The Leeds Teaching Hospitals NHS Trust

Complaints Six Monthly Update

Trust Board

28 March 2024

Presented for:	Assurance
Presented by:	Rabina Tindale, Chief Nurse
Author:	Krystina Kozlowska, Head of Patient Experience
Previous Committees:	Patient Experience Sub-Group 9 January 2024 Quality Assurance Committee 22 February 2024

Our Annual Commitments for 2023/24 are:	
Effectively develop and deploy new assets (buildings, equipment, IT)	
Reduce healthcare associated infections	✓
Improve staff retention	
Deliver the financial plan	
Reduce average length of stay by 0.5 days per patient	✓
Achieve the Access Targets for Patients	✓
Support a culture of research	

Risk Appetite Framework				
Level 1 Risk	(✓)	**Level 2 Risks**	**(Risk Appetite Scale)**	**Impact**
Workforce Risk				
Operational Risk				
Clinical Risk	✓	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Moving Towards
Financial Risk				
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

Key points	
The 2022-24 Complaints Action Plan and Complaints Improvement Programme are almost completed.	Assurance
There have been notable improvements in quality of complaint responses, however improvements in timeliness have not been as marked as expected and Trust internal targets are not being met.	Information
Actions taken to respond to this and implemented in September 2023 are showing positive early results.	Assurance
A revised Complaints Action Plan will be developed for 2024-26.	Assurance
Good progress is being seen in reducing the number of PALS escalated to complaints. The revised Complaints Action Plan will include actions to address PALS concerns that are open for prolonged periods.	Assurance

1. SUMMARY

This six-monthly report provides an update that summarises Trust activity and performance in relation to complaints and PALS during Q1 and Q2 2023/24.

An update is provided on progress in achieving the Complaints Action Plan 2022-24. (**Appendix 1**).

2. BACKGROUND

Table 1 below shows the number of complaints received from April 2021 to the end of September 2023. The number received in Q1 and Q2 2023/24 was 26 less than Q3 and Q4 2022/23 but is comparable to the same Q1 and Q2 six-month periods over the past two full financial years.

Table 1

	Financial Year		
Financial Quarters	2021/22	2022/23	2023/24
Q1 and Q2	300	322	318
Q3 and Q4	302	344	
Annual total	602	666	

An update on progress in implementing the Complaints Action Plan (CAP) can be seen in **Appendix 1.** The plan is reviewed every two months by the Complaints Management team, with updates reported to the Patient Experience Sub-Group (PESG) six-monthly.

Key progress since the last Complaints Report was presented to Trust Board in July 2023 is set out in this report.

2.1 Complaints Improvement Programme

The Complaints Improvement Programme (CIP) commenced in September 2020 following an external review that was commissioned by the Chief Nurse and focussed on improving the timeliness and quality of complaint responses, using the Leeds Improvement Method (LIM). The first three cohorts of CSUs and some of cohort four have completed the CIP to date. The following cohort four CSUs and teams continue to be in the programme and are expected to complete it by 31 March 2024.

- Medicines Management and Pharmacy
- Outpatients
- Theatres and Anaesthetics
- Information Governance
- Complaints
- PALS

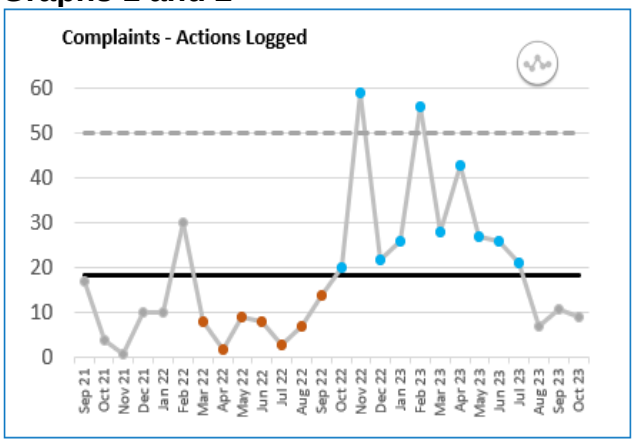
Once complete, all CSUs and departments involved in the management of complaints will have been through the programme.

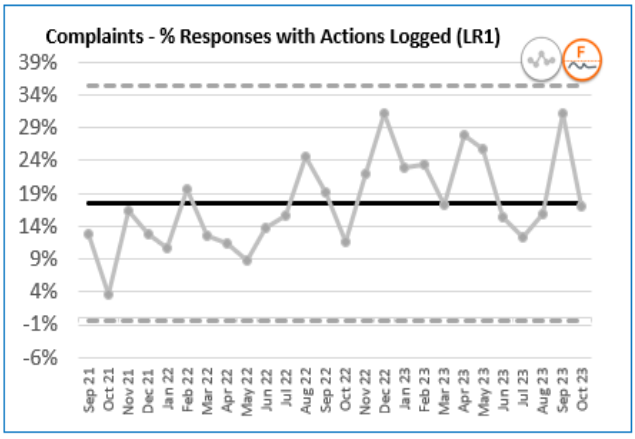
An ambition of working with CSUs through the CIP was to improve the recording of learning from complaints, and actions taken in response to complaints. An advantage of achieving this, is to enable analysis of themes from recorded actions to take place, to inform improvement work across the Trust. **Graph 1** shows a significant improving variation in the number of complaint actions logged on Datix by CSUs between October 2022 and June 2023. This returned to normal variation from July 2023 onwards. **Graph 2** shows the percentage of first responses with at least one action logged, which is consistently below the 80% target.

In 2022/23 254 actions were commenced and 251 of these have since been completed. For 2023/24, at time of writing (2 January 2024), 215 actions have been commenced, with 162 of these completed.

To support further improvement, data on number of complaint actions recorded by CSU was added to the patient experience data pack provided to all CSUs as part of the Patient Experience Assurance Programme (PEAP) from November 2022. CSUs present and submit an improvement plan once a year which provides assurance at the Patient Experience Sub Group (PESG) of the actions they are taking to improve their performance.

Graphs 1 and 2





For CSUs and teams who have completed the CIP, performance data is monitored through their governance structure. For CSUs still taking part in Cohort 4, data and progress is monitored through regular meetings with the complaints senior management team. The complaints training and coaching programmes also continues to support required improvements.

All CSUs continue to be informed of their individual progress through monthly complaints and PALS data reports. Data is also fed back to CSUs via the PEAP data dashboards, which they receive bi-annually and is presented at every Trust Board through the Integrated Quality and Performance Report (IQPR). Current performance against the primary Trust ambitions of the CIP to improve complaint response timeliness and quality of responses is reported later in this paper.

2.2.1 Complaint response times and changes to the review pathway

A key objective of the CIP was to identify new ways to positively impact complaint response timeliness, to improve the experience of patients and their families and meet the locally agreed standards related to complaint response times (20, 40 and 60 days). Performance against the local complaint response times targets remains below the 80% standard that has been agreed.

Whilst the responsibility for improvements requires continued focus and engagement from CSUs and review of their internal processes for managing complaints, CSUs have previously provided feedback about the time taken for the Quality Assurance (QA) process to be completed when a complaint response has been submitted by the CSU for Executive approval. The QA and Executive sign-off pathway was therefore reviewed in Q2 2023/24 to identify steps that could be removed in line with the Leeds Improvement Method, based on the principle of earned autonomy for CSUs. This additional step was undertaken as it was recognised that the CIP was not producing the positive shift in performance that had been expected.

As a result of this review, since September 2023/24 most CSU Heads of Nursing, with the support of CSU Clinical Directors and General Managers where required, have taken responsibility for reviewing and approving their own single CSU complaints, without need for the response to proceed to a further external QA check.

The following CSUs were not included in this process following a review of their QA data, and Executive Director feedback and were instead provided with specific senior management support with the aim of working towards earned autonomy themselves:

- Chapel Allerton
- Specialist and Integrated Medicine
- Urgent Care
- Trauma and Related Services
- Head and Neck

Data relating to this change is outside of the reporting period for this paper, however indications are that a positive improvement in complaint timeliness has been observed since introduction. The initial three-month trial period for the change has completed and individual CSU re-opened complaints and defect rate data has been considered. This has shown that three of the CSUs provided with extra support and an external quality

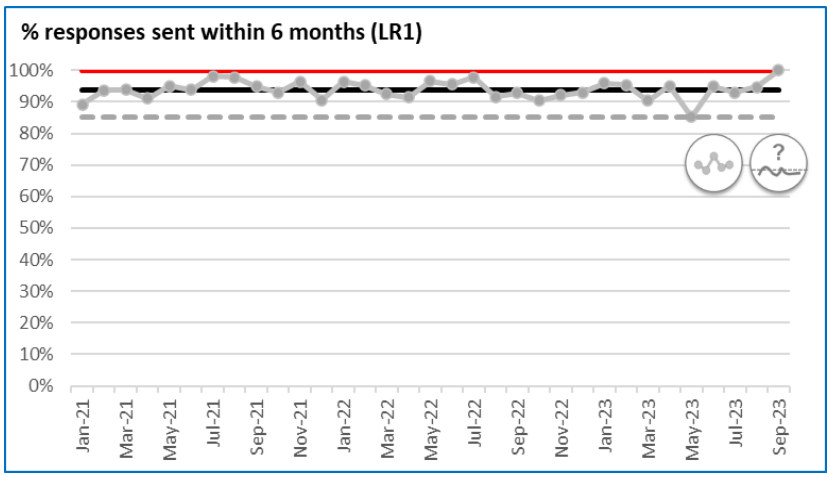
assurance review of their responses have now earned autonomy and will be able to approve their own responses in the next phase of this work. However, defect data for two other CSUs who had originally earned autonomy to approve their own responses appears to have deteriorated during the period and they will be offered additional support and a return to an external Quality Assurance review of their responses in the next phase of this work. A paper was taken to the Heads of Nursing meeting in January 2024 sharing the findings of the changes to the QA process to date and providing recommendations for the continuation and extension of this process, which were agreed.

CSUs continue to hold meetings with patients and their families to address their concerns. This approach to complaint resolution is well received, however the time taken to coordinate meetings often leads to delays and failure to meet complaint timescales. In September 2023, it was agreed that complaints resolved via meetings would not be subject to the 20,40,60 working day internal complaints response time targets, but would instead be subject to a 5 working day target for providing a summary letter to the complaints team following a meeting being held. **Appendix 2** shows the number of meetings held each month and Trust performance against the 5 working day standard. This shows an improvement in the number of meetings being held in Q1/Q2 2023/24, but significant under performance in meeting the 5-day target.

Complaint response times and performance are discussed as key metrics at the CSU nursing and quality framework review (performance) meetings. Additional accountability discussions are included in the Director of Nursing 1:1 meetings with CSU Heads of Nursing, with escalation to the Interim Deputy Chief Nurse where the internal standards are not being met.

Graph 3 below shows that performance against the national response standard (six months) has been consistently above the Trust's internal 80% target since October 2020. Currently CSUs are not performance managed against this target and consequently this will be introduced into the PEAP dataset. CSUs will be expected to identify solutions to perform within expected target and will report this at PESG, in response to their individual data where this is not happening.

Graph 3



2.2 Complaints Training Programme

The complaints training programme, developed in collaboration with an external company (AKD) continues, funded by the Nursing Continuing Professional Development Fund. During 2023/24, as of 2 January 2024, 213 staff have attended the training, which has been provided to CSUs involved in the CIP, meaning that all CSUs have now been offered the opportunity for their staff to attend.

Staff who attend are mostly senior nurses, with the remainder consisting of senior doctors, General Managers, Business Managers and Service Managers, and other staff whose role includes complaint management. This funding will cease at the end of March 2023/24, and a review will be undertaken at that point to establish the on-going training requirements for Trust staff and to consider what alternatives are available if no further funding can be identified.

Feedback from the programme continues to show that staff find it valuable in supporting their development in the management of complaints.

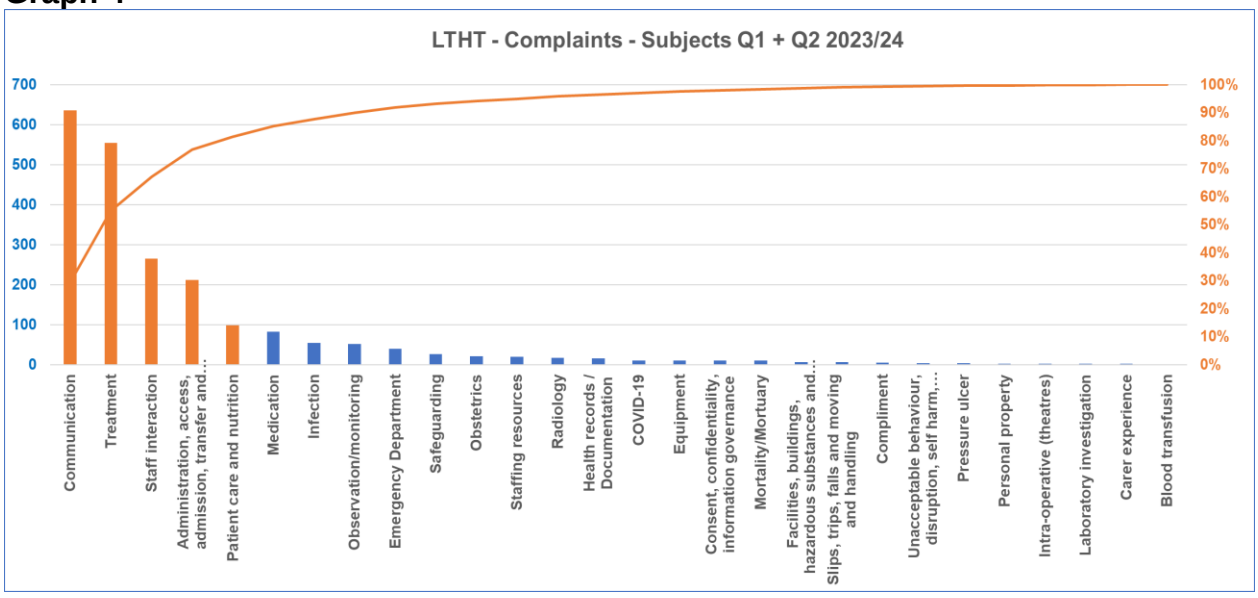
2.3 Complaints coaching programme

The complaints coaching programme continues to run. This is provided by the complaints senior management team who offer bespoke coaching to CSU staff involved in complaint management to directly support the development of skills in investigation and response writing. This has been available since the CIP began in October 2020. Examples of coaching sessions that have been supported in the reporting period include participating in the advanced urology bootcamp and delivering bespoke sessions to CSUs, including Theatres and Anaesthetics and Specialty and Integrated Medicine.

2.4 Assurance on complaint themes, learning and improving practice

The most common subjects from complaints received in Q1/Q2 2023/24 can be seen in **Graph 4** and remain consistent.

Graph 4



80% of all subjects raised included concerns relating to (in descending order):

- communication;
- treatment;
- staff interaction
- administration, access, admission, transfer and discharge;
- patient care/nutrition.

Appendix 5 shows the variation for the top 25 complaint sub-subjects logged in September 2023 across the previous two-year period and identified the sub-theme of communication failure within department as a special cause variation of a concerning nature.

In the first two quarters of 2023/24 this sub-subject was raised 91 times across 56 individual complaints. Concerns in this category relate to the patient having experienced a delay or not having an investigation or test or a specialist review by another medical or allied health professional. Additionally, some of these relate to messages about care or treatment not being passed from one member of staff to another within a department. The top five CSUs for this sub-subject were AMS (logged 23 times), Children's (17), TRS (12), C-R (7) and Women's (6). In the majority of cases, the ward/clinic locations were not known. Where the staff group was known, 48 (53%) were attributed to medical staff, 15 (16%) to nursing staff, 11 (12%) to administrative staff. Further work is now required to understand if there are consistent themes within this category which could be extracted and shared across the Trust for learning and improvement.

Data on PALS and complaint themes, which includes CSU level information, continues to be presented at Director of Nursing and Corporate Operations team meetings. Complaints subject data is presented six-monthly and PALS data quarterly. In addition, work is taking place to explore how monitoring of complaint and PALS subject data can be embedded into the Trust transformation workstreams. Work is planned to initially consider this within the planned care pre-assessment pathway.

2.4.1 Communication - difficulty contacting department

Although 'Communication – difficulty contacting department' is showing special cause of improving variation overall, PALS sub-subject data shows that this continues to be a predominant concern for complainants. This PALS concern tends to be reported more frequently in specialties which have a high volume of outpatient activity. Complaints on this subject tend to relate to inpatient or emergency care services which have demonstrated an improvement in responding to people trying to contact their departments. CSU level data on this subject is shared via the patient experience dashboard.

2.4.2 Staff interaction (staff attitude)

In relation to staff attitude, a complaints task and finish group created a new subject of 'staff interaction' to replace the coding of 'staff attitude' related concerns. Alongside this, new sub-subject fields were developed to better describe the behaviours highlighted by complainants, which can also be attributed to a specific staff group:

Appendix 11 shows the number of PALS and complaints subjects raised each month in relation to the above. The chart shows normal variation following a concerning variation between November 2022 to May 2023. No definitive general cause/s have been identified, although the rise coincides with the introduction of the new subjects during Q3 2022/23 and training of PALS and complaints staff to better identify and allocate these subjects to

the coding of concerns. CSU and specialty level data on this subject continues to be shared with CSUs via the quality and nursing framework review meetings, the Patient Experience Assurance Programme data packs and the monthly PALS and complaints data report.

Appendix 12 shows the overall sub-themes for this category since the theme was created. The three sub-subjects of undesirable staff behaviour, lack of compassion, and not listening were the second, fifth and eleventh most frequently raised sub-themes for all concerns and complaint sub-subjects raised in Q1 / Q2 2023/23.

Data on staff interaction has been discussed with senior HR colleagues and shared with HR Business Partners, who work with CSUs on responding to the findings of the staff survey and on supporting improvements in culture and civility. CSU Heads of Nursing have advised that work already being taken forward in their CSUs to provide staff with communication training, to respond to staff feedback and to respond to staff survey findings, is expected to positively impact on CSU data relating to patients raising concerns about staff interactions. As an example, the Urgent Care CSU have reported working with HR colleagues, including the Director of HR, to address concerns relating to staff behaviours, including behaviours of the Medical workforce.

2.4.3 Service improvements

Further examples of CSUs addressing themes arising from complaints and PALS concerns have been presented at PESG as part of the PEAP and include:

- Named Nurses have been assigned to SJUH ED to help ensure continuity of care in the treatment of patients, which was being reported by patients as lacking in the department. The UC CSU team have seen an improvement in patient feedback since this intervention began, with positive FFT feedback increasing from 66% to 84% and negative experience reducing from 25% to 10%.

- ACC CSU have introduced a Family Care Nurse in Neuro ICU L03/L02. The post holder offers additional help to assist staff to manage challenging situations, providing emotional, practical, family and educational support. The post holder establishes ongoing contact with families and phones them following the death of a loved one or after discharge. The service is currently at LGI, but the team are planning to roll it out at SJUH in 2024.

- The Head and Neck CSU was receiving concerns relating to difficulty contacting the department. Investigation identified that some of the information on the internet was wrong and was contributing to this problem. The administrative team have also been reviewing their processes for diverting calls and picking up answer phone messages in response to the investigation findings.

When considering how themes from complaints are shared across the Trust, complaints are now a standing agenda item on the Lessons Learned Forum and examples of learning from complaints are shared in the associated Forum newsletter.

2.5 Complainant feedback

The complaints team received two thank you letters from complainants from complaints which were closed in Q1 and Q2 2023/24. The PALS team received three compliments during the same period.

One PALS compliment stated: "*My mum was a recent patient at St James's hospital and when things appeared to have stalled and no one was listening to us I contacted PALS. My details and concerns were recorded and the person told me I would be contacted within 24 hrs. I was contacted by the senior nurse on the ward 3 hrs later and the next morning the consultant had visited my mum, listened to her concerns and agreed with the course of action she wanted to take."*

A thank you to the complaints team said: *"I would like to say a big thank you for all your support through this very difficult time […] your approach and understanding was much appreciated and […] you are an asset to the […] service. At no point during this difficult time did you delay in either calling me or emailing me and you always kept me in the loop with details and meeting dates and times. I am grateful for your professionalism".*

Positive feedback for CSUs and Trust staff is also received from users of the PALS service. This is always shared with the CSU directly and where appropriate is shared with the communications team for inclusion in the Trust operational bulletin.

The complaints and PALS teams offer complainants who have received a response to their complaint the chance to provide feedback via an electronic survey, which can be accessed by scanning a QR code.

