

If it matters to you,
It matters to us.

We're listening.



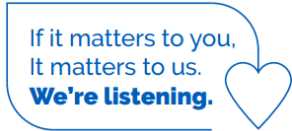
Annual Complaints and Patient Experience Report 2021/2022

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Preface from Nicola Brockie, Interim Chief Nurse



The Royal Orthopaedic Hospital is committed to delivering the best possible patient experience. I'm very proud of the experience patients have at our Trust which, according to our patient feedback, is consistently positive and among the best in the whole NHS. However, sometimes we get things wrong or fail to meet expectation - and this may result in a complaint. One of our core Trust values is openness, and it is this value which guides how we manage complaints at The Royal Orthopaedic Hospital.

Complaints are always an opportunity to learn, and I believe this report demonstrates that we are an organisation who learn and focus on continuous improvement. Complaints are a valuable source of feedback and help inform how we develop and deliver our services and support the mitigation of risk. We have undertaken work in the past year to help embed learning from complaints and continue to refine our processes in order to be as efficient as possible.

I'm proud of the work our complaints department do; providing people with support throughout the process, ensuring they have a clear understanding of the process and possible outcomes, and helping them understand where to seek help and advice. Good complaints handling is essential, and I believe we have robust processes in place to expedite resolution wherever possible.

While we have achieved much, there is still work to do. Ultimately, our ambition is to give people confidence that they will be fully supported when making a complaint and that there will be a constructive outcome. This relies as much on process as it does on culture and values. As interim Chief Nurse, I'm pleased to report that our Trust is focussed on both and people who directly or indirectly use our services should be reassured that we are here to work with them and provide the best experience possible.

Nicola Brockie

Acting Executive Chief Nurse and DIPC

Preface From Roko Skocic, Head of Patient Experience about partnership with the Healthwatch Birmingham



Healthwatch Birmingham is a vitally important partner to The Royal Orthopaedic Hospital, connecting us with voices across the city and supporting our efforts to ensure everything we do is person-centred.

The support of the Healthwatch Birmingham team has been invaluable; the reports they write are informative, their networks are inclusive and pro-active, and they support us to connect with local people. A member of the Healthwatch Birmingham team sits on our Patient Experience and Engagement Group which has helped to support its development. Healthwatch Birmingham also serve as a critical friend, helping us liaise with citizens who may need support or have queries about the services we provide. We work with the Healthwatch Birmingham team monthly, hosting a rolling roadshow which allows them to talk to our patients and collect experience data and insight.

We are ambitious about patient experience and patient safety and our partnership with Healthwatch Birmingham is supporting these ambitions. As our services develop and grow, we want to listen to people who use them and work with them co-productively to ensure we meet their needs. Our strategy for the future is to deliver more prevention-focussed support and share our musculoskeletal knowledge in our communities. We believe that Healthwatch Birmingham will be an important agent in enabling us to do this well and meet the diverse needs of as many people as we can.

Roko Skocic

Head of Patient Experience

Preface From Dr Chipiliro Kalebe-Nyamongo, Research and Policy Manager, Healthwatch Birmingham



Strengthening our working relationship with The Royal Orthopaedic Hospital (ROH) over the years has been crucial for Healthwatch Birmingham. Particularly, in ensuring that the experiences of those who use ROH's services are key to decision-making within the Trust.

The Royal Orthopaedic Hospital has opened up a space for Healthwatch Birmingham to enable this by co-opting us into its patient and public facing forums/groups. We currently attend the ROH's patient experience, and patient participation group where we have been able to use patient experience, views, and insights to inform plans and actions. Helping focus

discussions on how well these actions and plans can improve outcomes and be implemented in a way that does not lead to health inequality.

The ROH's commitment to improving patient experience has been exemplary. Through the patient experience forum, we have learnt of the many engagement initiatives (e.g., smiley faces touchscreens and participation surveys) that ensure that the Trust is offering varied ways for people to share their experiences of care. This includes enabling Healthwatch Birmingham to collect feedback directly from the Trusts patients every fortnight.

The ROH has shown commitment to acting on patients, carers and families experience of care within its services. In response to Healthwatch Birmingham's report into PALS, the Trust took several actions to address the findings of the report. Key was the translation of PALS information into the main languages spoken by the Trusts patients.

The Trust has invited Healthwatch Birmingham to be a part of the learning disability and autism forum, as well as the youth forum. We look forward to continuing working with the Trust, including through these new forums which will enable us to continue to raise the issues that matter to patients, service users and members of the public. In addition, ensure that there is a stronger focus on those seldom heard within health care.

Dr Chipiliro Kalebe-Nyamongo

Research and Policy Manager
Healthwatch Birmingham

Patient Quotes

When patients were asked, 'Why is Patient Experience important to them' they told us:

- ❖ *'Patient Experience is the feeling that a patient has at the end of their time in the hospital and whether they feel better for it'.*
- ❖ *'Aids better and faster recovery and makes people want to come back'.*
- ❖ *'Patient Experience is easing up the intense and stressed feeling for patients and allowing them to feel their voices and opinions are heard and appreciated'.*
- ❖ *'Patient Experience is important to me as you have once chance to get it right!'*
- ❖ *'If it is a good experience, we will be happy and at ease'.*
- ❖ *'You have one chance to make a great first impression!'*
- ❖ *'To be dealt with efficiently and promptly uphill's confidence in the service and ensures we are being treated accordingly'.*

Staff Quotes

When staff were asked, 'Why is Patient Experience important to them and what does patient Experience mean to them' they told us:

- ❖ *'To make patients happy'.*
- ❖ *'It's why we're here! Delivering patient centred care'.*
- ❖ *'To ensure they are provided with the best care and outcome'.*
- ❖ *'To maintain and promote the good work and reputation of the Trust'.*
- ❖ *'For our personal pride and achievement.'*
- ❖ *'If it is a good experience, they will be happy and at ease. I could be the patient one day'.*
- ❖ *'Patient Experience is important to me because I will and have been a patient myself & to be dealt with efficiently and promptly uphill's confidence in our service & ensures the patient is treated accordingly'.*

1.0 Executive summary

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

Complaints made to the Trust are managed and dealt with in accordance with the 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 52,651 patients, and they used our services 104,516 times between 1st April 2021 to the 31st of March 2022 (2021/2022). The percentage of formal complaints, compared to the activity, was 0.04% (46) complaints for the year, Patient Advice & Liaison Service (PALS) concerns, compared to the activity, was 0.39% (410), PALS enquiries, compared to the activity, was 0.19% (194) and informal complaints, compared to the activity, was 0.010% (10).

Overall, The Trust has received fewer formal complaints and PALS contacts in 2021/2022 compared to the last 3 years.

In 2021/2022, 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 2021/2022, the Trust acknowledged 100% of all complaint letters received within 3 working days. In addition, 97% 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/>.

In July 2021 and August 2021, the Trust appointed two Patient Experience Facilitators and one Patient Experience Assistant into the Patient Experience team. With the strengthening of the Patient Experience Team, we have seen a decrease of formal complaints, PALS concerns, PALS enquiry and strengthened Patient experience across the Trust, including rebranding of department and making sure that the Governance structure is in place for other departments to include patients in the decision making.

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

From 1st March 2020 to April 2021 (2020/2021), 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. Following a business case delivered by the Deputy Head of Patient experience and approval from the Executive Directors at the end of 2020/2021 the Patient Experience team strength team with below structure.

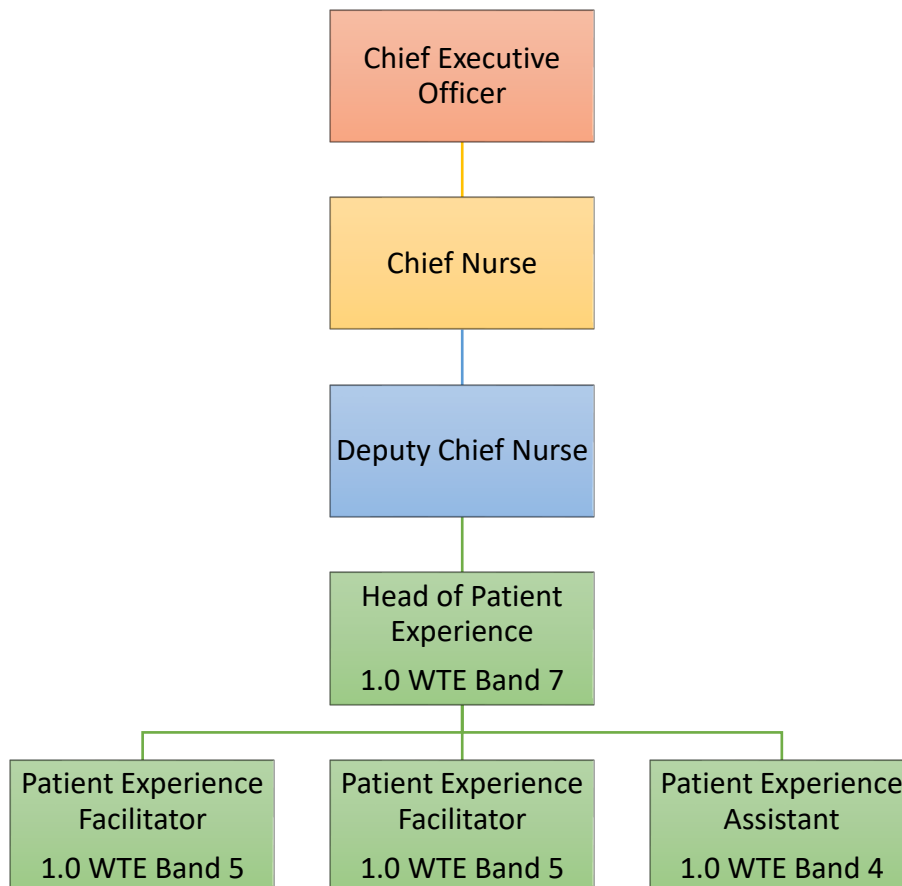


Figure 1: PALS and Complaints Team Structure during 2021/2022

- 2.0 WTE Patient Experience Facilitators were appointed into post in July 2021 and August 2021.
- 1.0 WTE Patient Experience Assistant was appointed into the post in January 2022.
- The department currently has no open vacancies.
- The 3 members of staff which were appointed into the Patient Experience Team were a good investment for the Trust. They have strengthened the Patient Experience Team and improved patient's experience. This allows the team to respond effectively to the patient and ensures excellent Patient Experience is being implemented throughout the Trust.

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.
- Agreeing actions to be taken when complaints are presented after the statutory 12-month period.
- 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

Is responsible for: -

- 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.
- Execution 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) analysing 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 to facilitate the handling of complaints appropriately and in a timely manner.
- 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.

3.0. Governance Structure

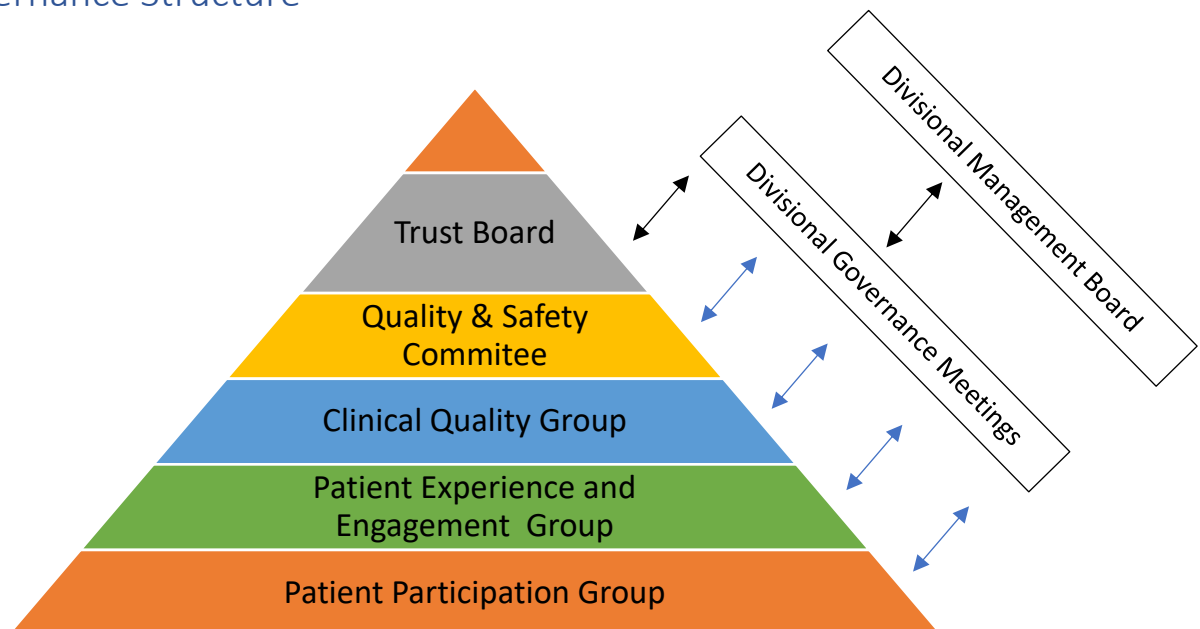


Figure 2: PALS and Complaints Governance Structure for Reporting

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.

3.1.5. Patient Participation Group

- The Patient Participation Group helps the Trust look at ways to improve patient experience. The group will discuss issues that patients and carers raise and consider actions that need to be taken to resolve them.

- This group will be used to help us gain a better understanding of the priorities and concerns of service users.
- Meetings take place every 6 weeks.

3.1.6. 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 Bi-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.

3.1.7. Divisional Governance meeting

- Are responsible for ensuring that all complaints and patient feedback are investigated and responded to in line with the policy.
- Will review an open Formal complaints tracker, PALS contacts and PALS trends for that month.
- Ensuring that all divisional complaints 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.

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.

The PALS & Complaints 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 provide divisional sign off complaint before it goes to the Executive Director and Chief Executive Officer approval.



Figure 3. 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 review, 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 response.
- Are responsible for identifying a lead and identification of an immediate action.
- 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. Response Lead

- 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

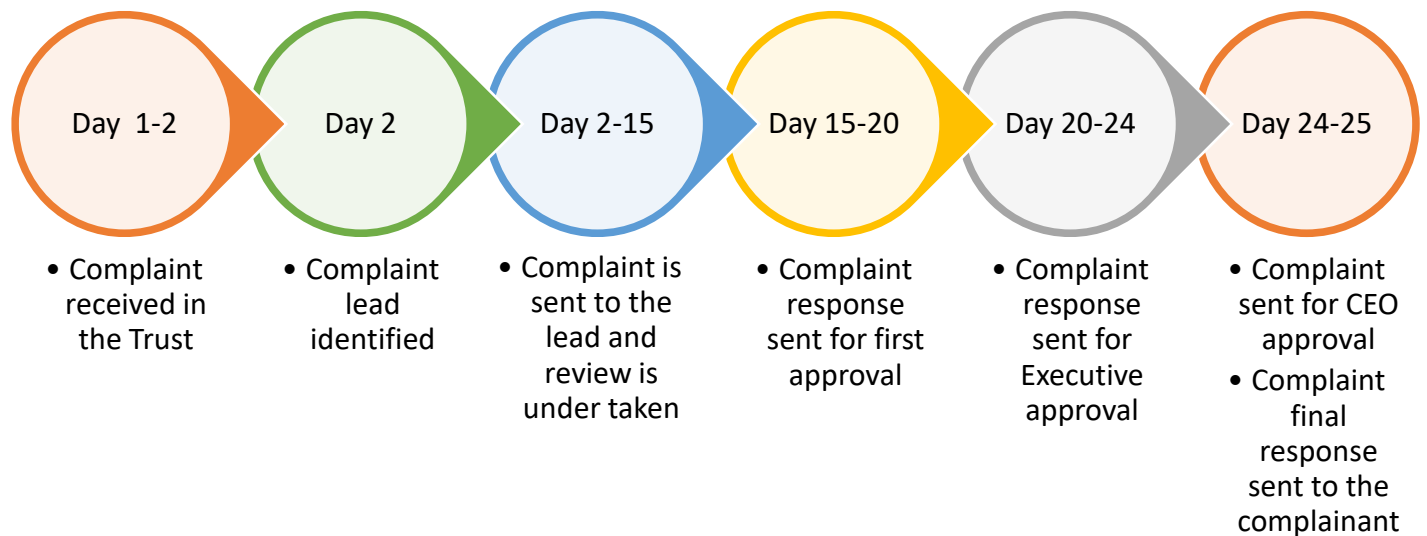


Figure 4. Formal Complaint Governance Process

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 to answer 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 response 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

- Response 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 2021 to 31 March 2022 (2021/2022), the Trust had a footfall of 146,416 patients throughout all services. We received 50 formal complaints. However, four complaints were withdrawn, leaving a total of 46 complaints which were formally responded to within the agreed time frame with the complainant. Although, four complaints have been withdrawn, the Trust have reviewed them to see if there was any learning from them.

For comparison in the 2020/2021, the Trust had a footfall of 72,220 patients throughout all services. The Trust received 59 formal complaints. Two were withdrawn, leaving a total of 57 complaints which were responded to.

In 2021/2022, 0.04% less service users have raised a formal complaint to the Trust compared to 2020/2021 when 0.08% of all patients raised a formal complaint. The Trust saw a 0.04% decrease in the formal complaints raised compared to the year before, this is an overall drop of 0.07% decrease in the last 3 years.

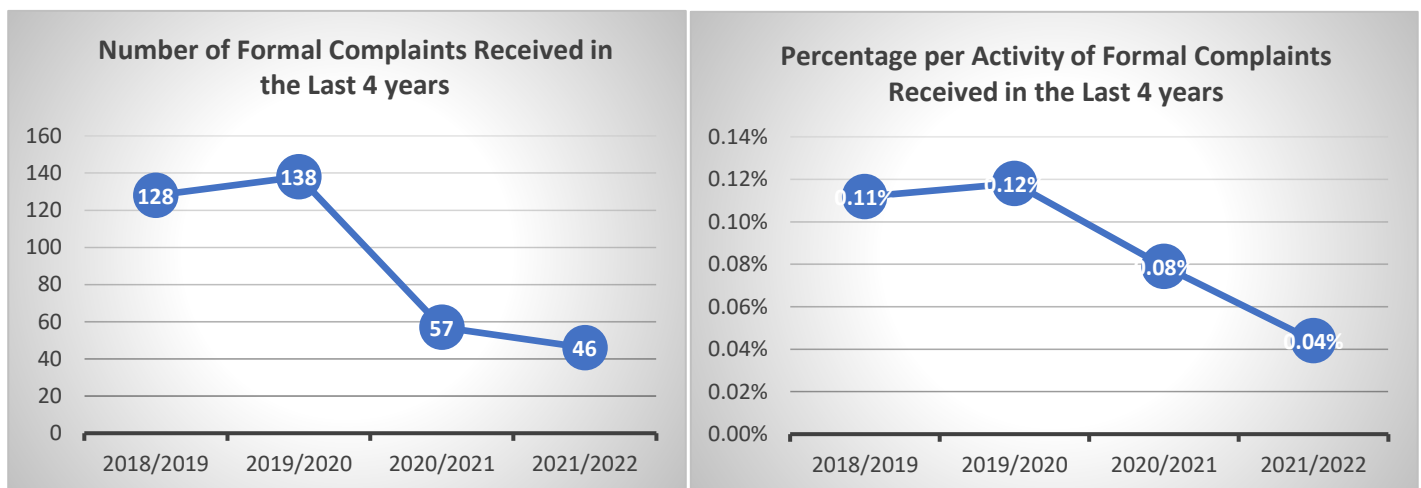


Figure 5 and 6. Number and Percentage of Formal Complaints Received Over the Last 4 Years

The data above shows that the Trust has had a decrease in the formal complaints received in the last 4 years. The Trust has had more contacts and cases open in the Patient Advice and Liaison Service (PALS) over last 4 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, 2 out of the 46 complaints that were received in 2021/2022 were complaints in connection to the COVID-19 pandemic. These complaints were received in May and June of 2021.

