

Annual Complaints and PALs Report 2021-22

Associate Director of Clinical Governance and Patient Safety – **Christopher Lube**

Presented at the Risk and Quality Governance Committee on the 12th July 2022.

Contents

1.0 Introduction.....	3
2.0 Background of The Clatterbridge Cancer Centre.....	3
3.0 Complaints and PALS Information 2021-22	
3.1 Total Number of Formal Complaints by month.....	5
3.2 Total Number of PALS contacts by month.....	5
3.3 Outcome of Formal Complaints.....	6
3.4 Outcome of PALS contacts.....	6
3.5 Complaints Referred to the Public Health Service Ombudsman.....	6
3.6 Subjects of Formal Complaints.....	7
3.7 Subjects of PALS.....	7
3.8 Examples of Lesson Learnt Formal Complaints.....	8
3.9 Examples of Lesson Learnt PALS Contacts.....	10
4.0 Conclusion	11
5.0 Recommendations.....	11

1.0 Introduction

The following annual report provides information and analysis of all formal complaints and PALS contacts relating to The Clatterbridge Cancer Centre NHS Foundation Trust for 2021-22.

The following report is produced in line with Section 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16.

During 2021-22 CCC received 55 formal complaints and there were 332 PALS contacts.

All formal complaints are shared with the appropriate division/service for investigation and the production of a formal written letter signed by the Chief Executive Officer. In support of this process all complainants are offered a meeting with the clinical team to provide direct answers to their concerns which at times may lead the complaint to decide they do not want a formal written letter of response. The local timeframes for responding to complaints are 25 working days for a majority of complaints or 60 working days if they are complex and will take longer to investigate. The response timeframe is always discussed with the complainant to ensure they are aware of when they can expect a response.

All PALS contacts are reviewed by the PALS officer and shared with an appropriate member of staff to liaise directly with the person raising the concern with 3 working days.

2.0 Background of The Clatterbridge Cancer Centre

The Clatterbridge Cancer Centre NHS Foundation Trust is one of the UK's leading cancer centres providing highly specialist cancer care to a population of 2.4m people across Cheshire, Merseyside and the surrounding areas, including the Isle of Man.

Our three specialist cancer centres are in Liverpool city centre, Wirral and Aintree. We also operate specialist chemotherapy clinics in district hospitals across Cheshire and Merseyside and deliver a pioneering Treatment at Home service.

Together, this enables us to provide a comprehensive range of inpatient care, advanced radiotherapy, chemotherapy and other systemic anti-cancer therapies, like gene therapies and immunotherapies. We are also the only facility in the UK providing low-energy proton beam therapy to treat rare eye cancers. Additionally, we host the region's Teenage and Young Adult Unit.

What we do

We are a tertiary cancer centre which means we see patients who have already been diagnosed and referred to us by other hospitals. We provide non-surgical cancer care e.g. chemotherapy and radiotherapy, for solid tumours and blood cancers.

Our services include:

- **Academic oncology** – professors and senior clinical lecturers appointed jointly with the University of Liverpool
- **Acute oncology** – specialist cancer support in A&E and acute care in other hospitals
- **Chemotherapy and other systemic anti-cancer treatments (SACT)** – these are drug treatments for cancer and include gene therapies, immunotherapies and other molecular agents
- **Haemato-oncology** – inpatient and outpatient care for acute leukaemia, chronic leukaemia, lymphoma, myeloma and bone marrow (stem cell) transplant
- **Eye proton therapy** – we have the UK's only low-energy proton beam therapy facility for treating rare eye tumours
- **Imaging and pre-treatment radiotherapy (diagnostic imaging / treatment planning)** – we have PET-CT, CT, MRI, x-ray facilities and treatment planning
- **Inpatient wards** – we have 110 fully-single en-suite rooms at Clatterbridge Cancer Centre – Liverpool
- **Pharmacy** – we manufacture all the chemotherapy doses for solid tumour cancers in Cheshire and Merseyside
- **Physics** – our physicists provide essential scientific support for radiotherapy treatment
- **Radiotherapy** – we have linear accelerators (radiotherapy treatment machines) on all three of our main sites
- **Research and development** – we carry out leading-edge clinical trials of new cancer treatments. Our BioBank of donated tissue provides a valuable resource for cancer researchers
- **Supportive care** – including physiotherapy, psychological support, palliative care, speech and language therapy, occupational therapy, dietetics, cancer information, financial/benefits advice, and survivorship/living with and beyond cancer
- **Triage and assessment** – we provide rapid-access assessment clinics and 24-hour phone support for patients who need urgent advice or care while having cancer treatment.

