



St Helens and Knowsley
Teaching Hospitals
NHS Trust

2022-23 Complaints and PALS Annual Report

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1. Introduction

The annual complaints report satisfies the requirements of the NHS complaints procedure in England (effective from 1 April 2009). It analyses and identifies trends in the occurrence of complaints and the activity relating to formal complaints and PALS contacts received in the period covering the past financial year.

St Helens and Knowsley Teaching Hospitals NHS Trust is committed to providing high standards of person-centred care, but recognises that there are times when the care provided may not meet the expectations of patients and carers. The Trust encourages a culture that seeks and uses people's experience of care to improve quality and welcomes comments, compliments, complaints and concerns. We recognise that by listening to people about their experiences, staff can learn new ways to improve and prevent the same issues from happening in the future. Also, it enables us to make improvements in the areas that patients, their relatives and carers say matter most to them.

Effective complaints handling is a cornerstone of patient experience and the Trust has recently updated its Managing Complaints, Concerns and Compliments Policy. The Policy reiterates the need to provide local resolution for complainants by identifying and remedying issues as quickly as possible and ensuring that the individual is satisfied with the response they receive. It sets out the procedures to manage, investigate and respond to all formal complaints appropriately.

In accordance with the NHS complaints procedure, the annual complaints report is made available to the public on request.

2. Overview of complaints

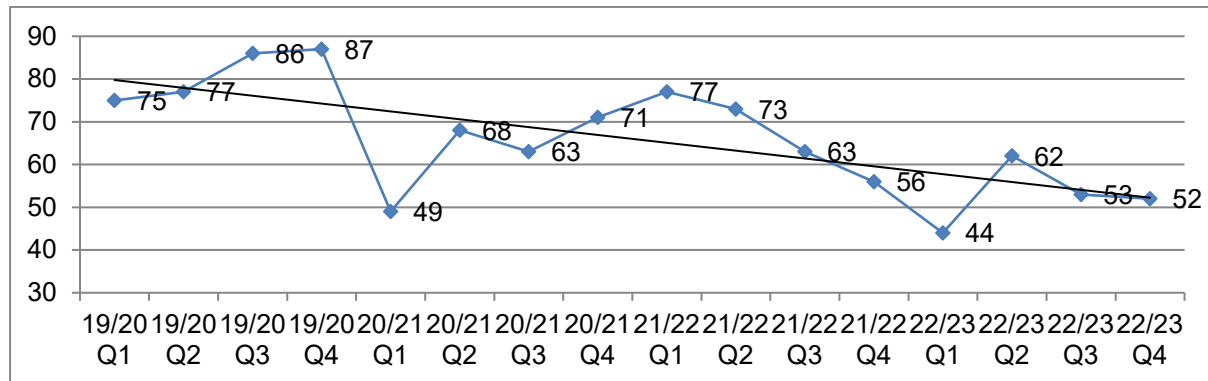
The Trust received and opened for investigation 211 1st stage complaints in 2022 - 23. This represents a decrease of 21.5% in comparison to 2021-22 when the Trust received 269 1st stage complaints. It is also a reduction on 2020-21 when the Trust received 251 complaints. It remains substantially less than 2019-20 (pre-pandemic figures) when the Trust received 325 1st stage complaints, showing that complaint numbers are 35% less compared to pre-pandemic levels.

A first stage complaint is a complaint about a new issue which occurred within the last 12 months. The Trust also investigates some out of time complaints (where the incident to which the complaint relates is over 12 months old) and is involved in complaints with other organisations for which this Trust is not the main cause of the issues raised by the complainant.

At the outset of the COVID-19 pandemic the Trust acknowledged the shift in priorities for staff and allowed 6 months to respond to complaints in accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. During 2022-23, as part of efforts to reduce the time complainants had to wait for a response, the target was reduced to 100 working days on 1 August 2022. The Trust will be reducing the target further to 60 working days in 2023-24.

NB – figures are only correct at time of writing. It is possible that complaints are subsequently withdrawn or recategorized at a later date.

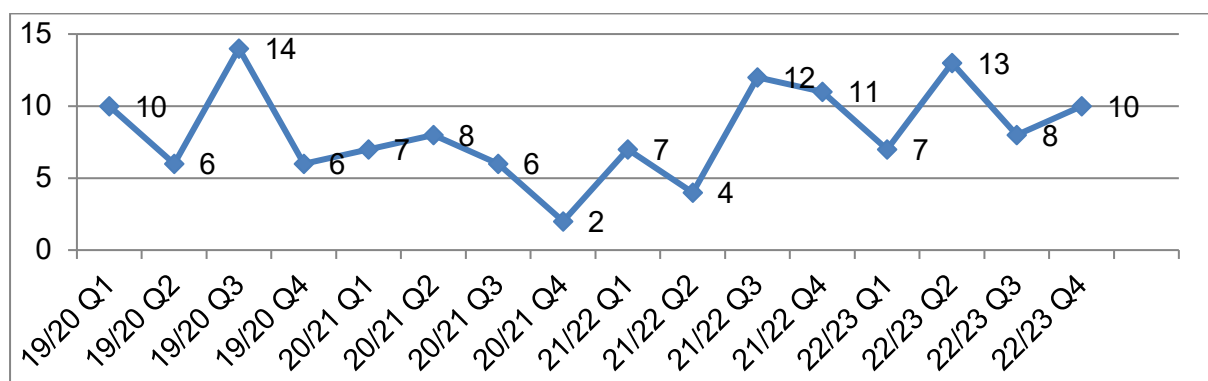
Chart 1: Number of 1st stage complaints received by quarter from 2019-2020 to 2022-23



Under the Trust’s Managing Concerns and Complaints Policy, a complaint will be re-opened as a 2nd stage complaint in cases where the complainant is not satisfied with the Trust’s response because they consider the initial investigation to be inadequate, incomplete or unsatisfactory and/or when the complainant believes that their issues have not been fully understood or addressed.

