



*Bath and
North East Somerset*

Appendix 1

**Complaints and
Patient Advice & Liaison Service (PALS)
Annual Report 2010/11**

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1. Introduction

- 1.1. This report produced by NHS Bath & North East Somerset outlines the annual activity for 2010-2011 for Complaints and Patient Advice and Liaison Service to be compliant with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.
- 1.2. 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.
- 1.3. 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.
- 1.4. This report informs the Board of the number and nature of complaints received by NHS Bath & North East Somerset between 1 April 2010 and 31 March 2011, 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.
- 1.5. 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.
- 1.6. This report has been split into 3 sections to cover:
 - Commissioning complaints
 - Provider Services (Community Health and Social Care Complaints)
 - Changes for the future.
- 1.7. Considerable organisational change that started during 2009/10 has continued throughout this year, including stabilisation of the Health and Wellbeing Partnership with the Council and the joint working arrangements across Health and Social Care. Although 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 by Bath and North East Somerset Council (B&NES) complaints team.
- 1.8. 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 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.

- 1.9. The standard for resolution of Concern where possible is kept in line with that of Complaints.
- 1.10. 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 2010/11 NHS Bath and North East Somerset (NHS BANES) received 2 formal complaints relating to commissioning activities. 1 related to availability of suitable choices offered by the Choose and Book service and 1 was a complex complaint involving multiple providers. The response to this was coordinated by the Avon and Wiltshire Mental Health Partnership (AWP). The area for complaint for NHS BANES commissioners to respond to was the lack of specialist autistic spectrum disorder services available.
- 2.2. The complaint against the Choose and Book service was not considered 'well-founded'.
- 2.3. The issues raised regarding lack of specialist autistic disorder services was not considered 'well founded' on the grounds that an acceptable level of service comparable to most other areas was delivered, however NHS BANES felt that it was a service area that could be considered for pathway developed in the future.
- 2.4. Where NHS BANES receives complaints regarding other providers of services, once permission has been gained from the complainant these are forwarded onto the provider to investigate as part of the local resolution procedure. Agreement is reached with the Provider to ensure that they are the correct 'holder' of the complaint before transfer and an acknowledgement of acceptance is gained.
- 2.5. Where NHS BANES receives a complaint where the majority of the complaint concerns another provider, it is passed to the other provider to coordinate the response. Similarly NHS BANES coordinates the response where the complaint is mainly against its services.
- 2.6. All transfers of complaints to providers require complainants consent and is done with negotiation with other complaints teams.
- 2.7. For providers who receive a complaint directly (and do not have their own dedicated Complaints Team) and where the complaints are deemed serious or are complex we will support the complaint response in conjunction with the provider. Although support is provided in terms of response requirements and options available the provider is still responsible for its own response and administration.

3. Comparison with 2009/10

- 3.1 There were 5 complaints against commissioning activities in 2009/10 (4 regarding Choose and Book) and only 2 complaints in 2010/11 as listed above. This is an improvement.

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 2010/11 all the complaints received were acknowledged within 2 working days, but the initial response time set for a full and final response for one of the

complaints was extended by the Avon Wiltshire Mental Health Partnership (as the main respondent). This action was compliant with regulations.

5. Parliamentary & Health Service Ombudsman Review

- 5.1 No complaints against NHS B&NES commissioning service were escalated to the Parliamentary Ombudsman during 2010/11 that NHS BANES are aware of.

6. Improving Services as a result of Complaints

- 6.1. Information gathered by the PALS & Complaints team is routinely forwarded to the commissioning team to help improve services for patients, through both specific initiatives and improvements to contracts and service level agreements (SLAs). This information can be either informal intelligence or as a direct result of a complaint.
- 6.2. There was only one complaint where although in the circumstances the complaint was not upheld the commissioning team felt that it was an area that required further investigation and consideration. As a result NHS BANES in partnership with B&NES Council will take the lead in service development for people on the Autistic Spectrum. Considerations are being given as to how we could commission specialist assessments locally. A panel has been established with the Local Authority to look at transitions from children's to adults' services to review the level of need and this will inform strategy.

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.
- 7.3. **Ethnicity form returns 2010/11**

Although forms are sent to every complainant with a stamped address envelope the response rate has been traditionally poor and remains so. Only 14 responses were returned for both commissioning and CHSCS complaints it is difficult to reach any robust conclusions regarding accessibility of the service.

