

# INDEPENDENT HEALTH COMPLAINTS ADVOCACY SERVICE

North Yorkshire

Annual Report

1 April 2016 – 31 March 2017



**Cloverleaf**  
*Advocacy*



**North Yorkshire**  
County Council

# CONTENTS

Executive Summary .....	2
Introduction .....	4
Activity.....	5
NHS Complaints Advocacy Service Caseload .....	8
NHS Complaints Advocacy Service Annual Data .....	9
Office, Infrastructure and Staffing.....	12
Marketing and Networking .....	13
Case Study .....	14
Parliamentary and Health Service Ombudsman Data.....	15
Feedback .....	16
Looking ahead –Service Development –1 April 2017 to 31 March 2018.....	18

## Executive Summary

From April 2013 Cloverleaf Advocacy has delivered the Independent Health Complaints Advocacy Service for North Yorkshire. This is the fourth annual report and covers the period of 1 April 2016 to 31 March 2017.

This annual report contains anonymised data and analysis to capture the range of support delivered to residents of North Yorkshire who need help to ensure that their voice is heard when making a complaint about any NHS service. The service assists individuals to get a clear response to their concern or complaint helping to find resolution, learning and future NHS quality improvements.

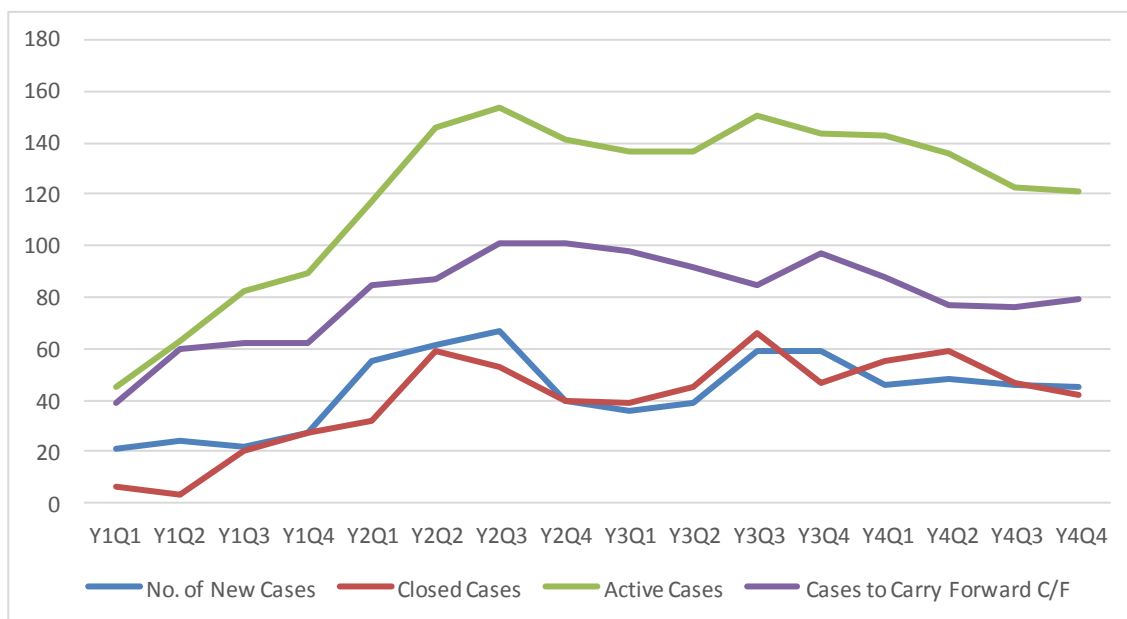
It should be noted that the Independent Health Complaints Advocacy Service for North Yorkshire, supports less than 10% of formal complaints received by the NHS from NYCC citizens, i.e. only those who are aware of the service and who require personalised support to ensure that their voice is heard. Therefore this Annual Report cannot be a fully representative report or a commentary on all NHS formal complaints raised during 2016/2017 across North Yorkshire.

North Yorkshire is made up of five CCG areas, these are Airedale, Wharfedale and Craven CCG, Hambleton, Richmondshire and Whitby CCG, Harrogate and Rural District CCG, Scarborough and Ryedale CCG and the Vale of York CCG. Scarborough and Ryedale District had the highest referral rate in this financial.

During this financial year, we have worked on 282 cases which include cases carried over from the previous financial year. Between the 1<sup>st</sup> April 2016 and the 31<sup>st</sup> March 2017 the service had 185 new cases compared to 193 cases in the last financial year. During 2016/2017 we have closed 203 cases compared to 197 in the previous financial year.

The average amount of days the 282 cases have been open during the 2016/2017 period was 162 days. Based on the 185 new cases, the longest case in this financial year has been open for 251 days with 26 hours 55 minutes spent on it and the shortest case that required comprehensive advocacy support this financial year was open for 16 days with 2 hours 15 minutes work on it. One of longest cases the service has worked on was opened during the 2013/14 financial year and has continued to be worked on during this financial year totalling 885 days with 84 hours and 36 minutes direct advocacy work allocated.

### Caseload Trends for 2013/14, 2014/15, 2015/16 and 2016/17



64% of all the complaints we supported were related to complaints about Trusts, with 35% of these complaints relating to Hospital inpatient issues and 28% relating to hospital outpatient issues. 25% were complaints regarding GP practices, 3% were in connection with Dental Practices and 5% related to individual CCG complaints. The remaining 2% were to other areas of the NHS. 42% of these complaints related to clinical treatment, 19% related to concerns about communication, 19% of clients raised concerns about the attitude of staff and 8% of clients raised concerns relating to nursing care. The remaining 12% related to complaints about funding, communication, maladministration and policy or procedure issues.

