

TRUST BOARD PUBLIC – SEPTEMBER 2016

Agenda Item Number: 119/16
Enclosure Number: (5)

Subject:	Complaints, PALS and Plaudits – Annual Report 2015/16
Prepared by: Presented by:	Marion Brown, Head of Complaints & PALS Cathy Stone, Director of Nursing
Purpose of paper <i>Why is this paper going to the Trust Board?</i>	Regular Reporting For Information / Awareness (in line with NHS Complaints Regulations (2009))
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	<p>National Standards</p> <ul style="list-style-type: none"> The trust has reported full compliance with the CQC Outcome 17: Complaints and the DoH standard for complaints acknowledged within 3 working days. <p>Contract Requirements</p> <ul style="list-style-type: none"> The Trust has complied with the requirement to provide CCGs with annual numbers of complaints and PALS enquiries by category and outcomes. <p>Complaints and PALS</p> <ul style="list-style-type: none"> Overall complaints reduced by 2% from 662 in 2014/15 to 648 in 2015/16. PALS contacts have increased by 34% from 1525 to 2047. <p>Parliamentary Health Service Ombudsman</p> <ul style="list-style-type: none"> The number of cases referred to the PHSO has slightly reduced this year from 16 to 14 (with 10 so far being not upheld). <p>Plaudits</p> <ul style="list-style-type: none"> The Trust received 6,554 messages of thanks from patients, relatives and visitors. <p>Challenges and Opportunities for 2016/17</p> <ul style="list-style-type: none"> Improve facilities for local resolution meetings Increase the number of staff undertaking complaints handling training. Set up Satisfaction Survey for PALS Develop and utilise Datix Complaints web module.

Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	To note progress made and support plans for 2016/17
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	The Complaints and PALS Team will act on any Board feedback to ensure that it is carried forward into the 2016/17 work plan
Consideration of legal issues (including Equality Impact Assessment)?	Nil
Consideration of Public and Patient Involvement and Communications Implications?	We rely on public and patient feedback to provide us with this rich source of feedback.

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register	
Strategic Aim	Deliver safe, high quality, patient centred care <ul style="list-style-type: none"> Improve patient experience as a result of feedback received through complaints and PALS contacts.
BAF/Corporate Risk Register Reference (if applicable)	1.4
Risk Description	Failure to meet requirements of NHS Complaints Regulations 2009, CCG contract requirements, CQC requirements and achieve internal and external standards around patient experience as measured through Francis Report and Clwyd Review 2013
CQC Reference	Outcome 17

Committees/Meetings at which paper has been approved:	Date
Nil	

1. Introduction

Portsmouth Hospitals NHS Trust recognises the importance of feedback from service users, both positive and negative. Whenever possible, the Trust encourages staff to try to resolve any concerns as and when they arise, but when this is not possible it is important that we have support for people to have their concerns dealt with in the way they feel is appropriate.

This report summarises the complaints and PALS activity and performance for the year 1 April 2015 to 31 March 2016. The report also highlights improvements to services that have been implemented as a direct result of the complaints and concerns received, and outlines the plans for the next 12 months.

2. Complaints Management Process within the Trust

The Trust is compliant with the overall framework for complaint handling as laid down in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Our complaints process also adopts the PHSO (Parliamentary and Health Service Ombudsman) "Principles of Complaints Handling, Remedy and Administration" (2009):

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

Although Trust staff work very hard to provide the best possible care for our patients, we recognise that at times we may not get things right and the Trust encourages patients, relatives and visitors to share their views. This feedback provides the opportunity for us to recognise where there may be areas that are failing and will need changes to help improve the experience as we strive to exceed the expectations of our patients, relatives and visitors.

3. National Standards

The Trust has reported:

- Full compliance with Care Quality Commission's "Outcome 17: Complaints".
- 99.7% compliance with the Department of Health standard for complaints acknowledged within 3 working days. During this reporting period, 2 cases breached the required deadline for acknowledgement by one day because of the ambiguity of the details of the incident.

4. Contract Requirements

The Trust has complied with the requirement to provide the Clinical Commissioning Group with monthly, quarterly and annual numbers of complaints and PALS contacts by category and outcome and how complaints have led to service delivery improvements.

