



**Complaints (& PALS) Annual Report  
1 April 2020 – 31 March 2021**

**SOMERSET NHS FOUNDATION TRUST**

**Complaints (&PALS) Annual Report**

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### 1. Background and purpose

The year has seen unprecedented challenges to the health service due to the Covid19 pandemic. At Somerset Foundation Trust, we have worked under extreme pressure, prioritising the need to keep our patients and staff safe whilst continuing to deliver essential services within our mental health, community, outpatients, and acute inpatient settings.

We had to adapt our complaints process, balancing the need to reduce the pressure on our clinical teams with continuing to provide a process to address and respond to concerns raised by our service users. During quarter 1, at the beginning of the first National lockdown, we introduced a temporary pause in the formal investigation process and resolved complaints informally wherever possible.

We were able to resume formal investigations by the beginning of quarter 2 and we supported our colleagues to focus on the backlog of complaints whilst retaining the focus of locally resolving complaints where we feel this would provide a more efficient resolution for the complainant. Seeking and acting on patient feedback is key to improving the quality of healthcare services.

This paper provides an annual report for 2020/21 of the Trust's activity in relation to patient experience, PALS and complaints and the opportunities for learning and service improvement.

### 2. Accountability for complaints management within the Trust

The Board has corporate responsibility for the quality of care and the management and monitoring of complaints received by our Trust. The Chief Executive has delegated the responsibility for the management of complaints to the Chief Nurse. The Associate Director of Patient Centred Care is responsible for the management of the complaint process and ensuring:

- all complaints are investigated appropriately to the complaint
- all complaints receive a comprehensive written response or meeting as requested to address their concerns
- complaints are responded to within the set local standard response times (40 days)
- when a complaint is referred to the PHSO, all enquiries are responded to promptly and openly

### 3. Patient Advice and Liaison Service (PALS)

The PALS team provided the following:

- assistance to patients and their representatives with concerns and requests for information. Some examples of recurring enquiries are patients being unable to contact outpatient departments, patients concerned about waiting times for an operation and assisting with transport queries
- act as a liaison between patients and services and offer suggestions for improvements drawing on the patient experience

- raise the profile of PALS throughout the Trust by linking in with wards and departments and representing the service and views of patients on relevant committees
- provide accessible information to patients, relatives, visitors and staff on the intranet and internet

The PALS team aim to:

- offer on the spot resolution
- ensure patients receive appropriate information
- resolve patient concerns at an early stage
- provide a seamless service
- inform and educate staff
- monitor concerns and outcomes
- be a catalyst for service improvement and change

In the year 2020/21 the Trust received **3241** PALS concerns.

Each concern is recorded, and action taken with individuals and teams to resolve in a timely manner. Concerns addressed locally will result in a better outcome for the patient and their family; the issue can be dealt with in real time rather than retrospectively. The Patient advice and Liaison service aims to prevent a situation deteriorating and thereby potentially causing the patient and their family further harm or distress. The PALS team are also a source of information and guidance when a patient may not be able to find that information from an alternative source.

**95% of PALS** concerns are resolved without the need for them to be elevated to a formal complaint.

#### 4. Formal Complaints

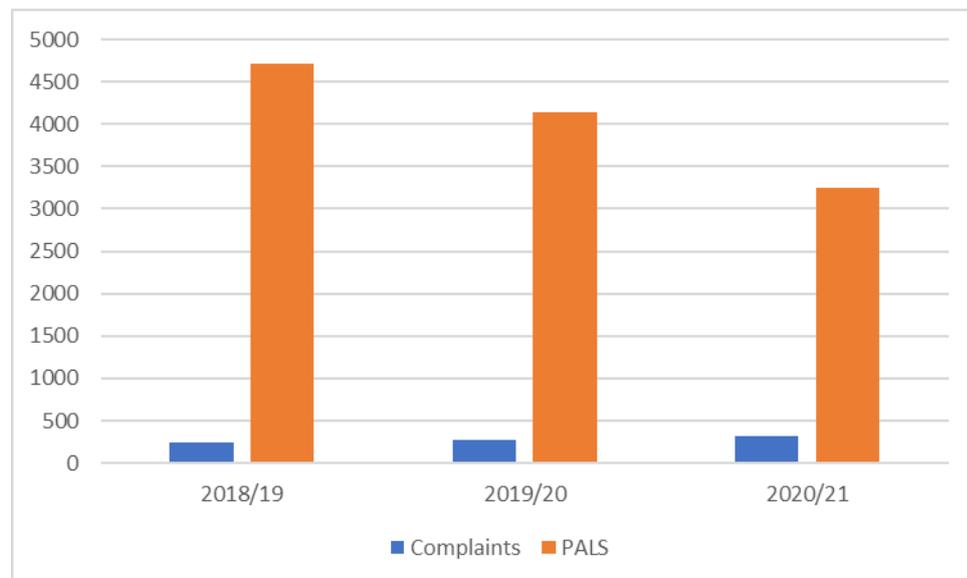
Every complaint received is fully investigated and a thorough response is provided to the complainant. This can sometimes involve a meeting with the complainant and key staff involved. Experience has shown that patients are generally more satisfied with outcomes in the form of meetings.

