

**Trust Board  
24<sup>th</sup> June 2021**

<b>Paper Title:</b>	<b>Quarter 4 / Year End 2020/21 Complaints, PALS and Compliments report</b>
<b>Date of meeting:</b>	24 <sup>th</sup> June 2021
<b>Executive Lead:</b>	Nathan Askew Chief Nurse
<b>Paper Prepared by:</b>	Pauline Brown Director of Nursing

<b>Purpose of Paper:</b>	The purpose of this paper is to provide Trust Board with an update and assurance on the performance against complaints and PALS targets in Q4 and full year 2020/21, a thematic analysis of the top reasons for complaints and PALS, action taken as a result of concerns raised, and proposed developments planned in 2021/2022.
<b>Summary and/or supporting information:</b>	<p>There has been an increase in formal complaints received during Q4 (53) compared to Q3 (45), with a total of 156 received in year. This is a significant increase in year compared to 114 in 2019/20. The top reason for formal complaints received in Q4 and in year continues to be treatment and procedures, and the increase is associated with a specific issue in the Neurology service which accounts for 44 complaints received in year.</p> <p>Compliance with the 3 working day acknowledgement for formal complaints is 100% in Q4 with an average of 91% compliance in year. Compliance with the internal Trust target of 25 working day response time is 35% in Q4; this is a slight improvement on 30% compliance in Q3. Whilst this is not an acceptable level of performance, the increase in the number of formal complaints received in Q4 and the actual number of complaints responded to within 25 days was 19 compared to 12 in both Q2 and Q3, and only 8 in Q1 therefore a significantly improved performance in real terms. 6 complaints from across Q2, Q3 and Q4 were responded to as second stage complaints in Q4. In 2020/21, 22 out of 156 formal complaints (13%) progressed to a second stage complaint. The Trust has 1 new referral to the PHSO in Q4 and 1 complaint which continues to be investigated by the PHSO.</p> <p>There has been a slight increase in the number of informal concerns received during Q4 (237) compared to Q3 (223) however a significant decrease in the full year number received: 910 in year compared to 1279 in 2019/20. This is associated with both the decrease in activity in Q1 associated with the pandemic and the establishment of a Family Support Helpline operating a first contact resolution principle. The main reason for informal PALS concerns is regarding appointments and communication. Compliance with the 5 day target to resolve informal concerns is</p>

	<p>56%. 88 compliments are recorded centrally in the Ulysses system for Q4.</p> <p>The Chief Nurse has commissioned a review of the structure, responsibilities and process for management of complaints and PALS in the Trust to include a central corporate function which will sit within the Patient Experience team. It is expected that this action, together with the additional proposed actions and developments outlined in this report, will lead to a demonstrable improvement in compliance with KPI's, and more importantly a more timely and effective resolution for families who wish to raise concerns. This work commenced in Q3 and will continue during 2021/22</p>
<b>Financial Implications</b>	None
<b>Key Risks Associated</b>	Reputational risk associated with not meeting the quality priorities and the Trust targets.
<b>Quality Implications</b>	Poor patient experience due to not meeting the required time frame for response and resolution
<b>Link To:</b> <ul style="list-style-type: none"> <li>➤ <b>Trust's Strategic Direction</b></li> <li>➤ <b>Strategic Objectives</b></li> </ul>	<p><b>Delivery of outstanding care</b></p> <p><b>The best people doing their best work</b></p> <p>Sustainability through external partnerships</p> <p>Game-changing research and innovation</p> <p>Strong Foundations</p>
<b>Resource Impact:</b>	Yes
<b>Action/Decision Required:</b>	Trust Board are asked to note the content of this report and support the ongoing Complaints Improvement Plan.

## 1. Introduction

The Trust is committed to ensuring all our children, young people and their families receive the highest quality of care. However, where care and treatment does not meet the standard of care our service users expect, the Trust has a duty to listen to their concerns, investigate them fully, and provide a full, appropriate and compassionate response. Compliments, concerns and complaints are an important measure of the quality of care we deliver and are used to learn and further improve our services.

This report aims to provide assurance that the Trust is responding to patient complaints in line with its procedures, Department of Health legislation and standards expected by the Parliamentary and Health Service Ombudsman (PHSO).

This report provides an overview of formal complaints and informal PALS concerns received and completed between January to March 2021 (Q4). The report also provides an overarching year-end report for 2020/21; this is a new report with the aim of providing assurance that the Trust is responding to the concerns raised by children, young people and their families in line with Trust procedures, Department of Health legislation and standards expected by the PHSO; identifying and analysing themes more widely that the Trust needs to address to make service improvements; and to highlight action taken.

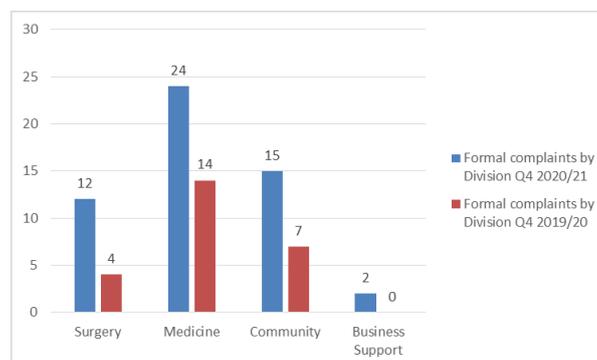
## 2. Formal Complaints

### 2.1 Number of formal complaints

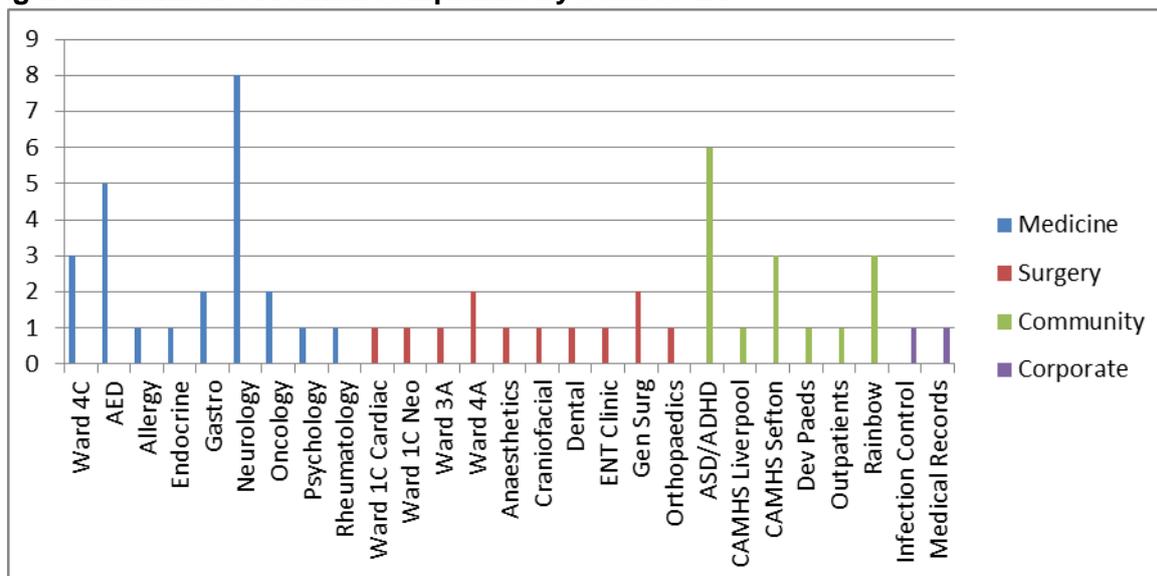
#### 2.1.1 Number of formal complaints received Q4 2020/21

The Trust experienced a significant increase in the number of formal complaints in Q4 2020/21, with 53 submitted compared to 45 in the previous quarter, and 25 in the same reporting period in 2019/20. The increased number of formal complaints has been seen in the Medical Division, associated with an ongoing specific issue regarding the Neurology service and an increase relating to the Emergency Department, and also in the Community Division associated with ASD, as outlined in section 2.2. A comparison of Q4 with the same period last year 2019/20 is shown in Figure 1; Figure 2 shows the breakdown of complaints received by service in Q4.

**Figure 1: Number of formal complaints in Q4 2020/21 compared to same period in 2019/20**



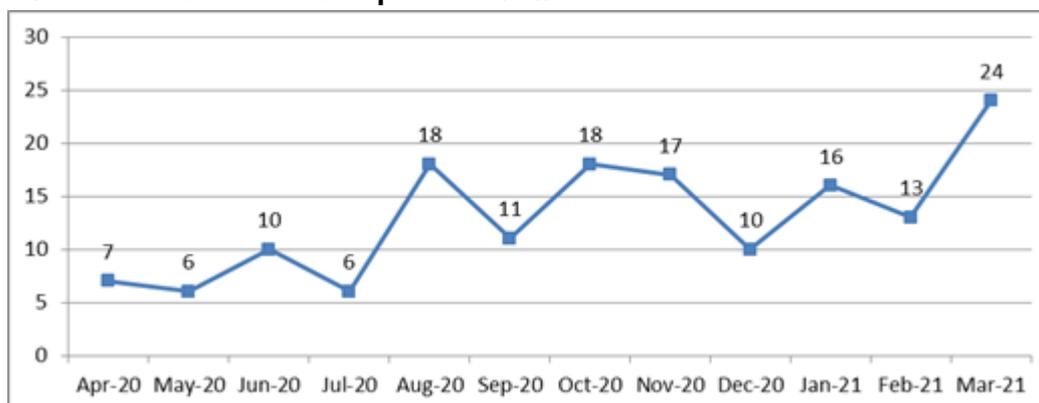
**Figure 2: Number of formal complaints by service Q4**



