West Hertfordshire Hospitals NHS
NHS Trust

Trust Board Meeting

01 September 2016

Title of the paper:	**Complaints and PALs Annual Report 2015/16**
Agenda item:	**16/40**
Lead Executive:	**Tracey Carter, Chief Nurse**
Author:	**Ian Stevens, Head of Legal Services, SIs, Complaints and PALs** **Maureen Walton, Complaints & PALs Manager** **Rachael Corser, Deputy Director of Governances & Associate Chief Nurse**
Trust aims :	Double click on the box to mark as appropriate: ☒ To deliver the best quality care for our patients ☐ To be a great place to work and learn ☐ To improve our finances ☒ To develop a strategy for the future
Purpose:	**T**his paper is to provide an overview of complaints and PALs contacts between 1/4/2015 and 31/03/2016. Identifying themes and lessons learned.
Link to Board Assurance Framework (BAF)	**PR1** Failure to provide safe, effective, high quality care (insufficiently robust and embedded quality governance and risk management) **PR8** Failure to communicate and engage effectively both internally and externally compromises the organisation's strategic position and reputation

Previously discussed:

Committee	**Date**
Safety & Quality Committee	26/07/2016

Benefits to patients and patient safety implications

Comments, concerns and complaints are a valuable source of information from service users about the quality of the services it provides. Taking action where appropriate is key to prevent recurrence of circumstances leading to the complaint. Identifying lessons learned and trends through data monitoring plays a key role in improving the quality of care provided to patients.

Recommendations

This annual report is presented for information, after discussion at Safety & Quality committee

ANNUAL COMPLAINTS AND PATIENT ADVICE AND LIAISON SERVICE REPORT

Analysis of Formal Complaints

April 1st 2015 – 31st March 2016

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1. INTRODUCTION

Complaints, patient surveys, feedback forms and Patient Advice and Liaison Service (PALS) contacts are useful feedback tools about the care and treatment West Hertfordshire Hospitals NHS Trust provides to our patients.

The PALS and complaints team work closely together to resolve concerns that can be addressed quickly outside of a formal complaint response. All formal complaints received have been investigated through the Trust's complaints procedure.

West Hertfordshire Hospitals NHS Trust received 850 formal complaints and recorded 4270 PALs contacts in 2015/2016 compared to 910 in 2014/2015, 38% of all complaints were responded to within the agreed time frame. 59% of complaints were upheld or partially upheld, (compared to the national range of between 18-100% in 2015).

There has been an increase nationally in the complaints cases referred to the Parliamentary and Health Service Ombudsman (PHSO). 19 cases were referred to the PHSO, representing 2% of the total complaints received.

The CQC inspected the Trust in April and May 2015 and the results were published in September of the same year. The investigation summary said *"When concerns, incidents and patient complaints were raised, or things went wrong, the approach to reviewing, investigating and learning was slow and in some cases absent. There was little evidence of trust wide learning and limited actions to improve patients' safety across the trust."* The Trust has taken significant action to improve the approach to the management of complaints and concerns in this year in response to these findings.

Complaints will often trigger improvements to our processes resulting in improved services as staff endeavour to learn from negative patient experience. Work continued throughout 2015/16 to ensure that complaints data was shared across Divisions and with subject expert leads, for example end of life care team. Trust wide monitoring of complaints and concerns is monitored in order to ensure appropriate improvement actions are identified, monitored and discussed at relevant committees.

Complaints and their responses are seen by members of the Trust Board and all are signed off by either the Chief Nurse or the Medical Director and the Chief Executive.

The purpose of this report is therefore to:

- Provide assurance that the Trust follows its Policy for the Management of Concerns and Complaints
- Provide an overview and analysis of complaints and PALS concerns received in 2015/16
- Shows examples of complaints which have been used to assist in learning lessons and to improve the quality of patient care during the year
- Set out recommendations where further improvements could be made to both the complaints and PALS process and how the Trust learns from formal and informal complaints received from patients and their carers

2. OVERVIEW OF COMPLIANCE WITH COMPLAINTS POLICY

Complaints performance, themes and trends are monitored through the Patient Experience Group, chaired by the Chief Nurse. Complaint performance is also monitored monthly by the Trust Board and discussed bi-monthly at the Safety and Quality Committee, a subcommittee of the Board. Themes and trends are monitored and shared at the Quality and Safety Committee, chaired by the Chief Nurse and complaints performance is monitored in the Divisional Governance Meetings and the Divisional Performance Meetings, chaired by the Chief Operating Officer.

Complaints are monitored and tracked weekly by the Complaints and PALS Manager.

In order to increase our assurance around the complaints process and our compliance with the Complaints Policy the trust requested two external audits in this year.

Our external auditors, BDO, undertook a review of the controls in place in relation to investigating and learning from complaints. The review showed significant improvements from the previous year (2014/15) including a reduction in the delays to responding to complaints, the triage process following receipt of complaints and the controls in place to monitor the completion of investigations.

The auditors provided moderate assurance that there were adequate controls in place to investigate complaints and implement actions and there was limited assurance over the effectiveness of these controls.

