

**Board of Directors Meeting AGENDA ITEM No. 12.2 Enc. Ref. H**

<b>Document Title:</b>	Thematic Review of Complaints and PALS
<b>Sponsoring Director:</b>	Dr Neil Brimblecombe, Director of Quality and Professional Practice
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<b>Date of Meeting:</b>	Thursday 30 August 2012

**Executive Summary**

This report provides a synopsis of the activity undertaken by the Service Relations Department and the Patient Advice and Liaison Service during 2011/12.

**Recommendations**

The Trust Board is asked to receive the document and agree the recommendations for this financial year.

Monitoring Information		✓	Brief Summary
Care Quality Commission Compliance		✓	Regulation 19, Outcome 17: People and those acting on their behalf, have their comments and complaints listened to and acted on effectively and know that they will not be discriminated against for making a complaint
Monitor Compliance			NA
Other (add details)			NA
Assurance Framework	Ref:QHS10,		
Link to Strategic Objectives	Ref: 1, 2, 3, 4, 6		
Board Sub Committee	QERC		
Other ( <i>please specify:</i> ) KO41a The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (Statutory Instrument No: 309)			



South Staffordshire and  
Shropshire Healthcare NHS  
Foundation Trust

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

June 2012

## TABLE OF CONTENTS

	PAGE
<b>Introduction</b>	<b>3</b>
<b>1 Service Relations Department</b>	
1.1 National Context	3
1.2 Annual Statistics	4
1.3 Parliamentary and Health Service Ombudsman	9
1.4 Working with the Patient Advice and Liaison Service	10
1.5 Publicity	10
1.6 Investigating Officer Training	10
1.7 NHS Choices and Patient Opinion	10
1.8 Actions Taken to Learn and Improve Service Delivery	10
1.9 How does this organisation learn from complaints?	11
1.10 Reporting	12
1.11 Quarterly Meetings - Non-Executive Director with Service Relations Manager	12
1.12 Listening and Learning: The Ombudsman's Review of Complaint Handling by the NHS in England	13
<b>2 Patient Advice and Liaison Service</b>	
2.1 National Context	14
2.2 Training	14
2.3 Promotional Work	14
2.4 Reporting	15
2.5 Timeframe	15
2.6 Type of Enquiry	15
2.7 Number of Issues Raised by Main Category Type	15
2.8 Comparison of Sub-Categories from 2008/09-2011/12	19
2.9 Number of PALS Issues Raised by Directorate	21
2.10 Examples of changes that have been made to services following PALS intervention	21
2.11 Compliments	22
<b>3 Service Relations Department and Patient Advice and Liaison Service Action Plan 2011/12</b>	
<b>4 Monitoring Compliance – Complaints Procedure</b>	
<b>5 Monitoring Compliance – PALS Policy</b>	

## **Introduction**

The aim of this third Thematic Review Report is to outline national guidance, the work that has been undertaken during 2011/12, including statistical information, and to identify priorities for future work.

This report endeavours to:

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

## **1 SERVICE RELATIONS DEPARTMENT**

### **1.2 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 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 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.

In summary, the main principles of the Regulations are:

- all complaints have to be acknowledged within three working days following date of receipt; this can either be undertaken verbally or in writing;
- the adoption of a more flexible timescale, which is customer focussed and allows for a robust investigation, promoting a philosophy of “do it once, do it right”;
- from the initial meeting with the complainant, a formal agreement should be 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;
- 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;

- 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;
- 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;
- 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.

## 1.2 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 during 2011/12.

During this period 133 complaints were received by the Trust; this represents an increase of 1 from the previous year. The Trust has always welcomed receiving complaints, as it does give the organisation opportunities to learn and improve service delivery.

The Trust concluded 150 complaint cases during the year, which included 24 from the previous year, with the following outcomes:

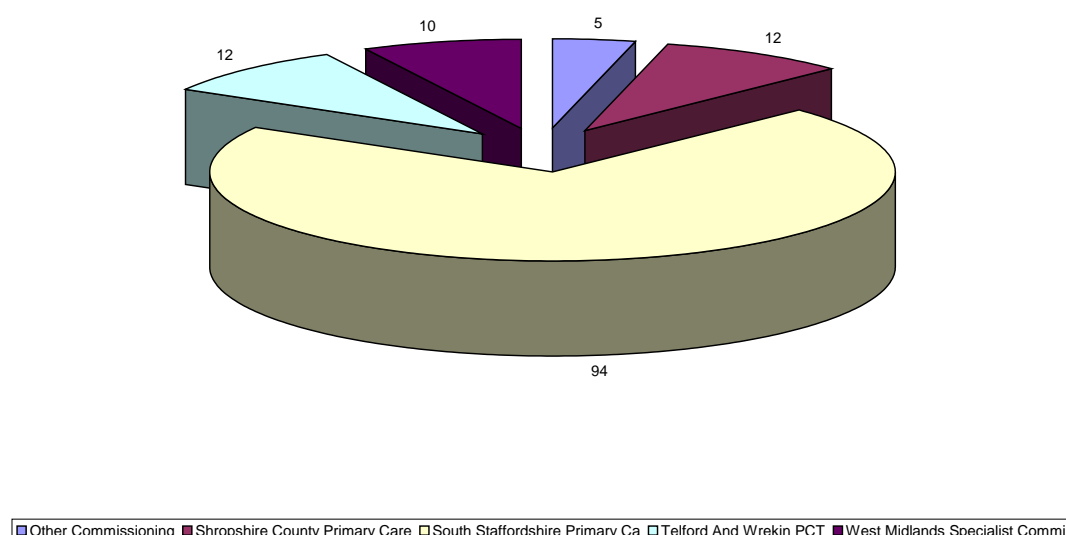
	Not Upheld	Partially Upheld	Fully Upheld	Withdrawn	No Third Party Consent Received	Referred to HR	2011/12 Complaints Investigated Being Investigated as at 01.04.12
Complaints Received 01.04.11-31.03.12	47	54	7	11	6	1	7
Complaints Received 01.04.10-31.03.11, but concluded during 2011-12	9	11	4	0	0	0	-

It is acknowledged that if a complaint is withdrawn or third party consent is not received, the Complaints Procedure ends but, as a learning organisation, Directorates consider the issues raised to seek reassurance.

