

Trust Board paper N

To:	Trust Board						
From:	Chief Nurse						
Date:	25th September 2014						
CQC regulation:	Outcome 16 – Patient Safety						
Title:	Complaints Engagement Event Feedback						
Author/Responsible Director: Director of Safety and Risk							
Purpose of the Report:							
<p>This report provides the Trust Board with a summary of a complaints engagement event which was held in June. An action plan describes the proposed actions and activities to improve complaints handling within the Trust and to ensure it is more patient centred.</p>							
The Report is provided to the Board for:							
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Assurance							
Endorsement	x						

Summary / Key Points:			
- The Trust has ambition to improve the experience for patients and relatives who use the complaints process. An engagement event was considered the best method of collaborating with partners and engaging with patients and the public. - The primary focus of the event was to listen to the experiences of the users of the service, including patients, carers and staff, learn from the event and take action to ensure that UHL operates a best practice complaints service. - The engagement event sought to build upon recommendations from national complaint reviews including the Francis Inquiry and the Clwyd-Hart Review. - The LiA style event invited attendees to provide feedback, comments and views to three specific questions. The responses are detailed in the paper. - An action plan was subsequently developed to identify manageable improvements which could be monitored by EQB.			
Recommendations:			
The Trust Board is invited to note the content of this report and:- - i. Support the organisational improvements/recommendations identified in the report and action log; - ii. Make any recommendations regarding the action plan; - iii. Note that EQB / QAC will receive regular updates on this work.			
Previously considered at another corporate UHL Committee?			
This paper has been presented to and discussed at the Executive Quality Board and the Quality Assurance Committee.			
Strategic Risk Register:		**Performance KPIs year to date:**	
		Actions to improve complaints handling identified within the action plan.	

Resource Implications (eg Financial, HR):

Some additional resource may be required to fully implement the plan if complaints activity remains high.

Assurance Implications:

Complaint activity, performance and themes regularly reviewed and monitored at EQB and QAC.

Patient and Public Involvement (PPI) Implications:

This paper describes a public engagement event where the views of service users were actively sought to enable future improvements to be made. The report and action plan have been produced by internal colleagues in partnership with Healthwatch, PohWER and Patient Advisers.

Stakeholder Engagement Implications:

As above.

Equality Impact:

Equality and diversity review considerations are captured in the quarterly complaints reports.

Information exempt from Disclosure: None

Requirement for further review? Updates on progress to be provided to EQB and QAC.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 25TH SEPTEMBER 2014

REPORT BY: CHIEF NURSE

SUBJECT: COMPLAINTS ENGAGEMENT EVENT - FEEDBACK

➤ **INTRODUCTION**

- 1.1 On the 11th June 2014 UHL hosted a 'Complaints Engagement Event' which was supported by Healthwatch, POhWER, recent users of the complaints/PILS Service, Patient Advisers, carers and representation from the Leicester Mercury Patients Panel. In addition, four Clinical Directors, two UHL Non-Executive Directors and several Senior Nurses made time to attend this event.
- 1.2 The primary focus of the event was to **listen** to the experiences of the users of the service, including patients, carers and staff, **learn** from the event and take **action** to ensure that UHL operates a best practice complaints service.
- 1.3 A key driver for the event was to reflect UHL's commitment to the complaints process in relation to recently published enquiries and reports, notably:-
- Clwyd-Hart review of the complaints process.
 - The public inquiry into Mid Staffordshire NHS Foundation Trust led by Mr. Robert Francis Q.C.
 - The Berwick/Keogh reports.
 - Ombudsman Principles by the Parliamentary and Health Service Ombudsman.
- 1.4 A common theme throughout these reports is that; *"A health service that does not listen to complaints is unlikely to reflect its patients' needs. One that does will be more likely to detect the early warning signs that something requires correction, to address such issues and to protect others from harmful treatment. A complaints system that does not respond flexibly, promptly and effectively to the justifiable concerns of complainants not only allows unacceptable practice to persist, it aggravates the grievance and suffering of the patient and those associated with the complaint, and undermines the public's trust in the service."* Mid Staffordshire Inquiry report.

