
Quality Report

**Our Vision: To Provide the Best Cancer
Care to the People We Serve**



Patient Experience: 6 monthly complaints review

The Trusts has a Handling Complaints and Concerns policy which is written in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The policy is in date and due for review in April 2017. The policy is subject to an annual audit as part of the Trust's Quality and Risk Standards.

High level information on complaints is reported regularly to the Trust Board and the Quality Committee. The Executive Team and the Council of Governors Patient Experience Committee review all redacted complaints and responses.

This report is a six monthly detailed report on all complaints received.

Complaints 6 Monthly Review.

Between 1.10.16 and 31.3.17 the Trust received 13 direct formal complaints and assisted with 4 complaints to other hospitals.

Complaints directly to CCC:

Complaint 09/16.

The complaint was hand delivered to both CCC and Aintree but CCC took the lead. Patient had sought alternative treatment abroad and on return understood it to be available locally, and funded by NHS. Husband was carrying out wishes of now deceased partner with regards to gaining answers to following questions:

- Why wasn't the treatment offered locally?
- Can a full reimbursement of both travel and healthcare costs be provided?
- Why isn't a directory available to clinicians of all current trials across the country?

A full response from both Trusts was completed explaining why the procedure was not offered to the patient as it was not appropriate to the disease, therefore we could not refund the money spent on the treatment in Germany. An explanation of why a directory was not feasible, however all clinicians should be aware of trials that may be relevant to their specialty. Meetings were offered with all parties. Complainant has met with CCC consultant and is happy with outcome. He is due to attend a meeting at AUH in May 2017 with PEM from CCC in attendance as requested.

This complaint was not upheld

Complaint 10/16

The original complaint was in the form of a letter to the Chief Executive. Patient had suffered an extravasation. The following questions were asked:

- Why didn't a member of staff stay with patient throughout treatment?
- Why wasn't the patient given a call bell?
- Why wasn't the patient offered a PICC line?
- Was the correct procedure followed following an extravasation?

A full explanation and apologies were offered. The annotations show all procedures were followed and that a PICC line was discussed with the patient at initial consultation prior to chemotherapy. Incident occurred at AUH satellite chemo clinic. Matron has reminded all

staff of the importance of local orientation for patients to ensure they know where the call bell is. This complaint was not upheld.

Complaint 11/16

Patient's husband contacted CCC via a letter to The CEO regarding the poor communication between CCC and Southport Hospital. Feels this is down to the move to Liverpool and that experienced nursing and administrative staff have left. Concerns raised include chemotherapy or Denosumab not being in clinic when she attends. Unhappy that they have attended unnecessarily and incurred travel and parking costs. Reassurance was offered with regards to the experience of the nursing staff that have been treating the patient and Matron is reviewing the 'Go Ahead' drugs process. A further letter was received and Matron and a member of CGST met with patient and husband.

Complaint partially upheld

Complaint 12/16

The original complaint was received via letter that was originally sent to AUH. Patient had previously raised concerns via PALs about her severe skin reaction. She was seen by the consultant who acknowledged its severity. Patient felt the reaction was due to an overdose of radiotherapy to the treatment area. A full physics review was carried out and all treatment was as planned. Patient did miss a treatment due to transport issues but this was added to the end. Initially it was communicated to her that the extra session at the end of her treatment was due to a machine breakdown but this was incorrect and an apology was given.

Complaint not upheld

Complaint 13/16

The initial complaint was raised via an email to the Patient Experience Manager who was off following surgery at the time, but was able to forward the complaint to CGST. The complainant was unhappy with waiting times and procedures in OPD when patients require bloods before they are seen by the doctor. Matron and CGST member met with complainant and patient at the next appointment to assure them of improvements that were to be made. Unfortunately the patient attended the following week and collapsed whilst waiting over an hour to see the consultant and was admitted to ward. Complainant didn't feel their issues had been taken seriously. The Consultant concerned apologised for the delays and has suggested the following to avoid recurrent clinic delays/complaints is:

- (1) working at the MDT level to try to get improved support for our patients during the referral process.
- (2) CNS and Physician Associate in both our HPB clinics and streamlining the pathway to patient admission when required to avoid clinic bottlenecks and delays in clinic.

Complaint was upheld

Complaint 14/16

Complaint received with cc to MP and PHSO. Complainant was unhappy that patient

who is now deceased was not offered radiotherapy. Patient was not considered fit enough for radiotherapy by consultant which was fully explained at the time. The patient was kept under surveillance to re-assess but sadly disease progressed and treatment was not offered. Copy of response sent to MP, no further contact from PHSO.