5. Update on challenges set for 2014/15

Last year, the Trust set itself four important challenges and is pleased to report progress:

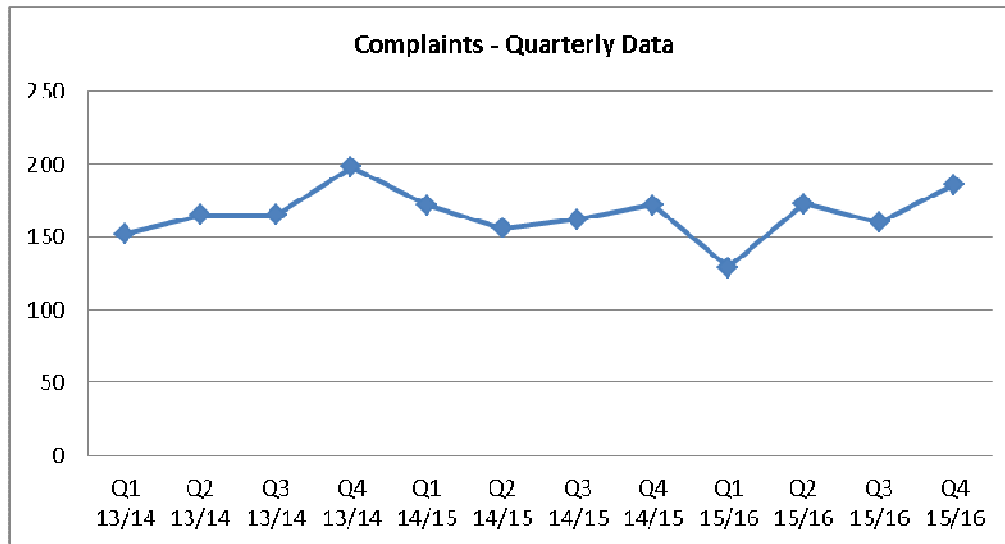
- **Continue to raise awareness of PALS:** Achieved – as evidenced by the continued rise in the number of people contacting PALS.
- **Improve communication with complainants, timescales and quality of response letters:** Achieved - as evidenced through complaints evaluation in section 18 in this report.
- **Make complaints process more accessible to the public:** Achieved - as evidenced through complaints evaluation in section 18 of this report.
- **Provide assurance that complaints can lead to improvements:** Achieved – in section 8 of this report.

6. Complaints Activity

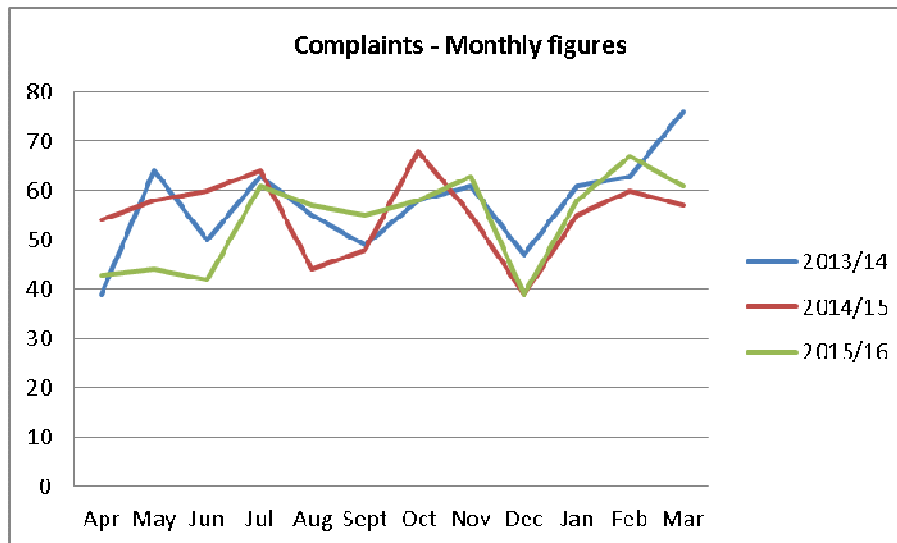
6.1 Trust wide position: Compared to the previous year, there has been a 2% reduction in the number of complaints received (from 662 complaints to 648).

YEAR	REC'D	VARIANCE	
2011/12	579		
2012/13	531	↓48	↓8%
2013/14	680	↑149	↑22%
2014/15	662	↓18	↓3%
2015/16	648	↓14	↓2%

There was a reduction in complaints during Quarter 1 this year, however numbers returned to more expected figures for the other three quarters (at a rate of 160-180 per quarter).



6.2 The year saw a fairly consistent pattern in complaints numbers. However the overall figures are less from previous years.



6.3 **Complaints per Clinical Service Centre (CSC):** Despite an overall reduction in complaints compared to last year, it is worth noting that the number of complaints received increased in 4 CSCs.

