

INDEPENDENT HEALTH COMPLAINTS ADVOCACY SERVICE

North Yorkshire

Annual Report

1 April 2017 – 31 March 2018



Cloverleaf
Advocacy



North Yorkshire
County Council

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Executive Summary

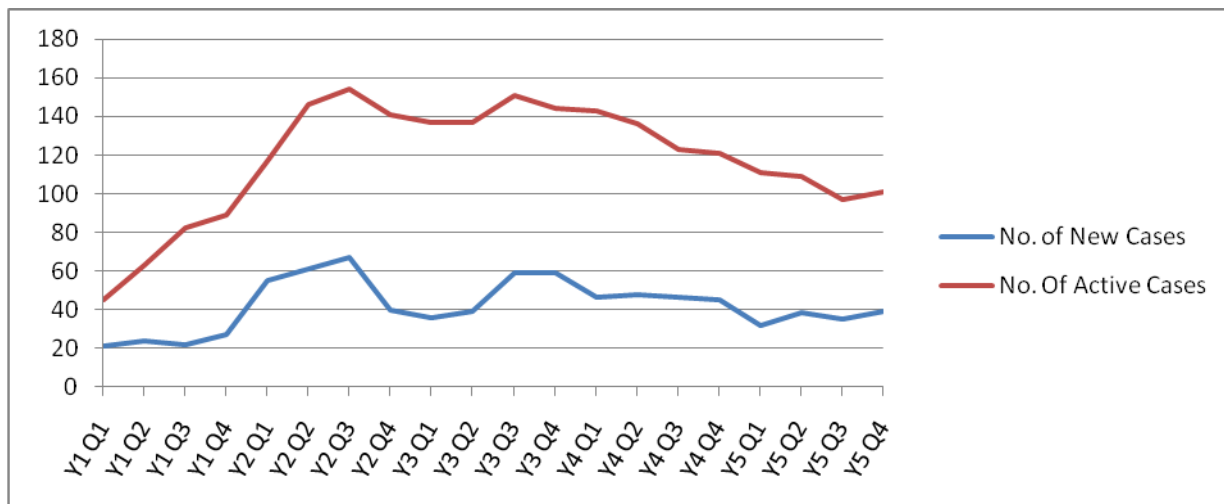
This annual report covers the period of 1 April 2017 to 31 March 2018. This annual report contains anonymised data and analysis to capture the range of support delivered to residents of North Yorkshire who need help in making a complaint about any NHS service. The service assists individuals to get a 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 2017/2018 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 year.

During this financial year, we have worked on 223 cases which include cases carried over from the previous financial year. Between the 1st April 2017 and the 31st March 2018 the service had 144 new cases. The length of time we work on individual cases can depend on how long the complaint takes to resolve through local resolution and the Health Service Ombudsman.

Caseload Trends for 2013/14, 2014/15, 2015/16, 2016/17 and 2017/18



63% of all the complaints we supported were related to complaints about Trusts, with 33% of these complaints relating to Hospital inpatient issues and 30% relating to hospital outpatient issues. 21% were complaints regarding GP practices, 9% related to individual CCG complaints and 7% were in connection with Dental Practices.

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.

"I was very pleased with the information my advocate gave me. Told me what to expect and gave me useful contacts. Praise to her for being helpful, she is very helpful and a really good listener and knew how to explain things, an excellent support."

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.

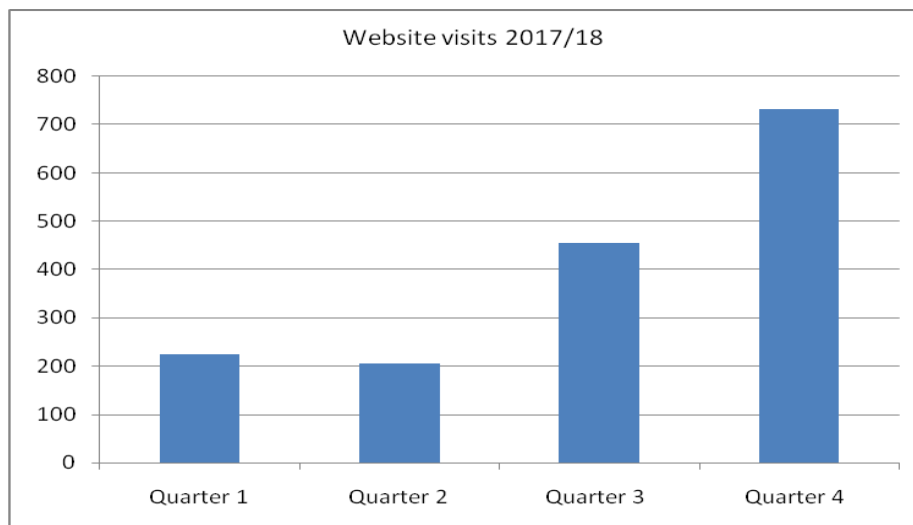
“I would like to thank you for helping me, writing letters, talking it through, information etc it has really made things easier, many, many thanks”.

