%

This year has seen a 5% increase in the number of formal complaints being dealt with by PALS. PALS offer an increasingly pro-active service which aims to resolve issues before they have the chance to escalate unnecessarily. PALS continue to deal with a greater proportion of cases for Surgery, Cancer & Cardiovascular than the complaints team. Many of these cases relate to delays and cancellations in surgery appointments, issues which are particularly amenable to quick resolution. The proportion of PALS cases regarding corporate issues has decreased significantly as complaints about patient transport have fallen. There has however been a significant increase in PALS dealing with concerns regarding Women's Children's and Clinical Support from 11% to 16%.

Table 8 shows the breakdown of PALS cases by specialty (for those specialties receiving more than 100 concerns in the year).

Table 8: PALS cases by specialty

Speciality	Number of cases received	% of all PALS cases
Orthopaedics	292	11%
Neurosurgery	158	6%
Ophthalmology	155	6%
Emergency Medicine	133	5%
Neurology	133	5%
Urology	131	5%
Dermatology	108	4%
Gynaecology	104	4%

Table 9 shows a breakdown of PALS cases by category (top 5 categories only)

Table 9: PALS cases by category

Subject	2017/18	% of total	2016/17	% of total
Appointments	923	34%	1082	38%
Communications	530	20%	486	17%
Values & Behaviours (Staff)	205	8%	122	4%
Clinical Treatment	154	6%	183	6%
Facilities	59	2%	69	3%
TOTAL	1871	69%	1942	68%

The above table reflects the pressures the Trust is under in terms of demand for services as well as short notice cancellations of appointments and delays to treatment resulting from the aforementioned winter pressures. PALS continue to deal with the bulk of such queries and do their best to assure patients that they are in the system and that they will be seen as soon as possible. The emerging theme of *Values and Behaviours* is also highlighted in this table with concerns about staff attitude doubling from 4% to 8% as a proportion of all cases received.

6.0 The year ahead for PALS

The manner in which concerns are raised through PALS has changed over the past year. There is a growing increase in the volume of emails and phone calls. The vision last year was to shift PALS from a reactive service model to a proactive service model. The service has successfully adapted a proactive approach and is working more closely with patients and staff by attending inpatient and outpatient areas. The PALS service focus is to provide hands on support to patients and staff. This has helped to ensure that every opportunity is taken to resolve concerns in house and at source. PALS Officers have been issued with mobile phones so that when they are out of the office, meeting with patients and staff they are contactable; making it easier for PALS to spend the time and effort required to resolve concerns. PALS are seen as the 'go to' people for both patients and staff with the ability to provide immediate support.

To increase a PALS presence within the Trust, the PALS Manager, with the support of the Head of the Patient Experience team and the Imperial Health Charity, launched a Patient Support Volunteer pilot scheme at St Mary's site this year. The Project commenced in February 2018. So far the PALS Manager has recruited 12 volunteers for the St Marys site. The purpose of a Patient Support Volunteer is to provide a friendly and personal point of contact for patients on the wards to listen to their experience both positive and negative and then feedback all comments to PALS Manager after their volunteer shift. This feedback is recorded by the PALS Manager and shared with the individual wards. When there are concerns that require immediate action our Patient Support Volunteers will either escalate to the staff on the ward or to the PALS Team. The PALS Officer will visit the patient/relative and take their concern forward.

The approach of volunteers working within the PALS Service has provided an easier feedback mechanism for our patients. It has enabled the PALS service to be in a strong position to proactively help reduce formal complaints and resolve patients' concerns at the bed side or in the service area.

The plan is to continue to expand the number of volunteers at St Marys Hospital and extend to other sites, the agreed project plan, with the next phase to launch the service at Hammersmith Hospital, summer 2018 and then, Phase 3, launch at Charing Cross Hospital later in the year. The purpose is to continue to build relationships between PALS volunteers/PALS and staff. An additional roles such as the library trolley service has also been launched and Youth Volunteering Programme will commence during the summer

7.0 PHSO Cases

Table 10 provides a breakdown of all the PHSO decisions last year. The PHSO reviewed 11 cases, which amounts to 1.1% of the Trust's annual caseload. This was a significant decrease in the 2.1% of cases reviewed by the PHSO during 2016/17. The PHSO shared 14 outcomes (some cases were carried over from 2016/17) and only three were partly upheld, the rest being not upheld.

