

**Patient Advice and Liaison Service (PALS)**

**&**

**Quality Development (Complaints)**

**ANNUAL REPORT 2010/11**

**PALS team  
Quality Development  
Head of Patient Quality**

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## **1. INTRODUCTION**

This report provides information about the complaints received in the Trust and the issues and concerns reported by patients and carers, to the Patient Advice and Liaison Service (PALS) between 1 April 2010 and 31 March 2011.

PALS and complaints teams work together with divisional governance teams to ensure that patients can raise concerns and report problems; that their concerns are heard and responded to; and that action is taken to prevent re occurrence of a problem and improve services. PALS will resolve concerns quickly preventing escalation to a complaint. However, when this is not possible, PALS will assist patients to access the Trust's complaint process.

### **1.1 Activity**

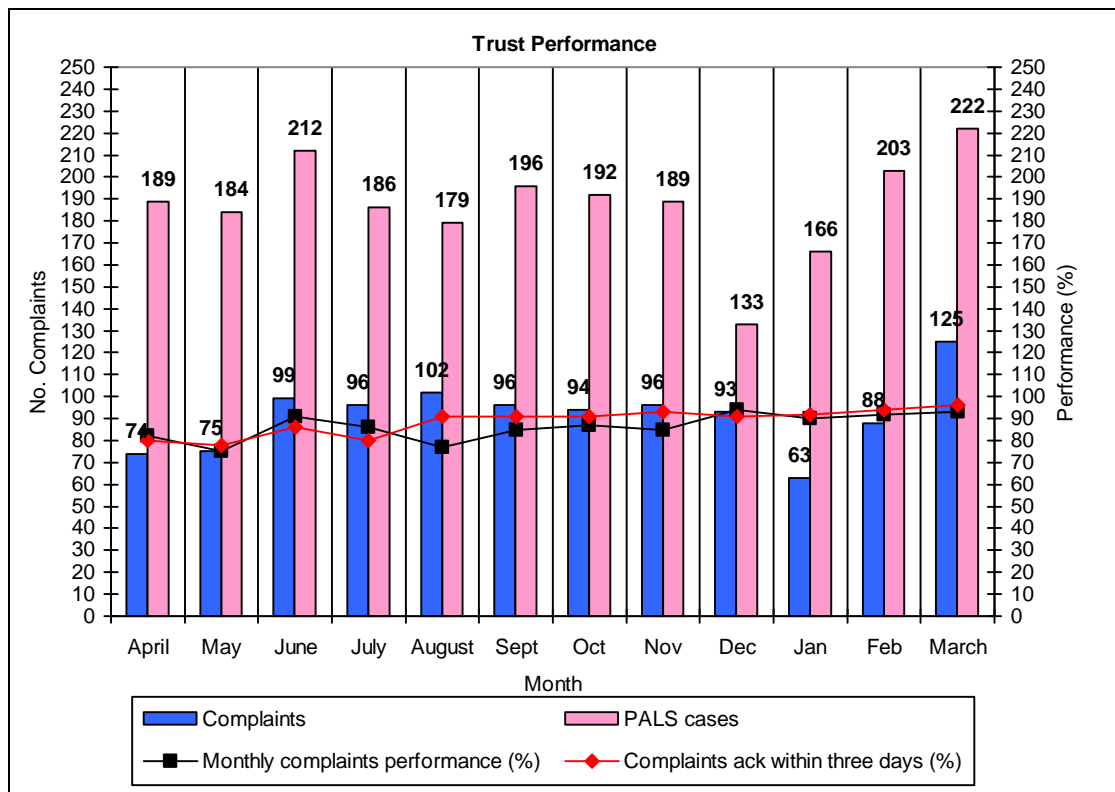
The Trust recorded 960,921 episodes of care as inpatients, outpatients, day cases, and through A&E during the year. This year, PALS recorded 2251 (0.2% of total activity) cases, 97% of which were resolved within twenty-four hours.

