

Report to:	Public Board of Directors	Agenda item:	10
Date of Meeting:	31 st July 2019		

Title of Report:	Annual Complaints Report 2018/19
Status:	For action/discussion
Board Sponsor:	Lisa Cheek, Director of Nursing and Midwifery
Author:	Rachel Scott, Complaints Manager
Appendices	None

1. Executive Summary of the Report
<p>The purpose of this report is to provide assurance to the Board of Directors that the Trust follows its Complaints Policy, adheres to the Local Authority Social Services and NHS Health Service Complaints (England) regulations 2009 and the Principles of Good Complaint Handling from the Parliamentary and Health Service Ombudsman.</p> <p>This report provides an overview and analysis of complaints and Patient Advice and Liaison service (PALS) concerns received by the RUH in 2018/19. The report includes examples of complaints where lessons have been learned and have improved the quality of patient care.</p> <p>The RUH had a total of 715,724 patient attendances in 2018/19 which is an increase of 3.40% from 691,169 patients attending the Trust in 2017/18. Patient attendances include inpatient, outpatient and Emergency Department visits.</p> <p>The Trust received 214 formal complaints in the year 2018/19 which represents a 20% increase from 178 in 2017/18 with a monthly average of 18 complaints.</p> <p>There was a decrease of 130 contacts to the Patient Advice and Liaison Service (PALS) from 3216 in 2017/2018 to 3088 in 2018/19.</p> <p>The most frequently cited subject matter of formal complaints received was that of clinical care. This category accounted for 67% (144) of the formal complaints received in 2018/19. In 2017/18 it was 72%.</p> <p>The overall complaint rate against patient activity has increased from 0.025 complaints in 2017/18 to 0.030 in 2018/19.</p> <p>This report also includes information on how the Trust responds to complaints and performance against a number of key metrics; i.e. targets for responding to a complaint, the number of reopened complaints and numbers referred to the Parliamentary Health Service Ombudsman (PHSO).</p>

2. Recommendations (Note, Approve, Discuss)
Public Board of Directors is asked to approve the report.

3.	Legal / Regulatory Implications
<p>As part of the Local Authority Social Services and NHS Health Service Complaints (England) regulations 2009, the Trust has a statutory duty to record and report the following information:</p> <ul style="list-style-type: none"> • The number of complaints • The number that were well-founded • The number referred to the Parliamentary Health Service Ombudsman • The subject matter of complaints • Matters of importance arising from the complaints or handling thereof • Action taken, or being taken, to improve services as a result of complaints received <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014- Care Quality Commission (CQC) Regulation 16 'receiving and acting on complaints' Patients Association 'Good practice standards for complaints handling' September 2013 Care Act 2014 Data Protection Act 2018</p>	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
<p>There are no risks recorded on the risk register with regards to the complaints and PALS service.</p>	

5.	Resources Implications (Financial / staffing)
<p>Capacity of staff across the Trust to effectively respond to complaints within the agreed timescales particularly as the Trust encourages meetings for patients with clinical staff.</p> <p>Trust priority in the Quality Accounts 2018/19 has identified a need for training to increase staff confidence in dealing with patients concerns and complaints.</p>	

6.	Equality and Diversity
<p>The Trust must comply with the Equality Delivery System (EDS) 2 (section 149 of the Equality Act 2010) in particular '<i>Better Health Outcomes for all</i>' and '<i>Improved Patient Access and Experience</i>'. The EDS2 covers all people with characteristics protected by the Equality Act 2010 regardless of age, disability, gender reassignment, marriage, race, religion, sex and sexual orientation.</p>	

7.	References to previous reports
<p>Complaints Annual Report 2017/18 to Public Board of Directors.</p>	

8.	Freedom of Information
<p>This is a public document.</p>	

Annual Complaints Report 2018-2019



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Introduction

The RUH recognises that complaints matter and that complaints provides a valuable insight into how we can improve our services or how patient experience can be improved. They provide an opportunity to learn and make improvements in the areas that patients and their relatives and carers say matter to them most.

We understand that handling concerns and complaints effectively matters to the people who use our services; they deserve an explanation when things go wrong and they want to know what steps have been taken to prevent something similar happening to anyone else.

It is our aim to address concerns and resolve problems quickly and effectively at the point of care to ensure the satisfaction of all involved. Many issues can be resolved quickly and easily by the Patient Advice and Liaison Service (PALS). However, should it not be possible to resolve an issue quickly, either because of the complexity or severity of the issue then we understand how important it is to have a simple and straightforward way to make a formal complaint.

Information is available to patients, carers and families who wish to raise a concern or make a complaint. Leaflets and posters are displayed in all areas of the Trust and advice on how to contact the service is available through the RUH website. This information is also available in easy read format as well as different languages on request.

In the case of formal complaints the RUH has a robust complaints policy which has been developed in-line with the Local Authority Social Services and NHS Health Service Complaints (England) regulations 2009, the NHS Constitution and The Principles of Good Complaint Handling by the Parliamentary and Health Service Ombudsman.

This report provides an overview and analysis of complaints and PALS concerns received by the RUH between April 2018 and March 2019.

1. Formal Complaints Received by the RUH

In 2018/19, the Trust saw an increase in the number of complaints received from the **178** received in 2017/18 to **214** in 2018/19, this represents a 20% increase.

The number of formal complaints received each year from 2015 to 2019 is shown in table 1 below.

Financial Year	2015/16	2016/17	2017/18	2018/19
Total Number of Complaints	303	214	178	214
% change from Previous year	-	-28%	-16.8%	+ 20%

Table 1

The increase in complaints in 2018/19 is representative of an increase in activity in the Trust of 3.40%. 2017/18 saw an unusually low number of complaints and a decrease in activity; however, the decrease in complaints was in line with a 0.67% decrease in activity. The number of complaints received in 2018/19 is the same as the number received in 2016/17.

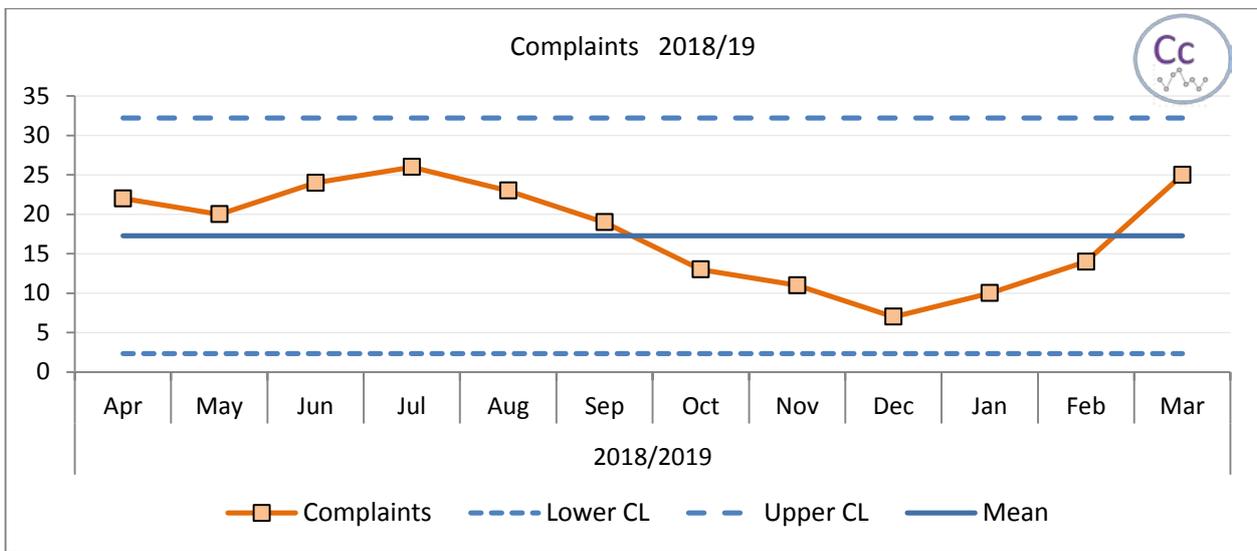
1.1. Quarterly comparisons 2015-2019

Table 2 provides this data as a quarterly comparison.

