



Annual Complaints and Patient Experience Report 2020/2021

The Royal Orthopaedic Hospital

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Preface from Garry Marsh, Chief Nurse



It has been a challenging period for the NHS. The pandemic has had a significant impact on service delivery, which in turn affects patient experience.

While we will continue to face challenges, we must continue to be a patient-centred organisation that listens. Ensuring the patient voice is at the heart of our services is an ongoing priority at The Royal Orthopaedic Hospital. We strive to deliver services which meet the needs of the people who use them.

Being patient-centred means involving people in meaningful ways. It means collaboration and co-production. It also means listening to and responding to feedback, both positive and negative.

Complaints create an opportunity to learn, to improve, to do better and reduce the risk of issues reoccurring. I am proud of how responsive we are to complaints and how we deal with them constructively. This report illustrates the nature of the complaints we receive and how they are handled.

Of course, we must continue to make progress. Both in the expedience of managing complaints and actions we take to mitigate them, as well as how we monitor complaints to understand emergent themes - allowing us to work proactively to address them.

In doing so, we will improve our services and continue to make them as patient-centred as possible.



Garry Marsh
Chief Nurse

1.0 Executive summary

The Royal Orthopaedic Hospital NHS Foundation Trust (the Trust) is committed to learning from complaints raised by our patients, their carers, their family and their friends. Furthermore, we are dedicated to continuously improving our services by listening to concerns, enquiries, feedback, comments and compliments.

Complaints made to the Trust are managed and dealt with in accordance with Managing of Complaints Policy and the NHS Complaints Regulations (2009). The fundamental objective is to resolve each complaint with the complainant through discussion, explanation or a written response to their satisfaction within the agreed timescale. Section 6.0. of this document outlines the statutory requirement that the Trust is measured against.

The Trust treated a total of 72,220 patients between 1 April 2020 to 31 March 2021. The percentage of formal complaints was 0.08% (57), Patient Advice & Liaison Service (PALS) concerns were 0.50% (363), PALS enquiries were 0.43% (311) and informal complaints were 0.004% (3).

In 2020/2021, the Trust was measured against two contractual complaint key performance indicators (KPIs) which were reported to the Trust Board and commissioners via the Quality Report as part of the monthly reporting cycle. In 2020/2021, the Trust acknowledged 100% of all complaint letters received within 3 working days. In addition, 98% of all formal complaints were responded to within the timescale agreed with the complainant (KPI target 80%, the contractual requirement). Compliance against these KPIs is outlined in section 6.0.

Under the Local Authority Social Service and National Health Service Complaints (England) Regulations (2009), the Trust must prepare an annual learning from complaints report each year. The report must specify the number of complaints received and number of complaints that the Trust decided were well-founded. It must also summarise the subject matter of complaints and any matters of general importance arising from those complaints. It must include the way in which the complaints have been managed and any actions that have been taken to improve services because of those complaints. This report will be publicly available on the Trust web site <https://www.roh.nhs.uk/>

The vacancies in the PALS and Complaints Team made it challenging to provide the usual quarterly reports to the Quality & Safety Committee. Assurance was nevertheless provided via summaries included in the monthly Quality Report and at an Executive and Divisional level, by weekly / monthly reports that were shared and discussed at governance meetings.

In January 2021, in order to strengthen the Patient Experience Team a business case was presented by the Deputy Head of Patient Experience to the Executive Directors for approval. It was agreed that the team would have an uplift of two whole time equivalents (WTE) to support and move the patient experience agenda forward.

1.1. Definitions Within this Report

1.1.1. Type of Complaint

- **Formal Complaint:** Any expression of dissatisfaction, where the complainant wishes to have a fully investigated response in writing. These are likely to take longer than 5 working days to resolve, but may also include issues that are resolvable quickly, where the complainant expresses a wish for the complaint to be dealt with formally.
- **Informal Complaint:** A concern that is raised by the complainant where the issue can be resolved either immediately or to the complainant's satisfaction within 48 hours. It also applies to issues raised verbally through the Patient Advice and Liaison Service, or the Complaints Department where the complainant indicates he/she does not require a written response from the Trust or does not wish to proceed with a formal complaint, once resolved to their satisfaction. These are not formally reported via the complaints data to NHS England.
- **PALS Enquiry:** A general enquiry that does not raise any matters of concern, but the individual merely requires information. These are not formally reported to NHS England and are resolved within 2 working days.
- **PALS Concern:** An enquiry that requires contact with other members of staff to resolve and a response is required verbally or in writing to the individual providing answers to specified questions. These are not formally reported to NHS England and are resolved within 5 working days.

1.1.2. Formal Complaints Outcome Decision

- **Upheld:** If a complaint is received which relates to one specific issue, and substantive evidence is found to support the complaint, then the complaint should be recorded as upheld.
- **Partially upheld:** If a complaint is made regarding more than one issue, and one or more of these issues (but not all) are upheld, the complaint should be recorded as partially upheld.
- **Not upheld:** Where there is no evidence to support any aspects of a complaint made, the complaint should be recorded as not upheld.

2.0. The PALS and Complaints Team

At the beginning of the 2020/2021 financial year, the team comprised 2.0 WTE, the Patient Relation Service Manager and Patient Experience Facilitator. During 2020/2021 the team experienced changes in staff turnover within the department and the team have had 1.0 WTE Deputy Head of Patient Experience and 0.5 WTE PALS Administrator for some time.

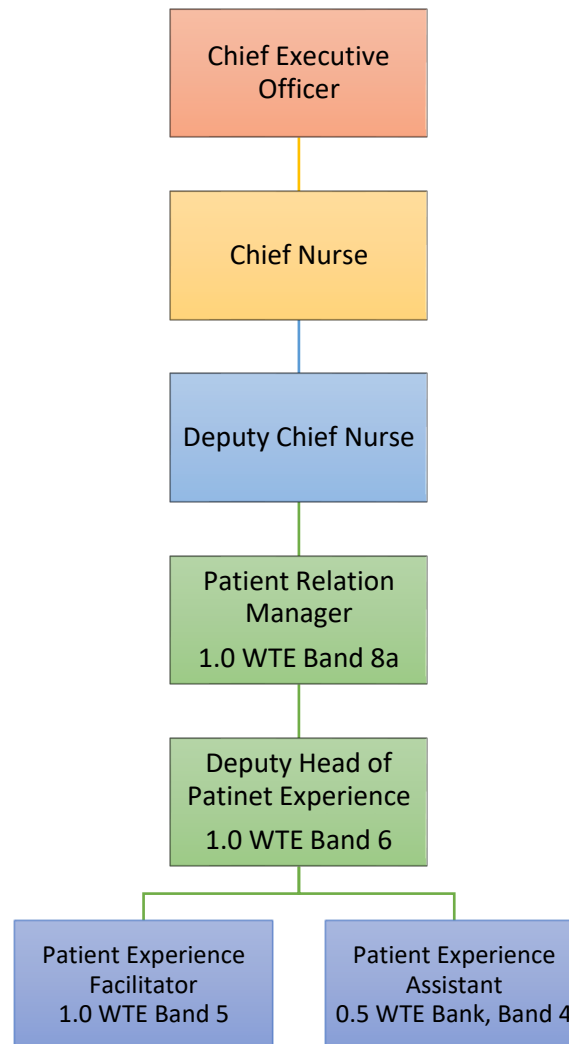


Figure 1: PALS and Complaints Team Structure during 2020/2021

- In 2020/2021 the team structure was as outlined above. The Deputy Head of Patient Experience post was appointed into in June 2020. The Patient Experience Facilitator post was vacant from June 2020 until December 2021 when a secondment started, which was due to conclude in May 2021, however the individual left the organisation before this time.
- As a result, the Department had only one WTE in post over this above timescale.
- The Trust reached a decision to restructure the team and recruit to a Head of Patient Experience (Band 7) with the role of Patient Relation Manager (Band 8a) being removed from the structure. The postholder started mid-March 2021.

- A business case was made by the Deputy Head of Patient Experience in January 2021 and approved by the Executive Directors in March 2021. The business case strengthens the PALS and Complaints team, adding two WTE posts.

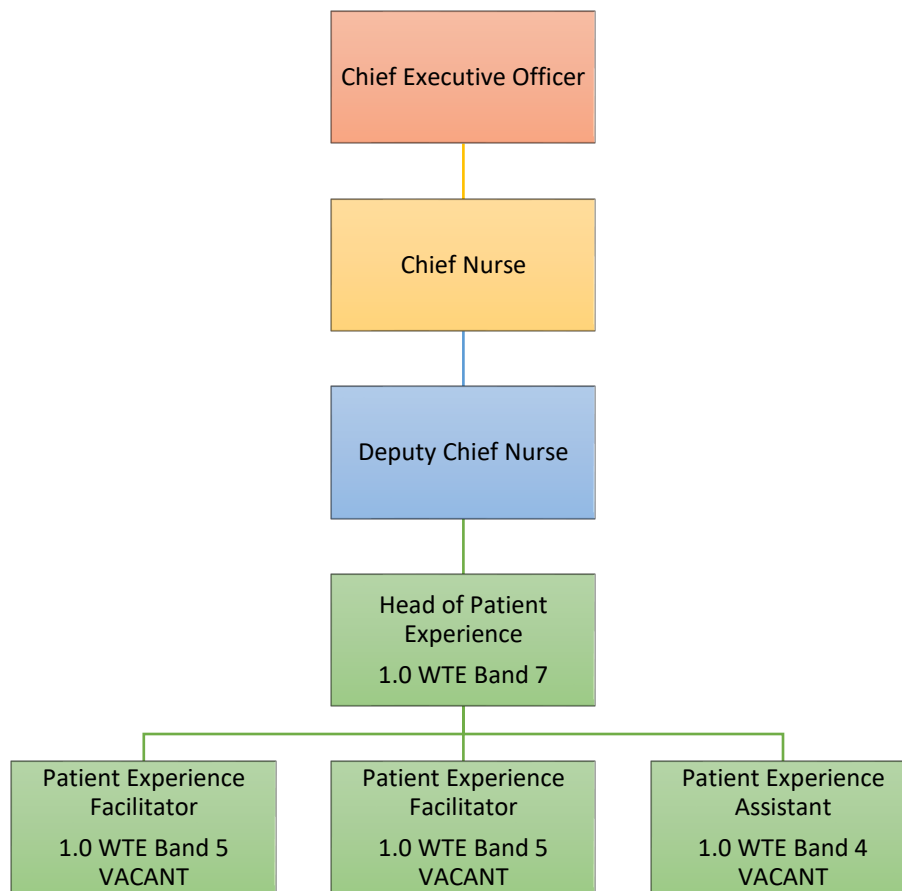


Figure 2: PALS and complaints team structure from March 2021

2.1. Roles and Responsibilities Within the Structural Team Tree

2.1.1. Chief Executive Officer (CEO)

- Named officer with responsibility for ensuring that the Trust complies with statutory obligations made under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009. Ensuring that actions are taken depending on the outcome of complaints.
- The CEO or nominated deputy in his/her absence will read and review all complaint responses and provide a signed cover letter.

2.1.2. Chief Nurse

- Has overall responsibility, delegated from the CEO, for ensuring that effective systems and processes are in place to deal with patient and service users' feedback and to ensure that this is shared and acted upon in order to continually improve the quality of care.
- Presentation of an Annual Complaints Report to the Board of Directors.

2.1.3. Deputy Chief Nurse

- Is responsible for providing the Quality and Safety Committee with a quarterly report regarding complaints activity, the actions taken and an evaluation of the effectiveness of the action.
- Agreed actions to be taken when complaints are presented after the statutory 12-month period.
- Is responsible for ensuring detailed procedures are developed, agreed and implemented.
- Ensuring key performance indicators (KPIs) are monitored and reported to Divisions, Clinical Quality Group and Quality and Safety Committee.

2.1.4. Head of Patient Experience

- Day-to-day management and provision of a patient advice and support service in relation to feedback and complaints.
- Managing the procedures for handling and considering complaints and acts as a 'complaints manager' under The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.
- Interpretation of NHS Complaints Procedure and developing and reviewing associated local policy and procedures.
- Execute his/her duties as described in the associated procedural documents.
- Providing quality assurance of complaint responses for complaints risk rated amber, yellow or green.
- Managing the administrative process for Parliamentary Health Service Ombudsman investigations.
- Providing training in relation to the management of Complaints and PALS.
- Monitoring concerns and complaints key performance indicators (KPIs) and analyses complaints information and provide data and information for Divisional Governance Board, Clinical Quality Group, Quality and Safety Committee and the annual complaints report to Trust Board
- Informing the Communications Manager of any potential media interest.
- Providing support to the Divisional leads as required.
- Development of an Annual Complaints Report for presentation to the Board of Directors by the Chief Nurse.
- Responsible for improving the Patient Advice and Liaison Service (PALS) and complaint services on a regular basis.

2.1.5. Patient Experience Team

- Is designated by the Trust to listen and respond appropriately and timely to feedback from patients and service users.
- Is responsible for maintaining accurate PALS records of contacts and outcomes that can be used for the identification of trends and for sharing learning across the Trust.
- Will report any issues of concern to the Head of Patient Experience
- Is responsible for providing written reports detailing PALS activity and outcomes to the Head of Patient Experience on a monthly basis in order to enable production of monthly quality report.

3.1. Governance Structure



Figure 3: PALS and Complaints Governance Structure for Reporting

3.1. Roles and Responsibilities within Governance Structure

3.1.1. Trust Board

- Receives assurance that robust systems are in place that enables feedback to be heard, actioned and lessons learned in order to provide the best possible care and experience to patients and service users.
- The Trust Board will receive information on the number of complaints and timeliness of response in the Integrated Performance Report.
- The Trust Board will receive and approve the Annual Complaints Report.

3.1.2. Quality and Safety Committee

- Will receive quarterly assurance reports about complaint numbers, timeliness of responses, themes and trends, risk grading of initial complaint, number upheld, partially upheld or not upheld.
- Number and percentage responded to in time agreed with complainant, complaint outcomes and learning identified, evidence of how learning has been shared across the Trust, number referred to Parliamentary Health Services Ombudsman (PHSO) and outcome, number and percentage of re-opened and criteria for re-opening, details of measure of complaint satisfaction sought via survey or proactive feedback process and summary of training undertaken in respect of learning from complaints. This report will also include details of concerns and compliments received by the Trust.

3.1.3. Clinical Quality Group

- Will receive monthly assurance reports about complaint and PALS numbers, timeliness of response, themes and trends, risk grading of initial complaint, number upheld, partially upheld or not upheld
- Number and percentage responded to in time agreed with complainant, complaint outcomes and learning identified, evidence of how learning has been shared across the Trust, number referred to Parliamentary and Health Service Ombudsman (PHSO) and outcome, number and percentage of re-opened and criteria for re-opening, details of measure of complaint satisfaction sought via

survey or proactive feedback process, summary of training undertaken in respect of learning from complaints. This report will also include details of concerns and compliments received by the Trust.

- Has overall responsibility for ensuring that complaint action plans are monitored and closed at Divisional level.
- Has responsibility for ensuring that learning from complaints is shared across the Trust.

3.1.4 Patient Experience and Engagement Group

- The purpose of this group is to provide assurance to the Quality and Safety Committee of patient, public and carer involvement and experience within the Trust.
- The Patient Engagement and Experience Group is responsible for setting its own annual work plan in agreement with the Quality and Safety Committee and be accountable for delivering and evaluating its key tasks and responsibilities.
- Is responsible to ensure there is a clear Involvement, Experience and Volunteering Strategy in place with a work plan aligned to ensure implementation.
- Is responsible to oversee compliance with standards set by the Care Quality Commission and NHS.

3.1.4. Divisional Management Board

- Are responsible for ensuring that all complaints and patient feedback are investigated and responded to in line with the policy.
- Will monitor and oversee closure of complaint action plans and ensure that learning is widely shared across the Division.
- Will receive monthly reports with trends of PALS contacts (enquiries, comments or concerns) and Formal complaints covering the whole year from April to March, together with main trends from the month before.

3.1.5. Divisional Governance meeting

- Are responsible for ensuring that all complaints and patient feedback are investigated and responded to in line with the policy on a weekly basis.
- Will receive an open Formal complaints tracker, PALS contacts and PALS trends for that month.
- Will ensure that all complaint or concern actions are closed and track their process.