Complaint not upheld

Complaint 15/16

This complaint was received by email to the Chief Executive. The complainant had questions for the consultant with regard to her deceased husband's chemotherapy. Patient had undergone radical treatment but incurred severe side effects from the toxicity of the medication. A full explanation and an offer of a meeting were given to the complainant. This complaint was responded to directly by the Consultant as requested by the complainant, a follow up letter from the Chief Executive was also sent to ensure procedure was followed.

Complaint not upheld

Complaint 16/16

The original complaint was sent to AUH as patient was seen by CCC consultants there. Patient now deceased. The complainant is unhappy as the patient did not receive radiotherapy and was too weak for chemotherapy, felt patient did not receive appropriate pain relief. Annotations show contact with Triage help line who recommended GP intervention with regard to pain relief. Also referrals to community palliative care which were declined by the patient. Complainant is not happy with CCC response and has requested copies of patient's case-notes.

Complaint not upheld

Complaint 17/16

Complainant contacted Chair as felt she had not been treated appropriately by CGST members or Medical secretaries. Patient had requested appointment with Consultant who was on A/L, would not see cover consultants. Consultant secretary also on A/L so delay in informing consultant. A number of appointments were offered but patient declined them due to work commitments and location. Patient has not yet attended a number of appointments sent, consultant has written to GP and patient. Board required assurance on procedures when a symptomatic patient contacts CCC.

- Messages are documented appropriately
- Messages are passed to the consultant by the person covering when their regular Secretary is on leave
- Accurate messages are passed on, and a full handover is given, to the Consultant's secretary on her return from leave.
- Action is taken when a symptomatic patient contacts the secretary for advice
- The Secretarial Team are aware of the above processes

Complaint partially upheld

Complaint 18/16

Complaint was received via St H & K NHS Trust as part of a larger complaint against a number of healthcare providers. Complainant happy to receive direct response from CCC. Patient had been assessed by the Additional Needs Clinical Specialist and staff were encouraged to use patient's notebook to convey any instructions to the family. It was also arranged for family members to attend floor clinic appointments.

On two occasions floor clinic was cancelled and family members were not informed. Also patient was transferred from PTS in a wheelchair that was not his own which was faulty and caused him to fall. Apologies were offered with regard to cancelled clinics- appointments were on patients print out but not in system. Wheelchair was immediately condemned.

Complaint upheld

Complaint 19/16

Complaint was received via letter from relative. Patient was very poorly in hospice and subsequently passed away before the response was sent. Condolences were offered. Consultant responsible for patient's care is currently not available therefore a full review of the patient's treatment and care was undertaken by a colleague. We were able to offer reassurance to the complainant that patient had received appropriate treatment and care and had survived longer than expected.

Complaint not upheld

Complaint 20/16

Complaint received via NHS England regarding the decision made for patient not to travel to USA for proton beam therapy. Complainant felt the CCC Consultant had a personal issue with them. A full explanation to all questions asked relating to patient's diagnosis and treatment was offered. Explanation that decision was not made by CCC and consultant was not party to that decision, despite being a member of the board. Reassurance offered that Consultant completely empathised with the complainant's situation.

Complaint not upheld

Complaint 20/17

Complaint received via a meeting with Patient Experience Manager (PEM). Patient feels consultant did not share information with him which would have prompted him to ask for a second opinion regarding surgery. Also unhappy with support from CNS. Annotations show that surgery was discussed at a number of consultations but because of disease spread was not a possibility. A second opinion request was made and patient felt this was not done in a timely manner. Patient has declined further appointments with consultant

and has stopped palliative chemotherapy. On recommendation from second opinion at Christie an appointment was made with another CCC consultant to continue palliative chemotherapy. This was cancelled. Patient met with PEM to discuss how he could take complaint further, at this point it was discovered that he had not received his formal response from the CEO due to an incorrect address on letter. Complainant given copy and apologised to. Wishes to meet with CEO. Sadly patient is now deceased.

Complaint not upheld

Complaints via other Trusts / organizations

1. Complaint received by AUH- comments were requested regarding the appropriateness of chemotherapy as patient had passed away unexpectedly after first dose. On review of the notes there was no reason why the patient could not receive chemotherapy and she was consented appropriately. Meeting with family took place in AUH but they did not require CCC input.

