

Report to:	Public Board of Directors	Agenda item:	14
Date of Meeting:	29 July 2020		

Title of Report:	Annual Complaints Report 2019/20
Status:	For approval
Board Sponsor:	Lisa Cheek, Director of Nursing and Midwifery
Author:	Rachel Scott, Complaints Manager, Natalie Escott PALS and Reception Manager
Appendices	None

<b>1. Executive Summary of the Report</b>
<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 Trust in 2019/20. 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 <b>736,348 patient attendances in 2019/20 which is an increase of 2.92% from 715,724 patients attending the Trust in 2018/19</b>. Patient attendances include inpatient, outpatient and Emergency Department visits.</p> <p>The Trust received <b>288</b> formal complaints in the year 2019/20 which represents a <b>34% increase from 214 complaints received in 2018/19</b> with a monthly average of 24 complaints.</p> <p>There was a 23% <b>increase in the number of contacts with the Patient Advice and Liaison Service (PALS) from 3088 in 2018/19 to 3807 in 2019/20</b></p> <p>The most frequently cited subject matter of formal complaints received was that of <b>clinical care. This category accounted for 57% (165) of the formal complaints received in 2019/20. In 2018/19 it was 67%</b>. However there has been an increase in complaints regarding Admissions/Transfer/ Discharge from 6% in 2018/19 to 9% in 2019/20 and complaints regarding Staff Attitude and Behaviour has increased from 7% 2018/19 to 12% 2019/20.</p> <p>The <b>overall complaint rate</b> against patient activity has shown a very small <b>increase from 0.030 in 2018/19 to 0.039 in 2019/20</b>.</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>

<b>2.</b>	<b>Recommendations (Note, Approve, Discuss)</b>
The Board of Directors is asked to approve the report.	
<b>3.</b>	<b>Legal / Regulatory Implications</b>
<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"> <li>• The number of complaints</li> <li>• The number that were well-founded</li> <li>• The number referred to the Parliamentary Health Service Ombudsman</li> <li>• The subject matter of complaints</li> <li>• Matters of importance arising from the complaints or handling thereof</li> <li>• Action taken, or being taken, to improve services as a result of complaints received</li> </ul> <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 General Data Protection Regulation</p>	
<b>4.</b>	<b>Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)</b>
There are no risks recorded on the risk register with regards to the complaints and PALS service.	
<b>5.</b>	<b>Resources Implications (Financial / staffing)</b>
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.	
<b>6.</b>	<b>Equality and Diversity</b>
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.	
<b>7.</b>	<b>References to previous reports</b>
Complaints Annual Report 2018/19 to the Board of Directors July 2019	
<b>8.</b>	<b>Freedom of Information</b>
This is a public document.	

# Annual Complaints Report

## 2019-20



Recognised as a  
listening organisation;  
**patient** centred  
and compassionate.

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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.

Handling concerns and complaints effectively matters to the people who use our services. Patients and their families/carers deserve an explanation when things go wrong and tell us that's what is important to them is that the Trust has made changes and taken action 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. Many issues can be resolved quickly and easily by the Patient Advice and Liaison Service (PALS). However, sometimes it's not always possible to resolve an issue quickly, either because of the complexity or severity of the issue and it is important that the Trust has 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 1<sup>st</sup> April 2019 and 31<sup>st</sup> March 2020.

### 1. Formal Complaints Received by the RUH

In 2019/20, there was a 34% increase in the number of complaints received from **214** in 2018/19 to **288** in 2019/20.

The number of formal complaints received each year from 2016 to 2020 is shown in table 1 below.

Financial Year	2016/17	2017/18	2018/19	2019/20
Total Number of Complaints	214	178	214	288
% change from Previous year	-28%	-16.8%	+ 20%	+37%

Table 1

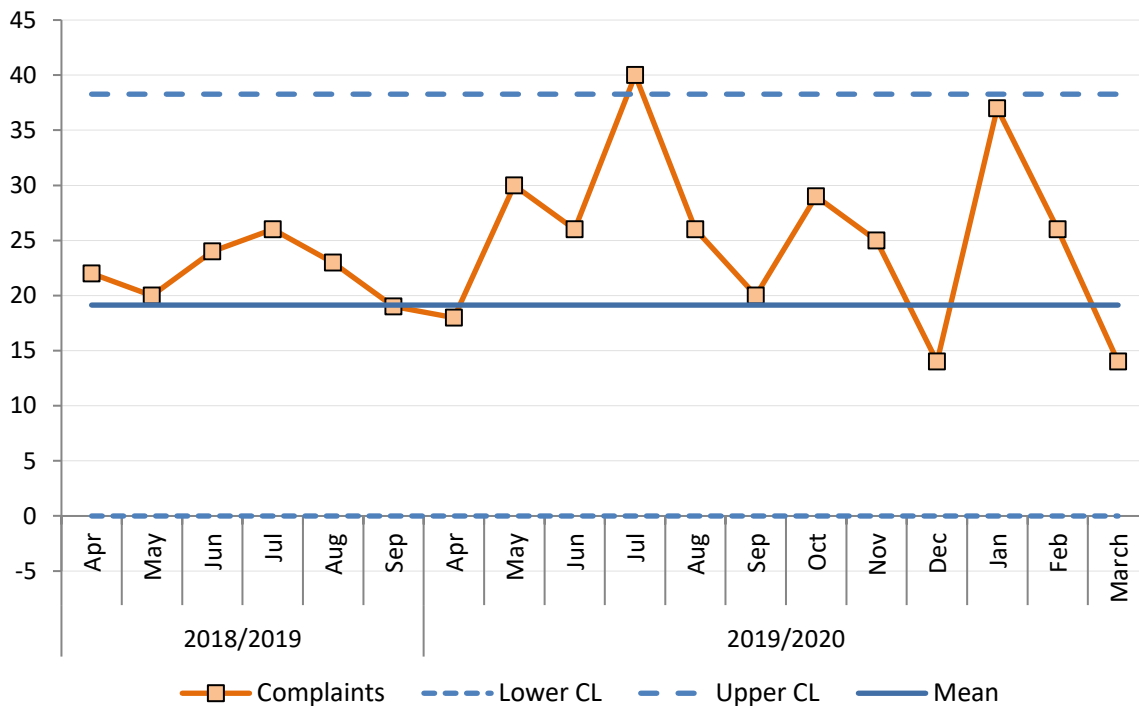
## 1.1 Quarterly comparisons 2016-2020

Table 2 provides this data as a quarterly comparison.

