



Airedale
NHS Foundation Trust

**ANNUAL REPORT:
COMPLAINTS AND CONCERNS RECEIVED BY AIREDALE
NHS FOUNDATION TRUST
DURING 2016/17**

May 2017

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Foreword

This is our eighth annual report, which provides an overview of the complaints and feedback the Trust has received from patients, relatives and users from 1st April 2016 to 31 March 2017. The report is written in accordance with the NHS Complaints Regulations (2009) and is available on our website.

In the vast majority of cases patients, relatives and carers are satisfied with their care, treatment and service they receive. On the occasions where a patient, relative or care is dissatisfied, it is important they feel comfortable in raising their concerns so that the Trust can resolve any misunderstandings or, if failings have occurred, ensure that learning and improvements take place.

The Trust is committed to resolving any concerns at the earliest opportunity and this is often achieved through the patient, relative or carer discussing their concerns directly with the service. The Patient Advice and Liaison Service (PALS) is available to provide confidential advice and support to any patient, relative or carer who may not feel comfortable raising their concern with the service directly, or where they have done so but their concern remains unresolved. The PALS team aim to resolve any concerns that are raised with them quickly and informally. Should the patient or carer feel that their concern should be formally investigated they are able to make a formal complaint.

Within this year, we have seen a reduction in the number of formal complaints that have been received by the Trust, and an increase in the number of informal complaints, the support for which is delivered by the PALS.

In addition to the valuable learning and improvements that result from individual concerns or complaints, complaints and PALS data is reviewed to identify any themes and this is shared across the organisation so that the necessary improvements can be made.

Karen Walker, Interim Deputy Director of Nursing

June 2017

EXECUTIVE SUMMARY

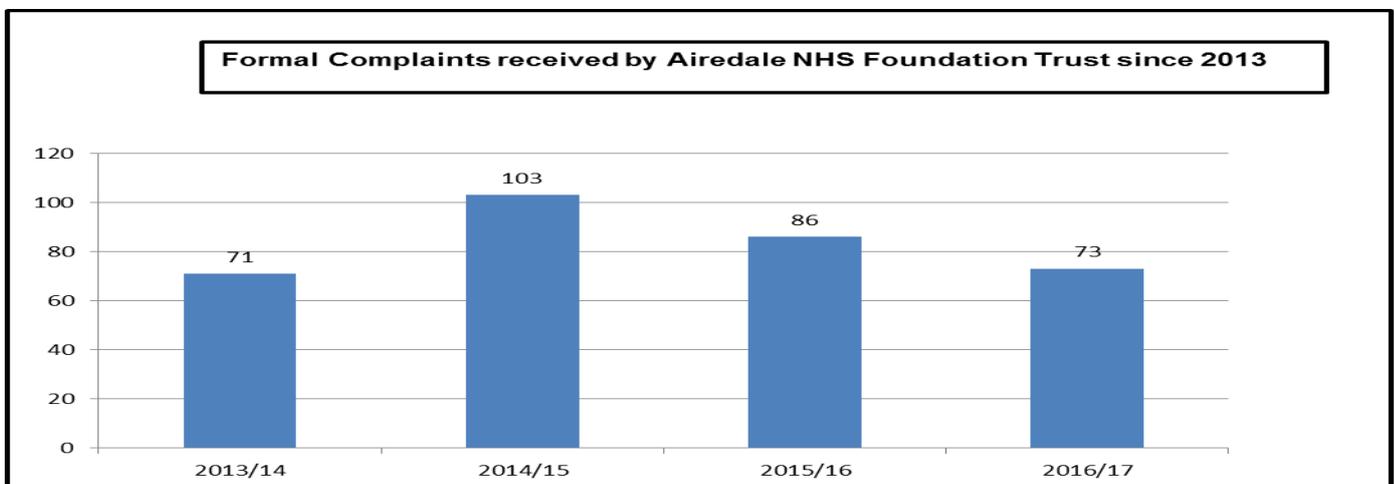
This report provides a summary of patient complaints received between 1 April 2016 and 31 March 2017. It includes details of the numbers of complaints received for each operational group, performance in responding to complaints, the numbers of Parliamentary and Health Service Ombudsman (PHSO) investigations, and the actions taken by the Trust in response to complaints.

The report also provides a summary of the numbers of contacts with the Patient Advice and Liaison Service (PALS).

The report aims to provide assurance that the Trust is responding to patient complaints in line with its procedures, Department of health legislation and service standards expected by the PHSO.

Points to note:

- In 2016/17, the Trust received **73** formal complaints, overall an organisational decrease of **15%** in 2015/16 (**86**).
- During 2016/17, there were **2131** contacts with PALS, which is an **8.7%** increase from **1944** in 2015/16.
- **3139** of the PALS contacts were compliments, compared to 3051 in 2015/16.
- Over the last year **6** complaints were received by the PHSO, **4** were not upheld, **1** was partially upheld.
- End of year performance in responding to complaints within the Trust 40 day target was **38%**. (This target was introduced during the latter end of the reporting period)



ANNUAL REPORT: COMPLAINTS AND CONCERNS RECEIVED BY AIREDALE NHS FOUNDATION TRUST DURING 2016/17

1.0 - Introduction

In accordance with NHS Complaints Regulations (2009), this Annual Report provides detailed information about the nature and number of complaints Airedale NHS Foundation Trust (ANHSFT) received, as well as feedback and concerns via the Patient Advice and Liaison Service (PALS), from 1 April 2016 to 31 March 2017. The Trust deals with complaints and concerns from patients and users, their relatives/carers, in accordance with its Complaints Policies and Procedures and the Care Quality Commission's (CQC) *Essential Standards of Quality and Safety*.

2.0 - Definitions

The Trust uses the following definitions:

- complaints are expressions of displeasure or dissatisfaction where the complainant wishes a formal investigation to be undertaken;
- concerns are issues that are of interest or importance affecting the person raising them, including displeasure or dissatisfaction and where the complainant is content for the issue to be dealt with via the PALS route;
- feedback is information/suggestions about care or services that ANHST provides, which may be complimentary or critical;
- Compliments are expressions of thanks and praise.

2.1 – The distinction between a 'concern' and a 'complaint' is challenging. Both indicate a level of dissatisfaction and require a response. It is important that concerns and complaints are handled in accordance with the needs of the individual, and investigated with an appropriate level of scrutiny and provides responses which are meaningful.

In order to ensure that complainants have access to appropriate support, as part of the ANHSFT complaints handling process, complainants are signposted to the National Health Complaints Advocacy Service for help in making their complaint. All complainants are signposted to the Parliamentary and Health Service Ombudsman (PHSO) stage 2 of the NHS complaints process in case they wish to take their complaint further.

It is important to note that as in previous years there have been several ward moves and changes in service provision, as a result there may some discrepancy to which area the concern has been logged as many PALS issues are received retrospectively.

3.0 - Complaints, Patient Advice and Liaison Service (C-PALS)

The Trust has an integrated service - Complaints, Patient Advice and Liaison Service (C-PALS) - to manage complaints, concerns and feedback in accordance with its Complaints Policy (2015).

The Complaints Manager is responsible for the day to day operational management of C-PALS, while the Deputy Director of Nursing is responsible for the team leadership and direction. The Director of Nursing has executive responsibility and is authorised by the Trust Board to oversee the Trust wide management of complaints.

4.0 - Data collection and analysis

The Complaints and PALS data is entered into a data base and analysed using the *Ulysses* computer software system. As well as recording the number of formal complaints and PALS contacts, a vast amount of qualitative data is entered into the data base, this includes:

- The nature of concerns reported about ANHSFT and external Healthcare providers.
- The number and nature of compliments forwarded directly to PALS.
- All concerns and complaints are categorised to enable a more detailed analysis of themes. These include categories for example of :

Care and treatment (medical and nursing)
Attitude of staff
Communication between patient and staff.
Environment

The data is also analysed to show the total number of contacts by ward, department or service.

Formal complaints and PALS information are discussed separately in this report in order to address specific issues relating to each.

All complaints are logged in line with the KO41, NHS: The Information Centre for Health and Social Care Survey (IC) categories. From the beginning of April 2015 the KO41 requested that a quarterly submission be provided. The Trust has complied with this request since this date.

Where a concern and a compliment are reported within the same PALS contact, the issues are logged separately for transparency; this is done in order to capture all issues and to enrich the data.

5.0 – Breakdown of formal Complaints

In line with the Trust's Policy, a complaint becomes formal in accordance with a patient's wishes. This may originate from a concern (written or verbal) which it has not been possible to resolve through PALS, or received by the Complaints Team for a formal investigation. A total of 73 formal complaints were received and investigated by the Trust during 2016/17. The analysis has indicated that 0.4% of PALS concerns progressed to the formal complaints process during 2016/17 compared to 1.1% in 2015/16. (Figure 1)

Figure 1: Summary of the total number of formal complaints and PALS issues, PALS to complaint from 2011/12 – 2016/17 relating to ANHSFT

