

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>16</b>
<b>Date of Meeting:</b>	<b>1 September 2021</b>		

<b>Title of Report:</b>	<b>Annual Complaints Report 2020/21</b>
<b>Status:</b>	<b>For approval</b>
<b>Board Sponsor:</b>	<b>Antonia Lynch, Chief Nurse</b>
<b>Author:</b>	<b>Sam Blacker, Complaints Manager, Natalie Escott PALS and Reception Manager</b>
<b>Appendices</b>	<b>None</b>

<b>1.</b>	<b>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 2020/21. The report includes examples of complaints where lessons have been learnt and have improved the quality of patient care.</p> <p>The RUH had a total of 613,939 patient attendances in 2020/21 which is a decrease of 16.5% from 736,348 patients in 2019/20. Patient attendances include inpatient, outpatient and Emergency Department visits. This reduction in activity can be attributed to the Covid-19 pandemic.</p> <p>The Trust received 218 formal complaints in 2020/21 which represents a 24% decrease from 288 complaints received in 2019/20 with a monthly average of 18 complaints. 25 complaints were received in Q1 which corresponds with the first lockdown period of 2020.</p> <p>There was an 11% decrease in the number of contacts with the Patient Advice and Liaison Service (PALS) from 3807 in 2019/20 to 3387 in 2020/21. As with complaints this corresponds to a significant decrease in Q1 of 2020/21.</p> <p>The most frequently cited subject matter of formal complaints received was that of clinical care. This category accounted for 60% (n=131) of the formal complaints received in 2020/21. In 2019/20 it was 57%. However there has been a slight decrease in complaints regarding communication and information from 12% in 2019/20 to 11% in 2020/21 and complaints regarding staff attitude and behaviour has increased for the third consecutive year from 7% 2018/19 to 12% 2019/20 to 14% in 2020/21.</p> <p>The overall complaint rate against patient activity has remained stable with a very small decrease from 0.039 in 2019/20 to 0.035 in 2020/21.</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,</p>	

the number of reopened complaints and numbers referred to the Parliamentary Health Service Ombudsman (PHSO).

## **2. Recommendations (Note, Approve, Discuss)**

The Board of Directors is asked to approve the report.

## **3. Legal / Regulatory Implications**

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:

- 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

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

## **4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)**

There are no risks recorded on the risk register with regards to the complaints and PALS service.

## **5. Resources Implications (Financial / staffing)**

Capacity of staff across the Trust to effectively respond to complaints at a time when resource has been prioritised for front line services.

## **6. Equality and Diversity**

The Trust must comply with the Equality Delivery System (EDS) 2 (section 149 of the Equality Act 2010) in particular '*Better Health Outcomes for all*' and '*Improved Patient Access and Experience*'. 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.

## **7. References to previous reports**

Complaints Annual Report 2019/20 to the Board of Directors July 2020.

## **8. Freedom of Information**

This is a public document.

# Annual Complaints Report

## 2020-21



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

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## Introduction

The Royal United Hospitals (RUH) Bath recognises that complaints matter and provide a valuable insight into how we can improve our services and 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 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 2020 and 31<sup>st</sup> March 2021.

### 1. Formal Complaints Received by the RUH

In 2020/21, there was a 24% decrease in the number of complaints received from **288** in 2019/20 to **218** in 2020/21. As described in the Executive Summary, this is largely due to a dramatic decrease in complaints in Q1 of 2020/21 (25) when compared with Q1 of 2019/20 (69).

The number of formal complaints received each year from 2017 to 2021 is shown in table 1 below.

Financial Year	2017/18	2018/19	2019/20	2020/21
Total Number of Complaints	178	214	288	218
% change from Previous year	-16.8%	+ 20%	+37%	-24%

Table 1

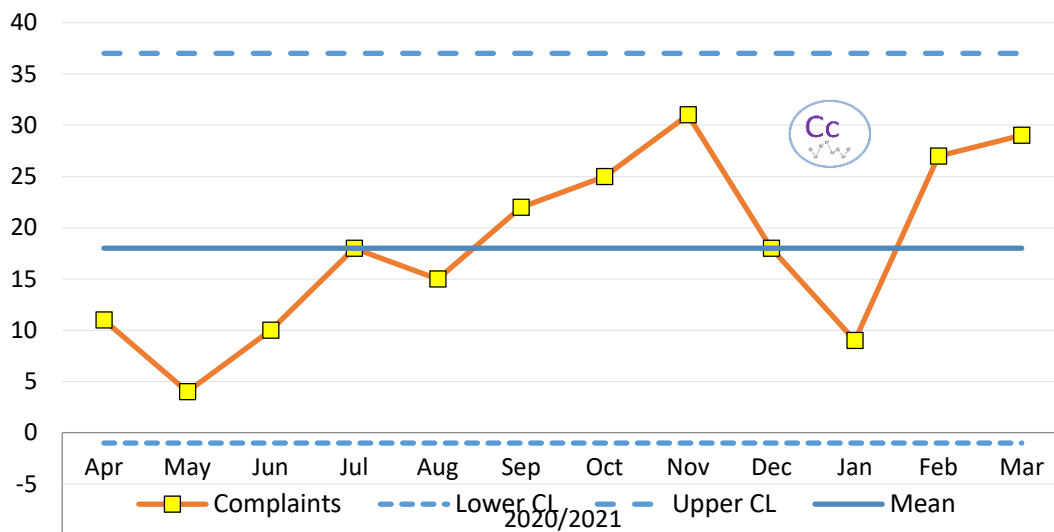
## 1.1 Quarterly comparisons 2017-2021

Table 2 provides this data as a quarterly comparison.

Year	Q1	Q2	Q3	Q4	Total
2017/18	57	49	34	38	178
2018/19	66	68	31	49	214
2019/20	69	78	67	74	288
2020/21	25	54	74	65	218