There were 1105 complaints made which represents 0.1% of the Trust's activity. This is 155 more than the previous year. Of the 1105 complaints received, 697 were fully or partially upheld by the Trust on review of the final response. 357 were not upheld. The main reason for not upholding a complaint is when there is no evidence that the Trust has fallen below expected standards.

## **2. DATA ANALYSIS**

Chart 1 shows the number of cases received on a monthly basis through PALS and complaints, together with the monthly performance for responding within negotiated timescales. Also charted is the Trust's performance against the statutory requirement of acknowledgement within three working days.

Chart 1



The Trust's average acknowledgement performance is 89%, a steady improvement on the last two years, from 61 % in 2008/09 and 77 % in 09/10. The performance for responding to complainants is 86% with an average of 92 complaints being closed each calendar month.

Of the 2251 PALS contacts this year, 1280 cases required investigation and facilitated local resolution between service users and staff. There has been an increase of 118 cases in this category with a rise in cases about communications.

## 2.1 Accessing PALS and Complaints

### Contacting PALS

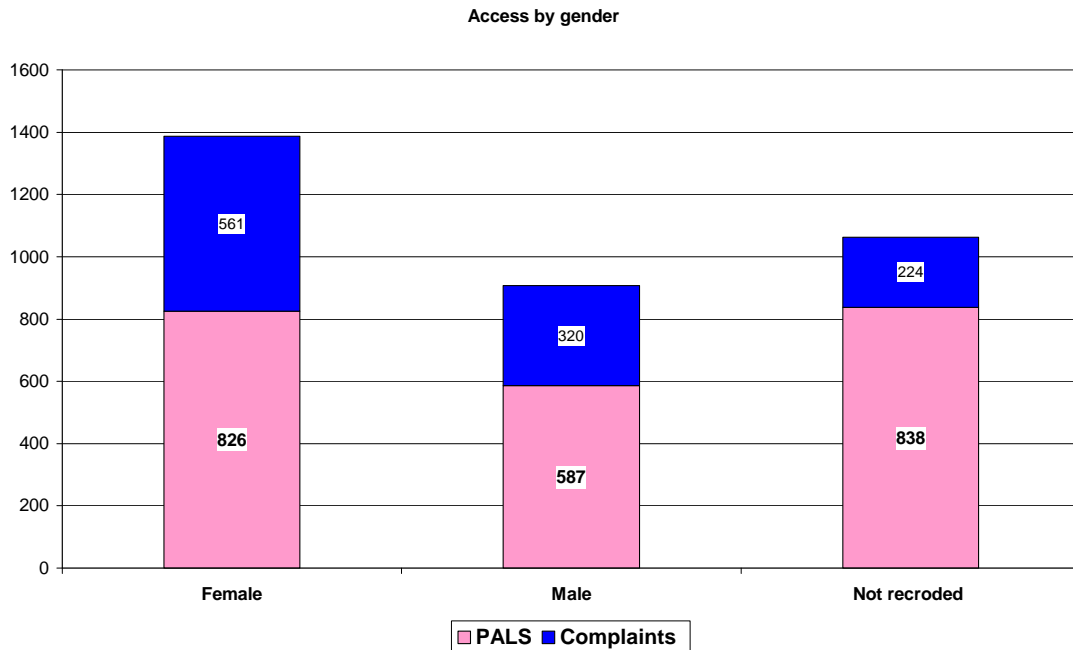
Telephone calls to PALS account for 58% of all contacts. Email contacts have increased by 1% from last year. The team continue to raise the profile of PALS through internal and external promotion and publicity, raising awareness of the service provided. This year PALS has undertaken:

- Service presentations
- Staff training and induction programmes
- Outreach work (including seldom heard from groups)
- Community events (including Trust open days and health events)
- Networking (including GP practices)
- Posters and leaflet distribution.