We have supported 28 clients who were not satisfied with the local NHS response and wished the issue to be escalated for consideration by the Parliamentary and Health Service Ombudsman, of which 86% of referred cases were or are being formally investigated during this financial year.

The report also outlines the awareness and networking activities performed to help ensure that the citizens throughout NYCC are aware of the service and can access support in a way that is convenient and supportive.

The report includes a case study of a client experience. The report also captures some of our client's perspectives on the responses they have received by the NHS. Most of the client feedback received indicates that they felt they had received an appropriate explanation and apology.

## Introduction

Cloverleaf Advocacy is an established charity and has been a provider of accredited, professional, independent advocacy services across North Yorkshire and the North of England for over 20 years.

Cloverleaf Advocacy was appointed to deliver the Independent Health Complaints Advocacy Service by North Yorkshire County Council (NYCC). We are committed to ensuring everyone has their voice heard and we provide tailored support to help people resolve complaints about the NHS. We support our clients with the following services:

- Help clients to collect the information necessary to raise their concerns, look at all the options available and help the client develop a clear understanding of what they wish to achieve.
- Support to produce a clear complaint letter, this may be prepared on the clients behalf or involve a review of the clients own complaint letter and the preparation of suggestions if necessary.
- Help clients to prepare for meetings and attend with them if they wish.
- Chase up information with NHS services such as timescales, responses and reasons for missed deadlines.
- Review the responses clients receive from the NHS, so that they can decide if they are satisfied that their concerns have been addressed.
- Help clients to progress their complaints to the Health Service Ombudsman if they wish.

*"The service was excellent, can't think of any improvements that can be made".*

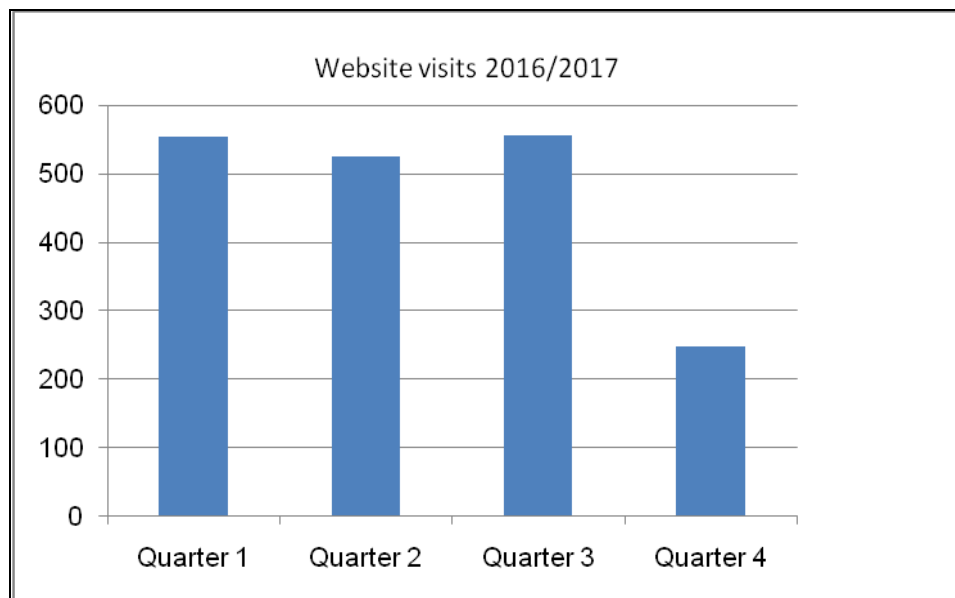
Our delivery model will incorporate the following values:

- Independence – Cloverleaf will be respected for its independence and trusted by residents and stakeholders. Cloverleaf is 100% independent of the NHS and the service works solely on behalf of its clients.
- Clearly recognised – Cloverleaf will ensure that the service has a clear identity in the County which is strong and distinctive and known about.
- User-focused – Cloverleaf will help champion the voice of service users', carers and the wider population in the health and social care system.
- Inclusive – Cloverleaf will explore and deliver innovative approaches to support the whole community across North Yorkshire.
- Non-judgemental - Cloverleaf will ensure that the service has an open attitude and approach.

- Technically competent – Cloverleaf will guarantee that the service demonstrates professionalism, relevant skills and competencies required by NYCC and all citizens.
  - Influential – Cloverleaf will intelligently and sensitively use all data secured.
  - To make an impact on the local commissioning of health and social care through the sharing of client experiences.
  - Self-aware – Cloverleaf will collect feedback on its own performance and critically assesses and acts on its strengths and weaknesses.
  - Accountable – Cloverleaf will ensure that it continues to work to a clear set of standards so that NYCC and the citizens it serves can appreciate its success.
  - Good value for money – Cloverleaf always ensures that it makes the best use of all resources using the key principles of economy, efficiency and effectiveness.