In 2022-23, the Trust opened and investigated 38 2nd stage complaints, an increase of 11.8% in comparison to the 34 received in 2021-22. This is significantly more than the 23 received in 2020-21 and 2 more than the 36 received in 2019-20.

Chart 2: Number of 2nd stage complaints received by quarter from 2019-2020 to 2022-23



Of the 38 2nd stage complaints received, 27 had been answered at the time of writing this report. 8 related to accident and emergency, 3 cardiology, 5 gastroenterology, 3 medicine for older people, 2 ophthalmology, 2 plastics and 1 each for community services, respiratory medicine, acute medical unit and general surgery.

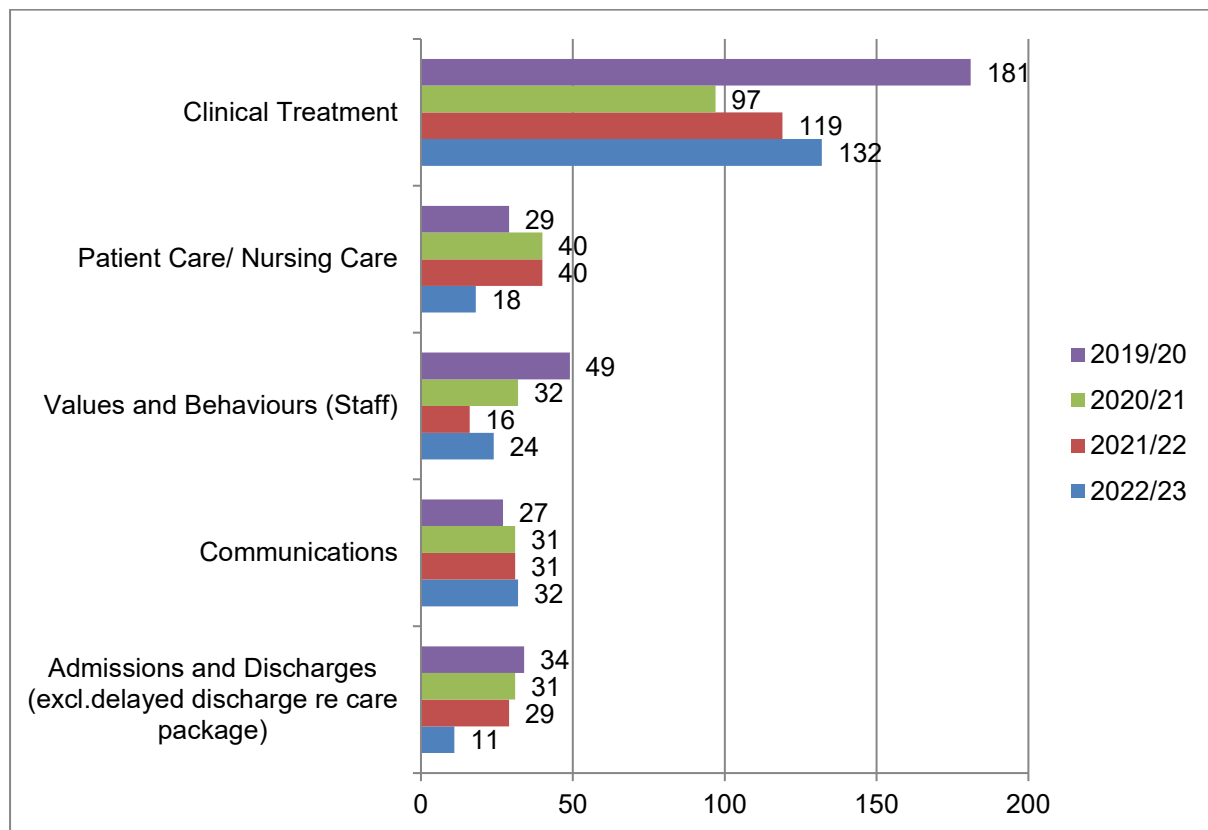
2.1. Cause of complaints

Formal complaints can be made for a number of reasons. From 1st April 2015, the

Department of Health implemented a standardised coding system for the reporting of complaints.

Chart 3 below highlights the top five themes for complaints in 2022-23 compared to the previous three years. The top five themes have remained consistent across the four-year period, although communications has replaced admissions and discharges as the fourth biggest cause of complaints at the Trust. Complaints about clinical treatment have increased, whereas complaints about patient care/nursing care have more than halved compared to last year.

Chart 3: Top five causes of 1st stage complaints in 2019-20, 2020-21, 2021-22 and 2022-23



Of the 38 second stage complaints received, 15 related to clinical treatment, 3 were about admissions and discharges, 3 were about patient/nursing care and 2 were about waiting times. The Trust also received 1 second stage complaint each for communications, prescribing, privacy and dignity, and values and behaviours of staff.

2.2. Where complaints come from

Table 1 below shows that most 1st stage complaints (96) were reported by the Medical Care Group in 2022-23, which is a decrease of 40% on the previous year. This is despite the pressures on the Trust’s Accident and Emergency Department, which sits within the Medical Care Group. The Surgical Care Group (84) reported a 16.67% increase from the previous year, with waiting times being a key issue of concern.

