

Complaints and PALS (Patient Advice and Liaison Service) Annual Report: 2021-22

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Report Overview/Executive Summary

This annual report details the key performance and activity during 2021-2022 for formal complaints and concerns. Worcestershire Acute NHS Hospitals Trust (WAHT) aims to provide the highest possible standards of compassionate care and the very best experience for our patients, their carers, families, friends and for our staff. We have created a culture of continuous improvement and learning which we have driven through our clinical strategy and quality improvement strategy.

We invite the public to share feedback about their experience at our hospitals in a variety of ways, including; the Friends and Family Test, local and national patient surveys, at NHS.uk and the Care Opinion websites, through the Care Quality Commission, consultations, engagement workshops and focus groups and on our online social media platforms. We encourage patients, relatives and carers to tell us of any concerns they may have to support us to understand and make any improvements at the time.

In 2021-22 we received 5900 Patient Advice and Liaison Service (PALS) contacts. The PALS service has seen a year-on-year increase in the number of enquiries received (excepting a reduction due to the pandemic in 2020-21); this has reached a significant increase of 36% in 2021-22.

PALS resolved 79.8% of concerns and enquiries received within 1 working day, which is consistent with 78% for 2019-20 & 2020-21. 93.6% of total cases were responded to between 0-5 working days which was also consistent with 90.5% in 2019-20; this is especially notable given the significant rise in PALS concerns received when compared with 2020-21. Only 0.52% of PALS contacts (31 cases) became formal complaints. This is a sustained improvement and downward trend from 0.87% 2020-21.

The most common subject for PALS, recurring in 2048 cases (35%), was “signposting” by the PALS team – this relates to questions that can be answered by PALS without the need to involve another department. The top 3 subjects (Signposting, Communications & Appointments) each represented a larger share of the overall total in 2021-22 compared to the previous financial year but have remained consistent in terms of position.

The COVID-19 pandemic continues to affect every aspect of life for our patients, their carers, our staff and our community. In contrast to 2020-21 when a nationwide pause was instigated in Q1 by NHS England & NHS Improvement, the complaints process has operated normally in 2021-22 with no changes, with a return to previously established activity levels.

In 2021-22 we received 578 formal complaints. Following a drop in complaints response time performance to 69% in 2020-21, performance was above 80% in 2021-22, meeting the KPI. 16% of formal complaints were resolved informally by staff engaging with complainants by telephone, consistent with 18% in 2019-20. This provided timely resolution for complainants and improved patient/carer/public satisfaction and experience. This report includes further detailed performance information and examples of some of the lessons that we have learned from formal complaints during 2021-22.

Clinical Treatment was the most common subject. This is consistent with the previous two years, although the proportion has increased from 26% to 32% of the total cases. Communications is the second most recurrent subject during 2021-22, consistent with its move into this place in 2020-21 from third place in 2019-20. The proportion has increased. Values & Behaviours has sustained as the third most common subject, as with the above, the proportion has also increased.

In 2021-22, WAHT recorded 2290 compliments from patients, carers, relatives and friends. This represents a 5% decrease from 2020-21 and a significant decrease compared to pre-pandemic levels, it is to be noted that there had been a reduced number of patient admissions, attendances and visitors in the Trust due to COVID-19. The additional pressure on staff throughout the pandemic has also meant that other work was prioritised over the formal recording of compliments. We are also aware that the Trust receives many more compliments than those recorded on Datix; we have plans in place to modify the Datix system in 2022-23 to support all staff to report positive feedback more easily.

Report Purpose

The Trust has a statutory duty to respond to complaints from users of its services and to record and report annually under the Local Authority Social Services and National Health Service Complaints {England} Regulations 2009 on the following areas:

- The number of complaints received
- The number received that were well-founded (Upheld)
- The number referred to the Parliamentary and Health Service Ombudsman (PHSO)
- The subject matter of complaints
- Action taken, or being taken, to improve services as a result of complaints received.

This report examines the formal complaints received by the Worcestershire Acute Hospitals NHS Trust in 2021-22 and provides assurance that the Trust is:

- Recording all complaints received, including those referred to PHSO
- Recording concerns raised through the Patient, Advice and Liaison Service (PALS)
- Noting trends in complaints & concerns, including those upheld
- Taking action to address concerns raised by users of its services

About the Complaints & PALS Teams

The Trust operates a partially centralised Corporate complaints service, which is linked with Divisional Management and Governance teams. The Trust has a Key Performance Indicator (KPI) to respond to more than 80% of formal complaints within 25 working days of receipt, and a KPI of less than 10% of formal complaints to be reopened with further concerns. Complaints and contacts through PALS are recorded on our complaints management system (Datix), which uses specific, detailed codes to capture the nature of the concerns. Datix allows data to be collated into themes, which enables analysis of trends and also serves to capture learning from complaints which can be shared across the organisation to support and improve the patient experience.

Worcestershire Acute Hospitals Trust is committed to resolving concerns at the earliest opportunity and this is often facilitated by a patient, relative or carer discussing their concerns directly with the service at ward/clinic level. PALS is available to provide confidential advice, support and information to any patient, carer or relative on health related matters where it has not been possible to raise their concern with the service directly, or where someone feels that their concern remains unresolved. The PALS team aim to resolve any concerns that are raised with them quickly and informally within 1 working day where possible. Where necessary, our PALS staff support patients, relatives or carers to raise a complaint and provide the necessary support to begin that process.

Formal Complaints & PALS Assurance

The Trust experienced clinical challenges throughout the year, with a significant impact on performance in the winter months (November, December, January and February); performance improved again in March. The Trust successfully managed its caseload of open complaints throughout the year, demonstrating previous quality improvements remained effective and placing the Trust in a strong position to start 2022-23.

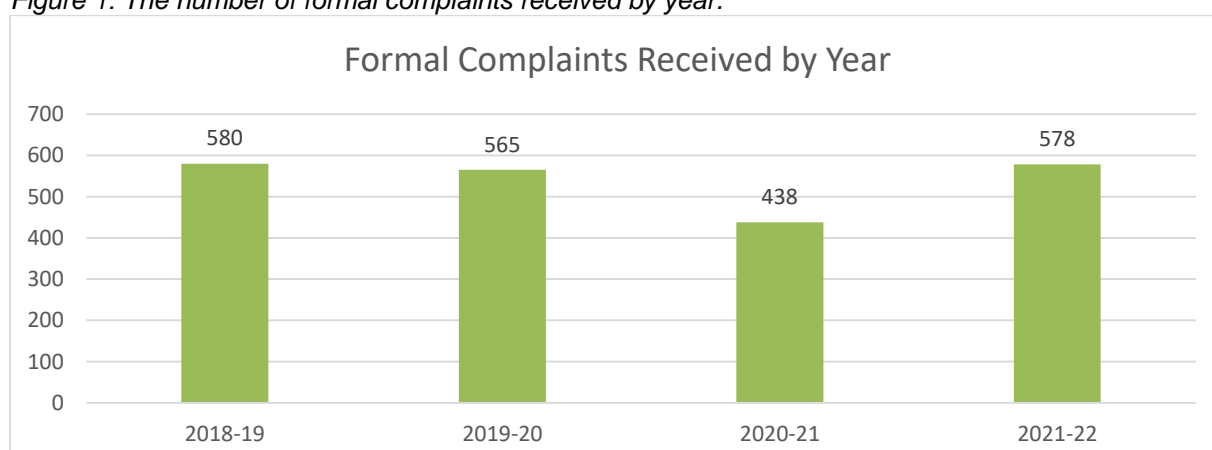
Quality Improvements & Key Achievements		
Informal Resolution	16% of formal complaints were resolved informally by staff engaging with complainants by telephone, consistent with 18% in 2019-20. This provided timely resolution for complainants and improved patient/carer/public satisfaction and experience.	✓
PALS Resolution Times	PALS resolved 79.8% of concerns and enquiries received within 1 working day which is consistent with 78% for 2019-20 & 2020-21. 93.6% of total cases were responded to between 0-5 working days which was also consistent with 90.5% in 2019-20; this is especially notable given the significant rise in PALS concerns received when compared with 2020-21.	✓
PALS to Complaints	0.52% of PALS contacts (31 cases) became formal complaints. This is a sustained improvement and downward trend from 0.87% 2020-21.	✓

