

Appendix C

Patient Advice and Liaison Service (PALS) and Complaints Annual Report 15/16

This report details activity relating to the Royal Brompton and Harefield NHS Foundation Trust for the period 1st April 2015 to 31st March 2016 and fulfils the requirement of Local Authority, Social Services and NHS Complaints Regulations 2009 Reg. 19 which requires an annual report to the Board on complaints and expressions of dissatisfaction.

PALS is staffed by a PALS Manager as well as 2 officers each on Harefield and Brompton sites, who deal with formal complaints, PALS enquiries, bereavement and voluntary services.

The Royal Brompton & Harefield NHS Foundation Trust endeavours continually to improve 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 poor experience. Complaints form part of this and they 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.

PALS aims to resolve concerns from patients, relatives and carers within one working day of receipt. 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.

Table 1 Formal Complaints Comparison Table

Year	2014/15				2015/16			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of complaints	21	18	29	31	26	25	20	20
Total	99				91			

Table 1 show there was a decrease in the number of Formal written complaints received last year, this figure includes complaints from Private Patients. Of the 91 complaints received last year 38 were classified as complex complaints, 27 as intermediate complaints and 26 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 2015/16, 3 complainants approached the Parliamentary Health Service Ombudsman (PHSO) and we are awaiting their decisions. The Trust received decisions on 3 complaints from the previous year, two were partly upheld and one was not upheld. Of the complaints partly upheld the Trust was asked to make payments to acknowledge the distress caused. The Trust was also asked to apologise for failings and to provide action plans to address the problems experienced in the removal of tunnelled lines and also to carry out a consent audit to ensure that translation services were used appropriately.

Performance

We responded by letter to 78% of all complaints within the Trust's target time of 25 working days. Reasons for delays included:

- 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.

NHS regulations no longer stipulate a specific time scale for response but the Trust has set an internal metric is 25 working days. Complainants were informed when delays occurred. Where a complaint is complex and unlikely to be responded to within 25 days the expected date of response can be individually negotiated with the complainant. This data is now stored in Datix, the complaints reporting system, and will be available for reporting purposes in Q1 2016/2017.

PALS resolved 68% of enquiries within 24 hours of receipt. Reasons for delays included:

- Delays due to shift patterns, annual leave and/or other reasons.
- Longer investigation times due to complex concerns.
- Cases awaiting the outcome of a meeting with patient/relative.
- Managers unable to make contact with patient to discuss concerns.

Enquirers were informed when delays occurred and contact was maintained throughout.

Complaints by Hospital

Table 2 identifies formal complaints and PALS enquiries by division, category, and by hospital site.



A lifetime of specialist care

Royal Brompton Hospital

Table 2 RBH Comparison of Formal Complaints & PALS Concerns by Division

RBH	Division	Formal Complaint	PALS Concerns
	Allied Clinical Services	1	74
	Children Services	3	69
	Corporate Services	5	233
	Critical Care	0	13
	Heart	21	337
	Lung	21	313
	Total	51	1039

Comment [CE1]: Where have we lost 1

Table 3 RBH Formal Complaints and PALS Concerns Top 5 Subjects

RBH	Subject	Formal Complaints	PALS Concerns
	Admissions, Discharge and transfers	4	53
	Appointments, Delays and cancellations	6	155
	Clinical	25	63
	Communication/Information	5	415
	Transport	6	50

Harefield Hospital

Table 4 HH Comparison of Formal Complaints & PALS concerns by Division

HH	Division	Formal Complaint	PALS Concerns
	Allied Clinical Services	0	13
	Children Services	0	1
	Corporate Services	2	92
	Critical Care	2	14
	Heart	27	211
	Lung	9	46
	Total	40	377

Table 5 HH Formal Complaints and PALS Concerns Top 5 Subjects

HH	Subject	Formal Complaints	PALS Concerns
	Admissions, Discharge and transfers	6	34
	Appointments, Delays and cancellations	8	46
	Hotel Services	3	11
	Clinical	17	19
	Communication/Information	6	117

Types of Complaints

Clinical Complaints
<ul style="list-style-type: none"> • Information about treatment given to patients • Care following a specific procedure • Care plan about management of complications following surgery • DNACPR decisions
Communication/Information
<ul style="list-style-type: none"> • Lack of information following MDT discussions • Delays in Clinic Letter's being typed and sent to GP/Patient • Signed ATP form not witnessed properly. • Results of tests/investigations not followed up and results not given to patients in appropriate time frame • Discharge summary detail incorrect • Breach in confidentiality because clinic letters going to an old address • Doctors and nurses speaking poor English
Waiting times/delays
<ul style="list-style-type: none"> • Length of waiting list for cardiac surgery • Delays in outpatients and a lack of care continuity • Waiting times for treatment as day case on Lind ward • Delays in diagnosis and treatment.
Staff attitude
<ul style="list-style-type: none"> • Nurse was rude disrespectful and lacked compassion • Secretary was rude and unhelpful • Consultant made unprofessional and hurtful comments
Hotel Services
<ul style="list-style-type: none"> • Patient says he was given food poisoning from a reheated Panini • Lack of catering facilities available to visitors on public holidays • Private patient not supplied with toiletry bag and newspaper on admission
Admission
<ul style="list-style-type: none"> • Delay in admission – Transfer in from another hospital
Discharge
<ul style="list-style-type: none"> • Not seen by consultant prior to discharge • Discharge summary not available to take home • Patient died 2 days after discharge • Patient required admission to local hospital a few hours after discharge
Transport
<ul style="list-style-type: none"> • Driver driving too fast. • Transport not arriving. • Transport home delayed. • Questions over eligibility for hospital transport.
Finance
<ul style="list-style-type: none"> • Requests for refund of private patient fees • Request for compensation for poor care

