

**Complaints and
Patient Advice & Liaison Service (PALS)
Annual Report 2009/10**

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1. Introduction

- 1.1. New Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 came into force on April 1st 2009. The regulations require each Primary Care Trust to produce an annual report on its handling and consideration of complaints. Under section 18 of this Act there is a duty to send a copy of this report to the Strategic Health Authority as well as making the report available to the general public.
- 1.2. The Care Quality Commission is the independent regulator for all Health and Social Care services in England and although they cannot investigate individual complaints (with the exception of where complaints concern individuals detained under the Mental Health Act) they monitor people's experiences of services provided and can instigate an investigation of the organisation concerned. In this respect they may request all records kept by the Patient Advice and Liaison Service (PALS) and complaint records. NHS Bath & North East Somerset (NHS BANES) has not been the subject of such an investigation.
- 1.3. This report informs the Board of the number and nature of complaints received by NHS Bath & North East Somerset between 1 April 2009 and 31 March 2010, as well as details about compliments, comments and concerns. The report covers both the services provided by and commissioned by NHS BANES. This report also provides information on the number of complaints handled by General Practices and Dentists during the year as reported to the Department of Health.
- 1.4. The other health organisations in Bath & North East Somerset (e.g. Royal United Hospital NHS Trust (RUH), Bath Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RNHRD) and Independent Contractors) have their own complaints procedures and receive complaints separately. The 2009 regulations also require them to provide an annual complaints report to NHS BANES.
- 1.5. This report has been split into 3 sections to cover:
 - Commissioning complaints
 - Provider Services (Community Health and Social Care Complaints)
 - Future plans.
- 1.6. During 2009/10 there was considerable organisational change, including further consolidation of the Health and Wellbeing Partnership with the council and the joint working arrangements across health and social care. Although Provider services (now Community Health and Social Care Services) provide some aspects of social care, the complaints system is different for this social care aspect and it is currently managed separately by Bath and North East Somerset Council complaints team.
- 1.7. NHS BANES has a joint Patient Advice and Liaison Service (PALS) and Complaints Team which handles all complaints, compliments, comments and concerns. Depending upon the type of enquiry, they are handled differently, i.e. complaints must be handled in line with the new 2009 regulations and are therefore dealt with under a more formal process, while there is no rigid process for handling compliments, comments and concerns, so these are handled more informally through PALS.

- 1.8. All persons raising a concern or complaint are advised of the Independent Complaints Advocacy Service (ICAS), which is a free independent service to support individuals to make an NHS complaint.

2. Section 1 -Commissioning

2. Summary of Complaints

- 2.1. In 2009/10 NHS Bath and North East Somerset (NHS BANES) received 5 formal complaints relating to commissioning activities. 4 of these complaints related to difficulties with the Choose and Book service and 1 was a complex complaint involving multiple providers. All the complaints against the Choose and Book service were considered 'well-founded' and appropriate action to improve the service was taken.
- 2.2. Where NHS BANES receives complaints regarding other providers of services these are normally forwarded onto the provider to investigate as part of the local resolution procedure. Where complaints are deemed serious or are complex we will oversee the complaint response in conjunction with the provider. During 2009/10 there was 1 occasion where this happened. This was resolved jointly with the Royal United Hospital.

3. Comparison with 2008/09

- 3.1 There were 10 complaints against commissioning activities in 2008/09 (5 regarding Choose and Book) and only 5 complaints in 2009/10.

4. Complaints Performance Standards

- 4.1. The NHS Complaints Regulations give clear timescales for the acknowledgement and response to all complaints. The standard is 3 working days to acknowledge a complaint, while the timescale for response is discussed and agreed with the complainant.
- 4.2. During 2009/10 all the complaints received were acknowledged within 2 working days and all were responded to within the agreed time limit with the exception of 1 where an extension was agreed with the complainants and ICAS.

5. Parliamentary & Health Service Ombudsman Review

- 4.1 No complaints against the commissioning service were escalated to the Parliamentary Ombudsman.

6. Improving Services as a result of Complaints

- 6.1. Information gathered by the PALS & Complaints team is forwarded to the commissioning team to help improve services for patients, through both specific initiatives and improvements to contracts and service level agreements (SLAs).
- 6.2. An example of a change in service, as a result of complaint, is set out below:
 - **Choose & Book** - In 2008/09 following the number of Choose & Book complaints the RUH and NHS BANES carried out a review of call handling

procedures at the RUH. The review highlighted a need to change the way calls were processed and resulted in the call handling team being split into call handlers and clinic co-ordinators.

