

|                                      |   |                                     |   |
|--------------------------------------|---|-------------------------------------|---|
| <b>Meeting:</b>                      | Board of Directors                                  |                                     |   |
| <b>Date of Meeting:</b>              | 25 July 2018  |                                     |   |
| <b>Report Title:</b>                 | Annual Complaints Report 2017/18                    |                                     |   |
| <b>Status: (tick one box)</b>        | Information <input checked="" type="checkbox"/>     | Discussion <input type="checkbox"/> | Approval <input type="checkbox"/>   Regulatory <input type="checkbox"/> |
| <b>Classification</b>                | NHS Confidential                                    | Yes <input type="checkbox"/>        | No X  |
| <b>Lead Director</b>                 | Jill Asbury, Director of Nursing                    |                                     |   |
| <b>Report Author</b>                 | Karen Walker, Interim Deputy Director of Nursing    |                                     |   |
| <b>Appendices</b>                    | n/a   |                                     |   |
| <b>Links to strategic objectives</b> | Board Assurance Framework Reference and description | n/a                                 |   |
| <b>Links to corporate risks</b>      | Corporate Risk Register Reference and description   | n/a                                 |   |

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| <b>Purpose of the Report</b>  |
| To provide the Board with an update about complaints received and any action taken. |

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| <b>Key points for discussion</b>  |
| <ul style="list-style-type: none"> <li>The number of formal complaints received has reduced during 2017/18, however the themes emerging are similar to the previous year. 49.2% of relating to clinical treatment and a slight increase relating to delays in treatment and staff attitude.</li> <li>The themes emerging in PALs remain similar to previous years, with the top 5 themes being care and treatment (34%), communication (13%), environment, including signage and car parking (11%), attitude of staff (10%) and waiting times (7%).</li> <li>The response time to complaints is reducing; however there is room for improvement: however in responding within the target 40 day ANHSFT standard: 2016/17 number responded to in 40 days 38% in 2018/9 39%.</li> <li>The Surgical group have demonstrated a marked improved performance in their response times. Integrated Care group remain variable, and the leadership team for ICG have recognized this and recently introduced a new method of tracking and allocating an investigator at receipt of the complaint. Women and Children's group do receive less complaints, however they do have a level of complexity than can and does delay the response times.</li> <li>There have been 2 complaints submitted to the PHSO for their consideration and one of these was partially upheld, which related to a delay in referral to dietetics.</li> <li>The team has made progress to working 'paper light'.</li> <li>More work is required to monitor any changes implemented as a result of complaints received and this is noted as a weakness at the PPEE steering group and will be actioned through the operational groups.</li> <li>There were two complaints relating to patients from a BAME group which equated to 4%, which is not reflective of our service users, inpatient, outpatient and ED attendance activity in 2017/2018, where 76% were White-British patients and 24% non-White-British.</li> </ul> |

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| <b>Recommendation</b>   |
| The Board is asked to note the key points in the report and the work that is being undertaken to improve the patient and family's experience of the complaints process. |

# **PALS and Complaints Annual Report 2017 - 2018**

**July 2018**

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## 1.0 Introduction

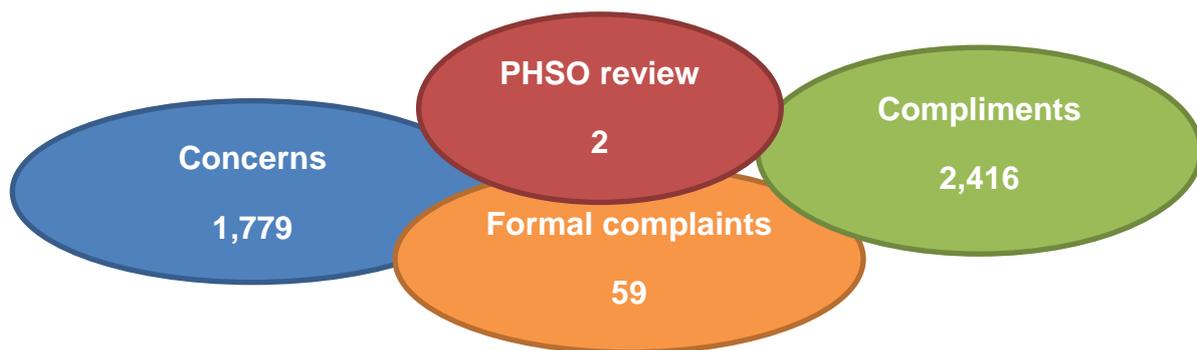
This report summarises the Complaints and Patient Advice and Liaison Service (PALS) activity and performance at Airedale NHS Foundation Trust for the year 1 April 2017 to 31 March 2018.

In the vast majority of cases, our patients, relatives and carers are satisfied with the care, treatment and service they receive. On the occasions where a patient, relative or carer 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.

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

In addition to the valuable learning and improvements that results from individual concerns or complaints, all complaints and PALS data is reviewed and monitored by the relevant operational groups. This is to ensure any themes are identified and this is shared across the organisation, so that the necessary improvements can be made.



## **2.0 Definitions**

Throughout this report 'K041' complaints are referred to as 'complaints' and these are managed through the Trust's formal complaints process. Information on these is reported quarterly to NHS Digital (formally the Health and Social Care Information Centre). The term 'concerns' is used in relation to informal concerns which are managed and resolved through PALS, either on the spot or at a local level.

We record and respond to all concerns and complaints irrespective of how they are presented; whether this is in writing, in person, over the telephone or by email. Efforts are made by the PALS and Complaints team to speak with the complainants who raise concerns in writing, by letter or email, upon receipt, to acknowledge this and to ensure that their concerns are understood. This also provides an opportunity to resolve any concern immediately, if this is possible.