4.0 Data Collection and Analysis

All data from the PALS concerns, PALS enquiries, compliments and formal complaints are entered and collected via the Customer Service Module within Ulysses Safeguard System (USS). This has enabled more accurate and responsive trend and theme analysis across all Patient Experience data and allowed the team to work closely with the Divisional teams to improve the recording of actions and learning taken as a result of complaints.

The PALS and Complaints department produce reports on weekly, monthly and quarterly basis to ensure that Divisions are aware of any issues and themes within their departments.

4.1. Improvement to Ulysses Safeguard System in 2020/2021

- Department started to collect demographics data
- Reports are now being produced using Ulysses Safeguard System only
- New departments and categories have been implemented
- All actions have now been set on the Ulysses Safeguard System
- Staff and Patient lists are updated on a daily basis
- All contacts are recorded on the Ulysses Safeguard System
- Initial and final grading are now being used for every case

There is still room for improvement and the team will continue to work on developing the functionality of the USS.

5.0. Formal Complaints Process

Complaints are a rich source of patient feedback and this should be regarded as such by all staff members. From time to time, the experience of our service users is not as good as it should be and as a consequence there is an opportunity for us to learn from our mistakes.

In 2020/2021 the PALS and Complaints department changed the processes for formal complaints. The new process gives the Divisions full ownership and oversight of the formal complaints that are connected to their Division. The Triumvirate has full oversight of all complaints that are received by the Trust; identify the lead and providing divisionally sign off complaints before they go for Executive Director and Chief Executive Officer approval.



Figure 4. Formal complaints process hierarchy

5.1. Roles and Responsibilities within Formal Complaints Process

5.1.1. Patient Experience Facilitator

- Will receive complaint and act as a first point of contact to the complainant.
- Is responsible for reading and extracting the questions from the complaint, to allow timely investigation, responding and reading of the complainant
- Facilitates all processes for the formal complaint and makes sure that the complaint response is sent within the agreed timescale with the complainant

5.1.2. Triumvirate - Deputy Medical Director, Deputy Chief Operating Officer and Head of Nursing

- Are responsible for identifying a named individual to lead the complaint investigation.
- Are responsible for identifying a lead and completion of an immediate action plan.
- Are responsible for approving the draft response for a formal complaint before it goes to a Director.
- Quality assures all complaint responses and ensures all aspects of the complaint have been addressed and the response has been written in line with the guidance on writing response letters.
- Review and approve any changes within PALS and Complaints processes or system.

5.1.3. Investigation Lead - Matrons, Clinical Service Managers, Ward Managers, Deputy Directors and Managers

- Is responsible for ensuring that all staff within their team have read and understood the Trust Policy.
- That all identified staff have received relevant training and understand their responsibilities when responding to the specific needs/requests of patients and service users. Staff should aim to resolve issues locally wherever possible.
- Undertake local investigation into complaints as requested.
- Meet with complainants as required to enable local resolution of concerns/complaints.

5.1.4. Executive Director

- Is responsible for approval of the final complaint response before CEO approval.
- Executive Director will sign off all complaints within their portfolio.

5.1.5. Chief Executive Officer

- Is the named officer with responsibility for ensuring that the Trust complies with statutory obligations made under The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, and in particular ensuring that action is taken if necessary, in the light of the outcome of a complaint.
- The CEO or nominated deputy in his/her absence will read, review and approve all complaint responses and provide a signed cover letter.

5.2. Governance structure for approval of the Formal complaints

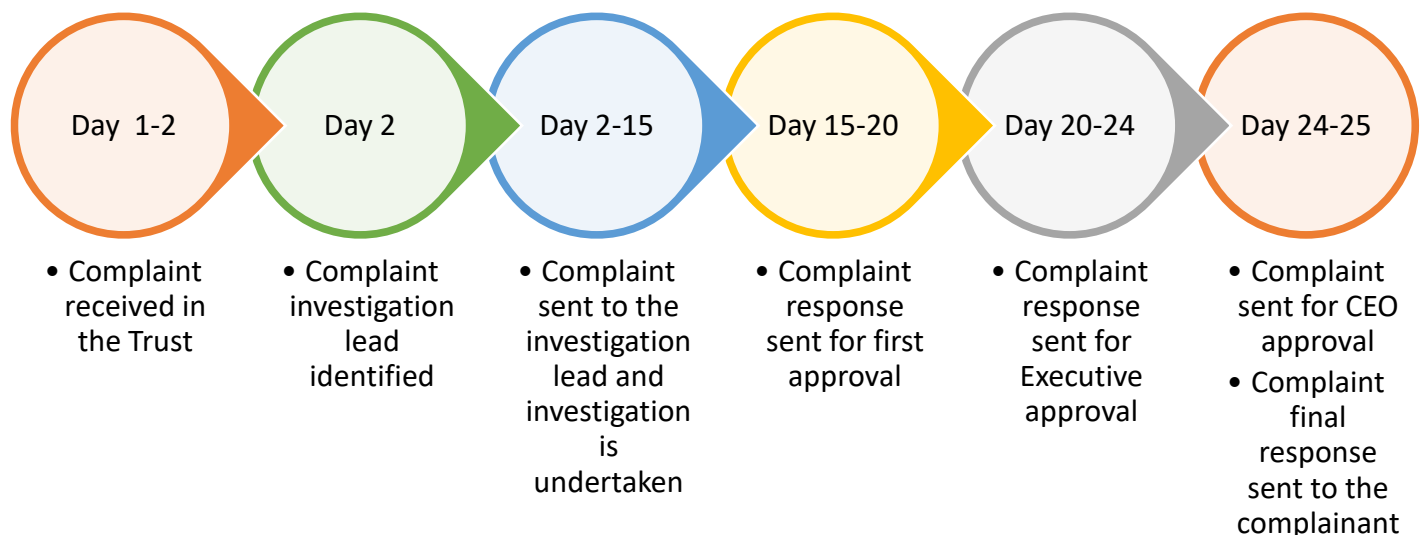


Figure 5. Formal Complaint Governance Process

5.2.1. Days 1 and 2 - Complaint Received in the Trust

- Complaints team will read the complaint letter and extract key elements.
- Complaints team phone the complainant to discuss key elements of the complaint and discuss complaint letter and extracted questions with complainant.
- Complaints team offer the complainant a telephone call and meeting with an investigation lead.
- Complaints team will email the Triumvirate requesting that they identify a lead for the complaint, provide the questions that the complainant would like answering and advise the method of response requested.

5.2.2. Day 2 - Complaint Lead Identified

- Triumvirate to complete an immediate action plan, initial risk rating and identifies lead for the complaint.
- Complaints department will forward the complaint to the investigation lead (the following will also be copied into the correspondence: the patient's Consultant, Clinical Service Manager and Clinical Service Lead who will contribute to the response if applicable) asking them to respond as per instructions.

5.2.3. Days 2 to 15 – Complaint Sent for Investigation

- Complaints lead to phone the complainant if instructed to do so, within 5 working days and notify Complaints team of the outcome of that conversation. Telephone response must be followed up with a written response, outlining the discussion with complainant.
- Complaint's lead has 15 working days to respond in the format of a letter.

5.2.4. Days 15 to 20 - Complaint Response Sent for First Approval

- Complaint version 1 draft response created and sent to Complaints team, together with final risk rating and final Action plan.
- Complaints team will proofread complaint version 1 response letter.
- Complaints team will notify Triumvirate that version 1 draft response has been created and it is ready for them to review, make comments/amendments or approve.
- Once a complaint draft response is approved by Triumvirate it will be sent for Director approval.

5.2.5. Days 20 to 24 Complaint Response Sent for Executive Directors Approval

- Complaints team will send a draft version of the response and final action plan to the Executive Director to review, make comments or approve.
- Executive Director approves draft response, and it is then sent for CEO approval.

5.2.6. Days 24 And 25 - Complaint is Sent for CEO Approval and to the Complainant

- CEO reviews draft response for the complaint and once it has been approved it becomes a final response.
- In the cover letter, the CEO will offer the complainant an opportunity to meet with key managers to discuss the outcome of the complaint.
- Final response letter and CEO cover letter is then scanned, and a copy saved on Ulysses.
- Complaint final letter sent to the patient and complaint closed.

6.0. Complaints Received

This section is a statutory requirement for the Trust under the Local Authority Social Service and National Health Service Complaints (England) Regulations 2009.

From 1 April 2020 to 31 March 2021 (2020/2021), the Trust had a footfall of 72,220 patients throughout all services and received 59 formal complaints. Two complaints were withdrawn, leaving a total of 57 complaints which were investigated and formally responded to.

In comparison in the year 1 April 2019 to 31 March 2020 (2019/2020), the Trust had a footfall of 116,880 patients throughout all services and received 138 formal complaints.

In 2020/2021, 0.08% service users have raised a formal complaint to the Trust compared to 2019/2020 when 0.12% of all patients raised a formal complaint. The Trust saw a 0.04% decrease in the formal complaints raised compared to the year before.

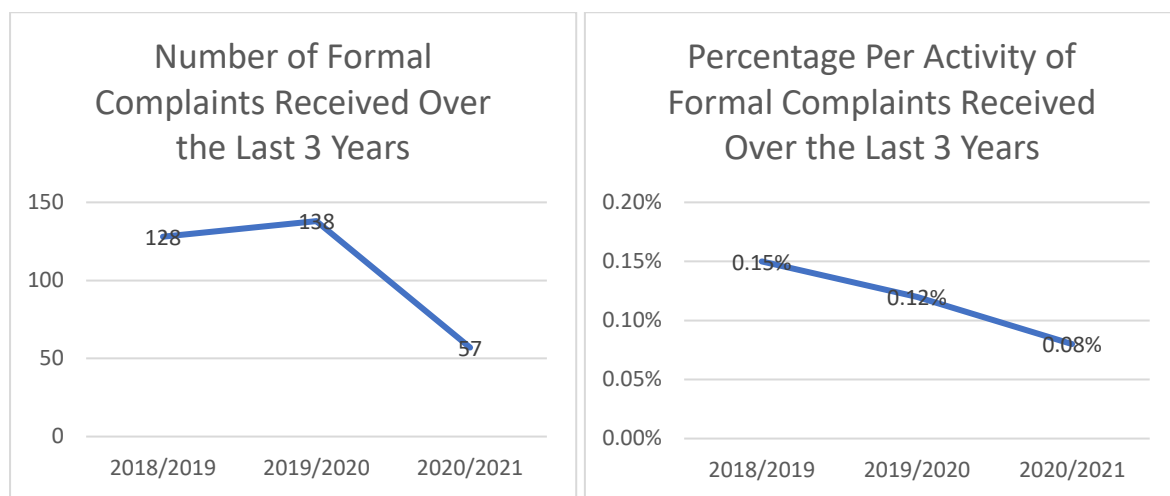


Figure 6 and 7. Number and Percentage of Formal Complaints Received Over the Last 3 Years

The data above shows that the Trust has had a decrease in the formal complaints received in the last 3 years. The Trust has had more contacts and cases open in the Patient Advice and Liaison Service (PALS) over last 3 years and it is believed that early prevention, intervention, and resolution has avoided our service users deciding to proceed to a formal complaint; this is outlined in the section 7.0. of this document.

In addition, 18 out of 57 complaints that were received in 2020/2021 were complaints in connection to the COVID-19 pandemic. In conclusion, if there was no impact of COVID-19 caused to services, 0.06% of our service users would complain which is a decrease of 0.06% in comparison to 2019/2020.

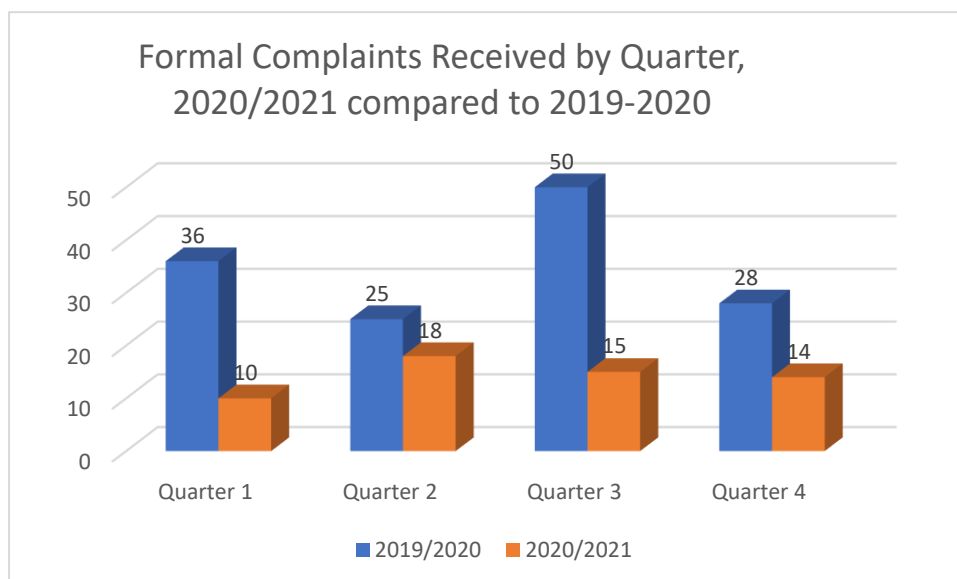


Figure 8 - Formal Complaints Received by Quarter

Figure 8 above details the number of complaints received by quarter in 2020/2021 with the previous year's data for comparison.

6.1. Themes of Formal Complaints 2020/2021

Listed below are the themes arising out of the formal complaints received during 2020/2021 compared to 2018/2019 and 2019/2020.

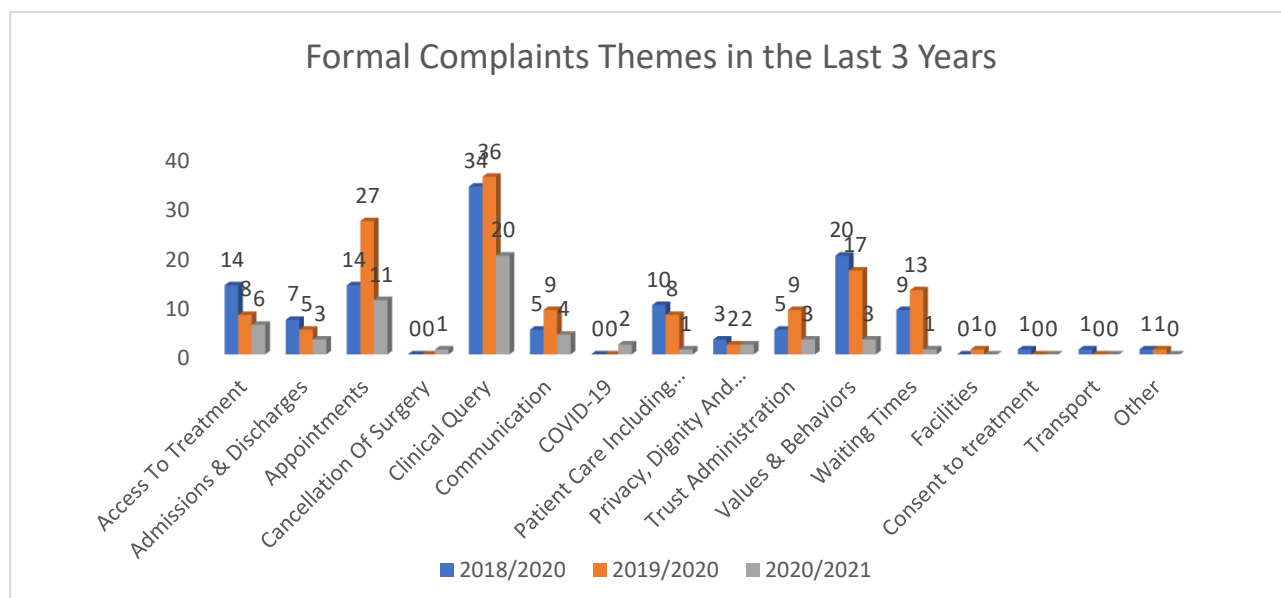


Figure 9. Formal Complaint's Themes Compared to the Last 3 Years

The top four themes of formal complaints received in 2020/2021 were:

- Clinical query; including clinical treatment, delay to be seen by doctor, delays with treatment and dispute over diagnosis.
- Appointments: including cancellation, delay, error, failure to provide follow up, letter not issued.
- Access to treatment; including access to physiotherapy services operation.
- Communication: including failure to communicate between departments and information given to patients.

