

2020/21 Trust PALS and complaints service annual report

1.0 Introduction

The Patient Advice & Liaison Service (PALS) and Complaints Teams have, as with the rest of the Trust faced a challenging year as a result of the Covid pandemic. However, we have continued to maintain a high standard of service and met key targets for timeliness and responsiveness to patients. For the first time on record, no complaints investigated by the Parliamentary & Health Service Ombudsman (PHSO) were upheld or partly upheld upon investigation.

During the Covid pandemic, all 'walk-in' PALS offices have been closed. The PALS team have however continued their telephone and email service supporting families/carers in the past year. PALS continue to work with the Patient Experience Team to deliver personal messages and photographs to patients on the wards. PALS also facilitate a 'Drop Off' service in which families and friends can drop off parcels to the PALS offices on each site for the Officers to deliver to wards. This will continue until visiting restrictions are lifted.

The headline performance figures for 2020/21 are:

- 768 formal complaints received and 3401 PALS cases logged.
- 395 compliments were logged by the PALS team.
- 97.0% of complaints were responded to within their agreed deadlines (target 95%).
- 97% of acknowledgment letters were sent within 3 working days.
- 759 complaints were closed during the year with an average response time of 33 days (target < 40). This was the same as last year.
- 4 complaints that were referred to the PHSO proceeded to a full investigation, the lowest to date.
- 2 outcomes from the PHSO were reported to the trust of which neither were upheld. We set a maximum target of just one upheld/partly upheld cases for 20/21 and achieved this.
- 4% of complaints were re-opened, meaning we needed to provide a follow up written response. This was higher than last year and above the 2% target we set ourselves.
- Members of the complaints and PALS team continue to offer expert support and training to colleagues around the Trust.

The Central Complaints Team and PALS continue to have a strong and collaborative working relationship and they support colleagues to resolve complaints as swiftly as possible. The Central Complaints Team and PALS have continued to develop links with colleagues in the wider team, such as Patient Affairs, Mortuary and Safeguarding and have assisted each other during periods of pressure caused by Covid, via redeployment.

Complaints are reviewed at divisional monthly and quarterly governance meetings, as well as some of the specialty meetings where trends are identified that need to be brought to their attention and there is a complaints presence at these meetings when required. This is supported by quarterly reports provided by the Complaints & Service Improvement Manager. A monthly tracker is sent out to key staff. This shows a summary of complaints performance

across the Trust and allows queries and delays to be identified and dealt with promptly. The report continues to highlight the great work being done around the Trust by including compliments. This helps balance feedback, ensures colleagues get recognition for the excellent work they do, and improves general engagement with the complaints team. In the interest of openness and to demonstrate our commitment to learning and improvement, starting this year the quarterly reports have been made available to the public via the Trust website.

The Central Complaints Team supports the Chief Executive's office by managing and preparing responses to "high profile" complaints such as those received from MPs and those that have been raised via social media.

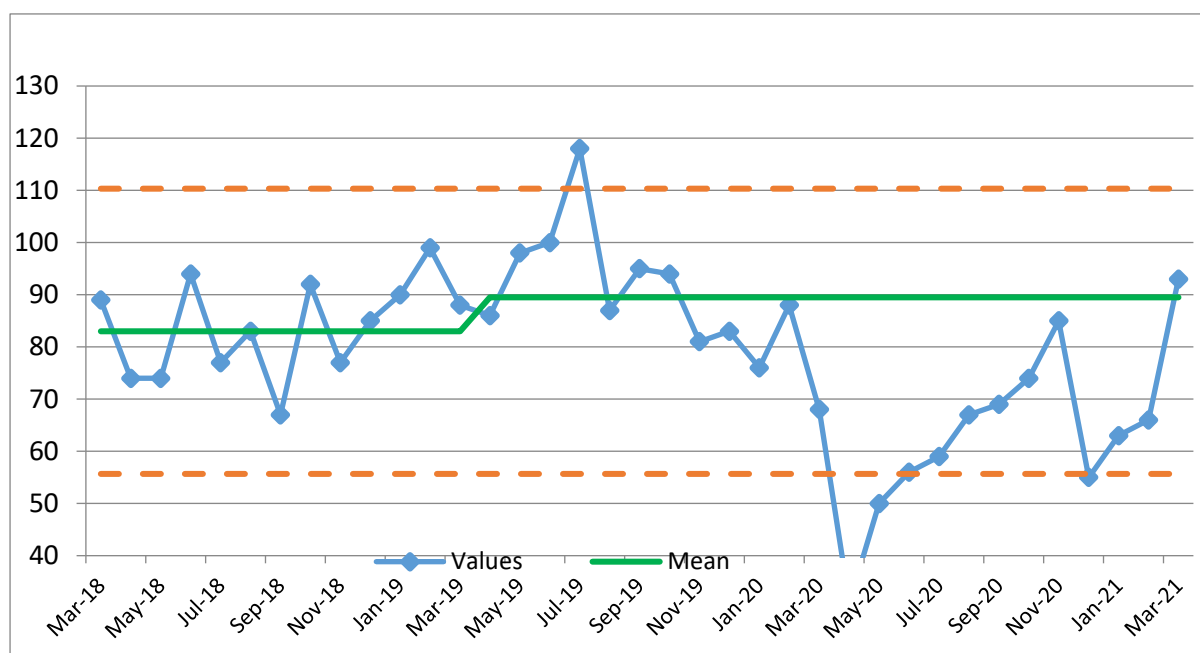
The Complaints & Service Improvement Manager added to the intranet a guide for staff on how to handle complaints. This contains some useful tips and guidance on how to seek support.