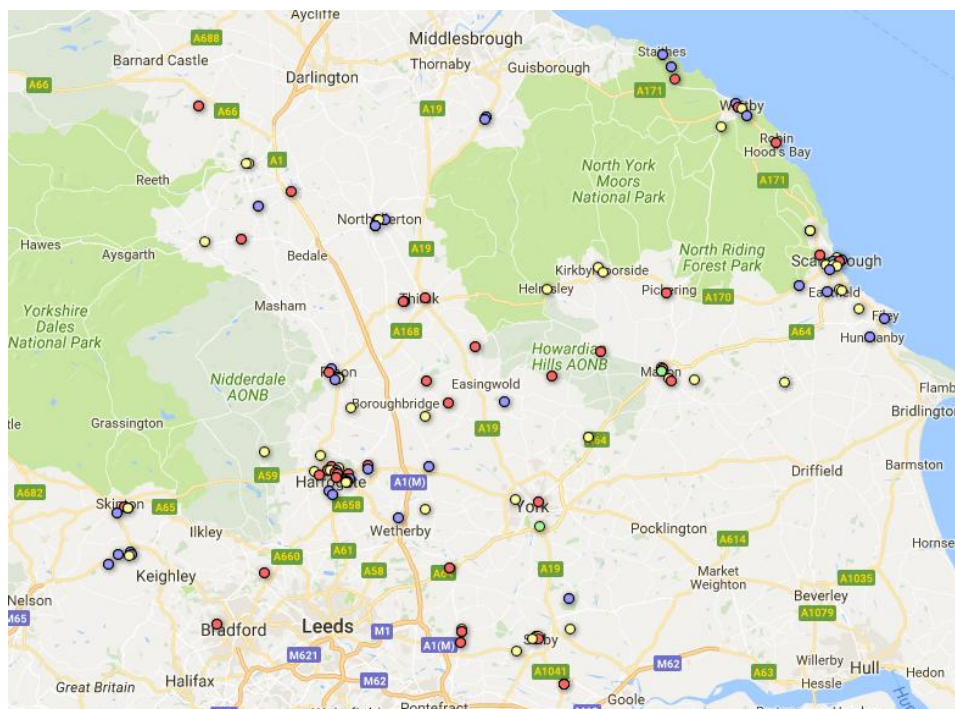
## Activity

During the year the specific web address for the NHS complaints advocacy service [www.helpwithnhscomplaintsnorthyorks.org](http://www.helpwithnhscomplaintsnorthyorks.org) has had over 1880 sessions on the web page. 85% of these were new visitors.



Cloverleaf Advocacy has recently updated their website pages and included details and links of all advocacy services that we offer. The drop in the website visits in quarter 4 is reflected by an increase in website visits on the generic Cloverleaf website.

Map showing the origins of cases 1 April 2016 to 31 March 2017



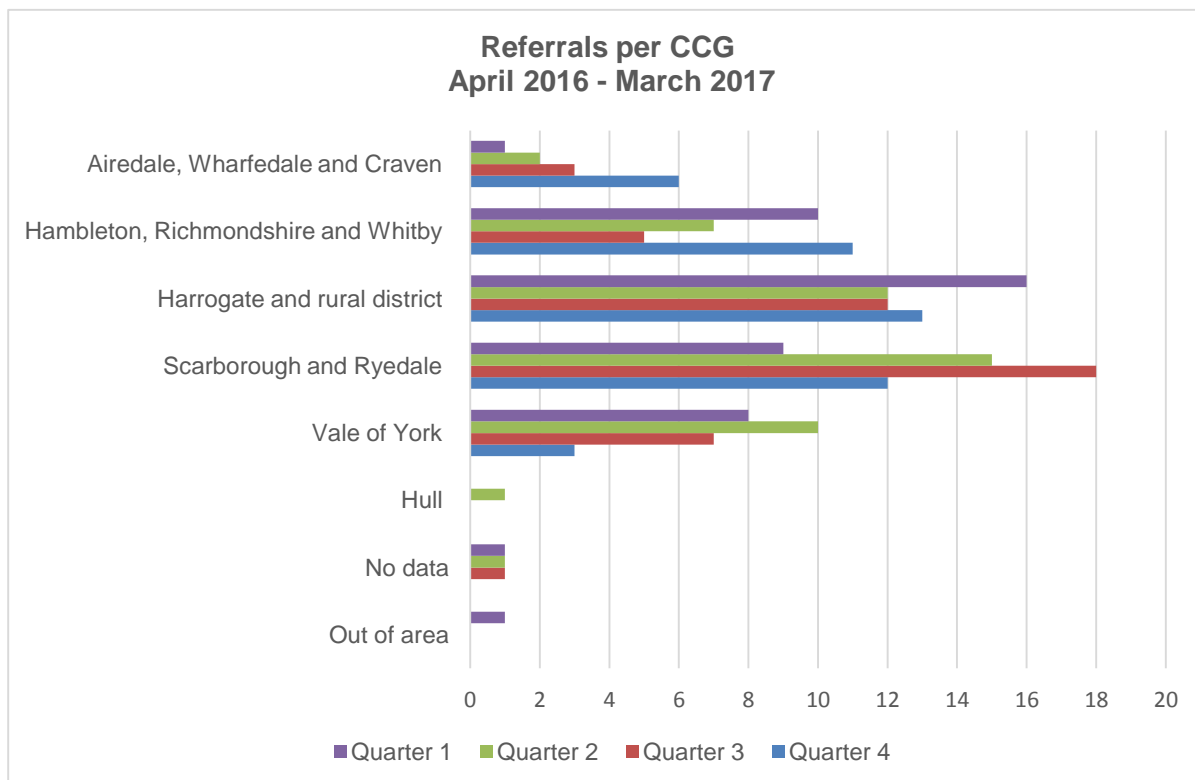
The red dot on the map above shows where the referrals in quarter 1 came from, the green dot relates to quarter 2, the yellow dot relates to quarter 3 and the blue dot relates to quarter 4.