Mission and values

Our mission

Drive improved outcomes and experience through our unique network of specialist cancer care across Cheshire & Merseyside.

Our values

Our values represent who we are and what we believe in. They define how we act to deliver the best possible care for our patients and shape The Clatterbridge Cancer Centre as a great place to work.

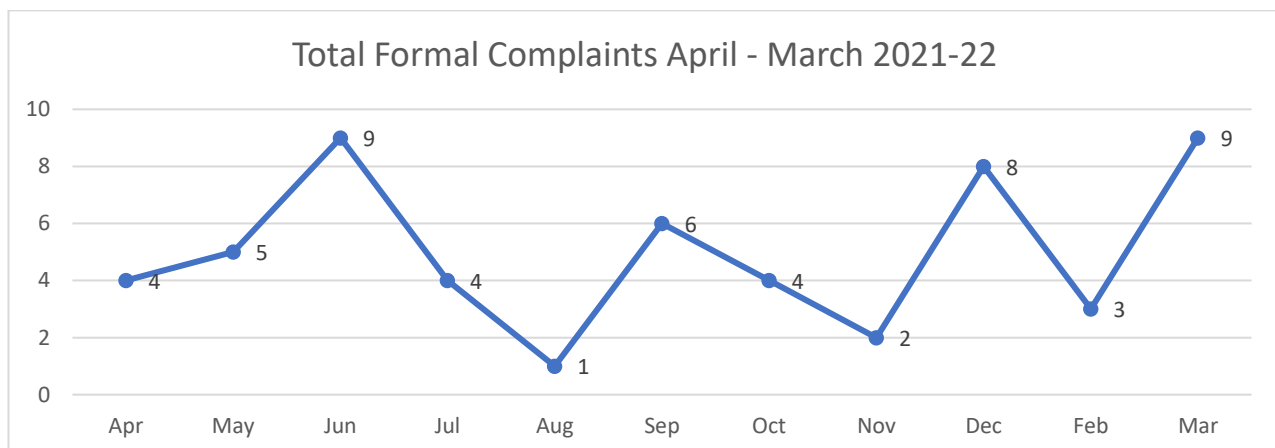
We are ... Kind, Empowered, Responsible, Inclusive

3.0 Complaints and PALS 2021-22

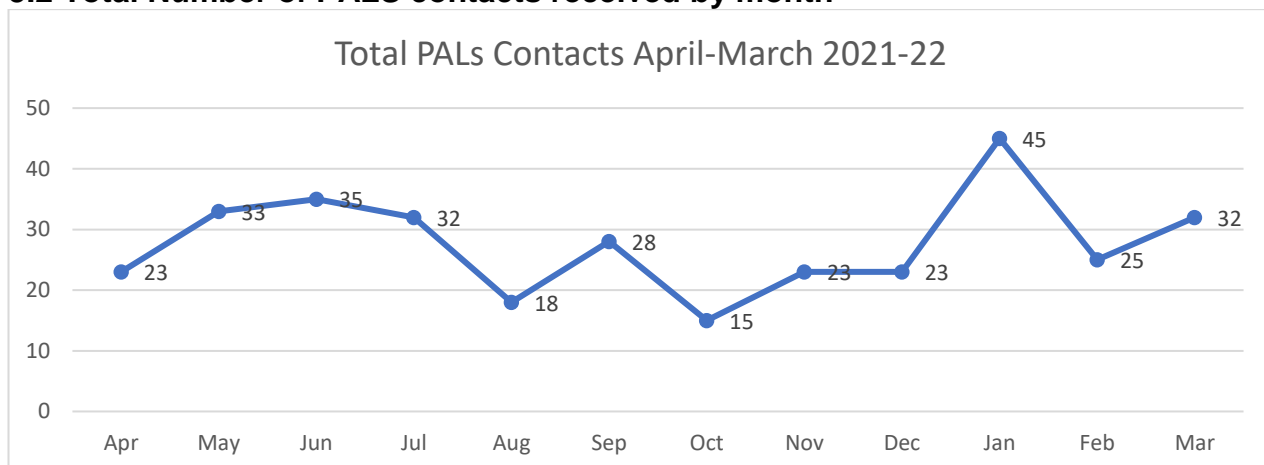
The following section provides information in relation to formal complaints and PALS contacts which have been received by The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) during the period of 2021-22.