Year	Q1	Q2	Q3	Q4	Total
2015/16	100	82	55	66	303
2016/17	56	46	50	62	214
2017/18	57	49	34	38	178
2018/19	66	68	31	49	214

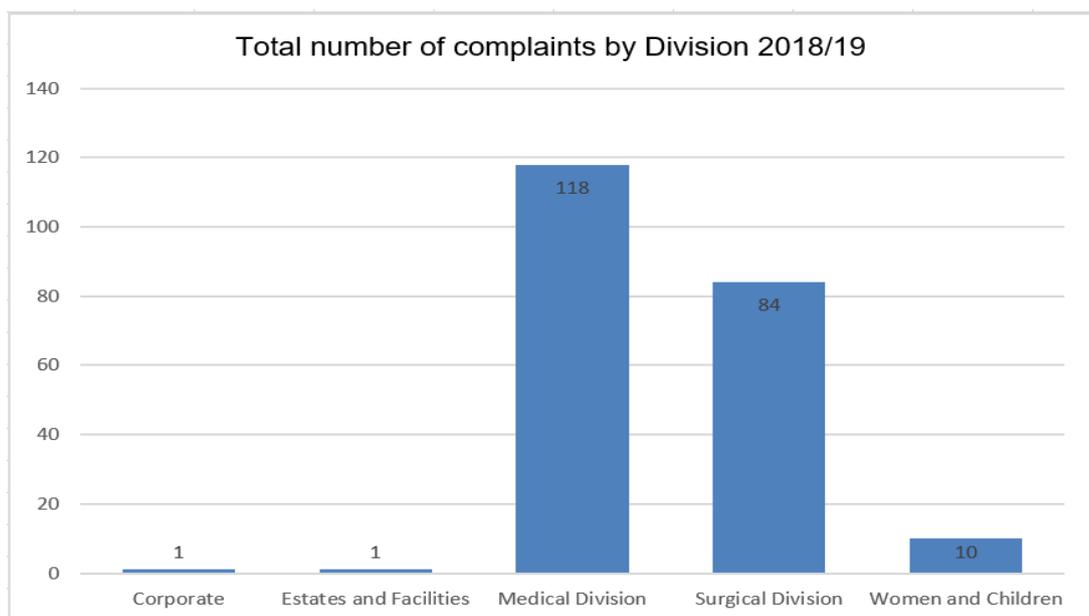
Table 2

1.2. Total complaints received by the RUH during 2018/2019 by month



Graph 1

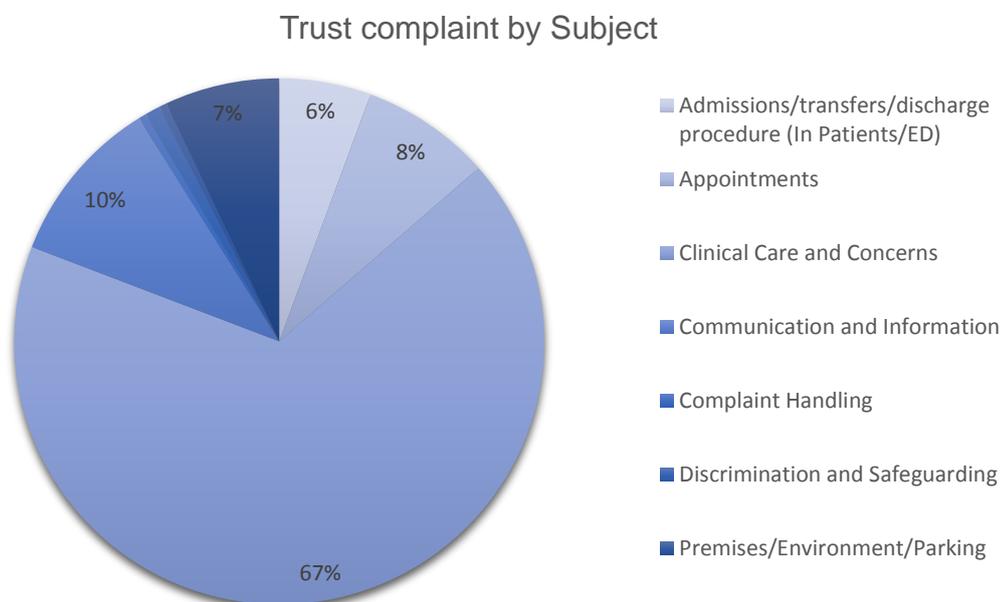
1.3. Total complaints received by Division during 2018/2019



Graph 2

2. Subject matter of complaints

The most frequently cited subject of formal complaints received was Clinical Care. The category of clinical care accounted for **67% (144)** of the formal complaints received in 2018/19:



Graph 3

The percentage of complaints regarding **Clinical Care** is also reflected within the Divisions:

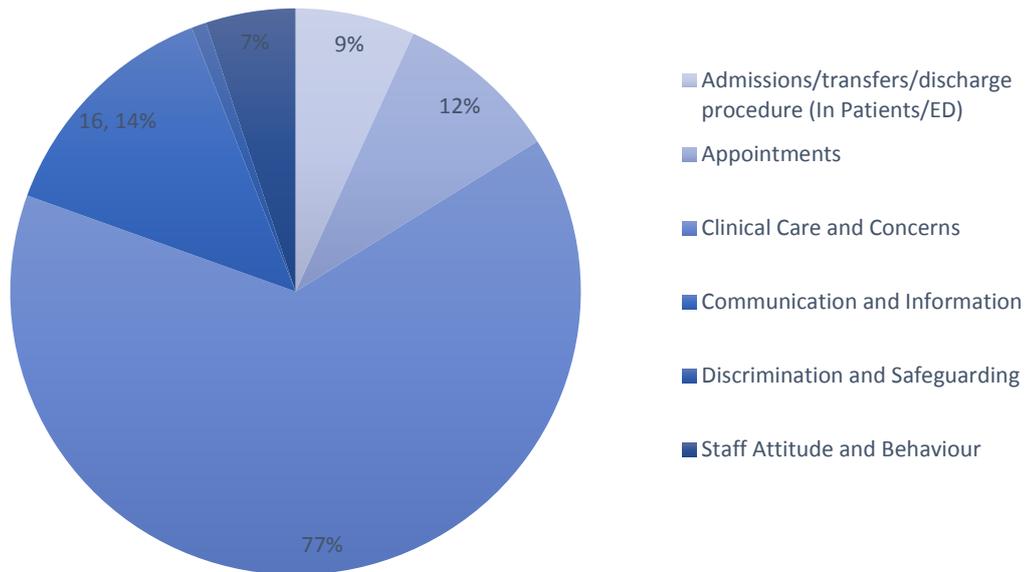
- In the Medical Division it accounted for 64% (**76**) of complaints. In 2017/18 it was 65% (**61**).
- In the Surgical Division it accounted for 71% (**60**) of complaints. In 2017/18 it was 68% (**52**).
- In the Women and Children's Division it accounted for 80% (**8**) of complaints. In 2017/8 it was 73% (**16**).

