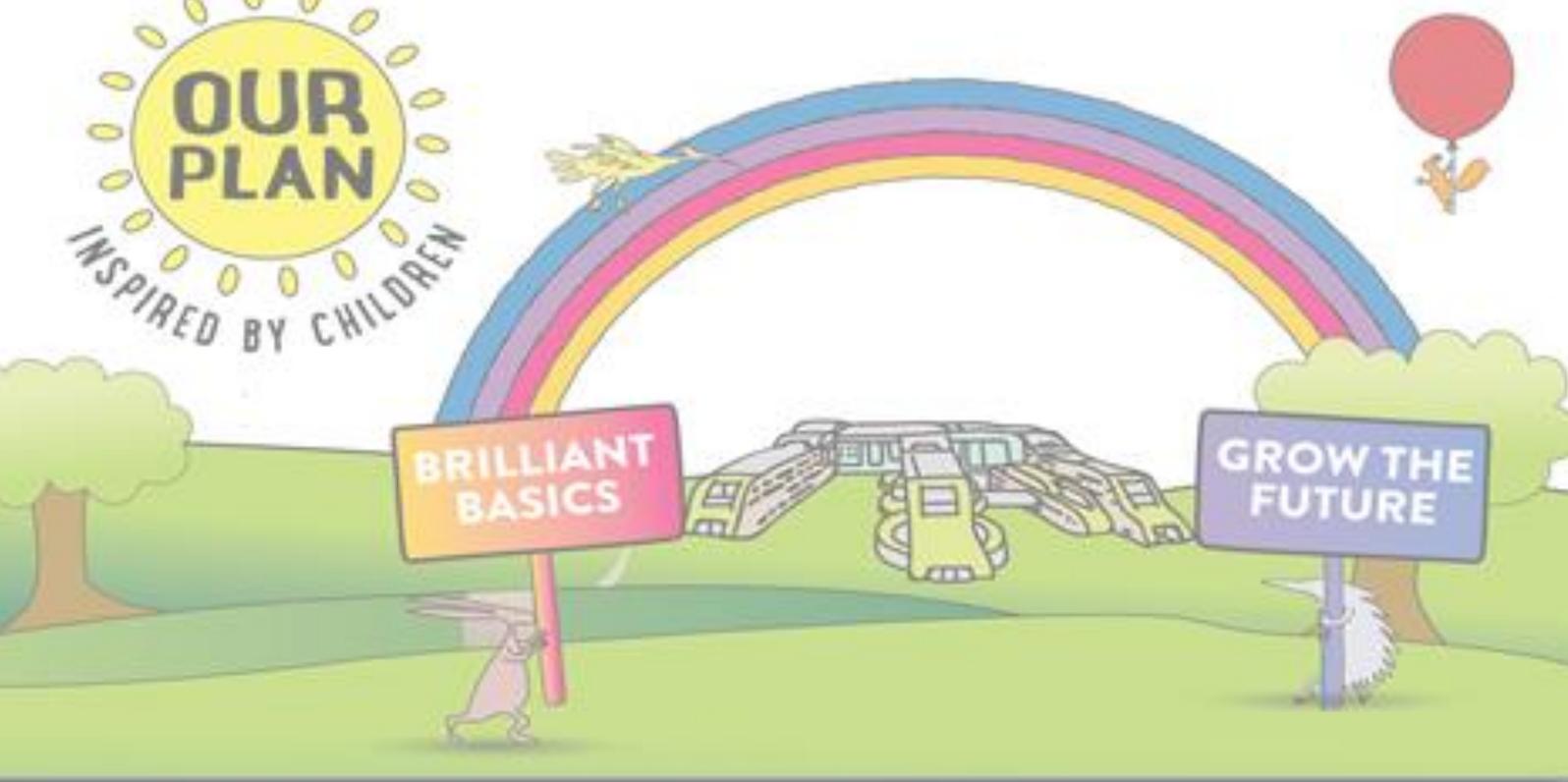
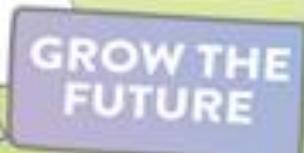
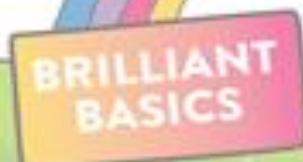
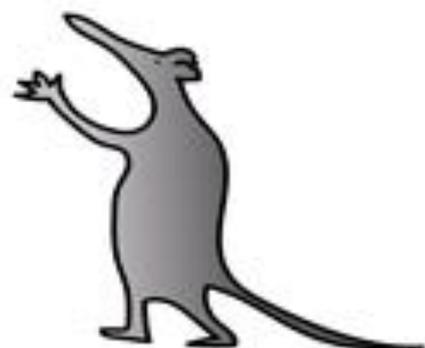




Complaints and PALS Annual Report 2017/18



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 2017 and 31 March 2018.