#### **(b) 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 reported 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; indeed this year saw an increase of 8. This may be attributed to local interest in quality of care due to the continuing publicity about care at Mid Staffordshire NHS Foundation Trust and the Public Enquiry which took place last year.

The numbers for the Shropshire County and Telford and Wrekin Primary Care Trust areas are low in comparison with South Staffordshire. However, looking at last year as a contrast, the number of complaints from service users/carers in the Telford and Wrekin Primary Care Trust area increased by 3 and for Shropshire County PCT, there was a reduction of 12.

Publicity leaflets and posters are displayed throughout the Trust, together with appointment cards with details of how to make a formal complaint or raise a PALS issue.

**(c) Complaints by Directorate**

This table also includes a comparison with figures for the previous year. These are presented in blue.

Directorate	Quarter 1		Quarter 2		Quarter 3		Quarter 4		TOTAL	
	11/12	10/11	11/12	10/11	11/12	10/11	11/12	10/11	11/12	10/11
Chief Operating Officer	0	1	0	0	3	0	1	0	4	1
Children's Services	4	4	2	3	0	3	1	2	7	12
Forensic Mental Health	1	2	1	0	1	1	2	2	5	5
Developmental Neurosciences and LD	1	3	2	1	1	1	1		5	5
Mental Health: Shropshire	9	11	4	9	7	2	2	6	22	28
Mental Health: Staffordshire	14	19	14	16	23	7	25	24	76	66
Specialist Services	2	2	7	3	1	6	4	2	14	13
Quality and Professional Practice	0	0	0	0	0	1	0	1	0	2
<b>TOTAL</b>	31	42	30	32	36	21	36	37	133	132

In comparing the two years, it should be noted that Mental Health (Staffordshire Division) received an additional 10 complaints this year and 3 more for the Chief Operating Officer. Reductions in complaints were evident for the Children's Directorate, Mental Health (Shropshire Division) and Quality and Professional Practice.

**(d) Complaints by Team by Quarter: 01.04.11-31.03.12**

Department	Q1	Q2	Q3	Q4
Ashley House	0	1	1	2
Brockington	0	1	0	1
Brocton House	0	1	4	2
CAMHS - Argyle Street	0	1	0	0
CAMHS - Cannock	1	1	0	0
CAMHS - Cross Street	1	0	0	0
CAMHS - Lichfield	1	0	0	0
CAMHS - Stafford	1	0	0	0
CAMHS - Eccleshall Road	0	0	0	1
Castle Lodge Dawley	1	0	0	0
Chebsey House	0	1	1	1
Chestnut Ward	2	0	1	0
CMHT - Burton	0	2	2	0
CMHT - Cannock	2	2	1	3
CMHT - Central Wrekin	1	0	1	1
CMHT - Lichfield	0	1	2	4
CMHT - North Wrekin	2	0	1	0
CMHT - South Shrewsbury	0	1	0	0
CMHT - South Shropshire	0	0	0	1
CMHT - South Staffordshire	0	0	0	2
CMHT – Stafford	5	3	4	4
CMHT – Tamworth	0	0	0	3
Community Specialist Nursing	0	0	0	1
Crisis – East Staffordshire	0	0	2	1
Crisis - Shrewsbury	1	0	0	0

Crisis - West Staffordshire	2	0	1	1
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Department	Q1	Q2	Q3	Q4
Early Intervention Team	1	0	0	0
East Wing	0	0	1	0
Ellesmere House	0	0	0	1
Health Records	0	0	1	0
Inclusion - IAPT Liverpool	1	0	0	0
Inclusion - IDTS – HMP Stafford	0	0	0	1
Kinver Ward	0	1	1	0
Liaison Psychiatry	0	0	0	1
Maple Ward	0	1	2	0
Mental Health Act Administration	0	0	1	0
Milford (& Stonefield)	0	2	1	0
MSC - Adult Acute	1	0	1	0
Newhouse	0	1	0	2
Norbury House	2	1	1	2
Out Of Area Rehabilitation	0	2	0	0
Out Patients – Learning Disabilities	1	0	0	0
PALS	0	0	1	0
Prison Inreach	0	2	0	0
Primary Care Mental	1	0	0	0
Psychological Therapy	0	0	1	0
Quest Day Opportunity	1	0	0	0
Radford House	1	0	0	0
Stokesay Ward	1	1	0	0
Substance Misuse – Park House	0	1	0	0
Substance Misuse – Park House, Hockley	1	1	0	0
West Wing – George Bryan Centre	0	1	3	1
Whittington Ward	0	1	1	0
<b>TOTAL</b>	<b>31</b>	<b>30</b>	<b>36</b>	<b>36</b>