The Central Complaints Team keeps track of all actions and learning arising from complaints investigations to make sure they are delivered and evidence is collected to ensure they take place. Due to the pandemic the Complaints & Service Improvement Manager has not been able to deliver as many training sessions to colleagues as in previous year, but at the time of writing (June 2021) he has re-started virtual training for Preceptorship Nurses.

2.0 Numbers of Formal Complaints Received

Last year the Trust received 768 formal complaints. This was a 28.5% decrease on the 1074 received in the previous year. This decrease comes after prior year-on-year increases and is a result of the Covid pandemic. As mentioned in last year's annual report, the number of complaints received fell significantly from March 2020 as the Covid 'first wave' started to affect services. There was then a steady increase in summer and early autumn 2020, before another 'dip' during the winter Covid second wave. At the end of the financial year, monthly figures were almost back to pre-Covid levels. The effect of the pandemic has made it harder to analyse year on year trends in overall complaints numbers.

The graph below shows the trend in the number of formal complaints raised over the last three financial years.

Graph 1: Numbers of formal complaints received for the last three years

3.0 Complaints cases

We report the subject of complaints using standardised categories, set by NHS Digital, which allow for benchmarking across NHS Trusts. Table 1 highlights the top 5 categories of formal complaints received in the year in comparison with the previous year (for reporting purposes Clinical Treatment and Patient Care have been combined as they are similar).

Table 1: Formal complaints by category

Category	2020/21	% of total	2019/20	% of total
Clinical treatment/patient care	217	29%	301	28%
Values and Behaviours (Staff)	111	15%	165	15%
Appointments	94	12%	159	15%
Communications	81	11%	118	11%
Trust admin/policies/procedures including patient record management	59	8%	58	5%
TOTAL	562	74%	801	75%

It is interesting to note how the proportion of formal complaints across the service areas has remained similar in 2020/21 compared with the previous years. However, there are a few changes to note. Firstly, the proportion of formal complaints about *Appointments* has decreased. However, the management of outpatient appointments remains an area of concern for our patients and it is noted later in the report that the fall in formal cases is due to an increasing proportion of these issues being dealt with informally by PALS before they escalate to the formal stage. Patients have complained about delays to elective appointments and procedures, and short notice, and sometimes repeated cancellations. Additionally, there have

been a number of complaints made about the move towards remote appointments and a lack of clarity in communication about this, including staff not calling patients at the expected times or patients not being clear if they should attend in person.

The issue of *Trust admin/policies/procedures including patient record management* has become an emerging trend as we have received an increase in the proportion of complaints about the accuracy of health records and breaches relating to the inappropriate disclosure of patients' confidential health information.

Transport was a key theme in the previous quarter when there were issues with the service being provided by Falck to our patients. This has fallen in 20/21, likely due to the reduction in demand due to Covid and lockdowns, fewer traffic delays and efforts by our transport team and Falck to improve the standard of service being provided.

It is reassuring to note that despite the unprecedented pressures colleagues have been under during the last year, there has only been a very slight increase in the proportion of complaints about *clinical treatment/patient care*. This demonstrates that on the whole, patients remain satisfied with the overall standard of care they are receiving when in our hospitals.

Table 2 provides a breakdown by service area. During 2019/20 there were more complaints received concerning outpatients than inpatients. This is likely due to the aforementioned capacity issues which have resulted in complaints about delays and cancellations to elective outpatient appointments and procedures.

Table 2: Complaints by service area

Service area	2020/21	% of total	2019/20	% of total
Outpatients	316	41%	501	47%
Inpatients	320	41%	432	40%
A&E	66	9%	85	8%
Maternity	66	9%	56	5%
Total	768	100%	1074	100%

Table 3 shows the number of complaints received by Division compared with the previous year. Table 4 shows the directorates that have attracted the most complaints.

