

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

Executive Summary

This report details activity relating to the Royal Brompton and Harefield NHS Foundation Trust for the period 1st April 2017 to 31st March 2018.

- Formal complaint levels remain relatively low, with significant efforts being made to deal with issues locally or through informal processes.
- Learning from complaints tends to be specific and localised, but where broader issues are identified, shared learning is supported by the processes in place.
- The presence of PALS volunteers befriending long stay patients, we believe, contributes to the low number of complaints.

Background

The PALS department deals with: formal complaints, informally expressed concerns (PALS), bereavement and voluntary services for both NHS and Private patients. The department consists of six staff: 1.0 PALS Manager, 0.8 WTE Complaints Lead and 1.0 bereavement/voluntary services lead as well as 1.0 Bereavement/ PALS officer each on Harefield and Brompton sites, and a 0.4 Administrator based at the Brompton.

The Royal Brompton & Harefield NHS Foundation 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. A Complaints Working Group meets quarterly. This group comprises of the managers involved in investigating and responding to formal complaints, and involves the presentation of case studies where specific learning is shared. A Complaints Workshop is held twice a year, where external speakers join the managers to share specific learning and insight. For example, we have had sessions from a representative from the Ombudsman, who shared their insights into the how we can improve our processes for patients, as well as broader insights into complaints themes.

PALS aims to resolve concerns within one working day where possible. Users of the service are given a guide time frame. 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.

PALS/Complaints Report 2017/18

Table 1 Complaints Comparison Table

Year	2016/17				2017/18			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of complaints	16	21	24	23	18	15	21	24
Number of PALS	412	390	357	371	327	352	361	366
Total	84 complaints 1530 PALS contacts				78 complaints 1406 PALS contacts			

Table 1 shows there were a decrease in the number of written complaints and PALS contacts last year. Of the 78 complaints received last year 21 were classified as complex complaints, 22 as intermediate complaints and 35 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.

Parliamentary and Health Service Ombudsman

In 2017/18, 3 complainants approached the Parliamentary Health Service Ombudsman (PHSO). We are awaiting the reports from the PHSO for 2 of the 3 complaints but 1 has been returned by the PHSO as Not Upheld.

Activity

NHS regulations no longer stipulate a specific time scale for response to but the Trust has retained an internal metric of 25 days for simple complaints. Where a complaint is intermediate or complex and is unlikely to be responded to within 25 days, the complainant is advised of the expected date of response by the investigating manager. Complainants are kept informed either by telephone or by letter if there are any delays.

Of the 78 complaints received 4 were handled informally following discussion with the investigating manager. Some elected to have a meeting with clinical staff others were happy to receive a written response from the Manager. 10 complaints were from Private Patients and the Trust provided responses to 9 complaints that were being led by other organisations.

We have changed the way we report on performance and now report on complaints closed (not received) within agreed timescales for the month and year. The Trust responded to 87% of the 75 complaints closed in 2017/2018 within agreed timescales. This figure includes complaints received in the previous year but due to be responded to in April 2017 and does not include any complaints received in the current year but due to be responded to in April/May 2018.

A monthly Metric Report is sent to the Operational Management Team showing how managers are meeting deadlines in complaints handling. Reasons for delays included:

- Not setting a realistic timeframe at the outset
- Draft responses not completed within required timeframes
- Investigating manager on leave
- Staff involved in the complaint on leave
- The need to obtain records from other hospitals/GP services
- Complexity of the complaint covering various services within the Trust
- Availability of staff and patients/relatives to attend meetings.

PALS resolved 71% of enquiries within 24 hours. Others took longer for the following reasons:

- Case awaiting feedback from external organisation.
- Awaiting outcome of local resolution meeting.
- Relevant staff on annual leave or off sick
- Response letter awaiting information from various staff and review from manager prior to being sent out.
- Complainant had multitude of concerns involving various departments and staff.
- Clinician unable to contact relative to discuss concerns post bereavement.
- Awaiting outcome from internal incident which had been reported.

Learning

Types of Complaints

The profile of the complaints seen are highly individual and often have a number of different elements. The table below summarises the areas that have given rise to concerns.

