

**KING'S COLLEGE HOSPITAL NHS
FOUNDATION TRUST**

**ANNUAL COMPLAINTS &
PATIENT ADVICE & LIAISON (PALS)
REPORT 2023 - 24**

Contents

Executive Summary	3
1. Complaints 1st April 2023- 31st March 2024	4
1.1 Complaints Received.....	4
1.2 Complaints Closed	6
1.3 Response Rates.....	6
1.4 Reopened Complaints.....	7
2. Complaint themes & Lessons Learned.....	7
2.1 Communication	7
2.2 Patient Care	8
2.3 Values & Behaviours	8
3. Parliamentary Health Service Ombudsman (PHSO) Referrals	9
4. Embedding learning from complaints	9
4.1 Process for Learning from Complaints.....	9
5. NHS Complaints Standards & Framework King's Approach & Plan.....	10
6. Priorities 2024 – 2025	10
7. Patient Advice & Liaison Service	11
7.1 PALS Received.....	11
7.2 PALS Denmark Hill Managed Care Groups.....	14
7.3 PALS Princess Royal & South Sites Managed Care Groups.....	15
8. Compliments.....	17
9. Summary PALS & Complaints.....	18

Executive Summary

King's College Hospital NHS Foundation Trust provides services to local people across Bromley, Lambeth, Lewisham and Southwark. Services are delivered from five key sites, Denmark Hill, with our south sites including the Princess Royal University Hospital, Orpington hospital, Beckenham Beacon and Queen Mary's Hospital (known as the PRUH).

This report covers the informal, formal complaints and contacts to the Patient Advice & Liaison Service (PALS) April 2023 to 31st March 2024. Complaints and PALS offer insight into the quality, safety and general patient experience that the Trust is providing. They contribute to enhancing and improving the quality of care and services we provide to our patients, carers and relatives. The Trust received 1152 formal complaints this represents a 24 % increase in comparison to the same period 2022/ 2023. The increase was noted more so in Quarter3/4. The top three reasons for complaining in 2023/24 were communication, patient care, values and behaviours, these were the top 3 in 2022/23. In addition we logged 331 compliments centrally but also acknowledge that patients and relatives express their appreciation to staff in various ways, in the clinical areas and within the outpatient setting.

There has been a sustained improvement in regard to the number of complaints closed each month despite the increase in the number of formal complaints received. We introduced our informal complaint pathway (responding on average to 90 - 100 per month) to support us in our objective to ensure our complaints service is responsive. We continue to focus on this alongside the introduction of the new NHS complaints standards to ensure a robust investigation is undertaken to achieve a response that resolves the concerns proportionately and at the earliest opportunity.

In Q3 23/24 we introduced a pilot Complaint Standard Operating Procedure (SOP) with a revised approach with a vision to establish and develop a sustainable complaints model fit for the future. We also worked toward embedding the NHS complaints standards to meet the Parliamentary Health Service Ombudsman standards for NHS complaints. We staggered our approach to support staff whilst the Trust also introduced Inphase the Trusts new risk management system, PSIRF live launch and the introduction of EPIC the Trusts electronic patient management and record system.

Weekly site meetings led by site Execs ensure timely discussion and escalation each week of individual complaints at care group level alongside discussion of site performance. Despite the significant increase in numbers received in Q3/Q4 we have responded to and closed consistent numbers. Each care group now has a nominated complaint officer from the central complaints team which offers a more cohesive approach. We have formed supportive relationships whilst offering support to the specialties to ensure a robust investigation and timely response to complaints. We circulate weekly trackers with all complaints visible to the Triumvirates and named care group complaints leads within each group. The wider operational challenges impact some care group's ability to respond in a timely way and overdue complaints are closely monitored, and escalated.

We will continue to refresh our ways of working throughout 2024/25 to further embed the standards, best practice and to ensure our patients, carers and service users receive a timely and proportionate response. When we share the outcome of our complaints investigations we share the learning and improvements made as a result of their complaint investigation. We will in Q1 further develop our Inphase complaints module to ensure we capture themes,

trends and relevant information to better inform improvement projects, focus groups, forums etc and monitor the quality of care we are providing.

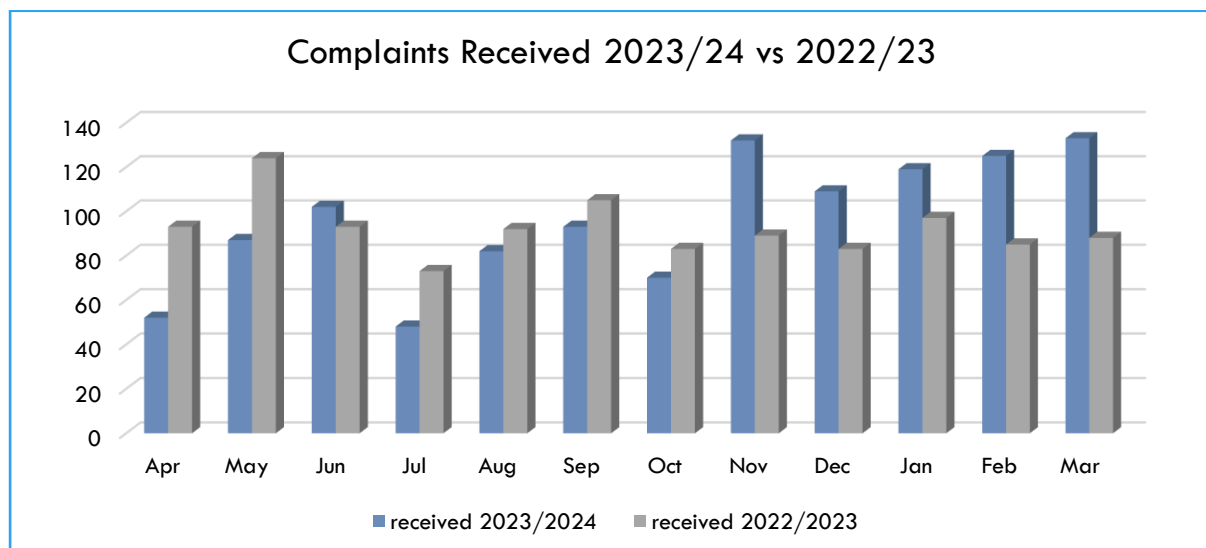
We proactively coordinate our approach to those complaints that crossover with the wider Quality & Governance functions such as patient safety, duty of candour, inquests and those cases that hold wider reputational risk to ensure a co-ordinated approach. We maintain links with our safeguarding Adults, Paediatric and Maternity leads to ensure we consider all regulatory obligations and agree the approach to these sensitive complaints including those already subject to safeguarding referrals or investigations.