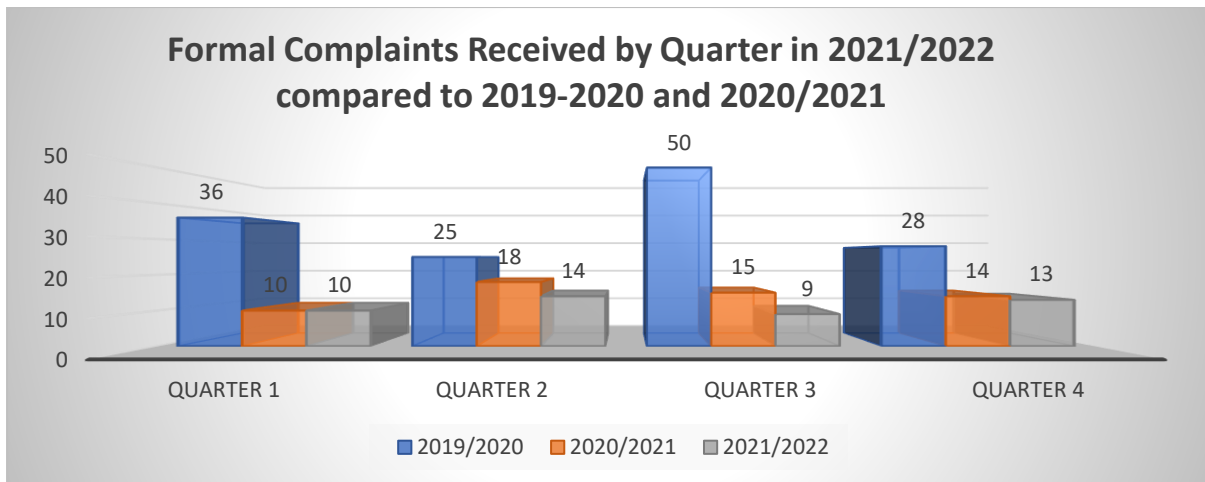


Figure 7 - Formal Complaints Received by Quarter

Figure 7 above details the number of complaints received by quarter in 2021/2022 with the previous year's data for comparison.

6.1. Themes of Formal Complaints 2021/2022

Listed below are the themes arising out of the formal complaints received during 2021/2022, compared to 2020/2021, 2018/2019 and 2019/2020.

Complaint Category types	2018/2020	2019/2020	2020/2021	2021/2022
Access To Treatment	14	8	6	1
Admissions & Discharges	7	5	3	9
Appointments	14	27	11	4
Cancellation Of Surgery	0	0	1	1
Clinical Query	34	36	20	12
Communication	5	9	4	4
COVID-19	0	0	2	2
Patient Care Including Nutrition/Hydration	10	8	1	0
Privacy, Dignity and Wellbeing	3	2	2	0
Trust Administration	5	9	3	0
Values & Behaviours	20	17	3	9
Waiting Times	9	13	1	0
Facilities	0	1	0	2
Consent to treatment	1	0	0	0
Transport	1	0	0	0
Other	1	1	0	0

Formal Complaints Themes in 2021/2022 Compared to the Last 4 Years

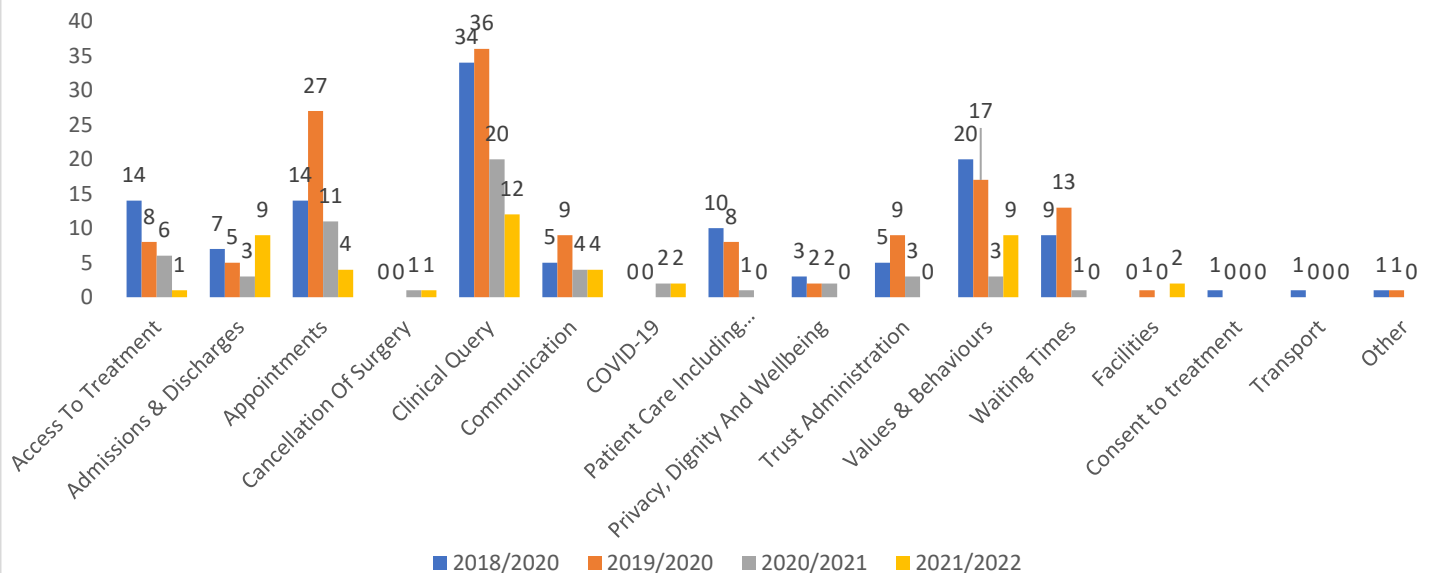


Figure 8. Formal Complaint's Themes Compared to the Last 4 Years

The top five themes of formal complaints received in 2021/2022 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.
- Communication: including failure to communicate between departments and information given to patients.
- Values and behaviour; including attitude of medical, nursing or admin staff.
- Access to treatment; including access to physiotherapy services operation.
 - The Trust saw drastic decrease in Access to treatment formal complaints raised by the patients in 2021/2022.

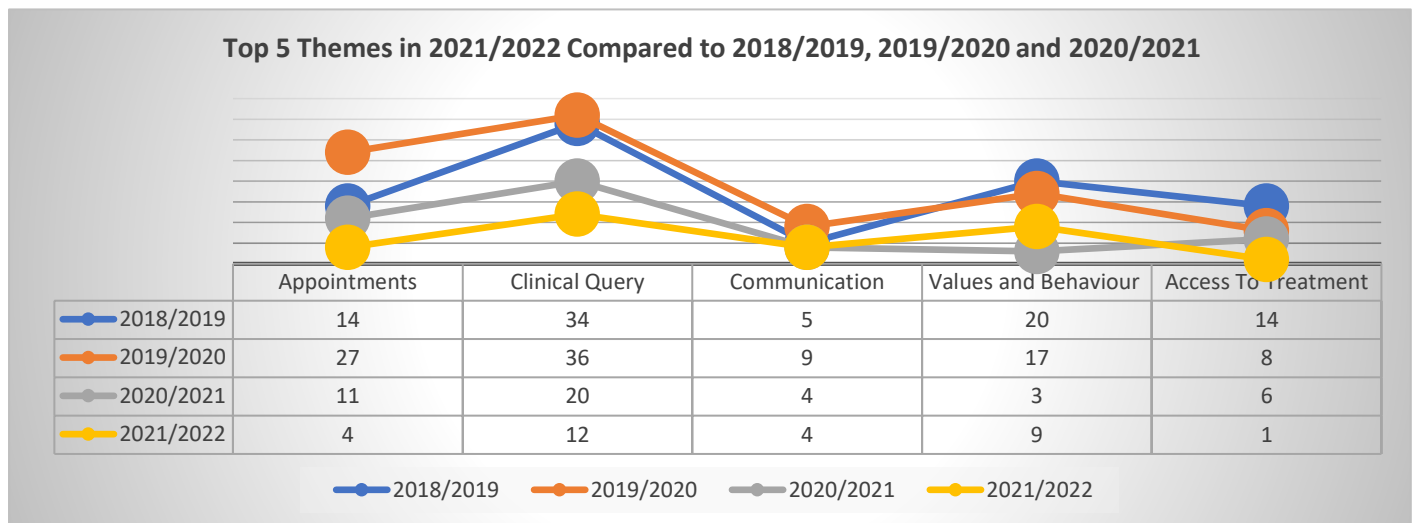


Figure 9. Top Five Themes in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

The top five themes for 2021/2022 were the same as the last 4 years (2018/2019, 2019/2020, 2020/2021). There has been a decrease in numbers from this year according to the last 4 years in four out of five themes. This is due to the actions that have been set in place to improve our services, which is reflected in the overall decrease in number of complaints.

The Trust have received more complaints about the attitude of staff in the 2021/2022 than previous year. A new theme has been added which is Values & Behaviours. We have noticed there has been a significant drop in terms of amount received compared to 2018/2019 & 2019/2020. This then decreased by 17.65% in 2020/2021 compared to the year before. However, this has increased by 33.33% in 2021/2022 compared to last year. This is something the Patient Experience Team is continually working with the Divisions about, to ensure this number continues to drop and to ensure we receive minimal complaints regarding the Values & Behaviours of staff.

6.2. Complaints per Division

Division 1 oversees the Ward areas, Main Outpatient department, Spinal Services, Large and Small Joints Services, Oncology Services, Patient access, discharge lounge, ROCS, CYP OPD and phlebotomy.

Division 2 oversees Therapy Services, Theatres, Preoperative Assessment, Admission and Day-Case Unit, Imaging and Pharmacy, HDU and rapid response.

Division 4 oversees Estates and Facilities.

The table below represents formal complaints received per Division in 2021/2022 compared to 2018/2019, 2019/2020 & 2020/2021.

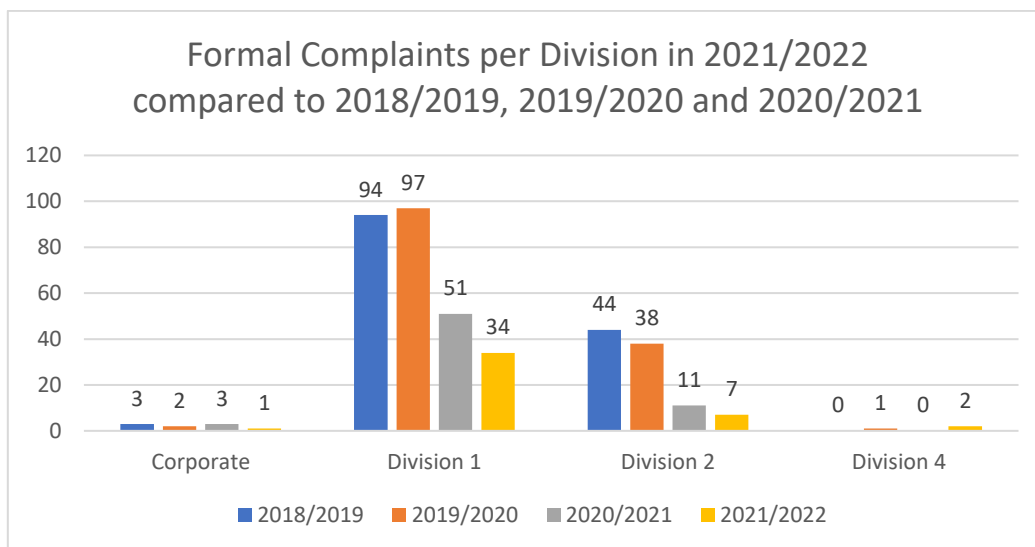


Figure 10. Formal Complaints per Division in 2021/2022 Compared to 2018/2019 & 2019/2020 & 2020/2021

Division 1 received most of the complaints at 77% which is reflective of the size and nature of the Division.

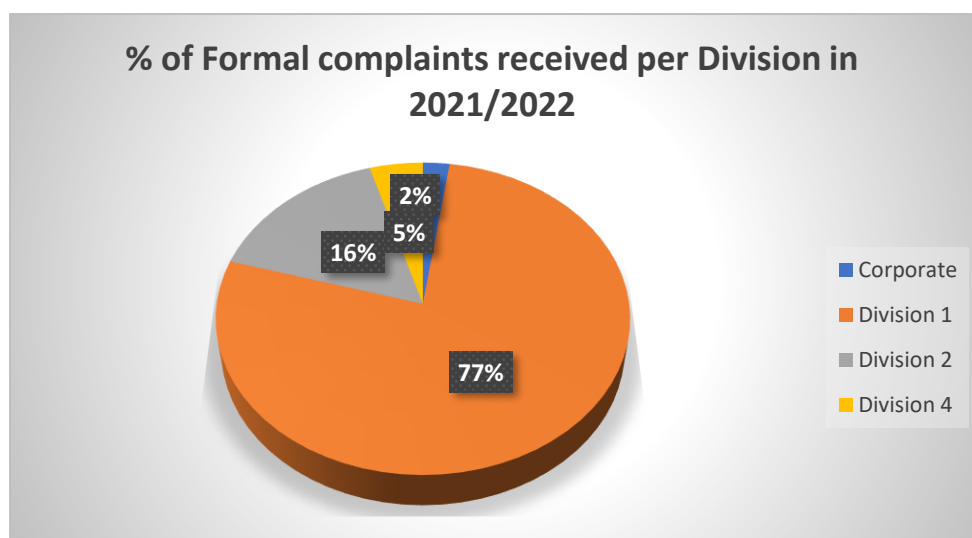


Figure 11. % Of Formal Complaints Received per Division in 2021/2022

6.2.1. Division 1 and 2 Complaints by Area

The majority of complaints in 2021/2022 were in relation to Division 1 this has decreased by 1% compared to last year (2020/2021) and this has increased by 7% from 2019/2020 and 10% from 2018/2019. Division 2 saw a decrease of 1% this year compared to last year. Corporate have had a decrease of 3% compared to the last year.

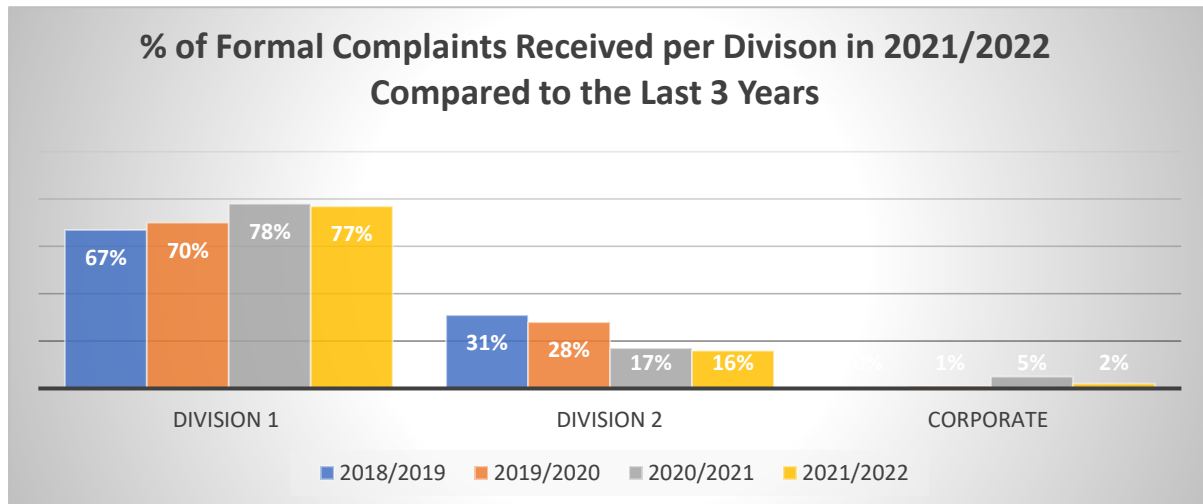
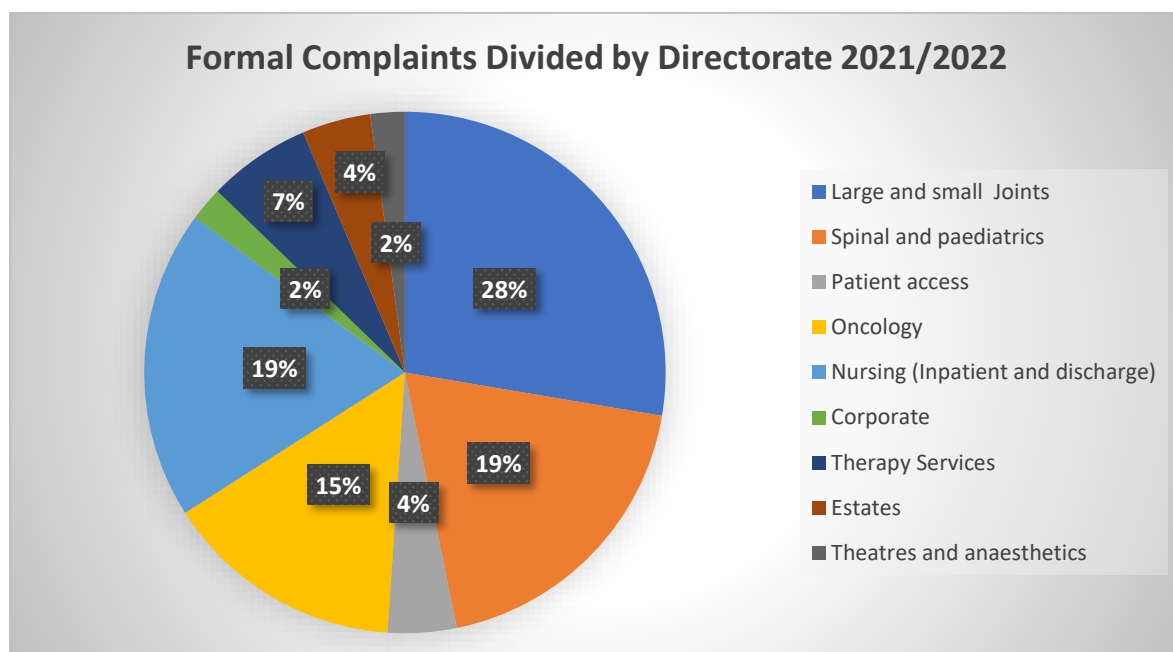


Figure 12. Formal Complaints Received in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

The largest number of complaints received relates to concerns about Large and Small Joint Services Directorate (28%), Spinal and Paediatrics (20%) and Inpatient Services (20%). Large & Small Joints and Spinal and Paediatric concerns related to all aspects of service, including cancellation of appointment, delay with the clinical treatment and administration processes.

Inpatient Services concerns related to, attitude of staff, nursing and admin, catheter care, clinical treatment, delayed admission, delayed discharge and COVID 19.





Directorate	2020/2021	2021/2022
Large and small Joints	22	12
Spinal and paediatrics	13	9
Patient access	2	2
Oncology	6	7
Nursing (Inpatient and discharge)	6	9
Corporate	3	1
Therapy Services	5	3
Estates	0	2
Theatres and anaesthetics	0	1

Figure 13 and 14. Formal Complaints Divided by Area 2021/2022



6.2.2. Division 1 and 2 Divided by Speciality

Large and small joints directorate and inpatient areas have received the majority of formal complaints in 2021/2022, this is to be expected as directorates cover majority of specialities provided by the Trust. Majority of those complaints have been under the oncology speciality 11.23% (11 complaints). However, this does not mean that an oncology directorate was leading on the complaint investigation, it means that the majority of formal complaints raised have been under the oncology speciality in 2021/2022.

