

COUNCIL OF GOVERNORS' MEETING

11 AUGUST 2016

Paper Title:	Information on the changes to PALS and Complaints Services
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Agenda Item:	8A
Presented For:	Information

PURPOSE OF THIS PAPER:

- To provide the Trust Governors with information about the changes in roles within the Complaints department and the Patient Advice and Liaison Service (PALS).
- To provide assurance of the positive impact these changes have for the Trust's services and for the people who use the Patient Advice and Complaints Service.

EXECUTIVE SUMMARY:

This paper describes the changes to the Complaints Team and PALS over the last 2 years, the reason for the change and the benefits for people using the service.

RECOMMENDATIONS:

- That the Council of Governors note the changes in roles within the Complaints department and the Patient Advice and Liaison Service.

CHANGES TO PROCESSES IN THE TEAMS

A small team was gathered and included representations from a number of different staff groups, including nursing staff, a Consultant Psychiatrist, a Senior Manager, Complaints and PALS, a service user affiliated to BAMHAG, a carer, and a representative from staff-side. The intention was to pull together a diverse group, some of whom would have direct experience of administering the complaints system, some of whom would have made complaints and some who had been subject to them.

The aim of the team was to both use *Appreciative Inquiry* (AI) methods to frame our consideration of enhancing and organising the complaints system and to think about how appreciative ideas might become a more explicit part of the complaints process itself.

There were a number of areas for review. The key points relating to this paper were:

- Consistency across different parts of the Trust for handling concerns and complaints. The two teams were recording information on separate databases which was problematic for collating information for reports for managers and service areas to identify themes and trends.
- There were inconsistencies across the Trust's managers with the level of involvement in resolving concerns, including time to resolve complaints, concerns about importance of complaints and lack of response from managers to PALS concerns. There was a collective acknowledgement of the value and effectiveness of timely validation of complainants and their issues, and that many complaints/concerns could be resolved by a timely apology or prompt communication of interest and commitment in seeking resolution.

CHANGES IMPLEMENTED AS A RESULT OF THE OUTCOME OF THE APPRECIATIVE INQUIRY

As a result of the AI process it was agreed that people generally wanted to be listened to by managers and a swift resolution to their concerns. Those who wanted to raise concerns were not concerned about who managed the process; rather that it was dealt with appropriately.

It was decided that each concern or complaint would be allocated a case handler who would be first point and ongoing contact for the complainant, whether it is a concern or escalated as a formal complaint. It was agreed that this role would be located in the Complaints and PALS teams but to ensure there was a consistent and streamlined process the two departments would be merged.

There was a commitment to building in inclusive elements of mediation throughout the process, including reparative meetings and an appreciation for the value of hearing people's stories from different perspectives. Reparative meetings are offered as part of a formal complaint investigation or resolution of a concern and are usually facilitated by the case handler.

Once it had been agreed to merge the two teams a number of workshops were held to facilitate this. The workshops, which were inclusive of all staff, included:

- A review of roles/duties undertaken at that time. This included prioritising duties and considering tasks were not part of the roles of the teams. As part of this process it was found that a number of tasks undertaken were not relevant to the role e.g. dealing with enquiries about other organisations rather than signposting to the correct service, duplication of Patient Experience team work and attendance at meetings which were not relevant to the service.
- Members of both teams participated in a barrier analysis to identify common difficulties. As a result of this, new ways of working were agreed.
- The new ways of working was piloted by the team. At the end of the process this was reviewed and a new operational procedure was agreed

The aim of the process over the last two years has been to improve the service and accessibility to it across all areas.

CONSULTATIONS (BRANDS AND MERGER OF TEAMS)

In 2015 a consultation was held into a change in name of the service. Some of the feedback was that people were concerned about losing the PALS brand, however overwhelmingly the feedback was that service users and carers were less interested in how it was labelled and more interested in the efficacy of the service. The teams were fully merged and re-branded Patient Advice and Complaints.

In January 2016, a consultation document was launched which set out a proposed structure to respond to the changing requirements since the review of Complaints department and Patient Advice and Complaints Services (PALS). The proposal considered the merger of PALS and the Complaints Department and the changes to the way the combined function works. The consultation was shared with Deputy Directors and the Trust Wide Involvement Group (TWIG) to ensure that Trust staff and people who may use the service had an opportunity to feedback.