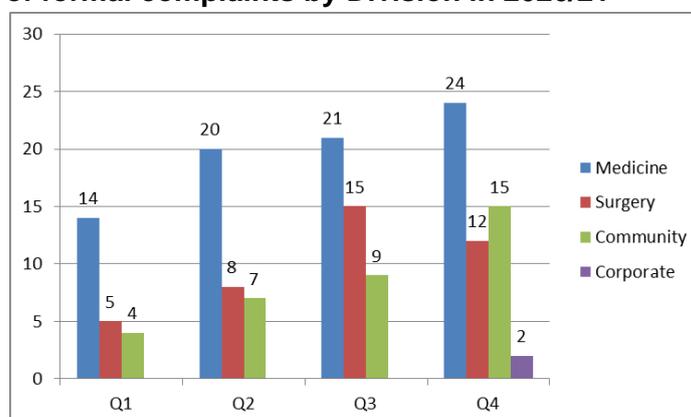
**2.1.2 Number of formal complaints received in year 2020/21**

There have been 156 formal complaints received in 2020/21 as shown in Figure 3. Figure 4 shows the number of complaints by Quarter by Division for the full year

**Figure 3: Number of formal complaints 2020/21**

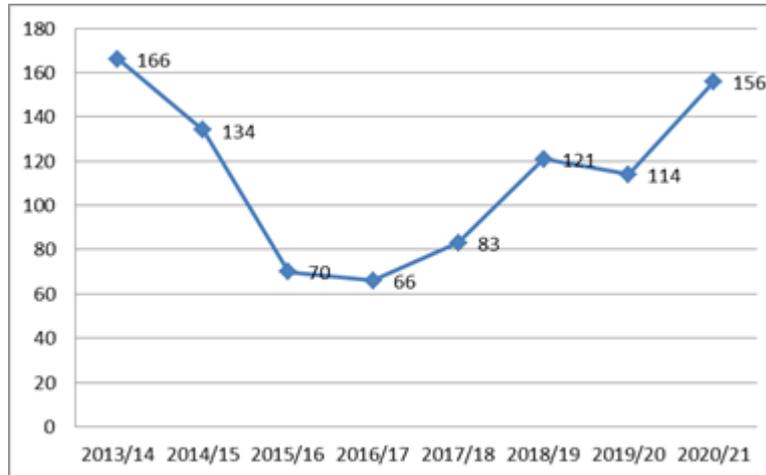


**Figure 4: Number of formal complaints by Division in 2020/21**

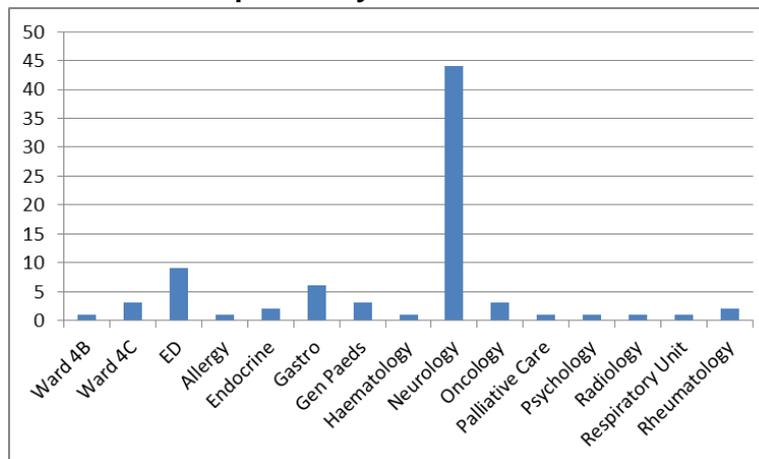


The number of formal complaints has fluctuated significantly in recent years, as shown in Figure 5, and increased by 42 from last year (114 in 2019/20). However, this increase is largely associated with the specific issue in the Neurology service which accounts for 44 complaints received in year. Figures 6, 7 and 8 show the complaints by service for each Division during 2020/21.

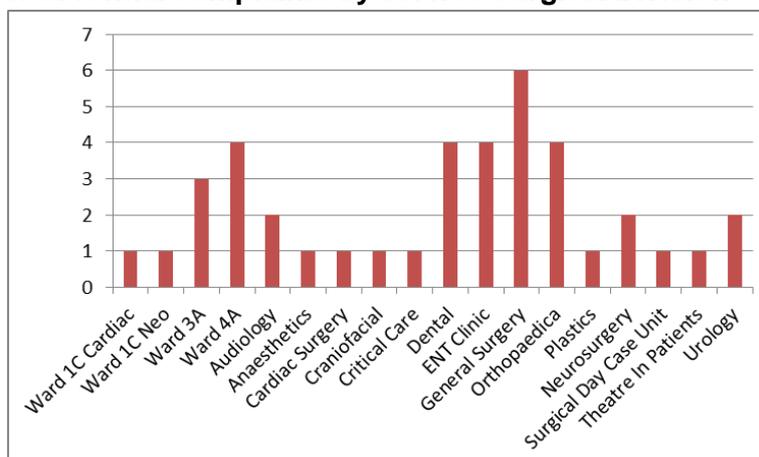
**Figure 5: Number of formal complaints by year 2013/14 to 2020/21**



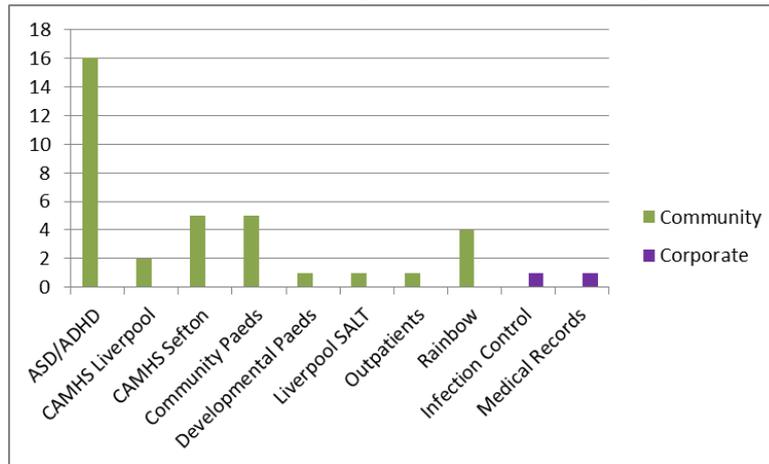
**Figure 6: Number of formal complaints by service Medical Division**



**Figure 7: Number of formal complaints by service Surgical Division**



**Figure 8: Number of formal complaints by service Community Division and Corporate**

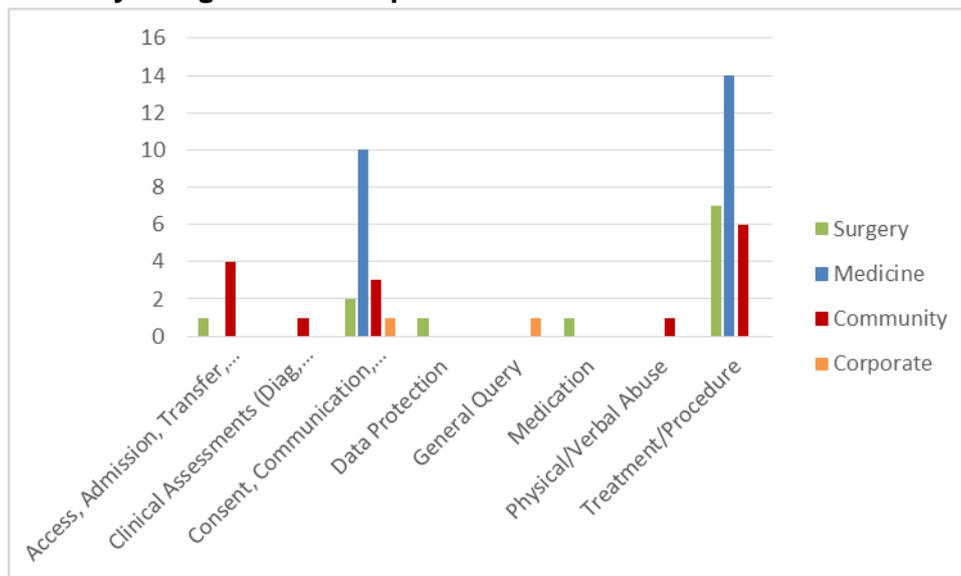


## 2.2 Complaints received by category Q4 2020/21 and full year 2020/21

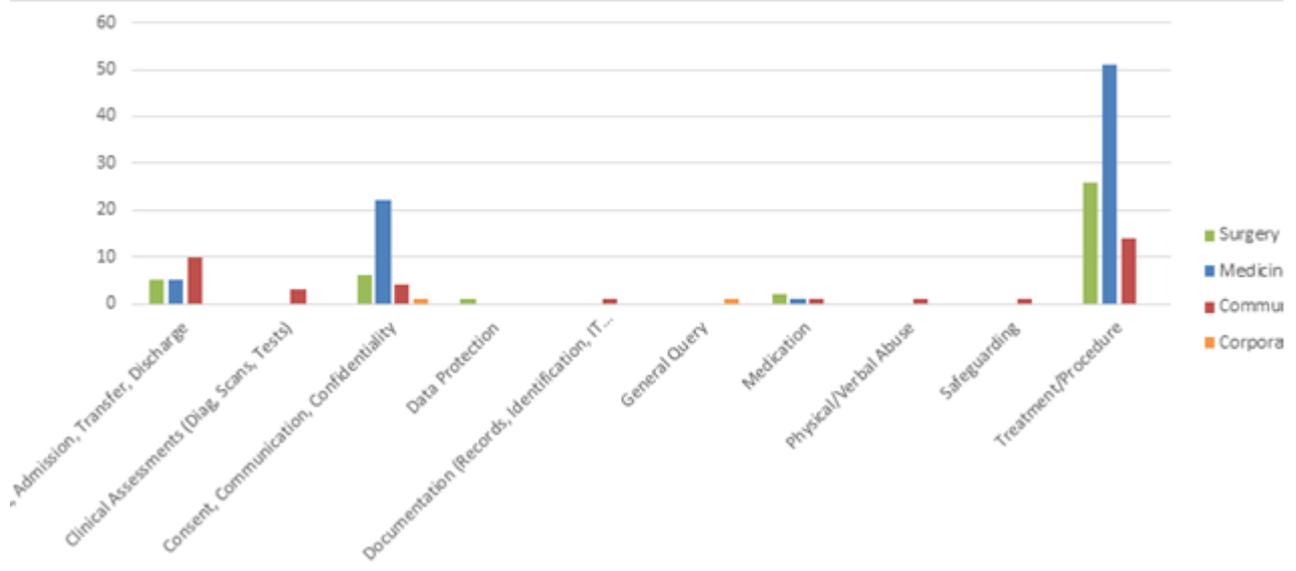
Complaints are categorised by subject as set in the Trust Ulysses complaints system. A complainant may raise several issues that the Trust must respond to, and all concerns expressed by families are categorised within the record, however the primary issue is used within this report to monitor key trends.

