

COMPLAINTS & PALS ANNUAL REPORT 2015-16



We **Care.** We **Achieve.** We **Innovate.**

Introduction

In the vast majority of cases patients, relatives and carers are satisfied with the care, treatment and service they receive. On the occasions where a patient, relative or carer is dissatisfied, it is important that they feel comfortable in raising their concerns so that the Trust can resolve any misunderstandings or, if failings have occurred, ensure that learning and improvements take place.

The Trust is committed to resolving any concerns at the earliest opportunity and this is often achieved through the patient, relative or carer discussing their concerns directly with the service. The Patient Advice and Liaison Service (PALS) is available to provide confidential advice and support to any patient, relative or carer who may not feel comfortable raising their concern with the service directly, or where they have done so but their concern remains unresolved. The PALS aim to resolve any concerns that are raised with them quickly and informally.

Should the patient or carer feel that their concern should be formally investigated they are able to make a formal complaint. The Trust operates a centralised complaints service, which ensures that a patient centred approach is taken to the management of complaints and that all complaints received are thoroughly investigated and responded to within a timely manner, usually within 25 working days of receipt.

In addition to the valuable learning and improvements that result from individual concerns or complaints, complaints and PALS data is analysed to identify any themes and the intelligence generated is shared across the organisation so that the necessary improvements can be made. Additional mechanisms to share intelligence include regular reporting to the Patient Engagement and Experience Committee and monthly reports to Chief Officers, such as the Chief Nursing Officer. The Chairman of the Trust Board reviews the Trust's handling of feedback and complaints on a monthly basis.

Complaints

Introduction to Complaints

In 2015-16 the Complaints Service received 574 complaints, which is an increase of 95 complaints from 2014-15. The service continues to improve its timeliness of response, going from 52% of complaints responded to within 25 working days in 2014-15 to 83% in 2015-16.

Complaints Activity

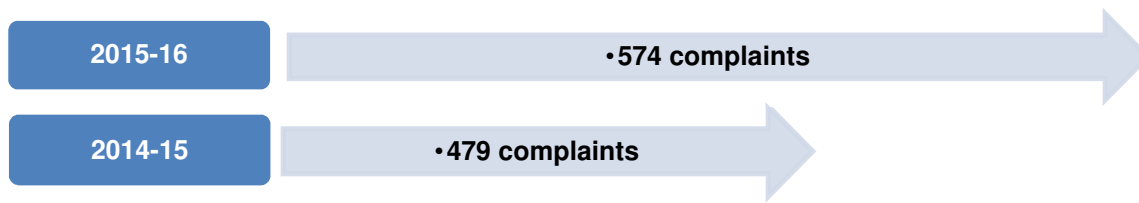


Figure 1: the number of complaints received in 2014-15 and 2015-16

An increase in the number of complaints could suggest that more patients are dissatisfied with the care, treatment or service they have received. However, other factors may influence the number of complaints received, such as patients and carers being more comfortable in making a complaint, the accessibility of the Complaints Service and the availability and level of support provided in raising a complaint. The reasoning behind an increase in complaints is therefore difficult to establish.

The graph below compares the number of complaints received by month for the 2015-16 and 2014-15 financial years. In 2015-16 the greatest numbers of complaints were received in October, whereas in 2014-15 the greatest numbers of complaints were received in July. However, in both years the fewest complaints were received in the months of December, January and February. It is however important to note that complaints are not always made in the same month that the issue of concern occurred, with some complaints being raised many months later.

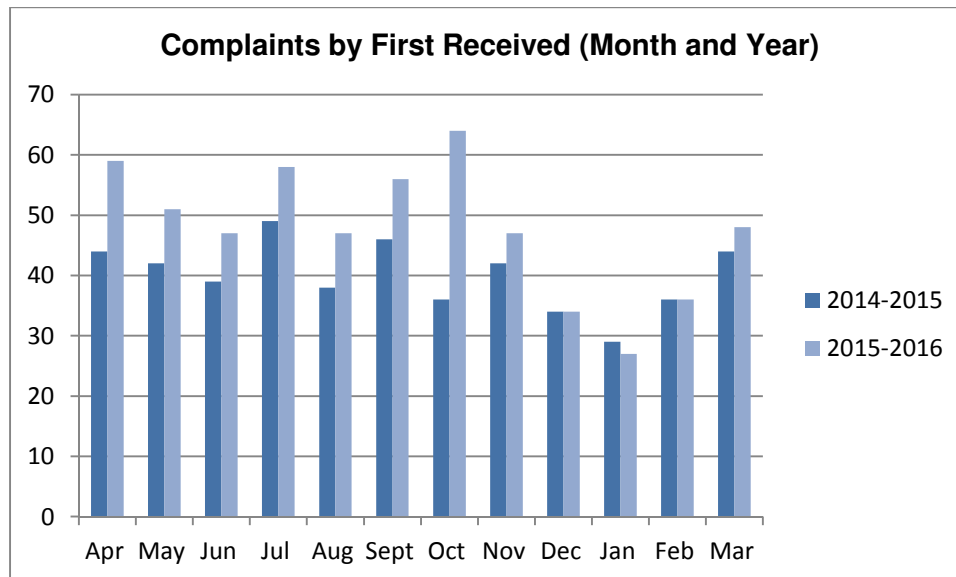


Figure 2: comparison of the number of complaints received per month in 2014-15 and 2015-16

Of the complaints received in 2015-16, 40% were upheld, 33% partially upheld and 27% not upheld. Partially upheld means that the complaint investigation identified areas for improvement, but the primary complaint was not upheld.

Complaint Activity by Specialty Group 2015-16

The chart below shows complaint activity by Specialty Group in 2015-16 and 2014-15. In 2015-16, the greatest numbers of complaints were about Surgery, followed by Women and Children's, which was followed by Trauma and Orthopaedics. Surgery and Women and Children's also had the greatest number of complaints in 2014-15. Trauma and Orthopaedics did not see a significant increase in any one area, with slight increases being seen across a range of subjects.