CONSULTATION FEEDBACK/CHANGES TO SERVICE DELIVERY

Some of the feedback received about the consultation was around issues that may have impacted on quality, these were specifically around the case handlers not having time to attend ward meetings, deliver training and undertake case management of cases.

Ward Meetings: An analysis of the cases raised during ward meetings highlighted that the majority of issues raised with the team were low risk and not complex e.g. housekeeping issues, environmental, feedback.

It was also noted that there was some inequality around concerns dealt with at Lynfield Mount Hospital site. Staff became reliant on calling PALS to attend to situations which were outside of their remit. This also highlighted that the majority of people who used PALS did not have the same level of access across the sites BDCFT provide services from.

It is acknowledged that attending wards is a crucial aspect of the Patient Advice and Complaints function and this has continued, with this function being undertaken by the Patient Advice and Complaints Administrator.

Capacity to Deliver Training: Training about concerns and complaints and the importance of local resolution has been delivered and continues to be delivered to teams to enable them to resolve complaints locally and feel empowered to do this. Previously there was a culture of just referring patients, service users and carers to PALS. The training continues to be rolled out to teams across the organisation and the database demonstrates improved reporting and recording of cases across wider services.

Time to undertake case management duties: Administration duties were highlighted as a concern, and staff felt they would not have enough time to perform case management duties such as reparative meetings and deal with complex cases to a high standard, due to administration pressures.

An introduction of a Patient Advice and Complaints Administrator, and an additional Administration Apprentice will alleviate some of the duties of the case handlers to enable them to focus on more complex concerns.

OUTCOMES AS A RESULT OF THE ABOVE CHANGES

Whilst we recognise that both teams had many qualities which were appreciated by others, the Patient Advice and Complaints team has taken the best of both teams and improved upon this and now has a service which can respond more effectively.

Examples of the positive changes and improvements that have been made are as follows:

- There is increased consistency and equality, across all sites rather than the team being based at one site and giving priority to these service users.

Analysis of cases received from 2012-13 until 2015-16 demonstrate that there is now a greater variation of service users and patients using different BDCFT services accessing the Patient Advice and Complaints service to resolve concerns and complaints. Whilst the in-patient wards at Lynfield Mount still feature highly in the departments where concerns are reported, there is an increase in cases recorded for community health services such as District Nursing and podiatry being reported and the Community Mental Health teams.

- More focussed time spent on dealing with concerns and complaints about BDCFT services and therefore ensuring improvement and learning across our services.

Historically there was a large number of concerns dealt with which were about services provided by other organisations. Whilst the team do not actively pursue these complaints and concerns they do ensure the enquirer is sign posted, or supported to access the appropriate organisation to deal with and respond to.

- Training has been delivered to teams and this has empowered front line staff (not just managers) to deal with concerns locally.
- There have been an increased number of mediation meetings between service users and clinicians, which allows concerns to be dealt with quickly and also gives the staff members the opportunity to hear patient experiences and concerns in person.
- There has been increased involvement from service users and carers in making changes to and improving services from issues which are highlighted in complaints and concerns.

The feedback the Patient Advice and Complaints team has received from service users, carers and staff has been positive. People have valued the role of the case handler and the way the Trust handles complaints. Some of the feedback includes:

“it was really helpful for you to meet me. Because of this, I felt you had taken my concerns seriously” comment from service user

“BDCFT complaints process is very positive in the way it includes the complainant and offers meetings throughout the process” – comment from advocate

The family said at the meeting that they were very pleased with my handling of the case and the level of communication received – feedback from family involved in formal complaint.

A service user expressed her thanks for the case handler arranging and facilitating the meeting with a Service Manager

Although not happy with the outcome, the complainant sent the Case Handler a lovely letter after the meeting, stating that she had been made to feel at ease and that the Case Handler listened to her and she felt genuine care towards her.

“I always find the Patient Advice and Complaints department handle issues in a constructive, sensitive manner” questionnaire feedback from staff member