

Complaints Annual Report 1 April 2018 – 31 March 2019

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1.0 Executive Summary

This is the executive summary of the complaints annual report for St George's University Hospitals NHS Foundation Trust. The report is for the period 1 April 2018 to 31 March 2019. In accordance with the NHS Complaints Regulations (2009) this report provides an analysis of the complaints received. It also includes an overview of PALS concerns and activity for the same period.

The key findings were:

- 1,101 complaints were received, which is an increase of 13% (127) when compared to 2017/18 (974). However, when taken as a percentage of all attendances (0.11%) the number of complaints is effectively the same as 2017-18 (0.1%)
- 82% of complaints were acknowledged within three days in comparison to 2017/18 (87%)
- The top three complaints subjects related to Clinical Treatment, Communication and Information: provided to patients and Care, which was the same in 2017/18
- Overall complaints performance was 62% against the 85% performance target. This is broken down further by working day response as follows:
 - 25 working day: 68% against 85% target
 - 40 working day: 55% against 95% target
 - 60 working day: 62% against 95% target
- 108 complaints were reopened compared to 2017/18 (105), an increase of 2.8%
- There were 7 requests for documentation from the Parliamentary Health Service Ombudsman's office (PHSO) compared with 10 requests in 2017/18
- 798 compliments were received and logged, an increase of 2% when compared with 2017/18 (780)
- There were 6779 contacts raised with the patient advisory and liaison service (PALS): a contact refers to any enquiry or request which does not raise areas of concern within the Trust. This represents an increase of 3.6% when compared to 2017/18 (6541). Of these contacts 3858 related to concerns (when a patient or relative raises a concern about the Trust and does not want to follow the formal complaints procedure) which represents an increase of 22% when compared to 2017/18 (3153). The top three themes for contacts related to appointments, information and communication.
- Examples of actions taken in response to the learning from our complaints were:
 - Clinical Treatment: radiographers adjusted their practice where indicated in relation the application of pressure following removal of peripheral cannula in diagnostic services to reduce bruising
 - Communication: developed a mandatory training End of Life Care awareness video aimed at all staff
 - Care: concentrated on working with teams to ensure death certificates were completed within 24 hours of death

2.0 Purpose of the Report

The Complaints Annual Report is a statutory requirement (Local Authority Social Services and National Health Service Complaints (England) Regulations 2009).

This purpose of the report is to provide:

- assurance the Trust is managing its formal complaints in accordance with the Trust complaints policy and procedure
- information relating to the complaints activity for the Trust with specific focus on each of the divisions
- examples of where complaints have led to service improvement and shared learning Trust-wide.

3.0 Introduction

The Complaints Annual Report for St George's University Hospitals NHS Foundation Trust is for the period 1 April 2018 to 31 March 2019. The report provides an overview and analysis of the complaints received, the key identified themes and trends, compliance with performance targets, and the changes and impact on services in accordance with the NHS Complaints Regulations (2009). It also includes an overview of PALS enquiries and activity for the same period.

Complaints received provide much learning for the Trust on where and how we need to improve. The themes and trends identified from complaints in 2018/19, and previously in 2017/18, highlight the need to improve communication and information provided to patients, carers and families, improve communication on clinical treatment, improving waiting times and improving the care provided.

A key objective of the Trust, and one we need to do better at, is to learn, change, improve and evolve in response to complaints. The lessons learned and trends identified through monitoring data collected through complaints plays a key role in improving the quality of care received by patients and their experience and is a priority for the Trust reaching its vision of outstanding care every time.

The efficient and effective handling of complaints by the Trust matters to the people who have taken the time to raise their concerns with us. They deserve an appropriate apology for their experience alongside a recognition where substandard and inadequate care was provided and assurance that we will put actions in place to ensure other patients are not affected by a reoccurrence of the same concerns. This assurance comes through robust investigation with

identification of a root cause and contributory factors and putting meaningful actions in place.

Posters and leaflets are displayed around the Trust and there is information on the Trust website to ensure that patients are made more aware about their options and the process for raising a complaint. We view all types of patient feedback as positive and we are constantly looking at ways in which we encourage patients, carers and families to give their views.