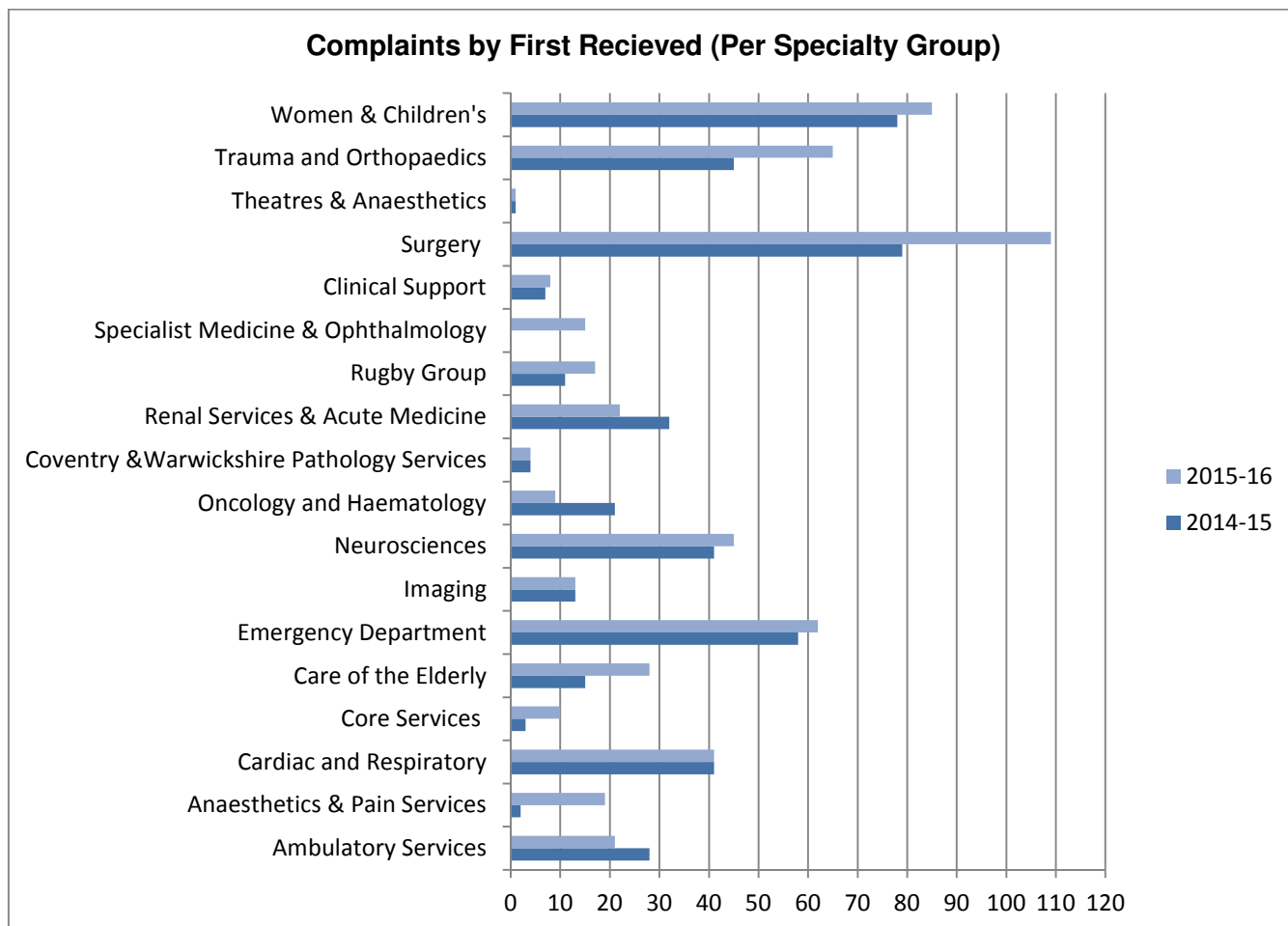


Figure 3: comparison of complaint activity per Specialty Group in 2014-15 and 2015-16

Trend Analysis

In both 2014-15 and 2015-16 the following subjects featured in the top 5 complaints received:

Subjects	2014-15	2015-16
All aspects of clinical treatment	242	313
Communication / information given to patients	75	79
Attitude of staff	46	36
Admissions, discharge and transfer arrangements	33	33
Failed to follow agreed procedure	36	5
Appointments, delay / cancellation (outpatient)	17	40
Appointments, delay / cancellation (inpatient)	23	33

Table 1: comparison of the most common subjects per complaints received in 2014-15 and 2015-16

	Featured in the top 5 subject areas complained about in both 2014-15 and 2015-16
	Featured in the top 5 subject areas complaint about in 2014-15 but not in 2015-16
	Featured in the 2015-16 top 5 subject areas but not in 2014-15

Table 1 shows that there has been a significant reduction in complaints received about failure to follow agreed procedure but that there has been a significant increase in complaints about the delays and cancellations for both outpatient and inpatient appointments.

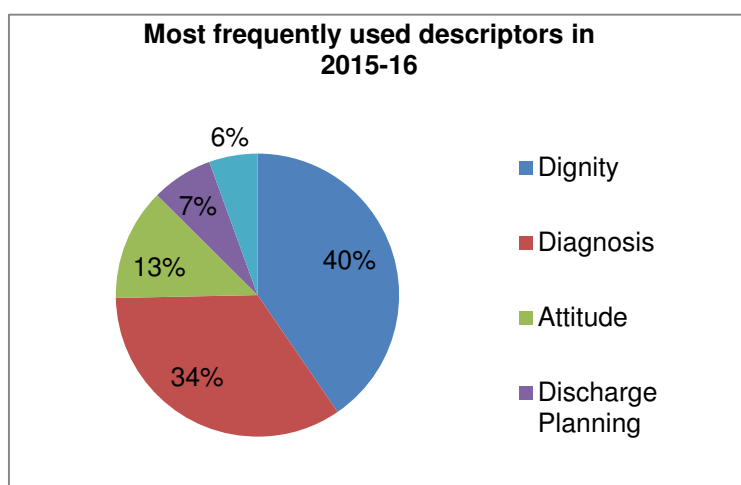


Figure 4: most frequently used descriptors 2015-16

In addition to the specific subject of the complaint, reported on above, the Trust also records the area the complaint would fall into, known as descriptors. As can be seen from Figure 4, there are two main areas that complaints fall within, namely dignity and diagnosis.

Parliamentary Health Service Ombudsman (PHSO)

The Trust recognises the value of having an independent body that patients, relatives and carers can refer their complaint to should the Trust not be able to resolve their concern to their satisfaction. In such instances and in accordance with the regulatory requirements, the Trust advises patients, relatives and carers of their option to refer their complaint to the PHSO. The Trust embraces the PHSO's scrutiny of its Complaint Handling and uses the PHSO's findings as an opportunity to learn and improve. In addition to the PHSO's case work, the Trust review and seek to learn from the reports that the PHSO produce throughout the year.

In the first three quarters of 2015-16 (quarter 4 figures have not yet been published), a total of 66 complaints were referred to the PHSO and they accepted 25 complaints for investigation in 2015-16. Eleven different Specialties featured in the complaints accepted for investigation.