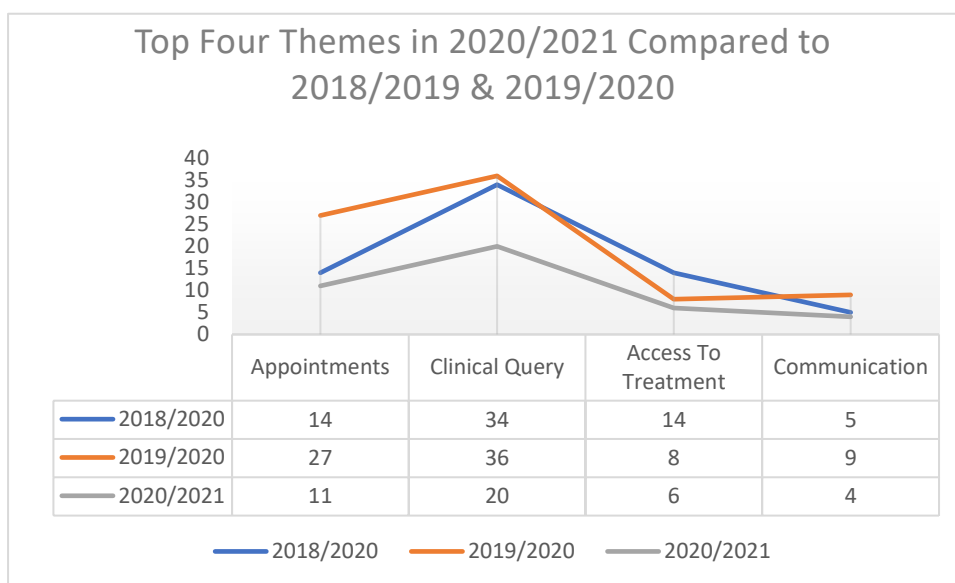


Figure 10. Top Four Themes in 2020/2021 Compared to 2018/2019 & 2019/2020

The top four themes in 2020/2021 were the same top themes in 2018/2019 and 2019/2020. Furthermore, as actions have been taken to improve our services this is reflected in the decreasing number of complaints outlined over the last three years.

6.2. Complaints per Division

The Trust has three Divisions that are supported by Corporate Department. Division 1 oversees the Ward areas, Main Outpatient department, Spinal Services, Large and Small Joints Services, Oncology Services and Patient access. Division 2 oversees Therapy Services, Theatres, Preoperative Assessment, Admission and Day Case Unit, Imaging and Pharmacy. Division 4 oversees Estates and Facilities.

The table below represents formal complaints received per Division in 2020/2021 compared to 2018/2019 and 2019/2020.

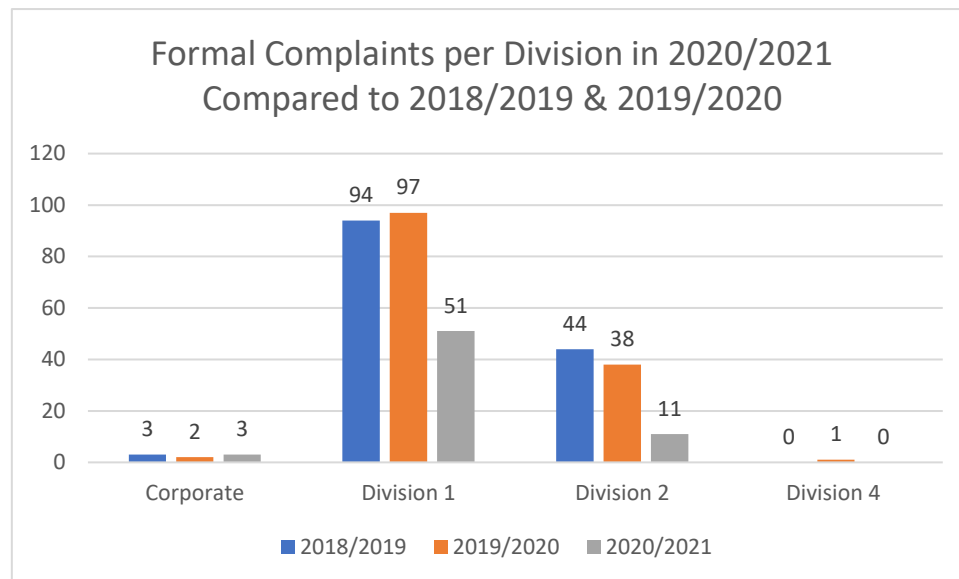


Figure 11. Formal Complaints per Division in 2020/2021 Compared to 2018/2019 & 2019/2020

Division 1 received the majority of complaints at 78%, which is reflective of the size and nature of the Division.

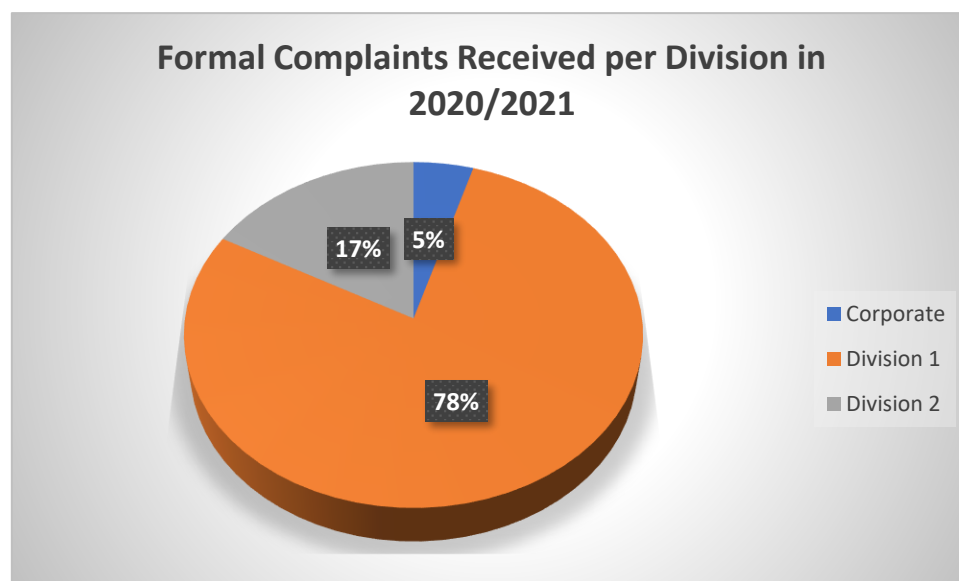


Figure 12. Formal Complaints Received per Division in 2020/2021

6.2.1. Division 1 and 2 Complaints by Area

The majority of complaints in 2020/2021 were in relation to Division 1 which has increased by 9% in the last 3 years. Division 2 saw a decrease of 14% in the same time period.

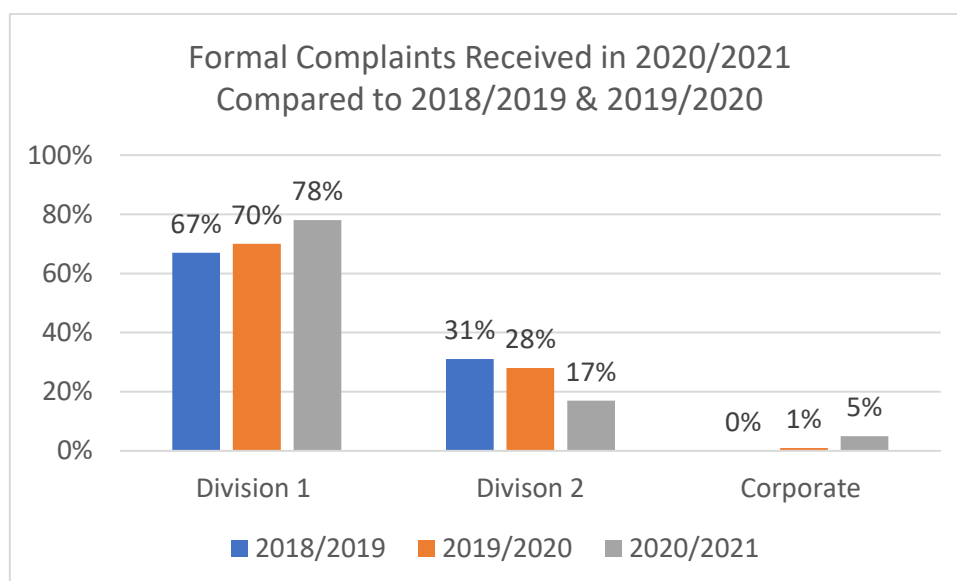


Figure 13. Formal Complaints Received in 2020/2021 Compared to 2018/2019 & 2019/2020

The largest number of complaints received relates to concerns about large and small joint services. These related to all aspects of service, including cancellation of appointment, delay with the clinical treatment and administration processes that have all been changing rapidly as a result of the pandemic

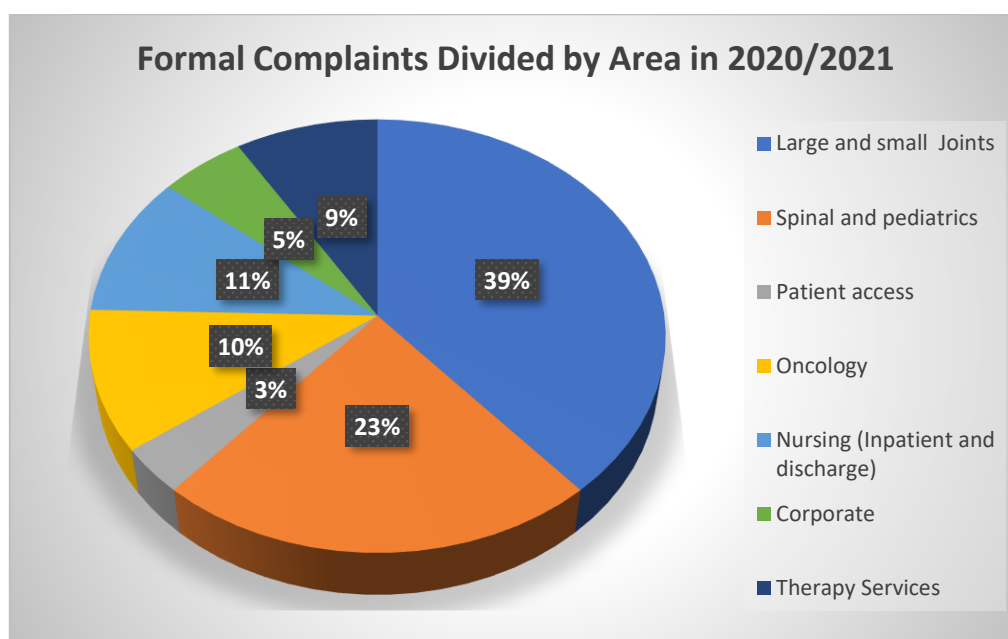


Figure 14. Formal Complaints Divided by Area in 2020/2021

6.2.2. Complaints by Ward

Complaints about aspects of Ward care or treatment has been mentioned in 11% of complaints this year, which is a significant decrease from the year before (17.5%). (This local key performance indicator was implemented in 2015/2016 as there was a marked increase in the number of complaints about ward care in the final quarter of that year (45%)). The data is scrutinised, together with other ward performance data in Clinical Quality Group meetings and forms part of the quality dashboard completed each month. These are also discussed with Senior Nurses and Ward Managers at their respective meetings. The Trust believes that this approach enables changes to be made earlier, thereby allowing significant improvement to be maintained. This also demonstrates that the Trust has strengthened learning from complaints.

The patient cohort was different during 2020/2021 due to the impact of the COVID-19 pandemic

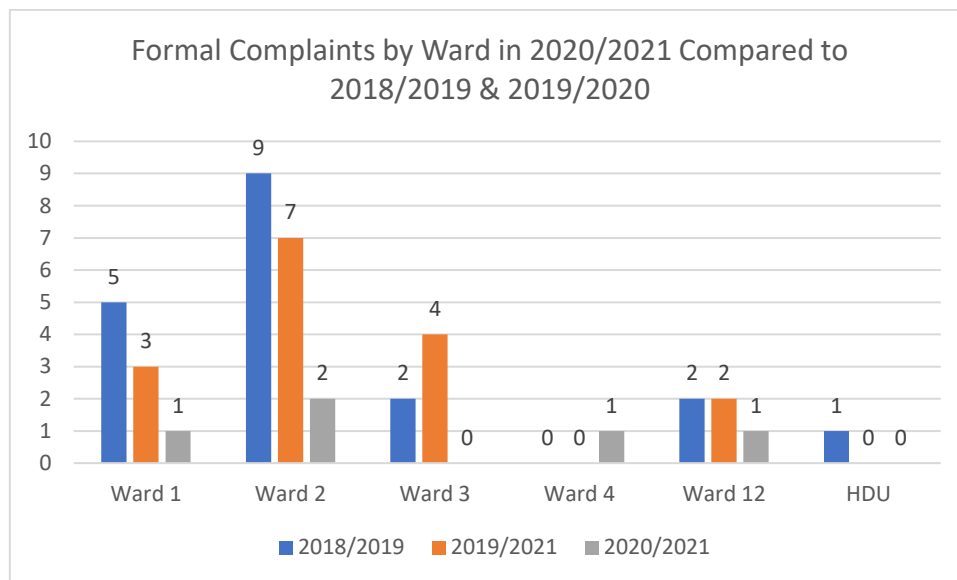


Figure 15. Formal Complaints by Ward in 2020/2021 Compared to 2018/2019 & 2019/2020

6.3. Acknowledgment of Complaints

The Local Authority Social Service and National Health Service Complaints (England) Regulations 2009 and the Trust PALS and Complaints Policy states that an acknowledgement should be made within three working days of receipt by any method.

The Trust's Policy states that all attempts should be made to contact the complainant by telephone within the first two days of receipt and this conversation informs the acknowledgement letter sent out by day three. If there is no telephone number available, or the complainant does not answer/return the calls, then the letter is sent within the same timescale.

In, 2020/2021 the Trust responded to 100% of complaint letters within the correct timescale, thereby meeting the standard. This was the first year in the last three years that the Trust achieved 100% against this target.

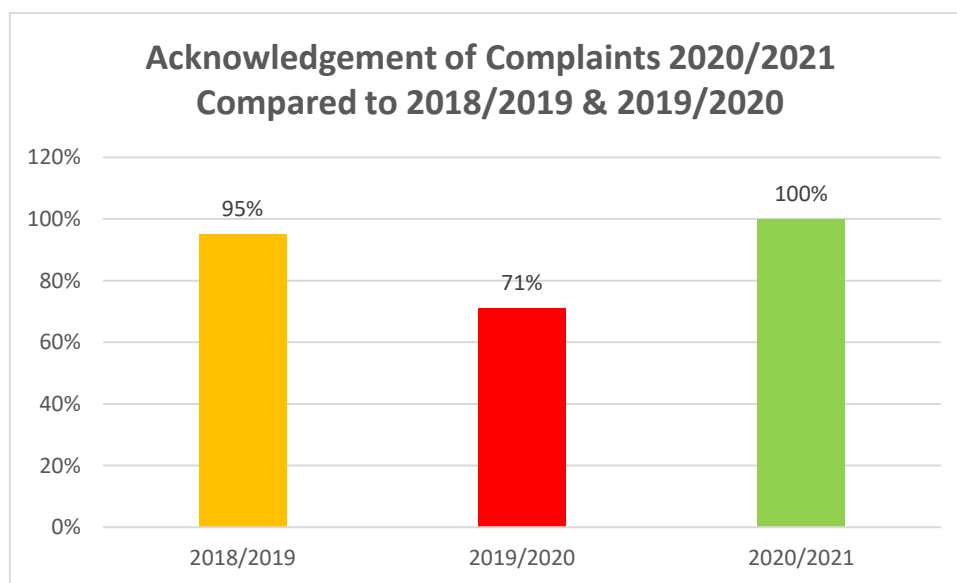


Figure 16. Acknowledgement of Complaints 2020/2021 Compared to 2018/2019 & 2019/2020

6.3.1. Responding to Complaints within the Agreed Timescale

The PALS and Complaints Policy states that the timescale for response should be agreed with the complainant. However, in the event of not being able to contact the complainant and speak to them directly, the Trust sets a provisional response date of 25 working days for routine/lower risk complaints and 40 working days for complex/higher risk complaints (dependent on discussion with the Deputy Director of Nursing, the Designated Complaint Investigator and the Complainant as to the complexity of work required).