1. Complaints 1st April 2023- 31st March 2024

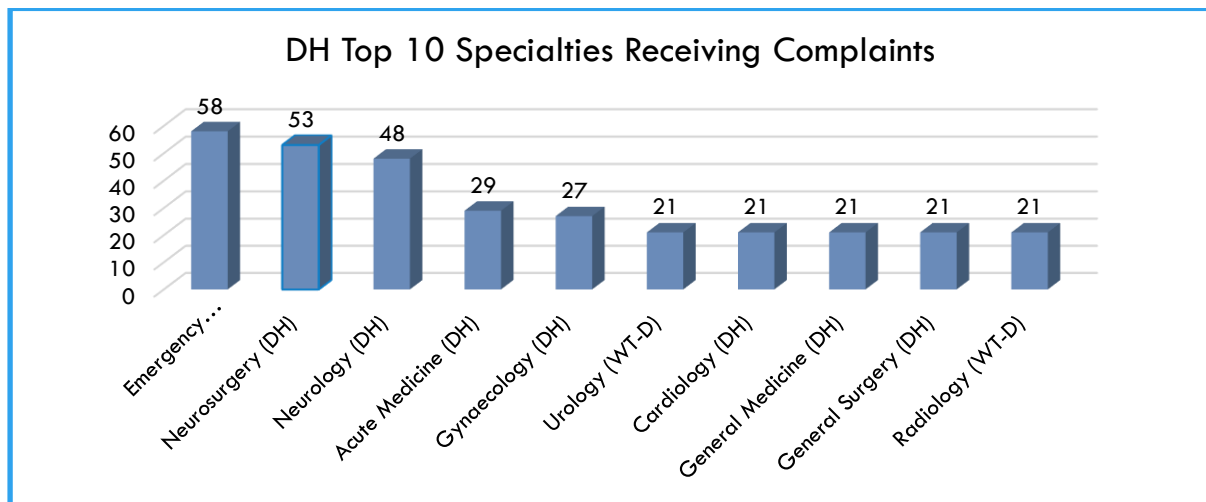
1.1 Complaints Received

In 2023/24 King's College Hospital received 1120 formal complaints. In comparison to 22/23 this is a 20% increase. On average the Trust receives 93 complaints per month compared to 77 last year. In addition we resolved a significant number of informal complaints throughout 2023/24, in agreement with the complainants and from January 24 we introduced a form on Inphase (previously held in central files) to record these. 204 complaints were informally logged in Q4 for example. This allows a responsive and proportionate resolution by mediating with the service leads a satisfactory resolution can be achieved.

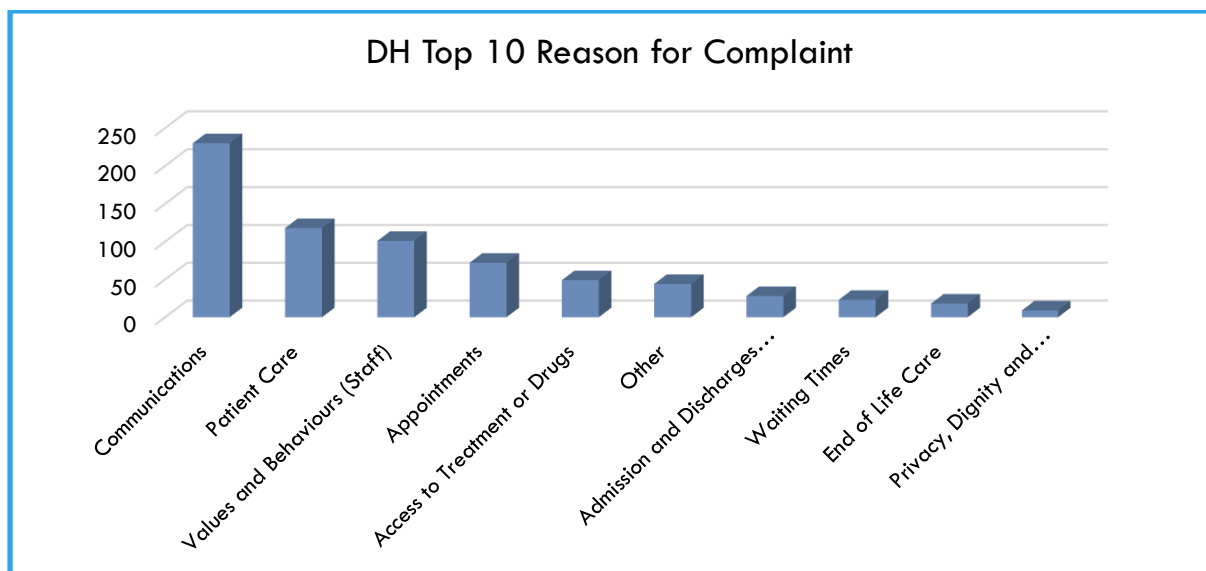
Denmark Hill site received 713 complaints. This compares to 493 for DH in 2022/23. This is an increase of 44%. PRUH & South sites received 337 complaints. This compares to 435 for PRUH & SS in 2022/23. This is a 23% decrease.