The below table shows a summary of the primary subject matter of those complaints that were referred to the PHSO

Primary Subject Matter	Number of times featured in a referral
Clinical Judgment Query	1
Nursing Care	1
Consent to Treatment	1
Communication	5
Poor Medical Care	9
Clinical Judgment Query	5
All Aspects of Clinical Treatment	4

Table 2: primary subject matter of the complaints referred to the PHSO 2015-16

Table 2 shows that the majority of cases referred to the PHSO primarily concern clinical care and treatment or communication.

The PHSO considered and made judgement on fifteen complaints in 2015-16. None of the complaints decided were fully upheld, seven were partially upheld and eight were not upheld. In each case partially upheld the PHSO recommended an apology be given for the failings identified and recommended the creation of an action plan to reduce the likelihood of the same failings reoccurring. In three of these cases the PHSO also recommended that the Trust compensated the patient, relative or carer for the impact the failings had had on them.

The table below provides details of the seven cases that were partially upheld along with a summary of the decision of the PHSO and the actions taken to learn and improve from the failings identified.

Complaint	Decision	Recommendation	Actions
Complainant raised grievances relating to communication, the use of safeguarding barriers and delays in organisation and care	The PHSO were satisfied that the safeguarding order was used accurately, and records did not evidence that the patient was regularly repositioned	The Trust was advised to produce a letter of apology and an action plan to reduce the likelihood of the failings reoccurring	Several actions were implemented, including: <ul style="list-style-type: none"> • review of intentional documentation rounding procedures and work with the Tissue Viability Team at a Link Worker Study Day • continued education and teaching on pressure ulcer prevention (Trustwide) • sharing and learning promoted among ward staff • discussion of this case presented at Trust's Annual Record Keeping Training Day
Complainant raised grievances relating to	The PHSO found no failings in initial assessment but expect	The Trust was advised to apologise, produce	Several actions were implemented, including: <ul style="list-style-type: none"> • discussion and feedback on this case provided to the Cardiology team at the

Complaint	Decision	Recommendation	Actions
misdiagnosis of a stroke, failure to monitor the patient and communication	stroke to be identified sooner. The neurological examination was inadequate and the apology for communication failings was found to be insufficient. The PHSO could not confirm that the failures contributed to the patient's death.	an action plan and provide £500 in compensation	<p>Quality Improvement and Patient Safety (QIPS) meeting</p> <ul style="list-style-type: none"> • review of nursing handover procedures including provision of information to the family/next of kin • feedback to Junior Doctors regarding the importance of documentation • introduction of a complaints management plan to improve the timeliness of responses
Complainant raised grievances relating to withheld controlled medication, and poor communication	The PHSO found that medication was terminated without a conscious decision to do so. Trust communication should have been better. The Trust did acknowledge the failures in their response to the complaint but did not recognise the significance of the failures	The Trust was advised to produce an apology and an action plan to reduce the likelihood of failings reoccurring	<p>Several actions were implemented, including:</p> <ul style="list-style-type: none"> • a review of the ED business case to support NICE guidelines, and the Medicine Reconciliation Policy • reviews of patient medication to take place within Pharmacy, an e-handover for the Pharmacy team, Doctors training programme to include on-call Pharmacy services, and Pharmacy investment to comply with 24 hr NICE guidelines • Core Competency Training for Summary Care Records • Senior Clinical Review of medication charts and a named clinician for each outlier
Complainant raised grievances relating to continuity of care, poor communication, and lack of accurate drug documentation	The PHSO identified failures in consistency of care, but found no evidence of delayed treatment or diagnosis. The Trust was found to have caused additional distress to the family by failing to acknowledge the issues with discharge	An apology was given to the family for the distress caused, and the Trust was advised to produce an action plan and provide £250 in compensation	<p>Several actions were implemented, including:</p> <ul style="list-style-type: none"> • re-drafting of the Transfer Policy to include risk assessment and guidance on the appropriateness, frequency and monitoring of moves • review of and provision of discharge training continued but to include development for Discharge Link Nurses in all wards and departments • all complaints to be triaged by the Complaints Coordinator to assess and identify the relevant issues, and use of the Complaints Management Plan and a quality assurance tool to ensure the highest quality standards

Complaint	Decision	Recommendation	Actions
Complainant raised grievances relating to drug mismanagement and poor communication	The PHSO found that the Trust identified their failings and managed appropriately via internal mitigation to prevent a repeat of the event. The Trust was found to have communicated appropriately and shared this event with the wider NHS to promote learning with regard to the event.	The Trust was advised to produce an apology for the impact of the failings and provide £800 in compensation	Several actions were implemented, including: <ul style="list-style-type: none"> • discussion with the Junior Doctor to involved to reflect and learn from the incident • additional education on prescribing for children included in doctor induction in addition to paediatric dispensing training • reminder given to doctors regarding prescribing rules and emphasis on reference to the BNF and triple checking o calculated medications
Complainant raised grievances relating to the clinician's attitude during consultations, lack of information regarding diagnosis and poor communication	The PHSO found that there had been failings in communication relating to the patient's diagnosis	The staff involved made an apology to the complainant. An action plan was produced and the acknowledged failings were identified	Several actions were implemented, including: <ul style="list-style-type: none"> • introduction of notices throughout clinics advising patients that they can acquire a copy of their consultation letters • Junior Doctors are advised to question previous decisions, especially prior to surgery; the Junior Doctors are also encouraged to discuss significant departures from previous decisions with a senior clinician before performing the procedure • the department will emphasise the importance of clear communication and accurate note-keeping
Complainant raised grievances relating to the premature discharge of her son, and poor and inappropriate treatment when leaving the site which it is believed contributed to the patient's death	The PHSO found that the patient's condition was not suitably assessed and that he should not have been discharged. They also found that the Trust was unreasonable in its decision to forcefully remove the patient. There was insufficient evidence to confirm that this treatment contributed to the patient's death	The Trust was advised to produce a letter of apology, an action plan to reduce the likelihood of a repeat of the failings	Several actions were implemented, including: <ul style="list-style-type: none"> • a gap analysis of the NICE/Clinical Guidelines, discussion of the case at a QIPS meeting and presentation of the case anonymously at the Trust's Annual Record Keeping Training Day • inclusion of Alcohol Liaison Service induction training for ED Junior Doctors, training for Clinical Site Managers and Security Officers in the use of the Criminal Justice and Immigration Act 2018, and Registrar and Consultant Alcohol Liaison refresher training • discussion and sharing of the case at the Observation Ward's monthly meeting

Table 3: recommendations and actions taken as a result of complaints partially upheld by the PHSO

Performance Measures

The complaints service received 271 complaints by letter, 303 by email and none by telephone in 2015-16. In the interests of ensuring accessibility, the Complaints Service will be exploring why no complaints were received by telephone. To further increase the accessibility of the Complaints Service, Easy Read leaflets have been produced in conjunction with a local learning and development charity. These leaflets are available across the organisation on the wards and the PALS provide these to patients, relatives and carers when appropriate.

