



South Staffordshire and  
Shropshire Healthcare NHS  
Foundation Trust

**Thematic Review of  
Service Relations and  
Patient Advice and Liaison  
Service**

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## Introduction

The aim of this first Thematic Review Report is to outline national guidance, the work that has been undertaken during the last year, including statistical information, and to identify priorities for future work.

This report endeavours to:

- ensure that the Board is fully aware of the changes in the legislation;
- provide an annual report on key statistical information
- produce an action plan, as outlined in the appendix, for the Board to support.

## PART I: SERVICE RELATIONS DEPARTMENT

### National Context

The 2006 White Paper, “Our Health, Our Care, Our Say” made a commitment to implement a single complaints procedure across health and social care. In April 2009, a new two-stage complaints process for health and social care, was published, “Listening, Responding, Improving: A Guide to Better Customer Care”, and replaced the existing system. The national vision behind the new system was to transform complaints handling to become more comprehensive, accessible and patient-focussed, using local resolution to respond flexibly and quickly to individual cases.

This Trust has always adopted the ethos of being patient-focussed when resolving complaints, either formally through the Complaints Procedure or informally through our Patient Advice and Liaison Service. For this Trust, the new Regulations (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009) have had little effect on the procedure that has been utilised over many years, as the new national philosophy endorses many of the principles that we have always applied.

Good complaint handling is not limited to providing an individual remedy to the complainant; indeed the Trust embraces the view that all feedback and lessons learnt contribute towards service improvement. Learning from complaints is a powerful way to improve services, enhancing the reputation of the Trust and increasing trust amongst the people who use its services.

The following are the major changes to the way in which the Regulations have affected the way complaints are handled:

- all complaints have to be acknowledged within three working days; this can either be undertaken verbally or in writing. In the past, this has been two working days and the acknowledgement would always have to be in writing;
- the former fixed twenty-five working day response time, with the ability to mutually agree an extension with the complainant, has been replaced by a more flexible timescale, which promotes a customer focussed and robust investigation, promoting a philosophy of “do it once, do it right”;
- from the initial meeting with the complainant, a formal agreement is reached and confirmed in writing, which details the likely timescale, the issues to be investigated and how the complainant would like to be informed of the outcome. This is a new stipulation;
- in almost all cases, a complaint should be made within twelve months of the incident being referred to, or the complainant becoming aware of the incident. Formerly this was six months of the event or becoming aware of the event;
- although issues should be resolved as quickly as possible, allowing for thorough investigation and response, should a case continue to be unresolved for more than six months, it would be considered good practice to review the case and investigate the reasons behind the slow progress. This is a new requirement;

- if, following local resolution, a complainant remains dissatisfied, they do have recourse to request a review of their complaint by the Parliamentary and Health Service Ombudsman. In the past, the Healthcare Commission have undertaken this role;
- oral complaints that can be dealt with within 24 hours need not be recorded. However, in view of the valuable learning that can be gained, these are logged and, in the main, managed by the Trust's Patient Advice and Liaison Service. PALS and the Service Relations Department have always striven to work closely together and if an oral complaint or indeed something which can be easily resolved, every effort is made to resolve the issue as quickly as possible; and
- formal adoption of a multiagency procedure for handling complex complaints. The Staffordshire/Shropshire Procedure was nationally cited in a Department of Health Advice Sheet called, "Joint Working on Complaints – an Example Protocol" as good practice.