Year	Q1	Q2	Q3	Q4	Total
2016/17	56	46	50	62	214
2017/18	57	49	34	38	178
2018/19	66	68	31	49	214
2019/20	69	78	67	74	288

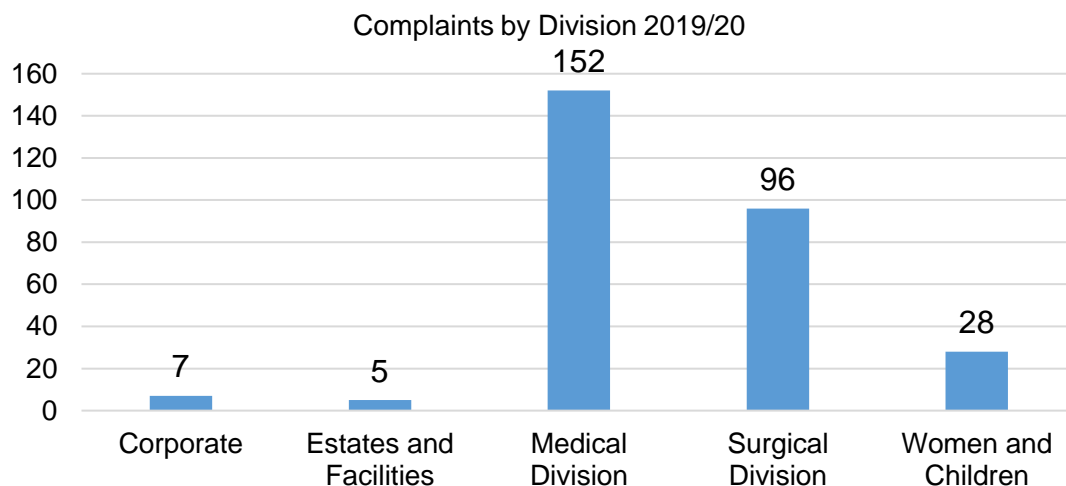
Table 2

## 1.2 Total complaints received by the RUH during 2019/20 by month



Graph 1

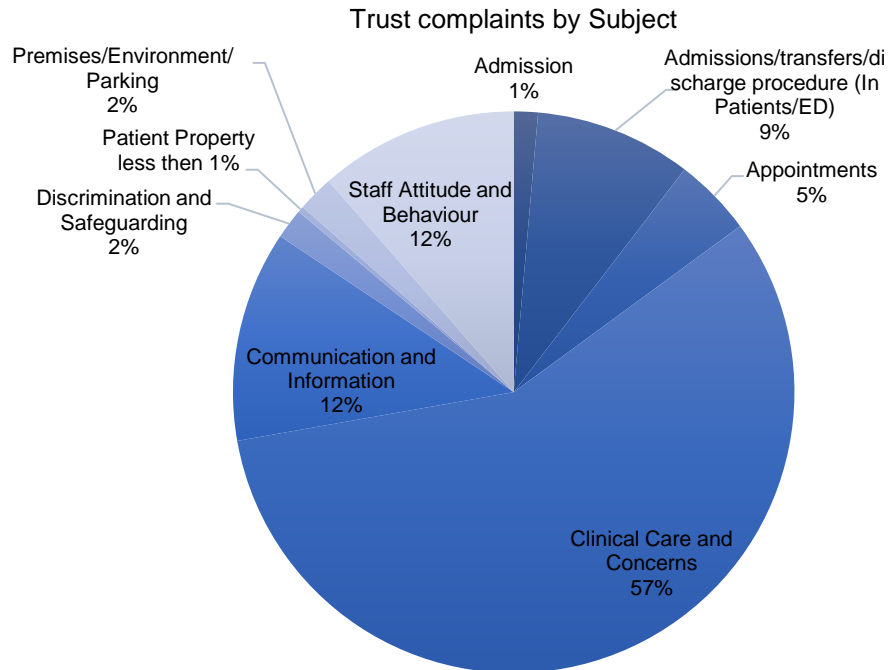
## 1.3 Total complaints received by Division during 2019/20



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 **57% (165)** of the formal complaints received in 2019/20:



Graph 3

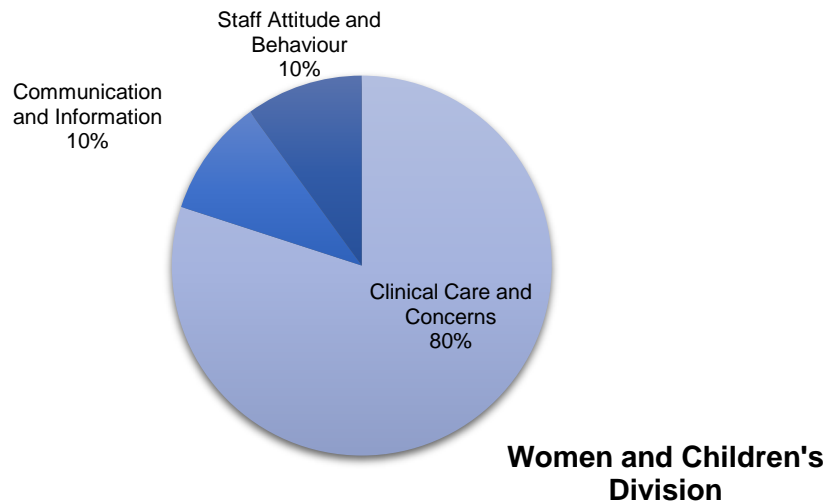
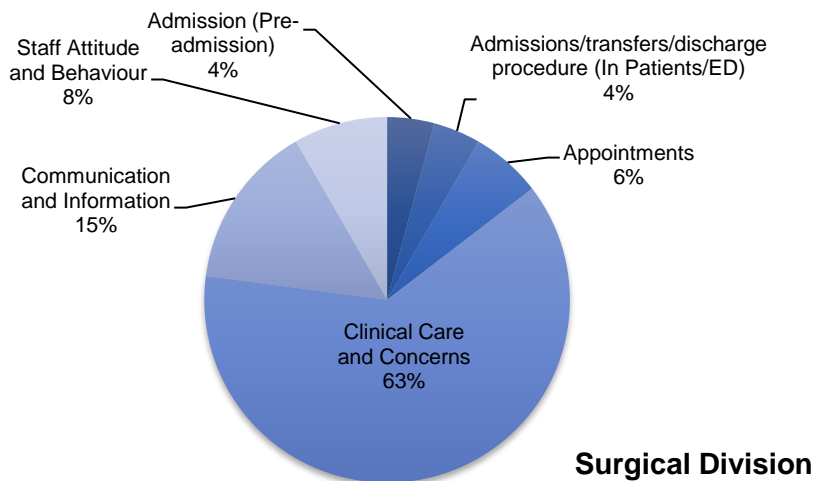
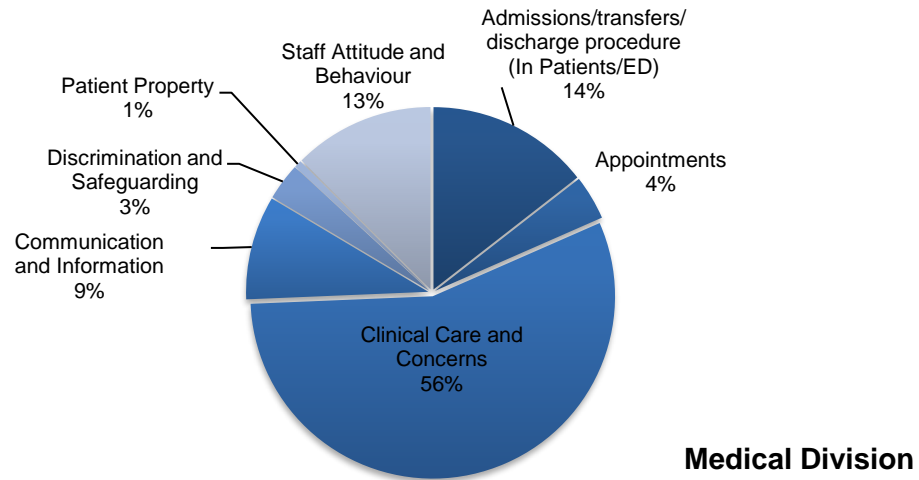
The percentage of complaints regarding **Clinical Care** can be further broken down by Division.

- In the Medical Division it accounted for 56% (85) of complaints. In 2018/19 it was 64% (**76**).
- In the Surgical Division it accounted for 63% (**60**) of complaints. In 2018/19 it was 71% (**60**).
- In the Women and Children's Division it accounted for 80% (20) of complaints. In 2018/19 it was 72% (**8**).

The total number of complaints has increased, however the percentage of complaints relating to **clinical care** has reduced for a consecutive year from 67% (144) 2018/19 to 57% (165) 2019/20.

## 2.1 Complaint subject matter by Division 2019/20

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

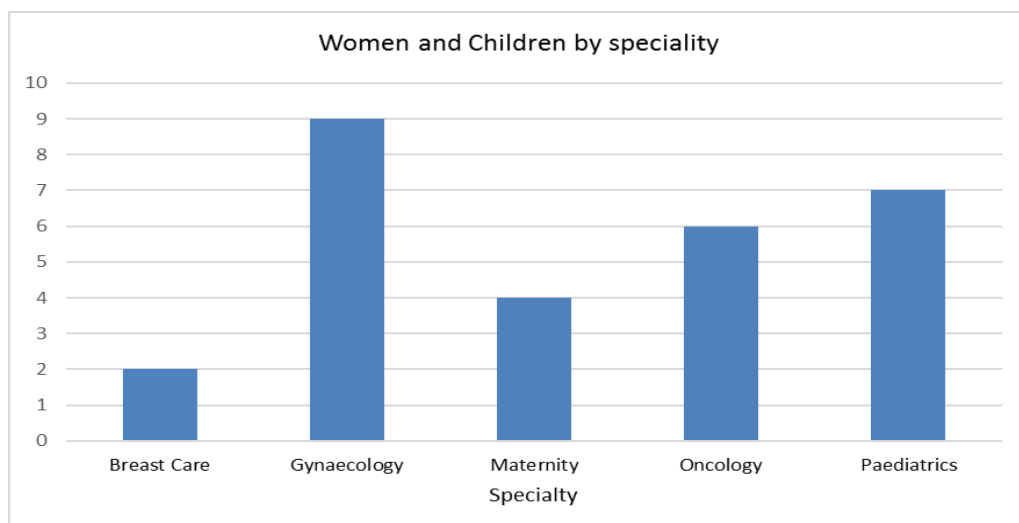
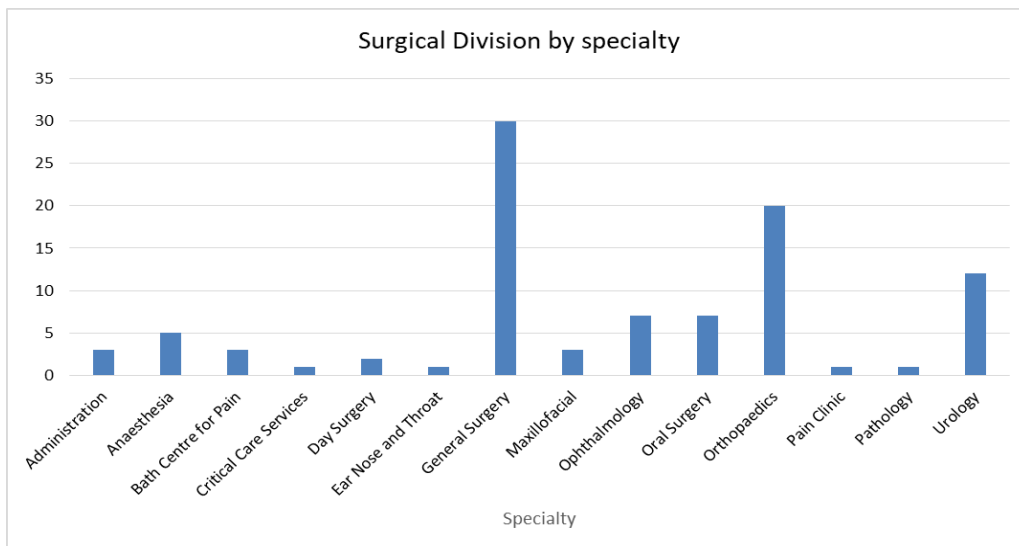
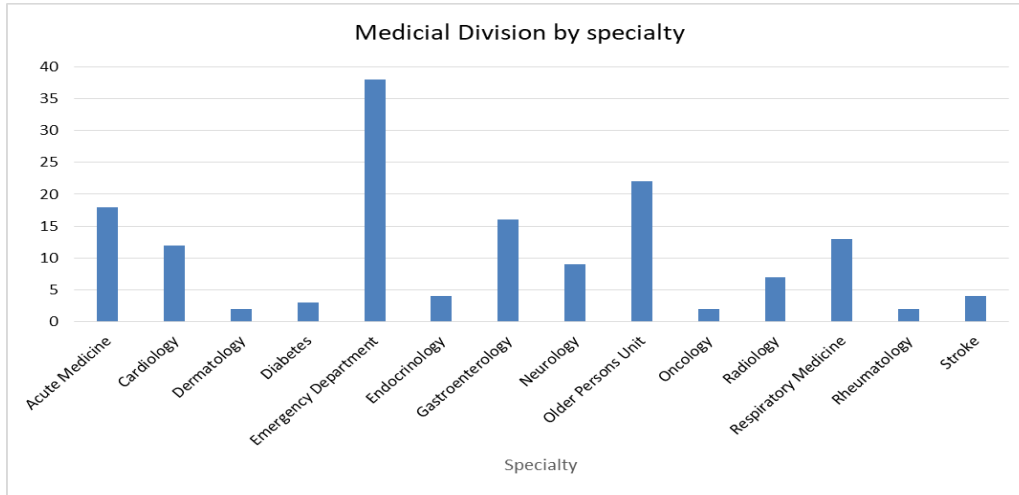