The total number of complaints has increased, however the percentage of complaints relating to **clinical care** has reduced slightly from 71% (126) in 2017/18 to 67% (144) 2018/19. Although in percentage terms complaints relating to clinical care have reduced in actual numbers there has been an increase of 18 complaints over the year.

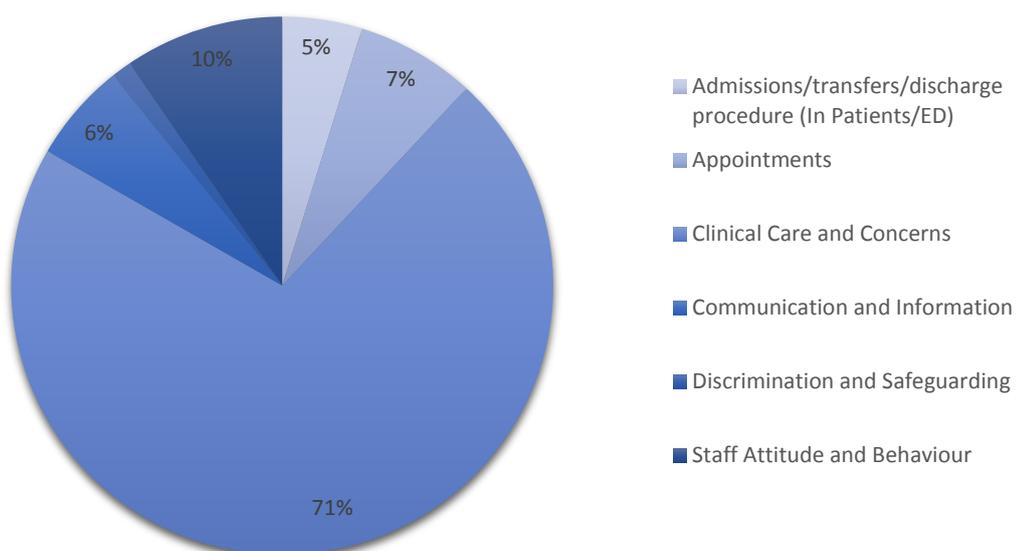
2.1 Complaint subject matter by Division 2018/19

Graphs 4, 5 and 6 below show the subject matter of complaints for each Division.

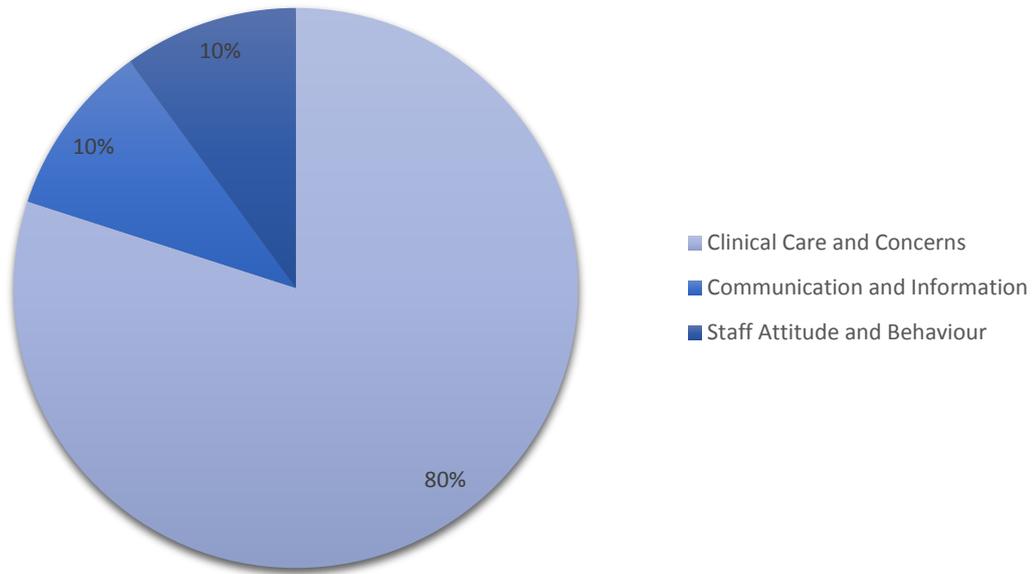
Medical Division by subject



Surgical Division by subject



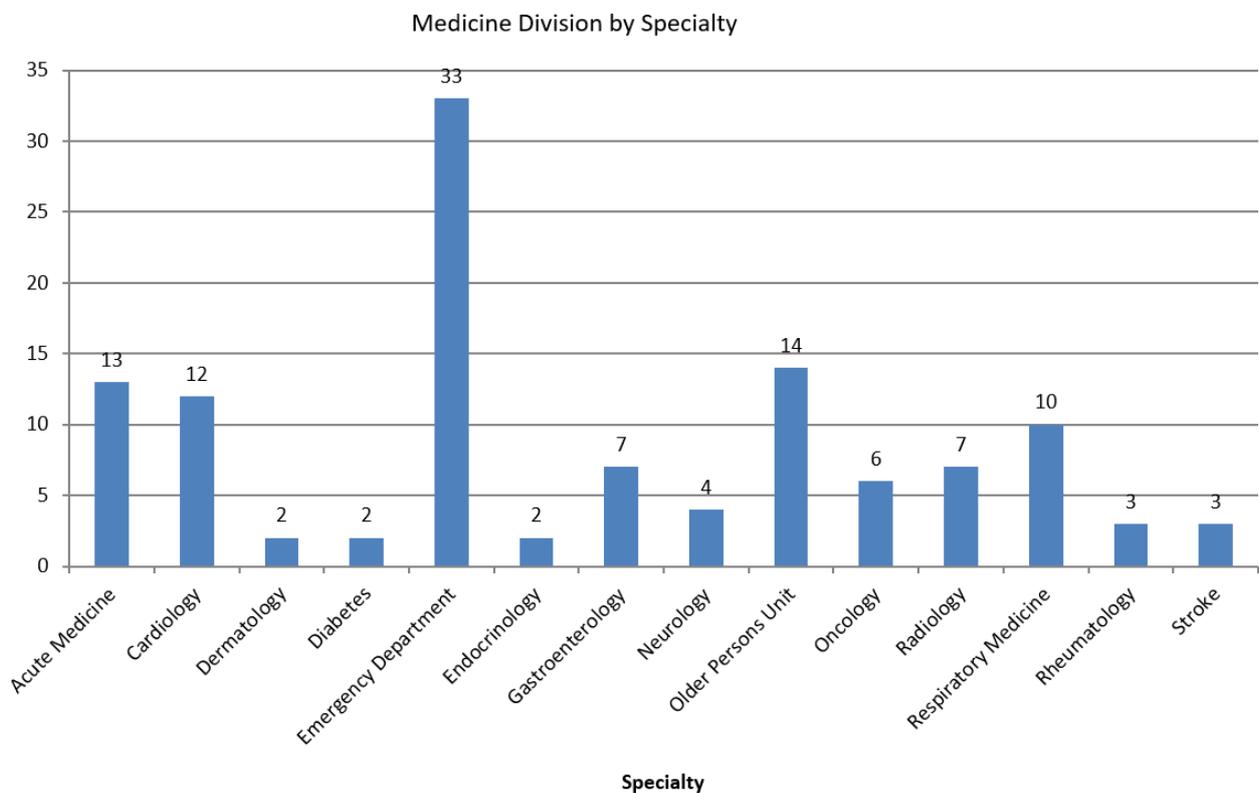
Women and Children's Division by subject