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

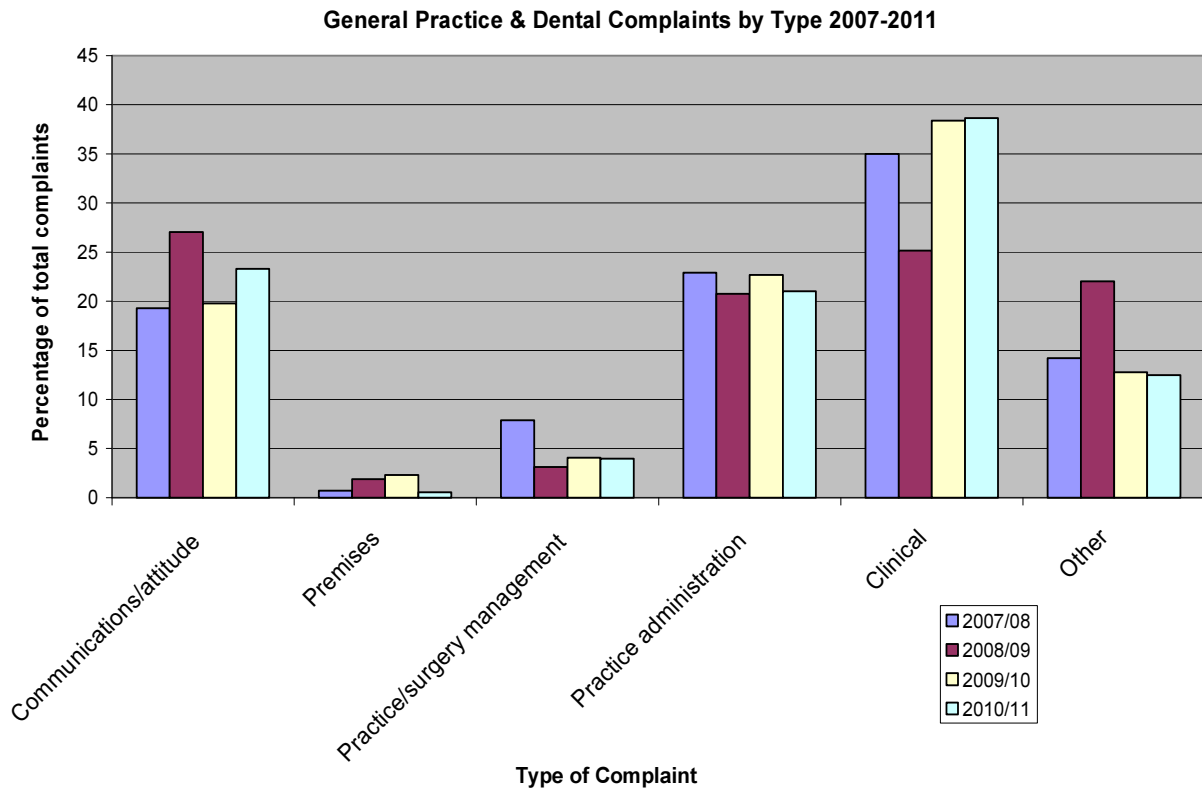
- 8.1. Each year NHS BANES is required to submit data to the NHS Information Centre on the number of complaints made against dentists and general practitioners in BANES. To collect the data from GP's and Dentists the PALS & Complaints Team write to each practice with a short form asking them to give 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 slowing in the increase in the number of complaints made regarding Dentists and GPs. It should be noted that there is an increase in the number of complaints regarding communication and attitude. (Not all practices responded to the data request for 2007/08).

Overall Type of complaints (General Practice and Dental combined):

	2007/08		2008/09		2009/10		2010/11	
Subject of Complaint	Number	%	Number	%	Number	%	Number	%
Communications/attitude	27	19.3	43	27.04	34	19.77	41	23.3
Premises	1	0.70	3	1.89	4	2.33	1	0.57
Practice/surgery management	11	7.9	5	3.14	7	4.07	7	3.98
Practice administration	32	22.9	33	20.75	39	22.67	37	21.02
Clinical	49	35.0	40	25.16	66	38.37	68	38.64
Other	20	14.2	35	22.01	22	12.79	22	12.5
Total	140	100	159	100	172	100	176	100

