



2022/2023



**East Suffolk and  
North Essex**  
NHS Foundation Trust

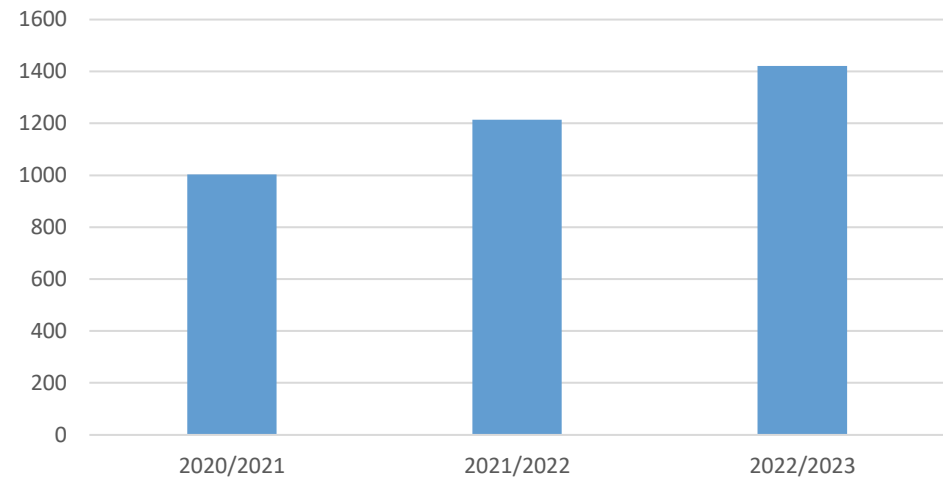
# PALS & Complaints Annual Report



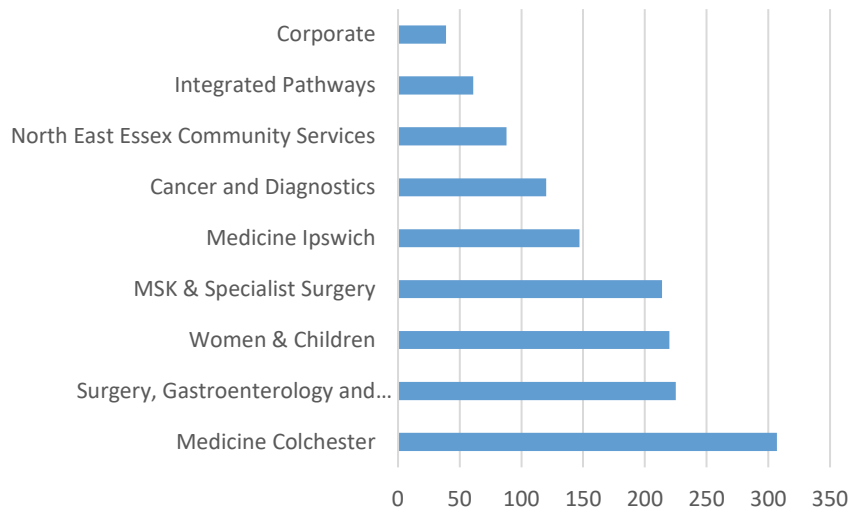
The number of complaints received in 2022/23 increased by 17% when compared with 2021/22.

In line with National guidance, PALS address non-complex concerns at the point of contact, aiming to resolve problems quickly thus improving patient experience and avoiding the need to raise a complaint. Complex concerns are investigated thoroughly and responded to in accordance with best practice, and in cases where the person in question states they wish to complain, these cases are logged and managed as a formal complaint.

