

Complaints and PALS Annual Report 2022-2023

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1.0 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.

Southport and Ormskirk Hospital 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, complaints, compliments 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 foundation of patient experience, and the Trust has an up-to-date Managing Concerns and Complaints Policy in place. 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 ensure that when a formal complaint is made it is managed, investigated and responded to appropriately.

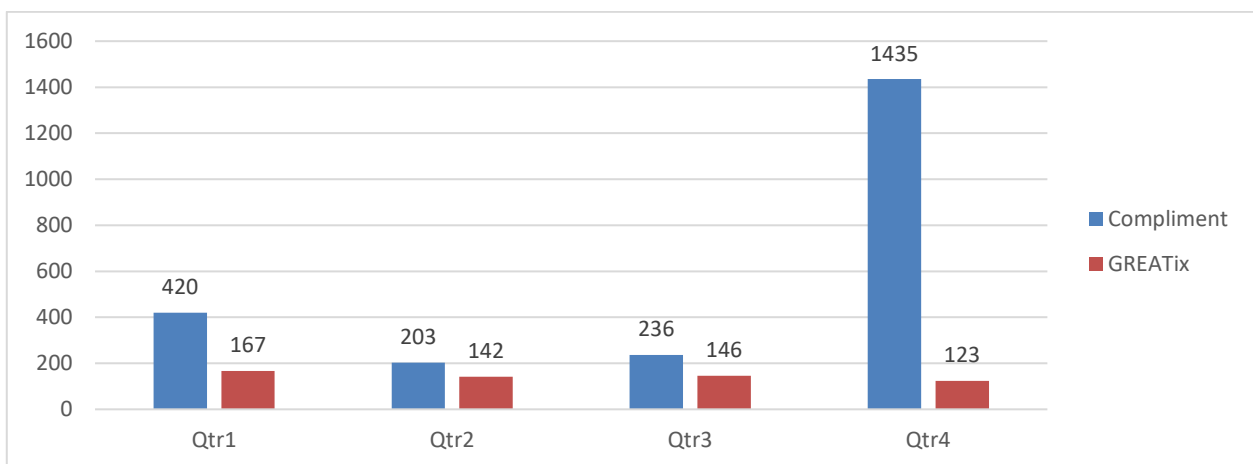
In accordance with the NHS complaints procedure, the annual complaints report is made available to the public on request.

2.0 Compliments

Throughout the last year 2022/23, the trust recorded 2294 compliments from patients and their relatives.

There was also 578 Greatix reported (Greatix is a reporting system used for staff to acknowledge each other’s great work). We will continue our work in capturing these positive messages via other routes.

Compliments & Greatix Received by Quarter



3.0 Complaint’s Overview

The Trust works in conjunction with its Concerns, Complaints and Compliments Policy and the NHS and Social Care Complaints Regulations 2009. Enabling patients and their representatives to feel comfortable and supported in raising their concerns. Leaflets and posters highlighting the various methods of communication are left on wards and departments to ensure patients or their representatives are aware of the options available for raising complaints. Enquiry, feedback and complaints information are also available on the Trust's website.

Between April 2022 and March 2023, the Trust received 243 formal complaints which is a 10.6 % decrease compared to the previous year.




There has been a focus on the Trust's complaint response time and the number of open complaints. The number of open complaints has reduced by 71.4% and the number of overdue complaints has reduced by 87.3%.

Reopened complaints have reduced from 2.6 to an average of 1.3 per month, demonstrating improvements in the quality of the Trusts formal responses.

The number of complaints over 100 days peaked at 14 in September 2022. At the end of March 2023, this reduced to 1.

The number of new complaints averaged 23 per month in the previous year. This has reduced to an average of 13 per month. This is due to early intervention to prevent patient concerns escalating into formal complaints.