Table 3: Complaints by division

Division	2020/21	% of total	2019/20	% of total
Medicine & Integrated Care	260	34%	311	29%
Surgery, Cancer & Cardiovascular	264	34.5%	398	37%
Women's, Children's & Clinical Support	150	19.5%	180	17%
Corporate (including IPH and Transport)	91	12%	184	17%
NWL Pathology	3	<1	1	<1
Total	768	100%	1074	100%

Table 4: Complaints by Directorate with the largest overall numbers of complaints

Directorate	2020/21	% of total	2019/20	% of total	% change year on year
Maternity	66	9%	56	5%	+4%
Urgent Care & Emergency Medicine	62	8%	84	8%	No change
General Surgery & Vascular	52	7%	76	7%	No change
Acute and Specialist Medicine (CXH)	51	7%	44	4%	+3%
Stroke and Neurosciences	47	6%	82	8%	-2%
Ophthalmology	46	6%	81	8%	-2%

The largest increase in complaints during the year were for the directorates of *Maternity and Acute and Specialist Medicine at Charing Cross Hospital*. The main theme for *Maternity* complaints was Values and Behaviours of midwives (i.e. staff attitude) followed by Clinical Treatment in Obstetrics & Gynaecology.

For *Acute and Specialist Medicine*, the main theme in complaints was Loss and Damage to personal property, followed by concerns about clinical care.

Maternity was one of the few areas that continued to provide care right throughout the pandemic so we should be mindful they had the same number of patient interactions from which to generate complaints, unlike areas that reduced their activity.

In some cases, telephone midwifery appointments instead of face to face caused a feeling of not being well looked after, especially for first timers. (This feedback was not confined to maternity and was also a theme in other areas that had moved to telephone consultations).

Many couples were unhappy at partners being excluded from coming into the hospital, and there were some complaints about the way requests for exceptions to be made. In some cases partners were from the birth, due to Covid test results being pending.

We also stopped partners from spending much time on the postnatal wards, which led to some women saying they felt uncared for.

The Complaints & Service Improvement Manager and the Complaints Investigator allocated to the above areas will explore with the services the key challenges to support a reduction the number of complaints they are receiving.

All complaints are risk assessed upon receipt by the Complaints & Service Improvement Manager. They are assigned a risk grade which informs the timescale for completing the investigation as well as who approves and signs off the final response. Table 5 shows the number of complaints per division by risk grade. Although there were only two complaints investigated under the complaints procedure, the complaints team flagged a number of issues

with the Clinical Governance Teams which were declared SIs (Serious Incidents) and went on to be investigated and responded to via the Duty of Candour process.

Table 5: Risk grade by division

Division	LOW	MEDIUM	HIGH
Medicine & Integrated Care	218	52	0
Surgery, Cancer & Cardiovascular	241	32	1
Women, Children & Clinical Support	144	6	0
Corporate (including) IPH	69	1	1
NWL Pathology	2	1	0
Total	674	92	2

The outcome of trust complaint investigations is that the complaint can be “not upheld”, “partly upheld” or “upheld”. For those cases that are partly upheld or upheld, actions and learning are extracted and recorded on the complaints action tracker for follow-up. Table 6 shows the outcomes of the 713 complaints investigations completed in 2020/21. This number is lower than the cases received because some of the cases received towards the end of the financial year were carried over into 2021/22.

A slightly higher proportion of complaints were upheld/partly upheld than not upheld during the year, which is a small change compared to previous years when the proportions have been more evenly split.

Table 6: Outcome by division

	Upheld	Partly upheld	Not upheld	Total
Medicine and Integrated Care	24	84	116	224
Surgery, Cancer and Cardiovascular	46	81	134	261
Women's, Children's and Clinical Support	32	49	56	137
NWL Pathology	1	0	1	2
Corporate (Inc. IPH)	36	27	26	89
Total	139	241	333	713
Percentage	19%	34%	47%	

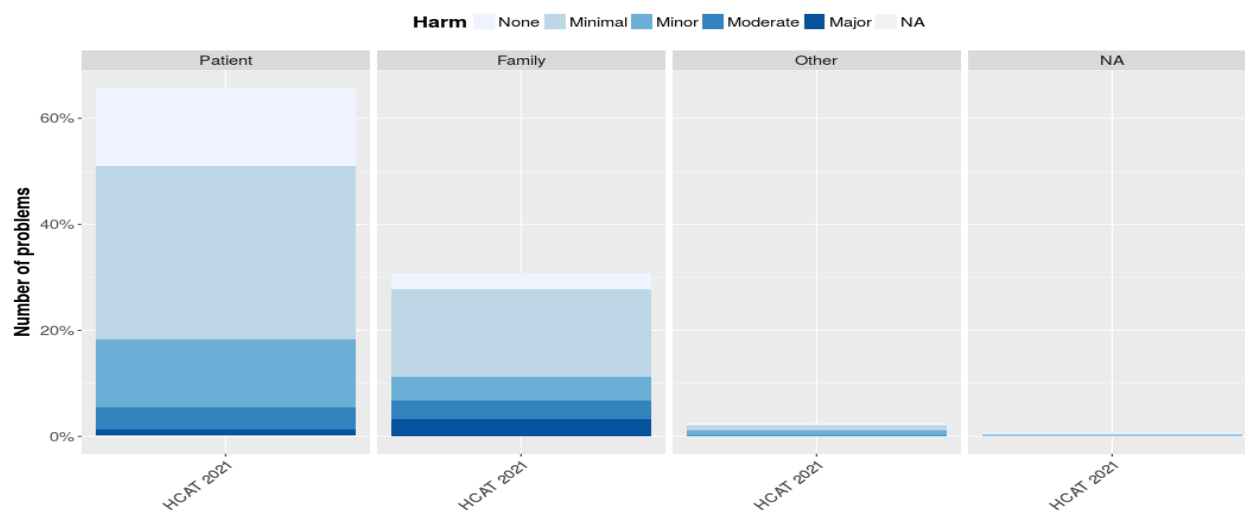
4.0 Healthcare Complaints Analysis Tool (HCAT)

