

INDEPENDENT COMPLAINTS REVIEW PANEL

Author: Moira Durbridge, Director of Safety & Risk Sponsor: Medical Director

Trust Board paper F

Executive Summary

Context

In 2014 UHL, in partnership with Healthwatch and POhWER, held a complaints engagement event to invite patients and the public to comment on complaints handling within the Trust. One of the actions arising from this event was to establish an Independent Complaints Review Panel. The purpose of the panel is to review a sample of complaints from the patient perspective and to report back to the PILS team on what was handled well and what could have been done better. The panel provide an anonymous summary report each quarter identifying common themes and trends to the Director of Safety and Risk.

Questions

1. Is the current complaints process effective in offering assurances to complainants that their concerns are taken seriously by the organisation?
2. Overall are we responding to complaints within the agreed process?
3. Are we sufficiently meeting the expectations of complainants?

Conclusion

What we done well:

1. Feedback from the review meeting has been very positive as it focuses on the complainants' experience.
2. Complaint investigations are generally thorough, comprehensive and time scales are met.
3. Through the cases reviewed it is apparent that UHL takes responsibility for mistakes that happen and apologies to the complainant when appropriate.
4. The Complaints Team are open and transparent in dealing with complainants and taken on board constructive comments.

What we could do better:

5. Some of the final reply letters were over complicated and contained medical jargon without a full explanation of the terms.

6. Invariably most letters of reply are suitably apologetic although sometimes an apology is overdone.
7. Some letters contain basic grammatical errors.

Actions taken following feedback from the panel include providing feedback to the Patient Safety Leads for the CMGs and also individual complaint handlers. The Complaints Review Panel have also offered to provide some shared learning to the Patient Safety Team with what was done well and what could have been done better.

Input Sought:

The Trust Board is invited to note the work of the Independent Complaints Review Panel and to:-

1. Endorse the team's approach for continuous quality improvement;
2. Suggest any further improvements to the work of the Independent Complaints Review Panel;
3. Approve the actions outlined in 'next steps' within the report

For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Not applicable]
Board Assurance Framework	[Yes]

3. Related Patient and Public Involvement actions taken, or to be taken: [NA]

4. Results of any Equality Impact Assessment, relating to this matter: [NA]
5. Scheduled date for the next paper on this topic: [TBC]
6. Executive Summaries should not exceed 1 page. [My paper does not comply]
7. Papers should not exceed 7 pages. [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

REPORT BY: MEDICAL DIRECTOR

AUTHORS: MICHEAL SMITH (HEALTHWATCH) KETAN PAW (POhWER),
MARTIN CAPLE (PATIENT PARTNER), MOIRA DURBRIDGE
(DIRECTOR OF SAFETY AND RISK, UHL).

DATE: 5TH NOVEMBER 2015

SUBJECT: INDEPENDENT COMPLAINTS REVIEW PANEL

1. INTRODUCTION

- 1.1 In 2014 UHL, in partnership with Healthwatch and POhWER, held a complaints engagement event to invite patients and the public to comment on complaints handling within the Trust. One of the actions arising from this event was to establish an Independent Complaints Review Panel. The purpose of the panel is to review a sample of complaints from the patient perspective and to report back to the PILS team on what was handled well and what could have been done better.
- 1.2 The Independent Complaints Review Panel meets quarterly. The membership of the panel includes Healthwatch and POhWER representatives and Patient Partners. Four randomly selected complaint files are reviewed at each meeting. The panel is supported by the PILS team. The overall purpose of the panel is to keep patients at the centre of the process and to strive for continuous learning and improvement.

2. VIEWS OF INDEPENDENT COMPLAINT REVIEW PANEL MEMBERS

PATIENT PARTNERS

- 2.1 The formation of the Panel has worked well with three different independent groups working together and examining completed complaint files in detail using an agreed template. Two members of each group have undertaken the process.