Graphs 4, 5, and 6



## 2.2 Complaints by Specialty

Graphs 7, 8 and 9 below show the complaints by specialty for each Division. If the complaint covers more than one Division, it is allocated to the Division that has the majority of issues to be investigated.



Graphs 7, 8 and 9

## 2.3 Specialties receiving the highest number of complaints

Table 3 below shows the specialties receiving the highest numbers of formal complaints. Comparison is also made to 2018/19. The Emergency Department, General Surgery and Orthopaedics account for some of the highest patient activity levels within the Trust. Comparing the number of complaints received at a specialty level against activity shows some variance from the Trust figure of 0.039 however complaints often cover a number of specialties. For example obstetrics has high levels of activity and received only 4 complaints this year. The complaint/activity ratio for General Surgery was 0.141 which is slightly above the Trust rate. The Emergency department rate was 0.043 and Orthopaedics 0.048.

Division	Specialty	2018/19	2019/20
Medicine	Emergency Department	33	38 ↑
Surgery	General Surgery	32	30 ↓
Medicine	Older Persons Unit	14	23 ↑
Surgery	Orthopaedics	20	20 ↔
Medicine	Acute Medicine	13	18 ↑

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 by Subject	Number of complaints
Admissions/transfers/discharge procedure (In Patients/ED)	4
Inappropriate/unsafe Discharge	4
Clinical Care and Concerns	26
Co-ordination of medical treatment	4
General Enquiry - Clinical Care	1
Inappropriate care and treatment	10
Quality/concerns regarding Medical Care	3
Wait for Treatment	1
Wrong diagnosis	6
Wrong treatment given	1
Discrimination and Safeguarding	1
Disability discrimination	1
Staff Attitude and Behaviour	7
Disinterested/uncaring	5
Inappropriate/insensitive information/diagnosis	1
Staff attitude	1
<b>Total</b>	<b>38</b>

Table 4

General Surgery by Subject	Number of Complaints
Admission (Pre-admission)	3
Cancellation of admission	2
Date for admission cannot be given to the patient	1
Admissions/transfers/discharge procedure (In Patients/ED)	2
Inappropriate/unsafe Discharge	1

General Surgery by Subject	Number of Complaints
Relatives/Carers not informed/involved in discharge	1
Clinical Care and Concerns	22
Competence/knowledge of staff	2
Co-ordination of medical treatment	7
Error in performing a procedure on patient	1
General Enquiry - Clinical Care	7
Quality/concerns regarding Medical Care	1
Wait for Treatment	1
Wrong diagnosis	1
Wrong treatment given	2
Communication and Information	2
Inappropriate/Insensitive communication/attitude	1
Inappropriate/inaccurate/incomplete correspondence	1
Staff Attitude and Behaviour	1
Inappropriate/insensitive information/diagnosis	1
<b>Total</b>	<b>30</b>

Table 5

Older Persons Unit by Subject	Number of complaints
Admissions/transfers/discharge procedure (In Patients/ED)	8
Inappropriate/unsafe Discharge	7
Relatives/Carers not informed/involved in discharge	1
Appointments	1
Unacceptable time to wait for appointment	1
Clinical Care and Concerns	11
Co-ordination of medical treatment	1
End of Life Care Concerns	3
General Enquiry - Clinical Care	3
Inappropriate care and treatment	1
Medication error/timing/availability	1
Quality of Nursing care	1
Therapies	1
Communication and Information	1
Misunderstanding	1
Discrimination and Safeguarding	1
Safeguarding procedure/concerns	1
Patient Property	1
Process for compensation	1
<b>Total</b>	<b>23</b>

Table 6

### 3. Subject of complaints

Table 7 below shows the main subject categories of the complaints received in 2019/20, in comparison with 2018/19 together with the percentage increase/decrease.