From 1 April 2020, all new complaints are being logged using the Healthcare Complaints Analysis Tool (HCAT), which has been developed in conjunction with the Patient Safety Translational Research Centre at Imperial College. HCAT is a method for systematically analysing complaints, and grouping key insights. The tool allows staff to reliably determine the problems reported in complaints at three-levels of specificity; to grade their severity, the harm reported by our patients, and where in the hospital system problems occurred. We have now gathered a full year of data using HCAT. Next year we will be able to conduct year on year comparisons, but for now we are able to share the following analysis:

Who complained?

The table below tells us who has brought the complaints to us and shows that the majority are submitted by the patient themselves, with a large significant number being brought by family members. Interestingly, complaints made by family members are often graded as high-harm, which would appear to reflect that these incorporate complaints made on behalf of patients who have died.

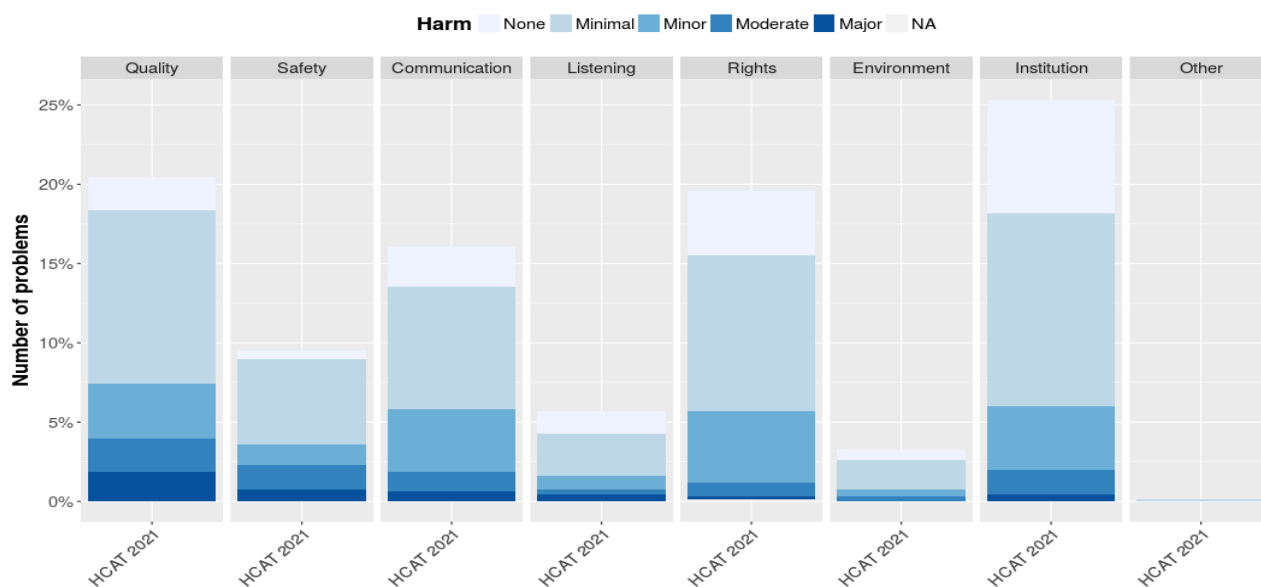
Table 6: Cases by Complainant



What problems did complainants report?

The following table illustrates problems reported in complaints by type and subsequent level of alleged harm. Please note that this alleged harm is based on what is reported by the complainant when the complaint is received and does not always reflect the findings of the investigation. Complaints reporting issues with the ‘quality of care’ and ‘safety’ have been a major theme, some of which were graded with moderate or major harm. These cases relate to complaints receive that raise concerns about shortcomings in clinical and nursing care. The category “Rights” reflect concerns raised about Values and Behaviours are well as issues regarding fairness and equality of access to services. The “Institution” category relates to concerns about institutional processes, including bureaucracy, delays and waiting times, and records management.

