

Complaints and Patient Advice and Liaison Service Annual Report 2022-2023



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COMPLAINTS AND PATIENT ADVICE AND LIAISON SERVICE ANNUAL REPORT 2022/23

Executive Summary

In accordance with the NHS Complaints Regulations (2009) this report sets out a detailed analysis of the number and nature of complaints received by the Trust during the year 1 April 2022 to 31 March 2023.

This report also provides a summary of PALS (Patient Advice and Liaison Service) enquiries and comments received on the Your Opinion Counts (YOC) forms received by the Trust during the period from 1 April 2022 to 31 March 2023.

In line with National guidance, PALS address non-complex concerns at the point of contact, aiming to resolve problems quickly thus improving patient experience and avoiding the need to raise a complaint.

Complex concerns are investigated thoroughly and responded to in accordance with best practice, and in cases where the person in question states they wish to complain, these cases are logged and managed as a formal complaint.

Complaints and PALS

	2022/2023	% change	2021/2022
Complaints	73	-35.9%	114
PALS	613	+19.7%	512
YOC (feedback received via Your Opinion Counts)	1490	-11.7%	1688

The number of complaints received has shown a significant decrease in 2022/23 compared to 2021/22; however, the number of enquiries to PALS has shown a significant increase. YOCs reporting has seen a decrease in 2022/23.

Complaints

In 2022/23 a total of 73 new complaints were received. This is a decrease of 41 (35.9%) from 2021/22.

The figures for 2022/23 show a decrease of 35.9% in the number of complaints received compared with the previous year. There has been a decrease across all care groups apart from North Lincolnshire which has remained the same.

67/73 (93%) of complaints have been acknowledged within three working days of receipt within the Patient Safety and Investigation Team

73.6% of complaints were acknowledged according to the national standard of 3 working days and 19% of complaints were responded to within 25-40 working days, 27.4% of complaints were responded to within 41-60 and 53.6% were responded over 60 working days.

Of the 73 complaints received in 2022/23, 20 were still ongoing at the time of this report and 7 had been withdrawn.

Of the remaining 46/73,

- 17 (37%) were resolved within 25-40 working days,
- 9 (20%) were resolved in over 41-60 working days
- 20 (43%) were 60+ working days.

As part of the Complaints recovery plan the Trust are looking at timeframes for response and are aiming that all complaints are dealt with within the agreed timeframes.

6 services had more than 3 complaints. These included the Rotherham South Locality Team, Rotherham Osprey Ward, Doncaster and Rotherham CAMHS and the Doncaster Wheelchair and Specialist seating service.

The main 4 categories for complaints (Department of Health KO41a categories) were:

- Patient Care
- Communication
- Clinical Treatment
- Access To Treatment or Drugs/Admission/Discharge/Values and Behaviours (Staff) – all have the same amount.

Two PALS enquiries proceeded to second stage with the Parliamentary and Health Services Ombudsman (PHSO). Both are still under Investigations by the PHSO.

PALS

Enquiries to PALS have increased by 19.7%, compared to the figures from 2021/22. The types of enquiry received by PALS were:

The number of enquiries received by each Care Group shows an increase in the number of contacts since 2022/23 across all Care Groups.

Doncaster Adult Mental Health services had an increase from 91 (2021/22) to 109 (2022/23) Doncaster Physical Health increased from 64 (2021/22) to 87 (2022/23) .

The 5 most frequent general concerns raised through PALS across all services and localities have been categorised under:

- Clinical treatment – alleged inadequate treatment
- Access to Service – referral process
- Attitude of staff – inappropriate/Unsupportive
- Info Request/Request For Advice/Signposting (PALS) – Complaints
- Communication to or about a patient – inadequate

Your Opinions Counts (YOC)

Your Opinion Counts continues to be the Trust's primary source of direct experience feedback from patients, families, and carers. It is also the primary means of collecting our responses to the Friends and Family Test question.

The number of forms received overall in 2022/23 has decreased by 198 (12%) from 1688 in 2021/22 to 1490 in 2022/23. It is useful to note that the number of forms received in 2019/20 was 826.

Your Opinion Counts is now on social media –Facebook, Twitter and Instagram for all things related to patient feedback, including news, reviews and latest developments with a link to the form on the website. This can be printed or completed online.

The nature of feedback obtained via the YOC scheme continues to be largely positive, with 85% of comments being of a positive nature. The top 3 categories of positive comments are, 'attitude of staff', 'general' and 'clinical treatment'. The top 3 negative categories of comments are 'access to service', 'clinical treatment' and 'attitude of staff'.

Key Developments in 2022/23

The centrally based Patient Safety & Investigations Team continues to investigate all complaints.

Front line staff managers and complaints Investigators attended Written Responses to Complaints in the Public Sector during quarter 4 of 2022/23.

We have reviewed our complaint response letters to ensure that information is focused, learning is identified but also includes details of the investigation undertaken.

During Quarter 4 2022/23 we have started a Complaints Review and have developed a Complaints Recovery plan. Focusing on ensuring that our patients and carers are at the heart of what we do. This will include ensuring that we are working to and are compliant with the NHS Complaints Standards.

Through early 2023/2024 work will be undertaken to ensure that this is collected more thoroughly for the patient (whether or not they are the complainant) and an analysis of the gender and ethnicity of patients/complainants as against our treated population and as against the resident population.

Through our Complaints Recovery Plan we will focus on ensuring that we are learning from complaints and that this is triangulated with other processes as well as being cascaded to our staff.

COMPLAINTS AND PATIENT ADVICE AND LIAISON SERVICE ANNUAL REPORT 2022/23

1 Introduction

This report provides a summary of all complaints, PALS contacts, and Your Opinion Counts (YOC) feedback received between 1 April 2022 and 31 March 2023.