The map shows the wide geographical area from where referrals have been received. There are clusters of referrals from Harrogate and Scarborough which have inpatient hospital services and the largest populations in the North Yorkshire area.

Below is a table which shows the breakdown of referrals by CCG throughout the year.

Clinical Commissioning Group (CCG)	Annual Data
Airedale, Wharfedale and Craven	12
Hambleton, Richmondshire and Whitby	33
Harrogate and rural district	53
Scarborough and Ryedale	54
Vale of York	28
Hull	1
No data	3
Out of area	1
<b>Total</b>	<b>185</b>

The chart below shows referrals from each district in each quarter. The purple bar being quarter one, green bar is quarter 2, the red bar is quarter 3 and the blue bar is quarter 4.



The out of area category captures people with no fixed address, individuals who have not given consent for their address details to be shared and clients referring for a family member where the referrer lives outside of North Yorkshire.

## NHS Complaints Advocacy Service Caseload

The chart below shows an overview of the number of cases which the service have supported over the last four years.

Year/Quarter	Cases to bring forward	No. of New Cases	No. of Closed Cases	Cases awaiting allocaton	Active cases in quarter	Cases to Carry Forward
Year 1 Q1 01.04.2013 to 30.06.2013	24	21	6	0	45	39
Year 1 Q2 01.07.2013 to 30.09.2013	39	24	3	0	63	60
Year 1 Q3 01.10.2013 to 31.12.2013	60	22	20	0	82	62
Year 1 Q4 01.01.2014 to 31.03.2014	62	27	27	0	89	62
Total		94	56			
Year 2 Q1 01.04.2014 to 30.06.2014	62	55	32	0	117	85
Year 2 Q2 01.07.2014 to 30.09.2014	85	61	59	0	146	87
Year 2 Q3 01.10.2014 to 31.12.2014	87	67	53	0	154	101
Year 2 Q4 01.01.2015 to 31.03.2015	101	40	40	0	141	101
Total		223	184			
Year 3 Q1 01.04.2015 to 30.06.2015	101	36	39	0	137	98
Year 3 Q2 01.07.2015 to 30.09.2015	98	39	45	0	137	92
Year 3 Q3 01.10.2015 to 31.12.2015	92	59	66	0	151	85
Year 3 Q4 01.01.2016 to 31.03.2016	85	59	47	0	144	97
Total		193	197			
Year 4 Q1 01.04.2016 to 30.06.2016	97	46	55	0	143	88
Year 4 Q2 01.07.2016 to 30.09.2016	88	48	59	0	136	77
Year 4 Q3 01.10.2016 to 31.12.2016	77	46	47	0	123	76
Year 4 Q4 01.01.2017 to 31.03.2017	76	45	42	0	121	79
Total		185	203			



# NHS Complaints Advocacy Service Annual Data

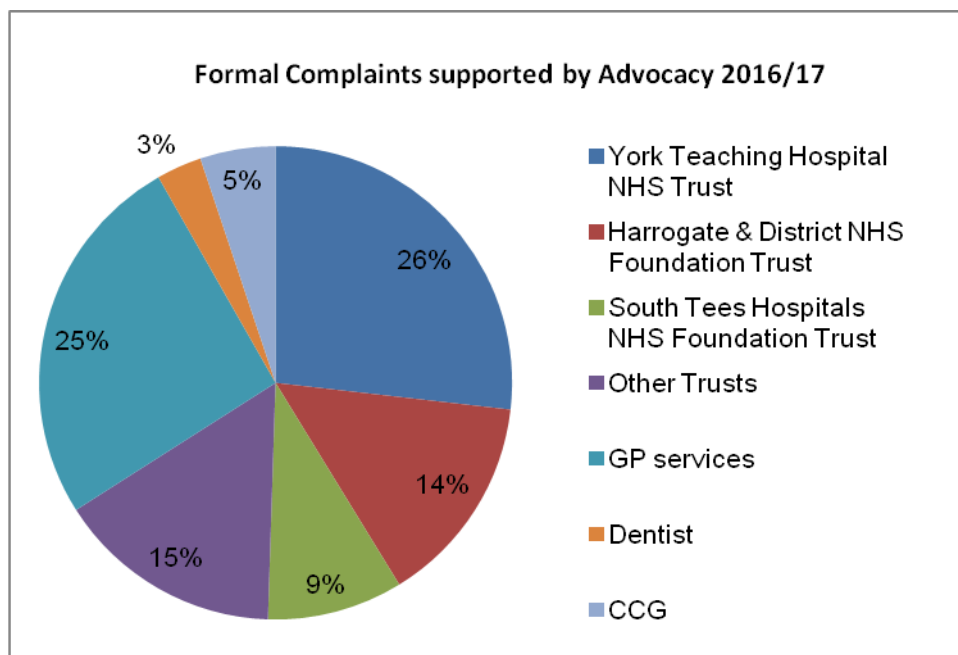
The chart below details the number of complaints we have received for individual NHS organisations and the issues related to the complaints.