From our perspective the **positive** points to emerge are as follows:

- i. The times scales regarding responses to the complainant are generally met.
 - ii. The investigations are generally thorough and comprehensive.
 - iii. Through the cases reviewed it is apparent that UHL takes responsibility for mistakes that happen and apologies to the complainant when appropriate.
 - iv. The Complaints Team have been open and transparent in their dealings with us and taken on board our constructive comments.
- 2.2 In relation to **areas for improvement** we would suggest the following:
- i. Some of the final reply letters were over complicated and contained medical jargon without a full explanation of the terms. We felt that the replies should communicate with complainants "in their own language" as far as possible.
 - ii. Many letters of reply commenced by giving an extensive medical history to the individual's

case which seems unnecessary as the complainant is aware of that. We felt this introduction could be abbreviated.

- iii. Sometimes due to the complexity and seriousness of the case a meeting should have been offered to the complainant.
- iv. Some letters contain basic errors on dates and names.
- v. One particular finding relates to a complaint where there had been a serious misdiagnosis which was not handled as a serious incident. Also, in this case a final letter was sent and the matter resolved prior to a full and complete investigation having occurred.
- vi. Invariably most letters of reply are suitably apologetic although sometimes an apology is overdone. In one letter we examined it contained seven apologies.

2.3 HEALTHWATCH

Starting with the initial public engagement event, we have felt a close working relationship with Moira and her team. This has allowed a much greater understanding of how complaints are handled within UHL and also the pressures the complaints team are under. It has been our experience that UHL, more than any other trust locally, is keen to improve the patient experience of how complaints are handled.

Reviewing the complaint cases has highlighted a number of issues which have been fed back to the Complaints team. The main issues are around communication, which has been highlighted in the reports submitted by the Panel. There needs to be better feedback to the panel on how our feedback is impacting on how complaints are being handled by UHL. We feel the Complaints review panel has been a very worthwhile project and we are keen to support it in the future.

2.4 POHWER

POHWER advocates found the review meeting very positive as it focuses on the complainants experience from members of the panel that are independent of the NHS. The meeting therefore enabled POHWER Advocates to put forward their first-hand knowledge of what complainants had experienced (good or bad) whilst going through the complaints process. If anyone had any queries about the complaints team's policy/processes, these were readily and openly available. Everyone had an opportunity to express their views and contribute to the meeting.

3. LEARNING AND IMPROVEMENT

- 3.1 The feedback provided by the Independent Complaints Review Panel is used for reflection, learning and improvement. The focus is on upscale and spread of the good work and understanding and improving complaint handling where it has been identified that things could have been done better. Some of this is about systems and processes and some of it is about behaviours and culture.
- 3.2 Actions taken following feedback from the panel include providing feedback to the Patient Safety Leads for the CMGs and also individual complaint handlers. The Complaints Review Panel have also offered to provide some shared learning to the Patient Safety Team with what was done well and what could have been done better.

4. NEXT STEPS

- 4.1 In liaison with the Director of Safety and Risk and members from the panel, the following further actions were agreed:-

- The panel will continue to meet quarterly until March 2016 at which time they will review the frequency of meetings, the number of complaints reviewed at each meeting and the membership of the panel;
- The panel will offer to undertake a presentation of their findings to the PILS team and at the Executive Quality Board;
- The Director of Safety and Risk and the panel will consider how we can better engage with the public through a series of outwardly focused events in 2016.

5. CONCLUSIONS

- 5.1 The view of the PILS team and panel members is that the establishment of an independent complaints review panel is a positive development and one that seeks to put the patient at the centre of the complaints process. Some actions for improvement have already been implemented and some good practice shared between teams to drive up standards of complaint handling.
- 5.2 However there is more to do to ensure that the culture and performance of every ward and service throughout the Trust, as well as the PILS team, amplifies the Ombudsman's Principles of Good Administration.
- 5.3 The work of the panel affirms the Trust's intention to scrutinise complaint handling, refuse to accept unacceptable handling, identify areas for improvement and measure progress.

6. RECOMMENDATIONS

- 6.1 The Trust Board is invited to note the work of the Independent Complaints Review Panel and to:-
- Endorse the team's approach for continuous quality improvement;
 - Suggest any further improvements to the work of the Independent Complaints Review Panel;
 - Approve the actions outlined in 'next steps' above.

Martin Caple
Patient Partner

Michael Smith
Healthwatch

Moira Durbridge,
Director of Safety and Risk

Ketan Paw
POhWER

November 2015