For any complainant raising issues that require a more detailed investigation these are managed formally, in accordance with the Trust's Complaints Handling Policy.

### **2.1 Informal concerns**

Informal concerns which cannot be resolved locally are usually managed through our PALS. Often these are concerns, queries or requests for information which do not require a detailed investigation, but which may require explanation, guidance, signposting or additional information. These issues are recorded and dealt with in real time by our PALS and Complaints team, or by a relevant member of staff, who is able to offer the appropriate information. If the matter is not resolved to the enquirer's satisfaction, then the concern is managed as a formal complaint. Where informal concerns are considered to be significant, these are investigated and they are reviewed by a senior manager and/or senior nurse, and appropriate action taken.

### **2.2 Complaints**

The Trust investigates complaints in a manner appropriate to the issues raised and in line with the Trust complaints handling policy. The aim is to resolve all complaints speedily and efficiently. During the investigation there is also a need to keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation and of any delays.

Each complaint is triaged by a senior member of the complaints team and risk assessed for any potential serious incident. There is a clear escalation process in place for concerns raised that could require consideration for a serious incident investigation. Dealing with individual complaints in this way ensures a consistent approach and an independent view of the issues raised and initial actions to be taken. Complaints are reviewed by the safeguarding adults' team for adult cases and

the safeguarding children’s team for paediatric cases to ensure that any safeguarding concerns are addressed, if required.

It is expected that all complaints will be acknowledged formally within two working days. This will normally be done in writing, unless under exceptional circumstances. Acknowledgements to all complaints and concerns are sent by a member of the Complaints and PALS team. A timeframe for investigation and response to the complaint is identified and if necessary, negotiated with the complainant at the start of the investigation. This is intended to ensure a realistic timescale is given in the context of the anticipated investigation. The Trust aims to formally respond to complaints within 40 working days of the complaint being received. The focus is to provide a high quality, thorough, open and candid investigation, however at times, this may necessitate a longer time period.

### **3.0 Activity and Performance**

This section provides an overview of the key performance and activity data for 2017/2018. It includes the number of complaints and concerns received; the response times and a breakdown of the themes most frequently raised as complaints and concerns.

#### **3.1 Complaints data**

Key points to note from the data are:

- The number of formal complaints received in 2017/2018 is less than those received in the last two years.
- There has been a slight increase in the number of PALS concerns received during this last year.
- There has been a decrease in the number of compliments received during this last year.
- The number of complaints concerning the Trust reviewed by the PHSO has reduced from the previous year.

|   | Year    |         |         |
|---|---------|---------|---------|
|   | 2015/16 | 2016/17 | 2017/18 |
| Number of complaints received                   | 86      | 73      | 59      |
| Complaints reviewed by PHSO                     | 9       | 6       | 2       |
| Complaints upheld/ partially upheld by the PHSO | 4       | 1       | 1       |
| Number of PALS contacts – total                 | 4,368   | 4,360   | 4,195   |
| • Concerns / information                        | 1,603   | 1,731   | 1,779   |
| • Compliments                                   | 2,765   | 2,629   | 2,416   |

Figure 1 – Activity and Performance Data for last 3 years

The Trust has had two cases referred to Parliamentary Health Service Ombudsman (PHSO) in 2017/2018 compared to six in 2016/2017. Of the two cases referred during 2017/2018, one case was not upheld, and one was partially upheld.

### 3.2 Complaints and Concerns received

The graph below shows the number of concerns and complaints received by month during 2017/2018. This demonstrates the fluctuations which can occur from month to month.