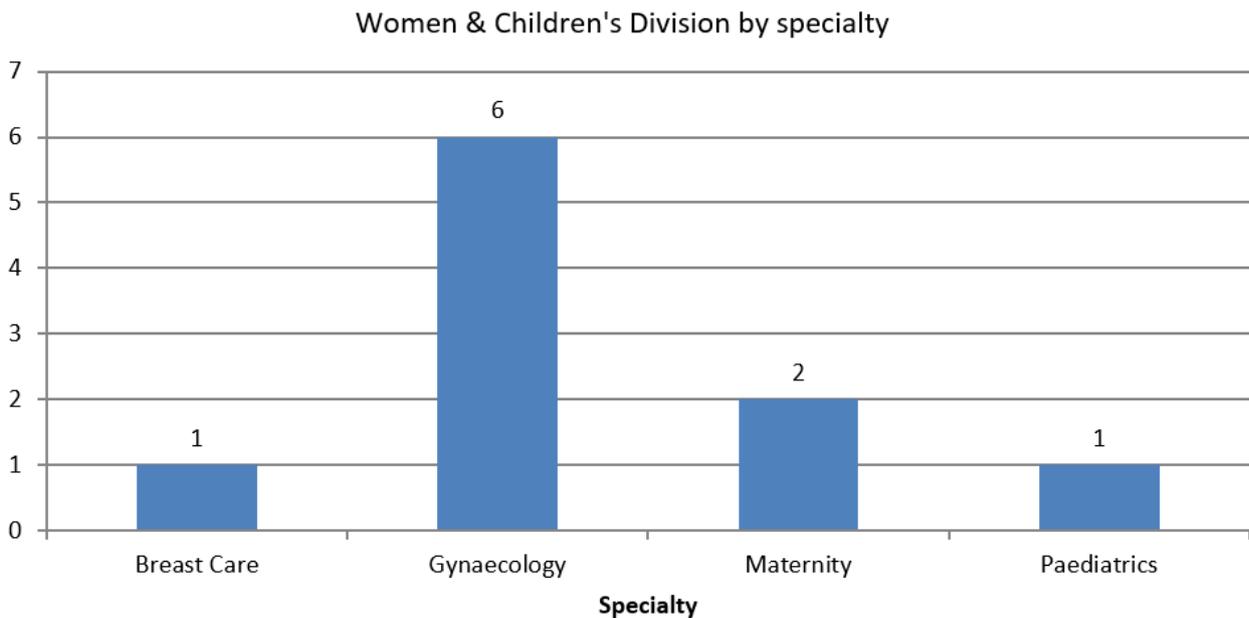
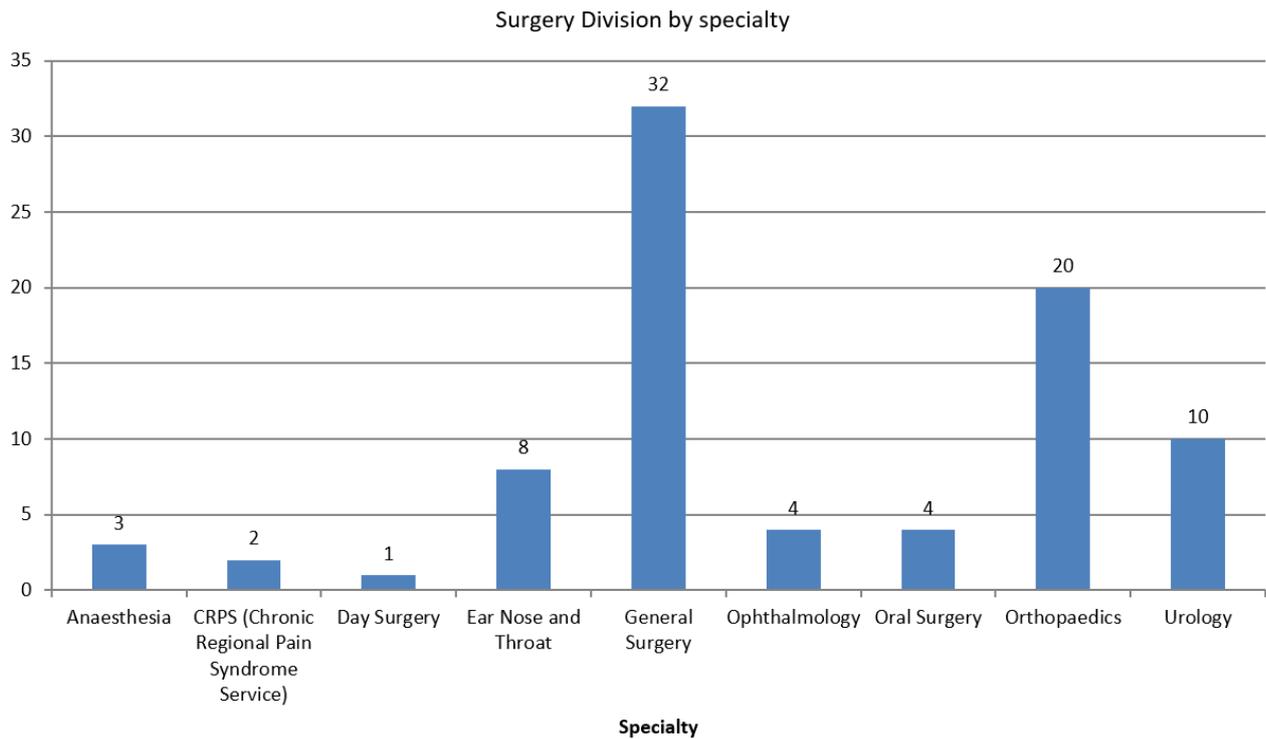


Graphs 4, 5 and 6

2.2 Complaints by Specialty

Graphs 6, 7 and 8 below show the complaints by specialty for each clinical Division.





Graphs 7, 8 and 9

The above graphs show the breakdown of complaints received by individual specialties within the clinical Divisions. If the complaint covers more than one Division, it is allocated to the Division that has the majority of issues to be investigated.

2.3. Specialties receiving the highest number of complaints

Table 3 shows the specialties receiving the highest numbers of formal complaints. The Emergency Department, General Surgery and Orthopaedics also account for some of the highest patient activity levels within the Trust.

Division	Specialty	2017/18	2018/19
Medicine	Emergency Department	26	33
Surgery	General Surgery	17	32
Surgery	Orthopaedics	26	20
Medicine	Older Persons Unit	6	14
Medicine	Acute Medicine	7	13

Table 3

In the three specialties where most complaints have been received the complaints have been broken down in to categories and sub-categories in tables 4, 5 and 6.