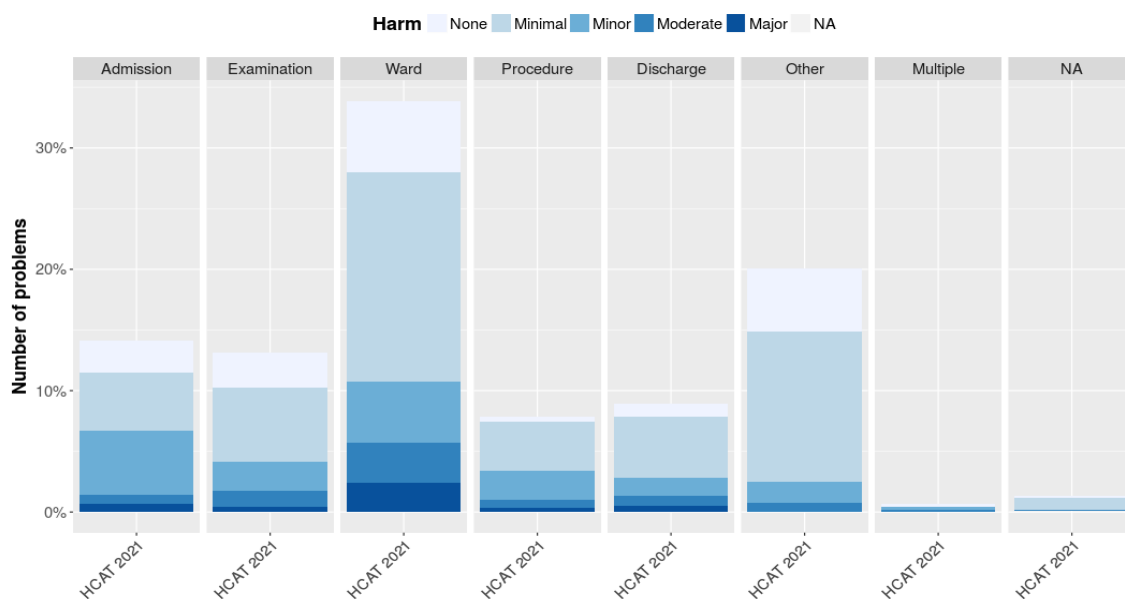
Table 7: Cases by type



During which stages in the patient journey did problems occur?

The next table illustrates problems reported in complaints by type and the stage at which they occurred. The majority of problems occurred during care on the ward, although the level of harm alleged was generally low. This is to be expected given that non-elective procedures were suspended for a significant portion of the year, and visiting on the wards was extremely restricted. Problems during care on the ward were often about a lack of communication from staff, disrespect, and feeling neglected. Problems during admissions appear to have increased, and are a reflection of issues relating to delays in outpatient appointments. During the next year, the Complaints & Service Improvement Manager will carry out more analysis into the 'other' category to see if more insights can be gained from this.

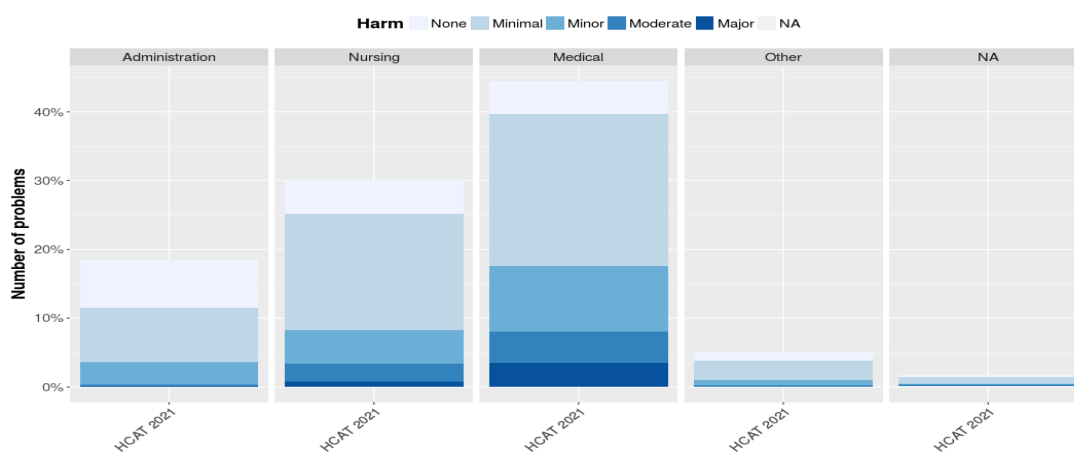
Table 8: Cases by the stage at which they occurred.



Which staff groups were involved?