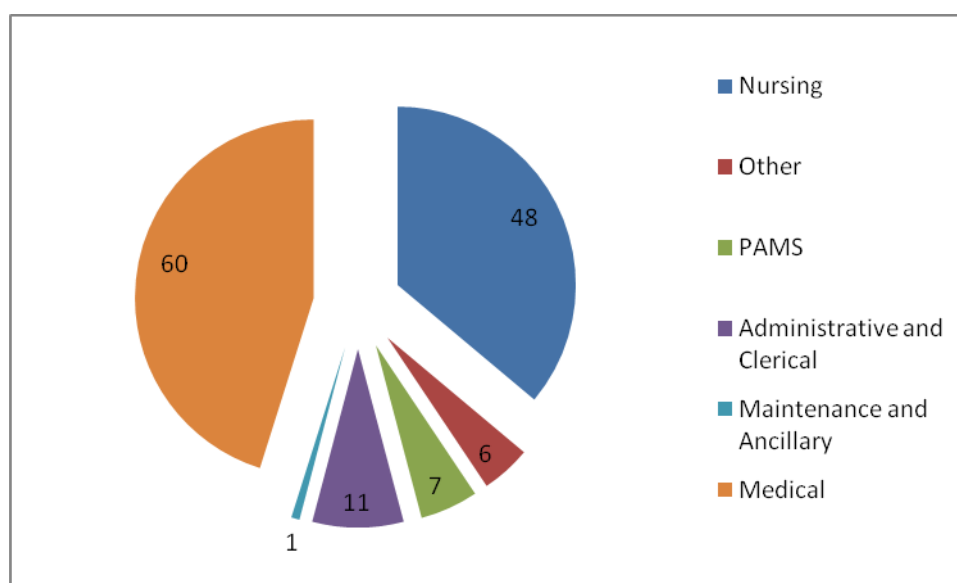
When considering the above table, it is noted that Stafford CMHT received the most complaints during the year. Quarterly reviews were undertaken throughout the year, and any apparent clusters are examined, brought to the attention of the relevant manager and reported thereon in the Quarterly Combined Risk Management Report. With regard to Stafford CMHT, all complaints were distinct in terms of circumstances and staff member.

Complaints in relation to inpatient services equated to 38.34% of the total complaints received.

Work will continue throughout the forthcoming year in relation to providing staff awareness training on complaints and PALS, concentrating on teams where no concerns or complaints are received. The Team will also continue to support any PPI events and attend community meetings.

The Team will also be looking the possibility of introducing volunteers to act as PALS Liaison Officers, in order that regular visits to all inpatient areas can be facilitated and unrepresented groups and areas can receive additional focus and support.

**(e) Complaints by Staff Group**



**(f) Main Issue of Complaint Raised by Category**

The table below details the main category of each complaint received during 2011/12, in comparison with the previous two years. This year, the main areas of complaint have included attitude of staff, communication/information, clinical treatment issues and medication, but no trend has been identified relating to any particular service, individual or area of care.

It is pleasing to note that there have been reductions in the number of complaints received relating to attitude of staff, appointment delay, communication/information to patients, discharge arrangements, patient's privacy/dignity and patient's property.

Category	2009/10	% of Total	2010/11	% of Total	2011/12	% of Total
Access To Services	4	2.25	0	0	3	2.25
Admission Arrangements	4	2.25	0	0	0	0
Appointment (OP) Cancellation	2	1.12	1	0.75	3	2.25
Appointment (OP) Delay	9	5.05	7	5.30	2	1.50
Attitude of Staff	29	16.29	24	18.00	16	12.03
Bed Management	1	0.56	0	0	0	0
Change Of Consultant Request	0	0	0	0	1	0.75
Clinical Treatment	33	18.53	29	22.96	32	24.06
Communication/Info to Patients	28	15.73	28	21.21	26	19.54
Confidentiality	7	3.90	3	2.27	6	4.51
Diagnosis Problems	4	2.25	8	6.06	5	3.75
Discharge Arrangements	8	4.49	6	4.54	4	3.00
Equality and Diversity	0	0	2	1.51	0	0
Failure to Follow Procedures	3	1.68	2	1.51	0	0
Failure To Visit Patient	2	1.12	0	0	0	0
PCT Commissioning, including Waiting Lists	13	7.30	2	1.51	6	3.75
Medication	15	8.42	10	7.57	15	9.02
Mental Health Act	0	0	5	3.78	7	5.26
Other	1	0.56	1	0.75	3	2.25
Patient Choice	0	0	0	0	1	0.75

Category	2009/10	% of Total	2010/11	% of Total	2011/12	% of Total
Patient's Privacy & Dignity	5	2.80	3	2.27	2	1.50
Patients Property	4	2.25	2	1.51	1	0.75
Personal Records (Health)	2	1.12	0	0	1	0.75
Premises - General	0	0	0	0	1	0.75
Staffing Levels	2	1.12	0	0	1	0.75
Transfer Arrangements	1	0.56	0	0	0	0
Visiting Arrangements	1	0.56	0	0	0	0
<b>TOTAL</b>	178		132		133	

Based on the main categories of staff attitude, communication/information and clinical treatment more closely, the following table details the overall outcome:

Outcome	Staff Attitude			Clinical Treatment			Communication/Information		
	09/10	10/11	11/12	09/10	10/11	11/12	09/10	10/11	11/12
Upheld	4	3	0	2	2	2	8	7	1
Partially Upheld	5	6	6	10	17	11	10	12	14
Not Upheld	10	7	5	16	7	8	6	7	7
Third Party Consent not Received	2	1	2	2	1	4	2	1	0
Withdrawn	7	6	3	2	2	2	2	0	2
Referred for SI Investigation	1	0	0	1	0	0	0	0	0
Referred to HR	0	1	0	0	0	1	0	1	0
Remains under Investigation	0	0	0	0	0	2	0	0	2
<b>TOTAL</b>	29	24	16	33	29	32	28	28	26

Taking the individual numbers of complaints received for each of the three main categories, it should be noted that:

Staff Attitude: None of the complaints received during the year were fully upheld, compared with 12.5% in 2010/11 and 14% in 2009/10.

Clinical Treatment: None of the complaints received during the year were fully upheld\*, compared with 7% in 2010/11 and 6% in 2009/10.

Communication/Information to Patients: 3.84% were fully upheld this year\*, compared with 6.89% in 2010/11 and 6.06% in 2009/10. However, 53.84% were partially upheld.

\* NB: At the time of writing this report, there were cases that remained under investigation, as indicated above.

### 1.3 Parliamentary and Health Service Ombudsman

During the year, seven sets of complaint casework were requested by the Parliamentary and Health Service Ombudsman (PHSO) for initial consideration. During the year, Trust was notified that one complaint was withdrawn and six required no further action. One case was forwarded by the PHSO to the Care Quality Commission for review, as there is now a Memoranda of Co-operation in place between these two organisations, in light of the CQC's Mental Health Act expertise.