The Trust invited HealthWatch Hertfordshire to carry out a qualitative review of the Trust's handling of complaints with specific focus on response letters and to identify whether there had been any improvement from 2013-2015.

Utilising the Parliamentary and Health Service Ombudsman's (PHSO) Principles of Good Complaint Handling:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement.

The review was undertaken by members of the HealthWatch Hertfordshire's Quality and Improvement Sub Committee (QISC) and consisted of HwH Board Members; retired or non- practicing clinicians, as well as HwH Staff, including the Quality Lead & Research Lead.

The Group considered a sample of 20 written complaint responses provided from 2013 to 2015. The type of complaints varied in nature and complexity and a comparison was made between response letters year by year in an attempt to assess improvement.

HealthWatch found the overall standard of response letters to be high stating that "*there were some very good responses and the letters showed consistent good practice in advising complainants of the initial investigation process*". HealthWatch considered the Trust's response letters to be easily understood, technical terminology was explained; letters also showed a proportionate amount of respect and courtesy and had a level of formality which matched the original complaint letter.

Where actions and learning had been identified, HealthWatch suggested that the Trust could demonstrate how those changes would have impacted and improved the patient's experience.

Although acknowledging that the Trust's response letters do offer complainants the option to discuss the Trust response and signposted the complainant to the PHSO if necessary, HealthWatch felt the Trust could also draw the complainant's attention to advocacy services such as PowHer.

The panel felt that honesty and transparency in terms of responsibility and accountability was low between 2013 and 2016 and on further review of the letters this showed little improvement.

The Trust has welcomed the feedback provided and has since the Review implemented the recommendations made. The Trust has agreed with HealthWatch to repeat the review in the future to measure improvement or change.

3. ANALYSIS OF COMPLAINTS RECEIVED IN 2015/16 (taken from Datix Database)

As part of the Trusts commitment to improving complaints reporting and monitoring, in September 2015 the Trust completed an upgrade to the existing complaints management software, Datix. Previous versions of Datix allowed for less mandatory fields to be completed by the advisors, which led to gaps in the data. With the introduction of Datix Web these fields are now mandatory and require the user to complete the full data set, which has led to better quality and improved reliability of data.

It has not been possible to make meaningful comparisons in all the data collated for 2014/15 due to the data quality.

Fig 1: Number of complaints – rate per 10,000 bed days

The chart below records complaints per 10,000 bed days, this is reported monthly to Trust Board and allows for national benchmarking.

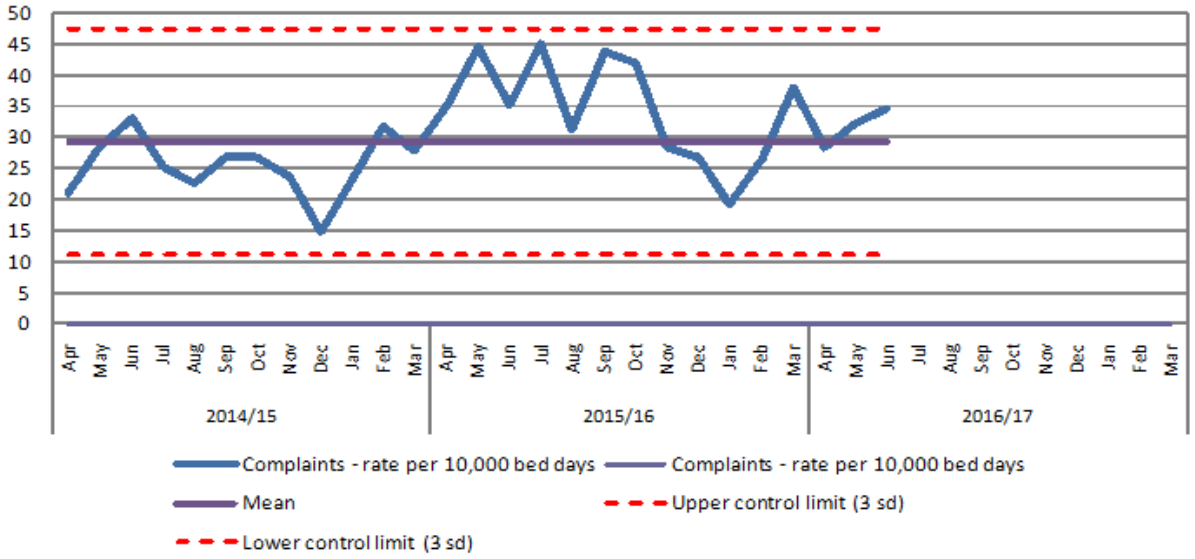
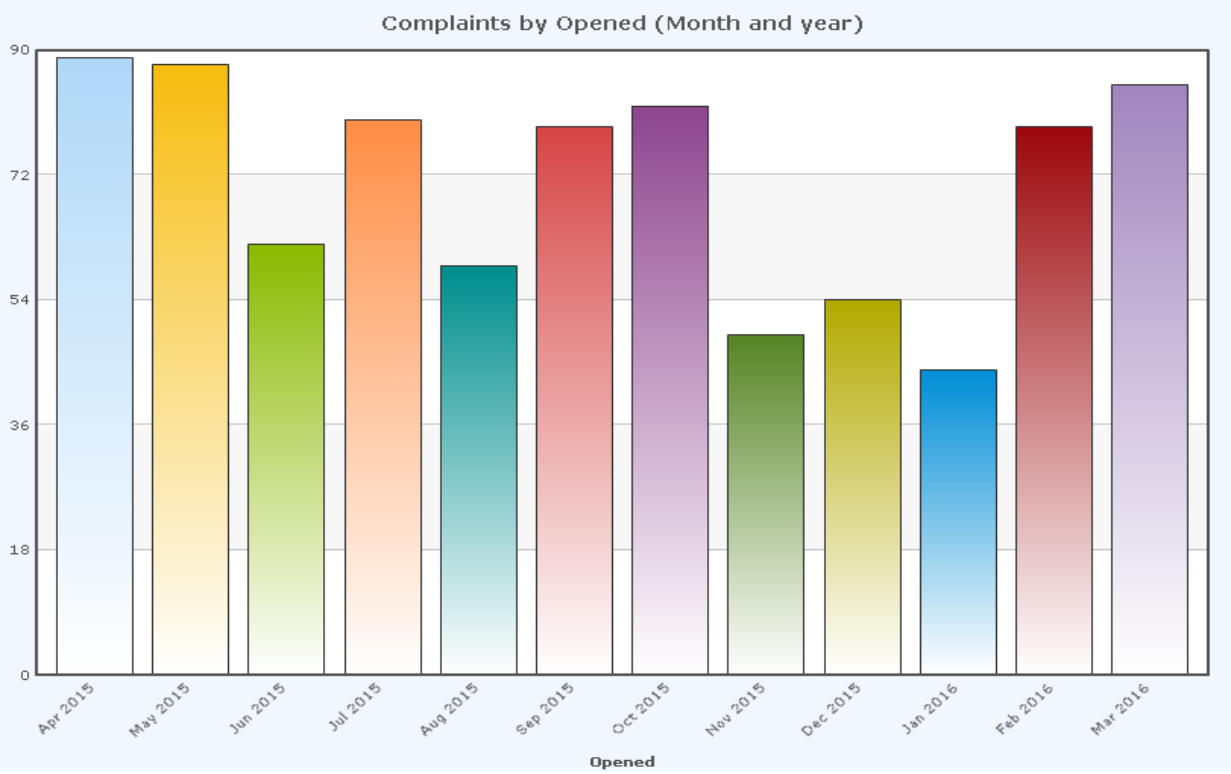