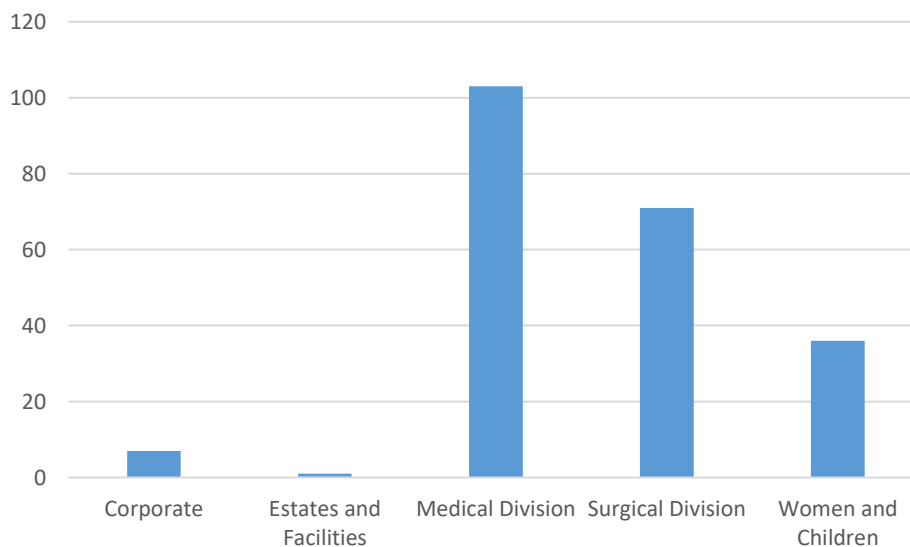
Table 2

## 1.2 Total complaints received by the RUH during 2020/21 by month



Graph 1

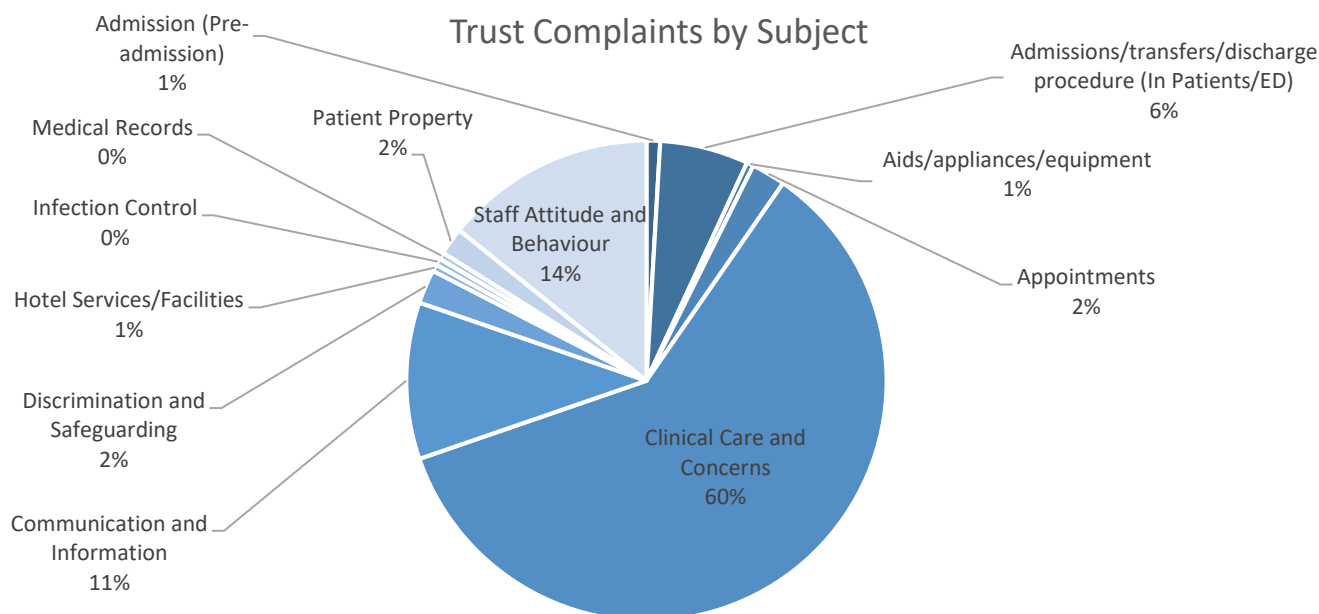
## 1.3 Total complaints received by Division during 2020/21



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 **60% (131)** of the formal complaints received in 2020/21:



Graph 3  
Please note where 0% the value = 1

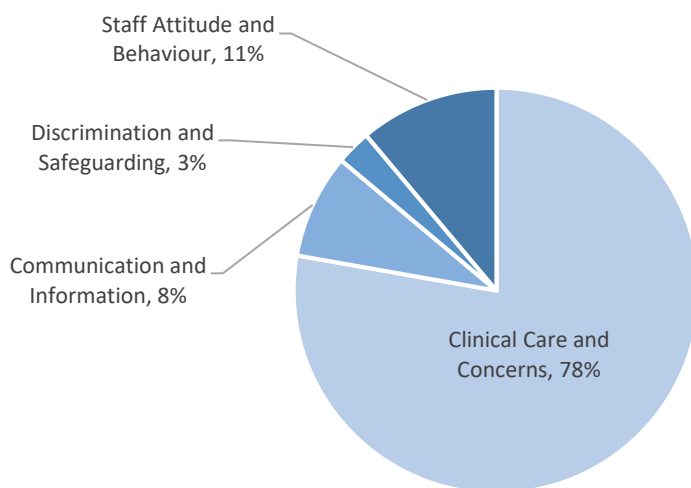
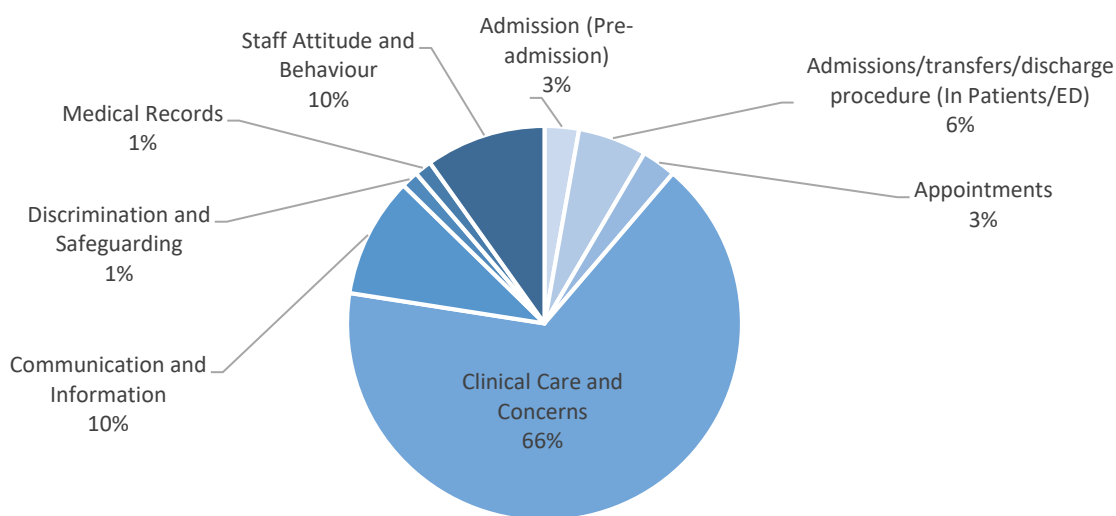
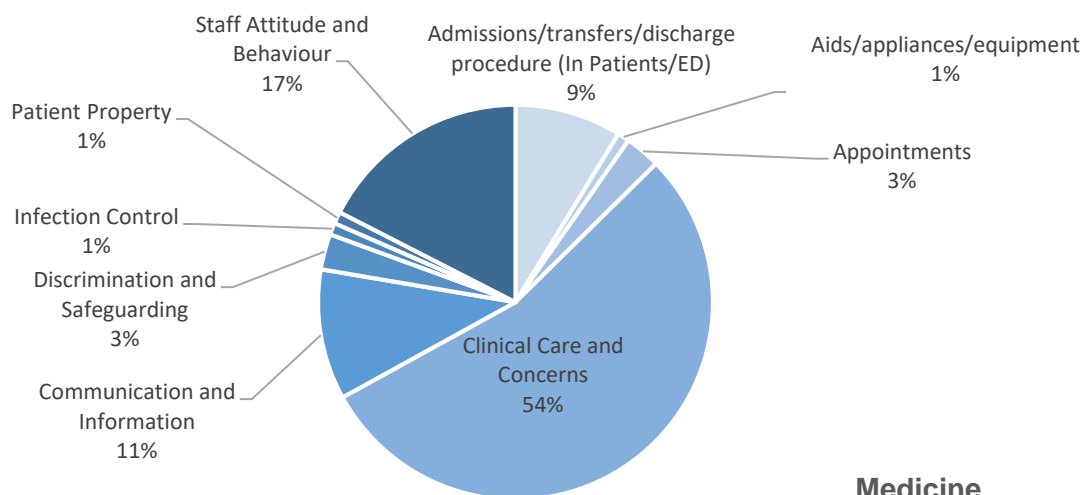
The percentage of complaints regarding **Clinical Care** can be further broken down by Division.