Clinical Complaints
<ul style="list-style-type: none">• Information about treatment given to patients• Care following procedure• Management of complications following surgery• Poor nursing care• Care of Peg Feeding• Delay in diagnosis

<ul style="list-style-type: none"> • Poor communication regarding end of life care • Incorrect diagnosis • Lack of a specific transgender pathway for transplantation • Pain during procedure
<p>Communication/Information</p> <ul style="list-style-type: none"> • Difficulty in contacting clinic staff • Lack of relevant information regarding treatment options • Patient letters to Consultants not responded to • Perceived inaccurate health records • Lack of feedback to patients awaiting decisions re surgery • Unhappy about DNAR decision • Family not informed daily of patient's condition
<p>Waiting times/delays</p> <ul style="list-style-type: none"> • Length of waiting time for genetic test results • Procedures cancelled on more than one occasion • Delays in receiving a diagnosis and lack of continuity of care • Lack of synchronised booking for Lung function tests and sarcoidosis appointments • Length of time waiting in clinic
<p>Staff attitude</p> <ul style="list-style-type: none"> • Lack of compassion • Unhelpful attitude from specific staff. Staff appeared dismissive and disinterested • Medical staff made unhelpful and rude comments
<p>Hotel Services</p> <ul style="list-style-type: none"> • Poor standard of cleaning observed
<p>Admission</p> <ul style="list-style-type: none"> • Patient admitted into an unheated room • Procedure cancelled following admission
<p>Discharge</p> <ul style="list-style-type: none"> • Poor discharge processes • Confusing or incorrect medicines discharge information Discharge before being medically fit • Poor discharge arrangements over Xmas period
<p>Finance</p> <ul style="list-style-type: none"> • Delay in refunding Consultant fees after surgery cancelled. • Request for reimbursement or refund of fees when things did not go as expected. • Poor information about when payment for care was required.

Complaints Summary & Learning Outcomes

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 following feedback from complainants.

Summary	Service Changes
<ul style="list-style-type: none"> There was a long delay in receiving the results of genetic testing. The blood test was sent to another hospital who asked questions of the medical team which did not get responded to. Therefore, the sample was not processed. 	<ul style="list-style-type: none"> Most samples are now kept in house and handled by a genetics lab at RBH. A database is now kept of all patients and families to ensure that samples are monitored and tracked.
<ul style="list-style-type: none"> Unclear information regarding how to pick up a patient being discharged from RBH when travelling by car. Out of date information on the Trust's website. 	<ul style="list-style-type: none"> Information regarding parking updated on Trust's website. Discharge improvement group has reviewed the discharge information in the Trust's surgical information booklets.
<ul style="list-style-type: none"> Prescription error – did not affect the patient whilst in hospital, but was copied into the TTO documentation. Was not removed from TTO's when prescribing error became apparent. The medication was not listed on the discharge summary but discharge process was not followed correctly and patient was sent home with it. 	<ul style="list-style-type: none"> Complaint letter shared with Dr to facilitate learning. New Pharmacy tech has been appointed to strengthen discharge medication checks. Relevant nursing staff to be reassessed as to their competency when discharging patients. Complaint shared with other clinical areas for learning.
<ul style="list-style-type: none"> Outpatient clinics moved to Fulham wing from Sydney Street. Clinics were cramped with not enough space for children with pushchairs. Patients had to go back to Sydney Street for Echocardiograms. 	<ul style="list-style-type: none"> Children will now wait in the paediatric outpatient facility. Echocardiograms are carried out at Fulham road site so that patients do not have to travel between sites.
<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> Nursing staff did not seek permission before carrying out a procedure. Excessive noise on the wards at night and lack of wifi coverage. 	<ul style="list-style-type: none"> Further training provided to staff on informed consent. Ward are now managing noise and light levels at night more proactively and offer earplugs and eyeshades to patients. A full wifi coverage survey of the whole trust estate has been carried out prior to implementing the new digital telephone system. Televisions to be removed from all multi bedded areas.

<ul style="list-style-type: none">• Patient was on a reducing dose of medication on discharge. The summary included 3 different doses and this was confusing, and led to a higher dose being taken.	<ul style="list-style-type: none">• Doctors asked when prescribing reducing doses to include start and end dates in notes section of med chart so that this is pulled through to the discharge summary.
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Other learning

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

- The importance of agreeing a realistic date for response with the complainant
- There is now a move towards recording clinical discussions with complainants rather than taking notes during the meeting which can then take time to agree and share with the complainant.
- Talking to the complainant about what to expect from the letter at the initial conversation may be helpful – often the responses are full of clinical detail, and can seem dispassionate. This is a difficult balance to achieve, and the response will often need to include complex clinical detail.

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 2017/2018 16% or 12 complainants wrote back to the Trust. This happened in a cluster towards the end of 2017 and a review of these specific complaints was undertaken to see whether commonalities in either the complaint or the response could be identified. The review identified that of this group 6 (50%) were related to complaints following the death of the patient and had raised concerns about the clinical care the patient received.