Emergency Department	Number of complaints
Admissions/transfers/discharge procedure (In Patients/ED)	1
Inappropriate/unsafe Discharge	1
Appointments	1
Overbooking/wait time in clinic	1
Clinical Care and Concerns	27
Competence/knowledge of staff	5
Co-ordination of medical treatment	2
Error in performing a procedure on patient	1
General Enquiry - Clinical Care	1
Inappropriate care and treatment	3
Patient Slip/Trip/Fall	1
Quality/concerns regarding Medical Care	8
Test results not acted upon	1
Wait for Treatment	1
Waiting to see doctor/nurse once admitted	1
Wrong diagnosis	3
Communication and Information	2
Inappropriate/Insensitive communication/attitude	2
Staff Attitude and Behaviour	2
Confrontational	1
Disinterested/uncaring	1
Grand Total	33

Table 4

General Surgery	Number of complaints
Admissions/transfers/discharge procedure (In Patients/ED)	1
Discharge Summary Incorrect/missing/delayed	1
Appointments	1
Length of time for new appointment	1
Clinical Care and Concerns	24
Co-ordination of medical treatment	2
Error in performing a procedure on patient	1
General Enquiry - Clinical Care	3
Inappropriate care and treatment	2
Lack of pain management	2
Medication - wait/availability	1
Quality of Nursing care	1
Quality/concerns regarding Medical Care	7
Treatment against will	1
Treatment didn't have expected outcome	1
Wait for Treatment	3
Communication and Information	1
Lack of a clear explanation	1
Staff Attitude and Behaviour	4
Disinterested/uncaring	2
Staff attitude	2
Grand Total	31

Table 5

Orthopaedics	Number of complaints
Admissions/transfers/discharge procedure (In Patients/ED)	1
Inappropriate/unsafe Discharge	1
Clinical Care and Concerns	15
Competence/knowledge of staff	1
End of Life Care Concerns	1
Error in performing a procedure on patient	1
Inappropriate care and treatment	2
Quality/concerns regarding Medical Care	5
Shortage/Availability of staff	1
Wait for Treatment	1
Waiting for test to be carried out	1
Wrong diagnosis	2
Communication and Information	1
Inappropriate/Insensitive communication/attitude	1
Discrimination and Safeguarding	1
Disability discrimination	1
Staff Attitude and Behaviour	2
Confrontational	1
Staff attitude	1
Grand Total	20

Table 6

3. Subject of complaints

Table 7 below shows the main subject categories of the complaints received in 2018/19, in comparison with 2017/18.

Complaint subject category	2017/18	2018/19	Percentage increase/decrease
Admissions/transfers/discharge procedure	8	12	20%+
Appointments	5	17	240%+
Clinical Care and Concerns	126	144	14%+
Communication and Information	20	22	10%+
Complaint Handling	0	1	-
Discrimination and Safeguarding	1	2	100%+
Premises/Environment/Parking	1	1	-
Staff Attitude and Behaviour	10	15	50%+
Personal Records (including medical records)	2	0	-
Consent for treatment	1	0	-
Transport (ambulance and other)	1	0	-
Bereavement Services	1	0	-
Infection Control	1	0	-
Hotel Services (including food)	1	0	-
Grand Total	178	214	

Table 7

There has been an increase in the numbers of complaints across the majority of categories. However, there has been a notable increase in the number of complaints regarding appointments, this includes the length of time for new appointments, rescheduling of appointments and the failure to book/or the length of time to wait for follow up appointments. Admissions and staff attitude and behaviour also saw an increase this year compared to the previous year.

3.1. All aspects of clinical care and treatment

The majority of complaints are about individual concerns about a patient's care and treatment. The table below shows the top six sub-categories accounting for 103 of the 144 complaints about clinical care and treatment by Division.

Sub-category	Women and Children	Medicine	Surgery	Total
Competence/knowledge of staff	1	6	3	10
Co-ordination of medical treatment		9	2	11
General- Clinical Care	1	4	7	12
Inappropriate care and treatment	1	9	5	15
Quality/concerns regarding Medical Care	5	22	16	43
Wrong diagnosis		8	4	12
Total	8	58	37	103

Table 8

3.2. Other complaints received

Table 9 below details the two complaints received by the RUH that were not about clinical services.

Division	Subject	Sub-category	Number
Estates/ Facilities/ Corporate	Parking	Availability of disabled parking	1
	Parking	Difficulties appealing unfair charges.	1

Table 9

4. Complaints compared to hospital activity

In 2017/18 the complaint rate against activity was 0.025. In 2018/19 the complaint rate against activity was 0.030.

RUH activity 2016 – 2019

Year	Inpatient Admissions	Outpatient Attendances	A&E Visits Type 1	Total	% Up/down activity on previous year	% of complaints compared to total activity
2016/17	86,221	537,836	71,792	695,849	2.12%	0.030
2017/18	88,462	531,059	71,648	691,169	-0.67%	0.025
2018/19	94,226	546,154	75,084	715,464	3.40%	0.030

Table 10

5. RUH Complaints procedure and targets to measure against the process

Depending on the nature of the complaint the responses are reviewed by the Director of Nursing and Midwifery or the Medical Director and are signed by either the Chief Executive or Deputy Chief Executive.

The Trust has a Non-Executive Director as the lead for complaints who now reviews the complaint files twice a year using the Care Quality Commission framework for good complaint handling.

5.1 Response times to complaints

The Trust has a local response target of 35 working days. One of the Trust's measures for its performance in responding to complaints is timeliness. In 2018/19, of the 197 complaints responded, 91 (46%) were completed in 35 working days and 106 (54%) were responded to in more than 35 working days. This is shown in table 11 below.

Complaint response time	Number	%
Responded to within 35 working days	91	46
Response exceeded 35 working days	106	54

Table 11

The performance against this target has shown a notable decrease over this year. In 2017/18 22% of complaints exceeded our response target, compared to 54% in 2018/19.

Whilst the numbers of complaints have increased this year, there has also been an increase in the number of complaint meetings being held. In 2017/18, 29 complaints were resolved in a meeting in comparison to 43 in 2018/19. Complaints meetings are often a more effective way to ensure that all the concerns and questions raised by the complainant are fully investigated. One of the challenges though in being more patient focused in this way is the difficulty in arranging a meeting between a number of relevant staff and the complainant and the impact that this has on the time taken to respond to the complaint.

At the triage stage it is identified that if the complaint relates to a Serious Incident the timescale for the response will be in line with the Root Cause Analysis (60 days). This is always explained and agreed with the complainant.

5.2 Reopened Complaints

A further approach to assessing performance is to monitor the number of complaints that are reopened. Table 12 shows the number of reopened complaints for the year and compares this with the previous year. The percentage of reopened complaints this year was 10% compared to 17% last year.

Reopened complaints by year		
Year	Number	% of total complaints
2017/18	30	17%
2018/19	21	10%

Table 12

Table 13 shows the number of reopened complaints by clinical Division.

Division	Medicine	Surgery	Women & Children's	Total
Number of re-opened complaints	9	13	1	21

Table 13

A review of the cases reopened indicates that in the majority of cases all the issues raised had been investigated and responded to. However, the person or family that made the complaint either remained unhappy with the Trust response, so wished to take the offer of a meeting with staff, or they had further, additional questions they wanted responses to.