CLINICAL SERVICE CENTRE	2014/15	2015/16	Increased variance
CHAT	13	18	38%
CORP	8	7	
CSS	27	35	29%
ED	108	103	
FACIL	1	2	
H&N	29	43	48%
MED	93	128	38%
MOPRS	41	31	
MSK	111	86	
REN	12	10	
S&C	145	123	
W&C	74	62	
TOTAL	662	648	

- The highest percentage increase was seen at Head & Neck (48%), with 40% of these involving aspects of clinical treatment and 23% delays and cancellations of outpatient appointments (Ophthalmology and ENT). Ophthalmology is the biggest service with 1000 attendances a week and although the highest for complaints as a percentage this works out as 0.02%. The National Junior Doctors' strike also impacted on around 3000 cancellations during the last few months of that year. 12% of complaints also involved Communication and 7% attitude of staff therefore the Complaints Team are arranging to provide Customer Care and Complaints Handling Training for staff in the months ahead.
- Medicine saw a 38% increase, however 13 of these complaints (10%) involved incidents which did not occur within this year. The CSC saw a 4% increase in activity, opening D2 Ward as an acute general medicine ward in August 2014 and D3 Ward as a general medical ward in March 2015 which could have attributed to the increase in complaints.
- CSS saw a 29% increase in complaints, with 45% involving CT Scanning. The most common theme was Communication and the Complaints Team are arranging to provide Complaints Handling Training in the year ahead.
- Despite a very challenging year, the Emergency Department saw a 5% reduction in complaints.

6.4 **Deadline for making formal complaints:** The time limit for making a formal complaint, as currently laid down in the NHS Complaints Regulations, is 12 months from the date the complaint occurred or the date on which the matter came to the attention of the complainant. In total, **30** of the complaints received (**5%**) in 2015/16 involved incidents which were outwith this required deadline. Despite this, the Trust agreed to carry out an investigation as there was still sufficient information available to provide a helpful response.

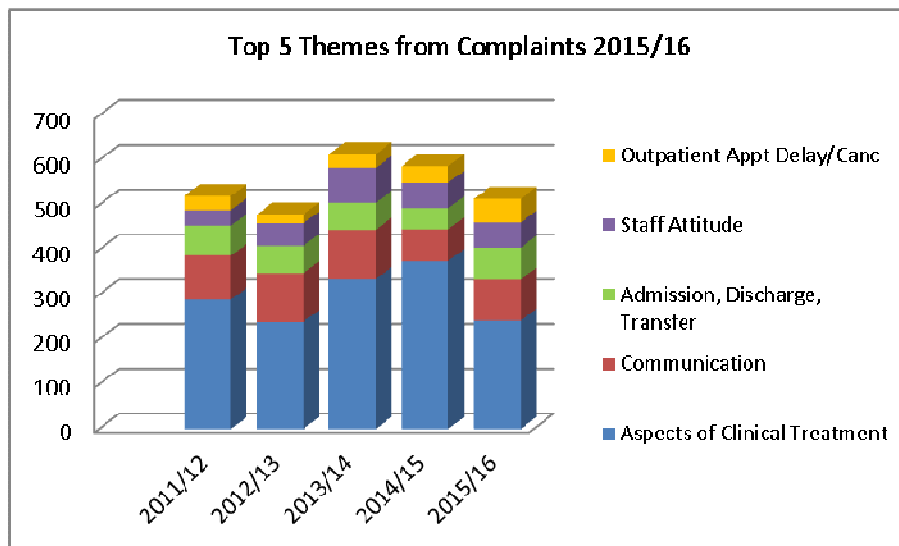
6.5 **Targets:** The Trust has set itself a target of 30 working days to respond in writing to complaints and this year **356** complaints (55%) met this target. Many complaints have breached the required deadline because a meeting has been requested prior to receiving the response. In future it has been agreed that initial meetings should be arranged within the 30 working day deadline and the date of the meeting will be recognised as the date the Trust provided its response. All meetings will be followed up with a written response from the Chief Executive.

6.6 **Re-opened Complaints:** If a complainant is dissatisfied with the Trust’s letter of response or would like to meet with staff to discuss things in more detail, the Complaints Team can re-open their complaint and refer this for further comment to the CSC or make the necessary arrangements for a local resolution meeting. In total **83** complaints (13%) were re-opened during 2015/16.

Although the re-open rate (13%) is low, the Trust encourages complainants to meet with staff to resolve things face to face, and the offer of a meeting is made in the initial acknowledgement letter and is repeated in responses to complex complaints which would benefit from detailed discussion. We believe that in offering meetings from the outset, followed by a written response, this provides assurance to the PHSO that the Trust has a robust and flexible complaints handling process.