We followed the structured approach to managing PHSO cases developed in 2017/18. This ensures that we report and share learning with our divisional triumvirates and that we involve them in devising any necessary service improvements.

Table 10: Decisions the PHSO made last year by division

Division	Upheld	Partly Upheld	Not Upheld
Medicine & Integrated Care	0	2	6
Surgery, Cancer & Cardiovascular	0	1	4
Women's, Children's & Clinical Support	0	0	2
TOTAL	0	3	12

Table 11: Decisions the PHSO made last year for the Shelford Group of Trusts

TRUST	Number Upheld/Partly Upheld by PHSO
Imperial College Healthcare NHS Trust	3
Sheffield Teaching Hospitals NHS Foundation Trust	3
Guy's and St Thomas' NHS Foundation Trust	6
King's College Hospital NHS Foundation Trust	6
University College London Hospitals NHS Foundation	6
Cambridge University Hospitals NHS Foundation Trust	6
Manchester University NHS Foundation Trust	7
University Hospitals Birmingham NHS Foundation Trust	8
Oxford University Hospitals NHS Trust	9
The Newcastle Upon Tyne Hospitals NHS Foundation	11

Financial remedy

The Trust made monetary payments totaling £3050 last year to help remedy complaints where a service failure occurred. We are also required to put a complainant back to the same financial position they would have been in had the problem not occurred. Of the total amount, £750 was paid as a result of specific recommendations from the PHSO (for comparison, in 2016/17 the PHSO awarded £3250 to complainants and the Trust paid a total of £11696). The remaining amount was paid pro-actively by the Complaints Team, for example to reimburse travel costs or in recognition of inconvenience caused. This proactive approach prevents cases unnecessarily escalating to the PHSO, which incurs even a greater cost to the Trust not only in terms of a financial remedy but staff time.

8.0 Learning and Service Improvements following a formal complaint investigation

The Complaints & Service Improvement Manager works with the wider complaints team to ensure that learning and actions are recorded on a change register when complaints are closed. The register is reviewed on a monthly basis and any outstanding actions are reviewed and flagged with the Divisional Governance Lead on a quarterly basis, at their Divisional Quality and Safety Committee meeting, until they are completed.

On a quarterly basis, the Complaints & Service Improvement Manager produces the Complaint & PALS Service Improvement report. This provides a regular update on numbers, themes and learning from formal complaints and PALS feedback. Learning and actions are also presented in a “You Said, We Did” section as well as a list of actions already undertaken. This is presented at the divisional Quality & Safety Committee meetings so that staff are able to see how we have learned and improved as a consequence of a complaint investigation. It is also shared with Healthwatch and the Trust Executive.

The following table provides a small sample of some of the service improvements made last year following a formal complaint investigation.

Medicine & Integrated Care:

Directorate	Description	Action Taken
Emergency Medicine	Patient's medical notes had incorrect details when he was transferred to the Zachary cope Ward from A&E At St. Mary's	The system was revised and a three point checklist put in place. We printed posters on put onto walls to remind A&E reception staff of new procedure.
HIV/Sexual Health	Complainant concerned about the wording of a Jefferiss Wing sexual health screening questionnaire, as	Following a discussion within the team, we removed the laminated questionnaires from the pathway for

Directorate	Description	Action Taken
	they believed it was stigmatising to certain groups of people	asymptomatic patients. We wrote to the complainant to explain the rationale for doing this.
Renal	The patient complains that, on the day that he was due to have surgery on a fistula on his left hand, the surgery was cancelled and he was told he would need a fistulagram instead.	Internal processes have been amended to perform earlier pre-surgical checks to allow identification of potential complications. These earlier checks should result in fewer on-the-day cancellations and an improved experience for our patients.