5.3 Complaints Upheld/ well founded

The final response to a complaint is reviewed by the Divisions to identify those where changes need to be made as a result of the complaint and to ensure actions are identified for improvement. For a complaint to be upheld the investigation has demonstrated that the service provided did not meet the appropriate standard. This decision is made on completion of the investigation by the lead investigator. A review of the decision making process regarding whether a complaint is upheld or not will be undertaken in 2019/20 with the Heads of Division. This is to ensure that the final outcome

of our complaints is objective and the outcome will be reviewed by staff independent of the complaint to impartially consider whether the outcome has been fairly reached.

Fully upheld	Partially upheld	Not upheld	Not recorded
56 (28.5%)	73 (37%)	56 (28.5%)	12 (6%)

Table 14

In 2018/19 197 complaints were responded to during the year, of these 129 (65%) were identified as being either partially or fully upheld. Examples of improvements and learning are provided in section 8.

6. Parliamentary and Health Service Ombudsman (PHSO)

The PHSO concluded three investigations in 2018/19; one case was upheld and two were not upheld. This compares to nine cases that were investigated by the PHSO in 2017/18. This suggests that on review of the complaint investigation, the PHSO are satisfied with our complaint responses when complainants escalate their complaints to them. The cases below provides further detail.

Case 1: Not Upheld

The complainant stated that the Trust did not do enough to help their mother throughout her hospital admission. They stated that staff refused to provide their mother with TPN (total parenteral nutrition). They also complained that the Trust failed to recognise their mother's stroke symptoms promptly, that there was lack of pain medication and there was poor cannula management. The complainant stated that the Trust's failings resulted in their mother's death. The PHSO concluded that there was **no evidence to support** the complainant's view that the Trust did not do enough to help their mother during her hospital admission. The PHSO found that the **treatment provided to the patient was appropriate and in line with national guidelines.**

Case 2: Not upheld

The complainant stated that he was referred to the Trust's chronic regional pain syndrome (CRPS) service but was discharged after only being seen twice. The complainant felt that the Trust unsafely discharged them from the service and they have been left to suffer. The complainant also states due to the lack of help his health has deteriorated.

Whilst the PHSO appreciated that the complainant felt he needed ongoing support to manage his CRPS, they found that the Trust was not responsible for this. They were satisfied the **Trust did all it could and appropriately referred back to their GP.**

Case 3: Upheld

The complaint was unhappy that they waited a long time for a hernia operation (July 16 to May 2017). The complainant was left in pain for a long period of time which caused them additional stress and anxiety.

The investigation by the PHSO found that the Trust failed to provide the required treatment within the 18-week pathway and also failed to look for alternatives to treatment after the 18 weeks had passed. The PHSO recognised that the **delay caused the complainant additional stress and anxiety and upheld the complaint. A formal apology was given to the complainant acknowledging the service failings and a payment of £500.**

7. Complaints Questionnaire

In September 2018 the complaints questionnaire was updated to ensure that the Trust was able to collect better information from complaints regarding their experience of the complaints process. Each person who made complaint was sent a questionnaire to complete after the final response was completed. The questions are based on the Parliamentary and Health Service Ombudsman's 'guide to good complaint handling' which covers:

1. Considering a complaint
2. Making a complaint
3. Staying informed
4. Receiving outcomes
5. Reflecting on the experience

Following a review of the questionnaire, 54 questionnaires were sent to complainants and 19 were returned and completed (response rate of 35%). Below is an overview of the responses received:

Question	Yes, definitely	Yes, to some extent	No
1. Considering a complaint: I knew I had a right to complain.	100%	0%	0%
2. I was given information on how to complain.	32%	26%	42%
3. I was advised of the support available to help me make a complaint e.g. advocacy services	17%	28%	50%
4. I felt confident that any ongoing care would not be compromised by making a complaint	29%	29%	43%
6. Making a complaint: I felt I could have raised my concerns with any of the staff I dealt with	22%	28%	50%
7. I was able to communicate my concerns in the way I wanted	67%	28%	6%
8. I knew that my concerns were taken seriously the very first time I raised them	16%	16%	68%
9. I was able to make a complaint at a time that suited me	56%	17%	28%
11. Staying informed: I was given the name and contact details of the person handling my complaint	50%	39%	11%
12. I always knew what was happening in my complaint	11%	44%	44%
13. I understood that my complaint would not be part of the medical records and would be confidential	31%	19%	50%
14. I felt that the staff investigating my complaint were empowered to resolve it	12%	35%	53%
16. Receiving outcomes: Do you feel that we responded to your concerns openly and honestly?	28%	28%	44%
18. Reflecting on the experience: I would complain again, if I needed to	81%	13%	6%
19. I feel that my complaint had been handled fairly	17%	33%	50%
20. I would happily advise and encourage others to make a complaint if they felt they needed to	89%	0%	11%
21. I understand how complaints help to improve services	63%	19%	19%

Table 15

It was very positive that complainants felt that they knew they could complain, were able to communicate their concerns, understood that their complaint would help to improve services and they indicated they would encourage others to complain.

Respondents were given the opportunity to leave give comments on the questionnaire.

The following comments are help in identifying how we can improve the complaints process and acknowledge what we are doing well:

'Often felt that (a) I was being fobbed off and (b) that complaints team had no power to effect change'

'My contact person changed at least 3 times during the process. Strong reluctance to accept my complaint as an official complaint'

'The PALS team were very helpful'

'I do not believe anything will change, I am open, responsible and friendly yet nothing said made any difference, only makes staff resent me more!'

'I note on the RUH website you only publish positive reviews. Complaints can improve services but only if they are taken seriously and genuine learning / changes occur. I felt 'lip service' was being paid to my complaint at times'

'The meeting we had with members of staff was very helpful and very much appreciated.'

The feedback above is being used to improve the complaints process.

8. Improvements made as a result of Complaints

The RUH promotes a transparent and open culture in relation to the complaints and concerns it receives. It bases its approach on the PHSO 'Principles of Remedy':

'Putting things right' which includes that public organisations should consider fully and seriously all forms of remedy (such as an apology, and explanation, remedial action or financial compensation; and

'Seeking continuous improvement'- which includes that public organisations should use the lessons learnt from complaints to ensure that maladministration or poor service is not repeated.

Division	Examples of Identified Learning
W&C	Patient presented with rare condition which required an expert in Radiology to undertake the scan. The expert was not available at the weekend. The communication with the patient could have been improved and the complaint has been shared at the Specialty Governance meeting so that staff can learn from the patient's experience.
Medicine	Greater focus on using the Hospital Passport for patients with Learning Disabilities. 'See it my Way – living with a Learning Disability' event took place on 28th February 2019. This event was filmed and is used in the training and education of staff.
Surgery	Divisional Heads reviewed local and national practice following a complaint regarding practice in the ophthalmology department. This related to the giving of Lucentis injections and whether practitioners should or shouldn't wear masks to reduce the risk of infection. Evidence supports current practice of not wearing masks.
W&C	Education with GP Surgeries around the correct referral process for patients on a 2 week wait pathway. The right process for this has been shared with the Clinical Commissioning Group.
Medicine	Pain relief for patients in the Emergency department is included in the safety checklist and National Early Warning Scores (NEWS) chart and regularly audited. The recently appointed Clinical Practice Facilitator regularly utilises the "brief intervention" time at nursing handover to highlight the importance of pain scores being recorded as well as vital signs recording
Surgery	An 'Alert' distributed to all theatre staff via a flyer and through the 'theatre safety briefings' regarding the importance of stock rotation and vigilance of checking expiry dates. The theatre department are moving towards a digitalised system the aim of this system is to support the efficacy of stock management within the theatre environment.
Medicine	The escalation of 'warning signs' of very ill patients booking into the Emergency Department' has been included in the staff training programme in the department
Medicine	Importance of ensuring relatives are kept updated and involved in discharge arrangements. Discussed within ward huddles as part of the Improving Together Programme.
Medicine	Learning and teaching around missed fractures on X-ray is included in the Nurse Practitioner teaching programme and the learning from the complaint has been shared as part of ongoing training.
Surgery	A delay in a patient's discharge summary impacted on the GP's knowledge of the potential post-surgical complications. The need for timely discharges summaries has been placed upon the risk register and the Matron for General Surgery has set up a 'task and finish' group to analyse the barriers to completing these summaries and to identify strategies to the support the timely completion.

