

Complaints and PALS Department Annual Report 2023/24

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1.0 Introduction

The Royal Berkshire NHS Foundation Trust is committed to listening to the views of patients and members of the public in the form of complaints, concerns, comments and compliments and uses this information as a means of addressing issues and improving and developing the quality of the services it provides.

This report summarises the complaints, concerns and compliments received by the Trust during the period of 1 April 2023 to 31 March 2024 and the overall performance of complaint handling. Also included are actions taken to improve and develop the services we provide for patients.

The PALS and Complaints Team prefer to deal with issues and concerns as soon as they arise, in order to try and remedy the situation as soon as possible. Where this is not possible, they also take a proactive role in managing the complaints received by the Trust.

2.0 Reporting processes

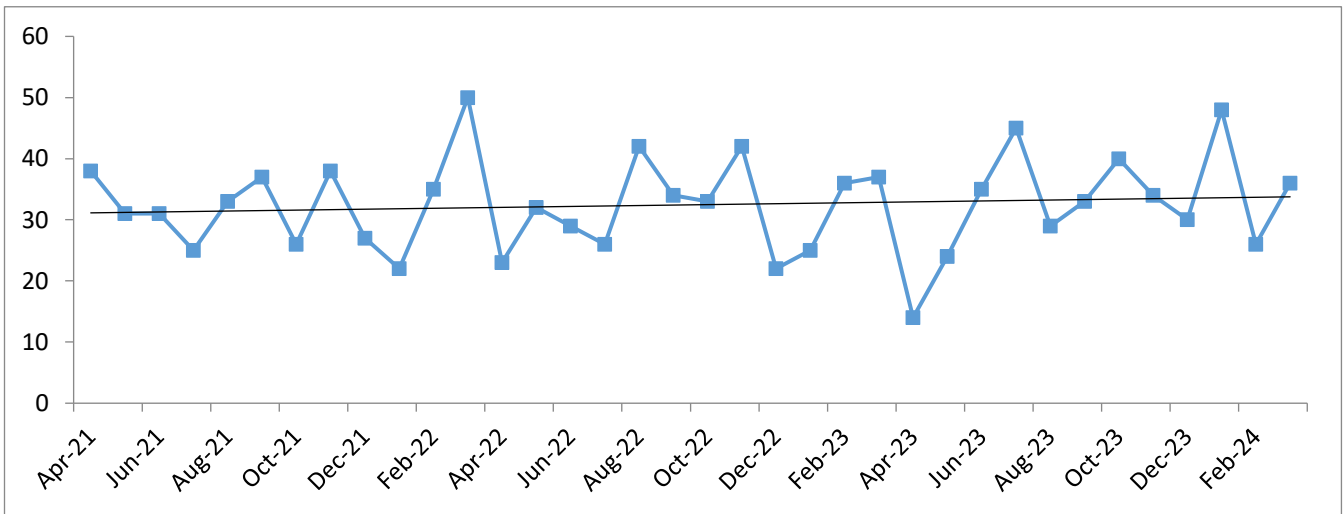
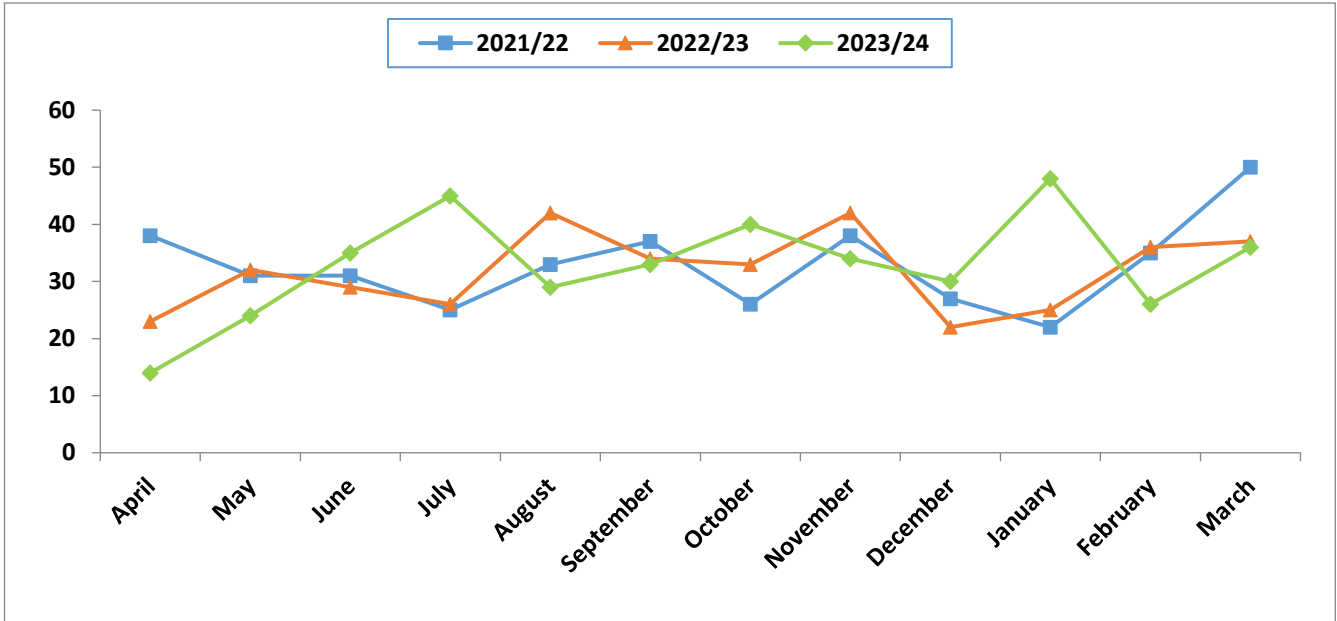
- 2.1 Board Quality Committee – receives detailed quarterly report covering all PALS and formal complaints.
- 2.2 Board of Directors – the Board receive a monthly report detailing numbers of formal complaints, themes and response times.
- 2.3 The Quality Assurance and Learning Committee - receive a bi-monthly report detailing numbers of formal complaints, themes and response times.
- 2.4 Patient Experience Committee – a copy of the monthly board report is tabled at this meeting which also has representatives from patients and all care groups.
- 2.5 Care Group Management Team Meetings – each Care Group Management Team receives an update report on a monthly basis.
- 2.6 Clinical Governance Committees – complaints are a standing agenda item at each local clinical governance committee, giving an opportunity for trends to be reviewed by the multi-disciplinary team.