Figure 9 and 10 below demonstrates that the main theme in this quarter and across the full year continues to be in relation to treatment and procedure with a total of 27 complaints (51%) in Q4, and 91 (58%) in year.

**Figure 9: Primary categories of complaints Q4 2020/21**



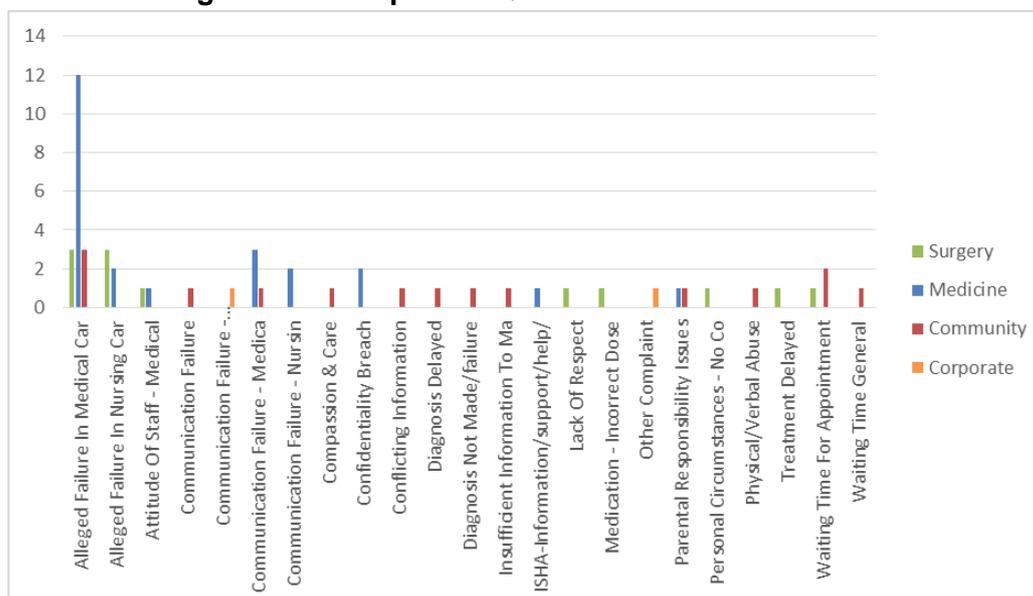
**Figure 10: Primary categories of complaints Q4 2020/21**



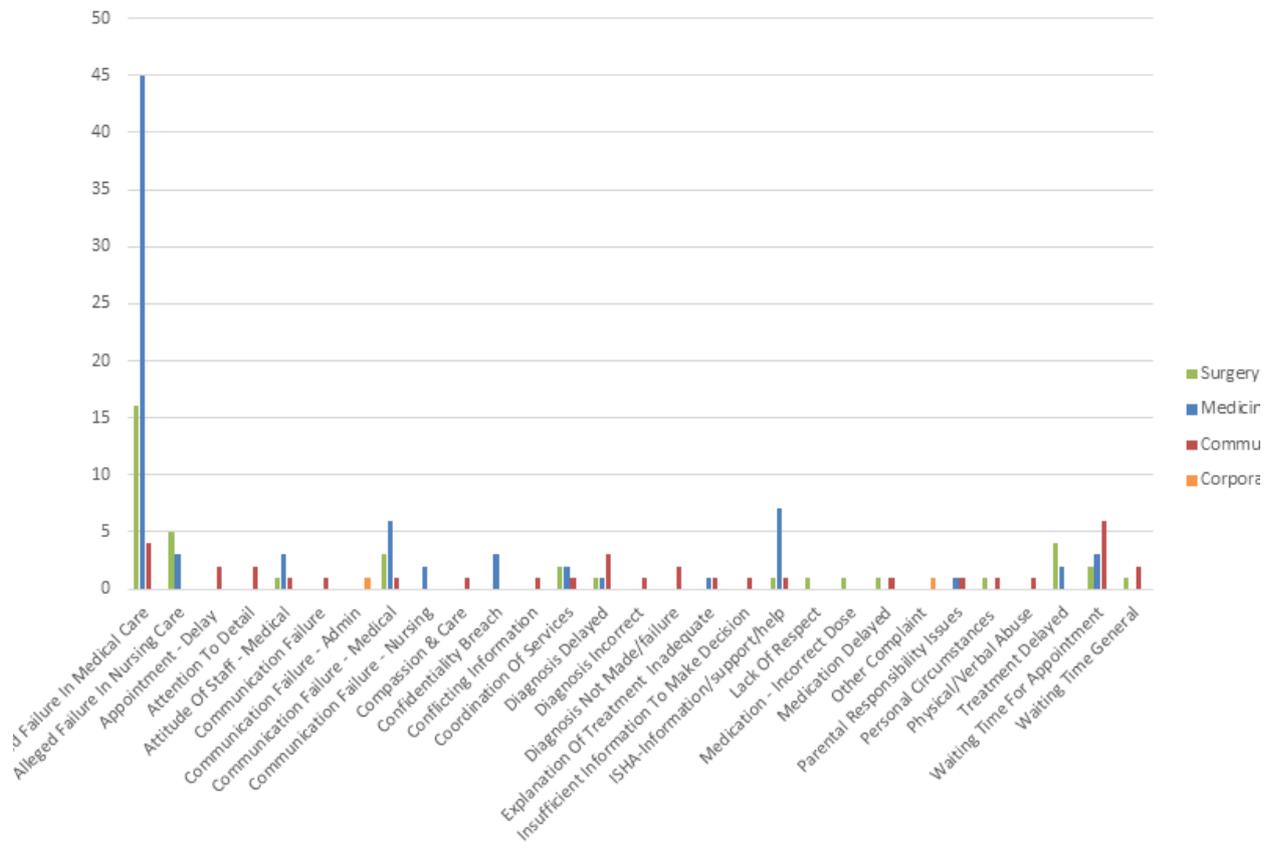
Sub-category identification provides further detail regarding the primary issues raised by families. Figures 11 and 12 demonstrate that the main theme within the treatment and procedure category is in relation to alleged failure in medical care with 18 complaints (33%) in Q4 and 65 complaints (42%) in year. Of these 12 complaints in Q4 (67%), and 45 complaints in year (69%), relate to the Medical Division and are due to the concerns involving the Neurology service regarding the cessation of a service for patients with Tourettes Syndrome.

The specialty and Divisional leadership team continue to work to mitigate parental concerns regarding the discontinuation of treatment regimens for some patients. Complainants are raising common themes within their complaints and several have referred to an online petition regarding the commissioning of a service for this patient group. The Medical Division have worked with each case to provide a tailored response, assessing each child's individual clinical need.

**Figure 11: Sub categories of complaints Q4 2020/21**



**Figure 12: Sub categories of complaints in year 2020/21**



A review of the Ulysses complaints module is underway which includes a review of the categories to ensure they are in line with the NHS Digital complaints categorisation.

## 2.3 Trust performance against Key Performance Indicators (KPI)

### 2.3.1 National context

In response to the coronavirus pandemic, in April 2020 NHSE/I supported that Trusts could suspend investigation of new complaints. However, throughout the pandemic, the Trust has continued to be to respond to complaints in line with RM6 Complaints and Concerns policy. New investigations continued, with no suspended new cases, however the timescale to respond was negotiated with the complainant where the investigation was impacted upon by the pandemic response.

Current national guidance has set out that Trusts must continue to comply with NHS Complaints Regulations, however acknowledge that in some settings it may take longer to respond to a complaint and consider it currently permissible for this to go beyond the usual six month maximum time period. However, organisations should opt to operate as usual regarding the management of complaints if they are able to do so. The Trust continues to aspire to responding to complaints in line with RM6 Complaints and Concerns policy.

### 2.3.2 Compliance with 3 day acknowledgement 2020/21

The NHS Complaints Guidance (updated January 2021), sets out that complaints should be formally acknowledged within 3 working days; reflected in the Trust policy (RM6 Complaints and Concerns policy). The Trust has a generic formal complaint acknowledgement letter that is sent out to the complainant; this includes a named contact for the complainant to contact should they require to do so (including the direct phone number) and the date the response is expected to be with them. The letter also includes information relating to the services offered by Healthwatch Advocacy. The Complaints Officer may also telephone the complainant to discuss their concern further.

In Q4, 100% of formal complaints received were acknowledged within 3 working days, with 43 (81%) being acknowledged on the same day. This is a dramatic improvement in performance exceeding the Trust target at a time with the highest number of complaints. Figure 13 below shows a breakdown of acknowledgment times providing the Trust assurance with continued high compliance with the standard.

**Figure 13: Compliance with 3 day acknowledgement Q4 2020/21**

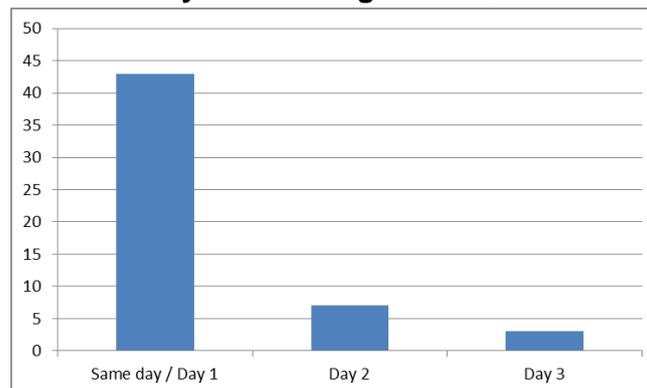


Figure 14 shows the percentage compliance by Quarter, and Table 1 shows the compliance by number demonstrating increased compliance with this standard.