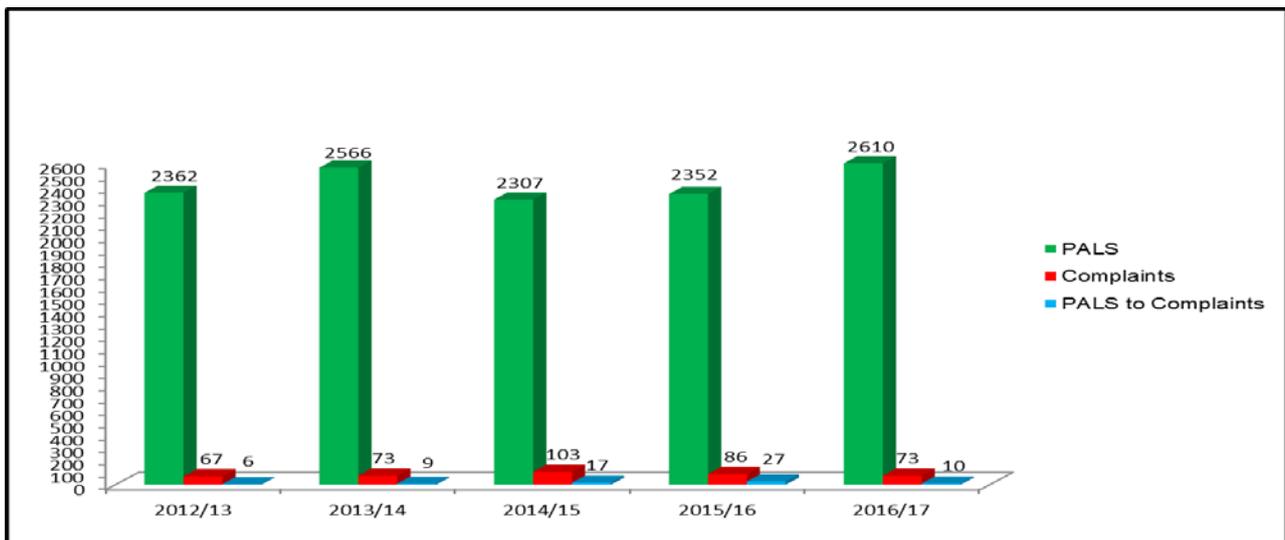
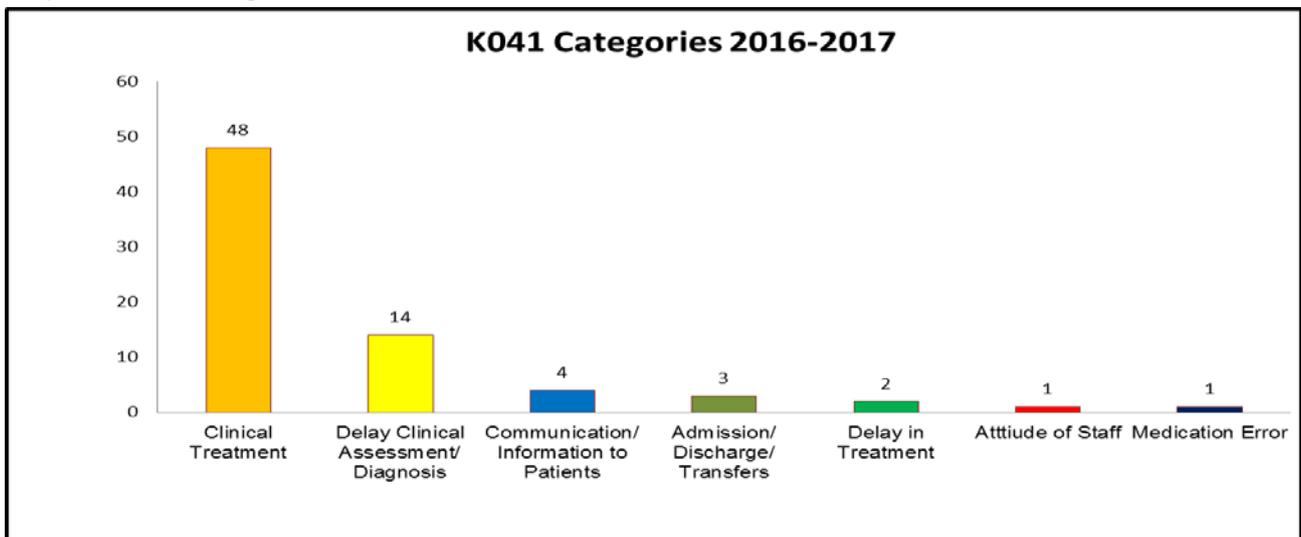


Figure 2: Key themes arising in complaints based on KO41

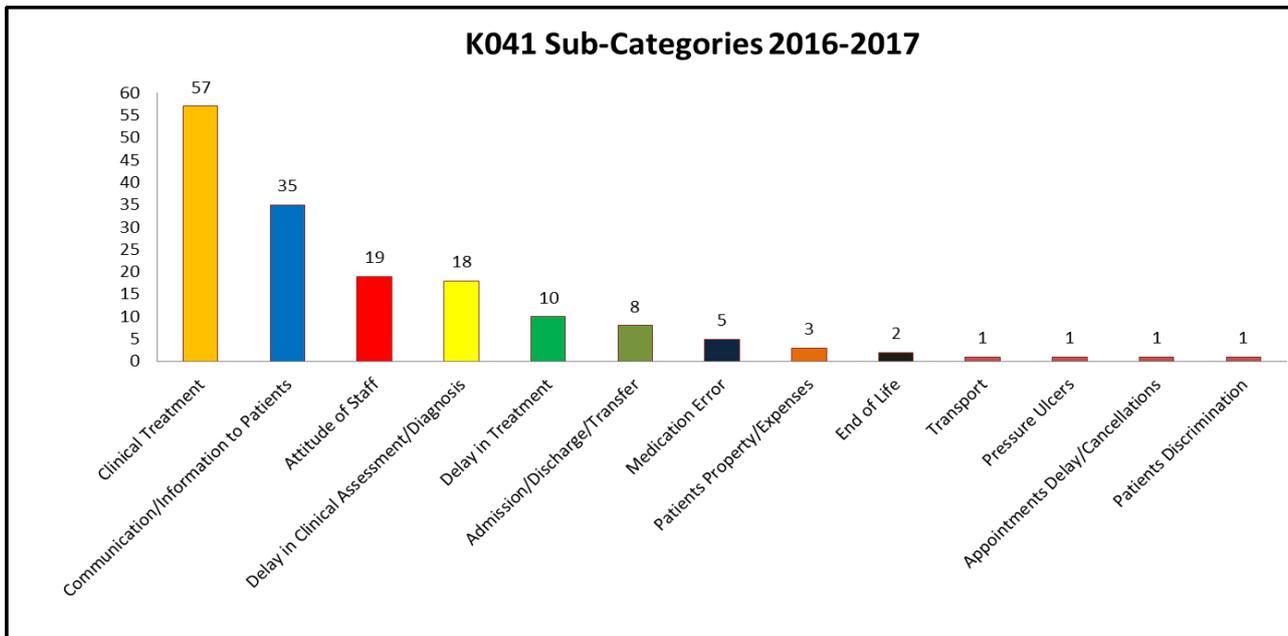
(Key theme identified in line with the Information Centre for Health and Social Care Department categories)



Medical/Surgical/Nursing clinical care and treatment remain the key themes for 65.75% of why complainants raise a complaint, which is comparable to previous years.

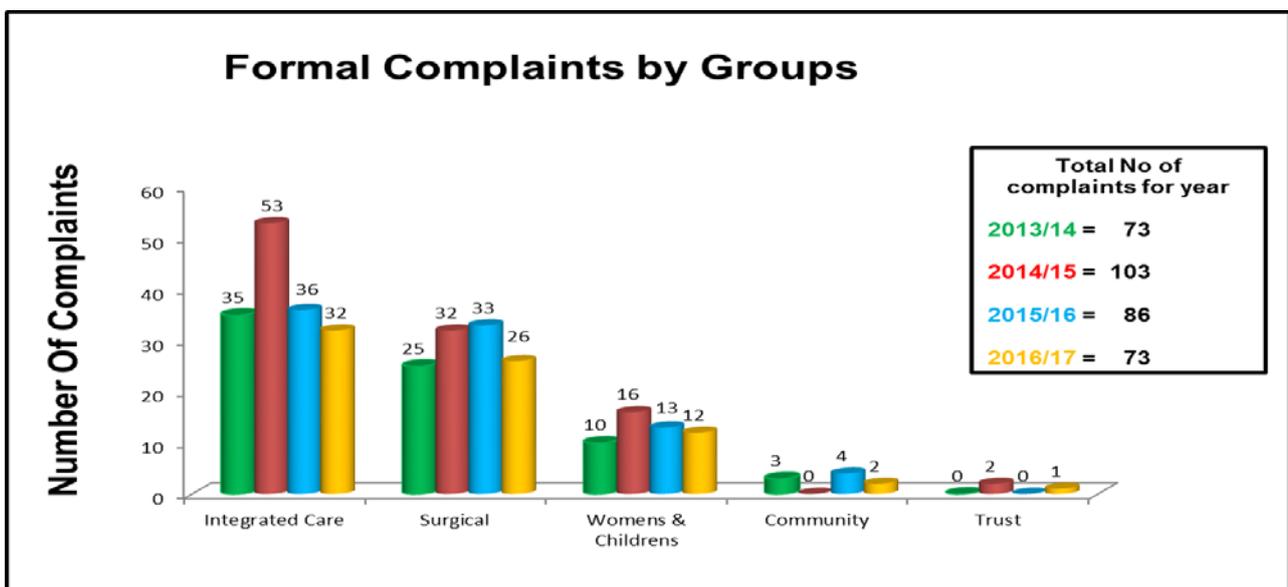
Figure 3: Breakdown of further themes identified within the body of the complaint based on KO41 categories

All complaints are scrutinised to identify key themes to enable a greater understanding of the concerns being raised by patients. This provides valuable information to aid learning and improvement.



It is interesting to note that 73% complaints (54 of the 73 complaints) had an element of communication and/or attitude and behaviour of staff within them.