4.0 Accountability for complaints management within the Trust

The Board has corporate responsibility for the quality of care and the management and monitoring of complaints received by our Trust. The Chief Executive has delegated the responsibility for the management of complaints to the Chief Nurse and Director of Infection Prevention and Control. The Head of Patient Experience, reporting to the Director of Quality Governance, is responsible for the management of the complaint process and ensuring:

- All complaints are investigated appropriately to the complaint
- All complaints receive a comprehensive written response or meeting as requested to address their concerns
- Complaints are responded to within the set local standard response times
- When a complaint is referred to the PHSO, all enquiries are responded to promptly and openly

Each month the following information is reported through the Integrated Quality Performance Report to the Board:

- Numbers of complaints received
- Number of complaints closed by working day response time and compliance with performance targets
- Numbers of reopened complaints
- Number of complaints breaching the 6 month response timeframe
- The number of PALs enquiries received

Each quarter the following information is reported to the Patient Safety and Quality Group:

- Number of written complaints received as a comparison against previous quarters and per 1000 episodes of care and further classified according to the division and primary subjects
- Compliance with locally set working day response time target for final response and the nationally set acknowledgement target by division
- Number of PHSO cases received during the quarter and the resolution during that quarter of any existing PHSO cases including the outcome of closed cases
- Type and themes of complaints received and any learning and improvements taken from the complaints

5.0 Total complaints received in 2018/19

During 2018/19 the Trust received 1,101 complaints which equates to an average of approximately 21 complaints received per week or 92 complaints per month. This shows an increase of 13% on the number of complaints received in 2017/18 (974).

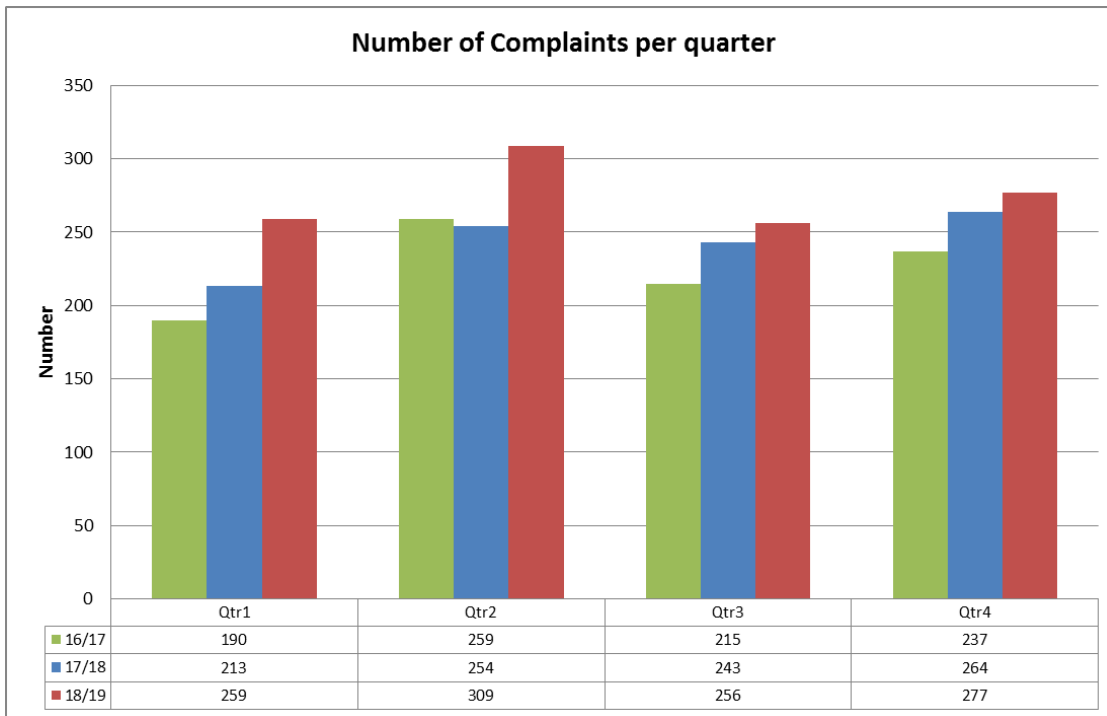
Table 1 below shows the 1,101 complaints received related to all attendances equates to a complaint versus attendance ratio of 0.11%. This figure equates to approximately 1.63% complaints as a percentage of inpatient activity.

Table 1

Activity	17/18	18/19
Inpatient Emergency, Maternity, Other and Transfers	58157	67569
Elective, Day cases, Regular Attends	74800	84940
A&E Attends (including Streaming and EPU)	171781	176483
Outpatient Attends (New and Follow Ups)	646691	680064
Total attendances	951429	1009056
Number of Complaints	974	1101
Complaints as % of all Attendances	0.1	0.11
Complaints as % of Inpatient Activity	1.66	1.63

The table 2 overleaf demonstrates the number of complaints received in each quarter during 2018/19 when compared to 2016/17 and 2017/18. Since 2016, with the exception of one quarter, there has been a noted upward trend in the number of complaints received each year. There were significant increases seen across quarters 1 and 2 with smaller increases in quarters 3 and 4 in 2018/19.