Complaints received 2020-2023



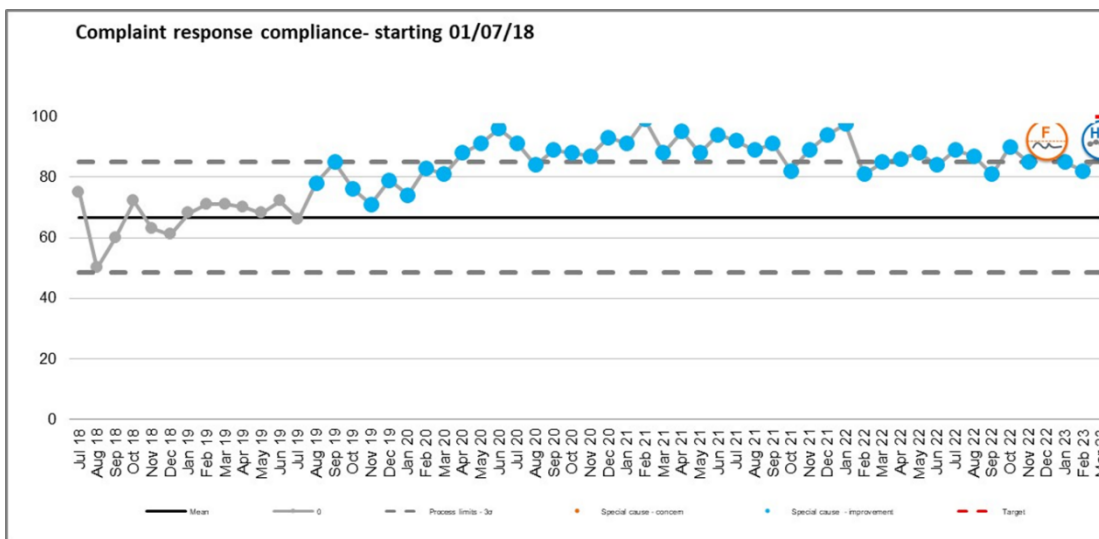
2022/2023



The Divisional breakdown chart evidences that there has been a decrease in the numbers of complaints received for all Divisions except corporate. The Corporate Division received 32 complaints in 2019/2020 and 56 complaints for 2020/2021.

|   |     |
|---|-----|
| Communications  | 938 |
| Access to treatment or drugs  | 559 |
| Patient care  | 409 |
| Values and behaviours (staff)                                       | 389 |
| Admissions and discharges   | 239 |
| Appointments  | 185 |
| Waiting times   | 161 |
| Privacy, dignity & well-being                                       | 127 |
| Trust admin/policies/procedures including patient record management | 121 |
| Facilities  | 74  |
| Prescribing   | 58  |
| Covid19   | 52  |

This chart shows the top subjects of complaints over the past year. Over the past year changes have been made to the subject fields on Datix. These have been streamlined to reflect the fields on the KO41 report submitted to NHS Digital, and to allow for more detailed recording of complaints. This change allows for trends and themes to be easily identifiable and allowing the teams to drive change from complaints.



## Complaint Response Compliance

The response is sent to the complainant within 28 working days of the complaint being raised. The Complaints process does allow for an extension to the timeframe, this is subject to the complainant's agreement. An escalation process supports Divisional accountability and improved performance.

## Reopened Complaints

There were a total of 57 complaints reopened in the year 2022/23, compared to 75 complaints re-opened in 2021/2022. 44 were reopened as a result of the complainant responding that they felt their questions were not adequately responded to.

### Lessons Learned:

The team have been working with the Datix team to identify the best way to record the learning from our complaints. The learning is documented on the Investigation Grid; the governance teams are now entering all lessons learned onto the findings section of Datix and identifying any actions required and recording these under the findings section of Datix. This streamlined process has enabled us to run reports and identify trend analysis. Below is a snapshot of lessons learned and actions identified:

Iron Infusion Patient Information Leaflet to be produced so that patients have the information required to make an informed choice prior to their treatment.

A Discharge checklist has been created and implemented on the ward. This has to be filled in and attached to the patient notes. As part of the discharge checklist there is a section where 'NOK (Next of Kin) informed' has to be completed, to ensure the family are kept fully informed about the discharge plans for any patient.