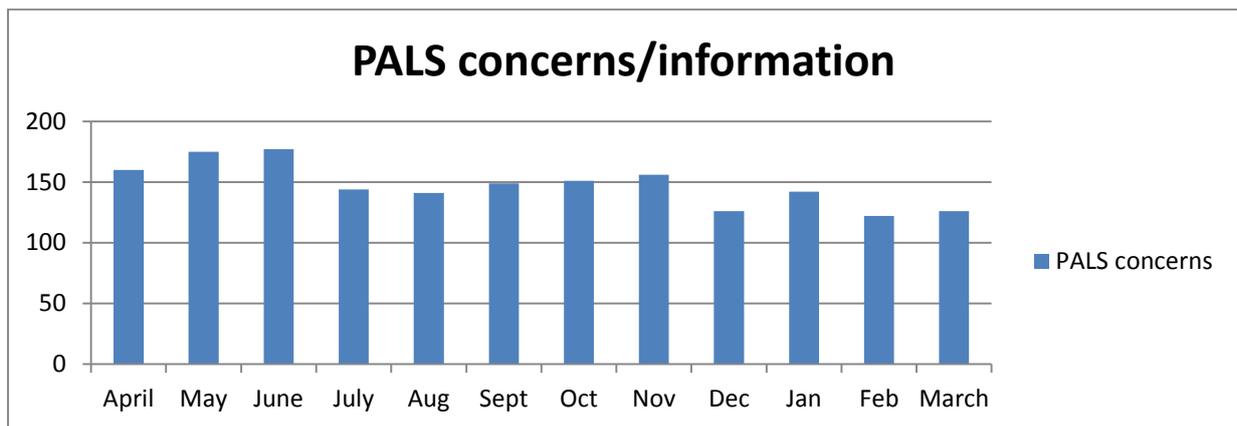


Figure 2 – PALS concerns/information by month - 2017/2018

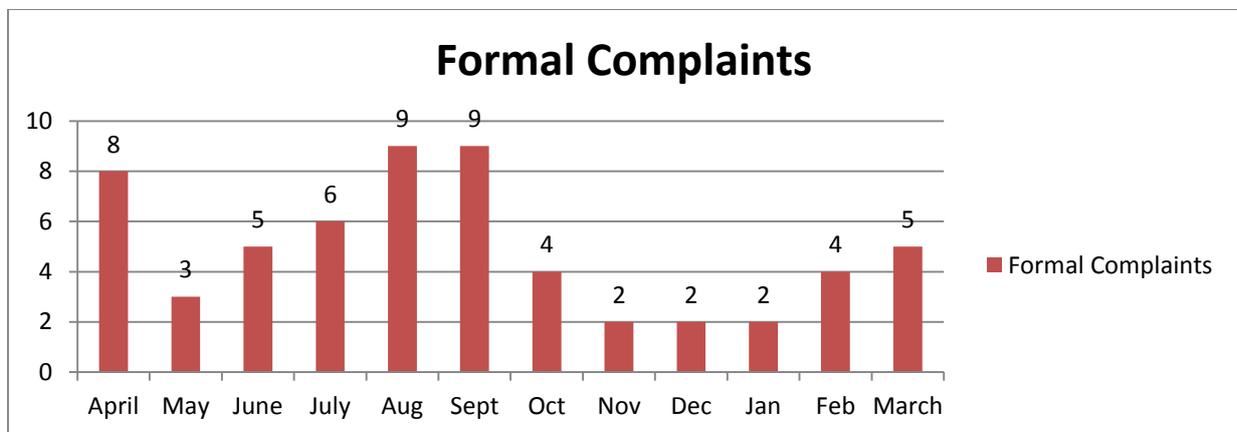


Figure 3 – Formal complaints by month – 2017/2018

All PALS concerns/information are recorded by operational group as seen below.

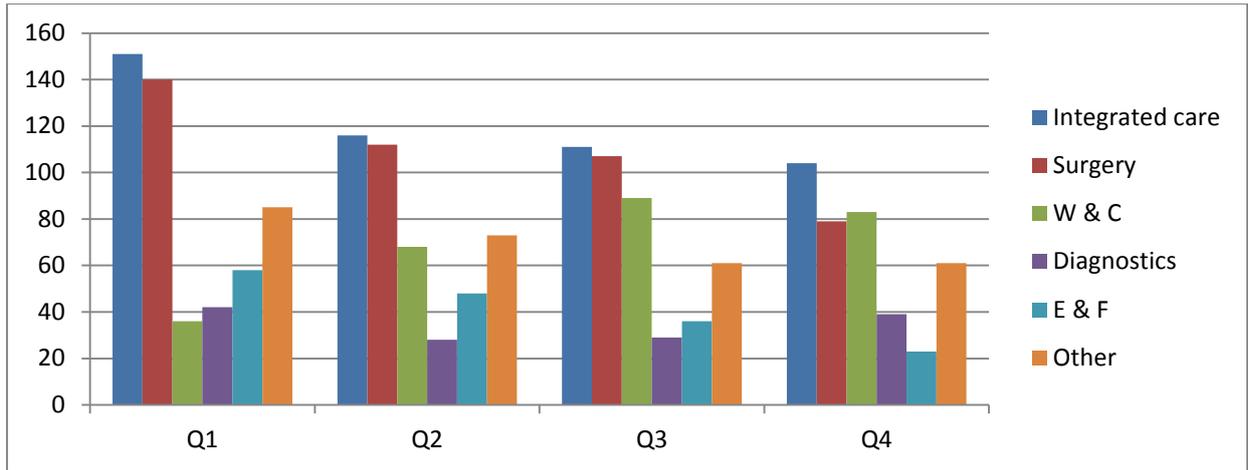


Figure 4 - Number of PALS concerns/information per operational group by quarter – 2017/2018

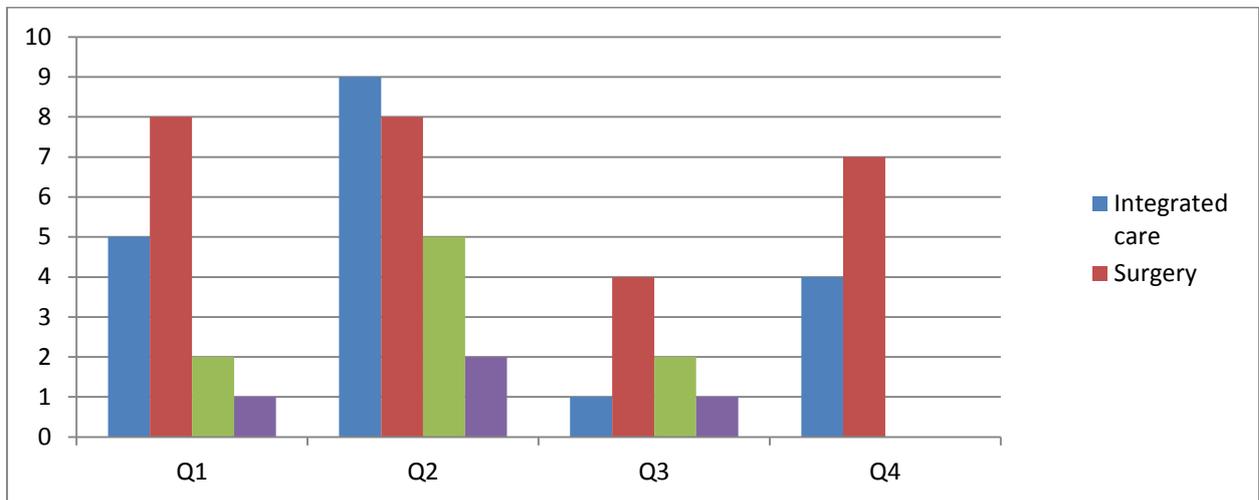


Figure 5 – Number of formal complaints by operational group per quarter – 2017/2018

### 3.3 Method by which the complaint is received

Complaints are received by three main methods; email, telephone and letter. Some complainants prefer to discuss their complaint directly with a member of the team. Staff in the Complaints and PALS team are available to meet with complainants at any time during office hours, between 09.00hrs and 17.00hrs, Monday to Friday.