- In 2009/10 complaints were still being received about the Choose and Book service but this time reflecting the complexity and inefficiency in achieving a satisfactory outcome of booking an appointment, and also not being able to book in person if an individual had no access to a phone. Although some of the difficulties reflect the ongoing appointment software at the RUH, substantial work took place and this has resulted in no complaints regarding Choose and Book since July 2009.

7. Ethnicity of Complainants

- 7.1. NHS BANES is required to monitor the ethnicity of complainants to ensure that there is equality of access to the complaints service and to identify any trends which may discriminate against groups of the community. To gather the data the PALS & Complaints Team sends an ethnicity monitoring form with all complaint acknowledgment letters.
- 7.2. These monitoring forms are anonymised and kept separate from the rest of the correspondence relating to that complaint. A breakdown, by ethnicity, of the complaints is given below. These have not been separated by Commissioning and Provider Services due to the forms being anonymised.

Ethnicity form returns 2009/10

	Total
A – White : British	13
C – White : Other White	1
Z – not Stated	10
Total	24

Although forms are sent to every complainant with a stamped address envelope the response rate is poor. It is difficult to identify whether specific groups in the community find it difficult to access the Complaints Service.

8. General Practitioner & Dentist Complaints (statutory Korner return)

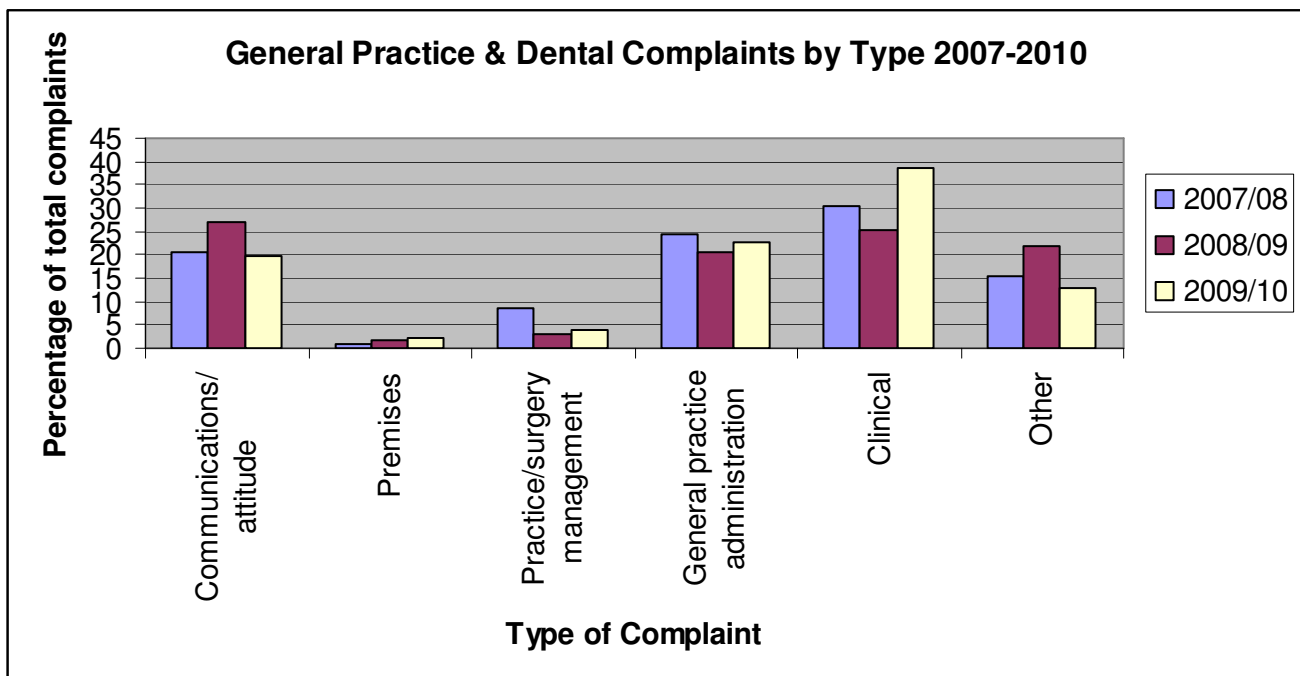
- 8.1. Each year NHS BANES is required to submit data to the NHS Information Centre on the number of complaints made against dentists and general practitioners in BANES. To collect the data from GP's and Dentists the PALS & Complaints Team write to each practice with a short form asking them to give details on the numbers of complaints received, the types of complaints and the ethnicity of the complainants.
- 8.2. These details are then sent to the NHS Information Centre, which compiles data about all NHS Organisations across England.