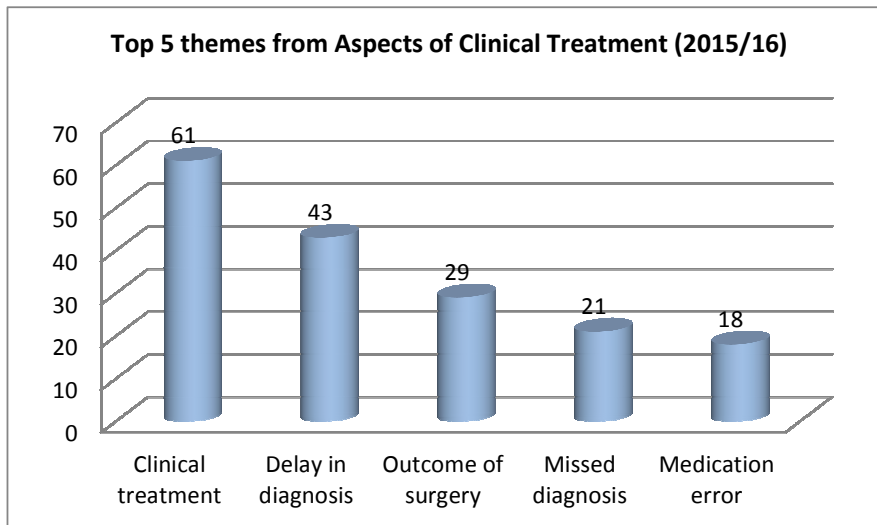
6.7 **Subjects:** Aspects of Clinical Treatment remains the category with the largest number of complaints, which is a reflection of the variety of sub-categories in that code. Despite a busy year for our Clinical Service Centres, we saw a 35% reduction complaints whose main feature involved Aspects of Clinical Treatment.

The table below shows the top 5 themes across the Trust and of note is a 51% increase in complaints involving Admission, Discharge and Transfer (ADT). In our detailed review, we can confirm that 75% of these complaints involved aspects of patient discharge (e.g. family not informed, without adequate package of care or without appropriate medications). Most of these complaints involved Medicine and the Emergency Department and these issues are all currently being addressed through the Trust’s Urgent Care Pathway therefore we hope to see an improvement in the year ahead.



Category	2011/12	2012/13	2013/14	2014/15	2015/16	Variance
Aspects of Clinical Treatment	289	239	335	375	242	↓35%
Communication	98	109	110	71	92	↑29%
Admission, Discharge, Transfer	67	61	60	47	71	↑51%
Staff Attitude	35	50	78	57	56	↓2%
Outpatient Appt Delay/Canc	31	20	31	37	53	↑43%

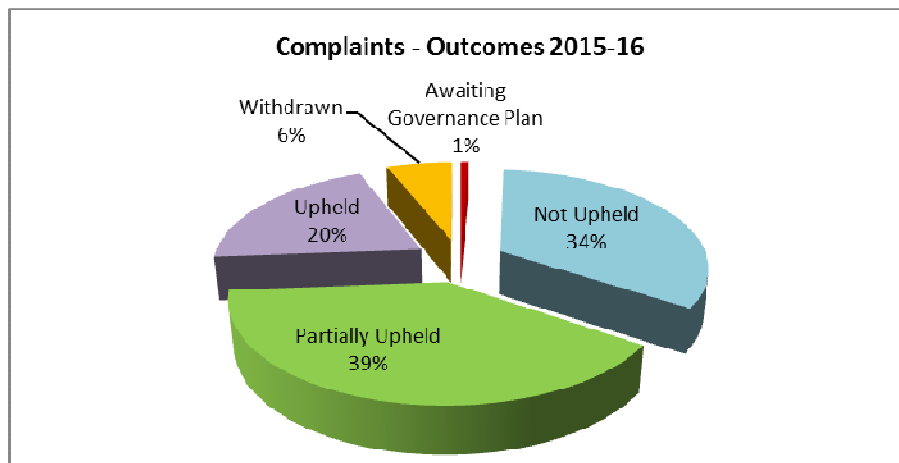
6.8 Themes from Aspects of Clinical Treatment (ACT): The diagram below shows the top 5 categories under Aspects of Clinical Treatment.



7 Outcome of investigations

Following investigation, 131 (20%) complaints were felt to be justified and therefore regarded as “upheld”. This is a reduction from last year’s figures when 248 complaints (37%) were upheld.

However this year saw an increase in the number of complaints which were upheld in part with 255 (39%) complaints, compared to 129 (19%) last year.



8. Changes to Practice as a Result of Complaints:

The following are examples of some of the changes and improvements made as a result of complaints received during 2015/16:

You said	We did
<p>Emergency Department: Patient felt that staff would not listen, there was a delay to be seen, and felt that no one knew anything about his condition of autonomic dysreflexia.</p>	<ul style="list-style-type: none"> • Junior doctor involved was aware of condition, so it was arranged for them to give an anonymised presentation to other junior doctors as a learning tool to raise awareness throughout the Department about this potentially life threatening medical condition. • Nurses given further teaching about this condition and all staff reminded of the importance of listening to patients' concerns especially those with longterm conditions.