Figure 4: Formal complaints by Groups

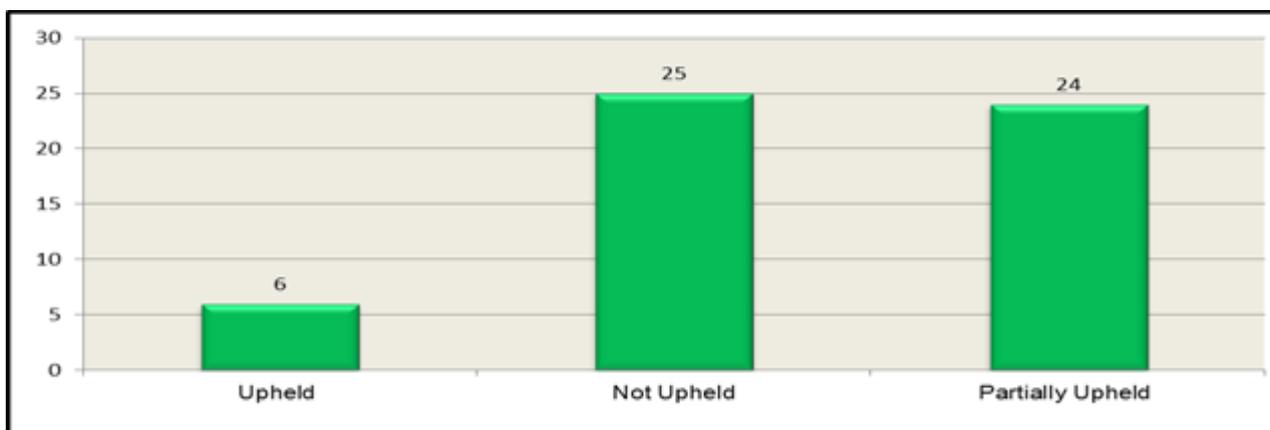


6.0 - Investigation outcomes

The complaints investigator is required to conclude, on completion of the investigation, whether a complaint is *upheld*, *not upheld* or *partially upheld*. Establishing if a complaint is upheld/not upheld can be complex, as often there are a number of concerns /allegations within an individual complaint, some parts of which may prove to be unfounded. Any complaints involving both aspects have been classed as partially upheld, hence the figure

of 24 (43%), which is comparable to last year. To ensure a consistent approach the complaints manager undertakes a quality check.

Figure 5: Investigation outcomes - upheld/not upheld/partially upheld



Six (11%) complaints were considered to be fully *upheld*, this is comparable to 2015/16. Two of the six upheld were linked to Serious Investigations.

The 24 (43.5%) partially upheld complaints were categorised as such due to clear evidence that patient experience had been poor. This included poor communication, certain aspects where care could be improved and the accumulation of issues relating to cleanliness, quality of food, delays in receiving test results and expectations not being met. The relevant clinical groups addressed these issues at the time of the complaint and the complainant was notified of the changes made in response to them.

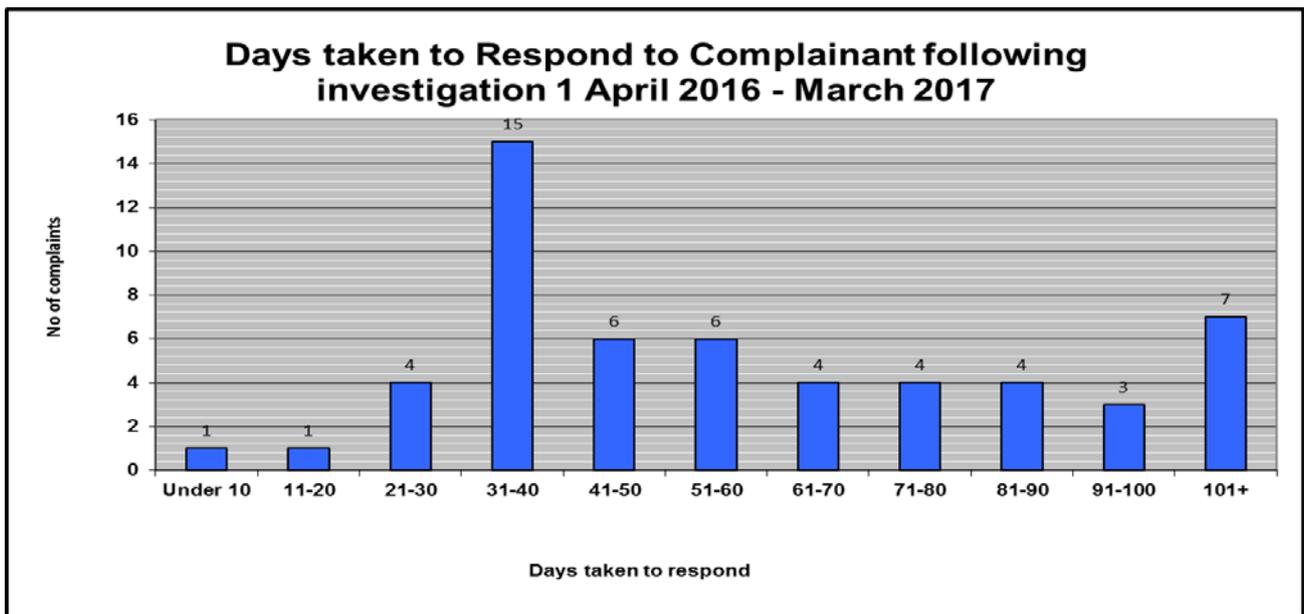
The 25 (45%) which were not upheld as the investigations concluded that care and treatment was timely and appropriate.

The remaining 18 (24%) complaints will be categorised once the investigations are complete.

7.0 - Timeliness of Complaint Responses

Complaint legislation does not state the length of time a complaint investigation should take. There is an expectation that target dates for completion are agreed between the complainant and the identified investigator and concluded as soon as reasonably possible. There is a national expectation that a complaint should be concluded within six months from receipt where possible.

Figure 6: Number of days taken to respond to complainant following receipt of complaint.



At the end of March 2017, 18 complaints were still under investigation and are in line to meet with the complainant’s agreed time scale. All of these complaints were received within Q4 of 2016/17.

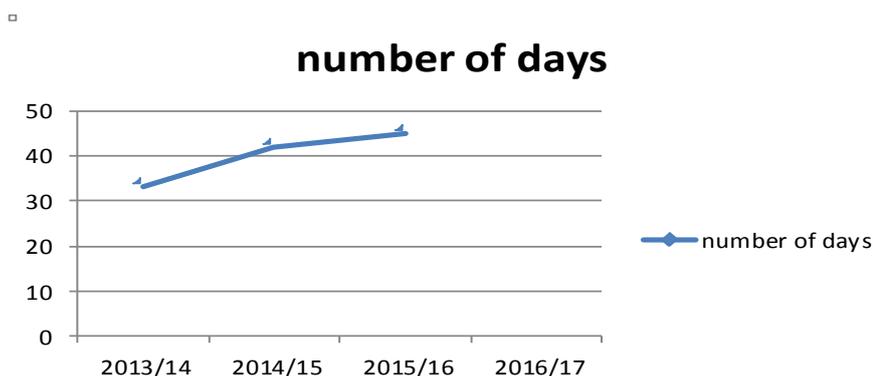
The Trust saw an increase in the length of time it has taken for a final response to be sent out to the complainant through 2015/6.

The CQC raised this as a concern in their comprehensive inspection report of August 2016. The Trust responded by introducing a 40 day target time frame for complainants to receive a response. The revised process commenced in October 2016.

As a result, the number of days has reduced and 50% of complainants now receive their response within the new 40 day target. Work continues to embed this initiative, with improving oversight through the governance processes at the service group level .

During 2016/17 only 38% of complainants received a Trust response to their complaint within 40 working days.

Figure 6.1 : Average number of days to respond to the complaints



Of the 55 complaints responded to during 2016/17, 2 complainants took the option of meeting with senior members of staff on completion of the investigation. Following each meeting, a full summary of the investigation and meeting was provided for the complainant. The remaining 53 complainant's requested the findings in writing.

Figure 7: Number of days taken to respond to complainant following receipt of complaint during Q3 & Q4 following introduction of 40 day target.

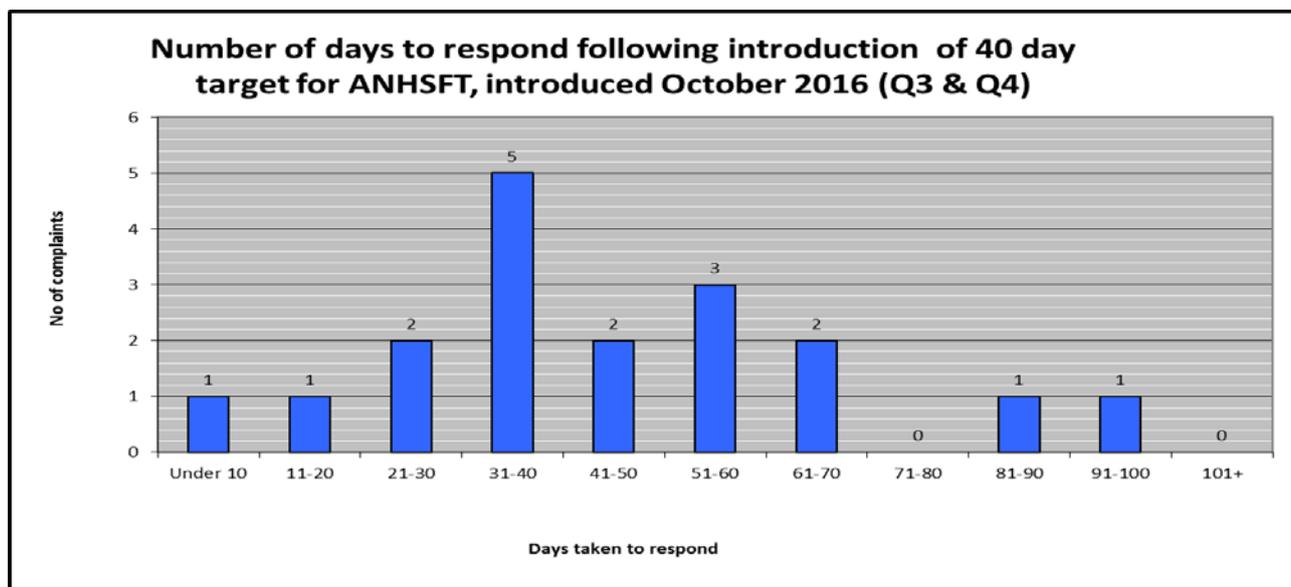
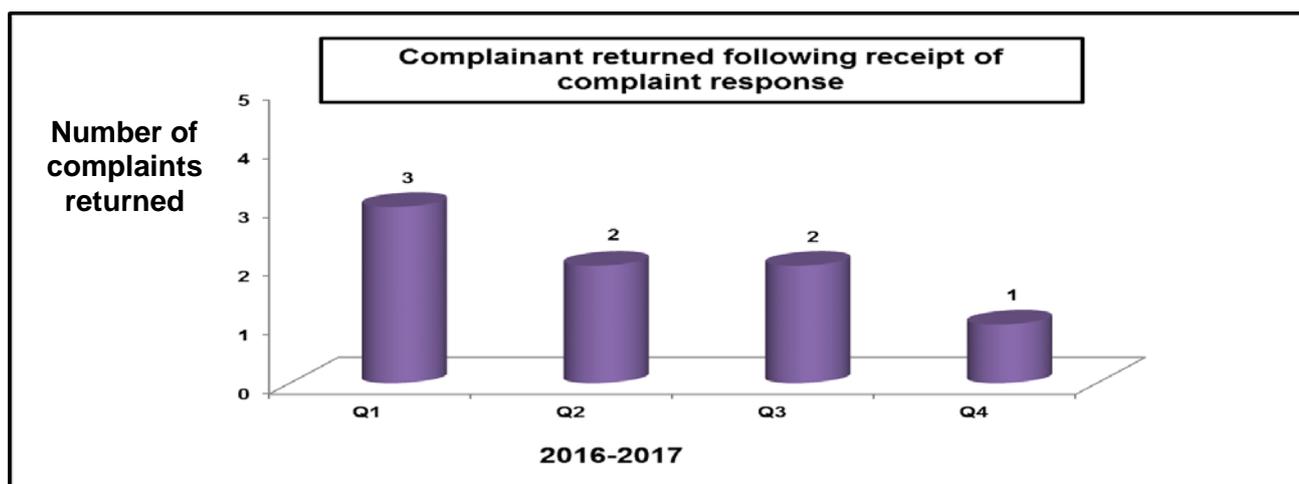