## Annual Statistics

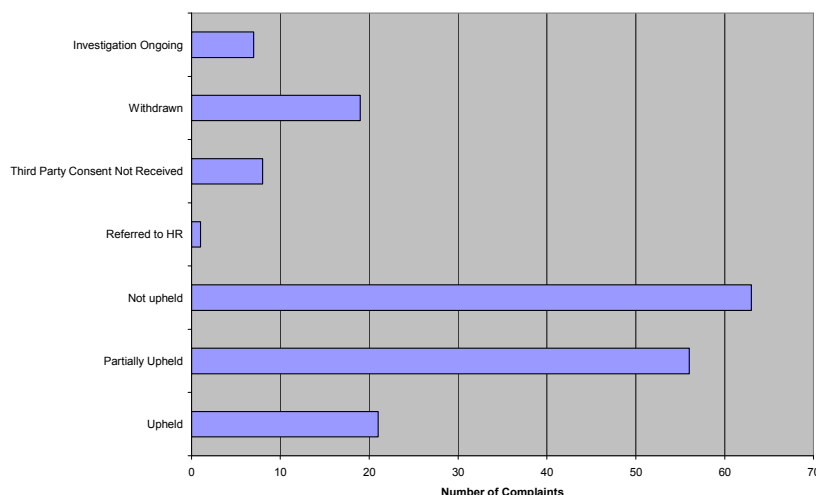
### (a) Complaints

All complaints relating to both South Staffordshire and Shropshire, have been administered centrally by the Service Relations Department, based at Trust Headquarters in Stafford. This report contains details of all complaints relating to both Shropshire and South Staffordshire received for this period.

This past year has seen a substantial increase in complaints. 178 complaints were received by the Trust; this represents an increase of 56% on the previous year. A detailed review has been undertaken to explore the reasons for the increase in complaints received. There were no common themes or emerging trends identified and no areas of the Trust showing significant increases in complaints over and above other areas. Similarly, when triangulated against patient satisfaction surveys, feedback from the Trust's Unannounced Visit Programme and external assessments undertaken by the Care Quality Commission and others, there was no evidence that any increase in complaints could be attributed to a deterioration in standards of care. It is, therefore, concluded that the national focus on high quality and effective services provided by the National Health Service, heightened local concerns within South Staffordshire about care quality at Mid Staffordshire NHS Foundation Trust and the promotion of the rights of individuals under the NHS Constitution, have prompted an increase in the exercising of those rights. This trend is also reflected across the West Midlands.

At the time of writing, 7 were still being actively investigated. Of the 144 completed complaints (excluding those which were withdrawn/third party consent not received), 92.37% were responded to within the mutually agreed timeframe, which is an increase in compliance compared with the previous year (85.46%). It is acknowledged that if a complaint is withdrawn, the official complaints procedure ends but, as a learning organisation, Directorates consider the issues raised to seek reassurance.

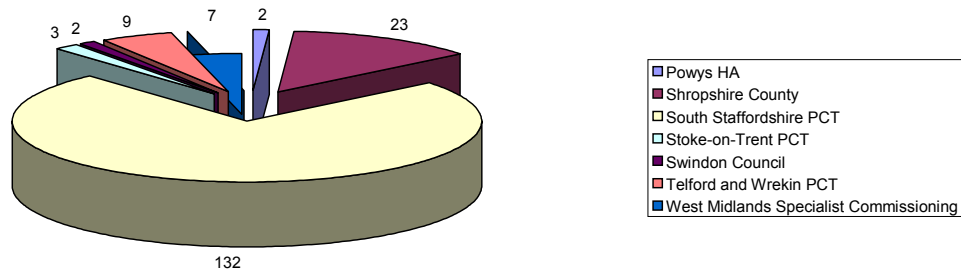
### Outcome of Complaints Received



### Number of Cases Received by Primary Care Trust Area

In order that Primary Care Trusts and other organisations, who commission our services, can assess the type of complaints received, the final resolution and lessons learnt, the Trust reports this information on a monthly and quarterly basis.

As a result of providing this information, the Commissioners consider trends, which may influence future commissioning requirements.