3.0 Number of formal complaints received

During the period of 1 April 2023 – 31 March 2024, the Trust received 394 complaints under the NHS Complaints Procedure. This is an increase of 3% in comparison to the 381 complaints received during the period of 1 April 2022 – 31 March 2023.

- Of the 394 complaints received, 35 (9%) were previous PALS concerns.
- 59% of the 378 complaints closed during 2023/24 were responded to within 25 working days. The average days to close for all complaints was 32 working days.
- 96% of complaints closed during that timeframe were either responded to within 25 working days or with an extension agreed with the complainant.

The first graph below shows the number of complaints received each month from 1 April 2021 – 31 March 2024. The second graph shows that the average trend for formal complaints has remained flat over the last three years.



3.1 Number of complaints versus activity

The table and information below shows the number of complaints versus the overall Trust activity received over the last three financial years (which includes all emergency and outpatient activity and bed days):

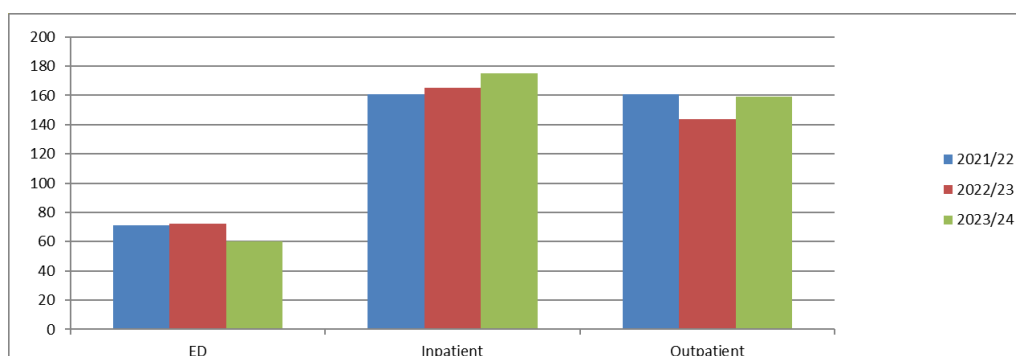
	2021/22	2022/23	2023/24
Formal complaints received	393	381	394
% of Trust activity	0.04%	0.04%	0.04%

The total Trust activity equates to 1,076,364 patient contacts (including all outpatient, emergency activity and bed days). The figures below show the breakdown of complaints versus activity in more detail:

- 175 inpatient complaints received is 0.85 per 1,000 inpatients (bed days).
- 159 outpatient complaints received is 0.23 per 1,000 outpatients.
- 60 Emergency Department (ED) complaints (including Paediatric ED) received is 0.40 per 1,000 ED attendances.

3.2 Number of complaints by service area from 1 April 2023 – 31 March 2024

The graph below shows that except for the Emergency Department, there has been an increase in formal complaints received relating to the inpatients and outpatients this year in comparison to 2022/23. The number of complaints for the inpatients has increased by 6% and outpatients by 10% compared to last year.



	2021/22	2022/23	2023/24
ED	71	72	60
Inpatient	161	165	175
Outpatient	161	144	159

The table below shows the number of outpatient complaints received for each operational area. Trauma and Orthopaedics saw the highest number of outpatient complaints, 15 were received in 2023/24.

Operational Area	Outpatient Complaints (2023/24)
Trauma and Orthopaedics	15
Ophthalmology - Formally RBH Eye Unit	14
Gynaecology	13
Gastroenterology	10
Maternity and Obstetrics	10
Radiology	9
Urology	9
General Surgery	9
Neuro and Rehab	8
Head and Neck - ENT	8
Emergency Services and Critical Care	6
Berkshire Cancer Centre / Oncology	5
Ophthalmology - PCEU	5
Dermatology	4
Paediatrics	4
Head and Neck - Plastics	3
Respiratory	2
Diabetes	2
Rheumatology	2
Theatres	2
Pain Management	2
Estates Maintenance	2
Audiology	1
Medical Records	1
Finance 2	1
Occupational Therapy	1
Estates Planning and Construction	1
Bracknell Healthspace	1
Renal	1
GUM - Sexual & Reproductive Health	1
Clinical Haematology	1
Cardiology	1
Director of Nursing	1
Other	1
Physiotherapy	1
Communications	1
Head and Neck - Max Fax	1
Grand Total	159

