NHS
North East Essex
Clinical Commissioning Group

MINUTES

Colchester Local Health Forum

Primary Care Centre, Turner Road, Colchester, Essex, CO4 5JR
Monday 7th December 2015
2.00 pm to 4.00 pm

Present:

Ray Hardisty (RH)	Chair	Health Forum Committee Chair & Colchester Representative
Christine Deighton	CD	Complaints Officer, Anglian Community Enterprise (ACE)
Tammy Diles	TD	Head of Patient Experience, Colchester Hospital University Foundation Trust (CHUFT)
Hayley Heffernan	HH	Patient Advice & Liaison Service (PALS) Officer, Anglian Community Enterprise (ACE)
Paul Kitson	PK	Complaints Manager, North East Essex Clinical Commissioning Group (NEE CCG)
Paula Martin	PM	Patient Engagement Officer, North East Essex Clinical Commissioning Group (NEE CCG) (Minutes)
Lisa Jane Morris	LJM	Patient Advice & Liaison (PALS) Officer, North East Essex, Clinical Commissioning Group (NEE CCG)

In Attendance:

M Appleton	MA	Member of Public
Betty Constable	BC	Health Forum Member & Colchester Pensioners' Action Group
Anne Coupe-Harris	ACH	Alzheimer's Society & Health Forum Member
Marguerite Crunden	MC	Health Forum Member & Castle Gardens Patient Participation Group (PPG)
Joy Dennis	JD	Health Forum Member
John Dennis	JnD	Health Forum Member
Joan Emerson	JE	Colchester Pensioners Action Group, Health Forum Member, Colchester Rep.
Vi Haddow	VH	Health Forum Member
Hazel Law	HL	Health Forum Member
Don Manhire	DM	Health Forum Committee Vice- Chair & Colchester Representative
Liz Norton	LN	Health Forum Committee (Carer's Representative)
Robin Rennie	RR	Health Forum Committee Member (Care Closer to Home Representative) & CHUFT Governor
Ann Robertson	AR	Patient Representative
Gill Salt	GS	Parkinsons UK

Apologies:

Maura Broad	MB	Health Forum Committee (Colchester Representative, Transformation & Delivery Committee Representative & Finance & Performance Committee Deputy Representative)
Robert Harrington	RH	Health Forum Member
Su Rhys Jones	SRJ	Health Forum Committee (Quality Committee Representative)
Jo Roosenbeek	JF	Health Forum Committee (Children & Maternity Services Representative)

Item		Action
52.0	**Welcome, Introductions, Minutes of October Local Health Forum & Matters Arising:** The Chair welcomed everyone to the meeting. The Minutes of the October 2015 Local Health Forum were approved and there were no matters arising.	
53.0	**Presentation on Patient & Advice Liaison Services (PALS) for North East Essex Clinical Commissioning Group, Colchester Hospital & Anglian Community Enterprise (ACE):** The Chair introduced Paul Kitson, Tammy Diles and Christine Deighton (details above in list	

of those present) who would be speaking about the various PALS teams.

PK commenced by explaining that he was here today to talk about the PALS & Complaints service and had been asked to do this following feedback received by the HFC indicating that people were unclear as to what the service actually was. He went on to say that he had worked at the NEE CCG for approximately 6 months. Prior to that he had worked at Colchester hospital for 5 years following time working in various customer service roles. PK felt that PALS was, in fact, a customer service role but substituting the word "patient" for "customer".

PK explained that the aim of the presentation was to help those present to understand the role that PALS played within the various parts of the NHS. He went on to say that PALS and complaints were two separate processes and he would talk mainly about PALS and hoped that, through the presentation. it would be obvious that it was a very important service for both the patient and organisation, which he felt passionately about.

PALS was first mooted around 2000 by the Government of the time and was rolled out as a trial project in 2001, going nationwide in 2002, as the pilot scheme had worked so well and proved to be very popular. The formation of PALS had been in response to a lack of understanding and knowledge of where to go to obtain help and advice in relation to issues relating to an individual's care and experience of the NHS. The setting up of PALS teams also gave people an opportunity to discuss concerns away from a clinical environment.

PALS teams are in place in nearly all NHS organisations; all hospital trusts have them, CCGs, community interest organisations (such as ACE), the ambulance service. However, the way each organisation operates their PALS may differ slightly.