- In the Medical Division it accounted for 54% (**n=56**) of complaints. In 2019/20 it was 56% (**n=85**).
- In the Surgical Division it accounted for 66% (**n=47**) of complaints. In 2019/20 it was 63% (**n=60**).
- In the Women and Children's Division it accounted for 78% (**n=28**) of complaints. In 2019/20 it was 80% (**n=20**). This increase can be attributed to the fact 2020/21 was the first full year where Haematology and Oncology sat within the Women and Children's Directorate.

The total number of complaints has decreased, however the percentage of complaints relating to **clinical care** has increased from 57% (n=165) 2019/20 to 60% (n=131) 2020/21.

### 2.1 Complaint subject matter by Division 2020/21

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

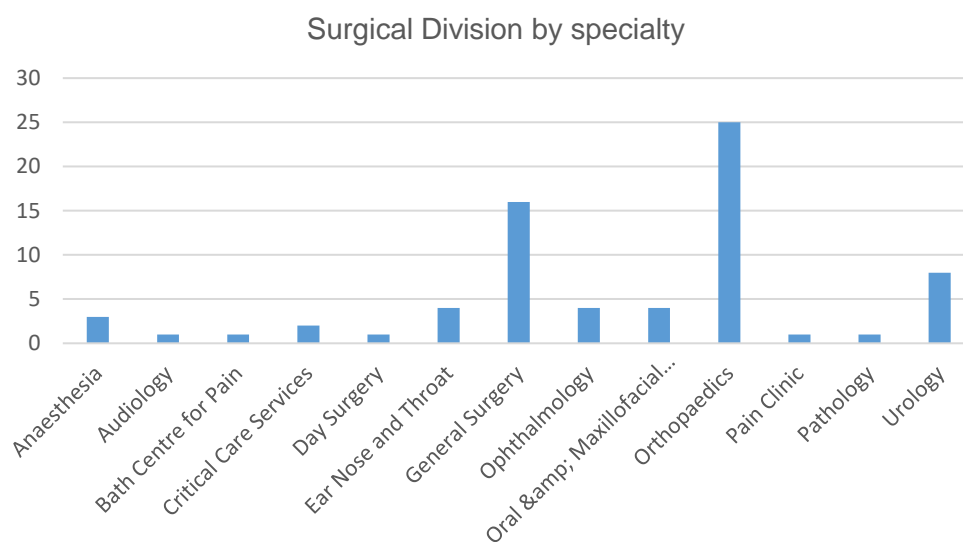
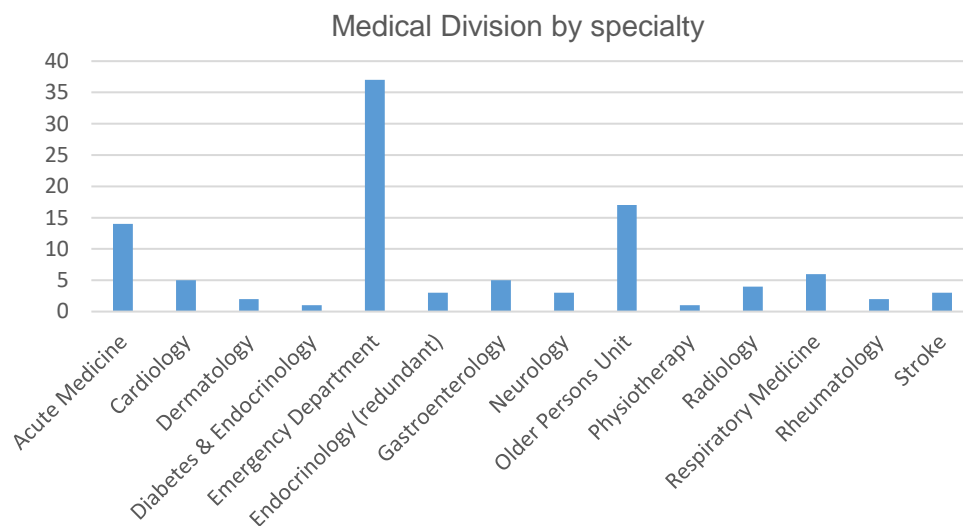