Overall Performance against the 25 Day Response Rate Standard

The Trust is committed to providing timely responses to any complaints received and the complaint management plan is designed to ensure complaints are responded to within 25 working days of receipt. The graph below shows the Trust's performance against the 25 working day response rate over the last three financial years.

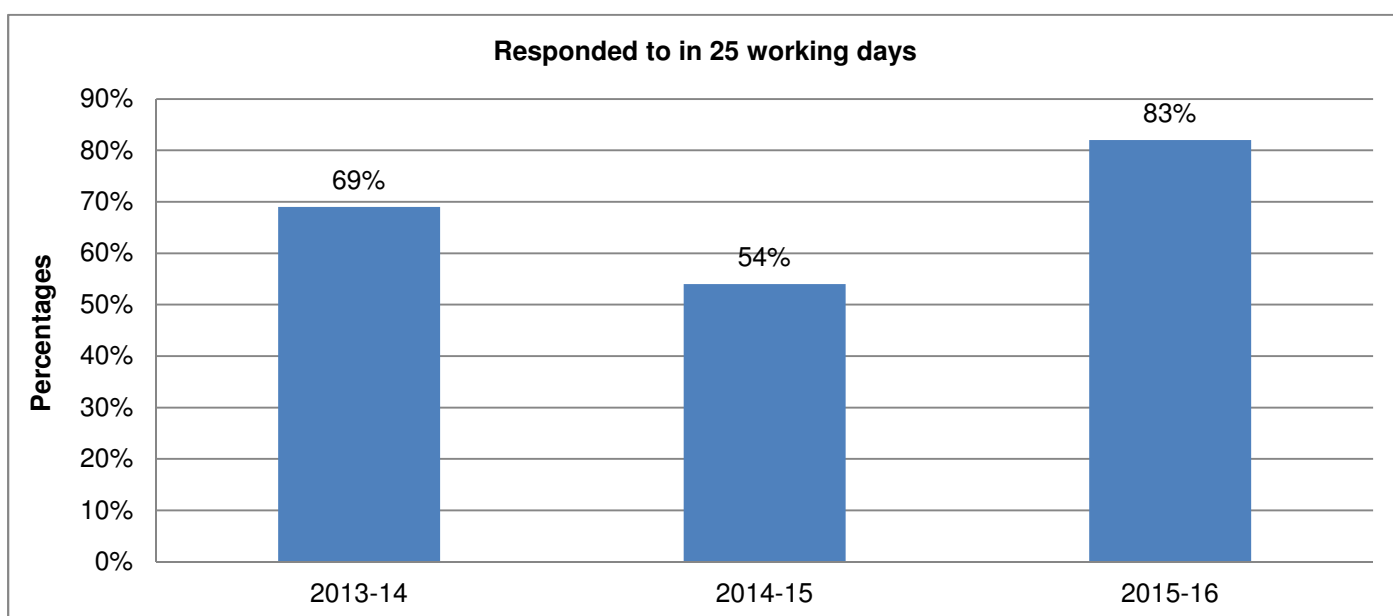


Figure 5: comparison of the Trust's performance against the 25 working day response standard from 2013-14 to 2015-16

As can be seen by Figure 5, the Trust responded to over 80% of complaints received in 2015-16 within 25 working days, which is a marked improvement on previous years. The improvement results from the implementation of a clear complaint management plan that ensures complaints are quickly actioned and progressed, with clear escalation points so that management support is provided as and when necessary. In addition, complaint response rates are now reviewed at Specialty Monthly Performance Reviews. Effective monitoring of performance against the 25 working day timeframe helps ensure that any operational issues impacting on the effective handling of complaints are identified and resolved.

Performance against the 25 working day response standard by Specialty Group for 2015-16