Our delivery model incorporates 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.

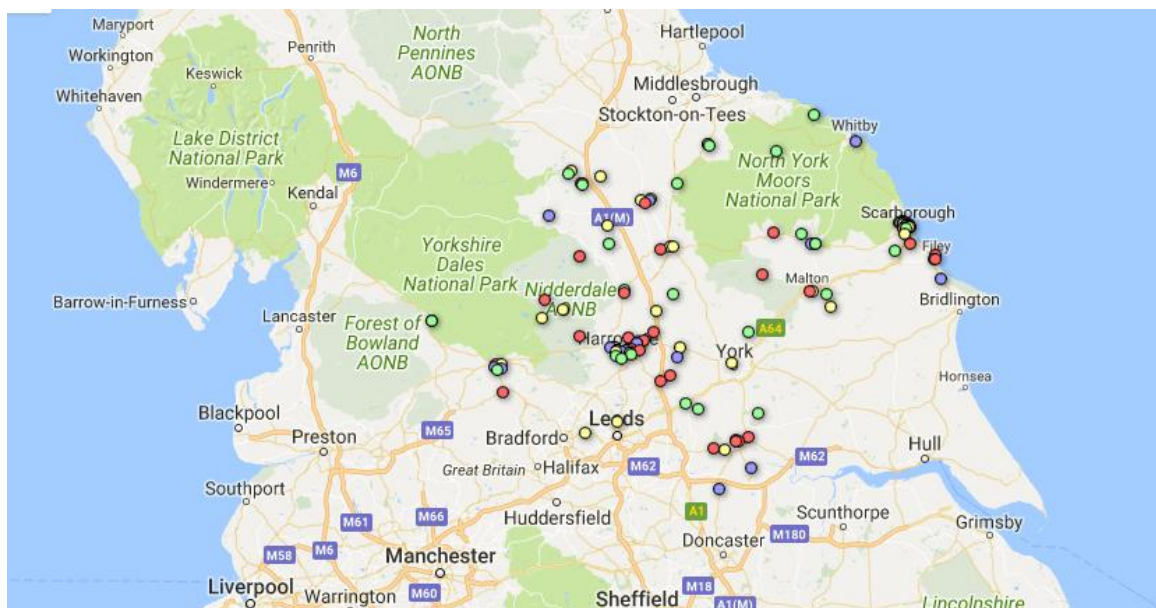
Activity

During the year the North Yorkshire Independent Health Complaints advocacy dedicated website plus the information page on Cloverleaf Advocacy's website has had over 1619 sessions on the web page. 78% of these were new visitors.



The increase in website visits in quarter 3 and 4 is reflected by an increase in website visits on the generic Cloverleaf website.