No Further Action or Investigation Required	Withdrawn
6	1

#### **1.4 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.

#### **1.5 Publicity**

During the year, all publicity material was revised and widely circulated.

#### **1.6 Investigating Officer Training**

Throughout the past year, the Service Relations Department has delivered Complaint Investigating Officer Training for Band 7s (17 members of staff) and above, concentrating on the importance of thorough and robust investigations, the requirement for evidence based reporting, the importance organisational learning from complaints and statutory regulations. A further programme of training is planned for the forthcoming year.

#### **1.7 NHS Choices – [www.nhs.uk](http://www.nhs.uk) Patient Opinion – [www.patientopinion.org.uk](http://www.patientopinion.org.uk)**

Both these websites allow 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. From last year, any feedback received by Patient Opinion, not only featured on that individual website, but was also included on the NHS Choices website. However, it is apparent that responses to the Patient Opinion website are not uploaded to the NHS Choices website in a timely manner, thus giving the impression that the Trust has not responded. In addition, the Trust has incurred problems, at times, in being alerted of new entries on the Patient Opinion website, as without the alert, the Trust is unable to post a response. Both these observations have been raised with Patient Opinion and appropriate action by the website has been undertaken.

Last year, the Trust received a total of five entries on these websites; of which three recommended the individual service they had commented on to other service users, one did not recommend the service and one did not wish to share an overall rating. All entries have been responded to and shared with relevant staff. Those that could not be fully addressed, mainly due to lack of detail, were invited to contact, in the first instance, the Patient Advice and Liaison Service.

The negative comments included issues such as lack of activities in an inpatient area and communication.

#### **1.8 Actions and Learning Undertaken to Improve Service Delivery**

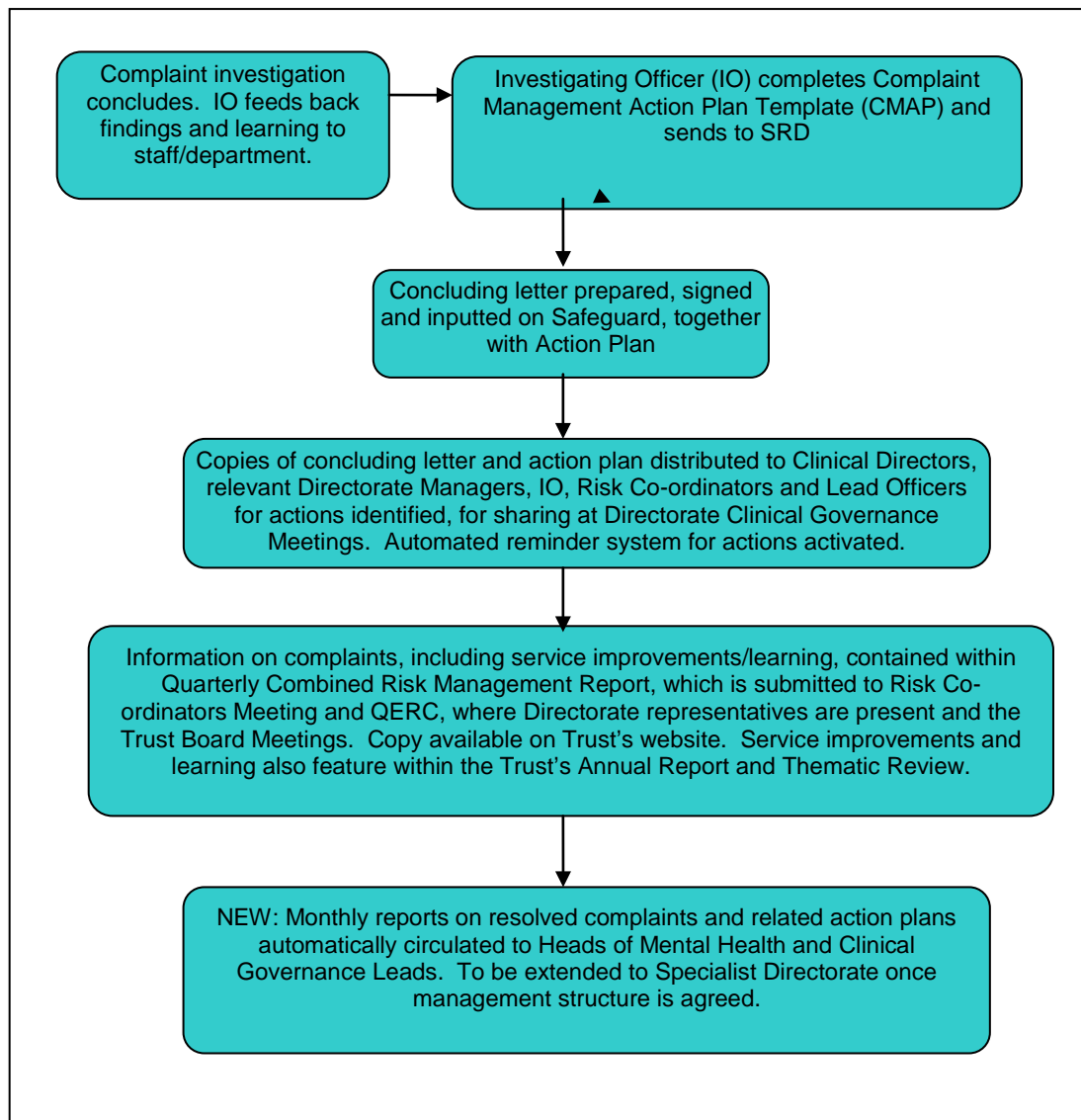
As a learning organisation, we are committed to seeking the views of service users and the public on what we do and recognise the importance of using this feedback to learn and develop/improve our services. The following are examples of some of the actions taken to improve the quality of service delivery,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