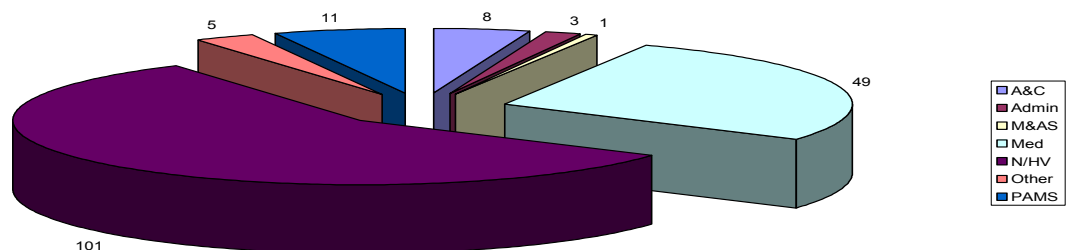


On further analysis of the commissioning bodies, it is interesting to note that South Staffordshire continues to receive proportionately more of the formal complaints made than would be expected statistically. This is in keeping with the suggestion made above about local interest in quality of care due to the fall-out of publicity about care at Mid Staffordshire NHS Foundation Trust. The same information literature on our services is available throughout the Trust. There is no conclusive evidence, other than previously stated, as to why the numbers for the Shropshire County and Telford and Wrekin Primary Care Trust areas are low in comparison with South Staffordshire.

### Complaints by Directorate/Service

Directorate	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Chief Operating Officer	0	0	2	0	2
Children's Services	7	7	5	6	25
Forensic Mental Health	3	1	2	2	8
Developmental Neurosciences and LD	3	2	2	0	7
Mental Health: Shropshire	10	8	5	6	29
Mental Health: Staffordshire	20	21	26	27	94
Quality and Professional Practice	1	0	0	0	1
Specialist Services	6	4	2	0	12
<b>TOTAL</b>	<b>50</b>	<b>43</b>	<b>44</b>	<b>41</b>	<b>178</b>

### Complaints by Staff Group



**Main Issue of Complaint Raised by Category**

<b>Category</b>	<b>2008/09</b>	<b>% of Total</b>	<b>2009/10</b>	<b>% of Total</b>
Access to Services	7	6.14	4	2.25
Admission Arrangements	0	0	4	2.25
Appointment (OP) Cancellation	1	0.88	2	1.12
Appointment (OP) Delay	1	0.88	9	5.05
Appt - Staff Failed to Arrive	1	0.88	0	0
Attitude of Staff (Admin)	1	0.88	2	1.12
Attitude of Staff (Hotel Services)	0	0	1	0.056
Attitude of Staff (Medical)	3	2.63	4	2.25
Attitude of Staff (Nursing)	19	16.66	22	12.36
Attitude of Staff (Therapies)	1	0.88	0	0
Bed Management	0	0	1	0.56
Change of Consultant Request	1	0.88	0	0
Clinical Treatment	26	22.81	33	18.53
Communication/Information to Patients	12	10.52	28	15.73
Confidentiality	5	4.38	7	3.9
Diagnosis Problems	1	0.88	4	2.25
Discharge Arrangements	4	3.5	8	4.49
Failure to Follow Procedures	1	0.88	3	1.68
Failure to Visit Patient	1	0.88	2	1.12
PCT Commissioning, including waiting lists	13	11.4	13	7.3
Medication	2	1.75	15	8.42
Other	0	0	1	0.56
Patient's Privacy and Dignity	3	2.63	5	2.8
Patient's Property	1	0.88	4	2.25
Personal Records (Health)	3	2.63	2	1.12
Policy and Commercial Decisions	1	0.88	0	0
Premises - General	1	0.88	0	0
Security	1	0.88	0	0
Staffing Levels	2	1.75	2	1.12
Transfer Arrangements	2	1.75	1	0.56
Visiting Arrangements	0	0	1	0.56
<b>TOTAL</b>	<b>114</b>	<b>100%</b>	<b>178</b>	<b>100%</b>

For the year 2009/10, the main areas of complaint have included staff attitude, communication/information, medication and clinical treatment issues. Following further analysis, there was no trend relating to any particular service, individual or area of care.