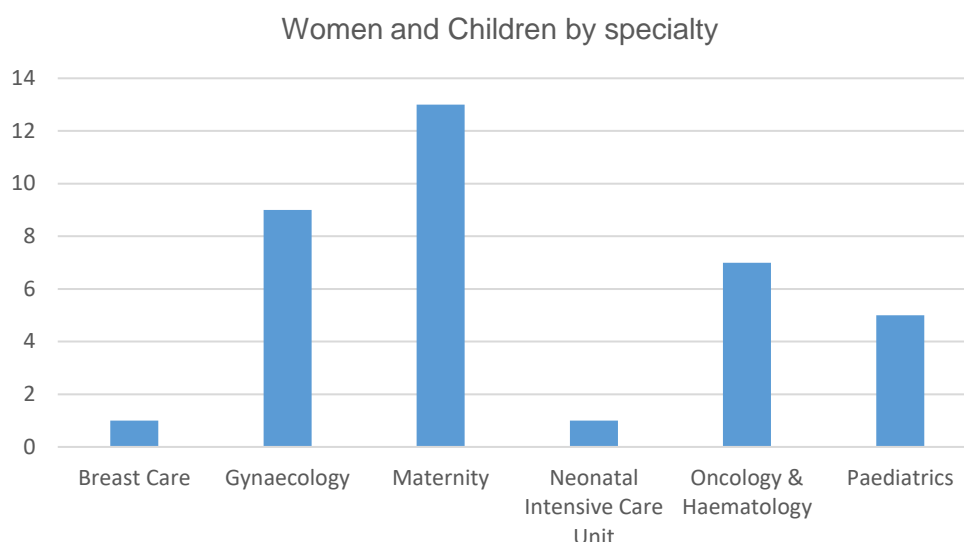
Graphs 4, 5, and 6



## 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 2019/20. 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 0.035 however complaints often cover a number of specialties. For example obstetrics has high levels of activity and received only 9 complaints this year. The complaint/activity ratio for General Surgery was 0.08 which is slightly above the Trust rate. The Emergency department rate was 0.05. The Older Person's Unit complaint rate was 0.4 which is significantly higher than the Trust rate.

Division	Specialty	2019/20	2020/21
Medicine	Emergency Department	38	37 ↓
Surgery	General Surgery	30	16 ↓
Medicine	Older Persons Unit	23	17 ↓
Surgery	Orthopaedics	20	25 ↑
Medicine	Acute Medicine	18	14 ↓
Women & Children	Maternity	5	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 by Subject	Number of Complaints
Clinical Care and Concerns	25
Competence/knowledge of staff	2
Co-ordination of medical treatment	2
General Enquiry - Clinical Care	1
Inappropriate care and treatment	14
Invasive procedure carried out	1

Medication error/timing/availability	1
Quality/concerns regarding Medical Care	3
Wrong diagnosis	1
Communication and Information	2
Inappropriate/Insensitive communication/attitude	2
Discrimination and Safeguarding	1
Safeguarding procedure/concerns	1
Patient Property	1
Loss of patient property/valuables with patient	1
Staff Attitude and Behaviour	8
Confrontational	3
Disinterested/uncaring	1
Rough handling of patient	1
Staff attitude	3
<b>Total</b>	<b>37</b>

Table 4

Orthopaedics by Subject	Number of Complaints
Admission (Pre-admission)	2
Cancellation of admission	1
General Enquiry - Pre-admission	1
Admissions/transfers/discharge procedure (In Patients/ED)	3
Inappropriate/unsafe Discharge	2
Planned admission issues	1
Appointments	1
Date for appointment exceeds published maximum waiting time	1
Clinical Care and Concerns	14
Co-ordination of medical treatment	2
Error in performing a procedure on patient	2
General Enquiry - Clinical Care	4
Inappropriate care and treatment	5
Quality/concerns regarding Medical Care	1
Communication and Information	4
Inappropriate/Insensitive communication/attitude	1
Inappropriate/inaccurate/incomplete correspondence	1
Lack of a clear explanation	1
Patient not kept informed/updated (inpatient)	1
Staff Attitude and Behaviour	1
Disinterested/uncaring	1
<b>Total</b>	<b>25</b>

Table 5

Older Person's Unit by Subject	Number of Complaints
Admissions/transfers/discharge procedure (In Patients/ED)	4
Inappropriate/unsafe Discharge	4

Clinical Care and Concerns	8
Co-ordination of medical treatment	1
End of Life Care Concerns	1
Inappropriate care and treatment	2
Medication error/timing/availability	1
Medications not given on discharge	1
Patient Slip/Trip/Fall	1
Quality/concerns regarding Medical Care	1
Communication and Information	3
Complaint	1
Lack of a clear explanation	2
Discrimination and Safeguarding	1
Safeguarding procedure/concerns	1
Staff Attitude and Behaviour	1
Confrontational	1
Total	17

Table 6

### 3. Subject of complaints

Table 7 below shows the main subject categories of the complaints received in 2020/21, in comparison with 2019/20 together with the percentage increase/decrease.

Complaint subject category	2019/20	2020/21	Percentage difference
Admissions/transfers/discharge procedure	30	15	-50%
Appointments	13	5	-62%
Clinical Care and Concerns	165	131	-21%
Communication and Information	35	23	-34%
Discrimination and Safeguarding	5	5	-
Patient Property	1	4	+300%
Staff Attitude and Behaviour	33	31	-6%

Table 7

There has been a decrease in the number of complaints across the majority of categories. There has been an increase in the number of complaints regarding patient property although the numbers remain small; see page 24 for more information on work underway to improve patient property systems. Complaints across the Trust reduced by 24% in 2020/21 from 2019/20.

#### 3. 1 All aspects of clinical care and treatment

The majority of complaints are about individual concerns about a patient's care and treatment. A complaint logged under this code may contain multiple concerns regarding the care and treatment received by a patient. The table below shows the top seven sub-categories accounting for 117 of the 131 complaints about Clinical Care and Treatment by Division.

Sub-category	Medical	Surgical	W&C	Total
Competence/knowledge of staff	6	-	-	6

Co-ordination of medical treatment	9	11	8	28
Error in performing a procedure on patient	-	4	2	6
General Enquiry - Clinical Care	2	8	5	15
Inappropriate care and treatment	22	18	8	48
Quality/concerns regarding Medical Care	5	3	1	9
Wrong diagnosis	2	1	2	5
<b>Total</b>	<b>46</b>	<b>45</b>	<b>26</b>	<b>117</b>

Table 8

### 3.2. Other complaints received

Table 9 below details the 8 complaints received in 2020/21 by the RUH that were not about clinical services.

Division	Number of complaints
Corporate	7
Patient Property	3
Communication and Information	2
Hotel Services/Facilities	1
Staff Attitude and Behaviour	1
Estates and Facilities	1
Staff Attitude and Behaviour	1
<b>Total</b>	<b>8</b>

Table 9

## 4 Complaints compared to hospital activity

In 2019/20 the complaint rate against activity was 0.039. In 2020/21 the complaint rate against activity increased to 0.035. The overall decrease in complaints in 2020/21 is somewhat representative of a decrease in activity in the Trust of 16.5%. This decrease can be attributed to the reduction in activity in many departments due to the pandemic.

### RUH activity 2017-2021

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
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
2020/21	218	-24%	613,939	-16.5%	0.035

Table 10

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

All complaint responses were reviewed by the Director of Nursing and Midwifery or the Medical Director (nursing or medical) and signed by either the Chief Executive or Deputy Chief Executive.