4.0 Complaints analysis

4.1 Analysis of complaints by care group versus activity

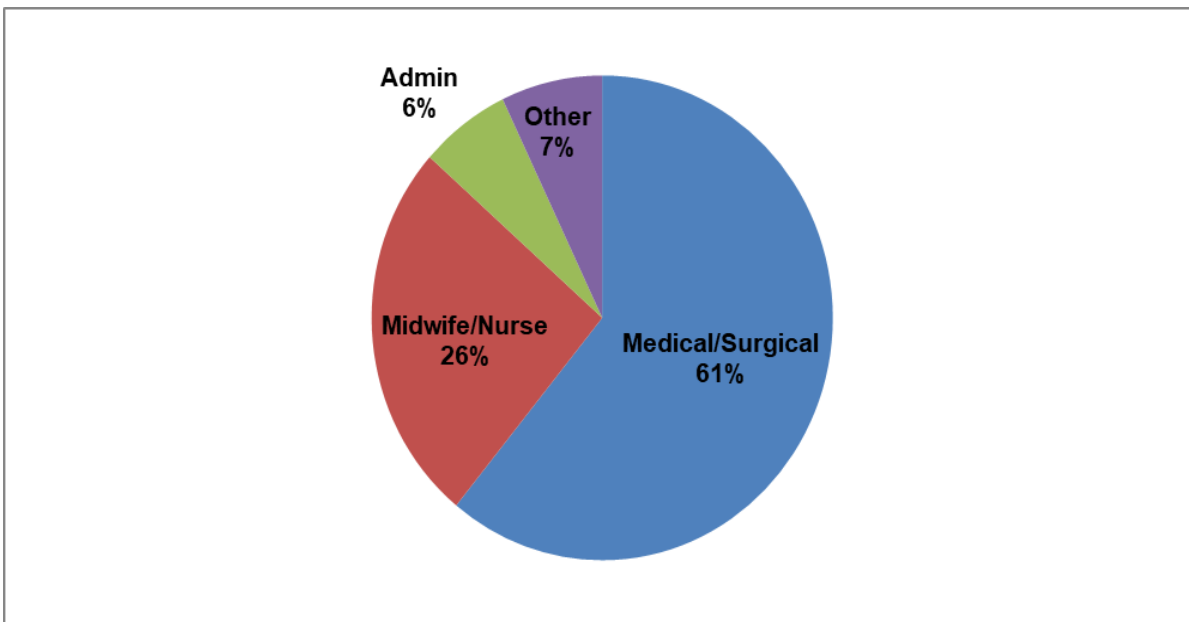
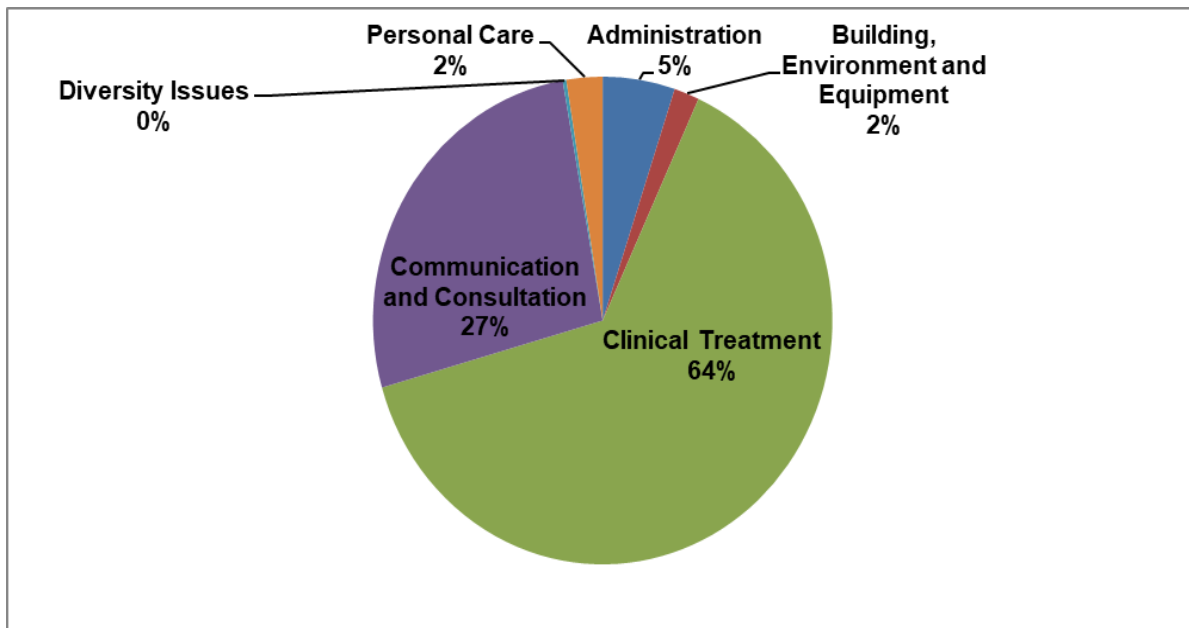
The table below shows that except for Networked Care, both Planned and Urgent Care groups have seen an increase in the number of complaints in 2023/24. Planned Care complaints have increased by 23% and Urgent Care by 1% compared to the previous financial year.

This is similar for the Corporate Affairs, which has seen an increase in the number of complaints this year. Estates, Facilities and Finance have remained the same, as for Chief Nursing Officer, it has seen a decrease compared to the previous year.