When PALS was originally set up, a list of functions that it should fulfil was compiled. These are still in effect today and are as follows:-

Be identifiable and accessible to patients, their carers, friends and families – PK felt that 5 years ago PALS at Colchester hospital was not fulfilling this brief, but most certainly was now. There had originally not been a PALS office and people had to ring between 2 & 4 pm to speak with someone. PK reported that he had changed this arrangement during his time there and there was now a PALS office and staff were accessible at all times during the working day.

Provide on the spot help with the power to negotiate immediate solutions or speedy resolution of problems – this aims to give a quick and clear answer to issues raised and to try and avoid the long drawn out process of making an official complaint. This process can become very convoluted and often a more immediate decision is appropriate and necessary.

Act as a gateway to appropriate independent advice and advocacy support from local and national sources – PK reported that the PALS team had a vast array of information and contact numbers for other organisations that could assist patients when the issue was not one that was appropriate for PALS and complaints. He stated that it was essential that the team was able to pass an individual on to the correct organisation, or person, if they could not help.

Provide accurate information to patients, carers and families, about our services, and other health related issues – PK explained that this was a very difficult side to the role. The team endeavoured to be up to date, at all times, about service availability and everything health related that was happening locally. However, often other organisations did not inform them about changes and things happening, therefore the team had to actively seek out this information.

Act as a catalyst for change and improvement by providing information and feedback on problems arising and gaps in services – PK felt that this epitomises what PALS was about. He stated that there was little point in the service existing if it could not take issues arising from services and turn them into positive solutions by making appropriate changes.

Operate within a local network with other PALS in their area and work across organisational boundaries – PK reported that this was something that was embraced at the NEE CCG as well as by Colchester hospital and ACE. He explained that there was the facility for the PALS teams to all meet up and discuss various issues arising locally. This was facilitated by North Essex Partnership Mental Health Trust and meetings were

organised every three months. PK commented that he had found this particularly useful when the NEE CCG were discussing service restrictions as it was good to hear how other CCGs had handled such things.

Support staff at all levels to develop a responsive culture – this was to ensure that staff are abiding by all the above functions.

PK then went on to explain what was required from individuals as members of a PALS team saying that, first and foremost, they must be a good listener. This sounded as though it was easy but, in fact, was not necessarily the case. Individuals must be well organised and able to retain information as people expect an immediate and appropriate response. Staff must know where to obtain the information required if they do not readily know it themselves. Another key skill was being able to think on their feet. PALS officers are often bombarded with all sorts of issues all of which are extremely important to the person raising them.

Moving on to complaints, PK explained that people attending Local Health Forums had been asking for some clarification between PALS and complaints and stated, that he considered them to be totally separate. He felt that there was a common misconception that the PALS service was totally separate from the organisation for which they worked. This was not the case, however, he appreciated that it could be difficult for people to trust them not to take the side of the organisation over the individual. PK stressed that this was not the case and explained that he was constantly trying to persuade people of this.

Another misconception was that there was only one PALS service for the whole of North East Essex. Again this was not so.

The main difference between the PALS service and complaints is that the complaints process is a much more formal procedure being conducted mainly in writing with agreed timescales. PALS is much more fluid; there are procedural guidelines but these are not set in stone. PK stated that there was no simply answer as to which route was best to follow in each case. Sometimes an issue would start with PALS but would then move on to a more formal complaints procedure and vice versa. Also both routes could be used if necessary. Often the route chosen depending on how the individual wants their concern handled. PK gave the example of issues raised via MPs saying that often, concerns could be channelled through PALS, but because the MP requires everything in writing, the issue needs to be handled through complaints. If the Chief Officer needed to be involved in the issue then a complaints procedure would probably be the more appropriate one.

In regards to staffing of the two services, PK explained that the NEE CCG had one complaints officer and one PALS officer. Both were overseen by himself. The NEE CCG did not have an integrated PALS and complaints service. He felt that it was important that the two processes were separate and that there were positives and negatives about having them separated, as well as having an integrated service. He also felt that people could be intimidated by the word "complaints" and that might prevent them from raising an issue in the first place.

PK reported that the NEE CCG PALS worked very closely with other healthcare providers, as well as NHS England. Up to a couple of years ago, the NEE CCG PALS handled all enquires relating to GP practices. However, this had now been taken over by practice managers of each practice and also NHS England. PK felt that this had disadvantages as NHS England no longer had local area teams, instead having regional teams which covered a much large area. This made it more difficult for NHS officers to know what was happening at each individual GP practice.