## 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 2020/21, of the 197 complaints responded to, n=147 (75%) were completed in 35 working days and n=50 (25%) 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	147	75
Response exceeded 35 working days	50	25

Table 11

The performance against this target has shown a notable improvement over the last two years. In 2018/19, 54% of complaints exceeded our response target, compared to 36% in 2019/20 and 25% in 2020/21. The Trust responded to fewer complaints this year compared to the previous year (n=197 and n=272 respectively).

During 2020/21, our aspiration to offer complainants a Local Resolution meeting has been effected by the pandemic. Online 'virtual' meetings have been offered towards the end of the year and face to face meetings have started to take place, where it is safe to do so. 188 of the 197 complaints responded to in 2019/20 were done so in writing. As it becomes increasingly safe to meet face to face, the Trust will promote Local Resolution meetings 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.

At the triage stage, if it is identified that the complaint relates to a Serious Incident, the timescale for the response, in line with the Root Cause Analysis investigation, is 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
2019/20	25	9%
2020/21	27	12%

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	11	14	2	0	27

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. The surgical

Division management team have acknowledged the relatively high number of reopened complaints and are conducting an internal review of complaint handling to address this. In future all complaints from the surgical Division will be reviewed by either the Divisional Director for Nursing, Clinical Lead or Director of Operations.

### 5.3 Complaints Upheld

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.

Fully upheld	Partially upheld	Not upheld	Withdrawn	Not recorded
64 (33%)	62 (31%)	52 (26%)	5 (7%)	14 (3%)

Table 14

In 2020/21 n=178 complaints were responded to during the year, of these n=126 (64%) 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 one investigation in 2020/21; this case was partially upheld. This compares to five cases that were investigated by the PHSO in 2019/20. 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 case below provides further detail.

### Case 1: Partially Upheld

This case was also reviewed as a Serious Incident. The PHSO concluded that the patient, based on her presenting condition, should not have been discharged from the Emergency Department (ED) and instead should have been admitted as an inpatient for further assessment and observation.

The Trust apologised and provided the complainant with an action plan that described feedback and audit around adherence to Sepsis guidelines for ED and Acute Medicine, a review of the ED scanning process for medical records, facilitated reflection for the staff involved and shared learning via the Divisional Governance Meeting.

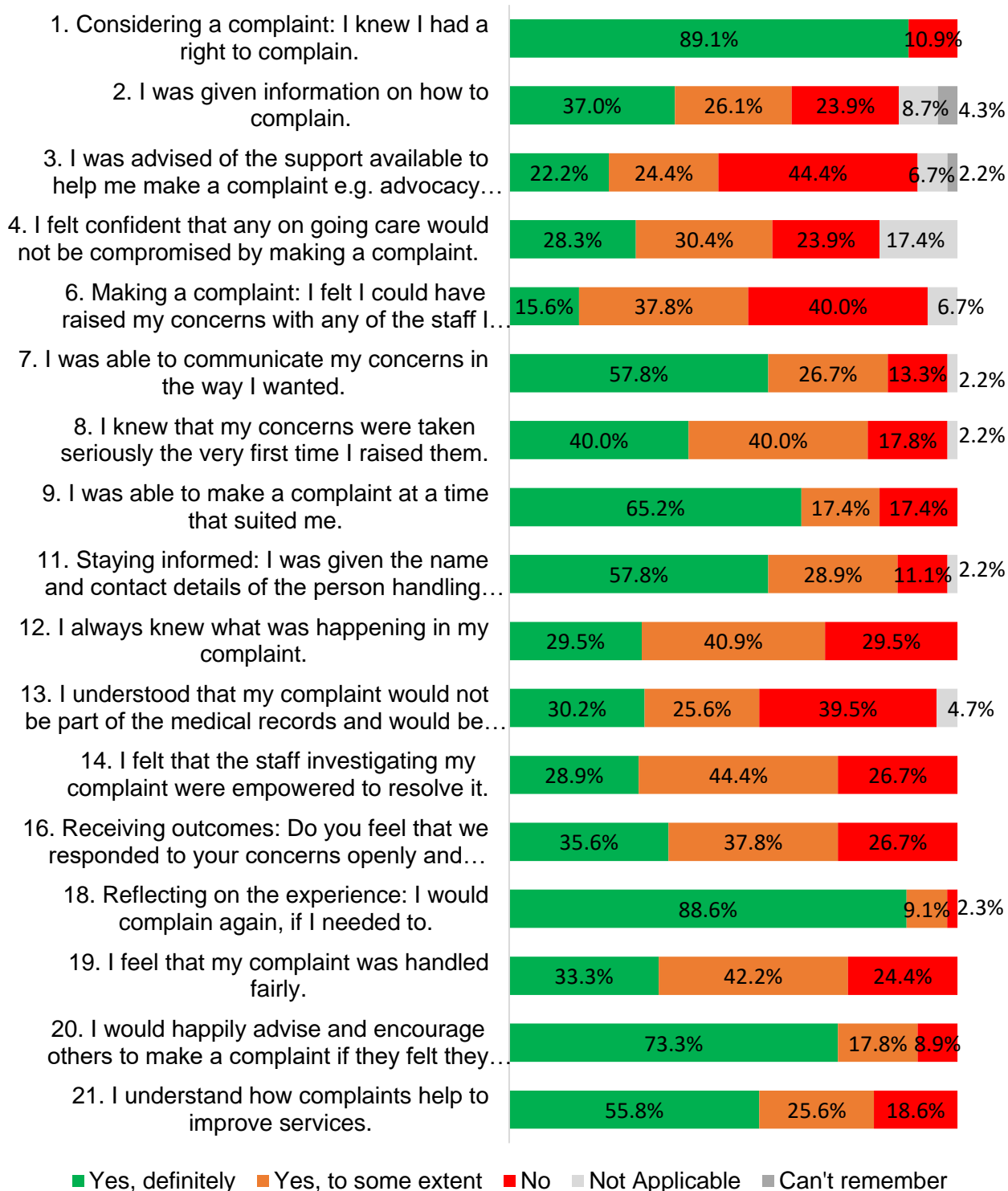
## 7 Complaints Questionnaire

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

197 complaints surveys were sent for complaints closed in 2020/21 of which n=46 were returned (23% response rate).

### Complaints questionnaire responses Apr 2020 - Mar 2021



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 patients feeling able to complain directly to clinical staff, patients feeling that they can complain without negatively affecting their ongoing treatment and providing patients and their families and carers with information regarding how to complain. The complaints work plan describes training for clinical staff around the complaints process and how to walk towards complaints.