The next table shows cases by the type of staff group involved and shows that the majority of complaints raised concerns involving medical staff, with nursing care also a significant proportion. Complaints raised about medical care often involved higher harm than those against nursing, and often described problems relating to a lack of communication, diagnostic errors, making and following care plans, and poor outcomes or side effects from procedures (the latter being particularly high-harm). to the relative high-harm of issues concerning medical staff is expected given the nature of the work clinicians do and the fact that complaints relating to end of life care often focus on clinical decision making. Problems regarding nursing staff were mostly about disrespectful treatment and feelings of neglect. Another proportion of the cases relate to administration, primarily around appointments and we would hope to see a reduction in these over the next year as outpatient improvement work takes effect.

Table 9: Cases by the staff group involved



5.0 Parliamentary & Health Service Ombudsman (PHSO) Cases

Table 10 provides a breakdown of all the PHSO decisions last year. The PHSO shared the outcome of two cases, one for Emergency Medicine and one for Maternity Service. Neither were upheld.

Table 10: Decisions the PHSO made last year by division

Division	Upheld	Partly Upheld	Not Upheld
Medicine & Integrated Care	0	0	1
Surgery, Cancer & Cardiovascular	0	0	0
Women's, Children's & Clinical Support	0	0	1
TOTAL	0	0	2

In cases where there has been a financial loss, we are required to put a complainant back to the same financial position they would have been in had the problem not occurred.

The Trust made monetary payments totaling £5039 last year to help remedy complaints where a service failure occurred. £1188 came from the complaints team budget and the remainder £3851 came from the relevant services' budgets.

The complaints team arranged some payments for valuables that were lost while patients were in the hospital, and the hospital was found to be at fault. Property loss was a theme for PALS and Complaints over the year partly, particularly as staff and patients were displaced and services were disrupted as a result of Covid. However, a large proportion of the losses were avoidable and sometimes caused additional distress to bereaved families. PALS is working to support improvements in the management of patient property and this is explained later in the report.

6.0 Learning and Service Improvements following a formal complaint investigation

The Complaints & Service Improvement Manager works with the wider complaints team to ensure that learning and actions are recorded when complaints are closed. The list should be reviewed on a monthly basis and any outstanding actions are reviewed and flagged with the Divisional Governance Lead on a quarterly basis, at their Divisional Quality and Safety Committee meeting, until they are completed. There was a pause to this process during the last year while services were dealing with the immediate pressures of the pandemic and staff were redeployed. However, the complaints team continued to gather information on actions agreed as a result of complaints investigations and the Complaints & Service Improvement Manager will restart the systematic checking of compliance with these during 2021/22.

On a quarterly basis, the Complaints & Service Improvement Manager produces the Complaint & PALS Service Improvement report. This provides a regular update on numbers, themes and learning from formal complaints and PALS feedback. Learning and actions are also presented in a “You Said, We Did” section as well as a list of actions already undertaken. This is presented at the Divisional Quality & Safety Committee meetings so that staff are able to see how we have learned and improved because of a complaint investigation. It is also shared with Healthwatch and the Trust Executive and made available to the public via the Trust’s website.

As well as immediate improvements, the Complaints & Service Improvement Manager uses complaints data to identify and make significant service improvements. Below are some examples where changes and improvements have been made as a direct result of complaints:

- After feedback from a family, the Critical Care team now discuss all patients receiving end of life care at safety briefings to ensure families are well informed. A system was put in place to ensure consistent and informative updates are given via phone and video calls by both the medical and nursing teams were set up for families unable to visit.
- We identified that a nursing team had failed to inform a patient’s spouse of the 'Carer's Passport' which would have allowed them to visit every day and avoided the patient reporting feeling 'abandoned' during the first five days of their stay. We shared information surrounding the carer’s passport and supporting family members with the managers of the wards the patient visited during their admission. We apologised to the patient’s spouse for the distress caused.
- A patient observed non clinical staff as well as visitors and patients not following social distancing or wearing masks correctly. During a departmental staff meeting all staff were reminded about the policy on wearing PPE in the correct manner at all times, on and off duty, when inside the hospital. Staff were reminded of their responsibility to

challenge anybody they saw not adhering to the rules on wearing masks. The specific staff members that we were able to identify were spoken to individually.

- Following a complaint about a staff member refusing to give their name, we reminded staff that they are required to wear their ID badges at all times and that they give their names and show ID on request.
- We upheld a complaint that a patient's fall was not communicated to a relative in a more timely fashion, in line with our policy on 'being open'. The Matron discussed this at length with the nurses concerned and made it explicitly clear that contact should have been made with the patient's closest relative. They will work with these nurses to ensure they have the confidence to undertake difficult conversations in the future, or ensure the correct escalation is sought to prevent this from happening again.
- Following a complaint about noise on a post-natal ward, we have reminded the night staff to be aware of the needs of mothers who are trying to get their much-needed rest.

7.0 The year ahead for the Central Complaints Team

As with every part of the Trust, the work of the complaints team has been significantly affected by the Covid pandemic. Although there was a decline in overall numbers of cases during 2020/21, these increased towards the end of the period and this continued in 2021/22. During the focus on managing patients with Covid, there has been an increase in the backlog of patients waiting for elective procedures, and we anticipate that the number of complaints about delays and cancellations will increase and this will be an emerging theme.