	2021/22	2022/23	2023/24	Number vs 2022/23	2023/24 vs activity %
Networked Care (Incl Path)	65	69	55	-14	0.02%
Planned Care	138	116	143	+27	0.04%
Urgent Care	179	186	188	+2	0.04%
Chief Nursing Officer	0	4	1	-3	N/A
Corporate Affairs	3	1	2	+1	N/A
Estates and Facilities	2	3	3	0	N/A
Finance	6	2	2	0	N/A

4.2 Formal complaints by top subjects and staff type

The charts below show the top subjects for formal complaints and complaints by staff group for 2023/24. 251 of the 394 complaints received related to clinical treatment, 105 related to communication, 20 to administration and 10 related to personal care. 240 of the 394 complaints related to medical staff, 25 related to administration staff and 101 related to nurses and midwives.



4.3 Clinical care and communication complaints by sub-subjects

The main two subjects received in 2022/23 and 2023/24 relate to clinical care and communication. The tables below provide a breakdown of these subjects by sub-subject and show that the number of complaints related to communication has decreased by 8% and that clinical care has increased by 12%.

4.3.1 Communication complaints breakdown by sub-subject

	2022/23	2023/24
Behaviour and attitude	34	28
Breach of confidentiality	5	3
Breaking bad news	2	2
Clinic letter	0	0
Conflicting information	5	4

Digital Communication	2	0
DNR	0	0
Inadequate information	45	48
Incorrect information	4	5
Interpreting	0	0
Lack of information	6	3
None	0	1
Patient not listened to/heard	8	5
Response Delay	2	4
Response Failure	1	2
Total	114	105

4.3.2 Clinical care complaints breakdown by sub-subject

	2022/23	2023/24
Medical	104	123
Nursing	8	13
Midwifery	13	4
AHP	1	0
Complications	2	3
Diagnostics	84	98
Diagnosis delayed	2	3
Diagnosis – incorrect	3	1
Diagnosis none	0	1
Discharge arrangements	6	2
Discharge premature	0	2
Inadequate	1	0
Medication not correct	0	0
Pain	1	0
Request for information on care or treatment	0	1
Total	225	251

4.4 Analysis of complaints by care group, directorate and specialty

4.4.1 Networked Care

The top subject from the 55 complaints received in Networked Care (including Pathology) in 2023/24 was clinical treatment (38). The 55 complaints received were split between medical staff (34), nursing staff (13), admin staff (2) and other staff types (6).

The number of complaints received for each specialty and directorate in Networked Care is outlined below.

	2022/23	2023/24
Integrated Medicine – Total	27	22
Audiology	0	1
Bracknell Healthspace	0	1
Dermatology	2	5
Diabetes and Endocrinology	3	2
Genitourinary Medicine	2	1
Haematology	2	1
Pain Management	0	2
Renal	7	3
Rheumatology	10	6
West Berkshire Community Hospital	1	0
Specialist Medicine – Total	38	31
Elderly Care	25	18
End of Life/Palliative Care	1	1
Neurology and Neurorehabilitation	9	9
Occupational Therapy	0	2
Orthotics	1	0
Physiotherapy	0	1
Podiatry	1	0
Service Navigation - Integrated Discharge Service	1	0
Support Services -Total	4	2
Cell Pathology	1	1
Pathology - Haematology	0	1
Pharmacy	1	0
Phlebotomy	2	0

4.4.2 Planned Care

Out of the 143 complaints received in 2023/24, the top two subjects relate to clinical treatment (87) and communication (41). 100 of the 143 complaints related to medical staff. The remaining 43 were regarding nursing staff (26), admin staff (12) and other staff types (5).

The table below shows the number of complaints received by each specialty and directorate in Planned Care.

	2022/23	2023/24
Abdominal Surgery	41	58
Gastroenterology	10	16
General Surgery	23	27
Urology	8	15
Berkshire Cancer Centre	6	8
Head and Neck	29	36
Head and Neck - ENT	7	10
Head and Neck - Plastics	0	4
Head and Neck - Max Fax	0	2
Ophthalmology – Prince Charles Eye Unit	8	5
Ophthalmology – Royal Berkshire Hospital	14	15
Orthoptics	0	0
Orthopaedics	35	28
Theatres - Pre-Op Assessment	0	0
Trauma and Orthopaedics	35	28
Theatres and Anaesthetics	5	10
Anaesthetics	1	2
Theatres	4	8
Medical Records	0	2
Medical Records	0	2
Other	0	1
Virtual – Hub	0	1

4.4.3 Urgent Care

Out of the 188 complaints received, the top two subjects relate to clinical treatment (126) and communication (52). Urgent Care's complaints relate to medical (106), nursing and midwives (61), admin staff (8) and other staff types (13).

The table below shows the number of complaints received by each speciality and directorate in Urgent Care.

	2022/23	2023/24
Acute Medicine	24	27
Acute Stroke Unit	2	5
Cardiology	8	13
Gastroenterology	4	3
Respiratory	10	6
Emergency Care	99	91
Ambulatory Emergency Care (AEC) & DVT Clinic	2	1
AMU & Short Stay Unit	14	20
Critical Care Outreach	0	1
Emergency Department	72	60
Intensive Care Unit	1	0
Radiology	10	9
Maternity and Children's Services	63	70
Gynaecology	18	19
Maternity	35	36
Paediatrics	10	15

All three care groups take the complaints and concerns very seriously and use this feedback to improve the overall patient experience provided to patients. The Complaints and PALS Team regularly discuss all formal complaints and PALS concerns with the care groups' Matrons to drive actions forward, as well as monitor performance.