2. SETTING THE SCENE

- 2.1 The Listening in to Action (LiA) style event sought the comments and thoughts of the 60 attendees in relation to:-

- Quality Assurance.
- Improvements in Care.
- The Complaints Process.

2.2 Working within groups from a cross section of those present, thoughts and comments were discussed regarding the three following questions:-

- How/what can we do differently to improve complaints, improve the complaints handling process and the confidence of our patients, relatives, carers in our service?
- We are interested in exploring some external evaluation of our complaints process. What are your thoughts?
- People often tell us the complaints system is overly complicated. What can we do to simplify the process? (Within NHS Complaints Regulations.)

3. THEMES FROM FEEDBACK

3.1 Michael Smith, Development Officer from Healthwatch and Martin Caple, Patient Adviser kindly took away the comments and evaluation forms from the engagement event and provided the Trust with the themes and detail of issues and suggestions recorded by participants. The sample comments listed below represent the majority of points raised and are verbatim as received during the course of the event.

3.2 Question 1, “What can we do differently”:-

- Respondents identified that they wanted more involvement within the complaints process including receipt of an initial telephone call giving the name of a specific complaint handler.
- Responses should be reviewed by an independent review panel.
- Be less defensive and reduce bureaucracy with an aim of resolving complaints before they become formal.
- Easy access/transparency of the complaints process.
- Complainant to be provided with a named complaint lead for information.
- Improve access and promote face to face responses with interpreters.

3.3 Question 2 “Exploring external evaluation”:-

- Individual complaints, one service fits the whole process which might be appropriate for the majority of complaints, but not all.
- Creation of an independent review panel linking with NHS Leicester, Leicestershire and Rutland. The panel would be internally focused and challenging. An invitation could be made to other organisations that are providing a good service.
- Good idea. The panel should be totally independent with Healthwatch support.
- Advisers/public to be part of the process and appointed with set criteria, confidential and to select random files to view and go back and talk to the

complainant. Provide an anonymous report, covering the whole process and all aspects of the complaints process which will subsequently report to Trust board meetings on a monthly basis.

- The panel will also look at re-opened complaints and the panel to include a Non-Executive Director (as well as Healthwatch).
- Support a complaints review panel to consist of using non-healthcare organisations to drive change.

3.4 Question 3 “What can we do to simplify the process”:-

- The complaints process needs to be more transparent.
- A named case holder with a single point of access.
- Suggestions were made that the complaints engagement event could be part of a dedicated LiA Complaints Group.
- Once a complaint is received, the complainant receives a telephone call advising them how the complaint will proceed. The PILS office to call complainants if a reply is going to be delayed.
- Filter minor complaints to allow more time to deal with the more serious complaints.
- Positive feedback to be fed back to staff and teams.
- Access for those with impairments, people who are not IT savvy. If communication is difficult, the appropriate support is provided.
- Promote communication with different organisations such as LGBT, Deaf Society, etc.
- PILS Team is not supported.
- Front of house support is appalling.
- Adopt a “can do” attitude and not a “no can do” attitude. Cut out the jargon, treat people as human beings and provide better communication.
- Defining a complaint and ensuring there is mutually shared understanding.
- Ensuring that young people of 13+ have a voice in the complaints process.

3.5 It should be noted that some of the comments were not the consensus view of all attendees.

4. NEXT STEPS

4.1 Acting on the feedback received, an action log has been created to capture some of the predominant themes following the engagement event. The action log is attached at Appendix 1.

4.2 Following the event some immediate actions have been identified and are being implemented. Other actions will need further consideration and will require a phased approach. Healthwatch, PohWER and Patient Advisers will work with UHL staff to provide a further paper suggesting a model for the external evaluation of complaint responses.