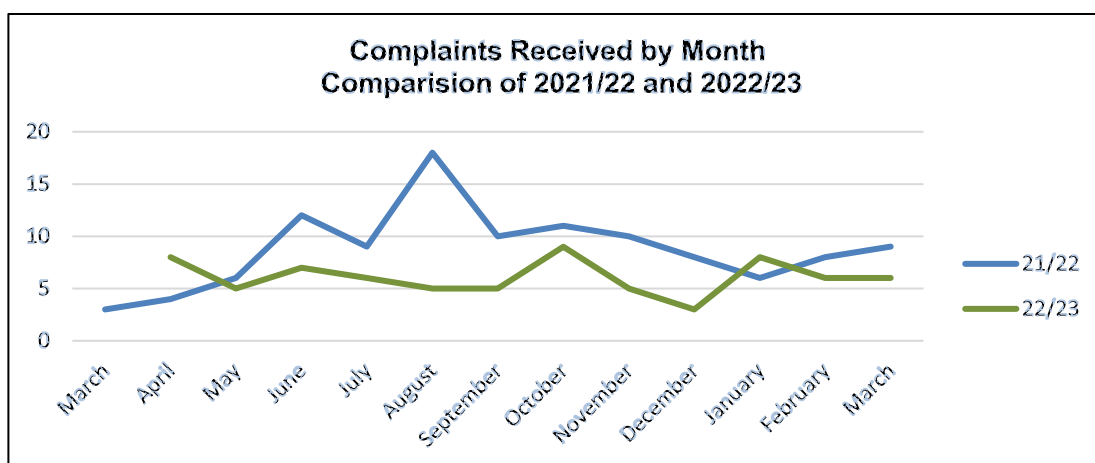
All complaints, PALS contacts and YOC forms are logged onto the Trust Ulysses reporting system by the Patient Safety and Investigation Team. Complaints and PALS use the same categories to code issues on Ulysses which makes reporting simpler and allows for comparison. YOC utilise different codes specific to the YOC form and questions asked on this.

2 Complaints

2.1 Complaints Data

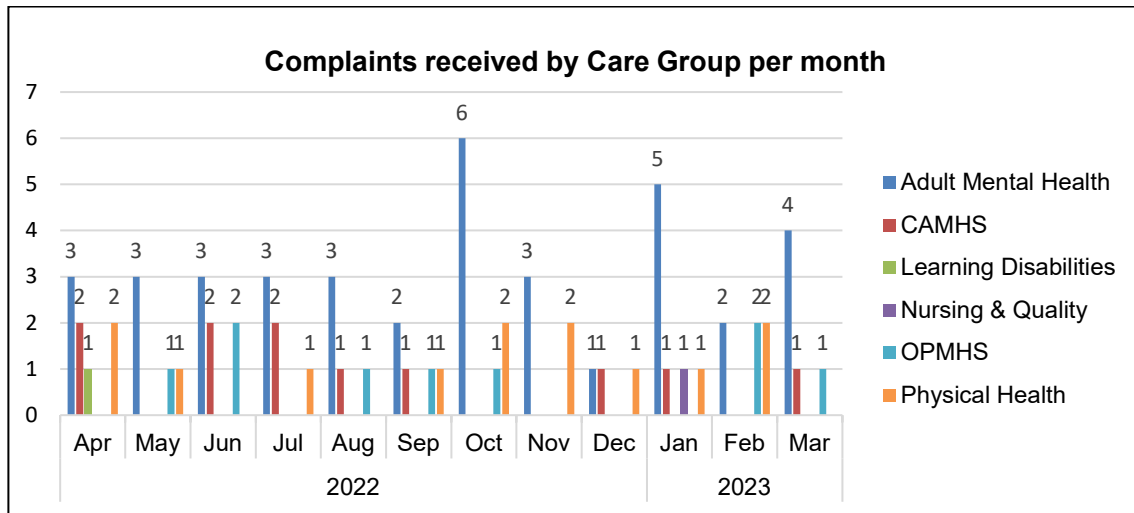
In 2022/23 a total of 73 new complaints were received. This is a decrease of 41 (35.9%) in from 2021/22.

The chart below shows the number of complaints received by month Trust-wide in 2022/23 compared to 2021/22.



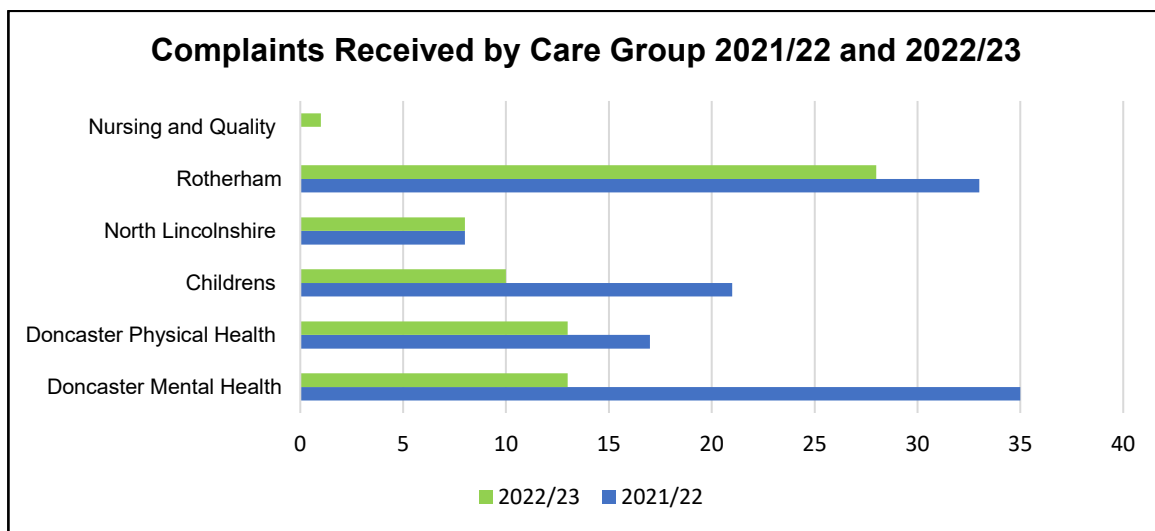
The charts above and below show a spike in October 2022 and January 2023 mainly from Adult Mental Health Services. Adult Mental Health services remains the area with the highest percentage of new complaints received during the year, however this reflects the volume of activity in that area.