5.0 Responses to formal complaints

5.1 Reopened complaints

There were 94 re-opened complaints received in 2023/24 compared to 48 the previous year. There are more re-opened complaints this year due to complainants having further concerns, which were not raised in their initial complaints. Re-opened complaints are closely monitored through the Care Group Performance and Governance Reports.

The 94 re-opened complaints can be broken down into 14 for Networked Care, 30 for Planned Care, 48 for Urgent Care, 1 for Chief Nursing Officer and 1 for Estates and Facilities. All 94 were offered meetings with staff to discuss their concerns.

5.2 Local resolution meetings

73 local resolution meetings were arranged and supported by the PALS and Complaints Team with complainants, to provide them with the opportunity to discuss their concerns, in comparison to 37 last year. These were held with the most appropriate staff to answer their queries and drive any appropriate actions. We encourage resolution of complaints with meetings as complainants often report that they find it easier to feedback in a face to face environment.

5.3 Complaints severity rating and outcome

Of the 378 complaints closed in 2023/24 the severity rating was: 10 Red (High), 85 Amber (moderate), 171 Yellow (low) and 112 Green (very low). 136 were well founded, 172 were partially founded and 70 were not founded.

This compares to the 406 complaints closed in 2022/23 where the severity rating was: 6 Red (High), 83 Amber (moderate), 204 Yellow (low) and 113 Green (very low). 132 were well founded, 191 were partially founded and 76 were not founded.

5.4 Complaints handling survey

In 2023/24, 30 responses were received with an overall satisfaction rating of 67.9%, compared to an overall satisfaction rate of 69.6% from the 39 responses received in 2022/23. This year, the highest score was 84.5%, (Question 8 - Was the person(s) handling your complaint professional and courteous?) and the lowest score was 57.1% (Question 5 - Were you kept adequately informed while your complaint investigation was going?). The Team will continue to monitor this and use the survey feedback to make improvements.

5.5 Parliamentary and Health Service Ombudsman

7 complaints were referred to the Parliamentary and Health Service Ombudsman (PHSO) for review during 2023/24, compared with 3 the previous year. 1 complaint in relation to Networked Care, 4 to Planned Care, 1 to Urgent Care and 1 to Finance were received originally in 2020, 2021, 2022 and 2023.

The Trust has received 5 outcome reports in 2023/24:-

1. A complaint was referred to the PHSO in 2022 relating to a patient who was diagnosed with advanced breast cancer in 2020 and from April 2020 has experienced pain in her hip and buttock. She is not happy with the way her concern towards this pain is being dealt with. The PHSO have decided to close this case and take no further action.
2. A complaint received in December 2020 relating to the patient not being happy that he is being presented and chased for £22k. PHSO have decided to close this case and are not proceeding with the investigation.
3. A complaint was received in December 2021 in relation to Oncology. Patient's partner was unhappy with the cancer treatment provided for his wife. PHSO have closed the complaint and are taking no further action.
4. A complaint was received in September 2022 in relation to Trauma and Orthopaedics. Patient was unhappy with the care and advice provided to her when she attended the ED with a fractured arm and then unhappy with the fracture clinic appointments and feels that after a year she has not healed as well as she should have if she had been given the correct treatment. Following a telephone call to the PHSO in November 2023 to request an update on the complaint, the caseworker confirmed that they have closed this.
5. A complaint was received in March 2022 in relation to Pathology. Patient's daughter was unhappy that the bereavement team has handed over her father's death certificate to the wife of the patient and disputes that she should not have been listed as NOK on her father's records and is unable to apply for probate without it. PHSO have closed the complaint as they have found that the complaint was outside of their 12 month time limit.

We are awaiting the outcome on 5 cases, which were referred to PHSO in 2021, 2022 and 2023: -

1. A complaint received in April 2020 relating to the patient's son who is unhappy with the care his late father received on Victoria Ward and at the Prospect Park Hospital.
2. A complaint received in May 2021 relating to the patient unhappy with her care from Endocrinology. She feels that she is not being given the correct medication and this will cause her to die.
3. A complaint was received in January 2021 in relation to Gynaecology. Patient was unhappy with effects of her Gynae procedure that has left her with discomfort and contributed to her hernia.
4. A complaint was received in July 2022 in relation to Trauma and Orthopaedics. Patient sustained a clavicle fracture and is unhappy with the care and treatment received in T&O.

5. A complaint was received in March 2023 in relation to Ophthalmology - Formally RBH Eye Unit. Patient was referred to Health Harmonie and has concerns about her treatment there. She feels that as RBH referred her there that we should be responsible for their actions.

6.0 Key learning from complaints

Below are some examples of specific complaints in each care group and the outcomes following the complaint:

Networked Care example:

Formal complaint 23/222 was from patient's daughter who was unhappy with the service received from Audiology department. Her concerns were that her father has kept asking for help, including new supply of batteries and home hearing assessment as his mobility has reduced significantly but was told by Audiology department that as he came to hospital a few months ago, he is not bedbound and therefore cannot have a home assessment.

The Head of Audiology received a statement from the Senior Clinical Scientist, who was the clinician involved in booking the domiciliary appointments.

The Head of Audiology explained that a GP referral was received by the Audiology Department in October 2023 for a home visit for the patient. The Senior Clinical Scientist triaged the appointment; she attempted to call the patient on the landline three times and once on the mobile number provided, to arrange a visit. Unfortunately, she was unable to make contact.