Overall Medical Care Group, Community Services, Nursing, Governance, Quality and Risk, and Medicines Management experienced a decrease in complaints, whereas Surgical Care Group, Clinical Support Services, Facilities and Health Informatics experienced an increase.

Table 1 – 1st Stage Complaints by Care Group in 2019-20, 2020-21, 2021-22 and 2022-23

Care Group	2019-20	2020-21	2021-22	2022-23
Medical Care Group	168	142	160	96
Surgical Care Group	131	91	72	84
Clinical Support Services	17	9	13	16
Community Services	5	9	16	5
Facilities	2	0	2	3
Nursing, Governance, Quality & Risk	1	0	4	2
Medicines Management	1	0	2	1
Total	325	251	269	207*

*these figures do not include 1 complaint received by Health informatics/Health records, and 3 complaints received by the Marshalls Cross GP surgery.

Chart 4 below shows that the Medical Care Group had the highest number of second stage complaints in 2022-23, despite the reduction in first stage complaints from the previous year. Although the Surgical Care Group has seen an increase in first stage complaints, this is not reflected in the number of second stage complaints. Medical Care Group is the only area to see an increase in second stage complaints compared to pre-pandemic levels.

Chart 4: 2nd stage by Care Group

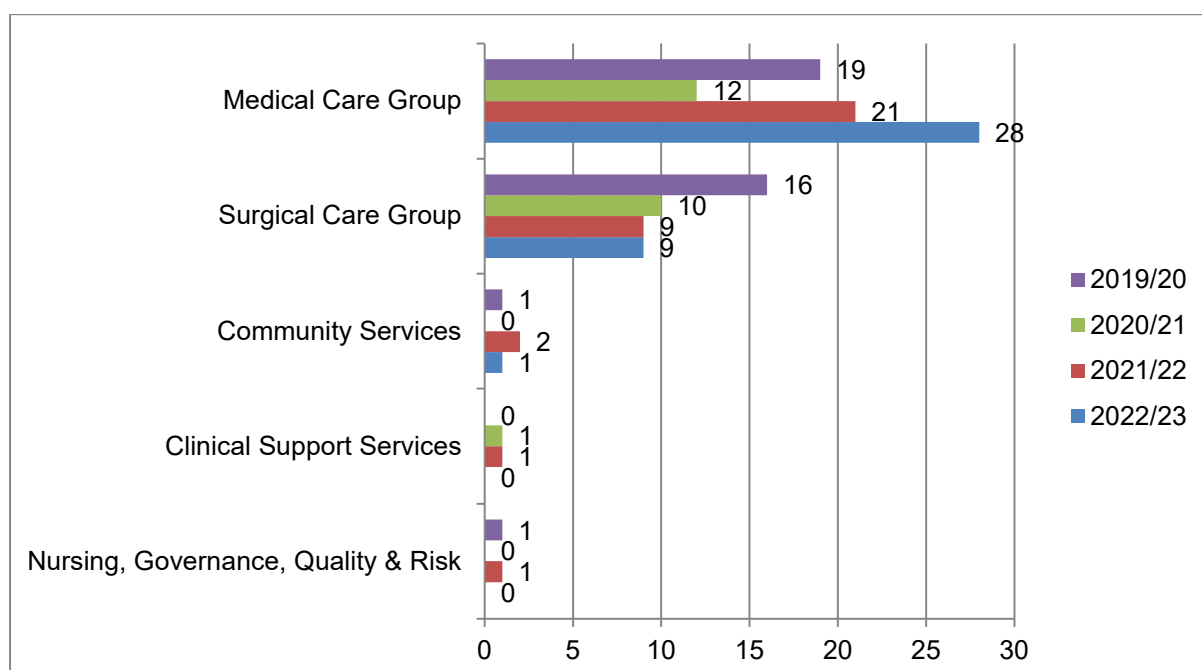
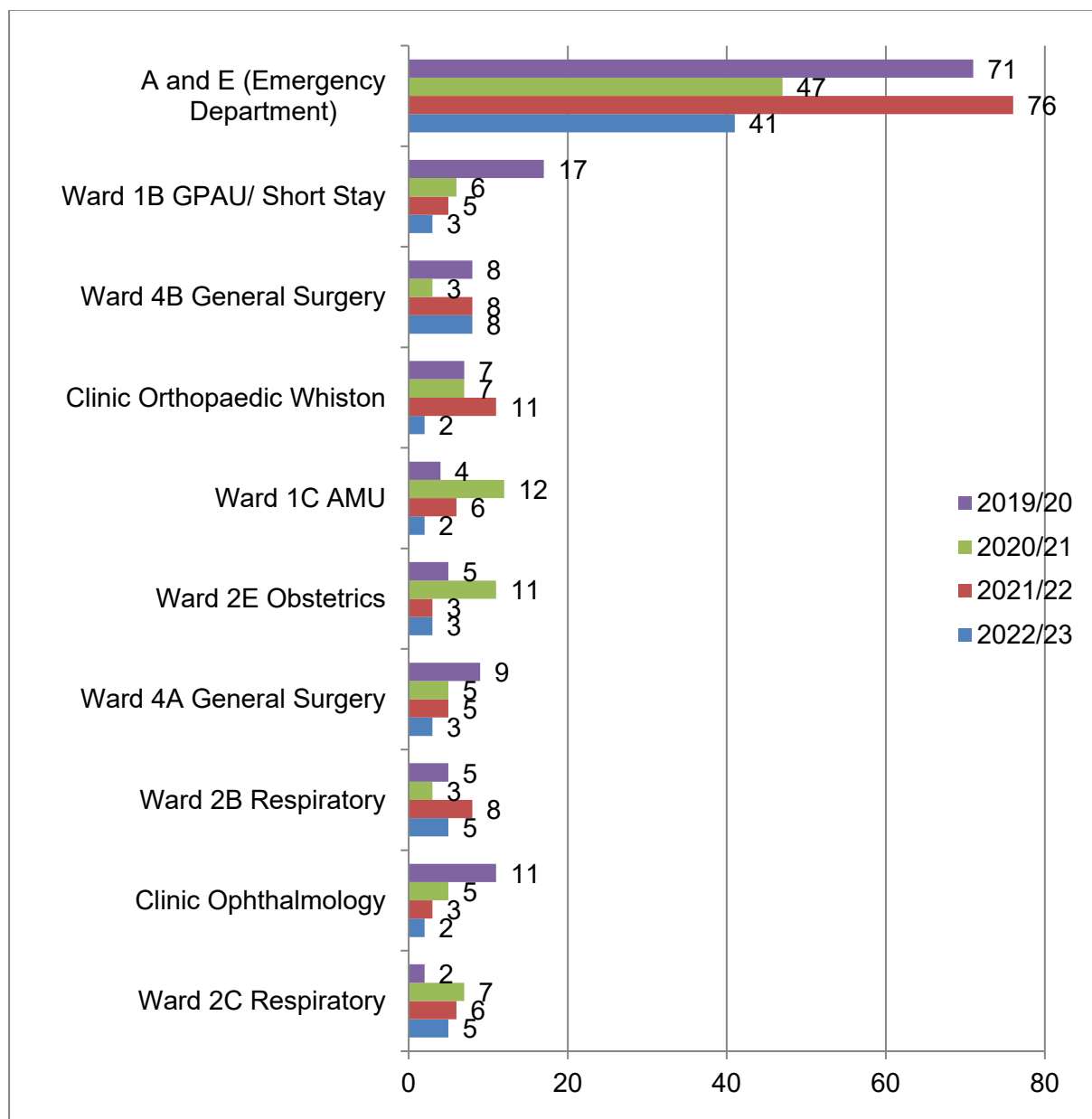