MC stated that GPs often felt there was no one that they could easily speak to regarding issues that were raised by patients, particularly if it was not an especially difficult or involved situation. She asked who they could speak to and would it be appropriate for them to contact PALS. PK replied that they could certainly contact the NEE CCG PALS team. They could also raise issues through their own PPGs to be addressed, as well as NHS England. MC commented that NHS England were often not really suitable, particularly for the smaller issues. PK then handed over to Christine Deighton of ACE.

CD commenced by saying that in terms of staff, ACE was quite small compared to Colchester hospital, having only 1,000 as opposed to 5,000 at the hospital. As a result of this relatively few complaints were received. Although she did also handle PALS issues, Hayley Heffernan was, strictly speaking, the PALS officer. Unlike the NEE CCG the PALS

	and complaints service was much more integrated. CD went on to explain that ACE provides over 40 diverse community health services in North East Essex for the NHS. The largest of these is the community nursing service. ACE also runs the wards at Clacton and Harwich hospitals. CD stressed that they did not run the entire hospital (that is run by Colchester hospital) but only the wards. Both minor injury units were also run by ACE as well as 4 GP surgeries (3 in Clacton and 1 in Frinton). ACE were running these as there were no partners and could not, therefore, operate as standard GP practices. In addition, rehabilitation, physiotherapy, children's services, health visitors, speech & language therapy, health and wellbeing services, weight management, podiatry and some dental services are run by ACE. She explained that the service was integrated as they did not feel there was a real difference to whether an individual rang them for advice and help, or whether they were calling to raise a complaint. She and HH would try to resolve the issue or provide the required assistance first and if the caller then wished to raise a complaint they would escalate the matter. She felt that a large part of the job was signposting. CD continued by saying that they tried to be totally accessible to patients. Their offices are based in Colchester but they are available via telephone 9am to 5pm Monday to Friday. Individuals can also contact them via email and the ACE website. CD stated that it was very important that PALS improved things for patients. She said that she felt it was good for people to complain because issues are then identified and improvements can be made. ACE very much wanted to continually improve the services they offered. CD then gave the example of Continuing Healthcare (CHC) saying that the paperwork for this could be a minefield for patients and their families, primarily because nurses could not comment on mental health. ACE now had someone that could assist in the completion of all the paperwork and support the application to CHC. CD reported that she had a direct link to ACE's Clinical Director and all PALS correspondence was seen by her and passed through to the Board every month for them to discuss. Finally CD mentioned that she had worked for the NHS for 4 years and she felt PALS to be a very worthwhile service. LN commented that ACE ran community services but wondered whether patients realised that they were a different organisation to the NEE CCG. CD replied that some did but not all. LN then asked how patients would know which PALS team to contact. CD that it could be difficult but all services ran by ACE should display posters giving contact details for the ACE PALS team. She also mentioned that the situation was over complicated by the fact that some services were interlinked with other organisations as well. However, when a patient contacted them they would never simply say it was not within their remit but would help the patient to be put in contact with the correct PALS. BC commented that she felt PALS did not get enough praise for the service it offered. Tammy Diles, (TD) Head of Patient Experience at Colchester hospital. TD began by explaining that she had only been in post for 4 weeks, although she had worked at the hospital in other roles for 14 years. As Head of Patient Experience, PALS and complaints were part of TD's team. She went on to say that there were currently 5 complaints co-ordinators, 1 PALS officer, 4 chaplains and 54 lay-chaplains. Although there was only 1 PALS officer at present, a recruitment drive was underway and TD would be interviewing for these roles very shortly. TD then went on to report that she had been seconded to her current role for 6 months with an opportunity to extend this. As everyone was aware, the hospital had been through some very difficult times, including being placed in special measures, causing staff morale to plummet. However, plans were underway to make many improvements. One of these was a planned move for the PALS office to the front of the hospital. It was hoped that this would be undertaken prior to Christmas. TD commented that she envisages the new office as being an open forum for anyone that had an issue to be able to drop in and speak with someone straightaway. She did explain that it would be a 9am to 5pm, Monday to Friday service but there was an emergency contact number for out of hours which, currently, went straight through to her mobile, but would be switching over to a dedicated out of hours number shortly. She went on to say that she favoured an integrated approach for PALS and complaints as she felt that individuals just wanted to speak to someone, and were not concerned whether	

they were a PALS or complaints officer. It was planned that each PALS officer would "buddy up" with a complaints officer. It was also hoped that the PALS office would act as a drop in centre for CHUFT Governors as well.