### 3.4 Themes in complaints

The issues most frequently raised in complaints are illustrated in the graph below.

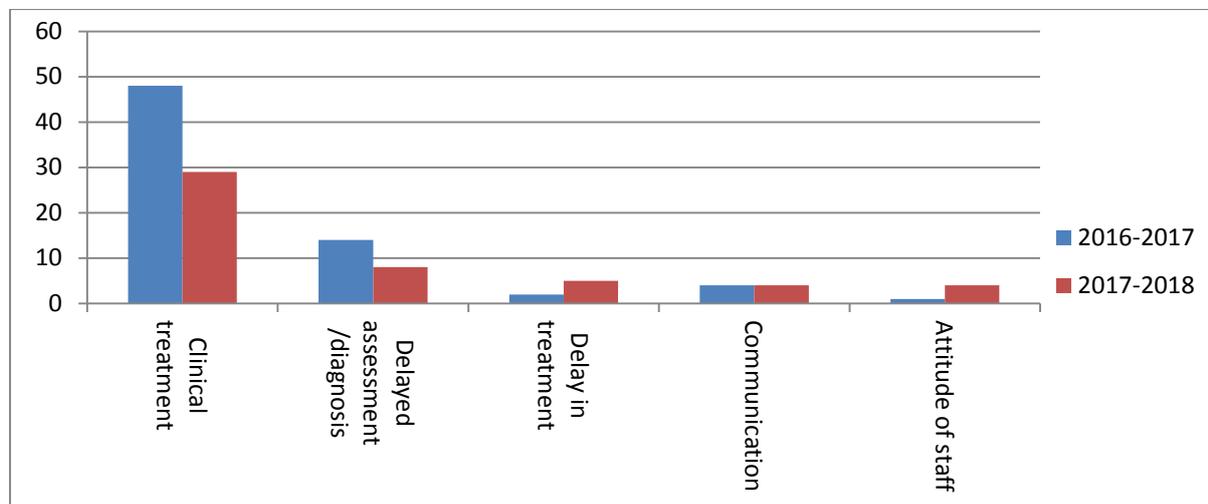


Figure 6 – Most common cause for complaints for 2016/2017 and 2017/2018

In 2016 – 2017, 65.8% of complaints were related to clinical treatment. In this last year, 2017 – 2018, 49.2% of complaints were related to clinical treatment which is a fall of 16.6%. There has been an increase in complaints relating to delays in treatment and the attitude of staff in the last year.

### 3.5 Themes in PALS

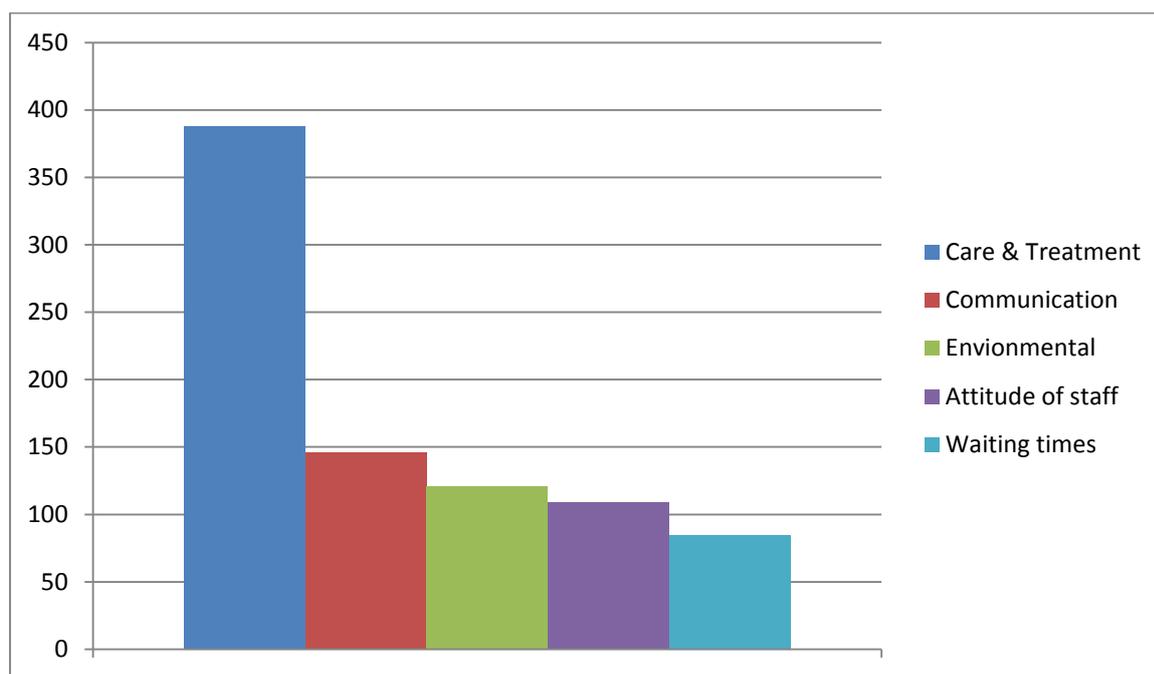


Figure 7 – Top five themes in PALS in 2017 - 2018

In 2016/2017, the top five themes in PALS were: care and treatment (35%), communication (13%), waiting times (10%), environment, including signage and car parking (10%) and attitude of staff (9%).