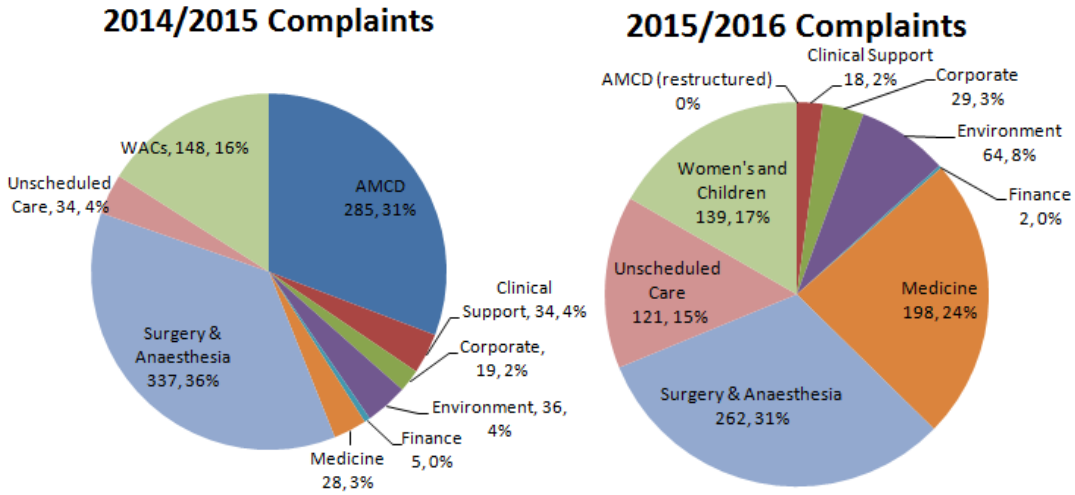
Fig 2: Number of complaints opened by month.

The Trust received 850 complaints, which represented around a 7% decrease when compared to the same period in the previous year (n=910).



The Trust received the most complaints in April and May 2015, October 2015 and then February and March 2016. Analysis suggests that complaints increased in February and March 2016 due to increased demand and pressures on our urgent care services and over the winter months, in line with what was seen nationally.

Fig 3: The pie charts below shows the complaints by division in 2014/2015 & 2015/2016



In 2014/2015 the medicine and unscheduled care division were split into the Acute Medical Care Division. In 2015 and 2016 the two divisions were seperated, which is the reason for the change in figures between Medicine and Unscheduled Care.

Fig 4: The table below shows the numbers of complaints by division in 2014/15 compared to 2015/16.