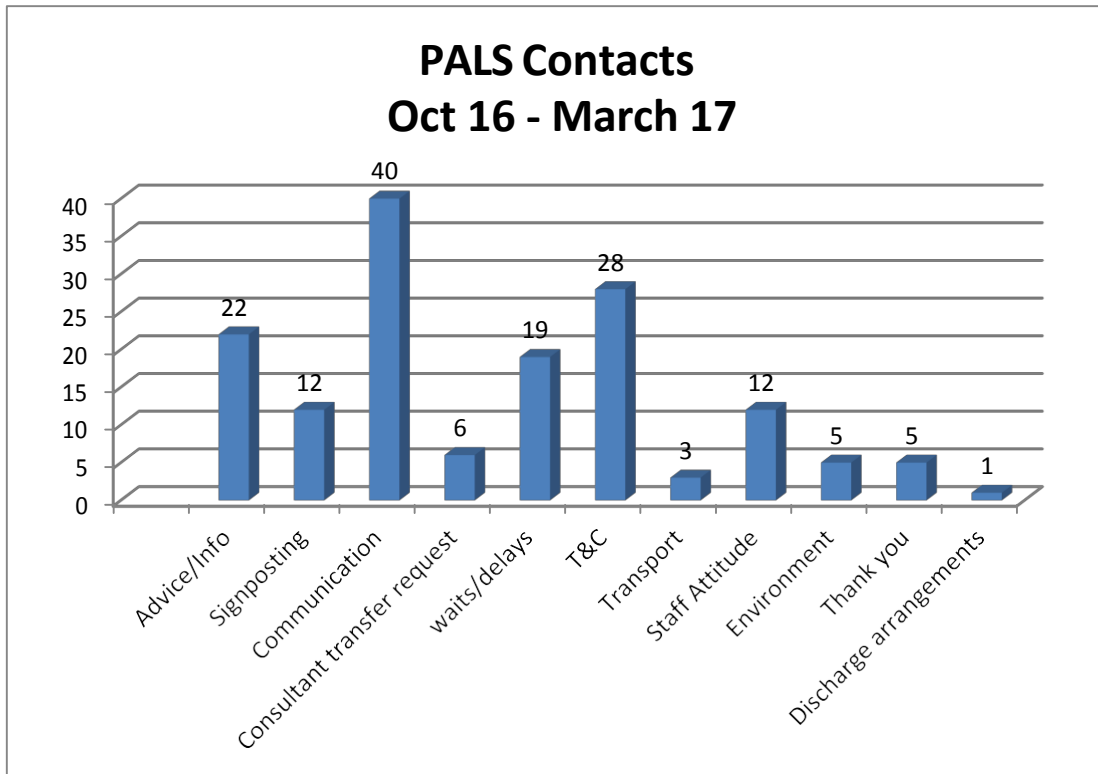
2. Complaint received by St Helen's and Knowsley Trust. This complaint related to concerns at St H & K, however the complainant had asked a question which required the Oncologist to respond to relating to her further surgery.

3.
Complaint received by The Royal Liverpool Hospital. The complainant asked why the patient had not received active treatment. Consultant explained that patient had poor life expectancy and that chemotherapy wasn't appropriate.

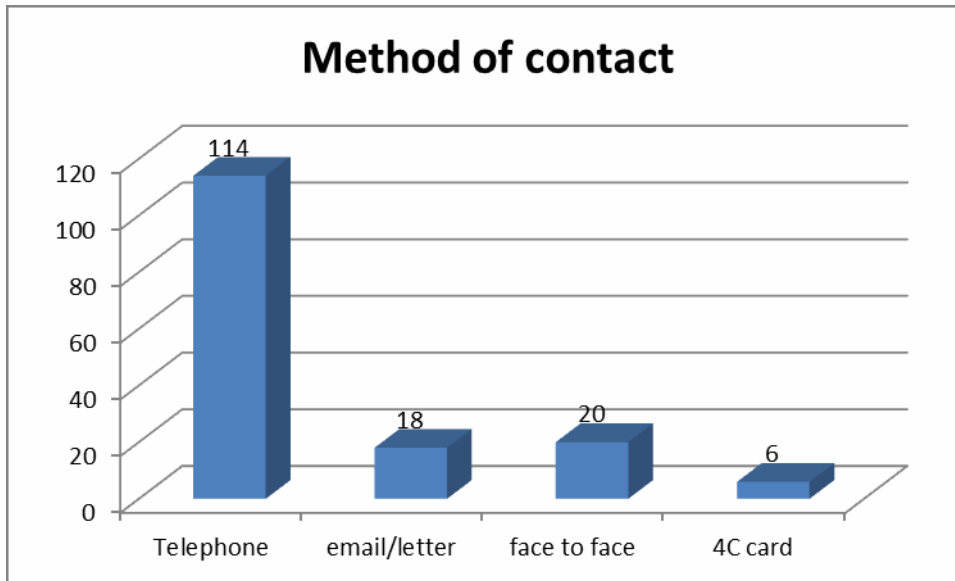
4.
Complaint received by St Helen's and Knowsley NHS Trust. Patient had complained that a significant finding had been missed on an x-ray 8 months earlier and wanted an Oncologist to answer questions relating to the impact of the delay on his survival.