Table 2



The table 3 below shows a breakdown of complaints received by month and year for the years 2016/17, 2017/18 and 2018/19.

Table 3

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
57	58	75	74	94	91	67	92	56	85	73	79	901

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
63	75	75	56	99	99	96	78	69	90	80	94	974

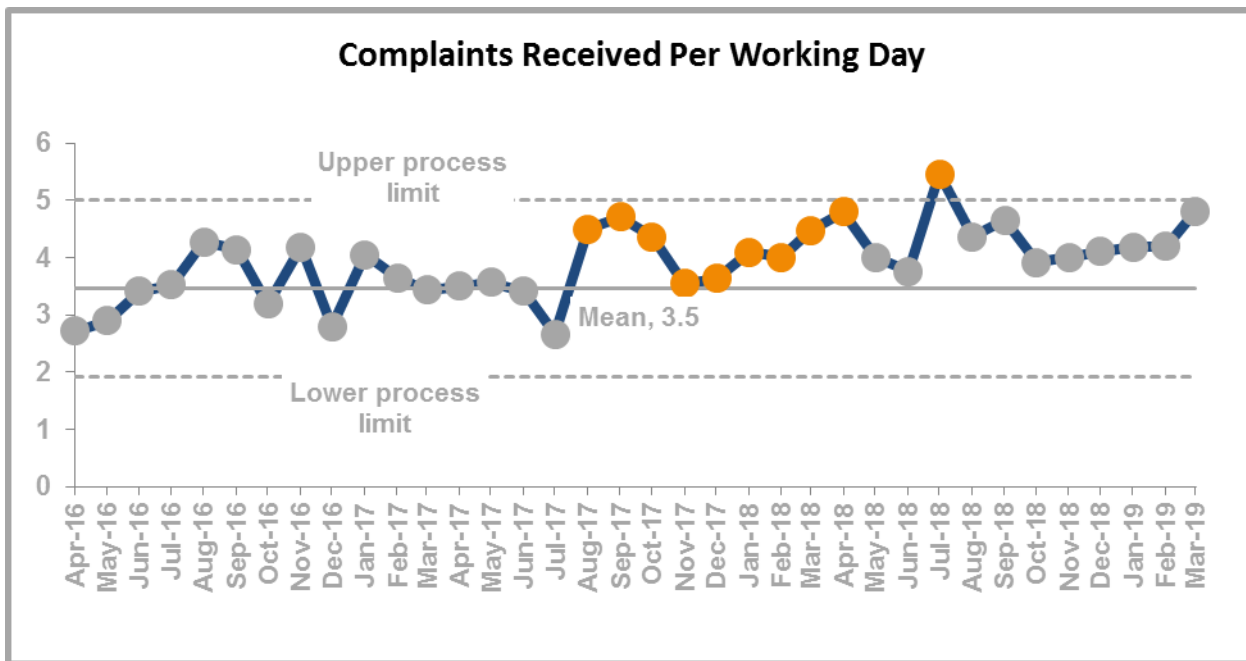
Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
96	84	79	120	96	93	90	88	78	92	84	101	1101

Table 4 overleaf is a statistical process control (SPC) chart which enables a broader understanding of the differences and norms of complaints received during 2018/19 compared with 2016/17. The monthly complaint rates are plotted within upper and lower process limits which measure whether variations on a monthly basis are stable and thereby predictable (common cause variation shown in grey), or in contrast were unstable and thereby unpredictable (special cause variation shown in orange).

Table 4 illustrates a period of relative stability in complaints received per working day between April 2016 and July 2017 (16 months). This was followed by a period of unpredictable instability between August 2017 and April 2018 (9 months).

From April 2018 to March 2019 the monthly complaint rates were within upper and lower process limits (except July 2018) and were therefore stable and predictable. The Trust was not able to identify the cause of the unpredictable increase in the number of complaints received during July 2018.