Key Performance Indicators		
Respond to 80% complaints within 25 w/d	Against the ongoing impact of Covid-19, the final performance for the year was 80.62%, an improvement from last year and achieving the target.	Compliant
Reopen Less than 10% Cases	18.3% of cases from 2020-21 have been reopened for further investigation; this is an increase from 2020-21. A focus in 2022-23 will be on the reasons that complaints are reopened and work will be carried out to design and implement training in complaint response writing to mitigate this.	Not Compliant

Complaints Activity

The following sections outline in greater detail the number of complaints received across the Trust in the 2021-22, their distribution across the Trust and its divisions, and performance data and analysis.

Figure 1: The number of formal complaints received by year.



- The Trust received 578 formal complaints in 2021-22, 140 more than in 2019-20, which represents a significant increase of 31.9%; however, this is in line with pre-pandemic data.
- This demonstrates that the reduction in complaints is directly attributable to the lockdowns and suspension of services in 2020-21.

Figure 2: Comparison of the number of complaints received per month by year

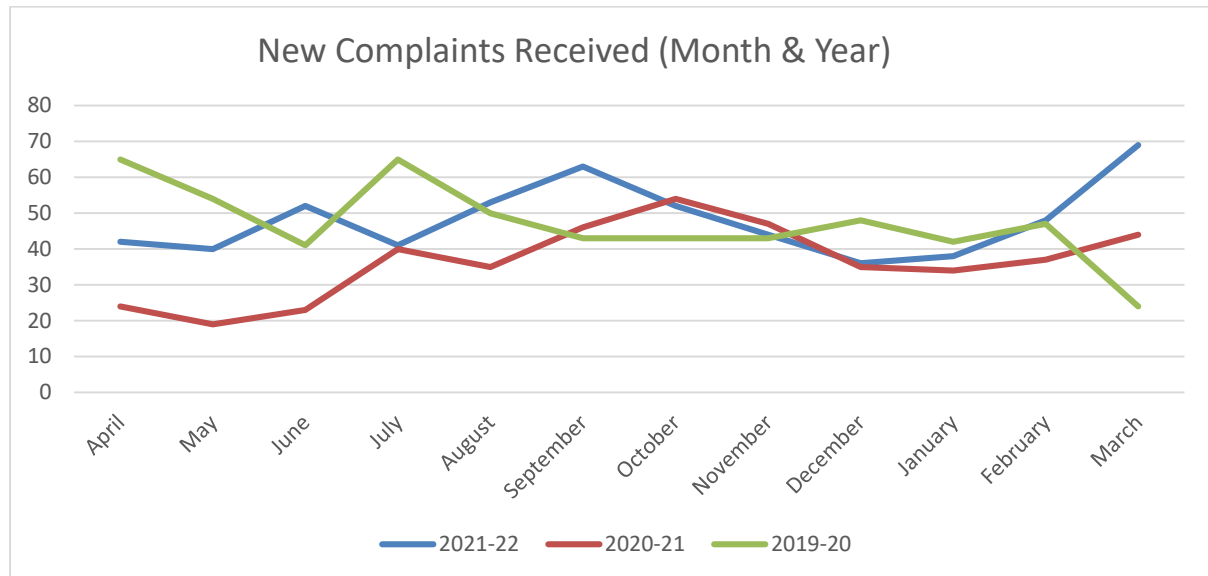


Figure 2 provides an annual comparison of the numbers of complaints received monthly. Complaint numbers do not ordinarily show a specific pattern throughout the months of the year, but in October to March a reduction and subsequent rise can be seen in both 2020-21 and 2019-20 which follows a similar pattern.

Figure 3: Complaints received by Division by year

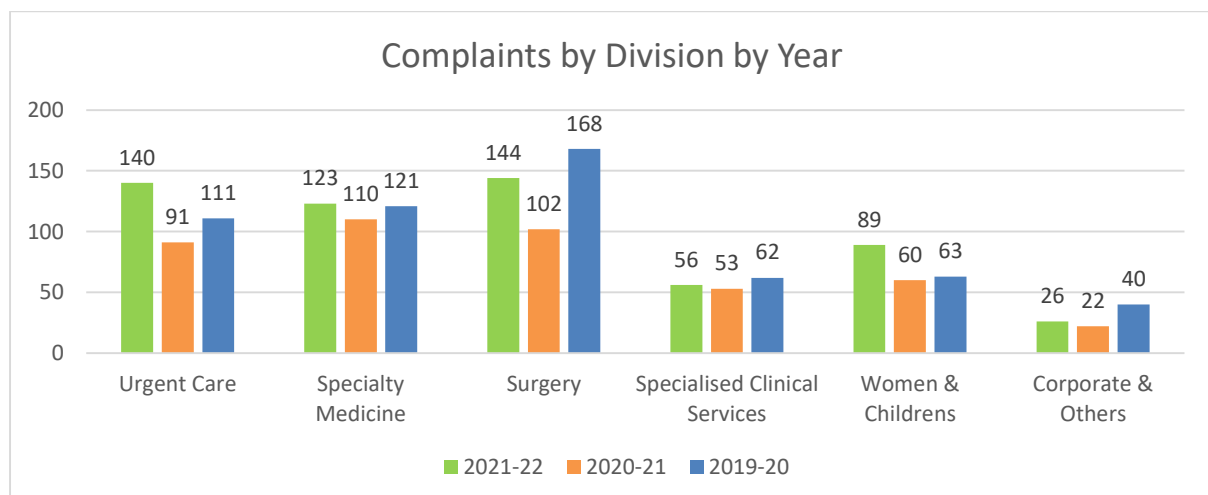


Figure 3 shows that each division experienced an increase in complaints, however numbers in were comparable to pre-pandemic figures in 2019-20; the most significant increase from 2020-21 was seen in Urgent Care, with 53% more cases.

Complaints Performance

Overall performance against the 25 Working Day Response Timescale

The Trust is committed to providing timely complaint responses and has a local standard timescale of a response within 25 working days of receipt. Complaints which require more time to investigate due to complexities should be responded to within 40 working days, and we engage with the complainant to agree this timescale when necessary.

