

Patient Advice and Liaison Service (PALS) and Complaints Annual Report

1. Executive Summary

This report details activity relating to the Royal Brompton and Harefield NHS Foundation Trust for the period 1st April 2018 to 31st March 2019.

- Formal complaint numbers remain relatively low, with significant efforts being made to deal with issues locally or through informal processes. This includes work to increase volunteer input, offering extra support and assistance to patients and families.
- Formal complaint levels have however risen over the last 12 months, although there is no apparent focus for this.
- Learning from complaints tends to be specific and localised, but where broader issues are identified, learning is shared across the organisation through the current governance structure.
- PALS acts as a point of contact for patients to find solutions to their problems and concerns. PALS activity remains high, but provides a key support for patients and relatives, and is an important factor in reducing formal complaints

2. Background

The PALS department deals with: formal complaints, informally expressed concerns (PALS), bereavement and voluntary services for both NHS and Private patients. There are 6 staff in the team, working across the trust sites.

The Trust endeavours to improve care by encouraging patients, relatives and carers to let us know their views on the service they have received so we can share good practice and learn from their experience. Complaints are investigated in an open and honest way by the managers in the Divisions and with a willingness to learn and make service improvements where indicated. Feedback and learning about specific issues raised is routinely presented at the Divisional Quality and Safety committees. A Complaints Working Group also meets quarterly, and is where managers involved in investigating and responding to formal complaints discuss case studies to provide support and share learning from the investigations, and the complaints process itself.

A Complaints Workshop is held twice a year with a focus on specific topics to strengthen the complaints process. Over the past year we have used the workshop to provide training on Datix, supporting the capture of information in a timely manner, including lessons learnt and actions completed. We have also used the session to review our complaints process to ensure ongoing compliance with all areas of the process.

PALS aims to resolve concerns within one working day where possible, otherwise within an agreed timeframe. Information and details on concerns raised via PALS are passed to relevant managers so they have an overall view of the concerns raised in their divisions and can identify areas which may need changes in practice or information provision.

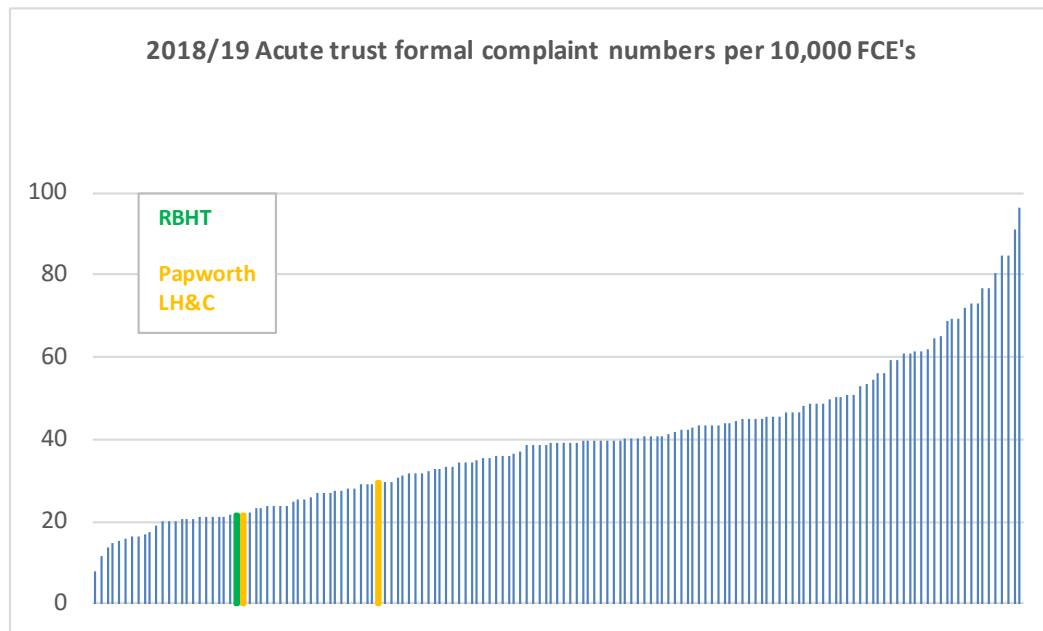
3. Performance

3.1. Benchmarking

Benchmarking NHS formal complaint levels across acute trusts in England is identified by patient volume (FCE - finished consultant episodes). This does not however account for the impact of different patient populations and services. PP services are not included in this data.

Table 1 confirms that this trust has relatively low levels of formal complaints, and that performance is in line with peer group benchmarking of Papworth and LH&C

Table 1



3.2. Numbers of Complaints received

Table 2 Complaints Comparison Table

Year	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Number of Complaints	99	91	84	78	112
Number of PALS	1071	924	1466	1379	1602

Table 2 shows an increase in the number of formal complaints received this year. Specific issues, or particular departments have not been identified within this profile, other than a small rise in PP complaints (from 9 to 15) which relates to a focus on ensuring that all complaints received are formalised through the Trust process.