**Demographic data**

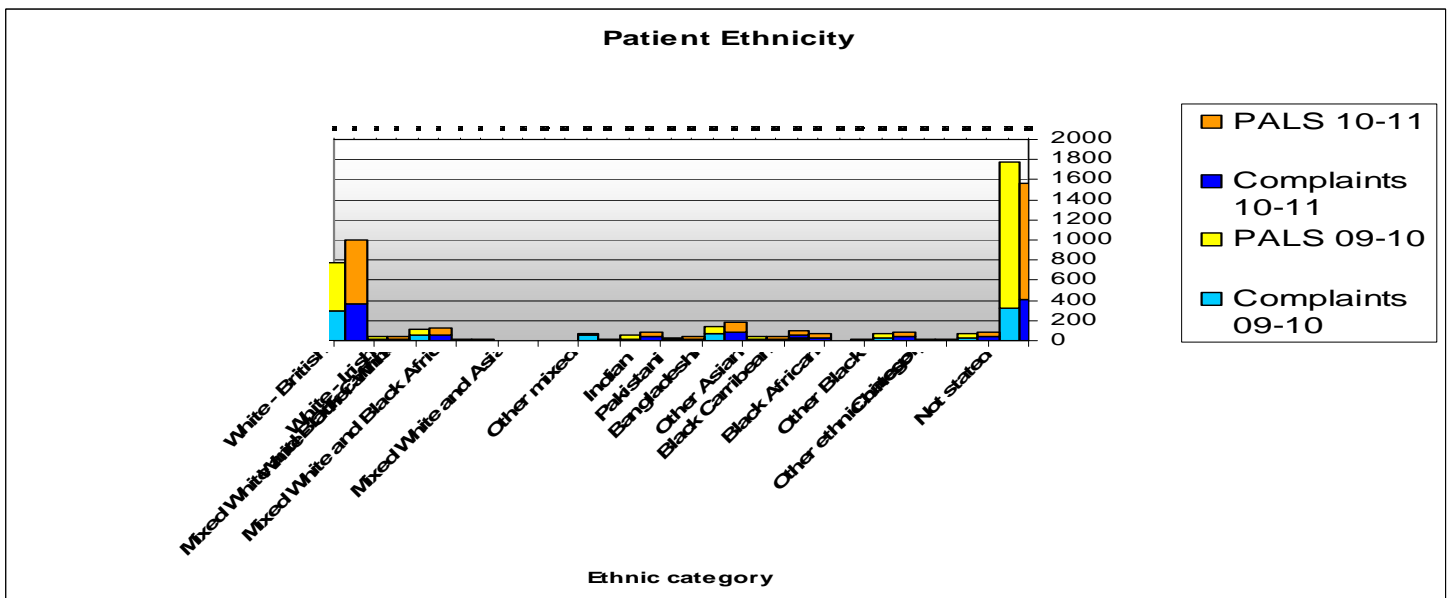
PALS and Complaints recorded the gender of 68% of the total people accessing the two services. 41% of these are female which is consistent with other information that suggests women are more likely to raise concerns about services.

**Chart 2 – Access by gender**



Information gained from patient feedback, through the national inpatient survey show that patients from BME backgrounds are less likely to report a good service and have less confidence in staff. However many patients who approach PALS and complaints do not wish to disclose their ethnicity. People raising concerns with PALS may do so anonymously and are even less likely to disclose personal information. Over the last two years, 49% of people disclosed their ethnicity and the majority identify as white British Chart 3.