People using the complaints service are invited to answer five questions (see below) in addition to providing their demographic details. Between 1 April 2023 and 23 November 2023, four complainants responded to the survey, three of which provided demographic information. This is a very low response rate as a proportion of responses sent out during the period, meaning the results should be treated with caution when drawing wider conclusions. The complete responses to the surveys can be found in **Appendix 6.**

Only three respondents provided demographic information and so broad comparison with Leeds population data is not possible and further analysis would risk identification of the individuals.

Users of the complaints service who felt they were not treated fairly at all times commented:

- *"I feel some parts of the case was that the reply letter I got back didn't full investigate certain areas".*
- *"Unsatisfactory response so far to my formal complaint".*
- *"Simply closed ranks, doctors interview doctors, not looking at the facts, yet making judgements. Terrible situation to be in, now having to fund treatment privately at a cost to myself not to the NHS".*

Respondents commented as follows regarding the time taken to receive their response:

- *"I feel as though even though I got some answers not all of them explained in detail enough".*

- *"You have exceeded the response period for the formal response to my complaint and I propose to make this known in my appeal to the Health Services Ombudsman Service".*

The complaints team are in the process of reintroducing a paper survey into their processes which will be sent to complainants, along with a self-addressed envelope, once their complaint has closed. This method of data capture has proved to be more successful in the past, than the electronic capture of data has proved to be.

The PALS electronic survey received 68 fully completed surveys and 20 partially completed surveys between 1 January 2022 and 16 December 2023. The results are summarised in **Appendix 5,** along with the demographic details provided by respondents.

The most commonly reported reason for contacting the service was waiting time for an appointment. For the question 'Did you find it easy to contact the PALS team at LTHT?', 61% respondents said yes, 22% no, and 17% did not respond.

Respondents were asked 'What could we do to make it easier to contact the PALS team?'. The most common issue raised was their phone call not being answered. Other comments referred to having to leave a voicemail message and then waiting a long time for a call back. Two respondents explained that they were not able to take note of the PALS email or website address because it was said too quickly in the answerphone message.

When asked if they would recommend using the PALS service to family or friends, 55% said they would, with 24% saying they wouldn't recommend and 22% of respondents not answering the question. Reasons given for not recommending the service included a lack of response from either the PALS service or the CSU in response to their concerns or dissatisfaction with the outcome. One respondent cited the fact that the PALS service was not independent from the Trust as a reason for not recommending the PALS service.

Free text comments were received from some respondents including some positive feedback. A selection of some of the feedback received is provided below.

- *"[PALS handler] was amazing. Great listener, compassionate, kind and excellent communication skills explaining the process."*
- *"Really appreciate my query being dealt with so promptly. It exceeded my expectations. Thank you."*
- *"Whilst the staff on the PALS team are excellent, the system is completely broken from start to finish. I have no resolution and I feel they have no actual power to do anything other than listen to people moan. What can they do? Surely this is all in the hand of people with a higher pay grade. PALS are just the 'whipping boys'."*

It is clear from the feedback received that there are some areas where improvements could be made to the complaints and PALS services to improve the user experience. Next steps will be for the teams to act upon this new data, with actions that have been taken outlined in the next report.

2.6 Equality and diversity

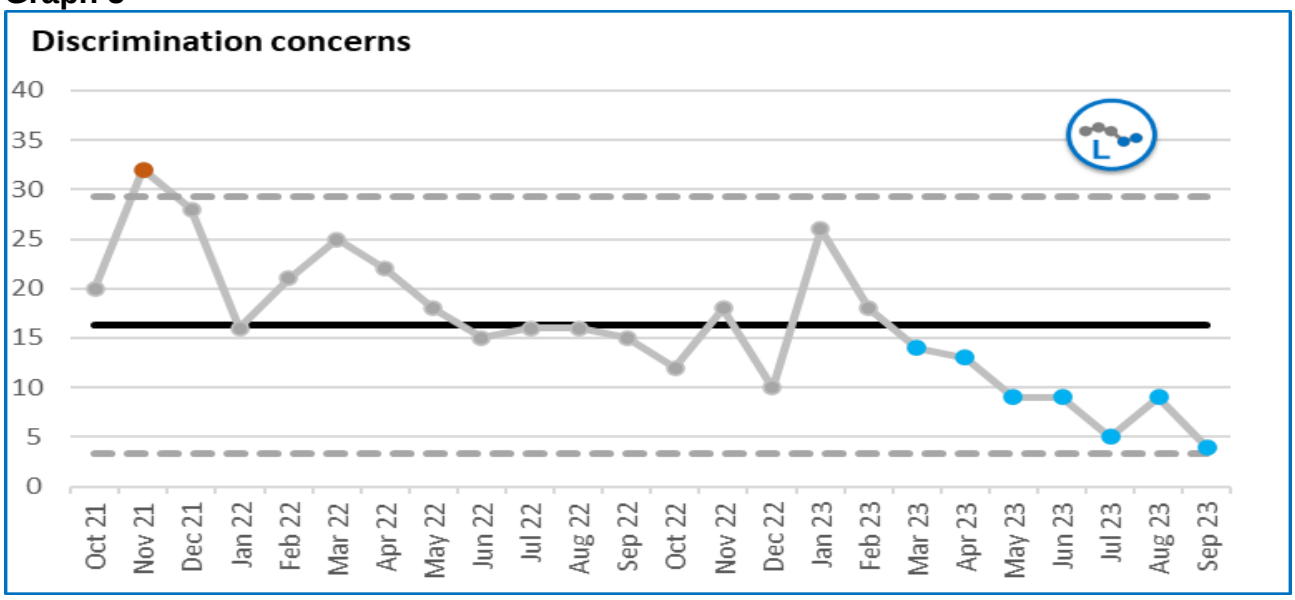
The Lead Nurse for Patient Experience with responsibility for Equality and Diversity is made aware of all complaints where a concern has been raised that describes someone feeling

they were treated less favourably because they had a protected characteristic. This provides assurance that any trends and patterns of discrimination or harassment are identified.

Data on concerns raised citing discrimination is now available at a CSU level and is made available to CSUs through the PEAP dashboard. Data is included for information below.

Graph 5 shows the number of PALS concerns which include allegations of discrimination or imply that the care or service received was less favourable due to the patient having a protected characteristic. The graph indicates that there has been a considerable reduction in the percentage of PALS received regarding discrimination over the last two years, which meets the definition of special cause improvement

Graph 5



In Q1 and Q2 2023/24 there were 49 concerns received which related to discrimination, 49 less than the previous six months. **Table 3** provides data on PALS concerns relating to discrimination by CSU and compares numbers received in Q1 and Q2 2023/24 with those in the three previous six-month reporting periods. As the numbers in the main are relatively low, caution is required in interpreting percentage changes. The data presented demonstrates that most CSUs who received concerns during that period also saw a reduction in the number of concerns over the last year.

Table 3

CSU	2021/22	2022/23		2023/24	Change from last six-months	% change
	Q3 & Q4	Q1 & Q2	Q3 & Q4	Q1 & Q2		
Urgent Care	39	25	13	7	-6	-46%
Abdominal Medicine & Surgery	18	16	13	6	-7	-54%
Specialty & Integrated Medicine	10	8	7	6	-1	-14%
Women's	12	10	9	0	-9	-100%
Estates & Facilities	11	5	9	3	-6	-67%
Outpatients	6	7	8	1	-7	-88%
Children's	5	5	7	5	-2	-29%
Radiology (inc. Medical Illustration)	8	4	6	3	-3	-50%
Centre for Neurosciences	6	3	5	4	-1	-20%
Trauma & Related Services	4	5	7	1	-6	-86%
Cardio-Respiratory	9	1	2	3	1	50%
Chapel Allerton Hospital	4	4	5	2	-3	-60%
Head & Neck	4	6	3	1	-2	-67%
No CSU	3	6	2	3	1	50%
Oncology	6	1	1	0	-1	-100%
Theatres & Anaesthesia	1	0	5	1	-4	-80%
Adult Therapies	2	0	2	0	-2	-100%
Leeds Dental Institute	1	2	1	0	-1	-100%
Pathology	0	2	0	0	0	
Adult Critical Care	1	0	0	0	0	
Corporate Operations	0	0	1	0	-1	-100%
Medical Directorate	0	1	0	0	0	
Chief Nurse	0	0	0	1	1	
Human Resources	0	0	0	1	1	
Informatics	0	1	0	0	0	

Table 4 below shows numbers of PALS received by discrimination type. It should be noted that the total number of discrimination types reported is slightly higher than the total number of concerns as some complainants describe more than one category of discrimination. All types of discrimination either reduced or stayed the same when compared with data from the previous six-month period. The most complained about discrimination category is disability, which includes people with sensory impairment who describe difficulties accessing Trust services.

Table 4

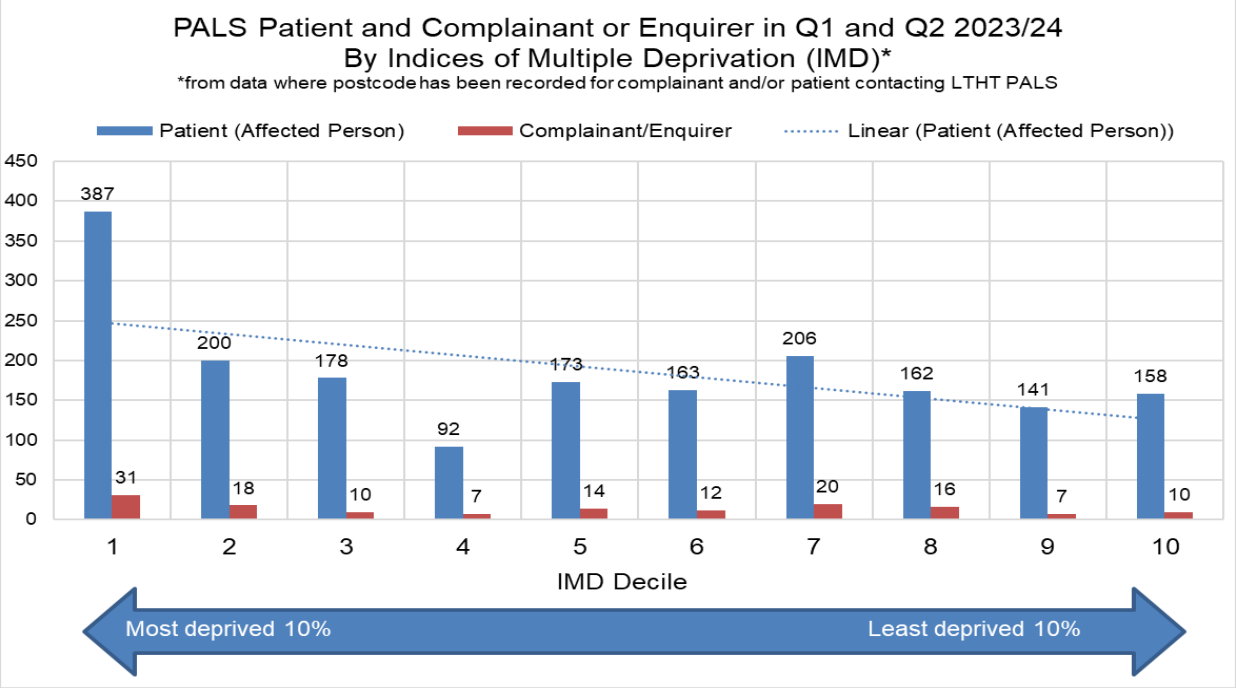
Disability Type	2021/22	2022/23		2023/24	Change (6 mths)	% change
	Q3 & Q4	Q1 & Q2	Q3 & Q4	Q1 & Q2		
Discrimination - disability	50	42	32	15	-17	-53%
Discrimination - race	26	9	21	8	-13	-62%
Discrimination - mental health	27	16	10	2	-8	-80%
Discrimination - lifestyle	19	12	17	6	-11	-65%
Discrimination - age	9	13	12	7	-5	-42%
Discrimination - pregnancy/maternity	4	3	4	1	-3	-75%
Discrimination - sex	1	3	3	3	0	0%
Discrimination - religion and/or beliefs	3	3	2	2	0	0%
Discrimination - complaint	6	2	1	0	-1	-100%
Discrimination - social	0	4	2	2	0	0%
Discrimination - sexual orientation	3	2	0	1	1	
Discrimination - gender reassignment	2	2	1	0	-1	-100%
Discrimination - harassment	0	1	1	1	0	0%

There were 12 complaints received and 24 sub-subjects logged relating to discrimination. This corresponds to 11 less sub-subjects than logged in the previous six months. These complaints predominantly related to Urgent Care (SJUH A&E), Abdominal Medicine and Surgery (Urology, Gastroenterology and Colorectal) and Women's (Obstetrics) CSUs. Where a staff group was identified for these subjects, they were predominantly related to medical and nursing staff. The subjects related to the following alleged discrimination types: 13 race; 4 religion or belief; 3 age; 2 lifestyle; 1 pregnancy; and 1 gender identity.

Postcodes recorded for PALS contacts listed as either a complainant or enquirer and/or patient in Q1 and Q2 2023/24, were matched against the latest available IMD postcode dataset (2019). The data provided is used for a broad comparison and any findings noted are not confirmed as relating to a statistically representative sample of local or national data. Every effort has been taken to ensure this data is not being used to classify individuals or make assumptions about them. The results are provided below in **Graph 6**.

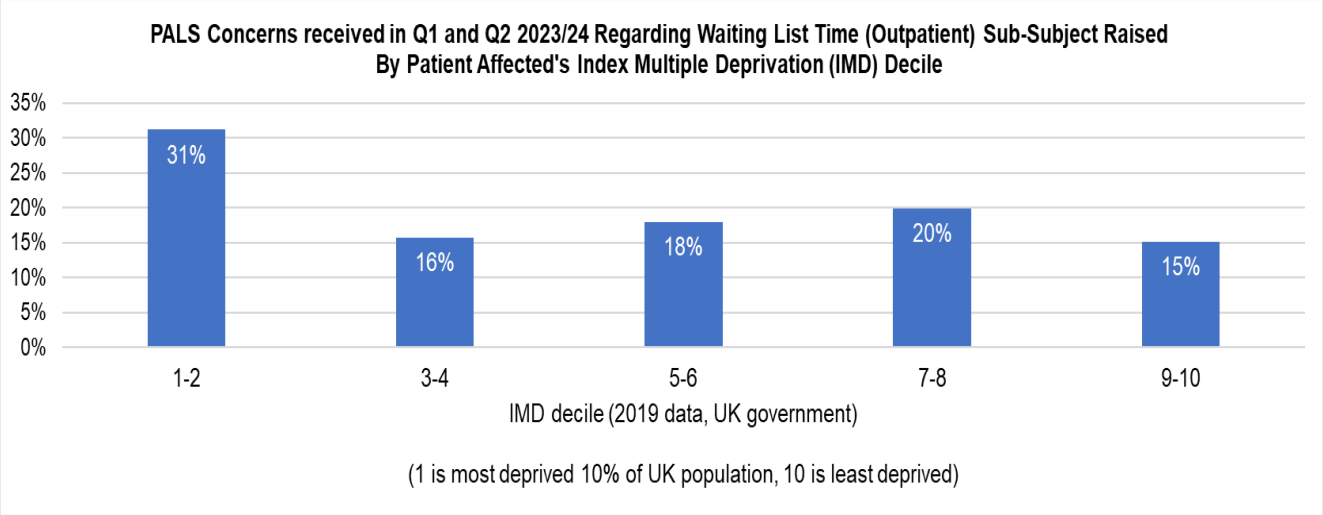
The most notable finding when comparing patient and complainant/enquirer by IMD deciles was that 387 concerns were raised about a patient's care whose postcode was in the most deprived 10% of areas (IMD 1), whereas 158 concerns were raised about patients living in the least deprived 10% decile area (IMD 10).

Graph 6



Graph 7 shows that patients in the lowest two IMD deciles (1-2) were over twice as likely to complain about wait times as patients who were in highest two deciles (9-10).

Graph 7



During Q1 and Q2 2023/24 there were 3,224 PALS concerns received. Demographic data was recorded for 2,584 users of the service (80% of concerns received) under the categories of gender, age and ethnicity. Comparison between the demographic groups finds that when compared with Leeds census data, PALS complainants over 65 are over-represented, however, this is because patients over 65 are more likely to use LTHT services.

Compared with the Leeds census data, males are less likely than females to raise a concern/enquiry (or for one to be raised on their behalf). They are also less likely to respond to the satisfaction survey. The proportion of patients from a non-white ethnic minority were under-represented in the two PALS datasets. This can partially be explained by the relatively high proportion of patients for which ethnicity was unknown/not stated when the PALS enquiry or concern was raised.

There was limited to no patient data collected for patients living with a disability, sexual orientation, and religion. The limited availability of this data means that no further analysis can be undertaken which might further aid our understanding of the hurdles these groups face when accessing the PALS service.

The CAP (**Appendix 1**, action 15) highlights the establishment of an Independent Complaints Review Panel to provide oversight of the management of complaints, which will include an approach to identifying potential equality issues. It is intended that five Trust patient partners will be invited to sit on the panel, with two partners already recruited. A pilot panel using non-complaints team staff was held in Autumn 2023 and following this the documentation to support the panel review has been updated. A video explaining how an independent patient panel works, which received an award at the 2023 Patient Experience National Network Awards (PENNA) has also been reviewed and shared with the patient partners for information. The first pilot panel using patient partners was held in January 2024 where the Terms of Reference for the group and standard documentation was agreed. Advice has been sought from Information Governance in relation to the process to be followed to enable complaint information to be shared with patient partners.

2.7 Intranet and internet development

There were 10,502 views (slightly down from 10,685 view in the previous six-month period) on the Complaints and PALS webpage in Q1 and Q2 2023/24, from a total of 6,595 users (down from 6,916).

The number of views of the Complaints and PALS intranet pages from April to September 2023 was 1,550 (up from 980 in the previous six-months). There were 704 sessions (up from 623) and the average session time was just over 3 minutes 9 seconds (up from 2 mins 52 seconds). The bounce rate (percentage of visitors who enter the site and then leave rather than continuing to view other pages within the same site) was 83% (down from 92.9%). Further details of the number of views by page is available in **Appendix 9**.

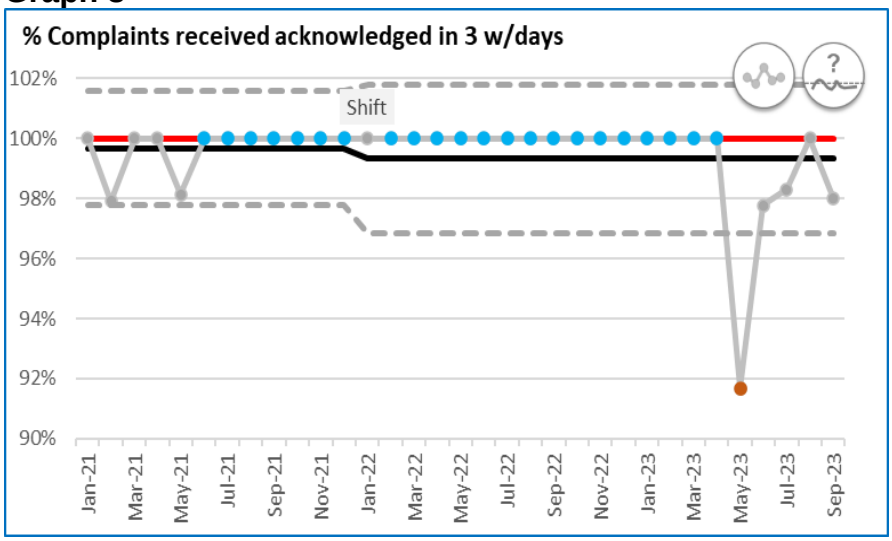
3. COMPLAINTS DATA

Complaints activity is reported to PESG every six months through the Standard Indicator Report and is benchmarked against the monitoring elements of the Complaints Policy (**Appendix 1.1).**

3.1 Activity

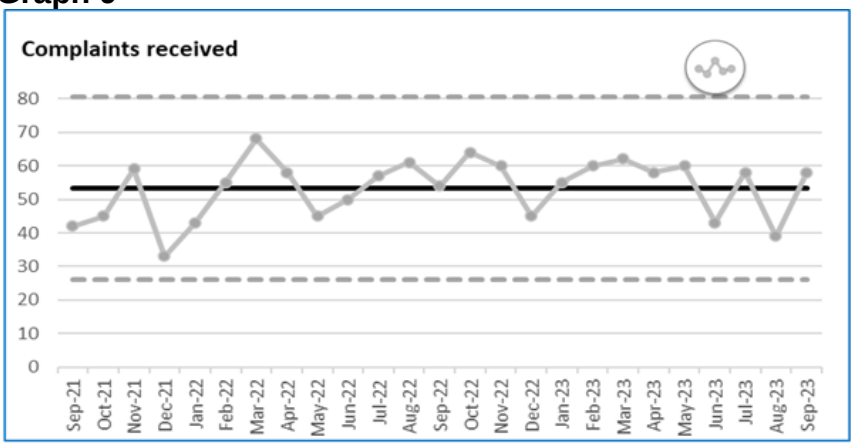
The national complaint regulations (2009) require 100% of complaints received to be acknowledged within 3 working days of receipt. In Q1 and Q2 2023/24, the Trust received 318 complaints, of which 310 (97%) were acknowledged within the three working day target and 8 (3%) were not. Delays were caused by a physical office move and introduction of soft telephones to facilitate hot desking. **Graph 8** below shows recent performance over time against this metric. Performance between June 2021 and April 2023 consistently met target, however, there has been variable performance below target since, with a special cause for concern at 92% in May 2023. Since June 2023 performance has returned to normal variation, although below target and long-term average.