Complaint subject category	2018/19	2019/20	Percentage difference
Admissions/transfers/discharge procedure	12	30	150%+
Appointments	17	13	23%-
Clinical Care and Concerns	144	165	14%+
Communication and Information	22	35	59%+
Discrimination and Safeguarding	2	5	150%+
Premises/Environment/Parking	1	6	500%+
Staff Attitude and Behaviour	15	33	120%+

Table 7

There has been an increase in the numbers of complaints across the majority of categories. The numbers of complaints regarding staff attitude/behaviour and admissions/transfers/discharge procedures have increased since last year. Within the complaint category of admissions/ transfers/discharge, 26 of the complaints related to inappropriate/unsafe discharges. The majority of these complaints were in the medical division. The number of complaints relating to appointments has seen a decrease in 2019/20; this is a significant improvement from the previous two years.

#### 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 125 of the 165 complaints about Clinical Care and Treatment by Division.

Sub-category	Medical	Surgical	W&C	Total
Error in performing a procedure on patient	3	4	-	7
Co-ordination of medical treatment	17	19	9	45
General - Clinical Care	8	12	1	21
Inappropriate care and treatment	14	6	5	25
Quality/concerns regarding Medical Care	9	4		13
Wrong diagnosis	8	3	3	14
<b>Total</b>	<b>8</b>	<b>58</b>	<b>37</b>	<b>125</b>

Table 8

### 3.2. Other complaints received

Table 9 below details the 12 complaints received in 2019/20 by the RUH that were not about clinical services.

Division	Number of complaints
Corporate	7
Appointments	1
Communication and Information	3
Premises/Environment/Parking	2
Staff Attitude and Behaviour	1
Estates and Facilities	5
Premises/Environment/Parking	4
Staff Attitude and Behaviour	1
<b>Total</b>	<b>12</b>

Table 9

### 4 Complaints compared to hospital activity

In 2018/19 the complaint rate against activity was 0.030. In 2019/20 the complaint rate against activity increased to 0.039. The overall increase in complaints in 2019/20 is somewhat representative of an increase in activity in the Trust of 2.92%.

#### RUH activity 2016-2020

Year	Number of complaints	% difference in the number of complaints on previous year	Inpatient and outpatient activity	% difference of activity on previous year	% of complaints compared to total activity
2016/17	214	-28%	695,849	+2.12%	0.030
2017/18	178	-16.8%	691,169	-0.67%	0.025
2018/19	214	+20%	715,464	+3.40%	0.030
2019/20	288	+37%	736,348	+2.92%	0.039

Table 10

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

All complaint responses are either reviewed by the Director of Nursing and Midwifery or the Medical Director (nursing or medical) 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 undertakes a yearly review of the complaint files 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 2019/20, of the 272 complaints responded to, 175 (64%) were completed in 35 working days and 97 (36%) 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	175	64
Response exceeded 35 working days	97	36

Table 11

The performance against this target has shown a notable improvement over the year. In 2018/19 54% of complaints exceeded our response target, compared to 36% in 2019/20. It is also important to note that the Trust responded to 272 complaints this year in comparison to 197 in 2018/19 which is a significant increase in workload for the Divisional teams.

During 2019/20 we continued to offer complainants a Local Resolution meeting as an opportunity to discuss the outcomes of our investigation and share learning that has been identified as a result of a complaint and to ensure we address any further questions or concerns raised by the complainant. 46 complaint meetings were held during 2019/20 in comparison to 43 in 2018/19. All complaint meetings have been recorded since March 2019 and a copy of the recording is given to the complainant on a CD at the end of the meeting. Complainants have reflected that they have listened to the recording after the meeting which helped them process the information they were given and allowed them to consider whether they had further questions.

At the triage stage if it is identified that the complaint relates to a Serious Incident, the timescale for the response will be in line with the Root Cause Analysis investigation (60 days). This is agreed with the complainant at the start of the investigation process.

## 5.2 Reopened Complaints

Table 12 below shows the number of reopened complaints for the year.

Year	Number	% of total complaints
2018/19	21	10%
2019/20	25	9%

Table 12

Table 13 shows the number of reopened complaints by Division.

Division	Medicine	Surgery	Women & Children's	Corporate	Total
Number of re-opened complaints	13	9	2	1	25

Table 13

A review of the cases indicates that in the majority of cases all the issues raised had been investigated and responded to. However, the complainant either remained

unhappy with the Trust response or had further questions after receiving the initial response.

### 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 2020/21 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
71 (26.1%)	115 (42.3%)	77 (28.3%)	9 (3.3%)

Table 14

In 2019/20 272 complaints were responded to during the year, of these 186 (68.1%) were identified as being either partially or fully upheld. Examples of improvements and learning is included in section 8 of this report.

## 6 Parliamentary and Health Service Ombudsman (PHSO)

The PHSO concluded five investigations in 2019/20; two cases were upheld and three were not upheld. This compares to three cases that were investigated by the PHSO in 2018/19. 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: Upheld

The PHSO concluded that the Trust did not carry out the endonasal dacryocystorhinostomy (DCR) surgery in line with the accepted surgical technique as the clinician did not operate in the correct place inside the patients' nose. This caused an unnecessary fracture of the patients' nose with some disfigurement.

The Trust apologised to the patient and provided an action plan detailing what has been put in place to address the failings identified regarding DCR surgery. The Trust is also required to arrange for the patient to receive corrective surgery from another Trust. The Surgical Division is currently working to resolve these actions. As a recognition of the injustice suffered a payment has been made to the patient of £2950.

### Case 2: Upheld

The complainant stated that they did not receive the appropriate care and treatment in the Ophthalmology department when they had a viral infection in their eye. The PHSO concluded that there was a lack of continuity of Care and failure to effectively treat their eye condition. They also found that the handling of the patients' complaint did not fully answer the concerns raised.

As a result of the PHSO findings the Trust has apologised to the patient and provided an action plan detailing what has been put in place to address the failings identified. The Trust paid the complainant £450 in acknowledgment of the suffering caused.

### **Case 3: Not upheld**

Complainant stated that the surgery and radiotherapy they received for treatment for cancer of the parotid gland caused damaged and they were not informed of the risk. They stated there was no timely treatment for radiotherapy damage. The PHSO did not find any failure in treatment which may have caused the patient to have a worse outcome. They did advise though that there was a failure in communication in not giving a realistic expectation of what would happen as a result of the treatment. This was acknowledged by the clinician involved.