In 2017/2018, the top five themes in PALS were care and treatment (34%), communication (13%), environment, including signage and car parking (11%), attitude of staff (10%) and waiting times (7%).

### 3.6 Compliments

The Trust has continued to record the number of compliments received from various sources from patients, relatives and carers. Focussed work has been undertaken with the clinical teams to capture this information more robustly and is a particular area for further work during 2018/2019.

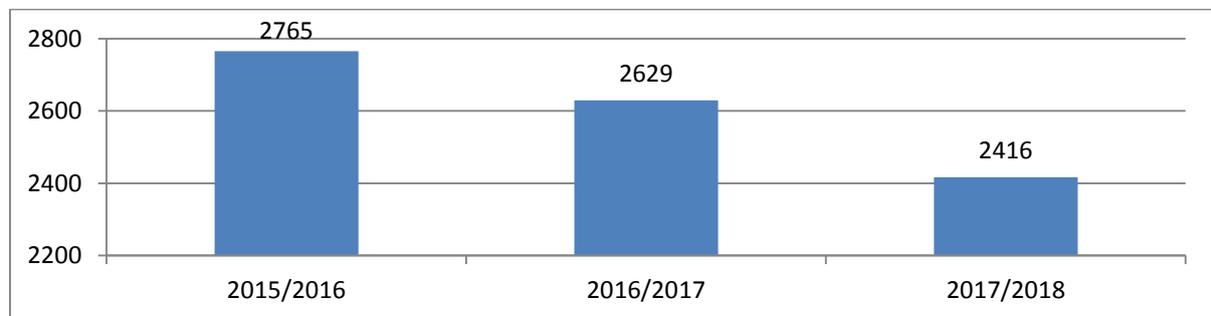


Figure 8 - Compliments received in 2015/2016, 2016/2017 and 2017/2018

## 4.0 Outcomes

This section provides information relating to the complaints closed during 2017/2018.

### 4.1 Response times

The graph below demonstrates the achievement in providing formal responses within the 40 working days target. The Trust recognises that there are still improvements to be made with regard to completing complaint investigations and responding to complainants within the initial agreed timeframes.

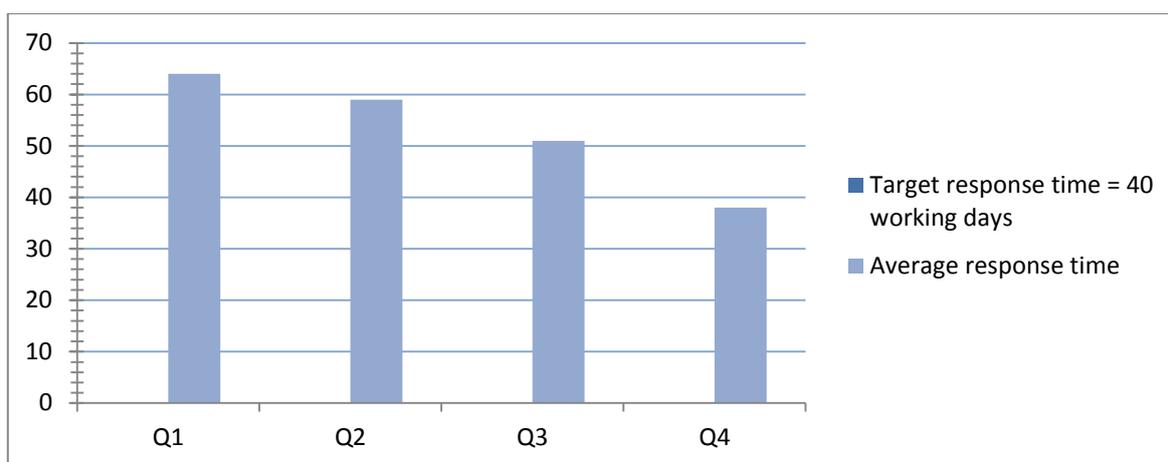


Figure 9 – Response times to formal complaints in 2017/2018

During 2016/2017, 38% of complainants received a response to their complaint within 40 working days.

In 2017/2018, complaint response times have slightly improved overall with 39% of complainants receiving a response within 40 working days.

It is noted there is a considerable range from 14 days to 153 days for a response to be completed and signed off by the Chief Executive. The average for the year is 53 working days for the 55 responses sent to complainants.

The charts below demonstrate the response times per operational group.

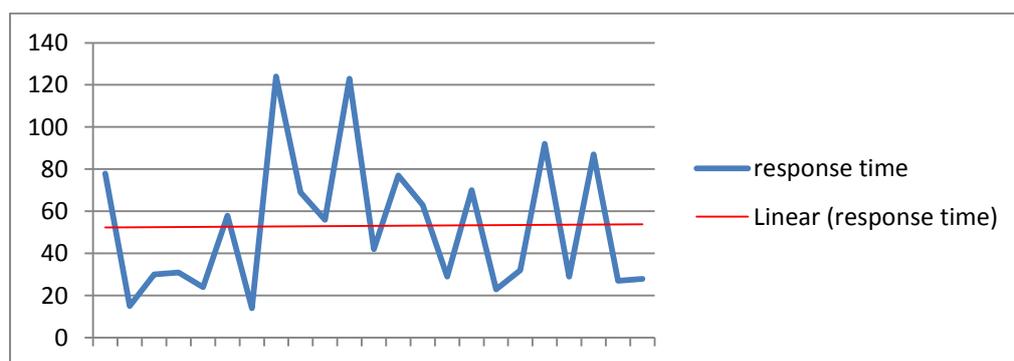


Figure 10 – Integrated Care Operational Group performance for 21 complaints

For Integrated Care Operational Group overall the average response time was 53.1 working days with a range of 14 days to 124 days.