Graph 8

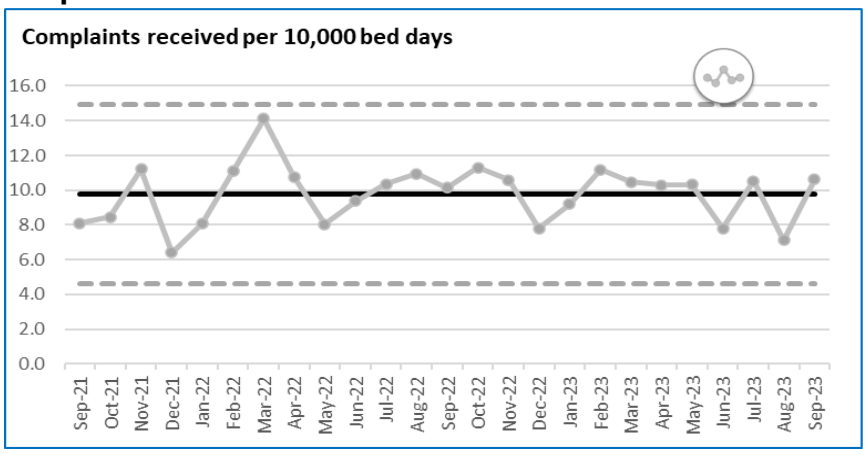


The number of complaints received each month and calculated as a rate per 10,000 patient activity (referred to as 'patient contacts' within this paper, this is a measure of Trust-activity levels) and bed days each month, show normal variation (see **Graphs 9, 10 and 11** below).

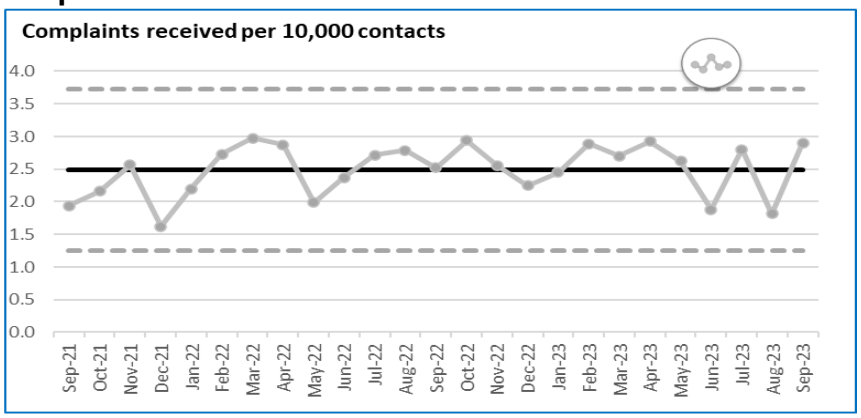
Graph 9



Graph 10



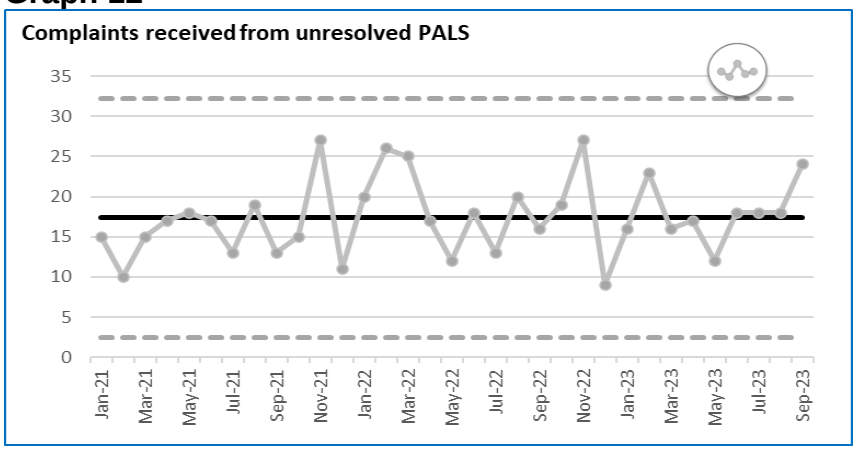
Graph 11



Of the 318 complaints received in Q1 and Q2 2023/24, 107 (34%) arose from an unresolved PALS concern. This was a 2% increase from the previous six-month period.

Graph 12 below shows that monthly variation of complaints received from an unresolved PALS concern is normal. **Appendix 10** shows the reasons for escalation in this period compared to the previous six-months.

Graph 12

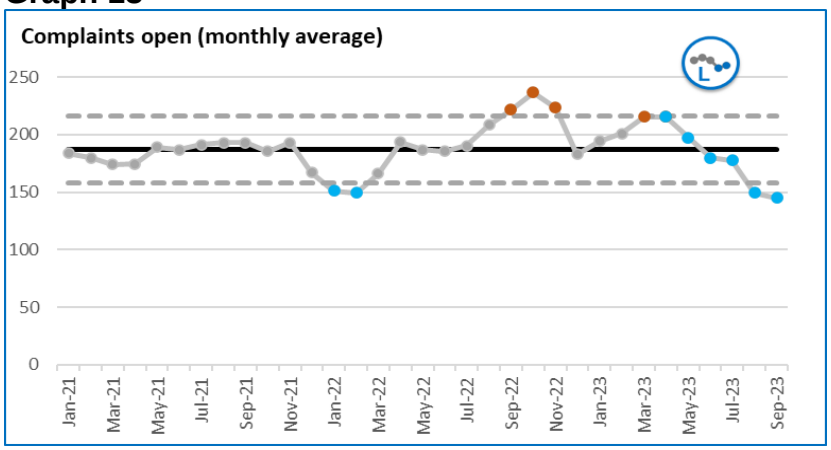


It was previously reported that the average number of open complaints had seen a special cause of increasing concern. The first six months of 2023/24 has seen a significantly improving trend in the average number of open complaints however, with a month-on-month reduction (**Graph 13**).

On 21 September 2023 there were 151 open complaints, with 46 (30%) of these over the initial local Trust target agreed with the complainant; 22 of these complaints had been awaiting a response for over 80 working days. Three of these complaints were open over six months; two have since been responded to and one has a meeting date set for November 2023.

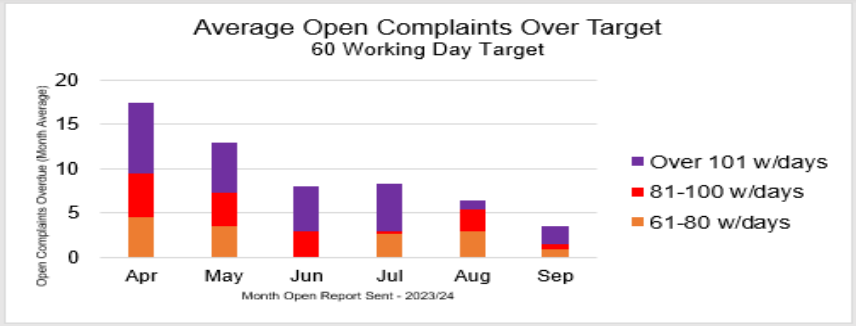
All CSUs are provided with a Complaints Open Report every two weeks to allow them to monitor complaints they are responsible for managing, with an escalation process in place to provide support to CSUs from the complaints senior management team. Performance is also monitored through the nursing and quality framework review meetings.

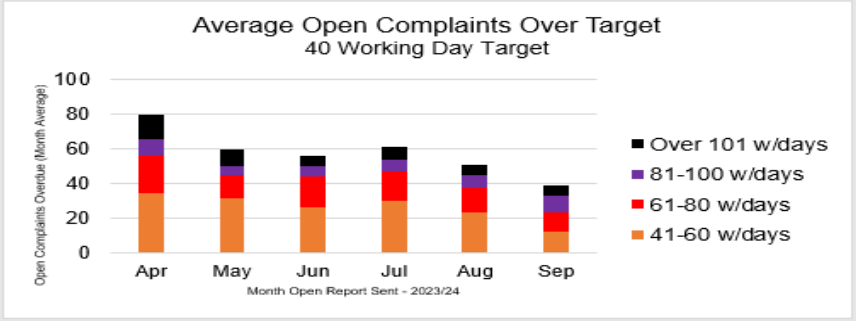
Graph 13

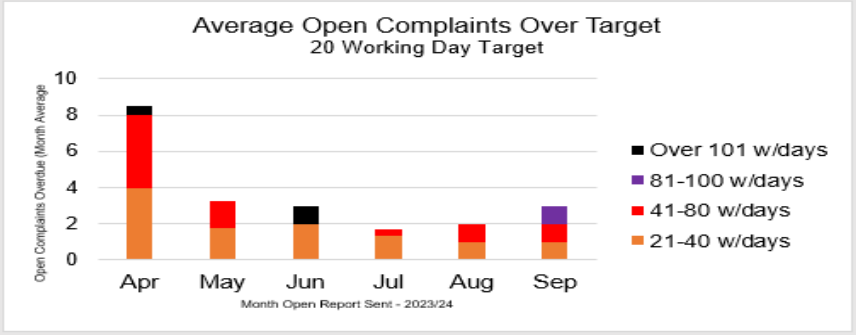


Data below in **Graphs 14, 15 and 16** shows the average number of overdue open complaints for each target type to the end of Q2 2023/24. Each target type chart shows the number of overdue complaints has reduced from April, when compared to September 2023.

Graphs 14, 15 and 16







3.2 Response times

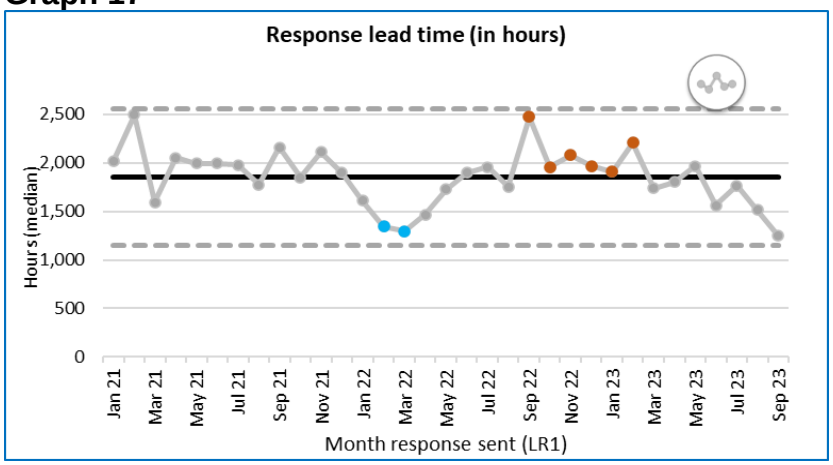
The Complaint Regulations (The Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009) state that all organisations should agree a timescale for a response with the complainant and keep the complainant reasonably updated on progress as the investigation and response progresses. The Trust aims to respond to complainants within 20, 40 or 60 working days; an appropriate target time is proposed to the complainant based on the complexity of the investigation and level of response required. In line with the regulations, all complaints receive contact from their complaint handler to keep them informed of progress and provide the reason for any expected delay. In the event of a delay, an extended timescale is proposed.

Graph 3 shows that whilst 100% of first stage responses sent in September 2023 were within six months of receipt, long-term performance averages at 94% per month.

Lead Time (LT) is used to measure performance within the CIP and calculates the median number of hours waiting for a response experienced by a complainant, from receipt of complaint to the response being posted out. It is a measure of complainant experience and tracks improvement or deterioration, irrespective of whether targets are achieved. This data does not include performance on mixed sector complaints, where LTHT is the lead organisation and dependent on the timeliness of responses from externals organisations.

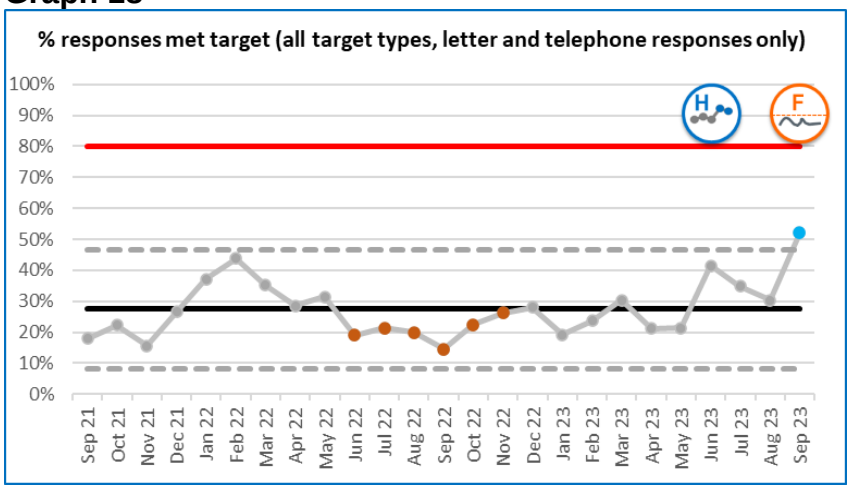
The most recent monthly data shows (**Graph 17** below) LT has returned to normal variation following a period of deteriorating variation between September 2022 and February 2023.

Graph 17



Graph 18 shows the percentage of first stage complaint responses (not including meeting responses) sent within target time has continued to consistently not meet the 80% target but has seen a significantly improved score in September 2023 (52%). The improved performance in September was driven by on or above target performance from the following lead CSUs: Head & Neck (100% responses sent within target), Radiology (100%), Oncology (100%), Abdominal Medicine & Surgery (80%). The other lead CSUs which sent responses out in September 2023 were Trauma & Related Services (57%) and Specialty & Integrated Medicine (33%).

Graph 18



Appendix 3 shows performance for each of the three target types. The charts show the following:

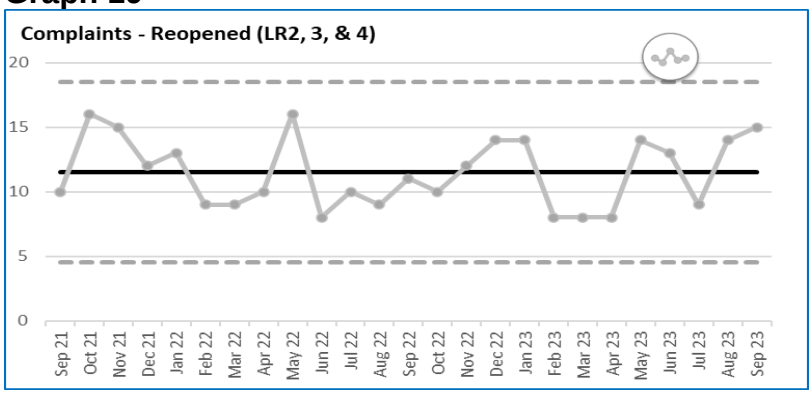
- 20 working day standard: normal variation and consistently not meeting target.
- 40 working day standard: significantly improved score in September 2023 (55%) but consistently below the 80% target.
- 60 working day standard: normal variation and consistently not meeting target. Significant improved score in June 2023 (67%).

Appendix 4 provides data on the percentage of first stage responses sent in the first six months of 2023/24 which met target, by complaint type, target type and lead CSU performance.

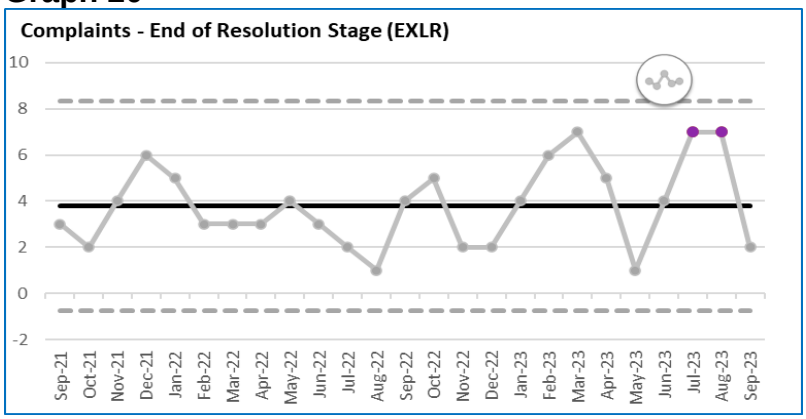
3.3 Re-opened complaints

The Trust re-opened 73 complaints in Q1 and Q2 2023/24 (including all local resolution stages, but not including end of local resolution letters). **Graph 19** shows the number of reopened complaints received per month to the end of September 2023 and shows common cause variation. **Graph 20** also shows that although there are two months of special cause in the number of exhausted local resolution (EXLR) complaints, this has returned to normal variation. This will continue to be monitored in future months.

Graph 19



Graph 20



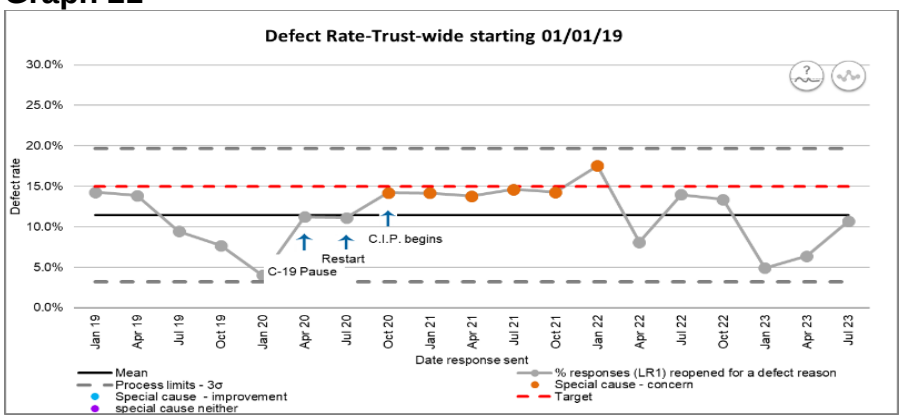
Defect Rate

Defect Rate is used to measure quality of complaint responses within the CIP and calculates the percentage of first stage complaint responses re-opened for a reason which the CSU/s involved can influence. These include re-opened complaints where a complainant disputes information provided, where there is an incomplete response, or where there are factual errors.

In Q2 2023/24 the Trust defect rate was 11%, and below the 15% target. **Graph 21** shows normal variation for the Trust-wide defect rate. Whilst this has been below target from Q1 2022/23 onwards, there has been an increase for the most recent two quarters recorded, however this precedes the changes to the quality assurance process described earlier in

this paper. This data will continue to be monitored each quarter to identify any significant deterioration.

Graph 21



Defect rate monitoring per CSU is included in the Patient Experience Assurance Programme.

Table 5 shows the reasons for complaints reopening for each quarter a response was sent, with the rows highlighted in red indicating a defective response. More than one reason can be selected per reopened complaint. The most frequent reason for a complainant to reopen a complaint is new questions. It is hoped that the increase in meetings and reduction in written responses will increase the opportunity for complainants to discuss their concerns with CSU investigators in person, thus reducing the number of reopened complaints. The most frequent defective reason is a complainant disputing the information from their first response. Reopened complaints will continue to be closely reviewed by the complaints management team alongside this data to identify any learning and actions that can be taken to reduce these.

Table 5

Reason for reopened complaint (LR2)	2021/22				2022/23				2023/24		Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
New questions	2	19	21	24	13	19	29	12	20	16	175
Disputed information in previous response	4	14	25	24	12	19	27	7	12	17	161
End of local resolution process	2	2	5	6	5	4	5	0	0	2	31
Meeting requested	1	1	5	3	2	2	3	1	7	4	29
Incomplete previous response (e.g. question not addressed, no response from a CSU, etc.)	0	2	2	3	0	1	2	0	2	3	15
Poor previous response (e.g. lack of detail/clarity/evidence of learning, poorly worded, etc.)	0	3	3	1	0	1	0	0	1	1	10
Copy of specific document (e.g. policy, health records, report, etc.) requested	0	2	2	1	0	0	2	0	0	0	7
Compensation/redress request	0	1	0	0	1	0	1	0	0	1	4
Factual errors in previous response (Complaints Team aware)	0	1	0	0	0	1	0	0	0	0	2
Total	**9**	**45**	**63**	**62**	**33**	**47**	**69**	**20**	**42**	**44**	**434**

3.4 Complaint outcomes

The outcome of complaints received and resolved to the end of Q2 2023/24 are seen in **Graph 22 and Table 6** below. In percentage terms outcomes are comparable to last year.