**Chart 3 – Access by ethnicity**

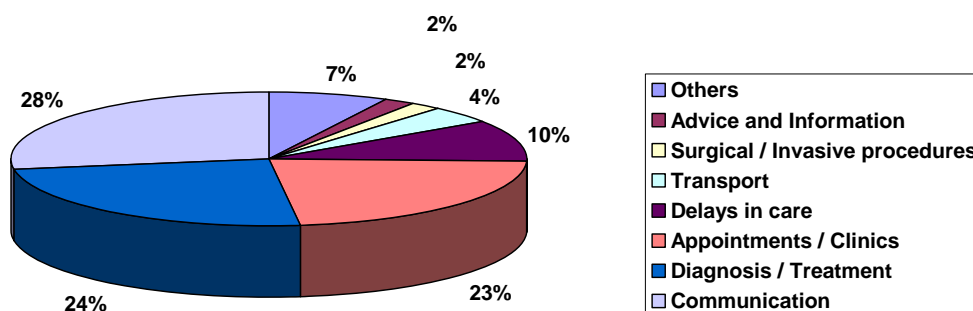


In December 2010 an Action research inquiry was undertaken by the PALS team to explore the experiences of working with BME service users and a more proactive approach to gathering ethnicity data will be undertaken as a result. Patients tell us that they do not see the relevance of giving this information and are concerned that it will be used in some way to bias the investigation and response to their complaint and concerns.

## 2.2 Themes

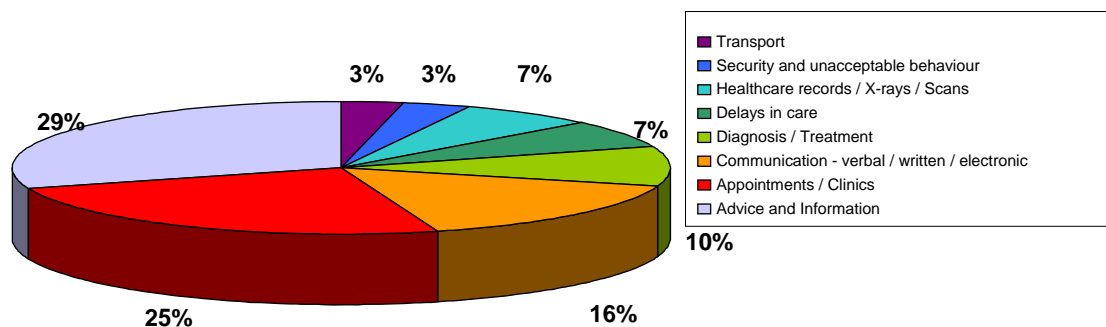
Charts 5 and 6 show the most common themes raised by patients through complaints and PALS. The top four themes are consistent across both.

**Chart 5**  
**Complaints themes**



**Chart 6**

**PALS themes**



### 2.3 Problems with appointments - length of wait for an appointment

250 complaints have been received about appointments, the majority, 27%, are about cancellations. A further 20% highlight long waits in a clinic and 14% are about appointments not being booked as they should have been. Problems with appointments also made up 25% of all PALS casework, a 3% increase from last year.

### 2.4 Communications

There have been 304 complaints made about communication, 102 of which raised concerns about staff attitude. 85 are about the poor standard of verbal communication whilst others highlight poor standards and inaccuracies in both written and verbal communications. PALS also received an 11% increase in concerns raised about communications.

### 2.5 Diagnosis and treatment - inadequate care

The largest category of complaints about diagnosis and treatment concerned inadequate medical (81) and nursing (46) care. There were 22 complaints received about inappropriate discharge and 21 concerned with inappropriate treatment. PALS received a 5% increase in the concerns raised about diagnosis and treatment.

### 2.6 Delays in care - delays in performing an operation

There have been 110 complaints about delays in care. The majority of delays and cancellations concern outpatient areas, (35 complaints), followed by delays in diagnostic tests being performed (14 complaints).

### 2.7 Severity and complexity

All feedback through complaints and PALS is graded to determine the severity or complexity of the issues. All complaints received last year have been risk graded as shown in table 1

**Table 1**

High Risk	Medium Risk	Low Risk	Total
1	113	991	1105

One complaint has been graded high risk and this was also reported and investigated as a serious incident (SI), following a patient's death. The report, including lessons learned, was shared with the family at a combined complaints/incident meeting.