Transfers

- Reasons for transferring patients to other hospitals questioned
- Patient's death following transfer to local hospitals

Formal Complaints Summary & Learning Outcomes

Many complaints provided opportunities to learn from the investigation and implement actions to improve services. Among these were:

Summary	Service Changes
<ul style="list-style-type: none"> • Patient experienced complications with his ICD device which kept alarming. The ICD lead was switched off but not the alarm that it triggered. 	<ul style="list-style-type: none"> • Set of competencies developed regarding the reprogramming of ICD devices.
<ul style="list-style-type: none"> • Pacing wires were cut to skin before discharge. Patient developed a long standing wound infection which took over a year for the cause of it (pacing wire) to be removed. 	<ul style="list-style-type: none"> • Clear documentation in discharge summary when pacing wire left in situ for clinical reasons. Patient information card giving advice regarding post-operative complications
<ul style="list-style-type: none"> • Patient concerned about deterioration in condition whilst on waiting list for cardiac surgery. 	<ul style="list-style-type: none"> • All patients waiting over 18 weeks now complete a questionnaire which will be reviewed by clinicians and patients brought for clinic review if necessary.
<ul style="list-style-type: none"> • Discharge summaries being delayed or incorrect. 	<ul style="list-style-type: none"> • Cardiology registrar now designated to oversee the production of discharge summaries in this team.
<ul style="list-style-type: none"> • Patient had a missed diagnosis as bowel specimen report was not red flagged to RBHT Consultant. This led to a delay in patient being referred for the correct treatment. 	<ul style="list-style-type: none"> • Significant review of process undertaken, leading to a more formalised flagging process from the pathology team.
<ul style="list-style-type: none"> • Patient developed hearing loss following sustained antibiotics which were needed due to patient's lack of compliance with treatment. 	<ul style="list-style-type: none"> • Auditory monitoring guidance developed.
<ul style="list-style-type: none"> • Relatives complained that there were inadequate facilities available for visitors on public holidays. 	<ul style="list-style-type: none"> • Catering team have made alternative arrangements for public holidays so that services are always accessible during the day.



<ul style="list-style-type: none"> • Delay in clinic letters being typed and sent to patient and their GP. 	<ul style="list-style-type: none"> • Actively recruitment of more administration staff. • Undertaking a trial in out sourcing typing of letters to Philippines.
<ul style="list-style-type: none"> • Delay in treatment as new doctor was unfamiliar with cyclophosphamide protocol. 	<ul style="list-style-type: none"> • Junior doctors working in ILD now have specific ILD induction when they first arrive. This includes protocols, drug information leaflet, Clinical Nurse Specialist involvement and when to involve Consultants in decision making.
<ul style="list-style-type: none"> • Delays in completing transplant assessment process including obtaining an opinion from bone specialist at another hospital. 	<ul style="list-style-type: none"> • Secretariats included in MDT meetings to ensure requests for information are followed up. • Changes made to transplant assessment protocol • Planning permission being sought to increase number of hospital beds to relieve pressure on inpatient services.

Summary of issues raised via PALS

In each quarter the most complained about subjects were communication and information. The most common concerns were related to:

- Difficulty in contacting various departments. For example when trying to arrange or alter a clinic appointment.
- Lack of communication and information for patients and relatives regarding treatment plans.
- Lack of feedback following an MDT.
- Lack of support and information following diagnosis.
- Lack of information following the cancellation of an operation.

In the course of the year other concerns have included:

- Lack of follow up following a clinic appointment.
- Staff attitude.
- Difficulty in affording hospital accommodation costs.
- Concerns regarding discharge arrangements.
- Delays in clinic.
- Delays in waiting for transport.

The most common requests for information have been about:

- Eligibility for hospital transport.
- Types of treatments offered at the Trust under the NHS and in a private capacity.



- Enquiries from overseas patients.
- Access to medical records.
- Claiming travel expenses.
- Hospital accommodation facilities.
- Contact details for various members of staff.

Bed Days

The table below identifies the proportion of complaints per 1000 bed days – 2015/2016

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Brompton Heart												
Total Inpatient Complaints	2	1	1	2	4	3	0	3	0	2	2	1
Bed days	3297	3508	3657	3694	3253	3389	3525	3634	3355	3648	3615	3389
Brompton Heart complaints per 1000 beddays	0.61	0.29	0.27	0.54	1.23	0.89	0.00	0.83	0.00	0.55	0.55	0.30
Harefield Heart												
Total Inpatient Complaints	3	3	2	1	2	0	2	3	1	2	4	4
Bed days	3724	4047	3988	4027	3811	4040	4171	4027	3980	4197	3901	4114
Harefield Heart Complaints per 1000 beddays	0.81	0.74	0.50	0.25	0.52	0.00	0.48	0.74	0.25	0.48	1.03	0.97
Lung												
Total Inpatient Complaints	3	3	5	4	4	1	2	1	3	1	3	0
Bed days	4685	4589	4994	4775	4398	4616	5067	4804	4565	4768	4841	4632
Lung Complaints per 1000 beddays	0.64	0.65	1.0	0.8	0.91	0.22	0.39	0.21	0.66	0.21	0.62	0.00

Conclusion

In conclusion, the Trust has continued to respond to expressions of dissatisfaction, whether by formal complaints received or through PALS, and made improvements to services by using the information they have received.

Eve Cartwright PALS Manager
 Sharon Gurney Complaints Lead/PALS Officer
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