100% of complaints received a risk score on receipt, with 15 red risk complaints received in Q1 and Q2 2023/24, up three from the same as in the previous six-months.

There were two complaints made by a Member of Parliament, compared with three in Q3 and Q4 2022/23.

Graph 22

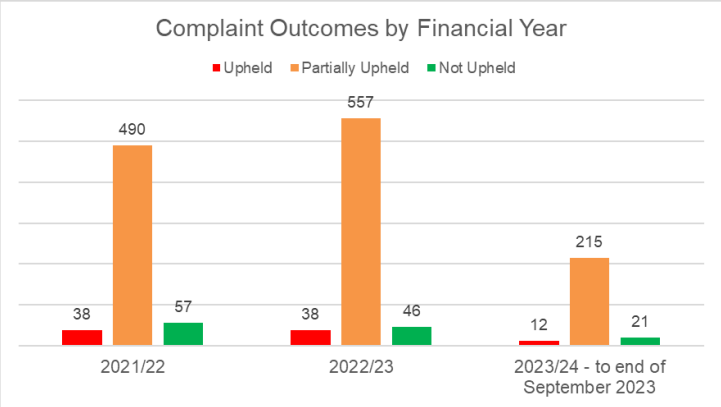


Table 6

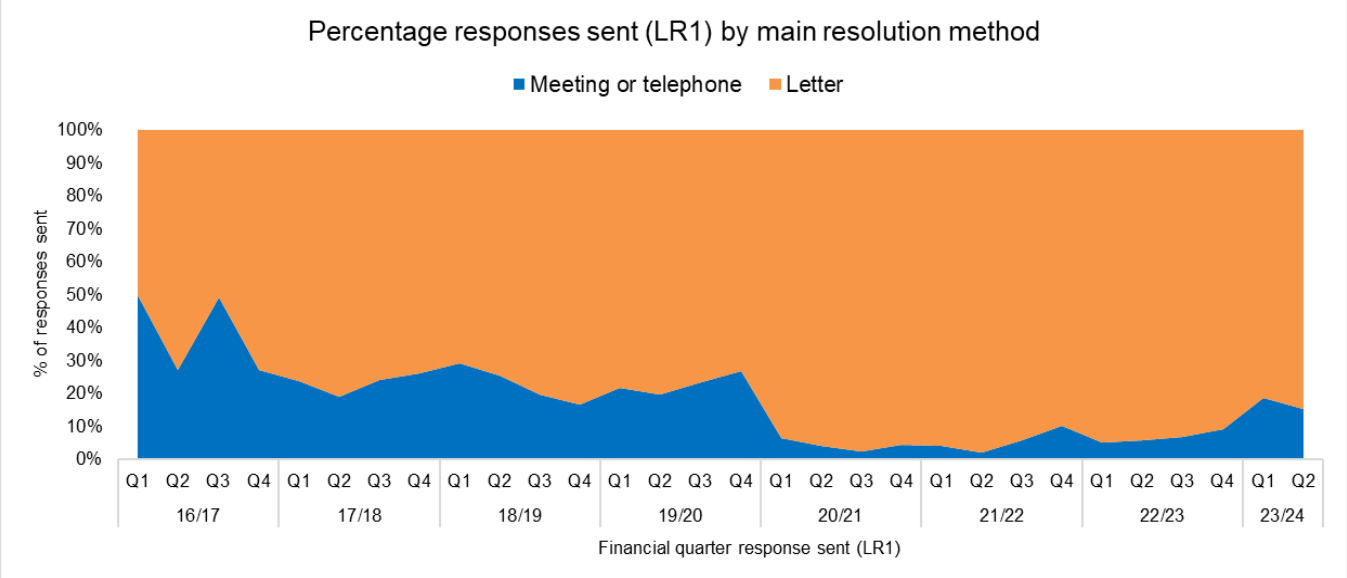
Financial Year	Upheld	Partially Upheld	Not Upheld
2021/22	6%	84%	10%
2022/23	6%	87%	7%
2023/24 *to end of September 2023*	5%	87%	8%

3.5 Complaints resolved via a meeting

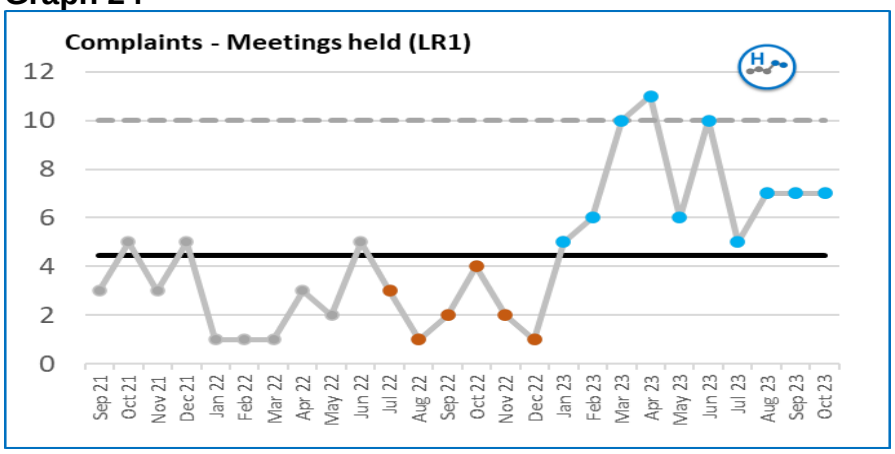
All complainants are offered a face-to-face meeting to discuss and resolve their complaint. Graph 17 shows the variation of meetings held from Q1 2016/17 to the end of Q2 2023/24. This shows that following the significant decline in meetings due to the Covid-19 pandemic social distancing restrictions, the number of meetings is gradually increasing.

In Q1 and Q2 2023/24, there were 46 complaint (first stage) meetings held. 14% of all first stage complaint responses were via a meeting, compared to 6% in the previous six-month period. Whilst this is still below the 35% peak in meetings held in Q1 and Q2 2016/17, **Graph 23** below shows that the number of meetings held each month between January and October 2023 has seen a consistent and significant improvement following the significant decline between July and December 2022.

Graph 23



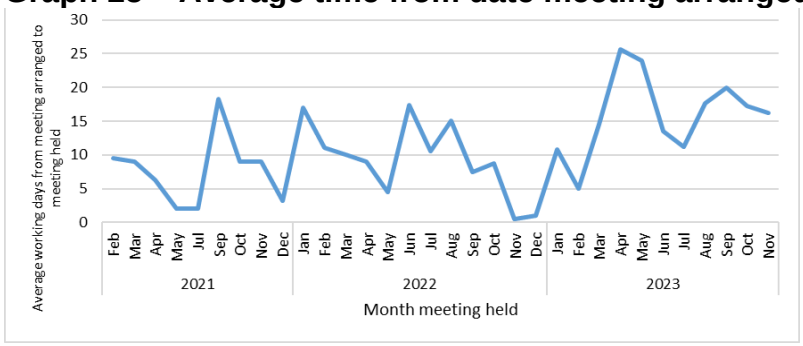
Graph 24



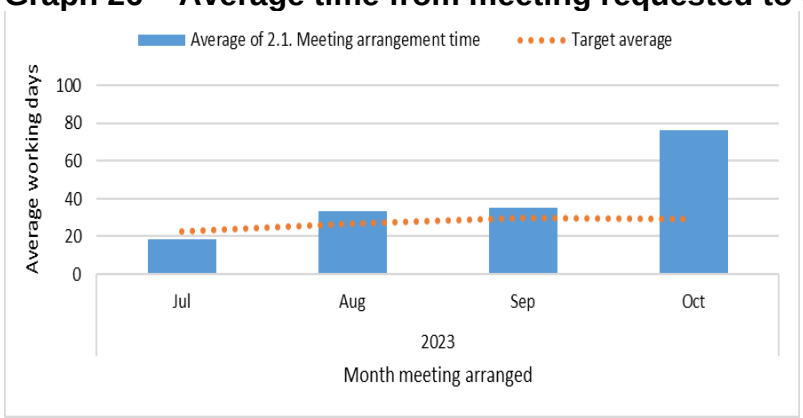
It is known that resolving complaints by holding a meeting tends to result in higher satisfaction from complainants and less likelihood of complaints reopening. However, anecdotal feedback from CSU complaint leads has indicated that often the time taken to arrange a meeting increases the time taken to resolve a complaint, sometimes due to factors outside of the Trust's control e.g complainant availability. The data in **Graph 25** supports this. Such factors might be limited availability due to the complainant's employment commitments, staff clinical commitments or a patient requiring inpatient treatment.

To further drive improved complaint timeliness, data has been made been available to the CSUs on their complaint meeting related performance through the complaints and PALS monthly data report, nursing and quality framework review meetings and PEAP data packs to encourage improvements in this area.

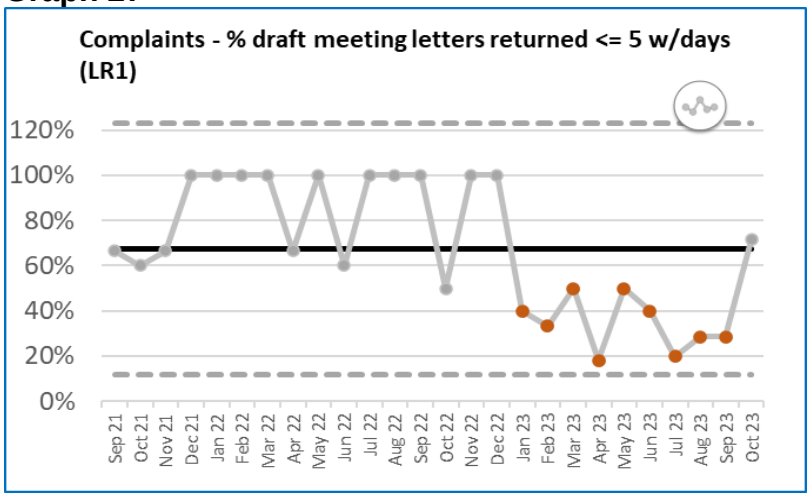
Graph 25 – Average time from date meeting arranged to date held



Graph 26 – Average time from meeting requested to date confirmed



Graph 27



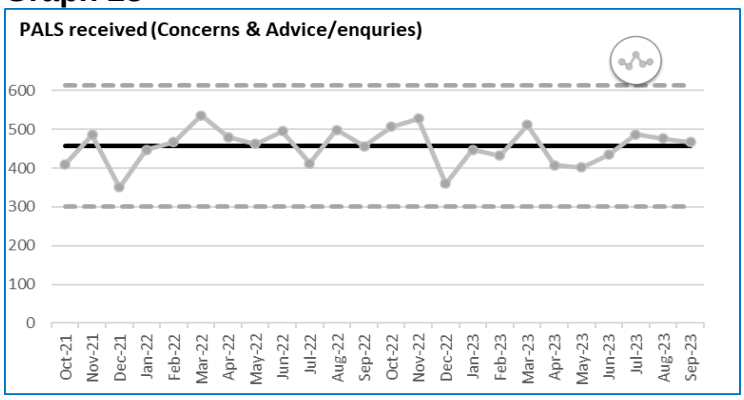
3.6 Summary of complaints performance

In summary, data demonstrates that the CIP has been successful in improving the quality of complaint responses and improving timeliness, however further work is needed to achieve the complaint response time targets of 20,40,60 days and to achieve completion of complaint meeting summary letters within 5 days of holding a meeting.

5. PALS ACTIVITY

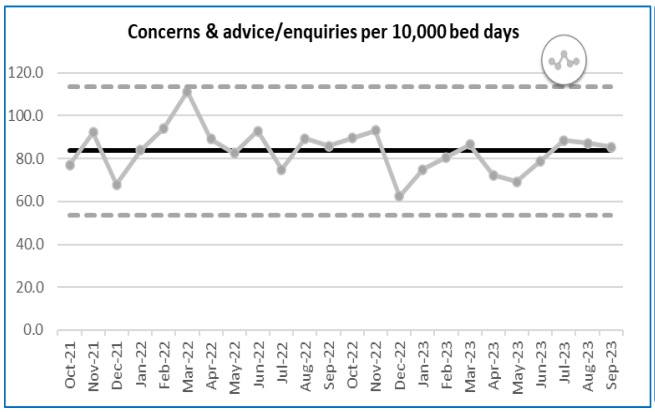
In Q1 and Q2 2023/24, the PALS team received 2,277 PALS concerns (a decrease of 234 concerns when compared with the previous six-month period). **Graph 28** shows all types of PALS activity over the twenty-four months to the end of September 2023.

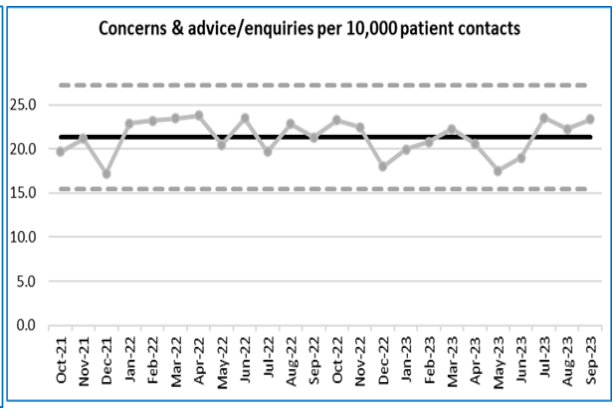
Graph 28



As with complaints, the rate of PALS concerns as a proportion of patient activity demonstrates normal variation (**Graphs 29 and 30**).

Graphs 29 and 30





A full breakdown of PALS activity in the previous two six-month periods is provided in the data table in **Appendix 15**. There were 2,277 concerns received; 446 of these were 'red-risk' rated. There were 650 requests for advice or enquiries. Compared to the previous six-month period, there were 234 less PALS concerns (-9% decrease), 122 more advice/enquiries resolved by CSUs (45% increase) and 11 more advice/enquiries resolved by the PALS team on the day of initial contact (6% increase). The latter negates the need to involve CSUs in resolution and results from good lines of communication with CSUs where problems and responses can be predicted. There were 150 less red risk PALS compared to the previous six months, representing a 25% decrease.

There were 260 compliments received into the PALS team, down by 51 (16% decrease) compared to the previous six months. Compliments are shared with individual CSUs and with the Communications team when they highlight cases of exceptional care and compassion.

Appendix 20 shows the PALS key performance indicators. This includes the PALS average full process time in working days, from January 2021 to the end of September 2023. The first chart shows the average number of working days from the day the PALS concern is sent to a CSU to the date the lead CSU first contacted the complainant. The second chart shows the percentage of cases contacted within the target time. This shows a previously reported significant improving variation from September 2022 to March 2023. Target time has since returned to normal variation, inconsistently meeting the two-working day target time standard. The average time for all issues to be resolved is consistently well below the 14-working day target and is showing normal variation.

The number of first stage PALS concerns closed that were reopened at the second resolution stage (LR2) is provided in **Table 7** below. The rate of reopened PALS was down 1% compared to the previous reporting period and the rate PALS reopened due to defects remained the same. The reasons for reopened PALS (LR2) are included in **Appendix 16.**

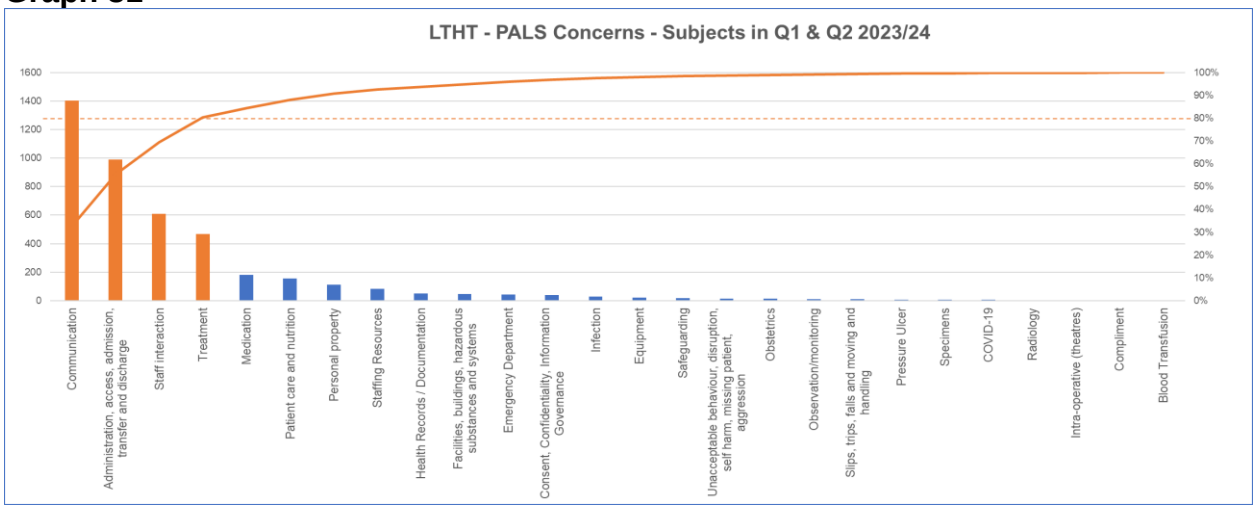
Table 7

Six-Month Period	PALS Concern Closed (LR1)	Reopened (LR2)	% Reopened (LR2)	Defect reopens (LR2)	% Defect Reopens (LR2)
Q1 and Q2 2023/24	2289	155	7%	104	5%
Q3 and Q4 2022/23	2548	208	8%	120	5%

4.1 PALS themes

The most common subjects from PALS concerns in the available data for Q1 and Q2 2023/24 can be seen in **Graph 31**.

Graph 31

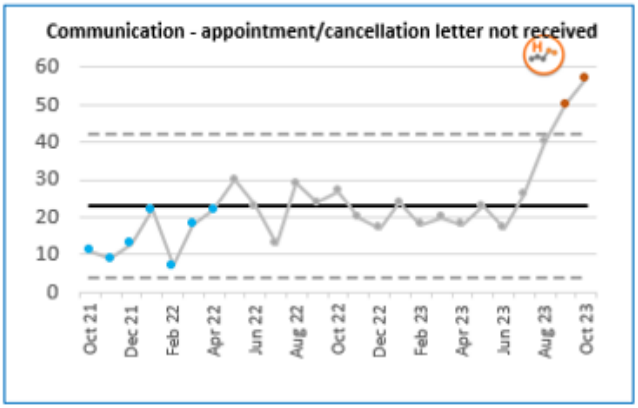


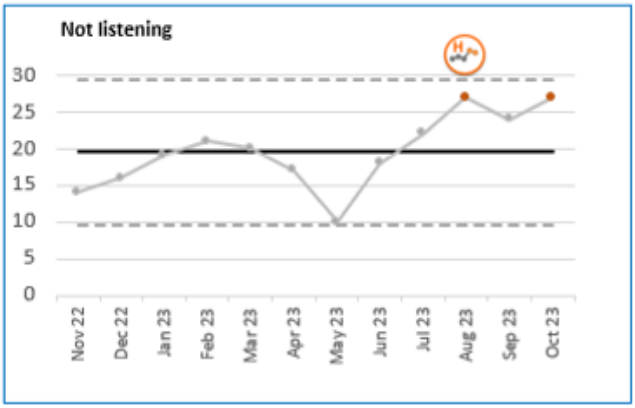
80% of all PALS subjects logged related to just 4 subjects during this period (highlighted in orange in the graph). These were:

- Communication (logged 1403 times, 32% of the total);
- Administration, access, admission, transfer and discharge (991, 23%);
- Staff interaction (608, 14%);
- Treatment (468, 11%).

The top subjects are similar to those reported in the previous report for the year 2022/23; however, staff interaction has now replaced treatment as the third most reported subject. The summary table in **Appendix 17** shows changes in the frequency of subjects logged over the 25 months from October 2021 to the end of October 2023. This analysis shows that there has been a significant increase in the concerns reported which relate to an appointment or cancellation letter not being received and to staff not listening (see **graphs 32 and 33** below). The latter concern is part of the staff interaction subject category, and the graph should be treated with caution because these subjects were set during Q3 2022/23 and there are less data points than the minimum of 15 to 17 required to produce reliable data.