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

*To my surprise most staff (doctors and nurses) were extremely supportive. Recognised my case and told me to take it as far as possible.*

*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 wrote to the Complaints Department in the first instance and received prompt acknowledgement.*

*We were kept updated during this process.*

*I chased for updates, I was not contacted, I did all the chasing.*

*I was happy that my complaint was dealt with in a way I could understand.*

*It was a generic response. I have no sense that what I was complaining about was even understood, let alone acted on.*

*I believe staff handling the complaint were as fair and measured as they could be.*

*Left feeling there was no point in complaining but I am still glad that I did. I would have accepted a response that 'we can't do anything about this' (the issue was structural and complex) but all I got was a generic fob-off.*

## 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, an 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	The Operational Improving Patient Experience group has started a work stream around patient property focusing on improvements in hot spot areas; ED, assessment wards and older people's wards. New systems and processes are being developed as well as new patient property bags.
All Divisions	A new telephony system is in development to standardise and improve patient and family/carer experience when trying to make contact with the wards. This is in response to complaints and feedback regarding the distress caused by being unable to reach ward staff by telephone.
Surgical	Staff in Surgical Short Stay (SSSU) have been briefed on the importance of providing information to patients being discharged with catheters in place and that they know who to contact for support.
Surgical	A patient was concerned as to the triage of her orthopaedic injury when the team had not received an x-ray from a Minor Injuries Unit (MIU). This was reviewed at the Orthopaedic governance meeting and as a result, satellite units have been advised that RUH staff cannot view their x-rays; as a result, clinical staff in the satellite units now include more detailed clinical information on the referrals to support the triage system.
Surgical	Additional clerical staff resource has been put in place to support the answering of telephones following complaints from family members about not being able to contact the ward.
Medicine	A new discharge checklist has been implemented in the Emergency Department in response to complaints regarding unsafe discharge of elderly patients.
Medicine	Processes reviewed in relation to the release of information to family members of inpatients where there are issues around Power of Attorney. The identity of callers is checked before providing information about a patient. Staff have been reminded about the use of a password for a nominated relative.
Medicine	A patient was discharged from the Emergency Department without a low sodium level being taken into account in the discharge decision as blood tests results were not made available to the clinician. The case was reviewed at the Emergency Department's Clinical Governance meeting. It highlighted the need to ensure that the Observation Unit pro forma is completed for all patients within the unit to identify when test results require review. This will minimise the possibility of future patients having test results overlooked.
W&C	An audit of neonatal induction compliance for new starters is to be undertaken to review competency regarding the passing of nasogastric tubes.
W&C	Following a number of complaints relating to Oncology care the following learning has been identified and embedded within the department: <ul style="list-style-type: none"> <li>- Staff need to ensure that patients understand the reasons if a decision is made not to follow a particular treatment pathway.</li> <li>- Staff to ensure patients feel supported to seek a second opinion if they are not satisfied with a recommendation.</li> <li>- Any treatment decisions made should be clearly communicated between all staff involved in a patients care to identify and resolve any disparity.</li> </ul>

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, help to signpost them 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.

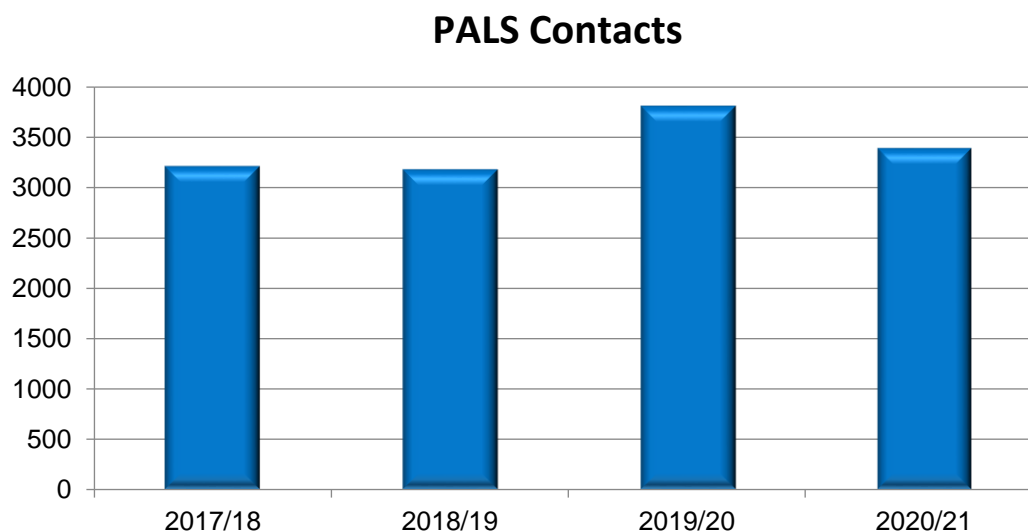
Concerns raised to PALS provide an opportunity to monitor service delivery issues and act as a catalyst for change. The PALS team work closely with staff in the Divisions to resolve issues quickly with patients/families/carers in an informal way. The quarterly Patient Experience reports identify themes/trends 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.

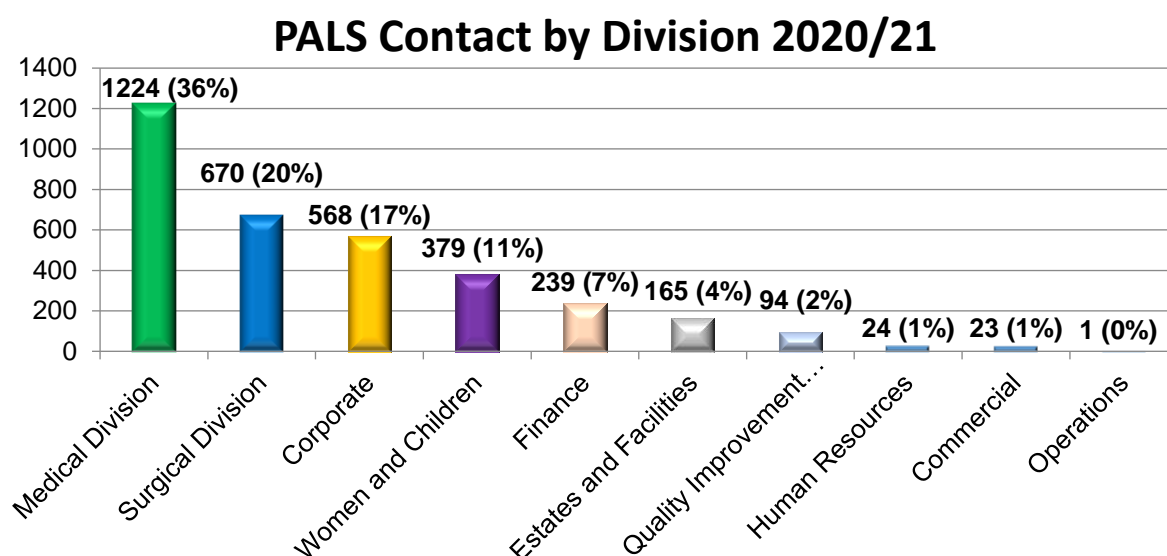
### 9.1 Contacts with PALS

In 2020/21 the service received n=3387 contacts; n=1855 (55%) of the contacts required resolution, n=1066 (31%) requested advice and information and n=106 (3%) wanted to provide feedback and suggestions. The remaining n=360 (11%) were received from people wishing to provide compliments.