TD then stated that she reported directly to the Board of Directors and had to provide monthly reports to them on the PALS and complaints service. In addition, "patient stories" which were presented to Board meetings, were being revamped to give a more realistic view and not simply to act as a "pat on the back". Every Executive Director had an assigned ward that they had to walk around to gain insight into how things were functioning. TD then reported that she also undertook walkabouts with Mr. and Mrs Bishop to talk to patients. Information gleaned was then fed back to the Board. She stated that Colchester hospital was her local hospital, used by her and her family, and it was essential to know that everyone was doing the right thing. She admitted that there would be times when people got things wrong but it was important to learn from this. Often people just wanted to hear someone say sorry when they raised a complaint, and TD stressed the importance of being able to listen effectively to people. She mentioned that Healthwatch Essex would be coming into the hospital to run active listening sessions shortly.

PK reported that the NEE CCG PALS team had also been invited along and that he felt it was important to engage with external organisations in order to promote collaborative working.

TD reported that at a recent patient experience meeting she had attended it had become apparent that many hospitals were getting rid of their PALS service (although complaints teams still remained). However, this was not the case at Colchester hospital as she felt it was an essential service. She went on to report that when she came into post there were 163 open PALS enquiries and she had already reduced that to less than 60. She felt that the buddying up of complaints officers with PALS officers was helping with this. She stressed that the team was there to serve the patient and it was not about concentrating on figures but learning from all issues raised. Often patients just wanted someone to say sorry and TD felt that it was essential to learn that listening to patients and saying sorry did not mean admitting liability.

Prior to the taking a 10 minute tea break, the Chair introduced the Health Forum Committee members that were present (details above under those present).

Once the meeting re-convened, MC began by asked where the budget for each PALS came from, and whether there was any overlap. PK replied saying that there was no overlapping of budgets and the money for each PALS came from NHS England as part of the overall allocated budget for each organisation. AR asked whether there was a pre-determined percentage allocated for PALS. CD replied that there wasn't and it was up to each organisation to decide the amount. PK then commented that it might be good for PALS to have a dedicated budget and one central service for each locality. However, the downside would be that there could be a loss of local knowledge, close working with other organisations and ease of accessibility.

Returning to TD's comments about some hospitals withdrawing their PALS teams, JnD commented that the future of the service depended on whether there were further budget cuts. TD re-iterated that this was not planned at Colchester hospital and as long as the service she ran did not go over budget it would continue to operate. JnD then raised concern that a future incumbent in TD's role might not be as forceful as her and the service could then be at risk. TD explained that, although she was seconded to the role until April 2016, she hoped to continue after that date and she had the full support of Healthwatch and NHS England. DM then asked who would deal with issues if PALS was withdrawn. TD replied that they would be split amongst the complaints team. PK agreed, saying that the issues would be picked up elsewhere within the hospital. Ideally issues should be picked up and dealt with by the department in which they occurred, but this was not always possible This was why there was a need for PALS, particularly as some individuals were not comfortable raising issues with the people providing their care.

VH asked whether the figure of 163 open enquiries, that TD referred to earlier, included complaints. TD replied that they did not and explained that there were 5 divisions for complaints; clinical support & cancer, women's & children's, urgent care, surgery and general medicine. When she took over the role, complaints in all divisions were very high, although less so in women's & children's. She had also had to re-open cases and had reviewed the entire procedure for responding to complaints. Figures were now coming down; surgery had reduced by 25-20 and general medicine had 35 open cases. However

