



# Patient Experience Annual Report 2021/22

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## 1. Introduction

ESHT is committed to ensuring continuous improvement in patient experience and in the overall quality of care that we provide.

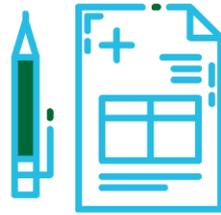
To support this, we gather information on patient experience from many different sources, and work with patients, carers, and external stakeholders to ensure that the services we provide are responsive to the needs of our population.

In 2021/22 we delivered

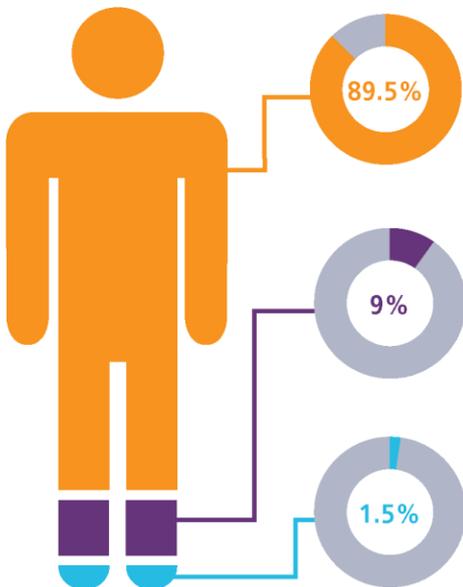
**683,432**

episodes of care \*  
and received

**30,901**



pieces of patient feedback:



was either positive or neutral (compliment/plaudit or request for information/assistance)

of contacts associated with a PALS concern or comment

(465) of contacts categorised as a formal complaint

\*

Episodes of care could be an outpatient appointment, attendance at Emergency Department (ED) or an inpatient episode of care

This report provides an overview of the feedback we received during 2021/22 and to meet the requirements of The National Health Service Complaints (England) Regulations (2009), it provides an analysis of complaints received; alongside this we have included in this report an overview of concerns raised with the Patient Advice and Liaison Service (PALS).

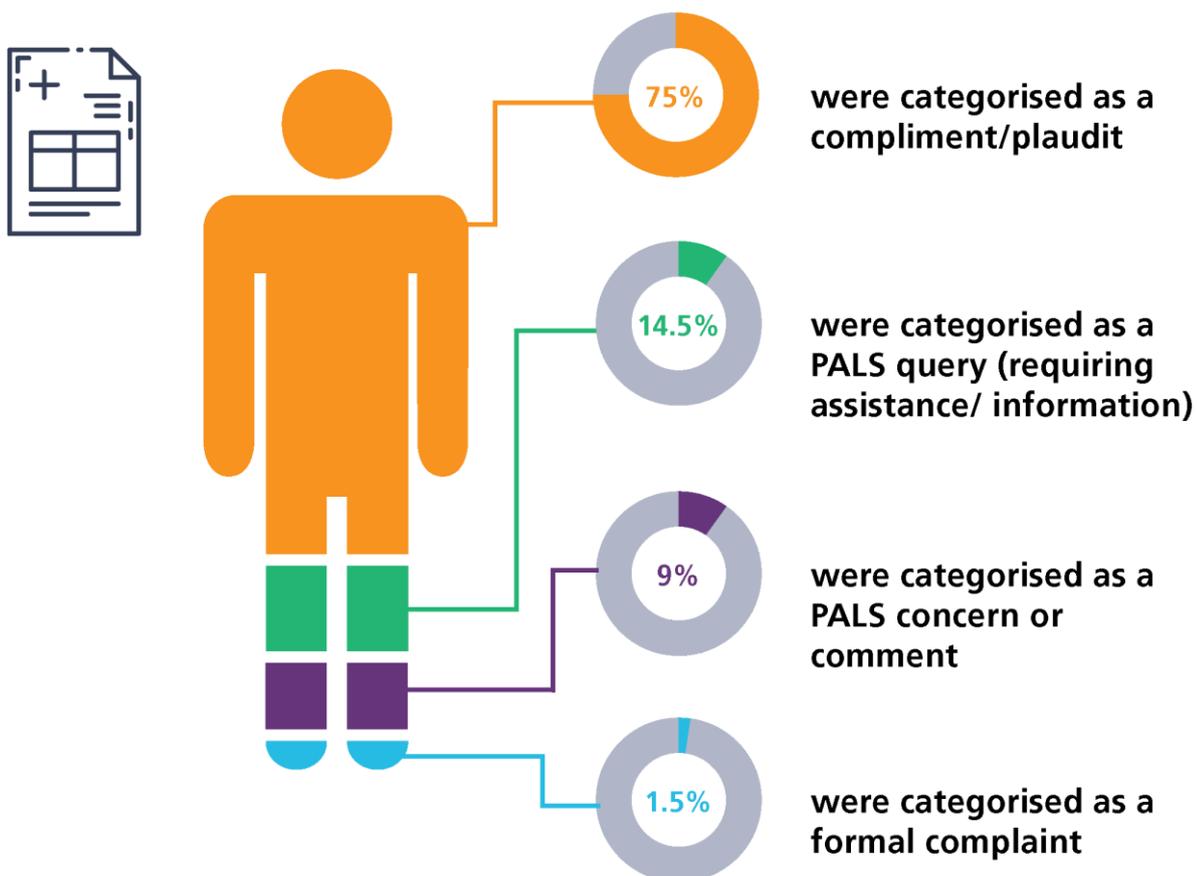
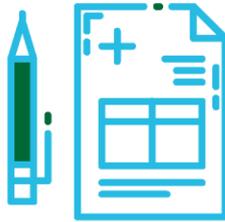
Given the relatively small number of complaints, the breakdowns contained in this report do not indicate that we have cause for concern in those areas. However, we take every complaint seriously and use this as an opportunity to generate insight to improve access, quality, and outcomes for our patients.