There was a decrease of n=420 contacts this year compared to 2019/2020. This was due to the impact of the pandemic on hospital services, resulting in a significant decrease in PALS contacts over Q1 (n=577). The graph below shows the total number of contacts with PALS per year, comparing the past four years.



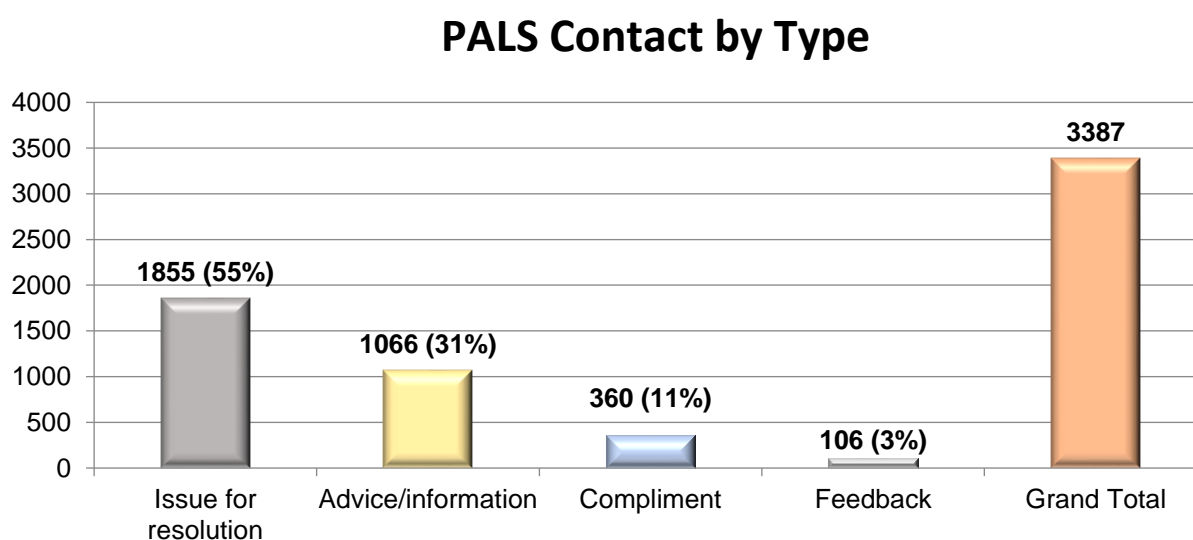
Graph 11



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

55% of patients/carers contacted PALS with an issue that required resolution. This is a 25% (n=617) decrease from 19/2020.

The detail of the top 7 issues is shown in the tables below. The top 7 'Issues for Resolution' have remained the same as 19/2020.

Issue for Resolution – Top 7 subject areas	2019/20	2020/21
Communication and Information	558 (21%)	<b>485 (26%)</b>
Clinical Care and Concerns	512 (17%)	<b>348 (19%)</b>
Appointments	418 (23%)	<b>296 (16%)</b>
Patient Property	274 (7%)	<b>177 (10%)</b>
Staff Attitude and Behaviour	179 (6%)	<b>129 (7%)</b>
Admissions/transfers/discharge procedure (In Patients/ED)	145 (6%)	<b>105 (6%)</b>
Premises/Environment/Parking	141 (11%)	<b>105 (6%)</b>

Table 16

Issue for resolution Communication & Information – Top 4 sub-categories	Medicine Division	Surgical Division	Women and Children
General Enquiry – Communication	100	53	28
Telephone Issues (phone not answered)	50	15	3
Inappropriate/inaccurate/incomplete Correspondence	18	4	1
Lack of clear explanation	13	7	3

Table 17

The main concern pertaining to Communication and Information related to telephone correspondence such as the phone not being answered (n=68). Outpatient departments and wards received the most contacts in relation to telephone issues. The hotspot areas are the Medical Assessment Unit and Older Persons wards.

Issue for resolution Clinical Care & Concerns – Top 3 sub-categories	Medicine Division	Surgical Division	Women and Children
General Enquiry – Clinical Care	52	30	23
Co-ordination of medical treatment	22	11	17
Quality/concerns regarding Medical Care	20	7	12

Table 18

The main concern pertaining to clinical care relate to specific individual patient treatment. The hot spot areas for concerns relating to medical treatment and quality/concerns regarding medical care are the Emergency Department, Dermatology and Oncology.

Issue for resolution Appointments – Top 4 sub-categories	Medicine Division	Surgical Division	Women and Children
Length of time for new appointment	32	38	5
Appointment change by patient	36	12	9
Length of time for follow up appointment	16	25	5
Appointment information date/time/location	12	17	7

Table 19

The main concern in relation to appointments is the amount of time patients are waiting to receive new and follow up appointments (n=121). The Outpatient areas which received the most contacts regarding these issues are: Cardiology, Ophthalmology, Gastroenterology, Oral Surgery & Maxillofacial and Orthopaedics.

Issue for resolution Patient Property – Top 3 sub-categories	Medicine Division	Surgical Division	Women and Children
Loss of patient property/valuables with patient	123	28	1
Loss of patient property/valuables (bailed)	2	2	0
Stolen patient property/valuables with patient	3	0	0

Table 20

Loss of property is the most prevalent issue concerning patient property. Whilst lost property is reported across all wards, the main hot spot areas are ED, Medical Assessment Unit and Older Persons wards. The most common items reported missing are hearing aids, glasses, dentures and valuables such as jewellery and watches.

Issue for resolution Staff Attitude & Behaviour – Top 6 sub-categories	Medicine Division	Surgical Division	Women and Children
Staff Attitude	27	14	6
Disinterested/uncaring	27	11	6
Unhelpful	5	3	1
Inappropriate/insensitive information/diagnosis	3	2	5
Rough handling of patient	1	2	1
Confrontational	1	0	0

Table 21

Whilst issues concerning staff attitude were reported across all wards and departments, the main hotspot area is the Emergency Department. Patients/families and carers reported that they did not feel listened to and staff acted in a disinterested and uncaring manner.