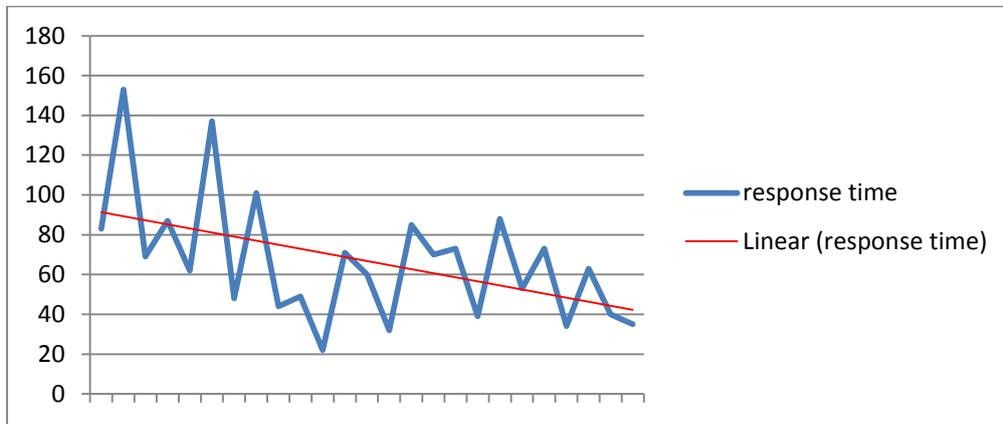


Figure 11 – Surgery Operational Group performance for 26 complaints

For Surgery Operational Group overall the average response time was 66.8 working days with a range of 22 days to 153 days.

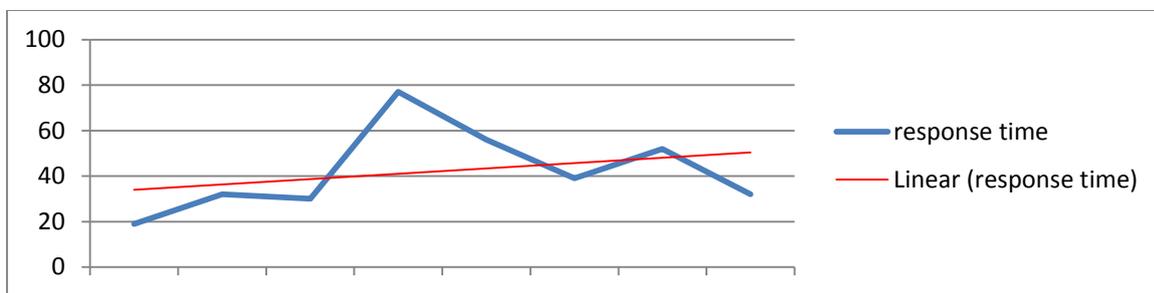


Figure 12 – Women and Children's Operational Group performance for 8 complaints

For Women and Children's Operational Group overall the average response time was 42.1 working days with a range of 19 days to 77 days.

## 4.2 Information about complainants / patients

Demographic details about the patient about whom the complaint is being made are recorded. Information about the complainant is not always available although it is requested. The charts below demonstrate the age profile and ethnicity of the patient. This information is available to the Complaints team via SystemOne.

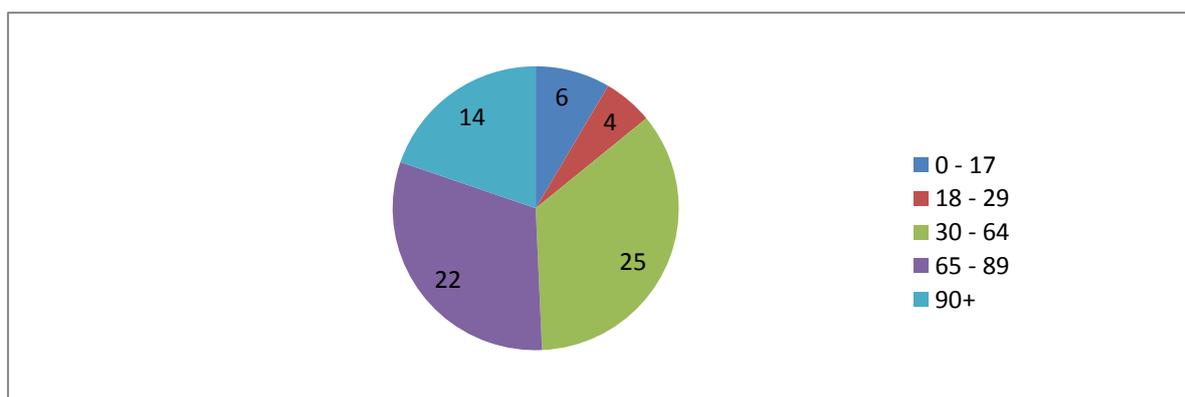


Figure 13 – Age of Patient

There were 24 complaints relating to patients over the age of 65 years (41%).