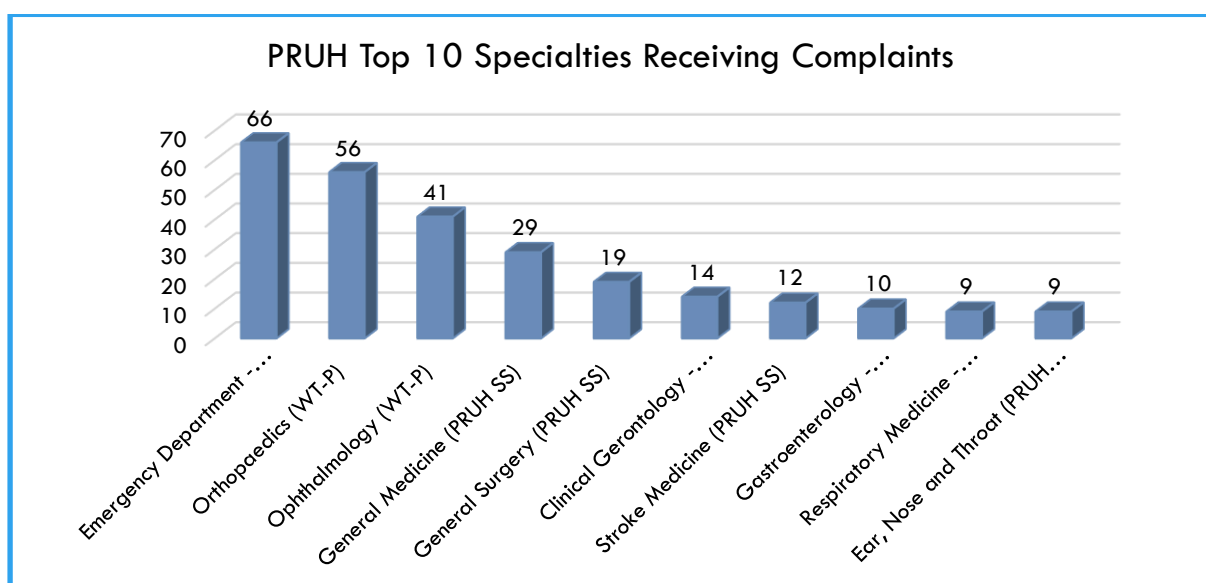
DH Top 10 specialties



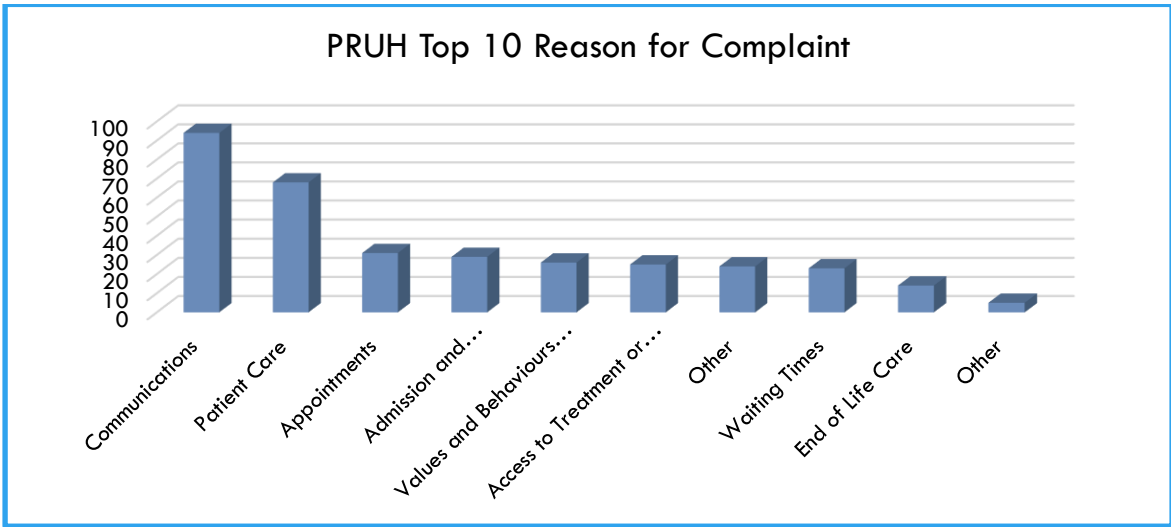
DH Top 10 Subjects/Reasons



PRUH Top 10 Specialties

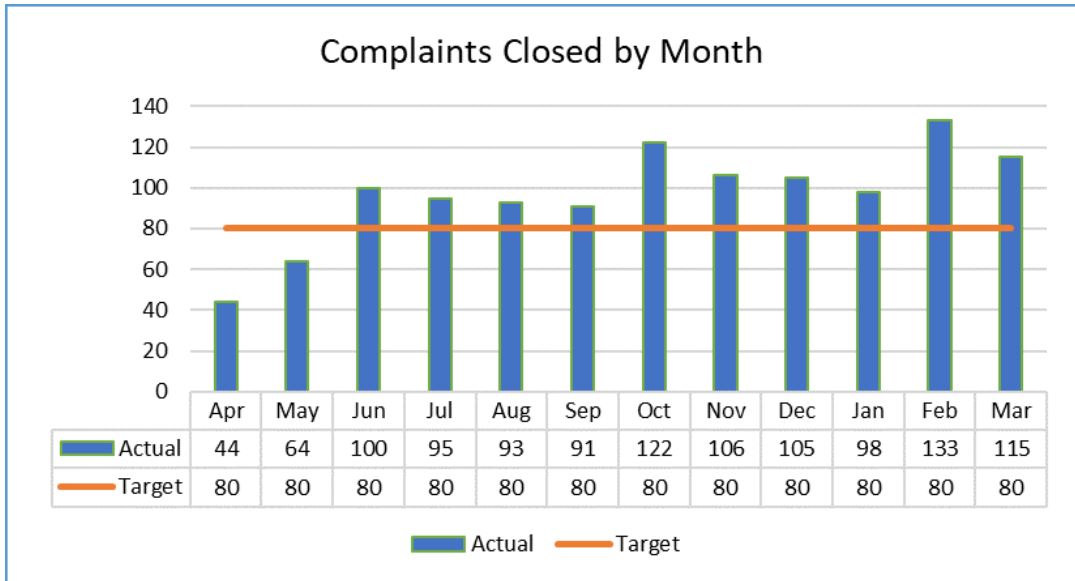


PRUH Top 10 Subjects/Reasons



1:2 Complaints Closed

In total the Trust closed 1191 complaints which is more than the number received this reflects the significant effort in particular to clear the remaining historical backlog of complaints (carried over from 2022/23). The chart below shows the number of complaints which were closed each month in 2023/24.



1.3 Response Rates

In 2023/24 we focused the care groups on clearing any complaints exceeding 6 months (26 weeks) old. In Q4 our focus changed to any complaints over 12 weeks overdue and we have set this as a new key performance indicator (KPI) with an aim to having none over 12 weeks overdue. We will reset the KPI throughout Q3/Q4 to keep us on track for 2025 where we should be monitoring complaints response rates with none more than 4 weeks overdue as an agreed extension by 2025.

We can draw specific response rates data by each individual complaint, however the system does not allow this for legacy files which were transferred across from our previous complaint management system. Reassurance is provided by the number responded to through 2023/24

and the monthly Integrated Quality Report data which notes the reduction in the number of complaints over 12 weeks old. From April 1st 2024 our new Inphase complaints management system will allow us to monitor response rates by each pathway within the complaints SOP (red/amber/green) and by specialty which will enable better monitoring and opportunity to escalate those not achieving target response times.

1.4 Reopened Complaints

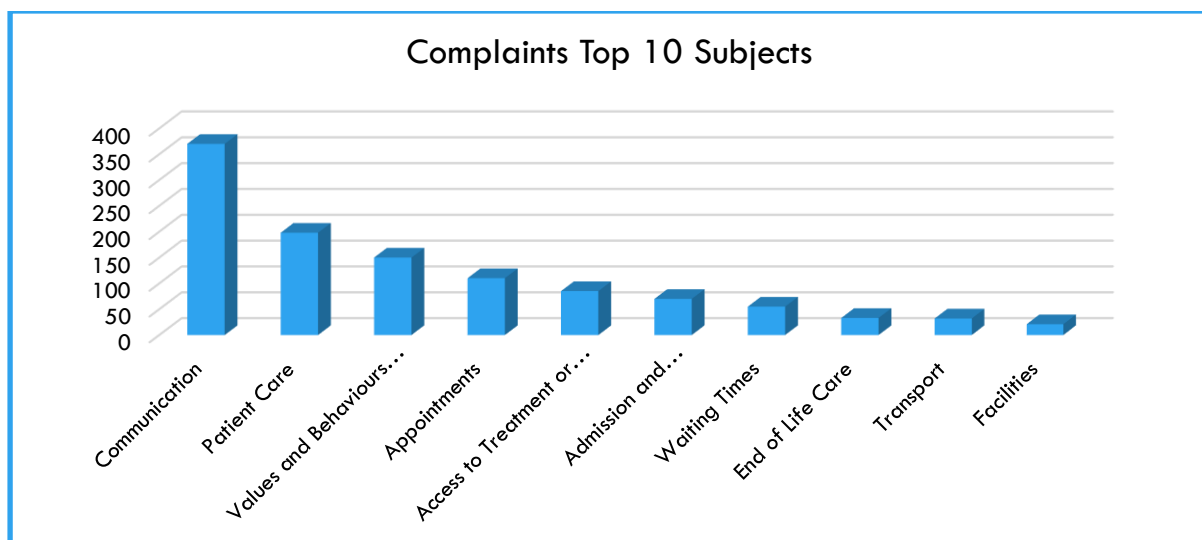
A complaint is reopened when the complainant indicates they remain dissatisfied or when new information has emerged that raises new concerns. Whilst we cannot predict which complainants will want to reopen their complaint following receipt of the Trust response, we do when reviewing a reopen complaint consider the quality of our initial investigation and response, seeking assurance or learning which we share with the care group who responded.

There were 20 re-opened complaints in 2023-24 compared to 66 in 2022-23.

