

PALS and complaints annual report 2023-24

1 Introduction

This paper provides key data about our complaints and PALS activity for 2023/24, with comparisons for 2022/23 in most areas. As well as overall numbers, we provide breakdowns by themes, service area/division/directorate and/or specialty. For complaints, we also provide an analysis of outcomes, risk level and backgrounds of complainants.

The paper also provides an update on developments within the complaints and PALS functions as part of the wider insight and experience directorate.

2 Complaints

2.1 Number of complaints

Last year, the Trust received 1,060 formal complaints. This was a five per cent increase on the 1,005 received the previous year. This is now back in line with the number received before the Covid-19 pandemic following a drop-off during the pandemic. For comparison, in 2019/2020, the Trust received 1,074 complaints.

2.2 Complaints breakdown – by subject

We report the subject of complaints using standard categories set nationally which allows for benchmarking across NHS trusts. Table 1 highlights the top five categories of formal complaints received during the year in comparison with the previous year (for reporting purposes clinical treatment and patient care have been combined as they are so similar).

Table 1: Complaints by subject, 2023/24 and 2022/23

Category	2023/24	% of total	2022/23	% of total
Clinical treatment/patient care	302	28	274	27
Values and behaviours	185	17	163	16
Appointments	140	13	145	14
Communications	126	12	120	12
Admin/policies/procedures	46	4	58	6
Waiting times	261	26	245	25
TOTAL	1,060	100	1,005	100

The breakdown by subject areas in 2023/24 is very similar to that for the previous year. The proportion of complaints about clinical treatment/patient care increased slightly, having remained the same for the three previous years. There is also a slight increase in the proportion of complaints relating to the values and behaviours of our staff at 17 per cent - this is lower than the 18.5 per cent received during the height of the pandemic in 2021/22 but above the 15 per cent in the two years before the pandemic.

There was a small fall in the proportion of complaints about our admin/policies/procedures which we believe is linked to improvements in the way we respond to subject access requests.

2.3 Complaints breakdown – by service

Table 2 provides a breakdown by service area. There has been an increase in the proportion and number of complaints about outpatient services and a decrease in the proportion and number about inpatient services. This continues the trend noted in 2022/23. Outpatient concerns cover issues about delays and appointment cancellations, but also about referrals and access more generally. The proportion of complaints about A&E and maternity services has remained broadly steady.

Table 2: Complaints by service, 2023/24 and 2022/23

Service area	2023/24	% of total	2022/23	% of total
Outpatients	598	56.5	532	53
Inpatients	248	23.5	265	27
A&E	127	12	129	13
Maternity	87	8	79	8
TOTAL	1,060	100	1,005	100

Table 3 shows the number of complaints received by division compared with the previous year. Table 4 shows the seven directorates with the highest number of complaints.

Table 3: Complaints by division, 2023/24 and 2022/2023

Division	2023/24	% of total	2022/23	% of total
Medicine and integrated care	345	33	364	36
Surgery and cancer	342	32	346	34
Women's, cardiac, clinical support and sexual health	247	23	152	15

Corporate (including private healthcare and transport)	104	10	121	12
NWL Pathology	1	N/A	3	1
West London Children's Healthcare	21	2	19	2
TOTAL	1,060	100	1,005	100

On 1 April 2023, the cardiac directorate was transferred from the division of surgery and cancer to form the division of women's, cardiac, clinical support and sexual health services. This accounts for the increase in the proportion of complaints for the latter.

Table 4: Top seven directorates for highest number of complaints, 2023/24 and 2022/23

Directorate	2023/24	% of total	2022/23	Previous ranking	Year on year change
1 Urgent and emergency medicine	122	11.5	129	1	-5
2 Specialist surgery	91	9	68	4	+30
3 Maternity	87	8	79	3	+4
4 Stroke and neurosciences	78	7	75	4	+4
5 General surgery and vascular	74	7	73	5	+1
6 Ophthalmology	62	6	48	10	+23
7 Gynaecology, sexual health, reproductive and retroviral medicine	59	6	59	8	no change

As in previous years, urgent and emergency medicine has the largest number of complaints which is as expected as they have the most patient contacts. The biggest theme for urgent and emergency medicine complaints was values and behaviours, representing a quarter of all complaints about the directorate. This is the same as in 2022/23. Work is underway on creating calmer, more welcoming environments and de-escalating challenging situations with patients and visitors as part of a wider programme to tackle violence and aggression.

