

Board of Directors (Public)

Item 6.4

Board Report

Subject: Annual Review of Complaints Process
Date of meeting: 28th April, 2015
Prepared by: Lisa Gurrell – Patient and family support Manager
Presented by: Sue Pemberton Director of Nursing and Quality

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
Silver	1,2	N/A

1. Background

The purpose of this report is to provide assurance to the Board of Directors that our management of complaints within the Trust is in line with national guidance. The Department of Health published the Local Authority Social Services and NHS Complaints Regulations 2009, which is a single complaints system across health and social care services in England. This system does not differentiate between informal and formal complaints and the guidance advises that all complaints are to be dealt with within the same process.

2. Complaints Process

Complaints can be received in writing, via email, verbally, or in person. There is information on the Trust's website and posters and leaflets available around the Trust advising patients and their families how they can raise the concerns and who to contact. All complaints received are reviewed by the Chief Executive and forwarded to the Patient & Family Support Manager who is the Trust's complaint manager and lead investigator. During the investigation of complaints, the lead investigator extrapolates any clinical incidents or harm caused from complaints. These are highlighted to the Head of Governance, to ensure appropriate incident reporting and investigation has occurred.

Following receipt, all complaints are shared with the relevant management team. If a complaint received relates to the care provided at end of life, this is immediately escalated to the Director of Nursing, who is the appointed Board Member responsible for overseeing these complaints. This is in line with a recommendation made by the Minister of Care and Support in July 2013 following the independent review of the Liverpool care Pathway. In the time period for this report there was only one complaint related to end of life care however, this was not the main subject matter of the complaint.

All complaints are graded upon receipt by the Patient & Family Support Manager

to determine the complexity and severity of the complaint (Appendix 1), which is the guidance used for complaints grading. If a higher level of investigation is required the Head of Governance will advise and initiate this. The investigation is then determined on the severity of the complaint. This guidance has been developed taking into account the categories of complaints received and their severity over the last few years.

During the investigation staff involved in the patient's care and/or treatment are required to provide written information, this can include timelines and/or statements and may be required to meet with the investigation lead. This information has to be provided within a specific timeframe. Over the last year staff have demonstrated good engagement and co-operation during complaints investigations.

If a complaint is made verbally and is resolved to the complainant's satisfaction no later than the next working day or agreed timeframe, these are not required to be dealt with under the complaints regulations and are recorded as a concern. The Patient & Family Support Team record all contacts and concerns and relevant action and lessons learnt.

3. Complaints

The Trust received a total of 52 complaints between 1st April 2014 and 31st March 2015. This is a decrease of 17% in comparison to the 63 complaints received the previous year. Complaints can be made verbally, in person or in writing. Four of the complaints received were joint complaints and required input from another NHS organisation, two of these another organisation led on the complaint with input from LHCH.

The table below details the numbers of complaints received per month, by grade and response performance.

Month	Number Received	Graded Low	Graded Medium	Graded High	Graded Extreme	Responded to within timeframe
Apr 14	7	2	5	0	0	7
May14	5	0	6	0	0	5
Jun14	5	4	1	0	0	5
July 14	7	4	3	0	0	7
Aug 14	0	0	0	0	0	0
Sept14	3	3	0	0	0	3
Oct 14	2	0	2	0	0	2
Nov 14	5	1	3	1	0	5
Dec 14	4	0	4	0	0	4
Jan 15	6	1	5	0	0	6
Feb 15	4	0	4	0	0	3
Mar 15	3	0	3	0	0	0
TOTAL	52	15	37	1	0	48*

*At the time of producing this report 4 complaints still were under investigation.

- 100% of complaints were acknowledged within 3 working days.
- 100% of complaints were responded to within the negotiated timeframe, although some investigation did take longer than initially anticipated and complainants agreed to an extended response date.
- All complaint responses were reviewed and signed by the Chief Executive
- All complaint responses were written in plain English and were open and honest in line with the statutory Duty of Candour.
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Only one complaint expressed dissatisfaction following their response and requested further clarity.

3.1 Complaints Upheld Requiring Action

Every effort is made to address each issue of complaints to the satisfaction of the complainant, even if after investigation evidence reveals the allegations made in the complaint are unfounded. All complainants are offered apologies.