Map showing the origins of cases 1 April 2017 to 31 March 2018



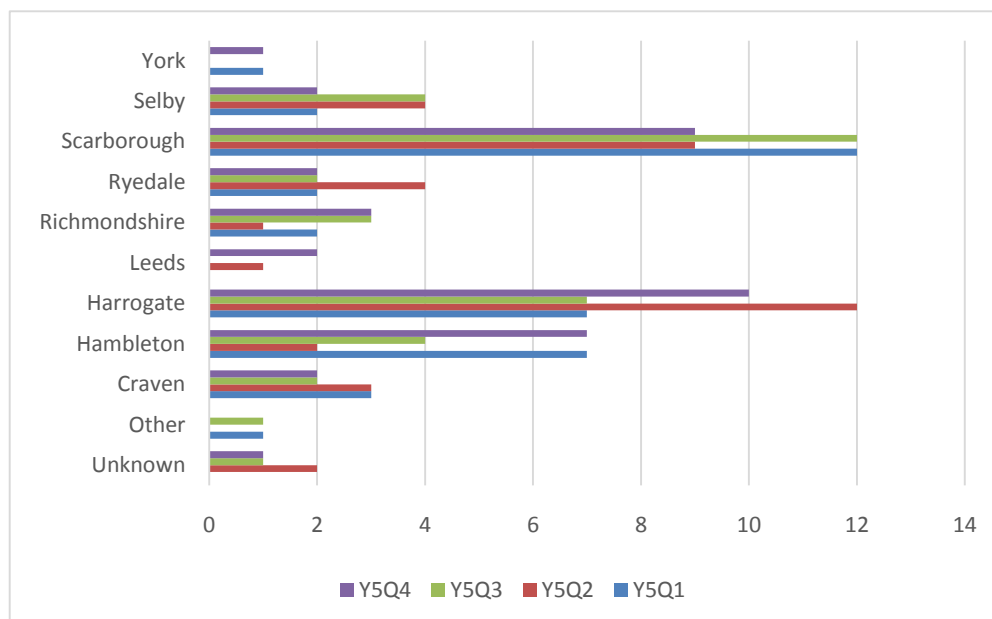
The blue dot on the map above shows where the referrals in quarter 1 came from, the red dot relates to quarter 2, the green dot relates to quarter 3 and the yellow dot relates to quarter 4.

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	8
Hambleton, Richmondshire and Whitby	24
Harrogate and rural district	36
Scarborough and Ryedale	50
Vale of York	28
Out of area	17
Total	140

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

Year/Quarter	Cases to bring Forward	No. Of New Cases	Closed Cases	Cases Awaiting Allocation	Active Cases	Cases to carry Forward
Year 1 Q1 1.04.2013 to 30.06.2013	24	21	6	0	45	39
Year 1 Q2 1.07.2013 to 30.09.2013	39	24	3	0	63	60
Year 1 Q3 1.10.2013 to 31.12.2013	60	22	20	0	82	62
Year 1 Q4 1.01.2014 to 31.03.2014	62	27	27	0	89	62
TOTAL		94	56			
Year 2 Q1 1.04.2014 to 30.06.2014	62	55	32	0	117	85
Year 2 Q2 1.07.2014 to 30.09.2014	85	61	59	0	146	87
Year 2 Q3 1.10.2014 to 31.12.2014	87	67	53	0	154	101
Year 2 Q3 1.01.2015 to 31.03.2015	101	40	40	0	141	101
TOTAL		223	184			
Year 3 Q1 01.04.2015 to 30.06.15	101	36	39	0	137	98
Year 3 Q2 01.07.2015 to 30.09.15	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 01.03.2015 to 31.03.2015	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			
Year 5 Q1 01.04.2017 to 30.06.2017	79	32	40	0	111	71
Year 5 Q2 01.07.2017 to 30.09.2017	71	38	47	0	109	62
Year 5 Q3 01.10.2017 to 31.12.2017	62	35	35	0	97	62
Year 5 Q4 01.01.2018 to 31.03.2018	62	39	34	0	101	67
TOTAL		144	156			

The chart shows an overview of the number of cases which the service has supported over the last five years.