<p>Medicine: Delay in diagnosis of cardiac sarcoidosis, patient feels that the delay in confirmed diagnosis and treatment has led to a deterioration.</p>	<p>Learning from this complaint included</p> <ul style="list-style-type: none"> • the need to gain further expertise in the treatment of sarcoid and to try to unify the care of such patients. • Local specialist sarcoid service now set up, linking with the Royal Brompton Hospital. • Two consultants have attended a clinic at the Royal Brompton with their Sarcoid Team to ensure conformity of practice. • All multi system cases are now discussed at two-monthly teleconferences with Royal Brompton staff.
<p>Critical Care, Anaesthetics and Theatres: Patient felt that pre-op nurse was distracted and confused when attending for surgery, and was confused about stopping medication - takes 19 different types.</p>	<p>In this case, two proformas had been created, one was incomplete and attached to theatre admission; as a result the anaesthetist was not aware of the patient's history.</p> <ul style="list-style-type: none"> • All incomplete pre-op proformas removed from the system. • Grade 6 Staff Nurse now trained to remove these pre-op proformas from the system. • Incident discussed at Team Brief to ensure that staff are aware of the importance of deleting incomplete pre-op assessments.
<p>MSK and Clinical Support Services: Poor communication between MSK and Radiology which lead to 13 year old patient with autism not able to go through with MRI scan as felt so anxious.</p>	<p>Helpful feedback from patient has allowed the Department to:</p> <ul style="list-style-type: none"> • explain the pathway which should have been followed (i.e. starts with a telephone conversation with the patient to discuss any anxieties prior to visit, information booklet being provided and an offer to visit the MRI Department prior to appointment to have a "practice run". • Staff reminded about ensuring that information regarding special requirements is passed on.
<p>Surgery and Clinical Support Services: Patient felt they had received conflicting advice.</p>	<ul style="list-style-type: none"> • Wording of patient questionnaire changed to ensure that patients contact the Department prior to MRI regardless of what surgery, to ensure that safety can be confirmed prior to appointment as MRI cannot be carried out if clips/pins/implants are in place.
<p>Medicine: Discharge paperwork not legible which caused problems for GP prescribing medication.</p>	<ul style="list-style-type: none"> • Unit now moved to (ICE) a new computerised system of providing discharge summaries which will be sent out more quickly and be printed more clearly.
<p>Head & Neck: Patient unhappy with changes in appointment dates and delay in having procedure.</p>	<ul style="list-style-type: none"> • Extra follow-up and new outpatient clinics have been set up. • Improved communication with consultants and admin staff to provide more continuity for patients.
<p>MSK: Delay in patient being seen by a podiatrist caused by the loss of a referral to Southampton.</p>	<ul style="list-style-type: none"> • In future all referrals will be left in the Orthopaedic Department for collection by the Podiatrist who visits Queen Alexandra Hospital on a weekly basis.
<p>Medicine for Older People, Stroke and Rehab: Poor communication within the Multidisciplinary Team</p>	<ul style="list-style-type: none"> • The white board on ward G3 has been redesigned to allow effective communication between Nursing and Medical Team. • The Ward has changed the way handovers happen. All staff are handed over every patient instead of one team. • New checklists have been designed for each team to include wristband checks, audited by ward leader team.

9. Severity of Complaints

The Trust has a standardised process for assessing and grading risks and this has been adapted to grade incidents, complaints and claims. This is used only as an aid to decision making and is not meant to replace clinical or management judgement in regard to the significance of the individual events.

During last year the majority (402 - 62%) of complaints were graded as Moderate Risk.

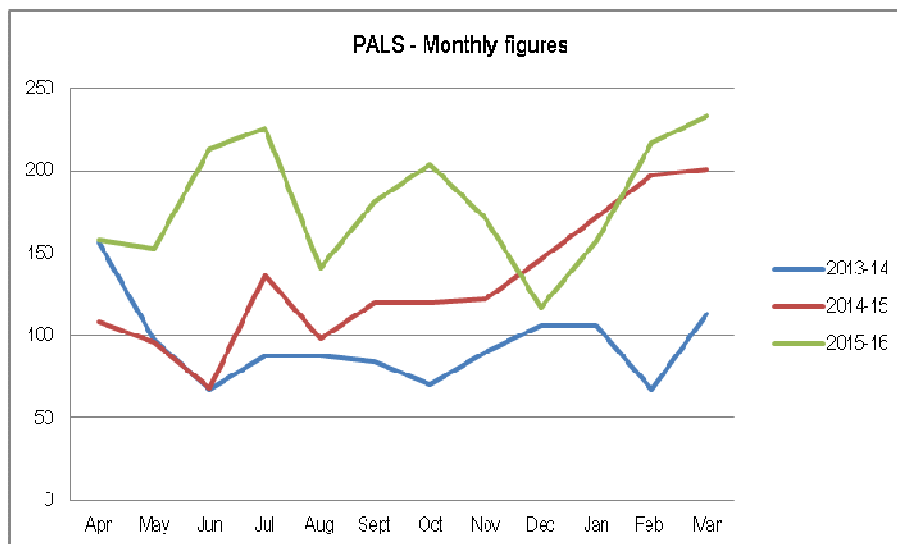
GRADE OF SEVERITY	Number	%
Low (Green)	158	24%
Moderate (Yellow)	402	62%
High (Amber)	88	14%
Extreme (Red)	0	0%