8.3. The figures in table 1 demonstrate a steady increase in the number of complaints. It should be noted that there is continuing trend of an increase in complaints for dental services. (Not all practices responded to the data request for 2007/08).

8.4. Type of complaints (General Practice and Dental combined):

Subject of Complaint	2007/08		2008/09		2009/10	
	Number	%	Number	%	Number	%
Communications/attitude	27	19.3	43	27.04	34	19.77
Premises	1	0.70	3	1.89	4	2.33
Practice/surgery management	11	7.9	5	3.14	7	4.07
General practice administration	32	22.9	33	20.75	39	22.67
Clinical	49	35.0	40	25.16	66	38.37
Other	20	14.2	35	22.01	22	12.79
Total	140	100	159	100	172	100

Table 1.



8.5. The main areas to highlight are a decrease in the number of complaints about communication and the attitude of staff, and an increase in the number of clinical complaints.

8.6. Of the General Practice complaints 32% were recorded as 'clinical' in nature, whereas of the Dental complaints recorded 54% were recorded as 'clinical' in nature. All complaints of a clinical nature are escalated to the commissioning lead. A quarterly report is also made to the Professional Executive Committee whose role is to monitor clinical standards in commissioned services.

8.7. Ethnicity of Dental & GP complainants:

	Total number of complaints received
A – White : British	78
B – White : Irish	1
C – White : Other White	1
E – Mixed : White & Black African	1
M – Black or Black British : Black Caribbean	1
Z – not Stated	32
No collection	58
Total	172

- 8.8. The ethnicity of the complainant is not a mandatory collection item for General Practices or Dental Practices. Although work has continued in this area and some practices now routinely collect this information the collection rate overall is disappointing, especially when the 'not stated' field is taken into consideration. In 2008/09 28% of complaints did not have this field recorded. In 2009/10 this has risen to 34%. Work continues to encourage the collection of this data and a series of reminders planned.

Patient Advice & Liaison Service (PALS)

9. Compliments, Comments & Concerns

- 9.1. NHS BANES received 6 compliments relating to commissioning during the year. Five related to the 'Choose Well' leaflet- praising the design, content and the distribution. It was deemed especially useful for students new to the city. The communications team are in the process of repeating this campaign to students in 2010.

- 9.2. Comments & Concerns

All comments, concerns and requests for information are processed through the Patient Advice and Liaison Service (PALS). During the year the PALS service dealt with 633 commissioning enquires with healthcare related issues where clients asked for assistance. This number has remained stable from the previous year.

- 9.3. The contact types can be seen below:

Contact Type	Total 2008/09	Total 2009/10	Percentage 2009/10
Advice/Assistance	88	77	15.00
Compliment	4	6	1.26
Concern	150	158	29.70
Information Request	259	274	53.40
PPI Work (BANES)	0	1	0.16
Suggestion	1	1	0.32
Whistleblowing	0	1	0.16
Grand Total	502	518	100.00

- 9.4. There were 158 commissioning concerns raised in 2009/10 covering a wide variety of service areas. The highest areas of concerns were raised against dental services (31), primary care services (25) and information and communication (11).
- 9.5. All concerns raised regarding dental care are directed to the provider of the service. In cases where a concern about professional conduct or practice is raised, these are reported to the lead commissioner for further investigation.
- 9.6. The 25 concerns raised with regard to primary care cover multiple areas of service. In a few cases individuals' expectations are over what could be reasonably expected, their concern was ill defined or their request would have been clinically inappropriate.
- 9.7. There is no apparent trend in the communication concerns raised as they relate to separate functions, ranging from the 'Choose Well' leaflet not referencing mental health access, to failure of a practice computer during a consultation. None were escalated into formal complaints.
- 9.8. The main themes of all information enquiries received are:
- How to access NHS dentistry in newly established health centre.
 - Confusion over NHS Dentistry payments (notably which treatments are covered under the NHS scheme)
 - How to complain about NHS services, including primary care and acute provision;
 - How to access and receive funding for services, either normally provided on the NHS or exceptional funding.
- There has been no major shift in these themes from the previous year.
- 9.9. Actions taken to improve these areas were the promotion of the NHS Dental access telephone line and a substantial communications campaign detailing the services and contact details at the new health centre.