Chart 5 below represents the top ten wards/departments to receive complaints in 2019-20, 2020-21, 2021-22 and 2022-23. Despite the significant well publicised pressures on Accident & Emergency (and the NHS generally) there has been a significant reduction in the number of complaints in this area. It is of note that no area in the top 10 has received more complaints than it did in 2021-22, and Ward 4B is the only area that did not see a reduction compared to the previous year.

Chart 5 – Top ten wards/departments receiving 1st Stage complaints in 2019-20, 2020-21, 2021-22, and 2022-23



2.3. Complaint outcomes

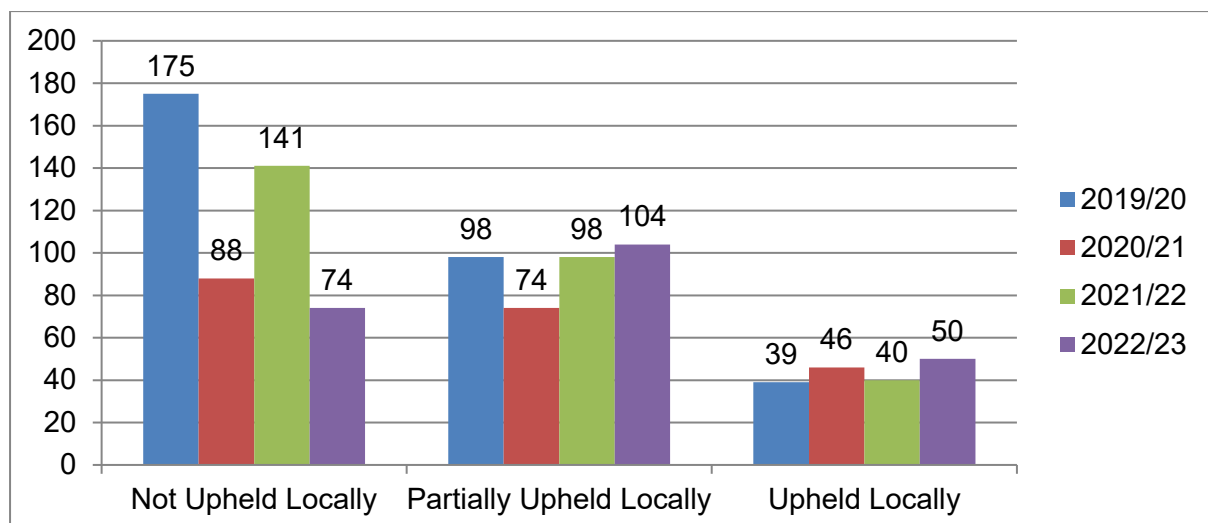
Once a complaint has concluded, the outcome will be recorded in line with the findings of the investigation. A complaint will be “upheld”, “upheld in part” or “not

upheld". Chart 6 below highlights the outcomes of the complaints closed in 2019-20, 2020-21, 2021-22, and 2022-23.

In 2021-22, 50.5% of the complaints completed were not upheld locally; in 2022-23 this decreased to 32.5%. In 2021-22, 35.1% of complaints were partially upheld, meaning that following the investigation, the Trust considered that some, but not all, of the issues raised in the complaint had some merit. This figure increased to 45.6% in 2022-23. The percentage of complaints upheld in full increased from 14.3% in 2021-22 to 21.9% in 2022-23.