The Senior Clinical Scientist also noted that previous experience of booking such patients, has shown that being unable to make contact can mean that they have encouragingly become more ambulatory since their referral, as they are not currently at home to take a call. She also considered that patient had managed to attend an outpatient appointment at West Berkshire Community Hospital (WBCH) in August 2023. As there was an upcoming clinic slot free in the next week and an opportunity to help expedite resolving his issues with his hearing / hearing aids, she offered this as an option. She notes having intended to offer a home visit option, should it still be required, but overlooked this in the email.

The Senior Clinical Scientist emailed the patient's daughter to inform her of the plan. As the email did not provide the option to make contact to arrange a home visit, should this still be required, it appeared that the domiciliary referral had been rejected. This information should have been included. This understandably resulted in frustration. The Senior Clinical Scientist apologised for the omission in the email and the upset it caused the daughter and the patient.

On understanding the current situation, she had booked a home visit in November 2023. She did try the phone number again to communicate this to the patient but was unable to make contact with him.

The Head of Audiology has listed below the following lessons learnt from her investigation of the patient's concerns:

1. If a referral has been made by the GP for a domiciliary visit, assume this is required unless confirmed otherwise by the patient or carer.
2. If contact by phone fails, ensure that the patient or carer has appropriate information included in the email, making it clear that a home visit is still available and asking them to make contact.
3. This is not a systemic issue for the service and patients referred by the GP for domiciliary visit are not transferred to the clinic setting unless the family have confirmed that they are fit to do so. It is recognised that this population can have a rapid change in health and mobility. There was a failure to make contact with the patient and then a miscommunication in the email subsequently sent due to oversight / human error. The domiciliary service is delivered by two senior clinical scientist clinicians, given its specialist nature, so the Audiology Service can ensure that this message is clear to those who deliver it and can be confident that this communication error will not occur again.

These lessons were to be shared in the following ways within the Audiology Department:

1. Through the Audiology Department's Clinical Governance meeting on 15 December 2023.
2. Directly to the clinicians involved in delivering the Audiology Domiciliary Service

Planned Care example:

Formal complaint 23/049a was from a patient who was disappointed with her experience of the Gastroenterology Department, particularly regarding her recent visit to the Endoscopy Unit. The patient was unhappy with the OGD (oesophago-gastro-duodenoscopy) procedure that was attempted. She felt violated and found it to be a traumatic and horrific abuse of trust.

The Consultant Gastroenterologist reviewed the patient's electronic patient record (EPR) and explained that having an OGD procedure can be daunting and patients are, understandably, often anxious on arrival to the Endoscopy Unit. Patient anxiety is something that is recognised and as a result, the Endoscopy Team are experienced in dealing with this. The statements that the Consultant Gastroenterologist received from the nursing staff state that they were aware that the patient was anxious when she entered the procedure room. Every effort was made by the Nursing Team and the Endoscopists, to try and reassure the patient before starting the procedure. The Consultant Gastroenterologist apologised that patient found the OGD procedure distressing and that the patient had to raise her hand for it to be stopped before it could be completed. The statements that he had received during his investigation, confirm that this request to stop was acknowledged by all the staff members present, and acted upon promptly and as safely as possible. From the statements received and his investigation, the Consultant Gastroenterologist was reassured that the OGD

procedure was terminated as promptly as possible and in a safe manner. He was also confident that no attempts were made to prolong the procedure by completing it.

Listed below are the lessons learnt from his investigation of patient's concerns:

1. To inform patients during the admissions and checklist process about the number of staff that will be in the procedure room.
2. To inform patients during the admissions and checklist process when trainee endoscopists will be present.
3. To continue to communicate with patients clearly before, during and after endoscopy procedures.

These lessons were shared within the Gastroenterology Department through the Gastroenterology Department's Clinical Governance Meeting on 10 August 2023.

Urgent Care example:

Formal complaint 23/167 was from a patient who was unhappy with her experience in Emergency Department. Her concerns were that she had to wait for the receptionist to finish having a gossip before booking her in. She was also disappointed with the communication/care of the triage nurse.

As part of the investigation, the Lead Sister for the Emergency Department spoke with the receptionist on duty at the time of patient's attendance. She has also reviewed patient's electronic patient record (EPR). She explains that it is disappointing to note, that on this occasion, the ED Team fell short of the Trust's CARE values (Compassionate, Aspirational, Resourceful and Excellent). She would expect the ED Team to aspire to these values for all patients and their relatives.

Following the feedback, the member of staff extended their sincere apologies that they did not respond to the patient in a more timely or caring manner. They also recognise that despite it being a busy department, any conversation with colleagues may appear dismissive to visitors waiting.

The Lead Sister was also saddened to hear of the response from one of the nurses in the triage area. Again this falls below the Trust's CARE values and is not what the ED Team strives for in their department. She had a conversation with the nurse in question, to explain to her how they came across to the patient, at the time and once they realised the outcome, they were very apologetic. The triage nurse took this feedback on board and will be more mindful of her communication and her approach with patients. This nurse will be using this feedback for their Nursing and Midwifery Council (NMC) revalidation process. This will help her to reflect on their performance and make improvements in their practice as a nurse.

The Lead Sister for the Emergency Department could see that the patient was advised correctly and that they were following the correct guidance, given to the patient by a previous healthcare professional. From the patient's concerns, the Lead Sister could

see that the patient had explained this to the nurse who triaged her and it appears that they were dismissive of her concerns.