10. Accessing PALS

- 10.1. People can contact the PALS service in a variety of ways, although the majority are still made via the telephone.
- 10.2. The PALS service is staffed Monday to Friday, 9am until 5pm and there is an answerphone for out of hours calls or during times of staff absence. The service is provided as a 'one call' resolution staffed by experienced staff rather than a record and escalation service, as this has proved to be the most efficient and appears to ensure low levels of complaint escalation.

11. PALS Performance Standards

- 11.1. There are no formal performance standards for PALS enquiries in the same way that there are for complaints; however the PALS & Complaints team has set internal performance standards within which to work. These standards are 1

working day to acknowledge all enquiries (if this cannot be resolved immediately) and 7 working days to respond to all enquiries. Again it is felt that by providing comprehensive and timely responses the chances of escalation into formal complaint is reduced.

- 11.2. During 2009/10 99% of enquiries were acknowledged within 1 working day and 100% of contacts were responded to within 7 working days. On occasions where an enquiry required more in-depth investigation this was communicated to the enquirer and they were kept informed on the progress to resolve the enquiry.

Section 2 – Provider Services (Community Health and Social Care Services)

During 2009/10 this section of the organisation was still generally referred to as ‘Provider services’.

Social care complaints follow a different process through BANES council.

12. Summary of Complaints

- 12.1. In 2009/10 NHS BANES Provider Services received 17 complaints relating to activities directly provided, which represents a 48% reduction from the previous year. The majority of these complaints related to the In-Patient and Outpatient Units.
- 12.2. Of the 17 complaints received 8 were considered to have elements that were well-founded and resulted in an action plan to improve the service concerned.
- 12.3. A picture of the complaints received during 2009/10 is shown in table 2.