## 2. Patient Feedback

During 2021/22 ESHT received a total of

**30,901**

patient feedback contacts



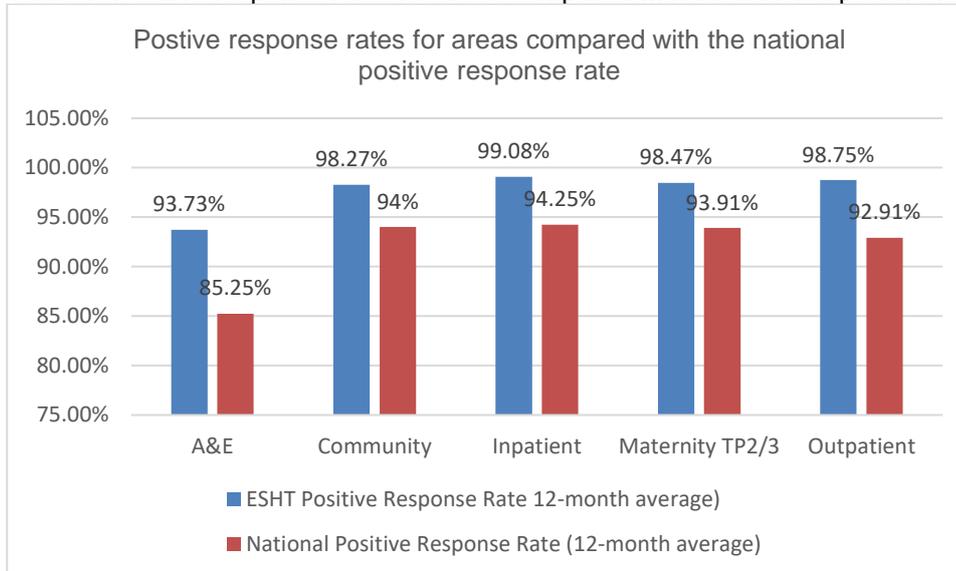
### 3. Compliments/Plaudits

ESHT received 23,195 compliments/plaudits in 2021/22. The majority of these plaudits (21,534) were generated by positive comments and compliments expressed in the Friends and Family Test (FFT), 1,571 plaudits being received by various other expressions of gratitude including thank-you cards or positive reviews posted to the NHS website and 90 plaudits were received through PALS. Feedback received via the Patient Experience Team is shared with the staff/team(s) involved and recorded on the relevant system.

### 4. Friends and Family Test (FFT)

FFT asks “overall, how was your experience of our service?” and invites further feedback on the response with “please can you tell us why you gave your answer”. Table 1 below shows that for all service areas, the positive response rate for ESHT substantially exceeded the national positive response rate. This is most marked for ED, where the rate of positive response was around 10% higher for ESHT than the national rate.

Table 1- Positive response rates for areas compared with the national positive response rate



The local Adult Inpatient FFT asks a further seven questions, about the patients/carers experience whilst on a ward. Overwhelmingly (98.80%) responders said they were always treated with kindness and said, “staff responded appropriately to any questions or concerns raised” (98.38%). All questions are monitored to identify where changes can be made to improve patient experience. The three bottom scoring questions for 2021/22 relate to the “discharge process”, the responses to these questions will be monitored and used to contribute towards the ongoing work to improve the discharge process.

### 5. 4- and 5-Star Reviews Posted on the NHS Website

In total 50 4- and 5-star comments were posted on the NHS website, below are three examples of feedback received:

“In for ENT day surgery yesterday, I had an amazing anaesthetist who was very informative and caring from coming to see me on the ward, just before surgery, then in recovery and back on the ward. Thank you so much for your consideration you are great at your job the ENT team was great”.

“A very big thank you to all the Doctors and Nursing staff for their care and kindness to me during my recent stay in CCU. The professionalism and care shown by all members of staff was second to none. Once again, thank you.”

“Had a biopsy and the staff were amazing. From reception to the surgeon. Everyone friendly and informative.”