Clothing and discharge supplies now available to be given to patients to ensure patients have appropriate clothing for discharge.

A Discharge checklist has been created and implemented on the ward. This has to be filled in and attached to the patient notes. As part of the discharge checklist there is a section where 'NOK (Next of Kin) informed' has to be completed, to ensure the family are kept fully informed about the discharge plans for any patient.

Staff to be present in the ward bays at all times (Cohorting). This was introduced to reduce the risk of accidents.

The ward held a medication safety week from 19th January 2020 and this has been added as learning and feedback.

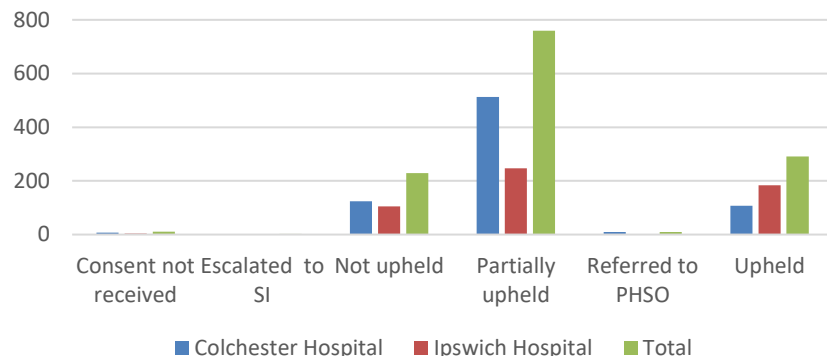
A nursing role has been implemented with immediate effect and it is hopeful that this will ensure everyone within the assessment area will be seen, spoken to and their personal needs met more frequently.

The ward has re-displayed the "think before you inject" poster in the treatment rooms

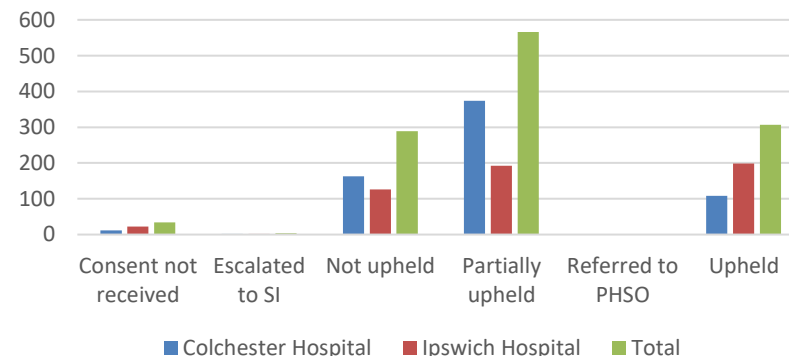
**Complaint Outcomes:**

The chart below demonstrates the outcome following investigation of complaints in 2022/23 compared with 2021/2022.

Complaints by outcome 2022/2023



Complaints by outcome 2021/2022



Previous reports had highlighted a number of failures in recording the outcome from complaints which led to some information not being sent to NHS Digital. These failures have been addressed through changes to fields on Datix and increased monitoring and vigilance within the Complaints Team. This has resulted in all complaints recorded by the Trust having an outcome code.