Number of formal complaints received

	2020/21	2021/22	2022/23
Formal Complaints	213	272	243
% Changes against previous year	16% 	28% 	10.6% 

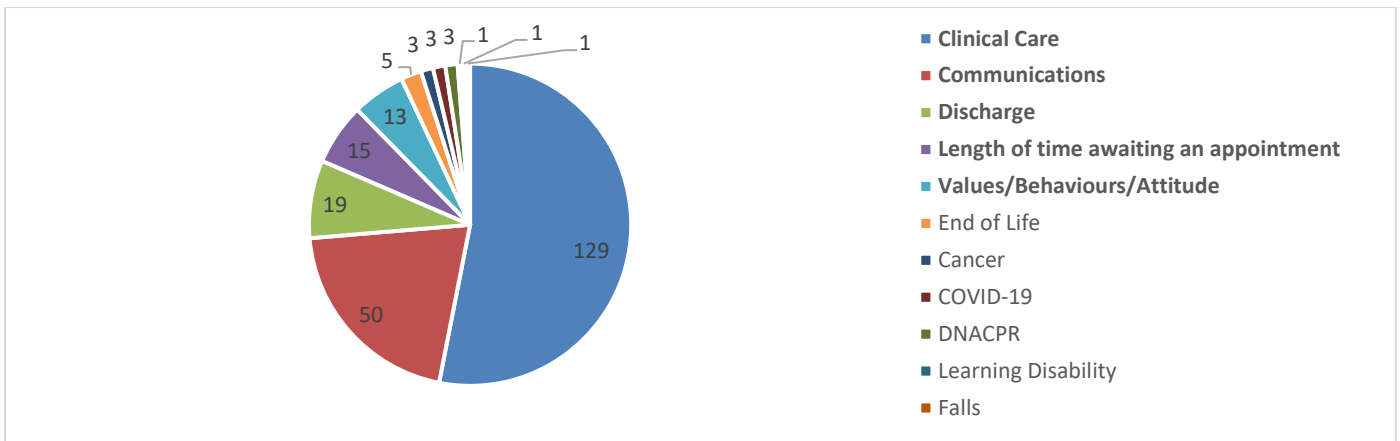
Under the Trust's Managing of Concerns and Complaints Policy, a complaint will be re-opened if the complainant is not satisfied with the Trust's response because they consider the initial investigation to be inadequate, incomplete, or unsatisfactory and/or when the complainant believes that their issues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

In 2022-23, the Trust re-opened and investigated 9 complaints. This is a decrease on the previous year of 16 in comparison to 2021-22 when the Trust received and investigated 25 re-opened complaints for this financial year.