NHS Complaints Advocacy Service Annual Data

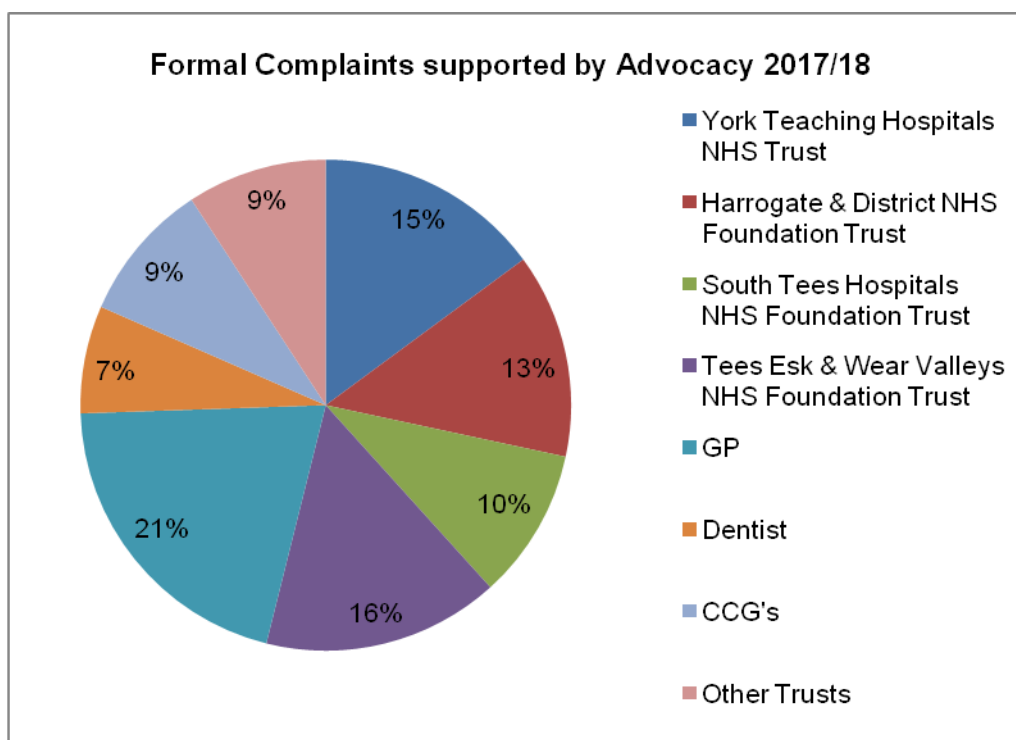
The chart below details the number of complaints we have received for individual NHS organisations and the issues related to the complaints.

NHS Organisation	Total complaints for 2017-18	Issues related to complaints						
		Clinical Issue	Nursing Issue	Attitude Issue	Communication Issue	Maladministration	Funding Issue	Policy/Procedure Issue
Bradford Care Trust	2	2	1	1				
Airedale Hospital Trust	1	1						
Harrogate & District Trust	21	15	4	4				1
Leeds Teaching Hospitals Trust	2	2	1					
Tees Esk & Wear Valley Trust	22	12		10	8	1	2	5
South Tees Trust	14	9	3	9	3			
York Teaching Hospitals Trust	31	17	5	13	10			5
Yorkshire Ambulance Service	2			1	2			
Other Trust	5	5	2	3	2			
GP	30	17	2	11	9	4	1	6
Dentist	10	5		4	1		2	3
Harrogate & Rural District CCG	3						1	
Scarborough & Ryedale CCG	9						3	
Vale of York CCG	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.

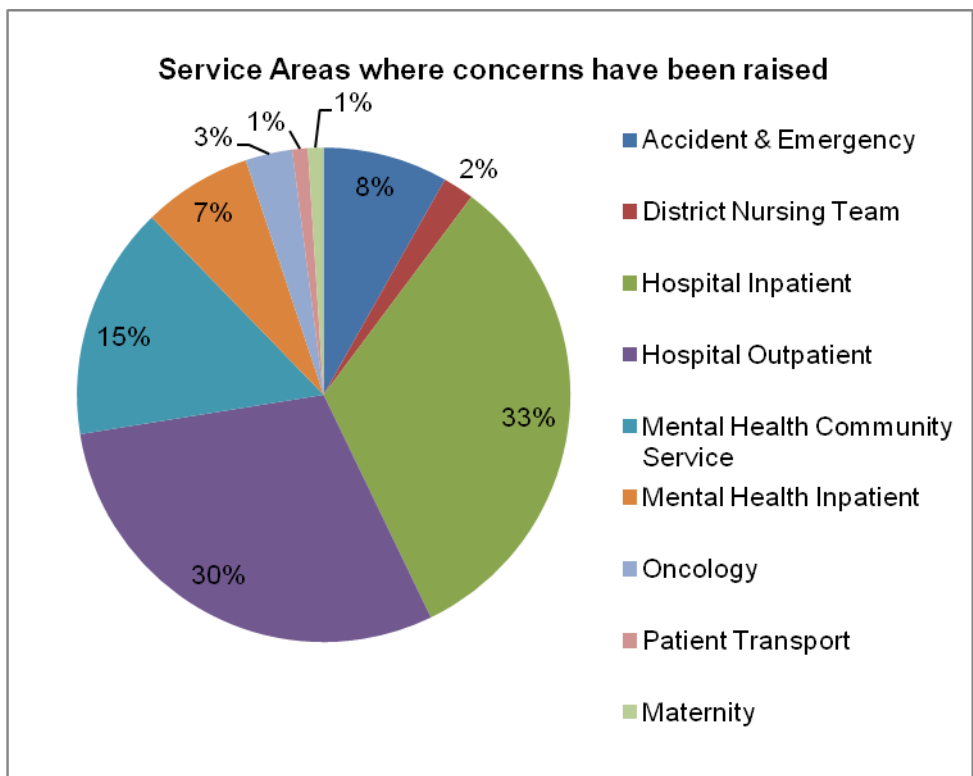
Chart below shows the breakdown percentage of formal complaints supported during 2017/2018:



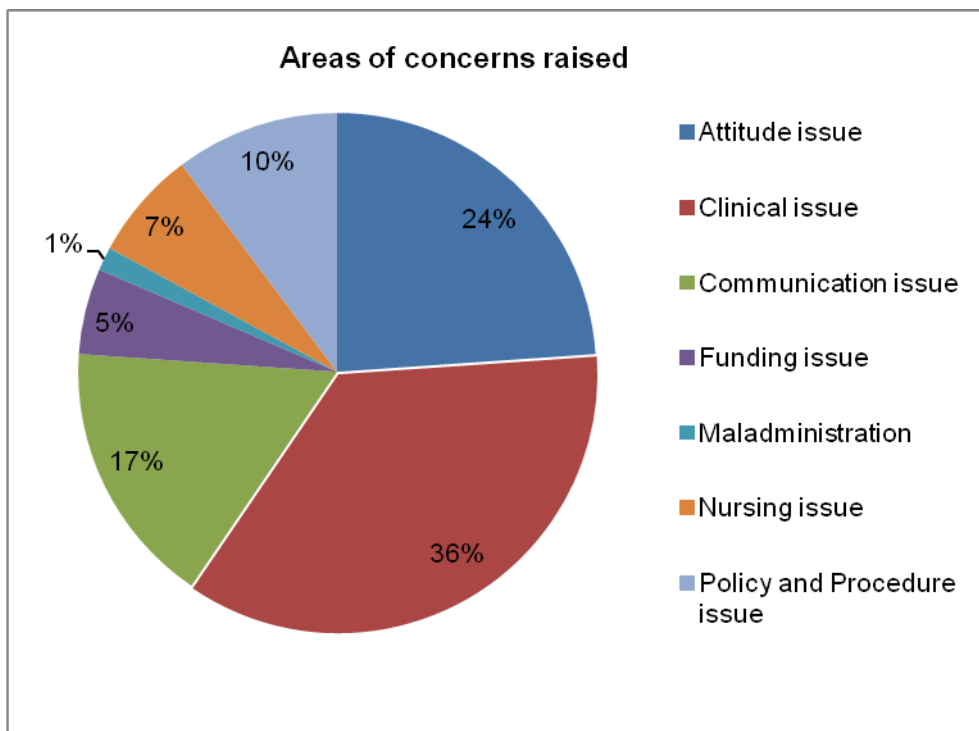
63% were related to complaints about Trusts, 21% were complaints regarding GP practices, 7% were in connection with Dental Practices and 9% related to individual CCG complaints.

The service areas which received the most complaints were Acute Care (51%) Primary Care (29%) and Mental Health care (17%). 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.