**Figure 14: Compliance with 3 day acknowledgement in year 2020/21**

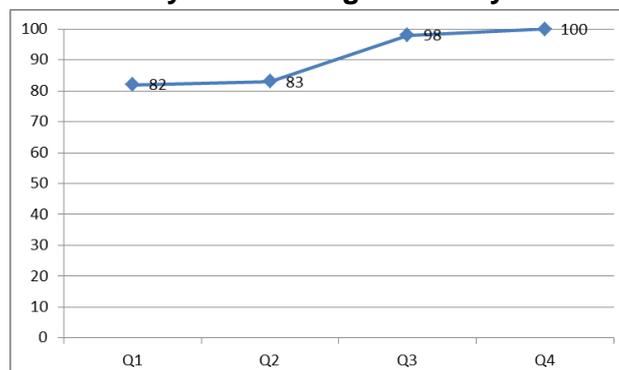


Table 1: Compliance with 3 day acknowledgement	Total number of complaints received in Quarter	Total number acknowledged within 3 working days	% number acknowledged within 3 working days
Q1	23	19	82%
Q2	35	29	83%
Q3	45	44	98%
Q4	53	53	100%

### 2.3.3 Complaints responded to and closed in Q4 2020/21

A total of 41 complaints were responded to and closed in Q4 of which 24 were received during Q4; 16 were received in Q3; and 1 was received in Q2. The complaint received in Q2 was received by the Medical Division in relation to the alleged failure of Medical care in ED and took 117 days to close due to the complexity of the complaint.

### 2.3.4 Compliance with 25 day response

Whilst the NHS Complaints Guidance states that there is no set timeframe to respond to a formal complaint, as this is dependent on the nature of the complaint, the Trust has set an internal timeframe in the Complaints and Concerns policy to respond to formal complaints within 25 working days. Where a complaint is complex and / or multi organisational, this is discussed with the complainant to negotiate an extended timeframe with them and agree a new date for response. A meeting with appropriate Trust representatives is also offered as this can lead to a successful resolution of the concerns raised.

24 of 53 complaints received in Q4 were responded to during the same quarter. The response times are illustrated in Table 2 below and Figure 15 demonstrates that 19 (35%) of complaints were responded to within 25 days; this is a slightly improved performance compared to Q3. It is recognised that improvement work related to complaints performance needs to continue.

**Table 2: Compliance with 25 day response Q1-4 2020/21**

	Total complaints received in Quarter	Complaints received and responded to in same Quarter	0-25 days	26-35 days	36-45 days	46-55 days	56-65 days	66-75 days	76-99 days	More than 100 days
Q1	23	12	17 (74%)	3 (14%)	1 (4%)			1 (4%)	1 (4%)	
Q2	35	18	12 (34%)	13 (37%)	5 (14%)	2 (6%)	2 (6%)			1 (3%)
Q3	45	27	12 (27%)	24 (53%)	2 (4%)	3 (7%)	1 (2%)	1 (2%)		2 (5%)
Q4	53	24	19 (36%)	17 (32%)	11 (21%)	4 (7%)	1 (2%)	1 (2%)		

**Figure 16: Comparison of complaint number with 25 day response Q1-4 2020/21**

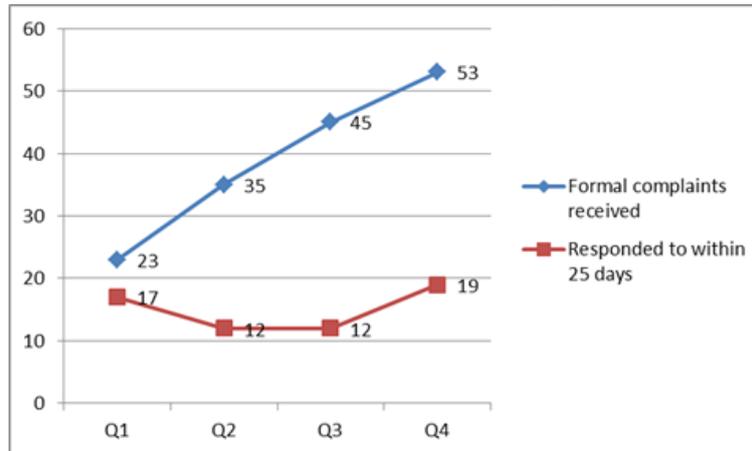
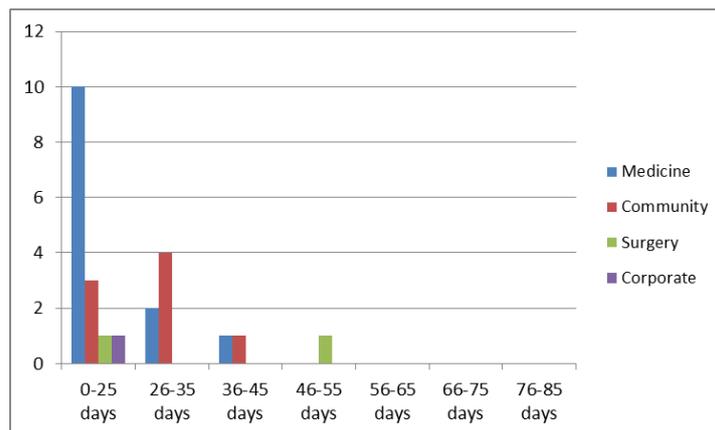


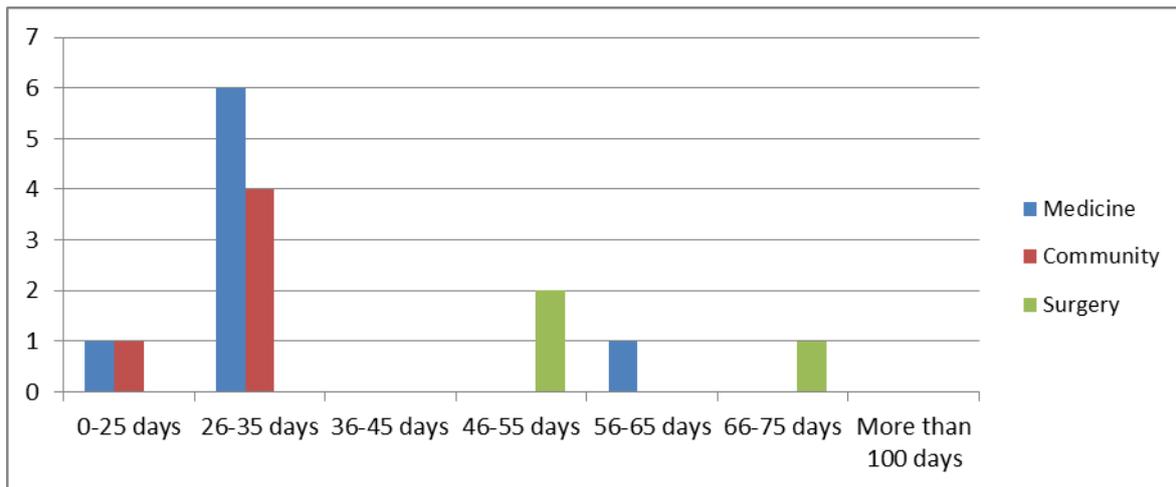
Figure 17 demonstrates the compliance with the 25 day response by Division related to complaints received and responded to within Q4.

**Figure 17: Compliance with 25 day response – complaints received and responded to in Q4**



Of the 53 complaints received during this period, 7 have ongoing investigations however they have all exceeded the 25 working day response time (1 in Medicine; 6 in Surgery).

**Figure 18: Compliance with 25 day response by Division – complaints received in Q3 and responded to in Q4**



### 2.3.4 Number of open and closed formal complaints by month

The reporting of open and closed complaints by month is an addition to the complaints report as requested by the Trust SQAC Board Assurance Committee. As such, data for 2019/20 is also included as Appendix I as a comparative measure.

Table 3 shows there were 156 formal complaints opened in 2020/21 and 146 closed. The number of open complaints is inclusive of second stage complaints.

Complaints that are received in a month may not be responded to until the next month in line with the 25 day response timeframe.

Table 3: Formal Complaints received 2020/21													Cumulative to date
Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
<b>New</b>	7	6	10	6	18	11	18	17	10	17	13	24	<b>156</b>
<b>Open</b>	*23	19	20	15	28	24	30	31	23	28	27	38	
<b>Closed</b>	9	10	9	11	5	15	12	16	18	11	16	14	<b>146</b>
<b>Second stage</b>	1	1	2	2	2	2	4	1	1	2	1	3	<b>22</b>

Note\* 25 complaints carried over from the previous financial year 2019/20

Delays in completion of responses have on occasion been a result of complex complaints. Delays have also been caused where corporate quality check of the complaint has identified that further work is required by the associated Division to ensure that the complaint response fully answers the concerns raised, demonstrates compassion, apologises, and identifies what action will be taken as a result of the learning from the complaint; some responses have required multiple corporate quality checks to ensure they attain the expected standard.

The increased number of complaints received in Q4 has also been identified as a reason for responses being delayed, however despite receiving the highest number of complaints

within Q4, the Medical Division achieved the highest response rate. The Surgical Division have had a gap in Complaints Officer however this has been resolved from March 2021.

There is absolute recognition by the Trust and the Divisions that it is essential that complaints are responded to in a comprehensive and timely manner and the current response times are not considered acceptable.

The Chief Nurse has commissioned the Director of Nursing to undertake a full review of the structure and process for responding to complaints, including corporate and divisional roles and responsibilities relating to complaints management and this review has commenced in collaboration with Divisional leads and the Trust Patient Experience lead. The aim is that once established, implemented and embedded there will be an improving trend of responding to complaints within the Trust timescale of 25 days demonstrated in 2021/22. A comprehensive Complaints Improvement Plan has been devised and is monitored through CQSG on a monthly basis.

The new process will include a procedure whereby any request to extend the investigation and response period is reviewed and authorised by the Chief Nurse in the first instance before discussing the response timeframe with the family. Future Complaints Report will then be in a position to provide greater assurance and oversight of complaints that have an agreed extended response and those that have not been authorised and are in breach of our standards. This will provide further trend analysis and enable targeted improvement work to be identified and undertaken.