- Rugeley 4-2-11 Service has developed a clear pathway for referral into CAMHS, once the Service has completed its normal level of intervention.
- A protocol has been developed specifically for duty workers, which focuses on the co-operative and facilitative approach to call handling.
- Sleep therapy and relaxation sessions are now provided.
- The automatic timers for ward showers have now been increased from 2 to 4 minutes and will stop after a total time of 12 minutes.
- An open training session has been held for staff on the CBT Complex Case Referral Protocol.
- All medical staff have now received information from the Medical Director on ME and Chronic Fatigue Syndrome.
- When appointments are arranged to occur within one week, letters will now be sent using first class stamps rather than using the centralised franking system. Services users will also be telephoned.
- The letter inviting patients to their first eating disorder assessment appointment has been reviewed to include a sentence explaining that they will be expected to be weighed and measured at some point during the consultation.

The Service Relations Department continues to use the automated outstanding action reminder system, which is a feature on the current Safeguard Risk Management System. This does enable a more robust monitoring mechanism to ensure that actions highlighted, as part of the complaint investigation process are completed.

### **1.9 How does this organisation learn from complaints?**

The following is a pathway demonstrating how, as a Trust, we learn from complaints:



## 1.10 Reporting

The Service Relations Department and PALS contribute to the Combined Risk Management Quarterly Reports, which are presented to the Quality, Effectiveness and Risk Subcommittee of the Trust Board and to the Trust Board of Directors.

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. In addition, regular statistical information is prepared and submitted, on a quarterly basis, to the commissioning organisations.

The Service Relations Manager attends, on a quarterly basis, the Mental Health Directorate's Quality, Effectiveness and Risk Group which formally reviews any emerging trends and learning from all concluded complaints.

## 1.11 Quarterly Meetings with Non-Executive Director

In line with one of the recommendations of the Francis Report, the Service Relations Manager continues to meet, on a quarterly basis, with the Chair of the Quality, Effectiveness and Risk Committee to review complaints handling.

As part of this review process, the NED scrutinises a selection of completed cases, specifically concentrating on the process to ensure that it has been complainant centred, appropriate and that learning has taken or scheduled to take place. As from quarter ending 30 June 2012, an informal audit will be undertaken by the NED to formalise this process.

The quarterly meetings also consider the more complex cases and discuss the methodology of resolution. The opportunity is taken to brief the NED on the Complaints/PALS sections of the quarterly Combined Risk Management Report, along with any new national guidance/annual reports etc.

#### **1.12 Listening and Learning: The Ombudsman's Review of Complaint Handling by the NHS in England 2010/11**

This report was presented to the Quality, Effectiveness and Risk Committee in December 2011.

## **2 PATIENT ADVICE AND LIAISON SERVICE**

### **2.1 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 Plan states that the core functions of the Patient Advice and Liaison Service (PALS) are:

- 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.

### **2.2 Training**

PALS /Formal Complaints Awareness Training is delivered to all staff, including junior doctors as part of their induction in the Trust. A schedule of twelve training sessions is programmed to take place throughout the Trust and individual team training sessions are also delivered on request. During 2011/12, PALS concentrated on delivering more training sessions to teams, with the aim of making it more individual and specific to their area of work. The feedback to this approach has been positive.

### **2.3 Promotional Work**

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



## 2.4 Reporting

Apart from statistical information and trend analysis being included in the Combined Quarterly Risk Management Report, during the year, the Patient Advice and Liaison Service have introduced the sending of monthly reports, detailing PALS contacts received, to all Ward Managers and Locality/Area Managers. This has been undertaken using the automated reporting system, which is part of the Safeguard software. The feedback received has been positive and consideration will be given to the production of further automated reports during 2011/12.

## 2.5 Timeframe

In line with the new complaints reform, PALS aim to resolve the majority of issues raised within 24 hours. Those falling outside of this target are monitored using the action plan module on the Safeguard system. During 2011/12, PALS dealt with 1492 contacts, of which 1232 were resolved within 24 hours (82.57%).

## 2.6 Type of Enquiry

A year on year comparison of the type of enquiry received by the Trust is shown in the table below:

Type of Enquiry	2009/2010	2010/2011	2011/2012
Compliment	255	314	375
Concern	699	756	695
Information Request	101	175	104
Suggestion	51	53	112
Interpretation Request	24	69	206
TOTAL	1106	1298	1492

During 2011/12, the Patient Advice and Liaison Service (PALS) saw a 15% increase in the number of contacts received. It is considered that the rise in the number of contacts received is, in part, as a result of continued promotional work that has been undertaken by the PALS Team during the year, staff awareness training and efforts to ensure that all issues being raised by service users and carers are captured and recorded as PALS issues in a timely manner.

In addition, requests for interpreters have increased significantly by 192% compared to the previous year.

Any identified trends in concerns have been highlighted in the Quarterly Combined Risk Management Reports, including compliments received.

## 2.7 Number of Issues Raised by Main Category Type

The table below lists the number of issues raised under each category, during the period 1 April 2011-31 March 2012, with comparison to previous years:

Category Type	2008/09	% of Total	2009/10	% of Total	2010/11	% of Total	2011/12	% of Total
01 - Other PALS	36	3.579	39	3.526	0	0	0	0
01 – Admission, Discharge, Transfer	46	4.573	39	3.526	49	3.775	60	4
02 – Aids,	26	2.584	20	1.808	54	4.16	27	1.8