Taking into consideration the two years as a whole, it is pleasing to note that there have been reductions in complaints, by percentage of the total received, relating to, for example, access to services, attitude of staff (medical), attitude of staff (nursing), clinical treatment, confidentiality, PCT commissioning (including waiting lists).

**(b) Parliamentary and Health Service Ombudsman**

Four formal complaints were referred to the Parliamentary and Health Service Ombudsman during 2009/10, one of which was originally investigated by Shropshire County PCT, prior to integration and one which was investigated by the Trust in 2007/08. The Parliamentary and Health Service Ombudsman, following an initial assessment of two cases, decided that no further action or investigation was required. The Trust is waiting the outcome of the remaining cases.

**(c) Working with the Patient Advice and Liaison Service**

The Service Relations Department continues to work closely with the Patient Advice and Liaison Service, in order that the most appropriate route of resolving individual complaints is agreed, taking into account the sensitivity, urgency and complexity of the concern.

During the year, revised promotional material on how to access PALS or how to make a formal complaint was updated and distributed throughout the Trust.

**(d) Training**

During the past year, the Service Relations Department has participated in delivering training for Senior Managers undertaking Serious Untoward Incident investigations, concentrating on the importance of thorough investigations and the requirement for evidence based reporting.

**(e) NHS Choices – [www.nhs.uk](http://www.nhs.uk)**

The section, “Your Thoughts” allows hospital patients to provide feedback on their hospital experience. All feedback is pre-moderated by an independent company and the Trust is given an opportunity to provide a reply to each comment. Last year, the Trust received a total of five entries; three of which were extremely positive. These have been responded to and shared with relevant staff.

Two entries were expressed dissatisfaction with the service; one was responded to, but in view of the lack of detail with the other, they were invited to contact the Trust. To date, this not happened.

**(f) Patient Opinion – [www.patientopinion.org.uk](http://www.patientopinion.org.uk)**

This website became live during the latter part of 2009 and since that time, the Trust has received one submission. However, in view that the detail of the entry was incomplete, the Trust responded by asking the service user to contact the Trust with his concerns. No contact to date has occurred.

**(g) Actions Taken to Improve Service Delivery**

We are committed to seeking the views of service users and the public on what we do and recognise the importance of using this feedback to develop and improve our services. The following are examples of some of the actions taken to improve the quality of service delivery, as a result of complaints received this year:

- A series of training days for professional staff on physical health conditions has been developed and is now part of an ongoing training programme.
- Administrative staff received additional training on the Health Records Policy, which included the reporting of missing files and the transfer of health records procedure.
- A Trustwide Customer Care training programme has been introduced for all frontline staff.
- In order to ensure that the referring General Practitioner receives follow-up information, rather than the practice lead GP, a software update has been applied to the Trust’s patient information system.
- Following an assessment, a narrative style of letter is now used rather than the former tick-box assessment letter.
- Information was disseminated to Senior Team Leaders regarding referral options for adults requesting an assessment for Asperger’s Syndrome.
- A display board has now been sited, giving service users, carers and staff regular information on planned activities on and off the ward.

- The importance of record-keeping has been raised, whereby staff have been asked to ensure that all electronic and paper records for any service user must be completed in a full and timely manner. This should include any appointments or contacts service users have.
- Teams have been reminded of the importance of offering carers' assessments, particularly at times of service users becoming reluctant to engage.
- Ward Clerks have been asked to ensure that service users' General Practitioners are telephoned by the next working day, to ensure that a fax is forwarded to the ward to confirm the medication regime, in order that drug reconciliation can take place.
- A new Trust consent form in relation to information sharing has been introduced.

#### **(h) Reporting**

The Service Relations Department and PALS contribute to the Integrated Quarterly Reports, which are presented to the Quality, Effectiveness and Risk Sub Committee of the Board and to the Trust Board of Directors as part of the Integrated Performance Report. Regular automated monthly reports are also made available to Divisions and Directorates, in order that they respond in a timely manner to emerging issues and trends. They also submit regular statistical information on a monthly and quarterly basis to the Commissioning organisations.