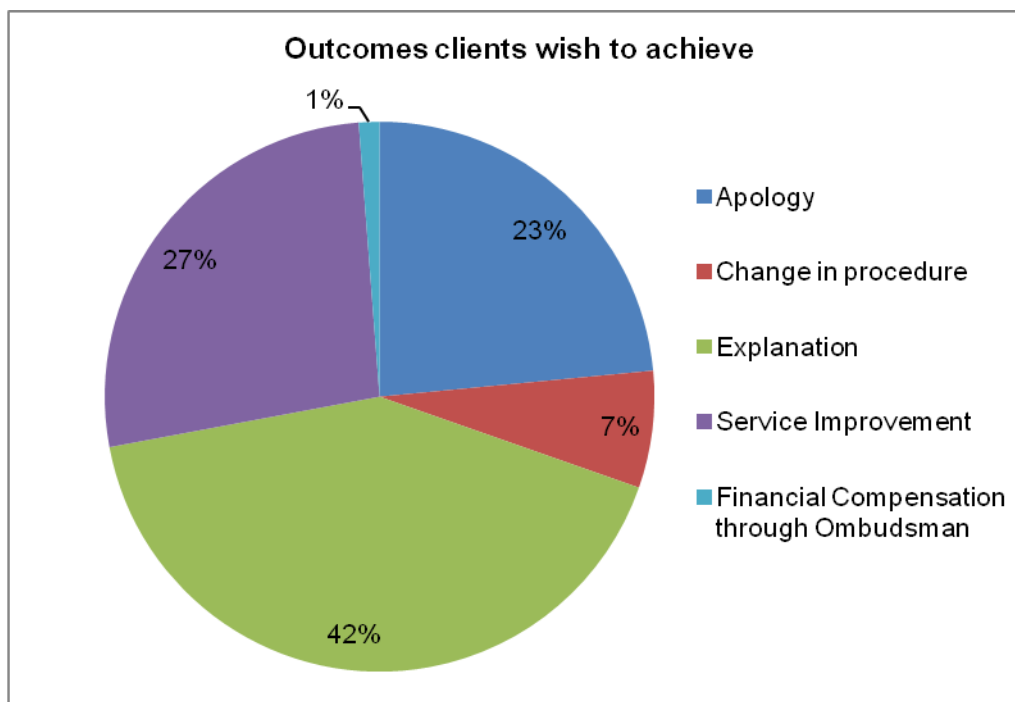
Cloverleaf has supported people to complain about many different services and departments within hospitals. The chart below shows the breakdown of the areas:



The chart below shows that 36% of clients raised concerns about clinical treatment. 24% of clients raised concerns about the attitude of staff and 17% of clients complained about communication. 10% of clients raised concerns about communication issues.



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 (52%) were aged between 46 – 65 years. Cloverleaf request ethnicity information from clients we work with to monitor our Equalities performance. 17% of clients chose not to provide this data, i.e. “prefer not to say.” Data disclosed to us indicates that throughout this year 75% have been white British and the remaining 8% were Black African, Polish and White European and other. We work with a wide range of different people and some have a physical or sensory impairment. This year 8% of supported clients declared that they had a physical impairment, a further 18% declared that they had mental health related needs, 3% declared they had a learning disability and 4% declared a sensory impairment.

Of the people Cloverleaf have supported 30% 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 All staff have completed their NYCC Safeguarding Adults and Safeguarding Children training.



Helen Fawcett
Coordinator



Lucy Spivey
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.

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.cloverleaf-advocacy.co.uk/content/independent-health-complaints-advocacy. 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 carried out to help raise awareness of the service:

- Mail out to all GP practices with leaflets and covering letter.
- Checking Trust and CCG websites to ensure our new service name and address details have been updated.
- Contact made with Community First Yorkshire, promotional text leaflets and posters sent.

- Service information sent to professionals email group by the scheme manager at Selby STAY & STAY Well, Craven STAY and Horton Community Cafes and Horton Housing Association.
- Service information included in Harrogate and Ripon CVS newsletter.
- Promotional material sent to Dentists and Care homes within North Yorkshire.
- Attended Vale of York AGM with promotional stand and promotional material.
- Attended promotion events at Action towards Inclusion in Richmond and Skipton.
- Inclusion in NYCC members' newsletter.
- Inclusion in NYCC Health and Adult services provider bulletin.
- Attended North Yorkshire Wider Partnership Conference.
- Attended North Yorkshire Healthwatch AGM.
- Review meeting with Bradford District Care Trust, Hambleton, Richmond and Whitby CCG, Leeds Teaching Hospitals NHS Trust, Harrogate District NHS Foundation Trust and Tees Esk & Wear Valleys NHS Foundation Trust.
- Inclusion in Community Pharmacy North Yorkshire newsletter.
- Inclusion in North Yorkshire Branch Report through YOR local Medical Committee Ltd.