Managerial Site	No of Re-Opens 2022-23	No of Re-Opens 2023-24
Denmark Hill	35	13
PRUH & South Sites	31	7
TOTAL	66	20

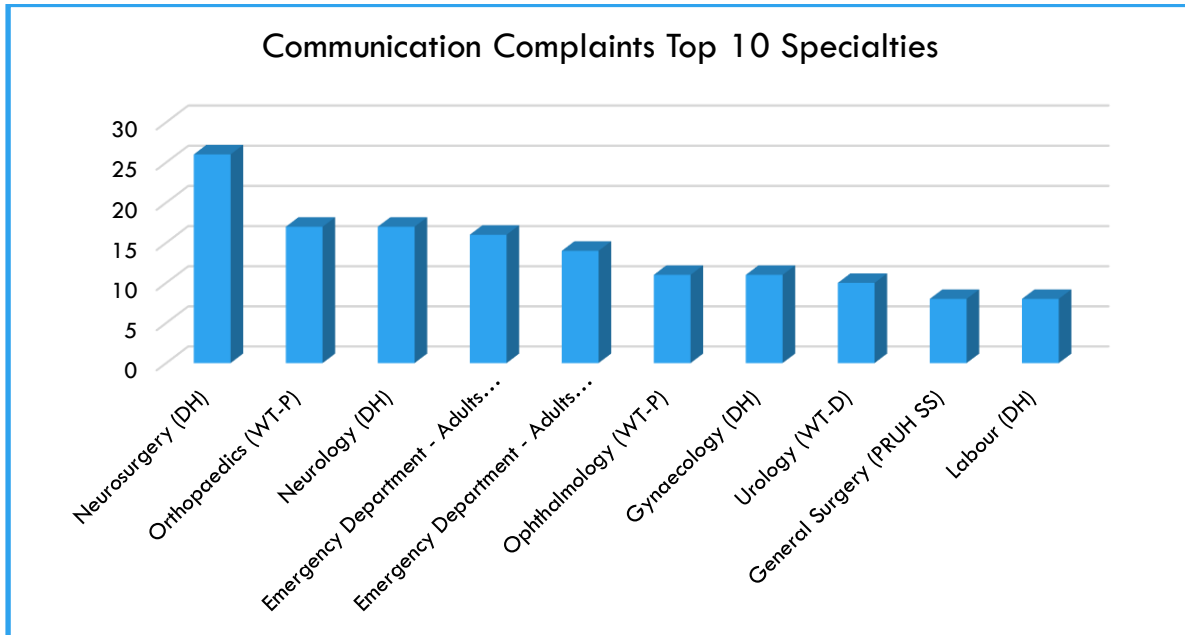
2. Complaint themes & Lessons Learned

The chart below shows the breakdown of the main themes for complaints received in 2023-24 broken down by subject/reason.



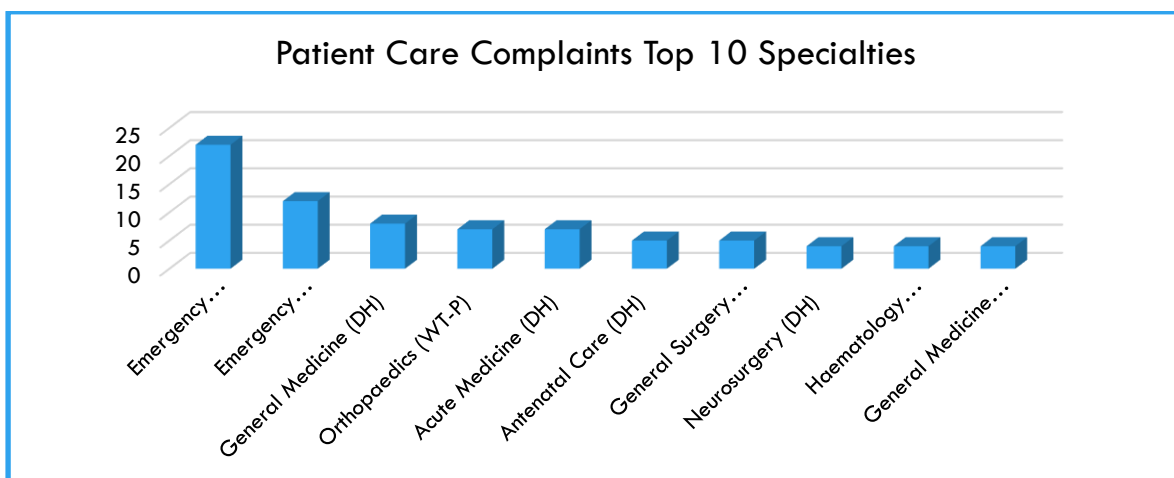
2.1 Communication

Communication as a subject logging code (stipulated nationally by NHS Digital) reflects an array of sub subjects such as communication with patients, with their families and between teams within the organisation. The chart below shows the specialties in Top 10 with most complaints where communication is the main subject.



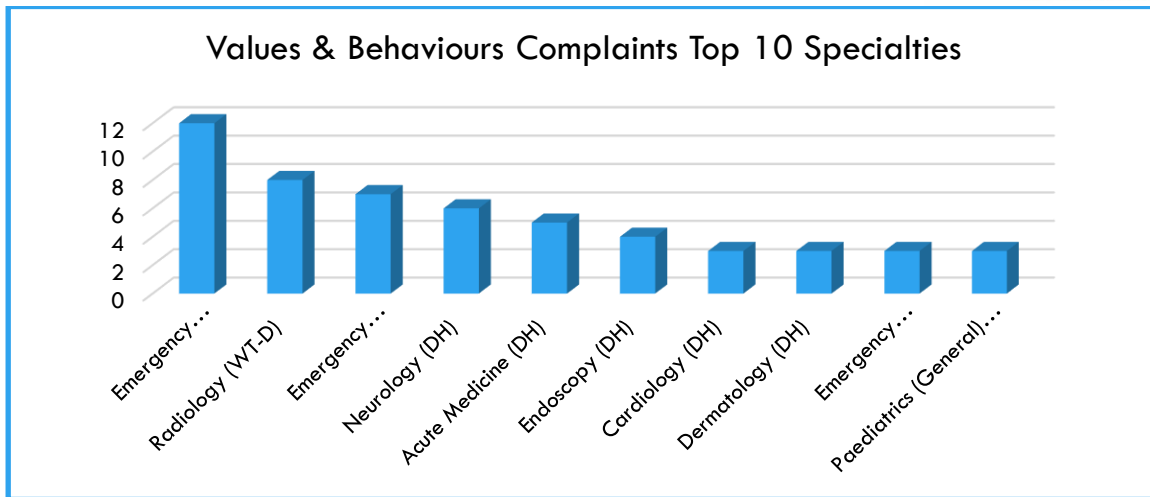
2.2 Patient Care

The second main theme was patient care however they are low in number in comparison but are scattered across specialty and are varied in nature often reflecting a set of individual circumstances



2.3 Values & Behaviours

Complaints in regard to values & behaviours are noted below. Where the complaint highlights serious concern the complaint is shared with relevant leads such as safeguarding, responsible officer or educational leads to ensure we consider our wider obligations to ensure the complaint is investigated by the most appropriate route.



3. Parliamentary Health Service Ombudsman (PHSO)

Referrals

We do all that we can to resolve complaints locally, we do however advise complainants from the outset that if they remain unhappy following the Trust response, they have the right to refer their complaints to the PHSO. The PHSO offer a second stage review where the PHSO consider there has been an injustice. Of the 23 referred to the PHSO whilst we do not know the outcomes of all of these as the consideration whether to investigate/investigations are ongoing, of these, 11 refer to complaints where care was delivered between the period 2019 to 2022. Having focused on clearing the complaint backlog in Q4 2022/Q1 & Q2 2023 we did pre-empt a number may approach the PHSO. Therefore just 12 related to care provided in 2023/24 which is the number we may expect as approximately 1% of the number of complaints responded to this year.

Of those we have received the outcomes for 2 were partly upheld, and 1 upheld. These required a further apology, and action plan. One was managed as an SI and not a complaint. The PHSO upheld complaints are monitored at our Patient Experience Committee with action plans developed by the specialty leads. We are finalising our PHSO tracker within the Inphase complaints module to ensure action plans are monitored and completed and to allow an overview by specialty.