These changes may reflect the overall complexity of complaints, or a tendency to only complain when something has clearly gone wrong with the care provided. In an effort to ensure consistency of approach, the Head of Complaints and Legal Services considers all complaints and makes a recommendation regarding the complaint outcome. This can then be cross checked against the conclusion of the Director of Nursing, Midwifery and Governance, who has the final say on the outcome of the complaint.

Chart 6 – Outcomes of complaints closed in 2019-20, 2020-21, 2021-22 and 2022-23.



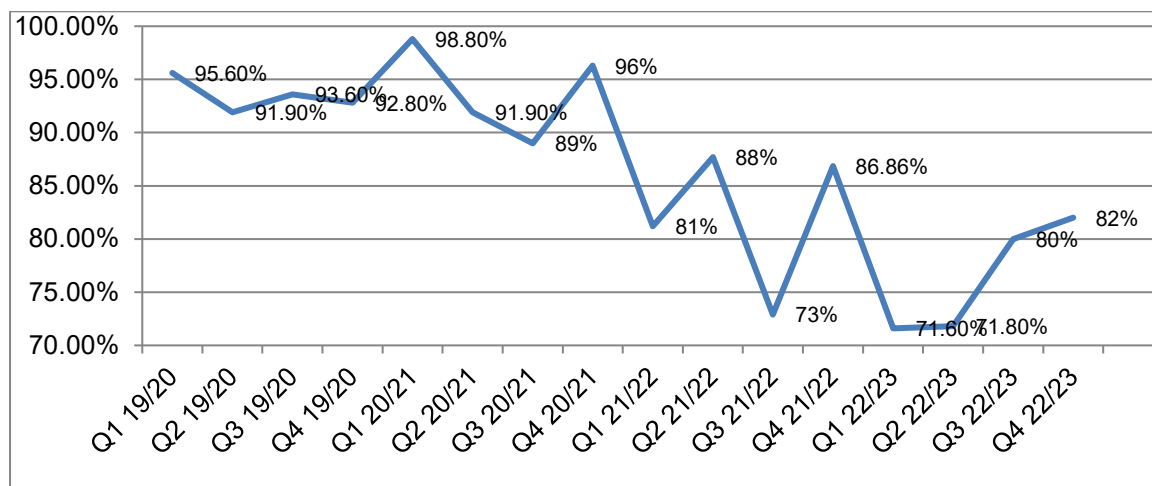
2.4. Timeliness of Complaints Responses

Chart 7 below indicates the response times for complaints, highlighting that 77.2% of 1st stage complaints were responded to within the agreed timescales in 2022-23 compared to 80% in 2021-22 and 93.9% in 2020-21.

This represents a drop off in the timeliness of response, but needs to be set against the number of responses completed. In 2019-20 the Trust received 325 first stage complaints and closed 314; in 2020-21 the Trust received 251 and resolved 215; in 2021-22 the Trust received 269, but resolved 280; in 2022-23 the Trust received 211 first stage complaints and resolved 230.

At the end of March 2022 there were 99 unresolved (live) 1st stage complaints; This had reduced to 83 on 31 March 2023. This number should continue to reduce as the timescale for completion of complaints also reduces.

Chart 7: 1st stage complaints response time



The Trust acknowledged 100% of complaints within 3 working days (an NHS national target) during 2022-23 and has maintained this for the last 4 years.

2.5. Assurance, learning from complaints and service improvements

In keeping with the Trust's vision to provide 5 star patient care, it is paramount that the Trust continues to learn from complaints and that this is reflected in service improvements. The list below highlights some examples of actions taken as a result of complaints:

- Clear pathways for investigation and treatment of referrals from other specialties for suspected lung cancer are now in place. The key change that has been made is that all patients discussed at the lung multidisciplinary team (MDT) meeting will have a safety net check carried out by the lung MDT coordinator to ensure all the recommendations are completed. The Trust has introduced secondary triage to try and reduce triage waiting times.
- ED are highlighting critical medications at triage to ensure that the nursing and medical staff have these prescribed as soon as possible once reviewed by a physician. Delays in prescribing have been relayed to the clinicians involved and the ED team, and they have reflected to ensure that all critical medication is prescribed in a timely manner in their future clinical practice.
- A designated full time Pharmacist has now been appointed to the ED department. Their work focuses on patients awaiting admission to the hospital as they ensure that the admission medication for each patient is correctly prescribed and reviewed. This minimises the possibility of delays in the administration of time critical medications.
- ED undertake regular teaching sessions where the importance of timely prescription of each patient's admission medication is discussed.
- Blood sugar monitoring has been escalated at the safety huddles to ensure that staff are accurately recording patient blood sugars on admission and pre-meal for

all diabetic patients.