NHS Organisation	Total complaints for 2016-17	Issues related to complaints						
		Clinical Issue	Nursing Issue	Attitude Issue	Communication Issue	Maladministration	Funding Issue	Policy/Procedure Issue
Airedale Hospital Trust	5	3	2	3	4	0	0	0
Bradford Teaching Hospitals	5	4	1	2	2	0	0	0
Harrogate & District Trust	23	17	2	3	7	0	0	0
Leeds Teaching Hospitals Trust	6	1	1	0	4	0	0	0
Tees Esk & Wear Valley Trust	16	9	0	7	6	1	1	0
South Tees Trust	11	10	3	5	4	0	0	0
York Teaching Hospitals Trust	43	31	8	14	14	0	0	4
Yorkshire Ambulance Service	5	2	0	3	0	0	0	0
Other Trust	14	11	4	3	3	0	0	0
GP	39	19	2	14	12	2	1	8
Dentist	4	4	0	1	1	0	1	0
Pharmacy	1	0	0	0	1	0	0	0
Other	2	1	0	0	1	0	0	0
Hambleton, Richmondshire & Whitby CCG	2	0	0	0	0	0	2	0
Harrogate & Rural District CCG	4	0	0	0	0	0	4	0
Scarborough & Ryedale CCG	4	0	0	0	0	0	3	1
Vale of York CCG	2	0	0	0	0	0	1	1

Please note some individual complaints may have more than one issue.

Below is a summary of the key service data that has been collated for this annual report. The service holds extensive data regarding each case supported but to help understanding most of this has been presented in a simplified form or percentages. Some data has been summarised and rounding's have been applied.

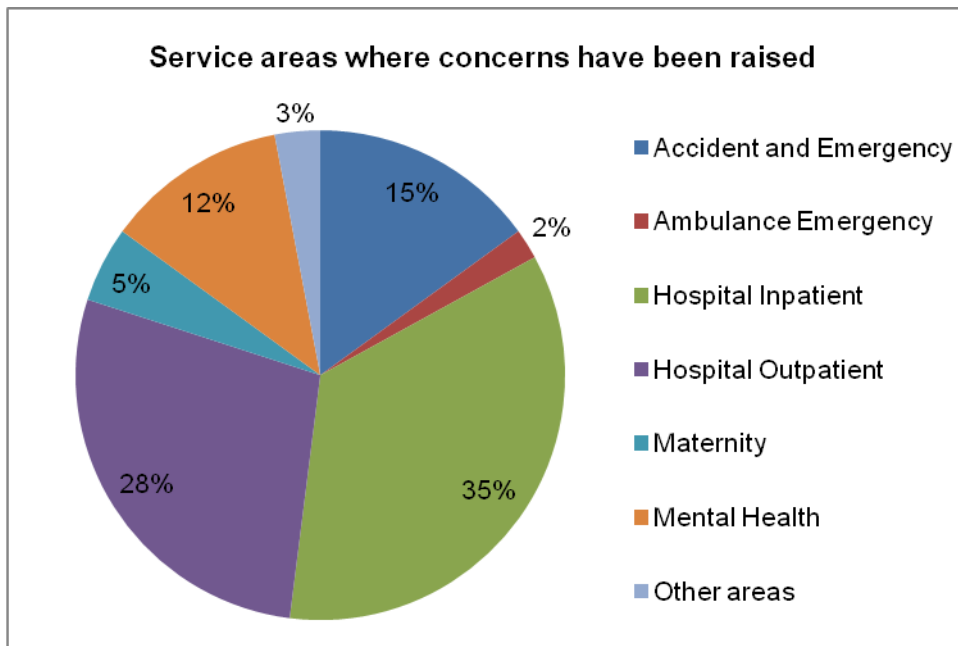
Chart below shows the breakdown percentage of formal complaints supported during 2016/2017:



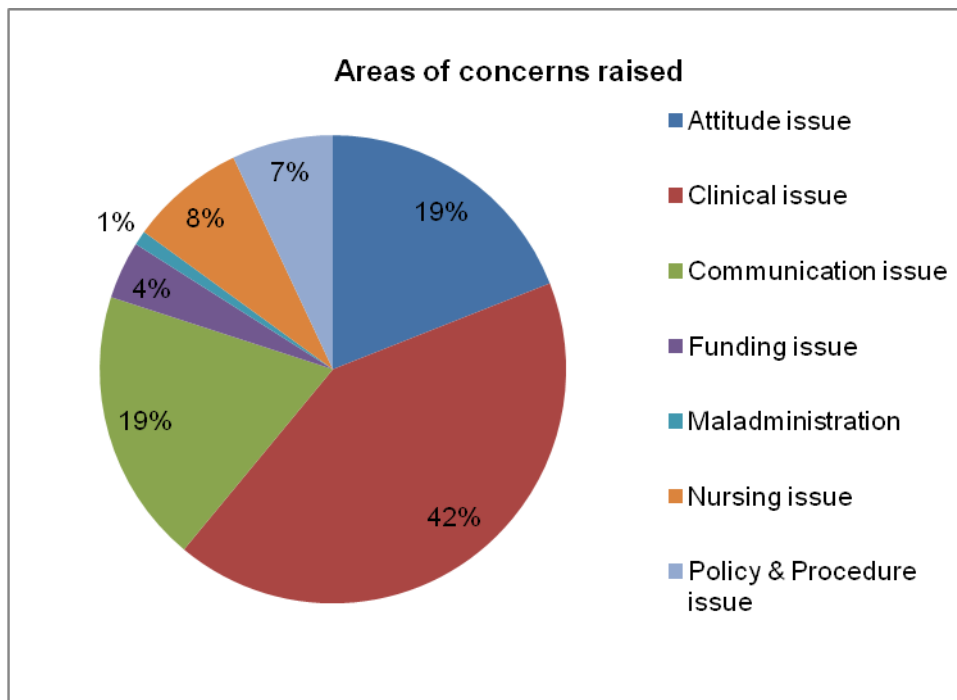
64% were related to complaints about Trusts, 25% were complaints regarding GP practices, 3% were in connection with Dental Practices and 5% related to individual CCG complaints. The remaining 3% were to other areas of the NHS.

