

NWL Acute Provider Collaborative Quality Committee

Select meeting date

Item number: #

This report is: Public

Imperial College Healthcare complaints and PALS annual report 22/23

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Purpose of report

Purpose: Assurance

This report responds to NHS complaints regulations for trusts to produce an annual report of complaints activity. This year, the report also provides an update on significant changes in how the complaints and PALS function are being developed as part of a new insight and experience directorate.

Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

Imperial College Healthcare EMB Quality 18/04/2023 Noted	Imperial College Healthcare EMB 25/04/2023 Noted	Imperial College Healthcare Quality Committee 24/05/2023 Noted
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Executive summary and key messages

1.1. Key complaints and PALS data and insights for 2022/23 are as follows:

- We received 1,005 formal complaints, representing a 12 per cent increase on the previous year.

- Seventy-five per cent of complaints were responded to within the deadline agreed with the complainant (this is our current standard though work is underway to develop shared complaints performance metrics across the acute provider collaborative).
 - We closed 911 complaints during the year, with an average response time of 49 working days.
 - Out of 128 complaint referrals to the PHSO last year (representing 14 per cent of cases closed last year), 45 were in line with PHSO requirements, of which 25 were subject to initial follow-up by the PHSO, of which three proceeded to a full investigation.
 - Of the three cases investigated by the PHSO, one was not upheld, one was partially upheld and we are still awaiting the outcome of the third.
 - Three per cent of complaints were re-opened, meaning we needed to provide a follow-up written response. This is the same as for the previous year.
 - The seven directorates that received the highest number of complaints remained the same but there were changes in relative ranking. In particular, there was a big jump in complaints for stroke and neurosciences and a decrease or no change for trauma and acute and specialist medicine at Charing Cross, respectively.
 - Our first analysis of the backgrounds of our complainants, to help us identify and tackle inequalities, shows 'over-representation' of complainants from 'white British, Irish and other white backgrounds' and 'black Caribbean, African and other black backgrounds' and 'under-representation' of complainants from 'mixed' backgrounds and Asian backgrounds.
 - There appears to be a clear correlation between deprivation and likelihood of making a complaint, with people from areas with the highest deprivation most 'under-represented' in complaints and people from areas with least deprivation most 'over-represented'.
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- PALS logged 4,777 PALS cases, representing a six per cent increase on the previous year.
 - PALS received 527 compliments for our services.
 - The nine specialties that received the highest number of concerns via PALS remained the same but there was a slight change in ranking, with a big increase in concerns about ophthalmology – with the main themes being delays in being seen, chasing for follow up appointments and appointments being rescheduled or changed/cancelled (this is unsurprising as this period covers the time most of the Western Eye Hospital had to be closed due to fire safety concerns) and a significant increase in concerns about neurosurgery, primarily relating to appointments.
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- The report summarises three strategic priorities for the coming year that build on the incorporation of complaints and PALS into the new insight and experience directorate:
 - Progressing work with the medical directors' office to explore connections with investigating and responding to safety incidents. There is a big appetite and opportunity for greater collaboration – and potentially integration of some of our processes – given the implementation of the new patient safety incident response framework (PSIRF) across all NHS trusts this autumn that seeks to focus more on understanding and meeting the needs of patients and their families and on learning and improvement.
 - Developing new ways of working to resolve issues before they become formal complaints and to prevent similar issues arising again. There is a big opportunity for greater collaboration – and potentially integration of some processes – between PALS

and our 'front of house' team, especially to provide immediate, in-person support for patients and visitors. We also think there are opportunities for greater synergy with wider improvement and quality programmes, including ward accreditation.