Figure 8: Number of complainants who were dissatisfied following receipt of complaint response and returned for further information or clarity.



Of the 55 complaint responses sent, eight complainants have had cause to approach the Trust either to seek further information, pose further questions as a result of the information incorporated within the response provided or disagree with the findings. Of these eight, two complainants returned for a third time and two complainants agreed to meet to reach a resolution. Of the eight, two complainants approached the PHSO and on both occasions their concerns were not upheld.

8.0 - PHSO referrals during 2016/2017

Six complainants referred their complaint to the Ombudsman following the Trust's investigation compared to nine during 2015/16, six during 2014/15. It is important to note that the complaints being reviewed by the PHSO were not all from 2016/17 (one complaint was originally investigated by the Trust in 2014, two during 2015 and three during 2016).

Of the six reviews, four were *not upheld* and no actions required. One complaint was partially upheld and the action has been completed and an outcome is awaited for the sixth.

During 2016/17 there has not been any recommendation to offer financial redress by the PHSO. As part of the Trust complaints process, financial redress is now considered at the point an investigation is complete.

9.0 - Further analysis of formal complaints

All complainants are provided with the details of how to contact an independent advocate and when enquiries come in via the PALS service as to how to raise a concern, callers are provided with advocate details.

There are occasions when the Trust is required to work in partnership with other organisations, below is a list of other healthcare providers which Airedale NHS Foundation Trust has worked with:

- Bradford Teaching Hospital
- North West Ambulance Service
- Leeds Teaching Hospitals
- Bradford District Care Trust
- Various General Practitioners

The Trust agreed to be the lead investigator on one of these complaints as the key issue was regarding care provision at ANHSFT, the remaining four were led by other organisations and ANHSFT undertook an investigation and provided information to the lead organisation for incorporating into the co-ordinated response.

The Trust has received no requests for a complaint response in large print or brail which reflects previous years.

As in the previous eight years, all formal complaints were received in the English language with no requests made by a complainant (or enquirers) for the assistance of the Trust's Interpreting Service.

The Trust received no formal complaints where people stated that they have a learning disability nor did this become evident during any of the investigations. According to Trust data during 2016/17 there have been a total of 225 patients coded as having identified learning difficulties who have accessed ANHSFT services compared to 188 patients during 2015/16.

Of the 73 complaints, 3 complainants took the option of meeting with senior members of staff on completion of the investigation. Following each meeting, a full summary of the investigation and meeting was provided for the complainant.

No external reviews of care were commissioned as part of a Trust complaints investigation during 2016/2017.

NHS Improvement does not have a role in the NHS complaints process and is unable to deal with individual complaints about NHS Foundation Trusts. However they can provide information about the complaints process to complainants if contacted. Foundation Trusts have a requirement to inform NHS Improvement of any serious complaints that the received as part of the Compliance Framework. During 2016/17, no complaints were referred to NHS Improvement.

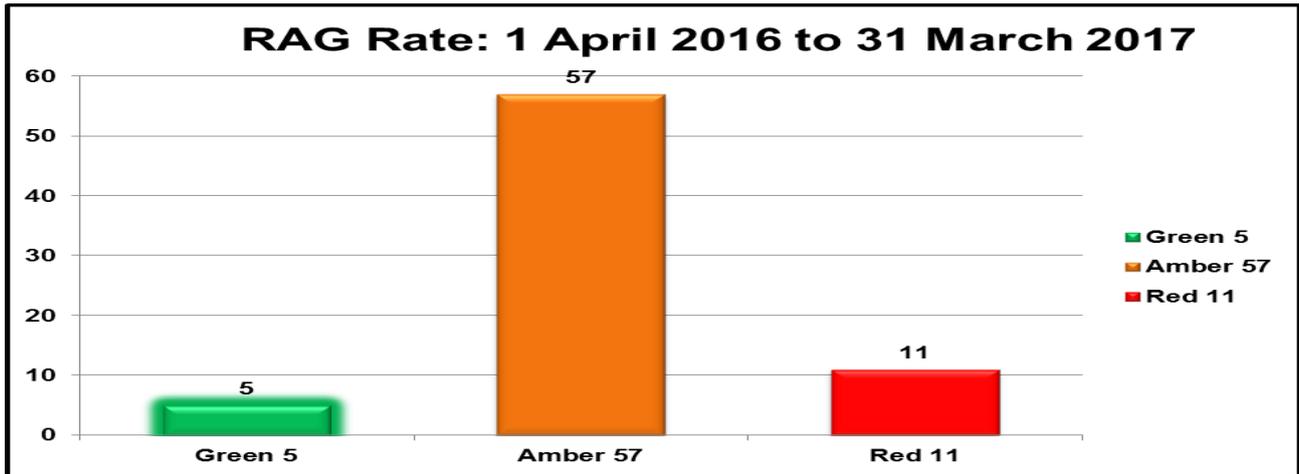
In line with Duty of Candour (November 2014) the Trust investigation responses have been scrutinised to ensure they were open and transparent. Where it has been established that experienced a service that did not meet a patient's expectations, this was shared with the complainants and an apology offered and lessons identified to enhance learning for the Trust.

Out of the 73 complaints, 7 (9.5%) complainants stated that they believed the Trust had been negligent or were seeking compensation and/or seeking legal advice. Delays are often seen between complaints information being provided and the complainant formally contacting the Legal Department at the Trust.

10.0 – Risk assessments

All complaints are risk assessed (Red Amber Green - RAG rated) on receipt to assess the seriousness of the complaint about the service/care or treatment. This assessment is undertaken to help identify the appropriate level of complaints investigation, root cause analysis (RCA) or Serious Incident Requiring Investigation to be taken by the Trust and to identify where immediate actions are required. The assessment includes any reference to Safeguarding issues, Serious Incident, misconduct or adverse incident or adverse media.

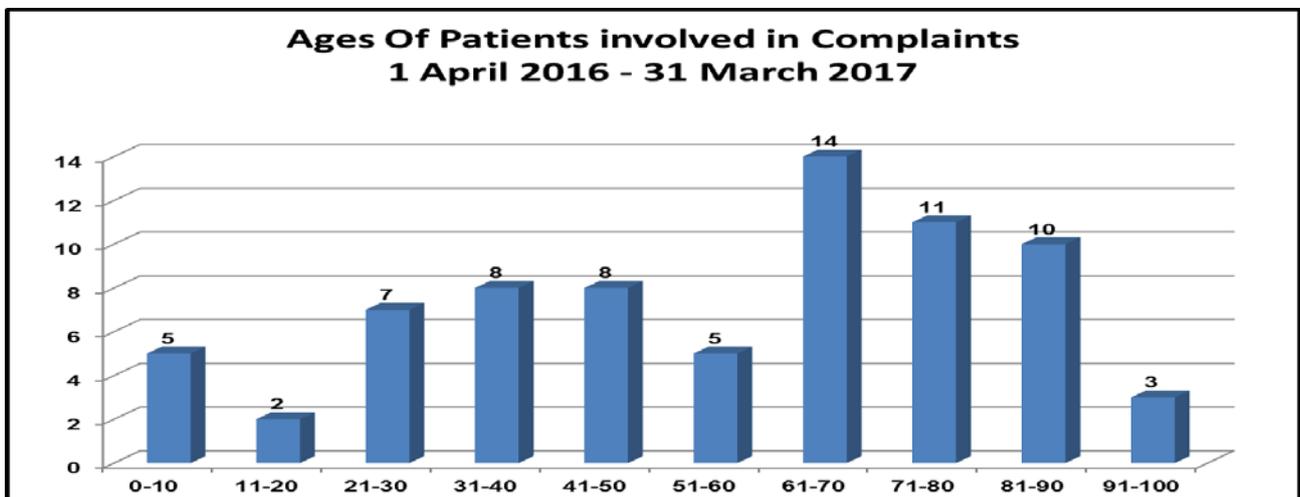
Figure 9: RAG rate score given on initial review



Six complaints were considered for escalation as a serious incident in accordance with the Trust's risk management policies. Of these, three were reported as serious incidents to the Clinical Commissioning Group (CCG) and the remaining three, after a fact finding review were investigated through the complaints process. There were a further five complaints which were risk rated red due to the complexity regarding care issues.