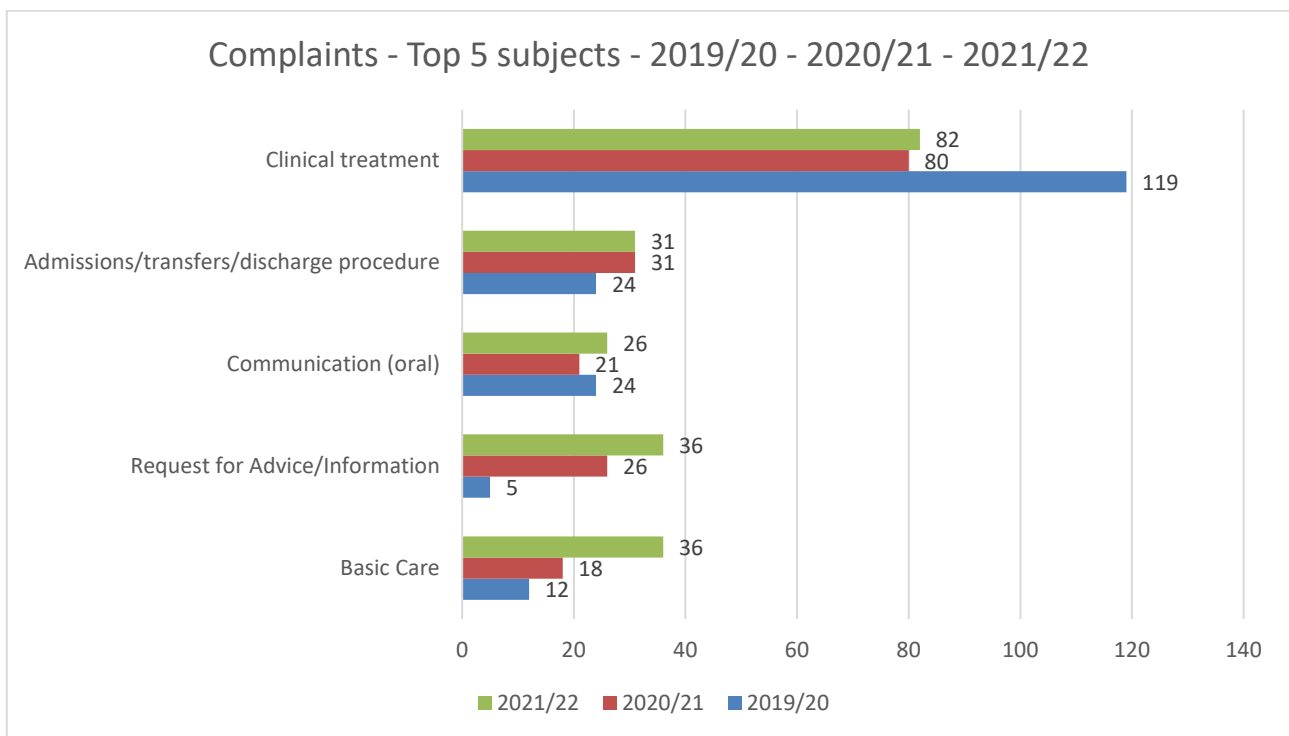
3.1 Cause of Complaints

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.

The pie chart below highlights the top five themes for complaints in 2022-23 compared to the previous three years on the further graph below. Clinical care/treatment remained the main reason for complaints raised. The overall proportions of complaints for each of the top five themes have remained broadly similar to the previous years.



Top Five causes of complaints in 2019-20 2020-21 2021-22



3.2 Where Complaints Come From

The table below shows that the largest numbers of complaints 128 were reported by the Urgent Care business unit in 2022-23, which is a decrease of 23% on the previous year.

Planned Care business unit reported 69 complaints, this is an increase of 44% from the previous year.

Women’s and Children’s business unit reported 37 complaints in 2022-23 which is an 18% decrease on the previous year.

The remaining business units have reported similar figures as on previous years with little or no change.

Business Unit	Quantity 2021/22	Quantity 2022/23
Urgent Care	166	128
Planned Care	48	69
Women & Children's	45	37
Clinical Support Services	6	4
Integrated Governance & Quality	4	2
Estates & Facilities	2	2
Executive Management	1	1
Total	272	243

The graph below represents the top five wards/departments to receive complaints in 2022/23.

As expected, due to the high number of patients seen in A&E, this remains the highest single originator for complaints, however there has been a 12% decrease on the previous year.

Planned care comparison to the previous financial year due to the increase in complaints. There has been an increase in reported concerns logged as level 3 or above in 7 of 12 months, the most significant of these being in April, August and September.

A significant number of these concerns revolved around communication challenges and delays with receiving appointments and investigations.