The clinical issues were varied, but the common thread and the learning included the importance of keeping consistency in the information given to family members by often a wide range of staff who are all 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. For example when a patient's diagnosis is described as 'severe, or his treatment urgent – this can mean that treatment is recommended within weeks rather than months, or within an admission rather than a patient being discharged, but for a family, this terminology can imply that the patient's condition requires immediate attention. This then sets an expectation and a

concern that is unhelpful for the family as well as for the clinical teams. Such learning is identified and discussed through the Divisional governance meetings as well as the complaints working group

Meetings with clinical staff were held for 3 of these re-opened complaints and offered but declined by 2 others. Where a meeting was not held complainants received another written response. The managers undertaking the initial response 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 at an early stage in our processes, some wish to have a written response first to help them frame a meeting with the clinical team.

Summary of issues raised via PALS

In the course of the year the following have been recurrent problems for those who use PALS:

- Long waiting times for surgery
- Delays in processing referrals
- Difficulty in contacting members of staff or departments
- Staff attitude
- Concerns about prices of hospital accommodation
- Service users unhappy with the change of location in paediatric clinic.

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.

Patient Advice & Liaison Service
May 2018

Bed Days

Complaints and PALS concerns per 1000 bed days

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Brompton Heart												
Total number of Complaints	0	0	1	2	1	3	2	4	2	2	2	3
Total Number of PALS	29	26	36	40	25	34	49	36	26	30	27	26
Bed days	3,690	4,281	3,972	4,061	4,377	4,056	4,333	4,579	3,845	4,321	3,906	4,110
Brompton Heart complaints per 1000 bed days	0	0	0.25	0.49	0.23	0.74	0.46	0.87	0.52	0.46	0.51	0.73
Brompton Heart PALS per 1000 bed days	7.86	6.07	9.06	9.85	5.71	8.38	11.31	7.86	6.76	6.94	6.91	6.32
Harefield Heart												
Total number of Complaints	3	1	1	0	2	0	3	3	0	0	2	5
Total Number of PALS	17	18	14	15	19	21	17	8	16	20	15	17
Bed days	6,557	7,051	7,035	7,290	6,715	7,023	7,408	6,995	6,428	7,163	6,843	7,425
Harefield Heart Complaints per 1000 bed days	0.46	0.14	0.14	0	0.30	0	0.40	0.43	0	0	0.29	0.67
Harefield Heart PALS per 1000 bed days	2.59	2.55	1.99	2.06	2.83	2.99	0.13	1.14	2.49	2.79	2.19	2.29
Lung												
Total number of Complaints	5	1	2	3	1	2	2	1	1	1	3	2
Total Number of PALS	27	25	37	40	37	28	47	35	32	38	31	41
Bed days	3,595	3,737	3,793	3,823	3,869	3,801	4,086	3,932	3,606	4,009	3,570	3,878
Lung Complaints per 1000 bed days	1.39	0.27	0.53	0.78	0.26	0.53	0.49	0.25	0.28	0.25	0.84	0.51
Lung PALS per 1000 bed days	7.51	6.69	9.75	10.46	9.56	7.37	11.5	8.90	8.87	9.48	8.68	10.57

Chart 3 Complaints per 1000 bed days (by division)