1.2 This Annual Report demonstrates many of the successes of the Divisions during the year despite being faced with a significant increase in activity seen across the Trust; 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 (2016/17) performance.

2.2 The number of PALS contacts for 2017/18 is 1394 which is 56 more than the number received in 16/17 demonstrating a small increase in the number of PALS contacts in the last year.

2.3 There has been an overall increase in the number of formal complaints in 2017/18 83 which is 17 more than the number of complaints received in 2016/17.

2.4 As a measure of performance against organisational activity, formal complaints accounted for 0.025% of Finished Consultant Episodes (FCEs) and concerns raised; PALS accounted for 0.42 % of FCEs.

2.5 There is a requirement to acknowledge 100% of complaints within 3 working days , within this reporting period 80 out of the 83 formal complaints were formally acknowledged within 3 working days. The three that was were not acknowledged took 4,10 and 14 days. The case that took 14 days the letter was sent directly to the clinical area and ward staff had begun to process the parents concerns but had not shared the letter with the Complaints team.

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) investigated 1 cases this year. This cases has been upheld: recommendations required have been actioned.

2.8 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.

Additionally the Non-Executive Directors undertake an annual scrutiny if a sample of formal complaints and responses to ensure we are responding to the complaints thoroughly, honestly and in a timely manner.

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 Heads of Quality for each Division from 1 April 2018 will ensure each complaint response has an associated action plan that will be tracked and monitored through their Divisional Integrated Governance meeting using their Divisional action log.

4.2 The Trusts highest category of complaint relates 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 roles in the Trust ; continued focus within the Divisions to utilise the data from complaints when assessing speciality areas and using the

information to adapt their services or make alterations to them. 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.

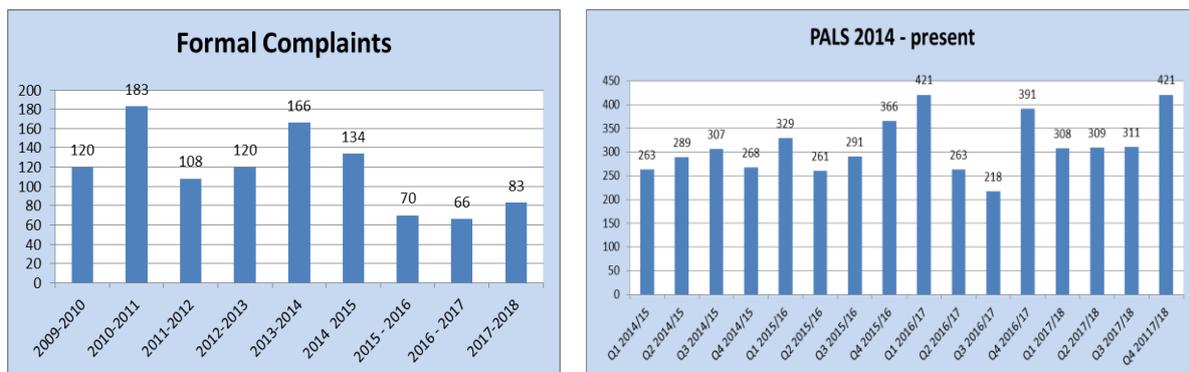
5.2 The Trust is grateful to those patients and families who have taken the time to raise concerns and acknowledges their contribution to improving services, patient experience and patient safety.

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 seen an increase in formal complaints received in 2017/18 for the first time in three years. 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 9 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.