Figure 4: The Trust's performance against the >80% within 25 working days response standard, illustrating a per year view for 2018-19 to present

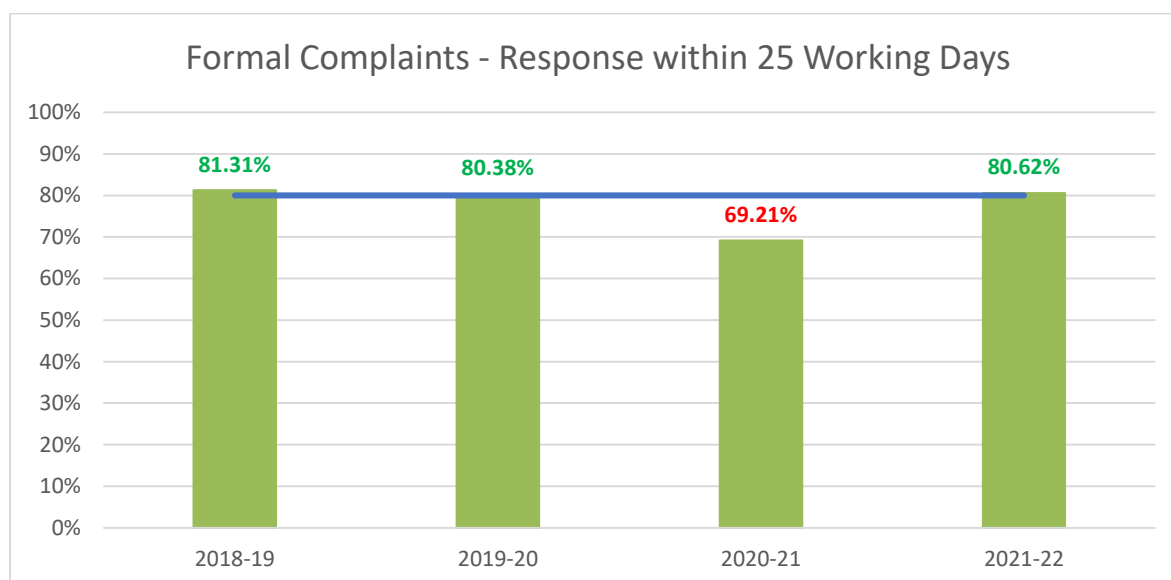


Figure 4 demonstrates the Trust's performance against the 25 working day response standard over the last four financial years; it should be noted that performance in 2021-22 achieved the target despite the ongoing challenges posed by the pandemic.

Figure 5: The Trust's performance against the >80% within 25 working days response standard, illustrating a per month view for 2021-22

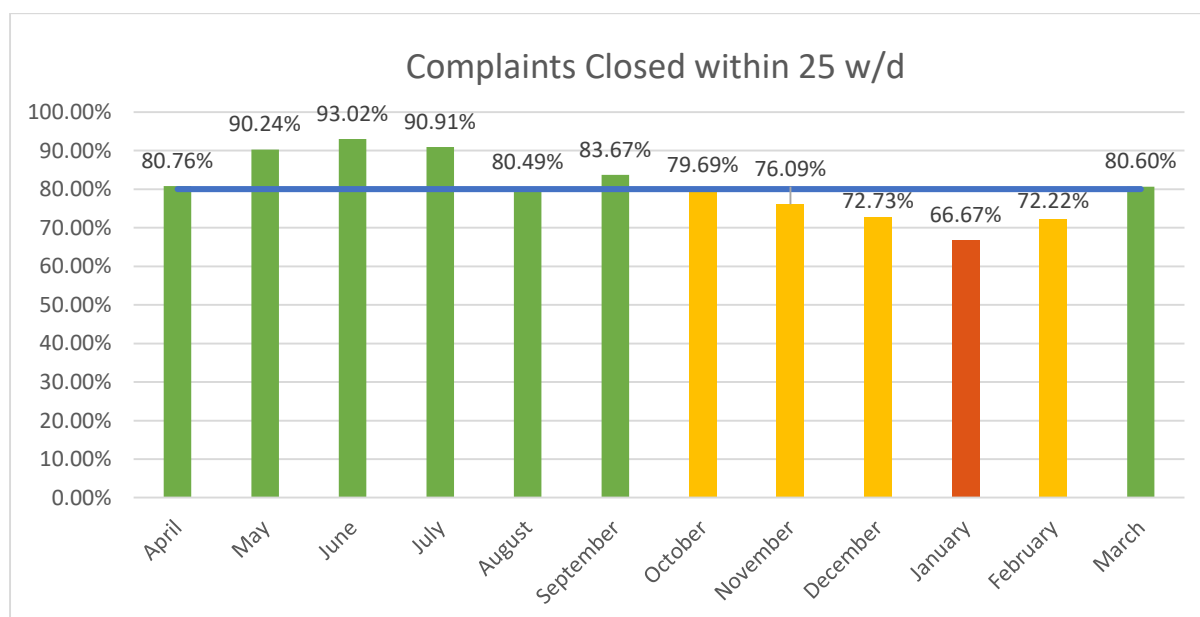







Figure 5 above demonstrates the Trust's performance against the 25 working day response standard broken down by month over 2021-22.

Analysis & Assurance

- There was a slight decrease in performance in October and November, which continued to a low of 66.6% in January, reflecting winter pressures. Significant work was carried out in February and March to improve performance.
- Performance at closing cases within the response timeframe remained consistent during 2021-22, with a 3% reduction in the percentage of all open overdue cases between the start and end of the year.
- There has been an ongoing commitment by all staff involved to ensure that responses are provided as soon as possible to complainants, despite the ongoing pressures of the pandemic on staff who investigate complaints as part of their work.
- During Q1, the number of overdue cases increased; however, all of these were resolved in Q2.

Divisional Achievements

Urgent Care	<ul style="list-style-type: none"> Resolved 39% of all Trust complaints informally, and was the division with the highest proportion of complaints resolved in this manner, reflecting the continued focus to address concerns quickly at the department level. Complaint performance improved from 70% of responses within 25 working days in 2020-21 to 91%, the highest score for this division in the last four years and second highest of all divisions in 2021-22. This performance was achieved alongside a significant increase in the number of complaints being received. 	
Specialty Medicine	<ul style="list-style-type: none"> Specialty Medicine achieved the highest percentage of complaints that were responded to within 25 working days by a division and improved performance from 70% in 2020-21 to 94% in 2021-22. Specialty Medicine also resolved 90% of PALS concerns within 3 working days throughout 2021-22, an improvement on 84% in 2020-21, demonstrating resolution of concerns before they proceed to a formal complaint. 	
Surgery	<ul style="list-style-type: none"> Although Formal Complaints have risen again in 2021-22 back to pre-pandemic levels Trustwide, 23 complaints were resolved informally, accounting for 25% of the Trustwide total and 14% of Surgery's overall total. 	
Specialised Clinical Services Division	<ul style="list-style-type: none"> 87% of complaints responded to within time, an improvement from 73% in 2020-21. 	
Women & Children's	<ul style="list-style-type: none"> Performance was improved on 2020-21, despite receiving and resolving 48% more complaints when compared to 2019-20 and 2020-21. Resolved 14% (13) of complaints informally. 	

Formal Complaint Themes

A formal complaint can contain multiple concerns with a number of different areas to investigate, and can be cross-divisional, with concerns relating to different specialties.

To understand all of the themes within complaints, the Trust records and logs the complaint details using national subject codes. The codes highlight the broad main subject as well as the specific sub-subjects to support with detailed reporting, analysis & learning.

Table 6 details the most common complaint subjects in 2021-22 and the change from its position compared to 2020-21.