10. Patient Advice and Liaison Service (PALS)

10.1 Performance: A total of 2047 PALS contacts were received during 2015/16; **75% (1,530)** of concerns were resolved within the target set (i.e. 5 working days). Only **1% (30)** concerns had to be escalated to the formal complaints process.

10.2 Yearly and monthly comparison: Since the re-launch of the Patient Advice and Liaison Service (PALS) in late 2014, the Trust has continued to see an increase in the number of people choosing to have their concerns addressed quickly through PALS.

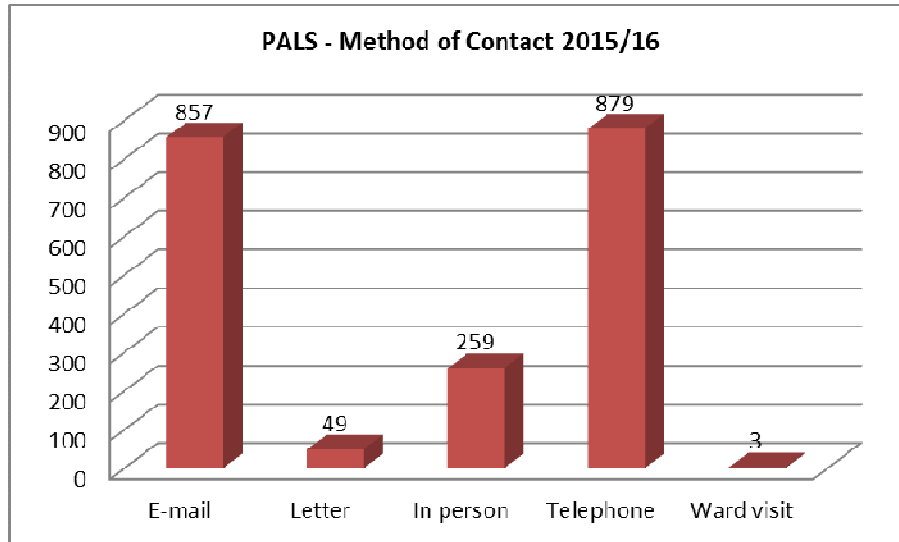
PALS		
	Total	Variance by year
2011/12	1729	-
2012/13	1248	↓28%
2013/14	1167	↓6%
2014/15	1525	↑31%
2015/16	2047	↑34%



10.3 Method of contact: PALS should never be seen as a barrier, or a way of preventing formal complaints, but an option for people to pursue if they feel that their issues can be resolved quickly. PALS cases are referred directly to the CSC/Department involved to resolve directly with the patient or relative.

To ensure that PALS are accessible to all, the service is contactable by a range of means. The table below shows that the majority of patients, relatives and carers contacted PALS by telephone or e-mail. This is in line with the PALS objective of resolving enquiries with minimum formality and where possible to resolve some enquiries with a single telephone conversation.

The increase in face to face enquires suggests that the repositioning of the PALS staff to the main entrance is of benefit and allowing more people to access the support of PALS in person.



10.4 Example of successful PALS case:

“Dear PALS, we as a family just wanted to say a huge thank you to Brenda who was so kind, compassionate and caring whilst listening to our concerns about our dear father who sadly passed away on 5 April.

Brenda was professional and we are so grateful to her for listening as the palliative care my father received after we talked was exemplary – it made a difference and my father died peacefully which was all we wanted, a peaceful and dignified departure.

Brenda made a difference and we will not forget that. With many heartfelt thanks”

11. Trust-wide themes for 2015/16

Below are the top 5 themes coming from the contacts received through Complaints and PALS

Trust wide Themes	Complaints	PALS	Total
Outpatient appointment Delay/Cancellation	53	583	636
Communication	86	399	485
Aspects of Clinical Treatment	193	231	424
Admission, Discharge and Transfer	79	131	210
Inpatient appointment Delay/cancellation	42	154	196

12. Parliamentary and Health Service Ombudsman (PHSO)

The Trust is aware of 14 complaints which were referred to the PHSO during 2015/16. This is a slight reduction from the previous year which saw 16 referrals. Only 1 of this year's complaints was upheld in part which demonstrates that the Trust continues to be effective in achieving local resolution in the vast majority of cases.