As mentioned by the patient correctly, the ED does not have access to maternity scans. However, they do have access to the Early Pregnancy Unit Pathway (EPU) where they can do a referral for patients that present with bleeding or abdominal pain whilst pregnant. With the patient's presentation this would have been the referral pathway most suitable for patient. The Lead Sister explained that this would have followed after the urine test and some blood tests. Nonetheless, this pathway should have been communicated to the patient by the triage nurse and she can see that, in this case, it was not. The Lead Sister for the Emergency Department, therefore, apologised for this lack of communication.

Listed below are the lessons learnt from her investigation of the patient's concerns:

1. That even though the Emergency Department is busy, the team must maintain Trust CARE values.
2. Improving communication skills and ensuring effective communication. This includes both verbal and non-verbal.
3. To be empathetic and compassionate, in order to provide appropriate care as well as being able to recognise the emotional and psychological aspects of health and illness.

These lessons were to be shared within the Emergency Department:

1. Through the Emergency Department's Clinical Governance meeting on 19 October 2023.
2. Daily safety huddles.
3. In forums that are directed at nurses, which happen every 2 months.

7.0 Patient Advice and Liaison Concerns

There were 3,040 PALS concerns raised in 2023/24, which is a 9% increase on the 2,791 received in 2022/23. These figures do not include concerns raised by GP's, which will be reported separately on the GP PALS concerns annual report.

2,924 PALS concerns were closed during 2023/24 compared to 2,729 closed in 2022/23.

The Trust aims to respond to PALS concerns within 5 working days. For 2023/24, these were responded to within an average of 8 working days. It is recognised that the average working days to resolve a concern has been higher than normal due to staff sickness and the increase of PALS concerns. However, the PALS Team are working closely with the Directorate Teams in order to try and resolve concerns in a timely manner.

7.1 Analysis of PALS concerns

7.1.1 Trust wide services

The table below shows the breakdown of PALS concerns received relating to Trust wide services.

	2022/23	2023/24
Corporate Governance	0	0
Chief Nursing Officer	13	6
Corporate Services	16	3
EPR	3	0
Estates and Facilities	119	147
Finance	13	17
Human Resources	13	3
I.T.	43	30
Nursing Standards	0	0
Operations Management	1	0
Other	93	117
Projects	2	3
SCAS	2	2
Total	318	328

7.1.2 Analysis of PALS concerns by care group, directorate and specialty

The number of concerns raised for all three care groups has increased this year compared to 2022/23; Networked by 40%, Planned by 16% and Urgent by 3% respectively.

	2022/23	2023/24	Comparison
Networked Care (incl Path)	579	619	+40
Planned Care	1054	1226	+172
Urgent Care	840	867	+27

The next three tables demonstrate the number of PALS concerns received by directorate and specialty for the Networked, Planned and Urgent Care Groups.

7.1.3 Networked Care

	2022/23	2023/24
Integrated Medicine and Townlands – Total	277	336
Audiology	34	43
Battle Day Unit	0	7
Dermatology	40	55
Diabetes and Endocrinology	40	30
Dietetics	0	2
Discharge Lounge	0	3
General Outpatients	5	5
Genitourinary Medicine	26	12
Haematology	13	26
Pain Management	16	52
Renal	42	39
Rheumatology	54	58
Townlands Hospital	2	0
West Berkshire Community Hospital	5	4
Specialist Medicine – Total	224	233
Elderly Care	103	93
Neurology and Neurorehabilitation	78	106
Occupational Therapy	11	8
Orthotics	15	4
Palliative Care	2	3
Physiotherapy	11	17
Podiatry	1	0
Speech and Language Therapy - SLT	3	2
Support Services - Total	58	41
Cell Pathology	18	9
Biochemistry	1	4
Microbiology	1	0
Pathology Core	4	7

Phlebotomy	27	15
Pathology - Haematology	7	6
Pharmacy – Total	14	5
Core – Total	5	4
Bracknell Healthspace	2	2
Neuropsychology	3	2
Service Navigation	0	0

7.1.4 Planned Care

	2022/23	2023/24
Abdominal Surgery	277	327
Gastroenterology	69	109
General Surgery	114	117
Urology	94	101
Berkshire Cancer Centre	66	77
Berkshire Cancer Centre / Oncology	54	68
Cancer Pathways	0	1
Medical Physics and Clinical Engineering	2	1
Radiotherapy	10	7
Head and Neck	312	366
Head and Neck - ENT	89	100
Head and Neck - Max Fax	14	40
Head and Neck - Plastics	5	15
Ophthalmology – Prince Charles Eye Unit	31	20
Ophthalmology – Royal Berkshire Hospital	158	182
Orthoptics	15	9
Orthopaedics	261	284
Theatres - Pre-Op Assessment	9	0
Trauma and Orthopaedics	252	284
Theatres and Anaesthetics	7	31
Anaesthetics	4	4
Theatres	3	27
Medical Records	131	141
Patient Access Pathway Core	131	0
Medical Records	0	141

7.1.5 Urgent Care

	2022/23	2023/24
Acute Medicine	160	156
Acute Stroke Unit	21	10
Cardiology	65	85
Gastroenterology	19	7
Respiratory	55	54
Emergency Care	445	431
AMU & HMU, AECU, SSU	55	59
Critical Care Outreach Team	1	6
Emergency Department	246	262
Intensive Care Unit	9	11
Radiology	134	93
Obstetrics, Gynaecology and Children's Services	233	280
Gynaecology	80	78
Maternity	103	127
Paediatrics	50	75
Core	2	0
Bed Management	1	0
Virtual Hospital Services	1	0

7.2 PALS concerns received by subject

The top three subjects raised remain the same in 2023/24 as in 2022/23. This is shown in the table below:

Subject	2022/23	2023/24
Administration	1338	1572
Clinical Treatment	732	725
Communication and Consultation	423	401
Building, Environment and Equipment	162	199
Personal Care	82	96
Other	27	30
Diversity Issues	16	15
Infection Control	11	2
Total	2791	3040

Concerns about clinical treatment, communication and administration form the top themes for both informal and formal complaints. While actions are taken to address the issues raised on an individual basis, learning from both informal and formal complaints is shared across the care groups to address overarching themes.