Table 6: Main most common complaint subjects

Top 3 subjects	Top constituent sub-subjects	Percentage of Total number of Complaints received	Position
Clinical Treatment	<ul style="list-style-type: none"> • Delay or Failure to Diagnose • Delay in Treatment • Delay or Difficulty in Obtaining Clinical Assistance 	32%	↔
Communications	<ul style="list-style-type: none"> • Communication with relatives/carers • Communication with patient • Conflicting Information 	29%	↑
Values & Behaviours	<ul style="list-style-type: none"> • Attitude of Nursing Staff • Attitude of Medical Staff • Rudeness 	15%	↑

Analysis of Themes

- **Clinical Treatment** was the most common subject of complaints. This is consistent with the previous two years, and the proportion increased from 26% to 32% of the total cases.
- **Communications** was the second most recurrent subject during 2021-22, consistent with its move into this place in 2020-21 from third place in 2019-20. The proportion has increased from 24% to 29% of the total cases.
- **Values & Behaviours** has sustained as the third most common subject; the proportion has also increased from 12% to 15% of the total cases.
- **Patient Care** was the second highest recurring subject in 2019-20, but has not been in the top 3 themes of complaints in for the last two years.

Actions

- The themes in complaints are recorded on Datix and reported Quarterly to the Trust's Clinical Governance Group, Trust Management Executive and Quality Governance Committee. The Trust Board receives key data every month.
- Themes and learning from complaints by division is highlighted in bi-monthly divisional reports into the Patient, Carer and Public Engagement Steering Group. This provides a forum to discuss themes and learning and spotlight good practice.

Complaints Demographic Data

Ethnicity of Patient

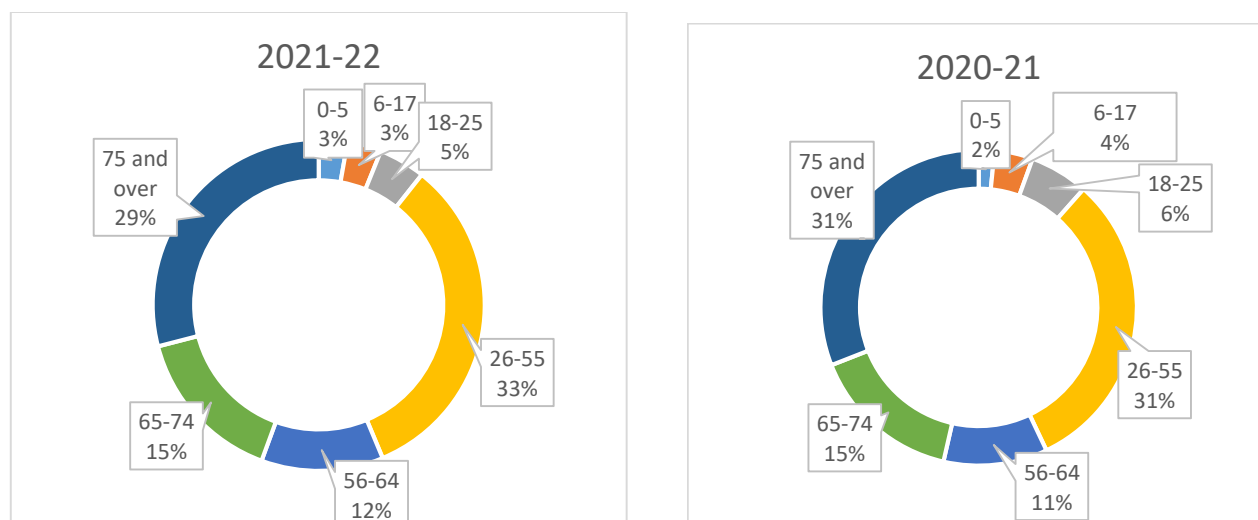
Ethnic origin codes are recorded on the Trust's Patient Administration System; for complaint cases this is added to Datix to capture the ethnic diversity of patients who are the subject of complaints. The ethnicity of the complainant (if they are not the patient) is not recorded. The specific codes have been collated to census data for Worcestershire from 2011 for comparison:

Ethnicity Grouping	Percentage of Complaints	Worcestershire Census Data
White Category Total	95.46%	95.80%
Asian or Asian British	1.20%	2.40%
Other Ethnic Group	0.48%	0.10%
Black or Black British	0.24%	0.40%
Mixed Multiple Ethnic Group	0.24%	1.30%
Not Stated	2.39%	

The large majority of people who were the subject of a complaint in 2021-22 were White-British or White-Other White/White-Irish, reflecting the county's demographic profile. Aside from patients who did not state their ethnicity, 2.16% of complaints related to patients from other ethnic backgrounds.

Age Band of Patients who were subject of Complaints

Figure 7: Age Band of Patients subject of Complaints 2021-22 & 2020-21



In 2021-22 the majority of complaints related to patients aged between 26-55 and aged 75 and over, each making up approx. 30% of the total complaints received; this is consistent with 2019-20 & 2020-21, shown above. These two groupings were also largest when compared with national data.

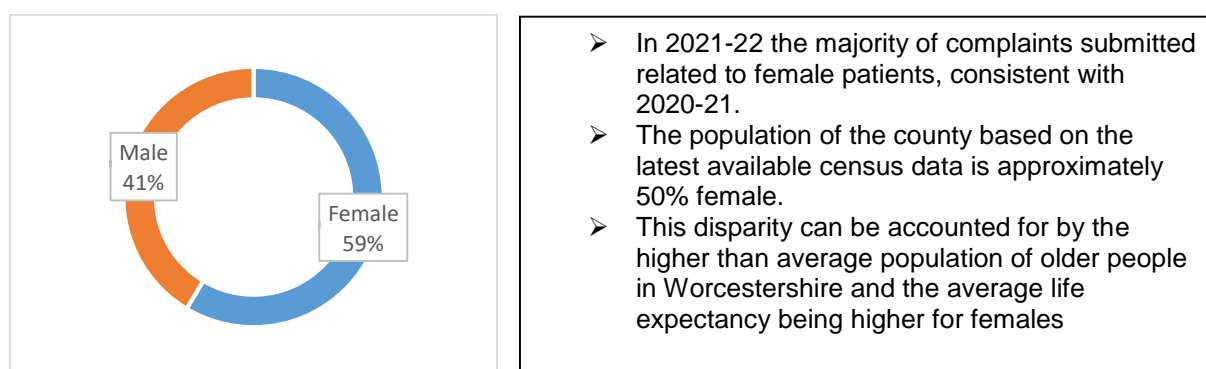
It should be noted that Worcestershire does have a larger proportion of people over 75 compared to the national average.

Actions

- Information is available across the Trust inviting patients, their carers, friends and families to share concerns or complaints; for example this includes posters in Children's departments about young people's rights to ensure that everyone is aware that they have the right to complain about their experience or treatment regardless of age.

Gender of Patients who are the subject of complaints

Figure 8: Gender of Patients subject of Complaints 2021-22



Action

In 2021-22, the available gender options on the Datix system were amended to bring the data to recognise and promote equality and diversity by including options for gender identity and align with the Trust's Patient Administration System

Upheld Status of Complaints

A complaint can be 'Upheld' if:

- we did not get it right for the patient or their family;
- we were not customer focused or open and accountable in our dealings with them;
- we were not fair and proportionate, or;
- there was an area for improvement or redress.