9. Patient Advice and Liaison Service (PALS)

The role of the Patient Advice and Liaison Service (PALS) team is to offer a responsive, open-door service for patients, relatives and carers. The PALS team provide advice, information and guidance to patients and carers who wish to raise a concern, be signposted to relevant clinical services or require contact with staff. These are generally issues that can be addressed within 48 hours.

If it is not possible to provide a satisfactory response due to either the complexity or serious nature of the concerns raised, then the aim is to provide a seamless transition into the formal complaint process.

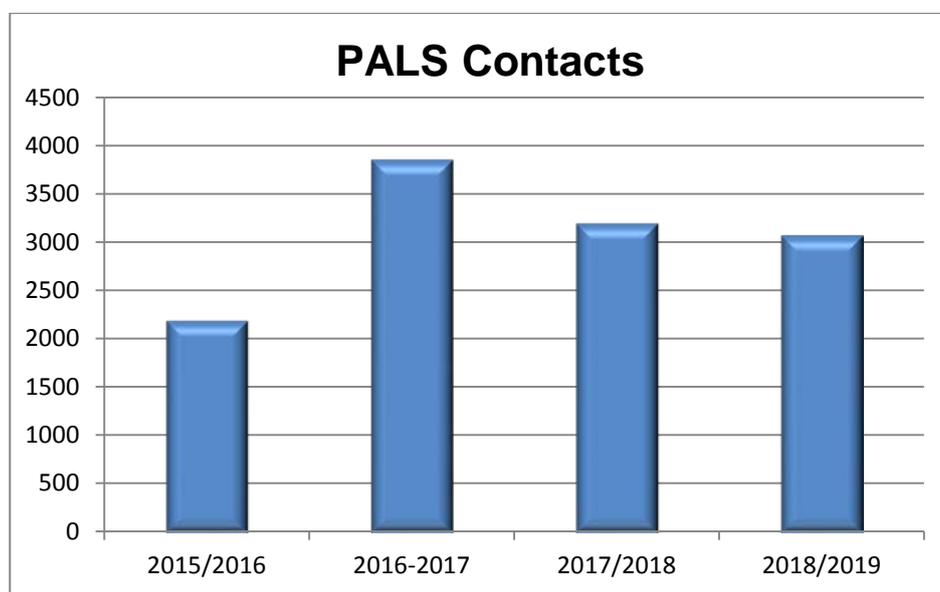
Issues raised within the team are seen as an opportunity to monitor service delivery issues and act as a catalyst for change.

The service also provides information regarding the translation and interpreting service as well as facilitating bereavement meetings between families and clinicians if appropriate.

9.1. Contacts with PALS

In 2018/19 the service received 3088 contacts; 1735 (56%) of the contacts required resolution, 907 (29%) requested advice and information and 181 (6%) wanted to provide feedback and suggestions. The remaining 265 (9%) were received from people wishing to provide compliments.

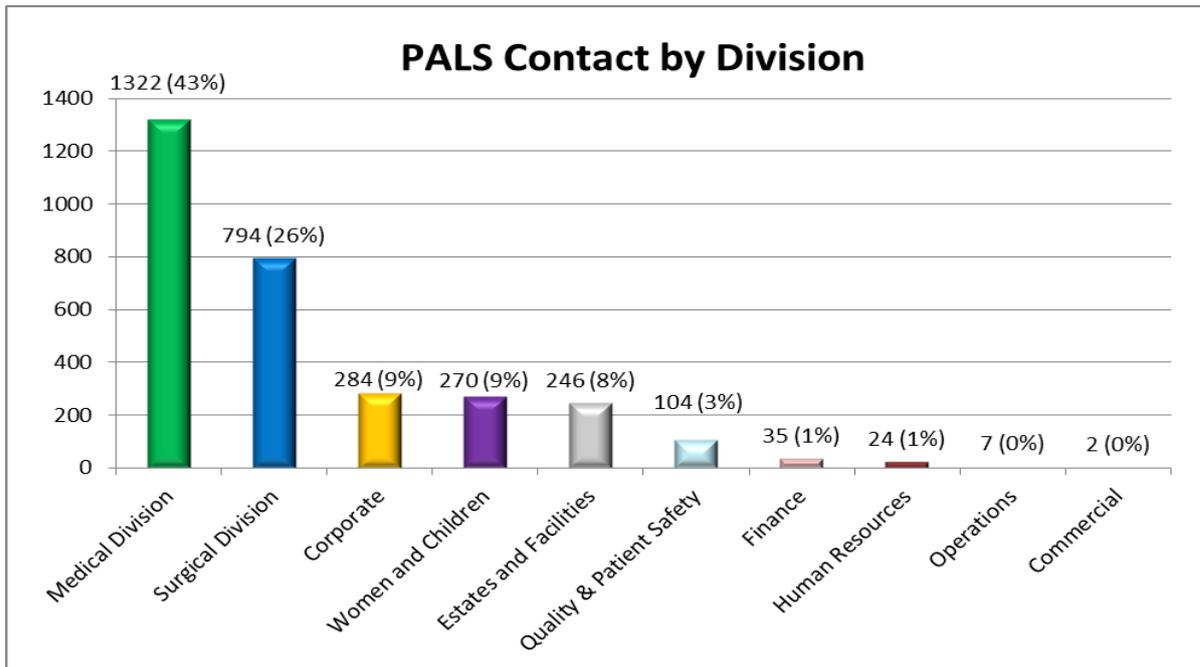
There was a reduction of 100 compared to the number of contacts in 2017/18. The graph below shows the total number of contacts with PALS per year, comparing the past four years.