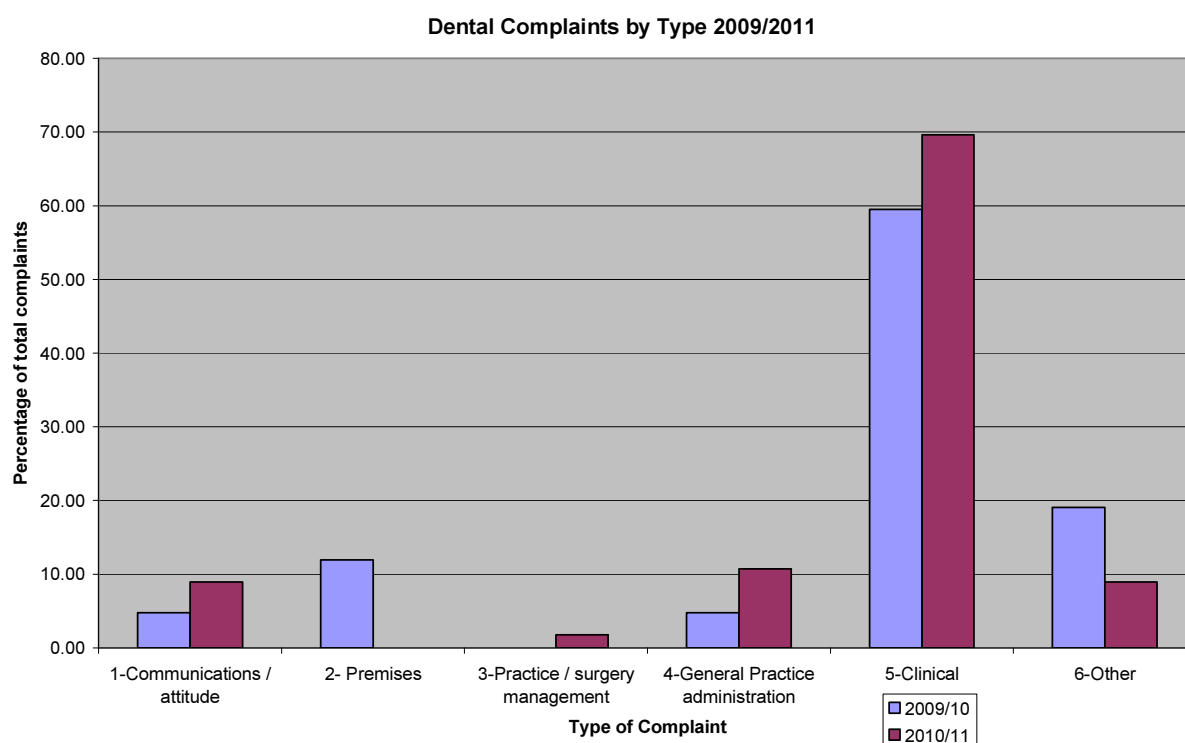
Table 1.



Dental Complaints 2009-2011

Subject of Complaint	2009/10		20010/11	
	Number	%	Number	%
Communications/attitude	2	4.76	5	8.93
Premises	5	11.90		
Practice/surgery management			1	1.79
Practice administration	2	4.76	6	10.7
Clinical	25	59.52	39	69.6
Other	8	19.05	5	8.93
Total	42	100.	56	100