Table 4



Indicator	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Complaints Received Per Working Day	2.7	2.9	3.4	3.5	4.3	4.1	3.2	4.2	2.8	4.0	3.7	3.4
Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Complaints Received Per Working Day	3.5	3.6	3.4	2.7	4.5	4.7	4.4	3.5	3.6	4.1	4.0	4.5
Indicator	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Complaints Received Per Working Day	4.8	4.0	3.8	5.5	4.4	4.7	3.9	4.0	4.1	4.2	4.2	4.8

6.0 Complaint themes

The Department of Health (DH) classifies complaints in to 18 distinct categories by the subject of the complaint. Each complaint may involve more than one issue depending on the nature and complexity of the complaint. By theming our complaints by subject it allows us to identify whether any trends are developing. Table 5 below identifies the top five themes and trends from our complaints by subject during each quarter of 2018/19. The data is related to the primary subject raised within each complaint. Using the DH classifications, the five most commonly identified complaints were related to:

1. Communication / information to patients (written and oral)
2. Clinical Treatment
3. Care
4. Staff Attitude
5. Cancellation

Table 5

SUBJECT	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total
Admission arrangements	6	0	0	0	6
*Attitude	20	31	23	34	109
*Cancellation	11	23	21	23	78
Cancellation of surgery	3	5	10	8	26
*Care	47	48	38	43	178
Car Parking	0	1	4	0	5
*Clinical treatment	55	64	46	48	214
*Communication	72	67	75	67	284
Discrimination	0	2	0	2	4
Discharge arrangements	5	5	5	12	27
Hotel and site services	1	3	4	0	8
Request for Information	0	0	1	0	1
Other	8	21	5	21	55
Respect for privacy	1	3	0	0	4
Medical records	2	2	5	1	10
Transport arrangements	8	2	4	2	16
Transfer arrangements	2	0	0	0	2
Unhelpful	0	1	2	1	5
Waiting times	19	28	9	13	69
Totals:	260	306	252	275	1101

The top two subjects of communication and clinical treatment were the same in 2017/18. Staff attitude was a new subject included in the top five. Care moved up to third place from being fourth in 2017/18.

Table 6 below shows the top five primary subjects of complaints received by each of the Trust's directorates in 2018/19 compared with the previous year. Directional arrows indicate the total change compared to the previous fiscal year. There was a 10% increase in the number of complaints related to attitude from 63 cases in 2017/18 to 109 cases in 2018/19. This was particularly marked within the Emergency Department Directorate where the increase was from five complaints in 2017/18 to 21 complaints in 2018/19. Smaller increases were noted within Estates and Facilities and Neurosciences Clinical Directorates.

Table 6

Directorates	Attitude	Cancellation	Care	Clinical treatment	Communication	Total for top 5 primary subject
(MC) Emergency Department	21	0	20	32	12	84
(MC) Acute Medicine Clinical	4	0	17	11	8	40
(MC) Cardiology Clinical Academic Group	3	5	10	9	14	41
(CW) Children's	4	4	8	17	20	53
(CW) Community Services	4	1	11	6	9	31
Corporate Affairs	0	0	0	0	1	1
Corporate Nursing	1	0	2	0	5	89
(CW) Critical Care	0	0	2	4	0	6
(MC) Cardiac, Vascular, Thoracic Surgery	0	1	7	11	13	32
(CW) Diagnostics Clinical	5	3	6	17	13	44
Estates & Facilities	8	0	1	0	5	14
Finance	2	0	0	0	0	2
Information Communication Technology	0	0	0	0	1	1
(SN) Neurosciences Clinical	10	3	14	14	29	70
(MC) Renal, Haematology, Palliative Care & Oncology	4	1	8	5	5	23
(MC) Specialist Medicine Clinical	3	12	8	14	15	52
(SN) Surgery Clinical (inc. Trauma and Orthopaedics)	12	34	27	47	81	201
(SN) Theatres Clinical	2	0	1	2	0	5
(CW) Therapeutics Clinical	12	12	13	3	35	74
(CW) Women's	14	2	23	22	18	79
Totals for top 5 primary subjects	109	78	178	214	283	

7.0 Analysis of the top five complaints subjects and examples of learning

Analysis of the top five subjects is included below with examples of actions taken in response to the learning from the concerns raised.

7.1 Communication

There were 283 complaints received where communication was recorded as the primary subject of concern and were related to a wide range of directorates and services. Surgery clinical directorate

was noted to have the largest increase with complaints where communication was the primary subject.

An example of a complaint in general surgery was with reference to an on the day cancellation of a patient's procedure with no explanation provided as to the reason why. The surgery team reviewed the process associated with communication of this type. It was found that there was no standard format in terms of the information provided to patients. In circumstances such as on the day cancellations communication with patients has now been standardised to include an apology on behalf of the Trust, the reason for the cancellation and what happens next. A record of all patient contacts is now maintained which is monitored by the Deputy General Manager to ensure that our patients receive appropriate and full information.