**Chart 7 – Complexity of PALS cases**

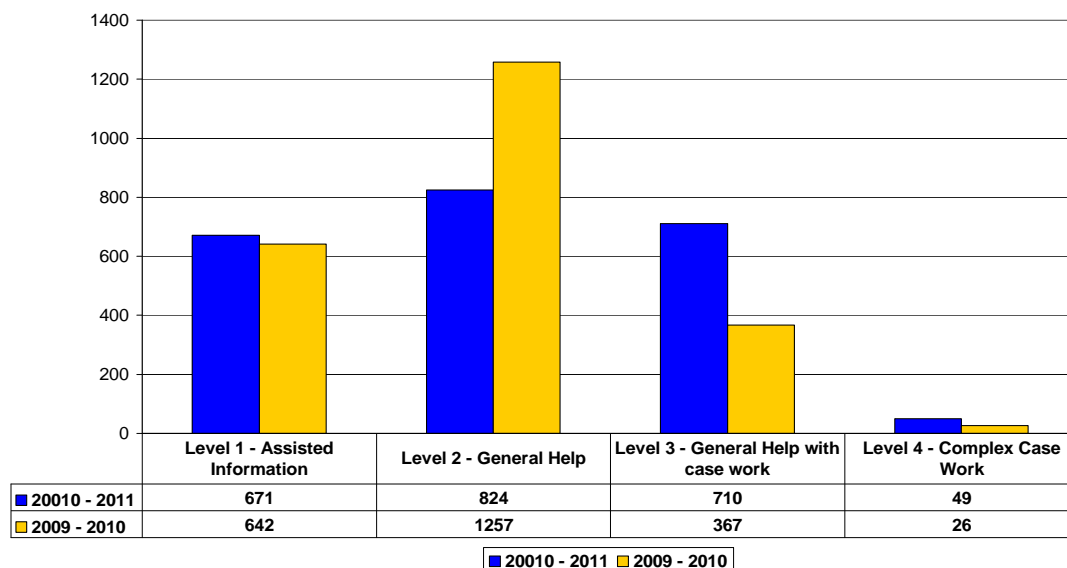


Chart 7 shows PALS cases graded by complexity. The four levels correspond to the Community Legal Service Quality Mark. The complex cases are those that require detailed investigation, and liaison with several departments and agencies to achieve a satisfactory outcome. The patients involved in these cases often have special needs and require additional support. There has been an increase in the number of level 3 and level 4 cases indicating increased complexity of concerns being raised by people through PALS.

### 3. LISTENING AND LEARNING

PALS and complaints are two crucial routes through which listening and learning from patients takes place. Some examples of the work that has been undertaken by services as a result of feedback through PALS and complaints is detailed below.

Issue	Action
Poor level of communication between services and lack of information/poor signage <sup>1</sup>	Issue escalated to senior management; front-line staff alerted; recommendations made by PALS to improve signage and information to service users, which were subsequently implemented
Deviation from breastfeeding policy by staff which caused mother unnecessary distress <sup>2</sup>	Investigation instigated by PALS to ascertain correct policy guidelines. Formal apology offered to patient by Matron. <ul style="list-style-type: none"> <li>Issue highlighted to all staff involved in the</li> </ul>