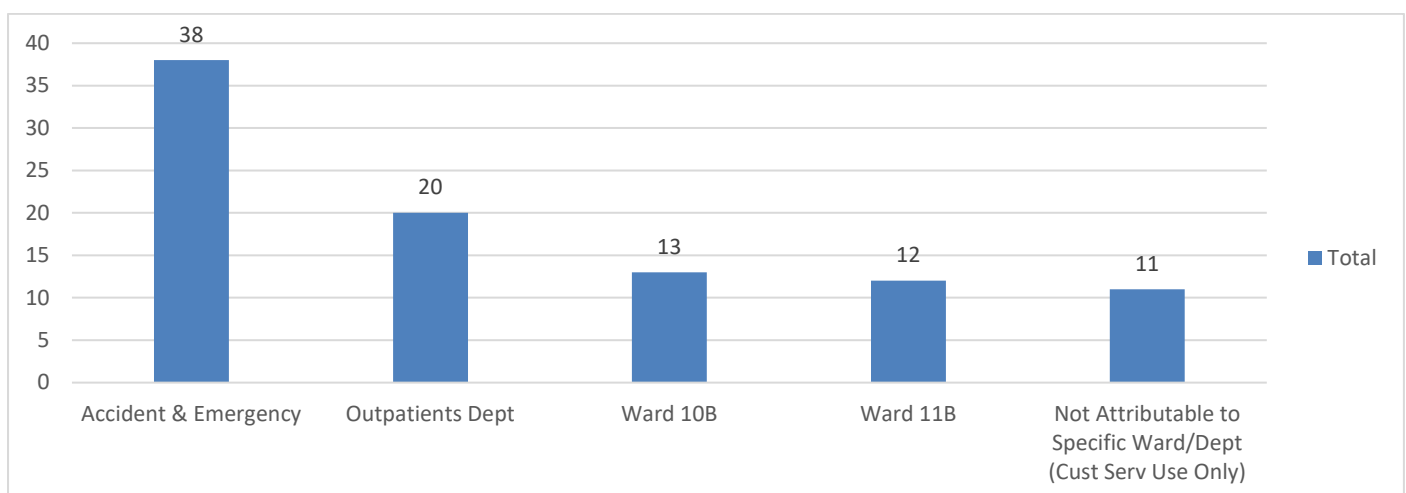
Concerns and related themes are raised through the CBU governance meeting as part of Governance team presentation. Specific areas of concern are escalated through the teams AAA presented to CBU Governance and are escalated weekly through the Patient Safety Meeting.

Additional escalation processes are now in place – AAA escalated through the Patient Safety Group and, if appropriate, escalated through scrutiny and assurance group.

'Lessons Learnt' are produced to advise of areas of concern and escalate themes throughout the CBU as well as through appropriate direct action.

Reassuringly since January 2023 all months consistently show a reduction in complaints compared to their corresponding periods in previous year.

Top five wards/departments receiving complaints in 2022 - 23



3.3 Complaint Outcomes

The table below indicates the outcome recorded by the Trust on 276 closed complaints within the year, the table highlights the outcomes of the complaints closed in 2022/23. Some of which are from the previous reporting period. Several complaints remain under investigation.

Outcome	Quantity
Not Upheld	69
Partly Upheld	163
Upheld	44

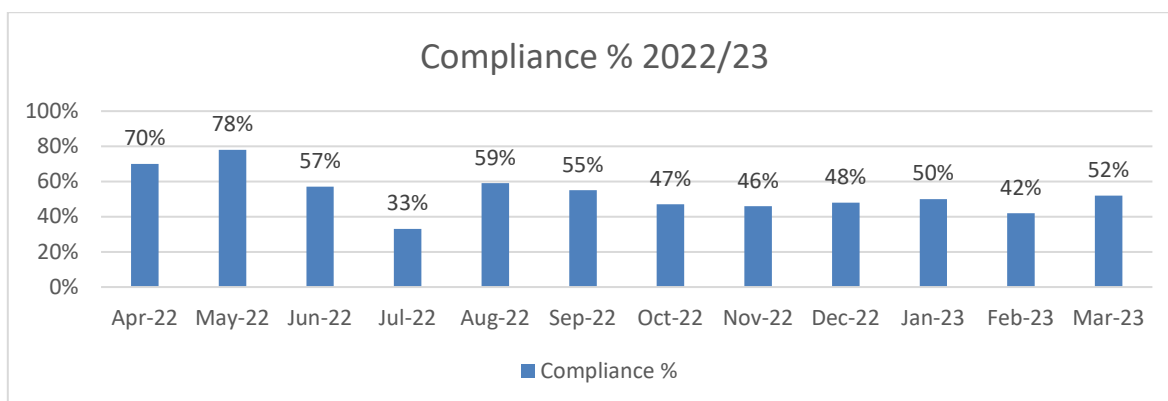
Not upheld indicates following investigation no fault was found.