11.0 - Age range of complainants

Figure 10: Age of patients involved in complaints (not the age of the complainant)



This graph shows the age of the patient involved in the complaint. It is worthy of note that 33 (44%) of the 73 complaints concerned some aspect of care and treatment of adults over the age of 65 years. Of these, nine patients (12%) were aged between 80-90 years and three patients (4%) were over ninety years of age. Since 2014/15 there has been a steady increase of patients over the age of 65 years where a complaint has been made regarding the care and treatment they received.

11.1 Of these, on 29 occasions, a family member wrote on the patient's behalf and appropriate consent was obtained: two consents were waived as deemed to be in the best interest of the patient to undertake an investigation, but were unable to provide informed consent. The remaining four patients wrote on their own behalf.

12.0 – Information regarding the gender and ethnicity of patients involved in complaints.

The following data reflects a similar gender ratio to the last four years. On closer scrutiny 27 of the 73 complaints were raised directly by the patient, 19 were raised by a daughter and there remains a tendency for the mother/wife/ to write the letter of complaint regarding a family member. The graph reflects the gender of the patient which is not necessarily the complainant and is reflective of the previous year.

Figure 11: Gender of patients involved in complaints (from available data)

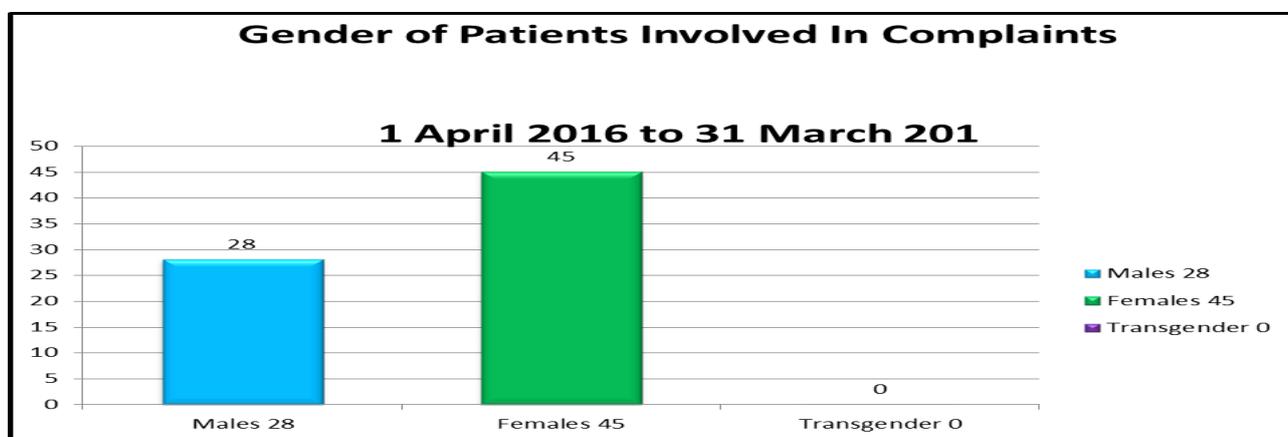
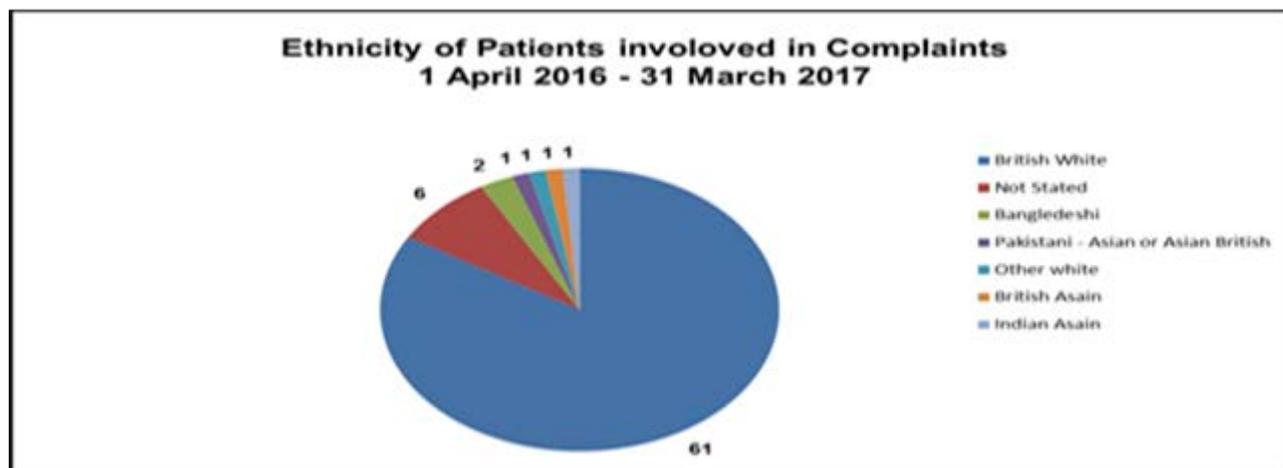


Figure 12: Ethnicity of patients involved in complaints



12.1 - The above information regarding a patient's ethnicity is taken from the Patient Administration System (PAS) information and not directly from the patient at the time of raising the complaint.

Each complaint receives an Equality Monitoring questionnaire and of the 73 distributed, 24 (32%) were returned completed compared to 21% in 2015/16. Of these :

- 17 were female and married.
- Six returns were from complainants of over 80 years of age, all of which stated they had disabilities, but not all clarified what their disabilities were.
- All of the responders stated they could read and write English.
- Six responders advised they spoke another language e.g. Polish, Punjabi or Urdu.
- Twenty described themselves as White British, two as White Asian and two as Pakistani.

13.0 - Discussion

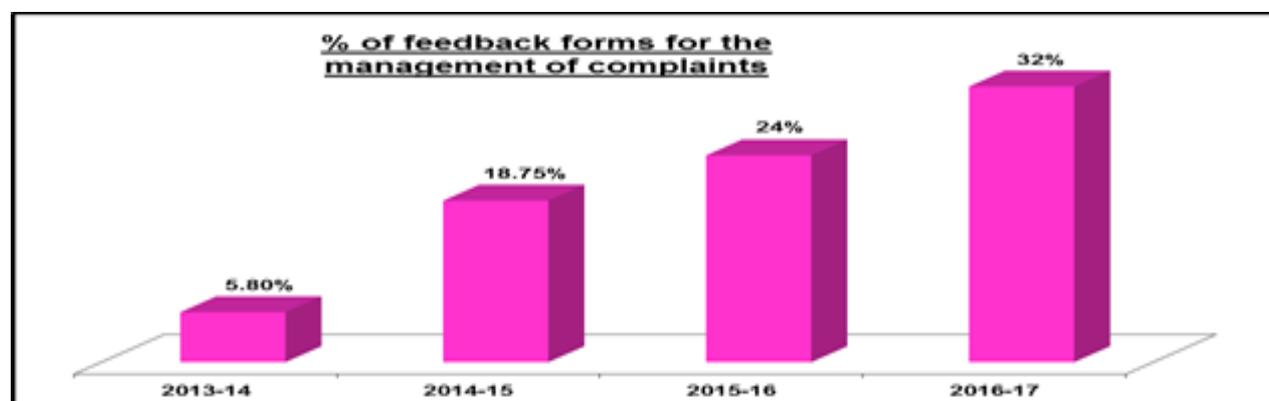
The Chairman, Chief Executive, Medical Director, Deputy Medical Director, Chief Operating Officer and Deputy Director of Nursing, Clinical Directors, and Assistant Director of Operations/General Managers continue to see all complaints which are received into the Trust. This seeks to ensure that lessons are learned between medical/nursing/professional teams helping to prevent repetition.

During 2016/17 the Complaints department has received six Freedom of Information requests which is comparable to 2015/16 regarding complaints data, with requests varying in complexity.

In March 2016 and 2017 the Trust underwent a CQC assessment and complaints management was one of the focal points during the inspection and the feedback has been incorporated in the revised policy and operational procedures.

Monthly audits are undertaken by the C-PALS team to ensure that information is readily available in all clinical/department areas and general public areas throughout the hospital. Where information is lacking, replacement information is provided. The Trust's web page also contains C-PALS information. Further scrutiny of the information has taken place during 2016/17 to ensure that the visibility of the PALS forms in various languages is maximised. As part of the Accessible Information Standard work, all Out Patient letters have PALS information contact details, ensuring that each patient will be advised how to contact PALS should they wish to raise a concern. Work continues to ensure that the service is well publicised throughout the Trust.

Figure 13: Percentage of feedback forms returned regarding the complaints process.



Feedback is obtained from complainants regarding the handling of the complaint. During 2016/17, we received 18 (32%) completed questionnaire feedback forms as a result of 55 being sent out with the final complaint response. The questionnaire is seeking to

understand a complainant's perception of how their complaint had been dealt with. C-PALS staff continues to reflect on any written and verbal feedback which is received and to review the manner in which complaint responses are written.

14.0 - Learning from Complaints, concerns and feedback

The Trust seeks to make changes following incidents, complaints and concerns to improve the care and services received by patients, users and their representatives. When a complaint is received by the Complaints Team, it is the responsibility of the Complaints Manager to immediately consider whether the complaint should be escalated (for example to the Deputy Director of Nursing, Medical Director) to establish whether any immediate and/or remedial action(s) should be taken, prior to the investigation, in the interest of safeguarding, safety, equality and quality.

14.1 ANHSFT is fully committed to the principles set out by the Government and National Policy, ensuring that the services provided help to keep children, young people and adults safe from harm. A copy of all 73 complaints received by the Trust are sent to the Senior Nurse for Safeguarding Adults or Named Nurse for Safeguarding Children, in order to ensure the complaint is assessed and reviewed against the *Safeguarding Adults and Safeguarding Children and Younger People* Trust Policies.