Learning Disabilities only received 1 complaint during the year, the lowest number received by a service area.



2.2 Complaints and Services

2.2.1 Complaints received by Care Groups



Care Group	Number of Complaints 2021/22	Number of Complaints 2022/23
Doncaster Mental Health	35	13
Doncaster Physical Health	17	13
Children's	21	10
North Lincolnshire	8	8
Rotherham	33	28
Nursing and Quality	0	1

1 complaint relates to covid vaccination which was put under Nursing and Quality

The table above shows a decrease in the number of complaints. However, the decrease is largely across Doncaster and Children's Care Group in their complaints as against those received in 2021/22.

2.2.2 Complaints Received by individual Services in 2022/23

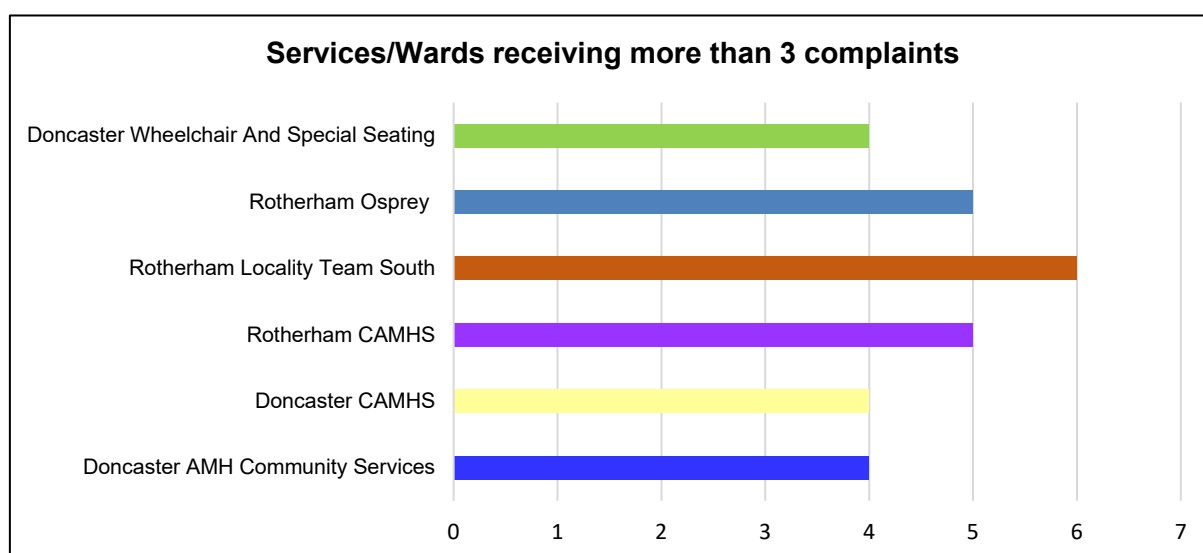
The table below shows the breakdown of complaints received by individual Services.

Specialty	Children's	Doncaster	North Lincs	Rotherham	Total
Adult Mental Health Community Services					
Assessment & Formulation Locality Team North				1	1
Assessment & Formulation Locality Team South				2	2
ADHD service			2	1	3
AMH Community Services		4			4
Assertive Outreach			1		1
Assessment & Liaison Team			1		1
Community Access Team		1	2	1	4
Community Therapies		1			1
Crisis Team				2	2
Hospital Liaison Team		1			1
IAPT		1			1
Locality Team North				1	1
Locality Team South				7	7
Adult Mental Health Inpatients					
Brodsworth Ward		1			1
Cusworth Ward		2			2
Osprey Ward				4	4
Sandpiper Ward				2	2
Total		11	6	22	39
CAMHS					
Total	10				10
Learning Disabilities					
Community Team CTLD				1	1
Total					1
Nursing & Quality					
Community Nursing Covid Vaccination Clinic		1			1
Total					1
OPMHS Community Services					
Hospital Liaison Team		1	1		2
Care Home Liaison		1			1
CMHT South – Elderly Day Services				1	1
Comm Memory Therapy Service Day Services				2	2
OPMHS Inpatients					
Laurel Ward			1		1
The Brambles				2	2
The Glade				1	1
Total		2	2	5	9
Physical Health					
Community Intermediate Care Team		1			1

Community Specialist Palliative Medicine		1			1
DN – Central Community Nursing		2			2
Wheelchair And Special Seating Disability Services		4			4
Physical Health Inpatients					
Hawthorn Ward		2			2
Hospice In-Patient Unit		1			1
Magnolia Ward		1			1
Neuro Rehab Outreach		1			1
Total		13			13
Grand Total	10	27	8	28	73

2.2.3 Numbers of Complaints per services

Most Trust services have received less than 3 complaints across the year. The services receiving more than three complaints in the period are illustrated below:



4 complaints were for Osprey ward an acute adult mental health ward. Inpatient wards however provide care for patients with higher acuity and additional challenges in terms of complexity. a member of the complaints team has been invited to attend the Rotherham Care Group Quality Assurance Meeting as a standing agenda item, to report on complaints received and help services to identify trends.