Fifteen of the 52 complaints were considered to have valid issues requiring actions and lessons to be learnt. Eight action plans were produced and presented to the relevant Governance Committees. Each action plan was monitored until the actions were completed.

Action plans arising from complaints are agreed by the directorate teams. All action plans are required to include the issue, objective, outcome and detail evidence of how the issues have been shared with teams/directorate and the wider organisation. Directorates are required to demonstrate learning from actions taken from complaints and in order to support this action plan accompanies the monthly complaints report produced by the Patient & Family Support Manager and is presented at the committee meeting.

Any cross directorate actions or learning is also detailed in the report and this enables each directorate to have a clearer understanding of recurrent themes across the organisation.

3.2 Subject Matter of complaints

The top themes of complaints were as follows. These include all complaints, those requiring action and those when no action was required:

Clinical Care (34)
 Communication - Clinical/Administration (10)
 Staff attitude (2)
 Car Parking (including disabled) (2)
 Delay in clinic (1)
 Fall (1)
 Other (2)

In previous years discharge process has been a recurring theme, and this was not a subject for complaint in 2014/15. Therefore this demonstrates some improvements although this remains a key priority for the Trust for improvement.

3.3 Parliamentary and Health Service Ombudsman Referrals (PSHO)

In the time period, four complaints were referred to the PSHO. One has been upheld with recommendations which included:

- Improvements to wound care/nursing care
- Improved documentation and comfort checks
- Actions to address delays in responding to complications

The three remaining complaints are with the Ombudsman and we are awaiting their outcome.

3.4 Learning from Complaints over last 12 months

One of the 51 complaints was graded high and as part of the investigation an RCA was performed. The areas for improvement are listed below:

- Improved communication with district nursing services
- Improved communication processes on ward to promote timely communication with patients/families
- Amendments to site map/information for patients
- Staff attitude addressed with consultant by clinical director
- Improvements administration processes to improve timeliness of referrals
- Weekly report produced by Administration Manager to monitor timeliness of referrals to minimise delays
- Improvements to communication for patients awaiting aortic surgery
- Waiting list meetings to be recorded and patients informed of outcome
- Improved process in administration team to include documentation of telephone conversations with patients/families on ICS/EPR.
- Process mapping of referral process to implement improvements required
- Review in administration processes for MDT meetings
- Improved consent process

4. Complaints Management

All complainants were asked how they would like their concerns responded to and their preferred response type was adhered to.

Complainants are invited to meet with staff either at the Trust or, if they prefer, staff will meet them in neutral ground or at their own home. Of the 52 complaints, 9 formal meetings were held with complainants. One formal meeting was held with the Chief Executive.

The quarterly complaints review panel continued to meet throughout 2014/15 and four complaints were reviewed within this process. The purpose of this panel is to provide assurance to Non-Executive Directors that complaints are being managed effectively and that lessons are being shared widely and embedded in the organisation. The Non- Executive Directors provided positive feedback on this process and agreed this offered assurance of effective complaints management and that learning is embedded across the organisation.

5. **Contacts/Concerns**

All complaints have been responded to within the negotiated timeframe and all learning from complaints is discussed in full at the Divisional Governance Meetings. This demonstrates excellent complaints management in the first instance as the Trust receive on average between 50-60 contacts to the Patient & Family Support Team per month. All contacts are triaged and managed accordingly to prevent these concerns or contacts leading to a complaint. Some of these enquiries and concerns take considerable time to investigate and respond to, however, this time is well invested as this prevents formal complaints.

The Trust received **384 contacts** from patients/families/carers in the year and **183 of these raised concerns** which were resolved before escalation into a formal complaint.

Top themes from contacts:

- Support/advice/information for patients and families
- Enquiries relating to hospital accommodation
- Enquiries relating to parking including disabled and charges
- Enquiries relating to waiting times for surgery/procedures
- Enquiries relating to appointments

Top Themes from concerns raised include:

- Waiting time for surgery
- Cancelled dates for surgery/ re-arranged
- Waiting times for appointments
- Lack of communication whilst on waiting list
- Patient Property

Patients, families and carers are also encouraged to share their comments on our Comments/Concerns/Compliments forms which can be posted in post boxes across the Trust or completed and returned via the free post address. All the comment received contained positive comments and >1% suggested improvements. These comments were one-off individual concerns with no common themes.