Partially Upheld indicates following investigation the Trust found some failings, action planning in place for improvement and apology was required.

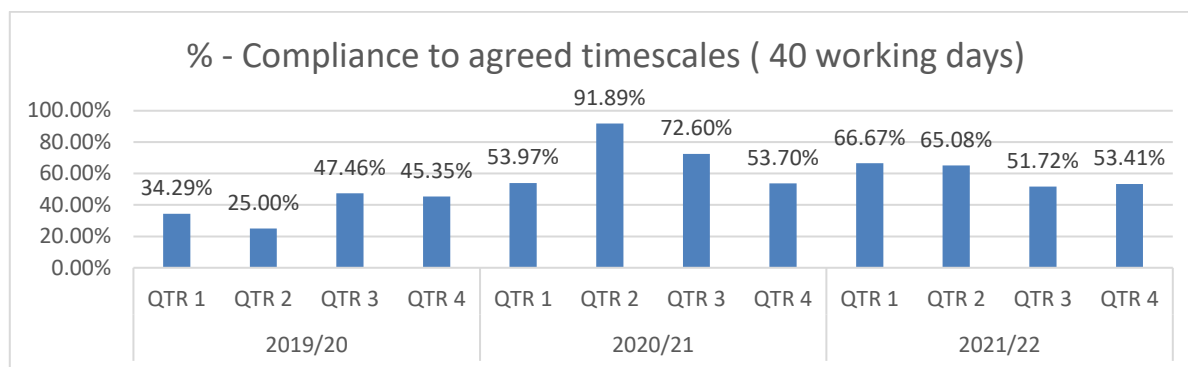
Upheld indicates following investigation the Trust clearly identified failings in standard of care, staff attitude and communication. Action plan put in place for improvement and monitored by action planning / scrutiny and assurance and apology offered.

3.4 Timeliness of Complaints

The graph below provides percentage compliance for the Trusts 40 working day response time. Although this has not been met within this financial year. Significant improvements have been made as explained above.



Historic Complaint's response time



The Trust acknowledged 100% of complaints within 3 working days (an NHS national target) during 2022-23.

3.5 Complaints Received from Local MP – Rosie Cooper & Damien Moore

The Trust received 40 concerns / information requests from the local MP’s Rosie Cooper of West Lancashire and Damien Moore of Southport. The Trust also received 7 concerns from MP’s outside of the district.

3.6 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.

