

Board of Directors Item 5.2

Subject: Complaints Process Annual Review - 2018/19
Date of Meeting: 30th July 2019
Prepared by: Lisa Gurrell, Patient & Family Support Manager
Presented by: Sue Pemberton, Director of Nursing & Quality
Purpose of Report: To Note

BAF Ref	Impact on BAF
1.1, 1.2	For assurance

1. Executive Summary

The purpose of this paper is to provide the Committee with the assurance that the raising of concerns and complaints through the complaint process is monitored for its effectiveness and efficiency whilst providing the upmost in compassion and understanding to those making the concern. It is also to provide assurance that our processes are in line with our Trust Policy, Making Experiences Count – NHS and Adult Social Care Complaints Process.

The Trust is committed to resolving any concerns at the earliest opportunity and this is often achieved through the patient, relative or carer discussing their concerns directly with the Patient and Family Support Team in the first instance. In 2018-19 the Trust received 36 formal complaints. This is a decrease of 26.5% compared to the previous year when 49 were investigated. This is due to proactive action at the earliest opportunity to review and resolve concerns raised.

Of the 36 complaints investigated, 14 were fully upheld, 7 were partially upheld and 15 were not upheld (unfounded) and did not require action or learning. 4 meetings were held. One complaint was accepted for investigation even though this was 2 years after the 12 months' timeframe. Of the 36 complaints, all complaints were acknowledged within 1 working day via telephone, followed by a letter. Thirty four complainants were responded to within the negotiated timeframe (25 working days), and two required an agreed extension, one of which was the complaint that was accepted out of time.

No complaints were referred to the Parliamentary Health Service Ombudsman within the twelve month period.

2. Background

The Trust has a Complaints Policy in line with the NHS Adult Social Care Complaints Process & Regulations on which its complaints processes are based. All complaints received are reviewed by the Chief Executive, the Director of Nursing & Quality and the Deputy Director of Nursing and shared with the relevant Divisional Triumvirate for investigation. The Patient & Family Support Manager is the Trust's designated complaints manager and lead investigator.

3. Complaints

3.1 Parliamentary Health Service Ombudsman Referrals (PHSO)

No complaints received in the timeframe have been referred to the PHSO for investigation.

3.2 Learning from complaints that were upheld/partially upheld – requiring action

Every effort is made to address each issue highlighted within complaints to the satisfaction of the complainant, even if, after investigation, evidence reveals the allegations made in the complaint were unfounded. Twenty seven complaints were considered upheld or partially upheld, meaning they required action and learning. Those complaints not considered upheld were offered apologies that they had cause to raise a complaint and a detailed explanation was provided in the written response. All action plans identified through the investigatory process are presented by the responsible lead, at the Divisional Governance meetings. Any cross division actions or learning is also detailed in the report and this enables each Division to have a clearer understanding, of recurrent themes across the organisation. All learning that can be shared corporately will form part of the organisational learning processes. Complaints learning is shared via the Learning & Sharing agenda to ensure that learning is shared across the organisation.

All complaints data is published on the website at the end of each quarter, once all complaints are closed.

3.3 Complaints Management – Quarterly Complaints Panels

To provide assurance of robust complaints management to the Non-Executive Directors, Quarterly Complaints Panels continued to meet throughout 2018/19 and three panels were held. A panel for Quarter 4 is planned. The purpose of this panel is to provide assurance that complaints are being managed robustly and effectively. This also demonstrates that lessons are being shared widely and embedded across the organisation.

3.4 Complaints Satisfaction

All complainants are sent a complaints satisfaction survey approximately 8-12 weeks following closure of the complaint. This to allow sufficient time for complaints to see clarification or request a meeting.

Of the 30 surveys sent, 13 responses were received.

- 84% (11) received full compassionate support during the process – 2 did not wish to discuss in person
- 84% (11) said they would complain again in they needed to and would encourage others to do so, (2) disagreed
- 92% (12) found the process straightforward and felt that their complaint was handled fairly 8% (1) disagreed
- 77% (10) thought the response was open/honest and explained the action and learning 13% (3) disagreed

Six further surveys will be sent after the complaint has been closed for 8-12 weeks.

Some of the comments below have been included for information and assurance that patients and families were satisfied with the service and support they received:

- *I was surprised as was contacted straight away and was kept fully informed throughout.*

- *When I met I did think you would be defensive but this was not the case at all, we were very supported and you were very honest.*
- *Response letter was very clear –thank you.*
- *I received an apology and a more than satisfactory response from LG who, I'd like to thank and just express my gratitude to someone who truly cares about patient experience in the trust.*
- *Thank you for listening and making changes.*
- *I was dissatisfied with the response and had a meeting with staff when they clarified the issues.*
- *I was kept informed throughout.*

4. Recommendations

The Board are asked to receive assurance that the complaints process, management and procedure is robust and monitored for effectiveness and is based upon the Trust's Complaint Policy, with the sharing of learning from each complaint review, being disseminated within the appropriate divisions and teams.