14.2 Work continues to ensure that the Trust complies with equality and diversity principles. The 73 letters of complaint were reviewed against the nine individual protected characteristics. Where a complaint warrants further investigation pertaining to an individual characteristic then this would be forwarded back to the complaints manager and investigator. During 2016/17 no complaints have been identified as requiring further scrutiny.

14.3 All complaints continue to be forwarded to the Appraisal Performance Outcome Group (this group is led by Deputy Medical Director, Clinical Professions) who will scrutinise the content of complaints and identify any learning and/or support requirements for medical staff, probity and competences. This group reviews the complaints in order that trends may be picked up early and dealt with promptly and review the outcome of the investigations.

14.4 Where a complaint has led to a Serious Untoward Incident being declared or a Root Cause Analysis to be undertaken, the responsible operational group present the outcome at their individual governance framework, monitor progress and complete learning action plans.

14.5 Monthly complaint and PALS reports are produced and uploaded onto Aireshare. This is for managers, heads of service, matrons/ward managers and clinical directors to review within the individual governance meetings to ensure service improvements and learning takes place. Each operational group is developing tracking systems to ensure that actions that have been identified as an outcome of a complaint have been actioned and where pertinent cross-organisational learning considered and shared appropriately.

15.0 - The Trust seeks to learn as an outcome of formal complaints and PALS.

To raise staff awareness and avoid any potential re-occurrence examples of learning and actions taken are reported within the Trust Quality and Safety brief. 'You said... We did...' examples are also available on Aireshare for staff to access.

Figure 14: Outlined in the table below are specific comments about services and the responses made.

You Said	We did
Concern was raised regarding a safe bed for a child with special requirement	A review took place of equipment and special bed purchased
Lack of specific information provided about partners staying on the maternity unit and that they would require bringing bedding and a pillow	Leaflet updated including this information
I received an automated telephone appointment reminder which raised concern of breaching patients confidentiality as anyone in the family could have picked up the telephone	Patients to be asked if they wish to opt out of receiving automated call.
Patient identified concerns regarding the cleanliness in the Emergency Department	Review of cleanliness undertaken and action plan put in place which included increase of cleaning hours and retraining of domestic staff

16.0 – Governance

The Trust remains committed to learning lessons from complaints to engender a positive experience for patients. Complainants tell us that in raising a complaint they wish to prevent what has happened to them reoccurring. The Trust is developing how shared learning can be strengthened.

16.1 Each month formal complaints, PALS, issues and compliment numbers continue to be reported via the Quality Account Dashboard to the Clinical Quality Learning and Improvement Group (CQLIG), Executive Assurance Group and Trust Board. This information is also broken down by operational group – surgical, integrated care, women and children’s and community services on the *Quality Account Dashboard* and received at the respective Delivery Assurance Groups.

16.2 During 2016/17 the operational groups have increased the focus on complaints and making improvements as an outcome. Each Group is able to track the progress of each complaint via the Airesshare complaints tracker.

16.3 Quarterly reconciliation and trends are presented in the quarterly Quality Account Dashboard which is reviewed at the Trust’s Executive Assurance Group and received at the public section of Trust Board. In addition, a quarterly quantitative and qualitative report is compiled, including lessons learned and improvements made as a result of complaints and PALS contacts. This information is shared with partner organisations, including the lead Clinical Commissioning Group (Airedale Wharfedale and Craven CCG). A brief outline of each complaint is also provided each month for the CCG at the point of receipt.

16.4 Assurance processes have been strengthened since October 2016 in the review of the final responses which are sent out. There is now an agreed pathway for all draft complaint responses to go through to ensure the complainant receives a kind, compassionate, patient focused, accurate, high quality, in-depth, appropriate response which evidences improvements where there has been a shortfall in care and services provided.

16.5 Examples of learning are cascaded by means of the Quality and Safety monthly bulletin

16.6 Examples of learning and the improvements made are now accessible for all staff on the Areshare tracker as well as examples of what our patients say to us regarding the attitude, behaviours and communications of our staff.

16.7 The Ombudsman's office has undertaken research in a number of Acute Trusts which has identified concerns regarding the current ability of NHS organisations to conduct effective investigations, where it is alleged that someone may have been harmed or has died, avoidably. Essentially, the report notes that not all NHS Trusts are identifying patient safety incidents and recognising potential serious incidents when complaints are received and investigated. From 1 April 2017 the Trust is required to publish data on deaths and an annual summary of this in their Quality Accounts from June 2018. This information has to include evidence of learning and an assessment of the impact of actions taken. To assist Trust Boards in cases where the PHSO has found avoidable harm or death, they will consider recommendations for remedy within their reports.

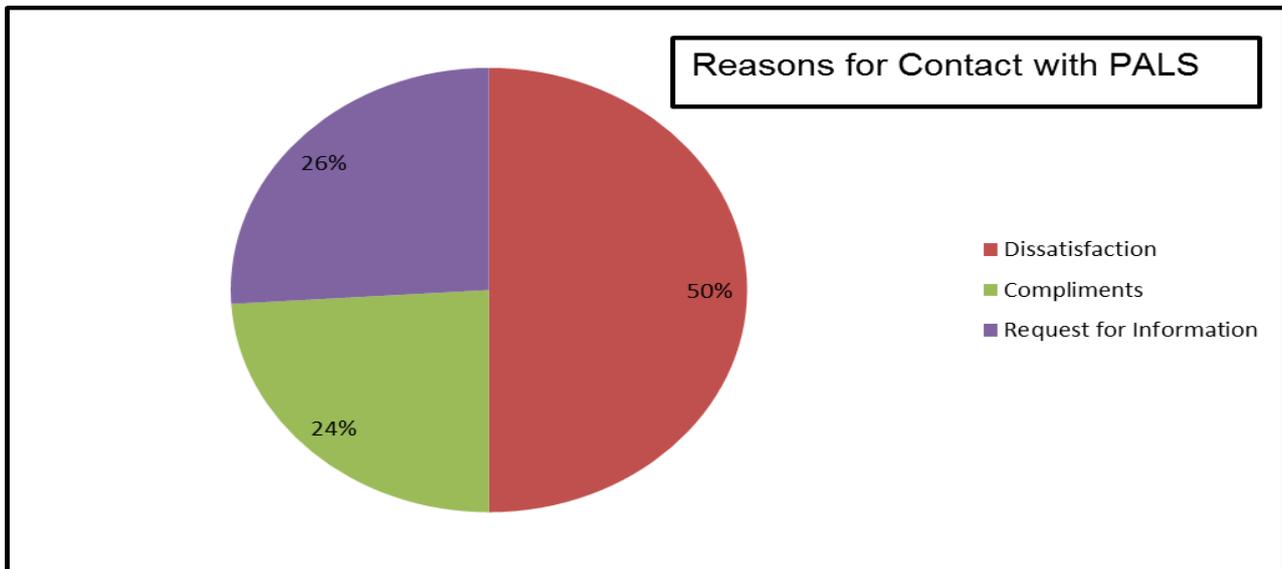
17.0 - Patient Advice and Liaison Service (PALS)

This section of the annual report concentrates on the nature and number of PALS contacts and issues raised within those contacts during 2016/17. PALS remain an invaluable source of help/guidance to people using services and for the Trust to understand the experiences of our patients.



17.1 During 2016/17 there were 2,131 patient or relative contacts with the Patient Advice and Liaison Service (PALS), some raising multiple issues, (2,047 contacts were specifically related to Airedale NHS Foundation Trust): 495 were compliments, 528 were requests for information and 1,511 were expressions of concern, dissatisfaction and requests for action to be taken.

Figure 15: Concerns, Compliments, Requests for Information and other enquires by category



Individuals contact PALS with a number of issues, all of which require processing, action, logging (at point of receipt and close) and outcomes fed back to the users. Feedback is provided by the manager/matron dealing with the issue or a member of the PALS team depending on the nature of the issue. Many of the concerns require the involvement of several managers/matrons in order to reach a resolution with the user.

17.2 At the point of receipt PALS contacts are reviewed by the C-PALS team to consider safeguarding concerns. The C-PALS team maintain their basic training for Safeguarding.

17.3 Work continues on more effective advertising and visibility of PALS within the hospital, promoting an open and engaging culture which may help in more timely and appropriate resolution of concerns and issues at the point at which they occur.

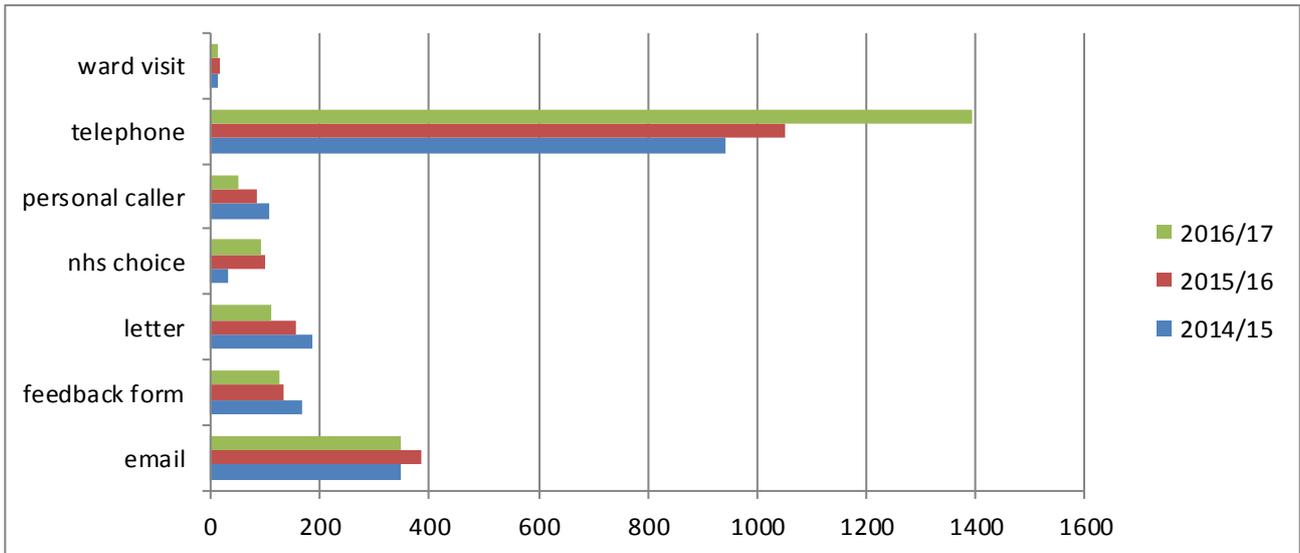
17.4 There are five PALS notice boards around the Trust, providing information to patients/relatives about how to make a complaint. The PALS feedback form is available in six languages (Chinese-Mandarin, Polish, Russian, Slovakian, Urdu and English) and on the display boards are flags to depict the language of origin. There have been no forms returned to PALS since the time these forms were available. However, it is noted that many feedback forms are taken from the notice boards. Each ward has information regarding the PALS service on visual display. The communications team and Matrons have standardised the notice boards to the entrance of each ward and 'How to make a complaint, Raise a concern' information is displayed at this point.