The service areas which received the most complaints were Acute Care (52%) and Primary Care (28%). Cloverleaf has also supported people who wish to complain about other service areas although no significant pattern of service failure has so far been identified. Our classification process may also identify multiple complaints being raised by one individual as different NHS services may have contributed to the concern, i.e. a GP and a Hospital delivered service.

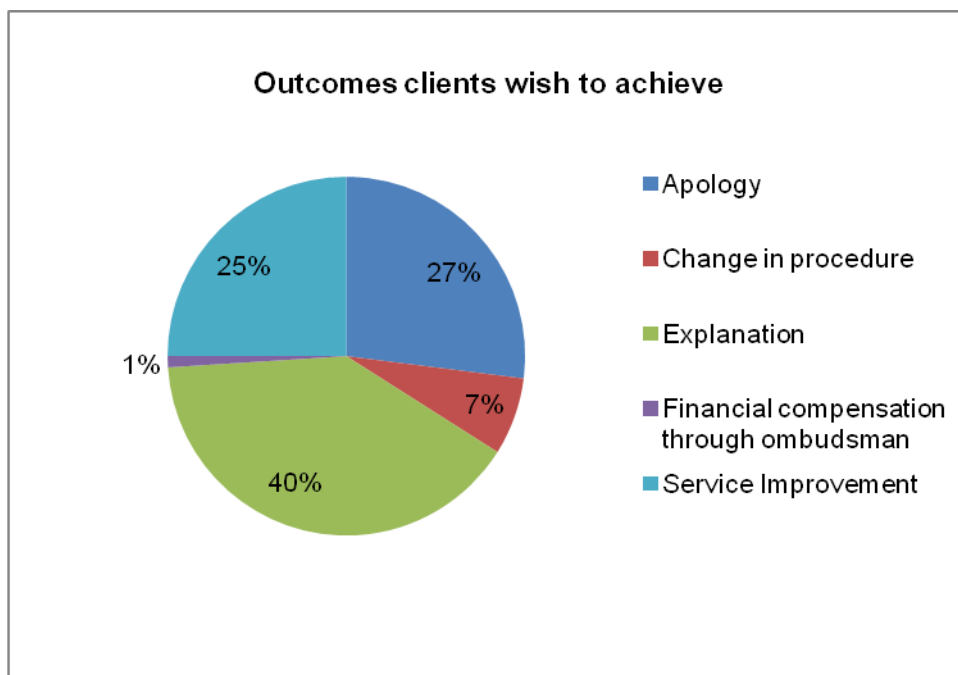
Cloverleaf has supported people to complain about many different services and departments within hospitals. The chart below shows the breakdown of the areas:



The chart below shows that 42% of clients raised concerns about clinical treatment. 19% of clients complained about communication and 17% of clients raised concerns about the attitude of staff. 8% of clients raised concerns about nursing care.



We attempt to clearly identify what outcome people wanted to achieve as a result of making a complaint. In most cases, complainants want an explanation, apology, service improvement or change in procedure. This is broken down below:



Throughout the year Cloverleaf have worked with people of all ages, the vast majority (61%) were aged between 41 – 69 years. Cloverleaf request ethnicity information from clients we work with to monitor our Equalities performance. 25% of clients choose not to provide this data, i.e. “prefer not to say.” Data disclosed to us indicates that throughout this year 70% have been white British and the remaining 5% were Asian British, Polish, Romanian and white other. We work with a wide range of different people and some have a physical or sensory impairment. This year 9% of supported clients declared that they had a physical impairment and a further 12% declared that they had mental health related needs.

Of the people Cloverleaf have supported 34% have complained on behalf of family members. Some individuals have progressed complaints regarding deaths that they considered were linked to NHS services provided to a relative or friend.

## Office, Infrastructure and Staffing

Our dedicate Independent Health Complaints Advocacy Service team is based at 4 Devonshire Court, Green Lane Trading Estate, Clifton York, YO30 5PQ. Team members also work from home bases across NYCC to minimise travel.

All staff has received a tailored, comprehensive and robust induction, systems training, support, ongoing training and personal development, both internally and externally. All staff working on the service has received specific NHS Complaints Advocacy Training.

Three staff members have completed the City and Guilds Independent Advocacy Qualification. One team member will complete their qualification in the next financial year. All staff have completed their NYCC Safeguarding Adults and Safeguarding Children training.



Helen Fawcett  
Coordinator



Lucy Spivey  
Advocate



Laura-Jane Kelly  
Advocate



Claire Laird  
Advocate/Administrator

A unique telephone number is set up for the service, telephone **0300 012 4212** (local call cost). This number is supported by a digital telephone messaging service for out of hour's calls. We also use a wide range of convenient contact points including email, [helpwithnhscomplaintsnorthyorks@cloverleaf-advocacy.co.uk](mailto:helpwithnhscomplaintsnorthyorks@cloverleaf-advocacy.co.uk).

During 2016 we introduced a new channel of communication, so individuals can now also contact us via SMS text service on **07860 021502**.

The web site is fully accessible, text sizes and colour of font can also be changed, mobile telephone friendly and can automatically be translated into other languages. The site is managed internally and is updated on a regular basis. The website address is [www.helpwithnhscomplaintsnorthyorks.org](http://www.helpwithnhscomplaintsnorthyorks.org). A QR code has been used on marketing materials to help enable access for people who use a smart phone.