PHSO	Total rec'd	Under review	Upheld	Part upheld	Not upheld
2013/14	13	0	1	2	10
2014-15	16	0	3	9	4
2015-16	14	3	0	1	10

12.1 Summary of PHSO referral: Below is the detail of the complaint partly upheld by the PHSO.

CSC	Issues raised	Outcome
Surgery & Cancer	Unhappy about delay in diagnosis	<p>Partially upheld – The Trust had already acknowledged in its response to the complainant that the delay was unacceptable. Following their review (27 July 2016) the PHSO requested:</p> <ul style="list-style-type: none"> a) To be given evidence within 3 months that procedures have been put in place to improve waiting times for scans to be reported. b) That the Trust writes to the complainant to apologise for distress caused and provide financial remedy (£1,000)

13. KO41a Quarterly Submission

All NHS trusts are required to submit a KO41a return to the Department of Health each quarter. As part of its response to the Francis and Clwyd/Hart reviews 'Hard Truths', the Government has undertaken to publish complaints data from NHS providers every quarter. The revised KO41a was introduced in April 2015.

- a) Some key changes have also been made to the content of the KO41a, in particular, data is to be provided at site level rather than at organisational level.

Point of delivery	Q1	Q2	Q3	Q4
Inpatients	54	67	62	78
Outpatients	54	77	68	66
Emergency Department	18	17	23	25
Maternity	3	12	7	9
Other	0	0	0	8
Total	129	173	160	186

- b) Information is now being collected about the age of the patient who is making the complaint.

Age range	Q1	Q2	Q3	Q4
0 to 5 years	8 (6%)	11 (7%)	7 (4%)	3 (2%)
6 to 17 years	2 (2%)	5 (3%)	7 (4%)	2 (1%)
18 to 25 years	10 (8%)	9 (5%)	9 (6%)	8 (4%)
26 to 55 years	40 (31%)	61 (36%)	48 (30%)	63 (34%)
56 to 64 years	13 (10%)	13 (8%)	20 (12%)	13 (7%)
65 to 74 years	22 (17%)	32 (19%)	28 (18%)	48 (26%)
75 years and over	34 (26%)	38 (22%)	41 (26%)	49 (26%)

14. Patient Experience Committee

The Non-Executive Directors and Governors have continued to provide an important and valuable part of the Trust's complaints process by carrying out independent reviews of randomly selected completed complaints.

A total of 18 complaint files have been reviewed since the Committee was set up in July 2015. As part of the process, each reviewer will take into consideration the content and presentation of the response letters and scrutinise the investigation report to seek assurance that a robust, open, and fair, investigation has been carried out.

The reviews have highlighted the fact that the Complaints Team have to send continued requests for responses from the CSCs which leads to deadlines being missed and complainants becoming disillusioned with the Trust's willingness to respond. CSCs representatives have reported to the Committee that they find there is a delay in sharing a set of records for each person to review as part of their investigation. In future, when a complaint involves more than one CSC, the Complaints Team will request the medical records, scan the relevant paperwork, and send via e-mail to all those involved in the investigation.

A rota has been set up to allow each CSC to present examples of good learning to the Committee, however, if a reviewer has any concerns or questions about the investigation or outcome of a particular complaint then they can request that a member of the CSC's Senior Management Team attend the next Committee meeting to discuss this in more detail and provide the evidence of learning.

15. Plaudits/Compliments

The Trust has set out the standard operating definition of a plaudit as set out below:

- A formal communication of thanks in the form for example of a letter, note, card or e-mail
- The provision of a gift, including chocolates, biscuits or other food or refreshments
- The donation of a sum of money

For the reporting period 2015 to 2016 the Trust received **6,554** compliments (compared to **6,427** last year). Compliments provide an opportunity for us to learn from when things have gone well for patients and their families, and will be encouraged further to allow us to share good practice across the Trust.

Examples of plaudits received include the following:

- **Surgery & Cancer** – *“The care and compassion both my dad and mum have been shown has helped them deal with what is a very upsetting and difficult time for them both. On behalf of my mum and dad and all the family, we would like to thank you, as the standard of care given has been exceptional.”*
- **Emergency Medicine** – *“Once again, I cannot thank you enough for the work of your team. I am now pretty much as fit as a flea and delighted to have QA providing for my healthcare needs (although please don't be offended when I say I really don't want to see you all again for a long, long time!).”*
- **Eye Department, Head & Neck** – *“I just wanted to say thank you. From phoning the Eye Dept about my concerns on Monday morning, I was examined on Monday afternoon. Then a phonecall on Tuesday that you wished me to have an injection the next day. All done! It couldn't have been done more quickly; it couldn't have been done better. Thank you and your very kind staff so very much. I am most grateful indeed.”*

