

Complaints & PALS annual report 2016- 2017



1. Executive Summary

1.1 The Trust adheres to the statutory instrument 309 which requires NHS bodies to provide an annual report on its complaints handling, which must be made available to the public under the 2009 regulations. This annual report reflects all complaints and concerns made by (or on behalf of) patients of the Trust, received between 1 April 2016 and 31 March 2017.

1.2 This Annual Report demonstrates many of the successes of the Divisions (formerly Clinical Business Units) during the year; the work that has led to changing attitudes and behaviours towards the handling of complaints and more importantly towards the people who have had cause to raise complaints and concerns. There is still work to do to continue to embed the learning so far and to continue our improvement journey.

1.3 Throughout the report the term complaints is used to describe formal complaints requiring a response from the Chief Executive or nominated Deputy and the term concerns is used to describe informal contact with Patient Advice and Liaison Service (PALS) which require a faster resolution to issues that may be resolved in real time.

2. Summary of activity

2.1 Comparative data is provided within the report against the previous year (2015/16) performance. Internal changes to structure of Divisions in Q3 2016/17 has caused some challenges for reporting against core groups. Data extraction challenges will therefore be aligned to the Trust where it is not possible to extract it for the Divisions.

2.2 The number of PALS contacts for 2016/17 is 1293 which is 46 more than the number received in 15/16 demonstrating a small increase in the number of PALS contacts in the last year.

2.3 There has been an overall decrease in the number of formal complaints in 2016/17 66 which is 4 less than the number of complaints received in 2015/16.

2.4 As a measure of performance against organisational activity, formal complaints accounted for 0.0002% of Finished Consultant Episodes (FCEs) and concerns raised; PALS accounted for 0.005% of FCEs.

2.5 There is a requirement to acknowledge 100% of complaints within 3 working days, within this reporting period 67 out of the 69 formal complaints were formally acknowledged within 3 working days. The two that were not acknowledged took 5 days and 19 days. The case that took 19 days was processed as PALS informal concern however Mum wanted this to be a formal complaint. Apologies were made to Mum and this was processed formally and acknowledged on day 19.

2.6 The PHSO represents the final stage of the NHS complaints process and the Trust worked with the PHSO to satisfactorily resolve complaints during the year. Nationally the

PHSO has committed to increasing the number of investigations into complaints and concerns.

2.7 The Parliamentary and Health Service Ombudsman (PHSO) made contact with the Trust regarding 2 cases this year. One case related to a complaint from 2014 the other was from 2016 – 17. Both cases have been partially upheld: recommendations required have been actioned.

2.9 The oldest case during the year was in Medicine Division and was open for 128 days. The case was complicated as the child had sadly died and the parents requested to attend a meeting but managing the availability of clinicians and the parent's diaries resulted in a protracted timeframe.

3. Scrutiny

3.1 Complaints data is taken to the Clinical Quality Assurance Committee group on a quarterly basis and presented to the Trust Board also quarterly. The data is scrutinised and questions are asked directly to the Trust Complaint Lead. Board level engagement is key to ensuring a culture of openness and receptiveness to feedback through complaints is embedded within the Trust. Each of the Divisions now include PALS & Complaints data as part of their monthly Risk & Governance meetings looking at themes, trends and areas of concern.

4. Learning

4.1 The report details examples of learning and change as a result of feedback through the raising of complaints and concerns. The software for managing complaints and concerns has the ability to be utilised to capture the learning from complaints; this will be a focus for the coming year with the Heads of Quality for each Division being able to influence and manage complaints action plans for the Division.

4.3 The Trusts highest category of complaint is relating to Treatment/Procedure, closely followed by Communication. Parents share with staff that they do not always understand the care that is being delivered to their child and therefore make a complaint to understand what pathway of care and treatment their child is receiving and whether this is appropriate. As Communication is the second highest category we may assume that if we can improve channels of communication to be effective we may reduce the number of complaints relating to the treatment and care of the child.

5. People

5.1 There has been significant change within the Trust and a new organisational structure and model of devolved Governance to the Divisions. Each Division now has a Head of Quality whose role is fundamentally to be responsible for developing, promoting and embedding a cohesive Quality Improvement and Governance Strategy across the Division

that supports implementation of the Trust’s Quality Strategy. Each Division has its own PALS & Complaints officer who works closely with Divisions key staff to ensure that complaints are robustly investigated and responded to in a timely manner.