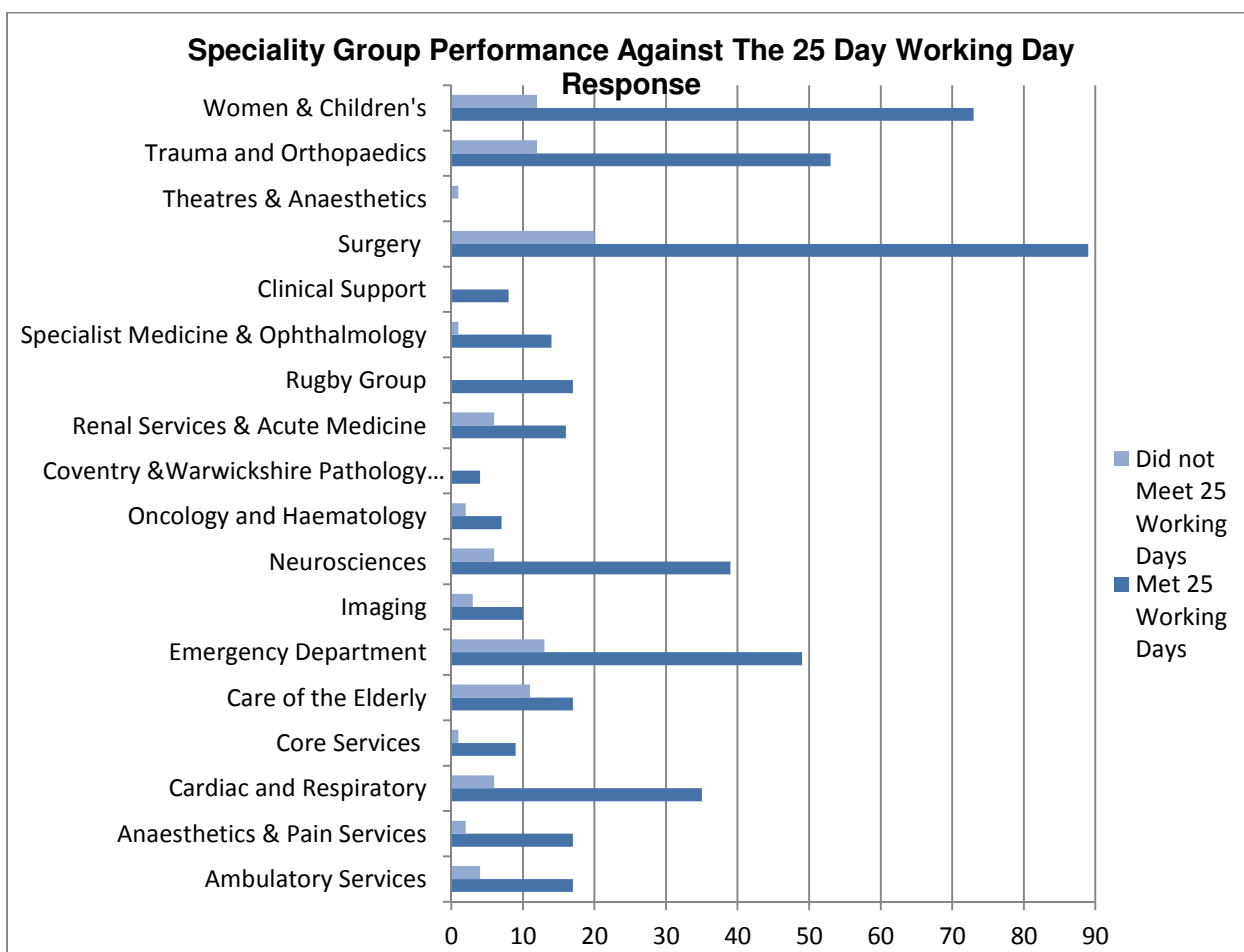


Figure 6: comparison of Specialty Group performance against the 25 day working day response standard

The graph shows that the Specialty of Surgery has more complaints responded to outside of the 25 day response standard than any other Specialty. However, in terms of percentage of complaints responded to within the 25 working day response standard, at 27% Care of the Elderly have the lowest percentage response rate.

Complaints returned for further local resolution

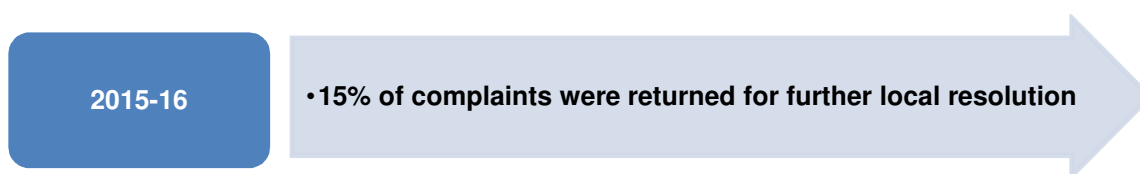


Figure 7: complaints returned for further local resolution in 2015-16

In 2015-16, 15% of complaints were referred back for further local resolution. The six months of data collected in 2014-15, if applied as an average across the year, would have produced a further local resolution rate of 25%. The number of complaints referred for further local resolution was therefore

achieved in 2015-16. Further reducing the number of complaints referred for further local resolution will continue to be a priority in 2016-17. The chart below shows the number of complaints referred for further local resolution by Specialty.

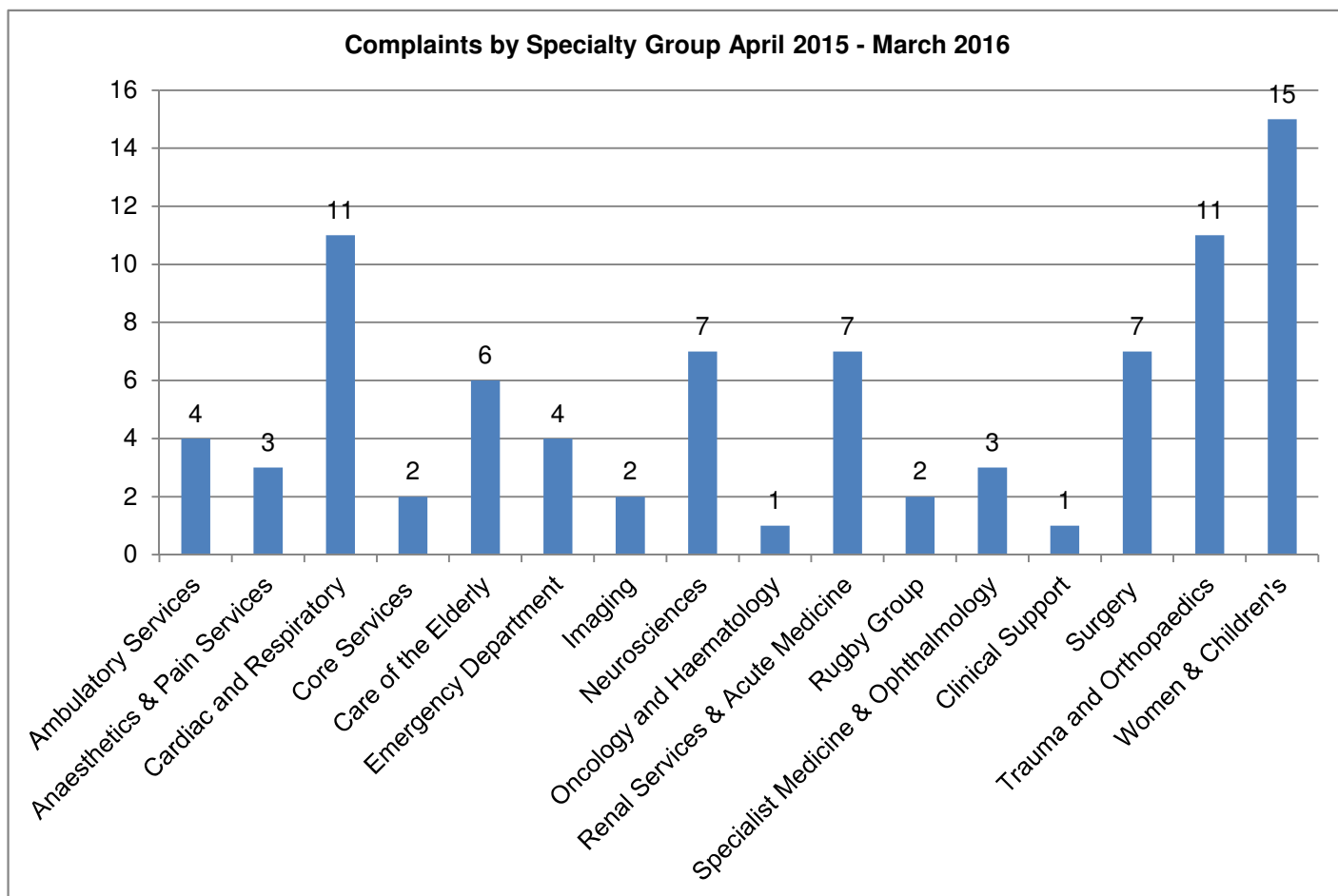


Figure 8: number of complaints returned by Specialty Group 2015-16

Member of Parliament (MP) Enquiries

In November 2015, the Complaints Service took over responsibility for managing concerns or enquiries raised by MPs on behalf of their constituents. The Complaints Service co-ordinates the investigation and response to MP enquiries, ensuring that they are fully investigated and a comprehensive and timely response is provided. Within the 5 months to the end of the financial year, the Complaints Service managed 36 enquiries. These enquiries are not reported in the complaint data unless they are registered as formal complaints, which in the vast majority of cases is not appropriate.