Provider Complaints 2009/10 by Specialty

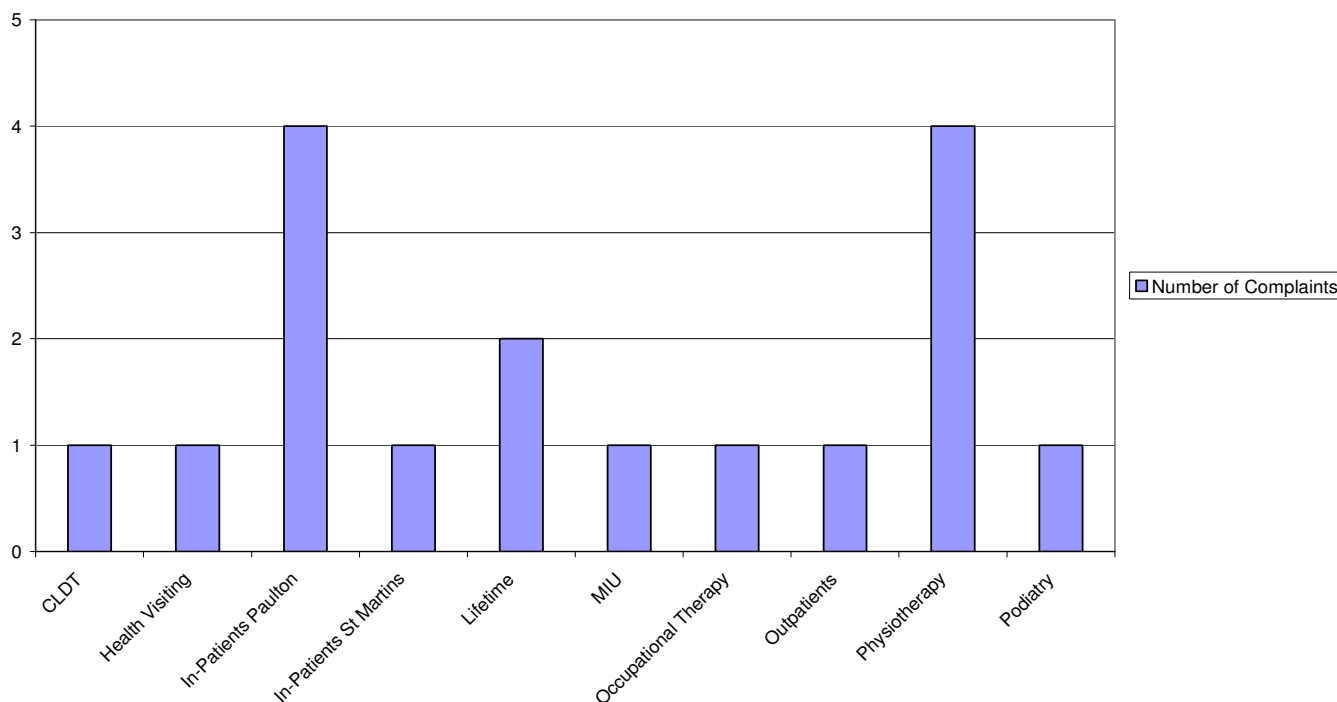


Table 2.

13. Comparison with 2008/09

- 13.1. There were 33 complaints against Provider services in 2008/09 and only 17 in 2009/10 demonstrating a 48% reduction.

14. Speed of response

- 14.1. All the complaints received during 2009/10 were acknowledged within 3 working days and responded to within the timescales agreed.

15. Ombudsman – Requests for independent review

- 15.1. During 2009/10 there were 2 requests to the Parliamentary and Health Service Ombudsman (PHSO) to review the handling of complaints processed by NHS BANES. The PALS & Complaints Team worked with the PHSO's office to ensure they had a full record of each complaint which they would use to inform their decision and any future action.
- 15.2. We received notification from the PHSO that one complaint did not require investigation and after investigation of the second it was deemed that the actions taken and response from the NHS Banes was reasonable and the case was not upheld.
- 15.3. The PHSO received a further 10 complaints for BANES provided services directly. Of these none were deemed worthy of investigation, either the complaint not being properly made (as required by legislation) or premature. Complaints may be classed as premature if the complainant has not made a complaint to the NHS body concerned, or if it is deemed that the individual needs to try and resolve the complaint locally first.

16. Improving Services as a result of Complaints

- 16.1. As part of all complaint investigations, senior managers review whether any changes to services, equipment or other actions are required to ensure that the issues raised in the complaint do not reoccur. These lessons learned are monitored through action plans which are the responsibility of the service lead to write and oversee implementation.
- 16.2. The lessons are also shared throughout NHS BANES via the Lessons Learned Forum, chaired by the Executive Lead Nurse, which brings together representatives from Complaints, PALS, Incidents, HR, Claims and the Quality Team.
- 16.3. Examples of changes to service as a result of a concern or complaint raised are given below:
 - **Physiotherapy** – Following complaints about accessing the service, in particular the availability of the appointment function and being able to book follow up appointments with the same clinician to provide continuity of care, the department has completed a review and revised staffing arrangements. At the time of the complaints the department had limited reception cover, this has now been improved.
 - **Paulton Hospital** – The majority of the complaints logged against Paulton hospital relate to general patient /clinician communication and communication

between multiple providers such as notes and patient transfers. In some of the cases the issues have commenced outside Paulton's control. In each case the communication process was reviewed and procedures tightened. Some staff have participated in reflective practice sessions.

- **Lifetime Service**– A complaint was raised over the withdrawal of support from the Lifetime service whilst patient was an inpatient at a local Trust and also the level of support available. This was a multi-provider response and clarity about the role and remit of the Lifetime service was discussed at length and issues identified including the need to complete recruitment for full staff compliment.

17. Compliments

- 17.1. During 2009/10 the NHS BANES Provider Services received 76 contacts of appreciation from patients, service users, carers and relatives. This figure continues the downward trend of compliments with a reduction of 10% on last year's figure, albeit not at the same rate of decline as the 50% reduction from the previous year. All letters of appreciation are passed to the service manager to ensure this is shared with the appropriate members of staff. This downward trend may not represent any reduction in appreciation but may more be a reflection of the modern acceptance of informal thanks rather than letter writing.
- 17.2. A small selection of compliments thanking staff for:
- 'their dedication and hard work giving their child a brand new start' (Speech and Language Therapy team)
 - 'professionalism and fantastic standard of care' (Walk-in Centre)
 - 'Care and kindness whilst an inpatient' (Paulton Hospital)
- 17.3. Contacting the service via email is still a rare occurrence. If this can be improved it could also increase the number of compliments received. It is hoped that the new web pages launched may increase this method of access.
- 17.4. In 2009/10 the PALS & Complaints Team wherever possible has acknowledged letters of appreciation.