- Linking into work led by the strategy, research and innovation team on reducing health inequalities and by the patient and public involvement team to improve community engagement and to progress the review of our approach to interpreting services. From initial analysis of the data on the backgrounds of our complainants, there is clearly much to be done to understand and act on why some groups seem less likely – or able – to make a complaint or to provide feedback on our services.
- The report also summarises more short-term actions for the complaints team that have been developed in part from a recent internal audit of complaints processes by KPMG:
 - Reviewing and revising our complaints policy, with input from patients, lay partners and staff (including clarifying sign off and escalation processes; improved coordination of complaints that also relate to serious incidents; and improved risk assessment processes).
 - Introducing a fully policy compliant KPI complaints dashboard, reported monthly to the director and deputy director.
 - Creating a new approach and template for complaints responses and introducing a sample checking process.
 - Agreeing and monitoring clear timeframes for responses to and from divisional and directorate colleagues.
 - Improving training for staff involved in complaints handling.
 - Developing a real-time complaints tracker (with appropriate reconciliation with other systems and spot checks).
 - Implementing a regular lessons-learned section in divisional quality meetings to discuss key themes and case studies.
- The report also summarises ongoing priority actions for the PALS team:
 - Improving how we track and monitor all contacts to help us understand where we can make and prioritise improvements.
 - Continuing to work with Imperial Health Charity and improvement leads to expand roles for volunteers to support patient experience improvements, such as relaunching the library trolley service and rolling out inpatient welcome packs.
 - Completing a review of our lost property and compensation processes and leading on the implementation of improvements.
- Alongside these actions, we expect to bring forward proposals for changes to our structures, roles and ways of working within the first half of 2023/34 following further consideration of potential synergies with the implementation of the new PSIRF and with the development of the wider insight and experience directorate.

Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

Complaints and PALS annual report 2022/23

Main paper

1.0 Introduction

This paper provides key data about our complaints and PALS activity for 2022/23, with comparisons for 2021/22 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.

During the year, the complaints and PALS teams – along with the patient experience team – were brought together with a number of functions from what was the communications division – ‘front of house/main receptions’, patient and public involvement, patient information, brand and marketing, digital communications and the digital workplace programme. This was a key step in creating a new directorate, to lead on insight and experience more broadly. The new directorate aims to provide core infrastructure and support to help everyone in the organisation to be more ‘user focused’ as well as to lead some key aspects of delivery. In turn, this is part of wider work looking at how we can better organise and join up all our efforts to gather, understand, connect and respond to the needs and views of our diverse ‘users’ – patients, staff, local communities and partners. It also links strongly to the Trust’s third strategic goal – to build learning, improvement and innovation into everything we do.

The remaining teams from what was the communications division have formed a second directorate focusing on core communications and engagement functions. The two directorates sit in a new division of engagement and experience.

This report also provides a summary of the challenges and opportunities – particularly those relating to complaints, concerns and other types of patient feedback – that the new insight and experience directorate is seeking to address and the priority work areas for the year ahead.

2.0 Complaints

2.1 Number of complaints

Last year the Trust received 1,009 formal complaints. This was a 12 per cent increase on the 885 received the previous year, most likely reflecting a return to complaints ‘business as usual’ after a drop in complaints during the height of the Covid-19 pandemic. In 2019/2020, the Trust received 1,074 complaints, having seen a steady increase in the years prior.

2.2 Complaints breakdown – by subject

We report the subject of complaints using standard categories set by NHS Digital which allow 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 category, 2022/23 and 2021/22

Category	2022/23	% of total	2021/22	% of total
Clinical treatment/patient care	274	27%	219	25%
Values and behaviours (staff)	163	16%	164	18.5%
Appointments	145	14%	102	11.5%
Communications	120	12%	114	13%
Trust admin/policies/procedures including patient record management	58	6%	55	6%
Other	249	25%	231	26%
TOTAL	1,009	100%	885	100%

The breakdown of formal complaints by subject areas in 2022/23 remained similar to that for the previous year. The proportion of formal complaints about appointments has increased slightly though, as covered later in the report, a bigger increase may have been prevented due to PALS dealing with more of issues of this nature at an informal stage. Patients continue to complain about delays to planned care as well as short notice, and sometimes repeated, cancellations. A theme that emerged during the height of the pandemic, about the move to, and lack of clarity on, remote appointments seems to be improving.

The proportion of complaints about clinical treatment/patient care has also increased slightly over the last year, having remained stable for the two years prior.

Our biggest year-on-year change was the three percentage points decrease in the proportion of complaints relating to the values and behaviours of staff. The number of complaints in this category was also down, by one. During the height of the pandemic in 2021/22, values and behaviours increased as a proportion of complaints to around 18.5 per cent of cases from a previous baseline of 15 per cent in both the two years prior.