In line with the Policy, it is permissible to discuss an extension with the complainant, particularly if there is significant delay with investigation, such as due to the unavailability of staff that are crucial in giving their statements or based on the complexity of case. If they agree with the extension, the complaint will be deemed to have been completed within agreed timescales. Any complaint timescale can only be extended once.

Annual compliance with the contractual reporting requirement of 80% for the year has been met at 98%. One formal complaint breached the agreed date with the complainant for one day and one complaint was extended for 5 working days with agreement from complainant, due to the member of staff not being available to give their statement.

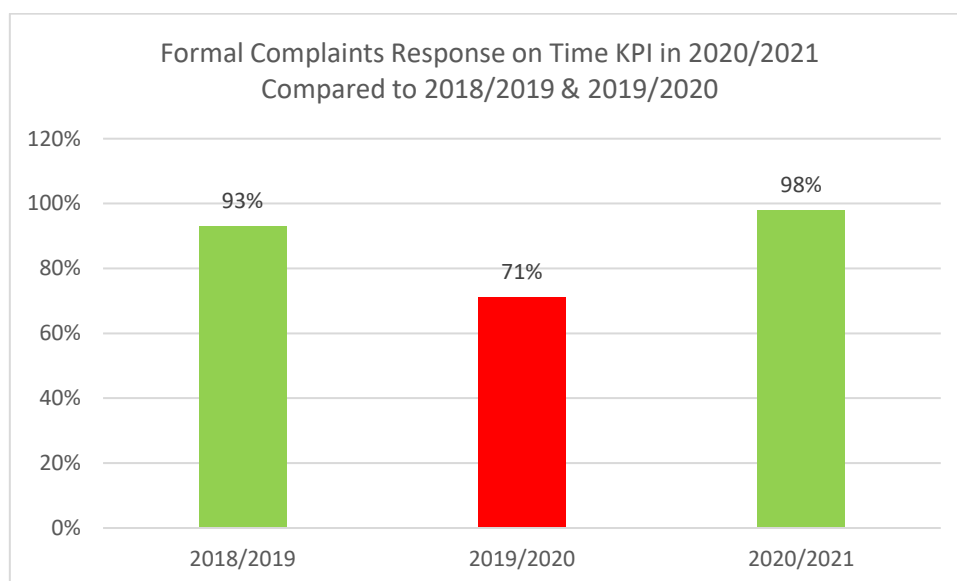


Figure 17. Formal Complaints Response on Time KPI in 2020/2021 Compared to 2018/2019 & 2019/2020

6.4. Risk Ratings of Formal Complaints in 2020/2021

The Trust has a robust system of tracking and monitoring complaints. Part of this tracking involves the logging of an initial risk rating. The Head of Patient Experience monitors these risk ratings, and the Triumvirate reviews all complaints, to ensure Duty of Candour requirements have been discussed and met where required.

LIKELIHOOD	SEVERITY				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Almost Certain	5	10	15	20	25

Green = LOW risk Yellow = MODERATE risk Amber = MEDIUM risk Red = HIGH risk

Figure 18. Trust Risk Rating Matrix

The results of this monitoring clearly show that most of the complaints that represent a lower risk to the Trust are handled via different processes within the Trust, such as PALS or informally, as the number of complaints assessed as green or low risk are few. A review of the formal complaints assessed in the lower risk categories shows that in each case, the complainant had expressed a preference for their concerns to be made formal. This is indicative that the Trust is handling complaints in accordance with the Department of Health Complaint Regulations 2012 – that the complainant is able to determine how their concerns are managed.

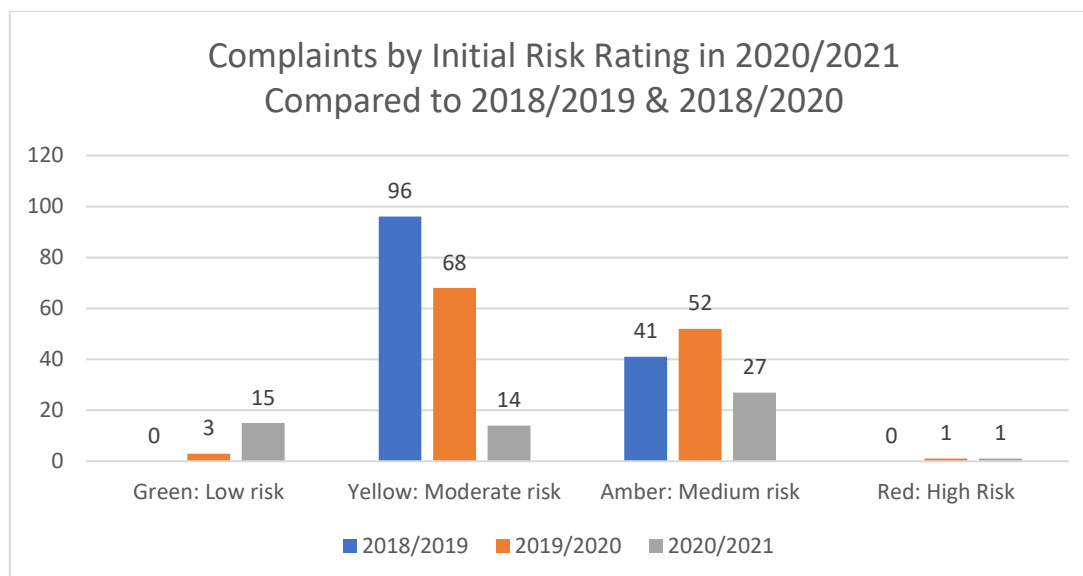


Figure 19. Number of Complaints by Initial Risk Rating in 2020/2021 Compared to 2018/2019 & 2018/2020

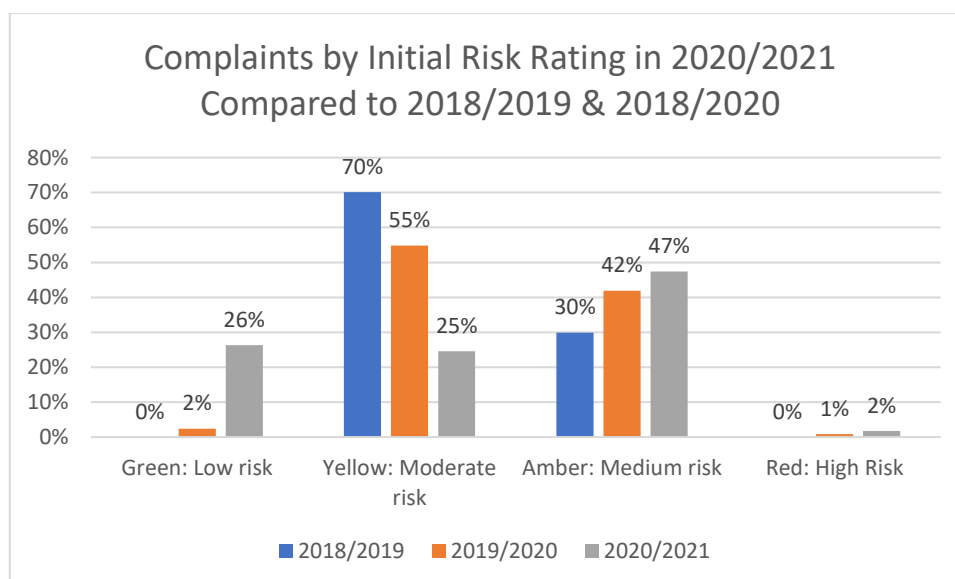


Figure 20. Percentage of Complaints by Initial Risk Rating in 2020/2021 Compared to 2018/2019 & 2018/2020

The percentage of initial risk rating for low-risk complaints went up to 26%, for Moderate risk went down to 45%, for Medium risk went up to 47% and for High Risk went up to 2% in the last 3 years.

It is believed that the reason for this is that during 2018/2019 and the first 3 quarters of 2019/2020, the Complaints department held the responsibility for initially risk rating formal complaints and as of the last quarter of 2019/2020 and the whole of 2020/2021 financial year, the Divisions took on the role of risk rating a formal complaint.

6.5. Complaints Referred to the Parliamentary Health Service Ombudsman (PHSO)

The Trust aims to resolve complaints by undertaking a thorough investigation, providing a comprehensive response, and offering all complainants the opportunity to discuss further concerns. Generally, the Trust is successful with this, but sometimes it is not always possible to achieve a resolution which satisfies the complainant.

Under the NHS Complaint Regulations, any complainant who remains dissatisfied with the response has the right to request an independent review of their case with the PHSO. Every response contains this information together with the contact details for the PHSO.

During 2020/2021, the PHSO did not request information for any complaints that have been raised in 2019/2020 nor 2020/2021.

6.7. Outcome of Complaints

The Trust upheld 30%, partly upheld 35% and did not uphold 35% of the complaints made in this year.

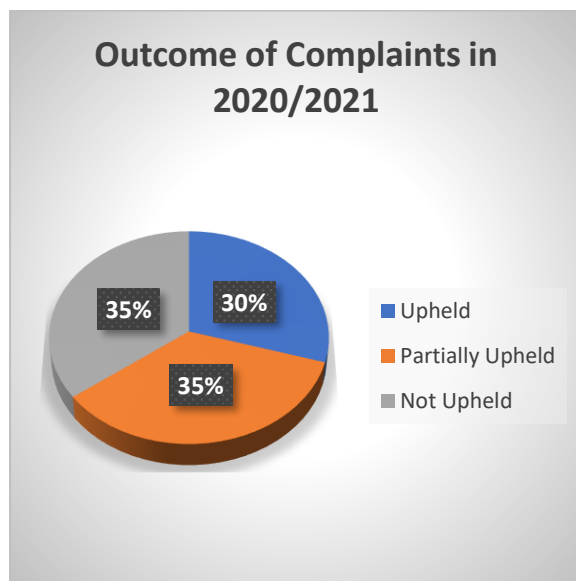


Figure 21. Outcome of Complaints 2020/2021

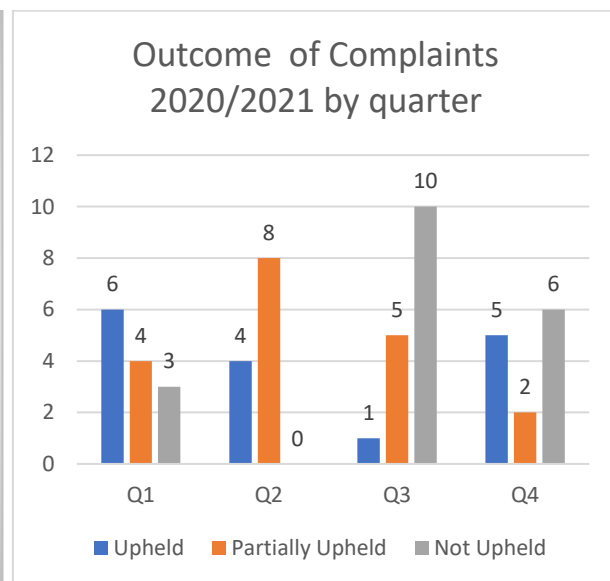


Figure 22. Outcome of Complaints 2020/2021 by Quarter

In 2020/2021, 35% off the complaints received were upheld which is lower than 2019/2020 (56%) and 2018/2019 (71%). Complaints are coded in line with the guidance from NHS Digital and there may be more than one aspect in each complaint. The decisions about whether to uphold or not are taken from the results of the investigation and discussion with the Investigation Lead and Division if this is not explicitly clear in the report. The Trust believes that these figures show robust investigation and clearer expectations of good service provision across the Trust, which is being defined by the changes to the operational structure, the transformation agenda and the quality agenda priorities.

In 2018/2019 and the first three quarters of 2019/2021, the Complaints department was making decisions regarding the outcome of a complaint. In the last quarter of 2019/2020 and in the whole 2020/2021 the Division too responsibility for reaching decisions regarding complaint outcomes.

6.7.7. Reopened Complaints

The Trust offers meetings to the complainant in the verbal and written acknowledgement and in the response letter. Often complainants will wait for the first written response before arranging a meeting as they then have a clearer picture of what has happened with the concerns raised within their complaint.

Where the Trust did not meet the complainant's expectation in the first response or meeting, the Trust encourages complainants to write to us with any additional comments, questions or recommendations that will satisfy the complainant.

During a period of three years, it is evident that the Trust has received less reopened complaints. It is believed that this is due to the offer to meet with each complainant and a better quality of response letter.

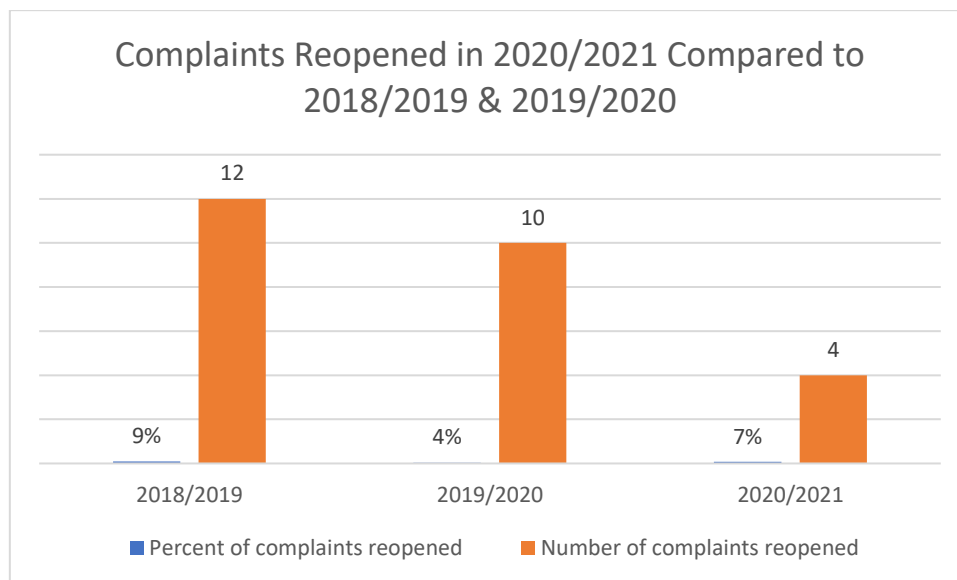


Figure 23. Reopened Complaints in 2020/2021 Compared to 2018/2019 & 2019/2020

6.7.8. Actions Taken

Individual action plans are created for any actions that are specific to an individual complaint. Where actions form part of a larger work plan, complainants are informed of this in their response. This ensures that complaint action plans remain targeted and relevant.

In 2020/2021, 65 individual action plans were created and almost all complaints had actions that were completed prior to the response being sent. The Trust had 46% more actions following a complaint. It is believed that this is because the Complaints team have new processes in place to record actions.

The Trust is now learning from complaints as opposed to responding to them without any follow up.

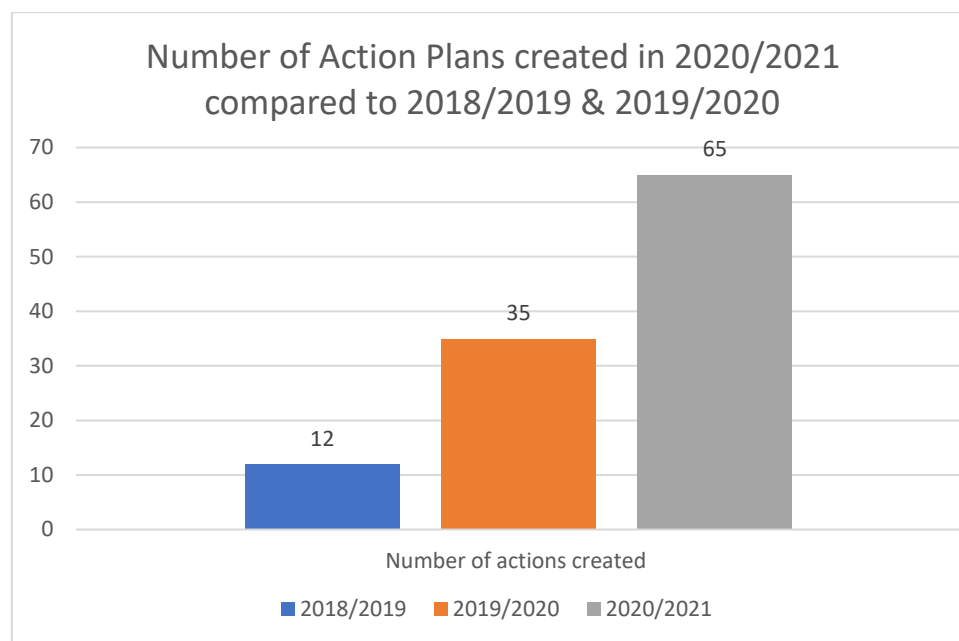


Figure 24. Number of Actions Created in 2020/2021 Compared to 2018/2019 and 2019/2020

7.0. Patient Advice and Liaison Service 2020/2021

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families, and their carers. The PALS department has handled 677 individual contacts in 2020/2021, which has reduced from 772 contacts last year. It is believed that this is due to the COVID-19 pandemic as there were months that PALS only received 10 calls. However, when the PALS contacts are compared against activity in 2020/2021 0.47% more patients have contacted PALS than in 2019/2020 and 1.1% in 2018/2019. Over the last three years, the number of formal complaints went down but the number of PALS contacts went up, which means that the PALS department are handling complaints at the PALS level and acts as a safety net.