PALS Report

During this time period a total of 158 contacts were received. The breakdown of subject is as follows:



People contacted Pals via the following methods:



Themes identified during this time period:

- Staff attitude- a large percentage of concerns raised relating to staff attitude regarding the Medical Secretaries. The Head of Administration Services has been made aware of each individual concern. The other staff group in this category are Consultants.
- Communication – a large proportion of concerns raised in this subject relate to patients waiting for telephone calls from CCC staff- very often regarding scan results.

Patient Story: 6 month review 1.10.16 – 31.3.17.

Board Date	Story	Issues	Actions
October 2016	Video about a patient who received treatment at CCC (and elsewhere); how staff supported her through the difficult times of her illness; the lasting positive impression of the Centre this had on her; some aspects of her experience which were not so positive.	Lack of psychological support (once treatment by the Trust was completed)	" <i>Tell the Board</i> " presentation on psychological and post-treatment support to be arranged
November 2016	Video about a young patient who was receiving her care on the Trust's <i>Teenage and Young Adults (TYA)</i> unit. She spoke of the excellent, person-centred and responsive care that she received from the Trust's staff and how this support helped to put her at ease in what would have been a daunting experience for her.	She identified the need for improvement in the Trust's patient transport service. Identified the need for improved access to portacaths.	Transport: Significant improvements have been made with the establishment of the receptionists at the front desk who now manage the transport patients. The Interventional Team now operate a portacath service. 45 have been implanted to date.
December 2016	The Patient Story was presented to the Board in the form of a social media blog. The patient had initially had a positive experience which turned into a negative one with a poor prognosis with a very complex pathway, involving numerous hospitals and a negative diagnosis that resulted in a difficult relationship with her consultant. The patient lost confidence in the Trust and had transferred her treatment to another hospital.	How the Trust's patients are using social media to communicate their experiences. A member of staff identified in the blog had not been made aware that he was mentioned.	The PALS and Communications team had been and continue to be heavily involved with supporting the patient. Patient story reviewed by the COG Patient Experience Committee.
February 2017	Video about a patient diagnosed at the Royal Liverpool and then referred to Clatterbridge	None identified	

	<p>for radiotherapy treatment. and her treatment</p> <p>All the staff she had dealt with from receptionists to the radiographer and Macmillan nurse were very helpful and kind as was the support she had received in relation to finances</p> <p>She highlighted that all staff had been willing to go the extra mile to support her and stressed the importance of retaining such staff to ensure that patients receive high level care.</p>		
March 2017	Review of a complaint from a patient.	<p>Acknowledged that the formal response which specifies a set timeframe may not always be the best approach to take.</p> <p>Consultant cover when they are on annual leave.</p> <p>Authority of Medical Secretary to re-arrange clinic appointments – within reason</p> <p>Access to services for patients who have work commitments.</p> <p>Consider future plans to ensure equity of access ie out of hours to support 7 day working</p> <p>How the Trust can better support staff who are faced with difficult sometimes abusive patients.</p>	<p>Feedback to Patient Experience Manager.</p> <p>New clinical model and team working.</p> <p>Admin Services Processes for Documenting and Passing on Messages reviewed and revised.</p> <p>Includes:</p> <ol style="list-style-type: none"> 1. Messages are documented appropriately 2. Messages are passed to the consultant by the person covering when their regular Secretary is on leave 3. Accurate

			<p>messages are passed on, and a full handover is given, to the Consultant's secretary on her return from leave.</p> <p>4. Action is taken when a symptomatic patient contacts the secretary for advice</p> <p>5. The Secretarial Team are aware of the above processes</p>
--	--	--	---