### **Case 4: Not upheld**

The complainant states that following admission to the hospital that their leg was not properly examined before discharge. The patient was later readmitted to Southmead Hospital and underwent 6 hour surgery on his foot and leg. The PHSO concluded that the patient had an acute episode after being discharged from the RUH which led to further surgery. Consequently it appears that this was an unfortunate event that could not have been foreseen by the Trust.

### **Case 5: Not Upheld**

A family member raised concerns regarding the care and treatment their relative received leading up to their death. They stated that the Trust did not inform the patient's family that their relative was dying, did not adhere to the Treatment Escalation Plan and failed to carry out resuscitation. The PHSO concluded that the care and treatment provided to the patient was appropriate and in line with the relevant practice standard

## **7 Complaints Questionnaire**

To ensure that the Trust is able to continually improve a complainant's experience of the Trusts complaints process a survey is sent to complainants at the resolution of their complaint. 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

149 complaints surveys were sent for complaints closed in Q3 and Q4 in 2019/20 of which 40 were returned. (27% response rate)





Graph 10

It was very positive that complainants felt that they knew they could complain, were able to communicate their concerns; would complain again and that they would encourage others to complain.

However, there needs to be more work around how we give assurance to complainants that their complaint will not affect their ongoing care as well as communicating more effectively as to how they can get support from advocacy services.

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

*‘Compassionate and considerate staff dealt with my initial conversation which gave me confidence to progress with the complaint process.’*

*‘I had no information about the official procedure. The website was difficult to navigate and the information obscure. In the end I found the names and addresses of the CEO and wrote to them personally.’*

*'I was phoned by a lady who outlined what would happen next, after receiving my initial complaint letter.'*

*'Again the PALS department were very understanding but apart from logging the complaint I had no further contact. I did have a voicemail from someone in surgery but they left a contact number that didn't exist so I couldn't contact back.'*

*I did feel my complaint was being dealt with and not being swept under the carpet.*

*I was kept informed of the ongoing situation though it did take time.*

*'I waited until after the patient was discharged as I was not confident she would receive unbiased care'*

*My complaint was dealt with quickly and with great understanding - thank you!*

## 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.

At the conclusion of a complaint that is partially or completely upheld learning is identified and actions are taken to ensure that the incident does not happen again. Below are examples of this from across the divisions:

Division	Examples of Identified Learning
All Divisions	A cross-divisional task and finish group has been set up to address discharge summary problems. Discharge summaries must be completed and a copy provided to patients and their families (where relevant) on discharge. Members of the patient experience team will be involved in this work.
All Divisions	Across the two Divisions there has been a focus on communication in their learning and actions from complaints. Including the importance of regular, open and honest communication with patients, carers and ensuring regular updates are communicated as well as clarifying understanding.
Surgical	A detailed action plan for a patient with learning difficulties has been drawn up to support any future contacts with the Trust. This pathway includes actions for the transport service, Emergency Department to involve the Speciality Community Learning Disabilities Nurse and ensure information on Millennium is updated to highlight the action plan to clinicians caring for this patient.

Division	Examples of Identified Learning
<b>Surgical</b>	Improvements to the pathway for surgical patients receiving post-operative support from their GP via the 'consultant connect' telephone system.
<b>Surgical</b>	A Standard Operating Procedure (SOP) has been implemented to ensure that discharge medication is explained and checked with the patient on discharge
<b>Medicine</b>	Following an increase in pressure ulcer numbers and subsequent complaints, Link Nurses for Tissue Viability on the wards are providing monthly training with particular emphasis on patients who have very fragile skin that is easily damaged.
<b>Medicine</b>	Governance leads in the Medical Division have shared within their specialties the need to improve communication between the medical multi-disciplinary teams and family members and community teams where we are expecting to handover care
<b>Medicine</b>	Governance leads in the Medicine Division are working with clinical staff regarding their approach and way in which they are having discussions with patients and their families around 'Do Not Attempt resuscitation (DNAR)' decisions, ensuring that they do so with empathy and compassion. This includes communication with families about the wishes of patients and is supported by the 'Conversation project' led by the Palliative Care team.
<b>W&amp;C</b>	When a consultant is not happy to proceed with treatment, that this is also discussed at a multi-disciplinary meeting so a wider perspective can be sought.
<b>W&amp;C</b>	Standardise guidelines and communication between the Ultrasound department and Obstetric department have been developed and communicated across the departments (Guideline ref M114). Obstetricians have been reminded to document fetal movements at every review and ensure clear up date clinical information is communicated to sonographers prior to the scanning of mothers. The Ultrasound policy has been updated to include improved communication between antenatal and sonography.

Table 15

## 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 forty-eight 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 PALS staff will ensure that there is a seamless transition into the formal complaint process.

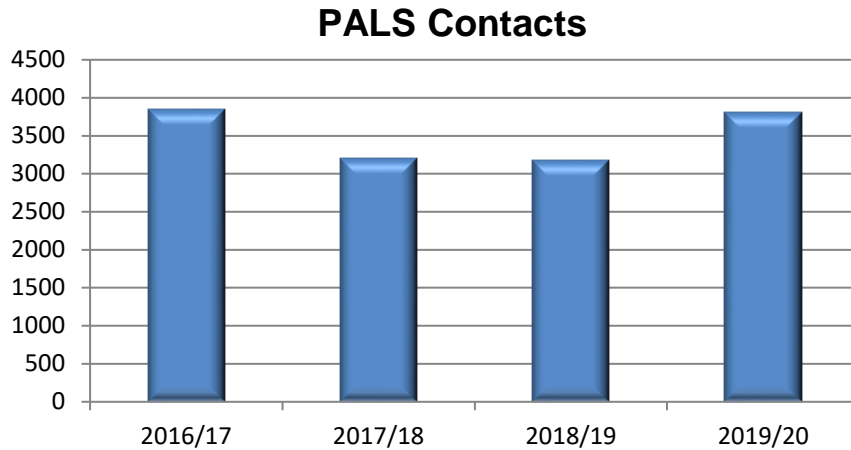
Issues raised to PALS provide an opportunity to monitor service delivery issues and act as a catalyst for change. The PALS team work closely with staff in the Divisions to resolve issues quickly with patients/families/carers in an informal way. The quarterly Patient Experience reports identify themes/trends in contacts and are shared at the Divisional Governance meetings where action is taken to resolve these either at a Divisional level or Trust wide level.