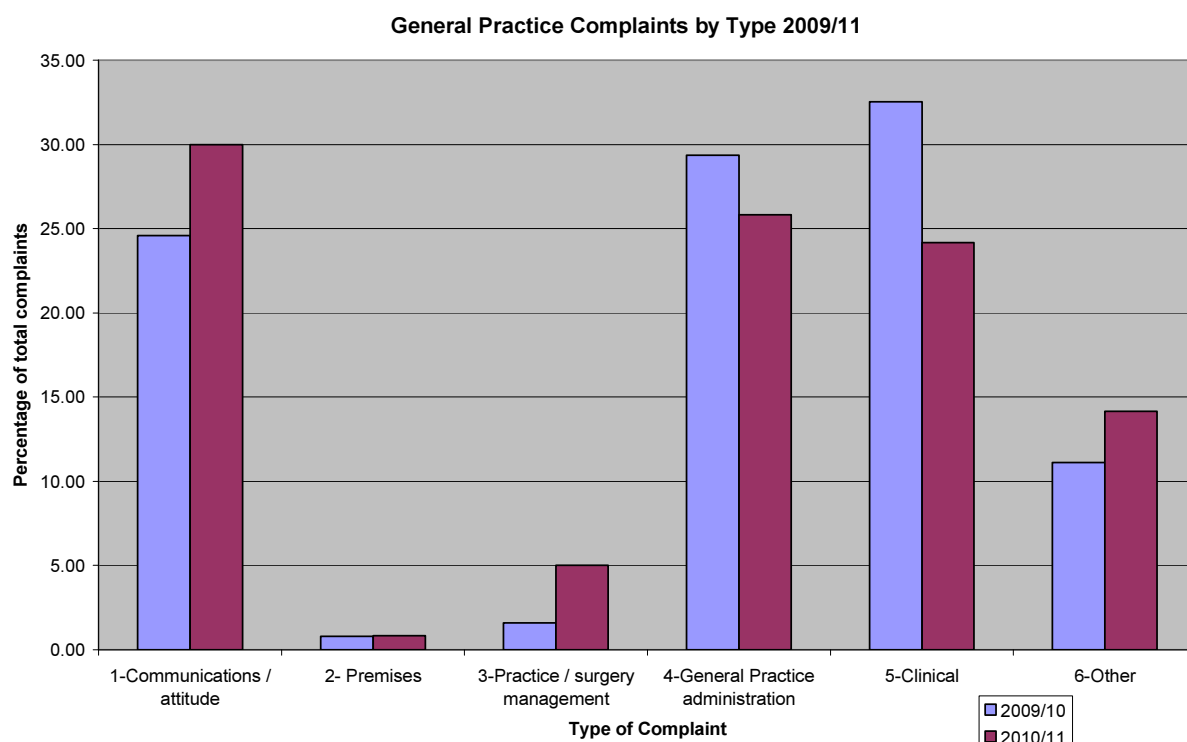
Table 2



General Practice Complaints 2009-2011

Subject of Complaint	2009/10		20010/11	
	Number	%	Number	%
Communications/attitude	31	24.60	36	30.00
Premises	1	0.79	1	0.83
Practice/surgery management	2	1.59	6	5.00
Practice administration	37	29.37	31	25.83
Clinical	41	32.54	29	24.17
Other	14	11.11	17	14.17
Total	126	100	120	100

Table 3



8.4. The main areas to highlight in table 1 is the return to a higher number of complaints about communication and the attitude of staff, and the static nature in the number of clinical complaints.

8.5. Considering clinical complaints as split in tables 2 and 3 it is of note that GP complaints have reduced since 2009/10 from 32% to 24% of the overall total but those against dentists have increased from 59% to 69% with the net result that the overall clinical complaints has remained static.

8.6. There has been an increase in complaints regarding communications and attitude of staff and practice/ surgery management across both sectors.

8.7. All complaints of a clinical nature are escalated to the commissioning lead and Performance Team. A quarterly report was also made to the Professional Executive Committee (which was replaced in 2011 by the Clinical Commissioning Committee) whose role it is to monitor clinical standards in commissioned services.

8.8. Ethnicity of Dental & GP complainants:

	Total number of complaints received
A – White : British	101
B – White : Irish	1
C – White : Other White	1
H– Asian or Asian British Indian	1
Z – not stated	72
Total	176

- 8.9. 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 rose to 34% and there is further rise to 40% in 2010/11.
- 8.10. 25% of GP complaints are recorded as not stated where as for dentists this figure is 75%.
- 8.11. Although work continues to encourage the collection of this data in both areas it is clear that more focus needs to be applied to the dental arena

Commissioning Patient Advice & Liaison Service (PALS)

9. Compliments, Comments & Concerns

- 9.1. NHS BANES received 4 compliments relating to commissioning during the year. One related to the prompt response given by the Chairman and processed through the PALS team, with the other three relating to the quality, efficiency and appropriateness of services provided.

9.2. Comments & Concerns

All comments, concerns and requests for information are processed through the Patient Advice and Liaison Service (PALS). This team combines both the PALS and complaints function for NHS BANES. During the year the PALS service dealt with 397 commissioning enquires with healthcare related issues where clients asked for assistance. This number has reduced from previous years.

- 9.3. The contact types can be seen below:

Contact Type	Total number of contacts		
	2008/09	2009/10	2010/11
Advice/Assistance	88	77	92
Compliment	4	6	4
Concern	150	158	138
Information Request	259	274	160
PPI Work (BANES)	0	1	1
Suggestion	1	1	1
Whistleblowing	0	1	1
Grand Total	502	518	397

- 9.4. There were 138 commissioning concerns raised in 2010/11 covering a wide variety of service areas. The trend for last year remains with the highest area of concerns raised against dental services (36). There were a considerable number of concerns raised but other than a general Primary care or Secondary care label could not be categorised neatly as they involved multiple areas. Over the year there has been an increasing trend of complexity in the nature of calls and issues raised which have required substantial research to answer.