Figure 9: Upheld Status 2021-22 and 2020-21

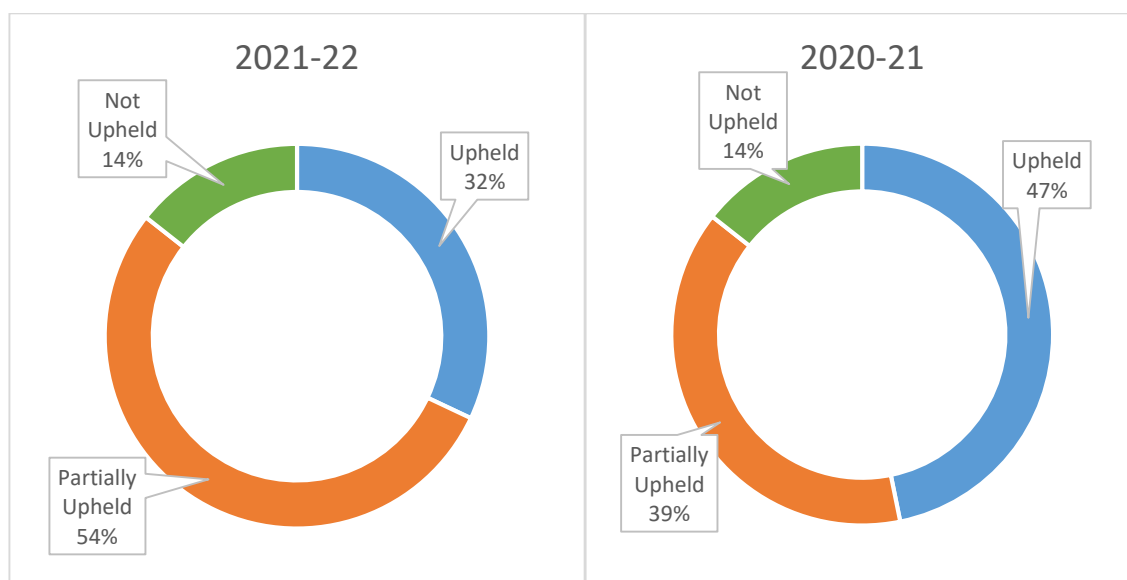


Figure 9 provides a breakdown of the Upheld Status of complaints. Out of 578 cases received in 2020-21:

- 178 were Upheld - 32%, 15% less than in 2020-21
- 298 were Partially Upheld - 54%, 15% more than 2020-21
- 80 were Not Upheld – 14.3%, consistent with 2020-21

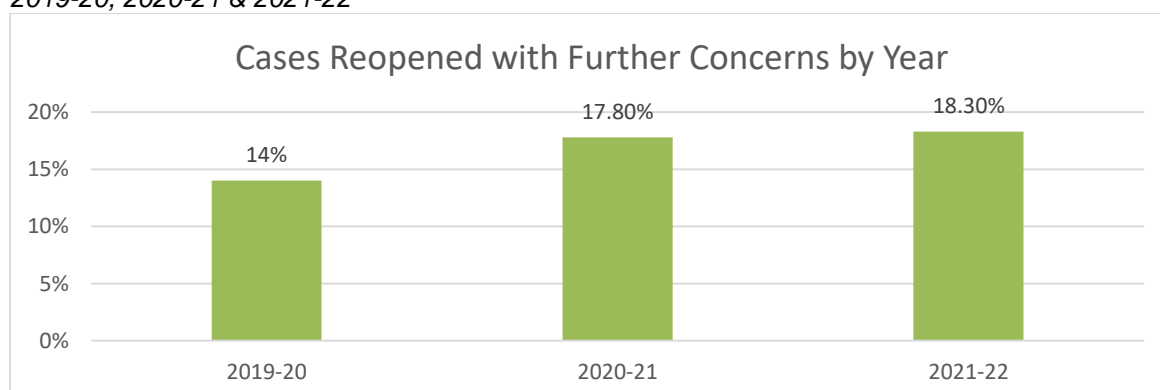
This demonstrates that whilst the number of cases Not Upheld has remained the same, there are fewer cases that have been fully upheld.

Complaints Reopened with Further Concerns

If a person who formally complains to the Trust is dissatisfied with our response, they can contact the Complaints Team again who will reopen their case; this is referred to as a 'further concern' and the process is supported by a local resolution approach.

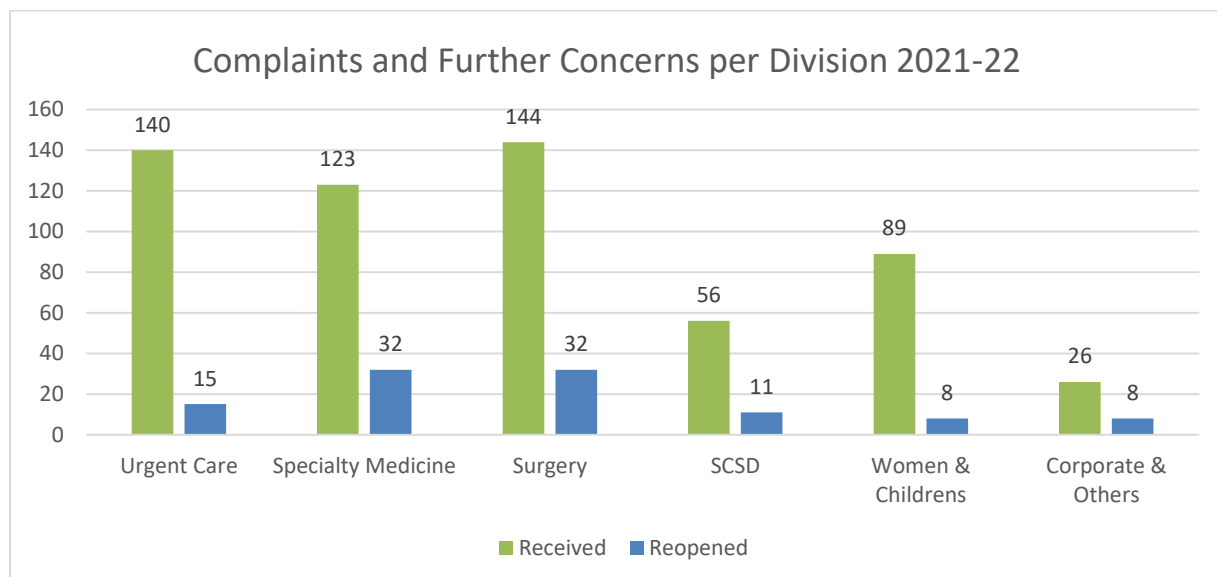
The Trust has a KPI of less than 10% of cases closed to be returned for further review. This KPI has not been achieved since its implementation in 2011, and the figure has remained between 14%-20% consistently in previous years. In 2021-22, 18.2% of complaints received were re-opened for further investigation.

Figure 10: The number of complaints received which were later returned for further local resolution in 2019-20, 2020-21 & 2021-22



As the number of reopened cases can increase throughout the year (given that complainants may choose to reopen their case at any time) the percentage performance has been calculated as a snapshot at the time of reporting (mid-July 2022).

Figure 11: The number of complaints received by Division in 2021-22 and the number of which were later returned for further local resolution



Divisional Breakdown of Further Concerns

Key: arrow direction denotes increase (up) or decrease (down) – RAG rating indicates status

Urgent Care	10% return rate, reduced from 2020-21	↓
Specialty Medicine	26% return rate, consistent with 2020-21.	↔
Surgery	22% return rate, an increase compared to 2020-21.	↑
SCSD	19% return rate, consistent with 2019-20 & 2020-21.	↔
Women & Children's	Maintained achievement for 2 years in a row with 8.9% cases reopened	↓
Corporate & Other Services	30% return rate, increased from 2020-21	↑

Action

- In 2021-22, the importance of initial telephone contact to support resolution and satisfaction for complainants was a key emphasis, with discussion of current performance and targets at regular meetings between Complaints Manager and divisional teams where time permitted; work will be carried out in 2022-23 to reintroduce these meetings on a monthly frequency.