The two areas with marked increases in complaints were specialist surgery and ophthalmology. For specialist surgery, a third of complaints were about appointments. For ophthalmology, a quarter of complaints were about appointments and another quarter about values and behaviours.

The services which have reduced the number of complaints since last year and therefore dropped out of the 'top 7' were trauma and acute and specialist medicine (Charing Cross). For trauma, there has been a particular drop in complaints about waiting times and about communication.

Acute and specialist medicine (Charing Cross) has undertaken improvement work to improve the accuracy of recording patients' next of kin details and providing them with regular updates, in

response to a particular theme of their complaints in 2022/23. They have also seen a reduction in the number of complaints about falls.

2.4 Complaints breakdown – by risk level

All complaints are risk assessed upon receipt for their potential for causing harm. 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 level.

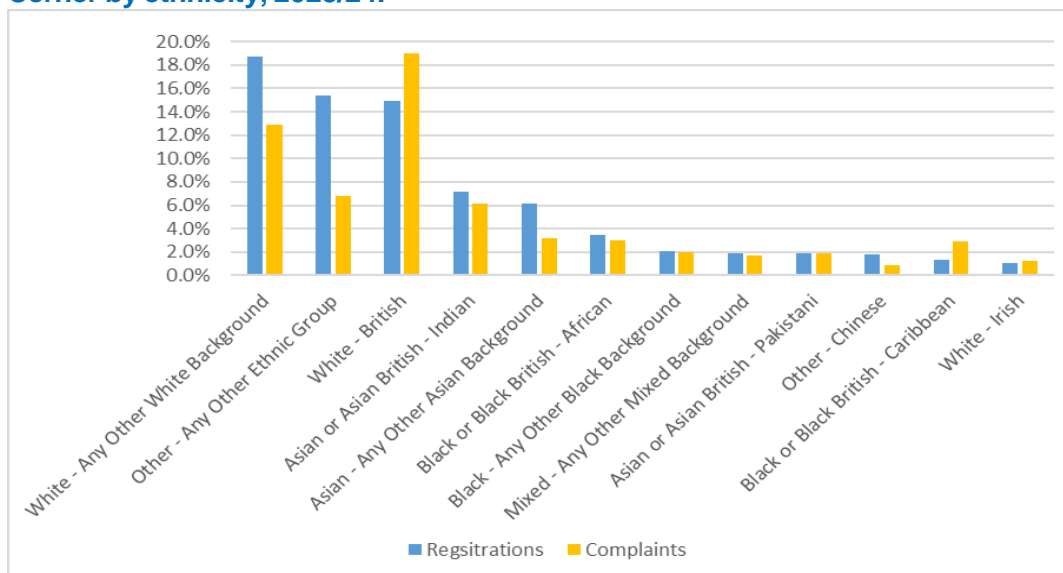
Table 5: Complaints by risk level, by division, 2023/24

Division	LOW	MEDIUM	HIGH
Medicine and integrated care	311	32	2
NWL Pathology	0	1	0
Surgery and cancer	332	10	0
West London Children's	20	1	0
Women's, cardiac, clinical support and sexual health services	226	21	0
Corporate (including private healthcare and transport)	103	1	0
TOTAL 2023/24	992	66	2
TOTAL 2022/23	906	94	5

2.5 Complaints breakdown – by ethnicity and deprivation score

See table 6 for a breakdown of complaints by ethnicity and table 7 for a breakdown by deprivation area score.

Table 6: Proportion of complaints by ethnicity compared with proportion of patients registered on Cerner by ethnicity, 2023/24.