- 9.5. The overall numbers of requests for information has decreased. It appears that this could be the result of a more informative website that was launched 18 months ago, fewer issues with choose and book and a stabilisation and extremely good access to NHS dental care.
- 9.6. 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.
- 9.7. Throughout the year there have been cases where individuals' expectations are above what could be reasonably expected, their concern was ill defined or their request would have been clinically inappropriate. There is an increasing incidence of patients missing multiple dental appointments with an expectation that the clinician will continue to treat.
- 9.8. The main themes of all information enquiries received are:
- Confusion over NHS Dentistry payments
 - Issues about what Dentistry is available on the NHS (notably which treatments are covered under the NHS scheme)
 - How to receive funding for services, not normally provided on the NHS.
 - Eligibility for NHS Primary and Secondary Care (UK nationals working or living abroad).

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 we have seen an increase in queries and complaints been addressed through the website and email
- 10.2. The PALS service is staffed Monday to Friday, 9am until 5pm and there is an answerphone messaging service for out of hours calls, during times of excess demand or 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.
- 10.3. In some circumstance where a response requires in-depth knowledge of a specific case or policy the PALS and Complaint team will liaise with the specific department and if necessary ask that department to speak directly with the patient. This has proved not only to be an efficient method of addressing issues, but prevents callers receiving incomplete or partial answers over multiple calls. It also allows staff to connect with those they serve. It should be noted that the team apply discretion and will only use this route in complex circumstances.

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 2010/11 all enquiries were acknowledged within 1 working day and 99% 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.

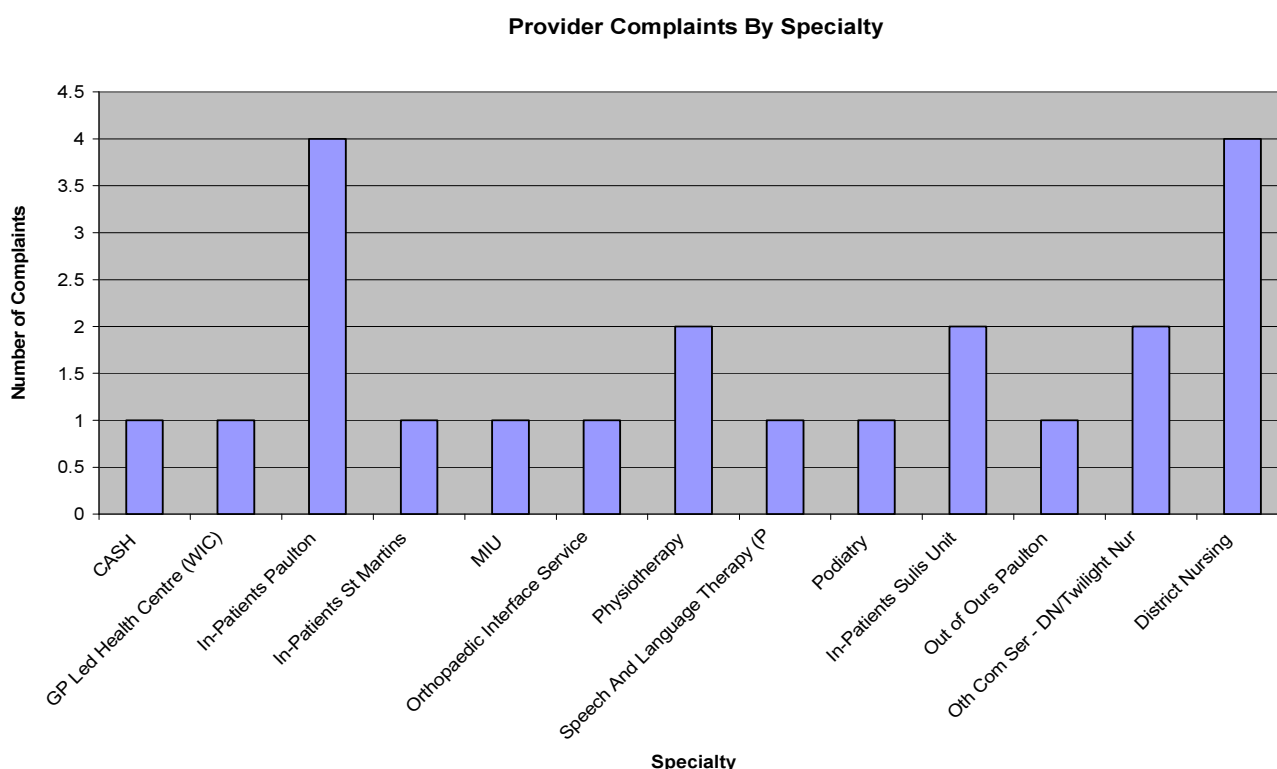
Section 2 – Provider Services (Community Health and Social Care Service)