Case Study

Client approached the service for support to make a complaint following the death of a relative. They felt that the care provided by the Trust may not have been appropriate as they had been told differing things about the cause of death and the treatment provided.

The advocate supported the client to make an initial complaint by meeting with the client in a neutral location to discuss what had happened. They agreed to write up the client's complaint letter and send them a draft copy of the letter to check over. Once the client was happy with this it was sent off. When the response was received the advocate arranged to meet the client again to go over the response and draft a further letter back to the Trust. When the client was happy with this, they sent this letter to the Trust. Following on from this letter the client still felt there were a couple of issues they were unhappy with so a further letter was drafted and sent to the Trust.

The client remained unhappy with the responses and felt they each contradicted each other. The advocate and the Trust suggested a local resolution meeting for the client but the client felt this would be very upsetting and confrontational.

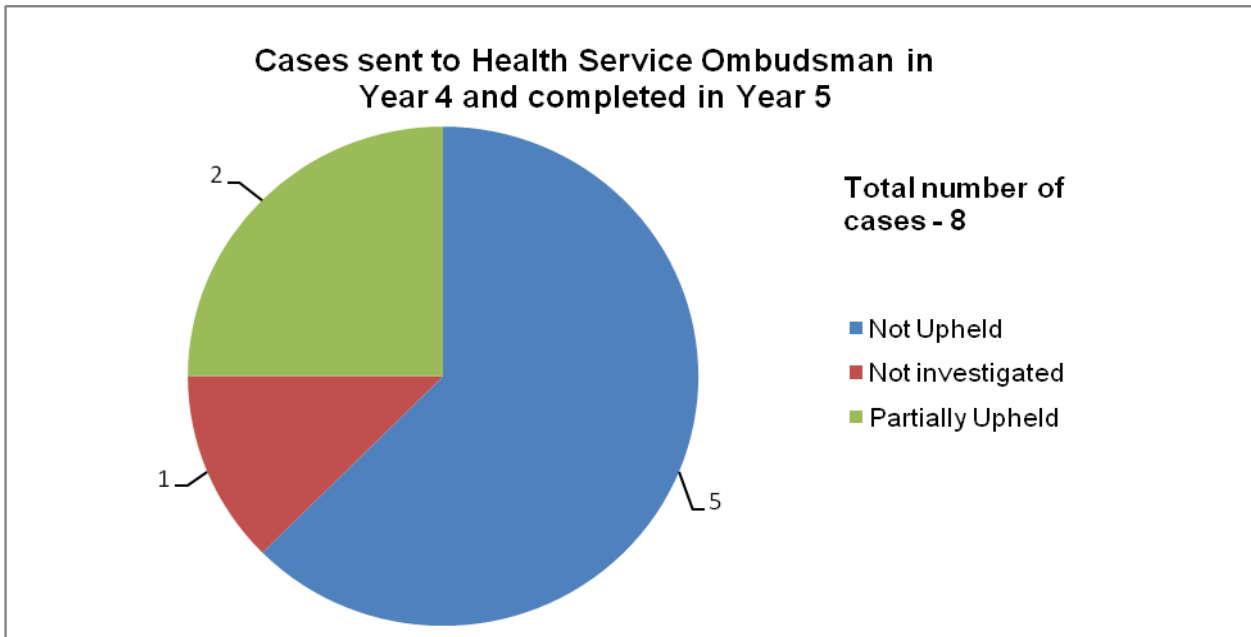
After discussions with the advocate, the client felt they would like to make an application to the Parliamentary and Health Service Ombudsman. The advocate filled in the request form and sent this to the client for them to check over. When the client was happy with the form, they signed it and sent.

The case was accepted by the Ombudsman and progressed to investigation. The end result was that the case was partially upheld. The client felt this was a good result as the PHSO agreed that responses contradicted each other. It was also a reassurance that the correct clinical treatment had been provided to their relative.