Examples of Complaints and Actions

Member of Parliament (MP) – Car parking

An MP contacted us on behalf of their constituent who was unhappy with the lack of car parking spaces at University Hospital Coventry. They explained that they recently attended the hospital for an outpatient appointment and that they had encountered significant traffic congestion. They said that they had no option but to get out of the car and walk and they were concerned about the anxiety this situation causes patients and their carers.

The Trust responded to the MP apologising for the inconvenience caused. Assurance was given that the Trust was aware of the congestion issues at University Hospital, Coventry and the problems this causes for patients, staff and the operational effectiveness of the Hospital. The Trust explained to the MP the steps that University Hospital Coventry was taking to resolve this issue, which includes working with Coventry City Council and specialist designers to review the parking situation and traffic flows; obtaining planning permission for a further 250 car parking spaces and reassessing the viability of a Park and Ride Service.

Patient fall

Mr H's family complained that when Mr H was transferred to the Hospital of St Cross, Rugby, he was not properly cared for allowing him to suffer a fall. They also complained that Mr H had to wait in the ambulance for a long period when being transferred from University Hospital Coventry to the Hospital of St Cross Rugby and they were unhappy with the level of communication the family received.

Mr H's fall was reported as a Clinical Adverse Event the same day as the fall. Mr H's family was informed that Mr H had fallen the same day and the incident was reviewed by the Serious Incident Group. This resulted in a full Root Cause Analysis investigation being undertaken. The family was invited to share the findings of the investigation and the resulting actions. The investigation found that the ward handover was inadequate which meant that the receiving ward did not properly understand Mr H's needs. A full review of the handover process was carried out as well as the assessments that are carried out when a patient is first received onto a ward.

Staff attitude

Mr B complained about the manner of the Consultant that had reviewed him at an outpatient appointment. He complained that the Consultant had made no effort to welcome him or put him at ease, that they failed to explain the purpose of the appointment or explain any of the tests they were performing and that they abruptly ended the appointment without explaining what will happen next or giving him an opportunity to ask questions.

The Consultant concerned provided Mr B with all of the information he felt was not provided at the appointment. The Consultant explained that the clinic was not running to schedule on the day of Mr B's appointment and that they were also on call to provide emergency advice, which had meant they were bleeped during the appointment. However, this information was given as an explanation as to why they may not have conducted the appointment in the most appropriate manner rather than an excuse. The Consultant apologised for Mr B's experience and assured him that they had reflected on this and that they would factor this learning into future practice.

Key Achievements of 2015-16

The Complaints Service committed to develop the service in five areas in 2015-16. These are set out below along with a summary of the work that has been undertaken to deliver on these commitments.

Increased Engagement with Internal Stakeholders

In order for a complaints service to achieve its optimum value the service must have strong working relationships across the organisation. Working collaboratively with key internal stakeholders helps identify issues, promote best practice and disseminate learning and intelligence.

In 2015-16 the Complaints Service worked with the Risk Team with the implementation of the Duty of Candour process to ensure that this, combined with the Complaints Handling Process, remains patient centred. The Service works closely with the Lead Nurse for Patient Experience to ensure learning is appropriately disseminated and a joined up and patient centred approach is taken when managing complex complaints. The Complaints Service also delivers training on complaint handling and associated issues across the Trust on events such as the Bi-annual Nursing Summit.

Increased Engagement with External Stakeholders

The Complaints Service recognises the value of working with external stakeholders to share learning and identify ways in which the Complaints Service can improve. In 2015-16 the Complaints Service has had frequent contact with the Parliamentary and Health Service Ombudsman, ensuring that we fully engage with their investigations and maximise any learning opportunities. The service invited Healthwatch Coventry to present at its monthly meeting, where they explained their role in more detail. The Complaints Service also took over responsibility for responding to complaints or concerns received from MPs on behalf of their constituents, ensuring that timely and thorough responses are provided. In addition, key members of staff within the service attended a regional complaint managers group to share learning and ideas about how complaints may be better managed.

Greater Staff Awareness of the Role of the Complaints Service using the Market Place Induction Event

Ensuring all staff across the organisation are aware of the Complaints Process and how to support any patient or carer that is dissatisfied with the treatment, care or service they have received is crucial to delivering an accessible complaints service. To help raise awareness of the complaints process across the Trust the Complaints Service has attended the Market Place Induction Event with the aim of making any staff joining the Trust aware of the Complaints Service and the Complaints process.

Improved Local Resolution Response Rates

Responding to complaints within the 25 day response rate standard was a key objective for the Complaints Service in 2015-16. An ambitious target of 90% of complaints responded to within 25 working days was set. A Complaints Management Plan was implemented with clear timeframes and escalation points which

positively impacted response rates. In 2014-15 the Trust responded to 54% of complaints within 25 working days. In 2015-16 this increased to 82%. Improving response rates will continue to be a key objective in 2016-17.

Decreased Requests for Further Local Resolution

In 2014-15 13% of our complaints were returned for further local resolution and this increased to 15% in 2015-16; the six months of data collected in 2014-15, if applied as an average across the year, would have produced a further local resolution rate of 25%. In January 2016, the Complaints Service implemented an audit tool to help understand the reasons why people had returned their complaint for Further Local Resolution. The findings of this audit are shared with the Patient Experience and Engagement Committee and it will help inform the work being undertaken to increase satisfaction with the Complaint Handling Process and the initial response. This will continue to be a commitment in 2016-17.

Improved Communication Links with the Patient Advice and Liaison Service

Working closely with the Patient Advice and Liaison Service (PALS) is key to ensuring that patients, relatives or carer's complaints or concerns are effectively managed and responded to in the most appropriate manner. The PALS has appointed a substantive PALS Co-ordinator and a Head of Patient Relations has been appointed to oversee both the PALS and Complaints Service. These key appointments have improved communication between the services and helped ensure the services work collaboratively to improve the patient experience. PALS staff have reported that they feel communication has improved.

Further Developments for 2016-17

Improved Local Resolution Response Rates – Target ≥90% Responded to within 25 Working Days

The Complaints Service will continue its work on meeting the 25 working day response rate. This will involve further improving compliance with the Complaint Management Plan and delivering organisational wide training in areas such as statement writing.

Increased Use of the Case Management System to Produce and Share Quality Intelligence Across the Organisation

Through fully utilising the functions of the case management system, Datix, the Complaints Service will be able to better manage and report on workflow. The service will continue to review what information is captured on Datix and how this information is captured to maximise its ability to produce and disseminate intelligence organisation wide.