During 2009/10 this section of the organisation was referred to as Community Health and Social Care services' (CHSCS).

Social care complaints follow a different process through Bath & north East Somerset Council (B&NES council).

12. Summary of Complaints

- 12.1. In 2009/10 NHS BANES Community Health & Social Care Services received 17 complaints relating to activities directly provided, which represented a 48% reduction from the previous year. During 2010/11 the trend had reversed with 22 complaints received, although three relate to one specific serious incident.
- 12.2. Of the 22 complaints received 16 were considered to have elements that were well-founded.
- 12.3. The majority of the elements that were considered well founded related to how staff were perceived by patients and carers. The PCT considers this an important aspect and something that requires attention hence declaring well-founded. The action plan to improve this area is covered by the iCare and various other training and reflective practice initiatives.
- 12.4. The remaining 6 related to areas where gaps in protocol or continuity between services was identified and action plans were put in place and actioned.
- 12.5. A picture of the complaints received during 2010/11 is shown below:



13. Comparison with 2009/10

- 13.1. There were:
33 complaints against Provider services in 2008/09
17 in 2009/10 (demonstrating a 48% reduction)
22 in 2010/11 (although 3 related to one incident).

14. Speed of response

- 14.1. During 2010/11 all but two complaints were acknowledged within 2 working days and responded to within the timescales agreed.
- 14.2. A deadline extension was requested for two complaints, the first due to staff illness preventing full investigation and the second due to investigation of other issues that were deemed appropriate to consider for a full response.

15. Ombudsman – Requests for independent review

It should be noted that the Ombudsman reported one complaint that was investigated and upheld in 2010/11, however on investigation this related to a previous year and is reported by the Ombudsman in the year of final resolution and closure.

- 15.1. During 2010/11 there were no requests from the Parliamentary and Health Service Ombudsman (PHSO) to review the handling of complaints processed by NHS BANES.
- 15.2. The PHSO received 20 complaints for BANES provided services directly (100% increased on 2009/10). Of these none were deemed worthy of investigation. The grounds for not carrying investigation forward may include:
- The complaint not being properly made (as required by legislation)
 - Premature complaint. 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.
 - The issues raised are not within the definitions or timescales of the regulations.

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, PALS, 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:
- **Speech and Language Therapy** – Following a complaint about a cross border referral delay (a referral was sent to the incorrect authority) the referral processes were reviewed and action taken to prevent this situation from happening again. In future, if a referral is received by NHS B&NES Speech and Language Therapy for an NHS Somerset child, a letter will be sent to the

referrer and copied to the parents, confirming where the referral has been forwarded to.

When the referral is forwarded to another authority, it will have a letter attached explaining the situation and asking for an acknowledgement slip to be returned to NHS B&NES Speech and Language Therapy Department. Receipt of this slip will be monitored, and if it is not received within ten days, the matter will be followed up. Copies of the standard letters that will be utilised in future were enclosed for information.

- **Paulton Hospital** – The majority of the complaints logged against Paulton hospital relate to a specific incident. The incident concerned the standard of courtesy and care and attitude of a member of staff. A full investigation occurred and internal disciplinary action was taken.
- **District Nurses** –Although in different areas the main theme was that of communication and attitude. As part of continuous quality improvement all staff members are now required to attend iCARE training to ensure they are mindful of patient's right to privacy, dignity and all round excellent patient experience.