	<p>patients care on the ward</p> <ul style="list-style-type: none"> <li>• Follow up issues to be clearly documented by staff in the patient notes</li> <li>• Trust policy and guidelines made available to all senior managers and ward staff to prevent reoccurrences</li> </ul>
Concerns raised by family regarding poor communication between nursing and medical teams resulting in patient not being reviewed by the medical team for several days. <sup>3</sup>	PALS visited patient and family on ward and worked with the ward sister to facilitate mediation meeting. Meeting subsequently organised between medical team and family where a treatment plan and discharge arrangements were discussed.
Concerns raised about appointment processes, clinic capacity and communication	<p>External typing service, Dictate IT is being used to improve efficiency for sending dictated letters, with:</p> <ul style="list-style-type: none"> <li>• The aim that all letters will be typed within 24 hours of dictation and approved within 5 days</li> <li>• Agreed turnaround times for typing and approval</li> <li>• Guidelines for secretaries and consultants</li> <li>• Additional training for secretaries and consultants</li> </ul>
Increase in concerns over waiting times within Musculoskeletal CAU	<ul style="list-style-type: none"> <li>• Re-profiling of admin functions and review of procedures</li> <li>• New secretarial rota to ensure phones answered throughout working hours and messages responded to within 24 hours</li> <li>• Telephone clinics for certain surgical procedures such as spinal injections</li> <li>• Pre-assessment for new referrals to ensure diagnostic interventions are completed prior to the first appointment</li> </ul>
Patients did not receive letters informing them of cancelled appointments. Letters were printed but not posted at the time of cancellation	Customer care programme for all front of house outpatient staff including a reminder that appointments made at short notice should be followed up by telephone. Staff must also select the correct reason for cancellation of appointments
Capacity issues within Urology clinic	<ul style="list-style-type: none"> <li>• Additional ad hoc clinics scheduled</li> <li>• Assessment of reducing waits in clinic</li> <li>• A review of how patients access the service, cancellation rates and the process by which patients are brought into hospital</li> </ul>
Concerns about late running of transport and state of repair of vehicles	<ul style="list-style-type: none"> <li>• A rapid improvement event is planned to ascertain where improvements to the service can be made</li> <li>• One of the sub-contractors recently taken over by new parent company and benchmarking being undertaken which will also review current performance of this firm</li> <li>• Ongoing audit of all vehicles to ensure they are compliant with safety standards</li> </ul>

### 3.1 Sharing information

Building on the objectives set last year, PALS information is shared in the following ways.

- PALS themes are monitored and reported through to the Adverse Events and Risk Leads Group. This ensures that PALS intelligence is combined with other service user data across Complaints, Risk and Governance.
- Reports are provided to LINKs and the Trust Patient and Carers Engagement group (PACE).
- PALS and complaints data is incorporated into the Patient experience update which is presented to the Board each month.

The complaints team reports monthly to the Safety and Quality Standards Committee on performance against statutory targets, themes of complaint, and the learning and actions that have been taken in response. The report includes monitoring of Ombudsman referrals and is shared at the Risk and Adverse Events Group. Quarterly complaints trends are reported to the Quality and Safety Standards Committee and Quality Assurance Committee.

### 3.2 Compliments

347 recordings were made of positive or complimentary feedback. This represents a small proportion of thanks and positive feedback received throughout the Trust. PALS also received a number of compliments from patients and carers using the service.

### 3.3 Parliamentary Health Service Ombudsman (PHSO)

A total of 38 complaints were referred by complainants for an independent review in 2010/11. The PHSO reviews the cases referred and will decide on one of the following options

- Not to investigate
- Return the case to the Trust for further local resolution
- To undertake an independent investigation.

In the last financial year, one complaint was selected for investigation, an improvement of the four complaints that were investigated the previous year. Table 2 shows a breakdown of all complaints that were referred to the PHSO.

**Table 2**

Division	Returned for local resolution	Investigation	Did not investigate	Under assessment	Total
Acute and Family	4	0	12	0	16
Clinical and Diagnostics	0	0	0	0	0
CRMS	2	1	4	2	9

	NHS Trust				
Regional Services	9	0	3	0	12
New Hospitals/Corporate	0	0	1	0	1
Total	15	1	20	2	38

### 3.4 Actions from investigations

In the year 2010/11, the Trust submitted two action plans following PHSO investigations where the complaints were upheld in their entirety. These action plans relate to cases where the investigation was instigated prior to April 2011. Another investigation report has been completed by PHSO and the complaint was not upheld.

#### Case 1

##### *Failings*

The PHSO concluded that the Trust had failed to provide the complainant with a reasonable, evidence-based explanation of markings to a patient's skin that had undoubtedly existed. Contemporaneous nursing records were not referred to in the Trust's investigation and response. This is regarded as maladministration.

##### Examples of actions taken

- Training for nursing staff in the classification of wounds
- New process for dealing with complaints in place with greater ownership and security of responses
- Spot checks on documentation are completed fortnightly. Records are kept by Matron
- Standardisation of paperwork across the division will incorporate admission and discharge booklets
- Cardiac documentation being reviewed by working group.