All meetings are followed up with a recording of the meeting on CD and a meeting outcome letter summarising what was discussed and any actions to be taken forward. Complaint responses that have not been accepted by the complainant, and require further investigation are logged as new complaints.

In 2020/21, the Trust received **326** formal complaints.

#### 4.1 Trends in Number of PALS Concerns and Complaints Received

The graph below shows the number of PALS and formal complaints received each year.



The graph shows a small decrease in the number of PALS concerns received over the last year.

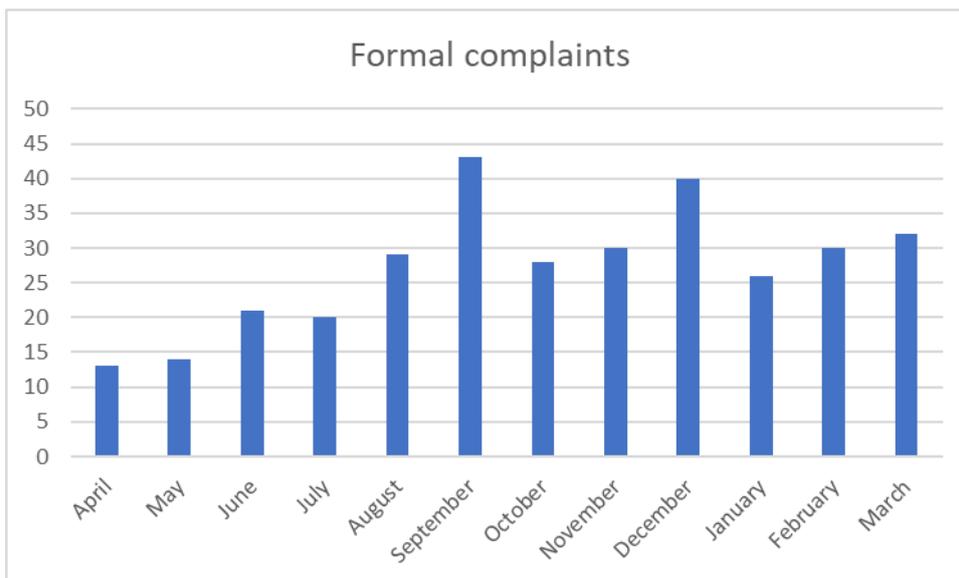
This decrease could be a direct result of the pandemic particularly during the lock downs, the team were not able to conduct ward visits and did not accept 'walk in' cases, this was further affected by the suspension of visiting to hospital sites and early in the pandemic a significantly reduced number of patients accessing services.

By comparison, the number of formal complaints has increased by 18%.

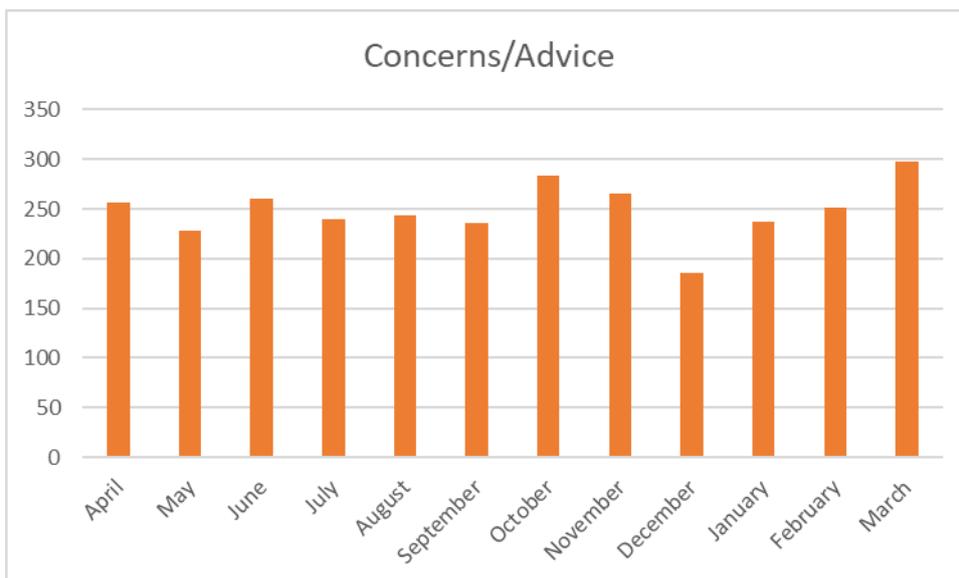
Both PALS concerns and formal complaints have become more complex over recent years although complexity of complaints is subjective. The subject itself may not be complex. However, it can be the softer aspects of the complaint such as differences in perceptions,

personality clashes, overt or covert prejudice, realistic versus unrealistic expectations of health outcomes and sometimes the reaction to distressing news that require skilful management and advanced communication skills.