Directorate/Speciality	Count
Directorate - Large And Small	12
Arthroplasty	3
Arthroscopy	2
Foot & Ankle	1
Hands	2
Oncology	2
Young Adult Hip	2
Directorate - Oncology	7
Oncology	7
Directorate - OPD And Support	2
Other	1
Spinal Deformity	1
Directorate - Spinal Services	9
Spinal Deformity	3
Spinal Deformity- Paediatrics	2
Spinal Degen	4
Directorate - Theatres, Anaest	1
Arthroplasty	1
Directorate- Inpatient Service	9
Arthroplasty	1
Arthroscopy	2
Foot & Ankle	1
Oncology	2
UHB Ambulatory Trauma	3
Directorate- Therapy Services	4
MSK And Back Pain	1
Pain Management	2
Therapy Services	1
Estates & Facilities	2
Other	1
Therapy Services	1

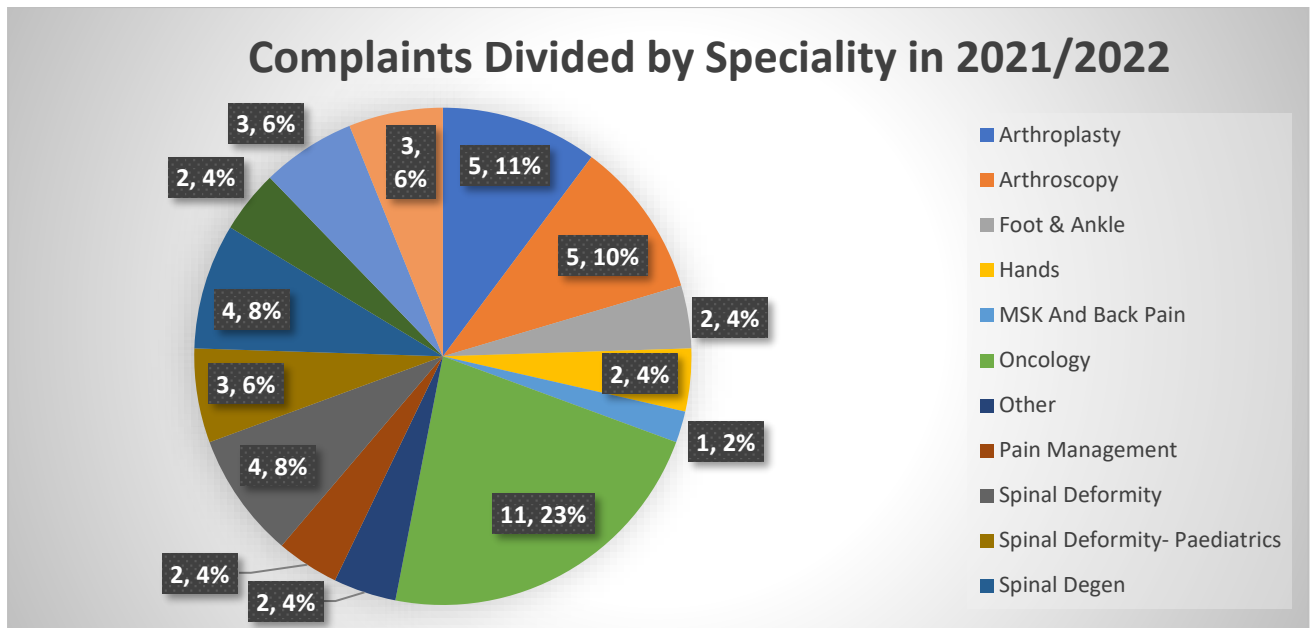


Figure 15. Formal Complaints Divided by Area 2021/2022

It is not possible to compare this data with the previous years as the Trust started collecting data for specialities in 2021/2022.

6.2.3. Complaints by Ward

Complaints about aspects of Ward care or treatment has been mentioned in 20% of complaints this year, which is a 8% increase this year compared to the 2020/2021 (12%).

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.

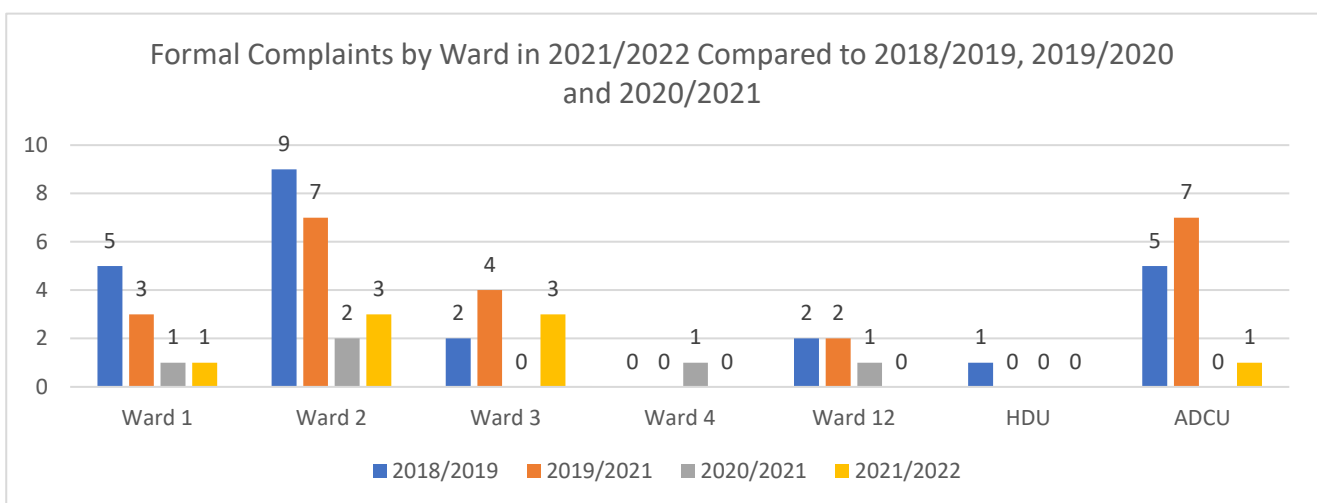


Figure 16. Formal Complaints by Ward in 2020/2021 Compared to 2018/2019, 2019/2020 & 2021/2022

6.2.4. Complaints by Large and Small Joints

Complaints about aspects of Large and Small Joints has been mentioned in 28% of complaints this year, this is a decrease of 11% this year compared to the 2020/2021 (39%). The Trust received 13 complaints for Large & Small Joints Directorate which 9 complaints were in relation to Large Joints services and 3 to the small joint services.

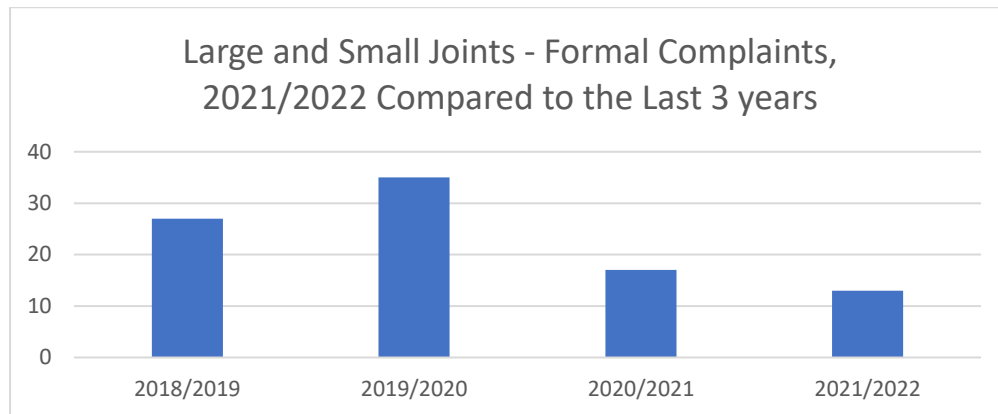


Figure 17. Large and Small Joints - Formal Complaints, 2021/2022 Compared to the Last 3 year

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, 2021/2022 the Trust responded to 100% of complaint letters within the correct timescale, thereby meeting the standard. This is the second year a 100% completion rate has been achieved.

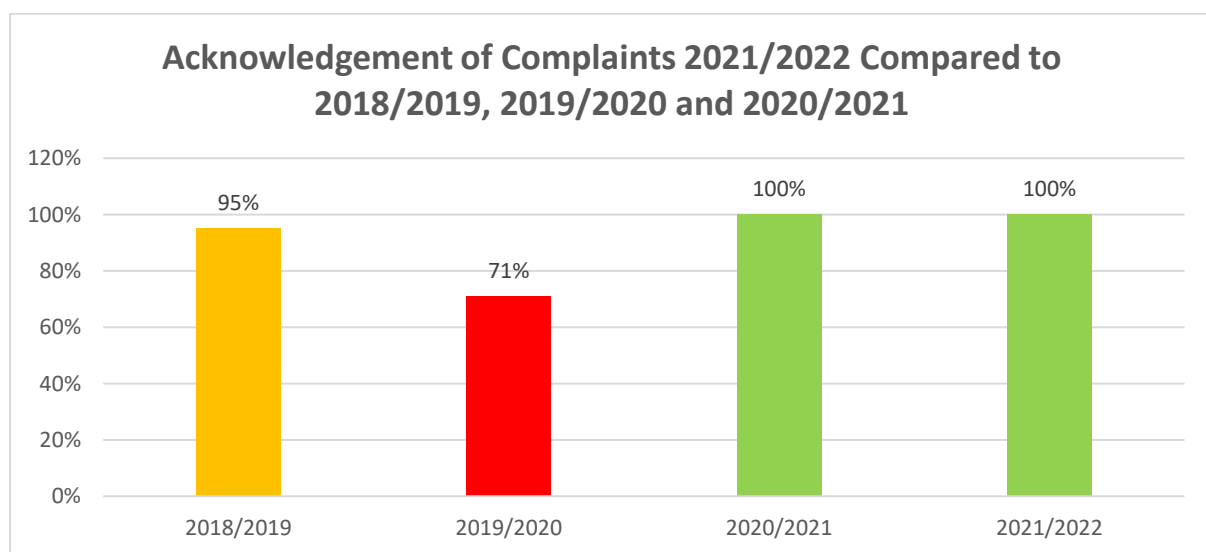


Figure 18. Acknowledgement of Complaints in 2021/2022 Compared to the last 3 years

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 lead, 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 review, 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 97%. One formal complaint breached the agreed date with the complainant; however this have been communicated with the complainant and the complaint was send day after agreed date.

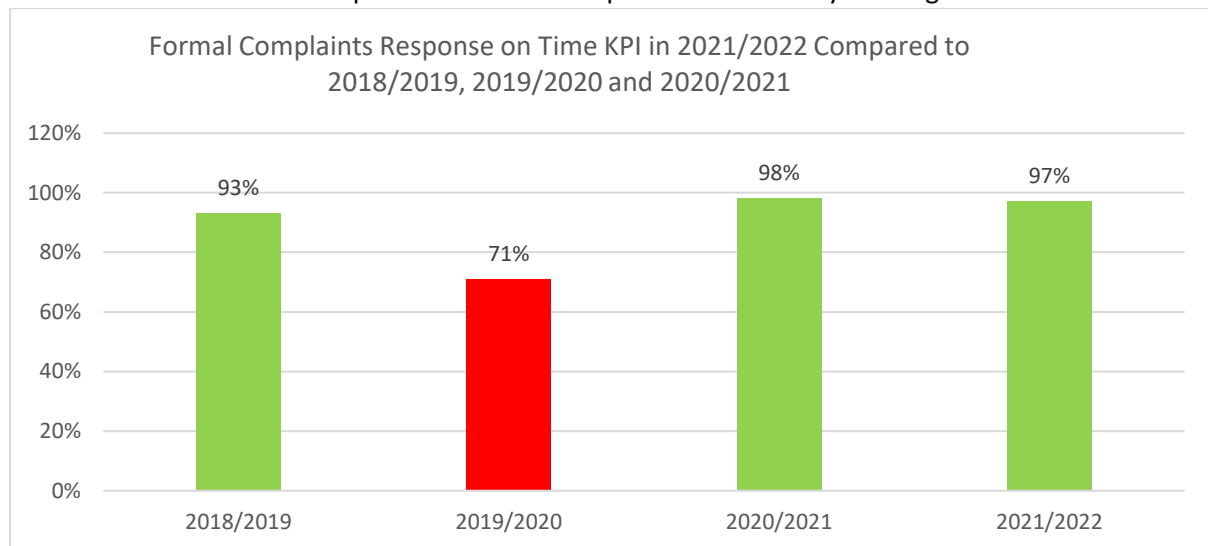


Figure 19. Formal Complaints Response on Time KPI in 2020/2021 Compared to 2018/2019 & 2019/2020

6.4. Risk Ratings of Formal Complaints in 2021/2022

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	Minor	Moderate	Major	Catastrophic
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 20. 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.

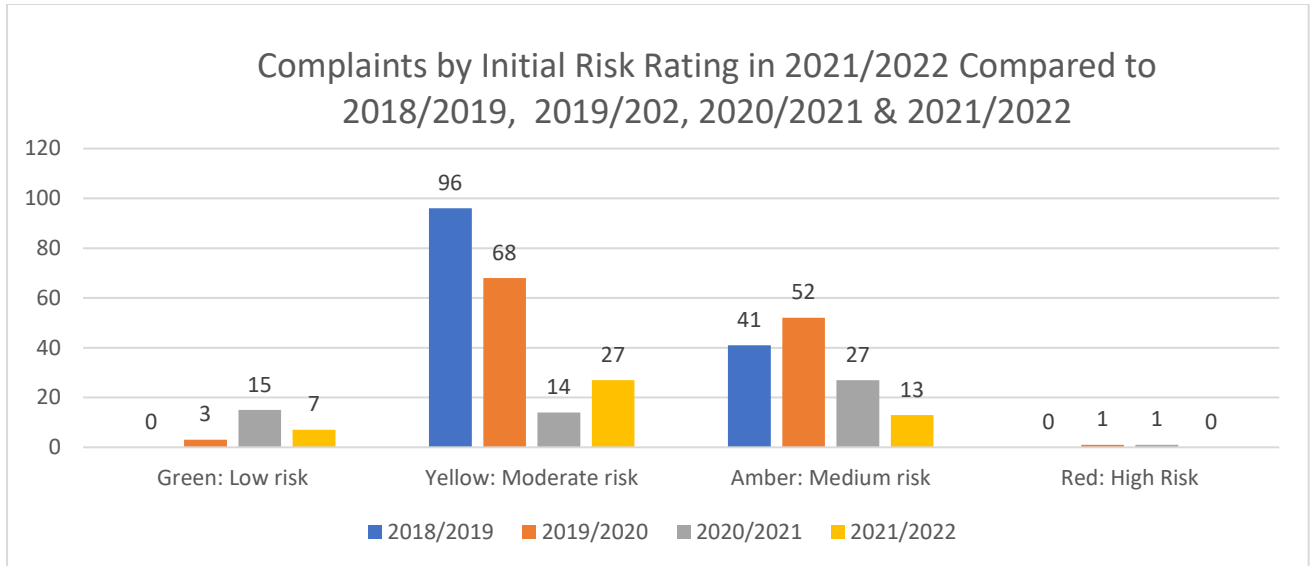


Figure 21. Number of Complaints by Initial Risk Rating in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

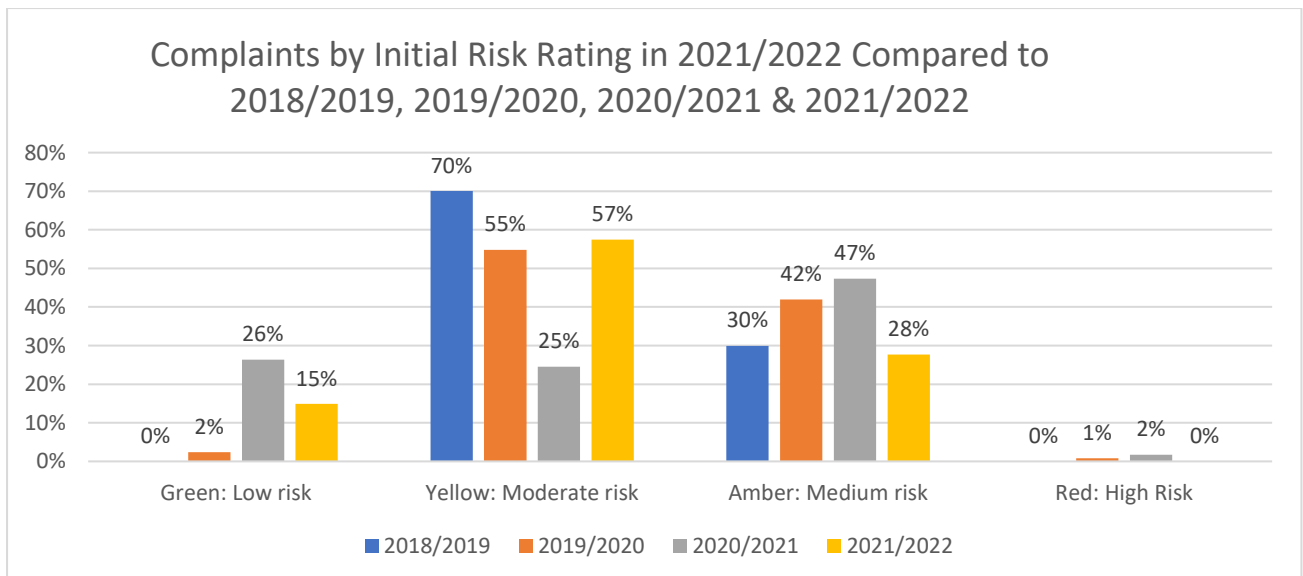


Figure 22. Percentage of Complaints by Initial Risk Rating in 2021/2022 Compared to 2018/2019 & 2019/2020 & 2020/2021

The percentage of initial risk rating for low-risk complaints went up for 15%, for moderate risk went down for 13%, for medium risk went down for 2% and for High Risk went down to 0% in the last 4 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 2021/2022, the PHSO requested information for one complaint that was raised with the Trust in 2019/2020. The Trust is waiting for the outcome of PHSO investigation.

6.6. Number of Complaints per 1000 Beds

Complaints per 1000 Bed Days
2021/2022

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
OBDs	3071	3895	4023	4193	3889	4086	4063	4149	3699	3976	4044	4331	47419
per 1000 OBDs ratio	3.071	3.895	4.023	4.193	3.889	4.086	4.063	4.149	3.699	3.976	4.044	4.331	47.419
Number of Complaints	3	3	8	4	2	3	4	6	3	5	2	3	46
Number of Complaints Per 1000 OBDs	0.97688	0.77022	1.98857	0.95397	0.51427	0.73421	0.98449	1.44613	0.81103	1.25755	0.49456	0.69268	0.97008

6.7. Outcome of Complaints

The Trust upheld 29%, partly upheld 47% and did not uphold 16% and 4 complaints were withdrawn so they are 8% of the complaints made in this year.

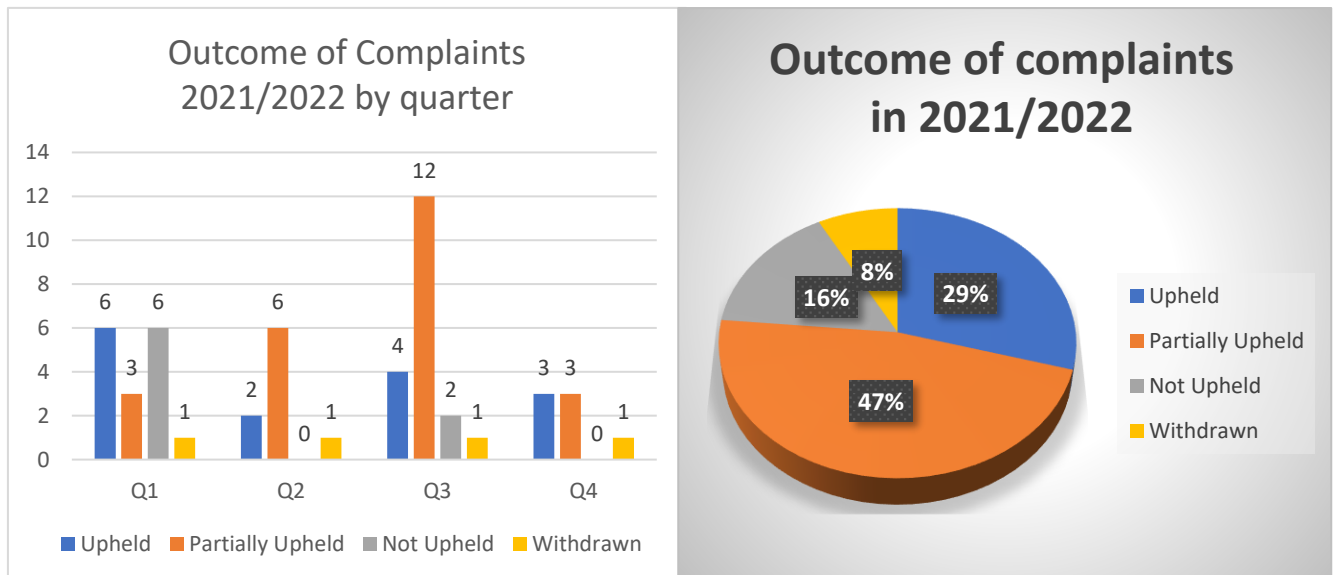


Figure 23. Outcome of Complaints 2021/2022 & Figure 24. Outcome of Complaints 2021/2022 by Quarter

In 2021/2022, 29% off the complaints received were upheld which is lower than 2020/2021 (30%) and lower than 2019/2020 (56%). 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 complaint Lead and triumvirate 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.