17.5 The PALS telephone contact line is operated by a member of C-PALS during working hours Monday to Friday. A voice mail service is available during 'out of hours' and calls are returned on the next working day. The out of hours Matron is the contact for patients/relatives who have urgent issues which require action. On average the PALS team receive 4 voice mail messages a week between the hours of 4pm and 8am.

17.6 PALS are an invaluable service for enabling patient involvement and engagement, providing a rich source of effective feedback about the patient experience.

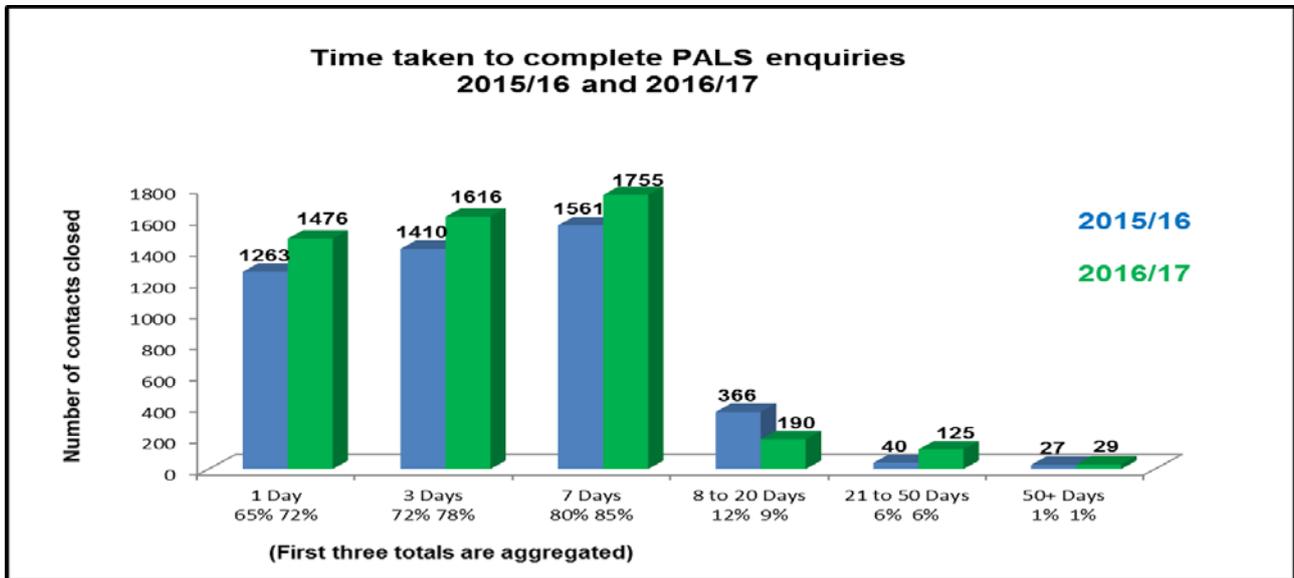
17.7 Introduction to the PALS service for staff (undertaken by C-PALS) continues to be delivered to groups of staff around the organisation. The C-PALS team deliver an awareness session to all staff that attend the Trust's Induction programme and focus on the Right Care Principles.

Figure 16: Method of communication contact by patients with the Trust



Of note : email, feedback forms, letters, social media contacts, personal caller and ward visits have all decreased as a choice of method of contact, whereas telephone contacts have seen a rise 11%.

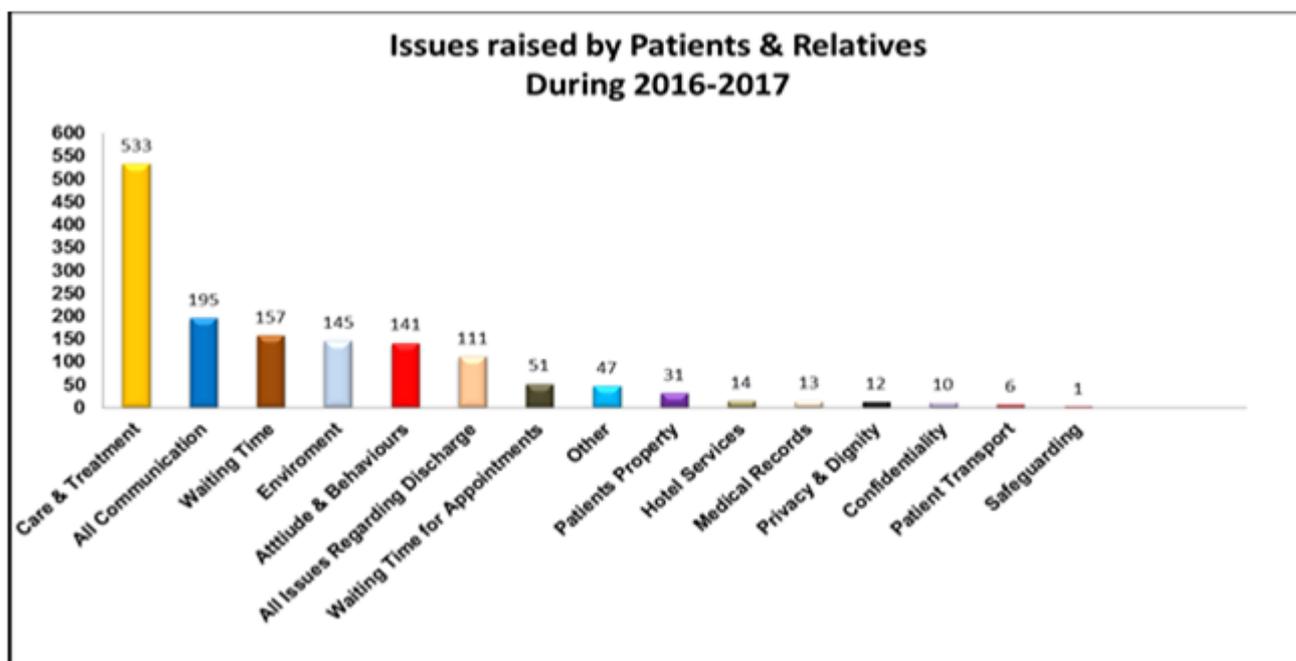
Figure 17: Chart showing completion times for PALS queries.



17.8 Of the 2,047 who contacted PALS regarding ANHSFT, 1476 (72%) were acknowledged, resolved and closed within one day. Within three days a total of 78% were closed and by 7 working days a total of 85% of issues had been resolved to the callers' satisfaction. The remaining 15% of contacts were all acknowledged within one day; however these varied in the length of time it took to respond and close. A total of 94% were closed by day 20 leaving 7% of concerns which took over 20 days to resolve. On review this was due to the complexity of the issue(s) being raised.

17.9 The option to have a formal investigation is shared openly with complainants and what this entails.

Figure 18: Chart outlining a sample of issues raised by patients and relatives



17.10 Not all contacts dealt with by PALS are complaints/concerns about care and services provided by the Trust. The PALS service offers to take consent to share with the relevant provider or directs by providing contact details for the patient/relative for the health care provider identified.

17.11 PALS also received compliments about the Trust's care and services. Compliments are also sent directly to wards/departments and this information is collated by PALS. For all quarters during 2016/17, the number of compliments about the Trust outweighed the number of concerns. Total compliments collated were 3,159, an increase of 3.4% on 2015/16.

18.0 Analysis

- Recurring themes with the greater number of concerns received by PALS include waiting times for treatment/appointments and particularly recurrent cancellations of OPD appointment.
- There has been an increase in concerns being reported regarding the overall environment and sixty concerns raised regarding signage around the hospital. A task and finish group was convened to review what actions were required to be undertaken to address the feedback that our patients had given.
- Missing property remains to be of concern to 31 patients during 2016/17 despite work being undertaken within teams to address this issue. Examples of items missing : patients own wheel chair, mobile telephones, dentures, hearing appliances, clothing, money and jewellery.
- Issues regarding end of life have seen a further decrease to 3 concerns, compared to seven and thirteen enquires during the past 2 years.

- The themes from PALS are highlighted in the monthly group reports and examples of what our patients quote are available on Aireshare to enhance shared learning and reflection for all staff.
- PALS contacts have continued to increase steadily.



- On review of the concerns raised there appears to have been an increase in the number of issues and complexities in the individual PALS being received.

19.0 Audit of PALS files for compliance in accordance with Trust Policy.

A member of the Patient and Carer Panel, has been involved in a review of the PALS service. During 2016/17 100 PALS files have been reviewed. Of these 100 per cent were assessed as being dealt with in accordance with a complainant’s wishes and the concern was dealt with by the most appropriate person.

Of the 100 concerns, 22 needed consent obtaining before proceeding and 18 were appropriately obtained, and for the remaining 4, consent was not obtained as the patients were too unwell.

There was clear evidence that all 100 concerns had been acknowledged within one working day of receipt, in line with the Trust Policy.