## 6. Complaints Received in 2021/22

During 2021/22 ESHT met its target of 100% of all complaints acknowledged within 72 working hours. Overall, very few patients/ relatives complained about their care with fewer than one in ten thousand patient contacts resulting in a complaint. In 2021/22 the total number of complaints received increased by 100 compared with 2020/21 (365). However, caution should be taken when interpreting this as an increase as there was a reduction in complaints received for the first quarter of 2020/21, due to the COVID-19 pandemic and the national pause placed on complaint handling by NHS England. Table 2 and Appendix A further indicate that the proportion of complaints by volume of activity overall has remained consistently low across a 3-year period,

Table 2 sets out complaints received as a ratio of all clinical activity and as a ratio of inpatient activity.

Table 2- Complaints Received Compared to Clinical Activity

| Activity                                           | 2019/20        | 2020/21        | 2021/22        |
|----------------------------------------------------|----------------|----------------|----------------|
| Admitted Patient Care-Elective                     | 54,102         | 38,157         | 50,127         |
| Admitted Patient Care-Non-Elective (Emergency)     | 51,146         | 44,773         | 50,765         |
| Admitted Patient Care-Non-Elective (Non-Emergency) | 7,230          | 6,251          | 6,363          |
| ED Attendances                                     | 135,877        | 116,213        | 150,865        |
| Outpatient Attendances                             | 410,448        | 357,539        | 425,312        |
| <b>TOTAL ACTIVITY</b>                              | <b>658,803</b> | <b>562,933</b> | <b>683,432</b> |
| Number of Complaints Received                      | 583            | 365            | 465            |
| Complaints as a % of All Activity                  | 0.09%          | 0.06%          | 0.07%          |
| Complaints as a % of All Admitted Patient Care     | 0.52%          | 0.41%          | 0.43%          |

Complaints received by month (see appendix A).

Complaints received by mode of receipt (see appendix B).

## 7. Complaint Themes

In 2021/22, ESHT coded complaints to 21 different primary complaint subjects. Table 3 below sets out the 5 most identified primary complaint subjects with the bracketed figures relating to data for 2020/21 (see note above on caution in comparisons with 2020/21)

Table 3: Top 5 Primary Complaint Subjects

| Primary Complaint Subject | Count     | % of All Complaints |
|---------------------------|-----------|---------------------|
| Standard of Care (1)      | 223 (165) | 48% (45%)           |
| Communications (2)        | 78 (66)   | 17% (18%)           |
| Patient Pathway (3)       | 50 (52)   | 11% (14%)           |

|                                                     |         |           |
|-----------------------------------------------------|---------|-----------|
| Attitude (5)                                        | 28 (19) | 6% (5%)   |
| Discharge (4)                                       | 28 (28) | 6% (8%)   |
| Proportion of all complaints in top five categories |         | 88% (90%) |

The top 5 complaint subjects account for most of all complaints in 2021/22. Although there has been some variation between years in the number of complaints by subject, the small number of complaints, together with the national changes in complaints handling associated with managing COVID-19 mean that it is difficult to interpret whether these changes in the number of complaints in each category are significant. Appendix C breaks down cause of complaint by Division and as might be expected given the nature of these service areas indicates that Medicine and Urgent Care and Diagnostics, Anaesthetics and Surgery were areas with the highest number of complaints, and where complaints subjects cluster in areas such as attitude and discharge.

In addition to a primary complaint subject, all complaints are also coded with a secondary complaint subject that represents the major/most significant element of that complaint. Secondary categories of the top primary complaint subjects are set out below.



**Standard of Care:** this theme had the highest number of complaints, the themes of these were, lack of confidence, missed diagnosis, the overall care provided, problems/ complications following surgery or a procedure and medication error.

223



**Communication:** this theme remains a recurring one for complaints and had the second highest number. The cluster of complaints was surrounding inaccuracies with written information (letters or complaints not agreeing with wording used in letters) and verbal communication. There was also a cluster around communication with families where families did not feel listened to or were not contacted by services. Breaking bad news, listening, and respecting patient choice also featured as a theme within "communication".

78



**Patient Pathway:** this theme also remains a recurring one and had the third highest number of complaints. These complaints relate to the delays in access to services/ treatments (outpatient and inpatient), appointment issues (lack of follow up/ monitoring and onward referral), inaccurate prescribing, medical records not available and transfer between wards or hospitals.

50



**Attitude:** complainants coded in this category were unhappy with the attitude of staff (role not described) one case was coded as bullying/ harassment.

28



**Discharge:** complaints were raised regarding inappropriate/failed discharge, lack of discharge care package and discharge correspondence and lack of information on discharge.

28

Primary Complaint Subject by Division (see appendix C)

## 8. Complaints Compliance

The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) set out the rights of complainants to receive an investigation and formal response to their complaint in an appropriate and timely timescale. ESHT fully met the national requirement to formally acknowledge each complaint within 72 working hours.

In addition, we have set ourselves two locally agreed timescales by which we aim to formally respond 35 working days for non-complex complaints and 50 working days for complex complaints. A similar number of complaints were responded to within local target times in 2020/21 and 2021/22. However, the increased volume of complaints in 2021/22, particularly in respect of 35 working day complaints, means that the proportion meeting the target has reduced.