Other factors such as multiple trust services or inter-dependence on other agencies being involved in care can also add complexity. As the first integrated trust in the country of this kind, benchmarking against other organisations is difficult. However, in discussions with trusts in other areas and with NHSE/I colleagues all report a decrease in PALS and formal complaints as a result of the impact of the pandemic.



This chart shows that early in the pandemic the number of formal complaints decreased significantly but as restrictions were lifted in August the number began to increase with a spike in September. This proved to be a significant challenge for directorates as this coincided with the efforts to return to normal services and investigate complaints, paused during the lockdown.

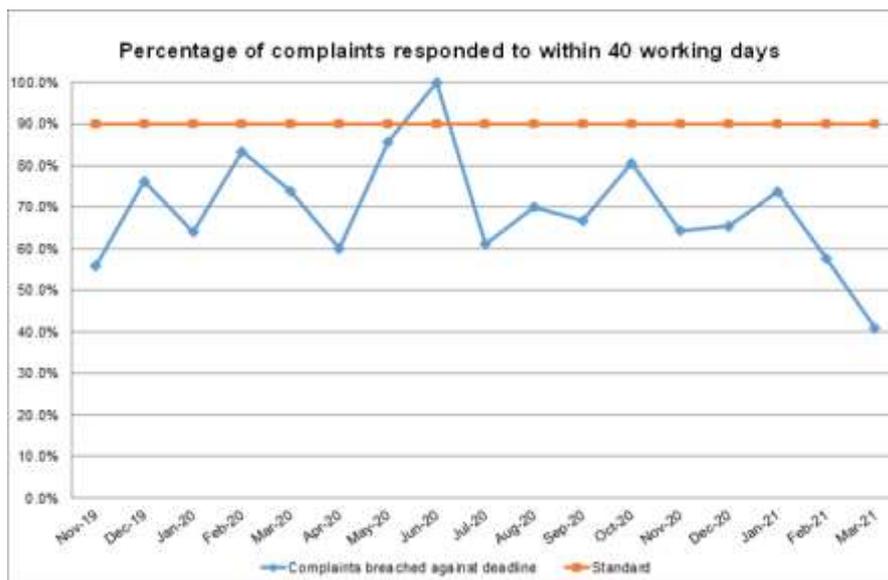


PALS numbers remained relatively consistent throughout the year.

### 4.3 Timeframe

The Trust is committed to a timeframe for acknowledging and responding to formal complaints in line with NHS England guidance. Formal complaints are acknowledged by the Complaints team within 3 working days of receipt. The complainant is sent a letter of acknowledgement followed by a telephone consultation to discuss the complaint and identify the key points for investigation.

The key performance indicator is that 90% of complaints are responded to in 40 days



Percentage of responses sent out within 40-day time frame by directorate

Directorate	Description	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Clinical Support and Specialist Services Directorate	Total number of complaints closed	New reporting			2	2	0	2	2	2	1	2	3
	Number inside of 40 days				1	1	0	1	1	1	0	1	
	% inside of 40 days				50.0%	50.0%		50.0%	50.0%	50.0%	100.0%	0.0%	33.3%
Families Care Directorate	Total number of complaints closed				2	6	4	2	9	7	7	3	7
	Number inside of 40 days				2	4	1	2	8	6	5	3	6
	% inside of 40 days				100.0%	66.7%	25.0%	100.0%	88.9%	85.7%	71.4%	100.0%	85.7%
Integrated and Urgent Care Services Directorate	Total number of complaints closed				10	6	12	6	6	5	4	7	12
	Number inside of 40 days				7	5	7	6	3	3	2	3	5
	% inside of 40 days				70.0%	83.3%	58.3%	100.0%	50.0%	60.0%	50.0%	42.9%	41.7%
Mental Health & Learning Disabilities Directorate	Total number of complaints closed				2	1	3	9	3	2	3	3	5
	Number inside of 40 days				0	1	3	7	3	2	2	3	2
	% inside of 40 days				0.0%	100.0%	100.0%	77.8%	100.0%	100.0%	66.7%	100.0%	40.0%
Primary Care and Neighbourhoods Directorate	Total number of complaints closed				0	0	3	3	3		2	3	3
	Number inside of 40 days	0	0	3	3	1		2	2	2			
	% inside of 40 days			100.0%	100.0%	33.3%		100.0%	66.7%	66.7%			
Surgical Care Directorate	Total number of complaints closed	2	5	1	9	5	10	1	7	14			
	Number inside of 40 days	1	3	1	6	2	5	1	3	2			
	% inside of 40 days	50.0%	60.0%	100.0%	66.7%	40.0%	50.0%	100.0%	42.9%	14.3%			
Corporate Directorate	Total number of complaints closed	1	0	1				1	1	0.0%			
	Number inside of 40 days	1	0	1				1	1	0.0%			
	% inside of 40 days	100.0%		100.0%				100.0%	100.0%				
Trustwide	Total number of complaints closed	10	7	20	18	20	24	31	28	26	19	26	44
	Number inside of 40 days	6	6	20	11	14	16	25	18	17	14	15	18
	% inside of 40 days	60.0%	85.7%	100.0%	61.1%	70.0%	66.7%	80.6%	64.3%	65.4%	73.7%	57.7%	40.9%