The Chief Nurse and the Medical Director have established a monthly investigation performance review with each Division where the management of complaints will be further monitored and supported.

### **2.3.5 National complaint reporting: KO41a return**

The Trust is mandated to submit data nationally regarding the status, categories and outcome of complaints on a quarterly basis to NHS Digital using the Hospital and Community Health Services Complaints Collection (KO41a) tool.

The information obtained from the KO41a collection monitors written complaints received by the NHS. It also supports the commitment given in equity and excellence to improve the patient experience by listening to the public voice.

For assurance, Q3 data was submitted in April 2021 and Q4 data was submitted in May 2021.

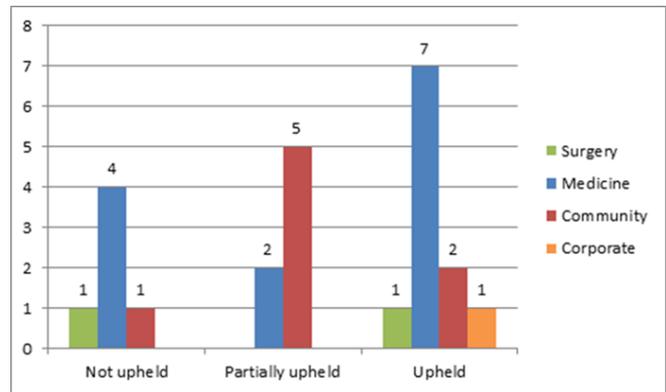
## **2.4 Outcome of the complaint**

### **2.4.1 Complaints upheld**

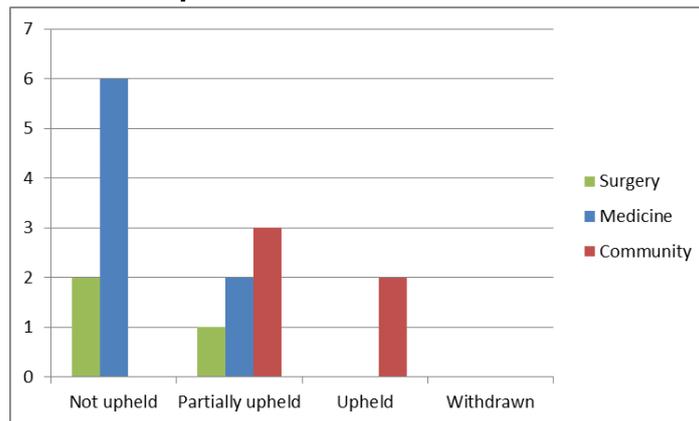
The outcome of each complaint response is reviewed and assigned by the Chief Nurse or deputy. In Q4 14 (34%) of complaints were not upheld; 13 (31%) were partially upheld, and 14 (34%) were fully upheld. A complaint will be partially upheld if any one concern raised is

upheld irrespective of whether the majority of concerns in a complaint are not upheld. This is a significant marker of an open, transparent and learning organisation. Figures 19, 20 and 21 show the outcome of complaints by Division. Figure 22 shows the full year position with 41% of complaints fully upheld.

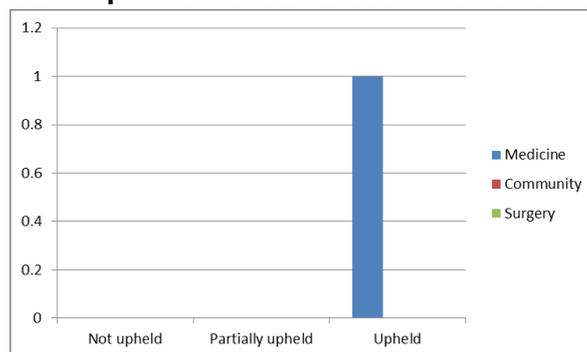
**Figure 19: Outcome of 24 complaints closed in Q4 received in Q4 2020/21**



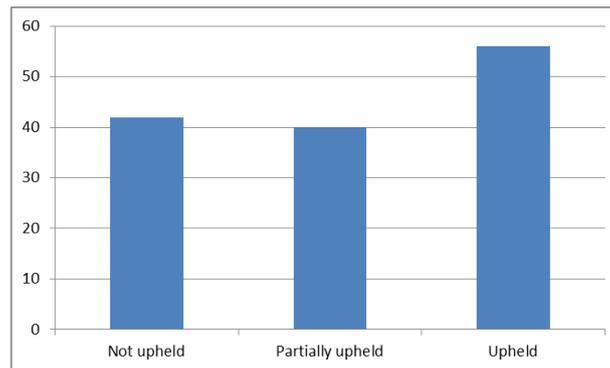
**Figure 20: Outcome of 16 complaints closed in Q4 received in Q3 2020/21**



**Figure 21: Outcome of 1 complaint closed in Q4 received in Q2 2020/21**



**Figure 22: Outcome of complaints in year 2020/21**



### 2.4.2 Second stage complaints

Second stage complaints are a rich source of valuable data and a key indicator of our performance. They can be triangulated to inform the Trust of how satisfied our families are with the quality of our response, and as an early indicator of families who may seek further resolution through the Parliamentary & Health Service Ombudsman. Second stage complaints are monitored on a monthly basis as a key performance indicator.

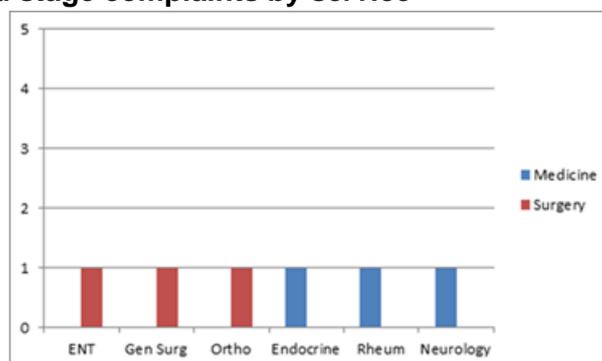
The initial response letter advises the complainant that, should they be dissatisfied with any part of the initial complaint response, or require further assistance, they should contact the Trust within 25 working days in order that the Trust can try to resolve any outstanding concerns.

In Q4, 6 families informed us that they were not satisfied with the outcome of their initial complaint response: 1 received in Q2 and responded to in Q3; 2 received in Q3 and responded to in Q4; and 3 received and responded to in Q4.

Families have been dissatisfied either because they felt the response did not answer their questions fully or because they disagreed with our response.

The 6 cases were investigated and responded to as second stage complaints; 5 have been closed and resolved to the satisfaction of the complainants; 1 complaint received in Q4 remains open and under continued investigation. The outcome of the 5 complaints closed did not change following further review and investigation (2 not upheld; 4 partially upheld).

**Figure 23: Q4 Second stage complaints by service**



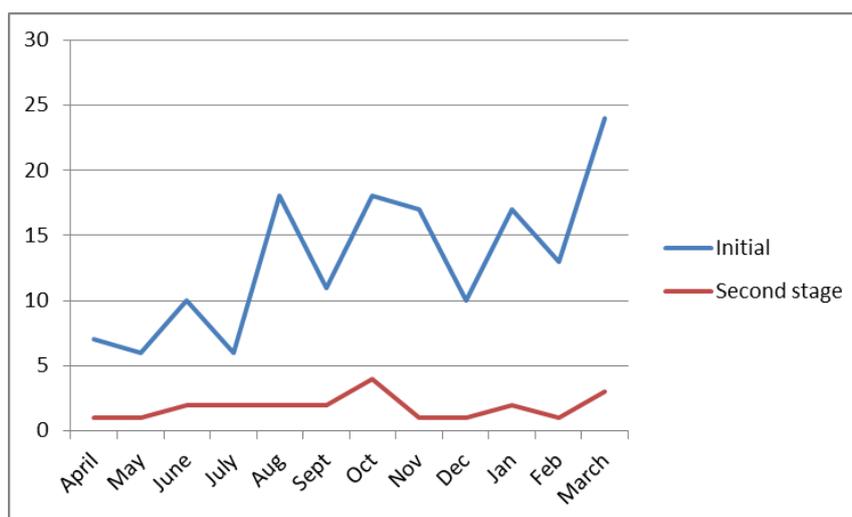
22 second stage complaints were received in 2020/21 of which 2 relate to Q4 of 2019/20. Therefore, at the time of reporting 13% (20 out of 156) complaints responded to in 2020/21 resulted in a second stage complaint. Whilst this indicates an overall high level of satisfaction with the quality and content of the initial complaint response, there is a need to monitor and review the reasons why families remain dissatisfied in order to ensure our investigations, responses and actions are appropriate and of the highest standard for our families.

Table 4 below shows the number of second stage complaints received within 25 working days in 2020/21; 5 of the 22 (22%) were received 47-100 working days after the initial response, demonstrating that the Trust continues to work in partnership with families to try to address outstanding concerns despite being outside of the timeframe.

Table 4: second stage complaints received								
Q	Total complaints received in Quarter	Total second stage received in Quarter	Number of days between initial response sent and second stage received (advised 25 days)					
			within 25 days	26-40 days	41-60 days	61-80 days	81-100 days	More than 100 days
Q1	23	4	1			2		1
Q2	34	6	5		1			
Q3	45	6	6					
Q4	53	6	5			1		

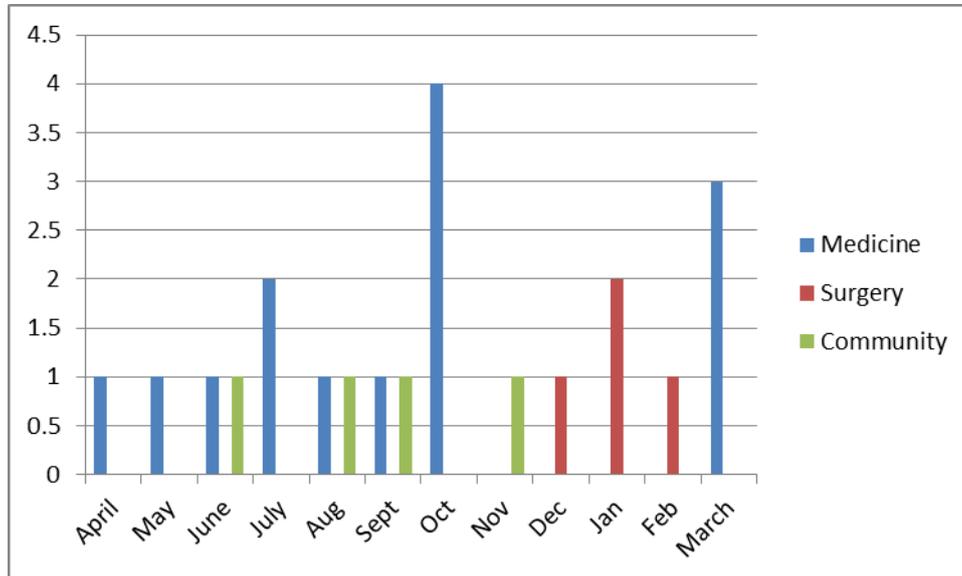
As second stage complaints may not necessarily fall within the same Quarter, they cannot be displayed in accurate percentage terms by Quarter. However Figure 24 shows the comparison of monthly initial complaints and monthly second stage complaints received.