Division	2014/2015 No	2015/2016 No
AMCD	285	N/A
Clinical Support	34	18
Corporate	19	29
Environment	36	64
Finance	5	2
Medicine	28	198
Surgery & Anaesthesia	337	262
Unscheduled Care	34	121
Women's and Children	148	139

The divisions with the highest number of complaints in 2015/2016 are Surgery, Medicine, Women's and Children's Services followed by Unscheduled Care. This is also a reflection of the level of activity seen in these services.

Fig 5: chart showing number of complaints by support divisions by month

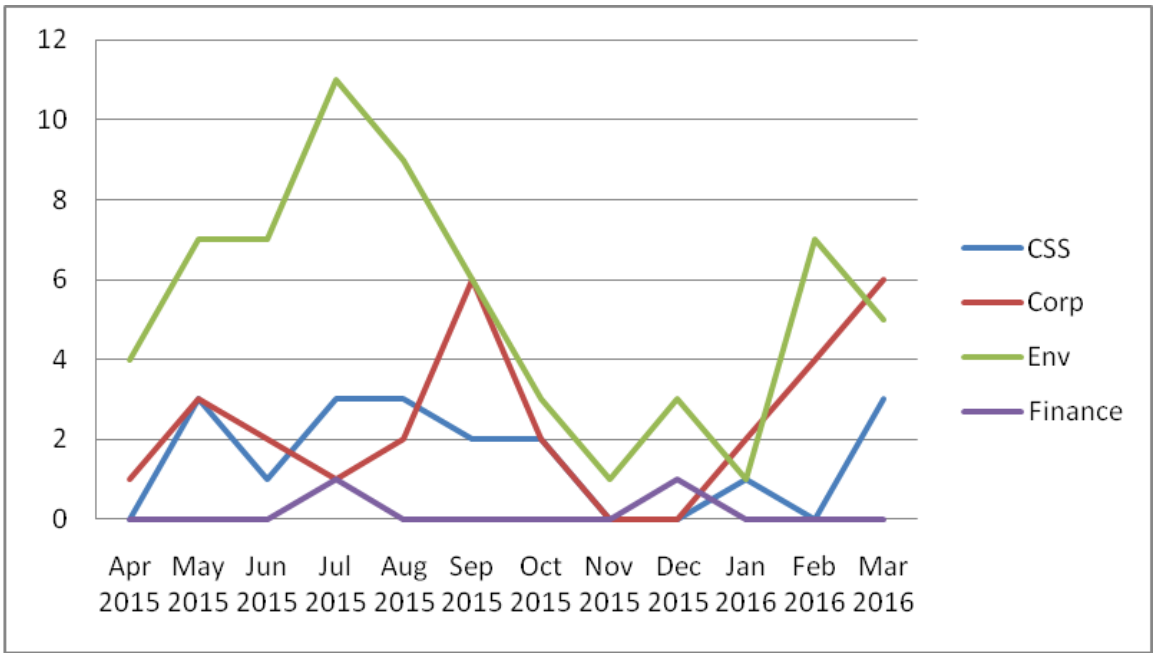
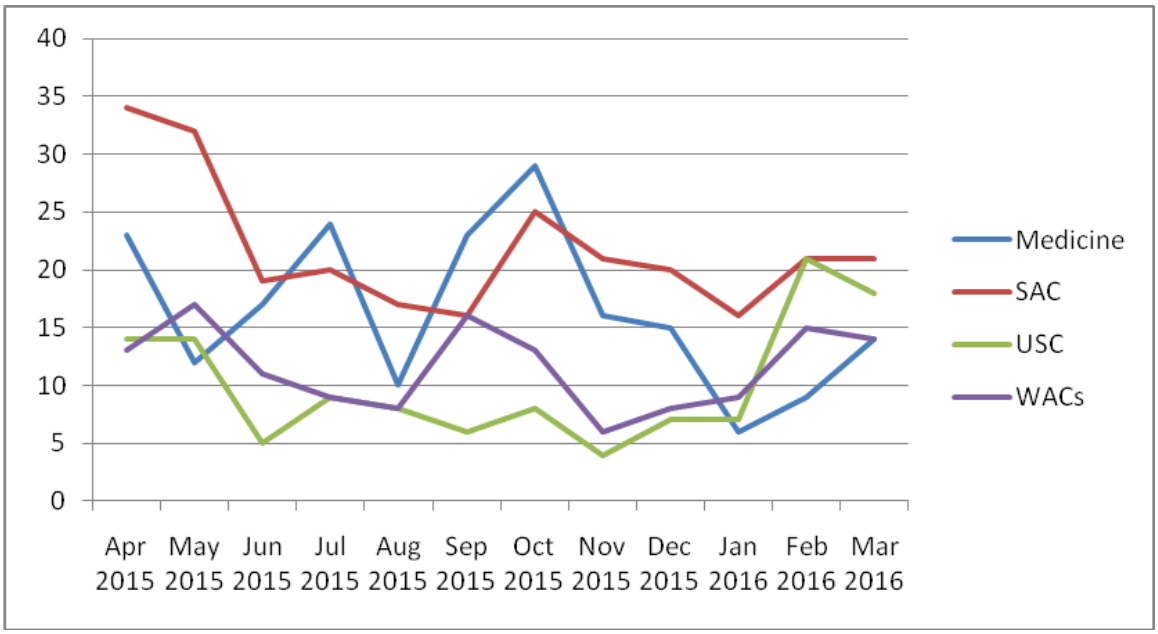


Fig 6 chart showing number of complaints by clinical divisions by month



Within Surgery Trauma and Orthopaedic services received the highest number of complaints.