Learning from Complaints

It is important for the Trust to effectively utilise the information it gains as a result of complaints. Monitoring data collected from complaints plays a key role in improving the quality of care received by patients and their experience. The lessons learned and trends identified enable the Trust to learn, change, improve and evolve in response to its complaints.

Included below are a sample of lessons and actions implemented during 2021-22 as a result of formal complaints:

Division	Concern/Complaint	Action Taken/Learning
Urgent Care	Complaint regarding care of patient in Emergency Department and Medical Short Stay unit.	<p>An investigation found that the ward staff should have ensured the family were given regular updates on the patient's condition, any change in their medical condition or the need to update on discharge arrangements.</p> <p>This complaint led to the introduction of a discharge checklist for all patients to prompt communication, documentation and planning.</p>
Specialty Medicine	Patient unhappy with aftercare following discharge from Acute Stroke Unit	<p>The investigation found that the patient had had a poor experience when attempting to access support and advice post-discharge.</p> <p>To improve this all patients will now be given the contact details for the Specialty Team who has provided care during their admission, together with contact numbers of the Stroke Secretarial Team, to ensure that they have a point of contact.</p>
Surgery	A patient sustained an injury due to the fragile condition of their skin; this was not communicated appropriately to the family or logged on the Electronic Discharge Summary (EDS).	<p>The investigation acknowledged that the Trust failed to communicate with this family properly about the incident that took place and did not update the EDS properly.</p> <p>As a result of the complaint, the staff on both wards involved were spoken with and reminded the importance of ensuring all information is included within an EDS, as this is key to providing patients with safe and effective care following their discharge.</p> <p>Staff also received training updates with regard to tissue viability and wound care and were made aware that they can contact the Tissue Viability Team if they are unsure regarding any aspects of wound care, especially with patients whose skin is fragile.</p>
Specialised Clinical Services Division	A patient was booked into a procedure slot and undertook a covid swab, isolation and arranged a carer; on attendance the clinician was found to be unavailable.	<p>An investigation identified that the particular type of special leave booked by the consultant in order to support the armed forces could not be entered onto Allocate, the system for recording unavailability; this resulted in them showing as available and their list being available to book the patient into in error.</p> <p>As a result of the complaint, the Allocate system was amended to ensure that reservist leave can be input by the individual affected, so that this does not occur again.</p>
Women & Children's	Multiple complaints received regarding the delay for induction of labour	<p>A need to improve communication with women and their families was highlighted by these complaints.</p> <p>A video and leaflet was developed in conjunction with Wye Valley NHS Trust and the Maternity Voices Partnership to ensure women know what to expect, the time they may have</p>

		to wait and how they and their babies are being kept safe during the period leading up to induction.
Corporate & Others	A patient with impaired vision wrote in to highlight receiving letters in standard size print despite requesting large print on multiple occasions previously.	<p>The patient was contacted with apologies for this ongoing issue; the feedback was highlighted to the IT department who are developing accessibility options as part of the new Digital Care Record system; this will alleviate this issue and allow digital copies of patient correspondence which can be increased in size or used with screen readers as necessary.</p> <p>The patient was contacted by the team and has been invited to participate in testing and feedback on the system going forward.</p>

Next Steps



- A focus in 2022-23 will be to work with divisional teams to ensure that lessons learned are recorded in high quality and ways to demonstrate evidenced outcomes will be explored.
- Reports on quarterly improvements implemented by divisions and lessons learned following complaints will be presented at the Patient, Carer, Public Engagement Steering Group. This will enable reflection on themes, shared learning and best practice.
- More detailed tracking and reporting of specific actions taken as a result of complaints will be developed within Datix, which can then be shared more easily across the organisation to ensure lessons can be learned by all departments.
- Explore the rollout of surveying patients and carers to gain feedback on the quality of the process and identify areas for improvement
- Produce regular thematic reports on reopened complaints to identify reasons and areas for action/need for additional training.



Parliamentary Health Service Ombudsman (PHSO)

A complainant may refer their complaint to the PHSO if they do not feel that the Trust has responded to all of their concerns, or if they are unhappy with the way in which we have dealt with their complaint. The PHSO provides the Trust with the opportunity to ensure that all local resolution has taken place and provides an independent view on the complaint.

Separate to the Trust's initial findings, the PHSO investigation also results in a separate outcome of Upheld, Partially Upheld or Not Upheld for the complaint, depending on whether they find that the Trust has acted correctly or if there was a problem/failing.

If the complaint is Upheld or Partially Upheld, the PHSO can make recommendations to put things right. The complaint is Not Upheld when the PHSO feels the Trust has acted correctly, or that there was a problem but we have already done enough to put things right.

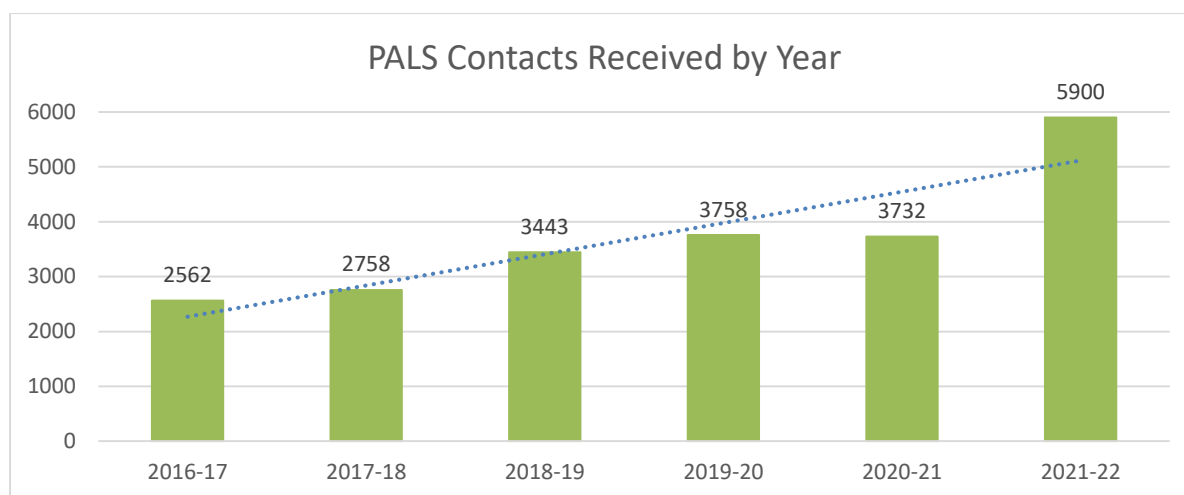
Activity	
	6 cases where the PHSO investigations had commenced in 2020-21 were finalised during 2021-22 1 of these were Upheld, 2 Partially Upheld and 3 Not Upheld.
	In addition during 2021-22 the PHSO confirmed their intention to investigate 2 cases (compared to 4 in 2020-21 and 7 in 2019-20)

Continued Improvement	
	In the case that was Upheld, the complainant was sent a letter of apology and a cheque in recognition of distress caused by delay in a response. In the cases that were Partially Upheld, the complainants were sent letters of apology and detailed action plans formulated by the divisional teams involved outlining how similar issues would be prevented in the future.
	The number of cases taken on by the PHSO during 2021-22 was reduced by 50% when compared to 2020-21.