Training Delivered to Key Staff Groups

Working with the Lead Nurse for Patient Experience and the Patient Experience Team, the Complaints Service will develop a training plan with the objective of improving the organisation's ability to resolve dissatisfaction at an early stage and to conduct timely and effective investigations.

Action Planning and the Monitoring of Actions Resulting from Complaints

The Complaints Service will work with the organisation to ensure that clear actions result from complaints where failings are identified. The service will develop processes to monitor the completion of those actions through to completion.

Improving Internal and External Communications

In the interests of openness and transparency, the Complaints Service will review its communications strategy. The strategy will review how complaints data, performance data and intelligence is shared to maximise the value of complaints and to allow for increased scrutiny.

Reduced Further Local Resolution Rate – Target ≤10%

The Complaints Service will continue its work to analyse the results of the audit that has been put in place to capture the reasons for furtherers being returned for further local resolution. The service will then explore ways in which the complaints processes can better suit the needs of the complainant and improve their satisfaction with the Trust's handling and response to their complaint.

Patient Advice and Liaison Service (PALS)

Introduction to PALS

The PALS is an independent and confidential advice and support service, helping resolve patients, relatives or carers concerns with the treatment, care or service being provided. The PALS liaise with the service to help resolve concerns quickly and informally to the satisfaction of the enquirer. Where necessary, the PALS will help patients, relatives or carers raise a complaint and provide the necessary support through that process.

In addition to the individual learning and improvements that result from individual enquiries, the PALS analyse enquiries data to identify and share learning opportunities across the organisation.

The PALS is appropriately located in the main foyer area, making it easily accessible to patients, relatives and carers. The enquiries the PALS received in 2015-16 range from questions about waiting times, appointments and cancellations and lost property through to supporting patients and families through a Root Cause Analysis Investigation. The PALS also received a number of requests for information covering a wide range of issues from general services available including how to access support and for assistance with aspects of present care. This also includes signposting requests from relatives and carers to

respective wards. The PALS is continuing to engage with staff at all levels to ensure that learning and improvements take place to improve the service for future patients.

PALS Activity

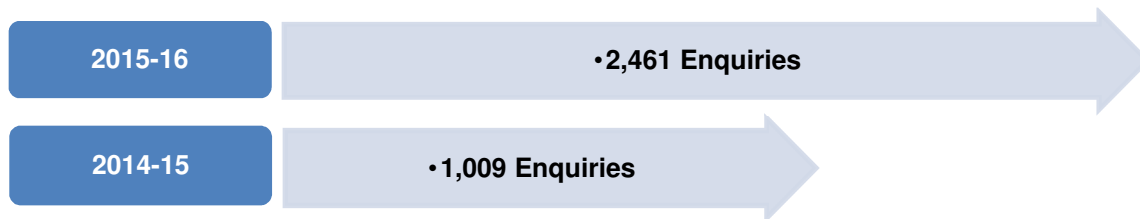


Figure 9: comparison of PALS Enquiry 2014-15 and 2015-16

Improvements to processes in 2015-16 have allowed enquiries to be more accurately categorised, recorded and reported. This data shows the number of enquiries received in 2015-16 compared to 2014-15, rather than the number of enquiries made to PALS in these periods, which was the method of reporting in the 2014-15 report.

Enquiry Activity by Specialty Group

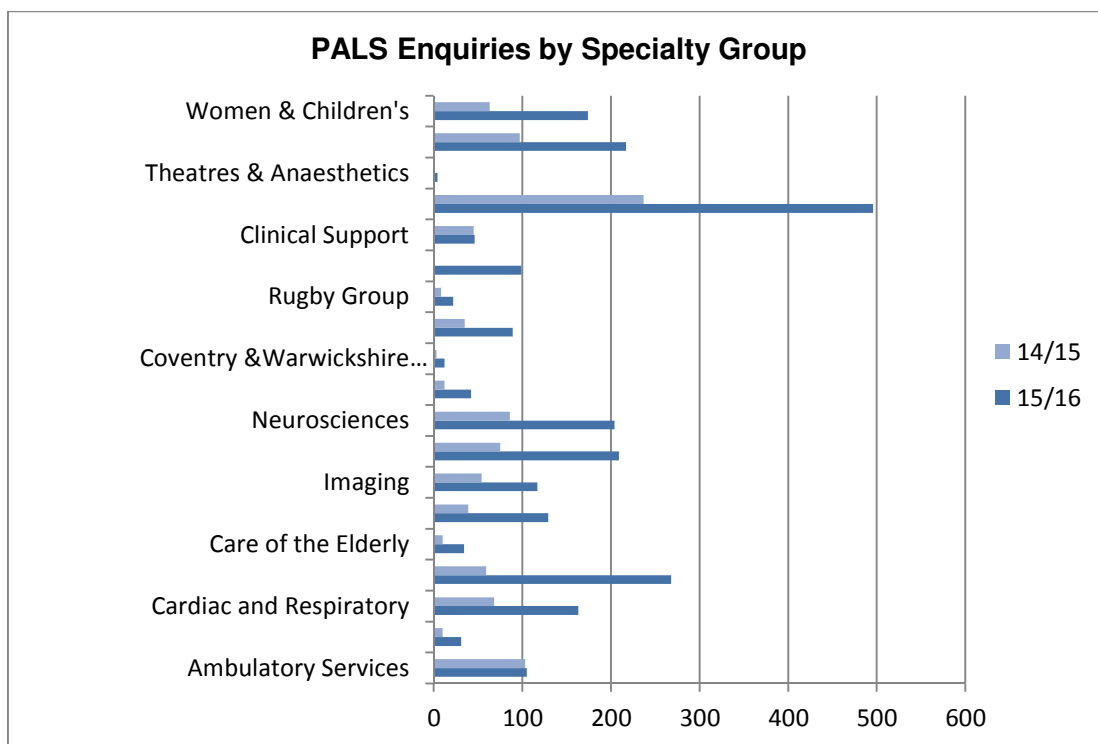


Figure 10: comparison PALS enquiry by Specialty Group in 2014-15 and 2015-16

Figure 10 illustrates that Surgery received the most enquiries in 2015-16, which is consistent with 2014-15. Analysis of the enquiries received during 2015-16 concerning Surgery show that 49% relate to delay and cancellations for inpatients and outpatients appointments. Enquiries relating to car parking, how to access

to health records and information on the complaints process has contributed to the increase of enquiries under Core Services.