There are a combination of factors contributing to the failure to respond within timeframe:

- current ongoing pressures of work associated with the pandemic
- number of complaints – 44 complaint responses were sent out in March vs 26 in February and 19 in January. This reflects the increased workload for directorates. The number of responses within the timeframe remains consistent e.g. January 14 responses February 15 responses and March 18 responses
- complaints are increasingly complex and involve multiple teams
- availability of paper medical notes when multiple teams are involved

- increased workload of the Complaints team and 1.0 WTE long 1.0 WTE vacancy (interviews have taken place and replacement appointed)
- quality of complaint responses, requiring multiple amendments

Actions taken:

- breaches closely monitored and Associate Directors of Care are regularly updated by the PALS/Complaints team
- focused effort to address backlog of late responses in surgical directorate
- monthly reports outlining current complaints and outstanding responses provided to each directorate for discussion at governance meetings
- PALS/Complaints lead/ Associate Director available to attend directorate governance meetings
- contact maintained with complainants to manage expectation of timeframe for response
- resolution meetings offered as a default (once meetings were able to take place) are offered to address new complaints, in line with the Patient Association gold standard. This will minimise the time taken to complete written complaint responses to the required standards and will offer a more humane, personalised response.

#### 4.4 Key themes

The Department of Health (DH) classifies complaints in to 18 distinct categories by the subject of the complaint. Each complaint may involve more than one issue depending on the nature and complexity of the complaint. By theming our complaints by subject, it allows us to identify whether any trends are developing.

Every complaint is reviewed to identify the issues raised by the complainant to ensure that we can learn and continuously improve. The categorisation of issues identified for all complaints is recorded and reviewed, thus to allowing wider learning and identification of trends.

A majority of the complaints received includes all of the key themes and highlight the need for ongoing learning and improvement in these areas:

1. communication / information to patients (written and oral)
2. clinical treatment
3. care
4. staff attitude
5. cancellation and delay

This information is considered as an opportunity to identify learning and development opportunities for teams alongside other patient experience information such as incidents and feedback from other sources such as the Friends and Family test survey, Care Opinion postings and national surveys.

The themes of complaints have not altered significantly during the pandemic with the spread of themes and trends consistent with previous years. Surprisingly complaints regarding delays in treatment or surgery are not high and do not present a significant trend. However, there is a clear pattern of complaints related to the challenges

resulting from visiting restrictions and maintaining effective communication with families, particularly around discharge.

Key findings and actions have been shared with teams and colleagues across the Trust to improve the way we do things, and we will continue to monitor progress in these areas during the year through the Directorate Governance Groups and the Patient and Family Centred Care committee.

Two key areas have been identified for focus and are currently the topics of improvement projects.

- communication and discharge improvement project
- support and involvement of unpaid carers improvement project

### **4.5 Parliamentary and Health Service Ombudsman**

Patients or their relatives can complain to the Parliamentary and Health Service Ombudsman (PHSO) if they believe we have not acted properly or fairly or given our patients, service users or their relative a poor service and not put things right. If the PHSO decide that we got things wrong which had a negative effect on the service user, they can recommend action(s) we should take.

In 2020/21 the Trust received notification from the Parliamentary and Health Service Ombudsman (PHSO) that 8 complainants wished to have their complaint independently reviewed.

Of these:

- 4 cases have been submitted and have been assessed by the PHSO and require no further investigation.
- 3 cases are currently under assessment, 1 of which will not progress to a formal investigation, but a resolution proposal has been suggested by the PHSO and accepted by the Trust.
- 1 case is currently being fully investigated.

### **4.6 KO41a**

The Standardisation Committee has accepted the Hospital and Community Health Services Complaints Collection (KO41a) for Care Information (SCCI).

The information obtained from the KO41a collection monitors written hospital and community health service 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. Information is submitted quarterly on all complaints investigated across the Trust.