During 2021-22 CCC received 55 formal complaints and there were 332 PALS contacts.

3.1 Total Number of Formal Complaints Received by month



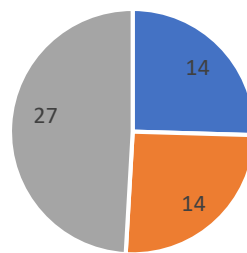
3.2 Total Number of PALS contacts received by month



3.4 Outcome of Formal Complaints

49% of formal complaints once investigated were upheld and 25% partial upheld and 25% Not upheld. From the upheld and partially upheld complaints, lessons have been identified and associated actions developed into an action plans. All complaints action plans are monitored at divisional quality meetings and overdue action being escalated to the Patient Experience and Inclusion Group.

Outcome of Fomral Complants 2021-22

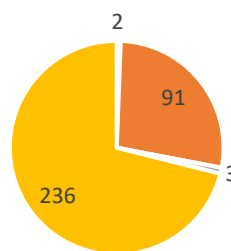


■ Not Upheld ■ Partly Upheld ■ Upheld

3.5 Outcome of PALS

71% of PALS contacts were appropriately referred by the PALS officer and dealt with in the required 3 days. 27.4% were able to be dealt with directly by the PALS officer and closed in the required timeframe, 0.9% passed to formal complaint and 0.7% not upheld.

Outcome of PALs Contacts 2021-22



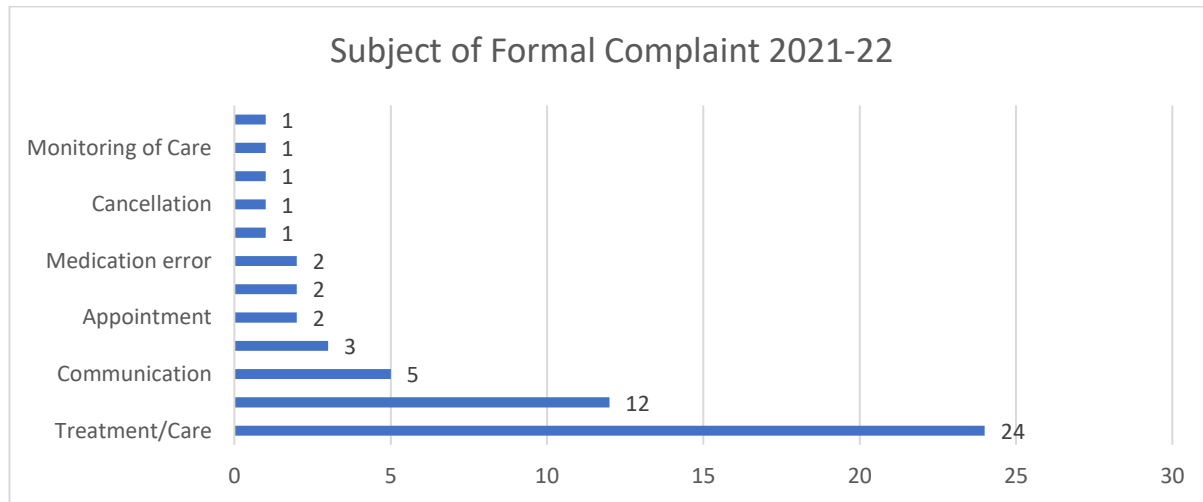
■ Not Upheld ■ PALS resolved ■ Passed to formal complaint ■ Referred to more appropriate person/organisation

3.6 Complaints referred to Public Health Service Ombudsman (PHSO)

During 2021-22 period there was 1 complaint which was referred to the PHSO for review. On review the PHSO did not take the complaint forward.