4. Embedding learning from complaints

4.1 Process for Learning from Complaints

Learning from complaints is essential to ensure the specialties continue to improve the quality of care and experience of our patients, carers and relatives. In Q1 24/25 we are scoping the current approach and processes in place for disseminating, embedding and evidencing learning from complaints across all specialties. We have engaged and surveyed our care groups via our Quality Governance Partners and Patient Safety Governance Leads to establish the various approaches the care groups are taking so that we can adopt the best model for King to finalise our SOP in Q2 24/25.

Complaints are discussed at Care Group Governance meetings and are considered alongside the wider governance agenda offering insight to those responsible for the delivery and quality

of care and who are best placed to identify the potential for service improvements. This can then be considered in the broader context alongside incidents, risks, claims and operational performance. Importantly the Inphase system will also give us a much more effective platform for assigning and tracking actions required to implement lessons learned from complaints.

Current processes include the dissemination of learning through ward huddles, staff briefings, subject specific training sessions, reiteration of guidance and best practice. It may include a review of local policies and procedures where the complaint investigation has identified a shortcoming or failure in the existing policy or procedure. A complaint may highlight the need for additional training or development for an individual staff member or a team as a whole.

Upon receipt of a complaint we instigate discussion with relevant service leads for example, patient safety when linked to an incident where an investigation may already be underway or where the complaint highlights a safety concern. We link with the Trusts lead for Coroner's Inquests, safeguarding adults, paediatrics and midwifery. When indicated we also liaise with information governance, the responsible officer, educational leads etc., to ensure we consider all responsibilities and regulatory requirements.

We are engaging in a multi-organisation approach to consider the learning identified across three care providers in regard to a multi-organisation complaint. We will consider this model for those complaints that span other organisations where collaboration will capture the learning in a more meaningful way.

5. NHS Complaints Standards & Framework King's Approach & Plan

The NHS Complaints Standards are embedded into our ways of working however some elements such as the e-learning package the PHSO planned for staff are yet to be finalised. Some modules within the standards have required changes to our process and have informed our complaints pilot SOP. We have taken a staggered and subtle introduction of the complaints standards considering the changes we had started to make to our processes in Q4 22/23 and in mind of staff having to transition to the introduction of PSIRF live launch and the introduction of EPIC the Trusts new electronic patient record and management system.

We engaged with our local Healthwatch organisations via the Patient experience Committee and some that provide local advocacy services. We met with local advocacy providers in Q1/Q2 to ensure they were aware of our plans and priorities for 2023/24. This also offered the opportunity to gather feedback

6. Priorities 2024 – 2025

Key priorities include:

- Further embed and monitor the effectiveness of the processes in place to meet the new Complaints Standards
- Further develop the Inphase complaints management system to report timescales for responding to complaints by red/amber/green pathways and by specialty.

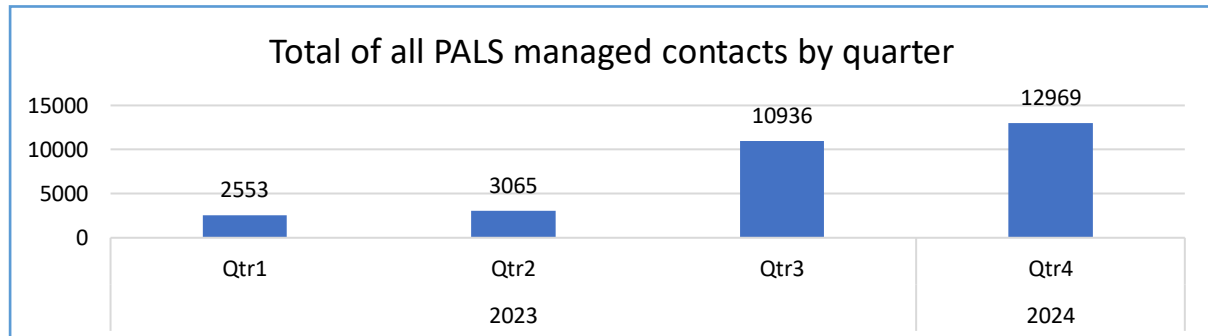
- Design real time complaints dashboards to allow specialty level monitoring of performance and to identify trends within their complaints
- Introduce a learning log to allow visible overview of learning logged against the complaints file to ensure follow up embedding and evidencing of implementation.

7. Patient Advice & Liaison Service

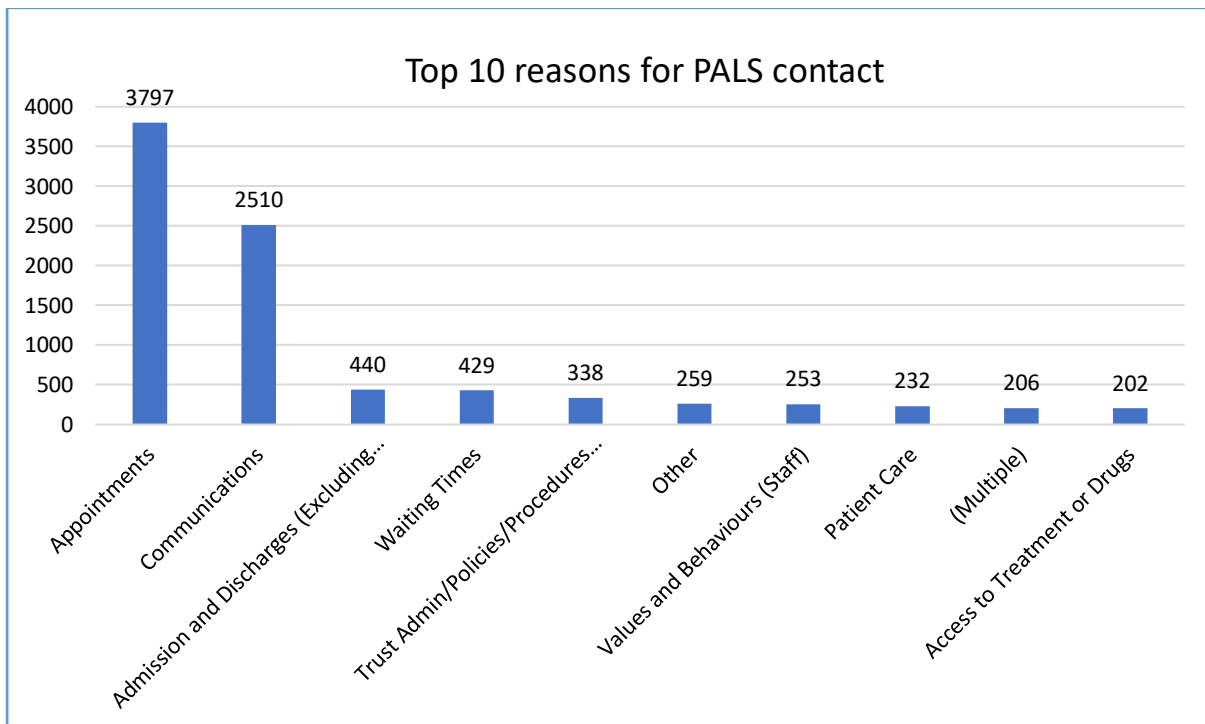
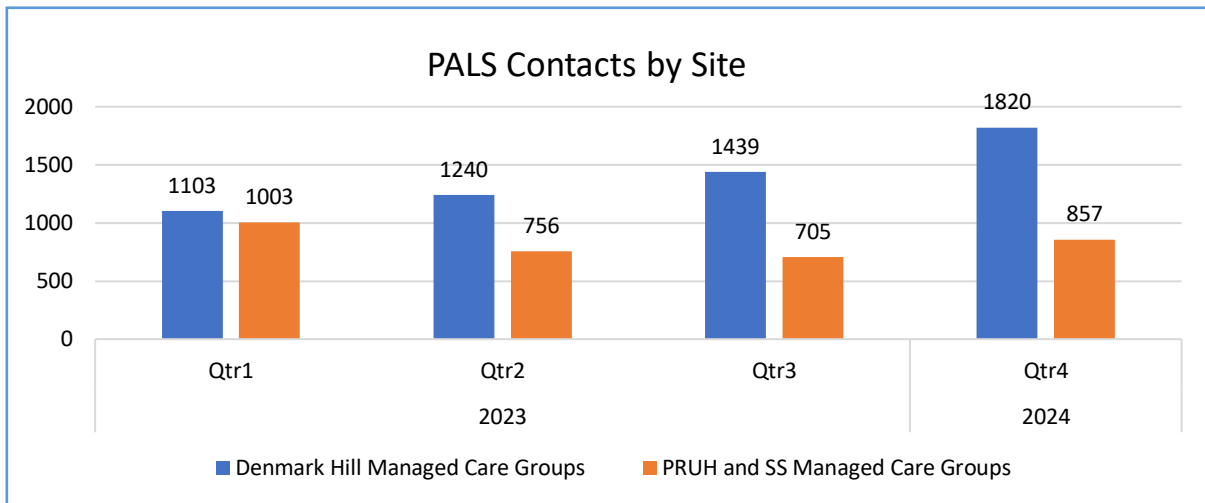
7.1 PALS Received