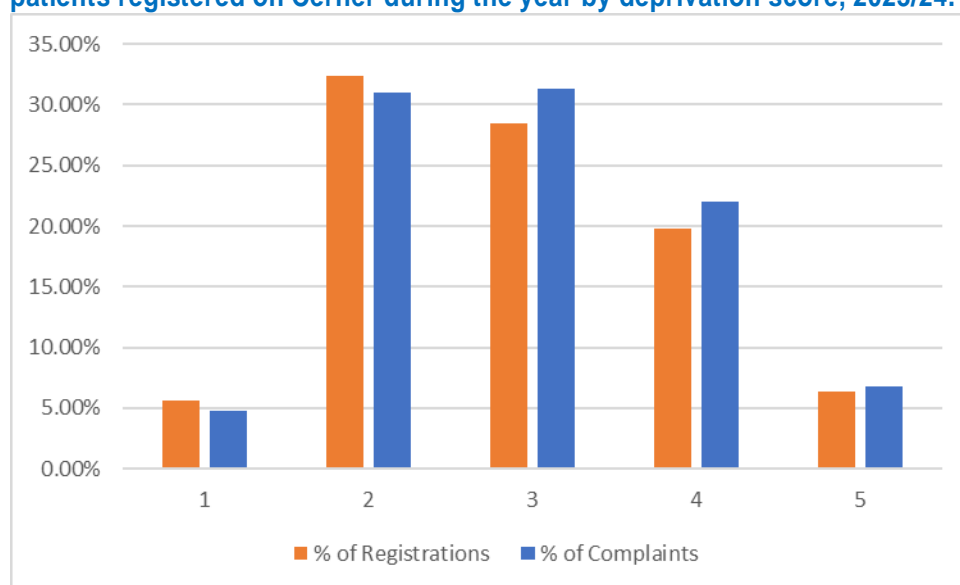


People who describe themselves as 'White - British' are most 'over-represented' in terms of making complaints to the Trust. The other 'over-represented' group are people who describe themselves as 'Black or Black British – Caribbean'.

In terms of ‘under-representation’, people from ‘White – Any Other White Background’ are most under-represented, along with ‘Asian - Any Other Asian Background’. People from ‘Asian or Asian British – Indian’ as well as ‘Black or Black British – African’ also appear to be under-represented, but less so. There is also a significant under-representation in terms of people who describe themselves as ‘Other - Any Other Ethnic Group’ but this is such a broad category it is hard to understand who that includes. We need to be cautious in how we interpret all of the data as it is not complete (only 71 percent of complainants had ethnicity and deprivation data recorded) or specific enough. However, it is clear there are significant disparities between people from different ethnic backgrounds that requires further analysis.

There do not appear to have been any significant changes since last year’s report.

Table 7: – Proportion of complaints by deprivation score (‘index of multiple deprivation quintile – with IMD1 being the highest level of deprivation and IMD5 being the lowest) compared with proportion of patients registered on Cerner during the year by deprivation score, 2023/24.



There appears to be a correlation between deprivation and likelihood of making a complaint, though not necessarily an entirely linear one, the same as last year.

Again, much more analysis is required to understand this data and what it is telling us. And we also need to analyse against other protected characteristics.

This year, we have begun to undertake deeper analyses of complaints as part of specific reviews or improvement projects – for example, a review of cancer care pathways which was prompted, in part, by an increase in complaints.

2.6 Complaints breakdown – by outcome

The outcomes of complaint investigations are required to be categorised as ‘not upheld’, ‘partly upheld’ or ‘upheld’ for national reporting purposes. Table 8 shows the outcomes of the 966 complaint investigations completed in 2023/24. (This number is different to the number of cases received in-year as some complaints come in during the previous reporting year and others are completed in the following reporting year.)

Table 8: Complaints outcome by division, 2023/24

Division	Not upheld	Partly upheld	Upheld	TOTAL
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Medicine and integrated care	120	132	66	318
NWL Pathology	0	0	1	1
Surgery and cancer	140	89	78	307
West London Children's	11	11	6	28
Women's, cardiac, clinical support and sexual health services	82	70	58	210
Corporate (including private healthcare and transport)	40	15	47	102
TOTAL	393	317	256	966
Percentage	41.5	31	27.5	100

The complaints team upheld or partly upheld 58.5 per cent of complaints last year, slightly up on 58 per cent in 2022/23 but the proportion has fluctuated between 53 and 58 per cent for at least the past five years.

Our categorisation process is relatively subjective and needs further consideration and development to allow properly useful analysis. There is a strong argument for upholding many more complaints as there is almost always learning to be found in a complaint.

2.7 Complaints breakdown – by response time

Seventy per cent of complaints were responded to within a timescale agreed with the complainant. Ninety-six per cent of acknowledgment letters to formal complaints were sent within three working days of receipt.

Our average response time (including re-opened complaints, of which there were 42, four per cent, up from three per cent the previous year) was 50 working days, with table 9 showing the breakdown.