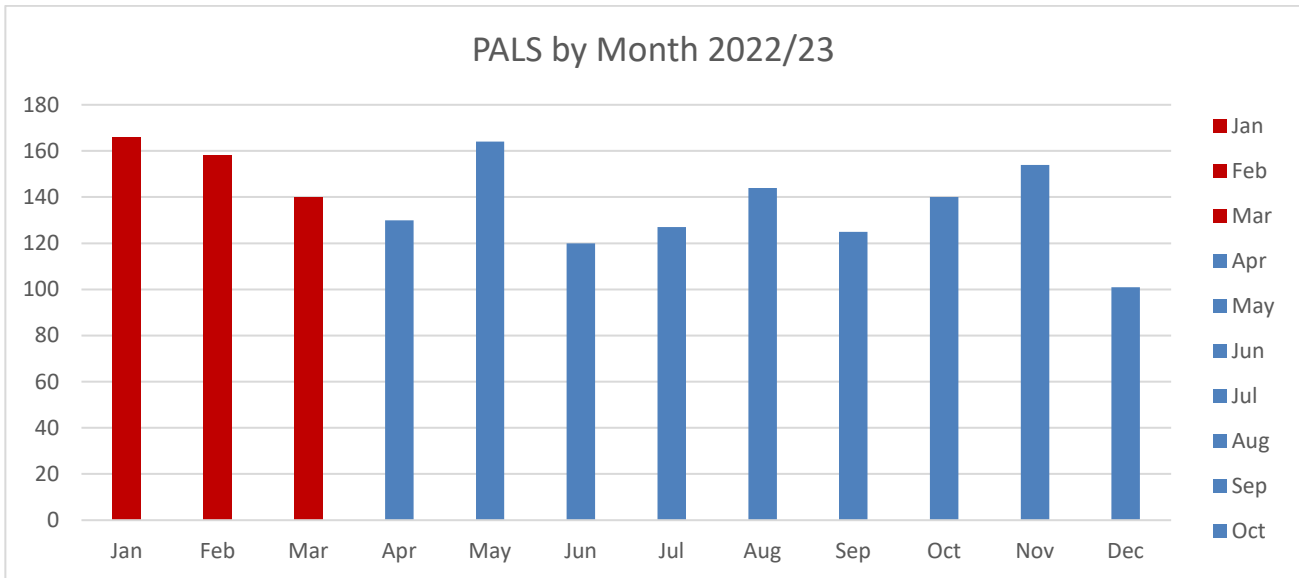
3.6.1 PHSO preliminary enquiries

PHSO Enquires	2020/21	2021/22	2022/23
Investigation: not upheld	0	2	1
Investigation: fully upheld	0	0	0
Investigation: partially upheld	1	2	2
Complaints withdrawn by PHSO	0	4	3
No decision made yet: carried forward	5	2	2
Total	6	10	8

4.0 PALS Overview

The Patient Advice and Liaison Service (PALS) provides help, advice and information for patients, families and carers. PALS seek to promote the importance of listening to patient enquiries and concerns. To support this, PALS work closely with staff who have direct contact with patients, their families and carers, providing help and information and will attempt to address any issues of concern at a local level as quickly as possible.

PALS activity by month for 2022 - 23



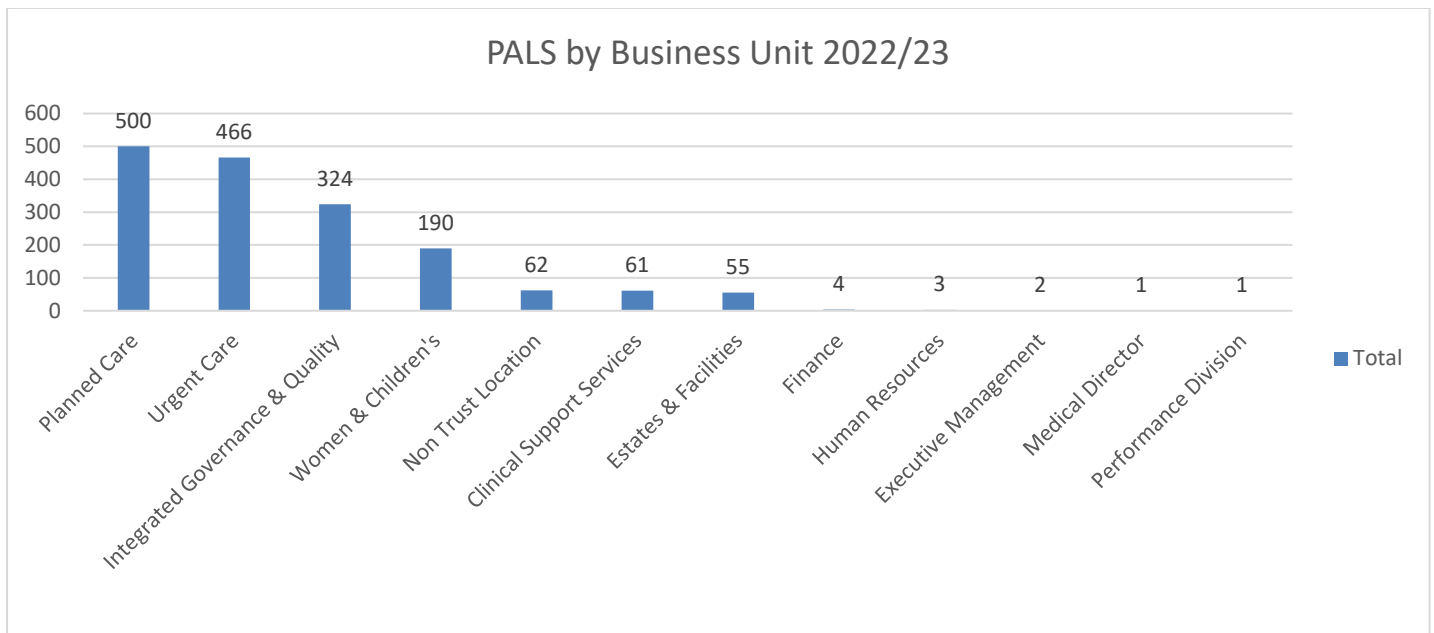
There were 1669 PALS contacts during 2022-23. This generated **5064** contacts of communication by the PALS team.