The actions taken to resolve the concerns where indicated were identified and examples of making improvements were evidenced on the Aireshare tracker

Of the remaining PALS no learning was identified and, upon further review, this appeared to be accurate, as the issues raised and dealt with were not deemed to have been a fault or process breakdown.

19.1 Quote from Isobel Scarborough, Member of the Patient and Carer Panel –

“As a member of the hospital patient and carer panel we have the opportunity to listen and learn from both patients and hospital staff about how the patient receives care during their stay. I observed while scrutinising the detail of patient communication with the PALS process how important communication is throughout this work. Poor communication, either verbal or written appears to have a great impact on a patient’s experience.

Therefore, it is important for the Trust to keep the Right Care Principles at the core of communication with patients and their relatives at every level.

Numbers of contacts with the service remains very high and it is pleasing to note that the compliments are increasing. However, a great deal of thought has been given to reaching resolution with patients and is more informative. Learning from experiences has been enhanced and clearly designed for maximum gain across all disciplines. To manage this there is very clear evidence of tighter governance and follow through processes.

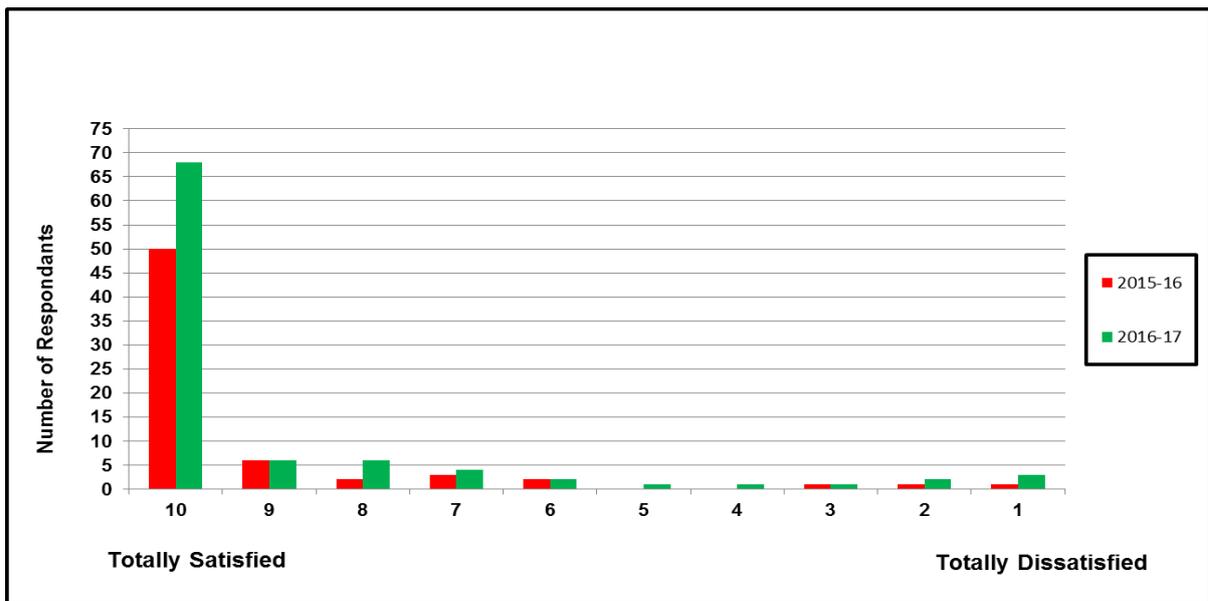
It is interesting that in spite of the digital age most contacts to the PALS service are made by the telephone. It is evident that works continues to strengthen processes on ensuring patients receive timely responses to the concerns they have raised.

I am also aware of how far the learning process has spread out to all Trust staff by means of You Said... We did..., encouraging shared learning and the importance of making improvements for services”.

Isobel M Scarborough

Patient and Carer Panel.

Figure 19: Satisfaction feedback of contact with PALS service.



People were asked to rate their overall satisfaction with the PALS service (with a score of one being totally dissatisfied to 10 being totally satisfied). A total of 120 questionnaires were sent, 90 via the post and 30 via email. Ninety four responses via the post were received and non via email.

The questionnaire also posed the following two questions in order to aid the development of the C-PALS service following the increase use of social media has as a means of contacting the service.

- Do you currently use social media such as Facebook and Twitter? 52 of those responded positively while 20 stated, no they did not. 22 did not respond.

- If you do use these forms of social media would you find it useful if information about our service was available via this media? Of the 94 responses, 10 confirmed they would find it useful (two confirmed they had done so) and the remaining 84 stated they would not or did not respond. Further comments received “not an appropriate medium for commenting on regarding health care issues”, “not able to comment via this method as no access to computer”.

The Equality and Monitoring form was only returned (in SAE) by twenty nine of the ninety four who responded to the satisfaction survey.

In response to the question “Do you consider yourself to have a disability”, nine out of the twenty nine answered “yes”. Identifying mobility; mental health needs, poor vision as their disability or did not provide further information.

In response to “How would you describe your sexual orientation” 18 reported to be heterosexual; two lesbian/gay; and 9 choose “not to say”.

None of the 29 stated they had a problem with reading and writing. All stated they spoke English and two also spoke either Slovak or Urdu.

20.0 Key Achievements in 2016 – 17

- Work between Corporate Complaints function and the investigation leads has been fruitful in reducing the time frame for complaint responses in the second half of the year. While there is continuing work towards ensuring compliance with the 40 day working day target, there is an understanding that several complaints involve complex and sensitive issues.
- A Mersey Internal Audit Agency (MIAA report October 2016) review was undertaken of the complaints process, with an emphasis of seeking to understand why complaint investigations were not being completed in an acceptable time frame and how well the Trust managed complaints in line with the current Management of Complaints Policy. The report found significant assurance; that complaint responses were comprehensive, sympathetic and apologetic as appropriate. Some control weaknesses were identified i.e. monitoring and follow up of improvements needed recording and governance arrangements required review as discussions of shared learning were not always apparent. Time scales was also of concern and in some cases were not met despite the agreement between complainant and investigator. MIAA identified four medium and two low risk actions which required addressing. An action plan has been established and is currently being worked through (3 of the 4 medium and both low risk issues have been addressed. The remaining actions are captured in the key initiative for next year.
- The C-PALS team have worked with patients and carers to ensure concerns are taken seriously and that replies to concern’s are meaningful, understandable and compassionate. Considerations have to be taken that the 40 day target does not hinder the quality of the investigations and responses provided.
- Work has continued to embed the revised complaints process into practice and to continue to work closely with the allocated investigators to ensure the Right Care principles are at the heart of the timeliness and quality of responses to the complainant.

- Assurance processes for the review of draft complaint responses has been strengthened and formalised
- All re-opened complaints are now being monitored. Review of the responses is undertaken and it has been identified that often the complaint response prompts further questions from the complainant which they seek a response too.
- Development of qualitative data collection from C-PALS has occurred to enable enriching the reports provided for the service groups as well as the Quality Review Group. These seek to understand individual patient experiences and the impact it has on the health care journey at ANHSFT.
- We have seen patient involvement in the development of an action plan which proved to be most beneficial to both the patient and the Trust. Patient feedback was very positive as they advised that the Trust had taken improvements seriously.
- The development of a child focused and learning disabilities focused PALS forms in line with the Accessible Information Standard is progressing.
- The Airesshare Complaint and PALS pages have been developed. This is to enable the operational group's access to real time data regarding the progress of individual complaints. There is access to examples of where learning has been identified and what actions have been undertaken. Monitoring of Airesshare Complaints page is undertaken by the C-PALs team. There remains work to do in encouraging all Trust staff to access these pages for their learning and reflection.

20.1 Following the Board's receipt of last year's Complaints Annual Report, the C-PALS were asked to develop work on the following which is outlined in the table below:

Trust Board Request	Response
Gathering data on Equality	Work is ongoing to seek information regarding protected characteristics of patients who contact the service
Compliments	A tracker has been established on Airesshare which provides examples of compliments the Trust has received, this is open to the Groups to enable learning from the positive.
Attitudes, behaviours and communications of staff	A tracker has been established on Airesshare which captures examples of the attitudes and behaviours of Trust staff to highlight what our patients and relatives tell us. The examples provided will strengthen shared learning which has been identified as a result of a PALS concern or individual complaint. These are shared with the HR Director to help inform the direction of the People Strategy and Right Care Behaviours programmes.
Understand how other organisations present the Annual Complaint Report	Several Complaints reports have been reviewed all of which present the high level numbers of complaints and a breakdown by

	<p>theme in line by KO41 categories, by operational group and provide examples of learning. There is wide variety of presentations. In the reports reviewed there is not the depth and breathe of breakdown regarding who complains, age, gender, consent, returns, comparative figures with other organisations, RAG rating, days taken to respond and outcomes that are available in the ANHST report</p>
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21.0 Key initiatives for 2017/18

- Focus on meeting 40 day target for responses and sustain progress
- How do we learn from the compliments received?
- All completed PHSO action plans where cases were *upheld* or *partially upheld* to be presented at CQLIG
- Involve complainants/families in action plans to support “getting it right”
- Continue the development of PALS forms for patients from the younger adult, child and learning disability demographic.
- Re-write complaints performance questionnaire in line with PHSO questionnaire
- Email automated acknowledgement PALS-Complaints
- To involve and work with members of Patient and Carer Panel (many members have links with local forums and organisations) to spread the work about the PALS service

22.0 Conclusion

In conclusion the C-PAL’s team have supported the Trust in developing systems to enable a better approach to shared learning both from complaints and compliments. The structure and systems are now present and the awareness of these continues to improve. As the Group Governance systems gain momentum these are now being accessed and used with greater frequency, however much of the work in the year ahead is to make much better use of this resource. This will help to ensure that we do what patient’s ask of us and learn from their experiences so that we can continually strive towards delivering quality care and services that they can trust.

23.0 Recommendation

The Board are asked to receive and note the contents of this annual report.