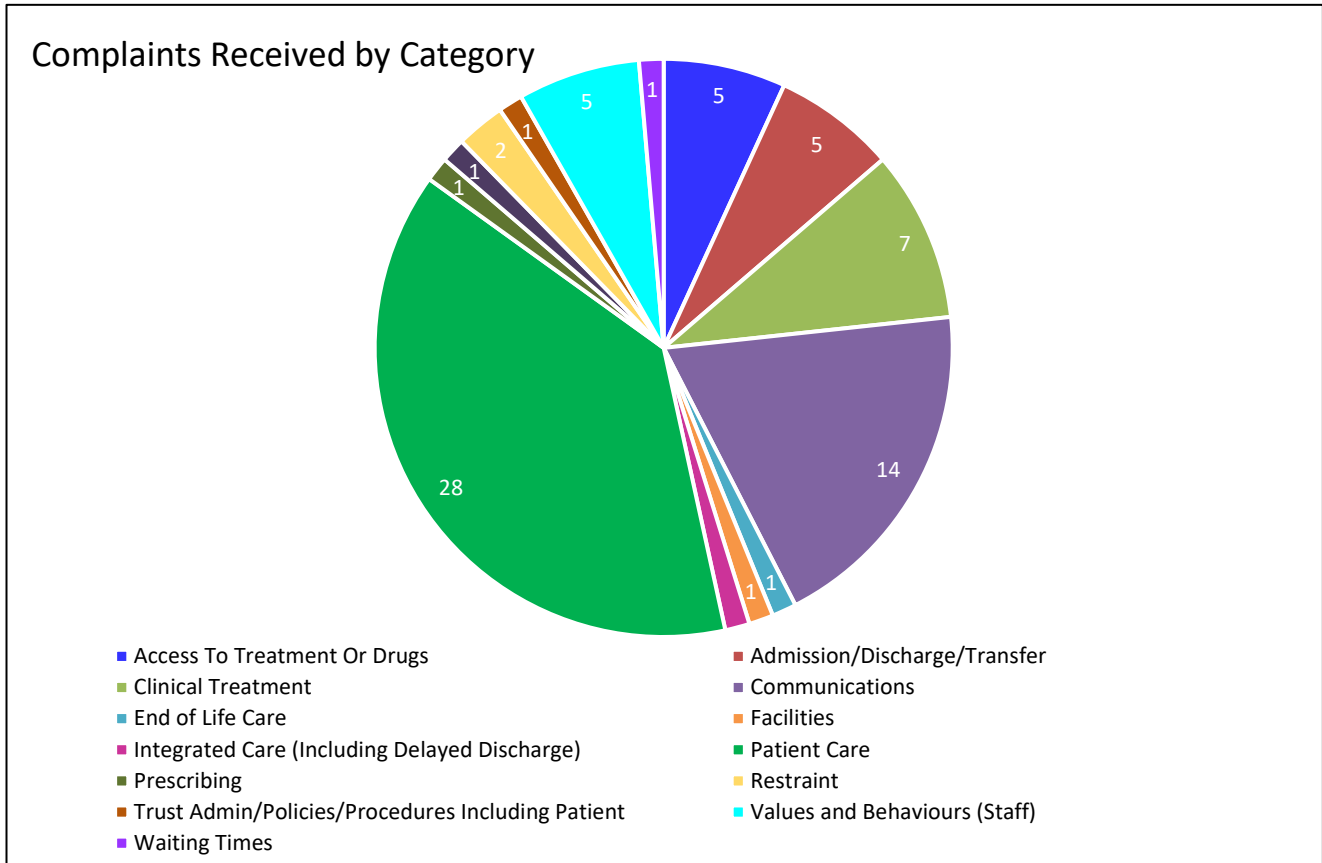
The area receiving the most complaints in the period is the Rotherham South Locality team and CAMHS.

In relation to CAMHS this is primarily Rotherham and Doncaster services. There is a national problem with the neurodevelopment pathway with long delays in awaiting assessments. However, the number of formal complaints for Rotherham CAMHS has decreased over the year.

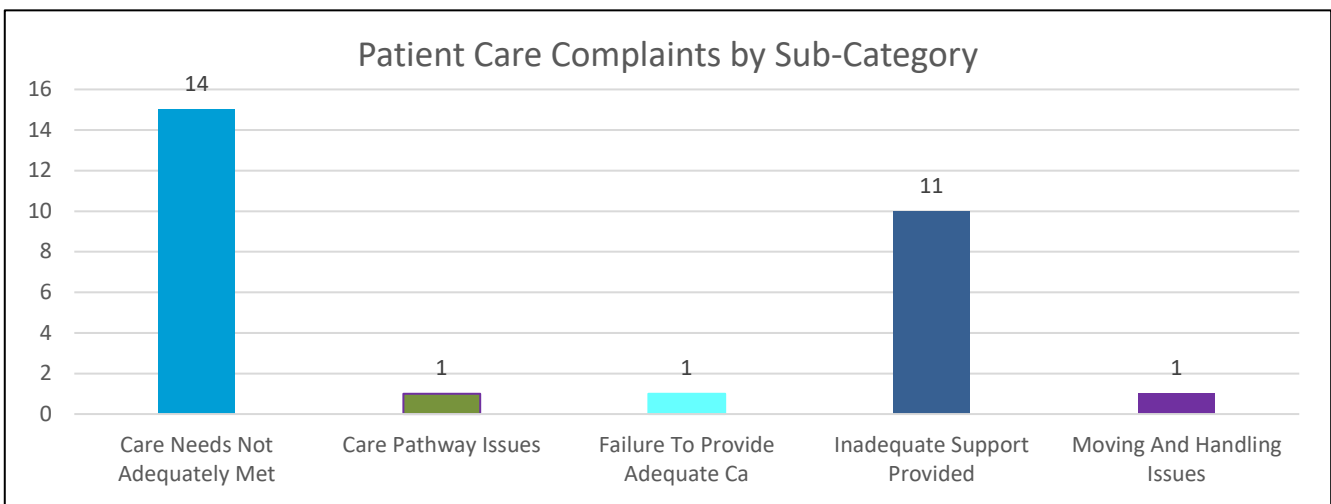
2.3 Themes from Complaints

The tables below show the categories of complaints investigated. These categories are those used in the national KO41a returns for the recording and handling of formal complaints. Across the Trust, thematically there is a wide variation of categories, with the highest proportion of complaints relating to patient care.