### **4.7 Matters of importance arising from Complaints: Listening and Learning**

During the year, learning from complaints has been shared across the hospital in a number of ways. These include use of patient stories - hearing directly from our

patients and their relatives about their experience. Feedback is given to the individual staff and/or teams concerned in a manner to be constructive for learning.

The Trust has used learning gained from complaints to inform staff training and to influence improvement projects and most importantly the care we provide to our patients.

Patients and carers frequently have the assumption that things won't change because of a complaint as they see staff working under pressure or the subject of their complaint has led them to lose faith in the organisation. When patients do complain a common question is "How will this (complaint) affect the shop floor?"

Assurance that the learning from a complaint has been taken forward is provided through complaint action plans which are completed by the team on completion of the complaint process if learning has been identified.

The responsibility for and ownership of the action plan sits with directorates with the support of the patient experience team.

**Example 1** Poor communication with families has been a consistent theme in formal complaints during 2020/21 this has been exacerbated by the necessity of restricting visiting.

'my sister was called by the ward informing her that my mother was going to be discharged and that family needed to collect her. This was quite a surprise as she was still in pain. Were there any discussions with any of my family about discharge planning? Surely the Ethical Framework for health and social care should have been looked at here and although it had been re written for COVID 19, the principles are the same. The principles of reasonableness, inclusiveness, and accountability. We would also like to know when and by whom it was decided that my mother was medically fit as I am concerned that this was a knee jerk reaction to needing her bed as I understand others were also discharged on the same day and also very quickly'

### **Learning:**

This is one of many examples of families feeling that they have not been informed or involved in discharge planning and decision making. In many of the related complaints it was evident that the complexity of the discharge pathways was adding to this theme.

As a result of this and other related complaints, a discharge communication improvement project has developed a bundle of actions to be tested on 4 wards with the aim to improve the quality of communication with patients and their families in relation to discharge, to enable families to be more engaged in the process, resulting in better patient experience.

The bundle includes:

- Revised Discharge checklist
- Discharge information leaflet
- Discharge training for all staff

Access to support from family liaison

Embed the early discharge conversation prompt sheet

### **Example 2**

The wife of a patient with multiple, complex needs raised concerns that whilst in hospital her 2 full time carers were not able to participate in her care, prevented by ward staff. The patient’s wife was excluded from decision-making. She felt that ward staff who did not listen to her information about her wife were telling her off.

**Learning:**

The carer support and involvement steering group has been developed to address the issues raised in this, and other complaints regarding carers. The key aims of the group (which includes carer partners) are;

- Develop a group of carer partners
- Involvement coordinator (Carers) role – single point of contact for carers and ward staff for advice, support and information. Appointed in April commenced in post in June 2021.
- Clearer identification of carers – carers pass/lanyard
- Subsidised parking and availability of refreshments in the ward.
- Carer’s breakout space at all sites where space allows
- Relaunch of the carers charter and carers guidance trust wide
- Sharing of Carers guidance for staff and embedding the Triangle of Care principles of working in partnership with patients and carers
- Staff education

**4.8 Complaint and PALS process**

Following the introduction of the RADAR reporting system, the process for receiving, acknowledging, and responding to PALS concerns and formal complaints was reviewed and aligned during 2020/21. The purpose was to clarify the process for clinical colleagues and ensure that the process was in line with complaints legislation.

The concerns and complaints policy is due for update in August 2021 and work has completed in aligning the current policies.



**4.9 Reopened Complaints**

The number of complaints that do not achieve resolution with the first response is used as a proxy measure for the quality of the complaint response. A complainant who does not feel the Trust has listened to them is unlikely to be satisfied with their response. **19** complaints were reopened during 2020/21.

Date	Formal Complaints	2 <sup>nd</sup> Letter/Case reopened	%
1 Apr 2018 to 31 Mar 2019	241	27	11
1 Apr 2019 to 31	270	27	10