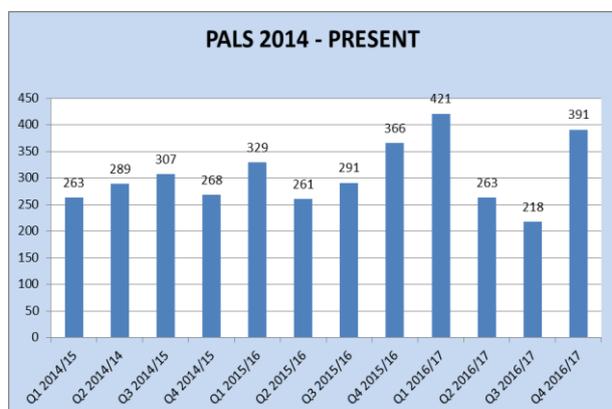
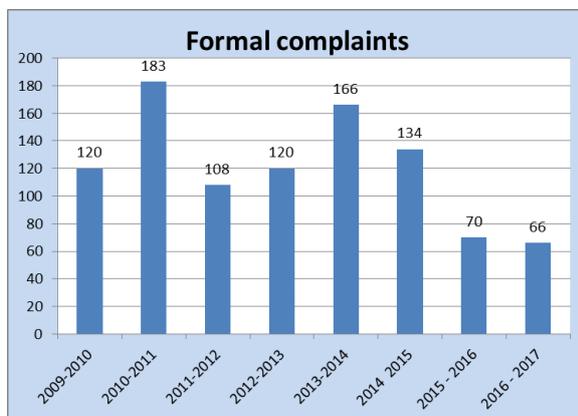
5.2 The Trust is grateful to those patients and families who have taken the time to raise concerns and acknowledges their contribution to improving services, patient experience and patient safety.

5.3 The Board of Directors is asked to note the content of this report and in line with statutory requirements give approval for it to be published on the Trust’s website.

Formal complaints

There has been a continued reduction of formal complaints received in 2016 – 17 compared to previous years, although much smaller than previous reductions. All complainants receive a telephone call at the start of the process to introduce the staff member assisting with their complaint, explain the process, offer the option of attending a resolution meeting or receiving the outcome of the investigation in a written letter and to provide contact details should they wish to discuss anything further or need additional assistance.

The graph below demonstrates the number of formal complaints received by the Trust over the past 8 years and the number of PALS contacts.



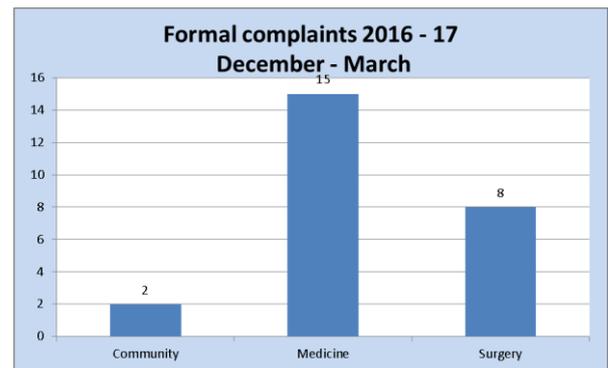
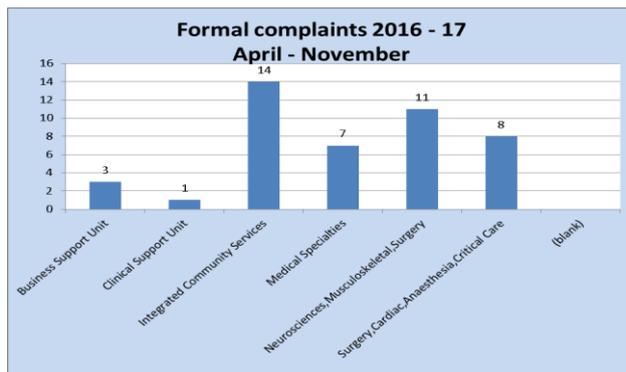
The involvement of a clinical staff member at the start of the complaints process whether informal or formal has a dramatic impact on the outcome for the parent/carer raising their concerns . The complainant can be reassured that we are taking their concerns seriously, that they are supported and an open and honest response is provided in a timely manner to avoid further dissatisfaction and distress.