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 four 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.

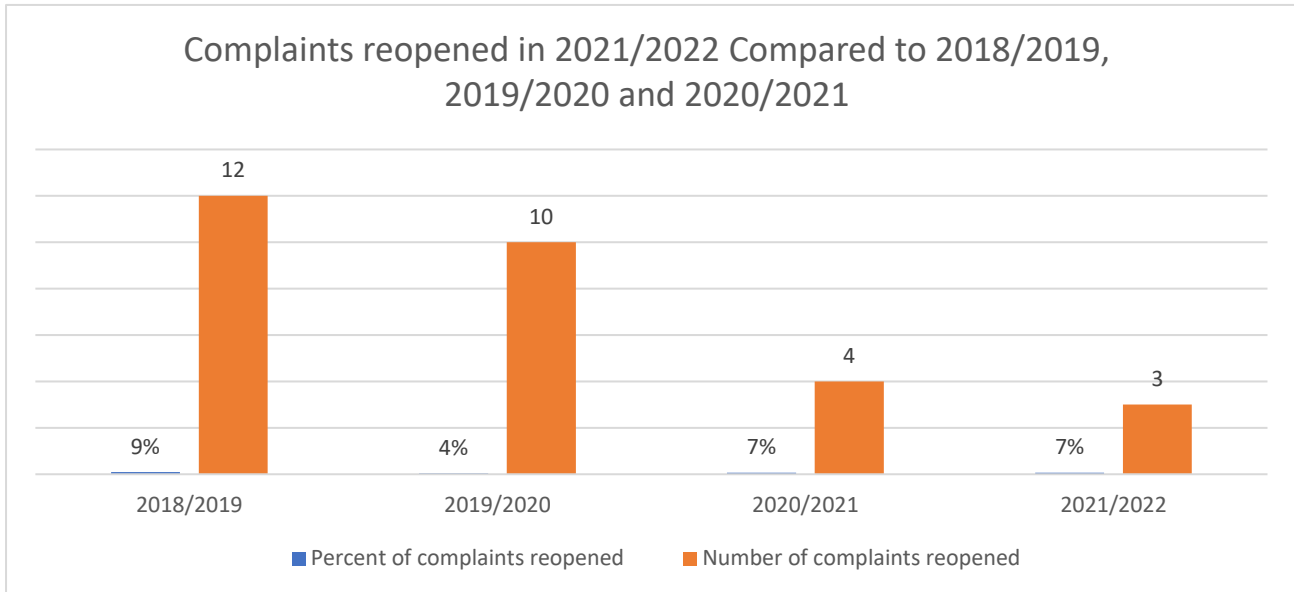


Figure 25. Reopened Complaints in 2021/2022 Compared to 2018/2019 & 2019/2020 & 2020/2021

6.7.8. Actions Taken

Individual action plans are created for any actions that are specific to an individual complaint. Were 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 2021/2022, 73 individual action plans were created and almost all complaints had actions that were completed prior to the response being sent. This is 8 more actions added compared to the same time last year 2020/2021.

The Trust is now learning from complaints as opposed to responding to them without any follow up. Action plans are now required from the complaint lead and will not be sent to the approving executive director without an action plan.

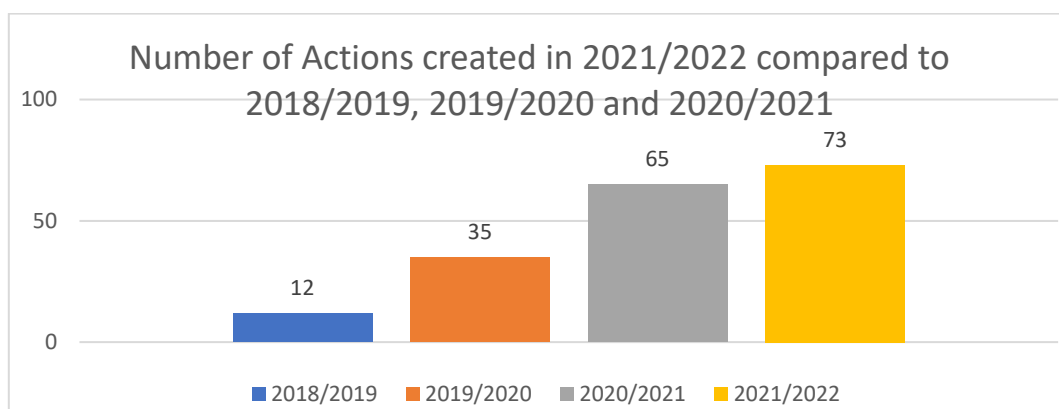


Figure 26. Number of Actions Created in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

7.0. Patient Advice and Liaison Service 2021/2022

The Patient Advice and Liaison Service (PALS) offers confidential advice, support. They provide a point of contact for patients, their families, and their carers. In 2021/2022 the PALS department have rolled out new leaflets which are translated on 5 main spoken languages within our cohort and new translated PALS posters are displayed on over 200 locations around Trust asking patients to give us their feedback, comment, raise complaint or concern. The PALS and Complaints services are now offered on patients first language. The team have worked on branding of department during this year. The department now have its own logo, pens, notepads, new modernised webpage with the QR code connected and roller banner to promote patient experience.

The image shows the front and back pages of a PALS leaflet. The front page (left) has a yellow header with 'SHARE YOUR FEEDBACK!' and a QR code with instructions to scan it. The back page (right) is dark blue and contains contact information, a list of services, and a logo for the PALS team. The logo features a speech bubble with three dots and the text 'The Patient Advice and Liaison Service (PALS)'. Below the logo are four smaller speech bubbles labeled 'COMPLIMENTS', 'FEEDBACK', 'COMPLAINTS', and 'FINDING SUPPORT'. At the bottom of the back page, it says 'We're here to help improve your experience'.

The image shows the back page content of the PALS leaflet, organized into three columns.

How the PALS Team can help

The Patient Advice and Liaison Services (PALS) Team is independent, confidential and free. PALS exist to support patients and improve patient experience. The PALS Team can:

- Offer advice and guidance to support you and your loved ones
- Resolve issues regarding your hospital experience
- Listen to your feedback and suggestions
- Share your compliments
- Support your complaints

Sharing your experience

Your feedback helps us understand what we do well and where we can improve. You can share your feedback in the following ways:

- Contact the PALS team via phone, email or post and share your feedback
- Complete our 'Friends and Family' survey - it's quick and easy. Scan the QR code in this leaflet, visit roh.nhs.uk or speak to a member of staff who can provide you with a paper form.

Resolving issues

If you or your family are unhappy with your care, please talk to the person in charge of the department. Our clinical team can usually resolve your issue immediately. If you are still unhappy, please contact the PALS Team who can help you resolve the issue.

Making a formal complaint

You may wish to raise a formal complaint. This should be done within 12 months of the incident occurring, or within 12 months of discovering you have cause to complain.

If you wish to make a formal complaint, please contact the Complaints Team via telephone, email or letter:

The Complaints Team
The Royal Orthopaedic Hospital
Bristol Road South
Birmingham
B31 2AP

0121 685 4000 extension 55811
roh-tr.Complaints@nhs.net

We aim to resolve complaints quickly and efficiently. Patient safety and experience are our highest priorities.

Finding other support

There's lots of support when you need it:

PohWER
A charity providing free advocacy, information and advice.
0300 456 2370
pohwer@pohwer.net
Hertlands House, Primett Road,
Stevenage, Hertfordshire, SG1 3EE

Parliamentary and Health Service Ombudsman
The PHSO help make final decisions on complaints that have not been resolved.
0345 015 4033
phso.enquiries@ombudsman.org.uk
Millbank Tower, London SW1P 4QP

Healthwatch Birmingham
An independent service advocating for which health and social care services users.
03000 683 000
enquiries@healthwatch.co.uk
83 Hagley Road, Birmingham B16 8QG

The Patients Association
A charity dedicated to supporting patients
0800 345 7115
helpline@patients-association.org.uk
The Patients Association, PO Box
935, Harrow, Middlesex, HA1 3YJ

Picture 1&2. PALS Leaflet Front and Back Page



Patient Advice and Liaison Service (PALS)



When you need support, you can talk to the person in charge of the area you are in. You can also talk to our Patient Advice and Liaison Service (PALS). They are here to support you.

If you require an interpreter for leaving your feedback please text: your language, date and time that will suit you on 078 8006 4635 and we will contact you.

If you wish to complain, you can send us a letter in your language.

ਜਦੋਂ ਤੁਹਾਨੂੰ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੁੰਦੀ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਉਸ ਖੇਤਰ ਦੇ ਇੰਚਾਰਜ ਵਿਅਕਤੀ ਨਾਲ ਗੱਲ ਕਰ ਸਕਦੇ ਹੋ ਜਿਸ ਵਿੱਚ ਤੁਸੀਂ ਹੋ। ਤੁਸੀਂ ਸਾਡੀ ਪੇਸ਼ਟ ਅਡਵਾਈਸ ਐਂਡ ਲਿਏਜ਼ਨ ਸਰਵਿਸ (PALS) ਨਾਲ ਵੀ ਗੱਲ ਕਰ ਸਕਦੇ ਹੋ। ਉਹ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰਨ ਲਈ ਮੌਜੂਦ ਹਨ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਭਾਸ਼ਾ ਅਤੇ ਤੁਹਾਡੇ ਲਈ ਅਨੁਕੂਲ ਮਿਤੀ ਅਤੇ ਸਮੇਂ ਦੇ ਨਾਲ ਟੈਕਸਟ ਸੁਨੇਹਾ 078 8006 4635 'ਤੇ ਭੇਜੋ ਜੇ ਤੁਸੀਂ ਖਿਕਾਇਤ ਕਰਨੀ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਸਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇੱਕ ਪੱਤਰ ਭੇਜ ਸਕਦੇ ਹੋ

Markii aad u baahan tahay taageero, waxaad la hadli kartaa qofka masuulka ka ah meesha aad joogto. Waxaad sidoo kale la hadli kartaa Laanta Talada iyo Xiriirka Bukaanka (PALS). Waxay meesha u joogtaa inay taageero ku siiso.

Haddii aad turjumaan u baahan tahay fadlan farrin qoraaleed kusoo dir: luuqadaada iyo taariikhda maalinta iyo waqtiga kugu habboon 078 8006 4635 Haddii aad dooneysa inaad cabato, waxaad noo soo diri kartaa warqad ku qoran luuqadaada

Gdy potrzebujesz pomocy, możesz porozmawiać z osobą odpowiedzialną za dany rejon. Możesz także zwrócić się do naszego Biura Obsługi Pacjenta (Patient Advice and Liaison Service, PALS) Zespół ten odpowiedzialny jest za wspieranie pacjentów.

Jeśli potrzebujesz tłumacza, wyślij SMS-a o treści: Twój język, dogodna data i godzina na numer 078 8006 4635.

Jeśli chcesz złożyć skargę, możesz wysłać do nas list w swoim języku

عندما تحتاج إلى دعم، يمكنك التحدث إلى الشخص المسؤول عن المنطقة التي تتواجد فيها. يمكنك أيضاً التحدث إلى خدمة التنسيق واستشارات المرضى (PALS). هم هنا لدعمك.

إذا كنت بحاجة إلى مترجم شفهي من فضلك أرسل رسالة نصية: لغتك والتاريخ والوقت الذي يناسبك على الرقم 078 8006 4635 إذا كنت ترغب في تقديم شكوى، يمكنك إرسال خطاب إلينا بلغتك

جب آپ کو معاونت درکار ہو، تو آپ اپنے رہائشی علاقے کے انچارج شخص سے بات کر سکتے ہیں۔ آپ ہماری مریض کی مشاورت اور معاونت کی سروسز (Patient Advice and Liaison Service) (PALS) سے بھی بات کر سکتے ہیں۔ وہ آپ کی معاونت کے لیے موجود ہیں۔

اگر آپ کو ترجمان درکار ہے تو براہ کرم: اپنی زبان اور تاریخ اور وہ وقت لکھ کر 078 8006 4635 پر ٹیکسٹ میسج بھیجیں جو آپ کے لیے مناسب ہے اگر آپ شکایت کرنا چاہتے ہیں، تو آپ اپنی زبان میں ہمیں خط لکھ سکتے ہیں



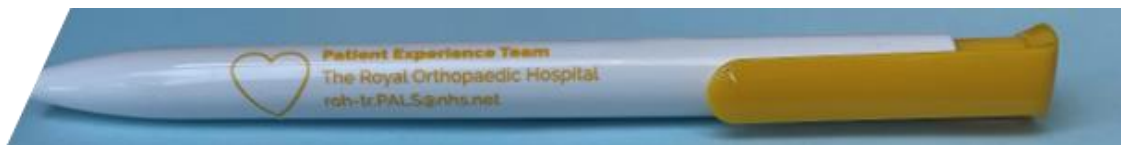
0121 685 4128 | roh-trpals@nhs.net | roh.nhs.uk/PALS

Picture 3. PALS Poster

If it matters to you,
It matters to us.
We're listening.



Picture 4. Patient Experience Logo



Picture 5. Patient Experience Pen

The PALS department has handled 614 individual contacts in 2021/2022 which is decrease of 63 contacts compared to 2020/2021 (667). It is believed that this is due to the better escalation processes within departments, resolving issues locally and most importantly due to the actions that have been set in place following previous complaints, concerns, feedback and comments from patients, their family members and members of public. However, when the PALS contacts are compared against activity in 2021/2022 0.35% less patients have contacted PALS than in 2020/2021

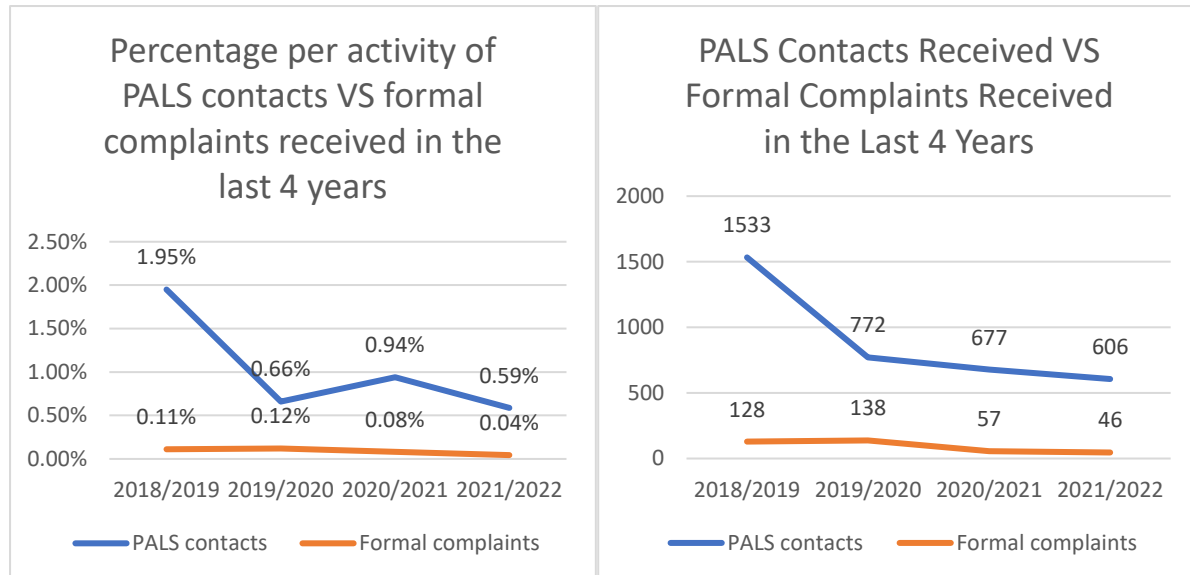


Figure 27 & 28. Percentage and Number per Activity of PALS contacts Compared to Complaints in the Last 4 Years

7.1. Contact Type

In 2021/2022 the Trust received 194 PALS contacts that were classed as an enquiry, 410 Concerns and 10 informal complaints which is 115 less enquiries, 47 more concerns and 7 more informal complaints compared to the last year.

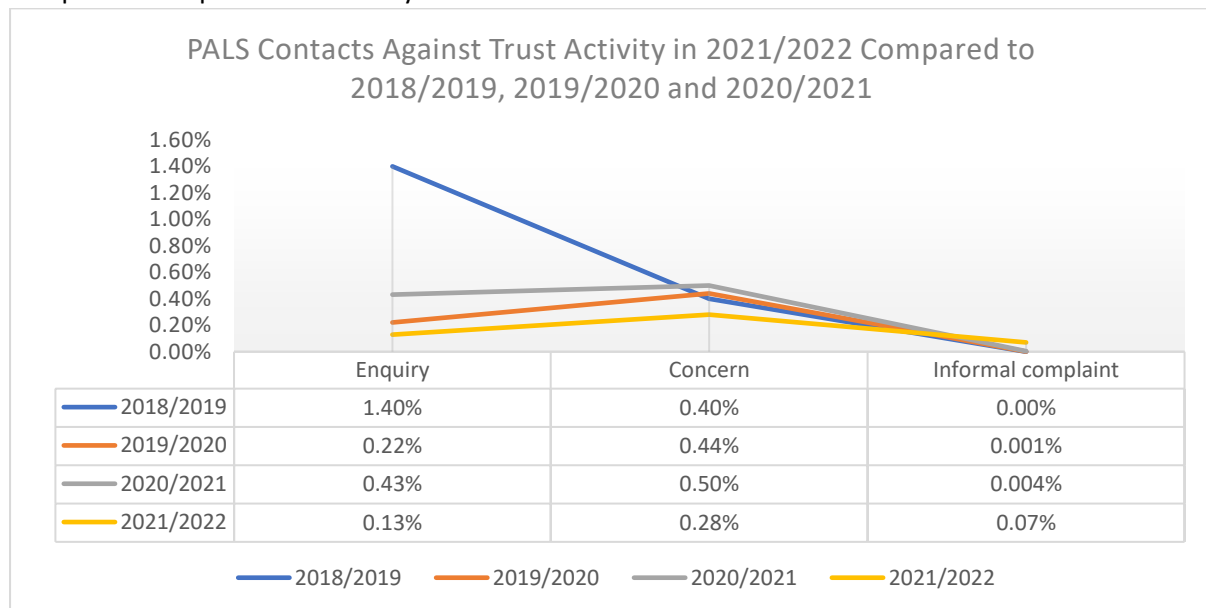


Figure 29. PALS Contacts Divided by Contact Type 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

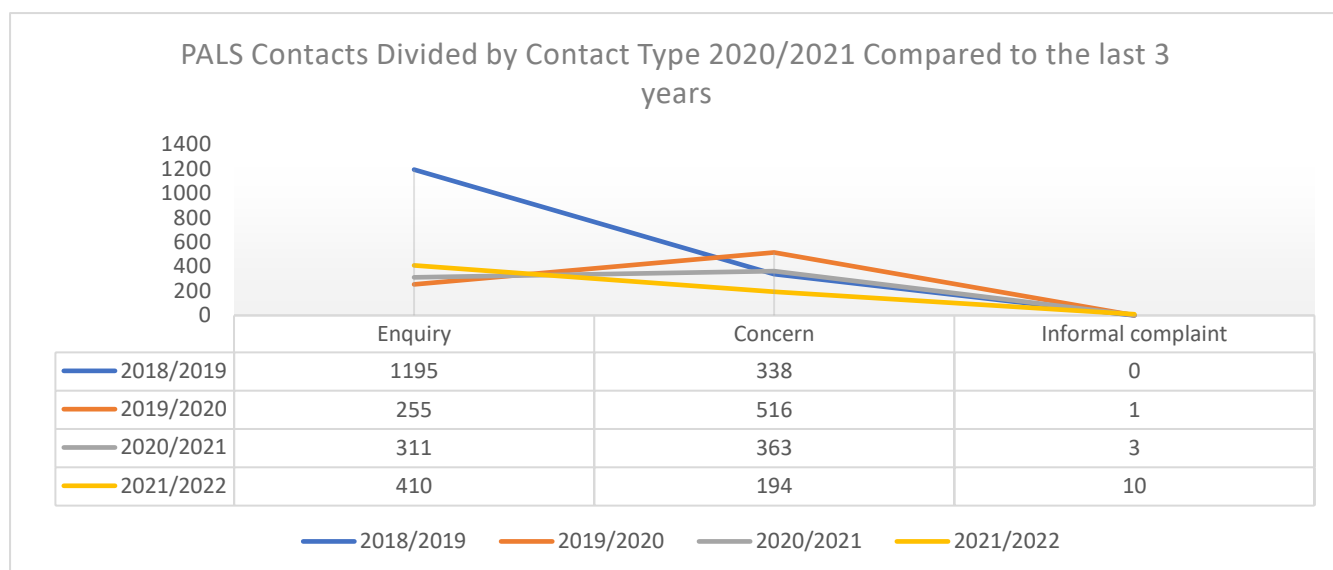


Figure 30. PALS Contacts Against Trust Activity in 2021/2022 Compared to 2018/2019, 2019/2020 and 2020/2021

7.2. Themes of PALS Contacts

Listed below are the themes arising out of the PALS contacts received during 2021/2022 compared to 2018/2019, 2019/2020 and 2020/2021

Theme/Financial year	2018/2019	2019/2020	2020/2021	2021/2022
Access To Treatment Or Drugs	9	28	30	3
Admissions & Discharges	27	27	48	84
Appointments	145	304	312	197
Clinical Query	82	124	91	123
Communication	18	44	64	55
Consent To Treatment	1		1	1
Facilities	5	19	9	0
Other	13	31	17	0
Patient Care Including Nutrition/Hydration	3	13	9	0
Transport	2	2	4	1
Trust Administration	55	46	45	8
Values & Behaviours	22	20	21	47
Waiting Times	16	55	8	0
Not stated	1132	58	2	11
Privacy, Dignity And Wellbeing	0	1	2	2
Brexit	0	0	1	0
COVID-19	0	0	11	4
Inpatient Survey	0	0	1	0
Commissioning Services	1	0	1	1
Cancellation of Surgery	N/A	N/A	N/A	14
Claims	N/A	N/A	N/A	4
Car Parking	N/A	N/A	N/A	2

Hospital Grounds	N/A	N/A	N/A	3
Medical Records	N/A	N/A	N/A	1
Nursing	N/A	N/A	N/A	4
Partial Booking	N/A	N/A	N/A	1
Protective Characteristics	N/A	N/A	N/A	2
Referral	N/A	N/A	N/A	37

Figure 31. PALS Contacts Themes 2021/2022 Compared to 2018/2019 & 2019/2020 & 2020/2021

In 2021/2022 the PALS and Complaints department have enhanced and improved category types on the Ulysses system for easier identifying issues arising, hence last 10 Category types have PALS contacts in 2021/2022.