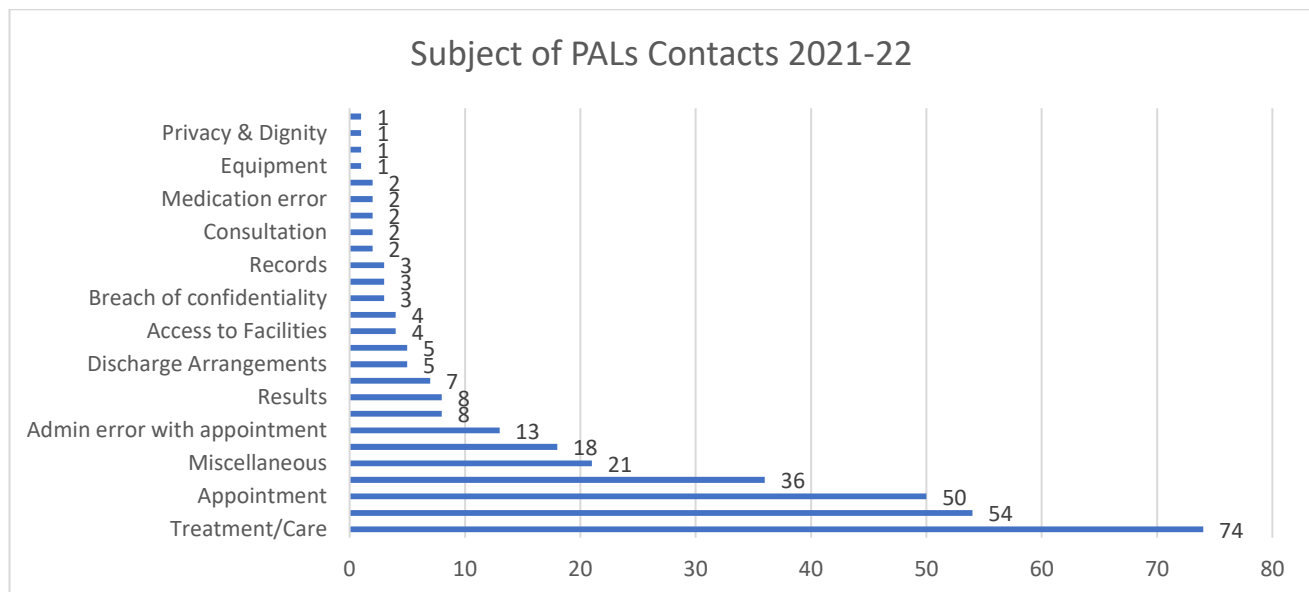
3.7 Subject of Formal Complaints

43% of formal complaints main subject group related to treatment and care. Within this subject group the largest subgroup (13) relates to medical care. As can be seen Medical care is also a main subject group of 2. On review there are no themes in relation to medical care and no significant issues of concern.



3.8 Subject of PALS Contacts

22% (74) of PALS contacts also relate to the category of treatment/care as with formal complaints. The largest sub-category is Breakdown in Communication which accounts for 12% (42) PALS contacts with Delay in Treatment being the next highest with 8% (27) PALS contacts.



3.9 Examples of Lessons Learnt Formal Complaints

Description	Lessons learned
Response required regarding issues with Hotline advice given to the patient.	<ol style="list-style-type: none"> 1) Importance of administration systems working effectively. 2) Correct phone numbers need to be on clinic letters. 3) Patient expectations of CDU open 24/7 service. Hotline is a 24/7 service but CDU is not open of a weekend.
Lack of communication, questions about patient's last inpatient stay.	<p>Specialist nurses - to record voicemail messages to direct patients to 24 hour hotline number if they are unable to take the call straight away.</p> <p>Review of the SALT pathway for stroke patients</p> <p>review of stroke pathway</p>
Complainant has had to chase for Drs letters, prescriptions that have been delayed during treatment.	Consultant reflection on communication and documentation.
Complainant unhappy with deceased partners end of life care and support	Complainant wanted a central coordinator to coordinate care at end of life - Palliative care team at CCC already act in this role.
Long delay in informing patient of significant changes in their condition following CT scan and lack of face to face consultation.	<p>Patients should be given the option of face to face clinics once re introduced.</p> <p>Task and message function must be utilised to ensure appts are booked appropriately</p> <p>Learning re voice recognition errors to be shared at local Radiology learning and education forum</p>