The table shows the main categories of ‘clinical treatment’, ‘communications’, ‘patient care’, ‘and ‘access to treatment or drugs’, and the associated subcategories.



In the Patient Care category, when those complaints are broken down further, the most prevalent category is ‘Care Needs Not Adequately Met’, followed by ‘Inadequate Support Provided’ which together accounted for 25 individual complaints in the period. See chart below.



Category/Sub-category	Year	
	2021/22	2022/23
Access To Treatment Or Drugs	10	5
Access To Services	2	
Length Of Waiting List	2	
Service Provision	5	1
Treatment Cancelled	1	1
Treatment Delayed		2
Service Not Available		1
Admission/Discharge/Transfer	11	5
Admission Arrangements	2	1
Bed Not Available For Admission	1	
Discharge Arrangements (Incl.	5	3
Inadequate Discharge Planning	1	
Transfer Arrangements	2	
Delay Or Failure In Transfer		1
Appointments	4	
Appointment Cancellations	1	
Appointment Delay	2	
Appointment Time	1	
Clinical Treatment	10	7
Delay In Treatment	1	
Delay Or Difficulty In Obtaining	1	1
Delay Or Failure To Follow Up	1	
Dispute Over Diagnosis	3	2
Inappropriate Treatment	3	2
Mental Health Act: Detention	1	
Lack Of Clinical Assessment		1
Inappropriate Procedure		1
Communications	14	15
Communication Failure Between	1	4
Communication With Patient	4	4
Communication With Relatives/Carers	5	6
Delay In Giving Information	1	
Failure To Obtain Appropriate	1	
Inadequate Information Provide	1	1
Method/Style Of Communications	1	
Consent	1	
Patient Undergoes Procedure	1	
Facilities	2	1
Cleanliness - Non-Clin (All As	1	1
Safety And Security Issues	1	
Other	1	
Disruptive Behaviour	1	

Patient Care	44	28
Care Needs Not Adequately Met	13	14
Care Pathway Issues	4	1
Failure To Provide Adequate Ca	1	1
Inadequate Support Provided	25	11
Inappropriate Care Setting	1	
Moving And Handling Issues		1
Prescribing	1	1
Prescribing Error	1	
Prescribing		1
Privacy, Dignity & Wellbeing	1	
Personal Care	1	
Trust Admin/Policies/Procedures Including Patient	1	1
Visiting Times/Arrangements (I	1	
Mental Health Act		1
Values and Behaviours (Staff)	8	5
Attitude Of Medical Staff	2	2
Attitude Of Nursing Staff/Midwife	5	2
Breach Of Confidentiality By Staff	1	
Attitude Of Other Staff		1
Waiting Times	6	1
Waiting For Appointment/Length	6	1
Restraint		2
All Aspects Of Restraint Issue		2
End of Life Care		1
End Of Life Care		1
Integrated Care (Including Delayed Discharge		1
Failure In Communication To others		1
Total	114	73

Comprehensive investigations have been completed in relation to the specific issues identified in these cases, and actions taken.

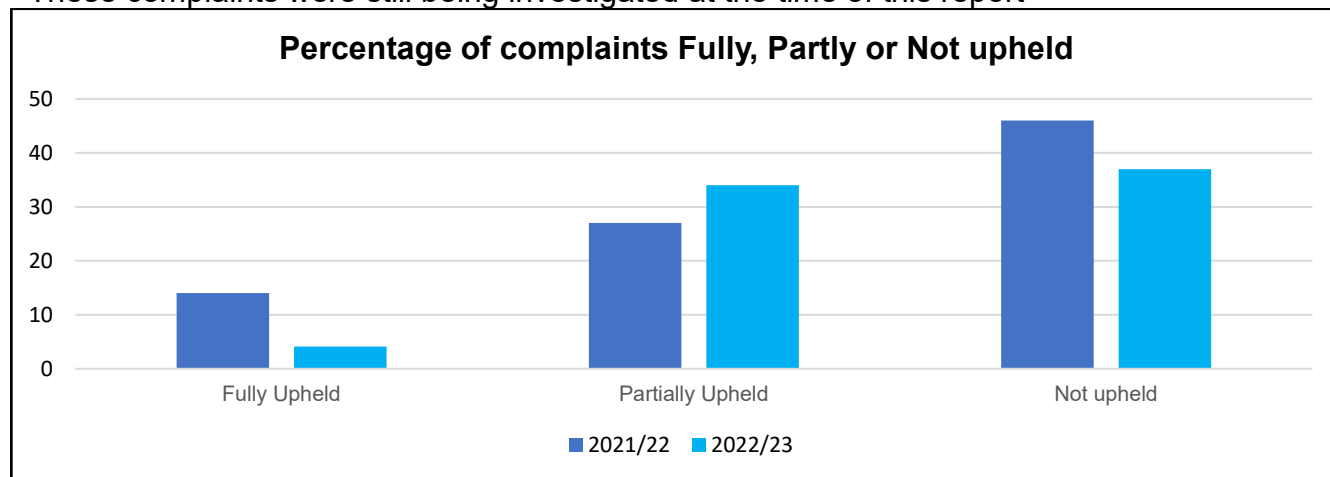
At present, data is not routinely collected on gender and ethnicity. Complainants are asked to complete a Diversity and Ethnicity form as part of the investigation process, but responses to this are variable. However, through early 2023/2024 work will be undertaken to ensure that this is collected more thoroughly for the patient (whether or not they are the complainant) and an analysis of the gender and ethnicity of patients/complainants as against our treated population and as against the resident population.