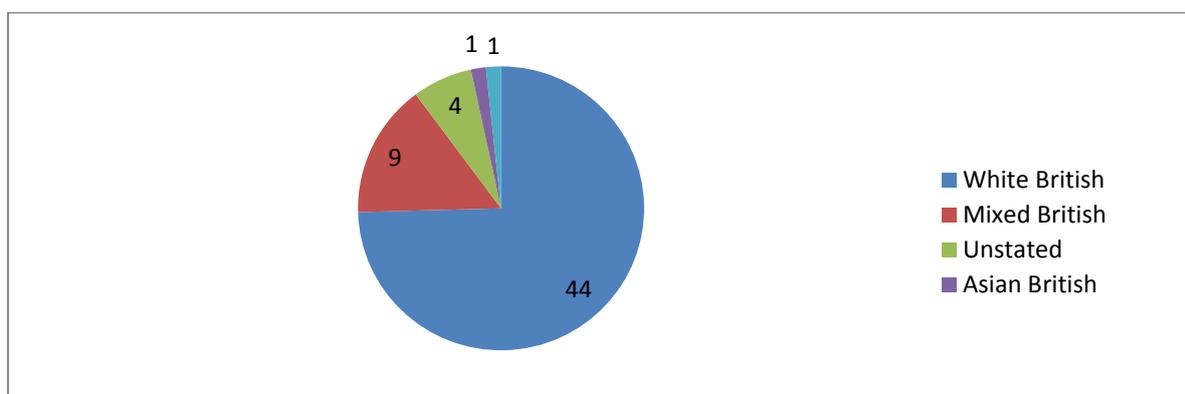


Figure 14 – Ethnicity of patient

There were two complaints relating to patients from a BAME group which equated to 4%, which is different to inpatient, outpatient and ED attendance activity in 2017/2018, where 76% were White-British patients and 24% non-White-British.

Of the 59 patients, 35 were female and 24 were male.

### 4.3 Outcomes of complaint investigations

The outcome of all complaints is recorded as follows:

- Upheld
- Partially upheld
- Not upheld

The outcomes for this last year are shown in the graph below:

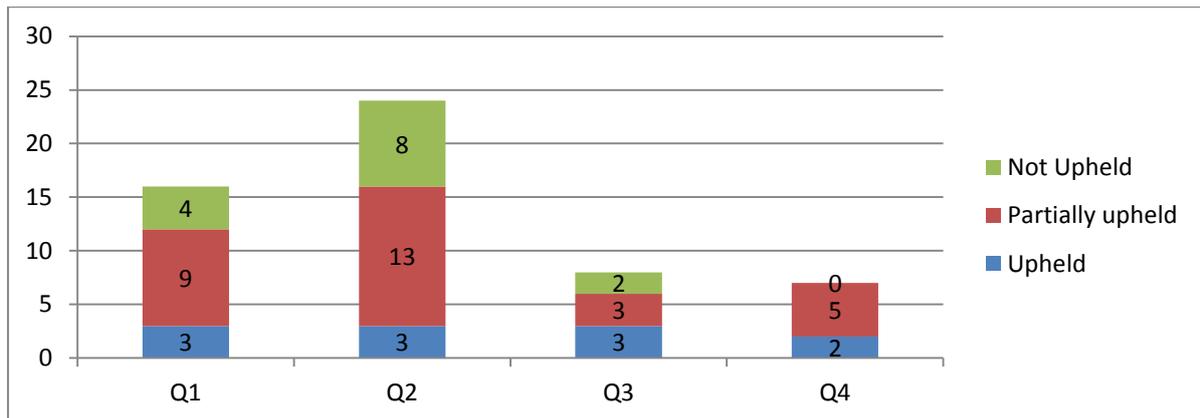


Figure 15 - Outcomes of complaint investigations 2017 - 2018

All complaints are reviewed by the individual operational groups and reported on irrespective of their outcome status. If a complaint is not upheld, there is still an opportunity to learn and review procedures.

Complaint outcomes per operational group are seen in the chart below:

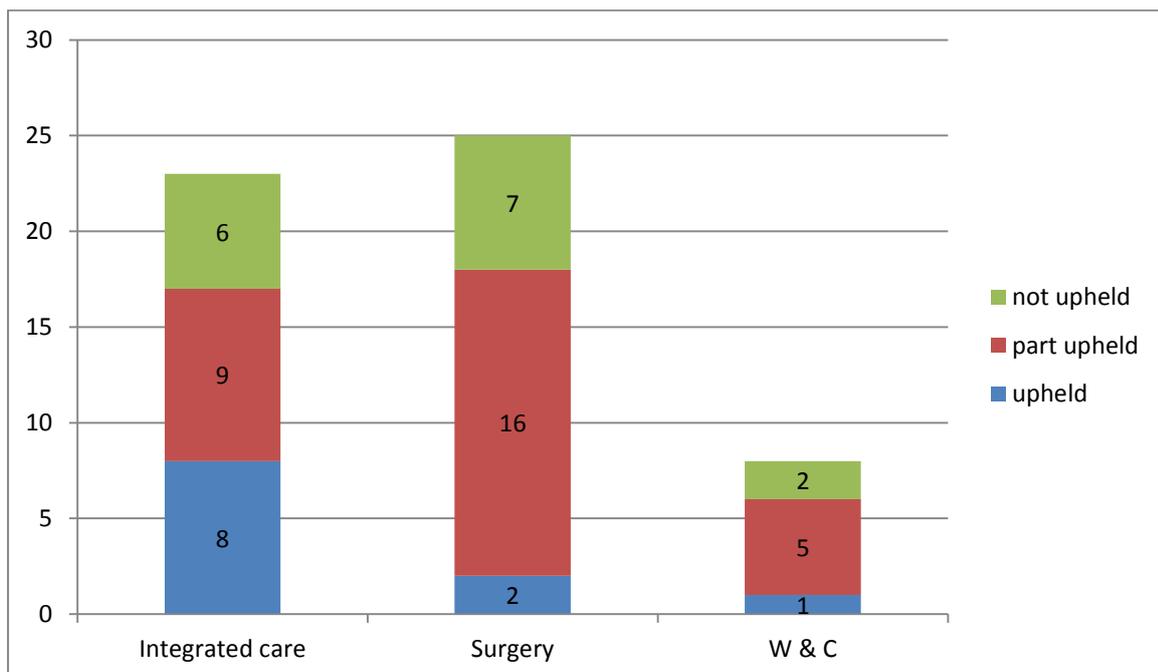


Figure 16 – Outcomes from the complaint investigation for each operational group

#### 4.4 Complaints referred to the PHSO

The aim is to resolve all complaints to the complainants' satisfaction by conducting thorough investigations and providing a comprehensive response as well as offering complainants the opportunity to discuss further concerns with the relevant clinicians or managers. However, we are not always able to achieve a resolution which satisfies the complainant. Under the NHS complaints system, complainants who are dissatisfied with responses received from the Trust have the right to ask the PHSO for an independent review of the case.