Category Type	2008/09	% of Total	2009/10	% of Total	2010/11	% of Total	2011/12	% of Total
Appliances, Equipment, Premises								
03 – Appointments	18	1.789	25	2.26	41	3.159	40	2.6
05 - Staffing Levels	10	0.994	18	1.627	31	2.388	25	1.7
06 - Attitude Of Staff	72	7.157	97	8.77	67	5.162	72	4.8
07 - Clinical Treatment	192	19.085	217	19.62	214	16.487	209	14
08 – Communication/ Information to Patients	69	6.859	85	7.685	228	17.565	340	16
09 - Consent To Treatment	3	0.298	3	0.271	2	0.154	2	0.13
11 - Patients Privacy and Dignity	34	3.38	36	3.255	44	3.39	45	3
12 - Patients Property and Expenses	12	1.193	24	2.17	15	1.156	26	1.8
13 – Environment	74	7.356	67	6.058	50	3.852	129	8.6
14 - Personal Records	11	1.093	11	0.995	18	1.387	14	0.9
15 - Failure To Follow Procedure	21	2.087	7	0.633	9	0.693	7	0.46
17 – Transport	10	0.994	8	0.723	5	0.385	6	0.40
19 - Hotel Services	88	8.748	69	6.239	95	7.319	99	6.60
20 - Mental Health Act	2	0.199	8	0.723	3	0.231	6	0.40
22 - Info Given - Voluntary Sector/Services	3	0.298	15	1.356	6	0.462	7	0.46
24 – Other	20	1.988	55	4.973	25	1.926	31	2.07
25 - PCT Commissioning	12	1.193	3	0.271	28	2.157	20	1.34
26 – Assault	5	0.497	4	0.362	0	0	3	0.20
Complaint Handling	0	0	1	0.09	0	0	0	0
21 - Staff Compliment	242	24.056	255	23.056	314	24.191	325	21.78
<b>Total</b>	<b>1006</b>		<b>1106</b>		<b>1298</b>		<b>1492</b>	

The number of issues raised under category “Other PALS” has dropped to zero, due to a change in how these issues are categorised.

Examples of increases in PALS contacts are as follows:

- **Communication/Information to Patients**

This principally has been as a result of the increase in the booking of Interpretation and Translation Services via the PALS Team. During 2011/12 the Trust has spent £37,797 on interpreting services. The Trust has been working with Healthtrust Europe, a procurement company, and from 1 September will be booking services in line with their negotiated framework.

Although the same agencies used will be same, the Trust will benefit from the reduced rates.

The following table details the languages requested, Team and the frequency:

Language	Team	Number of Requests	TOTAL
Urdu	CAMHS – Cross Street CMHT – Burton Margaret Stanhope Centre Margaret Stanhope Centre OP CMHT – North Wrekin	1 6 14 1 1	23
British Sign Language	CDC – Burton CDC – Stafford CMHT – Burton CMHT – Tamworth CMHT – Ludlow Dementia Team – West CDC – Cannock CMHT – Cannock CMHT – North Shrewsbury CSMT – Cannock	5 3 3 4 1 1 1 1 1 1 3	23
Polish	CDC – Burton CMHT – Lichfield CMHT – Tamworth CMHT OP – Shrewsbury Margaret Stanhope Centre Norbury House CAMHS – Tamworth CDC – Tamworth CMHT – Market Drayton Castle Lodge IAPT – Shropshire CMHT – Burton	8 1 1 1 1 22 5 1 13 2 1 3	63
Latvian	CAMHS – Cross Street CDC – Burton CMHT – Lichfield CAMHS – Lichfield	6 1 1 1	9
Arabic	CDC – Arabic CMHT – Burton Dementia Team – East Children's East LD Team Inclusion Matters	4 1 1 2 1	9
Kurdish	CDC – Burton CDC – Stafford CAMHS – Lichfield CMHT – Market Drayton	2 1 1 1	5
Farsi	CDC – Burton CMHT – Burton Norton House Mental Health Act Administration	1 2 1 1	5
Punjabi	CMHT – Burton CMHT – North Wrekin	1 2	3
Turkish	CMHT – Cannock	2	2

Language	Team	Number of Requests	TOTAL
Dutch	CMHT – Lichfield	1	1
Portuguese	CMHT – Shrewsbury	1	1
Cantonese	CMHT – North Shrewsbury George Bryan Centre Margaret Stanhope Centre OP Mental Health Act Administration	3 1 5 1	10
Hungarian	Elm Ward	1	1
Punjabi	Margaret Stanhope Centre George Bryan Centre	1 1	2
Nepalese	Brocton House	1	1
Czech	Newport House	33	33
Bengali	Norton House	14	14
French	Chestnut House	1	1
Italian	George Bryan Centre Margaret Stanhope Centre OP	1 1	2
Twi	HMP Dovegate	1	1

From the information provided above, the top five translation/interpreting requests are:

- Polish
- Urdu
- British Sign Language
- Czech
- Bengali

It is also clear that some of these are repeated requests for particular service users or carers. Services based in Burton do request many different types of languages, but this does reflect, in part, the local multicultural population.

In August 2011, the Translation and Interpreting Policy was ratified and together with the staff awareness training on PALS and Complaints, this publicity has contributed towards the increase in requests.

In order to provide a consistent service, during the year we reviewed the responsibilities of the PALS Officer, in order for him to undertake this increasing workload. This has enabled the PALS Officer to develop a robust administrative system and built good relationships with the agencies involved.

- **Environment**

This has been largely due to the service user groups that PALS either attend or receive copies of the minutes. A part of this increase was attributed to the removal of mirrors and wardrobe doors which were potential ligature points. Temperature on the wards was featured highly in these figures.

- **Hotel Services**

34 compliments were received regarding the standard of food in comparison to 33 concerns. These related mainly to lack of choice and quantity and covered all sites.

- **Admission, Discharge and Transfer**

The Trust received 37 concerns relating to service users admitted to beds outside their area of residence and 12 were in connection with the transfer of older people's services to MacUK. The PALS Team received 17 concerns, mainly from relatives, regarding discharge arrangements.

- **Attitude of Staff**

Although the PALS Team are cognizant that concerns of this nature are potentially serious, clinical presentation always has to be taken into consideration at the time and advice sought thereon. The PALS Team will always meet with the service user, at an appropriate time, to discuss their concerns and how they wish to take them further, including the option of a formal complaint.