Additionally, *Appointments* will continue to be of concern to our patients in the year ahead. This has already presented challenges, in terms of how we communicate with patients about the arrangements for their appointment, ensuring they are supported to participate in remote consultations, continuing to see people face to face when appropriate and making sure that patients are called at the agreed times. The Complaints & Service Improvement Manager will be working closely with the Outpatient team on their transformation work to ensure that feedback received via complaints leads to long term improvements to the service.

We also anticipate that *Communication* will remain a key theme in complaints, particularly whilst visiting on wards is restricted. It is a vital part of clinicians' and nurses' duties to provide regular updates to patients' loved-ones. These updates have been particularly important whilst visiting on the wards has been restricted, but they have also sometimes been challenging for staff to achieve due to the unprecedented pressure caused by Covid-19. We will continue to support efforts around the Trust to improve communication between patients and their loved-ones during the ongoing pandemic.

Members of the complaints team will continue to run the complaints service whilst supporting colleagues in the wider teams, such as PALS and Patient Affairs when they are under particular pressure as a result of Covid.

We will maintain the current high standard of our complaints handling, both in terms of timeliness, and most importantly, on providing high quality responses that reflect the Trust's values whilst being mindful of the pressures that our staff currently face. We will continue to work hard to 'get it right' the first time, leading to fewer complaints being reopened, and

ensuring that those that are escalated by patients to the PHSO are not upheld. We have carried over the previous year's target of one upheld/partly upheld cases for the year ahead.

Last year we set a target of reopening just 2% of cases in 2020/21 which unfortunately, we did not achieve; we reopened 4% of cases. In 2020/21 we will set a target of 2% and the Complaints & Service Manager will support the Complaints Investigators to reduce their reopened case rates. We will continue to respond to all complaints received in less than 40 working days.

We will ensure that all complaints that are closed as 'partly upheld' or 'upheld' contain learning and, when appropriate, clear actions to ensure that services are improved. We keep a log of actions from complaints and once we return to 'business as usual' we will follow them up systematically with the Divisions to ensure they provide confirmation and evidence that agreed actions have happened.

During 2018/2019 we introduced a new key performance measure of "overall satisfaction" with the handling of patients' complaints, for which we have set ourselves a target of 70%. This is measured via an online feedback questionnaire that we are sending to complainants six weeks after conclusion of their complaint. During 2020/21 the score for overall satisfaction in the handling of complaints was 72%. Feedback gained via the questionnaire is given by the Complaints and Service Improvement Manager during regular 1:1 meetings with the Patient Complaints Investigators and this has led to improvements in complaints handling, for example by ensuring that investigators introduce themselves personally to complainants at the outset so that they know who is handling their case. Additionally, we have improved our signposting to the Ombudsman in our response letters.

Finally, the Complaints & Service Improvement Manager will continue to offer expert advice to colleagues across the Trust and will be resuming scheduled training sessions, such as supporting the nursing Preceptorship programme.

8.0 PALS cases

The PALS team resolved 3401 informal concerns and enquiries during 2020/21. Table 11 displays a breakdown of the cases received by Division.

Table 11: PALS cases by Division

Division	2020/21	% of total	2019/20	% of total
Medicine & Integrated Care	1161	34%	996	29%
Surgery, Cancer & Cardiovascular	1451	43%	1510	45%
Women's, Children's & Clinical Support	590	17%	493	15%
NWL Pathology	11	<1%	6	<1%
Corporate (including Transport)	188	6%	370	11%
Total	3401	100%	3375	100%

This year has seen a PALS deal with a very similar number of informal complaints as in the previous year. PALS continue to offer a pro-active service, supported by PALS Volunteers, which aims to resolve issues before they have the chance to escalate unnecessarily. Looking at the breakdown by Division, it is evident that PALS are dealing with a greater proportion of

cases relating to Medicine & Integrated care then in the previous year, in particular with the Stoke & Neuro and Acute & Specialist Medicine Directorates.

The proportion of PALS cases about transport have significantly increased over the past year. This is for the same reasons mentioned in section 3.0

Table 12 shows the breakdown of PALS cases by specialty (for those specialties receiving more than 150 concerns in the year).

Table 12: PALS cases by specialty

Speciality	Number of cases	% of all PALS cases
Orthopaedics	198	6%
Ophthalmology	197	6%
Neurology	189	6%
Urology	183	5%
Ear, Nose & Throat	166	5%
Neurosurgery	164	5%
Gynaecology	151	4%

Table 13 shows a breakdown of PALS cases by category (top 5 categories only)

Table 13: PALS cases by category

Subject	2021/21	% of total	2019/20	% of total
Appointments	1208	36%	944	28%
Communications	584	17%	392	12%
Clinical Treatment	247	7%	119	4%
Transport	170	5%	298	9%
Trust admin/policies/procedures including patient record management	167	5%	93	3%
TOTAL	2367	70%	1932	56%

The above table reflects the pressures the Trust is under in terms of demand for appointments and the impact of Covid in terms of delays and short notice cancellations. Additionally, Transport complaints have increased significantly as mentioned previously. The increase in concerns being raised about communication and clinical treatment is likely to be a reflection of the difficulties caused by the restrictions on visiting in place for most of the year, as well as the pressure that colleagues have been under which has sometimes made it harder to provide regular family updates. This has made it harder for loved-ones to get a sense of what patients' treatment plans are and how they are progressing.