The right to go to the PHSO is explained to all complainants. When we come to the end of a complaints investigation and feel that there is nothing further to be done locally to resolve a complaint to the complainant's satisfaction, we will encourage complainants to take their case to the PHSO and we do actively signpost this option.

The chart below outlines the cases which have been investigated by the PHSO and the outcomes. The case that was partially upheld related to a delayed referral to the dietetic department.

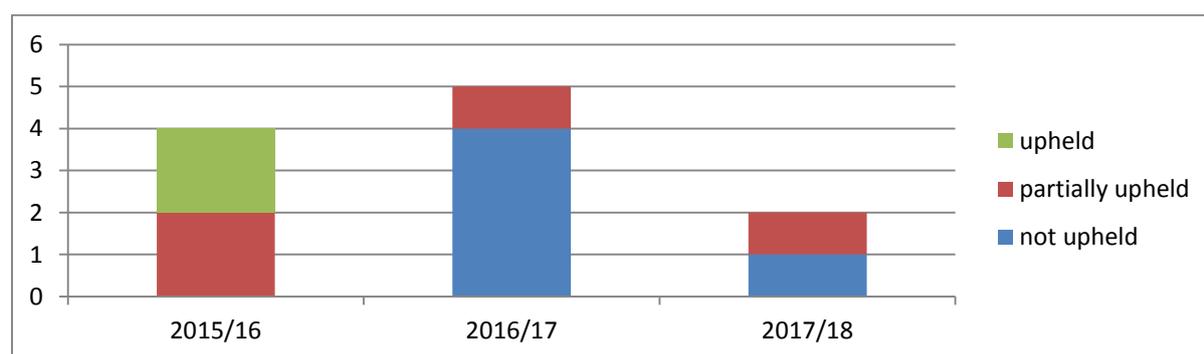


Figure 16 - Number of cases referred and investigated by the PHSO

#### 5.0 Complaints Training

Currently the Complaints and PALS team do not deliver any formal training to staff on a regular basis. Previously a short session was delivered to new staff at the Trust corporate induction. The team would welcome the opportunity to deliver training, in particular to staff that undertake complaint investigations and write draft responses. The team will be working with the operational groups on this over 2018/9

## **6.0 Listening, Reviewing, Learning and Improving**

### **6.1 Complaints Monitoring**

The complaints process is closely monitored to ensure that all complaints and concerns are handled appropriately. Processes are in place to ensure a robust system is followed when responding to the concerns raised.

- Complaints are triaged and risk rated, this is undertaken by a senior member of the team.
- Each complaint is shared with the Quality Review Group which meets weekly.
- All complaint responses go through a quality assurance check by the Deputy Director of Nursing prior to sign off by the Chief Executive.

At the operational group level, the governance meetings are held within the clinical groups, and the complaints numbers and action plans are a standard agenda item at these meetings. It is evident through these that complaints are incorporated on the agenda discussed within these meetings. The complaints tracker is also available on the Trust Aireshare page. The capturing of actions in response to the learning is an area the operational groups acknowledge needs further development.

The Clinical Quality Learning and Improvement Group receives the reports and recommendations from the PHSO and the actions being taken by the operational groups in response to these reports.

The complaints management process underwent an internal audit late 2016 which was conducted as part of the internal audit process by Mersey Internal Audit Agency (MIAA). The outcome of the audit was of 'significant assurance' around the processes. An action plan incorporating the recommendations from the MIAA was devised. The recommendations have been completed, however it has been identified that the action plan tracker on Aireshare is not updated by the operational groups, which will become a focus during 2018.

The Trust complaints handling policy was reviewed in June 2017 and is due for review in August 2020.

### **6.2 Investigating trends and identifying issues**

The reporting arrangements in the Trust enable the operational groups to be able to identify specific themes, trends or increases in complaints at group, ward or departmental level.

## **7.0 Priorities for 2018/2019**

We will continue to review the PALS and complaints service throughout the year, and make necessary changes in line with any national recommendations. We will also use feedback received to ensure that the process remains patient focussed, and provides quality responses. However, we acknowledge there are some areas for improvement in the service which have been identified and are as follows:

1. Improve the timeliness of formal responses leading to an increase in the number of complaints concluded within the initial timescale agreed with the complainant.
2. Explore and develop a more 'paper-light' system of working and the increased use of electronic solutions such as Areshare and the Ulysses system.
3. Explore additional ways to receive feedback from complainants, patients, relatives and visitors such as more online options.
4. Provide more support to the staff who are allocated as investigators of complaints by developing a training package and tools.
5. Increase the number of compliments recorded per month.
6. Develop a training package for investigators on the complaints process.
7. Improve the score from the NHS Inpatient Survey relating to the Trust providing information to patients on how to complain about the care received.

## **8.0 Conclusion**

We remain committed to thoroughly investigate complaints. We are also committed to learning from and taking action as a result of individual complaints. Where it is found that standards have fallen below the level expected and where services could be improved, action will be taken to resolve the issues identified.

We will continue to undertake detailed and extensive monitoring of all complaints to ensure where questions are raised about the quality of care delivered, they can be investigated and responded to in a timely fashion.