An example of a complaint in the Medicine and Cardiovascular division related to communication with relatives when the patient was at the end of their life. Training was provided for staff on how to have sensitive discussions with patients and their families as end of life approaches. The Trust developed a mandatory end of life care awareness video for all staff which also addresses key elements of communication at this important time.

A patient raised a complaint Women and Children's services following pregnancy loss. The information on the maternity page of the Trust website was reviewed and updated to include information for women who have experienced pregnancy loss with a link to a stillbirth and neonatal death charity.

An example of Trust wide learning was related to a concern that our main hospital system was unable to update patient details to include details of their Scottish GP. The Trust found that Scottish GPs had not been included in the reference files of GPs which are used within the central spine system and therefore no Scottish GP was offered for the user to select. Following the investigation, contact was made with the system supplier and the reference file of Scottish GPs has been uploaded for use onto the Trust system.

7.2 Clinical Treatment

There were 214 complaints received where clinical treatment was recorded as the primary subject of concern. These complaints were recorded for Emergency Department (ED), Surgery, Women's, Children's and Diagnostics. There was a marked increase within the Diagnostics directorate.

An example of a complaint raised with diagnostic services was with reference to bruising experienced following the removal of a peripheral cannula. The investigation identified that pressure may not have been applied to the cannula site for a long enough period of time following removal. This was fed back to the radiographers who have reflected and where needed adjusted their practice.

Within ED, complaints are reviewed and discussed within governance meetings. Where complaints have related to delay, failure to diagnose or the deteriorating patient further teaching sessions have been provided to highlight the key points raised in the complaints received.

7.3 Care

There were 178 complaints received where care was recorded as the primary subject of concern. It is noted that there was a significant decrease in the number of complaints relating to care within the surgery directorate. Small increases were noted within cardiology and the women's directorates. There was an even spread of complaints across wards and outpatient areas.

For complaints related to the care of patients at the end of their lives in 2018/19 the Trust focussed on End of Life Care as part of the Trust's Quality Improvement Plan with the ultimate aim of delivering the Trust's End of life Care strategy, which focussed the achieving priorities of care for the dying patient

Two elements of the strategy were the implementation of the Achieving Priorities of Care for adults in the Last Hours and Days of Life Nursing Care Plan and the provision of End of Life Care bags to relatives (providing toiletries, information about what to expect when someone close to you is dying, and food and drink vouchers). We also concentrated on working with teams to ensure death certificates were completed within 24 hours of death. The EoLC Strategy played a central role in supporting staff to ensure a high standard of care was provided for our patients and those important to them in the last days and hours of their lives.

7.4 Staff Attitude

There were 109 complaints received where attitude was recorded as the primary subject of concern. This represents an increase of 3% when compared with 2017/18. The directorates where a significant upward trend was noted were the Emergency Department, Estates and Facilities, Neurosciences and Women's.

In relation to staff attitude, staff are encouraged to read the complaint letter and are supported by their line manager to reflect by providing a reflective statement on how they could have responded differently. The reflection is further reviewed with the staff member to ensure learning has taken place. Where indicated, training on values based leadership and effective people management is provided. Customer service is also provided by PALS for staff teams. For medical staff, staff are required to discuss the complaint with their medical supervisor and agree a corresponding development plan. In some cases staff attitude was investigated in line with the Trust human resource policies and escalated to the Chief Nurse, Chief Medical Officer and/or Chief Operating Officer as appropriate.

7.5 Cancellation

There were 77 complaints received where cancellation was recorded as the primary subject of concern. Increases were seen in specialist medicine, surgery, therapeutics and cardiology when compared to 2017/18. In surgery, the majority of complaints received were around cancellation and appointment issues. An example within Ear Nose and Throat (ENT) is that the management of clinics was transferred from the Outpatient Service to the direct management of the ENT Service. A full time member of staff now manages all referrals on the day they arrive in the Trust giving patients a more prompt and responsive service.

8.0 Primary complaint subject by directorate

Table 7 below shows totals of the primary subjects identified during 2018/19 within each directorate.