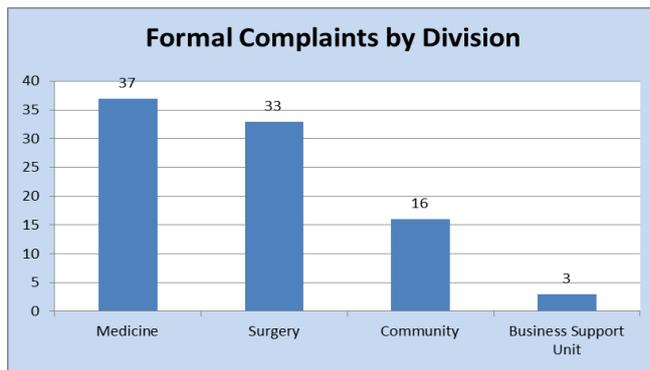
The Trust has re assessed the role of a dedicated Trust lead and there is now a Head of Quality for corporate services who has the lead in the Trust for Complaints and PALS. This provides direct support to the service and families who need assistance and guidance. In line with the Trust values and adopting 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

Feedback from complainants to the PALS team is received on occasions thanking them for their kindness and support.

Complaints by CBU

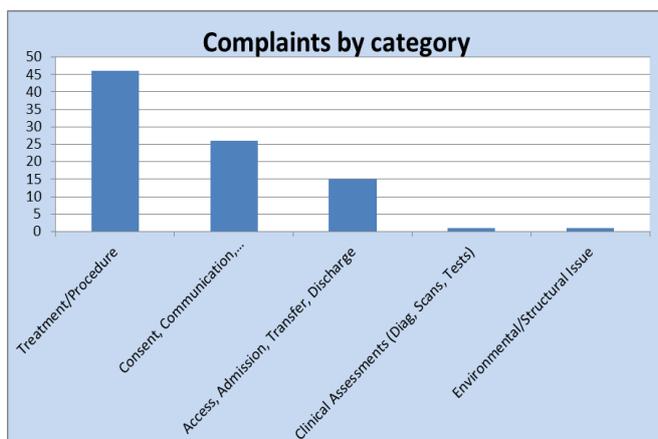
In total 89 complaints were received however 5 were withdrawn after the process had commenced and one investigated as a patient safety incident using Root Cause Analysis



Division of Medicine, that includes the Emergency Department receives the most formal complaints within the Trust – 9 this year.

Themes

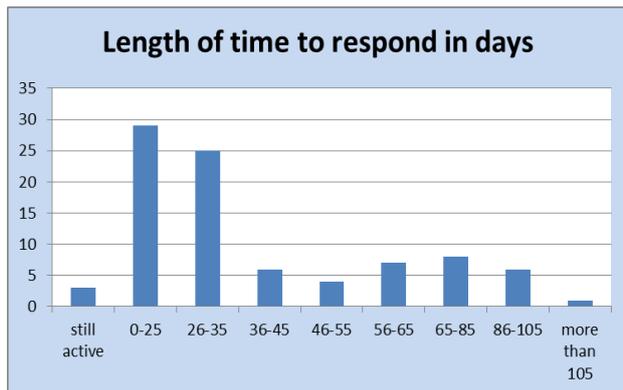
The main themes identified within the complaints received have been detailed below in a graph for ease of interpretation. 55% of complaints received were upheld, 25% not upheld, 8% partially upheld and the remainder are still being investigated at time of report.



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



Only 40% of complaints response where responded to in the agreed timeframe, the remainder breached the agreed timeframe.

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

From January 2016 when formally acknowledging the complaint a survey is sent to enable capture of specific 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 has been 1 case investigated by the Ombudsman, this was from the timeframe of 2014-15 (date of incident November 2013). This case was upheld.

Recommendations

- ❖ All aspects of discharge are documented as completed in accordance with the Discharge Policy
- ❖ Staff fully comply with the Discharge Policy to ensure the continuing healthcare needs are met for every patient every time
- ❖ All patients with Complex Needs will have a seamless, safe and effective discharge
- ❖ Families and carers will receive a high quality service from the Patient and Advice and Complaints Team
- ❖ Complaints Policy will comply with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 that came into force on 1 April 2009 and in accordance with the NHS Constitution and the Duty of Candour (2014)

Examples of learning from Complaints

Division of Surgery

Multiple complaints/concerns raised regarding delayed appointments for Ophthalmology

Actions taken: recruitment of staff into vacant posts to ease pressure on waiting time.

Division of Medicine

Parents concern that interactions with Allied Health Professionals did not observe their child's deterioration condition appropriately.

Action taken:- specific "Did Not Attend" process for patients with Eating Disorders devised

Focus for 2018/19

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, in house training sessions for all staff groups will be provided to ensure the process for effective handling of complaints is understood and applied consistently throughout the trust.

Responding to complaints in the agreed timeframe is also a priority for the Trust this year to ensure complainants receive their response in a timely manner.

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