#### Case 2

##### *Failings*

The PHSO concluded that the Trust failed to provide a clear, evidence-based explanation to the complainant regarding the delays in her fertility treatment. This was regarded as maladministration.

##### Examples of actions taken

- Addition of an appendix to complaint responses to ensure complainants are aware that the Trust welcomes further resolution
- Complaints training with Fertility Quality Manager
- Meeting between central complaints, governance team, Women's Health CAU to establish consistent working for complaints handling.

### 3.5 PHSO Listening and Learning report

In October 2010, the PHSO issued her first report, "Listening and Learning – the Ombudsman's review of complaint handling by the NHS in England 2009-10". Although Barts and The London NHS Trust, received the highest number of contacts, the number of investigations undertaken was low compared to other NHS bodies.

The Chief Executive, accompanied by the Non-Executive lead, attended the launch of the report, and received positive feedback about improvements in the way cases that have gone through their office have been handled.

### **3.6 Joint presentation to the Local Authority Health Scrutiny Panel, with East London NHS Foundation Trust and NHS Tower Hamlets**

In October 2010, a joint presentation of complaints received in 2009/10, top issues, changes made as a result of complaints and accessibility of the complaints process, was made with NHS Tower Hamlets and East London NHS Foundation Trust, to the Local Health Scrutiny Panel. A relatively lower number of complaints from the local Bangladeshi community was noted by all trusts involved, but it is thought that this community uses PALS to express their concerns. Joint presentations of complaints and complaint issues will continue to be provided for scrutiny and discussion at future meetings.

## **4. DEVELOPMENT WORK**

### **4.1 Update of complaints information**

Following collaborative work with the PCT, an easy read version of the 'Tell Us' booklets was printed, primarily aimed at people with learning disabilities. This leaflet was developed by the Learning Disabilities team, with people who have learning disabilities.

### **4.2 Review of Compliance by the Care Quality Commission (CQC)**

In March 2011, the Care Quality Commission carried out a review. The CQC judged that overall the Trust has an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments. The CQC noted the Trust's guide to making comments, compliments or complaints was available in leaflet and easy read formats throughout the patient areas visited as well as posters in most areas. They also noted that information about PALS was available and on the Trust's website.

### **4.3 Progress on PALS objectives**

Key areas of focus were to

- Extend networks in the local community with a particular focus on hard to reach and vulnerable groups.
- Further develop partnership working with GP stakeholders
- Strengthen the way PALS patient experience information is shared across the organisation, developing stronger links with clinical services.

PALS are building networks across local health community groups and agencies with a focus on vulnerable groups such as the elderly, people with learning disabilities, carers, young people and those with mental health issues. Building networks outside the hospital environment supports service users to influence the way services are delivered. PALS staff are part of the Trust Learning Disabilities Steering group, Patient Information reference group and the Trust Adolescent Working Group.

### Working with GPs

PALS aim to strengthen relationships with GPs in Tower Hamlets. Work undertaken so far includes visits to Practices, delivering PALS awareness sessions in the community and linking with GP Patient Advisors and commissioning leads. The project raised the profile of PALS and increased referrals from GPs to PALS, helping to improve patient care pathways between primary and secondary care. The main concerns raised through the work are

- Advocacy availability during hospital appointments
- Staff attitude
- Length of wait for follow up appointments
- GP referrals not registered on Trust system resulting in delays in patient care

### **4.4 Progress on objectives for better complaints handling**

To progress objectives set last year the complaints department has undertaken the following work

- 1) Implementation of guidance on discretionary payments. This document has been passed through the Quality and Safety Standards Committee and is designed to provide guidance and ensure consistency when an ex-gratia payment is made to a complainant
- 2) Mandatory training programme. A programme of training has been developed and implemented for managers. The complaints team also provides training on an ad-hoc basis to other staff groups within the organisation, to support the development of staff skills in responding to patients' concerns and complaints
- 3) Additional fields have been added to DATIX to ensure the Trust is capturing feedback which involve any of the following:
  - People with learning disabilities
  - Older people
  - End of life care
  - Safeguarding

To further support this work, links between the complaints team and the Bereavement Clinical Nurse Specialist have been strengthened and a monthly report on end of life care issues is submitted.