**Figure 24: Comparison of initial formal complaints against second stage complaints 2020/21**

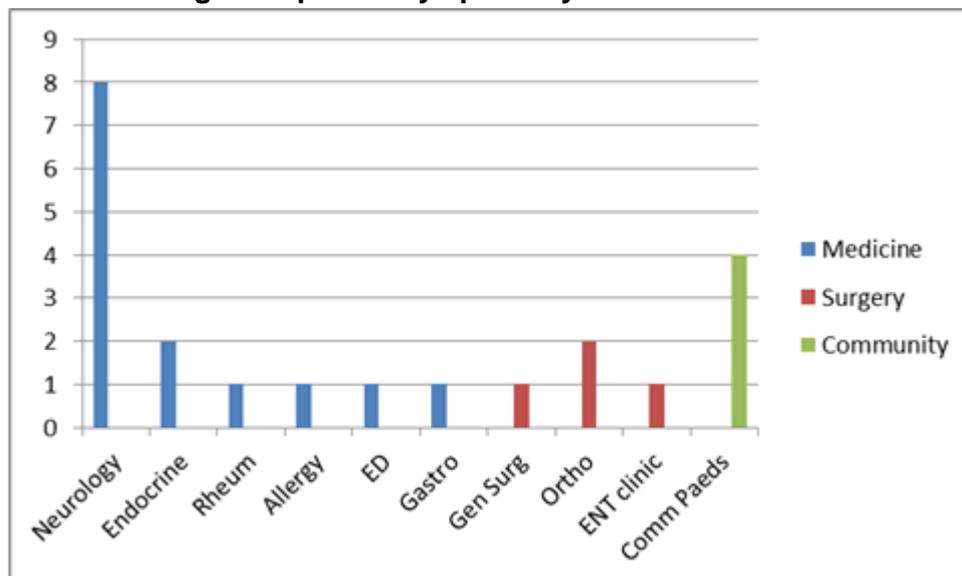


Figures 25 and 26 show the breakdown of Divisional second stage complaints by month and by speciality demonstrating that the highest number relate to families dissatisfaction with the cessation of the Tourettes service.

**Figure 25: Second stage complaints by month**



**Figure 26: Second stage complaints by speciality**



### 2.5 Referrals to Parliamentary & Health Service Ombudsman (PHSO)

There was one new referral to the Parliamentary & Health Service Ombudsman during this period related to a complaint in the Medical Division. There is one ongoing investigation related to the Surgical Division.

## 2.6 Actions and learning from complaints

Complaint Officers log actions and learning within Ulysses however the system requires significant development to enable actions to be pulled into an action log which can be monitored and tracked to completion; currently this requires manual input which is resource and labour intensive.

Formal complaints are reviewed at the monthly Divisional Integrated Governance meetings to ensure senior divisional oversight of the current trends, to enable learning, to enable identification of specific areas of concern and any strategic actions, and ensure actions are fully disseminated, implemented and reviewed. Updates are shared by the Divisions at the Clinical Quality steering Group (CQSG) each month to ensure Trust wide learning.

Examples of improvements made to services as a result of concerns raised are:

### Medical Division:

**Concern:** Communication failure: nobody returned mother's calls or replied to her emails. Mother believes admission could have been prevented had she been contacted

**Action:** Discussed with the administrative and clinical teams. Task and finish group has been set up to review and improve communication processes. This will ensure a standardised approach across the Division and ensure patients and families are responded to appropriately

**Concern:** Alleged failure in Medical Care: Father unhappy with clinical reviews and with the delay in his daughter receiving a review. Staff attitude: PCO was unhelpful during a telephone conversation

**Action:** A clinical review scheduled for the patient. Discussed concern with the PCO's and secretarial team and reinforced the importance of resolving the concern informally before referring to PALS

### Community Division:

**Concern:** Confrontation in outpatients between two families - not all visitors in Outpatients wearing facemasks causing concern for other visitors. Not all staff in Outpatients aware of how to contact Security if situation in Outpatients escalates and Security are required

**Action:** Signage in Outpatient waiting areas reviewed and updated. Location of panic buttons in Outpatients shared at Outpatients safety daily huddle

**Concern:** Father not routinely copied into letters or appointments. Father felt his perspective was missing from clinic letter as he was not invited to the appointment

**Action:** Escalated to IT Department who are reviewing the system to allow letters to be sent automatically to more than one parent. Meeting arranged and held between to review the clinic letter and add additional information from the father

**Concern:** Family informed a letter had been sent out by the Trust which they did not receive

**Action:** Guidance provided to the administrative team that they need to create a letter that is linked to the address book in the MediSec system for writing and storing letters

**Surgical Division:**

**Concern:** Delay Transit Study, delay due to NHS Covid restriction and family issues

**Action:** Appointment rescheduled

**Concern:** Family did not feel staff on Burns Unit could address their Cleft Post-Op concerns

**Action:** Burns unit nursing staff reminded to escalate any issues to cleft team

**Concern:** Parental concern relating to waiting time for appointment / arrangements for day case investigations

**Action:** Appointment offered and plan for the day case admission discussed with parent, assurances offered and Matrons direct contact details provided

**Corporate:**

**Concern:** Delayed sharing of pre-adoptive health record with parent due to Trust understanding of the NHS guidance regarding the management of pre adoptive records.

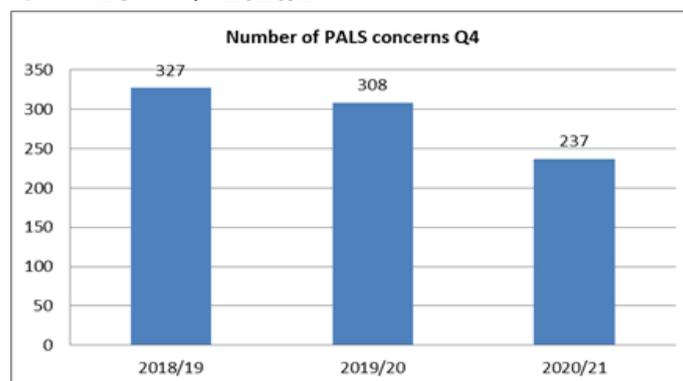
**Action:** Task and finish group set up to review the Trust process for handling adoptive records to ensure that going forward the handling of adoption records will be processed in line with national guidance as recognised process requires improvement. The complaint and action will be reviewed at the Trust Information Governance Steering Group Committee to monitor actions and share learning.

**3. PALS informal concerns**

**3.1 Number of informal PALS concerns received Q4 2020/21**

There were 237 informal concerns received during Q4, a slight increase of 14 from the previous Q3 when there were 223 reported, and a reduction of 71 compared to the 308 reported in the same period in Q4 2019/20, as shown in Figure 27

**Figure 27: Number of PALS in Q4 2020/21**



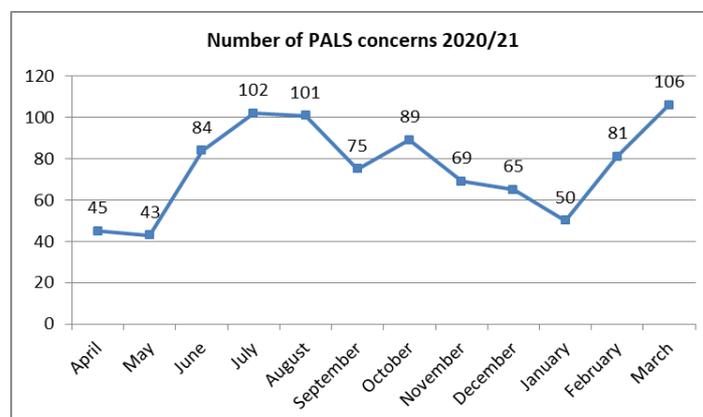
### 3.2 Number of informal PALS concerns received in 2020/21

The PALS service has been fully operational during the pandemic although the front facing office has been closed. The Family Support helpline was established as part of the Trust pandemic response as many families had enquiries and concerns they needed assistance with, and call handlers have been able to resolve a large number of issues and enquiries immediately thus negating informal PALS concerns or formal complaints being raised. PALS issues raised through the telephone support line are escalated to the relevant Division to support, contact and investigate with the concerned family member.

Whilst the PALS office was closed for families to raise concerns face to face between April to December 2020 (Q2-Q3), clear posters were displayed advising how concerns could be raised, in addition to information on how to raise a concern available on the Trust website. The PALS office has been fully Covid risk assessed and re-opened from January 2021 with appropriate infection control measures taken.

There were 910 informal concerns received during 2020/21 which is a significant reduction of 369 compared to 1279 reported in 2019/20. This decrease in contacts is due to the impact of the pandemic in Q1 resulting in a reduced volume of patients accessing our services, and also in part due to the establishment of the Family Support telephone helpline operating a first contact resolution principle. Figure 28 below shows this is the lowest number of informal concerns in eight years.