Graph 10

9.1.1. PALS contact in reference to the Division

The graph below shows PALS contacts by Division in 2018/19

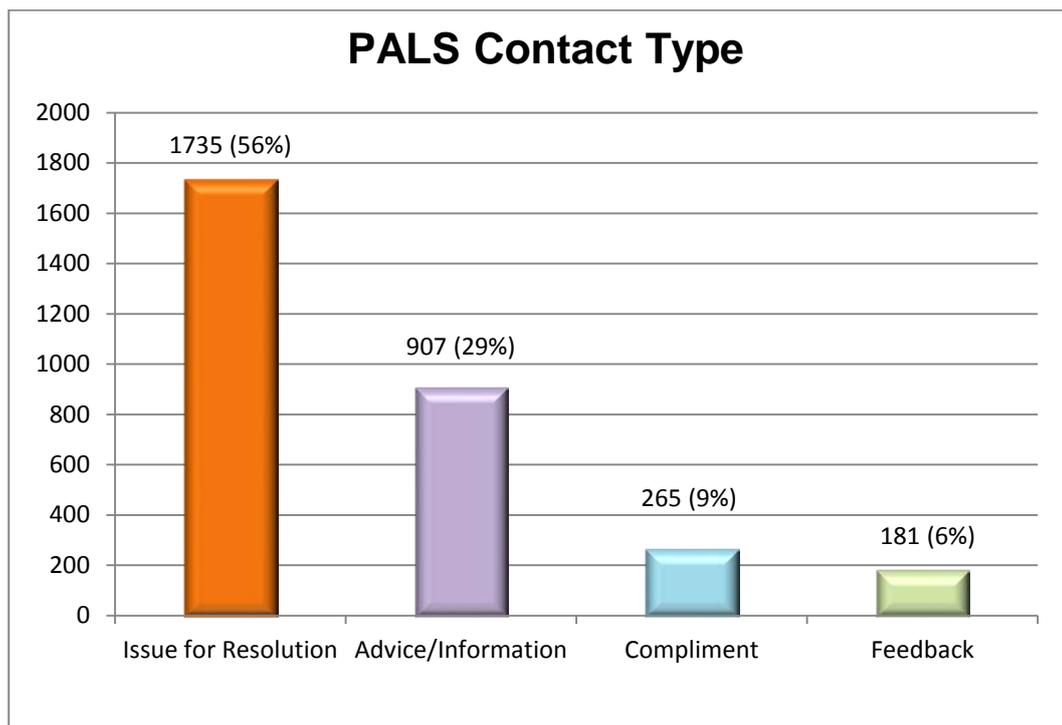


Graph 11

Contacts relating to Quality and Patient Safety relate to those enquiries dealt with directly by the PALS rather than referring to a division or speciality.

9.2. Type of contact with PALS

The graph below shows the reason why PALS was contacted.



9.3. PALS contact in reference to the subject area and sub-categories

56% of patients/carers contacted PALS with an issue for resolution. The subject of the issues are the same top 6 as in 2017/18 and are broken down in the tables below.

Issue for Resolution – Top 6 subject areas	2017/18	2018/19
Appointments	318	411 (27%)
Communication and Information	340	390 (26%)
Clinical Care and Concerns	346	333 (22%)
Patient Property	124	132 (9%)
Premises/Environment/Parking	118	129 (9%)
Staff Attitude and Behaviour	115	111 (7%)

Table 16

The increase of PALS contacts relating to appointments correlates to the increase in the number of complaints relating to appointments. This may be somewhat explained by the 3.40% increase in activity throughout the Trust. This information is shared with the Outpatient Steering Group chair and will inform improvements in 2019/20.

Issue for resolution Clinical Care & Concerns – Top 3 sub-categories	Medical Division	Surgical Division	Women and Children
General Enquiry - Clinical Care	99	58	20
Quality of Nursing care	14	4	3
Quality/Concerns regarding Medical care	13	8	6

Table 17

Issue for resolution Communication & Information – Top 3 sub-categories	Medical Division	Surgical Division	Women and Children
General Enquiry - Communication	66	37	12
Telephone issues (e.g. phone not answered)	36	35	7
Telephones not working	11	15	7

Table 18

Issue for resolution Appointments – Top 3 sub-categories	Medical Division	Surgical Division	Women and Children
Length of time for new appointment	55	21	9
Appointment information, date, time, location	43	29	3
Length of time for follow up appointment	19	32	4

Table 19

Issue for resolution Patient Property – Top 3 sub-categories	Medical Division	Surgical Division	Women and Children
Loss of patient property/valuables with patient	88	20	2
Loss of patient property/valuables (bailed)	4	1	-
Stolen patient property/valuables with patient	1	-	-

Table 20

Issue for resolution Issue for resolution Premises/ Environment/ Parking – Top sub-categories	Estates and Facilities
Parking fees	85
General Enquiries - Premises/ parking	32
Availability of parking spaces/queues	2

Table 21

Issue for resolution Staff Attitude & Behaviour – Top 3 sub-categories	Medical Division	Surgical Division	Women and Children
Disinterested/uncaring	13	7	2
Staff attitude	19	11	5
Inappropriate/insensitive communication/attitude	20	11	11

Table 22

The PALS team work closely with relevant staff in the Divisions to resolve individual issues quickly with patients/families/carers in an informal way. The information is shared with Divisional governance committees. The loss of property has been an ongoing concern within the Trust. In 2017/18 that PALS team received 102 enquiries regarding lost property compared to 110 in 2018/19. A current Trust Wide Project is working to strengthen how patient property is managed throughout the patient's inpatient journey. This includes a review of the Trust policy as well as the implementation of an electronic tracking system using the patients' health record on Millennium. It is anticipated the use of Millennium will reduce the number of unclaimed personal items as well provide a reporting facility to be used to audit the contents of the safe.

10. Improvements to PALS and Complaints processes

As a result of feedback from complainants as well as improvements identified by staff, the following improvements are being implemented:

- The Patient Experience Team will continue to deliver training to all front-line staff on how to deal with potential concerns and/ or formal complaints. This is to ensure staff are more confident in dealing with concerns when they receive them. The Medical Division has a Masterclass arranged for the 25th July 2019. This will highlight the importance of the complainants experience and encouraging a "walking towards" culture within the division. This will form part of a quarterly programme for senior staff and will develop our nurse leaders.

- Whilst being responsive to the complainant we will improve our performance in meeting the agreed original timescale for response to the complaint.
- Work continues to focus on learning from complaints and concerns. We appreciate that learning is critical and will help the practitioners to continually improve the care and treatment provided throughout the organisation. Examples of complaints and case studies are shared at training and included in the junior doctors 'cautionary tales.'
- A divisional member of staff makes initial and ongoing contact with the complainant to provide consistency throughout the complaint process.
- To continue to encourage an increased use of meetings as opposed to written responses. From March 2019, all complaint meetings are recorded with the complainant given a copy of the recording on a CD at the end of the meeting. This is followed up by a short letter detailing the actions agreed at the meeting which is sent to the complainant usually within a week of the meeting taking place.
- A new complaints process has been mapped which will progress to consultation and approval from senior leadership. By improving the process complainants will have increased engagement during the process and have confidence that the Trust is listening to their concerns and is actively making improvements
- Changes within the PALS department have improved the efficiency and responsiveness of the service. Cases are logged in real time on the reporting system (Datix) to ensure open cases are easily identified and the progress tracked. All paperwork is now electronically stored enabling easy access to case related documents, with additional support staff being employed to support the implementation of these service changes.
- A PALS online feedback form is currently being developed which will be used to assess the services performance and help identify areas which may be improved.

Conclusion

The RUH remains committed to thoroughly investigating, learning from and taking action as a result of individual complaints and concerns. Where it is found that standards have fallen below the level we expect and where services could be improved we have taken actions to resolve the issues identified.

We will continue to undertake detailed and extensive monitoring of all complaints to ensure that where questions are raised about the quality of care we deliver, they can be quickly investigated and responded to.

The Trust is currently committed to an organisational development programme 'Improving Together' which supports and empowers staff to make improvements part of their everyday work. Our strategic patient focus goal is to be 'recognised as a listening organisation, patient centred and compassionate' which is at the centre of our complaints response process.