Graphs 32 and 33

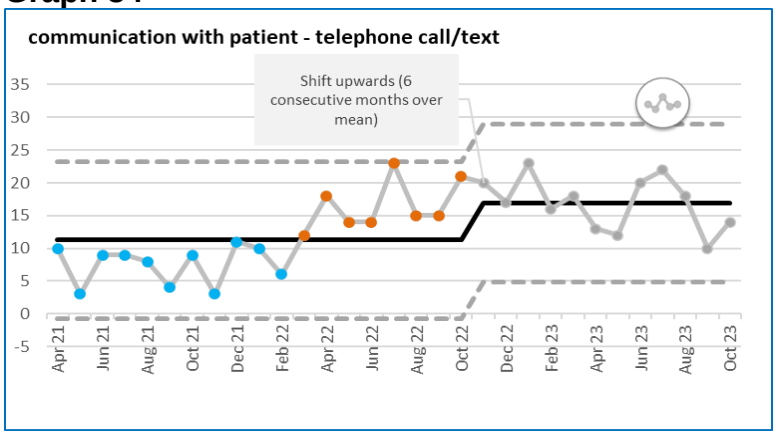




The subject of communication with patient - telephone call/text, was reported previously as a new concern theme to enter the top 10 concern subjects and this theme demonstrated a concerning monthly variation increase between March and October 2022. **Graph 34** below shows how this concern is now showing normal variation against the shift upwards in process limits in November 2022. Further analysis of the data from March 2022 to the end of October 2023 has found that the most reported specialties for this concern were specialties with a high volume of outpatient activity: Urology (logged 47 times, 6% of the total for this sub-subject), Referral and Booking Service (67, 9%), Gynaecology (77, 11%), Adult Spines (45, 6%) and Colorectal (39, 5%). Where a staff type was logged, 58% related to administrative and clerical staff, 29% related to medical staff and 8% to nursing staff

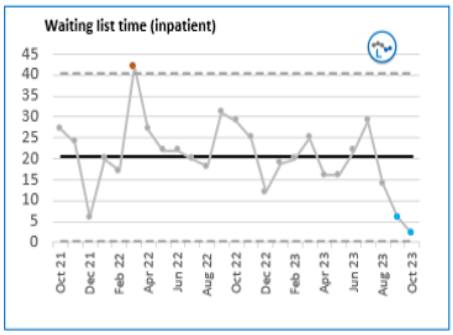
A review of these concerns found that predominantly these related to either difficulty getting through to departments or appointment issues. One appointment issue that occurred frequently was not being contacted for a telephone appointment at the time specified despite patients making arrangements to be available (e.g. time off work). There were other concerns relating to patients' poor experience of telephone contacts and appointments, including: confusing appointment details given, patients being assured they will receive a call back that doesn't materialise, elderly patients and those with access needs receiving text messages they require support from relatives to interpret, complainants requesting letter contact only and confidentiality concerns (for example, patients receiving text messages relating to another patient).

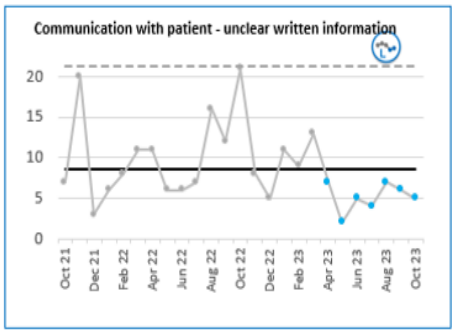
Graph 34

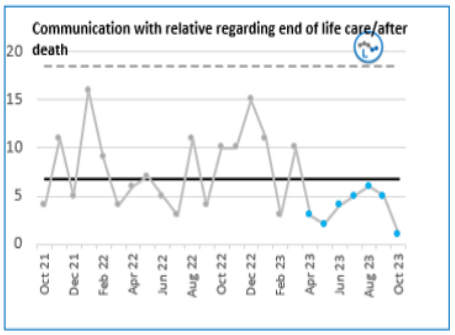


Graphs 35, 36 and 37 below show a significant reduction in the monthly variation of subjects reported in relation to: waiting list time (inpatient), communication with patient – unclear written information and communication with relative regarding end of life care / after death. This latter sub-subject saw the biggest improvement for Specialty and Integrated Medicine CSU, which received four such concerns in Q1 and Q2 2023/24 compared to 27 in the previous six-month period (85% decrease).

Graphs 35, 36 and 37







PALS concerns are predominantly related to communication, and treatment and waiting times. Waiting list times for outpatients continues to be the number one reason for PALS concerns being raised. A number of the other most frequently raised subjects relate to appointment and treatment delays; waiting list times (outpatient and inpatient); delay/failure in treatment procedure and cancelled procedures or appointments. This continues to be reflective of current operational pressures.

The fourth most reported sub-subject in Q1/Q2 2023/24 related to communication and difficulty contacting departments, a sub-subject which was the second-most reported sub-subject at the time of the last report. This was raised 417 times in Q1/Q2, 84 less than the previous six months (representing a 17% decrease overall). The following CSUs saw the biggest increases, Women's, Specialty & Integrated Medicine and Head & Neck. The CSUs experiencing the biggest decline in concerns were Leeds Dental Institute, Radiology, Trauma & Related Services, Outpatients, Neurosciences and Abdominal Medicine & Surgery.

The improvement in CSU's performance is likely to be a result of the improvements made to the Referral and Booking Service telephone system and the roll out of Patient Hub which reduces the necessity of telephone calls. However, difficulty contacting departments continues to be a frequently reported concern for the PALS service and individual CSU performance in this area has been included in the CSU data pack provided to CSUs as part of the PEAP since April 2023.

4.2 PALS improvements/developments

After a period of prolonged staff shortage the PALS team is fully established, and following a period of training are now in a position to focus on improving the service. The team are reaping the benefits of a new telephone system making task allocation and office management easier and ensuring that telephone calls are distributed more fairly among staff members. The backlog of compliments has now been cleared and most PALS are being allocated to an investigating CSU on the day of receipt. PALS officers are meeting with their allocated CSUs to explore how best to work with them, and the PALS manager has provided face to face training to Band 6 nursing staff from Urgent Care and SIM CSUs.

The PALS team are included in Cohort 4 of the Complaints Improvement programme which commenced in February 2023. Following discussion with complaints colleagues the PALS service is focusing on reducing the number of PALS concerns which are escalated to complaints. In addition, following discussion with Security colleagues and the identification of a safe meeting space, the PALS service is now in a position to begin offering face to face appointments for complainants who would prefer to raise their concerns in this way. A SOP has been developed to ensure the safety of PALS officers when having those conversations.

The PALS team are also aware that it is some time since work has been undertaken to ensure all wards and departments continue to clearly display information about how to complain. The team are in the process of visiting all Trust wards and departments to audit compliance with this and offer staff support with raising awareness of the PALS process. Additionally, the team are reviewing the internet and patient letters for information relating to complaint processes that is available to the public. The Easy Read version of the Trust PALS leaflet has recently been reviewed and updated.

4.2.1Telephone System

Table 8 below provides a breakdown of telephone calls to the PALS service between 1 April and 30 September 2023.

Table 8

	Call type	Q2 + Q3 2022/23	Q1 + Q2 2023/24
1	Call Transferred to PALS Queue	5,217	4,595
2	All Agents Busy - Caller Transferred to PALS Voicemail	2,113	2,501
3	Out of hours call	1,379	1,385
4	Caller selected Option 1: NHS England GP concerns	790	625
5	Caller selected Option 2: Leeds and York Mental Health	447	390
6	Caller Transferred to Complaints team voicemail	218	204
7	Caller Selected Option 3: LTH Complaints team	189	183
8	Total calls	10,353	9,883

The PALS team received 9,883 telephone calls in this reporting period, 470 less than the previous six months (5% decrease).

The above data indicates that 72% of the complainants / enquirers who contacted the service were seeking to speak with the PALS team (rows 1 and 2). All calls to external services (rows 4 to 5 in the table below) fell from the previous period, indicating that the service's new telephone system is providing an improved experience for complainants by getting them to the right place first time. There was an increase of 388 calls which were transferred to the PALS voicemail because all PALS handlers were engaged on another call. 387 calls (rows 6 and 7) were directed to the complaints team, with just over half (53%) being directed to a voicemail in the first instance. The PALS and complaints team aim to respond to all voicemails within one working day.

4.2.2 Additional Reporting

In addition to the daily 'red risk' PALS report, the team provide an open PALS report to CSUs twice a week. This identifies the numbers and percentages of open PALS awaiting initial contact from lead CSUs and how many of these contacts are over the two working day target. An additional worksheet has been added to focus on cases open over 50 working days. It is anticipated that that this will assist CSUs in continuing to better manage and prioritise their PALS concerns. Further developments to this report have been explored by the patient experience team data analyst in the past six months; a draft version is to be developed in the next six months and shared with the PALS team and select CSU colleagues for feedback and input. The new version will include a mechanism to ensure multi-CSU PALS do not appear as open or overdue for CSUs who have resolved their part of the concern.

Additional key service metrics are being developed as part of the Complaints Improvement programme (**appendix 20**). These metrics are being embedded within the team and work is ongoing to improve their reliability.

Key findings from the latest PALS metrics report (data updated to end of September 2023) are:

- There was a significant reduction in the number of compliments logged between February and August 2023, however this returned to normal variation in September 2023.

- Average resolution time (the time taken for all issues to be resolved after first contact being made by the lead CSU) is showing a significantly improving variation and consistently meeting target (under 14 working days).

- The percentage of PALS complainants contacted by CSUs within the 2 working day target is consistently above the 80% target and is showing an improving variation.

- The average time for the PALS team to send records to CSUs has been above the same-day target (i.e. 0 working days form the date received) since December 2022. This spiked in May 2023 (1.4 working days) but has been falling each month since. This dip in performance reflects a period where the PALS team were carrying a number of vacancies.

Recent improvement work has focused on monitoring and reducing the number of concerns which are escalated to the formal complaints team. There are three metrics used to measure this, included in **Graph 12** and the charts within **Appendix 20.**

1) the number of complaints received from an unresolved PALS concern.

2) the number of PALS concerns escalated to the formal complaints team.

3) the percentage of PALS concerns closed which were escalated.

In Q1 and Q2 2023/23 there were 2,425 PALS concerns closed (all resolution stages) and 91 (4%) were escalated to the formal complaints team. During the same period the complaints team received 345 complaints, of which 115 (33%) resulted from an unresolved PALS concern. Figure 7 shows the reasons for escalation (first resolution stage only) logged by the PALS handlers. It should be noted that multiple reasons can be selected for each

case. The data shows that the most common two reasons are 'failure to resolve (CSU and/or PALS team)' and 'patient request for escalation (e.g., formal complaint or CEO oversight requested'). Some reasons are avoidable, such as 'no contact from CSU'. Figure 8 shows the data logged by the complaints team, using the same data fields, and including the target timescale for the complaint. This data found a similar total number escalated and similar reasons for escalation.

During Q2 2023/24 the PALS Manager has undertaken an analysis to further understand concerns which have been escalated to 20 working day complaints. As a result, all PALS identified by the team as requiring escalation to the formal process are being reviewed by the PALS Manager and where possible actions are taken to prevent escalations. These actions have included challenging CSUs when escalation has been requested by them where appropriate and contacting CSUs who have failed to contact complainants, asking them to get in touch immediately following negotiation with the complainant to avoid escalation to a complaint.

The number of concerns escalated continues to be monitored monthly by both the PALS and formal complaints' management teams. This data is also included within CSU data packs for PEAP. The Lead Nurse for PALS has written a paper and shared key messages with the Heads of Nursing at the HoN meeting held on 25 October 2023 to obtain their support in trying to reduce PALS escalations.

5. FORWARD PLAN

The plan for 2024/25 includes:

- Continuing to review the complaints QA process and to work towards extending this to include multi-CSU complaints.
- Improving time taken to arrange complaint meetings and to complete meeting summary letters within 5 days.
- Monitoring CSU performance in responding to complaints within 6 months
- Improving consistency in the acknowledgement of complaints within 3 days of receipt
- Continuing to work on reducing PALS escalations to complaints
- Focussing on the management of PALS which are not closed down by CSUs and remain open for long periods
- Focussing on responding to the findings of the complaints and PALS user surveys
- Establishing the independent complaints panel
- Undertaking further analysis to understand concerning trends in complaint / PALS themes to inform direction.
- Continue to liaise with HR / OL on staff interaction data collected and how this can inform service improvement and staff development / management

These actions will be included in a revised complaints action plan from April 2024.

6. PUBLICATION UNDER THE FREEDOM OF INFORMATION ACT

This paper has been made available under the Freedom of Information Act 2000.

7. RISK

The Patient Experience Sub-Group (PESG) provides oversight of the Trust's PALS and Complaints activities contributing to the well-led development and preparations for future inspection. There was no material change to the risk appetite statement related to the level 2 risk categories and the Trust continues to operate within the risk appetite for the level 1 risk categories (clinical and external risk) set by the Board.

8. RECOMMENDATIONS

The Trust Board are asked to receive the report and be assured on the actions that are being taken to improve the experience and response to complaints.

Krystina Kozlowska
Head of Nursing, Patient Experience
19/03/24

Appendix 1 Complaints Action Plan 2022-24

Improvement area	Action	Lead(s)	Target Completion Date	Assurance	Link	Evidence
1. Complaint process review (continued from 2021 Action Plan)	To continue to review the complaints process, to remove inefficient stages, improve timeliness using LIM/lean methods relating to complaint investigation, QA review, risk management review, Executive Director sign off and oversight of complaints	Lead Nurse (LN), Patient Experience Team	31 December 2022	Revised Complaints Process Complaints Improvement Programme (CIP)	Head of Patient Experience (HPE)	A % reduction in lead time and defect data Improvement in meeting 20/40/60 day response times Revised complaint processes due to CIP Increase in meetings, including face to face Increase in calls to complainant by lead investigator

						Review QA process
2.CIP	To continue to support the CSUs who have completed the CIP by providing data, continued updates and support	LN	December 2022	Data and information provided in quarterly contact	HPE	"Report Out" data Information updates from ongoing CIP
3.KPO 3 CIP	To commence KPO 3 programme	LN HPE	May 2022	Programme commenced	KPO 3 CSUs	Report Out
4.KPO 4 CIP	To commence KPO 4 programme including Complaints / PALS team	LN HPE	February 2023	Programme commenced	KPO4 CSUs	Report Out
5.To secure funding for the role of a medic to be a Complaints QA (continued from 2021 Action Plan)	To progress advertising for a medic to become a QA to review medically focused responses	LN	October 2022	Medic QA in post	Medical Director Medical Education Lead	Reviewed and determined that systems are already in place for medical staff to oversee complaints in the Trust at a senior level, so no requirement for a separate QA. John Adams, Medical Director reviews complaints responses where doctors are involved.

						Medical staff are more engaged in complaints as a result of the CIP. A new lead Clinician in H+N will be reviewing complaints.
6.Secure funding for Complaints Training Programme for medics	To deliver a bespoke complaints training programme for medics in collaboration with the Medical Director and Medical Education	LN	December 2022	Training programme delivered	Medical Director Medical Education Lead	Training has been delivered to medics and attendees have evaluated the programme with excellent feedback
7.Patient Experience Assurance Programme (PEAP)	To commence a PEAP to capture evidence of work taking place within CSUs to address complaint themes and inefficiencies in the complaints process	HPE LN Complaints Manager (CM)	May 2022	Regular CSU reporting to PESG and PEAP in place.	HoPE	PESG meeting minutes
8.To capture actions from complaints	To identify mechanisms to capture actions resulting from complaints and recording these. This	LN CM	December 2022	Data evidence available for individual CSUs	HoPE	Reported via PESG and PEAP dashboard

	may include utilising the weekly complaint huddles and Datix					
9.Recording of themes in Datix	To review the completeness of themes and additional fields	CM IA	October 2022	Datix reviewed	IA	Datix amended
10.Complainant feedback	To review the mechanisms of collecting and collating feedback, including subsequent actions	CM	December 2022	Survey to complainants	CM	Report produced and tabled at PESG
11. To capture the protected characteristics of complainants	To design a process to ensure that all complainants are invited to share their protected characteristics	CM LN	August 2022	Survey to complainants Data reviewed via E&D group and PESG	LN	Reported at PESG
12. Learn from complaints relating to protected characteristics	To review the mechanisms of collecting and collating feedback, to analyse data, produce a report and share learning	CM LN	December 2022 Reviewed date of August 2023	PESG report	LN	PESG minutes Data on discrimination now included in PEAP – Establishment of complaints review panel.

						Data now collected on people using the PALS service by IMD code.
13.Protected characteristics	To undertake an audit of complaints recording of protected characteristics To improve the demographic recording of protected characteristics	CM Information Analyst (IA)	August 2022 Reviewed date of August 2023	Presented at PESG	CM	Report produced PALS team have introduced a survey into their standard work which requests complainant demographics. Complaints team are exploring a mechanism to capture this information using a paper survey, following a poor uptake of electronic surveys for complainants.
14.Accessibility to the complaints service for those who have protected characteristics - focus on Deaf/Blind, LDA, English not first language, children, mental health	To ensure that the complaints processes are accessible by acting on feedback and data Review of access into the service including leaflets, website, complainant feedback	CM LN	April 2023	Complaints report to PESG E&D meeting agenda item	LN Patient Information Lead Other Trust specialist teams	PESG meeting minutes Complaints policy consultation and learning from accessibility examples ie BSL video Website development

	Expanding the knowledge of the PALS and Complaints team in providing sensitive support and signposting					Text phone now in place in PALS service. Easy read PALS leaflet has been reviewed.
15.Independent complaints review panel	To explore the implementation of the panel to provide oversight and learning in the management of complaints (related to independent review of investigations)	LN CM	March 2023	Panel established	LN CM	Terms of Reference developed Partners have been recruited A test run of the panel has been held First meeting with partners held in January 2024.
16.Shared learning across the Trust	To utilise PESG and the PEAP to support sharing of learning To consider how to share learning arising from CSU level data capture around actions from complaints To link with PQSM, Lessons Learnt Forum, Learning Points bulletin,	HPE LN CM	December 2022	Representation on key groups Production of information for bulletins Head of Nursing meetings	HPW HoN/Professional Leads Learning Lessons Forum	Reported to Patient Experience Sub Group Complaints included in Learning Points bulletin.