- 4.3 A post event review meeting has been held with Michael Smith and Martin Caple to review this paper and actions ahead of presentations at EQB, QAC and Trust Board.
- 4.4 Following the Trust Board meeting on the 25th September 2014, UHL feedback to all attendees at the initial event will be provided.
- 4.5 Work continues to triangulate complaints themes with other sources of feedback to identify key areas of action.

5. RECOMMENDATIONS

- 5.1 The Trust Board is invited to note the content of this report and:-
- i. Support the organisational improvements/recommendations identified in the report and action log;
 - ii. Make any recommendations regarding the action plan;
 - iii. Note that EQB / QAC will receive regular updates on this work.

**Moira Durbridge,
Director of Safety and Risk
September 2014**

Complaints Engagement Event – Action Log

	Action	Lead	Time Frame	Progress Update	RAG Status *
1.	What can we do differently?				
a.	Initial telephone call to complainant to acknowledge receipt of formal complaint and identify case lead.	Patient Safety Co-ordinator/ Complaints Lead	30 th September 2014	Early contact with complainant (by phone if possible), providing information of named complaint handler.	4
b.	Review and strengthen signposting to other organisations. Improve complaints data information on public facing website i.e.:- ➤ How can we help? ➤ Complaint – you said/we did. ➤ New poster.	Patient Safety Co-ordinator/ Complaints Lead	10 th October 2014	Identified need for complaints lead role to focus on these actions.	3
c.	Provide local training and support to ward/department staff and support the PILS Team to improve their knowledge and confidence in supporting complainants through the process. Ensure complainants are signposted to the correct staff/teams.	Patient Safety Leads & Patient Safety Co-ordinator	19 th December 2014	Series of bespoke complaint support and training being rolled out throughout CMGs.	4
d.	Review responses to ensure they are fit for purpose, they provide an explanation, the terminology is appropriate and actions are in place.	CMG Leads who sign responses	31 st August 2014	Supporting tool development to place more emphasis and focus on the quality of responses (escalation tool and guidelines).	5
e.	Publish the Annual Complaints report on the Trust external website and circulate internally and externally to Healthwatch, POhWER, CCGs, etc.	Senior Patient Safety Manager	31 st October 2014	Current summary report in development.	3
f.	Include in complaint responses/any action plans, strategic programmes of work.	Patient Safety Lead. CMG sign-off Lead	30 th September 2014	Add strategic programmes of work information to be complaint tools and guidance sheet.	4
2.	We are interested in exploring external evaluation of our complaints process				
a.	A complaints panel to review a sample of complaints. To include a Non-Executive Director and Patient Adviser on	DSR/H/W and PA	31 st October 2014	Healthwatch, PohWER and Patient Adviser colleagues will work with UHL staff to provide a	4

* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~struck through~~ so that the original date is still visible.

RAG Status Key:	5	Complete	4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced
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	Action	Lead	Time Frame	Progress Update	RAG Status *
	the panel.			further paper suggesting a model for the external evaluation of complaint responses.	
3.	What can we do to simplify the process (working within the NHS complaints Regulations?)				
a.	Support staff to deal with concerns at source. Develop tools, guidance and training.	Patient Safety Leads/Co-ordinators	30 th September 2014	Tools and guidance developed. Training tool in development.	4
b.	In collaboration with East Midlands LETB, develop a complaints e-learning module (with James McLean).	Patient Safety Co-ordinator/ Complaints Lead	31 st December 2014	Meeting in progress and tool in development. Develop this in collaboration with Patient Experience Team.	4
c.	Explore how young people can express concerns/issues. (e.g. Graffiti boards)	Head of Nursing Childrens	31 st October 2014	Initial discussion had.	4
d.	Keep complainant better informed of the progress of the complaint investigation, particularly if a response is going to be delayed.	Patient Safety Leads	30 th September 2014	Patient Safety Leads aware of this requirement and are taking steps to implement it for all complaints.	4

* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strikethrough~~ so that the original date is still visible.

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