2.3 Complaints breakdown – by service

Table 2 provides a breakdown by service area. There has been a big increase in the proportion and number of complaints about outpatient services and a large decrease in the proportion and number about inpatient services. As mentioned earlier, 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 area, 2022/23 and 2021/22

Service area	2022/23	% of tot	2021/22	% of total
Outpatients	534	53%	390	44%
Inpatients	268	27%	312	40%
A&E	128	13%	124	14%
Maternity	79	8%	59	6%
TOTAL	1,009	100%	885	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, 2022/23 and 2021/2022

Division	2022/23	% of total	2021/22	% of total
Medicine and integrated care	365	36%	330	37%
Surgery, cancer and cardiovascular	347	34%	296	33%
Women's, children's and clinical suppo (minus West London Children's)	153	15%	N/A	N/A
Corporate (including IPH and transport	122	12%	106	12%
NWL Pathology	3	1%	4	1%
West London Children's	19	2%	N/A	N/A
TOTAL	1,009	100	885	100

Table 4: Top seven directorates for highest number of complaints, 2022/23 and 2021/22

#	Directorate	2022/23	% of total	2021/22	Previous ranking	2022/23
1	Urgent and emergency medicine	129	13%	123	1	+5%
2	Stroke and neurosciences	75	7%	53	6=	+42%
3	Maternity	73	7%	58	3	+26%
4	Specialist surgery	68	7%	60	2	+13%
5	General surgery and vascular	64	6%	53	6=	+21%
6	Acute and specialist medicine (CXH)	57	6%	57	4=	no change
7	Trauma	55	5%	57	4=	-4%

As ever, urgent and emergency medicine has the largest number of complaints given they have the most patient contacts. The biggest theme for urgent and emergency medicine complaints was the values and behaviours of staff, representing just over a quarter of all complaints about the directorate.

For stroke and neurosciences, the main themes were communications and appointments, making up just under half of all their complaints.

For maternity, just over a fifth of complaints related to the values and behaviours of staff.

2.4 Complaints breakdown – by risk level

All complaints are risk assessed upon receipt for their potential for identifying 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 grade.

Table 5: Complaints by risk grade, by division, 2022/23

Division	LOW	MEDIUM	HIGH
Medicine and integrated care	237	110	23
NWL pathology	2	1	0
Surgery, cancer and cardiovascular	296	42	7
West London Children's	12	4	3
Women's, children's and clinical support (minus West London Children's)	102	42	8
Corporate (including IPH and transport)	107	13	0
TOTAL	756	212	41

The proportion of medium and high risk cases being identified has increased significantly in comparison with 2021/22. For example, there were 41 medium risk cases recorded in the previous year.

2.5 Complaints breakdown – by ethnicity and deprivation score

For the first year, we have begun to analyse our complaints data by the ethnicity and deprivation area score of our complainants. 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 people registered with the NHS in north west London by ethnicity, 2022/23.



People who describe themselves as having a ‘white British, Irish and other white background’ are most ‘over-represented’ in terms of making complaints to the Trust (48 per cent of complainants vs 38.5 per cent of registrations) and people from ‘black Caribbean, African and other black background’ are slightly over-represented (10.7 per cent vs 7.8 per cent).

Meanwhile, people from ‘mixed’ backgrounds are very slightly ‘under-represented’ (3.1 per cent vs 4.2 per cent) and people from Asian backgrounds are more under-represented (14.6 per cent vs 17.7 per cent).

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 people registered with the NHS in north west London by deprivation score, 2022/23.



There appears to be a clear correlation between deprivation and likelihood of making a complaint, with people from the area with the highest deprivation most ‘under-represented’ in complaints and people from the area with least deprivation most ‘over-represented’.

There is much more analysis required to understand and act on this data, including research to find out why some groups are complaining less than may be expected, whether there are on any particular complaint themes amongst specific groups. We also want to expand analysis into other protected characteristics.

2.6 Complaints breakdown – by outcome

The outcome of Trust complaint investigations is that the complaint can be “not upheld”, “partly upheld” or “upheld”. For those cases that are partly upheld or upheld, actions and learning are recorded on the complaints action tracker. Table 8 shows the outcomes of the 911 complaint investigations completed in 2022/23. 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, 2022/23

Division	Not upheld	Partly upheld	Upheld	TOTAL
Medicine and integrated care	166	139	54	359
NWL Pathology	2	0	1	3
Surgery, cancer and cardiovascular	123	111	71	305
West London Children’s	5	2	7	14
Women’s, children’s and clinical support (minus West London Children’s)	56	40	39	135
Corporate (including IPH and transport)	34	23	38	95
TOTAL	386	315	210	911
Percentage	42%	35%	23%	

The complaints team upheld or partly upheld a greater proportion of complaints than in previous years. See table 9.

Table 9: Proportion of complaints upheld/partly upheld over the past five years.

Year	Proportion upheld/ partly upheld
2022/23	58%
2021/22	55%
2020/21	53%
2019/20	53%
2018/19	49%

We believe this increase is due, at least in part, to a greater focus on capturing the views and experiences of complainants rather than relying mainly on medical records or reports.