Operational pressures resulted in a reduction against each response rate metric compared to 2020/21. Table 4 below sets out complaints compliance for each metric and compares this to figures from 2020/21.

Table 4: Complaints Compliance

| Metric                           | 2020/21 |     | 2021/22 |     |
|----------------------------------|---------|-----|---------|-----|
| 72 working hours acknowledgement | 100%    |     | 100%    |     |
| Total Complaints Closed          | 365     |     | 583     |     |
|                                  | In Time | %   | In Time | %   |
| 35 Working Days                  | 129/301 | 43% | 133/510 | 26% |
| 50 Working Days                  | 17/64   | 27% | 16/73   | 22% |
| All Complaints                   | 146/365 | 40% | 149/583 | 26% |

Complaints compliance for the period April 2020 to March 2022 by month (see appendix D).  
Complaint's compliance by division for 2021/22 (see appendix E).

## 9. Reopened Complaints

In 2021/22, 77 complaints were reopened; this is a significant increase compared to 32 in 2020/21, with many of the reopened cases relating to care and bereavement issues linked to COVID-19 and/or further questions raised because of the initial complaint response. Table 5 sets out the number of complaint files reopened for each division.

Table 5: Reopened Complaints by Division

| Division                              | Count |
|---------------------------------------|-------|
| Community Health and Integrated Care  | 4     |
| Core Services                         | 2     |
| Corporate Services                    | 1     |
| Diagnostics, Anaesthetics and Surgery | 15    |
| Medicine and Urgent Care              | 44    |
| Women, Children and Sexual Health     | 7     |
| Multiple Divisions                    | 4     |
| Total                                 | 77    |

Given Medicine and Urgent Care accounted for 59% of all complaints received in 2021/22 and represent care areas handling some of the highest numbers of patient activity such as

the ED and COVID-19 wards, it is understandable that they would also top the list of divisions with complaint files reopened.

## 10. Parliamentary and Health Service Ombudsman (PHSO)

The PHSO make final decisions on complaints that have not been resolved locally by an NHS provider, and they do this fairly and without taking sides.

ESHT received 8 new case enquiries, 1 notice of intent to investigate and 4 case outcomes details can be found in appendix F. Levels of PHSO referrals remain consistently low across both years with 8 new case enquiries, 1 upheld, 2 not upheld and 1 not investigated further in 21/22.

PHSO activity 2020/21 -v- 2021/22 (see appendix G)

## 11. Upheld Complaints

Regulation 17, Section (b), of The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), states that the Trust is required to record an outcome for each complaint.

ESHT treats all complaint as important and takes the opportunity to provide an apology to the complainants, for their experience of care and as a learning opportunity. The outcome codes we use are a variant of those used by regulatory bodies including NHS England and the PHSO. The following table (7) sets out complaints closed (new complaints received and reopened complaints) by outcome in terms of numerical and percentage values:

Table 7: Complaint Outcomes

| Outcome                                                                                              | Count      | %   |
|------------------------------------------------------------------------------------------------------|------------|-----|
| Investigation Completed, Apologies Required and Actions/Learning Identified (Upheld)                 | 153        | 29% |
| Investigation Completed, Apologies Required But No Actions or Learning Identified (Partially Upheld) | 305        | 57% |
| Investigation Completed, No actions or Learning Identified (Not Upheld)                              | 66         | 12% |
| Other*                                                                                               | 8          | 2%  |
| <b>Totals</b>                                                                                        | <b>532</b> |     |

\*these are complaints that did not require investigation or were withdrawn

Please note the number of complaint outcomes differ to the total number of complaints closed as cases reopened and closed again cannot be allocated a second outcome code.

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

The role of PALS is to provide, advice and information, or deal with any concerns or issues that can be handled and resolved quickly and locally without the need for a formal complaint.

Table 8 sets out PALS activity for 2021/22 and is shown in comparison with activity for 2020/21.

Table 8: PALS Activity 2021/22 -v- 2020/21

| Contact Type                       | 2021/22 |     | 2020/21 |     |
|------------------------------------|---------|-----|---------|-----|
|                                    | Count   | %   | Count   | %   |
| Advice, Assistance and Information | 4503    | 61% | 3881    | 63% |
| Compliment                         | 90      | 1%  | 95      | 2%  |
| Concern/Issue                      | 2725    | 37% | 2134    | 35% |
| Suggestion/Comment                 | 13      | 0%  | 13      | 0%  |
| Totals                             | 7331    |     | 6123    |     |

Whilst contacts with PALS in 2021/22 increased by 20% on 2020/21, the proportion of contacts by type noted only slight change.

Overview of PALS contacts received by month (see appendix H).

Distribution of PALS contacts that raised a concern or issue, data by division (see appendix I).

As with complaints, concerns raised with PALS are also coded with a primary contact subject. Table 9 below sets out the five most commonly identified primary contact subjects for concerns raised with PALS in 2021/22, with the bracketed figures relating to data for 2020/21.