In 2023/24, the Patient Advice and Liaison Service recorded 20,039 contacts of which 3,770 were raising concerns; this is an increase of 151% compared to 2022/23. 5,264 were notably varied enquiries relating to care and service information, which is 187% more than last year. A further 11,005 were requests for information (sign posting, appointment confirmations etc, policy information), 132 general feedback comments and 331 compliments. In addition, the PALS team managed 9,020 enquiries about MyChart which launched in October 2023 alongside EPIC.

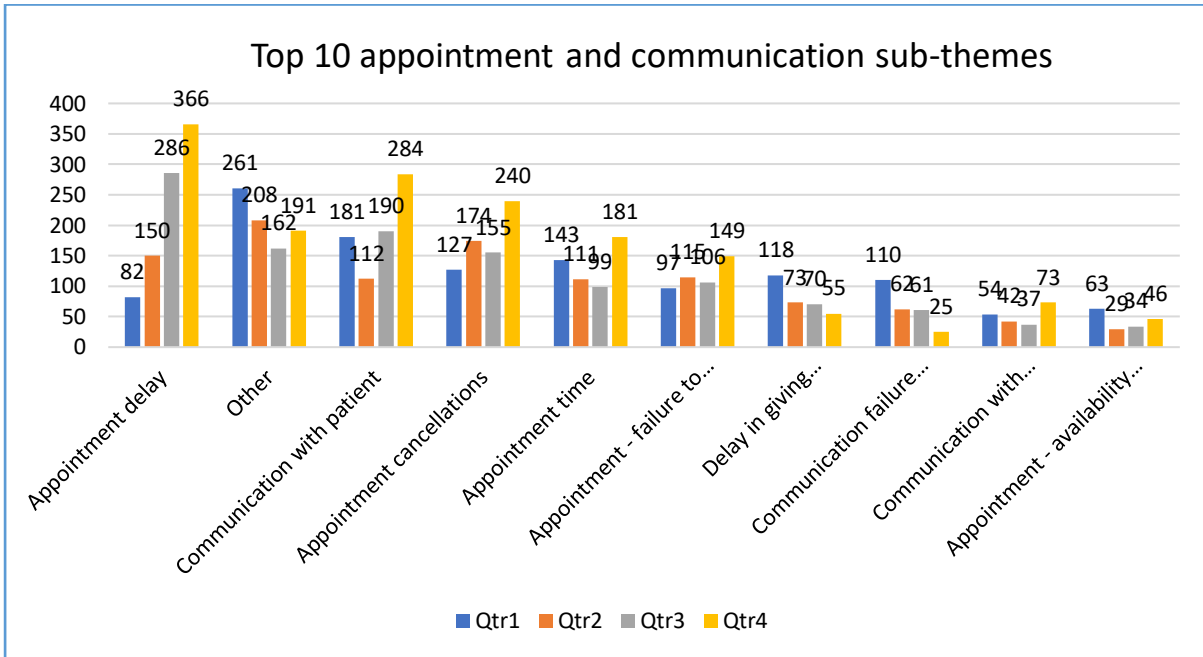
In July 2023, the move to the Inphase risk management system provided the platform to better record the PALS contacts. We developed the system to capture the vast number of information requests that were not previously logged and we log compliments and feedback received centrally. The noted increase in contacts in Q3/Q4 reflects these changes. The graph below indicates all contacts to PALS.



The graph below indicates the number of PALS contacts received by site led care groups (excludes corporate led complaints)



Appointment and communication issues created the most PALS contacts throughout the year with a total of 6,307 contacts (includes concerns, information, enquiries etc), equating to 21% of the overall contacts. The overall number of contacts relating to appointments significantly increased by 40% in Q4. Delays in receiving appointments, including patients wanting an earlier appointment when cancellations are rebooked to a future date, made up 65% of appointment related contacts. A breakdown of appointment and communication sub themes are below:

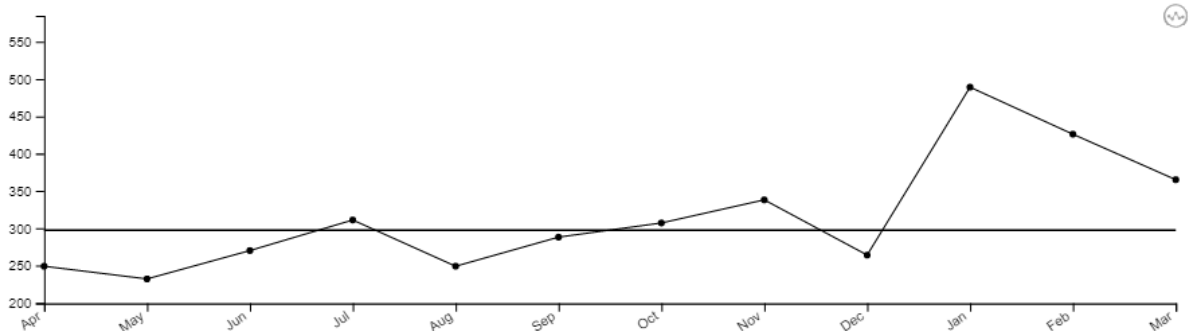


Notable themes are:

- Delay (including length of wait) for an outpatient appointment
- Unable to contact staff/department/wards on advertised telephone numbers
- Rescheduling of appointments more than once
- Delay in providing follow up appointments or other discharge plan recommendations
- Length of wait for elective surgery and cancelled procedures
- Quality and timeliness of appointment notifications
- Communication with relatives/carers in regard to inpatient care, treatment and discharge decisions
- Delay in reporting back to patients/ GP Practices on test results.