	2020/21	2021/22	2022/23
Concerns / Information Requests (PALS)	1286	2111	1669
% Changes against previous year	112%	64.1%	20%

4.1 PALS Activity by Care Group

Not all PALS contacts are for specific Business Units, however, the following graph highlights the spread of contacts where this is specified. As would be expected, the Urgent care and Planned care business units have the majority of contacts.

2022-23 PALS activity by Care Group



5.0 Assurance, Learning from Concern or Complaints & Service Improvements

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

Lessons Learned

- Discharge process has been improved, the discharge planning team have supplied all areas with a flow chart that clearly explains the discharge process for all patients and discharge locations.
- To improve communication in response to restricted visiting, a communication care plan has been successfully piloted across a number of medical wards. This has now been implemented throughout the Trust.
- The Integrated Governance Team have introduced governance learning bulletins which includes learning from complaints, and these are shared amongst all staff.
- Palliative care training has been carried out by Queens court hospice to improve end of life care and early recognition of patients approaching end of life.
- Family liaison has been implemented and included within the revised Concerns, Complaints and Compliments policy. A field to acknowledge this has also been added to the Datix system for recording. An appointed family liaison person will be required for level 4 and above complaints, or any complaints linked to a serious incident (SI).
- End-of-Life Care (EOL) and Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) training. Following family feedback from a complaint that was investigated within this year. This was carried out on trust brief, EOL steering group and junior doctor induction training. This is also incorporated in the 2022-2023 Trust objectives.
- To improve communication during visiting restrictions, a scheme was launched across the Trust where Zoom calls were arranged for patients and their relatives. Examples of where this has benefited both the patient and family members are:
 - Patient and his son had several calls via Zoom which took place at 8.30am as son was in New Zealand. As calls took place the son could see patient deteriorating daily. Son decided to book a flight and sadly two days after he arrived, the patient died with his son by his side.
 - Zoom calls between a patient and her two daughters, one of which lived in Australia. Calls took place, and the agenda was regarding where mum was going to go from hospital. Having a 3-way conversation was beneficial to the whole family and a shared decision was made to support discharge.
 - Zoom calls between a patient, daughter and her solicitor to amend her Last Will and Testament. This was important to the patient and gave some comfort that this had been completed.

6.0 Conclusion

To summarise in 2022/23, 2294 compliments were recorded and there has been a 20% decrease in PALS contacts.

Between April 2022 and March 2023, the Trust received 243 formal complaints which is a 10.6 % decrease compared to the previous year.

There has been a focus on the Trust's complaint response time and the number of open complaints. The number of open complaints has reduced by 71.4% and the number of overdue complaints has reduced by 87.3%.

Reopened complaints have reduced from 2.6 to an average of 1.3 per month, demonstrating improvements in the quality of the Trusts formal responses.

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Due to high numbers of patients, the Adult Accident and Emergency department has received the most complaints. The main reason continues to be clinical treatment; however, this has reduced when compared to previous years.

The Patient Experience and Complaints team will continue to contribute to the Trust vision to provide excellent patient care for every patient every time.

We will do this by continuing to improve our response time to complaints and enhance the processes of how we learn from concerns and complaints to improve the delivery of safe and effective care.