Service Relations is now a formal member of the Mental Health Divisions' Quality, Effectiveness and Risk Groups, which formally review the responses and learning from all complaints responded to.

#### **(i) Robert Francis Enquiry**

This enquiry highlighted some deficiencies within the complaints system at Mid Staffs General Hospital which afforded the Service Relations Department an opportunity to review its practice.

The Enquiry highlighted the following steps worthy of consideration:

##### **(i) The Trust should consider integrating the complaints and incident-reporting systems.**

The Trust has had an integrated electronic risk management system for nine years, which has a shared database and specific modules, ie incident reporting, complaints, PALS. In addition, since the second quarter of last year, an integrated risk management report has been developed.

##### **(ii) The Board should ensure that a Non-Executive Director has responsibility for oversight of the complaints and incident-reporting system.**

This is something for the Trust Board to consider. However, it should be noted that this role has been undertaken by the Chief Operating Officer for complaint management.

##### **(iii) The facts of a representative sample of complaints and incidents should be reported to the Board regularly. Directors should be available to meet complainants. They should be encouraged to investigate personally a sample of complaints.**

As part of the quarterly integrated risk management report, an anonymised summary of complaints resolved during the reported period is appended and received by the Quality, Effectiveness and Risk Committee and the Trust Board.



If a complainant remains dissatisfied following extensive involvement at Directorate level and it is felt that the involvement of an Executive Director or the Chief Executive would be appropriate, this would be arranged. Indeed, the Chief Executive has undertaken this role in the past.

- (iv) The view of front-line staff in the service affected should be obtained and recorded in the report about the complaint.**

As part of the Trust's procedure, any affected staff would be interviewed and statements obtained; this is seen as good practice. These views would be used to facilitate a full and robust response to the complainant.

- (v) The outcome of the investigation of any complaint and the incident report, as well as any action plans, must be communicated not only to the complainant, but also to the frontline staff in the services affected.**

As part of the Investigating Officer's responsibilities, affected staff are debriefed on the investigation findings, the learning and the proposed action plan. Although informing complainants of completed actions has been undertaken in the past, due to the increase in work, this has not been a priority area. However, as part of the revised complaints procedure, due for consideration in August 2010, a formal prompt for Service Relations to inform the complainant of completed actions will be placed on the automated reminder system.

- (vi) The execution of action plans must be reviewed on a regular basis and the progress made reported to the complainant and the Board.**

Following receipt of an action plan, as part of the Complaint Management and Action Plan template used by the Investigating Officer, the content is placed on the integrated risk management database (Safeguard) with target dates. This is appended to copies of the concluding letter and sent to the individual Clinical Director, Risk Co-ordinator, Service or Divisional Director, Service Manager, Investigating Officer, Deputy Director of Nursing and Director of Quality and Professional Practice. In addition, if felt warranted, copies would be sent to other interested parties, eg Medical Director. All Directorates receive, on a monthly basis, an automated report on all complaints received and resolved within the preceding month.

All Directorates have a different way of monitoring complaints, but within the last six months, monthly Quality, Effectiveness and Risk Groups for both the Mental Health Divisions now receive a bespoke report on each resolved complaint, with the identified proposed/completed action. This is discussed and any alterations to the plan are discussed at these meetings.

To date, any outstanding actions have been chased manually, but at the time of writing this report, the department is testing an automated action reminder system, which is part of the new Safeguard upgrade.

- (vii) Complaints and incidents should be reviewed on a regular basis by the Governors and reported to the local authority's scrutiny committee.**

The Governors receive a copy of the quarterly integrated risk management report on a quarterly basis and, together with the local authority's scrutiny committee, a copy of the Quality Accounts.