- ED are working with our facilities team to ensure that any long stay patients are offered a hot meal whilst in the ED.
- Body maps now go with all patients on discharge. This has also been discussed in ward meetings and safety huddles which take place daily. In addition, for high-risk patients who suffer trauma or damage to their skin staff have been reminded to document and complete body maps on admission and update them on discharge. Staff have also been reminded that any wounds identified should be recorded on CareFlow in the form of photographic evidence.
- Nursing staff in ED were reminded about the importance of transferring patients onto beds to improve comfort and patient experience at the earliest opportunity.
- Ongoing education and awareness for nursing staff in relation to falls risk assessments, implementation of actions and the policy following an in-hospital patient fall.
- Reminders of the importance of confirming correct contact details for next of kin to ensure that relatives are kept up to date.
- A check list has now been created which prompts staff to check whether patients have their own clothes prior to discharge. Therapy staff have also been reminded to ask nursing staff why patients may be going home in pyjamas so that this information can be shared with family on arrival to manage expectations.
- The ED have now implemented a new system for requesting ECGs whereby the ECG technicians are only bleeped for urgent ECG requests, with less urgent requests made electronically. This change will ensure that more urgent ECGs are prioritised.
- A complaint where there was a missed opportunity to diagnose shingles was used as ED teaching to ensure clinicians check for vesicles which would confirm diagnosis.
- Staff have been advised in phlebotomy that all patient concerns or queries should be recorded to ensure that the concerns are dealt with promptly.
- Phlebotomy are creating a pathway to provide advice to patients who are in attendance.
- Action has been taken to ensure that adequate numbers of staff on the ward have the necessary training, specifically in intermittent catheterisation.
- Clinical practice in cannula care is audited regularly to ensure quality patient care.
- The correct procedure for administration of medication has been reiterated to the staff.
- Ward manager to undertake audits on rooms in ward to ensure they are the correct temperature for newly admitted patients.
- Doctors on ward were reminded to prescribe medication for discharge.
- More nursing staff have been recruited in ED as part of a quality initiative and there will be more nurses available to triage patients on their arrival.

2.6. Parliamentary and Health Service Ombudsman (PHSO)

Complainants dissatisfied with the Trust's complaint response have the right to ask the PHSO to consider their case. However, the complainant must be able to provide reasons for their continued dissatisfaction (in writing) to the PHSO. The Trust may also refer the complainant to the PHSO if they feel that the response has been

thoroughly investigated and responded to.

The PHSO will consider the complaint file, medical records and any other relevant information as necessary. The PHSO may decide not to investigate and no further action will be required from the Trust or, alternatively, make recommendations for the Trust to consider. The PHSO may decide to conduct a full investigation, which might result in the Trust being required to make an apology, pay compensation and/or produce an action plan outlining changes to be made to rectify the situation and prevent further occurrences.

The PHSO appears to currently be operating with a substantial backlog. In some cases the Trust has been asked to provide information in relation to preliminary enquiries, but has not received any further correspondence for over 12 months.

2.6.1.PHSO preliminary enquiries

There were 5 cases considered by the PHSO at preliminary assessment stage during 2022-23. Four of these were closed with no further action, although 1 of these was due to the complainant commencing legal proceedings. One is still ongoing. The table below contains information regarding the ongoing preliminary enquiries from the previous year.

Table 2: PHSO – ongoing preliminary enquiries

Description	Main Subject (KO41A)	PHSO Decision	Outcome
21133 Complainant was dissatisfied with the way their deceased relative's care and treatment was provided, including issues with communication, staff attitude and delays. Concerns also involve other NHS providers.	Communications	No action required	30-06-2022 Closed No further action
30660 Concerns relating to delay in being given date for operation and communication issues.	Waiting times	No action required	24-02-2023 Closed No further action
29841 – 1st stage and 32736 2nd stage Concerns relating to pain relief and communications in relation to palliative care patient.	Prescribing	No action required	16-02-2023 Closed No further action
33741 Complaint relating to lack of waiting area for visitors to ward area and lack of call bell.	Patient-Nursing Care	Pending decision	14-02-2023 Ongoing
31788 – 1st stage and Concerns re staff attitude in relation to complainant's daughter's exemption from wearing a mask	Values & Behaviours	Discontinued due to Legal process	07-02-2023 Closed No further action

2.6.2.PHSO formal investigations

There were 2 new formal investigations commenced by the PHSO in 2022-23. 1 of these has concluded with no further action, and the outcome of the other is awaited.

Table 3: PHSO – Formal Investigations – 2022-23

Description	Main Subject (KO41A)	PHSO Decision	Outcome
<p>27863 – 1st stage and 29283 – 2nd stage Concerns relating to the care and treatment afforded to the deceased patient, including lack of visiting, undiagnosed condition and concerns about communication, including lack of consideration of information provided by family relating to medication. In addition concerns were raised in relation to an unfounded safeguarding concern raised by a different organisation.</p>	Patient/Nursing Care	No action required	19-03-2023 Closed
<p>24553 & 23827 Concerns relating to care and treatment in clinic, including treatment pathway, delays, waiting lists for operation, changes in consultant, inadequate medication following surgery, post operative complications and lack of discharge paperwork.</p>	Delay or failure of treatment or procedure	Ongoing	Pending outcome

2.7. Complainants' satisfaction survey

The Trust has continued to conduct the complaints satisfaction surveys throughout 2022-23, with a copy of the survey sent out with all response letters. Unfortunately the response rate this year has been relatively low.

At 31 March 2023, there were 10 responses in total received, which is a 4.8% response rate. It should be noted that not all respondents answered all of the questions as shown in the summary below:

- 6 respondents found it very or fairly easy to complain, 3 found it very difficult and 1 did not answer
- 3 said their complaint was responded to within 3 working days (a legal requirement) and 4 said it was not. Our own data shows every 1st stage complaint received in 2022-23 was responded to within 3 working days
- 7 respondents said they were given information about the local advocacy services; 2 said they were not, although this forms part of the response template
- 4 respondents said they were contacted directly by the person dealing with their complaint, but 4 said they were not; 1 respondent did not answer and 1 could not remember
- 3 said they were given the opportunity to clarify their concerns; 4 said they were not and 3 did not answer
- 5 said they were given contact details for the team dealing with their complaint; 3 said they were not, which is also included in the template response

- 4 respondents said their complaint was responded to in a reasonable timescale; 5 said it was not
- Those 4 people said that the reasons for the decisions made in the complaint response were made clear to them. 4 of the 5 who said the timescale was not reasonable said that the reasons were not made clear. The other indicated “the department was busy” in the comments section
- 5 complainants said the complaint process left them feeling like an individual “all of the time” but 4 respondents said “not at all”

The feedback from the questionnaires is reviewed by the Complaints Team, with actions taken including reducing the time taken to respond to complaints and maintaining regular contact with complainants throughout the process where appropriate.