	Admission arrangements	Attitude	Cancellation of surgery	Care	Car Parking	Clinical treatment	Communication	Discrimination	Discharge arrangements	Hotel and site services	Request for Information	Other	Respect for privacy	Medical records	Transport arrangements	Transfer arrangements	Unhelpful	Waiting times	Total
(MC) Emergency Department Directorate	0	21	0	0	20	0	32	11	0	3	0	0	3	0	0	0	0	5	96
(MC) Acute Medicine Clinical Directorate	0	4	0	0	17	0	11	8	0	4	0	8	0	2	1	0	0	0	55
(MC) Cardiology Clinical Academic Group	0	3	5	2	10	0	9	14	0	0	0	2	1	0	0	0	0	6	52
(CW) Childrens Directorate	0	4	4	2	8	0	17	20	0	3	0	3	0	0	0	0	1	3	65
(CW) Community Services	0	4	1	0	11	0	6	9	2	3	0	5	0	0	0	0	0	1	42
Corporate Nursing Directorate	0	1	0	0	2	0	0	6	0	0	0	0	0	0	0	0	0	0	9
(CW) Critical Care Directorate	0	0	0	0	2	0	4	0	0	0	0	0	0	0	0	0	0	0	6
(MC) Cardiac, Vascular, Thoracic Surgery	0	0	1	4	7	0	11	13	0	4	0	3	0	1	1	0	0	1	46
(CW) Diagnostics Clinical Directorate	0	5	3	0	6	0	17	13	0	2	0	3	2	0	0	0	0	0	51
Estates & Facilities Directorate	0	8	0	0	1	6	0	5	0	5	0	5	0	0	10	1	0	0	41
Finance Directorate	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Information Communication Technology Directorate	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	2
(SN) Neurosciences Clinical Directorate	2	10	3	3	14	0	14	29	0	2	0	5	0	1	0	1	0	2	86
(MC) Renal, Haematology, Palliative Care & Oncology Directorate	0	4	1	0	8	0	5	5	0	2	0	0	0	0	1	0	0	2	28
(MC) Specialist Medicine Clinical Directorate	0	3	12	0	8	0	14	15	1	0	0	3	0	1	0	0	0	2	60
(SN) Surgery Clinical Directorate (inc. Trauma and Orthopaedics)	2	12	34	14	27	1	47	81	0	3	0	9	1	2	1	0	2	34	270
(SN) Theatres Clinical Directorate	0	2	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	2	7
(CW) Therapeutics Clinical Directorate	0	12	11	0	13	0	3	35	1	3	1	2	0	1	0	0	0	9	91
(CW) Womens Directorate	2	14	2	3	23	0	22	18	0	1	0	1	0	1	0	0	0	5	92
Totals:	6	109	78	28	178	7	214	283	4	27	9	52	4	10	14	2	3	72	1101

9.0 Complaints compliance and performance

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 set out the rights of complainants and the expectations on the Trust to investigate and respond in an appropriate and timely manner. Best practice is that each complainant is contacted to discuss their complaints and agree both the process of resolution and the timescale.

The NHS complaints regulations state that complaints should be acknowledged within 3 working days. In 2018/19 the Trust achieved 82% of complaints acknowledged within 3 working days, a decrease in performance when compared to 87% achieved in 2017/18. The reasons for this were staff vacancies and changes in staff management. Going forward the structure and composition of the complaints team will be reviewed to ensure the team has sufficient capacity and capability to meet this performance target.

For a number of years the Trust's complaints performance has remained below the Trust's internal targets with an average of 65% of complaints being responded to within 25 working days. To improve responsiveness complaints management became one of the work streams in the Quality Improvement Plan (QIP) 2017/18 focussing on three main areas for improvement:

1. Responsiveness – timeliness and engagement
2. Quality of complaint responses
3. Learning from complaints and improving the service we provide

During 2017/18 the Trust revised the complaint triage process and introduced three standard response times based on the complexity and severity of the complaint. The purpose of this change was to improve our responsiveness to complaints by setting a clear standard which gave a reasonable response time for a complaint which the Trust was then committed to meeting. This was to prevent complaints that should be responded to within 25 days taking much longer than necessary while recognising that more complex complaints involving clinical care and decisions needed the time for a comprehensive investigation to take place.

Table 8 identifies the proportion of complaints responded to within target and table 9 shows the response rate by directorate.