- (viii) The Trust should provide responses and resolutions to complainants which satisfy complainants.**

As part of the procedure, Investigating Officers do meet with complainants to discuss and agree the boundaries of the complaint, together with a timeframe for response. The concluding letter will respond to the agreed elements of the complaint and share with the complainant the proposed/completed actions. However, in the case of a complex complaint, it has been the practice of Investigating Officers to follow the Parliamentary and Health Service Ombudsman's method of sharing a draft report with the complainant, prior to the Chief Operating Officer's signature.

In all cases, by regulation, complaints cannot be reinvestigated, but the complainant is offered an opportunity to receive any clarity.

## **PART II: PATIENT ADVICE AND LIAISON SERVICE**

### **National Context**

In July 2000, the Government published the 10 year NHS Plan: A Plan for Investment - A Plan for Reform. The Plan proposed the development of a Patient Advocacy and Liaison Service which, by 2002, was to be established in every Trust.

### **The Core Functions of the Patient Advice and Liaison Service (PALS):**

- be identifiable and accessible to patients, their carers, friends and families;
- provide immediate help in every Trust, with the power to negotiate immediate solutions or speedy resolution of problems;
- act as a gateway to appropriate independent advice and advocacy support from local and national sources;
- provide accurate information to patients, carers and families about the Trust's services and about other health related issues;
- act as a catalyst for change and improvement, by providing the Trust with information and feedback on problems arising and gaps in services;
- operate within a local network with other local PALS and work across organisational boundaries; and
- support staff at all levels within the Trust to develop a responsive culture.

### **PALS do not deal with:**

- complaints which require formal investigation;
- matters relating to a breach of Trust policies; and
- issues of breach of Law.

PALS can also support staff at all levels to develop a responsive culture. This will partly be achieved through staff being sensitive, receptive and listening to feedback from service users/carers. PALS can support staff in providing information on voluntary and statutory agencies.

#### **(a) Training**

PALS Awareness Training is available to all staff, including new junior doctors as part of their induction in the Trust, and is delivered by the Trust's PALS Department. Staff also deliver team training, on request. This training also includes a briefing on the complaints process.

During 2009-2010, 172 staff attended PALS training across South Staffordshire and Shropshire.

#### **(b) Promotional Work**

PALS staff attend service user and carer support groups and local development groups across the Trust to promote the service, receive concerns and feedback.

#### **(c) Timeframe**

In line with the new complaints reform, PALS aim to resolve all issues within 24 hours. Those falling outside of this target are monitored using the action plan module on the Safeguard system.

During 2009-10, PALS received 604 contacts, of which 440 were resolved within 24 hours.

**(d) Severing of Service Level Agreement with Shropshire County Primary Care Trust**

As from 1 August 2009, the Trust now offers a full Patient Advice and Liaison Service, based in Stafford, with an additional weekly visit to Shropshire to engage personally with service users, carers and staff.

**(e) Number of PALS Issues raised by Directorate**

Table below highlights the number of issues raised, by individual directorates, during 2009/2010:

Directorate	Compliment	Concern	Information Request	Suggestion	Total
Chief Executive	1	0	0	0	1
Chief Operating Officer*	3	28	52	5	88
Children's	27	29	7	2	65
Facilities and Estates	7	76	0	13	96
Finance	0	4	1	1	6
Forensic	5	66	3	1	75
Developmental Neurosciences and Learning Disabilities	10	9	2	0	21
Mental Health: Shropshire	77	70	10	18	175
Mental Health: Staffordshire	127	370	28	21	546
Quality and Professional Practice	0	1	0	1	2
Specialist Services	7	14	4	0	25
TOTAL	264	667	107	62	1100

\* Concerns logged under this Directorate relate to issues that have been resolved by the PALS, but do not relate to this particular Trust, for example, car parking issues at a non-Trust site. Work is currently underway to revise the categories within this module.

During 2009/10, the Patient Advice and Liaison Service (PALS) saw a 13.8% increase in the number of contacts received. In particular, PALS have seen a significant increase of 125% in the number of Interpretation/Translation requests logged under "08-Communication Information for Patients", compared to the previous year. This rise is as a result of promotional work that has been undertaken during the year and training which has increased staff awareness.