The top four themes in PALS during 2021/2022 were:

- 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 7% more PALS contacts for Admission and Discharge compared to the same time last year. 14% less PALS contacts for Appointments, 7% more for the Clinical query and the same amount for Communication. However, we received 606 contacts in 2021/2022 and 677 contacts in 2020/2021 and so the communication category has gone down compared to last year.

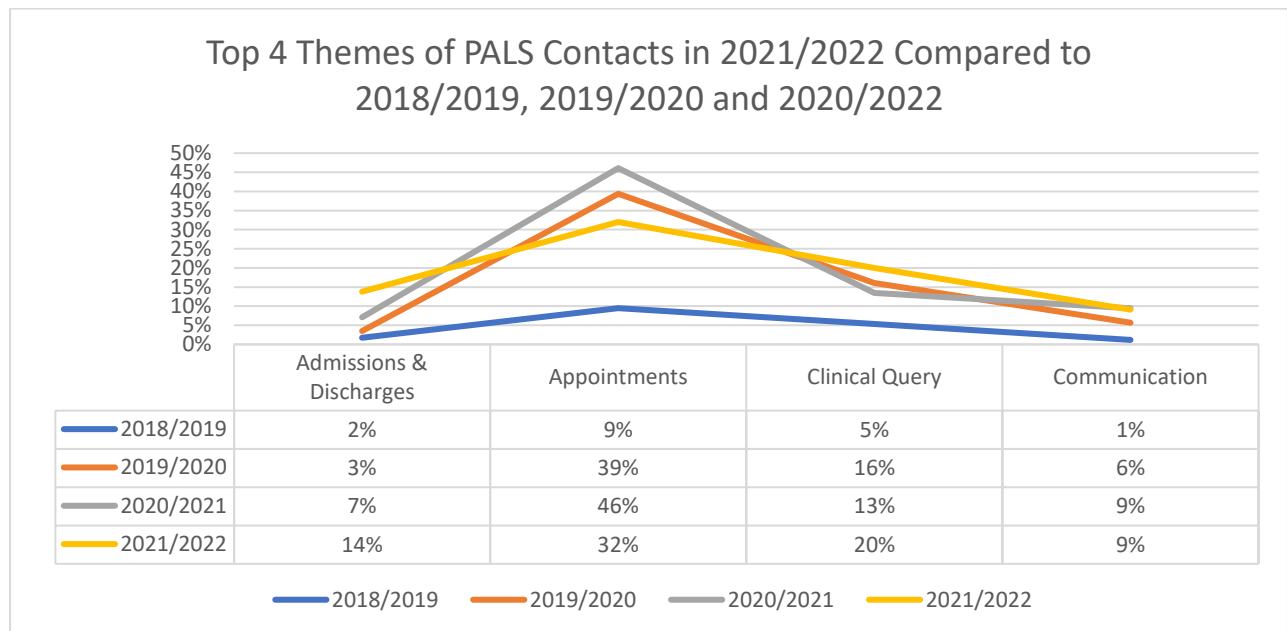
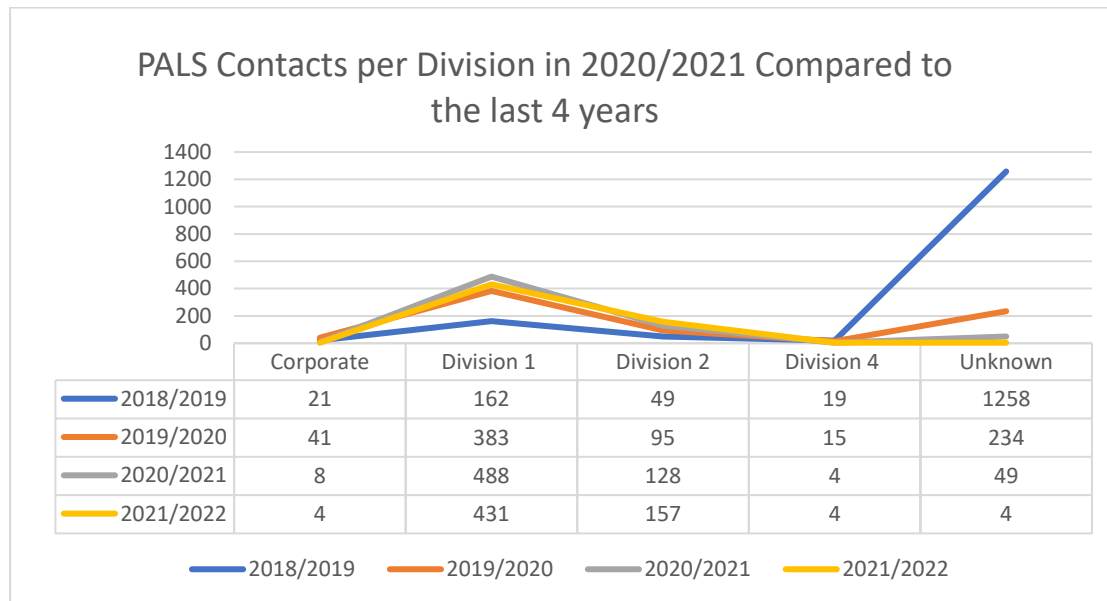


Figure 32. Top 4 Themes in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

7.3. PALS Contacts by Department

The table below represent PALS contacts received per Division in 2021/2022 compared to 2018/2019, 2019/2020 & 2020/2021

During the COVID 19 pandemic in 2020/2021, outpatients suspended all face to face. Appointments were cancelled to enable to Trust to provide mutual support within the Birmingham and Solihull integrated Care System and to adhere to lockdown restrictions. In 2021/2022 face to face appointments have been brought back. The non-urgent or the ones who do not require face to face appointments are still held over the telephone.



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 33. 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.

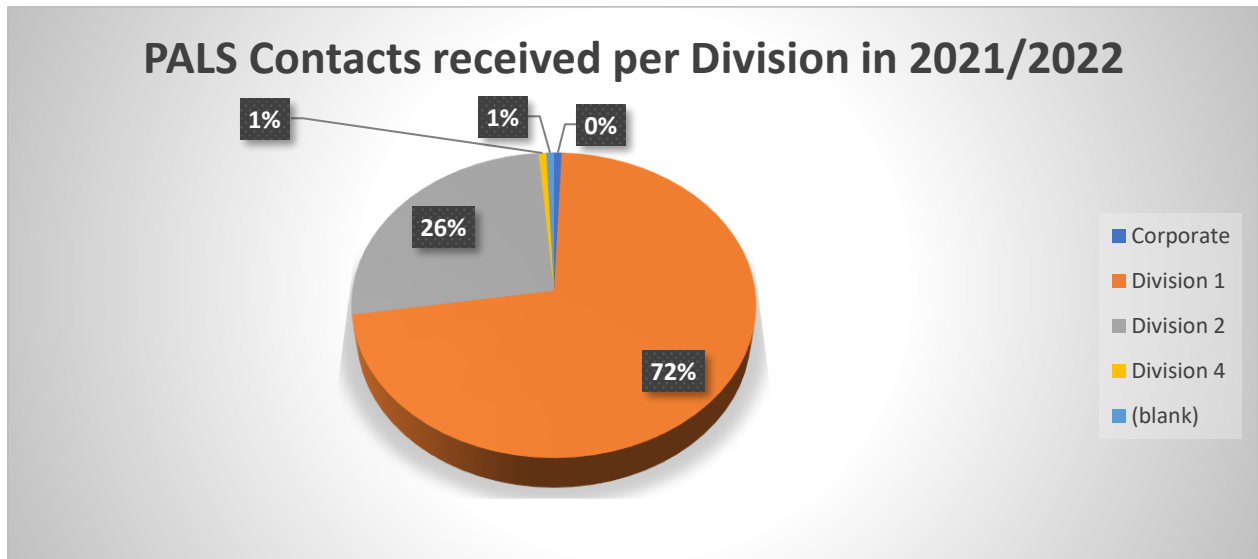


Figure 34. PALS Contacts Received per Division in 2021/2022

7.3.1. Division 1 and 2 PALS Contacts by Area

The majority of PALS contacts in 2021/2022 were in relation to Division 1 which is a decrease of 1% compared to the same time last year. Division 2 had an increase of 7% compared to the same time last year. Please note that 2018/2019 had 82% of PALS contacts marked as blank. In the last 4 years there was a decrease of 81% in blank Division field within Ulysses system where PALS are recorded.

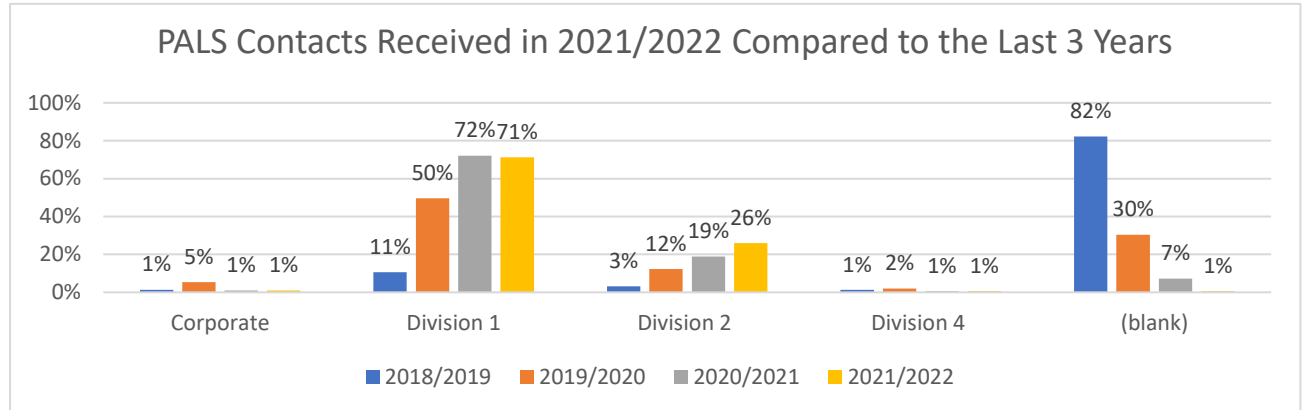


Figure 35. PALS Contacts Received in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

Top 3 services with the largest number of PALS contacts received are related to concerns about Large & Small Joints Services (175 of which 139 are about Large Joints and 29 about Small Joints), Spinal Services (129) and Appointments (64). These related to all aspects of service.

Directorate	2020/2021	2021/2022
Admissions & Day Case Unit	5	11
Appointments Department	121	64
Children's & Young Person Centre	6	1
Corporate	9	9
Discharge Lounge	1	0
Facilities	2	1
Large and Small Joints	115	175
Spinal	41	128
Medical Records	12	0
Therapy Service	59	64
Oncology	41	31
Main Outpatient Department	43	37
POAC	11	5
Patients Home	2	0
ROCS	1	1
Other	2	6
Theatres	4	2
Nursing Inpatients	46	33
Imaging	102	40
Estates	0	3
Anaesthetics	0	2
Governance	0	2
Infection Control	0	1

Figure 36. PALS Contacts Divided by Area in 2021/2022 Compared to 2020/2021

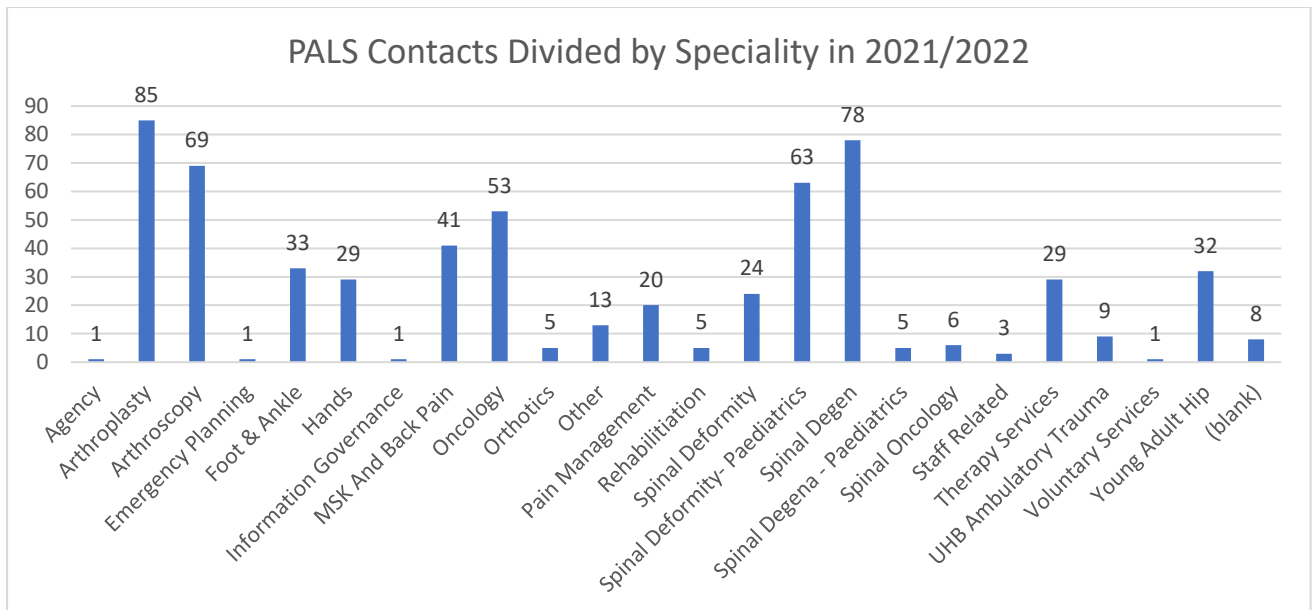


Figure 37. PALS Contacts Divided by Speciality in 2021/2022

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 99%. The Trust met its internal KPIs again for the second year in a row.

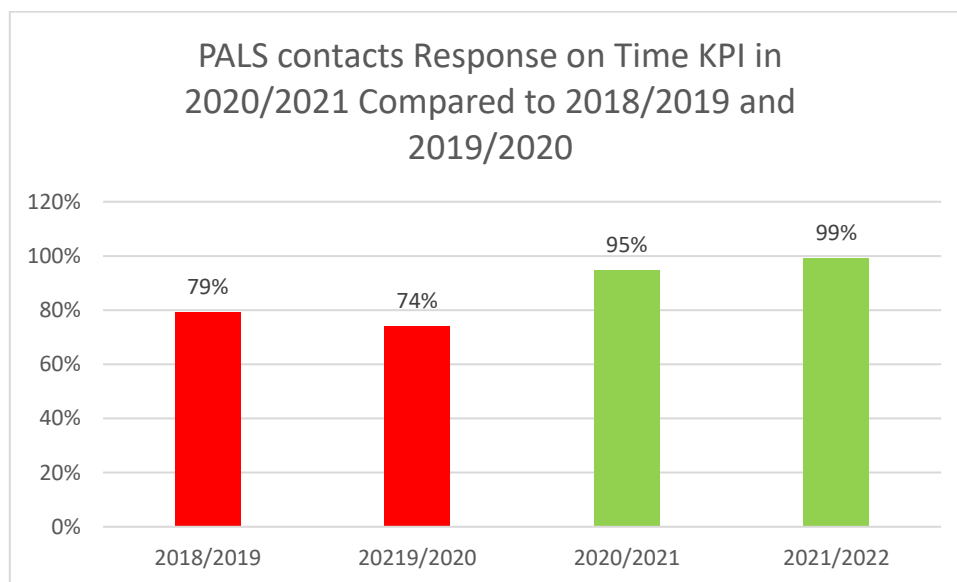


Figure 38. PALS contacts Response on Time KPI in 2021/2022 Compared to 2018/2019, 2019/2020 and 2020/2021

8.0. Demographics of Formal Complaints and PALS contacts in 2021/2022

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 2021/2022, 73% of all PALS contacts and complaints were made by adult patients, 6% paediatric patients (16-25 years old) and 21% were made by the patient's member of family or friend.

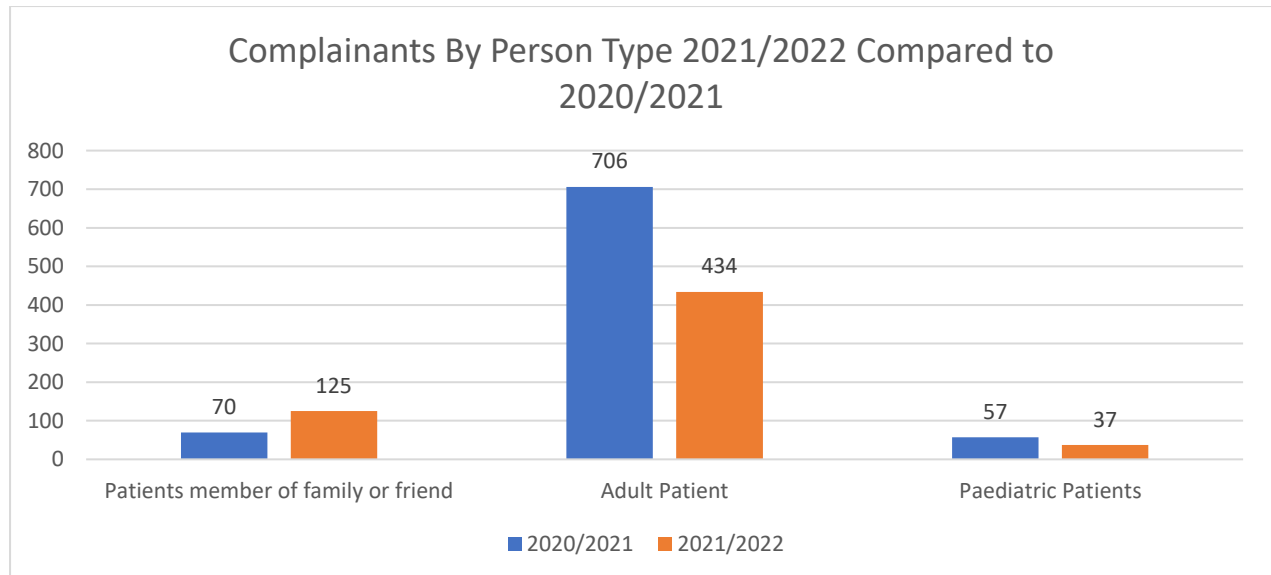


Figure 38. Complainants Person Type 2021/2022

8.2. Age

Figure 39 shows the number of complaints or PALS contacts received per age group in 2021/2022. Figure 40 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 2021/2022 were 71-75 years old (69 contacts), 66-70 years old (66 contacts) and 56-60 years old (56 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.