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

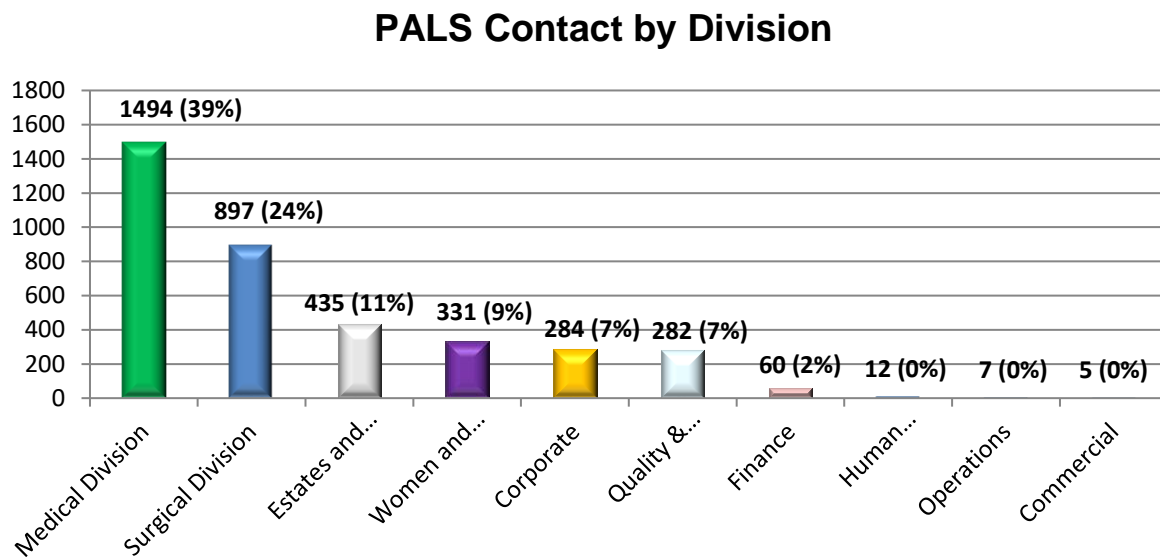
## 9.1 Contacts with PALS

In 2019/20 the service received 3807 contacts; 2472 (65%) of the contacts required resolution, 809 (21%) requested advice and information and 241 (6%) wanted to provide feedback and suggestions. The remaining 285 (8%) were received from people wishing to provide compliments.

There was an increase of 719 PALS contacts this year compared to 2018/19. The graph below shows the total number of contacts with PALS per year, comparing the past four years.



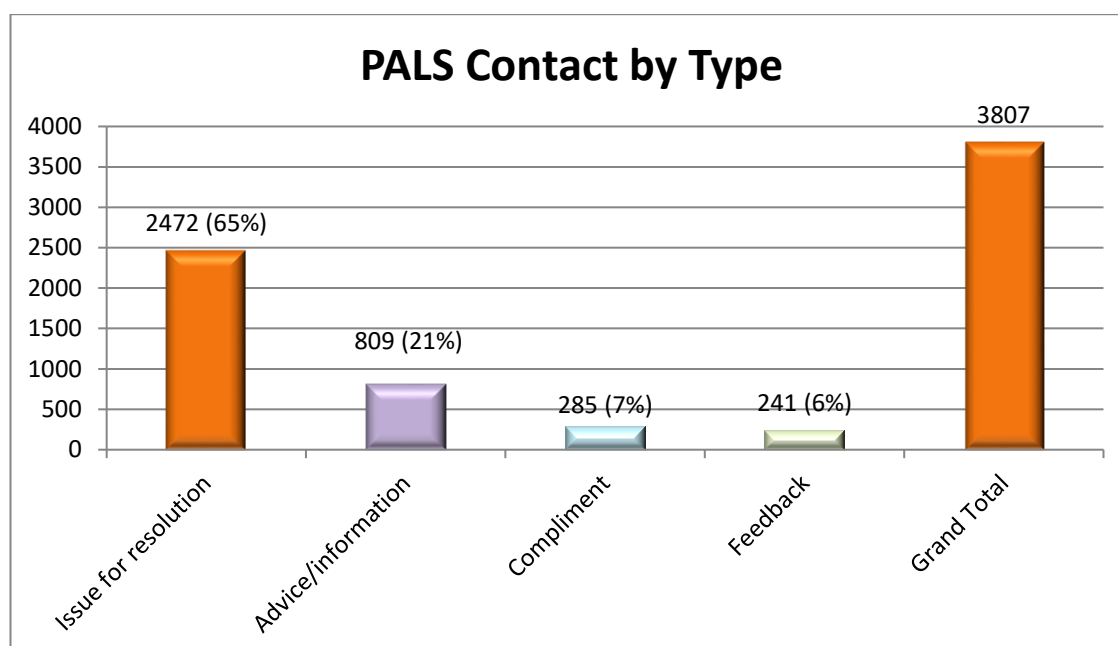
Graph 11



Graph 12

## 9.2 Type of contact with PALS

The graph below shows the reason why PALS was contacted.



Graph 13

### 9.3 PALS contact in reference to the subject area

65% of patients/ carers contacted PALS with an issue that required resolution. The detail of the issues is shown in the tables below.

Issue for Resolution – Top 7 subject areas	2018/19	2019/20
Appointments	411	<b>558 (23%)</b>
Communication and Information	390	<b>512 (21%)</b>
Clinical Care and Concerns	333	<b>418 (17%)</b>
Premises/Environment/Parking	129	<b>274 (11%)</b>
Patient Property	132	<b>179 (7%)</b>
Staff Attitude and Behaviour	111	<b>145 (6%)</b>
Admissions/transfers/discharge procedure (In patients/ED)	112	<b>141 (6%)</b>

Table 16

Issue for resolution Appointments – Top 3 sub-categories	Medical Division	Surgical Division	Women and Children
Appointment change by patient	88	57	19
Length of time for new appointment	74	20	10
Length of time for follow up appointment	26	31	6

Table 17

The main issues for resolution regarding appointments were appointment changes by patients, the length of time patients were waiting for new and follow up appointment in addition to follow up appointments not being given. Patients also contacted PALS for appointment information such as date, time and location.