- 4) An annual survey of patients' experience of the complaint process, taken between 1 June and 31 August 2010, has been reported to the Quality and Safety Committee in September 2010. Shorter postal surveys are now sent with all final complaint responses and the survey is now available online. A report of survey results between June and December 2010 was submitted to the Quality and Safety Committee in January 2011.

Key findings are outlined in table 3

**Table 3**

**KEY FINDINGS**

Key:

Adherence 80-100%	Adherence 70-79.9%	Adherence 0-69.9%

<b>Barts and The London NHS Trust Complaints Survey Results</b>			
		<b>Number of responses</b>	<b>2010</b>
<b>Q.</b>	<b>Total Number of respondents:</b>	<b>82</b>	<b>%</b>
<b>1</b>	Information about how to make a complaint was easily accessible.	<b>47/80</b>	<b>59</b>
<b>2</b>	Response fully answers complaint.	<b>33/81</b>	<b>41</b>
<b>3</b>	Response was received within the agreed time.	<b>53/75</b>	<b>71</b>
<b>4</b>	The member of staff who dealt with my complaint was helpful.	<b>57/76</b>	<b>75</b>
<b>5</b>	Overall, the handling of the complaint was good or excellent.	<b>42/80</b>	<b>53</b>

Dissatisfaction with the standard of communication is highlighted by respondents to the survey. Patients told us that we did not answer all the questions, even at a second time of asking. Often the key question was not addressed and the content of responses was sometimes inaccurate.

Learning points and actions:

- Ensure that each response is consistent with the previous communication
- Ensure that solutions are achievable and explained in full
- Include a plan to demonstrate how the incident will be prevented from happening again
- Ensure that issues addressed are consistent with those in the original complaint, and where they have been adjusted, an explanation is given
- Ensure that all subsequent responses are enhanced and expand the content of the original response, and do not repeat the content without explanation
- Demonstrate a robust quality assurance process in the response so that complainants are assured that the complaint has been investigated in full.

The results of the survey have been shared with Healthcare Governance Co-ordinators and used for in-house training. The survey will be updated in response to feedback and be sent out regularly to a random sample of complainants. The results will be used to inform and monitor further improvements in complaints handling.

5) An audit of the complaint process has been undertaken and the results reported to the Quality and Safety Committee in September.

The Datix records of all complaints received during the month of February 2010 were reviewed to identify:

- The scope and nature of the complaint
- Records of actions taken in response to the complaint
- Use of the 'named investigator' approach, initiated in January 2010.

#### **Actions and recommendations from the audit**

Healthcare Governance leads must ensure that:

- All actions are noted in the action plan module and brought in line with incident reporting
- The 'named investigator' role is developed and used
- The proforma letter for staff who have been complained about is used and there is evidence that support is being offered to staff involved in complaints.
- Quality Development build on improvements made to the process for complaints handling and strengthen the systems for learning from complaints.

There are ongoing discussions between Quality Development and the Healthcare Governance teams to address issues as they arise. For example, in March 2011, Healthcare Governance Managers, Quality Development and the Head of Patient Quality met to discuss and address inconsistencies across the divisions in the recording of non-reportable complaints and complaints awaiting consent.

### **5. Priorities for 2011 – 2012**

The priorities for this year are:

- Building stronger alliances for with governance and clinical teams
- Exploring different ways of working to better understand the experiences of BME patients and carers using Trust services. This includes more robust ethnic data monitoring across both PALS and Complaints.
- A more robust structure and process for the reporting and recording of compliments received across the Trust
- Further patient experience objectives will be set in line with the developing Patient Experience Strategy and the formation of a patient quality team and organisational changes.