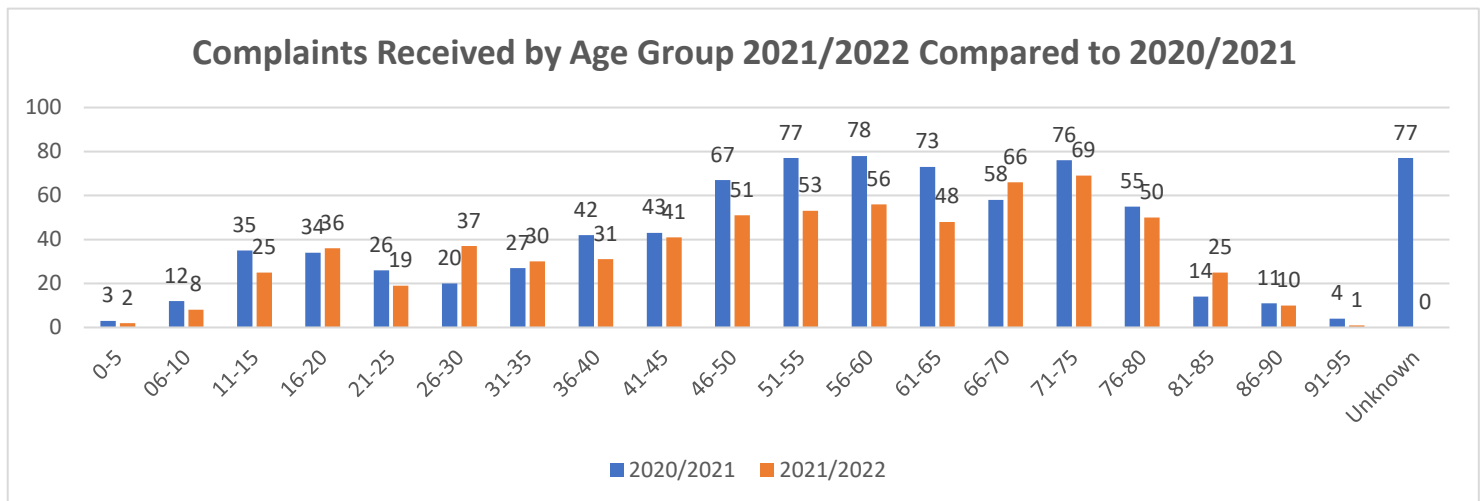


Figure 39. Complaints Received by Age Group 2021/2022 Compared to 2020/2021

The top three age groups with the most complaints in 2021/2022 against activity were 11-15 years old (1.42%) (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) 26-30 years old (1.41%) and 6-10 years old (1.22%).

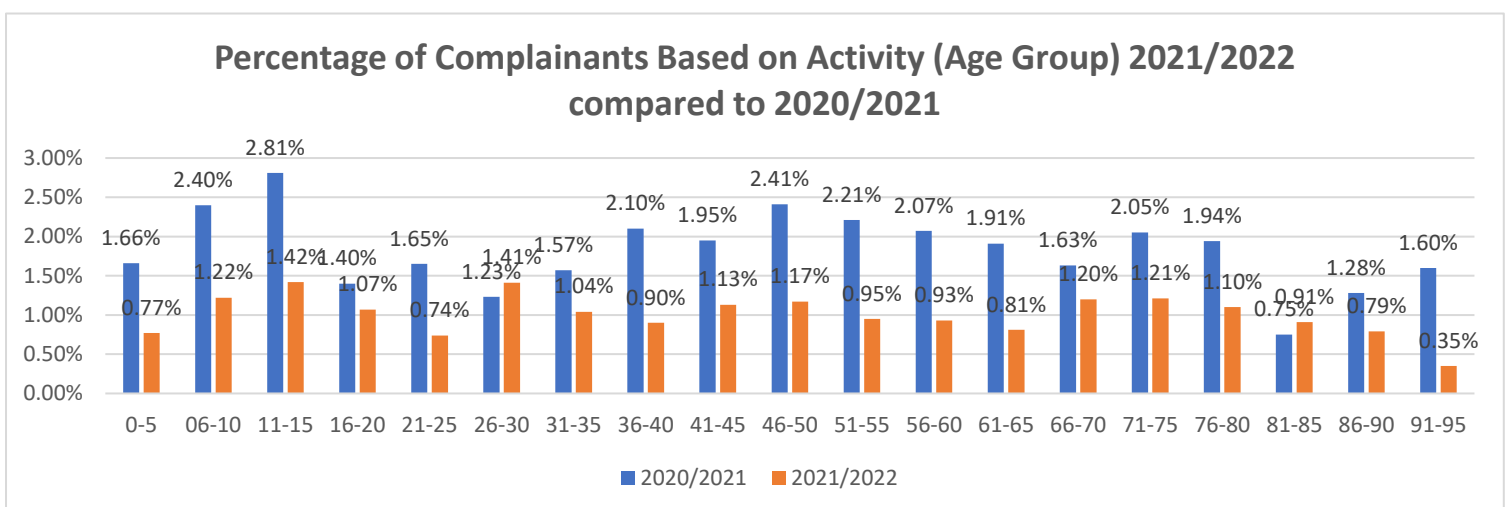


Figure 40. Percentage of Complainants Based on Activity (Age Group) 2021/2022 compared to 2020/2021

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 41 shows the percentage of complaints or PALS contacts received per ethnic group in 2021/2022 compared to 2020/2021. Figure 42 shows the percentage of complaints or PALS contacts received by each ethnic group against the activity of the patients within the same ethnic groups in 2021/2022 compared to 2020/2021.

The top three ethnic groups with the most complaints in 2021/2022 were British White 295 contacts), Other Ethnic Category (10 contacts) and Irish White (9 contacts). There were 375 complainants that have not stated their ethnic group on the Patient Access System (PAS), where the PALS and Complaints department collects demographics.

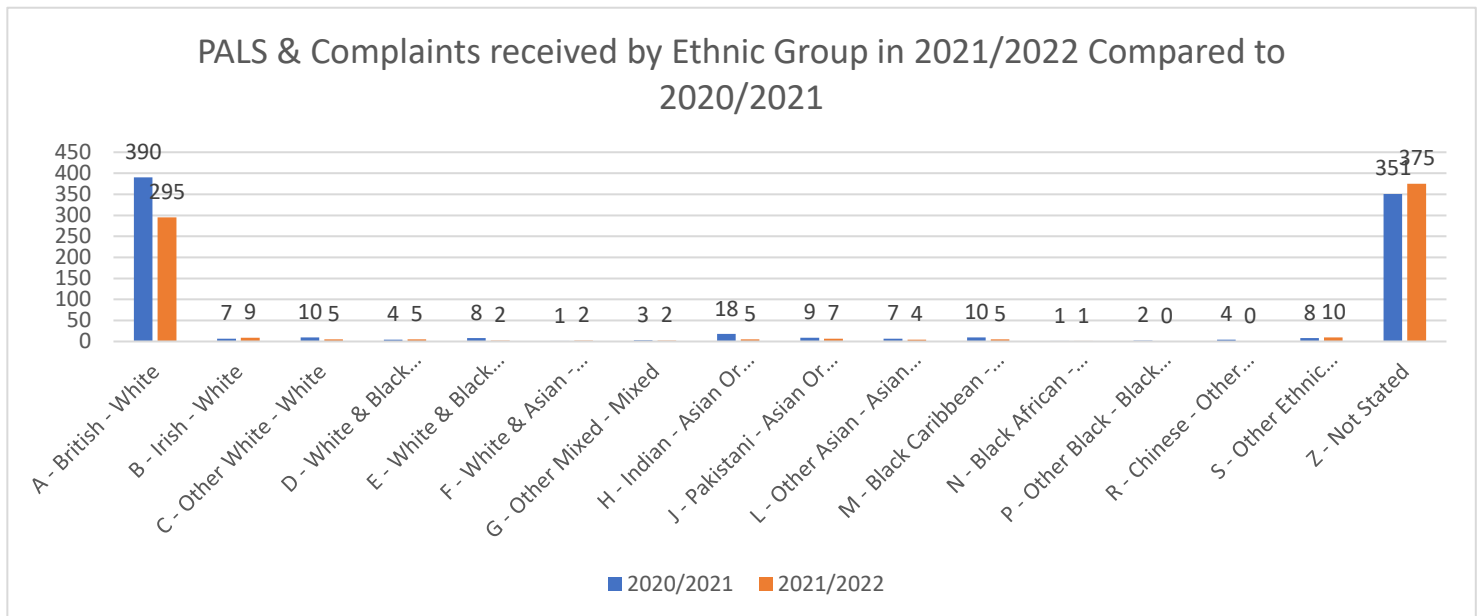
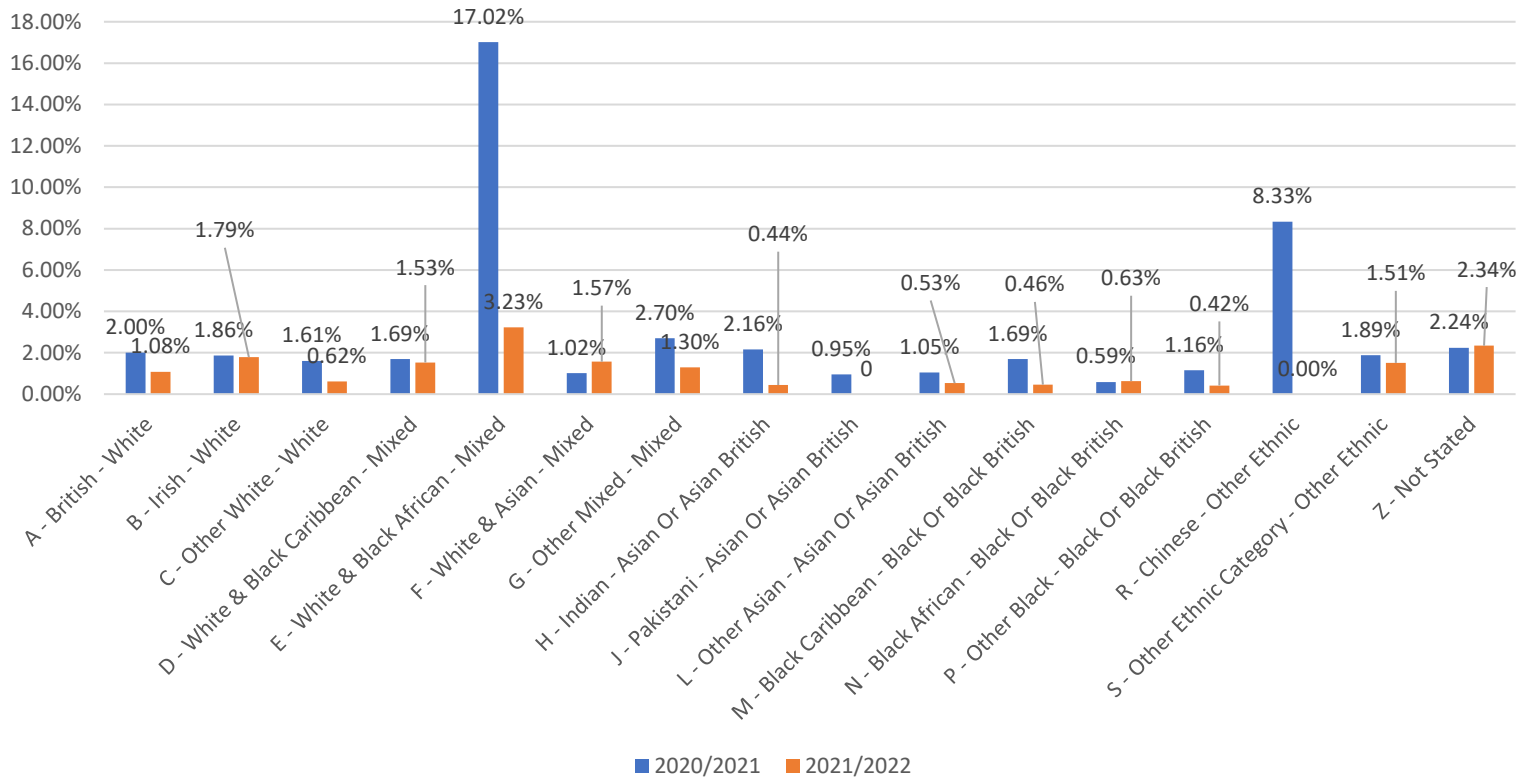


Figure 41. Complaints received by ethnicity group 2021/2022 compared to 2020/2021

Figure 42. Percentage of Complainants Based on Activity (Ethnicity Group) 2021/2022 compared to 2020/2021

The top three ethnic groups with the most complaints in 2021/2022 against activity were White and Black African- Mixed (3.23%) Not stated (2.34%) and Irish White (1.79%)

Percentage of Complainants Based on Activity (Ethnicity Group) 2021/2022 compared to 2020/2021



8.4. Sex

Figure 43. shows the percentage of complaints or PALS contacts received per sex group in 2021/2022 compared to 2020/2021. Figure 41. shows the percentage of complaints received by each sex group against the activity of the patients within the same sex groups.

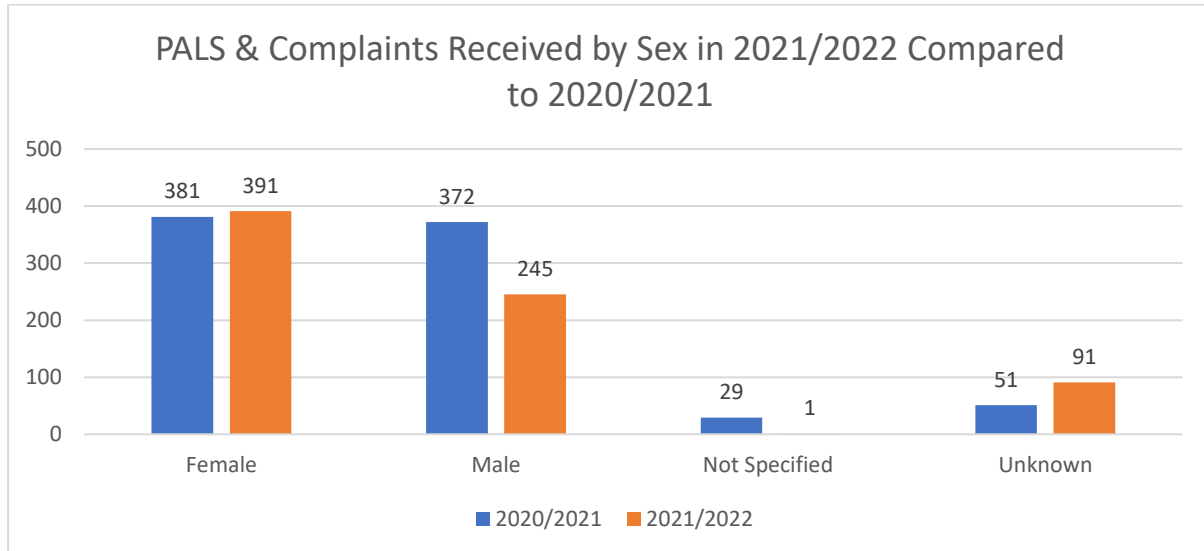


Figure 43. Complaints Received by Sex Group 2021/2022 compared to 2020/2021

In 2021/2022 most complaints were female (1.10% against activity); the sex group for 1 complainant were unspecified and for 91 complainants were unknown.

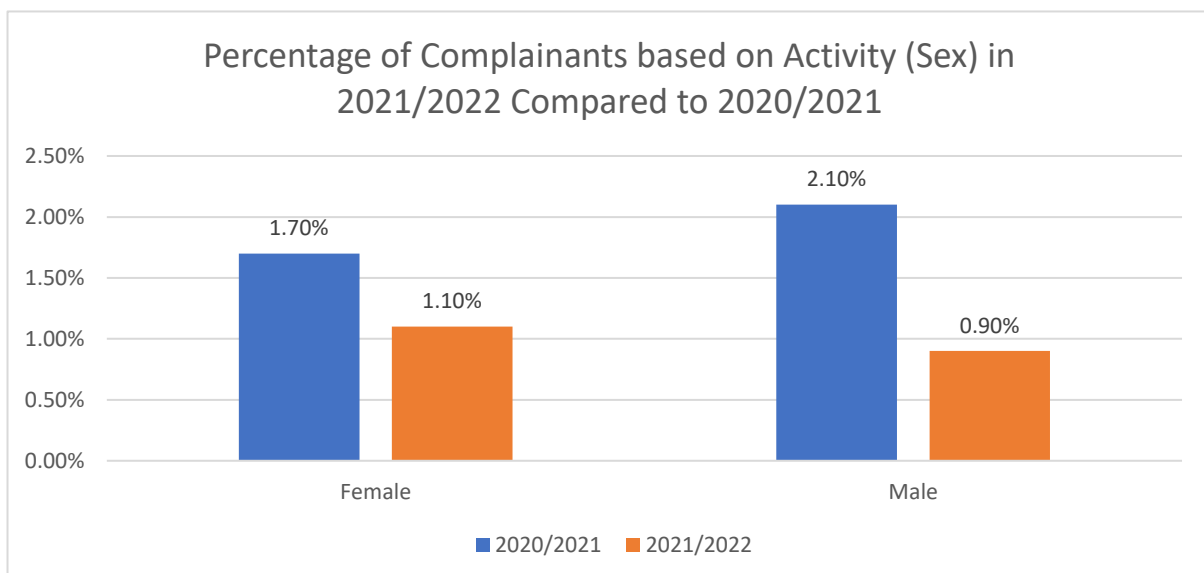


Figure 44. Percentage of Complainants Based on Activity (Sex Group) 2021/2022 compared to 2020/2021

9.0. PALS and Complaints Satisfaction Survey

Following Contact with the complainant the PALS and Complaints team are sending out PALS/Complaints Satisfaction survey to evaluate and tell us if there is anything we did good and if there is anything we could improve for future patients within PALS and Complaints.

9.1. PALS and Complaints Satisfaction Survey Results

The PALS and Complaints Satisfaction Survey was conducted with the aim of allowing patients, carers or their friends and family to give their feedback and opinions on how they felt PALS and Complaints team dealt with their case. This report will show you the data from Q1 & Q2 compared to Q3 & Q4. In total the PALS and Complaints team have sent out 578 PALS and Complaints satisfaction surveys from April 2021 to March 2022. In total, we have received 101 completed surveys back.