Within Medicine Care of the Elderly and Cardiology services received the highest number of complaints.

Within WACS maternity services receive the highest number of complaints.

Within Unscheduled Care the majority of complaints relate to The Emergency Department.

Local Resolution Meetings

The Trust may opt to offer a complainant a ***Local Resolution Meeting (LRM)*** to address their concerns in order to prevent a formal complaint. Local resolution meetings are an important tool for the complainant, the patient, their relatives and Trust staff. It provides the complainants with an opportunity to discuss and clarify their concerns both before, and if required, after a formal response is given. These meetings take place with clinical experts and by agreement it is also possible for the complainant to agree that a formal response is not necessarily required should they have an opportunity to talk through their concerns with the clinicians involved in their care.

Fig 7: The chart below shows the number of LRMs in 2015/2016 for each quarter

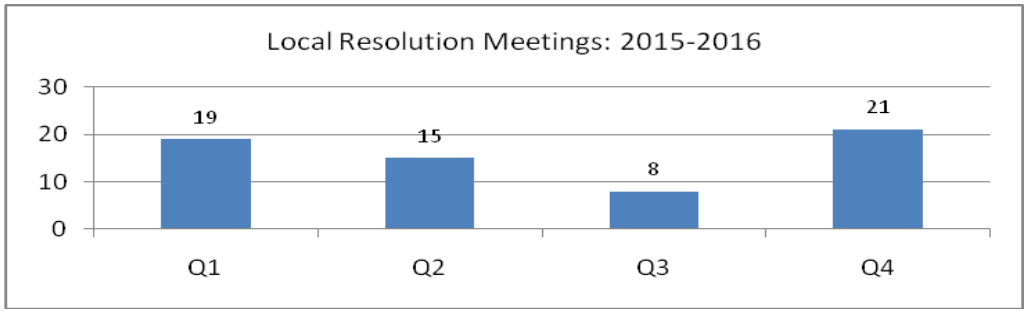


Fig 8: The table below shows LRM by divisions and % total of their total complaints.

Period	Medicine	Surgery	Unscheduled Care	Women & Children
Q1	5	8	3	3
Q2	6	4	1	4
Q3	3	1	3	1
Q4	4	5	4	8
TOTAL	18	18	11	16
% of total complaints	9%	7%	9%	11%

*note it is unusual for an LRM to be held for any of the support divisions.

What are the main reasons for holding a Local Resolution Meeting?

59% of all LRMs listed were to do with complaints raised about clinical practice, 17% relate to staff attitude and 13% relate to communication/information.

At the beginning of 2015 the Trust introduced a lead nurse for resolution who would bridge the gap between PALs and Complaints by dealing with informal escalations and verbal complaints referred to the lead nurse from anywhere in the Trust, including the Chief Executive. Between December 2015 and June 2016 the Complaints team were less one advisor which meant it was necessary to reallocate the lead nurse for resolution to ensure complaints were responded to in an under resourced department. Data collected by the lead nurse for resolution is limited up to December 2015. The Lead Nurse for Resolution will be reinstated with the recruitment of another complaint advisor to fill the vacant position.

The table below shows by month the number of complaints referred to the lead nurse for resolution. What this table does not capture are the number of informal over formal complaints. To date this has not been recorded but plans are being made to introduce formal and informal complaint recording.

May	June	July	Aug	Sept	Oct	Nov	Dec
19	28	11	23	25	11	23	9

The lead nurse was introduced as a pilot position and so does not have a set target for complaints to resolve or within a certain timeframe. Of the 149 complaints referred to the Lead nurse, 110 were resolved and closed. This is a success rate of 73% of preventing complaints becoming formal complaints. The reminder were put through the formal complaint process for investigation within the divisions for a full written responses. The table below shows how the complaints were broken down by division.