17. Compliments

- 17.1. During 2009/10 the NHS BANES Provider Services received 76 contacts of appreciation from patients, service users, carers and relatives. The figure for 2009/10 continued a downward trend of compliments with a reduction of 10% on the previous year's figure. The reason for the decline was unclear however it was thought that this might reflect a more modern acceptance of informal thanks or failure to collect the data. In 2010/11 emphasis has been on ensuring that areas do forward compliments for the PALs and Complaints team to log. In 2010/11 the figure has risen to 112 a rise of 47%.
- 17.2. All letters of appreciation received by the PALs team are passed to the service manager to ensure this is shared with the appropriate members of staff.
- 17.3. A small selection of compliments thanking staff and the organisation include:
 - 'the joined up care provided during their fathers last weeks'
 - Paediatric Continence and Enuresis Service, for a very helpful service and providing enquirer with useful information and advice.
 - thanks to Keynsham district nurses for kindness shown.
 - Letter of thanks for love and care shown to relative on Sulis Unit.
- 17.4. Contacts received via email have increased throughout the year.
- 17.5. In 2010/11 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 represented a 56% increase from 2008/09 when 155 requests were made. In 2010/11 this figure reduced to 216 contacts.

- 18.2. The majority of the information requests (35%) related to general information about the trust and service availability. It is notable that this figure has significantly reduced since 2009/10. This could be in partly be due to good information now being available on the Trust web pages.

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

Type of Enquiry	Number 2009/10	Percentage 2009/10	Number 2010/11	Percentage 2010/11
Advice/Assistance	15	6.20	24	11.11
Compliment	76	31.40	108	50.00
Concern	61	25.21	48	22.22
Information Request	87	35.95	35	16.20
Suggestion	3	1.24	1	0.46
Grand Total	242	100%	216	100%

19. Concern 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 going unanswered.
 - Communication – This continues to be a theme this year in relation to the movement of patients between care settings and communication of the patients' needs to carers, relatives and other service providers. Complaints include the timing of patient moves and the lack of carer involvement in some of the assessments and arrangements.
 - Attitude of staff - The general issues were that complainants felt that on occasions staff had been insensitive and did not sufficiently explain their actions and therefore sometimes appeared unhelpful. It was also felt that peoples dignity had not always been respected.
 - Quality of care – This includes the treatment of patients in all settings. The issues are primarily where conditions have worsened and care has not been to the high standards expected by patients, relatives or carers. On investigation many of these related to poor communication and inadequate explanations in a timely manner.
 - Care of personal belongings: - There were several issues relating to patients belongings with items being misplaced, and laundry not handled appropriately.
- 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.
 - A review of training to identify how issues relating to communication and attitude can be addressed took place and the iCare programme is now in place. 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.
- The infection control team have reminded Staff of the correct procedures of handling patient's laundry, both on infection control grounds and as a standard of care for relatives and patients.

Section 3 – 2011 Onward

20. Organisational change

- 20.1. The Partnership work that took place in 2010 on a joint complaints strategy has been in place throughout the year and forms the foundation for the PALS and Complaints approach. Plans to further integrate the services across the Partnership were not pursued during ten year due to the intention to separate commissioning and provider services through the transforming community services process.
- 20.2. The Government review of NHS Services and the planned demise of the Primary Care Trust in 2013 has resulted in significant changes to the PALS & Complaints Service in 2011.
- 20.3. Community Health and Social Care Services (CHSCS) have now transformed into an independent Community Interest Company called Sirona Care and Health. As from October 1st 2011 Sirona are responsible for their own complaints handling and customer services. All historic information regarding CHSCS issues have been transferred to Sirona.
- 20.4. As part of the transfer agreement Sirona hold the historic database for all PCT PALS and Complaints and will provide information requested by the PCT in a timely manner should the need arise.
- 20.5. From 1st July 2011 NHS B&NES signed a Service Level Agreement with NHS Wiltshire to provide their PALs and Complaints service. This provides opportunities for consistency of approach during the transition period to 2013. The alignment will see a significant change in workload for the existing staff and management arrangements are being planned to respond to this.
- 20.6. As from 1st October 2011 NHS B&NES logs Complaints and Concerns on the NHS Wiltshire system.
- 20.7. Government proposals indicate that the information giving component of the PALS service could be passed to the new proposed HealthWatch function under the Government NHS Services review. This proposal is being strongly opposed by the National PALs Network. With the information available the number of signposting and simple answer contacts are limited and the opportunity to resolve simple issues prior to escalation into a full complaint may be lost.
- 20.8 The future long term positioning of the PALS and Complaints function for commissioned services therefore remains unclear at the time of this report.

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