Issue for resolution Admissions/transfers/discharge procedure (In Patients/ED) – Top 3 sub-categories	Medicine Division	Surgical Division	Women and Children
Inappropriate/unsafe discharge	45	10	1
Discharge summary incorrect/missing/delayed	16	1	2
Relatives/Carers not informed/involved in discharge	8	2	0

Table 22

The majority of concerns relating to inappropriate/unsafe discharge are under the Medical Division. The hotspot areas are the Emergency Department, Medical Assessment Unit and across Older Persons wards.

Issue for resolution Premises/ Environment/ Parking – Top 3 sub-categories	Estates and Facilities
Parking Fees	83
General Enquiries – Premises/parking	9
Condition of Premises	8

Table 23

The most prevalent issue concerning parking was Parking Charge Notice (PCN) disputes. Patients/visitors received PCNs for various reasons some of which were blue badges and concessionary parking not being registered or registered incorrectly, overstay in the 20 minute bays in addition to patients/visitors not noticing voided parking receipts.

## Actions

### 9.4.1 Appointments

Due to the ongoing response to COVID-19 there has been an increase in the waiting lists for outpatient appointments. The majority of concerns around appointments are regarding the length of time patients are waiting for new and follow up appointments. In response to the pandemic, virtual and telephone appointments were initiated to ensure patients could continue to have their appointment safely. Outpatient waiting list times are updated monthly on the Trusts external webpages and patients have been asked to make contact with their GP should their condition change or worsen.

The Sulis Hospital Bath has been acquired by the RUH to help minimise the amount of time patients, who have been impacted by the delays due to the COVID-19 pandemic, are waiting for elective surgeries and diagnostic services.

A patient correspondence work group has been set up to address communication issues between the patients and outpatient departments. Guidance on 'Preparing for a telephone appointment' is on the Trust's external web pages. This guidance was written by a patient who had telephone appointments and gives advice about how patients can prepare for the appointment, for example, making a list of concerns, arranging for a relative or friend to listen in and act as an assistant and reminders about asking staff to explain any clinical information in a way that patients can understand.

As a result of COVID-19 restrictions, patients have been asked to attend outpatient appointments on their own. There are exceptions for vulnerable adults and children. However as a result of a PALS concern, a poster was developed and is displayed in outpatient clinics encouraging patients to call a friend or relative on FaceTime/speakerphone if they would like support during their consultation.

### 9.4.2 Communication and Information

In response to concerns relating to telephones not being answered, the Trust developed information for families on the best times of day to contact wards. Families have also been asked to nominate one family member to be a point of contact to help manage communication.



The Patient Experience team are working with staff on the older persons wards to address the concerns raised by families who have had difficulty getting a response from ward staff on the telephone. A pilot is being undertaken on the Older Person's Assessment Unit (OPAU) on developing more proactive communication with families about their loved ones' care and treatment.

The focus on ward communication has included a review of telephone line usage, ensuring the correct telephone numbers are given out to families and a reminder that it is the responsibility of all staff to answer telephones. This work will inform the setting of communication standards and expectations of 'customer' service both internal and external.

A 'Keeping in Touch' Service was developed in response to the visiting restrictions over the pandemic. The service enables family members to send messages to inpatients and was designed to let patients know their loved ones are well and thinking of them. The 'Keeping in Touch' service has received approximately 960 messages since the service began. The service has seen a significant increase in numbers during periods of lockdown when families are not able to visit their relatives.

An internal telephone list is being updated to ensure patients/family contacting the hospital are provided with the correct telephone number for the ward or outpatient department.

IPads and phones have been purchased for each ward across the Trust to facilitate virtual visiting between patients and their loved ones during Covid-19 restrictions.

Patients told us that they were finding it difficult to locate the entrance to A12, due to the building works. As a result, Estates and Facilities put up additional signage around the hospital and information on the changes have been included in appointment letters. Estates are also placing additional signage around the hospital grounds to direct patients to A19 as access has been closed off from inside the main hospital building.

#### **9.4.3 Patient Property**

The Patient Property Policy is at completion stage and will support the implementation of a more robust process for the management of patient property on inpatient areas and in the main patient safe. The Patient Experience team are continuing to work with wards across the Trust to identify challenges to the safe storage of patient's property focusing on hot spot areas such as the Emergency Department and Older Persons wards. A 'Property Amnesty' was carried out to identify how much property is currently being held on the most affected wards and to repatriate the property to patients/family.

The inpatient Patient Property Form is being reviewed and adapted as part of the paperless inpatient project.

#### **9.4.4 PALS**

To ensure PALS continues to develop and meet the needs of patients/family and carers, a survey was developed and implemented on 1 July 2020 to collect feedback on patients/carers/families experience of using the service. Respondents were given the opportunity to leave comments.



*I was very very pleased I had a response to my email within 30 minutes.*

*I have found accessing PALS via email very easy and reliable. Excellent in fact.*

*I needed to arrange transport well in advance and needed factual info that came too late.*

*I made an enquiry regarding my mother who was an inpatient. The response came within minutes and I feel that my query was resolved.*

*Communication could have been improved if they listened to what I said not what they thought I said.*

*I have emailed PALS numerous times over the years and have always had prompt and helpful replies.*

The numbers of patients/family members completing the questionnaire have been relatively low and over the coming year the PALS team will be looking at ways to improve engagement.

## 10 Improvements to PALS and Complaints processes

In response to the recommendations outlined in the pilot NHS Complaints Standards 2021; survey feedback from complainants and areas for improvement identified by staff, the following actions will be taken in 2021/22:

- In line with the Trust's True North Objectives to be a 'patient centred, listening organisation', a key objective Trust wide for 2021/22 pertains to early engagement with complainants by Matrons or other senior staff to engage, listen and resolve complaints at the earliest opportunity.
- 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. Training on improving written complaints responses will be delivered to staff regularly involved in complaints handling.
- As COVID-19 lockdown restrictions can be safely relaxed, there will be an emphasis on increasing complaints resolution meetings. This decreased significantly during the pandemic having previously been an area of good practice.
- The latest iteration of the Complaints Policy and Procedure will introduce a three tiered approach to timescales for complaint response, directly linked to the grade and complexity of complaint. This will improve our timeliness with complaint responses.
- The new Complaints Policy includes an additional step, whereby a member of the Divisional Leadership triumvirate must approve all complaints responses prior to Chief Executive sign off. This is an important step in ensuring accountability is held by the Division for the timeliness of responses, the quality of the complaint response and the continual improvement to services through listening to the patient and family voice.
- A PALS project was launched in June 2021 to identify and address causal factors in response times for Emergency Department PALS cases.

## 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.