Table 9: Top 5 Primary Contact Subjects (PALS Concerns)

| Primary Contact Subject   | Count     | % of All Concerns |
|---------------------------|-----------|-------------------|
| Patient Pathway (2)       | 710 (455) | 29% (26%)         |
| Communication (1)         | 659 (649) | 27% (37%)         |
| Standard of Care (3)      | 403 (248) | 17% (14%)         |
| Attitude of Staff (4)     | 248 (111) | 10% (6%)          |
| Provision of Services (5) | 122 (85)  | 5% (5%)           |
| Other                     |           | 12% (12%)         |

### 13. Learning from Patient Experience

| Theme                                                                                                          | Action                                                                                                                                                                                                                                  | Comment                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bottom 3 FFT questions (relating to discharge process) and complaints recorded under "Discharge" subject code. | Operational Team to build on the work undertaken as part of the Quality Account Priority 2021/22 "Perfecting Discharge".<br>Medicine are also undertaking communication training regarding information given at the point of discharge. | Patient Experience Team to continue to share intelligence gathered through patient feedback.                                                                                                                                       |
| Complaint theme "Standard of Care".                                                                            | The change in reporting codes should enable us to better understand this theme of complaints.                                                                                                                                           | Reporting codes were changed on the 1 <sup>st</sup> April 2022.                                                                                                                                                                    |
| Complaint theme "Communication".                                                                               | Learning and Development have commissioned multi professional "Advanced Communication Course" which delivered over two days.                                                                                                            | Visiting restrictions impacted the clinician's availability to have conversations with relatives/ carers, with the visiting restrictions now lifted it is hoped that clinicians and family members can resume those conversations. |
| Complaint theme "Patient Pathway".                                                                             | The change in reporting codes should enable us to better understand this theme of complaints.                                                                                                                                           | Reporting codes were changed on the 1 <sup>st</sup> April 2022.                                                                                                                                                                    |
| Complaint theme "Attitude".                                                                                    | The change in reporting codes should enable us to better understand this theme of complaints.                                                                                                                                           | Reporting codes were changed on the 1 <sup>st</sup> April 2022.                                                                                                                                                                    |

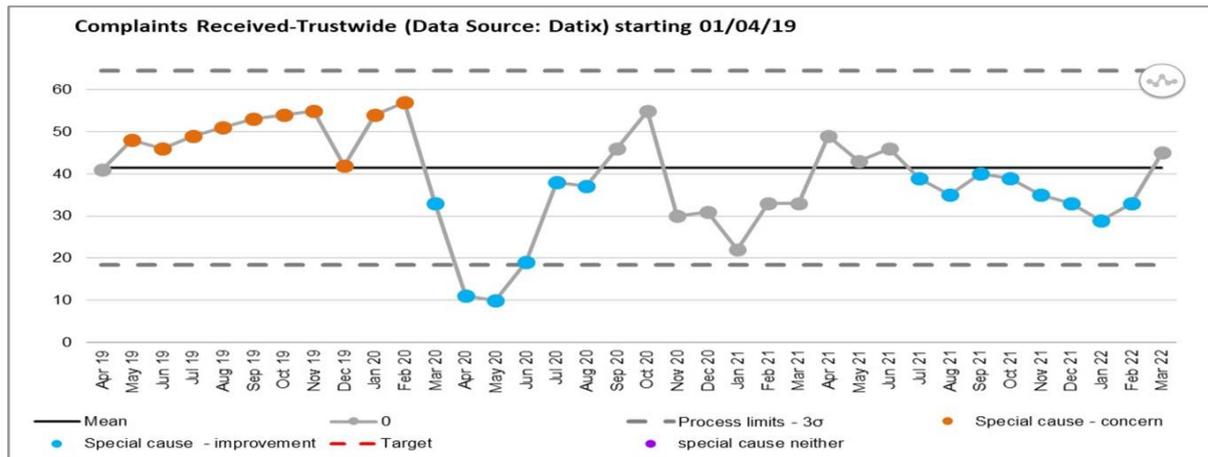
## 14. Looking Forward/ Actions for 2022/23

In 2022/23 the Patient Experience Lead and/or Complaints, PALS and Patient Experience Manager will undertake the following:

|     | <b>Action</b>                                                                                                                                                                                                                                                                                                   |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | Review our approaches and processes to make sure that we are systematically seeking input from patients as part of a quality improvement approach, ensuring that information from PALS and Complaints is included in this as actionable insight                                                                 |
| 2.  | Work with our partners in the ICB to implement statutory guidance on working with people and communities, including recognising and utilising complaints, PALS contacts and patient surveys as a valuable source or insight.                                                                                    |
| 3.  | Look at alternative ways to share/ distribute feedback, learning from positive and negative experiences as part of the overall improvement culture.                                                                                                                                                             |
| 4.  | Complaints and PALS team to move from Datix RichClient reporting function to Datix Web.                                                                                                                                                                                                                         |
| 5.  | Complaints and PALS Team will start using the subject codes used for The Hospital and Community Health Services Complaints Collection (KO41a) which are used nationally. This will improve the range of codes used and allow our complaints data to be comparable with other Trust's for benchmarking purposes. |
| 6.  | Review the Standard Operating Procedure (SOP) for Complaint Handling.                                                                                                                                                                                                                                           |
| 7.  | Review the Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments (The 4C's Model).                                                                                                                                                             |
| 8.  | Support divisions with local ownership and embedding learning from their complaints.                                                                                                                                                                                                                            |
| 9.  | Implement to The PHSO's "NHS Complaint Standards" pilot.                                                                                                                                                                                                                                                        |
| 10. | Review Patient Experience training delivered (trust wide).                                                                                                                                                                                                                                                      |
| 11. | Patient Experience Quality Account Priority 2022/23 is "Learning from Complaints", ensuring that data/ information collected is used to better inform changes/ learning.                                                                                                                                        |
| 12. | Launch a new post-complaint satisfaction survey and gain further feedback from our colleagues (stakeholder who contribute towards the complaints process).                                                                                                                                                      |
| 13. | Explore opportunities for PALS and the Complaints Team to work together more closely offering our service users a better experience when accessing our teams.                                                                                                                                                   |

From April 2022, The Patient Experience Team have been moved under the Chief of Staff to work closely with Engagement and Health Inequalities. These changes provide an opportunity to review and embrace new ways of sharing the experiences of those who have accessed our services and contribute towards service improvements.

## Appendix A- Complaints Received (by month 1.4.19-31.3.22)



The deviation outside of the lower process limit represents the onset of COVID-19 and its impact on complaints being received. It is worth noting that some complaints received relate to care provided more than 6 or 12 months prior to making the complaint (and not the month the complaint was raised) but met the timescales for handling in accordance with the National Health Service Complaints (England) Regulations (2009).

## Appendix B- Complaints Received by Mode of Receipt

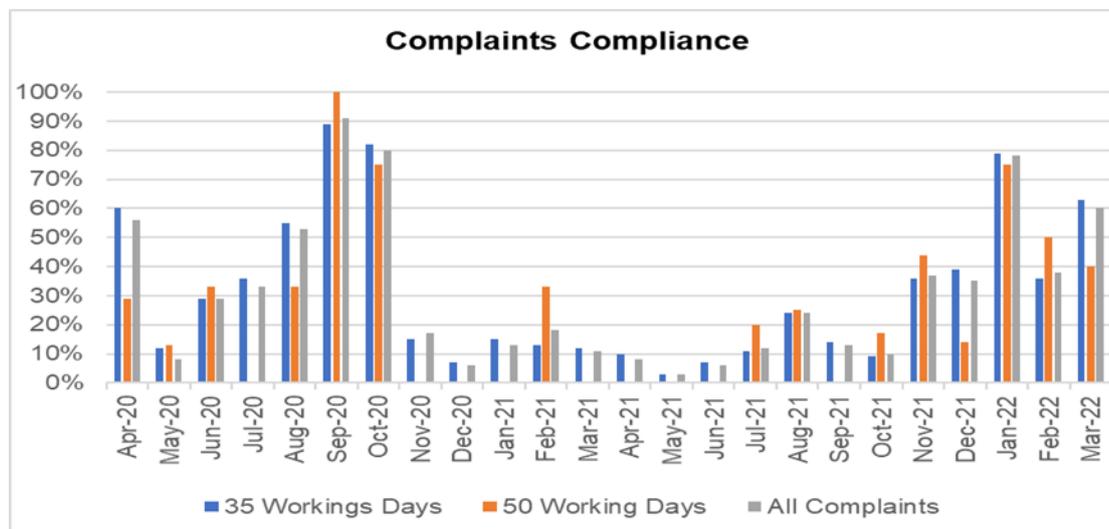
The Trust receives complaints in several different ways, the table below shows the number of complaints received for each method of receipt.

| Method             | Complaints Received | Count | %   |
|--------------------|---------------------|-------|-----|
| Complaints Form    |                     | 157   | 34% |
| E-Mail             |                     | 160   | 34% |
| Letter             |                     | 100   | 22% |
| Phone Call         |                     | 5     | 1%  |
| Referred From PALS |                     | 43    | 9%  |
| Totals             |                     | 465   |     |