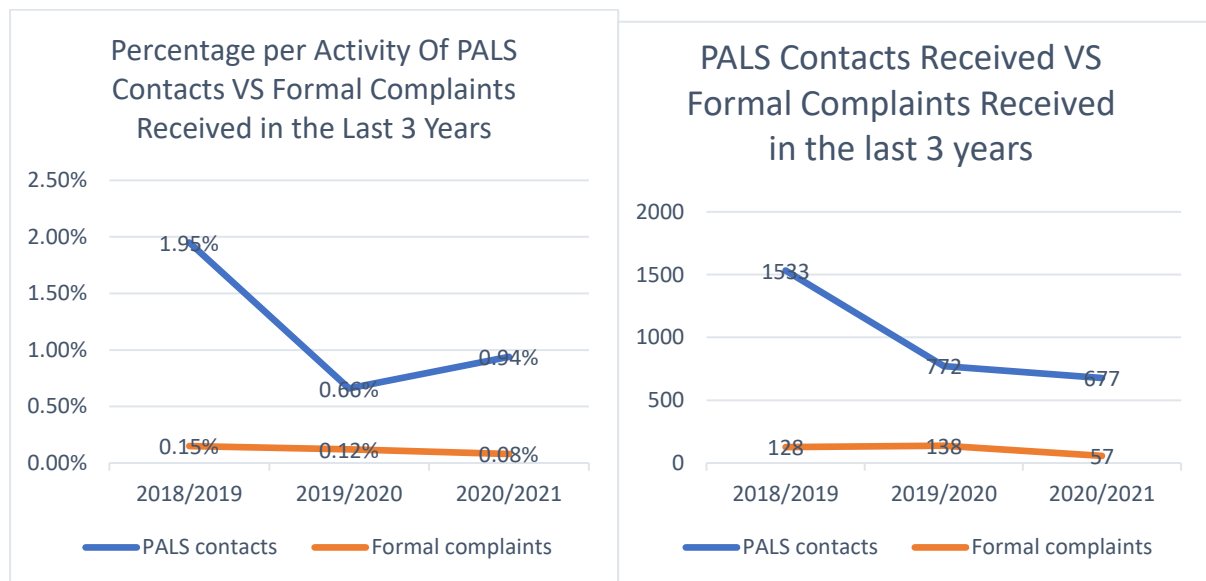


Figure 25 & 26. Percentage and Number per Activity of PALS contacts Compared to Complaints in the Last 3 Years

7.1. Contact Type

In 2020/2021 the Trust received 311 PALS contacts that were classed as a query, 363 Concerns and 3 informal complaints which is 122% more enquiries, 30% less concerns and 300% more informal complaints.

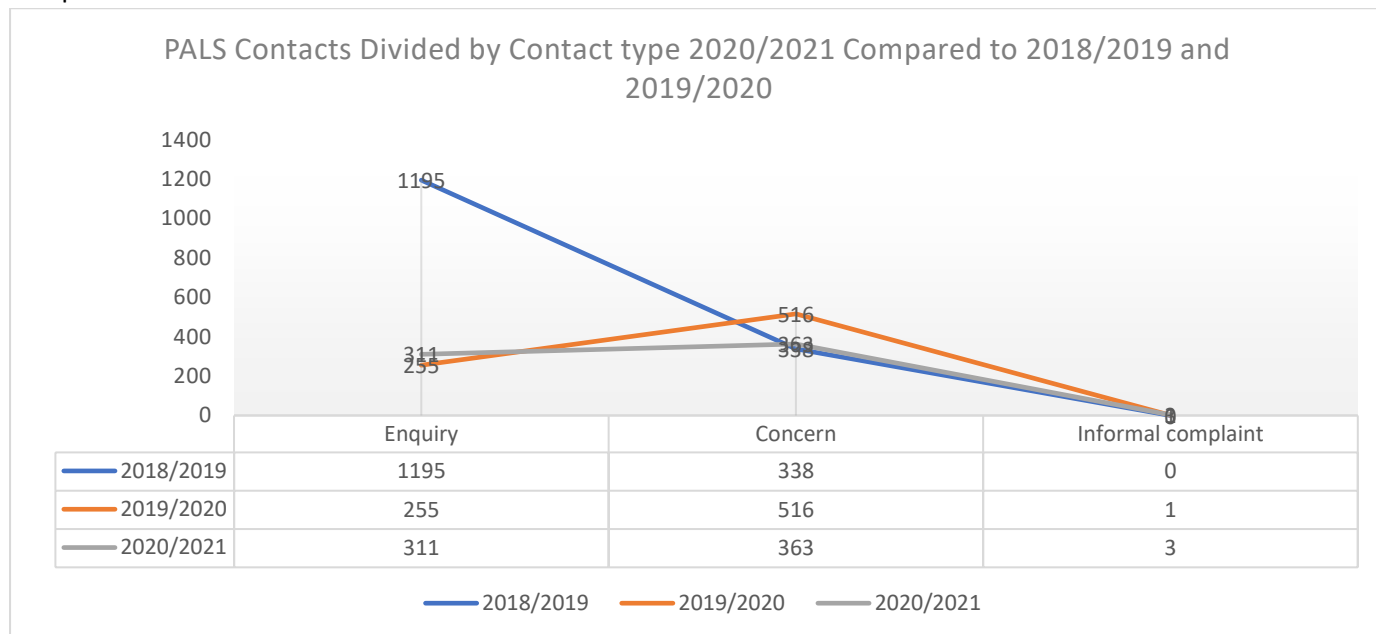


Figure 27. PALS Contacts Divided by Contact Type 2020/2021 Compared to 2018/2019 and 2019/2020

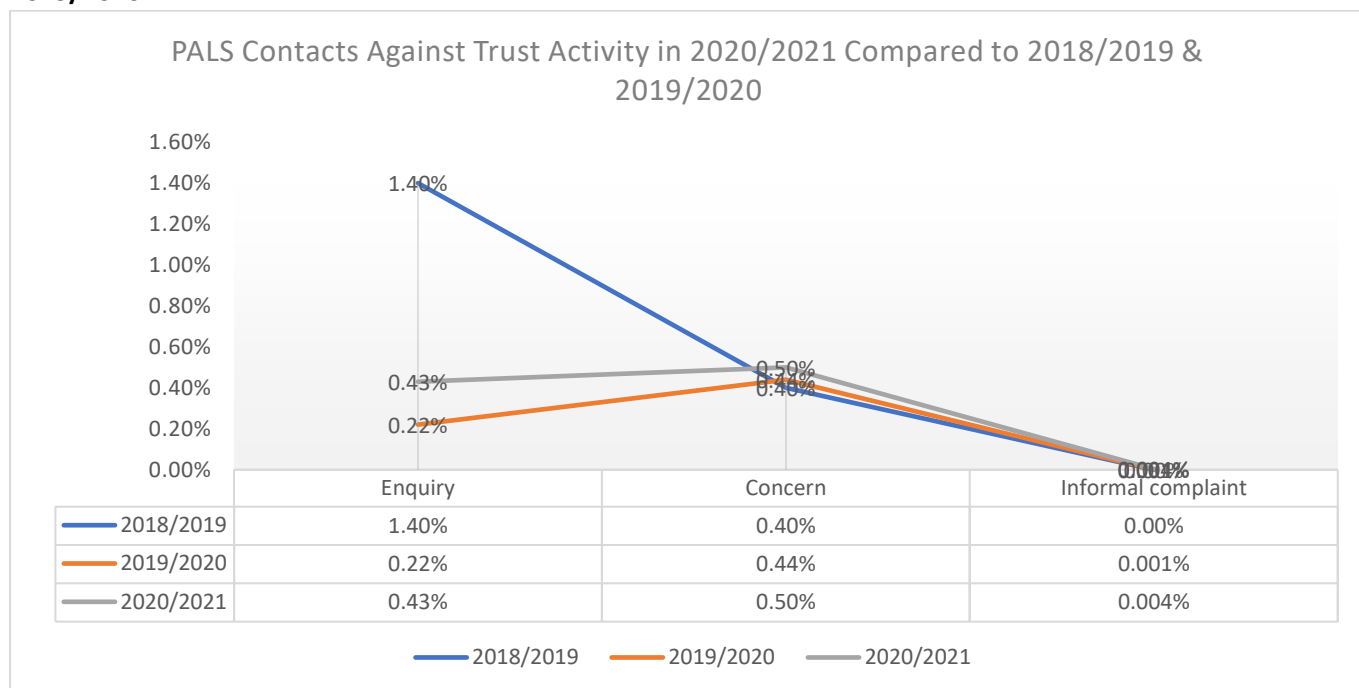
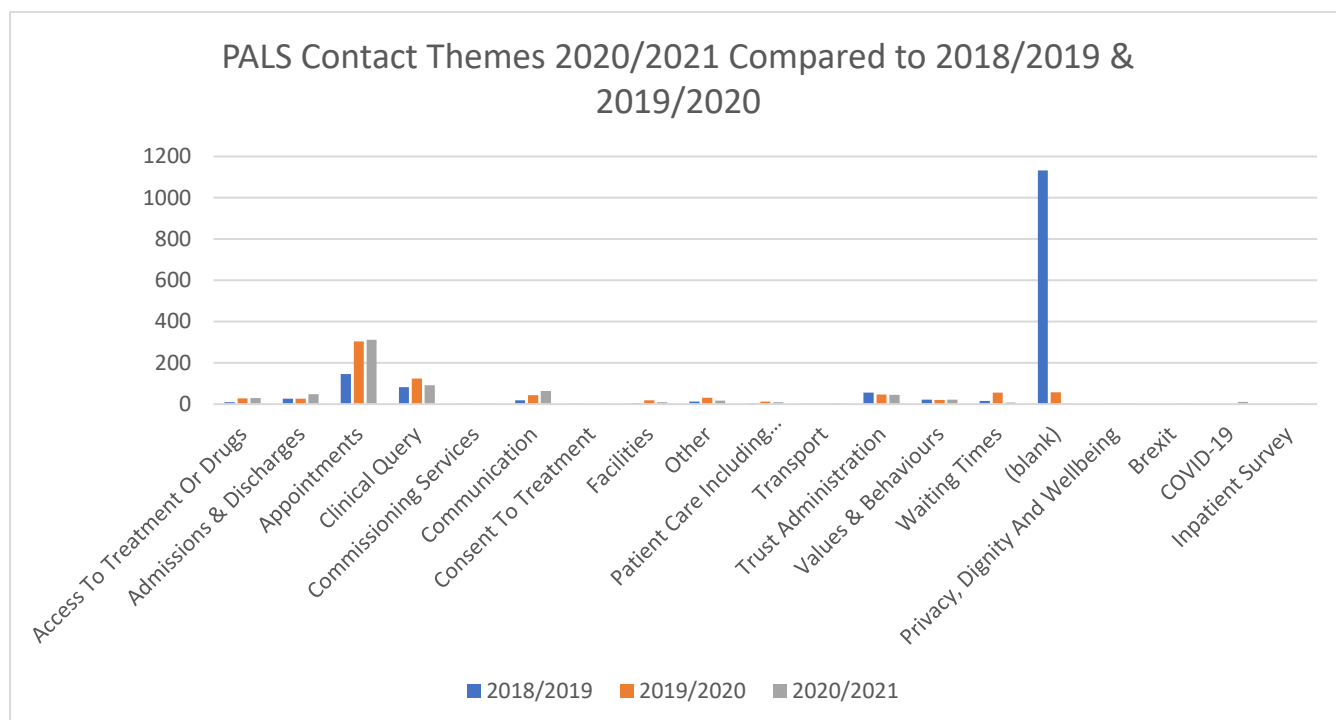


Figure 28. PALS contacts against Trust activity in 2020/2021 compared to 2018/2019 and 2019/2020

7.2. Themes of PALS Contacts

Listed below are the themes arising out of the PALS contacts received during 2020/2021 compared to 2018/2019 and 2019/2020.



Theme/Financial year	2018/2019	2019/2020	2020/2021
Access to Treatment or Drugs	9	28	30
Admissions & Discharges	27	27	48
Appointments	145	304	312
Clinical Query	82	124	91
Commissioning Services	1		1
Communication	18	44	64
Consent to Treatment	1		1
Facilities	5	19	9
Other	13	31	17
Patient Care Including Nutrition/Hydration	3	13	9
Transport	2	2	4
Trust Administration	55	46	45
Values & Behaviours	22	20	21
Waiting Times	16	55	8
(blank)	1132	58	2
Privacy, Dignity and Wellbeing		1	2
Brexit			1
COVID-19			11
Inpatient Survey			1

Figure 29. PALS Contacts Themes 2020/2021 Compared to 2018/2019 & 2019/2020

The top four themes in PALS during 2020/2021 were (the 'blank' categorisation has virtually been eliminated meaning that the classification of complaints is much better now):

- Clinical Query; including clinical treatment, delay to be seen by a doctor, delays with the treatment, dispute over diagnosis.
- Appointments; including cancellation, delay, error, failure to provide follow up, letter not issued.
- Admission and Discharge; including arrangements, queries and cancellation on the day.
- Communication: including failure to communicate between departments and information to the patients.

The Trust received 5% more PALS contacts for Admission and Discharge in the last 3 years, 37% more PALS contacts for Appointments, 3% less for the Clinical query and 8% more for communication related issues.

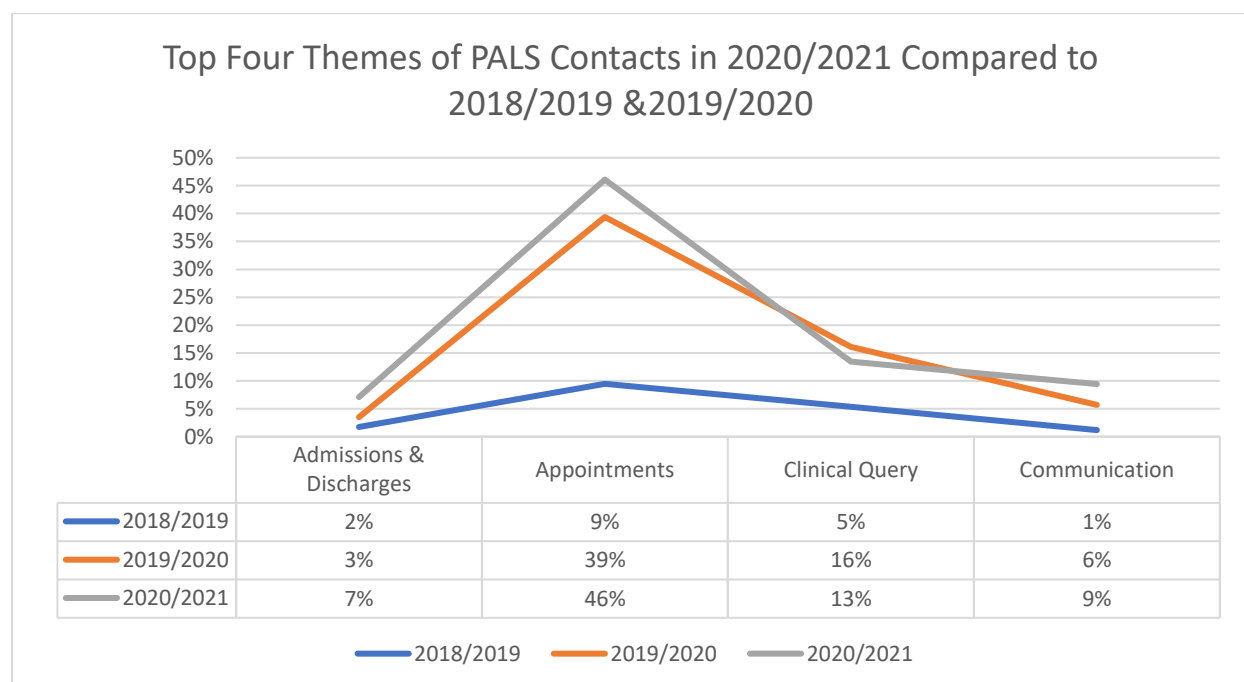


Figure 30. Top 4 Themes in 2020/2021 Compared to 2018/2019 and 2019/2020

7.3. PALS Contacts by Department

The table below represent PALS contacts received per Division in 2020/2021 compared to 2018/2019 and 2019/2020.