During the year, Ellesmere House and Milford House received 10 and The Hatherton Centre also received the same number.

It was pleasing to note that there has been a decrease in issues relating to, for example, Clinical Treatment, Aids, Appliances, Equipment and Premises, PCT Commissioning, Staffing Levels and Personal Records.

## 2.8 Comparison of Sub-Categories from 2008/09 to 2011/12

Sub-Category	2008/09	2009/10	2010/11	2011/12
01 Accommodation Issues	9	2	0	0
01 Admission	4	1	4	2
01 Bed Management	4	9	6	8
01 Discharge	8	4	10	13
01 Transfer	12	13	14	16
02 Aids And Appliances	2	2	3	16
02 Car Parking	3	0	0	0
02 Equipment	3	3	0	0
03 Cancellations	3	2	4	4
03 Delays	4	9	13	8
05 Administration	0	1	0	0
05 Nursing Staff	3	1	0	0
05 Psychologists	1	1	0	0
03 Staff Failed To Arrive	0	0	2	0
05 Staffing Levels	0	1	3	13
06 Observation	0	3	3	1
06 Physically Aggressive	2	7	1	2
06 Rude	7	11	9	6
06 Unhappy With Care	19	21	16	24
06 Unhelpful	8	14	6	3
06 Verbally Threatening	0	0	1	0
07 Activities	0	0	3	14
07 Care Plan	1	10	10	13
07 Carers Rights	1	0	3	2
07 Consultants	16	6	13	20
07 CPN	1	6	14	12
07 Diagnosis Problems	11	9	7	3
07 Extra Support Needed	17	31	28	32

Sub-Category	2008/09	2009/10	2010/11	2011/12
07 Lack of Supervision	2	1	0	0
07 Medication	16	30	19	20
07 Unhappy With Service	12	19	19	20
08 Availability of Leaflets	1	0	0	1
08 Availability Of Support Groups	0	2	3	5
08 Freedom of Information	0	1	0	0
08 Interpretation/Translation	0	0	3	79
08 Oral Communication	7	9	6	18
08 Patients Rights	10	31	8	5
08 Social Care	0	0	1	5
08 Written	1	3	4	4
09 Procedure not Followed	0	1	0	0
09 Rights Not Explained	1	2	0	1
10 Unhappy with Outcome	0	1	0	0
11 Availability of Same Sex Nurse	0	1	0	0
11 Dignity	4	7	3	0
11 Patients Choice	0	0	3	2
11 Privacy/Security	2	5	9	10
11 Restoring Procedures	3	1	0	0
11 Relationships With Other Patients	2	8	3	6
11 Ward Incident	2	0	0	0
12 Damage To Property	1	1	1	0
12 Missing Property	3	7	4	6
12 Patients Finance	1	2	2	2
12 Property	0	2	0	0
13 Health & Safety	1	13	2	5
13 Comfortable Furniture	0	1	0	0
13 Cleanliness	0	0	1	2
13 Air Quality/Temperature	3	0	0	0
13 Décor	1	1	0	0
13 Noise	5	3	0	0
13 Smoking Issues	9	2	0	0
13 Premises General	0	0	5	21
14 Personal Records - Health	3	5	3	7
15 Leave	1	1	0	0
15 Policy & Procedure	7	4	0	0
15 Risk Assessment	0	1	0	0
15 CPA	0	0	1	0
15 Failure To Follow Procedure	0	0	2	2
17 Transport General	0	0	3	3
17 Availability	1	3	0	0
17 Reimbursement	3	0	0	0
18 Availability of Literature	1	1	0	0
18 Support from Staff	0	2	0	0
19 Food	0	11	3	4
20 Terms and Conditions of Leave	0	2	0	0
20 Leave Cancelled	2	0	0	0
20 Mental Health Act	0	0	2	4
22 Voluntary Services	0	0	1	0
23 Communication between Directorates	2	1	0	0
23 Other PALS	1	1	0	5
24 Information	0	6	0	0
24 Other	3	5	3	5

Sub-Category	2008/09	2009/10	2010/11	2011/12
25 PCT Commissioning Including Waiting	8	0	14	11
26 Patient to Patient	1	4	0	3

## 2.9 Number of PALS Issues raised by Directorate

Table below highlights the number of issues raised, by individual directorates, during 2011/2012:

Directorate	Compliment	Concern	Information Request	Suggestion	Interpretation Request	Total
Chief Operating Officer	2	20	58	3	2	85
Children's	19	29	1	0	43	92
Facilities & Estates	38	85	3	43	0	169
Forensic	1	49	2	5	47	104
Developmental Neurosciences and Learning Disabilities	22	77	1	0	0	100
Human Resources & Organisational Development	0	0	1	0	0	1
Mental Health: Shropshire	101	91	10	8	31	241
Mental Health: Staffordshire	151	322	26	49	78	626
Specialist Services	41	20	2	4	5	72
TOTAL	375	695	104	112	206	1492

It is noted that, as in previous years, Mental Health (Staffordshire Division) has received the majority of concerns.

## 2.10 Examples of changes that have been made to services following PALS intervention

- At the request of service users, additional garden benches were purchased.
- Service users were finding mirrors installed on one of the wards difficult to use and these have now been repositioned by the Facilities and Estates Department.
- At a ward community meeting, service users suggested that more ashtrays should be made available to lessen the number of cigarette butts being dropped within the hospital grounds. These have been provided.
- As a result of concerns raised, the availability of the gymnasium was increased.
- New location signs have been installed within the St Chad's Out-Patient Department.
- The introduction of a temporary mobile telephone number for service users to contact the Community Substance Misuse Team directly at the Hockley

Centre, in view of the unavailability, at that particular time, of a direct telephone line.