6. **Learning from external reviews of the complaints process**

A review of the complaints process an gap analysis review was undertaken against the recommendations from the following publications:

- ‘ My expectations for raising concerns and complaints’ Parliamentary Health Service Ombudsman November 2014
- ‘Complaints Matter’, CQC, December 2014
- ‘Good Practice for Handling Feedback’, RCN, October 2014
- Complaints Handling with a Human Touch’, Patients Association, November 2014

The review was presented to the Quality & Patient/Family Experience Committee in January 2015 and the committee were asked to review the report and take assurance that the Trust have a proactive complaints management process and continually strive to make it easy for patients and their families to raise concerns.

Actions from the review included:

- Review and publication of new complaints leaflets/posters
- Inclusion of CEOs email address on website and in leaflets
- All complainants to be asked if they would like to meet when initial contact is made following receipt of complaint
- Letter/call to complainants during investigation to provide an update
- Introduction of complaint values which are detailed in leaflets
- If a complaint has required action and lessons have been learnt, invite the complainants to meet with senior staff following completion of the actions to demonstrate the improvements made.

7. Recommendations

The Board are asked to receive assurance that:

- Complaints management is robust and proactive and that all complaints are investigated appropriately and lessons are learnt.
- The complaints process is regularly reviewed and recommendations undertaken.
- Learning from concerns and complaints is managed appropriately through the Directorate Governance.

COMPLAINT GRADING

Grade	Rationale	Response Time
LOW	<p>Concerns raised that are simple non-complex issues Unsatisfactory service or experience not directly related to care where there is no impact or risk to provision of care. Examples: Cancelled appointments Delays in clinic Waiting times for admission or appointments Transport arrangements Minor or single breakdown in communication Access & Parking including disabled Catering Translation services No real risk of litigation</p>	1-10 days
MEDIUM	<p>Concerns relating to service or if experience is below reasonable expectation but not causing lasting problems. <i>Complaints at this level require a detailed level of investigation.</i></p> <p>Examples: Clinical Care , medical, nursing and or AHP – clarity regarding care or condition Poor patient or family experience Cancelled operations/procedures Delayed discharge or arrangements Infection Prevention – requiring clarity regarding condition Miscommunication – Clinical and non-clinical Misinformation – Clinical and non-clinical Privacy & Dignity or cultural needs not met Private Patient invoicing or facilities Facilities & environment Loss of property Service provisions Failure to provide extra support when required Some potential for litigation</p>	10-20 days
HIGH	<p>Concerns relating to a single or multiple issues relating to a period of care, or when service or experience is below reasonable expectation and may have caused lasting problems. <i>Complaints at this level require immediate in-depth investigation.</i></p> <p>Complex complaints that may involve more than one clinician or specialty or more than one organisation.</p> <p>Examples: Clinical care (medical, nursing or AHP) – failure to meet care needs, issues regarding standards, quality of care and safeguarding, care that has caused long standing problems for the patient, serious issues that may cause long-term damage such as grossly substandard care, professional misconduct or death. Medical errors or serious harm Poor patient or family experience below reasonable expectation Attitude and behaviour of staff Catalogue of errors or poor communication or misinformation Failure to provide extra support when required or meet disability needs Privacy & Dignity</p>	25 days

	Discrimination Issues relating to Consent/Confidentiality Infection prevention/control, hospital acquired infection High probability of litigation	
EXTREME	<p>Multiple issues relating to serious failures of care or service causing serious harm or death. Complaints with clear quality assurance or risk management issues that may cause long lasting problems for the organisation. High probability of litigation and/or adverse publicity or serious issues that may cause long-term damage such as grossly substandard care, professional misconduct and/or death. Highly complex complaints that may involve more than one clinician or specialty or more than one organisation.</p> <p><i>Will require a high level of investigation and an Executive should be informed immediately.</i></p> <p>Examples: Clinical care or events resulting in serious harm or death Gross professional misconduct Abuse or neglect Criminal Offence Safeguarding High probability of litigation and strong possibility of adverse national publicity.</p>	30 – 40 days