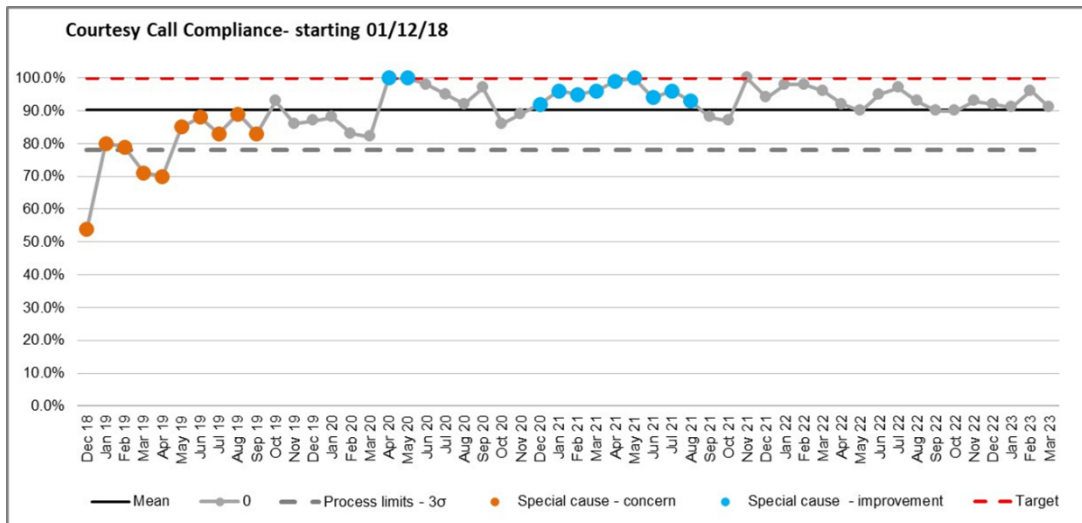
Regular in house training with PALS and Complaints Co-ordinators has taken place to ensure that staff are aware when to record a complaint outcome as upheld, partially upheld or not upheld. In 2020/2021 less complaints were recorded upheld with the majority of complaints being recorded as partially upheld.

### 1 Day Courtesy Calls

A phone call is made by a senior manager to the complainant within 1 working day of the complaint being logged on Datix by the Complaint Service Coordinator. The Complaint Service Coordinator provides the Division with an up to date telephone number for the complainant and the appropriate senior manager updates the Datix when the call is completed, and this includes any further information requiring investigation.

#### The purpose of the call is to:-

- Gain insight to understand the key issues that need to be resolved
- Take time to understand the exact nature of the complaint as this will help to ensure a thorough and meaningful response
- Explain the 28 working day timeframe for the response and establish the method by which the complainant would like to receive our feedback, for example a letter or a face to face meeting
- Help to build relationships with the complainant, helps them to feel part of the process and demonstrate that we take their concerns seriously



This year 92% of courtesy calls were made within the one working day standard, 98 were not completed in the required timeframe. Courtesy calls are recorded on Datix, where the compliance calculation works to a 5 day week and affords for a next working day calculation. Call backs are also an indicator on the Accountability Framework and services areas are being supported by the complaints team to improve performance.

### Parliamentary and Health Service Ombudsman (PHSO)

A total of 12 ESNEFT complaints were subject to independent review by The Parliamentary and Health Service Ombudsman (PHSO) during 2020/2021, with 8 fully investigated. So far, one of these cases has been fully upheld, one has not been upheld and the remaining cases are under ongoing investigation. This is in comparison to a total of 25 complaints during 2019/2020, with 5 fully investigated. During the reporting period, 3 cases were partially upheld, 1 case not upheld and 1 case fully upheld.

Due to the Covid pandemic, the PHSO took the stance to pause new cases from April 2020 to the end of June 2020 as well as to pause ongoing investigations, whilst their independent investigators/advisors and ESNEFT Trust staff worked within their clinical roles to support patients and colleagues during the pandemic. Therefore, there were no new cases raised with the Trust during these months and no final reports delivered.