## Marketing and Networking

We continue to maintain contact with Doctors, Dentists, Area and District Committees, Parish Councils, Third sector organisations, Care Quality Commission, North Yorkshire NHS Trusts and Clinical Commissioning Groups, NYCC, MP's, to provide service information and leaflets. We have also developed links with relevant NHS complaints / Patient Experience teams and PALS to help ensure that the service can effectively support individuals who need Advocacy support.

Below are some of the key events Cloverleaf have attended to help raise awareness of the service:

- Promotional Event at Gypsy Traveller site in Stokesley.
- Promotional stand at Wider Partnership Conference.
- Promotional text sent out via email by Manager a GaTEWAY NY, st@y Selby and Horton community cafes to approximately 80 contacts in North Yorkshire examples of which are Community Support Officers, Housing, Children's Centres etc.

- Promotional stands at The Friarage Hospital Northallerton, Harrogate District Hospital.
- Contact made and information passed on to small charities and community services in Scarborough and Ryedale area.
- All GP practices within the Hambleton, Richmondshire and Whitby CCG area contacted and provided with information.
- Promotional stands at Scarborough, Skipton, Catterick and Whitby Libraries.
- Inclusion in the Selby District AVS newsletter.
- Attended a networking event for palliative care support staff at St Catherine's Hospice in Scarborough.
- Meeting with Healthwatch North Yorkshire to discuss working partnership. We link with Healthwatch North Yorkshire to promote access to the service and provide information regarding the NHS Complaints Advocacy Service across North Yorkshire.
- Review meeting with Airedale NHS Foundation Trust , Tees Esk & Wear Valley NHS Trust, Harrogate and District NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.
- Review meeting with Airedale, Wharfedale and Craven CCG, Scarborough and Ryedale CCG and Vale of York CCG.

## Case Study

Client approached the service regarding a complaint about a hospital relating to the care of their parent. When the client came to our service they had already contacted the Trust to make a complaint but did not feel that they had received any answers to their concerns and the NHS had not been thorough in the investigation or been open and accountable. The client wanted to discuss what they could do next as they were unsure of the procedure. The client informed me they had also taken legal advice. The advocate explained that they could write a further letter to the Trust detailing the issues they did not feel had been addressed or they could request a local resolution meeting and address their concerns this way. The client wanted a meeting but wanted to meet with the advocate first to discuss the questions the client wanted to ask in the meeting. The advocate arranged to visit the client at home. The advocate made notes of what the client wanted to ask at the meeting and agreed they would accompany them to it.

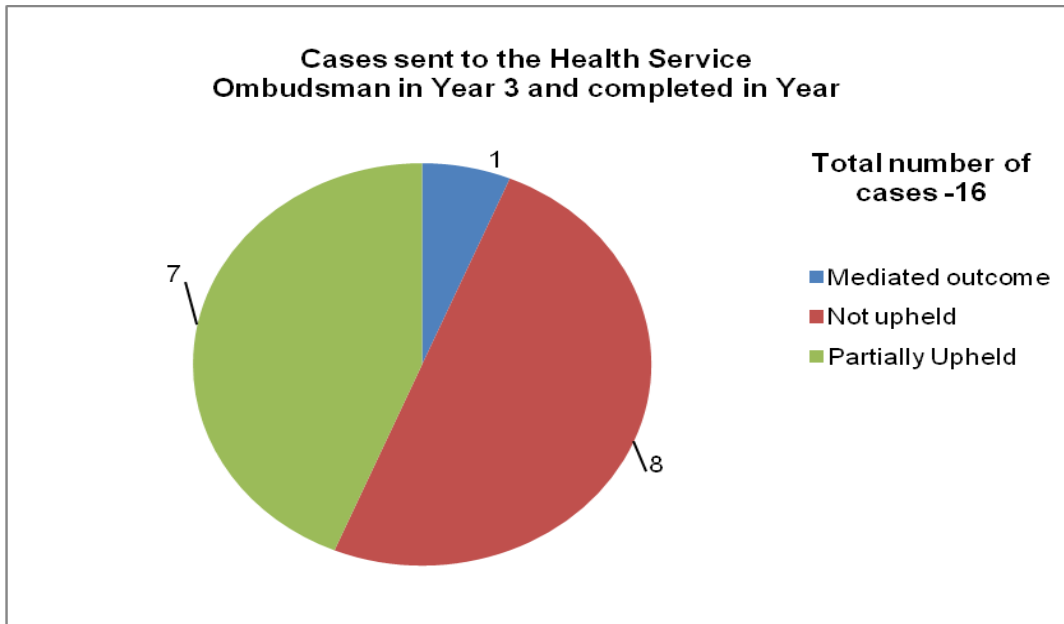
At the meeting, the client felt able to ask the questions with the advocate present. Notes were sent after the meeting which the client felt were again not thorough or apologetic. The client still felt they needed someone else's opinion on the matter. As the client had already attended a meeting and sent written complaints they decided to proceed with the Ombudsman.

The client was unsure about how this would affect any legal proceedings so the advocate discussed this with the Ombudsman and reiterated the outcome of this to the client. The advocate filled out the Ombudsman form with the client's notes and sent to the client for their approval. The client then sent the form to the Ombudsman and requested a review. The case was accepted by the Ombudsman and was partially upheld and recommendations made to the NHS. A financial sum was also offered.