Medicine	37
Surgical	46
WACS	27
Others	39
TOTAL COMPLAINTS	149

The themes of these complaints were

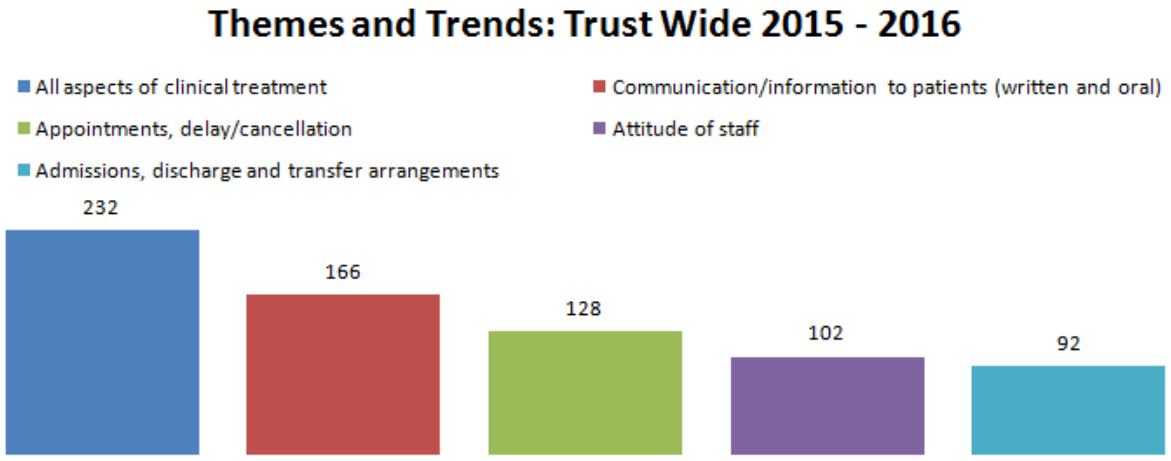
Care and Treatment (45)
Outpatient Appointments (40)
Lack of Surgery Date (6)
Complaints about clinicians (3)
Other (45)

In line with the other themes care and treatment seems to be the main complaint resolved by the LNR.

In 2016 The LNR will undergo an overhaul to streamline the service, capture better data that can be reported upon and increase awareness of the function and services she can offer. Barriers identified by the lead nurse is engagement with clinician's to answer questions pertaining to their patients. It is hoped increasing her awareness will assist to bring down this barrier.

What do our patients and their relatives complain about?

Fig 9 show themes and trends of Trust wide complaints



Clinical care & treatment was the main reason in a third of all complaints. Communication was a fifth of all complaints subject in 2015/2016.

Fig 10 table showing breakdown of themes by %

Theme	% of total
Clinical Care & Treatment	27%
Communication/information	19.5%
Appointments (delays, cancellations)	15%
Staff Attitude	12%
Admissions, discharge and transfer arrangements	11%

Fig 11 chart showing top 5 themes by clinical division

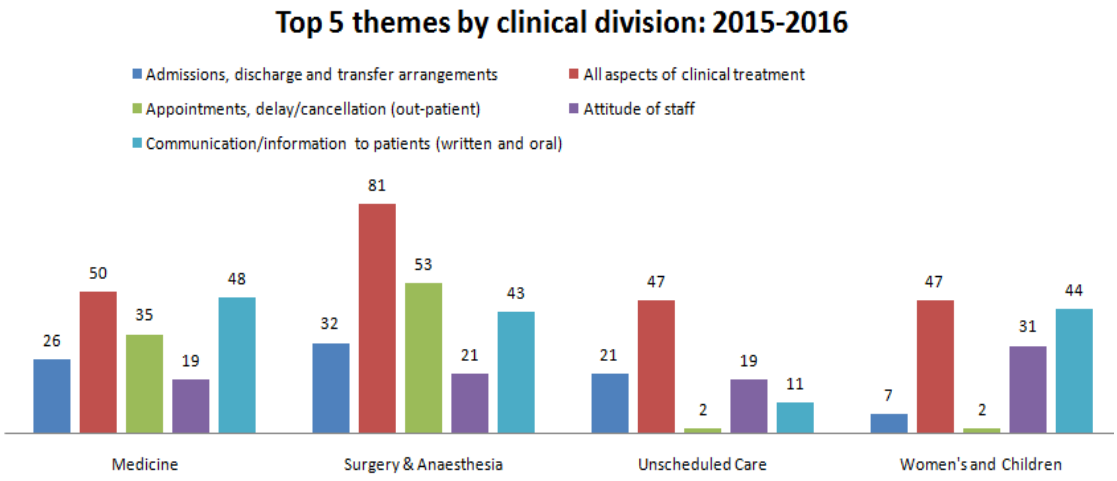


Fig 12 Table showing breakdown of themes by % by division

Division	Admissions, disch and transfers	Appts (delays, cancellations)	Attitude of staff	Clinical treatment	Comm/ info
Medicine	13%	18%	10%	**25%**	**25%**
Surgery	12%	20%	8%	**31%**	16%
Unscheduled Care	17%	2%	16%	**39%**	9%
Women and Children	5%	1%	22%	**34%**	32%

Clinical care was the highest reason for complaints in every clinical division. ***Communication and information*** was the second highest reason for complaints in medicine and WACS. ***Delays to appointments and cancellations of treatment*** was the third highest reason for complaints.

Where and why did patients and relatives complain about Clinical Care?

In Surgery 37% of complaints around clinical care related to Trauma & Orthopaedics, 22% within General Surgery, 14% to Urology, 7% Ophthalmology, 6% relates to ENT, 5% relates to Breast Surgery.

In medicine 54% of complaints around clinical care related to Care of the Elderly, 20% related to general medicine, 12% gastroenterology.

In Unscheduled Care 75% of complaints around clinical care were to do with Emergency Care and 23% related to AAU.

In WACs 45% of complaints around clinical care related to Midwifery, 21% relate to Gynaecology, 13% related to Obstetrics, 12% related to paediatrics.

Where and why did patients and relatives complain about the attitude of our staff and the way we communicate and provide information?