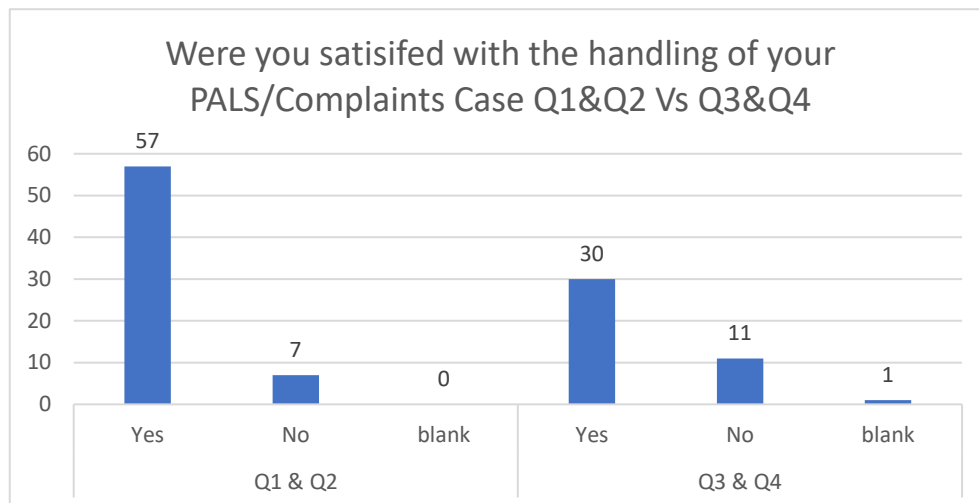


Figure 45. Response on Question 1

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *Prompt, helpful service. Empathetic and provided regular updates.*
- *I was very satisfied with my interaction with PALS. Roko was incredibly supportive, professional, and reassuring. Ellie was swift and efficient to help, also very pleasant. Both are an absolute credit to ROH PALS.*
- *PALS were very helpful when I was in the hospital waiting for my husband.*

No

- *Nothing has been done.*
- *You took too long to provide information, some of it has not been provided.*
- *Just like to add Doctor feels I was unhappy that it was not a face to face which is very untrue, I was unhappy being told I could possibly be in pain till I was 60 as they would not touch my knees until then.*

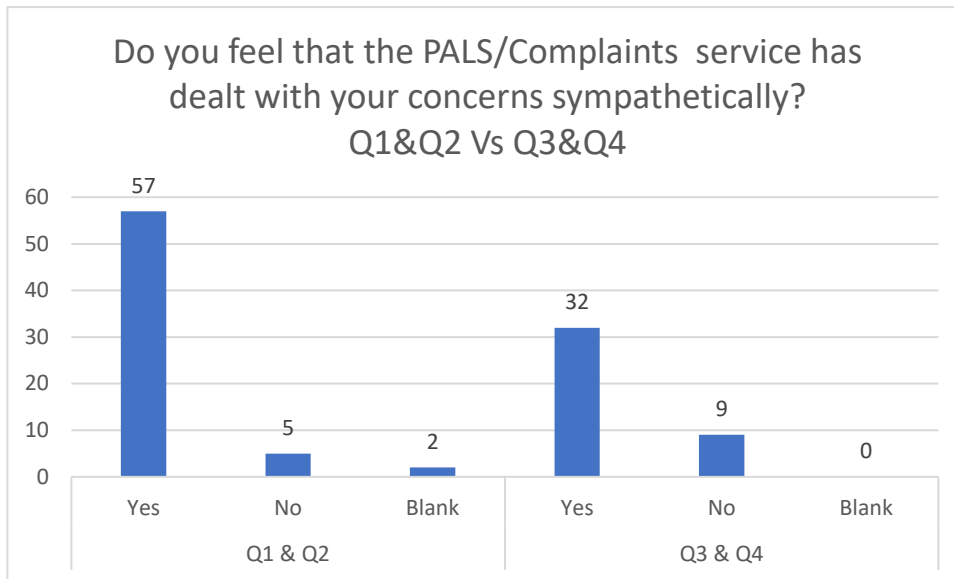


Figure 46. Response on Question 2

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *Yes – She was very good and understanding and took notes.*
- *On the phone they are very sympathetic.*
- *They were very sympathetic with me.*

No

- *After my initial conversation I was not contacted by PALS again.*
- *No call back as arranged.*
- *Yes, but not adequately.*

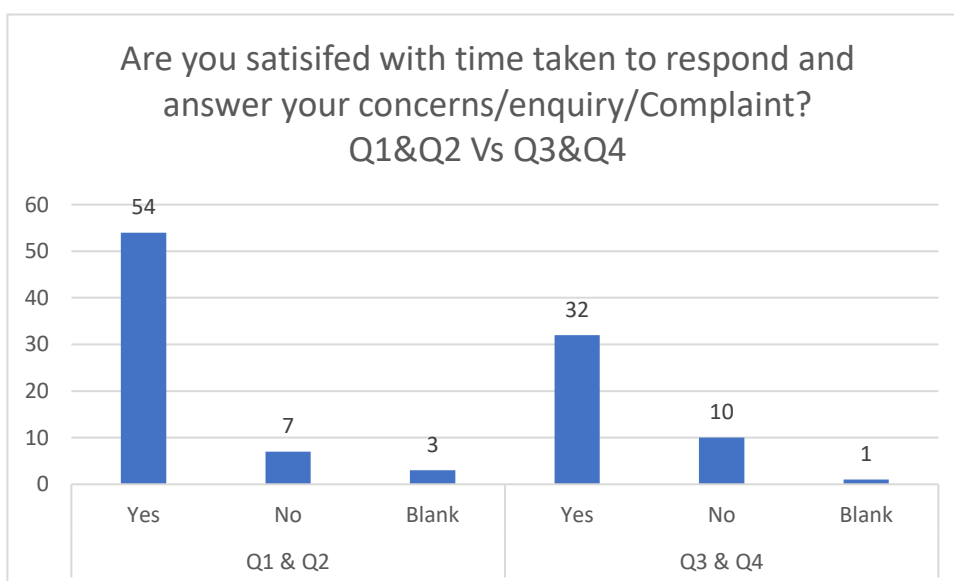


Figure 47. Response on Question 3

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- We had a quick response.
- The response from yourself was quick.
- Yes

No

- *I don't know who funds you but as far i the patient who yet again had the most horrendous aftercare by I assume agency nurses, but you were no help what so ever.*
- *The response from yourself was quick, but now still waiting and in pain.*
- No

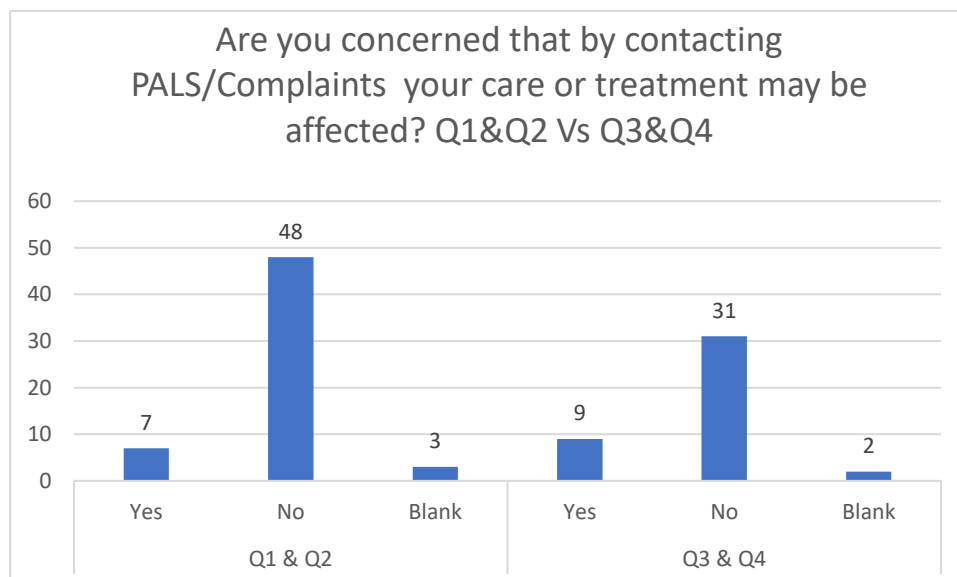


Figure 48. Response on Question 4

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *It has been.*
- *My treatment has already been affected so no worries there.*
- *Because the service isn't the best that you receive.*

No

- *I was under the impression that you were there to help, not punish through treatment and I was correct. Thank you.*
- *I was worried it might affect the way I was treated, but so far there has been no reason for concern.*
- *I was but they put me at ease and explained I was not in the wrong for telling them.*

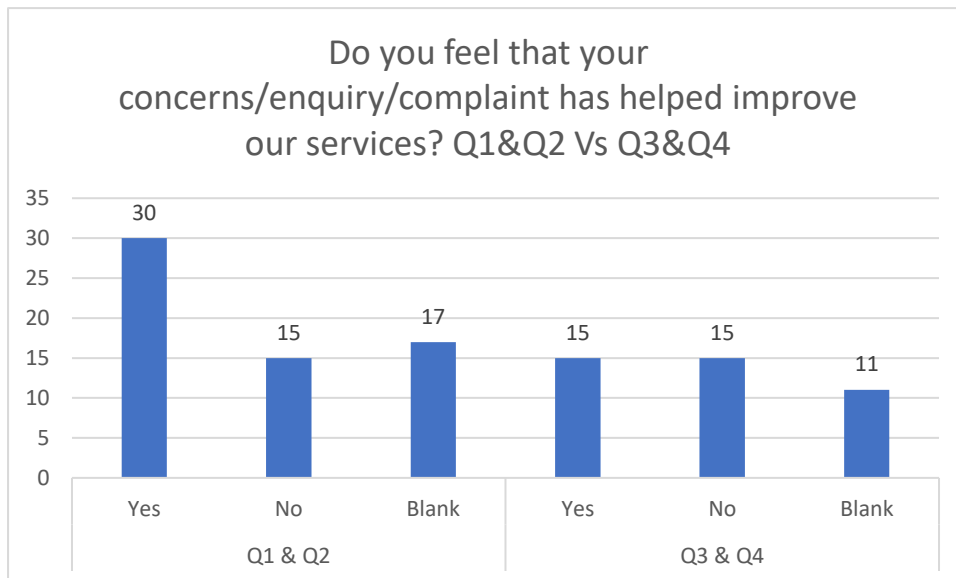


Figure 49. Response on Question 5

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *Without your help I don't think I would ever have been seen.*
- *Possibly, PALS rang appointments phonenumber and they couldn't get through either.*
- *As my concerns/dissatisfaction was conveyed anonymously I did not request a follow up, but I very much trusted the information would be investigated and addressed by Roko.*

No

- *I think it adds to knowledge of issue, but nothing to change long term from it.*
- *Can't give comments as I have no way of knowing either way.*
- *Unfortunately, I do not believe that there will be any lessons learned from this.*

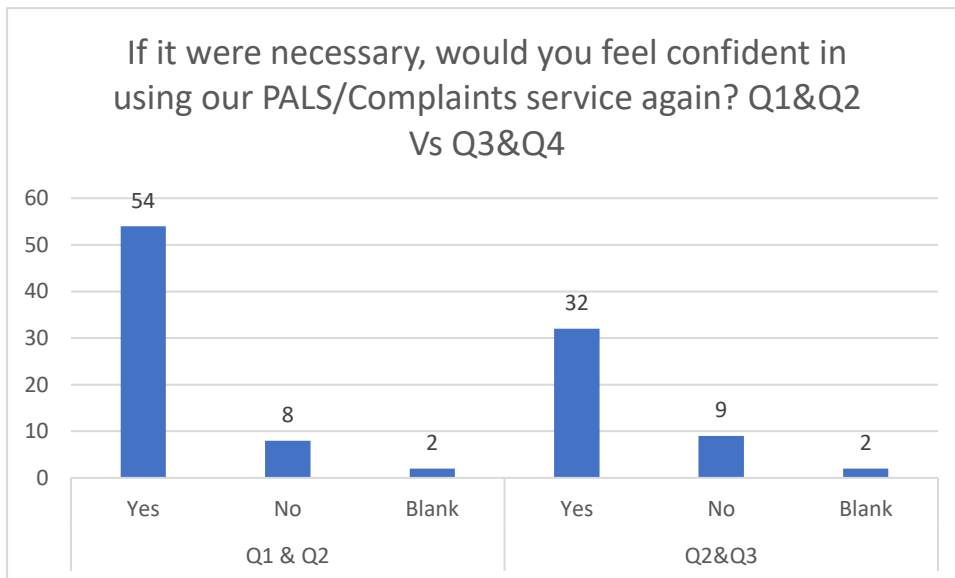


Figure 50. Response on Question 6

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *Absolutely*
- *Yes*
- *Yes*

No

- *Not after waiting 5 months for a call back*
- *No*
- *Definitely*

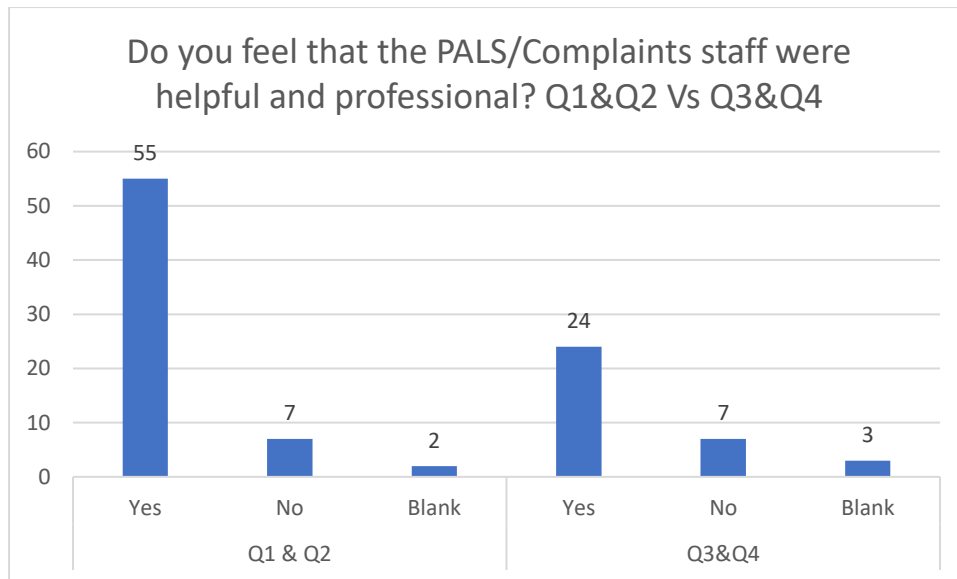


Figure 51. Response on Question 7

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *PALS is so crucial to a patient when they are in need of help.*
- *After several phone calls both to ROH and my own GP to get an appointment sorted. I felt I was being told untruth by call centre as to my appointment also there was a mix up with the consultant which led to a longer waiting time. On contacting PALS it was settled immediately. THANKS TO THIS TEAM.*
- *The lady who dealt with my concerns was both courteous and very helpful and went the extra mile to sort the problem out.*

No

- *Did not speak to anyone.*
- *Waste of time.*
- *No*

Overall Findings

- The team believe the PALS and Complaints satisfaction survey has been a success. It has shown us how patients feel we deal with their cases, but also areas we may need to improve in.
- Very much like the Q1 and Q2 satisfaction survey, it has been identified that the questions were not interpreted in the way we would have hoped. The main responses we received were about what patients/carers were concerned or complaining about and not how they felt the PALS team handled their case. Because of this response the PALS and Complaints Department will roll out new satisfaction Surveys in 2022/2023.

10.0. Friends and Family Test (FFT)

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 the 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.
- 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.
- In September 2021 the NHS England has discontinued mandatory KPI of 35% completion rate. The Trust have set its own KPI of 40% completion rate for all mandatory areas.
- The Trust did not set KPIs for non-mandatory areas, but it still continued to collect data and act upon receiving good or bad feedback. The Trust is looking in purchasing Smiley Faces Feedback System and In-Depth Surveys for collecting patient feedback in outpatient's areas.

9.1.1. FFT Mandatory Reporting

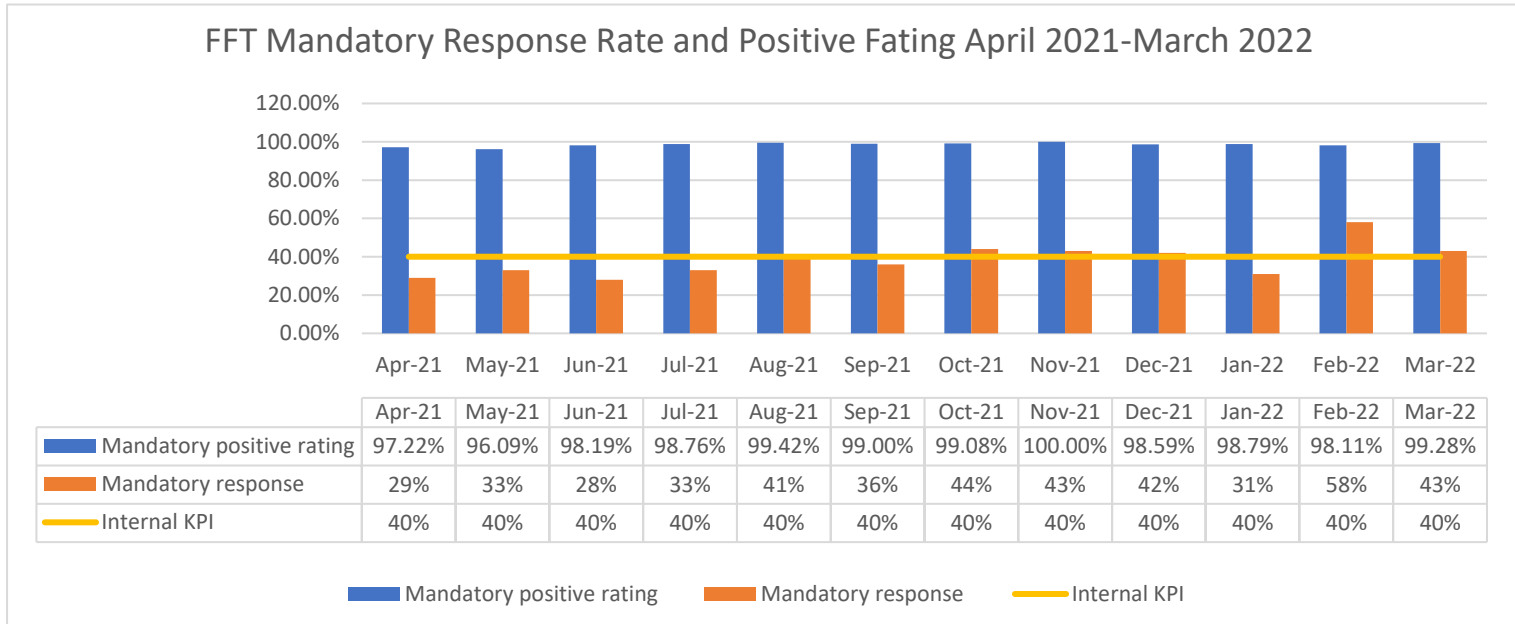


Figure 52. Mandatory Positive and Response FFT Rate and Mandatory Positive FFT Experience and Response Rate

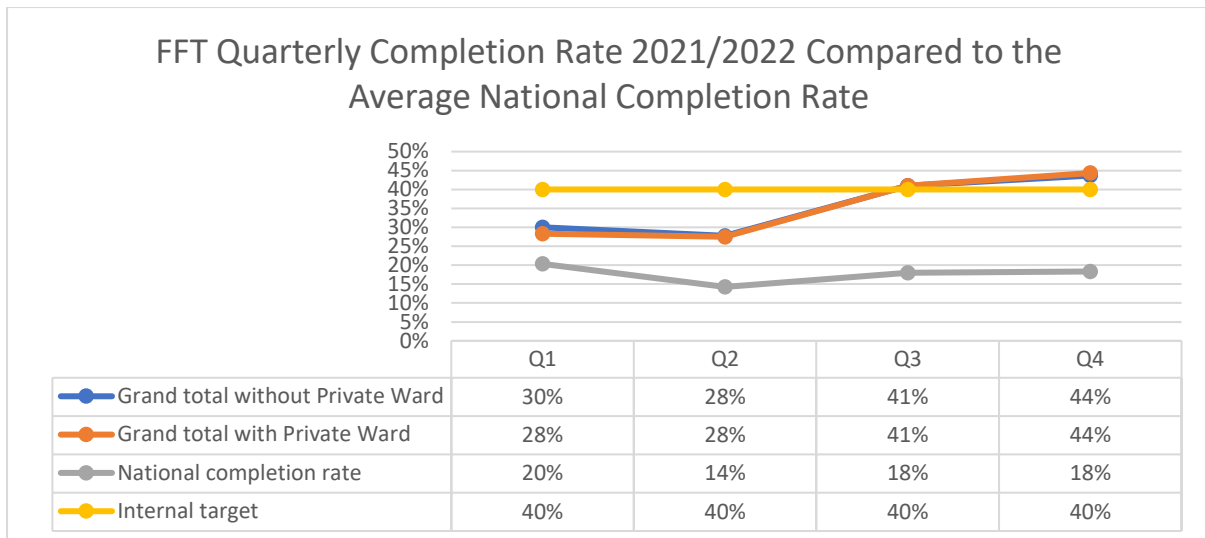


Figure 53. FFT Quarterly Completion Rate 2021/2022 Compared to the Average National Completion Rate