Mar 2020			
1 April 2020 to 31 Mar 2021	326	19	6

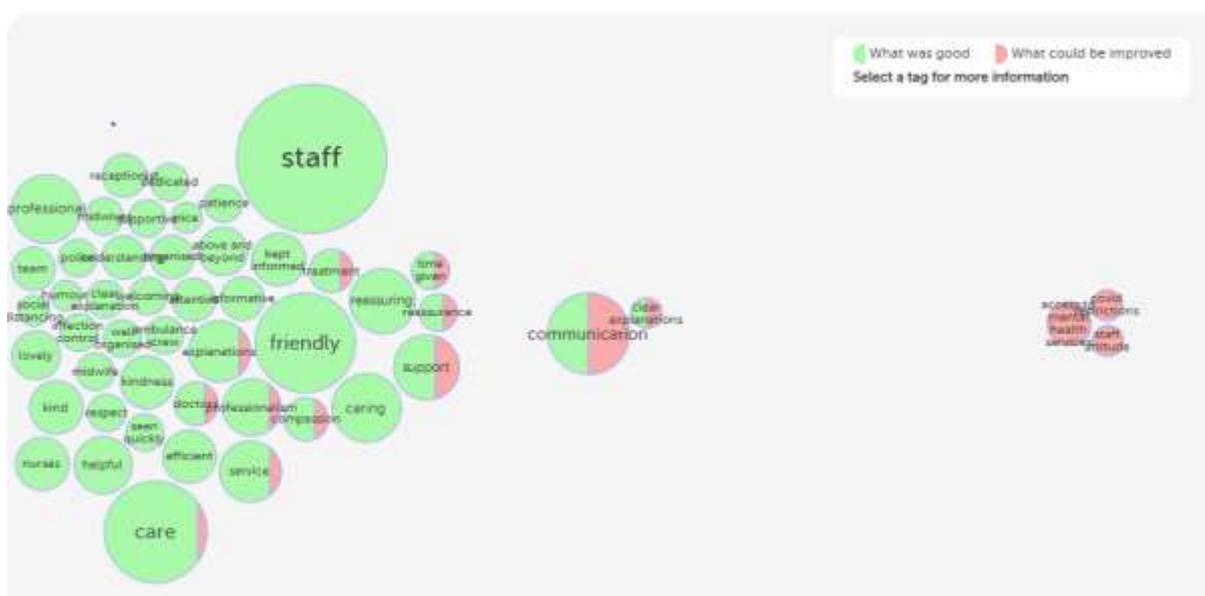
There has been a slight decrease in the overall number of second letters on the previous year.

## 5. What Matters to Patients, Carers, and Relatives

With an ambition to provide high quality patient and family centred care, it is fundamental in planning and delivering services to gather people’s views and experiences and act upon these to shape and improve the service and culture. As part of this it is vitally important to seek out and actively engage with a diverse group of people who have experience of the services delivered Somerset NHS Foundation Trust.

### 5.1 Care Opinion

The Trust has continued its subscription to Care Opinion. There are responders trained and in place at a local level allowing local responses and thus visibility and actions to stories posted. **196** stories have been shared this year; the stories have been viewed on Care Opinion **13,750** times in all.



### 5.2 My voice and messaging service

An email address has been created and shared for patients, families and the public to share their comments, views and feedback about our services, this has been widely used over the last year and shared directly with services for action or information.

The Involvement team respond directly to the correspondent with the outcome and to acknowledge receipt of the feedback. When appropriate, the feedback is shared with the PALS team with consent.

During the pandemic, a messaging service has been developed, this has enabled friends and family to share messages and pictures with patients as well as allowing people to maintain connection whilst visiting restrictions have been in place. Over 1500 messages have been shared and the feedback received through this service has influenced the team to maintain the service in the long term.

### 5.3 Cancer services patient surveys

There is a rolling programme of patient feedback from the cancer services, however as with most things, Covid-19 has had an effect on the running of surveys this year. Alternative ways of gaining patient feedback have been established and in addition to paper questionnaires, we are now offering patients the option of providing verbal feedback virtually or via telephone.

The surveys are undertaken and reviewed by the cancer services team based in the Beacon Centre, through the patient experience groups led by the patient and staff experience lead, Joanna Wilson, the learning is shared through the Directorate Governance meeting.

### 5.4 Systematic Anti-cancer Treatment Report Summary

The following conclusions are drawn from the findings of the questionnaires and verbal feedback; please refer to relevant sections of the report for more specific information.

- most patients indicated that appointments ran to time or almost to time
- patients were mostly happy with the comfort and welcome of the Beacon Centre
- none of the patients reported having any particularly negative experiences with staff
- feeling welcomed by staff
- reporting positive experiences with the staff they encountered in the Beacon Centre
- most patients felt there was sufficient privacy during treatment should they require it
- with a few exceptions, on the whole patients felt generally well informed and they were able to ask questions, although not all patients had been offered or seen the pre-treatment DVD
- most patients did not feel COVID restrictions impacted on their treatment experience
- most patients said they understood who to contact for help while receiving treatment, however
- responses from those patients providing verbal feedback indicated confusion between Acute Haematology Oncology Service / Cancer Helpline nurses and other nursing staff
- a few patients did not feel fully informed about end of treatment (see comments from verbal feedback).

### 5.5 Radiotherapy Patient Experience Group Report Summary

Although a small sample of patients the overall feedback is extremely positive with patients indicating they were well and appropriately informed from the time of their initial consultant appointment and throughout treatment. Patients indicated they felt able to ask questions and felt well supported by staff involved in their radiotherapy treatment including consultant oncologists. Despite restrictions and alternative ways of working in place due to COVID-19, patients were accepting of these given the situation.