PALS continue to support the complaints team in ensuring that issues such as appointment concerns, that lend themselves to swift resolution, are dealt with quickly without needing to be escalated.

Table 10: Compliments

Table 10 shows a breakdown of compliments received by Specialty during the year for those areas that recorded 10 or more compliments:

Specialty	Number received
Emergency Medicine	63
Maternity	39
Ophthalmology	30
Ambulatory Emergency Medicine	21
Patient Advice and Liaison Service	17
Gynaecology	16
Cardiology	11
Orthopaedics	11
Acute Medicine	10

9.0 The year ahead for PALS

It has been over a year since the PALS new telephone call service was introduced. This service has negated the need for an answer machine system, so people using the system are able to talk to a PALS officer when they call. The system enables the PALS service manager to monitor the time taken to answer calls and any calls that are 'abandoned' by the caller due to long response times. To date over 96.6% of calls have been answered within one and a half minutes.

In April 2021, the call system will be upgraded. This involves a major change across all services that use the system including outpatients and major incident calls. Once this has been completed and the new system embedded, the second phase of the PALS new communication project will commence. This will involve the introduction of the web chat function. It is anticipated that the time frame for this will be 3-6 months post implementation of the upgraded call system.

The web chat functionality will enable patients to access instant feedback to minor questions. It will be used to supplement the email and telephone functions.

The new system has been well received by patients and their families. It has enabled the PALS function to continue throughout the COVID-19 pandemic. The team have been able to work in different ways, visiting patients on wards if needed as well as attend clinic consultations and Local Resolution Meetings. Over the next few months we will continue to build the new service with a continued focus on telephone, email, web chat and ward visits. Our activity and feedback has demonstrated that patients and families are happy with the service model we are currently providing.

PALS continue to work with the Patient Experience Team to deliver personal messages and photographs to patients on the wards. PALS also facilitate a 'Drop Off' service in which families and friends can drop off parcels to the PALS offices on each site for the Officers to deliver to wards. This will continue until visiting restrictions are lifted.

The continuing work on patient property was suspended during Q4 due to the impact of COVID-19. This work will recommence next year in partnership with Chelsea and Westminster Hospital NHS Foundation Trust.

Finally, over the next year, PALS officers will attend the Big Rooms to provide a valuable patient/ family/carers perspective.

10.0 Conclusion

The Covid pandemic continues to create a great deal of uncertainty for the complaints and PALS team and this is likely to continue into the next year. However, it has also provided opportunities to develop new ways of working, such as home/office hybrid working (for complaints) and a move to email/telephone support for PALS. We expect a steady increase in PALS and Complaints activity during the year as delayed demand for elective procedures continues to put pressure on services. Additionally, the return of visitors to our hospitals is likely to lead to an increase in the reporting of PALS and complaints concerns. Any winter wave of Covid 2021/22 is also likely to present similar challenges to the previous year.

The complaints team will focus in 2021/22 on maintaining the high quality of its responses and reducing the “re-open” rate further. We are aiming to ensure that few cases are upheld upon review by the PHSO.

Although this has been more challenging during the pandemic, complaints and PALS feedback will be fed back the Divisions to ensure that it continues to drive learning and improvement, particular as we aim to start to return to ‘business as usual’.

The complaints team will continue to explore how it can do more to follow up with patients to provide assurance that agreed actions have taken place.

PALS will continue to provide support to clinical teams and patients, as well as working on longer term service improvements, such as those related to patient property.

Protected characteristics

The following provides a breakdown of PALS/Complaints cases over the last year by certain protected characteristics. NB The information below relates to the patients, not the people who raised the complaint.

Sex

Female – 533

Male – 331

Ethnicity

White - British	33
White - Irish	2
White - other white	17
Mixed white and Asian	1
Other mixed	4
Indian	4
Pakistani	1
Bangladeshi	1
Other Asian	6
Black Caribbean	2
Black African	2
Other Black	5
Other ethnic category / Not stated	47
Totals:	124

Age band

Age 0 to 5	16
Age 18 to 25	64
Age 26 to 55	399
Age 56 to 64	104
Age 65 to 74	123
Age 6 to 17	11
Totals:	717

The Complaints and PALS Managers recognise that there is currently underreporting of information related to protected characteristics, and the increased collection of this data will be an area of focus in the year ahead.