Seventy-five per cent of complaints were responded to within the deadline agreed with the complainant. Ninety-five per cent of acknowledgment letters to formal complaints were sent within three working days.

Our average response time was 49 working days – while we don't yet have an agreed standard for response time across the North West London Acute Provider Collaborative, we know that our response times are longer than those in the other trusts.

2.7 Parliamentary and Health Service Ombudsman (PHSO) cases

We had 128 referrals to the PHSO last year – equivalent to 14 per cent of cases closed in-year. Only 45 were made in line with PHSO requirements (for example, many had been made prematurely), of which 25 were subject to initial follow up by the PHSO, of which four proceeded to a full investigation.

Of the three outcomes shared by the PHSO during the year, one was not upheld, one was partially upheld and we are still awaiting the outcome of the third.

In the partially upheld case, the PHSO found that we had left a patient without medications and did not make sufficient efforts to provide them. Although the absence of the medications did not cause any harm to the patient, they felt that the apology provided in our response to the complaint was insufficient. An action plan to address the findings was shared with the family and PHSO along with an apology.

2.8 Financial compensation

Where complaints are upheld or partially upheld, we need 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, financial payments.

In 2022/23, the Trust made monetary payments totalling £9,496 to help remedy complaints. This was an increase on the £4,759 paid in 2021/22. £914 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 cases

3.1 Concerns and enquiries

The PALS team dealt with 4,777 informal concerns and enquiries during 2022/23. This represents an increase of just under six per cent on the previous year. Table 9 displays a breakdown of the cases received by division.

Table 10: PALS cases by division, 2022/23 and 2021/22

Division	2022/23	% of total	2021/22	% of total
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Medicine and integrated care	1,643	34%	1,548	34%
Surgery, cancer and cardiovascular	2,140	45%	1,909	42%
Women's, children's and clinical support (not including West London Children's)	647	14%	N/A	N/A
NWL Pathology	6	<1%	11	<1%
Corporate (including IPH and transport)	191	4%	267	6%
West London Children's	105	2%	N/A	N/A
No division recorded or N/A	45	1%	101	3%
TOTAL	4,777	100%	4,521	100%

Table 11 shows the breakdown of PALS cases by specialty (for those specialties receiving more than 150 concerns in the year). Ophthalmology concerns have increased significantly, with the main themes being: delays in being seen, chasing for follow up appointments and appointments being rescheduled or changed/cancelled. This is perhaps unsurprising as this period covers the time most of the Western Eye Hospital had to be closed due to fire safety concerns. Neurosurgery has also seen a significant increase in concerns, primarily relating to appointments.

Table 11: PALS cases by specialty (where over 150 concerns), 2022/23 and 2021/22

Speciality	2022/23	% of total	2021/22	Previous ranking	Year on year change
1 Ophthalmology	400	8%	267	3	+50%
2 Neurosurgery	341	7%	297	1	+15%
3 Neurology	287	6%	270	2	+6%
4 Orthopaedics	244	5%	242	4=	+1%
5 Urology	233	5%	242	4=	-4%
6 Ear, nose and throat	209	4%	194	6	+8%
7 Gynaecology	196	4%	183	7	+7%
8 General surgery	172	4%	164	8	+5%
9 Emergency medicine	160	3%	151	9	+6%

Table 12 shows a

breakdown of PALS cases by subject category (top 5 categories only). The main themes relate to appointments, specifically appointments being delayed, cancelled or rescheduled.

Table 12: PALS cases by subject, 2022/23 and 2021/22

Subject	2022/23	% of total	2021/22	% of total
Appointments	1,832	38%	1709	38%
Communications	871	18%	925	21%
Clinical treatment	586	12%	552	12%
Waiting times	225	5%	41	<1%
Values and behaviours (staff)	222	5%	206	5%
Other	1,041	22%	1,088	24%
TOTAL	4,777	100%	4,521	100%

3.2 Compliments

Table 13 shows a breakdown of compliments received by specialty during the year for those areas that recorded ten or more compliments. In total there were 527 compliments.

Table 13: Compliments, 2022/23

Specialty	Number
Emergency medicine	43
Cardiology	34
Ophthalmology	28
Maternity	27
Gynaecology	23
Acute medicine	19
Gynaecology oncology	15
Ambulatory emergency medicine	14
Urology	14
Orthopaedics	12

4 Challenges, opportunities and plans for the year ahead

One of the key drivers for bringing the insight and experience function together was to generate more meaningful and deeper insights about our care by triangulating feedback from different sources and users. We also wanted to create a more joined-up, person-centred approach to gathering feedback and to do more to involve our patients and other ‘users’ in the development of these insights and our responses to them.

