

Board of Directors (in Public)

Item 6.2

Subject: Annual Review of complaints process 2016/17
Date of meeting: 30th May 2017
Prepared by: Lisa Gurrell, Patient & Family Support Manager
Presented by: Susan Pemberton, Director of Nursing & Quality

BAF Ref	Impact on BAF
1.1 1.2	None

1. Executive Summary

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.

The Trust has a “making experiences count – NHS - An adult social care Policy 2015”. The Trust has reviewed its compliance against this policy for the year 2016/17 and is compliant. The purpose of this paper is to provide the Board of Directors with the assurance that the raising of concerns process through the complaint process is monitored for its effectiveness and efficiency, whilst providing the highest levels of compassion and understanding, to those raising concern and in line with Trust policy.

The importance of a proactive, efficient and effective complaints management in the NHS and at this Trust is recognised at the highest level and this is reflected in legislation and national policy which the Trust endeavours to apply in its complaints policy and procedure.

Complaints management at the Trust is robust and is in line with Trust policy. . The Trust aims to personalise complaint responses by inviting complainants, in to the Trust, to discuss their issues or will visit the homes of complainants if this is preferred. We check in with patients and their families/carers to ensure we receive feedback to enable us to continue to improve our processes.

2. Background

Liverpool Heart and Chest Hospital NHS Foundation Trust aims to deliver care and services to the highest standards and recognises that it can learn from the concerns and complaints received. The ultimate aim is to improve the quality of care, patient experience and services that it provides. The Trust is committed to patients, their families and carers in presenting their concerns and complaints about its services and care provided

All complaints received are reviewed by the Chief Executive, the Director of Nursing & Quality and the Deputy Director of Nursing. The Patient & Family Support Manager is the Trust's designated complaints manager and lead investigator.

3. Complaints

The Trust received and investigated 60 formal complaints between 1st April 2016 and 31st March 2017. This is a slight decrease of 8% compared to the previous year (65).

All complaints were graded correctly as:

- 4 high
- 52 medium
- 4 low

LHCH cooperates with all other NHS Trusts where by care received within LHCH is highlighted as a concern as part of any complaint they receive. In 2016/2017 LHCH cooperated on three occasions following a received request.

In reaction to all complaints:

- 100% were acknowledged within 1 working day
- 57 complaints were signed by the Chief Executive Officer and two signed by the Deputy CEO
- 72% (49) of complaints were responded to within the negotiated timeframe
- 18% (11) of the complaints took longer and the complainants agreed to an extension
- All complaint responses were written in plain English and were open and honest in line with the statutory Duty of Candour
- In the 12 month period, 15 meetings were held with patients and families, 4 of which were held at complainant's homes and 1 was joint with another Trust and two further meetings are pending. This approach has been received exceptionally well by the families staff have met with.
- Following all meetings, complainants received a detailed written summary of the meeting and the learning.

3.1.1 Learning from complaints 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. Forty of the sixty 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 given.

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, as part of the Trust Operations Board. These action plans were shared at Divisional Governance meetings via the monthly complaints report, although formal action plans were not produced.

3.1.2 Subject Matter of Complaints

All complaints are themed to ensure any trends emerging are identified and appropriate actions are in place. The overarching main theme is clinical care; this can represent many different aspects of care received.

3.1.3 Parliamentary Health Service Ombudsman Referrals (PHSO)

One complaint received in the timeframe was referred to the PHSO for consideration of investigation. The Trust disclosed the health records and complaints file in February 2017 and are awaiting further communication.

There are no other outstanding investigations open with the PHSO.

3.1.4 Complaints Management

To provide assurance to the Non-Executive Directors, Quarterly Complaints Panels continued to meet throughout 2016/17 and four panels were held. 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.

4.2 Complaints satisfaction

All complainants are sent a complaints survey 8-12 weeks following closure of the complaint. Of the 45 surveys sent, 15 responses were received. Some comments are included for information.

Comments –

- Having dealt with the complaints process/team at another hospital, I had pre-conceived ideas of how the matter would be dealt with and the outcome. It was therefore refreshing and a pleasant surprise the manner in which the complaint was handled.
- I got your response but am still waiting on a full response from the other hospital
- What is the point, any public sector organisation is bombproof from criticism
- I have no concerns at all about the complains procedure, in fact in my dealing with the manager/team, I was more than satisfied with the outcome – well done
- Team Excellent – kind and helpful. I attended a meeting and response was clear and detailed.
- I feel that the procedure supports the nurses and doctors of the hospital.
- Clear response in plain English. Thank you for coming out to meet with me – it really helped and showed you took me seriously
- No concern about your procedure. I was kept fully informed regarding the need to investigate my complaint and was assured that actions identified would improve procedures.

The remaining complainants will be sent the survey 12 weeks following final closure.

4.3 Contacts/concerns

The Trust receives on average 30 contacts to the Patient & Family Support Team per month. These can be enquiries, requests for advice/support information or concerns raised. All contacts are triaged and managed accordingly to prevent these concerns or contacts leading to a complaint. The concerns raised are reported to the appropriate Divisional

Governance Meetings as part of the Divisional updates for complaints and concerns raised.

4. Recommendations

The Board of Directors to receive assurance that the complaints process is monitored for effectiveness, with the sharing of learning from each complaint review, being disseminated within the appropriate division.