Patient Advice and Liaison Service (PALS) Activity

The following sections outline the activity carried out by the Patient Advice & Liaison Service over 2021-22, with numbers of cases, themes and response times highlighted.

Figure 12: PALS Annual Numbers

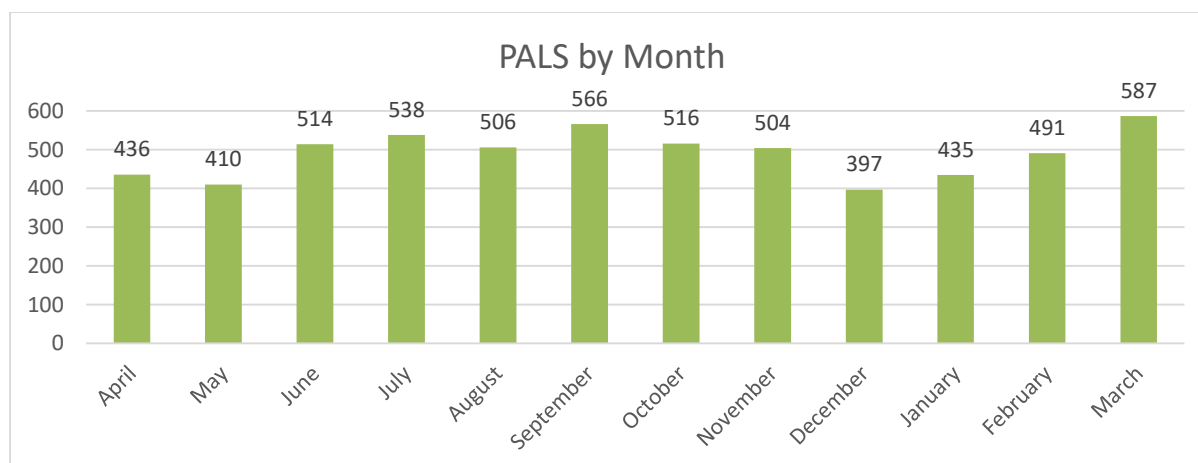


The PALS service has seen a year-on-year increase in the number of enquiries received (excepting a reduction due to the pandemic in 2020-21); this has reached a significant increase of 36% in 2021-22.

The concerns and queries cover every area across the Trust, demonstrating an awareness of the service for the public and staff.

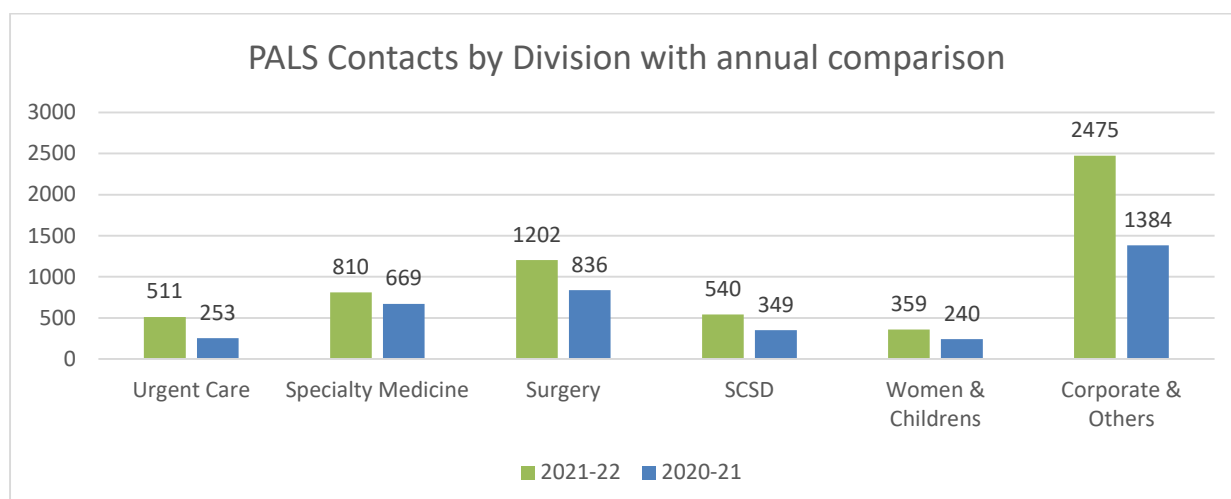
PALS by Month

Figure 13: PALS grouped by month for 21-22



- The breakdown illustrated in the diagram above shows that the numbers of PALS concerns by month have remained at a consistent level and above previous records.
- 8 out of 12 months saw significantly increased numbers not observed in previous years
- March 2022 saw the highest number recorded at the Trust with 587 queries and concerns recorded; this averaged 25 contacts per working day.
- The number of PALS concerns is significantly larger when compared with the number of formal complaints received across the Trust.

Figure 14: PALS by Division



Corporate and Other Services received the greatest number of enquiries in 2021-22, which is consistent with previous years. These related to general advice matters including how to access health records, information on the complaints process and signposting to other services in the community, GP surgeries and the Herefordshire and Worcestershire Health and Care Trust.

PALS Themes

Table 15: Top subjects and related sub-subjects in 2021-22. The position has not changed when compared to the previous year

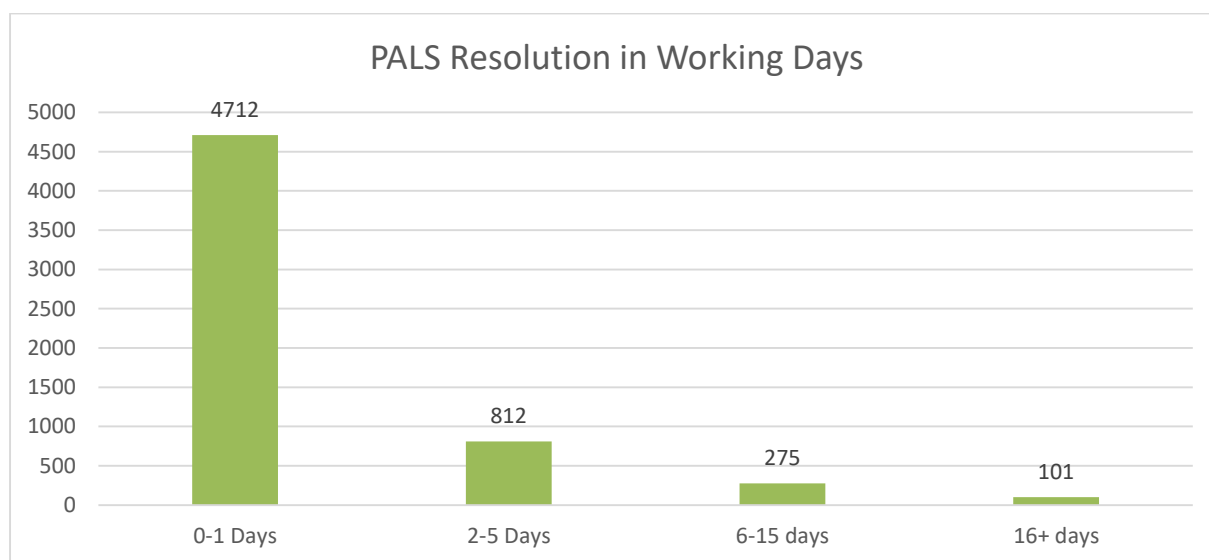
Top 5 Subjects	Top Sub-subjects	Percentage of Total	Position
PALS Signposting	<ul style="list-style-type: none"> Redirected to Appropriate Trust Advice Given – No Action Needed 	30%	↔
Communications	<ul style="list-style-type: none"> Other - Communications Communication with Patient or Relative Communication with Relatives 	22%	↔
Appointments	<ul style="list-style-type: none"> Other – Appointments Appointment Delay (including Length of Wait) Failure to Provide Follow-up 	17%	↔
Clinical Treatment	<ul style="list-style-type: none"> Other – Clinical Treatment Delay or Failure in Treatment/Procedure Delay or Failure to Diagnose 	8%	↔
Trust Admin Policies and Procedures	<ul style="list-style-type: none"> Access to Health Records Trust Administration Accuracy of Health Records 	5%	↔