## **2.11 Compliments**

The PALS service has also received 375 compliments on behalf of the organisation, which was a 20% increase from the previous year. Although the importance of inputting compliments on to the Safeguard database is emphasised at all training sessions and an annual request is made in the Trust's POD for copies to be sent to the PALS Department, there is a strong feeling that not all are forwarded to PALS.

Compliments received, include:

- Service user wanted to express how happy she has been with the help provided by the Mental Health Service since late 2007. She explained that staff had expressed understanding and kindness. In particular, she wanted to express her thanks to her Consultant, her Community Mental Health Nurse and the therapy groups that she has attended.
- "Thank you to the staff at the Early Intervention Team in Tamworth. When I was admitted I did not want to live, but because of the support and care I received, I have not looked back and thank you for giving me my life back."
- Service user wrote saying that staff on the ward take on a challenging role to maintain excellent standards of care, despite limited funding and staff levels. I (the service user) would recommend this facility to anyone suffering with an acute mental health issue.
- Card received from a service user's family thanking all the staff on Chestnut Ward for "bringing our Dad back".
- Card received from service user, thanking staff at Chebsey House for making him feel welcome and helping him to recover. In his own words, "It's nice to have my smile back".
- Carer wrote to the Child and Adolescent Mental Health Service, stating "you gave back our son and saved his life and helped us understand his traits and social difficulties. Never can enough gratitude be shown for the support and advice given. Thank you so much."
- Service user complimented the nursing team for their sensitivity and care given since the recent bereavement news.
- "Requests for information about medication were dealt with promptly and care taken in explaining what the medication was used for or why it needed to be changed."
- Compliment received from the mother of a child who was using the Rugeley 4-2-11 Service. She commented that, "the staff member involved with his care had been wonderful."



### 3 SERVICE RELATIONS DEPARTMENT AND PATIENT ADVICE AND LIAISON SERVICE ACTION PLAN 2012/13

Objective	Action Details	Outcome	Timeframe	Lead Officer
To continue to promote PALS and Service Relations to staff, service users and carers.	As a minimum, deliver twelve training sessions across Staffordshire and Shropshire throughout the year		31.03.13	Barbara Jenkins PALS Facilitator
Promote good practice in complaint investigation	Programme of training sessions for complaint investigating officers to be provided, which will include a briefing on the expectations required to conduct a robust investigation in line with regulation.		Ongoing	Paula Johnson Service Relations Manager/Sunita Roberts, Service Relations Officer
Further develop the schedule of standard reports produced for Directorates	Review the reports and circulation lists in Extractor Scheduler within the Safeguard System. Provide enhanced information in table format on resolved complaints and actions to be distributed automatically monthly to directorate representatives		30.09.12	Kerryn Greatrix PALS Facilitator
To give consideration to the establishment of PALS surgeries on all inpatient wards, within the current staffing establishment	Proposal to be developed		30.09.12	Kerryn Greatrix PALS Facilitator
To ensure that the formal complaints function is compliant with NHSLA Level II standards	Review systems to ensure that they reflect good practice.		31.12.12	Paula Johnson, Service Relations Manager/Sunita Roberts, Service Relations Officer
To ensure that the PALS function is fully compliant with NHSLA Level II standards	Review systems to ensure that they reflect good practice.		31.12.12	Paula Johnson, Service Relations Manager/Verity Hollis, PALS Facilitator

Objective	Action Details	Outcome	Timeframe	Lead Officer
Explore the apparent low level of complaints and concerns from Shropshire	<p>Volunteer PALS Liaison Officers in post and PALS surgeries commenced.</p> <p>NB: Capacity and resource issues may need to be reviewed if numbers increase.</p>		31.03.12	Paula Johnson Service Relations Manager

#### 4 Monitoring Compliance – Complaints Procedure

In line with the Complaints Procedure, it is a requirement that the procedure will be monitored on an annual basis, as follows:

Aspect of compliance or effectiveness being monitored	Monitoring Method	Outcome
Duties (Complaints and Investigations)	Review	Duties are monitored through appraisal process.
Process for listening and responding to complaints of patients, their relatives and carers	Review	This is monitored on the Safeguard Database and within the Quarterly Combined Risk Management Report
Process for the handling of joint complaints between organisations	Review	This is monitored on the Safeguard Database. The multiagency complaint procedure was reviewed by Shropshire and Staffordshire health and social care organisations in April 2012. Awaiting final copy.
Process for ensuring that patients, their relatives and carers are not treated differently as a result of raising a complaint	Review	Competency of Investigating Officers monitored through appraisal process. Repeat complaints are also monitored through Safeguard.
Process by which the organisation aims to improve as a result of complaints being raised	Review	All actions highlighted as a result of a complaint are shared with teams, directorates, are included in quarterly reports and monitored on Safeguard.
Process for supporting staff and provision of witness advice	Audit	To be undertaken by the Risk Management Department
Organisation's expectations in relation to training as specified in the TNA (Investigations)	Monitoring Reports	To be undertaken by the Learning and Development Department
Process for involving and communicating with internal and external stakeholders to share safety lessons	Review	Copies of concluding letters to complainants that are multiagency are shared, with the individual agencies, which include proposed actions. In addition, Trust has a standard distribution list for internal complaints to ensure that lessons are shared. Quarterly Combined Risk Management Reports shared with Commissioners.
Process for following up relevant action plans	Review	Service Relations continues to use the Safeguard Customer

Aspect of compliance or effectiveness being monitored	Monitoring Method	Outcome
		Services Module, which includes automated progress chasing of outstanding actions. Standard report on outstanding actions recently developed for circulation to directorate governance leads.

## 5 Monitoring Compliance

In line with the Patient Advice and Liaison Service Policy, it is a requirement that the procedure will be monitored on an annual basis, as follows:

Aspect of compliance or effectiveness being monitored	Monitoring Method	Outcome
Duties	Review	Duties are monitored through appraisal process.
Process for listening and responding to concerns of patients, their relatives and carers	Review	Duties are monitored through appraisal process.