Table 8

KPI	Category	Target	2018/19 performance
25 working days	Green	85%	68%
40 working days	Amber	95%	55%
60 working days	Red	95%	62%

Table 9

	Within 25 working days	Outside 25 working days	Response Rate	Total
(MC) Emergency Department	52	45	54%	97
(MC) Acute Medicine Clinical	28	28	50%	56
(MC) Cardiology Clinical Academic Group	27	26	51%	53
(CW) Children's	31	31	50%	62
(CW) Community Services	27	15	64%	42
Corporate Affairs	0	1	0%	1
Corporate Nursing	3	5	38%	8
(CW) Critical Care	1	5	17%	6
(MC) Cardiac, Vascular, Thoracic Surgery	20	26	43%	46
(CW) Diagnostics Clinical	34	15	69%	49
Estates & Facilities	31	11	74%	42
Finance	1	1	50%	2
Information Communication Technology	1	2	33%	3
(SN) Neurosciences Clinical	45	45	50%	90
(MC) Renal, Haematology, Palliative Care & Oncology	22	6	79%	28
(MC) Specialist Medicine Clinical	45	14	76%	59
(SN) Surgery Clinical (inc. Trauma and Orthopaedics)	109	158	41%	267
(SN) Theatres Clinical	6	1	86%	7
(CW) Therapeutics Clinical	71	21	77%	92
(CW) Women's	45	46	49%	91
Totals:	599	502	53%	1101

To try to deliver against the working day performance target the Divisional Directors of Nursing and Governance (DDNGs) for each of the divisions within the Trust held weekly monitoring meetings with input and support from the Complaints Co-ordinators. Although this led to some improvement in compliance the performance targets were not met.

9.1 Reopened Complaints

The number of complaints that do not achieve resolution with the first response is used as a proxy measure for the quality of the complaint response. A complainant who does not feel the Trust has

listened to them is unlikely to be satisfied with their response. 108 complaints were reopened during 2018/19 compared with 2017/18 (105), an increase of 2.85%.

10.0 Parliamentary and Health Service Ombudsman (PHSO) Complaints

Seven requests for documentation were received from the PHSO compared with ten requests in 2017/18. The requests related to complaints from seven different service areas: Women's Service, Renal, Emergency Department, Acute Medicine, Surgery, Specialist Medicine and Cardiology Clinical Academic Group.

For four of the seven cases final reports have been received from the PHSO. Of the four cases the PHSO did not uphold one complaint and partially upheld three cases. The Trust accepted the recommendations made in the final reports. There are three cases still under review.

11.0 Positive feedback

In addition to complaints, staff in the Complaints and Improvements Department also log compliments and positive feedback from users of Trust services. This provides valuable insight into the things the Trust does well and identifies good practice from which lessons can be learnt. 1798 good news/ thank you letters were received and logged centrally, an increase of 2% on 2017/2018 (780).

12.0 Upheld Complaints

It is a requirement of the complaints regulations that Trusts set out in their annual report the number of complaints which the Trust decided were upheld during the financial year. Historically, the Trust's position has been to determine that all complaints are 'upheld' on the basis that even if a complaint is considered by the Trust to be unjustified, the complainant was aggrieved enough by what happened for them to take the time to complain. This means it was not possible for the Trust to provide the number of upheld complaints.

In 2018/19 the Trust undertook to record the number of complaints that were upheld, not upheld and partially upheld. However, due to instability in the complaints team and changes in senior leadership this did not happen consistently. The Trust will implement a robust recording system to enable consistent and full year reporting from April 2020.

13.0 Training

Throughout 2018/19 the Complaints and Improvements and PALS teams have offered training sessions for staff on both handling complaints and concerns on the frontline and on investigating

complaints. All new staff received a session about customer care and handling concerns on the frontline as part of the Corporate Trust induction.

“Responding to Complaints” and “Effective Customer Care” training sessions are provided monthly in the Training and Development Department. 91 staff attended training for effective customer care in 2018/19.

Additional bespoke training was also delivered to groups of staff and individuals where indicated and requested.

14.0 Patient Advice and Liaison Service (PALS)

The PALS team provided the following:

- Assistance to patients and their representatives with concerns and requests for information. Some examples of recurring enquiries are patients being unable to contact outpatient departments, patients concerned about waiting times for an operation and assisting with transport queries
- Act as a liaison between patients and services and offer suggestions for improvements drawing on the patient experience
- Deliver customer care training to staff in partnership with training and development and on a bespoke basis to wards and services Trust wide
- Raise the profile of PALS throughout the Trust by linking in with wards and departments and representing the service and views of patients on relevant committees
- Provide accessible information to patients, relatives, visitors and staff on the intranet and internet

The PALS values are to:

- offer on the spot resolution
- ensure patients receive appropriate information
- resolve patient concerns at an early stage
- provide a seamless service
- inform and educate staff

- monitor concerns and outcomes
- be a catalyst for service improvement and change

14.1 PALS Activity

A PALS **contact** refers to any enquiry or request which does not raise areas of concern within the Trust. An example of this is where a patient wanting information about a service or a member of staff requested information on how to contact an external organisation. It also included expressions of thanks from patients and relatives. The number of PALS **contacts** was 6779 in 2018/19. This represents an increase of 3.6% when compared to 2017/18 (6541).