## Appendix C- Primary Complaint Subject by Division

|                                 | Corporate - CEO | Corporate - Corporate Affairs | Corporate - Finance | Core Services | Corporate - Nursing and Governance | Diagnostics, Anaesthetics and Surgery | Estates and Facilities | Medicine/Urgent Care | Community Health and Integrated Care | Women, Children' s, and Sexual Health | Total      |
|---------------------------------|-----------------|-------------------------------|---------------------|---------------|------------------------------------|---------------------------------------|------------------------|----------------------|--------------------------------------|---------------------------------------|------------|
| Access to Treatment or Drugs    | 0               | 0                             | 0                   | 0             | 0                                  | 0                                     | 0                      | 1                    | 0                                    | 0                                     | 1          |
| Admissions and Discharges       | 0               | 0                             | 0                   | 0             | 0                                  | 0                                     | 0                      | 3                    | 0                                    | 0                                     | 3          |
| Appointments                    | 0               | 0                             | 0                   | 2             | 0                                  | 0                                     | 0                      | 2                    | 0                                    | 0                                     | 4          |
| Attitude                        | 0               | 0                             | 1                   | 1             | 0                                  | 5                                     | 1                      | 17                   | 1                                    | 2                                     | 28         |
| Bereavement                     | 0               | 0                             | 0                   | 0             | 0                                  | 0                                     | 0                      | 4                    | 0                                    | 0                                     | 4          |
| Clinical Treatment              | 0               | 0                             | 0                   | 0             | 0                                  | 1                                     | 0                      | 4                    | 1                                    | 2                                     | 8          |
| Communications                  | 0               | 0                             | 1                   | 8             | 2                                  | 18                                    | 0                      | 39                   | 3                                    | 7                                     | 78         |
| Consent                         | 0               | 0                             | 0                   | 1             | 0                                  | 0                                     | 0                      | 0                    | 0                                    | 1                                     | 2          |
| Discharge                       | 0               | 0                             | 0                   | 0             | 0                                  | 2                                     | 0                      | 26                   | 0                                    | 0                                     | 28         |
| End of Life Care                | 0               | 0                             | 0                   | 0             | 0                                  | 0                                     | 0                      | 2                    | 0                                    | 0                                     | 2          |
| Environment                     | 1               | 0                             | 0                   | 0             | 0                                  | 1                                     | 1                      | 1                    | 0                                    | 0                                     | 4          |
| Equality and Diversity          | 0               | 1                             | 0                   | 0             | 0                                  | 1                                     | 1                      | 1                    | 0                                    | 0                                     | 4          |
| Infection Control               | 0               | 0                             | 0                   | 0             | 0                                  | 1                                     | 0                      | 1                    | 0                                    | 1                                     | 3          |
| Patient Care                    | 0               | 0                             | 0                   | 0             | 0                                  | 0                                     | 0                      | 5                    | 1                                    | 0                                     | 6          |
| Patient Pathway                 | 0               | 0                             | 0                   | 4             | 0                                  | 17                                    | 0                      | 22                   | 1                                    | 6                                     | 50         |
| Privacy, Dignity and Well-being | 0               | 1                             | 0                   | 0             | 0                                  | 0                                     | 0                      | 0                    | 0                                    | 0                                     | 1          |
| Provision of Services           | 0               | 0                             | 0                   | 1             | 0                                  | 3                                     | 0                      | 4                    | 0                                    | 2                                     | 10         |
| Results of Tests                | 0               | 0                             | 0                   | 1             | 0                                  | 0                                     | 0                      | 1                    | 0                                    | 1                                     | 3          |
| Standard of Care                | 0               | 0                             | 0                   | 3             | 0                                  | 47                                    | 0                      | 139                  | 6                                    | 28                                    | 223        |
| Trust Admin/Policies/Procedures | 0               | 0                             | 1                   | 0             | 0                                  | 0                                     | 0                      | 0                    | 0                                    | 0                                     | 1          |
| Values and Behaviours (Staff)   | 0               | 0                             | 0                   | 0             | 0                                  | 1                                     | 1                      | 0                    | 0                                    | 0                                     | 2          |
| <b>Totals:</b>                  | <b>1</b>        | <b>2</b>                      | <b>3</b>            | <b>21</b>     | <b>2</b>                           | <b>97</b>                             | <b>4</b>               | <b>272</b>           | <b>13</b>                            | <b>50</b>                             | <b>465</b> |

## Appendix D- Complaints Response Rate Compliance for the period 1.4.2020 to 31.3.2022 by month



## Appendix E- Complaints compliance by division for 2021/22 (see comments at Appendix B and D)

| Division                              | 35 Working Days |     | 50 Working Days |     | All Complaints |     |
|---------------------------------------|-----------------|-----|-----------------|-----|----------------|-----|
|                                       | In Time         | %   | In Time         | %   | In Time        | %   |
| Community Health and Integrated Care  | 2/18            | 11% | 0/2             | 0%  | 2/20           | 10% |
| Core Services                         | 4/20            | 20% | N/A             | N/A | 4/20           | 20% |
| Corporate Services                    | 4/6             | 67% | 0/1             | 0%  | 4/7            | 57% |
| Diagnostics, Anaesthetics and Surgery | 29/112          | 26% | 3/17            | 18% | 32/129         | 25% |
| Estates and Facilities                | 3/6             | 50% | N/A             | N/A | 3/6            | 50% |
| Medicine and Urgent Care              | 80/289          | 28% | 13/48           | 27% | 93/337         | 28% |
| Women, Children and Sexual Health     | 11/59           | 19% | 0/5             | 0%  | 11/64          | 17% |
| All Complaints                        | 133/510         | 26% | 16/73           | 22% | 149/583        | 26% |