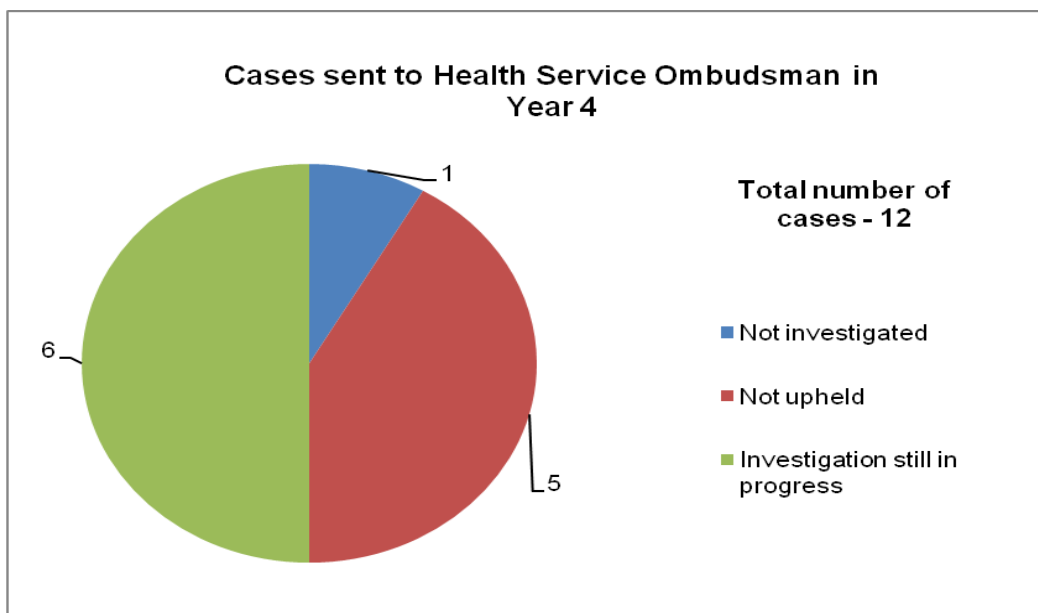
# Parliamentary and Health Service Ombudsman Data

Cloverleaf has supported 12 people who had decided that they wished to appeal against a local NHS decision by submitting their case to the Parliamentary and Health Service Ombudsman.

Below is a summary of all the Health Service Ombudsman cases which our service has supported clients with in Year 3 which continued into Year 4 and cases which were sent to the Health Service Ombudsman in Year 4.



Three of the above cases went to appeal following the initial investigation.



Three of the above cases also went to appeal following the initial investigation.

## Feedback

Cloverleaf always actively try to collect direct feedback from all clients supported. When Cloverleaf are near completing advocacy support we collect client feedback regarding the assistance provided and seek suggestions for improvements. Cloverleaf uses this feedback to review and improve our services.

Below is examples of the feedback received:

***"Thank you for such a good service, what could have been very stressful for me (one to one meeting) wasn't, my advocate made each step by step process a lot more relaxed, explained thoroughly what to expect, I thank her from the bottom of my heart"***

***"Would not change anything, my advocate was really good, helpful and informative. Gave me good advice, her assistance was excellent. I felt lucky to have her."***

***"This service helped me enormously with my complaint. It enabled me to put my complaint in writing in a logical and calm manner which I have struggled with in the past. Thank you so much".***

Cloverleaf also collected feedback from clients following advocacy support at complaints meetings to help to identify the benefits of advocacy.

Below are some examples of feedback received following support at complaints meetings:

***"Made me feel more at ease having my advocate present and knowing that if I didn't understand any questions they would be there to advise and help me."***

***"They were really helpful and to go through with this complaint we wouldn't know to do or who to go to. We would definitely recommend Cloverleaf advocacy to anyone who is experiencing what we had to go through as we did find them very helpful in all cases."***

***"My advocate was an excellent advocate & helped me put my thoughts and feeling into words so well, without her support I wouldn't have been able to carry on my fight so long and would not have achieved such a good outcome. Cannot thank her enough for her help."***



## Complaint response feedback

From the complaints that were opened and also closed within this financial year, we have received feedback from the clients' perspective about their response.

	NHS ORGANISATION								
	York Teaching Hospital NHS Foundation Trust	Harrogate District Hospitals Trust	South Tees Trust	Tees, Esk & Wear Valley Trust	Yorkshire Ambulance Service	Other Trust	GP	Harrogate & District CCG	Hambleton Richmond and Whitby CCG
<b>Response</b>									
Excellent	√	√	√	√		√	√√		
Good		√				√			
Satisfactory		√√	√	√		√√		√	
Unsatisfactory	√√√√		√√	√	√	√	√√√√		√
<b>Achieved</b>									
Explanation	√	√√	√√	√		√√√√	√	√	√
Apology	√	√√	√√√	√√	√	√√√			
Change in Procedures		√√		√		√√	√		
Service Improvement	√	√√		√		√√√			

## Looking ahead –Service Development –1 April 2017 to 31 March 2018

In accordance with service specification from NYCC we will:

- Continue to develop our communication strategy to ensure we maximise the impact of our awareness activity throughout North Yorkshire.
- Link with Acute/Primary Care Services to help ensure that they are aware of the service we offer and they can connect individuals to the service.
- Continue to develop our statistics, analysis and reporting.
- Develop team skills so that service levels continue to fully meet service users' expectations.
- Provide structured feedback regarding service delivery to NYCC and other key stakeholder's including Healthwatch North Yorkshire throughout the year.
- Participate with National and Regional networks so where appropriate best practice can be adapted to NYCC needs.
- Proactively link with the NHS, Healthwatch North Yorkshire, CCQ regarding inspections and highlight areas of potential concern as appropriate.
- Contribute towards all future NHS Complaints process reviews and consultations.