Of the total number of complaints received that related to the attitude and communication of our staff 50% related to Midwifery services, 22% related to Gynaecology, 7% related to antenatal care, 7% related to paediatrics.

In Unscheduled Care, of all the complaints received relating to attitude of our staff 83% to Emergency Care Department.

In Surgery, of all the complaints received relating to attitude of our staff 36% related to Trauma and Orthopaedic, 25% related to General Surgery, 12.5% relate to Ophthalmology, 9% relate to Urology, 5% relate to ENT.

In medicine, of all the complaints received relating to attitude of our staff 28% relate to care of the elderly, 16% relate to Cardiology, 15% relate to general medicine, 10% relate to respiratory medicine, 6% relate to dermatology, 6% to Neurology, 6% to Endocrinology & 6% to gastroenterology.

Where and why did patients and relatives complain about the delay to appointments and cancellation of clinical care?

Within Surgery complaints that related to the delay of appointments and cancellation of clinical care 49% of complaints relate to Trauma & Orthopaedic, 14% relate to Ophthalmology, 11% relate to General Surgery, 10% relate to Urology.

Within Medicine complaints that related to the delay of appointments and cancellation of clinical care 39% relate to Cardiology, 25% relate to respiratory medicine, 11% relate to dermatology, 11% relate to gastroenterology.

Where and why did patients and relatives complain about their experience relating to their admission, discharge and transfer of care?

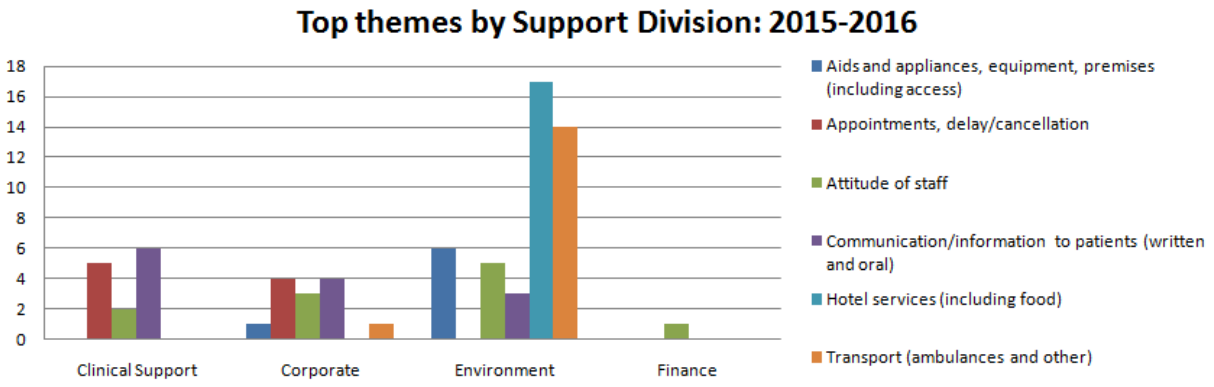
Within Surgery 47% of complaints that related to their experience of their admission, discharge and transfer of care are in Trauma and Orthopaedic and 22% relate to General Surgery.

Within Medicine 62% of complaints that related to their experience of their admission, discharge and transfer of care relate to care of the elderly and 7% within speciality medicine.

Within Unscheduled Care 81% of complaints that related to their experience of their admission, discharge and transfer of care related to the Emergency Department.

Where and why did patients complain about our support services?

Fig 13 The graph and table below highlight the top themes around our complaints received within the support division.



Division	Aids, appliances, equipment, premises (including access)	Appts (delays, cancellations)	Attitude of staff	Comm/info	Hotel Services (including food)	Transport (ambulances and other)
Clinical Support	0%	28%	11%	**33%**	0%	0%
Corporate	3%	14%	10%	14%	0%	3%
Environment	9%	0%	8%	5%	**27%**	22%
Finance	0%	0%	**50%**	0%	0%	0%

Within the support services divisions Finance complaints related to the invoicing process for private patient care.

Communication, information and the attitude of our staff are the highest reason for complaints in the support services, 50% of which related to radiology.

Within the Environment division on site food, vending services and access to water were the most cited reason for the complaints received followed by transport, parking fees, condition of the car park facilities and transport arrangements.

4. OUTCOME OF COMPLAINTS

Fig 14: The chart below shows the outcome of complaints Trust wide.