2.8. Other achievements

The Complaints Team underwent a Mersey Internal Audit Agency (MIAA) audit in March 2023 and achieved the highest assurance rating. This means the audit found that:

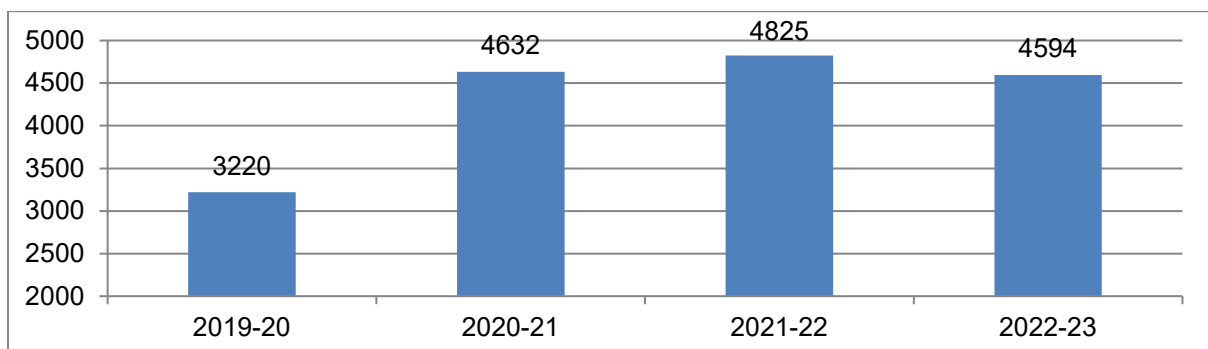
“There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.”

The review identified only 1 area for action, which was identified as low risk. This involved formalising and ratifying a documented procedure for an existing process, which has now been approved as part of the updated policy.

3. PALS overview

The Patient Advice and Liaison Service (PALS) provides impartial advice and assistance in answering questions and resolving concerns that patients, their relatives, friends and carers might have when accessing the NHS services provided by the Trust. The team will listen to concerns, queries and suggestions and provide advice and support to patients, their families, and carers. The service helps to resolve problems quickly on the complainants by liaising and working closely with the relevant teams.

Chart 8: PALS activity by year



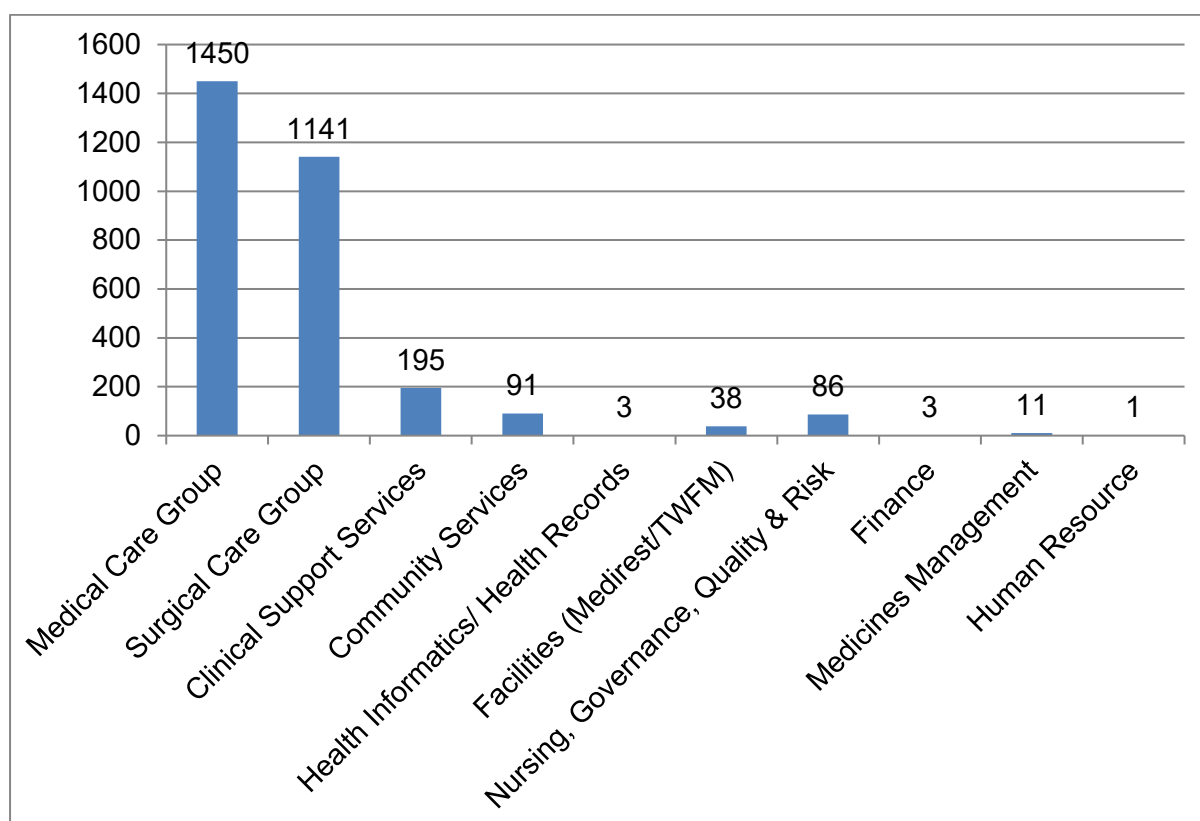
There were 4594 PALS contacts during 2022-23 (excluding compliments), a 4.8% decrease compared to 2021-21. 34.8% (1600) of the enquiries to PALS were comments or for signposting, the remainder were concerns or complaints.