	Perfect Ward brief etc					
17.Increasing the use of expert knowledge to improve the complaints process	To develop a mechanism to provide expert knowledge support to inform the investigation and response	HPE LN CM	September 2022	Awareness raising to CSUs via Complaints team	HPE	Improved signposting to experts during the complaints process
18.Internal complaints audit	To action the recommendations of the internal audit	HOPE LN CM	August 2022	Monitor via this Action Plan	LN	Actions taken in response to recommendations were added to this action plan
19.To commence the process of implementation of the Complaints Competency Framework	To commence the implementation of the Complaints Competency Framework	LN CM	December 2022	Plan for implementation	CM LN	Complaints Training and Coaching is in place supporting competency achievement. Framework available for CSUs to access.
20.Complaints Policy	To routinely review Complaints Policy and include reference to PHSO Complaint Standards	LN CM	February 2023	Policy updated	LN CM	Complaints Policy reviewed

21.Test complex complaints -complaint pack review	For complaints where there are more than 20 questions, group into themes before sending to the CSU	CM LN	September 2022	To train handlers to develop this process	CM	Packs containing themed questions where appropriate
22. Complaint Pack review including template letter	To review the wording of the complaint pack including template letter	LN CM	September 2022	Complaint pack reviewed	AKD Solutions	Updated complaint pack
23.Tool kit for Complaint Management	When KPO3 complete, to produce a Tool Kit for complaint management to assist new post holders	LN	August 2023	When KPO4 complete	LN	Tool kit not yet completed, though intranet has continually been updated with useful resources.
24.Complaints Data review	With new Information Analyst, review complaints data and link to Monitoring Elements of Complaints Policy	LN IA	August 2022	Data reviewed	LN	Data reports
25.Audit of complaints management	To test a selection of complaints within a selected quarter of 2021/22	CM IA	July 2023	Presented at PESG March 2023 meeting	CM	Undertaken, gaps have been acknowledged in data collection. Training has been provided to complaints handlers

						to address this. Regular data report now identifies gaps that handlers are expected to rectify, to ensure data accuracy. Complaints team defect rate is consequently improving.
26.Escalation process from Open Report	To set up an "alert" process (RAG) promoted by the open report, to escalate concerns	IA LN	September 2022	Process in place	IA LN	Action template developed
27.Re-opened complaints and PALS	To undertake an analysis of re-opened complaints and PALS	CM IA	March 2023	Presented at PESG July 22 meeting	CM	Report produced
28.Executive returned response	To analyse the reasons why Executive responses are returned	CM IA	December 2022	Presented at PESG July 2022 meeting	CM	Report produced
29.Complaints intranet and internet pages	To continue to develop the complaints pages, particularly the "learning from complaints" page	LN CM	December 2022	Pages developed	LN	Pages developed including hits

	and resource page for staff					
30.Development of complaints processes following learning from the Complaints Training programme	To apply learning from Complaints Training programme including early telephone contact,	CM	March 2023	Minutes of Complaint Team meetings	CM	Minutes Key learning has been developed as standard work from the 4 modules of Mediation Skills, Investigation Skills, Getting it Write and the Complaints Masterclass, and will be included in the Toolkit at the end of the KPO4 programme New QA process has been implemented. Intranet has been updated with useful resources.
31. Development of staff involved in complaints following the CIP	Coaching of new CSU staff involved in complaints	CM LN	December 2022	Minutes of Complaint Team meetings Diary appointments	CM	Reported at PESG and Trust Board
32.Complaints/PALS collaboration	Listen to feedback to inform the most appropriate	LN	March 2023	Minutes and actions of team minutes	LN	Complaints and PALS management group outputs –

	intervention and processes, including early resolution Review and clarify roles of Complaints/PALS teams and working arrangements Streamline processes to improve efficiency, improve complainant and CSU experience and avoid overlap	PALS Manager CM		Teams to Report Out as part of the CIP (KPO4)		reduction in escalation of PALS to complaints has been seen. Improvements in PALS resolution times and reduction in reopened PALS.
34.Focused discussion for complex situations	To understand the appropriate intervention for complex cases involving PALS and / or Complaints teams	CM PALS Manager	December 2022	Process implemented	CM PALS Manager	Process implemented
35.Review Ockenden Maternity Report and address actions relating to Complaints processes	To review report and develop relevant actions	HPE LN	October 2022	Actions reviewed	Women's Triumvirate team	Actions developed

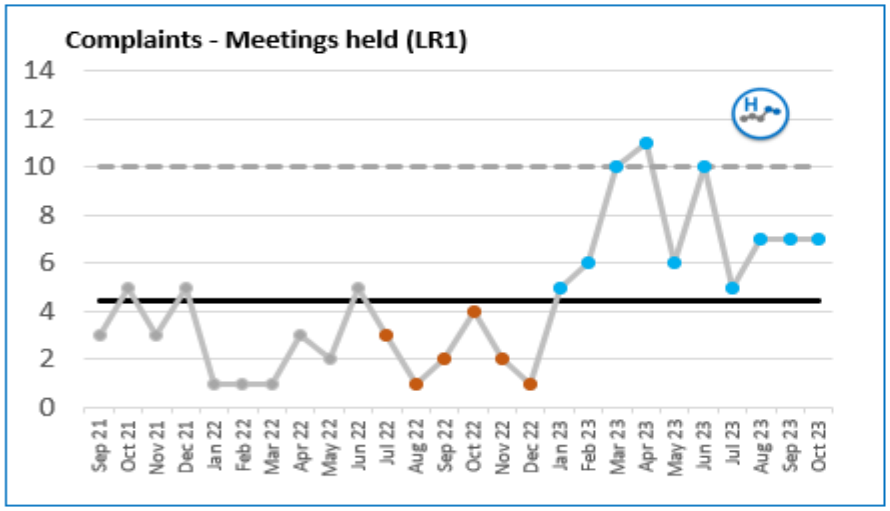
36. Address the findings of the internal audit	To review the recommendations and develop actions	HOPE LN	Feb 23	Actions reviewed	HOPE LN	Report produced for PESG

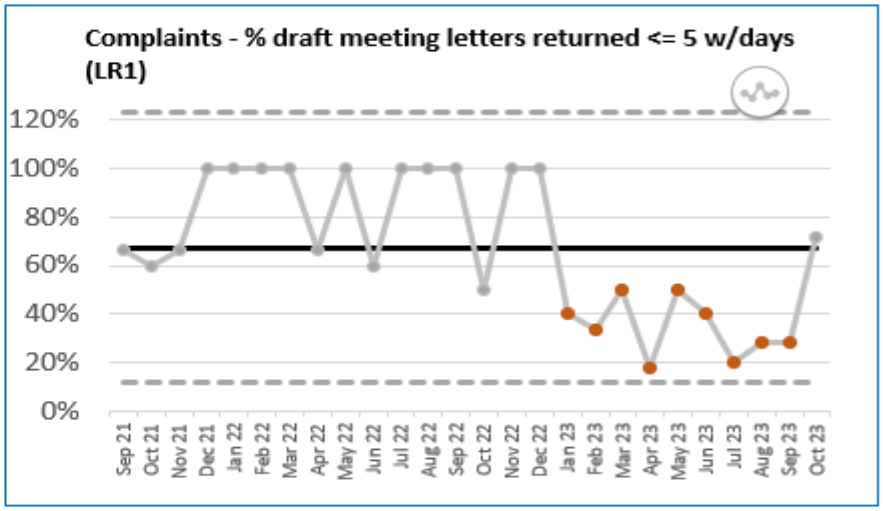
Appendix 1.1 - Policy monitoring elements

Policy element to be monitored	Standards/ Performance indicators	Process for monitoring	Individual or group responsible for monitoring	Frequency of monitoring	Responsible individual or group for development of action plan	Responsible group for review of assurance reports and oversight of action plan
How are concerns and complaints managed?	Compliance of the Complaints Policy against the Monitoring Elements	Review of the Complaints Policy Monitoring Elements	PALS and Complaints Manager	Yearly	Head of Patient Experience (HOPE)	Annual and six monthly Trust Board Patient Experience Sub Group (PESG)
	PALS and complaints evidence of Clinical Service Unit (CSU) action plans	Review via the PESG Patient Experience Assurance Programme (PEAP)	CSU	Yearly	CSU triumvirate	PESG PEAP
	Number of open PALS	Open PALS report	CSU	Fortnightly	CSU triumvirate	PESG Standard Indicator Report (SIR)
	Number of new PALS concerns received	Open PALS report	CSU	Fortnightly	CSU triumvirate	PESG SIR and PEAP
	Number of reopened PALS and Defect Rate	PALS Standard Data Report (SDR)	CSU	Monthly	CSU triumvirate	PESG PEAP
	PALS - average time to contact	PALS SDR	CSU	Monthly	CSU triumvirate	PESG PEAP
	PALS - average resolution time	PALS SDR	CSU	Monthly	CSU triumvirate	PESG PEAP
	% of complaints acknowledged within three working days	Trust Board Annual Complaints Report	Complaints Manager	Yearly	HOPE	Annual and six monthly Trust Board PESG
	Number of complaints received compared against activity	Complaints standard data report	CSU	Monthly	HOPE	Annual and six monthly Trust Board PESG
	Number of new complaints received	Open Complaints report	CSU	Fortnightly	CSU triumvirate	PESG SIR
How do we ensure that you receive a timely and high quality complaint response?	Complaint response - Lead Time	Complaints SDR	CSU	Monthly	CSU triumvirate	Integrated Quality Performance Report(IQPR) PESG PEAP

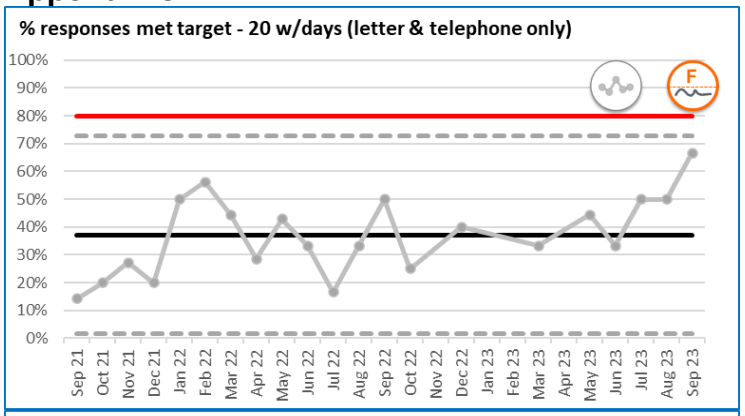
						Annual and six monthly Trust Board
	Re-opened complaints - Defect Rate	Complaints SDR	CSU	Monthly	CSU triumvirate	IQPR PESG PEAP Annual and six monthly Trust Board
	% of final complaint responses meeting target	Complaints SDR	CSU	Monthly	CSU triumvirate	IQPR PESG PEAP Annual and six monthly Trust Board
	% complaints upheld, partially upheld, not upheld	Review of data	Complaints Manager	Yearly	HOPE	Annual and six monthly Trust Board PESG
How do we ensure equality, diversity, equity for those with protected characteristics	Recording and monitoring of protected characteristic data	Analysis of protected characteristic data and data related to discrimination	PALS and Complaints Managers	Yearly	HOPE	PESG Equality and Diversity paper
How do we learn from concerns and complaints?	Responding to feedback from complainants about their experience of the PALS and Complaints service	Complainants survey	PALS and Complaints Manager	Six monthly	HOPE	Annual and six monthly Trust Board PESG
	Monitoring of CSUs actions relating to PALS and complaints	Datix dashboards and SDR	CSU	Monthly	CSU triumvirate team	PESG PEAP
	Monitoring of Trust wide themes and trends relating to PALS	Datix dashboard	PALS manager	Monthly	HOPE	IQPR Annual and six monthly Trust Board
	Monitoring of Trust wide themes and trends relating to Complaints	Datix dashboard	Complaints manager	Six monthly	HOPE	Annual and six monthly Trust Board
	Monitoring of CSU themes and trends relating to PALS and complaints	Datix dashboards and SDR	CSU	Monthly	CSU triumvirate team	PESG PEAP

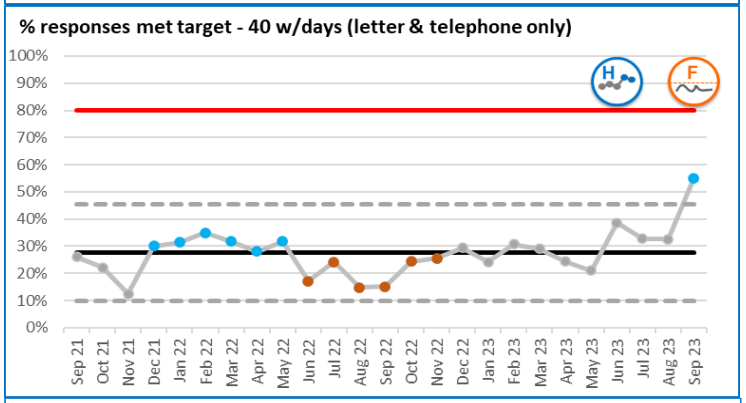
Appendix 2- Meetings held and draft meeting summary letters returned in five working days or less (first stage)

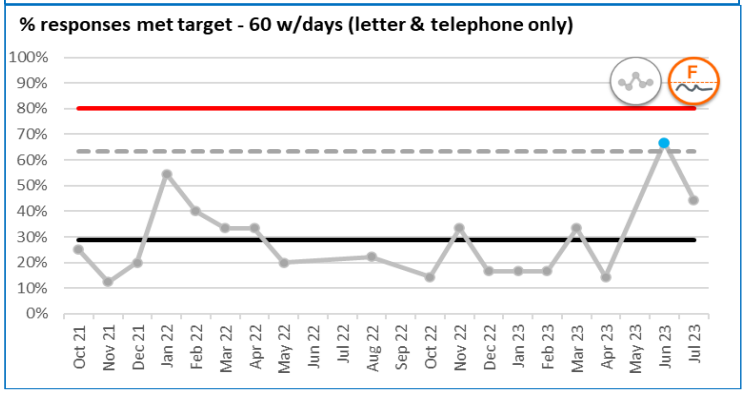




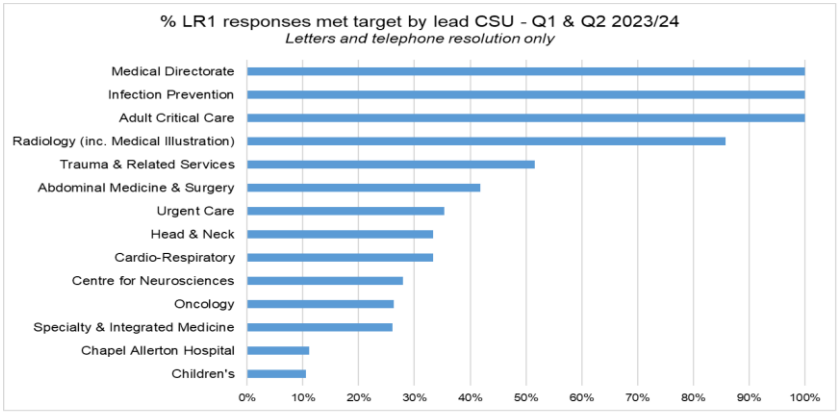
Appendix 3

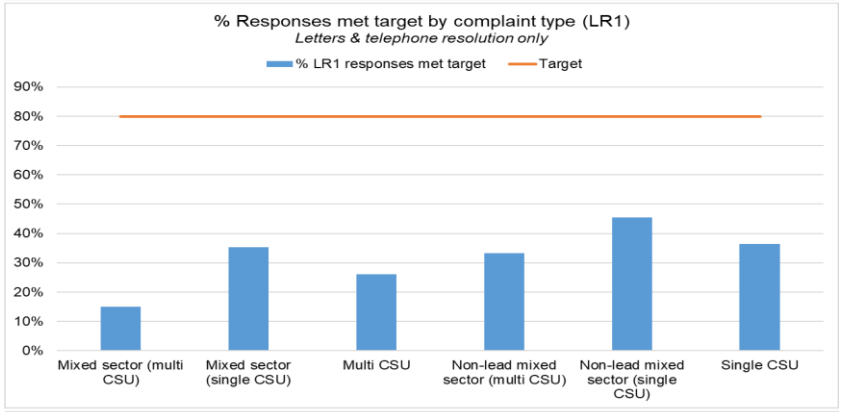

% responses met target - 20 w/days (letter & telephone only)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
F
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23

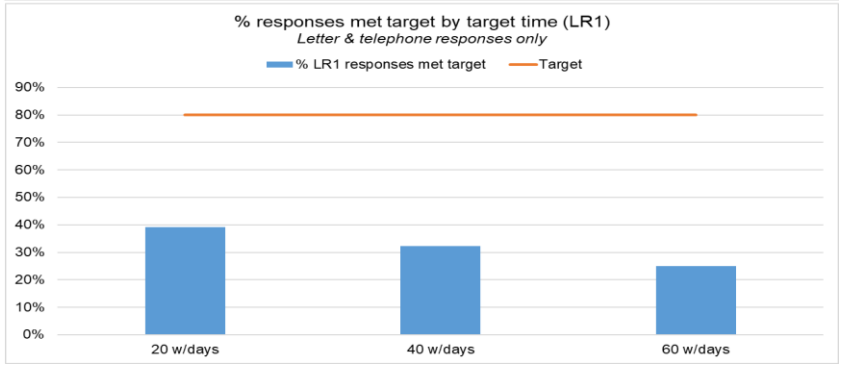

% responses met target - 40 w/days (letter & telephone only)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
H
F
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23


% responses met target - 60 w/days (letter & telephone only)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
F
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23

Appendix 4

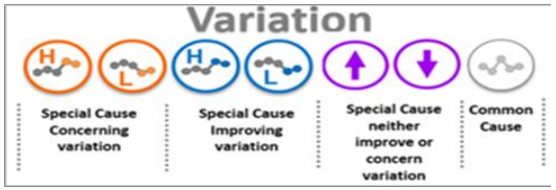

% LR1 responses met target by lead CSU - Q1 & Q2 2023/24
Letters and telephone resolution only
Medical Directorate
Infection Prevention
Adult Critical Care
Radiology (inc. Medical Illustration)
Trauma & Related Services
Abdominal Medicine & Surgery
Urgent Care
Head & Neck
Cardio-Respiratory
Centre for Neurosciences
Oncology
Specialty & Integrated Medicine
Chapel Allerton Hospital
Children's
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%


% Responses met target by complaint type (LR1)
Letters & telephone resolution only
% LR1 responses met target
Target
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Mixed sector (multi CSU)
Mixed sector (single CSU)
Multi CSU
Non-lead mixed sector (multi CSU)
Non-lead mixed sector (single CSU)
Single CSU

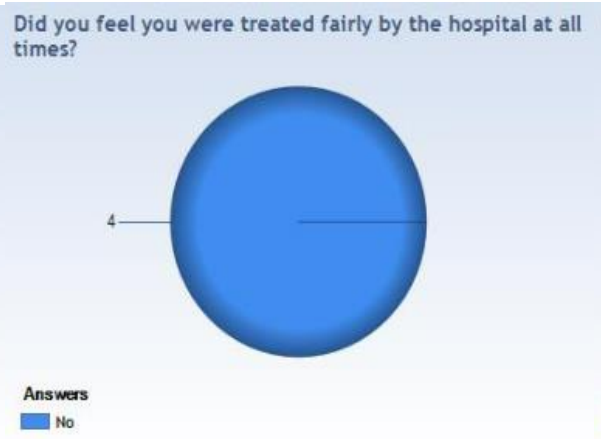

% responses met target by target time (LR1)
Letter & telephone responses only
% LR1 responses met target
Target
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
20 w/days
40 w/days
60 w/days

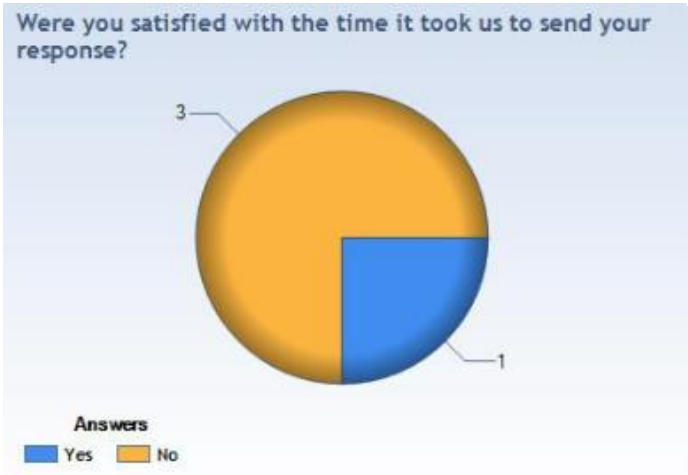
Appendix 5 - SPC Summary Table - 2 year monthly variation of most frequently logged complaint sub-subjects

Subject	Latest month	Measure	Variation
Communication with patient regarding future treatment plan/care	Sep 23	31	
Undesirable staff behaviour	Sep 23	24	
Delay/failure in treatment/procedure	Sep 23	23	
Communication with patient regarding diagnosis/condition	Sep 23	17	
Communication failure within department	Sep 23	14	
Lack of compassion	Sep 23	13	
Delay/failure to diagnose	Sep 23	12	
Communication with relative regarding diagnosis/condition	Sep 23	12	
Not listening	Sep 23	11	
Delay/failure to act on test results/reports	Sep 23	11	
Waiting list time (outpatient)	Sep 23	9	
Communication between medical teams	Sep 23	9	
Communication failure between departments	Sep 23	8	
Communication with relative regarding future treatment plan/care	Sep 23	8	
Discharge - patient not fit for	Sep 23	6	
Lack of clinical assessment	Sep 23	6	
End of life care	Sep 23	5	
Cancelled/rescheduled clinic/appointment	Sep 23	5	
Injury sustained during treatment/operation	Sep 23	4	
Communication with relative regarding end of life care/after death	Sep 23	4	
Communication - delay in giving information/results	Sep 23	4	
Delay/failure to undertake test	Sep 23	4	
Discharge - inadequate planning	Sep 23	4	
Did not get help to mobilise	Sep 23	3	
Inadequate pain management	Sep 23	3	

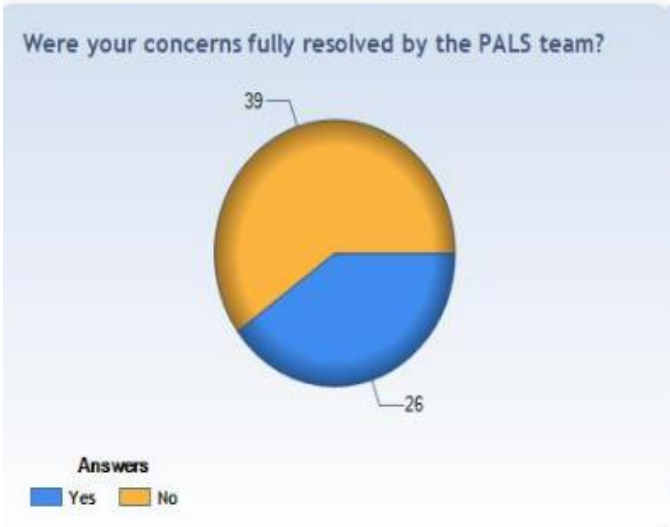


Appendix 6 – Complaint Service's electronic survey results 2023/24 so far





Appendix 7 – PALS electronic survey results 2023/24 so far



Appendix 8 – PALS Survey, PALS Patient and Leeds Census 2021 Demographics - % comparisons