As the Trust has now implemented the devolved Governance model and there is not a dedicated full time Complaints Manager the Heads of Quality and Associate Chief Nurses are available to offer support and clinical interface should it be required. In line with the Trust values and adopting principles from the Nursing Strategy – Compassion in practise (<https://www.england.nhs.uk/nursingvision/>) by demonstrating compassion, caring and

effective communication that are all elements essential when responding to and dealing with complaints in the NHS we can make the service provided a more positive experience for the complainant whilst supporting them and their child through continuing provision of health care

Complaints by CBU

In total 69 complaints were received however 3 were withdrawn after the process had commenced.



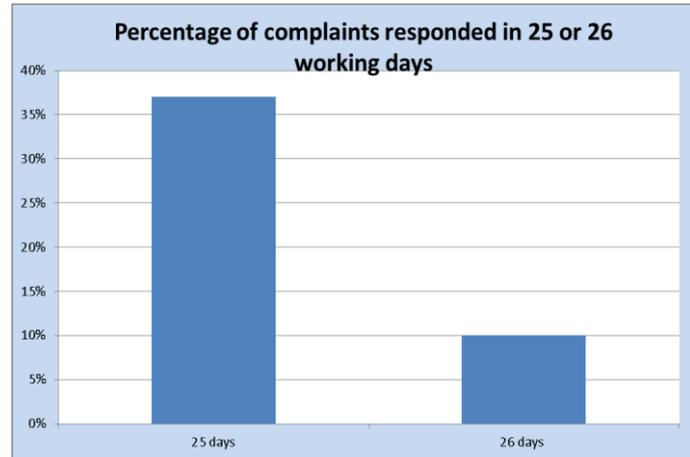
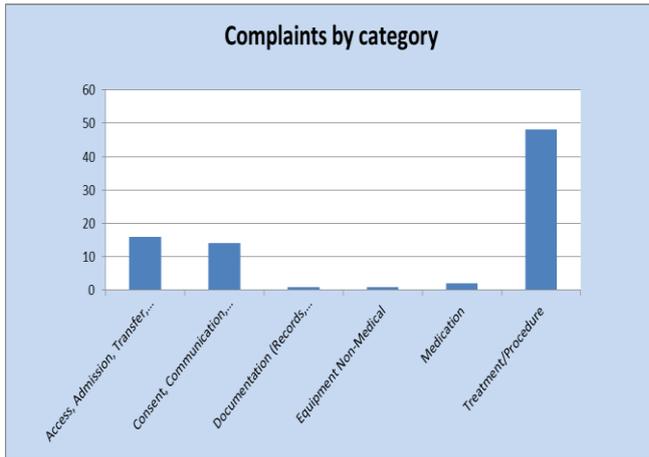
Significant structural changes were made during the organisational changes in December 2016 and therefore it is not possible to extract data for the year in the new Division structures – see tables above for formal complaints received in the Clinical Business units and then into the Divisions.

It is clear from the tables above that the CBU/Division who has the Emergency Department within it receives significantly more formal complaints.

If we look at the Emergency Department complaints for this financial year they have received 12 formal complaints.

Themes

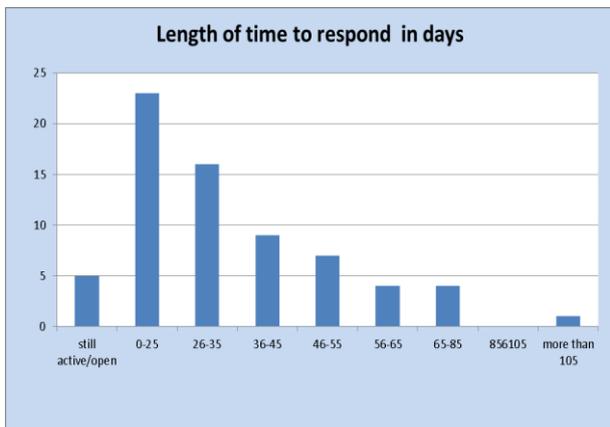
The main themes identified within the complaints received have been detailed below in a graph for ease of interpretation. 70% of complaints received were upheld, 24% not upheld and 6% remain under investigation at various stages.



Timescales for response

The Trusts internal target for responding to formal complaints is 25 working days. Depending on the complexity of the complaint and if it involves additional organisations the timescale is negotiated with the complainant and agreed. If the complainant disagrees with the reasons provided to extend an explanation is given to explain that we will not achieve the initial response timeframe and this will be recorded as a breach.

The tables below show the timeframes for responding to complaints and also that 10% of complaints were responded to within 26 days.



26% of complaints breached the agreed timeframe negotiated with complainants, the remainder 74% were responded to within the timeframe negotiated with the complainant during the handling of their complaints..