Trend Analysis

Enquiry by Subject

Subjects	2015-16
Communication / information given to patients	267
Attitude of staff	81
Admissions, discharge and transfer arrangements	88
Appointments, delay / cancellation (outpatient)	499
Appointments, delay / cancellation (inpatient)	294

Table 4: most common subjects per PALS enquiry in 2015-16

The largest number of concerns received in 2015-16 related to the outpatient appointment process. The level and quality of information provided to patients is also a common cause of enquiries. The number of enquiries concerning the attitude of staff has increased in 2015-16 and the PALS report that these enquiries usually arise from dissatisfaction with the way staff or the Trust handles their enquiry or concern.

Method of Contact

Method	2015-16
Email	624
Letter	62
In person	449
Telephone	1320
Executive Office	6
Totals	2461

Table 5: comparison of method of contact in 2015-16.

To ensure that the PALS is accessible to all, they are contactable by a range of means. The above table shows that the majority of patients, relatives and carers contact the PALS by telephone. This is in line with the PALS objective of resolving enquiries with minimum formality and the PALS are able to resolve some enquiries in a single telephone conversation. The increase of in person enquiries suggests that the repositioning of the PALS Office to the main entrance is of benefit and allowing more people to access the service in person.

Examples of PALS Enquiries and Actions

Equality and Diversity – Translation Services

Mrs H contacted the PALS and stated that her mother has been in hospital undergoing several tests for Dementia. The patient speaks only Punjabi and has had the use of translation services during her appointment. The relative alleges the translators have told her mother she is undergoing 'mad tests' or that 'she is mental' which she feels is a confusing and upsetting translation to the patient and would like this raised as a concern.

PALS liaised with Translation Services who reviewed the service provided and reiterated the importance of accurate translation to the patient.

Signposting – Mental Health Services

Mrs S contacted the PALS unhappy that she no longer has access to a mental health nurse. She explained she was feeling increasingly "depressed" and "some days felt suicidal"

The PALS contacted the PALS team responsible for the Mental Health Services (Under the Coventry and Warwickshire Partnership NHS Trust) and asked that they contact this lady. The following day the PALS spoke with Mrs S to ensure someone had contacted her. She advised she now had an appointment to meet with her new mental health nurse.

Reassurance – Clinical Processes

Patient has been admitted twice to UHCW and on both occasions has contracted Norovirus, enquirer would like to know Trust's policy for dealing with this and how it protects its patients.

The PALS liaised with the Infection, Prevention and Control team asking them to contact this lady directly and talk through the process of events once Norovirus is confirmed within UHCW

Key Achievements of 2015-16

The PALS committed to develop the service in five areas in 2015-16. These are set out below along with a summary of the work that has been undertaken to deliver on these commitments.

Increased Engagement with Internal Stakeholders

To ensure the sustainable delivery of this commitment the appointment of a PALS Co-ordinator and Head of Patient Relations was prioritised and these appointments were made in December 2015 and January 2016 respectively. A review of the PALS internal engagement strategy is underway and through its work to resolve patient concerns, the PALS is building stronger relationships with key members of staff, such as the Lead Nurse for Patient Experience and the Specialty Group Leadership Teams. To increase the awareness of PALS the service attends the Market Place event on all new starter inductions.

Increased Engagement with External Stakeholders

Through their case work, the PALS have focussed on strengthening their relationships with PALS departments in other Trusts, identifying key points of contact and sharing learning in respect of the services offered and processes. In addition, the PALS have met with Healthwatch Coventry and discussed the performance of the PALS and their role within the complaints process.

Greater Staff Awareness of the Role of the PALS by Using the Market Place Induction Event

Ensuring all staff across the organisation are aware of the PALS and how to support any patient that is dissatisfied with the treatment, care or service they have received is crucial to delivering an accessible service. To help raise awareness of the PALS process and their availability, PALS staff have attended the Market Place Induction Event with the aim of making any staff joining the Trust aware of the service.

Improved Closure of the Enquiry within Five Working Days

The PALS have undertaken a review of their processes and operational approach to ensure that complaints are handled in the most effective manner. It was identified that improved use of the case management system, Datix, will allow for better performance management and significant work has been undertaken to improve the quality of the data captured and live reporting has been introduced to allow this data to be effectively analysed and reported on. In addition, a review of the initial triage process will allow the complaints to be categorised with the aim of improving their flow through the process.

The next stage of this work involves sharing the new processes with the wider organisation and developing an enquiry management plan setting out clear responsibilities and escalation points.

Improved Communication Links with the Complaints Department

The PALS have good links with the Complaints Department and they work collaboratively with the Complaints Service to ensure that those concerns that need to be investigated through the complaints procedure are quickly identified and actioned by the Complaints Service. The PALS Co-ordinator meets regularly with the Head of Patient Relations and this ensures that the PALS have a clear understanding of the wider department objectives and operational matters that are relevant to both the PALS and Complaints Service.

Further Developments for 2016-17

Service User Satisfaction Survey

As the PALS develops its procedures and operational approach in 2015-16 it is important to ensure that the experience of service users is received and factored into any measurements of improvements. The PALS will therefore design and introduce a service user survey, to better understand the service user experience. To meet the needs and expectations of service users will be able to complete this survey both

electronically, via post and in person. This feedback will be used to ensure that the PALS continue to provide a patient centred service.

Increased Accessibility

The PALS will review their opening hours with a view to extending them to better meet the needs and expectations of service users. A business case will be prepared to assess the viability of the PALS delivering a seven day service to service users. This will be a significant step for the PALS and ensuring that the organisation offers a truly patient centred service that is available at the time that they need it.

Increased Engagement with Internal and External Stakeholders

PALS will continue its focus on developing key stakeholder relationships. Internally, the PALS will focus on increasing the awareness and understanding of the PALS amongst key staff groups to ensure that the enquiries processes is clearly understood and adhered to. The PALS will also use their skills and experience to help develop staff's ability to resolve dissatisfaction at the earliest possible stage.

Externally the PALS will continue to work collaboratively with other PALS Officers, but it will seek to liaise more closely with other relevant services to ensure that they are aware of the support the PALS can provide so that they can signpost patients, relatives or carers accordingly.

Improved Performance Against the Five Working Day Response Timeframe

PALS will build upon the work undertaken in 2015-16 to complete the process improvement work, performance management and stakeholder engagement to improve and monitor the working day response rate. PALS will complete the implementation of the necessary performance monitoring tools required to regularly report on its performance against this response rate.

Greater Analysis of Data to Increase Intelligence Sharing Throughout the Organisation

The improved use of Datix, combined with quality insurance processes, will allow the PALS to perform greater data analysis. This will enable the PALS to produce and disseminate valuable intelligence across the organisation, helping the organisation identify opportunities to improve the patient treatment, care and experience.

**University Hospital
Clifford Bridge Road
Coventry CV2 2DX**

**Hospital of St Cross
Barby Road
Rugby CV22 5PX**

www.uhcw.nhs.uk

024 7696 4000

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