Age group	PALS Patient Data	PALS Survey Data	Leeds Census Data 2021
Under 16	1.3%	2.0%	Leeds 2021 Census 85% PALS Survey 66% PALS Patient Data 54%
16 - 24	2.4%	6.1%	
25-34	7.8%	4.5%	
35-44	11.9%	10.6%	
45-54	13.3%	15.2%	
55-64	17.4%	27.3%	
65-74	19.0%	15.2%	16%
75+	26.9%	16.7%	
Not stated	0.0%	2.5%	N/A
Gender	**PALS Patient Data**	**PALS Survey Data**	**Leeds Census Data 2021**
Male (including trans man)	39.2%	17.0%	49%
Female (including trans woman)	60.8%	59.0%	51%
Non-binary	0.0%	2.0%	N/A
Prefer not to say	0.0%	22.0%	N/A
Ethnicity	**PALS Patient Data**	**PALS Survey Data**	**Leeds Census Data 2021**
White	78.1%	86.0%	79%
Asian / Asian British	6.0%	5.7%	10%
Black / African / Caribbean / Black British	2.9%	3.0%	6%
Any other ethnic group	1.7%	3.0%	2%
Any other mixed/multiple ethnic background	0.5%	2.0%	3%
Prefer not to say	0.1%	0.0%	N/A
Unknown/not stated	10.7%	0.0%	N/A

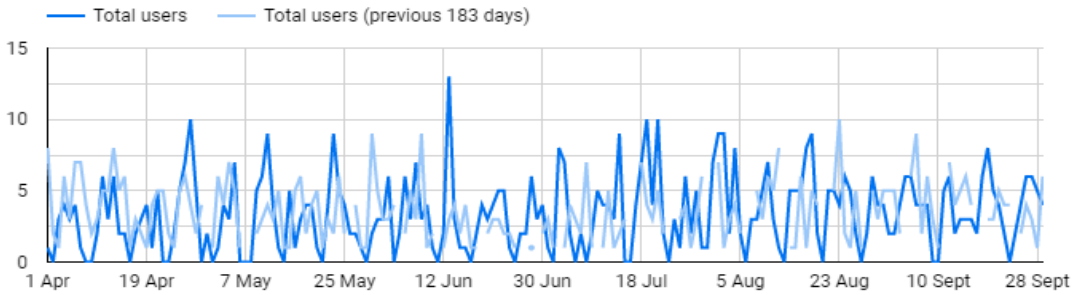
Appendix 9 – Complaints Intranet Data

NHS
The Leeds Teaching Hospitals
NHS Trust

LTHT Intranet

1 Apr 2023 - 30 Sept 2023

Views	Sessions	Av. session time	Bounce rate
1,550	704	03:09	82.8%
↑ 56.9%	↑ 11.4%	↑ 11.3%	↓ -11.0%

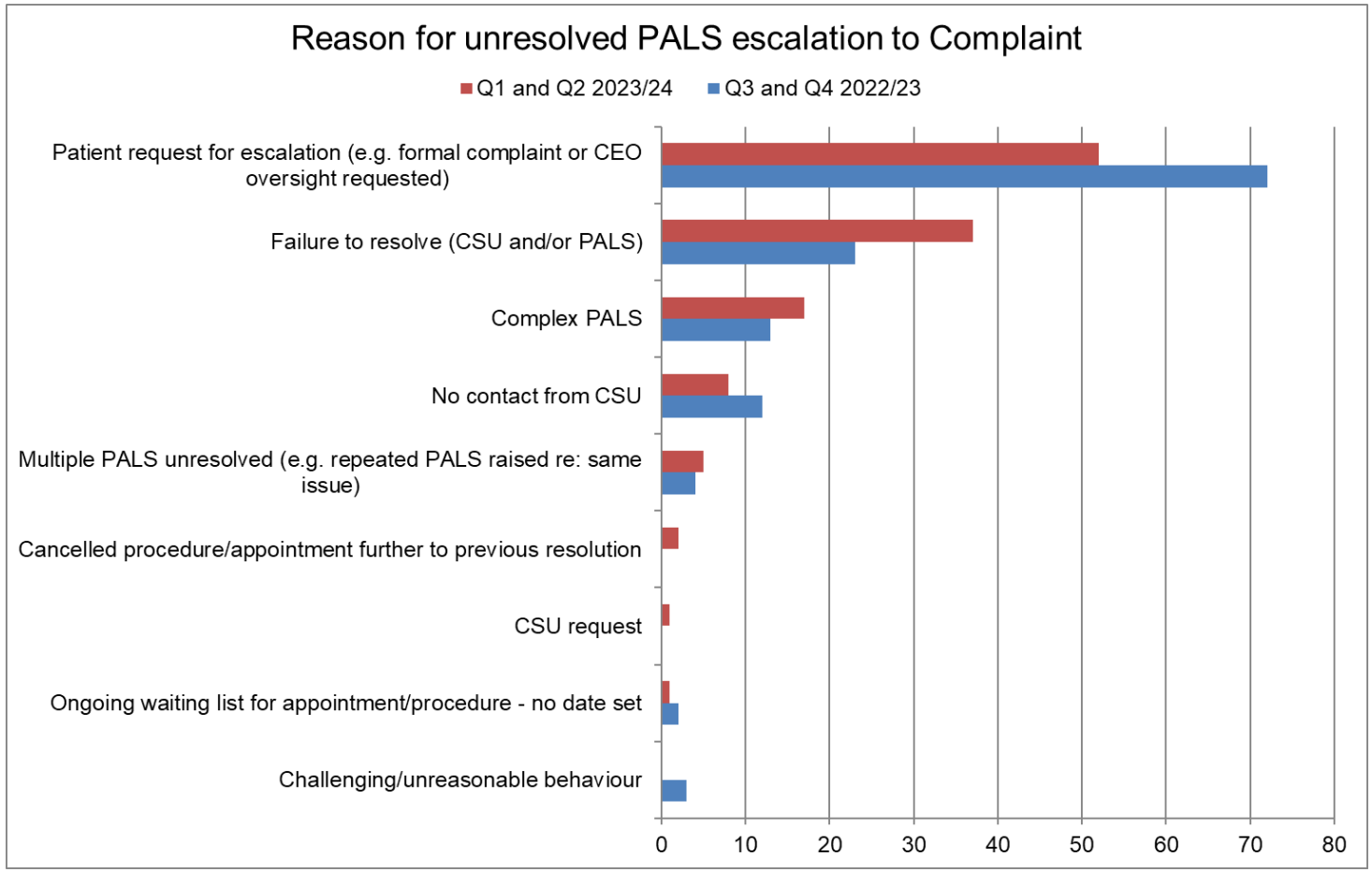


Click on any page in the table to update the charts to just that selected page:

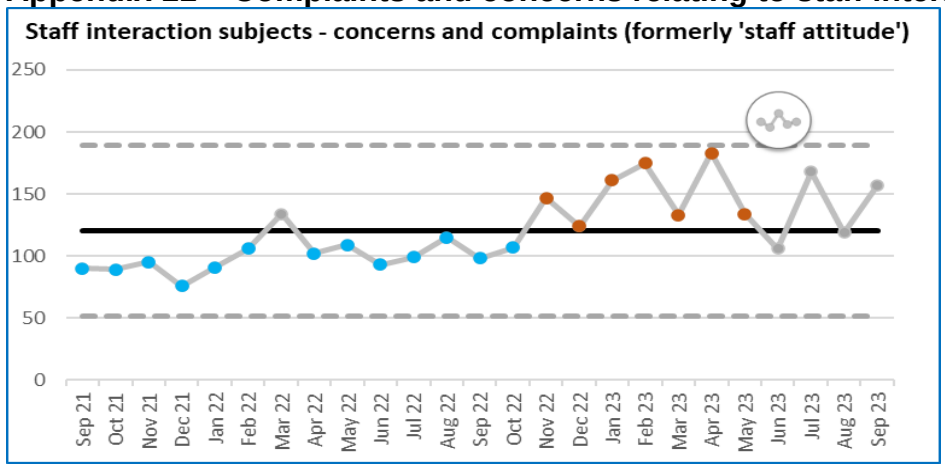
Find a page Contains complaints

Page path	Views ▾	Total users
/departments/patient-experience/complaints/	522	202
/departments/patient-experience/complaints/guidance-and-useful-documents/	301	168
/departments/risk-management/datix/complaints-pals/	229	195
/departments/patient-experience/complaints/complaints-coaching-training/	142	72
/departments/patient-experience/complaints/complaint-response/	87	28
/departments/patient-experience/complaints/complaint-investigation/	72	25
/departments/patient-experience/complaints/complaint-forms/	70	43
/departments/staff-bank/complaints/	61	41
/departments/patient-experience/complaints/complaint-review/	58	25
/departments/patient-experience/complaints/policy-and-guidance/	6	1
/sites/complaints/documents/Complaints%20Checklist_1_2.doc/homepage	1	1
/sites/patient-experience/complaints/homepage	1	1

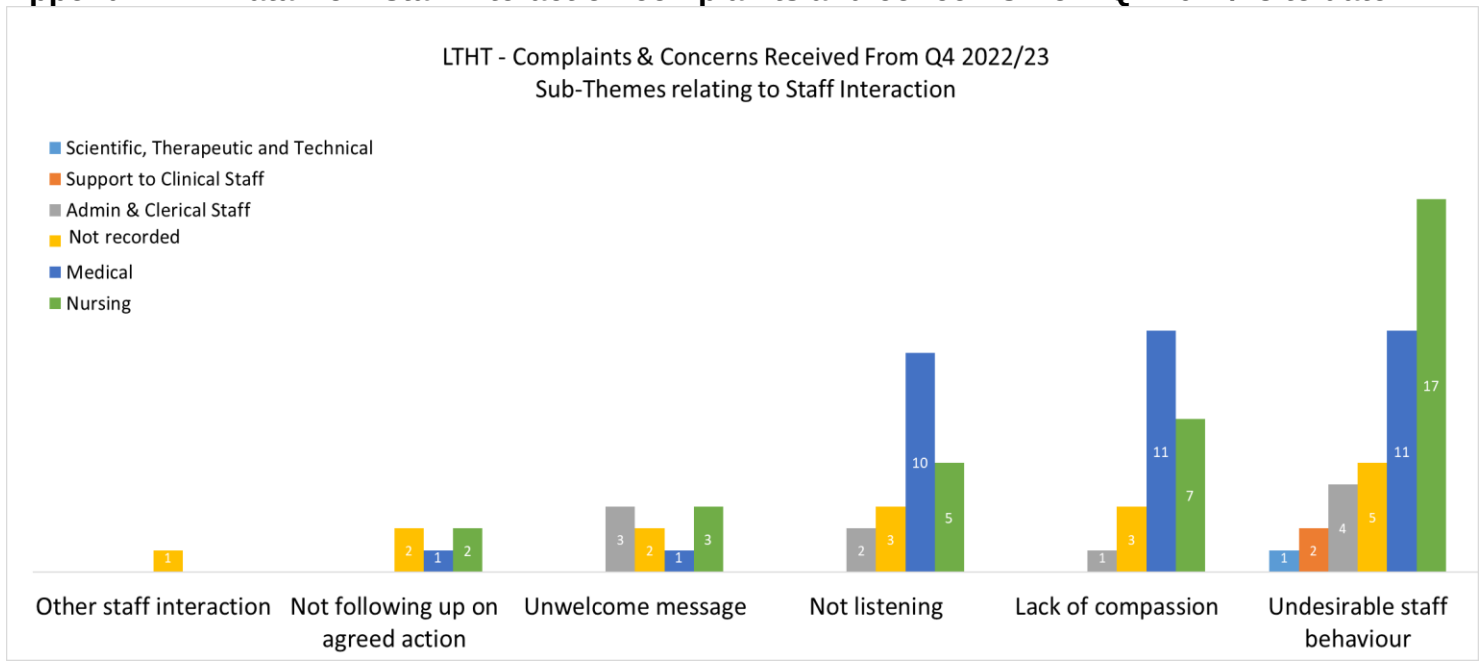
Appendix 10 – Reasons for Unresolved PALS concerns escalated to Complaints



Appendix 11 – Complaints and concerns relating to staff interaction



Appendix 12 - Data from staff interaction complaints and concerns from Q4 2022/23 to date



Appendix 13 - Lead CSU performance against response target (LR1)

Complaints - LR1 responses meeting target (letter & telephone responses only; does not include meetings)

Target: 80% or over, 50 to 80%, <50%

% LR1 responses met target (lead CSU only)	2021												2022												2023								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Abdominal Medicine & Surgery	25%		11%	14%		17%	13%	20%		11%		10%	23%	20%		14%	18%		17%		10%	8%	20%	29%	25%	25%	22%	21%	22%	64%	54%	29%	80%
Adult Critical Care	50%			33%												100%							100%									100%	
Adult Therapies								100%			100%	50%	33%																				
Cardio-Respiratory	33%		100%	40%	40%	33%				25%		22%	100%	20%	20%	100%	67%	33%												75%	33%	50%	
Centre for Neurosciences		13%	17%	20%	20%	20%	25%		20%	25%	50%	50%	33%	67%	20%	67%			25%	100%			67%	29%			100%		25%	40%	50%		
Chapel Allerton Hospital	50%	100%		50%			100%	33%		100%			50%		67%		50%					50%	50%			33%	25%		20%				
Children's	100%	50%	75%	33%	50%	50%	100%	40%	100%	25%	67%	100%	57%	100%			50%	25%	50%	33%	50%	40%	25%	100%	67%						40%		
Corporate Operations																			100%														
Estates & Facilities				100%									33%		100%											100%							
Head & Neck								20%	100%			50%		100%	33%	100%	100%	100%			50%		40%	50%			50%	25%			50%	100%	100%
Infection Prevention																																100%	
Informatics										100%																							
Leeds Dental Institute	100%							100%							100%		50%			50%		100%			100%		50%						
Medical Directorate		100%									100%																					100%	
Medicines Management & Pharmacy Services				100%																													
Oncology			100%	20%			50%	50%		25%			100%	33%	50%	20%					100%		33%			67%			50%			50%	100%
Outpatients				100%															100%														
Pathology										100%																		100%					
Radiology (inc. Medical Illustration)	50%				100%					33%		100%		100%			50%	100%		100%						100%		100%			100%		100%
Research & Innovation																									100%								
Specialty & Integrated Medicine										25%	25%					100%		20%				33%	40%	38%					25%		20%	50%	33%
Theatres & Anaesthesia												100%		100%								100%											
Trauma & Related Services				50%									67%	100%	33%		20%	50%		20%	33%			33%			25%	100%	40%	75%	43%	33%	57%
Urgent Care									13%			75%	50%	40%	80%	22%	67%	20%	50%	29%		29%	36%	50%	14%	30%	50%	14%	43%	71%	38%		
Women's	20%		20%	14%	33%		71%		50%	50%	50%	33%		67%			75%		33%	20%							17%						

Appendix 14 - Complaint response defect rate by CSU (LR1, lead and support CSU)

Defect Rate by CSU															
CSU (LR1)	Financial Quarter Response Sent (LR1)														
	2019/20	2020/21				2021/22				2022/23				2023/24	
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Abdominal Medicine & Surgery	5%	13%	5%	17%	13%	24%	20%	21%	14%	11%	11%	12%	3%	2%	11%
Adult Critical Care		25%	17%	25%	10%	20%	29%	29%	25%	17%	17%	25%		13%	33%
Adult Therapies				0%	0%		0%	15%		25%	11%	0%			0%
Cardio-Respiratory		25%	25%	13%	18%	12%	17%	25%	17%	8%	14%	18%		0%	25%
Centre for Neurosciences		8%	0%	8%	17%	9%	15%	17%	22%	7%	45%	5%	8%	8%	19%
Chapel Allerton Hospital		33%	33%	29%		0%	14%	0%	25%		13%	11%		10%	
Chief Nurse				0%				17%						17%	20%
Children's	9%	9%	0%	25%	18%	17%	9%	10%	40%	11%	18%	25%		6%	15%
Corporate Operations												0%			
Estates & Facilities			50%	14%		8%			14%	17%	17%			8%	
Head & Neck	0%	0%			25%		0%		33%		17%	7%	20%	9%	
Infection Prevention														0%	
Informatics										0%					
Leeds Dental Institute			20%	20%							0%		33%		
edicines Management & Pharmacy Services					100%	25%									
Oncology	0%	11%	11%	9%	14%	11%	10%	5%	13%	0%	17%	13%	0%	5%	7%
Outpatients				33%											
Pathology		33%	33%	25%		25%	0%	33%	0%	0%					
Radiology (inc. Medical Illustration)	10%	20%		6%	0%	38%	0%	14%	8%		0%	8%			30%
Specialty & Integrated Medicine				100%		33%	20%	20%	17%	25%	10%	18%	10%	18%	4%
Theatres & Anaesthesia			0%												
Trauma & Related Services	7%	0%	8%	13%	30%	0%	14%	19%	8%	15%	25%	16%		6%	3%
Urgent Care					100%	67%	36%	7%	7%	11%	8%	14%	6%	11%	16%
Women's	11%	14%		11%	11%	20%	7%		13%	0%	6%	4%	0%	0%	

Appendix 15 - PALS received by activity type in Q3/Q4 2021/22 and Q1/Q2 2022/23

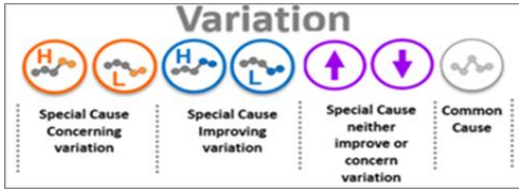
PALS Type	Q3 & Q4 2022/23	Q1 & Q2 2023/24	Change	% change
PALS concern	2511	2277	-234	-9%
Advice/enquiry (resolved by CSU)	270	392	122	45%
Compliment	311	260	-51	-16%
Advice/enquiry (resolved by PALS team)	247	258	11	4%
Signposting	19	15	-4	-21%
For records only	51	12	-39	-76%
Feedback only for CSU - no response required	0	5	5	
Information for outside organisation (Complaints team only)	3	4	1	33%
Out of time complaint	3	1	-2	-67%
Complaint form sent	4	0	-4	-100%
Total	3419	3224	-195	-6%

Appendix 16 – Reasons for reopened PALS (LR2)

Reason for Reopen (LR2)	Six-Month Period	
	Q1 and Q2 2023/24	Q3 and Q4 2022/23
Incomplete previous response (e.g. not all original questions answered)	56	62
Disputed information in previous response	12	6
Factual errors in previous response	1	0
New questions	81	45
Written response requested	6	7
Not satisfied with previous CSU resolution or personnel	39	31
Cancelled procedure/appointment after resolution (e.g. op date given then cancelled)	20	11
Compensation/redress requested	2	7
Ongoing waiting list for appointment/procedure - no date set	6	8

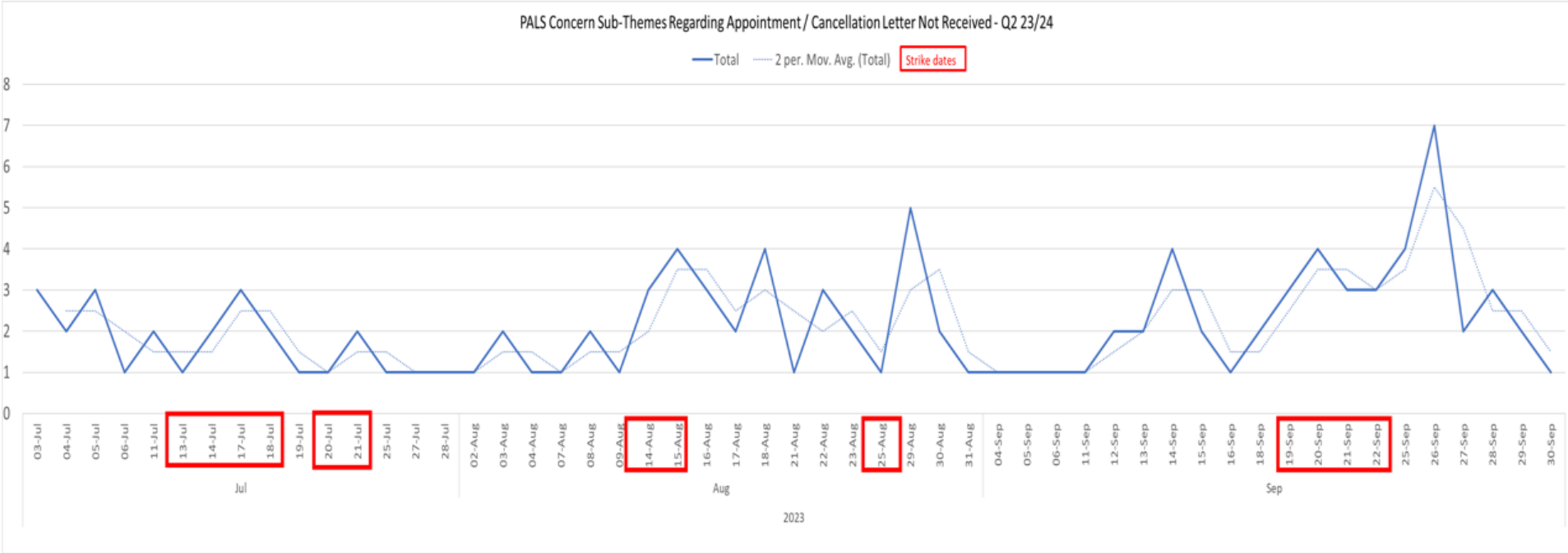
Appendix 17 - Top 25 PALS Sub-subjects summary table