7.3 PALS and Complaints handling training session

During 2023/24, three PALS & Complaints training sessions were held which were very well attended and received excellent feedback. Some of the comments are shared below.

- It was a very useful session and the use of live cases or real cases (redacted) brings the training to life. I would certainly recommend to others.
- Clear information given around PALS and Complaints with interesting examples.
- Very good learning opportunity, now understand the difference between PALS and complaints.
- Excellent training, very informative. It was helpful to read the PALS and Complaints examples and have a template response to refer back to. I feel supported by PALS if I need help as an Investigating Officer.
- It was very helpful to know the process and what to do when it comes to a PALS concern. It was very reassuring to know there is support if unsure too.

100% say the course covered what they expected it to, 100% said that they now understand the role of the Investigating Officer, and 94% said they would recommend the course to other staff.

8.0 Compliments

8.1 Compliments received by care group and directorate

The table below shows that 620 compliments were logged by the PALS and Complaints Team in 2023/24, which is an increase of 46% in comparison to the 424 received in 2022/23. However, it is recognised that this is not a true reflection of the number of compliments that are sent directly to clinicians, to the wards or departments themselves.

Care group / speciality	2022/23	2023/24
Networked Care	130	169
Integrated Care and Townlands	45	54
Specialist Medicine	84	115
Support Services	1	0
Planned Care	91	100
Abdominal Surgery	25	27
Berkshire Cancer Centre	7	5
Head and Neck	14	21
Orthopaedics	41	42
Theatres and Anaesthetics	4	5
Urgent Care	181	330
Acute Medicine	39	52
Emergency Care	91	127
Maternity and Children's Services	51	151
Other	22	21

9.0 Summary

The Trust received 394 formal complaints in 2023/24, which is an increase of 3% in comparison to the 381 complaints received during 2022/23. 378 complaints were closed during 2023/24, which is 7% less than the number of complaints (406) closed in the previous year. The average days to close for all the complaints was 32 working days compared to 30 working days the previous year.

The PALS and Complaints team have continued to maintain a formal tracker which outlines the actions that have been raised following a formal complaint. The team have continued to follow up with the directorate of nurses to make sure actions are completed.

3,040 PALS concerns were raised in 2023/24, which is an increase of 9% compared to 2,791 in 2022/23. All three care groups have seen an increase in the number of concerns received this year compared to 2022/23; Networked by 40%, Planned by 16% and Urgent by 3% respectively.

The PALS and Complaints Team have started the complaints handling training sessions for investigating officers and Trust staff. Three training sessions were held this year, which were very well attended and received excellent feedback. 100% say the course covered what they expected it to, 100% said that they now understand the role of the Investigating Officer, and 94% said they would recommend the course to other staff.

PALS and Complaints team have held 73 local resolution meetings with complainants, providing them with the opportunity to discuss their concerns, in comparison to 37 meetings last year.

10. Continuous Improvement and next steps

Towards the end of 2022/23, the PALS and Complaints team undertook a continuous improvement project with support from the Patient Experience Programme Manager and the Transformation Team, as well as a team building session. They undertook a process mapping exercise, focused on identifying any barriers or hotspots where delays in processes or duplication could occur. This aimed to improve the Complaint and PALS process flows, and, where possible, enable faster closure of Complaints and PALS. A number of improvements were identified and an action plan was created.

In 2023/24, a number of these actions were achieved, including:

- Reducing the number of spreadsheets used to log complaint information.
- Agreeing a process for covering PALS calls when all PALS team were busy.
- Restarting Complaints Training for Investigating Officers, with renewed focus on quality of responses and ensuring the right Investigating Officer is allocated.
- Creating a link for Planned Care cases with Patient Safety.
- Increasing support for junior team members when deciding if cases should follow the complaints/PALS process.

There were a few areas which were harder to address, such as improving the functionality of Datix (their reporting system). However, it has since emerged that it is likely a new system may be purchased when the contract expires in 2025 which should improve functionality for the team.

The team will continue to work on the identified actions during 2024/25. The team will also undertake the Trust wide Improving Together training to identify improvement metrics for them to work on as a team.

As well as these continuous improvement activities, the PALS Manager has also undertaken a workplace Reablement Action Plan (RAP) to ensure there is adequate staffing within the PALS Team to meet both the needs of the service users and the Trust. This was following challenges with staffing due to sickness absence earlier in the year and will continue to be monitored in the next year.

Finally, following the retirement of two team members, a new Team Leader has been recruited to manage both teams. They will start in post later in 2024. They will be responsible for looking at the PALS and Complaints processes overall and how they can be even further improved. They will be able to build on the previous continuous improvement work and identify any further adjustments, including looking at processes from the Care Group sides as well as within their own team. The plan would be for them to work closely with Care Groups to support them in closing open complaints or addressing complex or serial complainants. They will support the teams to continue their team building work and to address some of the challenges they have faced over the last year with staff shortages, whilst still striving to meet their targets for PALS and Complaint closures.