During the COVID 19 pandemic 2020/2021, outpatients was suspended and all face to face appointments cancelled to enable the Trust to provide mutual support within the Birmingham and Solihull Integrated Care System and to adhere to the lockdown restrictions. All cancelled patients were reviewed by the named Consultant in order to reduce the risk of any potential harm to patients and urgent reviews were conducted as virtual appointments or face to face.

In the context of the already significant additional operational pressures created by the pandemic, clinic templates were set up on the patient administration system for both face to face and virtual appointments on the same template, this resulted in some patients who were not effectively identified for a virtual or face to face appointment and resulted in confusion for patients as to whether they were to attend in person or receive a telephone or video call. The clinic templates

have now been set up to ensure virtual and face to face appointments are booked to specific codes and this has mitigated the potential for confusion going forward.

Partial booking was implemented in April 2021 with appointments being booked 6 weeks ahead reducing the rescheduling of outpatient appointments by up to 80%, this has greatly improved the patient experience and provides assurance patients are seen in a timely manner as determined by the clinician.

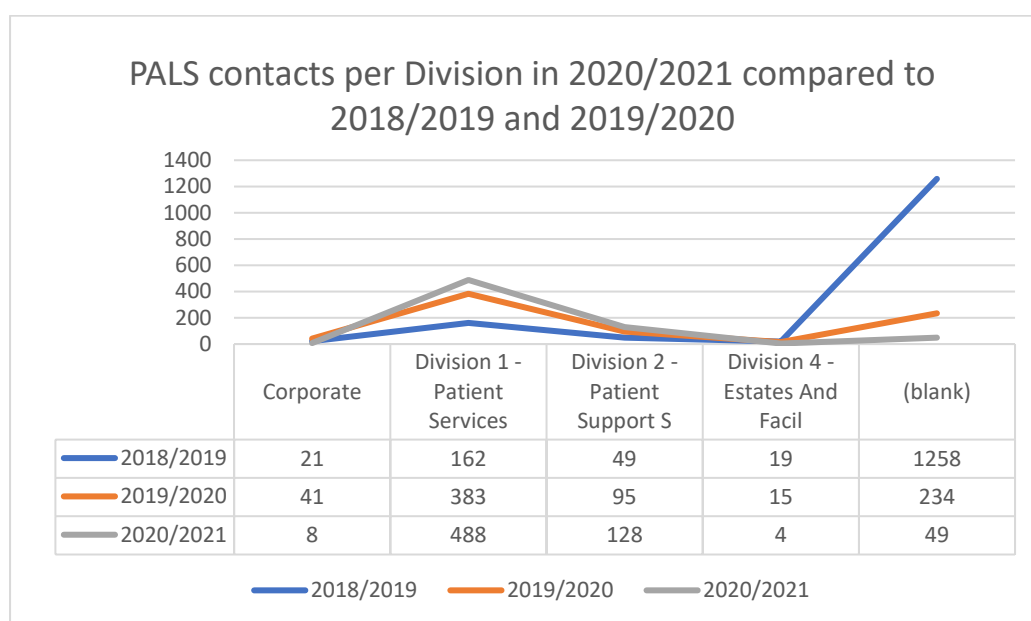


Figure 31. PALS Contacts per Division in 2020/2021 Compared to 2018/2019 & 2019/2020

The majority of PALS contacts (72%) relate to Division 1, which is to be expected since Division 1 oversees the majority of services.



Figure 32. PALS Contacts Received per Division in 2020/2021

7.3.1. Division 1 and 2 PALS Contacts by Area

The majority of complaints in 2020/2021 were in relation to Division 1 which is an increase of 59% in the last 3 years. Please note that 2018/2019 had 82% of PALS contacts marked as blank. Division 2 had an increase of 16% in the same time period. In the last 3 years there was a decrease of 75% in blank Division field within Ulysses system where PALS are recorded.

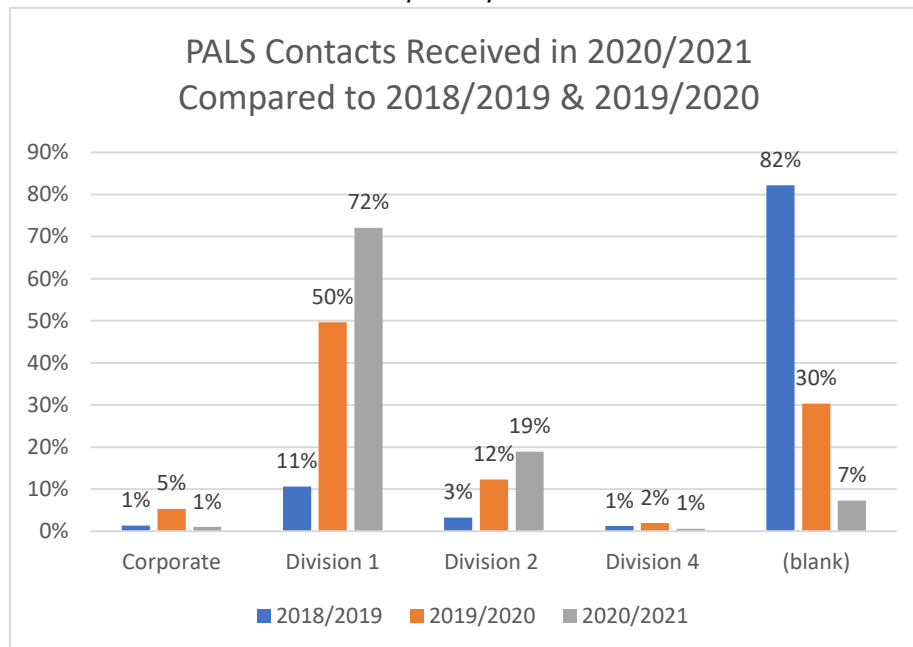


Figure 33. PALS Contacts Received in 2020/2021 Compared to 2018/2019 and 2019/2020

The largest number of PALS contacts received is related to concerns about Appointment services. These related to all aspects of service. It was expected to have this many PALS contacts regarding appointments due to the impact of the COVID- 19 pandemic and cancellation of non-urgent appointments following a risk assessment done by the consultant or clinician.

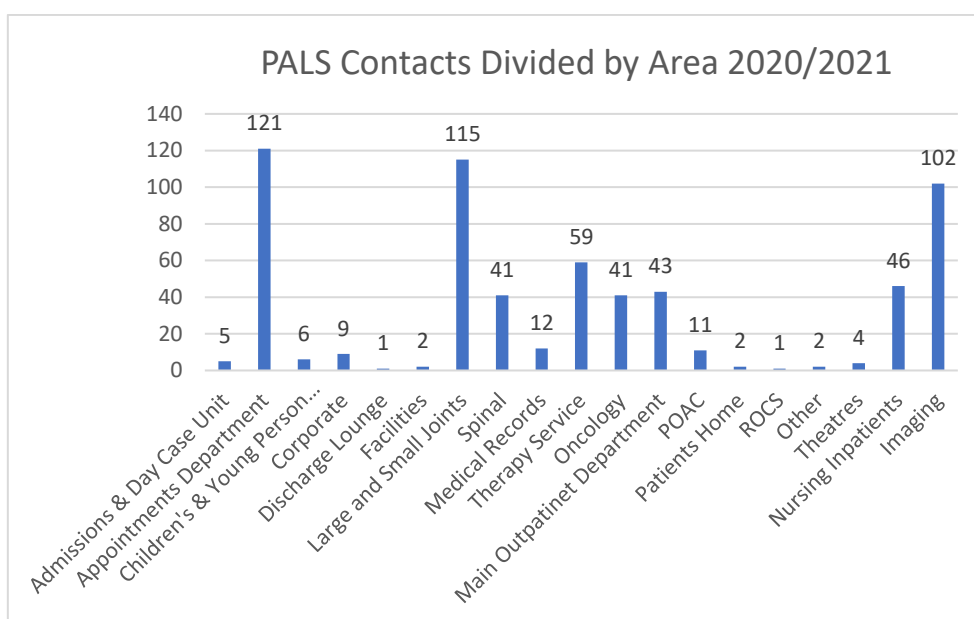


Figure 34. PALS Contacts Divided by Area in 2020/2021

7.4. Performance Against Key Performance Indicators

In line with the PALS and Complaints Policy, PALS Concerns must be responded to within 5 working days, PALS enquiries within 2 working days and Informal complaints up to 10 working days. Annual compliance with the contractual reporting requirement of 80% for the year has been met at 95%. The Trust met its internal KPIs for the first time in 3 years.

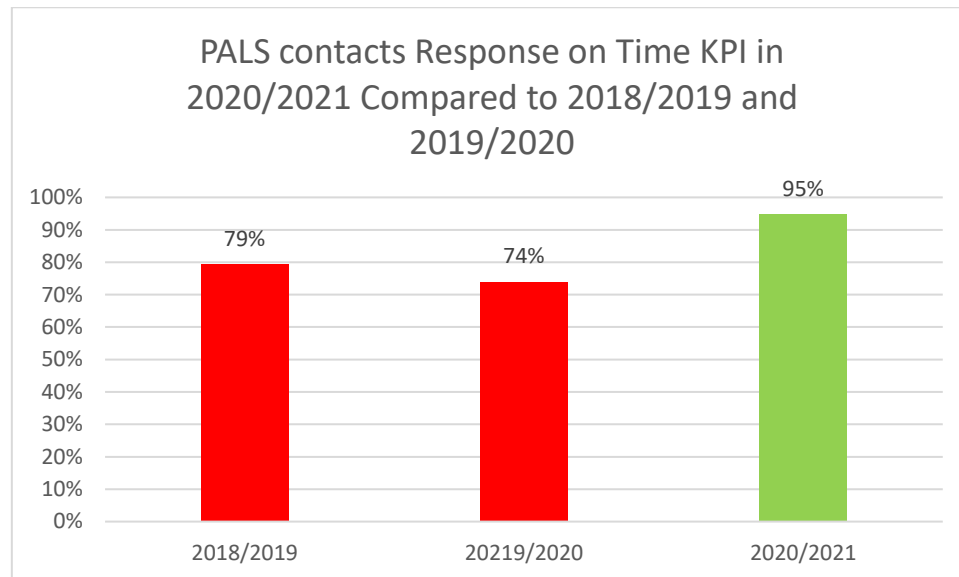


Figure 35. PALS contacts Response on Time KPI in 2020/2021 Compared to 2018/2019 and 2019/2020

8.0. Demographics of Formal Complaints and PALS contacts in 2020/2021

The main priority of the Trust is to provide the best care and services to the patients. To do that, the Trust first needs to understand who the community is that it serves. The information that the Trust collects regarding patients and complainants' demographics tells us a lot about their needs, allowing better care and a better patient experience to be provided.

Collecting sex, age and ethnicity data can help improve the quality of care for all patients because it helps to identify and address differences in care for specific populations and distinguishes which populations do not achieve optimal interventions.

The Trust started to collect demographics of complainants in 2020/2021, therefore there is not a comparison with 2018/2019 and 2019/2020.

8.1. Complainant Type

A Complainant type (Person type) that has complained tells us who had raised a complaint or PALS concerns with the Trust. It can be an adult patient, patient's member of family or friend, or it can be a paediatric patient. If a member of family or friend raises a complaint, concern or enquiry on behalf of the patient they will need to have a signed consent form from the complainant and verbal consent for PALS contact.

Using this data, the Trust can understand who has raised more complaints, concerns or enquiries. In 2020/2021, 85% of all PALS contacts and complaints were made by adult patients, 7% paediatric patients (16-25 years old) and 8% were made by the patient's member of family or friend.

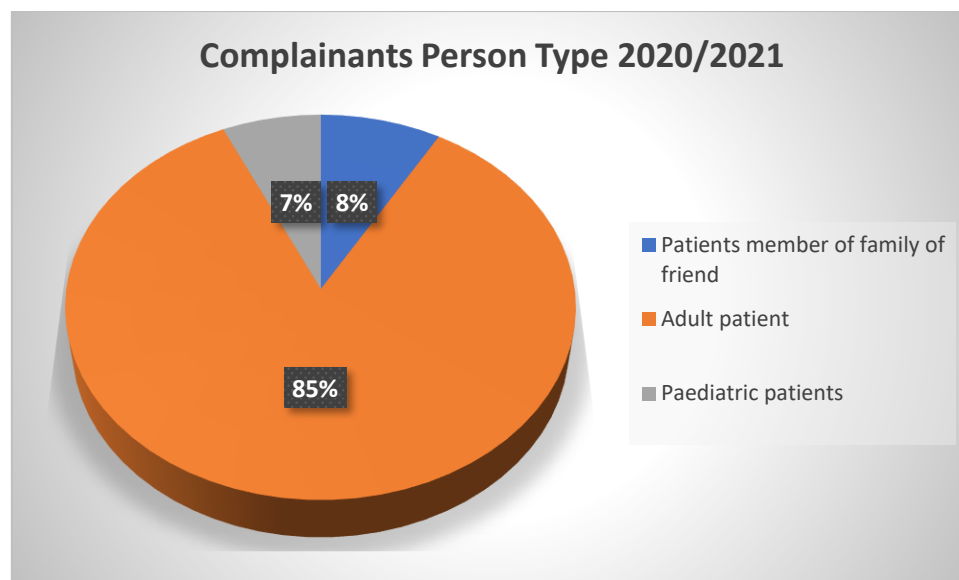


Figure 36. Complainants Person Type 2020/2021

8.2. Age

Figure 37 shows the number of complaints or PALS contacts received per age group in 2020/2021. Figure 38 shows the percentage of complaints or PALS contacts received by each age group against the activity of the patients within the same age groups.

The top three age groups with the most complaints in 2020/2021 were 56-60 years old (78 contacts), 51-55 years old (77 contacts) and 71-75 years old (76 contacts). The PALS and Complaints department did not have information concerning the age of 77 complainants; this may be due to the patient's member of family or friend contacting the PALS and Complaints Department rather than the patient themselves which made it more difficult for staff to collect this information.