2.4 Outcomes of Complaints Investigations

The tables below detail the outcomes of the 73 complaints investigated in 2022/23.

	2022/23	2021/22
Fully Upheld	3	16
Partially Upheld	25	30
Not Upheld	27	52
Withdrawn	7	16
Still being investigated*	11	0
Total	73	114

* These complaints were still being investigated at the time of this report



At the time of writing this report, the percentage of complaints fully upheld decreased this year from 14% to 4% and complaints which were partially upheld has increased from 27% to 34%.

In 2022/23 the category Patient Care received the highest number of complaints. In 2022/23 the Trust received 28 complaints relating to this category as against the 44 received in 2021/22.

Theme	Withdrawn	Not Upheld	Ongoing	Partially Upheld	Upheld	Total percentage
Patient Care	5	8	5	10		28 (38%)
Care Needs Not Adequately Met	2	3	3	6		14
Care Pathway Issues		1				1
Failure To Provide Adequate Care	1					1
Inadequate Support Provided	2	3	2	4		11
Moving And Handling Issues		1				1
Communications		3	3	9		15 (21%)
Communication Failure Between		1	1	2		4
Communication With Patient		2		2		4
Communication With Relatives/Carers			2	4		6
Inadequate Information Provide				1		1
Clinical Treatment		5		2		7 (10%)
Delay Or Difficulty In Obtaining Clinical Assistance				1		1
Dispute Over Diagnosis		2				2
Inappropriate Procedure		1				1

Inappropriate Treatment		2				2
Lack Of Clinical Assessment				1		1
Access To Treatment Or Drugs	1	2		1	1	5 (7%)
Service Not Available	1					1
Service Provision		1				1
Treatment Cancelled				1		1
Treatment Delayed		1			1	2
Admission/Discharge/Transfer		3	1	1		5 (7%)
Admission Arrangements				1		1
Delay Or Failure In Transfer		1				1
Discharge Arrangements (Incl.		2	1			3
Values and Behaviours (Staff)	1	1	1		2	5 (7%)
Attitude Of Medical Staff					2	2
Attitude Of Nursing Staff/Midwife	1	1				2
Attitude Of Other Staff			1			1
Restraint		2				2 (3%)
All Aspects Of Restraint Issue		2				2
End of Life Care			1			1 (1.4%)
End Of Life Care			1			1
Facilities		1				1 (1.4%)
Cleanliness - Non-Clin (All Aspects, all areas)		1				1
Integrated Care (Including Delayed Discharge)				1		1 (1.4%)
Failure In Communication To Community or Other Org				1		1
Prescribing			1			1 (1.4%)
Prescribing			1			1
Trust Admin/Policies/Procedures Including Patient		1				1 (1.4%)
Mental Health Act		1				1
Waiting Times				1		1 (1.4%)
Waiting For Appointment/Length				1		1
Total	7	26	11	25	3	73

2.5 Performance

2.5.1 Performance Against National Timescales for Complaints Handling

67/73 (93%) of complaints have been acknowledged within three working days of receipt within the Patient Safety and Investigation Team. The reasons for a delay may be that it can be unclear at times upon receipt of a letter, which process is to be considered/followed:

- consent/patient confidentiality/relationship to patient;
- whether the matter has been/needs to be investigated as a Serious Incident;
- the time of day the letter is received within the Patient Safety and Investigations Team;
- Whether the matter can be dealt with as a PALS enquiry.

All of these can delay a letter of acknowledgement being sent with the appropriate information included about the processes to be followed.

2.5.2 Performance against Trust targets for responding to complaints.

Of the 73 complaints received in 2022/23, 20 were still ongoing at the time of this report and 7 had been withdrawn. Complaints are recorded as withdrawn either if the complainant has withdrawn their complaint, if the complainant has failed to make further contact with the Patient Safety and Investigation Team (therefore, the scope or remit of the potential investigation to be undertaken is compromised), or if consent has not been received.

Of the remaining 46/73,

- 17 (37%) were resolved within 25-40 working days,
- 9 (20%) were resolved in over 41-60 working days
- 20 (43%) were 60+ working days.

As part of the Complaints recovery plan the Trust are looking at timeframes for response and are aiming that all complaints are dealt with within the agreed timeframes.

2.6 Independent Stage/Further Review by the Parliamentary Health Service Ombudsman (PHSO)

For the period 01/04/22 to 31/03/23, Two PALS enquiries proceeded to second stage with the Parliamentary and Health Services Ombudsman (PHSO). Both are still under Investigations by the PHSO.

3 Patient and Advice Liaison Service (PALS)

The number of new PALS concerns received by the Trust in total this year has followed a similar trajectory to complaints received, with an initial increase followed by a decrease to roughly previous levels.

3.1 PALS Data

The overall number received has increased from last year's total of 512 by 101 enquiries to 613. However, more than 15% of these related to concerns about other organisations/providers which are signposted elsewhere.

3.2 Method of receipt of PALS contacts

	Year 2022/23	Percentage	Year 2021/22	Percentage
Answer Machine	107	17%	81	16%
Email	375	61%	259	51%
Facebook	0	0	1	0.2%
Letter	15	2%	25	5%
Survey	0	0	1	0.2%
Telephone	116	19%	143	28%
Twitter	0	0	1	0.2%
(blank)	0	0	1	0.2%
Total	613		512	

The most frequent way of contacting PALS is now by email. However, there has been an increase in the number of enquiries received through email with 51% being received in this way

in 2021/22 and 61% being received in 2022/23. from 2021/22. Communication by letter and telephone has reduced. The use of social media does not appear to have had an effect on the way in which people contact our PALS.