PALS Sub-Theme	Latest month	No. logged in latest Month	Variation	24-month average p/month	Lower process limit	Upper process limit
Waiting list time (outpatient)	Oct 23	52		65	32	98
Communication - difficulty contacting department	Oct 23	16		36	7	64
Communication - delay in giving information/results	Oct 23	34		29	10	49
Delay/failure in treatment/procedure	Oct 23	24		29	7	51
Communication - appointment/cancellation letter not received	Oct 23	57		23	4	42
Loss of belongings	Oct 23	13		23	2	44
Communication with patient regarding future treatment plan/care	Oct 23	18		23	2	43
Undesirable staff behaviour	Oct 23	30		43	12	74
Waiting list time (inpatient)	Oct 23	2		20	0	41
Cancelled/rescheduled clinic/appointment	Oct 23	15		19	6	32
Communication with patient regarding diagnosis/condition	Oct 23	12		18	-3	39
Cancelled/rescheduled surgery/procedure	Oct 23	9		18	2	34
Communication with relative regarding diagnosis/condition	Oct 23	6		16	2	30
Communication with patient - telephone call/text	Oct 23	17		16	3	29
Communication failure within department	Oct 23	15		15	-5	35
Communication with relative regarding future treatment plan/care	Oct 23	11		14	-2	31
Communication with relative regarding discharge	Oct 23	5		12	-1	24
Lack of compassion	Oct 23	20		22	0	44
Missing/lost referral	Oct 23	9		10	-4	23
Not listening	Oct 23	27		20	10	29
Communication with patient - unclear written information	Oct 23	5		9	-4	21
Unclear Verbal communication	Oct 23	5		9	-3	20
Delay/failure to diagnose	Oct 23	3		7	-1	15
Communication with relative regarding end of life care/after death	Oct 23	1		7	-5	18
Education and competency of staff	Oct 23	9		6	-4	16

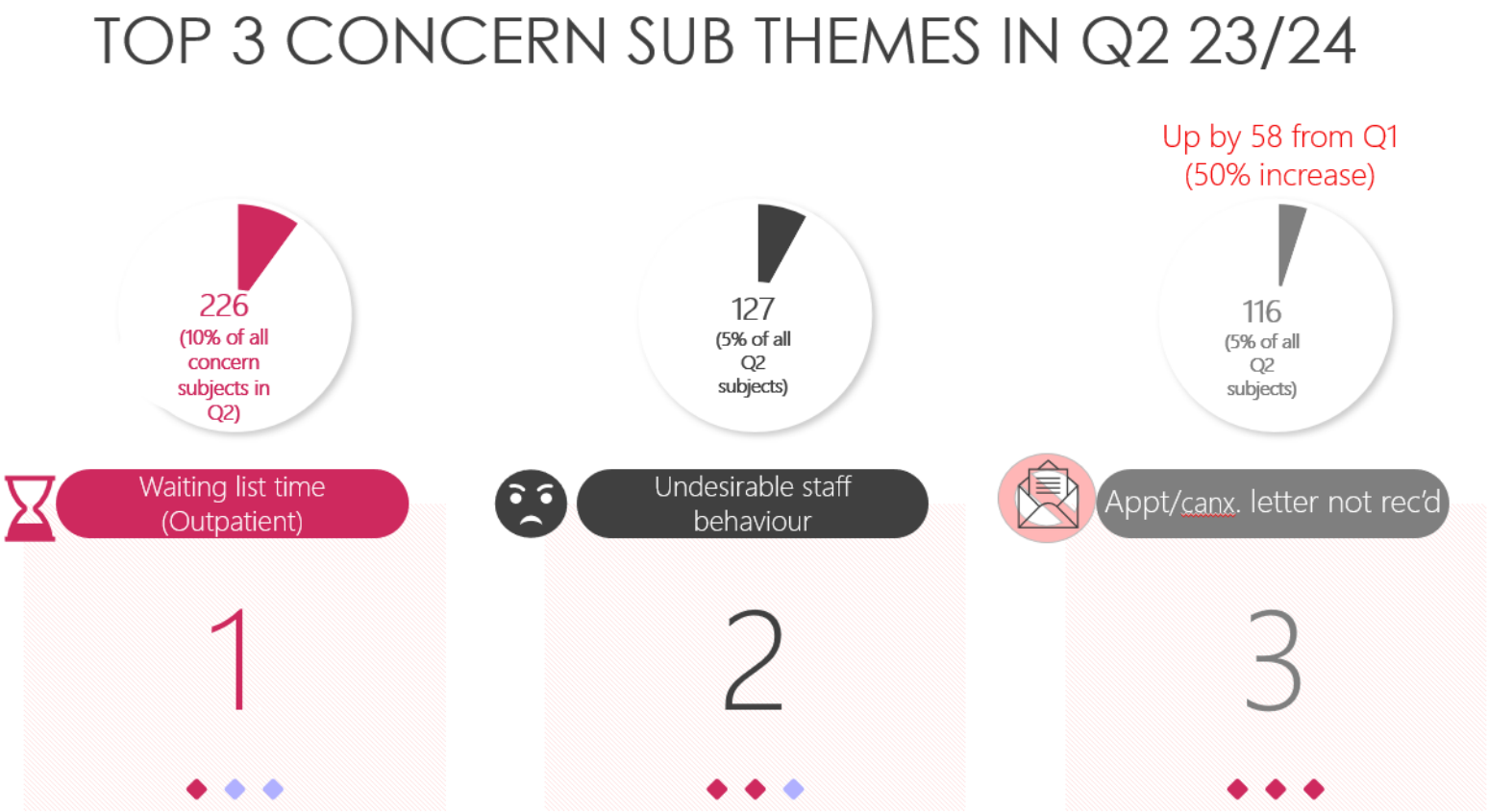


Appendix 18 – Appointment / cancellation letter not received subjects by day in Q2 2023/24

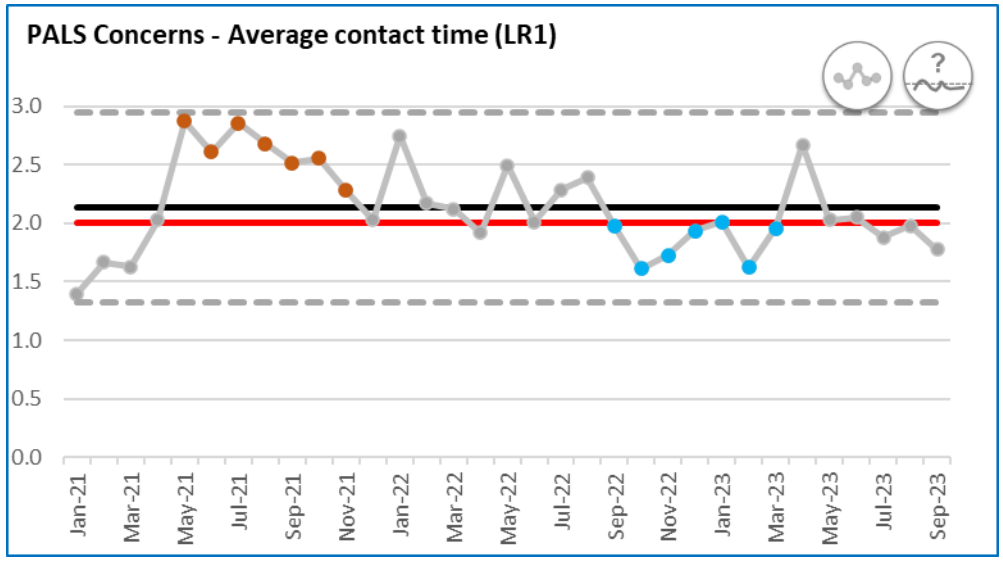
APPOINTMENT/CANCELLATION LETTER NOT RECEIVED – DAILY TREND Q2 23/24

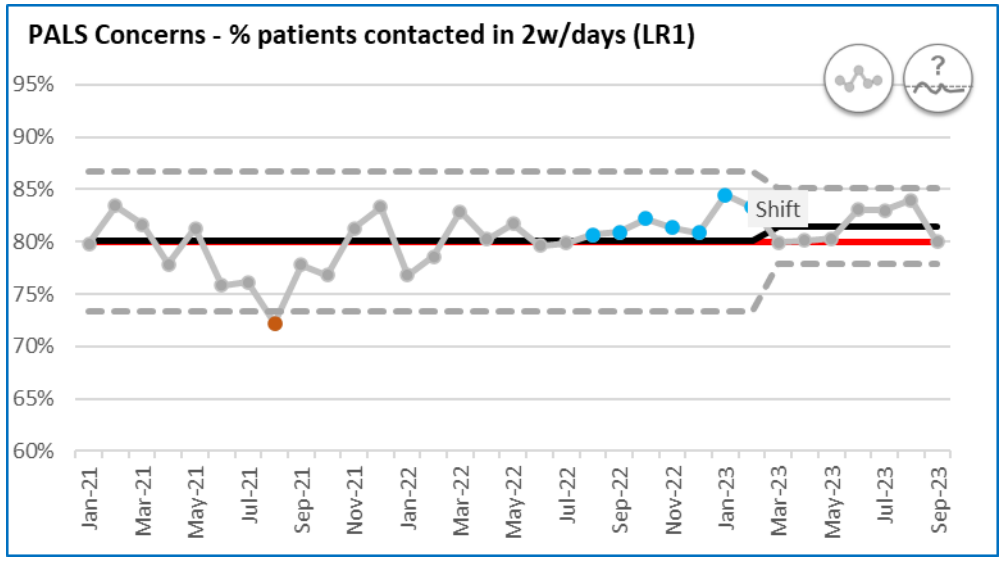


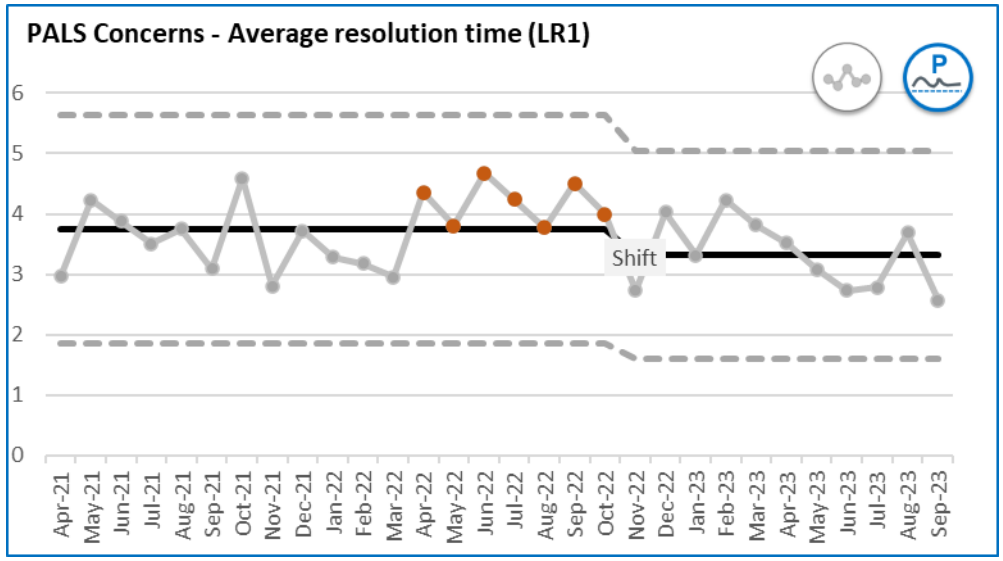
Appendix 19 - Top 3 PALS Sub-Subjects in Q2 2023/24

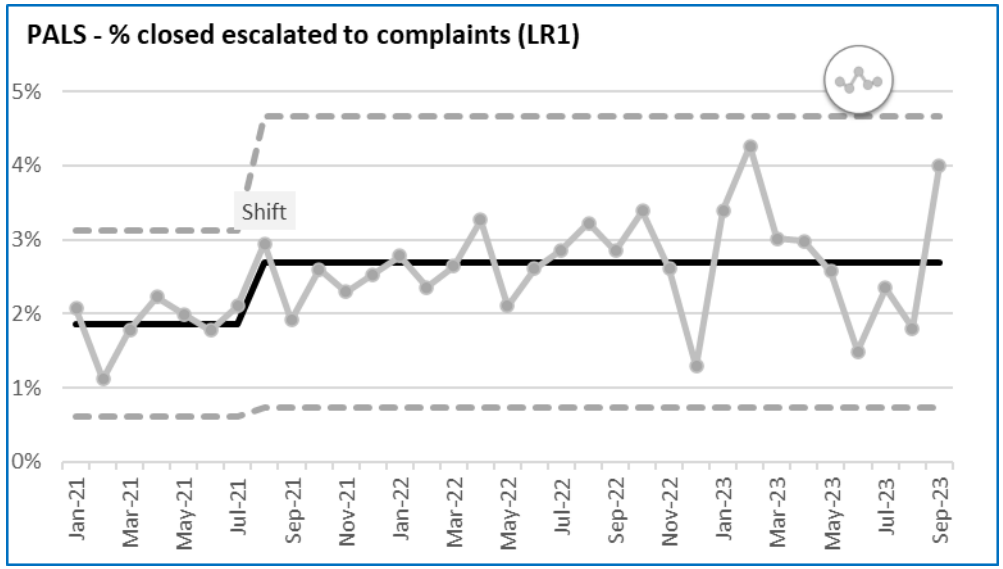


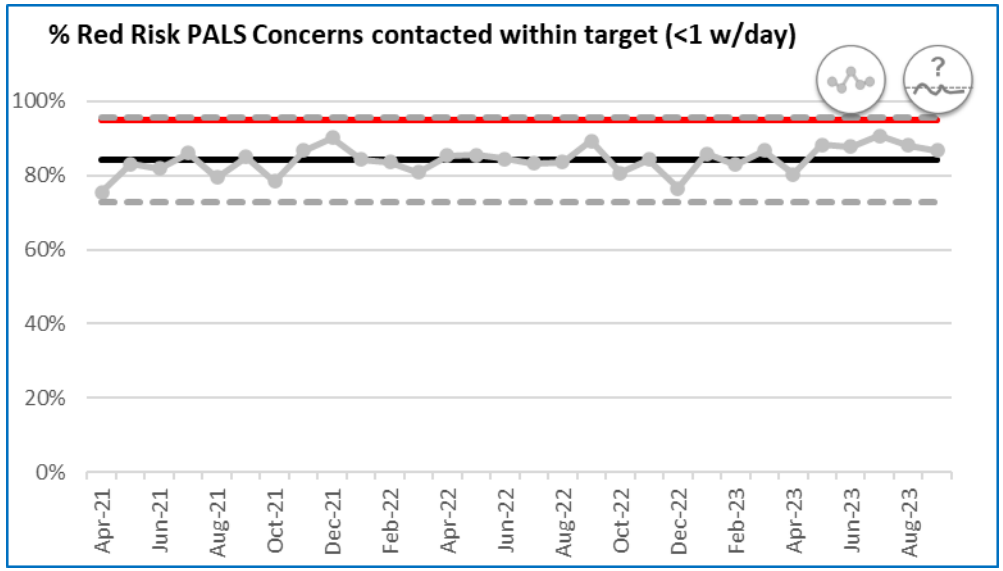
Appendix 20 – PALS concerns key performance indicators (KPIs)

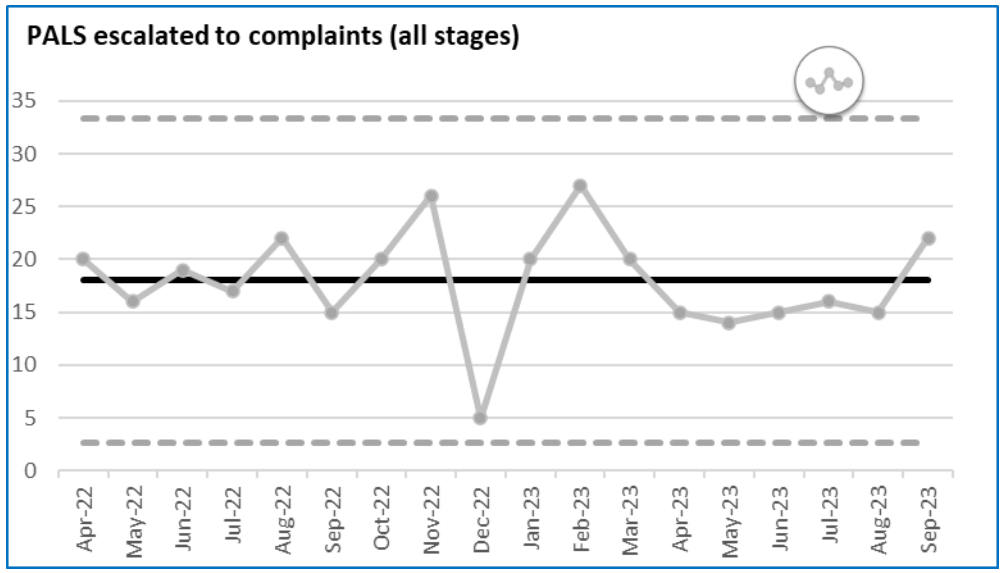


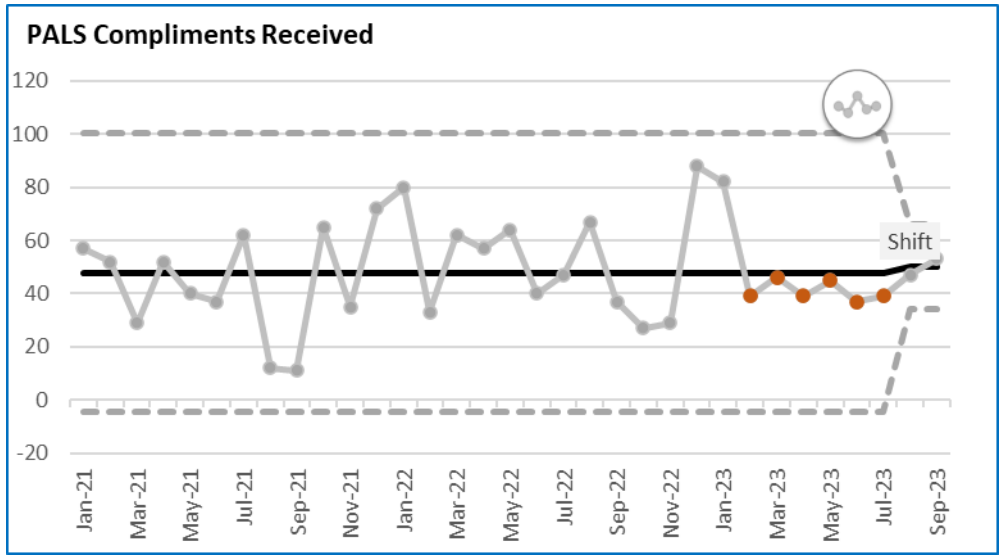



PALS Concerns - Average resolution time (LR1)
P
6
5
4
3
2
1
0
Shift
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23


PALS - % closed escalated to complaints (LR1)
5%
4%
3%
2%
1%
0%
Shift
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
Jul-22
Sep-22
Nov-22
Jan-23
Mar-23
May-23
Jul-23
Sep-23


% Red Risk PALS Concerns contacted within target (<1 w/day)
100%
80%
60%
40%
20%
0%
Apr-21
Jun-21
Aug-21
Oct-21
Dec-21
Feb-22
Apr-22
Jun-22
Aug-22
Oct-22
Dec-22
Feb-23
Apr-23
Jun-23
Aug-23


PALS escalated to complaints (all stages)
35
30
25
20
15
10
5
0
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23


PALS Compliments Received
120
100
80
60
40
20
0
-20
Shift
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
Jul-22
Sep-22
Nov-22
Jan-23
Mar-23
May-23
Jul-23
Sep-23