Of the 115 complaints received last year 36 were classified as complex complaints, 28 as intermediate complaints and 51 as simple complaints.

- Complex complaints = more than one Trust involved; several staff members involved in the response; complex clinical issues.
- Intermediate complaints = several issues raised that can be answered by 2 or 3 staff members.
- Simple complaints = one issue that can be answered by 1 or 2 staff members.

3.3. Timescales

NHS regulations no longer stipulate a specific time scale for response but the Trust has retained an internal target of 25 days. Where a complaint is complex and therefore unlikely to be responded to within 25 days, the investigating manager agrees a reasonable timeframe with the complainant. Complainants are kept informed either by telephone or by letter if there are any delays.

Of the 112 complaints investigated last year, 95% were completed within the agreed timescale.

A monthly Metric Report is sent to the Operational Management Team showing how managers are meeting deadlines in complaints handling. Reasons for not completing a response within agreed timescales include:

- Not setting a realistic timeframe at the outset
- The need to obtain records from other hospitals/GP services
- Availability of staff and patients/relatives to attend meetings.

PALS resolved 74% of enquiries within 24 hours. Others will have had a timescale agreed at the outset. Reasons for delays include being unable to make contact with the patient, staff leave and time taken to retrieve information.

4. Parliamentary and Health Service Ombudsman

In 2018/19, 3 complainants approached the Parliamentary Health Service Ombudsman (PHSO) and we are waiting for the draft reports to be issued.

2 PHSO investigations from the previous year were concluded with both being partially upheld. Both cases were historic with the initial complaints being made to the Trust in 2017 and 2014.

The first related to waiting times for a pre-operative angiogram. The Ombudsman found that the Trust had recognised and apologised for the delay, and had put actions in place to improve the waiting list management for this service and acknowledged that the complaints management process had been appropriate. The Ombudsman did however highlight to the Trust the anxiety and distress caused to the patient by this delay.

The second case was highly complex, with a focus on the use of specialist equipment during cardiac arrest. The Ombudsman found that the use of the device was in line with relevant clinical guidance, and that there were no failings in the management of care or treatment. The complaint process was also identified as being managed appropriately. However, the Ombudsman did identify that the discussion of risk during the consent process did not formally record that of death (which is rare, with an occurrence of 0.13%) Changes have been made to the consent process in light of this finding

5. Learning

5.1. Types of Complaints

The profile of the complaints we receive are highly individual due to the complex clinical nature of the services we provide, and often have a number of different elements. We categorise our complaints into broad headings of Clinical Care, Communication/Information, Appointments Delays and Cancellations, Admissions and Discharges, Transport and Attitude. The majority of complaints received sit under the headings Clinical Care and also Communication/Information for example.

- Family members not being clear about the risks identified during the consenting process.
- Concerns that a diagnosis is not correct.
- Lack of communication with patients awaiting decisions regarding surgery.

5.2. Summary of issues raised via PALS

During the year the following problems are among those brought to the attention of PALS:

- Anxiety caused by waiting for appointments, surgery dates, results of tests or for calls to be returned.
- Some Royal Brompton patients have had their clinic appointments moved further apart. This was on clinical advice but patients were not always aware of this.
- Difficulties with voice recognition on the telephone system has proved challenging for patients.

- Dissatisfaction with the hospital's transport providers in terms of the time for the journey and discomfort as well as being uncertain if transport is being provided.
- When an appointment is cancelled by the Trust alternative dates are not always convenient and alternatives may be several months away. Staff have been sympathetic to these concerns which are largely resolved promptly.
- Delays in receiving discharge summaries.

Concerns are raised on an individual basis with staff to resolve problems promptly. When a pattern is emerging, commonly expressed problems are brought to the attention of the Divisions so they are aware of what matters to patients. We are seeing improvements in communication with patients in many ways and work continues to address concerns as they arise.

5.3. Complaints Learning and Service Changes

Many complaints provided opportunities to learn from the investigation and implement actions to improve services. The table below highlights some of the changes and improvements that have been made this year following feedback from complainants.

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| <ul style="list-style-type: none">• Patient information leaflets to be improved.• Transition to Adult CHD care to begin at an earlier age.• Ensure all letterheads and templates contain accurate information.• Consent forms to be given to patients to read in pre- admission clinics.• Nursing team reminded of the importance of providing care for patients in day rooms awaiting discharge.• Written information provided to patients undergoing long term therapy with aminoglycosides.• Map of hospital to be updated and realigned so that it is larger and more meaningful. |
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5.4. Other learning

Some broader issues have also been identified through the complaints working group discussions. These include;

- Managing patients with complex psychological needs is best achieved with an experienced manager, and it is important to have a single point of contact within the Trust in these circumstances.