Surgery, Cancer & Cardiovascular

Directorate	Description	Action Taken
Trauma & Orthopaedics	Patient had to wait over two months for an Individual Funding Request form to be completed. This caused distress to the patient and delays in treatment.	The Plastics team is introduced a new administration system to deal with funding applications.
ENT	Patient was instructed to come in for surgery at 7.30am even though it was known that they were last on the list and their operation would therefore not take place until 2.30pm or 3.00pm.	The ENT surgeons are now staggering the arrival times of their patients and we are currently reviewing the spinal lists with a view to doing the same.
Ophthalmology	Patient complained about unclear and out of date information such as wrong telephone numbers on appointment letters at the Western Eye Hospital	We reviewed the appointment letters and changed them. Contact numbers have been updated

Women's, Children's & Clinical Support

Directorate	Description	Action Taken
Maternity	The patient rang to inform QCCH that they were delayed and was told that it was okay, but the sonographer initially refused to see them and began to speak over the	We apologised for the experience with us. We arranged a new scan and spoke with the sonographer concerned about being friendly and welcoming. The Complaints Team is supporting

Directorate	Description	Action Taken
	patient and became quite argumentative.	wider service improvement work in Maternity Service to improve patient experience.
Gynaecology & A&E	The patient complained of uncaring behaviour and a lack of empathy and understanding from staff when attending St Mary's A&E suffering from a miscarriage.	<p>Refresher training given to A&E receptionists on customer service.</p> <p>Two of the senior sisters from the Gynaecology Emergency Room and Early Pregnancy and Acute Gynaecology Units have delivered training sessions with nursing and clinical staff in the main A&E department on managing cases such as this, with a particular focus on how women experiencing miscarriage can be better supported, both in terms of receiving prompt dignified treatment and ensuring that they receive the emotional support they need.</p> <p>Plans are underway to relocate and extend the opening hours of Gynae ER and relocate it next to the main gynae. Ward.</p>
Pharmacy	The patient complained that communication between the pharmacy and the wards is inadequate in the afternoon.	The Deputy Chief Pharmacist is looking rearranged the rosters, so more staff are available in the afternoon.

As well as immediate improvements, the Complaints & Service Improvement Manager uses complaints data to identify and make two significant service improvements each year. The first such piece of work agreed in Q4 of 2016/2017 related to ensuring the dignified discharge of vulnerable patients. The Complaints & Service Improvement Manager worked with the Discharge Managers and the Trust Communication Team on an awareness raising drive for staff (via The Source) to make them aware of the importance of pre-planning and pre-assessing their patients' discharge needs including ensuring that their patients are appropriately dressed before they are discharged.

By the end of Q3 in 2017/18 the actions were completed and the Complaints & Service Improvement Manager reviewed the number of complaints received about the discharge process to see if there has been a fall:

- From 1 March 2016 to 31 March 2017 there were 39 complaints regarding the above
- From 1 March 2017 until 31 March 2018 there were 32 complaints regarding the above.

Therefore, it is reassuring that appear that concerns about discharge in general have showed a significant year on year fall. More strikingly, there were only two complaints during Q3 and Q4 of 2017/18 (a period of winter pressures and exceptionally cold weather) regarding patients being inappropriately dressed on discharge.

Unfortunately, due to capacity issues within the team only one of the two significant service improvements planned for 2017/18 was achieved during the year. However, the recruitment of an additional Patient Complaints Investigator will allow the Complaints & Service Improvement Manager additional time to focus on service improvements. The next significant service improvement plan is currently being prepared and is likely to be aimed at reducing complaints about staff attitude. The Complaints & Service Improvement Manager is preparing a paper for ExQual approval in Q2 of 2018/2019.

9.0 Conclusion

The primary task for the Complaints Team during 2017/18 was to embed a structured approach to learning from complaints, which has shown some clear benefits, although there is more work still to be done in 2018/19 to follow up on learning to measure its effectiveness. The complaints team will also focus on the coming year on the quality of its responses and on reducing the “re-open” rate as well as ensuring that cases are not upheld upon review by the PHSO.

The Trust continues to register a gradual year-on-year reduction in the number of complaints although the rate of reduction has fallen and will likely plateau in the next year or two. PALS concerns have increased slightly which is a reflection of the number of the increased accessibility and visibility of the service as well as its proactive approach to resolving queries as soon as they arise. Improvements to Outpatient Services as well as hospital transport have translated into a fall in complaints, but concerns about appointment delays and cancellations continue to be registered. This is to be expected as the Trust experiences unprecedented demand for services especially during winter months. The significant increase in complaint about Values and Behaviours (Staff attitude) is concerning and is perhaps partly a reflection of the pressure some staff members have been working under. However, it does not always take extra effort to get customer service right and this is certainly an area of focus for improvement during the next year.