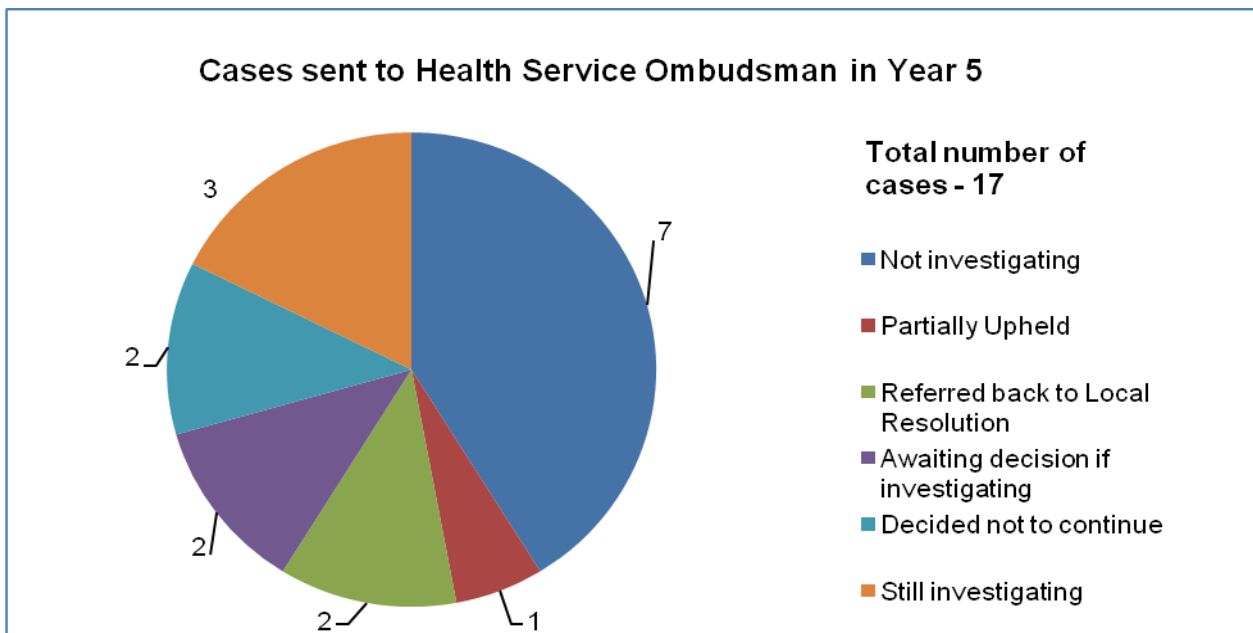
Parliamentary and Health Service Ombudsman Data

Cloverleaf has supported 17 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 4 which continued into Year 5 and cases which were sent to the Health Service Ombudsman in Year 5.



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



Two 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 are examples of the feedback received:

"My advocate was very helpful; she was a nice person to talk to and explained all I needed to know in detail"

"Couldn't be better"

"I don't believe the service needs to be enhanced. The help I got was perfect"

"For my case, the support provided was excellent"

"I feel the service is excellent and cannot think of any further constructive enhancement"

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:

"The support I received was professional and very appropriate, always polite informative and empathetic without being overbearing, would highly recommend"

"From my point of view, I had an excellent advocate"

"I was very pleased with the information my advocate gave me. Told me what to expect and gave me useful contacts. Praise to her for being helpful, she is very helpful and a really good listener and knew how to explain things, an excellent support."

"I was extremely nervous and became quite upset, my advocate ensured the main issues were raised and discussed"

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	Dentist	Other Trust	GP	Scarborough & Ryedale CCG	Harrogate & District CCG	Hambleton Richmond and Whitby CCG
Response										
Excellent		√		√					√	
Good	√	√		√	√		√√	√		√
Satisfactory	√√√√√√	√	√				√	√	√	
Unsatisfactory	√	√√	√√		√	√√	√			
Achieved										
Explanation	√√√	√	√√√	√	√		√√	√	√√	
Apology	√√√√	√	√√√		√		√		√√	
Change in Procedures	√√√	√	√	√	√		√√			
Service Improvement	√√		√		√√					√

Looking ahead –Service Development –1 April 2018 to 31 March 2019

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.
- Develop team skills so that service levels continue to fully meet service users' expectations.
- Link in with other NHS complaints Advocacy services to continue to develop and deliver best practice.
- Promote our services to BME communities and younger people.
- 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, CQC regarding inspections and highlight areas of potential concern as appropriate.
- Contribute towards all future NHS Complaints process reviews and consultations.

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