## Appendix F- PHSO case outcomes (see comments at Appendix B and D)

| Details of Outcome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The PHSO advised they would not be upholding this case in the favour of the complainant as they could not identify any failings in the provision of care or the Trust's complaint response.                                                                                                                                                                                                                                                                                                                                                          |
| The PHSO advised they would be upholding this case in the favour of the complainant as they identified failures in the patients care, and a lack of communication with the patient regarding a latter diagnosis. The Trust were directed to (a) issue a letter of apology to the complainant for the failures identified by the PHSO, (b) develop and share an action plan to address the failures identified by the PHSO and (c) pay the complainant £500.00 in recognition of the significant distress caused to the complainant and their family. |
| The PHSO advised they would not be upholding this case in the favour of the complainant as they could not identify any failings in the provision of care.                                                                                                                                                                                                                                                                                                                                                                                            |
| The PHSO advised they would not be looking further into this case.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

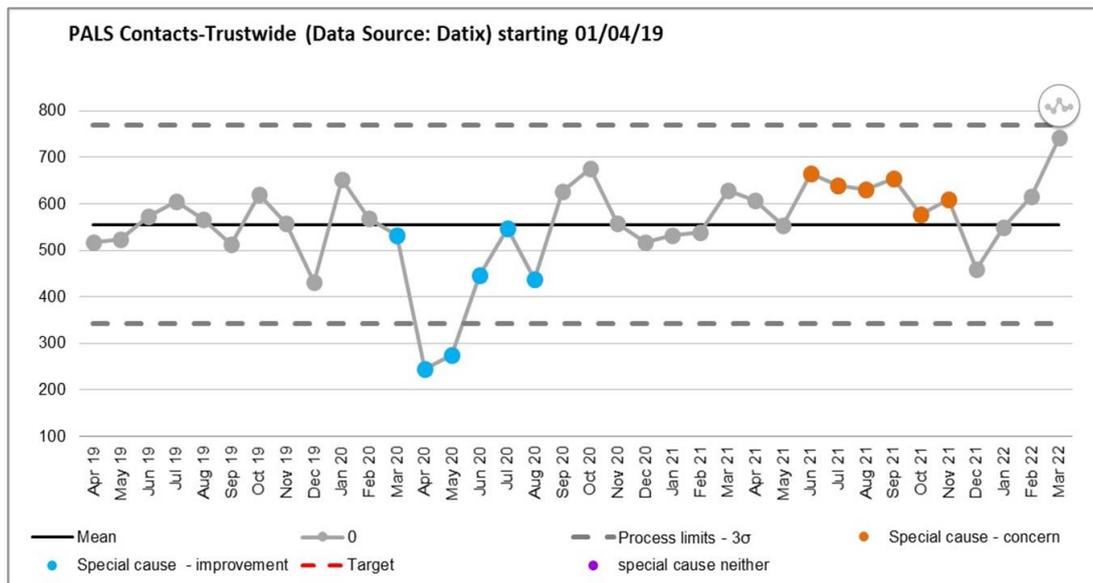
## Appendix G- PHSO Activity 2020/21 -v- 2021/22

PHSO Activity 2020/21 -v- 2021/22

| Contact Type                                 | 2020/21 | 2021/22 |
|----------------------------------------------|---------|---------|
| New Case Enquiries                           | 10      | 8       |
| Note of Intent to Investigate                | 1       | 1       |
| Outcome – Upheld                             | 2       | 1       |
| Outcome – Not Upheld                         | 1       | 2       |
| Outcome – Not Investigating Further          | 2       | 1       |
| Outcome – Referred Back For Local Resolution | 2       | 0       |

## Appendix H- Overview of PALS contacts received by month “see comments at Appendix B and D)

As with the complaints SPC chart, the deviation outside of the lower process limit represents the onset of COVID-19 and its impact on contact with PALS.



## Appendix I- Distribution of PALS contacts that raised a concern or issue, data by division (see comments in Appendix B and D by Division)

| Division                              | Count | %   |
|---------------------------------------|-------|-----|
| All Divisions                         | 1     | 0%  |
| Corporate - Corporate Affairs         | 9     | 0%  |
| Corporate - Finance                   | 28    | 1%  |
| Corporate - Human Resources           | 1     | 0%  |
| Core Services                         | 162   | 6%  |
| Corporate - Nursing and Governance    | 12    | 0%  |
| Diagnostics, Anaesthetics and Surgery | 748   | 27% |
| Estates and Facilities                | 27    | 1%  |
| Medicine/Urgent Care                  | 1301  | 48% |
| Community Health and Integrated Care  | 108   | 4%  |
| Corporate - Operational               | 11    | 0%  |
| Non ESHT organisations                | 10    | 0%  |
| Patient Access Teams                  | 4     | 0%  |
| Women, Children and Sexual Health     | 303   | 11% |
| Totals                                | 2725  |     |