**(f) Type of Enquiry**

A year on year comparison of the type of enquiry received is shown in the table below.

Type of Enquiry	2008/09	2009/2010
Compliment	252	253
Concern	475	503
Information Request	43	101
Suggestion	28	51
TOTAL	798	908

**(g) Number of Issues Raised by Category Type**

The table below lists the number of issues raised under each category, by quarter, during the period 1 April 2009-31 March 2010:

<b>Category</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Total</b>
01 – Admission, Discharge, Transfer	12	10	5	9	36
02 – Aids, Appliances, Equipment & Premises	0	6	4	10	20
03 - Appointments Outpatient	6	3	7	9	25
04 - Appointments Inpatient	2	1	0	0	3
05 - Staffing Shortages	2	2	4	10	18
06 - Attitude of Staff	18	35	18	29	100
<b>06 – Attitude of Staff - Compliments</b>	<b>78</b>	<b>70</b>	<b>50</b>	<b>66</b>	<b>264</b>
07 - Some Aspects Of Clinical Treatment	52	38	53	67	210
08 – Communication Info For Patients	9	11	19	47	86
09 – Consent to Treatment	0	2	1	0	3
10 – Complaints Handling	0	0	0	1	1
11 - Pts Privacy & Dignity	8	8	16	4	36
12 - Patients Prop & Expenses	3	7	11	3	24
13 – Environment	23	11	15	16	65
14 – Personal Records	3	1	7	0	11
15 - Failure To Follow Procedure	2	2	2	1	7
16 – Patients, Status, Discrimination	1	0	0	0	1
17 – Transport	0	3	2	3	8
18 – Code of Openness	0	1	0	0	1
19 - Hotel Services	10	20	16	21	67
20 - Leave Arrangements MHA	3	2	2	1	8
22 - Info Given - Voluntary Sector	1	2	4	6	13
23 - Info Given - Services	13	7	0	2	22
24 - Other	9	18	14	23	64
25 - PCT Commissioning	0	0	2	1	3
26 – Assault	1	2	0	1	4
<b>TOTAL</b>	<b>256</b>	<b>262</b>	<b>252</b>	<b>330</b>	<b>1100</b>

**(h) Service Improvements**

Following PALS intervention, changes have been made to services, including:

- Leaflets at a GP surgery now have the up-to-date information regarding the Community Mental Health Team.
- Individual CMHT contact details are now included on all correspondence that is sent out by Teams.
- PALS facilitated weekly access to the chaplain for a service user.
- Request made by a service user to have access to the internet, to enable communication with family and friends. IT department responded quickly by upgrading computers with a faster broadband connection.
- Staff unable to higher and lower Horcher bath. Facilities & Estates liaised with the manufacturer, who has now converted the equipment to become mains fed via a transformer.

**(i) Compliments**

The Patient Advice and Liaison Service received 253 “compliment” contacts, (total of 264 individual compliments) on behalf of the organisation, which included:

- Service user complimented the food on Bromley Ward. She stated that there is a "lovely choice and the food is like being at home."
- Compliment received from service user's relative expressing her thanks and gratitude to everyone involved with helping with her daughter's care. Family confirmed that she is now very settled back at school, which is having a positive influence on the rest of her life.
- Service user on Ashley House wished to thank a staff member for organising football on a Sunday, in his own time. "This is really appreciated and lifts everybody's mood."
- "I wish to express my thanks and sincere gratitude to all the wonderful staff for the care provided whilst an inpatient at Margaret Stanhope. We will always remember the impeccable dedication and professionalism of your staff. May my wife and I always be eternally grateful to every single one of you. The people of Burton and surrounding area are indeed very fortunate to have such dedicated and caring people to attend to them when things go wrong with their mental health. We once again thank you all so much very much."
- Relative sent a letter to the Chief Executive complimenting the care given to her mother-in-law whilst she was an inpatient at the George Bryan Centre. "The staff treated her with the utmost dignity and respect; nothing was too much trouble for the staff."
- Family thanked the CASDAS team for their diligence and professionalism throughout the assessment process on their son. "After years, a diagnosis has been given which has enabled them to gain a place in a specialist ASD school. Without the findings of the CASDAS team, there was every possibility that our son would not have had the opportunities that will now enable him to make progress for a better future. Our family now have hope for the future and are truly grateful."
- Compliment letter received from daughter of Service User who said she feels like they have given her mum back. "Staff have given mum a time that she has been able to be herself again for the first time in years. Thank you all for the outstanding level of care that you have provided and all the hard work, you all do a wonderful job."