## 5.6 Bespoke Patient Experience Surveys

There are several bespoke patient experience surveys currently in progress, supported by the Patient Experience team including:

Family Liaison – feedback survey  
Restorative Dentistry x2 – 1 active, new request received  
New-born Hearing Screening – Now active  
School Immunisations, Families Directorate – Now active  
National Bereavement Services - Now active  
Cardiac Services (Titration Clinic) – Now active  
Gastroenterology – Now active  
COVID Testing Feedback– Now active  
Psychological Therapies, Community Health – Now active  
Children’s Looked after (CLA) x1 Active, child friendly on Questback

## 5.7 Friends and Family test

The Friends and Family Test (FFT) is one of the ways that we listen to our patients. It is a national measure that gives patients an opportunity to provide feedback. The results give wards/departments feedback on their care but are also reviewed nationally to understand the Trust’s performance alongside other trusts.

Reporting to NHSE on Friends and Family Test was suspended for 10 months, in line with National Guidance. Reporting recommenced in January 2021 and we have been gathering responses since December for reporting. The number of responses continues to be relatively low, but we anticipate that this will build over the coming months.

A planned change to the Friends and Family Test was due to take place in April 2020 (postponed due to the COVID-19 response requirements). In the lead-up to Questback has been established as a reporting tool. This enables different methods of gathering FFT feedback including, via a link on tablet, QR code and on a paper form. Supporting clinical areas to use the best method for their patients and service users.

The FFT questions have also changed, and this is represented by:

Overall, how good was your experience of our service?

- Very Good
- Good
- Neither good nor poor
- Poor
- Very Poor
- I don't know

Please can you tell us why you gave your answer?

Please tell us anything we could have done better.

Questback enables the team to add on service specific patient experience questions on request.

### 5.8 National surveys

The National Survey Programme provides assurance of broad service coverage within national programmes. The national surveys address the following areas at Somerset NHS Foundation Trust:

- inpatients
- outpatients
- children's inpatient and day cases
- maternity
- cancer patients
- A&E (Emergency Department) patients
- mental health survey - 2020 surveys have been disrupted by the Covid-19 pandemic

### 5.9 Examples of feedback received in 2020/21

'I will always be grateful for the way I was cared for during what has been a very difficult time for everyone' - **Musgrove**

'Our baby boy was born at Musgrove at the end of December. From the moment I arrived in labour at the Triage Ward to when we were discharged from the Fern Ward 5 days later I cannot fault the care I received' – **Musgrove**

'My wife suffered a blow to the head in an accident. I called 111 who decided she should go to A&E, which was Musgrove. The service & care she received was second to none, it is always worrying to visit hospital when you are unsure as to the outcome. But despite all the pressures they are under at this time she was treated with care & understanding & professionalism. We would both like to say thank you very much indeed for everything you did you are amazing' - **ED**

'I was very nervous when I arrived, the staff were friendly, reassuring and sensitive' – **Community Hospital**

'Nothing ever too much trouble. Staff very busy but still able to offer support and understanding' – **Community Hospital**

'Finally, huge thanks to the 'MyVoice' messaging service team: excellent service!!' – **email from the son of a patient**

'A heartfelt thank you to all concerned in organising, volunteering, and staffing the mammoth task of the first Covid vaccination. I think you all need a medal as I only had one 93-year-old (my father) to contend with yesterday, who constantly wanted to cut and run and an update every minute' **Care Opinion**

'From the friendly receptionist through the nurses who clerked me in, those who looked after us prior to the procedure and especially to Dr and his theatre team, everyone was friendly and reassuring whilst being efficient and calm. The nurse who inserted the cannula managed to find a vein in my reluctant vascular system with ease and there was no more than a pin prick visible when I got home' **Endoscopy**

'I attended the Taunton racecourse centre for my first covid jab yesterday evening. I would like to record my strongest congratulations to every organiser and participant in the process, which worked like clockwork. At the end of what was a long day everyone still had patience and a smile - so much appreciated' **Care Opinion**

### 6. Training

Throughout 2020/21 the Complaints PALS teams have offered remote training sessions for staff on both handling complaints and concerns on the frontline and on investigating complaints. Complaints and concerns workshops are delivered on a rolling programme as well as sessions for new consultants, 'rising star' aspirational leaders and Patient and Family Centred Care is now established as part of the 'Management Essentials programme'. Additional bespoke training has also been delivered to groups of staff and individuals where indicated and requested.

### 7. COVID-19 – challenges and opportunities

There were many challenges throughout the pandemic which affected both the efficiency of the team and the experience of patients and carers.