Evaluation of complaints

Each complainant is sent an evaluation form to complete one calendar month following the release of the formal complaint response or meeting date. This is a means of assessing a complainant's perception of the effectiveness of the complaints process. The evaluation forms are anonymised to encourage openness and returned to the Chief Nurse. To date no completed forms have been returned.

Protected characteristics data capture

In January 2016 when formally acknowledging the complaint we now send a survey to capture data regarding age range, sexual orientation, religious affiliation etc. The Trust is committed to promoting equality of opportunity, to ensure that everyone has the chance to participate fully in the activities and decisions of the organisation. Gathering this data will enable the Trust to understand who we are reaching and how to better serve everyone in the community. The information will be used to provide an overall profile analysis of the people accessing the services and to make sure that we are fulfilling our commitments.

Parliamentary Health Service Ombudsman

Within this reporting period there have been 2 cases investigated by the Ombudsman, these were not all from within this reporting period. Both cases were partially upheld.

The two cases that were partially upheld the recommendations are detailed below:-

- 1) March 2017 – the PHSO **partially upheld** the complaint against the Trust.

Recommendations

- ❖ In light of the failings identified above and the injustice caused by them we are making recommendations for both service improvement and for remedy for Ms X
- ❖ Within four weeks of receipt of the final investigation report the Trust should write to Ms X to acknowledge and apologise for the distress caused by not following procedures in making the FII safeguarding referral to Children's Services.
- ❖ Within twelve weeks of receipt of the final investigation report the Trust should develop an action plan detailing:
 - The actions the Trust will put in place to address each failing
 - Who will be responsible for each action
 - When each action is expected to be completed
 - How the Trust will check compliance
- ❖ A copy of this action plan should be sent to:
 - Ms XX
 - Dr X
 - PHSO
 - Care Quality Commission (CQC)
 - NHS Improvement

- 2) April 2017 – the PHSO **partially upheld** the complaint against the Trust.

Recommendations

- ❖ Acknowledge that communication with parents regarding condition progression could have been better and apologise for the anxiety, frustration and upset this has caused.
- ❖ Acknowledge there was a missed opportunity to perform ventilation and that had the child been ventilated this would have given him better Respiratory control allowing increased analgesia to better manage his pain. The Trust should apologise for the anguish caused to the parents as a result of their child's pain relief not being optimal.
- ❖ The Trust should acknowledge that as a result of the child's poor prognosis not being discussed earlier in his treatment pathway the parents did not have as much time to prepare for their child's very sad death.
- ❖ The Trust should work with the parents who have requested that the learning from this case be used within the Trust.
- ❖ The Trust should provide information to the parents relating to the improvements made between speciality teams to better enhance direct patient care.

Examples of learning from Complaints

Surgery Division

A child was given a pre medication for pending surgery however after receiving this medication it was found that there was a missing piece of vital kit and the surgery could not proceed.

Actions taken:

- New process in place for checking stock level at the beginning of each week.
- Stock levels doubled to reduce the risk of this situation recurring
- Re look at the process and timing of the safety huddle so any kits issues can be highlighted and discussed before the child receives any pre-med.

Mum was very reassured and grateful during the meeting she attended that we had taken her complaint very seriously and had learned from this.

Integrated Community Clinical Business Unit.

Mum very dissatisfied with the attitude and clinical care of her son.

- Trust made contact with HCPC to discuss the staff members conduct. Mum given their contact details should she require to raise concern regarding the staff members conduct herself.
- After meeting with Mum to discuss Pathological Demand Avoidance (PDA) it was agreed the Trust would purchase an educational package to enable specific training to be delivered to 10 staff members.

Business Support Clinical Business Unit

Lack of compassion and support demonstrated to Mum after a very positive experience in Outpatients by the staff in a non-clinical but front facing admin role.

- Staff to receive Customer Care training
- Out of date policies were re written and update
- Notices where updated for information for parents

Focus for 2017/18

The Trust has continued to work very hard with all feedback and complaints received. Learning is critical and it will help the Trust to continually improve the service we provide. Being receptive to feedback means reflecting on what improvements can be made, putting the patients at the heart of everything we do.

This year we will progress with a piece of work to allow any actions from a complaint to be logged on Ulysses and an owner of the action will be identified with a response date allocated. A report will be available to run and have oversight of all complaints, associated actions and lessons learned.

For further information regarding the content of this document please contact the Complaints & PALS team on 0151 252 5374/5161 or via PALS@alderhey.nhs.uk