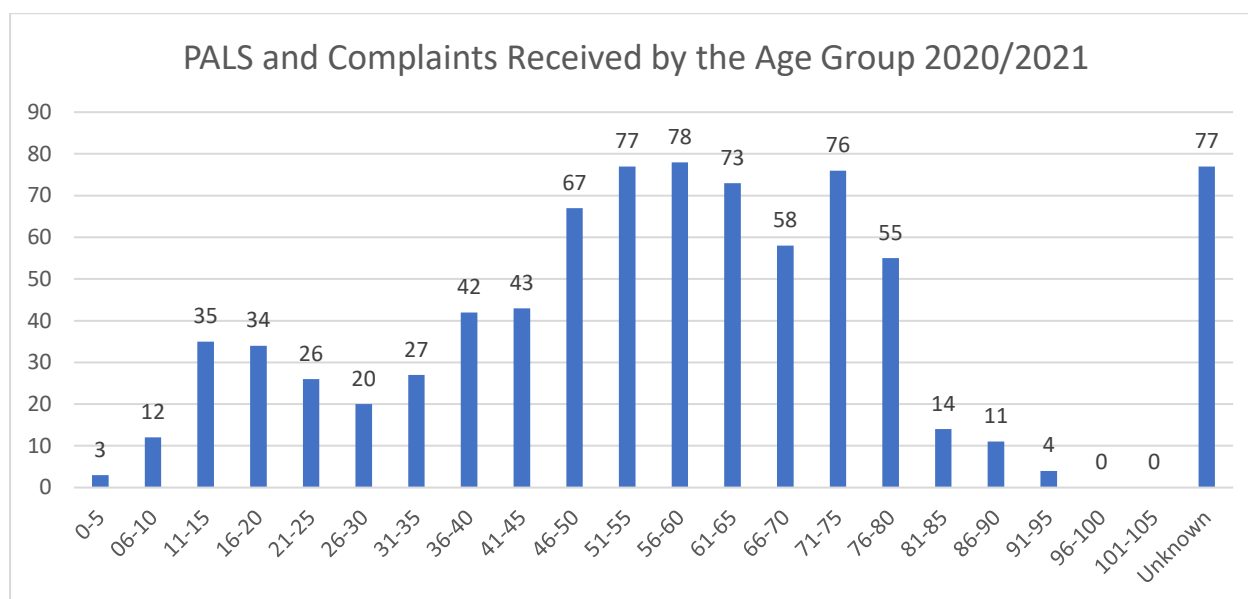


Figure 37. Complaints received by age group 2020/2021

The top three age groups with the most complaints in 2020/2021 against activity were 11-15 years old (2.81%) (these were presumably outpatients, given that the Trust does not treat inpatient paediatrics patients and those PALS contacts or complaints would have been made by the parents of the individuals) 46-50 years old (2.41%) and 6-10 years old (2.40 %)

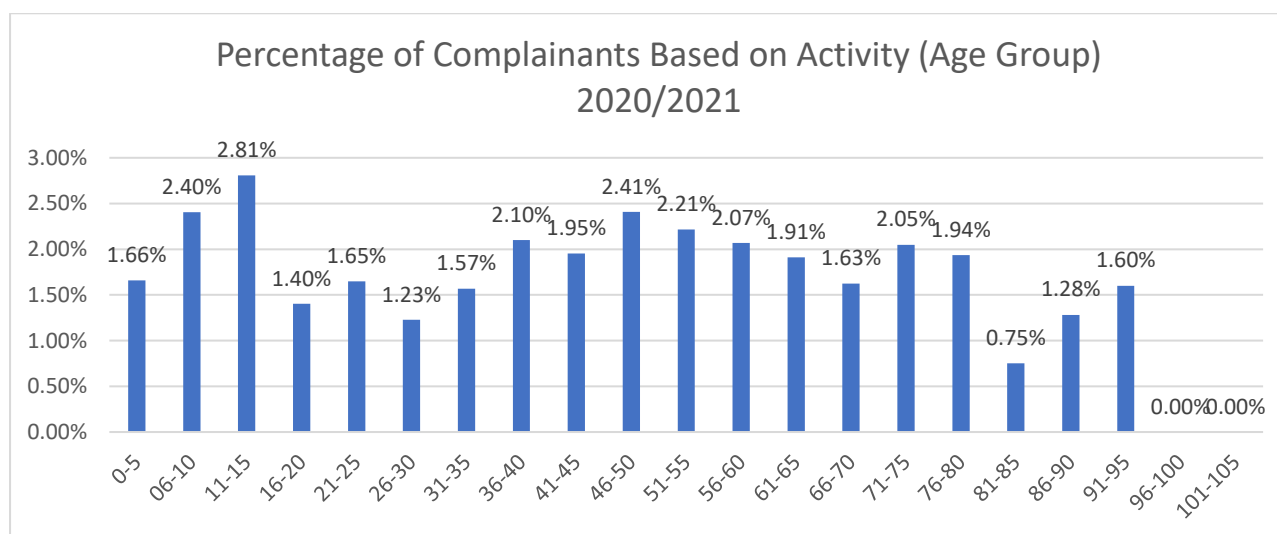


Figure 38. Percentage of Complainants Based on Activity (Age Group) 2020/2021

8.3 Ethnicity

Ethnic monitoring is an important issue for the Trust as it provides services to a diverse and multi-cultural community. The Trust collect this information so that it can better meet patients cultural, religious and language needs. It is important to collect ethnicity data to understand the needs of patients from different groups and provide better and more appropriate services and identifies patients at risk – some groups are more at risk of specific diseases or conditions. It is required in legislation that all NHS Trusts collect ethnicity data, as per the Race Relations (Amendment) Act 2000, which gives public authorities a duty to promote race equality. It is legislative requirement to monitor the ethnic group of all patients to identify who might be at a greater risk from conditions and to ensure that race discrimination is not taking place.

Collection of ethnicity data during the COVID 19 pandemic was challenging as self-check-in kiosks in outpatients could not be used and this is a source of a large amount of data. Collection of ethnicity data is a high priority for the Trust and reports are available which are monitored through the Data Quality Group chaired by the Chief Operating Officer.

Figure 28 shows the percentage of complaints or PALS contacts received per ethnic group in 2020/2021. Figure 29 shows the percentage of complaints or PALS contacts received by each ethnic group against the activity of the patients within the same ethnic groups.

The top three ethnic groups with the most complaints in 2020/2021 were British White (390 contacts), Indian-Asian or Asian British (18 contacts) and Other white - White and Black Caribbean-Black or Black British (10 contacts each). There were 351 contacts to the Complaints and PALS department where the complainant has not stated their ethnic group on the Patient Access System (PAS).

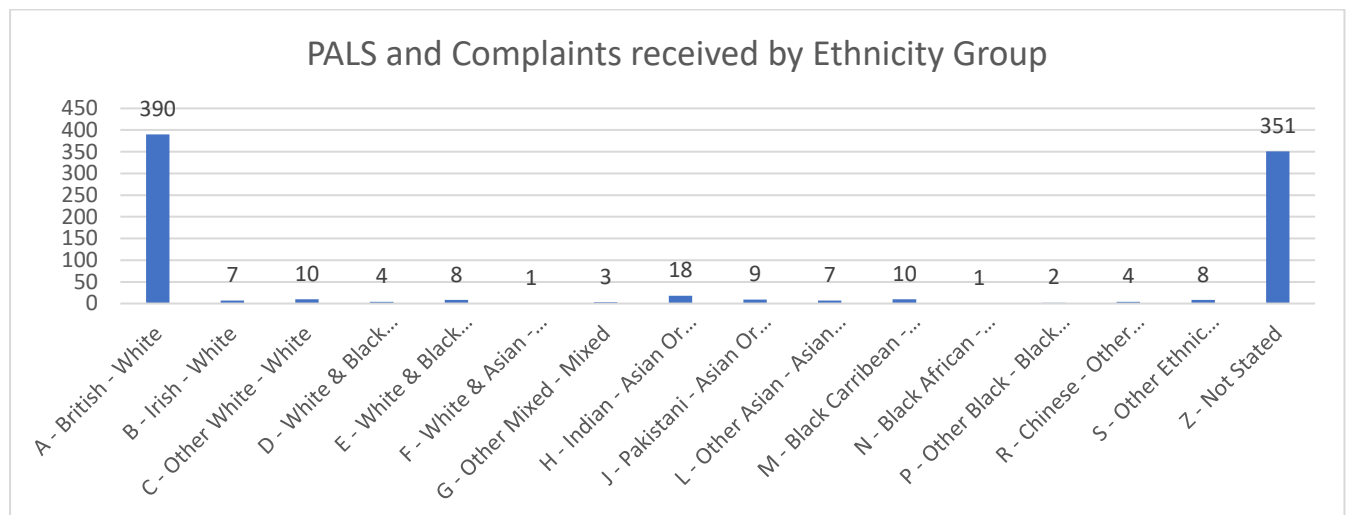


Figure 38. Complaints received by ethnicity group 2020/2021

Top three ethnic groups with most complaints in 2020/2021 against activity were White & Black African - Mixed (17.02%) Chinese - Other Ethnic (8.33%) and 6 - Other Mixed - Mixed (2.70%)

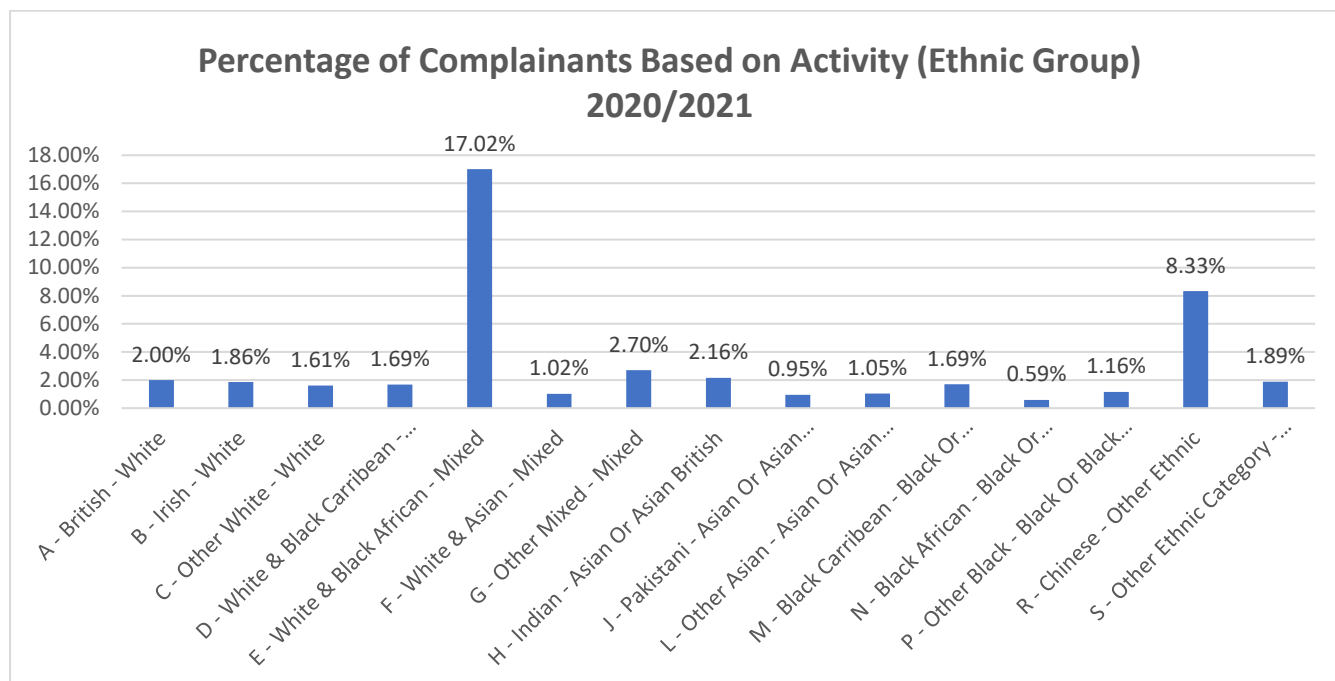


Figure 39. Percentage of Complainants Based on Activity (Ethnicity Group) 2020/2021

8.4. Sex

Figure 30 shows the percentage of complaints or PALS contacts received per sex group in 2020/2021. Figure 31 shows the percentage of complaints received by each sex group against the activity of the patients within the same sex groups.

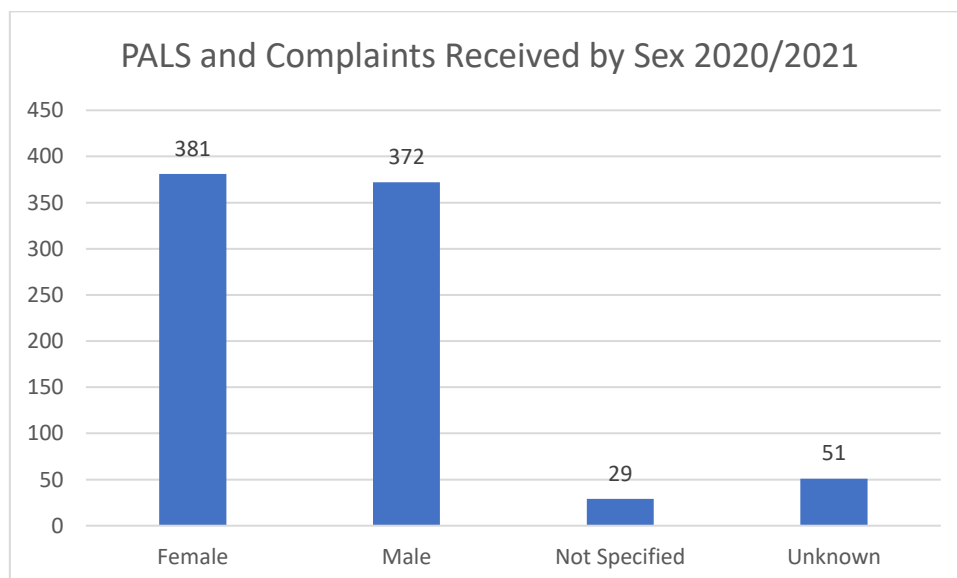


Figure 40. Complaints Received by Sex Group 2020/2021

In 2020/2021 most complaints were male (2.1% against activity); the sex group for 29 complainants were unspecified and for 51 complainants were unknown.

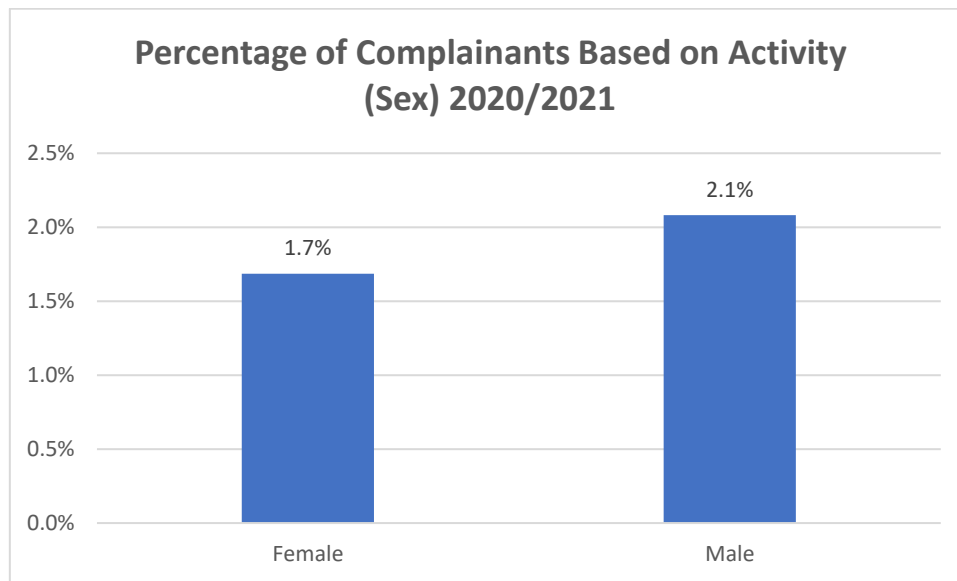


Figure 41. Percentage of Complainants Based on Activity (sex Group) 2020/2021

9.0. Friends and Family Test 2020/2021

The NHS Friends and Family Test (FFT) was created to help service providers and Commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for the service users to provide views after receiving NHS care or treatment.

9.1. Friends and Family Test at the Trust

The Trust collects data for mandatory areas set by NHS England that includes all inpatient areas and non-mandatory areas which includes all outpatients' departments. The Trust reports FFT data for the mandatory areas on a monthly basis to NHS England.

- In September 2020, the focus of the FFT questions were changed by NHS England to focus on the patients experience at the Trust, rather than the previous focus on how highly service users would recommend the Trust. Therefore, figures 41 and 42 below have been separated to allow a more accurate comparison of the patient experience for mandatory areas of the Trust and figures 43 and 44 for non-mandatory areas.
- NHS England discontinued collection of the FFT during April and May 2020 due to the COVID-19 pandemic. The Trust restarted the reporting and collection of the FFT in June 2020.
- There appeared to be a disparity between data collection and results published. The issue has been flagged to the CQC and the Quality and Safety Executive meeting, with work underway to rectify issues. Since February 2021, the Trust has not reported on the non-mandatory areas while the data quality issues are resolved.
- The plan was put in place to scale down the collection to just the mandatory element to allow the position to be better understood.