3.3 Category of PALS contacts

Categories	Numbers
Access To Service	61
Admission Arrangements	3
Attitude Of Staff	70
Cleanliness/Infection Control	1
Clinical Treatment	122
Communication/Info To Or About A Patient	75
Community Appointments	30
Complaints Handling	4
Compulsory Admissions	1
Discharge Arrangements	28
Info Request/Request For Advice/Signposting (PALS)	94
Medical Devices	8
Medication	20
Patient Expenses	1
Patients Privacy And Dignity	3
Patients Property	8
Personal Health Care Records	5
Policy And Commercial Decisions Of Trust	1
Safeguarding	1
Transfer Arrangements	4
Transport (Amb And Other)	2
Trust Premises	6
Unable To Conclude (Unknown)	65
Grand Total	613

The table above shows the categories of contacts made. The majority of contacts are regarding clinical treatment 19%. These are followed by Info Request/Request For Advice/Signposting 15% and attitude of staff 11%.

3.4 PALS enquiry by Care Group

Care Group	Number of Enquiries	Percentage	Number of Enquiries	Percentage
	2022/23		2021/22	
Children's	60	10%	43	8%
Corporate	22	4%	20	4%
Doncaster	225	37%	193	38%
North Lincs	49	8%	40	8%
Rotherham	94	15%	88	17%
Not relating to RDASH Services	163	27%	128	25%
Grand Total	613		512	

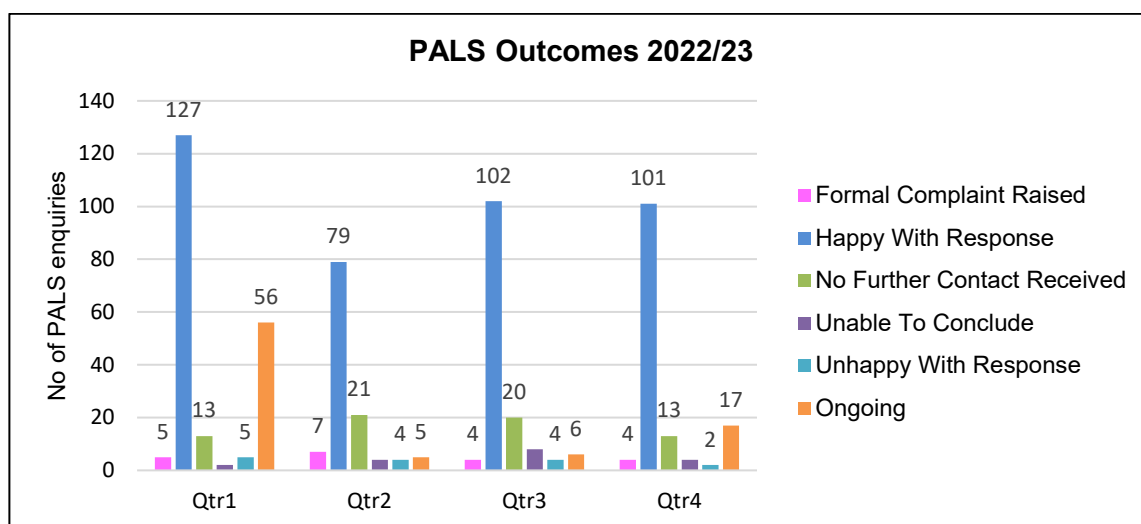
Organisation and Directorate	Children's		Corporate		Doncaster		North Lincs		Rotherham		Not RDAS H	
	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22
	Adult Mental Health					109	91	43	34	82	80	
CAMHS	39	40										
CEO & Corporate Affairs				1		1						
Children & Young People	21	3										
Drug & Alcohol Services					9	10						
Estates & Facilities			1	3		1						
Health Informatics			11	8		4						
Learning Disabilities					5	1		2	3			
Nursing & Quality			1	5								
Operations						1						
OPMHS				1	15	18	5	4	7	6		
Physical Health					87	64						
Workforce & OD			8	2								
None RDASH Services			1								163	128
Grand Total	60	43	22	20	225	193	49	40	94	88	163	128

3.5 Outcome of PALS enquiries

The PALS team follow up on queries at the end of the process to check whether the concern has been resolved, any further signposting required and next steps. The outcomes from the PALS contacts at the end of the process is illustrated in the chart below.

This demonstrates an effective investigation process, with the vast majority of concerns raised via this route resolved satisfactorily, and just 20 (3%) being escalated to formal complaints for the year. This is comparative with 2021/22 when 19 (4%) were escalated to formal complaint.

The table below details the outcomes of the enquiries. In a small number of cases, the enquirer is unhappy with the response from PALS and goes on to make a formal complaint. The majority (52.7%) are happy with the response.



Most PALS enquiries are closed within one month and many are closed much sooner than this (see below). However, there are occasional enquiries which take longer to resolve, which can

be for a variety of reasons, e.g. the complexity of the enquiry; the enquirer prefers the 'informal' process provided by PALS, choosing not to submit a formal complaint; or capacity of services to respond in a timely manner.

3.6 Performance

Days to close PALS enquiry

Days to close enquiry	
1-10 days	403
11-20 days	73
21-30 days	32
> 30 days	83
Still ongoing	22

The table above shows that 66% of enquires are closed within 10 days.

4 Your Opinion Counts

Your Opinion Counts (YOC) continues to be the Trust's primary source of direct experience feedback from patients, families, and carers. It is also the primary means of collecting our responses to the Friends and Family Test question.

4.1 YOC Data

The number of forms received overall in 2022/23 has decreased by 198 (12%) from 1688 in 2021/22 to 1490 in 2022/23. It is useful to note that the number of forms received in 2019/20 was 826.