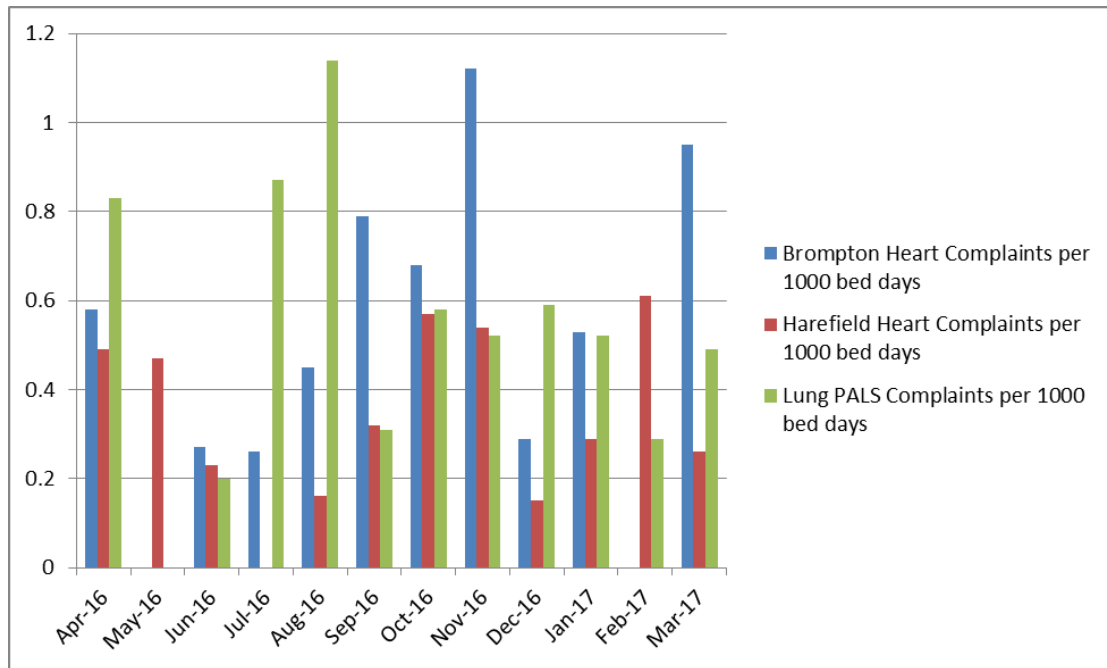
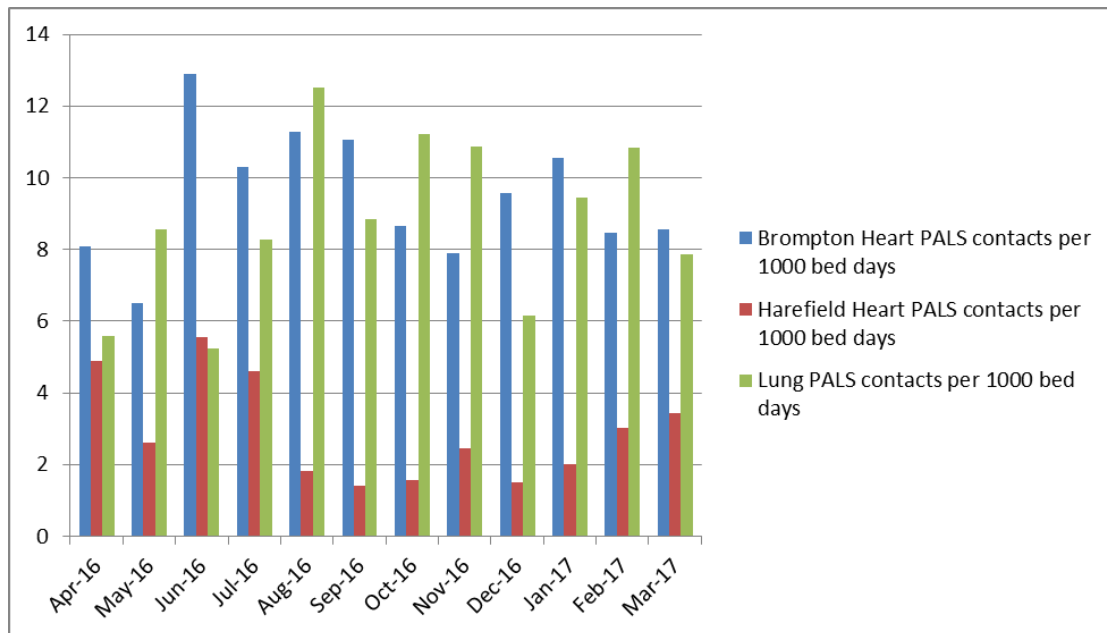


Chart 4 PALS contacts per 1000 bed days (by division)



PALS/Complaints Report 2017/18

PALS Concerns and Complaints by Hospital

Royal Brompton Hospital received 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 2 RBH Comparison of Complaints & PALS Concerns by Division**

RBH	Division	Complaints	PALS Concerns
	Allied Clinical Services	1	30
	Children Services	4	90
	Corporate Services	3	64
	Critical Care	5	8
	Heart	17	299
	Lung	22	279
	Total	52	770

Table 3 RBH Complaints Top 4 Subjects

RBH	Subject	Complaints
	Appointments, Delays and cancellations	4
	Clinical	33
	Communication/Information	6
	Attitude	6

Table 4 RBH PALS concerns Top 4 Subjects

RBH	Subject	PALS Concerns
	Appointment, delays and cancellations	232
	Clinical	82
	Communication/Information	217
	Transport	61

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

HH	Division	Complaints	PALS Concerns
	Allied Clinical Services	0	18
	Children Services	0	2
	Corporate Services	2	26
	Critical Care	1	4
	Heart	21	145
	Lung	2	35
	Total	26	230

Table 6 HH Complaints and PALS Concerns Top 4 Subjects

HH	Subject	Complaints	PALS Concerns
	Admissions, Discharge and transfers	6	21
	Appointment, delays and cancellations	2	55
	Clinical	10	29
	Communication/Information	3	55