**Figure 28: Number of PALS concerns 2020/21**



**Figure 29: Number of informal concerns by year 2013/14 to 2020/21**

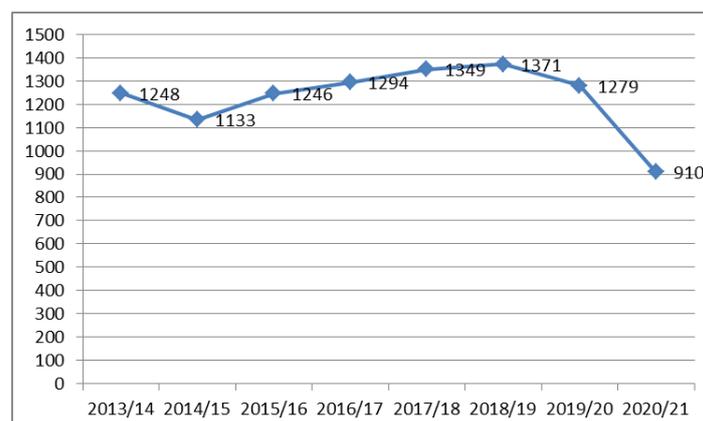
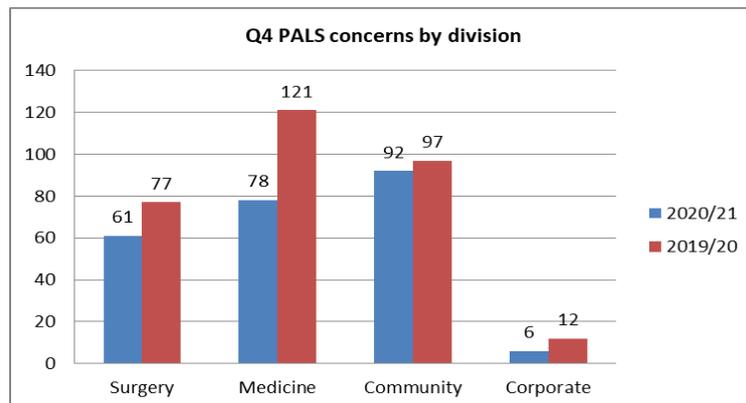


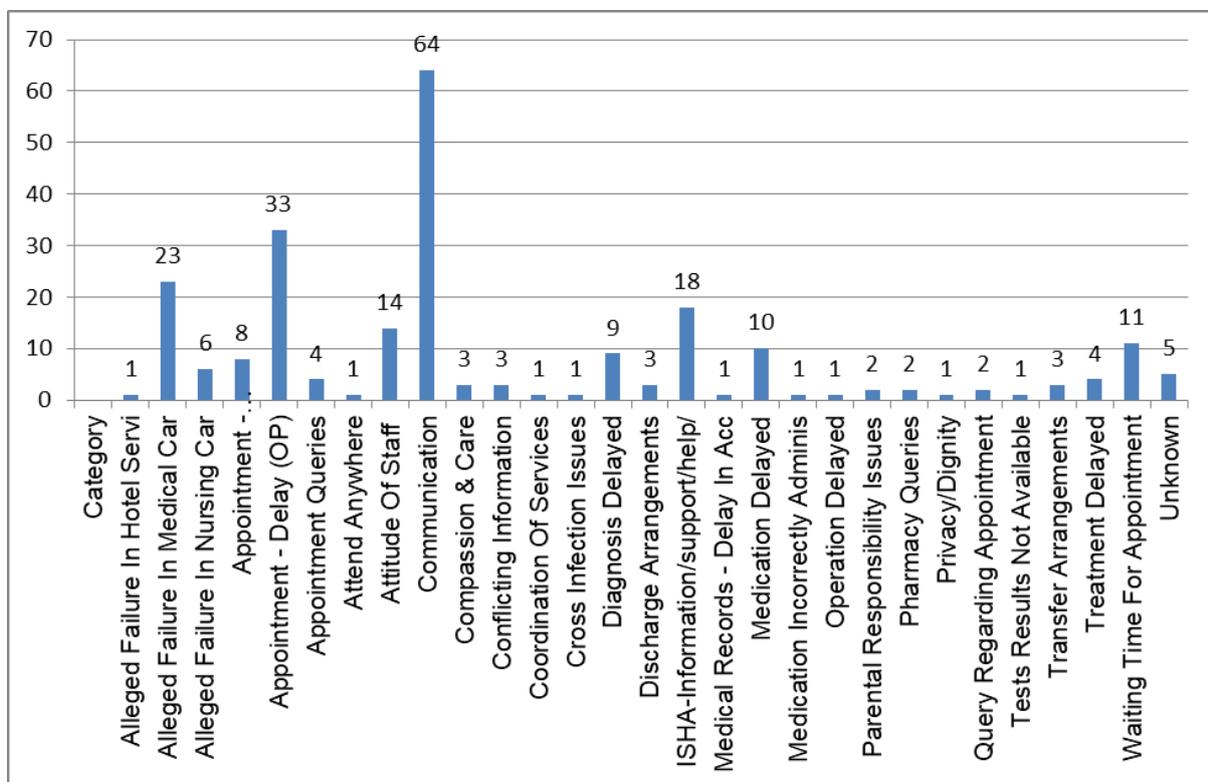
Figure 30 below shows the number of informal PALS concerns by Division in Q4 2020/21 compared with the same period in 2019/20; demonstrating a reduction in all Divisions.



### 3.2 Informal PALS concerns received by category Q4 2020/21

All informal PALS concerns are categorised by subject using the same system as formal complaints, which assists with data analysis and monitoring. The main issues raised within Q4 continue to relate to communication, appointment waiting times, and alleged failure in Medical care as shown in Figure 31. These continue to be the highest three themes however there is a significant reduction in appointment concerns in comparison to Q3 and a significant increase in communication issues.

**Figure 31: Categories of informal PALS concerns Q4**



As described above, a significant improvement for families wishing to raise an enquiry or needing support has been through the establishment of the Family Support helpline initially set up as a pandemic helpline. In Q4, 1674 calls were received, a decrease of 424

compared to the 2098 calls received in Q3; this figure is inclusive of any informal PALS concern raised by telephone. The call line is currently staffed by members of the Patient Experience team who are shielding or the Concierge staff. The call line currently operates from 0900-1800 Monday to Friday and 0900-1500 at the weekend, providing increased accessibility for our families needing help, and has responded to an average of 140 calls per week. It is acknowledged that a proportion of these calls will have been made to different services within the Trust prior to establishing the helpline however families have fed back that the central point of contact has been useful in ensuring their call is directed appropriately as required.

**Figure 32: Number of calls to the helpline 2020/21**

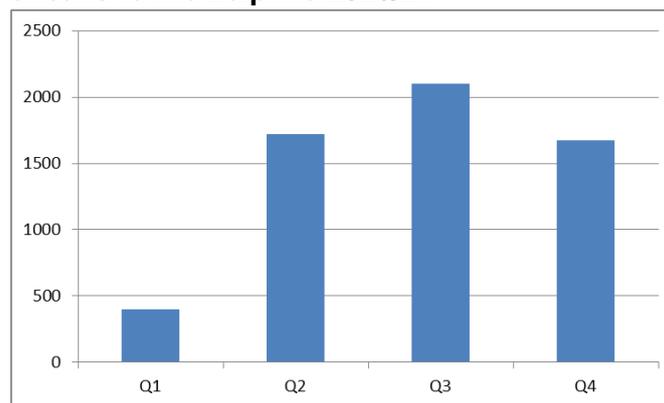
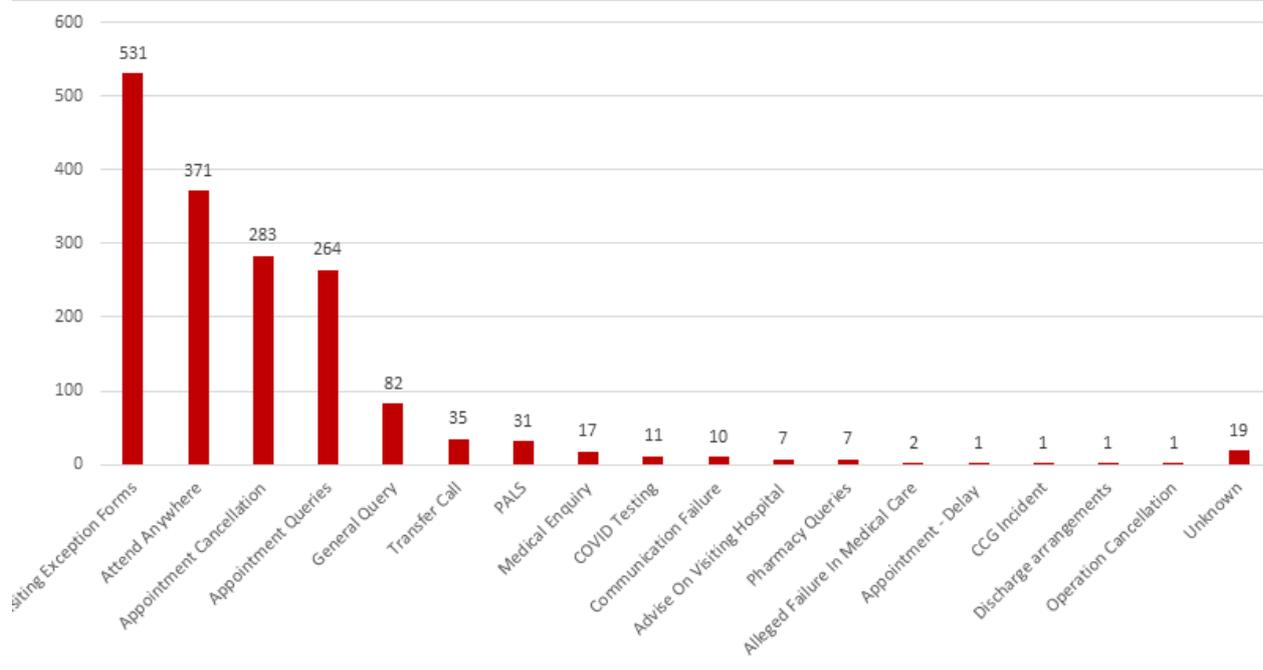


Figure 33 shows that 918 families contacted the Trust for help, support and advice in relation to appointments (264 appointment queries, 283 related to cancelled appointments, and 371 regarding Attend Anywhere). Triangulation of this data with the PALS numbers (11 waiting time for appointment and 33 delays) demonstrates that this is the highest contact reason for families. The Patient Experience Team are working in collaboration with the Community Division Outpatient Department senior leadership team to review the most appropriate model to respond to appointment enquiries or concerns.