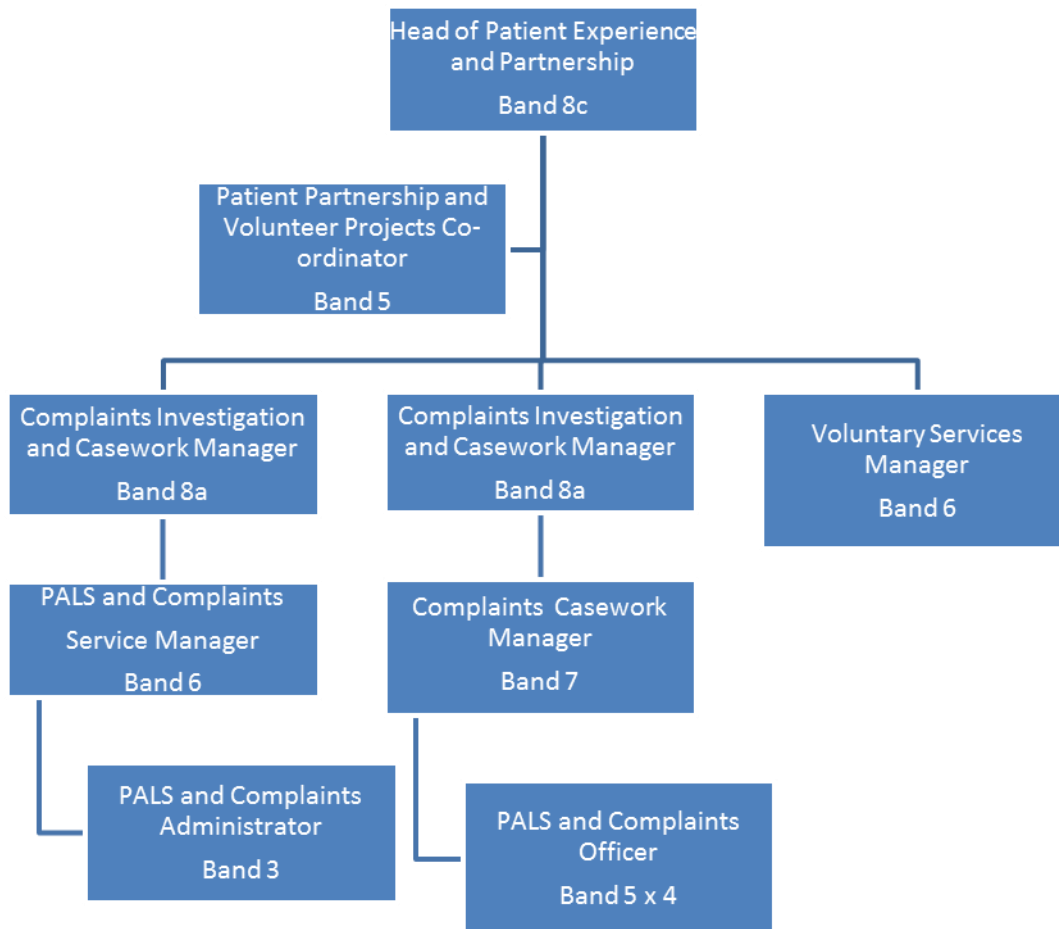
A PALS **concern** refers to when a patient or relative raises a concern about the Trust and does not want to follow the formal complaints procedure. The number of PALS **concerns** raised was 3858 in 2018/19 which represents an increase of 22% when compared with 2017/18 (3153). The most common themes related to appointments, information and communication.

15.0 Looking Forward

The Trust will continue to proactively manage complaints, improve the process and quality of the responses, and embed the learning from complaints in practice.

In order to achieve this in July 2019 a 'complaints huddle' was established to focus on better management of complaints to ensure complaint responses went out on time. In addition, the PALS and complaints service was restructured in December 2019 to include senior posts with enhanced skills in root cause analysis and human factors (see organogram overleaf).

Patient Experience Team



In 2019/20 to strengthen the assurance process for learning from complaints the Trust will include a summary of the actions to be taken in the complaint response letter to support the monitoring and delivery of the improvement actions. The Trust will also review the process for the complaints satisfaction survey with a view to increasing our feedback to facilitate further improvement where indicated.