Table 9: Response time breakdown

CLOSED CASES	
Number of investigations completed	966
Number investigated in the agreed timeframe	739
% investigated in the agreed timeframe	70
Number closed within 40 working days	556
% closed within 40 working days	52

2.8 Examples of learning and improvements generated by complaints during 2023/2024

Pharmacy and cancer services

Last autumn, we identified from complaints a breakdown in communication between pharmacy and oncology regarding treatment with the chemotherapy drug vinorelbine. The drug must be formulated on the day in pharmacy, and this can take up to four hours. Patients were being booked for early morning appointments for chemotherapy and having to wait many hours for an already stressful treatment at most of their attendances. When we flagged this issue with oncology, they

made changes to stop booking patients receiving vinorelbine before 10am. This has gone some way to easing the waiting times and frustrations of a specific group of chemotherapy patients.

Fertility services

Following a complaint about communication about the storage of frozen embryos, the embryology team is simplifying the process for recording data for frozen embryos. The frozen embryo replacement cycle laboratory performance measures are now part of the monthly reporting metrics for the Fertility Centre.

Audiology

After a patient complained about significant discomfort during an ear impression, the audiology service made improvements to departmental training and peer review. Additionally, the team explored the benefits of different impression materials, impression guns, and tip sizes and updated their standard operating procedures and risk assessments.

Ophthalmology

Patients are often asked to attend the Western Eye Hospital solely for diagnostics (a test or imaging) but not a consultation with a doctor. Unfortunately, this is not made clear to patients before they attend which often leads to problems on the appointment day when the patient is disappointed that they are not seen by a doctor. The service is in the process of altering its letter templates so that it clearly explains what will happen.

2.9 Parliamentary and Health Service Ombudsman (PHSO) cases

We had 123 referrals to the PHSO last year – equivalent to 12 per cent of cases closed in-year. Only 45 were made in line with PHSO requirements (for example, many had been made prematurely or had not been made to the Trust first). Twelve were subject to initial follow-up by the PHSO. Three proceeded to a full investigation.

This is similar to the previous year when, out of 128 complaint referrals to the PHSO (representing 14 per cent of cases closed that year), 25 were subject to initial follow-up by the PHSO, of which three proceeded to a full investigation.

The PHSO concluded their investigation of three complaints in-year (one was carried over from the previous year) and one remained open from the previous year. Of the three investigations last year, one was upheld, one was partially upheld and one was resolved informally via mediation led by the PHSO.

In the upheld case, the PHSO found that the Trust did not implement NICE guidelines in relation to the prescribing of Ajovy, a migraine medication, within the 90 days required. We sent a written apology to the patient as well as £1,000 in compensation. Since the complaint was made, we now have a process in place for promptly prescribing this medication to patients.

The partially upheld case was a joint investigation between the Local Government Ombudsman and the PHSO. It related to discharge planning and the findings were primarily about the patient's local authority social services. However, they also identified shortcomings with our discharge planning and so we agreed to pay £150 compensation with apologies and to share the learning with our discharge team.

2.10 Financial compensation

Where complaints are upheld or partially upheld, we are expected to try to offer a remedy that returns the complainant to the position they would have been in otherwise. If that is not possible, the remedy should compensate them appropriately. Remedies include an apology, remedial action (such as changing a decision) or, sometimes, a financial payment.

In 2023/24 the Trust made monetary payments totaling £8,400.12 to help remedy complaints. This was a slight decrease on the £9,496 paid in 2022/23. £649.90 came from the complaints team budget and the remainder came from the relevant services' budget. Property loss continued to be the key driver of financial compensation.

3.0 PALS

3.1 Concerns and enquiries

The PALS team dealt with 5,008 informal concerns and enquiries during 2023/24. This represents an increase of 4 per cent on the previous year. Table 9 displays a breakdown of the cases received by division.

Table 10: PALS concerns and enquiries by division, 2023/24 and 2022/23

Division	2023/24	% of total	2022/23	% of total
Medicine and integrated care	1687	34	1643	34
Surgery and cancer	1794	36	2140	45
Women's, cardiac, clinical support and sexual health services	945	19	647	14
NWL Pathology	13	<1	6	<1
Corporate (including private healthcare and transport)	255	5	191	4
West London Children's	93	2	105	2
Not recorded or not applicable	221	4	45	1
TOTAL	5,008	100	4,777	100

The significant change in the proportion of concerns and enquiries for the division of surgery and cancer and the division of women's, cardiac, clinical support and sexual health services is again due to the change in divisional responsibilities that took place on 1 April 2023.