In 2022-23 131 PALS enquiries, including both concerns and signposting, became complaints. PALS have consistently resolved a high number of concerns locally and maintained a low conversion rate of informal concerns becoming formal complaints.

3.1. PALS activity by Care Group

Not all PALS contacts are for specific Care Groups; however, Chart 9 highlights the spread of contacts where this is specified. As would be expected, the Medical and Surgical Care Groups have most contacts. The pattern is broadly the same as the previous years, although it is of note that there was a decrease in PALS enquiries relating to Medical Care Group and an increase in PALS enquiries relating to Surgical Care Group and Community Services.

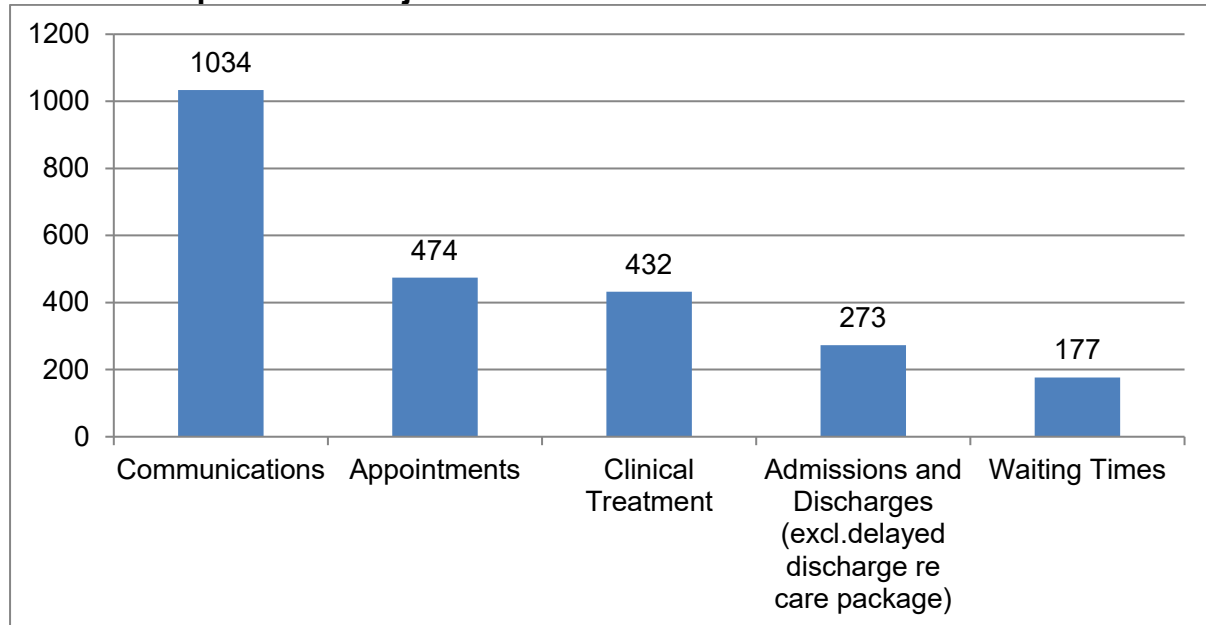
Chart 9: PALS activity by Care Group/department



3.2. Subject of PALS contacts

The top 5 KO41(a) subjects that were raised within these PALS enquiries are shown in Chart 10 below. The highest PALS concerns/complaint subject area in 2022-23 was communications and the second highest was appointments.

Chart 10: Top 5 PALS subjects



4. Access for Complainants

The Trust's Managing Complaints, Concerns and Compliments Policy aims to make patients and their representatives feel comfortable and supported in making their complaints. The latest version of the Policy has been amended to place greater emphasis on ensuring everyone can access complaints, regardless of any communication issues. Leaflets and posters highlighting the various methods for raising concerns are left on wards and departments to ensure patients or their representatives are aware of the options available for raising complaints. Enquiries, feedback and complaints information is also available on the Trust's website in addition to an online complaint form.

When further support is needed the Trust aims to ensure that the complaints process is signposted locally so that patients know how or where to complain. The PALS team also assist patients or their representatives by their flexible approach to resolving concerns.

In order to continuously improve the management of complaints, the Trust will be moving to a target of 60 working days for complaint responses from 1st July 2023. This will prove challenging, due to the tighter timescales and two sets of complaints falling due at the same time. In order to facilitate this change and improve the Trust is:

- Arranging further training around complaint and statement writing
- Providing summary guidance for everyone involved in responding to complaints
- Re-iterating to staff the need to take ownership of complaints
- Focussing on quality and timeliness of statements in response to complaints
- Looking at additional resources for responding to complaints across the care groups
- Making complaint responses easier to read and understand

5. Conclusion

The Trust achieved 77% of complaint responses sent out within agreed timescales in 2022-23. Whilst this is a disappointing figure the Trust is taking steps to reduce the time taken to respond to complaints and to reduce the overall number of open complaints.

The timeliness of acknowledging complaints within 3 working days has remained consistent with all complaints being acknowledged within 3 working days for the last four years.

The PALS Team continue to resolve the vast majority of concerns at a local level, without the need to escalate to a formal complaint.

ENDS