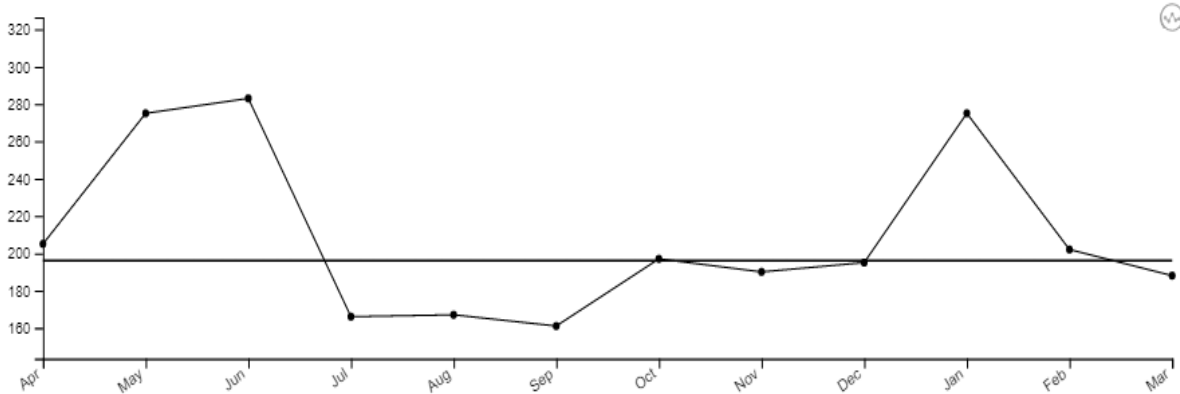
The charts below illustrate the two main themes, appointments and communication during the year. The average of 315 appointment queries a month, peaking in January 2024 to nearly 500. And supporting communication queries, an average of 208 per month, peaking in January 2024 to nearly 280.

Appointments - General Themes



APPOINTMENTS SUBJECT TRUST MONTHLY AVERAGE - 315

Communication - General Themes



COMMUNICATION SUBJECT TRUST MONTHLY AVERAGE - 208

To support improvements to outpatient services, during the current financial year, 2024-25, the PALS team will work alongside care groups to:

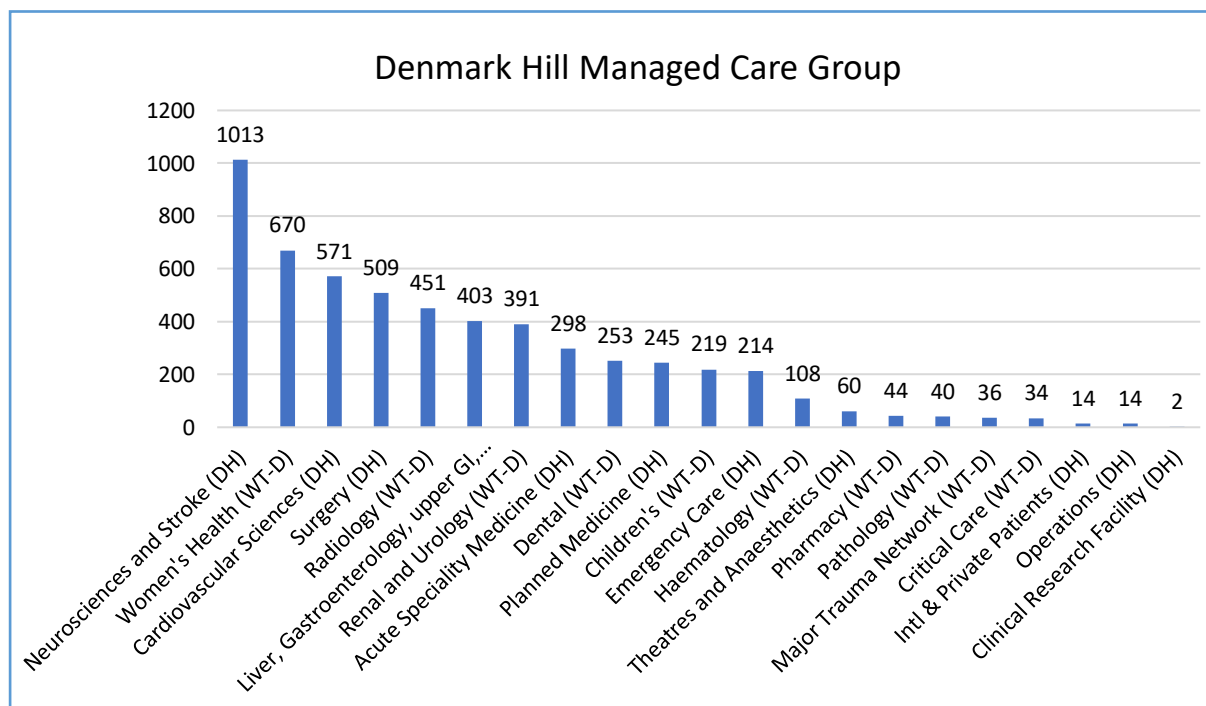
- review the waiting times within a sample of clinics and identify common themes with a view to improving either process or pathways which affect the experience of patients on the day of appointment.
- review the processes for booking follow up appointments to identify why these are not received by the patient following receipt of the clinic outcome letter.
- review sample template appointment letters pulled through EPIC to confirm accuracy and availability of the contact information for the services. Ensuring
- every outpatient team has a monitored email account for appointment notifications and timely responses will significantly reduce PALS contacts.

7.2 Denmark Hill Managed Groups

At total of 5,602 contacts overall were recorded for Denmark Hill managed groups in 2023/24. Concerns and enquiries averaged 442 per month. January 2024 saw the highest number of contacts. Breakdown below of type of contacts.

PALS Type	2023-2024
Compliment	203
Concern	2,098
Enquiry	3,212
Information Request	14
Feedback	75

The Neurosciences and Stroke care group attracted a high level of Patient Advice and Liaison Service contacts as indicated below, with patients reaching out for support with their appointments and follow up plans, results and general communication. The migration to EPIC was challenging for all the care group; to give an example, some clinics were not correctly built on the system which resulted in some patients being sent appointments for MDT's which are *Do Not Attend* appointments. PALS contacts indicate that the industrial strike action also impacted on appointment cancellations and patients have reported concern with the length of time between the cancelled and rebooked appointments. The inability to speak directly to secretaries in particular, was a cause for concern. PALS are working closely with the Neurosciences' Care Group to highlight key concerns and themes with the aim of working towards a reduction in these areas.



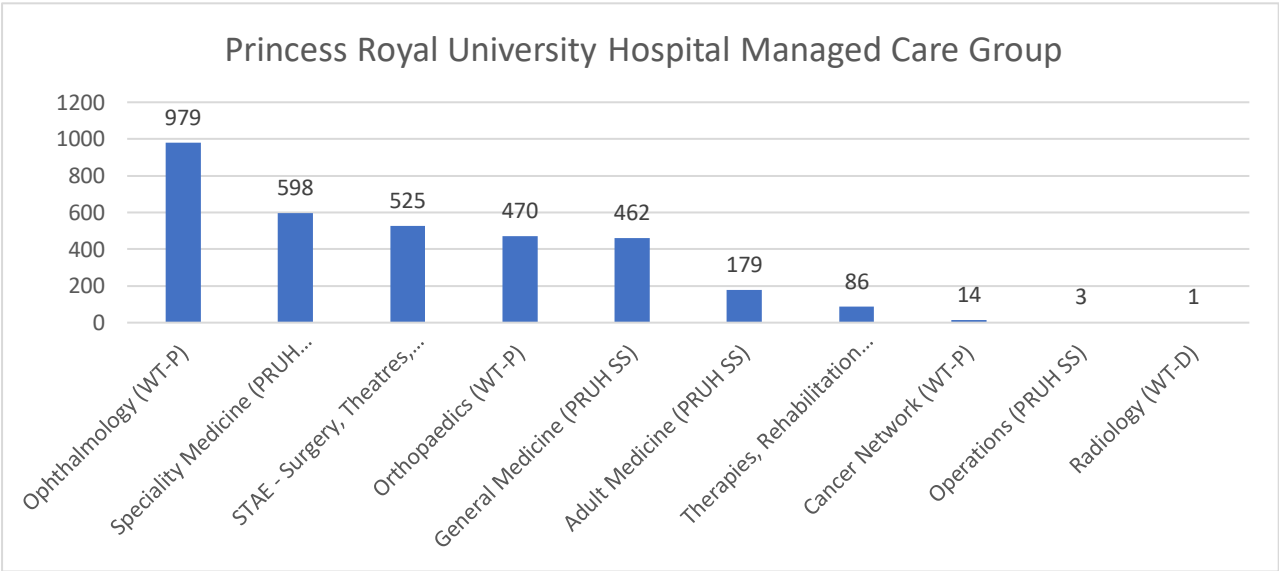
7.3 Princess Royal University and South Site Managed Groups

A total of 3,320 contacts were recorded for Princess Royal University Hospital managed groups between April 2023 to March 2024, with an averaging 277 contacts per month.