- **Emergency Dept:** “ I would like to thank the fantastic A& E staff in Majors for their quick and efficient care and diagnosis of a bilateral pulmonary embolism, if it wasn't for you I wouldn't be here to thank you, myself and my family are extremely grateful. Thanks again and I am busy resting”.
- **Gynaecology:** “I had elective laparoscopy for the removal of my uterus and ovaries at the hospital this week and I received 5 star treatment from start to finish. The surgeon was obviously at the top of their game, and yet entirely approachable. The anaesthetist was extremely professional and did everything to give me confidence and to put me at my ease. The nursing staff and all other staff involved were without exception very caring and hardworking and I could not have asked for anything more. Well done”.
- **Rheumatology:** My Rheumatology team are fantastic, I have been with them 15yrs but for the last 6yrs+ I have been receiving infliximab by infusion in the day clinic at Petersfield Hospital / Q.A. Hospital - they are my life line and I would not be well and function without them and their care and support”.

16. Complaints Handling Training for Staff

During 2015/16 a total of 846 staff from 7 CSCs, received training on complaints handling and customer care. In order to improve our response times, the quality of our response letters and investigations, we need to provide training to more staff throughout all of the CSCs. This has been set as a challenge for the year ahead.

Profession	Number
Medical	108
Nursing	567
HCSW	152
Admin	19
TOTAL	846

17. Complaints Evaluation

Once a response has been sent to the complainant, the Complaints Team send an evaluation questionnaire either by post or by e-mail, depending on the method of contact used by the complainant. All feedback is reviewed by the Team who will contact anyone giving a poor score to see if anything can be done to help resolve the matter to their satisfaction.

Although it is clear that, in some cases, those surveyed have confused the outcome of the issues raised with the way their complaint has been handled by the Trust, in most cases we received positive feedback. Encouragingly the overall satisfaction rate has significantly increased from 67% in Quarter 1 to 96% in Quarter 4.

Complaints Evaluation Questions	Positive responses			
	Q1	Q2	Q3	Q4
1. Were you able to access information easily on how to make a complaint?	80%	85%	94%	80%
2. Do you feel reassured that the Trust has listened and will improve as a result of your complaint?	59%	57%	62%	76%
3. Did you receive a prompt acknowledgement of your complaint?	78%	81%	94%	80%
4. Were you kept up to date with the investigation of your complaint?	67%	70%	89%	87%
5. Would you feel comfortable to make a complaint to the Trust in the future?	89%	92%	91%	97%
Overall satisfaction rate	67%	87%	87%	96%

18. Further challenges and opportunities for the year ahead

The continued aim of the Complaints and PALS staff is to find more ways of improving the process for people who have concerns, being more accessible and flexible to each individual concern, and ensuring that the Trust has the opportunity to listen and learn from the people who use our services.

Some of the specific challenges set for the next 12 months include:

1. **Improve facilities for local resolution meetings:** Increasingly the Complaints and PALS team are finding it difficult to find suitable venues to hold local resolution meetings within the Trust. This can lead to unavoidable delays or conducting a meeting in a room which is not a calming or helpful environment. Work is currently underway to provide a room in the PALS area in main reception which would help manage these difficulties.
2. **Increase Training:** Provision of more complaints handling and customer care training for staff throughout all of the CSCs.
3. **Set up Satisfaction Survey for PALS:** As PALS continue to develop its procedures, it is important to ensure that the views of our service users are encouraged and factored into any improvement initiatives. PALS will set up a service user survey to better understand people's experience and learn how to meet and, where possible, exceed the expectations.
4. **Develop and utilise the Datix Complaints web module:** To record and monitor extensions and delays in complaint responses and reason for re-opened complaints. Reviewing this data to provide targeted training for staff on what is best practice for a complaints investigation and the Trust's complaints procedure.

Summary

Despite an extremely challenging 12 months, the Trust saw a continued reduction in the number of people making a formal complaint about the standard of care received. As mentioned in section 6.3 of this report, the Trust is aware of the areas which need to be kept under review, however the distribution of complaints received has not highlighted any particular concerns about an individual CSC or area, and the Trust's performance is within national standards.

It is reassuring to see that, despite the severe pressure the hospital has been under, particularly at the Emergency Department, there was in fact a reduction in the number of people raising formal complaints about the care and treatment provided.

With the actions planned for the year ahead, through our Urgent Care Pathway, along with a particular focus on the common themes from complaints last year (i.e. patient discharges, communication, outpatient appointment delays and cancellations) the Trust aims to see continued improvement in the standards of service and care provided.

We will continue to seek and learn from the views expressed by our patients, relatives, carers, and visitors and will put patients first, while supporting staff, and finding ways to rebuild people's confidence in our services when things have not gone as well as they should.

Marion Brown
Head of Complaints and PALS

August 2016