- open visiting became no visiting
- sudden loss of contact between patients' families and teams
- no face-to-face meetings to resolve complaints
- patients and family's feedback that discharge planning felt at times remote and suboptimal
- discharge & EoL pathways were radically transformed so that patients went home at the earliest opportunity
- patients often went home to carers who had little support
- patients, carers and families received little information on these new services because they were implemented quickly (for good reason at the time)
- OPD became digital unless essential face to face
- national mandate to pause responding to formal complaints for three months and to stop friends and family
- RN vacancies climbed to over 150 WTE with high agency use
- Associate Director seconded to the Nightingale, significant absence and vacancy in the team
- paused integration of the two teams due to pressures, progressed new IT system and netcall
- rapid and difficult transition to home working due to network and hardware availability

However, these challenges offered the opportunity for developing creative solutions and supported our ongoing commitment to patient, family and carer centered care.

- created messaging services so that family and friends could stay connected
- Trust wide family liaison to support communication with staff redeployed from the front line
- worked through the IT and network issues to install new systems including RADAR and Questback and myvoice
- created bespoke critical care family liaison service

- restarted formal complaint responses but it was hard to engage tired teams who were responding to events three months plus earlier
- recruited over 150 overseas nurses in four months
- challenged our thinking and implemented restricted visiting
- new roles through restructure of service to include two involvements assistants, additional PALS/complaints officer and a carer support role
- introduced single point of access with Netcall - April 2021
- virtual & F2F resolution meetings reintroduced with risk assessment and support from the complaint's coordinator

### 8. NHS England Accessible Information Standard

The Accessible Information Standard (AIS) is a requirement for health and social care providers to meet the information and communication support needs of patients with a disability, impairment, or sensory loss. NHS provider organisations are required to meet all the five elements (Asking, Recording, Flagging/Alerting, Sharing, Acting) within the Standard.

A review of adherence to the Accessible Information Standard (AIS) across the organisation has taken place in 2020/21 and has revealed some differences in approach. An audit proposal for AIS has been accepted and the audit is planned for inpatient areas in August 2021.

Language interpreter or translation services are provided when required, including sign language. In the year 2020/21 this has been predominantly provided remotely due to Covid-19 via video, telephone and written interpreting, however, face to face interpreting has been available when necessary.

### 9. How did we do in 2020/21 against what we said we would do?

**Aim for 2020/21: A comprehensive thematic review of complaints, concerns and feedback received by the Trust during the COVID-19 pandemic to inform learning and future planning.**

The review revealed themes around communication and discharge and resulted in the development of the discharge communication improvement project.

**Aim for 2020/21: Process mapping and review of concerns and complaints. Simplify the process to ensure accessibility for patients and staff. Once process is established and Netcall is in place, new leaflets and promotional for PALS and Complaints material will be shared across the organisation.**

Netcall now in place. Complaints and PALS process aligned. Process reviewed and new process shared with clinical teams

**Aim for 2020/21: Each directorate will be allocated a PALS/Complaints and an Involvement team member as a link to support with complaint management, oversight and assurance that learning is embedded. The links will attend governance meetings, proactively seek out patient and carer feedback and undertake bespoke surveys when issues are identified. The aim will be that the clinical staff and complaints team work collaboratively to understand what patients are telling us and to act on that feedback effectively. It will also support teams to improve the performance on the 40-day response commitment.**

This has been delayed by staffing issues within the team and by the Covid-19 pandemic. This action is carried over to 2021/22 and the aim is to commence the link role from September 2021.

**Aim for 2020/21: Support leaders and managers who are undertaking investigations and providing responses to develop their skills through training and development opportunities. Complaints workshops and Management Essentials training.**

Complaints workshops have been paused during the pandemic. Complaints, PALS and patient involvement continues as part of the management essentials training.

**Aim for 2020/21: Development of a Patient and Family Centered Care Committee. The Committee will ensure that an effective patient experience strategy is developed, delivered and embedded across the Trust and develop a trust-wide approach to patient experience which continually reviews intelligence and drives improvements. Terms of reference in development.**

PAFCC Committee established in January 2021 and continues on a quarterly basis.

**Aim for 2020/21 Strengthen the assurance process for learning from complaints the Trust will include a summary of the actions to be taken in the complaint response letter to support the monitoring and delivery of the improvement actions. The Trust will also develop a complaints satisfaction survey with a view to increasing our feedback to facilitate further improvement where indicated.**

Complaints/PALS satisfaction survey now in place. Learning from complaints included in directorate governance meetings, reports provided by the team.

## 10. Focus for the coming year 2021/22

### 1. Directorates

- Support and model how to use feedback to drive service improvement

### 2. Patient and family centred team

- Support the team to deliver the integration charter with YDH
- Support relationships between the patient and family centred team and the directorates

### 3. Transformation

- Radically transform through co-design our toolkit for engaging and listening to patients, carers and families in a pandemic world
- Recover work-plan that is still relevant, e.g. real-time feedback, Care Opinion, patient and carer voice and volunteers.
- Embed PFCC group/committee so that it can grow its voice and impact in the organisation
- Review our Board measurement of patient experience

**Hayley Hughes**

**Associate Director of Patient Centred Care**

August 2021