	there was still a great deal of work to be done. VH then asked whether a case that had not reached a conclusion would be re-opened. TD confirmed that it would. VH then went on to mention that there had been lots of issues regarding answering of telephones within three rings and asked what the current situation was. TD replied that firstly, the numbers published on the website for PALS had been incorrect so this caused problems straightaway. This had been corrected. There were also three people based in the office that could answer the telephones and initiate the procedure. She then said that, yes, there would be times when the telephone was not answered, but staff were now being held to account over this and asked why they had not been able to answer a call. VH then asked whether there was an answerphone facility. TD confirmed there was. HL commented that she was very interested to hear about the involvement of governors as there was a feeling that they had not been as involved in patient experience as they should be. TD replied that there had always been some engagement with the governors but she felt that there should be more active engagement out in the wards. The governors were also helping out in A & E in the promotion and filling out of the Friends & Family Test. This not only ensured that the tests were completed to be sent to NHS England but gave a perfect opportunity for engagement with patients. She also re-iterated that there would be a governor presence in the new PALS office every day. The Chair asked where the new office would actually be located. TD then explained that the budget of £7,900 to move downstairs had been signed off by the Chief Executive and the Director of Finance. She stated that, as was well known, the Trust had financial issues so she had been able to agree for half of the amount to be paid by the Colchester Hospital Charity in return for the ability to advertise via leaflets and posters in the new office. In addition to the downstairs office, the team would still have access to their current office upstairs to provide a more private area. The work is due to be undertaken within the next week and it was hoped that the move would be completed by Christmas. The Chair congratulated TD on this, saying it was wonderful news. RR then asked TD how she would be measuring the effectiveness of the service and whether patient experience was being recorded. TD explained that this was recorded and measured through the Friends and Family Test. She stated that all responses were read and where possible acknowledged and answered. She agreed that this information had not been used in the past but it was now. MA shared a past experience of the effectiveness of PALS in relation to the treatment of her mother. She explained that she had been dissatisfied with the treatment and care she had received whilst in hospital and had taken this up via PALS on her return home. When visiting the hospital the next day, she found that her mother had been moved to another ward and the matron immediately took her to one side to address all the issues raised. However, she was concerned that many people did not know about PALS, saying that she only had knowledge of them as she had worked at a hospital previously. TD agreed that awareness needed to be raised and reported that posters advertising PALS were now in place in prominent places around the hospital. MA asked whether these explained was PALS was. TD confirmed that they did. BC commented that she was concerned that, with the closure of many smaller local hospitals in the area, Colchester hospital was not big enough to cope with the demand and she felt money could be spend more wisely. GS asked whether there were set standards for dealing with issues and complaints in terms of responses to patients and the timeframes involved. PK replied that in 2009, Complaints Regulations were updated. Prior to that time, acknowledgement had to be within 3 days and a response in writing provided within 25 days. Now, although the 3 day acknowledgement was still in effect, the response time had to be agreed with the complainant and a reason for the time agreed given. This change had been brought about due to the requests of patients. If the agreed timescale could not be met then this must be communicated to the complainant, complete with the reason why, and a new timescale agreed. VH stated that various PALS teams had been mentioned but nothing had been said about the ambulance service. She wondered whether they had a PALS and whether they interlinked with the others. PK replied that they did have a PALS team and there was a huge amount of cross over with the other teams although slightly more with the hospital	

	than the NEE CCG and ACE. BC again praised the service offered by PALS, saying that they had assisted her in regard to issues around the treatment received by her late husband. The Chair then thanked all three speakers for their presentations.	
54.0	**Attendee Comments & Queries on Local Health Matters:** BC stated that the October minutes had suggested that the Local Health Forums would not be held at the Primary Care Centre in future. She said that she had looked into bus routes to the new location and could not find where the stops were. The Chair replied that the number 61 bus stops in Whitehall Road directly outside the Stillwater Centre. Travelling from the town centre it goes along Old Heath Road, turning left into Whitehall Road. The Stillwater Centre is the building next door to the Bannatyne's Health Club. The 61 bus service ran every 15 minutes. In addition, the 62 also stopped just before the Whitehall Industrial Estate, this ran every 10 minutes, but would mean a 20 yard walk to the Stillwater Centre. AR asked whether there was parking available at the new location. PM replied that there was. BC then asked whether there had been an answer to the question raised at the October Local Health Forum in regard to the hours worked by A & E doctors at Colchester hospital. The Chair replied that this had been raised as a Freedom of Information request and enquiries were on-going but it was hoped that an answer would be obtained eventually. AR asked whether any decision had been reached on the future location of the walk-in centre. The Chair replied that this was still on-going as part of the Urgent Care review. Returning to the future location of the Local Health Forums, MC asked why they would not be held at the Primary Care Centre in future. The Chair explained that this had been discussed at a previous meeting, and informed MC that the NEE CCG had to move out of the Primary Care Centre. Originally, this move had been scheduled for the end of the year, but had now been postponed until April 2016. It was proposed that the move would be to Aspen House in Stephenson Road. This venue would not be suitable for Local Health Forums as there were no public transport links at suitable times. He also mentioned that the Castle Methodist Church had been looked at but as there were considerable issues regarding parking it had been decided to trial the venue at Stillwater Centre initially. BC and MC both commented on their dissatisfaction with the chosen venue, preferring meetings to be held at the Castle Methodist Church. The Chair then thanked everyone for attending, wishing all a Happy Christmas and New Year before closing the meeting.	
55.0	**Date of Next Meeting:** Wednesday 27th January, 2016, 2.00 pm to 4.00 pm Redeemed Christian Church of God, Stillwater Centre, House Heath Business Park, Grange Way, Colchester, CO2 8GU Topics to be covered will included the new Patient Transport Contract and the organisational structure of Anglian Community Enterprise.	