YOCs Received	Care Group					
Quarter	Children's	Corporate	Doncaster	North Lincs	Rotherham	Total
Q1	65	201	149	63	37	515
Q2	29	2	184	74	35	324
Q3	50	1	135	57	39	282
Q4	49	0	197	83	40	369
Grand Total	193	204	665	277	151	1490

4.2 YOC by Care Group

	Children's		Corporate		Donc		North Lincs		Roth	
	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22
Adult Mental Health					109	91	43	34	82	
CAMHS	39	40								
CEO & Corporate Affairs				1		1				
Children & Young People	21	3								
Drug & Alcohol Services					9	10				

	Children's		Corporate		Donc		North Lincs		Roth	
	2022/23	2021 22	2022/23	2021 22	2022/23	2021 22	2022/23	2021 22	2022/23	2021 22
Estates & Facilities			1	3		1				
Health Informatics			11	8		4				
Learning Disabilities					5	1		2	3	
Nursing & Quality			1	5						
Operations						1				
OPMHS				1	15	18	5	4	7	
Physical Health					87	64				
Workforce & OD			8	2						
Non RDASH Service			1							

4.3 YOC by Category

The table below shows the primary category for Your Opinion Count forms across the Trust.

Count of Organisation	Count of Organisation				
	Children's	Corporate	Doncaster	North Lincs	Rotherham
Access To Service	2	12	17	4	7
Attitude Of Staff	84	108	238	90	58
Cleanliness/Infection Control			4		2
Clinical Treatment	18	5	60	13	8
Communication/Info To Or About A Carer/Relative			1		
Communication/Info To Or About A Patient	1		1	1	
Community Appointments	6	2	4	10	
General	7	101	68	27	8
Medical Devices			3	1	1
Medication			2		
Nutritional Needs			4	3	4
Patients Property			1		
Policy And Commercial Decisions Of Trust			1		
Trust Premises		3	8	1	2
Unable To Conclude (Unknown)					1

The most common type of positive feedback received continues to be categorised under 'Attitude of Staff', followed by 'General' and 'Clinical Treatment'.

5 Compliments

The number of compliments received by the Trust has decreased overall from last year only by 5%. Doncaster Care Groups continue to receive the highest number of compliments with 331 compliments (5% increase), while North Lincs Care Group seen a drop in compliments by 48%. However, this system is reliant on staff recording compliments and it is recognised that they do not do this consistently and for all compliments received.

Care Group	2022/23	2021/22
Children's	194	170
Corporate	12	24
Doncaster	331	314
North Lincs	76	145
Rotherham	15	10
Grand Total	628	663

6 Advocates

Healthwatch/Cloverleaf, Voice Ability and Pohwer Advocacy are independent organisations which exist to:

- Engage with communities to gather views and evidence of health and social care service provision.
- Make sure the views and experiences of service users and carers are heard by decision makers and commissioners locally and nationally.
- Signpost people to information about local health and social care services and how to access them, and
- Provide people with information on how to make a complaint about NHS Services.

There are Advocate offices in all areas where RDASH provide services.

The Patient Safety and Investigations Team has been contacted by the Advocates in Rotherham, Doncaster and North Lincolnshire, during 2022/23, when they have been supporting service users to make complaints and to make enquiries about the services we offer.

The Patient Safety and Investigations Team will continue to work with all the Advocates in each of the areas in order to support service users and to facilitate improvements in services where appropriate.

7 Learning from Complaints

Complaints and PALS are reported in the monthly and quarterly Patient Safety dashboards, monthly are discussed at Care Group Assurance meetings, and are included in the Patient Safety Report for the Quality Committee. Any lessons learnt are discussed and implemented at Care Group level.

At the end of each complaint investigation, an action plan is established with the relevant service(s) to identify any actions required, who will lead on these and the timescales for these.

Below are examples of actions and lessons learnt from complaints in 2022/23

Learning from complaints

A family raised concerns about the lack of communication with them around planning of care and lack of involvement in assessments.

Learning

- A Discharge information pack is being created which will include any feedback from the complainant. This would be given during the discharge planning process.
- Information leaflets for patients and families will be more widely available on the unit.
- Records will include details of which family members have spoken to staff.

Learning from complaints

A family member who was an in patient on one of our elderly wards was supposed to have her depo injectable medication. She had anxieties about this and her son and a ward staff member had worked together to build a positive relationship where she felt confident to accept the medication and a plan was developed. At the time this was to be administered the medication could be located in the normal storage location. Subsequent investigation identified that this had inadvertently been stored in the incorrect cupboard.

Learning

- Awareness/education sessions for all qualified staff were set up, these covered processes, policies and procedures including medication and storage.
- The ward put in provided signage to ensure that all staff were aware of where depot injections are stored.
- The learning was cascaded to all staff through our Clinical Learning brief in February

Learning from Complaints

Handover between wards regarding a patient care and transfer needs

The importance of ensuring communication between Trusts, other organisations and other services to ensure that the patients is given all the required information and is held at the centre of all that is provided which includes both the wishes and needs of the patient.

Learning

When patients are transferred between wards information may sometimes be missed. Rotherham Care group have developed a transfer summary record has to move with the service user between wards and externally if indicated.

The document is being shared across the organisation.

8 Developments in 2022/23 Next Steps

Front line staff managers and complaints Investigators attended Written Responses to Complaints in the Public Sector during quarter 4 of 2022/23.

We are reviewing our complaint response letters to ensure that information is focused, learning is identified but also includes details of the investigation undertaken.

During Quarter 4 2022/23 we have started a Complaints Review and have developed a Complaints Recovery plan. This focuses on ensuring that our patients and carers are at the heart of what we do. This will include ensuring that we are working to and are compliant with the NHS Complaints Standards.

The Complaints Recovery plan will ensure that feedback is collected from patient, family or carers.

Through our Complaints Recovery Plan we will focus on ensuring that we are learning from complaints and that this is triangulated with other processes as well as being cascaded to our staff.