Advice and access to Visiting Exception forms remains the second highest reason for call to the helpline (531 in Q4; 516 Q3); these forms have been introduced to assist with visiting arrangements which has been restricted due to covid regulations.

**Figure 33: Categories of calls to the Family Support telephone helpline**



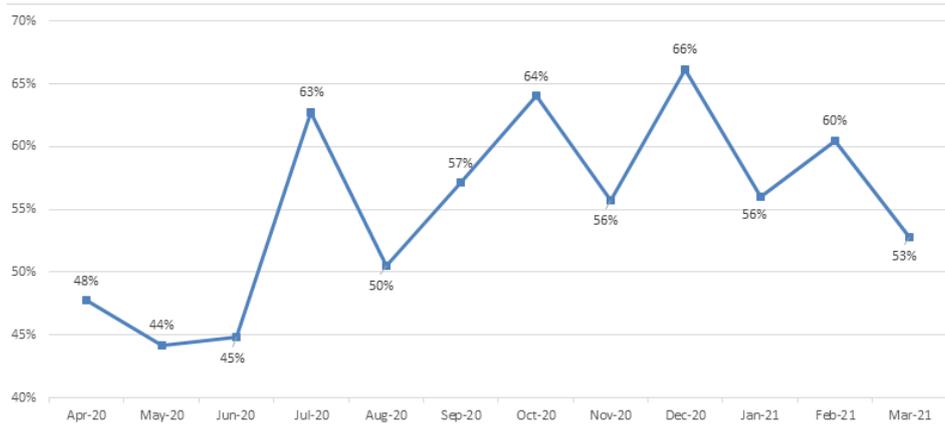
### 3.3 Trust performance against Key Performance Indicators (KPI): compliance with 5 day response

The PALS and Complaints teams endeavour to respond to concerns within the 5 day timeframe in order to try and obtain quicker resolution for children and young people. For Q4, the KPI of 90% of concerns responded to within 5 days was not met, with only 56% of PALS reported to be concluded within this time period as recorded within the Ulysses system and shown in Table 5 below.

<b>Table 5: Compliance with 5 day response to PALS concerns</b>			
<b>PALS</b>	<b>Received Q4</b>	<b>Q4 5 day response</b>	<b>Q4 overdue</b>
Surgery	61	28 (46%)	33 (54%)
Medicine	78	40 (51%)	38 (49%)
Community	92	60 (65%)	32 (35%)
Corporate	6	5 (83%)	1 (17%)
<b>Total</b>	<b>237</b>	<b>133 (56%)</b>	<b>104 (44%)</b>

Figure 34 below shows the compliance by month in 2020/21 demonstrating that the Trust has not met this standard.

**Figure 34: Percentage compliance with the 5 day response to informal concerns**



In order to improve compliance, and resolve concerns in a timely way for children, young people and their families, the Chief Nurse has commissioned the Director of Nursing to undertake a full review of the structure and process for responding to PALS, including corporate and divisional roles and responsibilities relating to the management of concerns. This review has commenced in collaboration with Divisional leads and the Trust Patient Experience lead. The aim is that once established, implemented and embedded there will be an improving trend of responding to informal concerns within the Trust timescale of 5 days.

### 3.4 Actions and learning from informal PALS concerns

Themes and trends regarding informal PALS concerns are reviewed at the Divisional Integrated Governance meetings to ensure dissemination, learning and identification of local and strategic actions. Updates are shared by the Divisions at the Clinical Quality steering Group (CQSG) each month to ensure Trust wide learning.

## 4. Compliments in Q4

Compliments are an equally important measure of the quality of care, treatment and service the Trust delivers, providing powerful and valuable feedback and demonstrating that a family feels compelled to share this with us by taking precious time to share what has been good about their experience. This feedback also provides important balance with concerns raised.

There is currently limited information recorded in the central Ulysses system in regards to compliments although it must be noted that the Community Division continue to input a large number of compliments as shown in Table 6 below. It is acknowledged that the Trust receives many more compliments which have not been centrally recorded. Moving forward, the review of the complaints and PALS structure and roles will include capturing this important evidence of positive patient and family experiences.

Division	No. of compliments
Community	83
Medicine	2
Surgery	3

Appendix II provides examples of compliments received during Q4.

## **5. Proposed developments in the management of complaints and PALS**

The Chief Nurse has commissioned the Director of Nursing to review the structure, responsibilities and process for management of complaints and PALS in the Trust to include a central corporate function which will sit within the Patient Experience team.

A comprehensive improvement plan has been devised and is being monitored through CQSG on a monthly basis. The improvement plan is also being monitored through the newly formed Patient Experience Group (PEG) on a monthly basis.

It is expected that implementation of the improvement plan will lead to a demonstrable improvement in compliance with KPI's, and more importantly a more timely and effective resolution for families who wish to raise concerns.

Improvements have already been made; whilst the Ulysses Complaints module is being updated, the complaint management process has moved to an electronic system. This has been evaluated positively by the Chief Nurse and the PALS and Complaints Officers. Work to improve the advice to parents on the Trust website has commenced with numbers no longer in use being decommissioned. Significant improvement has been seen in respect of the 3-day acknowledgment standard and the 25 day response.

## **6. Conclusion**

The Board are asked to note the content of this report and support the proposed developments outlined in section 5 of this report.

## Appendix I: Number of open and closed formal complaints by month 2019/20

Table 7 shows there were 115 formal complaints opened in 2019/20 and 117 closed.

Complaints that are received in a month may not be responded to until the next month in line with the 25 day response timeframe.

Table 7: Formal complaints received 2019/20													Cumulative to date
Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
<b>New</b>	8	9	6	14	12	11	5	16	8	10	9	7	<b>115</b>
<b>Open</b>	*22	18	14	22	24	25	21	26	25	25	29	25	
<b>Closed</b>	13	13	10	6	10	10	9	11	9	10	5	11	<b>117</b>

Note\* 14 complaints carried over from the previous financial year 2018/19

## Appendix II: Examples of compliments received during Q4

### Multiple as listed: (logged as Medicine: Endocrine)

*"Hi. My name is (parent), my little boy (child) has recently been discharged from yourselves. Firstly this is absolutely NOT a complaint, I wanted to pass on a big Thank you to all departments involved in my son's care. Over the last 18 months we have been under the care of Consultant Urologist Miss McAndrew awaiting our first procedure. In this time we have had multiple outpatient appointments, telephone consultations, surgery, admission and additional procedure. Despite the difficulties and pressures the NHS is currently faced with during the pandemic we wanted to pass on our gratitude for the fantastic care we have received from the following departments:*

*Miss McAndrew and her team.  
Dianne (Urology secretary)  
All of the Urology nurses  
All of the endocrine nurses  
Covid test centre  
Covid screeners  
Surgical admissions  
All staff on 3A  
Anaesthetist Dr Livingstone  
Day Surgery  
Recovery  
Theatre staff  
All admin, domestics, porters*

*Please forward this email to the relevant department. We are truly grateful for the care, compassion, and empathy our special little boy has received. Thank you"*

### Psychology

*"I just wanted to say thank you for all that you've done for us over the past three months. It has been great working with you. Even though we never met in person, your kind and calming style meant it felt like we were talking in the same room. You are a credit to Aldey Hey, the NHS, and your profession and I wish you every success in the future."*

### Orthopaedics

*"Just wanted to pass on our sincere thanks to Mr Bruce and his secretary, Karen, for their utterly fantastic care and support over the past 8 years. My daughter is now moving on to Adult acute care and the entire family will always be grateful for everything Mr Bruce has done for her. I know I don't need to tell you this, but Mr Bruce is everything you would ever want in a consultant and should be held up as a role model for all others."*

### Craniofacial

*"I want to send huge praise to Colette Turnock. I have been the worst example of a medical parent today having received a surgery date for my son. Colette has been so understanding answering my numerous emails and going above and beyond to put my mind at rest. Thank You so much."*

### **North Sefton**

*"Thank you for all your hard work and input with (child). He always looked forward to our sessions. Hopefully we will be able to continue face to face in the near future. You've given us lots of great advice and ideas moving forward. Please could you pass on our thanks to Rachael too for her planning and input. We look forward to continue working with you soon. You have built such a nice strong rapport with (child) under difficult circumstances and in such a short amount of time. Many thanks!"*

### **SALT digital therapy**

*"We are so grateful for all your help, can't thank you enough. (child) has grown so much in such a short space of time,.... also thank you for all the support you gave me too with the weekly phonecalls."*

### **Eating Disorder Service**

*"Emily we genuinely cannot thank you enough. for the outstanding professional support, care and advice you provided to both (child) and us as a family which enabled (child) to make a full recovery. We will never forget this - with sincere thanks and appreciation to you. Could you please also convey our special thanks and appreciation to Adele and all of the Team, you are all absolutely amazing."*

### **Developmental Paediatrics**

*"Would like to say a big thank you to Darren Cannon admin staff for developmental paediatrics. Darren is a great help to all the staff in the team. He is always willing to help in any way he can. IT problems, sending documents out in the post, dealing with queries"*

### **Children's Community Nursing**

*" thank you so much for the care you provided and sorting out all my queries regarding mine and (child's) bloods"*

### **Community CAMHS**

*"I am writing this letter so I may share with you, the exceptional service that Claire Kitson is currently providing for my daughter. I feel that Claire shows professionalism in what she does, but also goes out of her way to check up on (child) and to keep me thinking positively."*

*It's been a very difficult time for us and I have felt that Claire always has our backs. I totally trust and follow her personal judgement on (child) well being, and most importantly, (child) does also. I am very grateful for the service that Claire provides us, having been allocated as my daughter's case worker."*