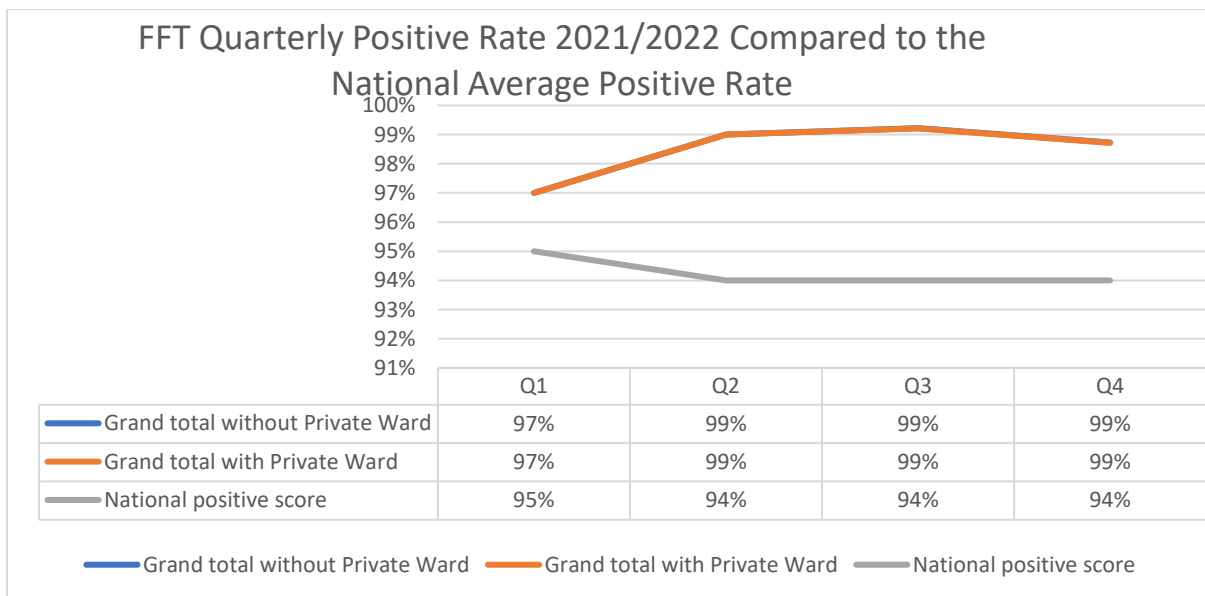


Figure 54. FFT Quarterly Positive Rate 2021/2022 Compared to the Average National Positive Rate

9.1.2. FFT Non-Mandatory Reporting

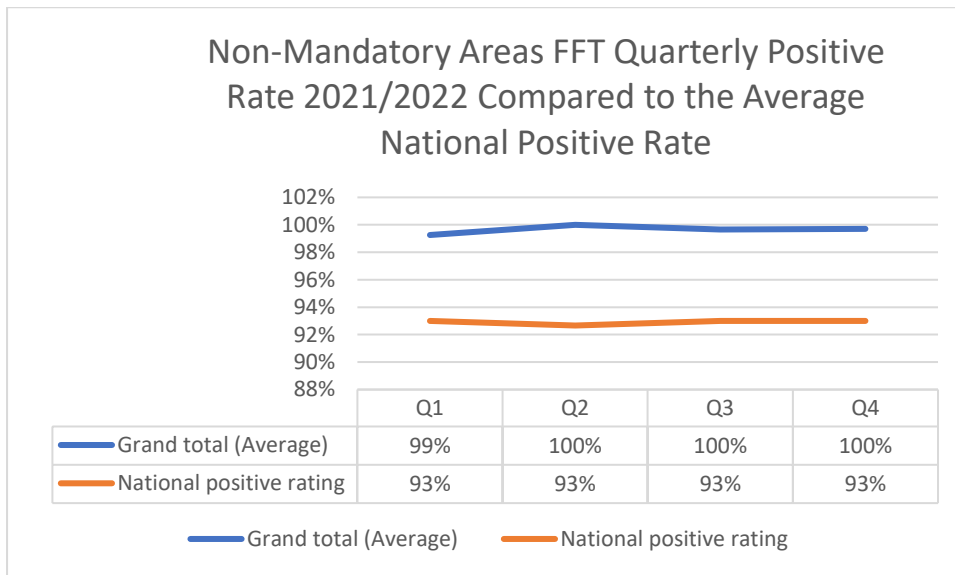


Figure 55. Non-Mandatory Areas FFT Quarterly Positive Rate 2021/2022 Compared to the Average National Positive Rate

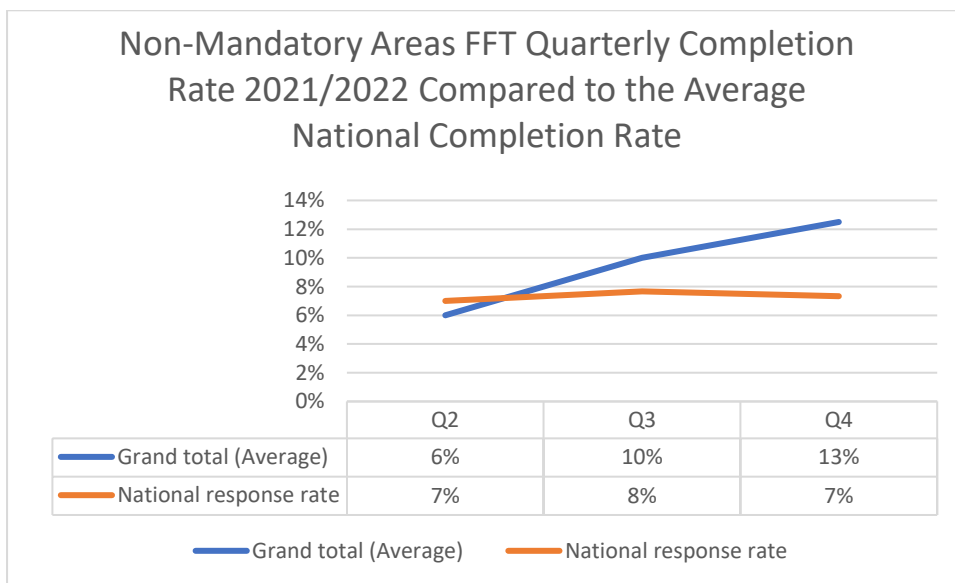


Figure 56. Non-Mandatory Areas FFT Quarterly Completion Rate 2021/2022 Compared to the Average National Completion Rate

Please note that the Trust did not record completion rate for non- mandatory areas during first quarter and 2 months of second quarter due to the challenges and improvement work with the mandatory areas.

9.1.3. FFT Statistical Process Control (SPC) Chart

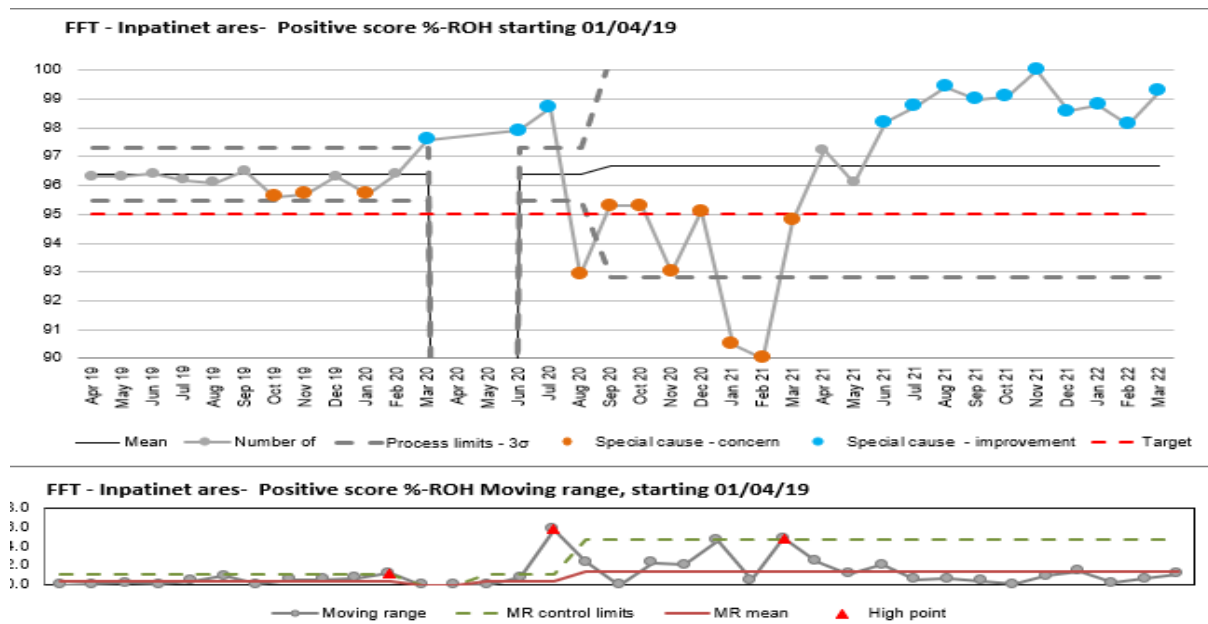


Figure 57. SPC chart of the Mandatory Areas for FFT Positive Score

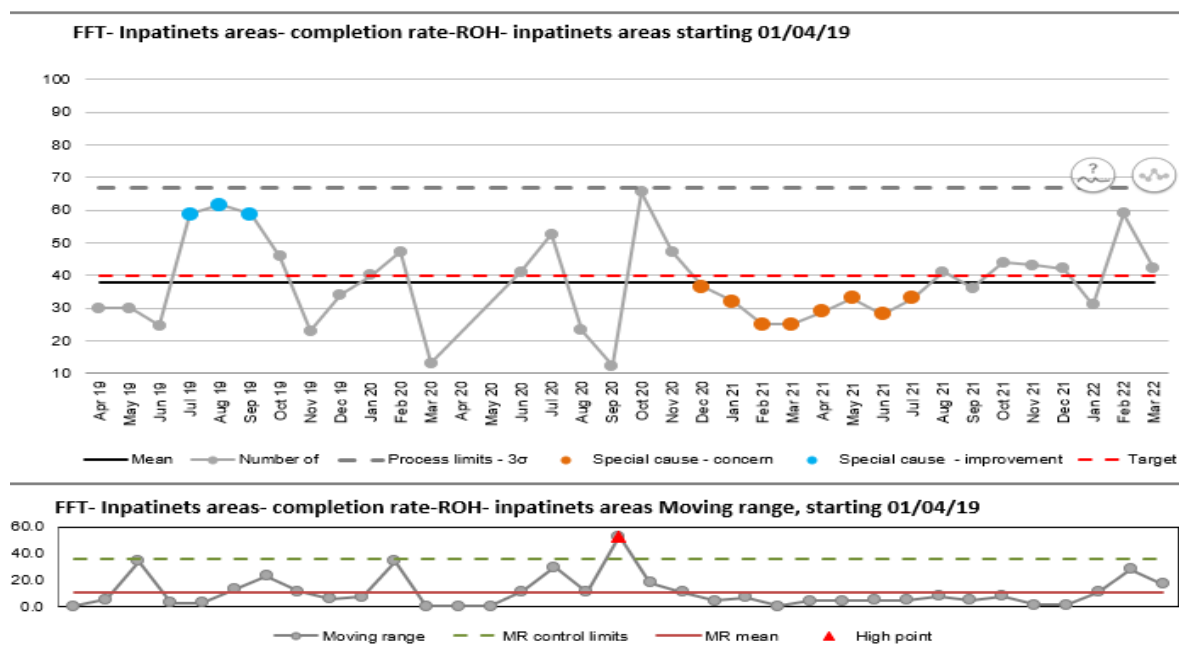


Figure 58. SPC chart of the Mandatory Areas for FFT Completion Rate



10.0. Listening and learning - 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 Catchups. 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

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.

In January 2022 the Trust have rolled out Coffee Catch-up onto Spinal Services. A total of 200 patients (who had undergone elective lumbar degenerative surgery by the ROH spinal surgical team between June – August 2021) were invited to virtually attend the first spinal coffee catch up ran by the trust on the 8th of December 2021.

Out of the 200 patients invited to attend, 6 patients virtually attended the session, and we received 7 written feedback responses. Overall, from the virtual attendees and the written responses, the feedback of the patient experience of having had their spinal surgery at the ROH was excellent.

During 2021/2022 the Trust sent invites to more than 2000 patients between JointCare and Spinal Services, 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:

Quotes to support this include:

- *"I am delighted to tell you that the operation has been a complete success with all the pains in the backs of my legs removed, so that I can walk normally again."*
- *"I would just like to say that all the medical professionals that I've had dealings with have been excellent, caring and thorough.... thank you for everyone's efforts in such a difficult time in the world."*
- *"Considering all aspects of my experience, I can only say that I received a full professional service and would have no hesitation in saying to anyone who has attended the ROH Fear not you are in good hands!"*
- *"I've got my life back"*

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 2021/2022

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

- ✓ The Trust has rolled out Coffee Catch-Up Patient Engagement methodology to the Spinal Service.
- ✓ The Trust has recruited patients to be members of our Patient Engagement and Experience Group and have been included in all decisions made by the Group.
- ✓ New PALS and Complaints leaflets and posters have been created and translated in 6 common spoken languages within the community we serve.
- ✓ A new PALS and Complaints external internet page has been created and is still under construction.
- ✓ #Hellomynameis badges have been introduced into the Trust and all staff members wear their badges.
- ✓ Patient Participation Group has commenced with over 5000 invites sent out to patients. Posters have been created and introduced around the Trust.
- ✓ A new PALS & Complaints logo has been created with the slogan 'if it matters to you, it matters to us' this is now on all of the PALS & Complaints correspondence to the patients/complainants.
- ✓ The Trust was one of Pilot sites for PHSO NHS new Complaints Standards.
- ✓ All patient satisfaction surveys now have governance of approving and feeding back to the system.
- ✓ The department is actively using Trusts social media to promote patient experience and engagement.

11.0. Working with Partners and Patients to Improve our Services

The Trust continued to strengthen connections with various external companies and NHS Trusts during 2021/2022 through the Head of Patient Experience's network and research. The Trust continued 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. The Trust have now rolled out new group for patients called Patient Participation Group with first meeting to take place in 2022.



12.0. 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 2021/2022 were agreed and achieved as listed below:

Actions for 2021/2022 set out from the Annual Complaints and Patient Experience Report 2020-2021			
Key:	Not Achieved	In progress	Achieved
Financial Year	Priority	Progress made:	Status- Update
2021/2022	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	<p>November 2021- Action plan updated- majority of actions were completed as per strategy, actions that have been started will be carried forward to new start edgy</p> <p>December 2021- action plan was presented on Patient Experience and Engagement Group- members of group did not make any comments on the action plan</p>	<p>November 2021- Meeting with Deputy Director of Strategy to start with new strategy</p> <p>November 2021/December 2021- 2019-2021 strategy workplan have been made into the action plan and actions have been reviewed. Following review actions were closed where appropriate (with evidence) and updated strategy will need to be created and planned roll out will be in 2022/2023</p> <p>March 2022- Strategy will be completed following Patient Participation Group Meeting, taking into the consideration patient views</p>



2021/2022	The Trust will undertake a peer review of the Patient Experience and produce a responsive action plan.	<p>October 2021- Patient Experience Network have undertaken a peer review of the patient experience within the Trust. Following peer review PEN have created report. Executive summary of the report was presented on Executive meeting and PEEG.</p> <p>January 2022- creation of the action plan is in the process by Deputy Chief Nurse and Head of Patient Experience, this action plan will include finding from the PEN report, CQC National Inpatient Report 2020 and Annual Complaints & patient Experience report 2020/2021 as all 3 reports have same/Similar themes</p> <p>March 2022- Triangulated data have been [presented on the Trust Board meeting</p>	Fully Achieved
2021/2022	The Trust will roll out the Coffee Catch-Up patient engagement methodology to the Spinal Service.	<p>October 2021- First Coffee Catch up for Spinal service users have been rolled out, 6 patients attended. Coffee Catch up for the Spinal services will be held every quarter</p>	Fully Achieved
2021/2022	The Trust will engage with diverse groups of the community that the ROH serve, to understand their views and to improve their experience.	<p>September 2021- the PALS and complaints department sent a PALS survey to all patients that have contacted department in first 2 quarters, with the survey all patients have been asked if they wish to be members of the Patients Engagement and Experience Group, couple of the patients contacted.</p> <p>November 2021- PALS posters have been translated on 5 main spoken languages within our patients- the Trust now offers to all patients to leave their feedback, compliment, comment or raise concern on their own</p>	Fully Achieved



		<p>language.</p> <p>March 2022-The Trust have established Patient Participation Group and sent open invite to all patients and members of the Trust, inviting them to join to our patinate groups and forums</p>	
2021/2022	<p>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.</p>	<p>January 2022- the PALS and Complaints have started to input specialities data for all contacts. The department produces reports on Weekly, monthly and quarterly basis</p>	Fully Achieved
2021/2022	<p>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, demographics of the complainants and departments.</p>	<p>September 2021- following review of all cases opened by the ethnic minorities the Head of Patient Experience did not see any themes</p> <p>January 2022- creation of the action plan is in the process by Deputy Chief Nurse and Head of Patient Experience, this action plan will include finding from the PEN report, CQC National Inpatient Report 2020 and Annual Complaints & patient Experience report 2020/2021 as all 3 reports have same/Similar themes</p> <p>December 2021 - Following reports form PEN and CQC national inpatient survey, Chief Nurse would like to see an action plan covering all 3 reports</p> <p>March 2022- Triangulated rolling action plan and data have been presented to the Trust Board</p>	Fully Achieved



2021/2022	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.	December 2021- Patient Experience Facilitator have sent a proposed tracker to the Head of nursing for approval, FFT compliments are shared with staff and departments accordingly.	Fully Achieved
2021/2022	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.	September 2021 -Work is underway, Patient Participation Group will be reinstated in first quarter of 2022/2023 and this forum will be run by the patients. December 2021- The Trust recruited 3 patients in PEEG-PALS and complaints department is still actively seeking patients to join the group. March 2022- First meeting will commence on the 1st June 2022,; agenda and adverts are ready March 2022- First meeting is set to commence on 1st June 2022- active patients have received their invitations and Trust is advertising on the social media for this event, business cards with QR code have been developed	Fully Achieved
2021/2022	New PALS and Complaints leaflets and posters will be created and translated in 6 common spoken languages with the community we serve.	December 2021- POSTERS and PALS leaflets have been created and translated on 5 main spoken languages within our patients. January 2022- PALS leaflets and posters have been approved and sent for printing. February 2022- Over 200 posters with 5 language translation about PALS and Complaints have been disseminated across Trust	Fully Achieved
2021/2022	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.	December 2021- Internet page approved by the PEEG members, and it have been launched	Fully Achieved



2021/2022	#Hellomynameis badges to be introduced within the Trust.	June 2021- #Hellomynameis badges have been rolled out throughout the Trust	Fully Achieved
2021/2022	The PALS and Complaints department will have a meeting room to meet with complainants and patients that wish to give us feedback.	October 2021- Request for space have been completed and submitted to Estates department	Awaiting Estates department to confirm new office if appropriate

Figure 59. Progress against 2021/2022 Priorities for the PALS and 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 was Pilot site for the new PHSO NHS Complaints standards.
- The PALS and Complaints department undertook GAP Analysis on the CQC Regulation 16.0 – Receiving and responding on Complaints and created responsive action plan which has been fully achieved and closed.
- The Trust have formed close relationship with the Healthwatch Birmingham.
- The PALS and Complaints department have its own logo and branding.

13.0. Looking ahead to 2022/2023

The Trust will continue to improve the PALS and Complaints services and the Patient Experience in the 2022/2023. 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 roll out the Coffee Catch-Up patient engagement methodology to the Oncology Services.
- The Trust will continue engage with diverse groups of the community that the ROH serve, to understand their views and to improve their experience.
- 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.
- #CallMe campaign to be introduced within the Trust.
- Smiley Faces Feedback Devices will be rolled out.
- In-Depth Survey for Outpatient and Inpatient departments will be rolled out.
- Head of Patient Experience will work on Business Case to enhance the team engagement with patients.
- Youth Forum and Learning Disability & Autism Forum will be rolled out.
- The Trust will have at least one patient in a quarter sharing their story to the Trust Board Members.
- Fifteen Step Challenge will be introduced and rolled out.
- The Trust will celebrate Patient Experience Week.
- New PHSO NHS Complaints standards will be fully rolled out in the Trust.
- The Healthwatch Birmingham will be on site at least once a month undertaking patient experience surveys July.
- The PALS and Complaints team will roll out training on PALS, Complaints and Patient Experience.