PALS Type	2023-2024
Compliment	112
Concern	1,496
Enquiry	1,679
Information Request	6
Feedback	27

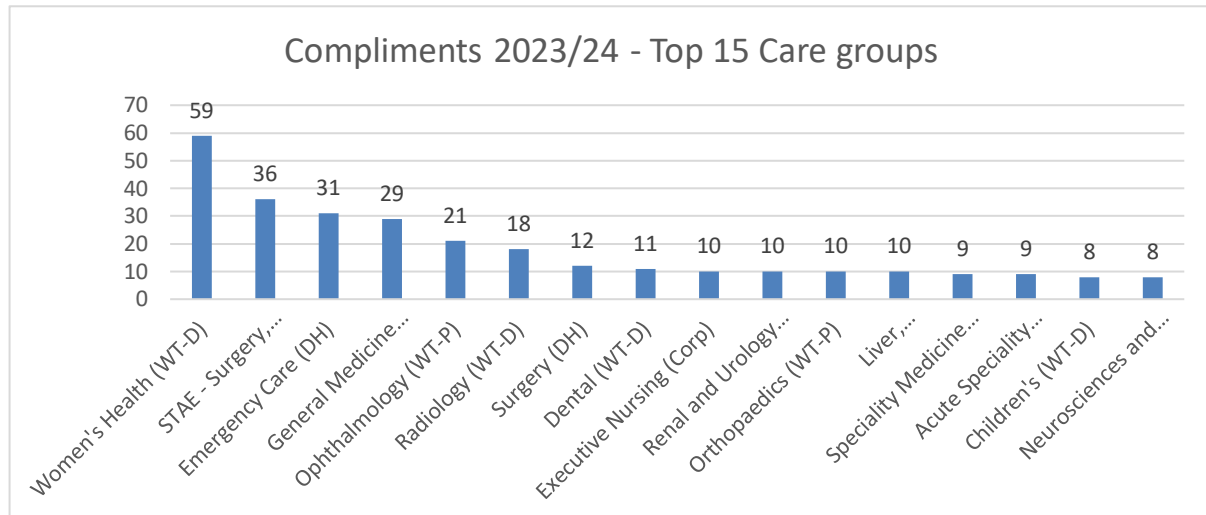
The Ophthalmology care group received a total of 979 records during the year, with a focus on issues concerning appointments, including delays, communication with department and failure to provide a follow-up as the most notable themes. The most significant improvement introduced by Ophthalmology during year, has been a new telephone system which has improved patient experience and reduced the level of contacts to PALS with the inability to contact the service being cited. This has had an overall impact of decreasing contacts by 47% between September and December 2023.

Speciality Medicine received 598 contacts during the year; an analysis of the themes highlighted issues with appointments and communication, including contacting the service to change appointment and delays in receiving appointments. Throughout the year, a number of initiatives were implemented by the care group, with the aim to reduce PALS contact, resulting in a 57% reduction from a high of 87 in May 2023 to 37 in March 2024.



8 Compliments

The Trust received 331 compliments through the Patient Advice and Liaison Service, with 17% for the Women's Health care group.



“From the moment I entered the doors of the unit I was put at ease by all the staff. I was impressed with the professionalism and care provided. There was no long waiting around in the ward, I was seen promptly by a number of nurses taking vital information from blood pressure to my measurements for the surgery socks...” – DSU PRUH

“I wish to thank you most sincerely for the exceptional care given to X during his time in the Liver Intensive Care Unit. I would especially like to thank the American nurse who cared for X on a few shifts and especially on the day he died also the catholic priests who attended him...” – LITU

“I have had excellent communication, with all queries and questions answered in a timely manner. Care felt very personalised based on my previous experience. During this time, I've felt extremely supported by Amber and will be so sad to see her leave before I give birth.” – Community Midwifery DH

“I just wanted to send a note about my midwifery care. I had a home birth and it was honestly one of the most positive experiences of my life. The care I received was exceptional - I was so well attended, the support both pre and post birth was exactly what I needed and I have recommended home births to so many people subsequently!...” – Community Midwifery DH

9 Summary PALS & Complaints

Complaints and PALS work together to manage all contacts with the aim of resolving any concerns or issues in a timely way and endeavour to offer an acceptable resolution. In summary, the service provided by PALS relates more to outpatient and current inpatient issues and concerns where mediating on the patient's behalf can achieve a timely resolution. Care group engagement is key as far as providing a timely resolution.

The Top 5 reasons for complaints differ from PALS contacts as outlined below other than communication and appointments. Formal complaints are more focused on historical events/experience that spans a period of time, a more complex patient pathway, crosses over with other care providers or are more serious concerns that require a full investigation. Communication is a varied logging code and incorporates issues such as communication failure between departments, breakdown in communication re appointments, conflicting information given.

Top 5 reasons for contact to PALS and Formal Complaints

PALS	Complaints
Communication	Communication
Appointments	Patient Care
Admissions & Discharges	Values & Behaviours
Waiting Times	Appointments
Trust Admin	Access to treatment or drugs

Top 5 specialties for contact to PALS and Formal Complaints

PALS	Complaints
Neurosciences & Stroke	Emergency Department (PRUH)
Ophthalmology	Emergency Department (DH)
Women's Health	Orthopaedics
Specialty Medicine	Neurosurgery
Cardiovascular Services	Neurology

Priorities 2024 – 2025 Complaints & PALS

Complaints key priorities include:

- Further embed and monitor the effectiveness of the processes in place to meet the new Complaints Standards
- Further develop the Inphase complaints management system to report timescales for responding to complaints by red/amber/green pathways and by specialty.
- Design real time complaints dashboards to allow specialty level monitoring of performance and to identify trends within their complaints

- Introduce a learning log to allow visible overview of learning logged against the complaints file to ensure follow up embedding and evidencing of implementation.

PALS key priorities are to work alongside care groups to:

- review the waiting times within a sample of clinics and identify common themes with a view to improving either process or pathways which affect the experience of patients on the day of appointment.
- review the processes for booking follow up appointments to identify why these are not received by the patient following receipt of the clinic outcome letter.
- review sample template appointment letters pulled through EPIC to confirm accuracy and availability of the contact information for the services. Ensuring
- every outpatient team has a monitored email account for appointment notifications and timely responses will significantly reduce PALS contacts.

We will continue to work together to ensure our patients, relatives, carers and service users are supported in raising concerns. We want them to be assured that when they do they are taken seriously, are managed appropriately via the most appropriate route and resolved to their satisfaction.