REPORT

<p>Several issues relating to treatment and having to chase everything with staff and feels concerns during treatment were not taken seriously.</p>	<p>Improve communication with patient regarding treatment decisions. Consultant to review bisphosphonate prescribing and authorisation process. Improve communication to explain why certain medication cannot be given close to dental work. Following the contact with triage, an interim call to let patients know that they would be contacted by the team would prevent worry whilst waiting.</p>
<p>Patient had no follow up appointment following scan.</p>	<p>Senior staff have reiterated the correct process to the relevant staff member and to the wider administration team and we will be carrying out refresher training for all administrative staff. Full review of patients seen at this time to ensure no other patients have been missed – no patients missed.</p>
<p>Complaint about drugs not being dispensed in a timely manner by Pharmacy which caused long delays before treatment could commence and caused patient stress and anxiety.</p>	<p>If nurses are aware of the pharmacy process better this may help manage staff and patient expectations.</p>
<p>Issues around pre-treatment blood tests and delays with receipt of blood forms and subsequent appointment issues.</p>	<p>Need for clearer communication Staff to check patients have understood what has been explained to them Ensure that appropriate paper work is completed i.e. blood test request forms</p>
<p>Delay in being provided with CT results which were incorrect delaying treatment.</p>	<p>Scans will be reviewed by the MDT Radiologist and pt's appointments for results will be moved to be after MDT discussion Feedback shared with the reporter and at the monthly discrepancy meeting.</p>

REPORT

Attitude of nursing staff during treatment appointment and how they didn't take into account or discuss with patient other health issues impacting on their ability to maintain a specific posture during treatment.	Staff to ensure all additional health conditions are detailed in records and a discussion is held with the patient and how these may affect treatment and patient comfort during treatment session.
--	---

3.10 Examples of Lessons Learnt PALS Contacts

Description	Lessons learned
In-patient call to request a visit from the Ward Manager due to a perceived lack of respect he has received whilst an inpatient.	Miscommunication between staff and patient. Ward manager discussed issues of concern with patient and raised them at shift meeting
Patient raising concern due to long delay because chemo hadn't been supplied by Pharmacy on two occasions.	Supply impacted due to lack of pharmacy technician and ability to support ward. Staffing and recruitment reviewed
Poor communication between the different staff members	Feedback to relevant staff, relating to the time the patient had to wait and communication between staff members.
Patient is requesting that the patient information leaflet be translated to Farsi / Persian.	Being addressed by information service
Family of a patient with dementia concerned they were not allowed to accompany to appointments	Issues resolved with alert on the patient electronic record

Contact requested to address post treatment health concerns.

Consultant spoke with patient.

4.0 Conclusion

The report which has been provided above identifies that the Trust has an effective process in place for the management of Formal Complaints and PALS contacts, but there is some development work which is required to ensure it is robust in providing complainants with a comprehensive response in a timeframe agreed and supporting the Trust and staff in identifying lessons learnt and developing action plans.

5.0 Recommendations

Members of the committee as requested to note the contents of the report and support the following recommendations:

- 1.0 A review of the complaints process to ensure:
 - 1.1 all complaints are managed in the required timeframe
 - 1.2 All lessons learnt are added to the DATIX IQ system with all associated documentation

- 2.0 A review of the PALS process to ensure that more complaints can be dealt with as a PALS rather than it becoming a formal complaint.
 - 2.1 Review the provision of front of house PALS provision to allow for earlier contact with the PALS team before leaving the Trust premises.
 - 2.2 All outcome / lesson learnt are to be added to each PALS contact in Datix IQ
 - 2.3 Update the Datix IQ system in relation to outcomes to ensure clarity of the outcome:
 - Formal complaints to have three outcomes: upheld, partially upheld and not upheld;
 - PALS to have three outcomes: Resolved by PALS officer, Resolved other staff, Passed to formal complaint