Looking specifically at complaints and PALS, a priority area for action is to progress work with the medical directors’ office to explore connections with investigating and responding to safety incidents. There is a big appetite and opportunity for greater collaboration – and potentially integration of some of our processes – given the implementation of the new patient safety incident response framework (PSIRF) across all NHS trusts this autumn that seeks to focus more on understanding and meeting the needs of patients and their families and on learning and improvement.

A second priority relates to how we can do more at the other end of the complaints continuum and try to resolve issues before they become formal complaints which will have huge benefits for patients as well as reduce the number of complaints that need to be investigated. Over time, this should allow us to move the focus from investigations onto providing more support to patients and staff to sort out problems and prevent similar issues arising again. Again, there is a big appetite and opportunity for greater collaboration – and potentially integration of some processes – between PALS and our ‘front of house’ team, especially to provide immediate, in-person support for patients and visitors. We also think there are opportunities for greater synergy with wider improvement and quality programmes, including ward accreditation.

A third priority is to link into work led by the strategy, research and innovation team on reducing health inequalities and by the patient and public involvement team to improve community

engagement and to progress the review of our approach to interpreting services. From initial analysis of the data on the backgrounds of our complainants, there is clearly much to be done to understand and act on why some groups seem less likely – or able – to make a complaint or to provide feedback on our services.

In terms of more immediate actions on complaints, we were fortunate to have the opportunity of an internal audit of our complaints processes by KPMG that took place in the last quarter of 2022/23. This is helping us to understand our immediate challenges and how we can best achieve some quick wins at the same time as progressing our more strategic improvements.

In summary, while several areas of good practice were identified, the auditors identified the following issues that it considered to be of 'medium' priority to resolve:

- Complaint responses are taking too long (and we know that we are outliers on response times within our acute provider collaborative).
- Complaint tracking, risk grading and escalation and performance monitoring all need improvement (and we know we need a greater understanding of where delays and issues are happening so that we can focus on the right changes in the right order).
- Complaint responses can include high levels of medical jargon (and we have found that responses to more complex complaints in particular are generally insufficiently tailored to the needs and expectation of complainants – with no clear 'case management' in place, creating duplication, lack of coordination and gaps in our contact with patients and their families (a brief review of maternity complaints responses as part of our response to the Ockenden Review also identified the need for action in this area).
- No formalised or refresher training in place for complaints staff (and we know that we don't have enough regular engagement with staff in divisions and directorates about data and insights from complaints and PALS, as well as other patient feedback)
- Lack of monitoring of lessons learnt (and we know that the complaint process currently generates a proliferation of action plans, generally in isolation to wider improvement or transformation work)
- Insufficient learning about our complaints processes, including from surveys and feedback from complainants.

Given our obvious challenges, we had already recruited an additional complaints investigator temporarily which appears to be helping us to bring down response times. We are now also progressing other short-term actions in response to the audit, which are due to be completed by August 2023:

- Reviewing and revising our complaints policy, with input from patients, lay partners and staff (including clarifying sign off and escalation processes; improved coordination of complaints that also relate to serious incidents; and improved risk assessment processes)
- Introducing a fully policy compliant KPI complaints dashboard, reported monthly to the director and deputy director.
- Creating a new approach and template for complaints responses and introducing a sample checking process.

- Agreeing and monitoring clear timeframes for responses to and from divisional and directorate colleagues
- Improving training for staff involved in complaints handling
- Developing a real-time complaints tracker (with appropriate reconciliation with other systems and spot checks)
- Implementing a regular lessons learnt section in divisional quality meetings to discuss key themes and case studies.

In terms of PALS, we are also focusing on improving how we track and monitor all contacts to help us understand where we can make and prioritise improvements. We are continuing to work with Imperial Health Charity and improvement leads to expand roles for volunteers to support patient experience improvements, such as relaunching the library trolley service and rolling out inpatient welcome packs. And we will complete a review of our lost property and compensation processes and lead on the implementation of improvements.

Alongside these actions, we also expect to bring forward proposals for changes to our structures, roles and ways of working within the first half of 2023/34 following further consideration of potential synergies with the implementation of the new PSIRF and with the development of the wider insight and experience directorate.