18. Provider Services PALS Comments & Concerns

- 18.1. During 2009/10 the PALS team processed 242 cases where clients asked for information, assistance or advice in order to solve problems which related to provider services. This represents a 56% increase from 2008/09 when 155 requests were made. Details of type of enquiry can be found in table 3.
- 18.2. The majority of the information requests (35%) related to general information about the trust and service availability. There were multiple enquires about the services and contact details of the new Keynsham Health Centre that was opened in this period. Other requests for information included staff contact details, maps and other publications. There were multiple requests from staff trying to locate patient leaflets.

Comments and Concerns by enquiry type for Provider Services 2008/2009/10

Type of Enquiry	Number 2009/10	Percentage 2009/10
Advice/Assistance	15	6.20
Compliment	76	31.40
Concern	61	25.21
Information Request	87	35.95
Suggestion	3	1.24
Grand Total	242	100%

Table 3

- 18.3. It should be noted that the change in regulations changed the way concerns were recorded, therefore direct comparisons between years should be treated with caution.

19. Complaint themes

- 19.1. Following a review of the complaints and concerns received the following themes have been identified:
- Appointments – This includes issues relating to patients not being able to access the appointments service, delays in getting appointments, or telephone calls to cancel appointments not been made at convenient times.
 - Communication - This is particularly noted in relation to the movement of patients between care settings and communication of the patients' needs to carers, relatives and other service providers. Examples of the issues include carers and relatives not feeling involved in the planning process so not being able to give their point of view forward and calls promised with updates not being received. During the review of the complaints it is also noted that on occasions there were unrealistic expectations of service provision.
 - Attitude of staff - The general issues were that complainants felt that staff were sometimes abrupt, insensitive, did not sufficiently explain their actions and therefore appeared unhelpful.
 - Quality of care – This includes the treatment of patients in the in-patient units and by community staff. The issues are primarily where conditions have not been diagnosed, conditions have worsened and care has not been to the high standards expected by patients, relatives or carers.
- 19.2. In order to address the identified themes the following actions have been undertaken:
- A review of the appointment service in the department concerned was carried out and staffing issues addressed. With regard to the calls at inconvenient times it was agreed that the times of calls were not unreasonable and no further action was taken.

- A review of training to identify how issues relating to communication and attitude can be addressed. This included a review of the current provision of Customer Service training and how this is targeted to front line staff. Also peer review and practice reflection sessions have taken place in some instances.
- Quality audits are regularly undertaken to review the provision of services and professional performance to identify areas of good and poor practice.
- Performance reports are produced monthly and presented to the appropriate forums.

Section 3 – 2010 Onward

20. Organisational change

- 20.1. To develop an integrated approach across the Partnership work has taken place in 2010 and a joint complaints strategy for the Partnership has been established, which includes separate commissioning and provider complaints and concerns policies.
- 20.2. In summer 2010 the NHS BANES PALS and Complaints team met with the Social Care Council Complaints team to map and compare the two services with a view to forming a single team and the sharing of resources.
- 20.3. The mapping demonstrates that although there are some aspects that follow the same processes, there are some areas where the process differs substantially:
 - Level of management sign off currently used.
 - where the responsibility is held for investigation, continued monitoring, action plan completion.
 - Nature of contacts
 - Children's Social care has different arrangements
 - The 'life' of a complaint process varies considerably.
 - The NHS PALS service.
- 20.4. In 2010 a national project by the National Children's Bureau looking at PALs for children and young people 'Getting in right for Children and Young people' came to a close. A full set of resources are to be issued later this year.
- 20.5. The publication of the Government white paper impacts on the future of the NHS PALS and Complaints team. Transforming Community Services resulting in the separation of the Provider Arm, GP commissioning and the eventual abolition of NHS BANES by 2013 raise the question of the future structure and location of this service. Given the current uncertainty the substantial work that would be required to integrate the teams has been put on hold whilst the future provision of the service is re-evaluated however, close cooperation between the teams continues to provide the best possible advice and support to the public and staff across the partnership.

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