Issue for resolution Communication & Information – Top 3 sub-categories	Medical Division	Surgical Division	Women and Children
General Enquiry - Communication	69	46	13
Telephone issues (e.g. phone not answered)	63	56	6
Telephones not working	11	10	2

Table 18

The most prevalent concerns raised in relation to communication and information was the difficulty patients experienced getting through to departments/wards across the Trust. This was due to faults with the telephone lines in addition to phones not being answered.

Issue for resolution Clinical Care & Concerns – Top 3 sub-categories	Medical Division	Surgical Division	Women and Children
General Enquiry – Clinical Care	76	40	31
Quality/concerns regarding medical Care	28	6	8
Co-ordination of medical treatment	14	10	7

Table 19

The contacts for clinical care and concerns varied widely with many of the issues raised specific to patient's care and treatment. A number of contacts related to concerns around the co-ordination of medical treatment and quality and appropriateness of medical care in addition to concerns around medication such as errors, timing and availability.

Issue for resolution Patient Property	Medical Division	Surgical Division	Women and Children
Loss of patient property/valuables with patient	133	22	2

Table 20

All contacts relating to property concerned the loss of patient property on wards, in particular Care of the Elderly wards and the Emergency Department. Many of the cases related to the loss of patient's glasses, hearing aids and dentures.

Issue for resolution Premises/ Environment/ Parking – Top 3 sub-categories	Estates and Facilities
Parking fees	213
General Enquiries - Premises/ parking	28
Availability of parking spaces/queues	14

Table 21

The main issue requiring resolution in relation to Premises/Environment/Parking was Parking Charge Notice disputes. These were often a result of blue badges not being registered or registered incorrectly, overstays in the 20 minute bays, in addition to errors with the parking payment machines.

Issue for resolution Staff Attitude & Behaviour – Top 3 sub-categories	Medical Division	Surgical Division	Women and Children
Staff attitude	27	12	6
Inappropriate/insensitive communication/attitude	17	14	9
Disinterested/uncaring	16	7	6

Table 22

The concerns relating to staff attitude and behaviour were in relation to patients/family members feeling as though they were not listened to and found staff to be dismissive or rude.

Issue for resolution Admissions/transfers/discharge procedure (In Patients/ED) – Top 3 sub- categories	Medical Division	Surgical Division	Women and Children
Inappropriate/unsafe discharge	41	8	2
Discharge Summary Incorrect/missing/delayed	21	6	4
Relatives/carers not informed/involved in discharge	10	5	2

Table 23

The contacts relating to Admissions/transfers/discharge procedure were mostly relating to unsafe or inappropriate discharges. Families/patients felt they were not medically fit to be discharged or did not have the correct support in place once home.

## 9.4 Actions

### 9.4.1 Appointments

A large proportion of the concerns relating to length of time for new and follow up appointments were for the Cardiology and Gastroenterology Departments. The Gastroenterology department contacted all patients whose appointments were delayed and provided advice on symptom changes and contact information. Additional capacity has been secured with external providers to outsource surveillance referrals. A dedicated Surveillance Lead Consultant has also been appointed to support improvements around the appointment process and waiting times.

The Cardiology department has appointed two new Locum Consultants and is reviewing their Nurse Practitioner workforce. The department are working with the local Clinical Commissioning Groups to reduce the backlog of follow up appointments.

### 9.4.2 Communication and Information

The faults with the telephone lines have now been resolved. In response to the faults online contact forms were created for the most impacted departments. This has provided an alternative channel of communication for patients who have been unable to get through to departments on the telephone. An email address was also created by the Appointment Centre to ensure referral management services could maintain an effective line of communication issues with the phones not being answered were reported to department management to monitor. Changes included altering shift times to ensure there is adequate cover during the busiest hours of the day. Automated telephone messages have also been implemented in some outpatient departments to filter calls to the correct telephone extension, helping to reduce queues. This has led to a reduction in cases coming through to PALS reporting concerns regarding contacting the Trust via the telephone lines.

### 9.4.3 Patient Property

The loss of patient property has been escalated to management in the most affected areas. The Patient Property Policy is currently under review and a more robust process for handling patient property being developed. The loss of hearing aids, dentures and glasses is also being addressed through a Dignity and Respect Steering group.



#### 9.4.4 Premise/Environment/Parking

The Director for Estates and Facilities developed a Parking Committee to effectively address the multi-factorial issues relating to parking.

#### 9.4.5 PALS

A survey has been developed and was implemented on 1<sup>st</sup> July 2020 to collect feedback on patients/carers/families experience of using the PALS service. This feedback will be reviewed regularly and used to make service improvements within the department.

### 10 Improvements to PALS and Complaints processes

In response to the recommendations outlined in the Healthwatch report 'Shifting the Mind-set' 2020; survey feedback from complainants and areas for improvement identified by staff, the following actions will be taken in 2020/21:

- In line with the Trust's True North Objectives to be a 'patient centred, listening organisation' a key objective Trust wide for 2020/21 is around the learning from complaints. We need to ensure that we share with complainants what actions have been taken as a result of their complaint. These actions need to be Specific, Measurable, Attainable, Relevant, and Time-Bound. This information will also be shared on wards/outpatient areas as well as the Trusts external webpages.
- The Patient Experience Team will continue to deliver training to 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.
- Whilst being responsive to the complainant we will improve our performance in meeting the agreed original timescale for response to the complaint.
- A review of the experience for those raising a concern or complaint. This will include improvements in the handling of cases between PALS and Complaints ensuring it is seamless and a review on the further merging on the two parts of the service.
- A PALS online feedback was launched on 1<sup>st</sup> July 2020 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.

As the Trust re-adjusts following the significant impact of COVID-19 the PALS and complaints service will continue to support patients through this difficult period.