Table 11 shows the breakdown of PALS cases by specialty (for those specialties receiving more than 150 concerns in the year). The main areas to show significant increases were neurology, ENT, gynecology and cardiology. Ophthalmology concerns fell year on year- this may be significant in terms of the corresponding jump in formal complaints for the service last year.

Table 11: PALS cases by specialty (where over 150 concerns), 2023/24 and 2022/23

Speciality	2023/24	% of total	2022/23	Previous rankin	Year on year change
1 Neurosurgery	342	7	341	2	no change
2 Neurology	317	6	287	3	+9%
3. Ophthalmology	307	6	400	1	-30%
4. Ear, nose and throat	233	5	209	6	+10%

5. Orthopaedics	227	5	244	4	-7%
6. Urology	233	5	233	5	no change
7. Gynaecology	223	4	196	7	+11%
8. Cardiology	161	3	132	10	+18%
9. Transport	160	3	172	8	-7.5%
10. Gastroenterology	160	3	160	9	no change

Table 12 shows a breakdown of PALS cases by subject category (top five categories only). The main themes relate to appointments, specifically appointments being delayed, cancelled or rescheduled.

Table 12: PALS cases by subject, 2023/24 and 2022/24

Subject	2023/24	% of total	2022/23	% of total
Appointments	1692	34	1832	38
Communications	991	20	871	18
Clinical treatment	706	14	586	12
Waiting times	397	8	225	5
Values and behaviours	273	5	222	5
Other	949	19	1041	22
TOTAL	5,008	100	4,777	100

4 Challenges, opportunities and plans for the year ahead

There has been significant work to progress recommendations that arose from the internal audit of our complaints processes in 2023 as well as continuing developments to bring complaints and concerns into wider plans to improve our use of user insights and to align complaints with the new patient safety incident response framework (PSIRF).

For example, we now take a bi-monthly report of complaints, concerns and other user feedback to EMBQ, EMB, quality committee and strategic lay forum meetings which regularly prompts or contributes to specific reviews or improvement programmes. And complaints with potential patient safety issues are now flagged and reviewed with the medical director's office on receipt and there is greater coordination of cases that involve complaints and safety incidents.

Other actions remain in train, to be completed in the first half of this year, including:

- Finalisation and publication of the updated complaints information leaflet and accompanying animated video (with closed captioning and translations).
- Finalisation and approval of the refreshed concerns and complaints policy.
- Finalisation and publication of the complaints management toolkit for staff, together with improved staff training.
- More regular engagement with services and divisions to help the complaints and PALS services to run effectively and to ensure we identify and share learning, including clear accountability for complaints at every level.
- Continuation of response letter quality assurance workshops and routine, early conversations with complainants.
- Updating staff training packages to align with PHSO standards and toolkit resources.

We also committed to the implementation of the new PHSO complaints standard in line with national obligations. These standards were reviewed in detail during a complaints team improvement workshop and self-assessment exercise. This assessment has laid the groundwork for a more detailed action plan, with further refinement anticipated through input from both staff, patients and their families and carers.

We have continued to review ways of working – and capacity and skills requirements – across our complaints, PALS and main reception teams. Proposals for a small restructure will be put forward in the first quarter of this year. Key objectives are to try to resolve more issues at source, before they become concerns and before concerns become formal complaints, and to further align complaints with our PSIRF processes.

For PALS and complaints, we will also be reviewing our tracking and case management approaches to enable us to join up our response to complainants and to aid more detailed analysis and learning. We have also had an internal audit of all our patient experience processes this year which identified a number of improvements, now completed or in train. The key improvements were in the validation and sharing of patient experience data.

We have considered the under-representation of complainants from specific backgrounds in the development of materials and activities to promote our complaints processes but there is much more to do to understand and tackle inequity in our complaints and PALS services.

Another area for development is the capture and sharing of positive feedback and compliments. PALS do record compliments but the data – and our processes - are not yet comprehensive enough to generate meaningful insights. We hope to take this work forward as part of a development to make improvements in staff recognition and our wider project to triangulate and share user feedback and insights at a ward level to help teams to identify and prioritise improvements.

Finally, we are helping to take forward work across the acute provider collaborative to align our complaints (and friends and family test) management processes and reporting.