- The problems of investigating historic complaints. Whilst our complaint policy says that we will investigate complaints that are related to care received in the last 12 months. In practice we do attempt to answer patient and family concerns up to several years old if we have the medical records to do so. However, this often results in patients being unhappy with the response as events can only be described by what is recorded in the records and this may not reflect the patient's recollection. Careful management of expectation at the outset of the investigation is therefore important.

6. Reopened Complaints

Complainants are invited to write in again if they are unhappy with any aspect of the complaint response or would like any further information. For complaints closed in 18/19 14% of complainants wrote back to the Trust with further issues which compares to 16% the previous year.

Complainants are always offered the opportunity to meet with clinical staff in the initial response letter as the managers recognise the benefits of these meetings, as much of what is discussed can be emotionally fraught and difficult to express in a formal letter format. However, we have noted that although frequently offered to complainants both in writing and often during the initial conversation with the complainant at an early stage in our processes, some wish to have a written response first to help them frame questions for either a further letter or a meeting with clinicians.

Meetings with clinical staff were held for 4 re-opened complaints. Where a meeting was not held complainants received another written response.

5 of the reopened complaints this year were from the families of deceased patients and it is hoped that the development of the medical examiner role will help to provide more consistent communication and support and improve the experience of bereaved families.

7. Review of complaints following bereavement.

A total of 30 complaints received in 2018/2019 were following the death of a patient. A review identified that of the 17 complaints received at Royal Brompton following a death, only 5 of the patients had died in the hospital with the other patients either passing away at home or at another hospital. Only in 3 cases had there been any prior contact with PALS and in 2 of these the contact had occurred prior to death. Incidents/duty of candour were linked to 4 of these complaints.

At Harefield Hospital there were 13 complaints following the death of the patient with 8 of the deaths taking place within the hospital. In 2 cases the families had contact with PALS and 1 complaint was related to a reported Serious Incident. In 3 cases the patient had died up to 3 years previously and

in 2 cases the complaint was raised around the anniversary of the patient's death.

The clinical issues were varied, but the common thread and the learning identified included the importance of providing consistency of information given to family members by often a wide range of staff who are involved in the care of the patient. For particularly challenging situations, which can include complex family dynamics, this is difficult to manage, but identifying one key member of the team to be the key contact for a family may be beneficial in these circumstances. Another issue identified was that the clinical teams should be careful of using language that could be interpreted differently by others.

The bereavement service currently offers all families the opportunity to meet with the clinical staff if they have any questions about the care and treatment of the patient leading up to his death. However, going forward they will now keep formal records of who accepts this offer of a meeting, so that we can report on this aspect of the service in future.

8. Complainant Satisfaction

The Trust is currently reviewing how best to obtain data about satisfaction with the complaints process. In the past we have made direct contact with complainants and found that the resource required to undertake this is disproportionate to the benefit of undertaking it as those spoken to understandably tend to focus on the outcome of the complaint rather than the process we have followed.

Next year we aim to include in the final response letter, information about how complainants can give anonymous feedback on the complaints process via the Trust website.

This is a process we will introduce for PALS feedback. Currently satisfaction surveys are sent out monthly, and although the response rate is not significant the information received is that the service is received positively.

PALS reports to each division the concerns that matter to patients so they are able to look at ways of improving services to patients.

9. Conclusion

In conclusion, the Trust continues to see relatively low volumes of formal complaints, partly due to the proactive work of the local teams and the PALS service to deal with issues as they arise. Learning for complaints between clinical areas and investigating managers continues to be a focus within the trust, and changes and improvements are being made in response to this important form of feedback about the care and services the Trust provides.

PALS/Complaints Report 2018/19

PALS Concerns and Complaints by Hospital

Royal Brompton Hospital receive a higher volume of complaints and PALS concerns than Harefield because of the service mix across the sites, with respiratory and children's services being predominantly delivered on the Brompton site.

Royal Brompton Hospital**Table 1 RBH Comparison of Complaints & PALS Concerns by Division**

RBH	Division	Complaints	PALS Concerns
	Allied Clinical Services	2	50
	Children Services	5	122
	Corporate Services	4	195
	Critical Care	1	14
	Heart	31	462
	Lung	35	386
	Total	78	1219

Table 2 RBH Complaints Top 4 Subjects

RBH	Subject	Complaints	PALS Concerns
	Appointments, Delays and cancellations	9	308
	Clinical	45	60
	Communication/Information	6	452
	Attitude	4	44

Harefield Hospital**Table 5 comparison of Complaints and PALS Concerns by Division**

HH	Division	Complaints	PALS Concerns
	Allied Clinical Services	0	18
	Corporate Services	4	67
	Critical Care	3	6
	Heart	25	203
	Lung	5	56
	Total	37	350

Table 6 HH Complaints and PALS Concerns Top 4 Subjects

HH	Subject	Complaints	PALS Concerns
	Admissions, Discharge and transfers	3	12
	Attitude	4	17
	Clinical/Clinical Care	23	22
Communication/Information	2	120	