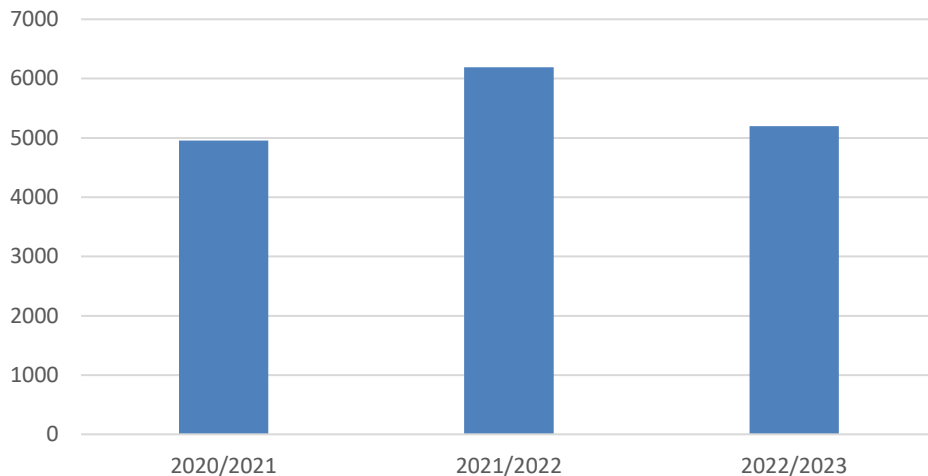
The complaint which was upheld sits with General Surgery and Anaesthetics. The patient requested reimbursement of travel costs and loss of earnings when his procedure was cancelled without prior notification. The Trust refused to offer re-payment of his costs and referred him to the PHSO. In their review, the PHSO asked us to re-consider this decision since the Trust had made no efforts to contact the patient when it was felt the procedure could not go ahead. Surgery Division followed the directive from the PHSO and £100 reimbursement was paid by the Trust and the PHSO closed their file.



## Patient Advice & Liaison Service (PALS)

The number of PALS contacts in 2022/23 reduced by 16% when compared with 2021/22. The total number for 21/22 was 6192 and the number for 2022/23 was 5200.

PALS received 2020-2023



Changes to the recording of PALS & Complaints in November 2016 in line with National Guidance were made to ensure that PALS addressed non-complex concerns at the point of contact, aiming to resolve problems quickly thus improving patient experience and avoiding the need to raise a complaint.

The PALS team handle queries and concerns in a practical way, addressing and resolving issues at source to prevent matters escalating. This is a positive step towards taking more responsibility for issues as they arise and improving patient experience at the time of concern.

PALS contacts are graded as either PALS 1 or PALS 2. The PALS 1 category relates to contacts that require straightforward information or signposting. The PALS 2 category relates to contacts that relate to matters that need to be investigated and resolved.

### Typical matters raised with PALS include:-

- Patients being unable to contact clinics by telephone or messages left not being returned
- Patients chasing test results
- Patients chasing appointments
- Cancelled appointments and relatives contacting PALS as unable to visit wards due to COVID.
- Patients and relatives contacting PALS to enquire when appointments will be re-scheduled following cancellations due to COVID.
- PALS also experienced an increase in queries due to a letter which was sent to all ESEFT Patient's from our Communications Department regarding waiting lists, patients were signposted to PALS to support with resolving concerns.



### Key objectives for 2022/23

- To continue developing the reports for outstanding actions from complaints to ensure that all actions are picked up in a timely way.
- To produce monthly reports of all outstanding actions; to present these reports in the Patient Experience Group to ensure outstanding actions are actioned and the impact is monitored.
- To continue working closely with the Patient Experience Team to improve feedback regarding the complaints process from complainants and the public. A survey has been introduced which is sent with all completed responses. The survey results will drive future improvements to the management of complaints at ESNEFT, and will be reported through the Patient Experience Group.
- To continue working with the Patient Safety Team within the new Patient Safety Incident Response Framework to ensure escalation of potential patient safety investigations are escalated, investigated and actioned appropriately.
- To continue to meet with Divisional staff weekly to monitor the progress of complaints and support staff where necessary. Weekly meetings ensure good oversight of complaint management at Divisional level supporting compliance and high quality complaint responses.
- To support staff through bespoke training and education, to respond to complaints in a structured, thorough and meaningful way, driving learning and improvements.
- To encourage all staff investigating complaints to complete the online e-learning course available via Moodle.