9.1.1. FFT Mandatory Reporting

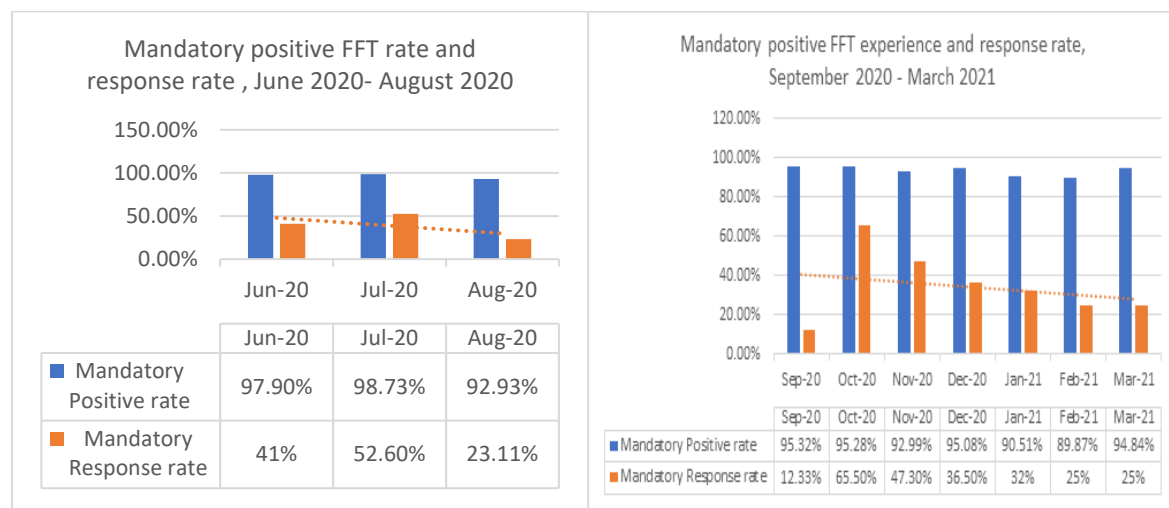


Figure 41. and 42. Mandatory Positive and Response FFT Rate and Mandatory Positive FFT Experience and Response Rate

9.1.2. FFT Non-Mandatory Reporting

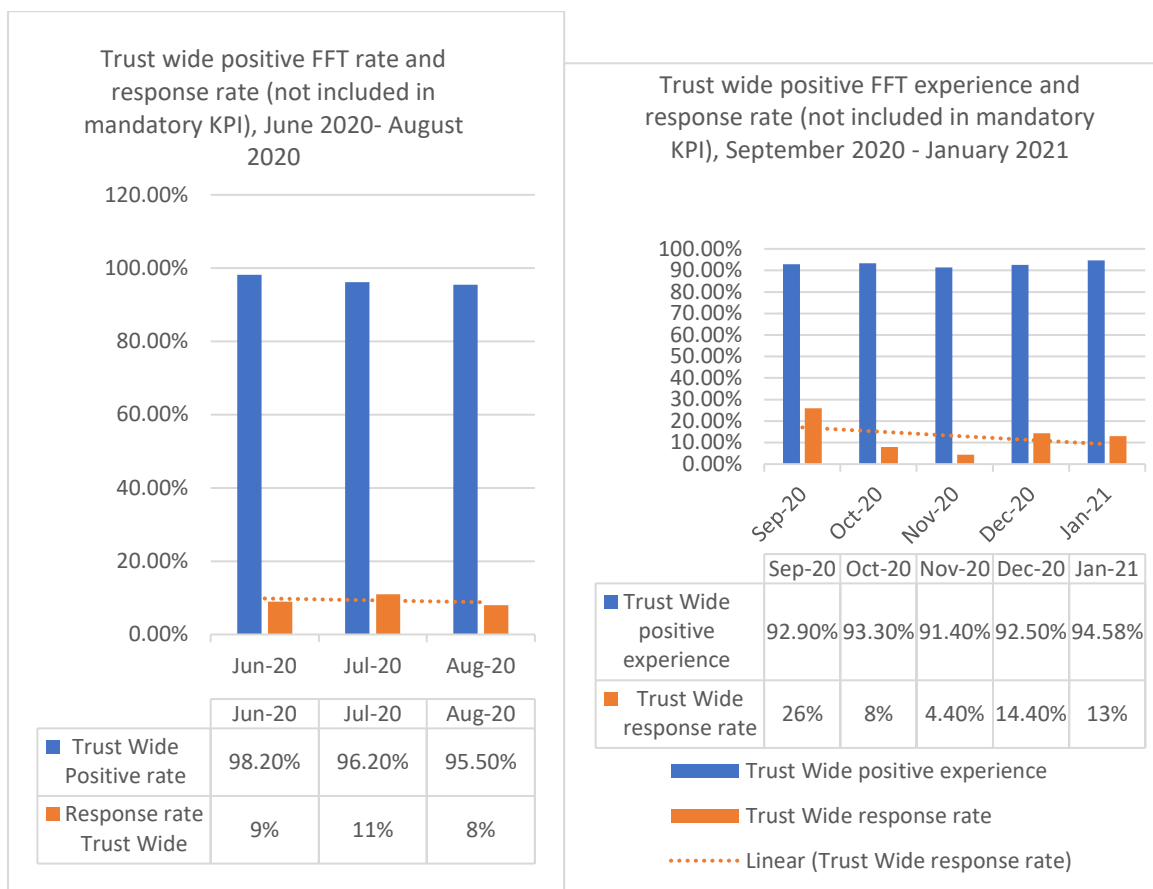


Figure 43. And 44. Non-Mandatory Positive and Response FFT Rate and Non-Mandatory Positive FFT Experience and Response Rate

9.1.3. FFT Statistical Process Control (SPC) Chart

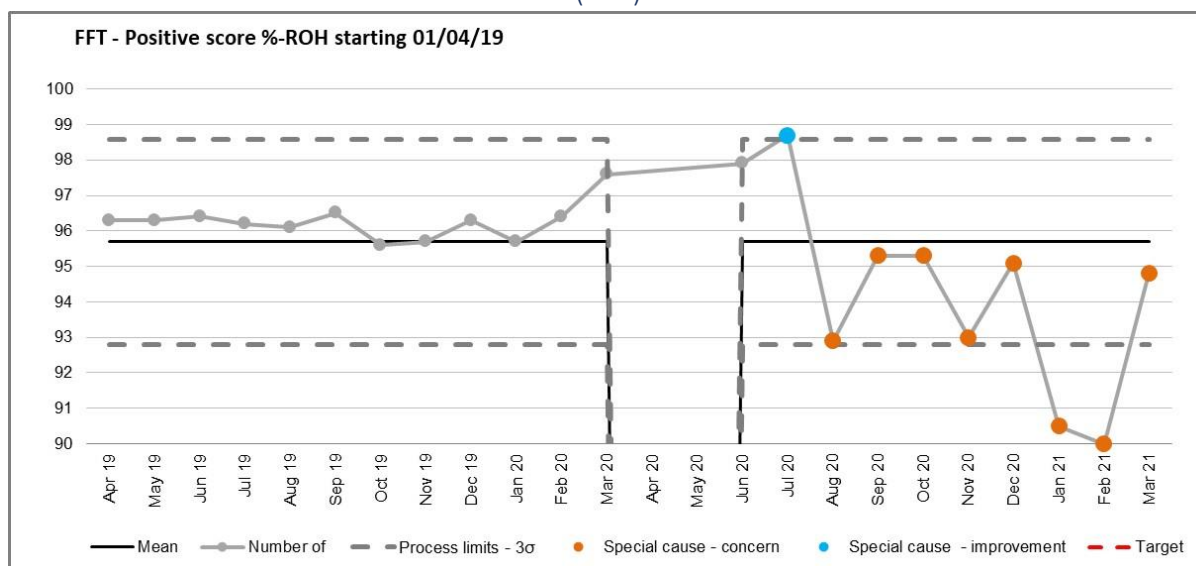


Figure 45. SPC chart of the FFT positive score

10.0. Listening and learning - JointCare Coffee Catch-Up

Since May 2019, as part of the award-winning Trusts JointCare pathway for hip and knee replacement surgery, all patients on the pathway are invited to attend a Coffee Catch-Ups. These events were organised to give patients the chance to provide detailed feedback on their whole patient experience, giving staff a valuable insight into what they do well, and perhaps even more importantly, what they could do better. With over 500 attendees, these events have been hugely important to the Trust's continuous improvement programmes. It was therefore a great disappointment when, as with all group events, Coffee Catch-Ups had to be cancelled in Spring 2020 due to the impact of COVID-19.

With it looking very unlikely that face to face meetings would be able to resume in the months ahead, when elective surgery restarted, the team decided to move the events onto a virtual platform. This enabled patients to still give feedback and let the team know how their recovery is going, at a time when patient experience is perhaps more important than ever, all from the comfort and safety of their own homes. The first virtual Coffee Catch-Up was held in November 2020. Any JointCare patients that had their surgery in July or August of that year were invited, and any patients unable to attend were encouraged to provide written feedback by email or letter.

During 2020/2021 the Trust sent invites to 1006 patients for the meetings held in November 2020, January 2021 and July 2021 and covered patients' experience during 2020/2021. Prior to the session, patients were asked to consider the following questions:

- 1) How well did we prepare you for surgery?
- 2) What went well?
- 3) What could have gone better?
- 4) How was your care after discharge (considering the services from the Royal Orthopaedic Community Service (ROCS), outpatient physiotherapy, clinic)?
- 5) What advice would you give to a friend/family member coming to us for a joint replacement?

Out of the 1006 patients that were invited and received a question, 78 attended a virtual meeting and a further 76 have provided the Trust with their feedback.

The feedback received was overwhelmingly positive, which provided a much-needed morale boost for the staff taking part. Comments included:

- 'These were exceptional times; the nurses and staff were absolutely fantastic with me'
- 'I felt very safe in the hospital even in the middle of the pandemic. The ROH reputation has already been earned and is still maintained'
- 'I feel that the operation has been a great success due entirely to skill, professionalism and care I received at the ROH. Many thanks to all of you'
- 'I am over the moon with my knee replacement and felt the entire team were amazing'
- 'I welcome the opportunity to thank the Royal Orthopaedic Hospital for giving me the chance to enjoy my life again.'

The feedback is circulated to all relevant teams and departments to ensure all staff involved in the pathway are reminded of the great care they are providing.

10.1. Patient Engagement During 2020/2021

The Trust has undertaken a number of patient engagement initiatives through the pandemic, which has helped shape the changes and service offerings, including:

- ✓ Feedback on new website via Healthwatch (April 2020)
- ✓ Discussions with Patient Engagement & Experience Group around virtual consultations (June 2020)
- ✓ Outpatients collected feedback from patients about their experience and potential improvements (July 2020)
- ✓ Public asked to share a note of thanks which were included in staff wellbeing bags (July 2020)
- ✓ Digital participation in public Board meetings, Council of Governors & AGM (September/October 2020)
- ✓ Patients asked for feedback on the design and delivery of new Modular Theatre building
- ✓ Patient feedback canvassed around planned patient entertainment system
- ✓ Feedback surveys on orthotics, podiatry and physiotherapy
- ✓ Feedback collected from Children & Young People on design of new Children and Young Person Centre in main Outpatient Department

11.0. ROH for Loved Ones

Due to the COVID-19 pandemic visiting our inpatient areas was restricted. The Patient Experience Team set up a dedicated inbox for the family members and friends to send letters to loved ones.

The Patient Experience Team have delivered over 300 letters during 2020/2021 to loved ones. This project has received positive feedback from our patients and their loved ones.

When delivering letters, the Patient Experience team give an opportunity for the patient to write back to the loved ones and this service has been used on a couple of occasions.

12.0. Working with Partners and Patients to Improve our Services

The Trust made connections with various external companies and NHS trusts during 2020/2021 through the Head of Patient Experience's network and research. The Trust will continue to work closely with Orthopaedic Specialist trusts and with Healthwatch Birmingham.

During 2020/2021, the Patients and Carers Forum was paused due to the impact of the COVID-19 pandemic as all meetings started to be held online. The Trust tried to hold meetings online, but it was unsuccessful, so the Trust adapted new ways to fulfil role of the forum. These new ways included sending feedback forms to the members, leaflets to review and using social media such as Facebook, Instagram and Twitter to ask members of public and patients to leave their comments and feedback.

13.0. Improvements made

The PALS and Complaints team has continued to work with the nursing and operational colleagues to identify more effective ways of working that benefit all and improve patient experience.

The priorities for the PALS and Complaints service during 2019/2020 were agreed and achieved as listed below:

Financial Year	Priority	Progress made	Status
2018/2019	The Ulysses system will be further modified to allow all complaints reports to be pulled directly from this system.	2019/2020 -Thematic reporting is now pulled directly and information for Departments. KO41a is still not available and will be rectified in the coming year - Partially Achieved 2020/2021 -The KO41 report is now pulled directly from the Ulysses system and all data is recorded on the Ulysses	Achieved
2018/2019 and 2019/2020	The KPI of 80% of complaints completed within the agreed timescale will be achieved.	2019/2020 -The Trust did not hit Complaints nor PALS KPIs in this year -Not Achieved 2020/2021 -Trust hit KPIs for all months in 2020/2021 with only one complaint breaching agreed date with the complainant for one day	Achieved
2019/2020	Work will be undertaken with Divisional Leads to further in-bed ownership of complaint investigation and action planning	2020/2021 - The Divisional Triumvirate have full ownership and oversight of all complaints, PALS contacts and actions made to the Trust	Achieved
2019/2020	Complaint investigation and report writing training will be available in house for staff that require it	2020/2021 -The Trust now have clear process and standard operating procedures of the investigating and responding to the complaints - PALS and Complaints team is available to staff that require help with investigations or response writing	Achieved
2019/2020	The coding of compliments will be altered to the same system for complaints to allow for direct comparison of all Patient Experience data.	2020/2021 -All compliments that are received within PALS and Complaints department are processed, saved on the Ulysses and shared with relevant departments/staff -The PALS and complaints department report on the compliments that are received by them but not on compliments received across the Trust	Achieved

Figure 46. Progress against 2018/2019 and 2019/2020 priorities for the Complaints Department

The PALS and Complaints department made improvements that were not included in the last year's priorities as it continues to improve services for our service users, the changes that were made are as follows:

- The Trust has invested into the PALS and Complaints Departmental Structure.
- The PALS and Complaints Department now record the demographics of the complainants so that the Trust can have a clearer picture of our complainants and to see if there are any minority groups the Trust need to focus on.
- The Trust has made connections with the other specialist Trusts and External Partners.
- The Trust Quality Priority for 2020/2021: 'Improving Experience for Patients', Carers and Service Users', as set out in the Quality Account, has been achieved.
- The PALS and Complaints department have a clear process of how to deal with a PALS contact or Complaint.
- The ROH "for Loved Ones" project has been launched.

14.0. Looking ahead to 2021/2022

The Trust will continue to improve the PALS and Complaints services and the Patient Experience in the 2021/2022. Improvements planned for the next financial year are as follows:

- The Patient Experience and Engagement Strategy 2019 to 2021 will be enhanced with a new strategy for the next 4 years and the associated action plan will be refreshed.
- The Trust will undertake a peer review of the Patient Experience and produce a responsive action plan.
- The Trust will roll out the Coffee Catch-Up patient engagement methodology to the Spinal Service.
- The Trust will engage with diverse groups of the community that the ROH serve, to understand their views and to improve their experience.
- The PALS and complaints team will further improve the Ulysses system to get more precise data for the directorates so that the operational team can focus on the specialities that receive most complaints and PALS contacts.
- A responsive action plan will be produced off the back of this annual report to look more closely into themes of the complaints and PALS contacts, demography of the complainants and departments.
- The Trust will work on the process of collecting compliments from the other departments so it can be tracked by the Ulysses system and disseminated accordingly.
- The Trust will recruit patients to be members of our Patient Engagement and Experience Group and will be included in all decisions made by the Group.
- New PALS and Complaints leaflets and posters will be created and translated in 6 common spoken languages with the community we serve.
- A new PALS and Complaints external internet page will be created which will include quarterly reports of the patient experience and a pop-up chat box on the Trust external internet page will be introduced.
- #Hellomynameis badges to be introduced within the Trust.
- The PALS and Complaints department will have a meeting room to meet with complainants and patients that wish to give us feedback.