- The most common subject, recurring in 2048 cases (35%), was “signposting” by the PALS team – this relates to questions that can be answered by PALS without the need to involve another department.
- In 2020-21 a Covid-19 subject group was added, which was the second most common in that year; this was removed in 2021-22 as it was no longer necessary to separately report on this
- The top 5 subjects each represented a larger share of the overall total in 2021-22 compared to the previous financial year.
- The effect of Covid-19 on inpatient and outpatient activity has led to a rise in calls and queries regarding cancellations and requests for updates on waiting lists.
- The positions of the top 5 subjects have remained consistent with 2020-21.
- It is important to note that communication with patients and relatives alike has been more difficult due to visiting restrictions.

PALS Performance

The PALS team will raise concerns with the relevant department to facilitate resolution as quickly as possible and the Trust aims to respond to all PALS concerns and queries within 1 working day; Figure 16 demonstrates that a significant proportion of the total PALS concerns received are dealt with promptly within this timescale, and that good communication with teams around the Trust is in place to ensure this process; a sustained reduction in formal complaints over the past 4 financial years can be attributed in part to the large volume of concerns that are resolved informally via PALS.

Figure 16: PALS Performance in working days.



Method of Contact

The PALS team can be contacted by telephone, email or by post; an external telephone line is available between 08:30 to 16:30 on weekdays; there is also a facility to leave voicemails which are returned within one working day. The PALS email address is available for patients, carers, families and friends to write in with their concerns; emails are acknowledged and PALS will advise on and discuss the action the service can take to resolve concerns with the relevant teams.

Table 17: Methods of contact for PALS cases – 2021-22 and 2020-21 comparison.

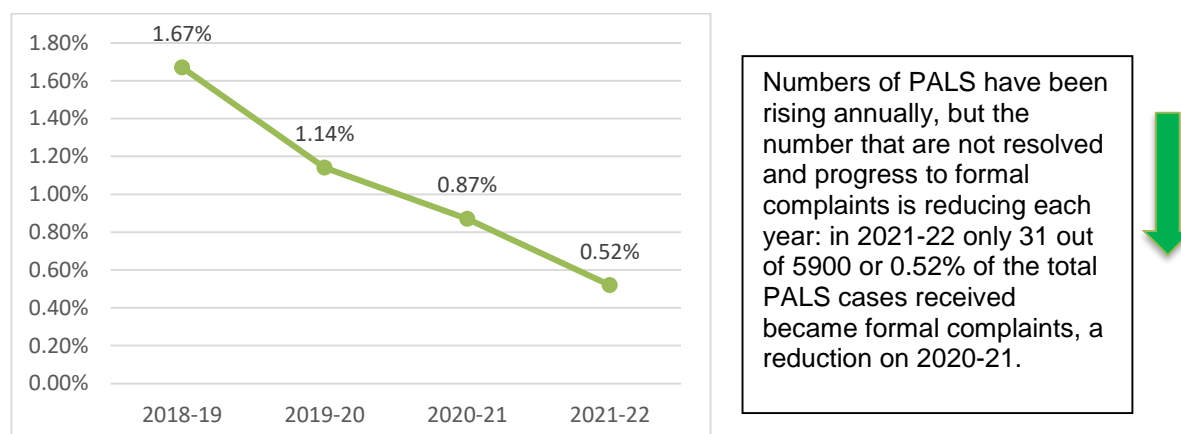
Method	2021-22		2020-21
Telephone	3809 (54% increase)	↑	2452
Email	2063 (67% increase)	↑	1229
Letter	28 (34% decrease)	↓	43

Table 17 demonstrates that the majority of patients, relatives and carers contact the PALS by telephone and this has increased in comparison with 2020-21; email contact has increased by a larger proportion.

PALS to Complaints

One of the aims of the PALS service is to resolve concerns promptly and prevent patients, relatives or carers from needing to engage in a lengthy complaint process; occasionally, despite the efforts of PALS and the divisional teams responsible for resolving concerns, some cases will progress to a formal investigation. Figure 18 overleaf shows the percentage of PALS cases per year that become formal complaints; it should be noted that this figure was below 1% for the second continuous year in 2021-22.

Figure 18: Percentage of PALS which became Formal Complaints by Year



Continuing to move 4ward - Priorities for 2021-22

We will continue to focus on Quality Indicators throughout 2022-23, to build on progress made before the pandemic and on sustained areas of improvement achieved in 2021-22.

We are aware from public feedback that a prompt, real-time, comprehensive service for the public using the Complaints and PALS services can be effective in resolving the majority of queries or outstanding concerns.

In 2022-23, we will focus on two Quality Indicators as our drivers for continued Quality Improvement:

Quality Indicator 1: We will respond to complaints within 25 working days of receipt and ensure we create learning from the themes from complaints.

Our position for 2021/22 was 80.62%	Our target for 2022/23 is 80%
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In 2022/23 we will:

- Hold monthly focused divisional meetings (availability dependant).
- Increase focus on Learning from Complaints.
- Develop a divisional training programme focusing on the quality of responses
- Support the Trust in preparation for a national Complaints Standards Framework currently in development by the Parliamentary & Health Service Ombudsman.

Quality Indicator 2: We will reduce the number of complaints returned from those who are not satisfied with the response.

Our position for 2021/22 was 18.3%	Our target for 2022/23 is 15%
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In 2022/23, we will:

- Explore the rollout of surveying patients and carers to gain feedback on the quality of the process and identify areas for improvement
- Review the current service function of the complaints process and Complaints Team to ensure the Trust is ready to meet the National Complaints Standards Framework.
- Explore and examine reopened complaints to identify and report on emerging themes where there are areas for action/need for additional training.

Conclusion

The Complaints and Patient Advice and Liaison Service Annual Report 2021-22 details activity and analyses progress made against key performance and quality indicators within the framework of the continued impact of COVID-19.

Strongly embedded processes and divisional engagement has meant that the Trust was in a strong position to maintain the best possible service for Complaints and PALS contacts throughout 2021-22 and completed the year in a good position to meet performance targets in 2022-23.

A number of initiatives and projects were planned for 2021-22 focusing on the quality of complaint responses and investigations, which could not be progressed due to the significant pressure on staffing teams across the Trust, both corporately and in the divisions; these projects will be revisited in 2022-23.

Both the Complaints and PALS Teams will continue to work towards our ambition to ensure that each and every patient and their carer, family and/or friends have a positive, person-centred, experience of care across our Trust. Learning, identifying and sharing good practice from the investigations into patient/carers complaints and concerns raised remains fundamental to achieving this ambition.

End of Report