**SERVICE RELATIONS DEPARTMENT AND PATIENT ADVICE AND LIAISON SERVICE ACTION PLAN  
2010/11**

<b>Objective</b>	<b>Action Details</b>	<b>Outcome</b>	<b>Timeframe</b>	<b>Lead Officer</b>
Enhance investigation skills for investigating officers	Participate in the development of a training day for all investigating officers involved in undertaking formal investigations into complaints and SUIs	All investigating officers will be fully briefed on the expectations required to conduct a robust investigation, in line with regulation	31.10.10	Paula Johnson, Service Relations Manager, in conjunction with Sarah Hankey, Assistant Risk Manager
Implement automated action reminder system for complaints and PALS	Ensure that the newly installed automatic action reminder system is tested and implemented.	All lead officers with outstanding actions will be automatically E-mailed on a monthly basis, to ensure that Service Relations are informed of the current position	31.07.10	Paula Johnson, Service Relations Manager/Sean Hunter, Assistant SRM/Sunita Roberts, PALS Co-ordinator
	In addition, as DQ 2 project work progresses, the option of exploring the uploading of any required actions onto DQ will be undertaken, in conjunction with the Performance Development Team		31.12.10	DQ Project Lead/ Paula Johnson, Service Relations Manager
Complaints Procedure ratified	Following consultation, to be submitted to the QERC and Trust Board for ratification	The Complaints Procedure will be available on the Trust's website	31.08.10	Paula Johnson, Service Relations Manager
Produce an information leaflet explaining the full complaints process, including recourse to Parliamentary and Health Service Ombudsman, which	Develop an easy read information leaflet for complainants, based on Regulation, to ensure that complainants are fully	An information leaflet will be available for inclusion with all acknowledgement letters	31.12.10	Sean Hunter, Assistant SRM

Objective	Action Details	Outcome	Timeframe	Lead Officer
can be appended to the formal acknowledgement letter	informed of their rights in relation to the complaints process			
Ensure that a statement on Data Protection is included on the Complaints and PALS sections on the Trust's website	To research this addition further, discuss with the Trust's Information Governance Manager and produce statement.	Additional information to be included on the Trust's website.	31.12.10	Sean Hunter, Assistant SRM

Ensure that where actions remain outstanding at the time of the conclusion of a complaint, complainants are informed when they are completed	CMAF to be modified, to ensure that a specific action is placed on Safeguard to remind SRD that a letter should be sent on completion of actions	All complainants will be informed of the outcome of any outstanding actions applicable to their complaint	30.09.10	Paula Johnson
To continue to promote PALS to staff, service users and carers.	As a minimum, deliver twelve training sessions across Staffordshire and Shropshire throughout the year	A programme of 12 scheduled training sessions to be promoted throughout the Trust.	31.03.11	Sunita Roberts
A revised PALS Policy will be produced	PALS Policy will be reviewed consulted upon and ratified	The PALS Policy will be available on the Trust's intranet	30.09.10	Sunita Roberts
The production of a new easy read leaflet promoting the services of PALS and Service Relations	Working with interested directorate representatives, develop an easy read leaflet for service users	A new easy read leaflet will be available in all Trust bases	31.10.10	Sunita Roberts