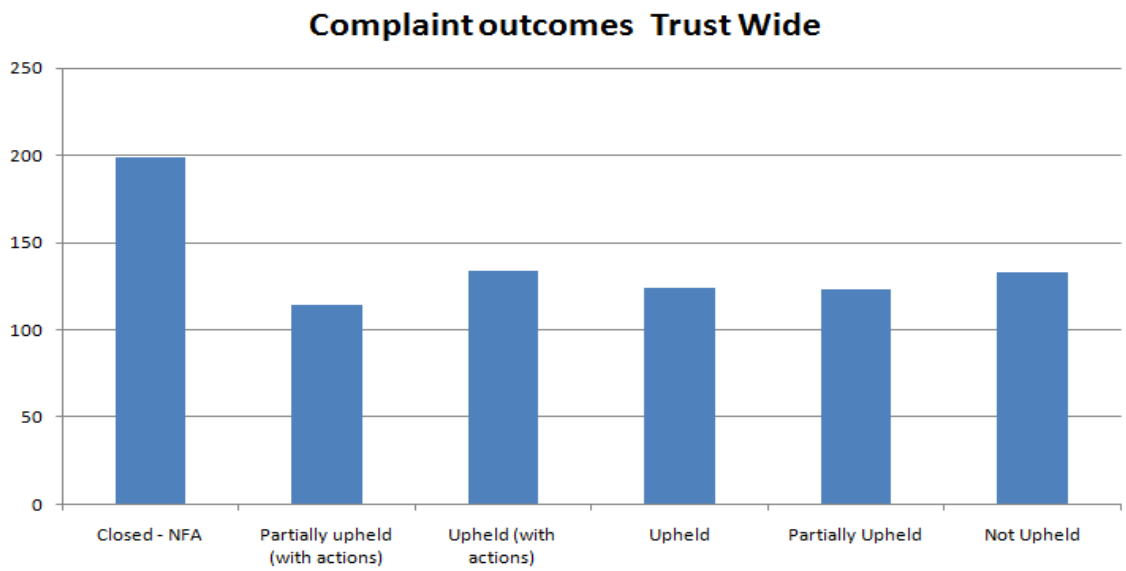


Fig 15: chart showing the outcome by Q1-4

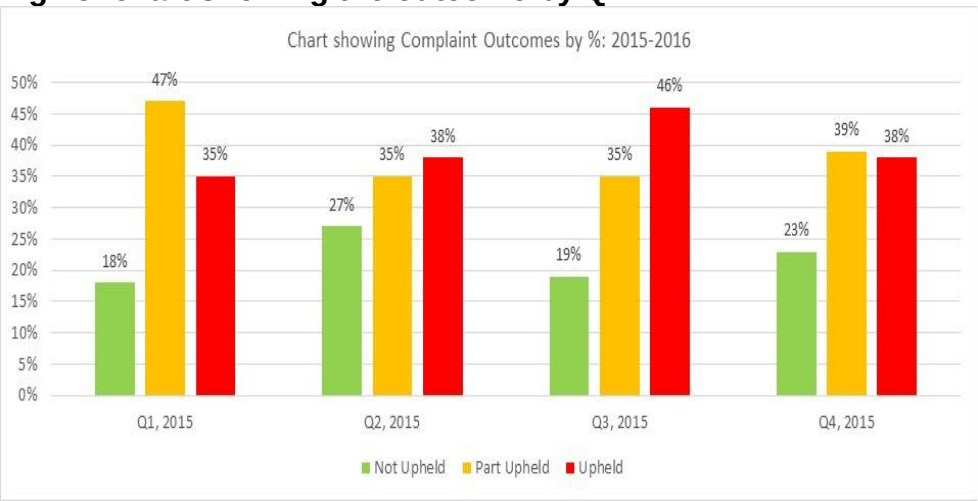
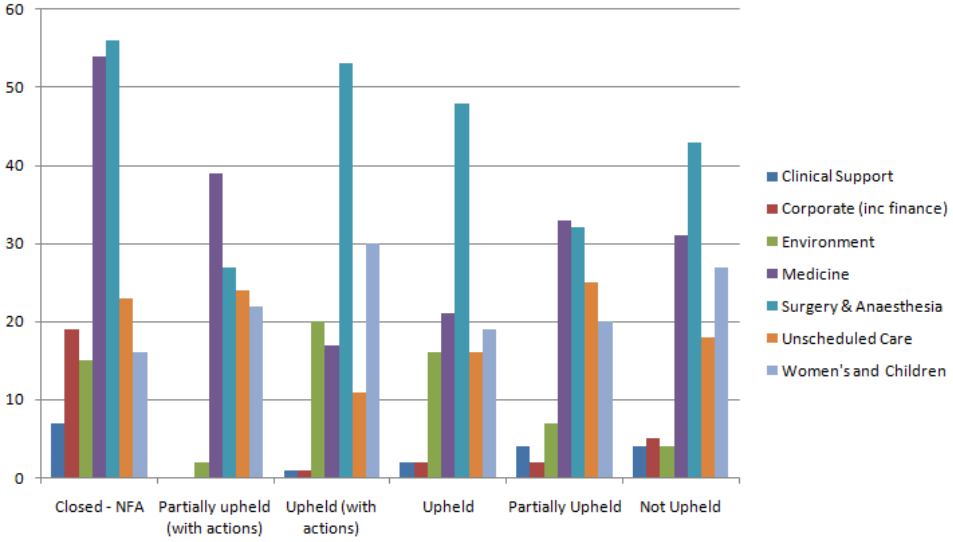


Fig 16: Outcome broken down by division



The divisions with the highest number of upheld/partially upheld are as follows:

- Environment – 70% of complaints
- Women & Children – 68% of complaints
- Unscheduled Care – 65% of complaints
- Surgery – 62% of complaints
- Medicine – 56% of complaints

Fig 17 showing the main reasons for complaints being upheld by division

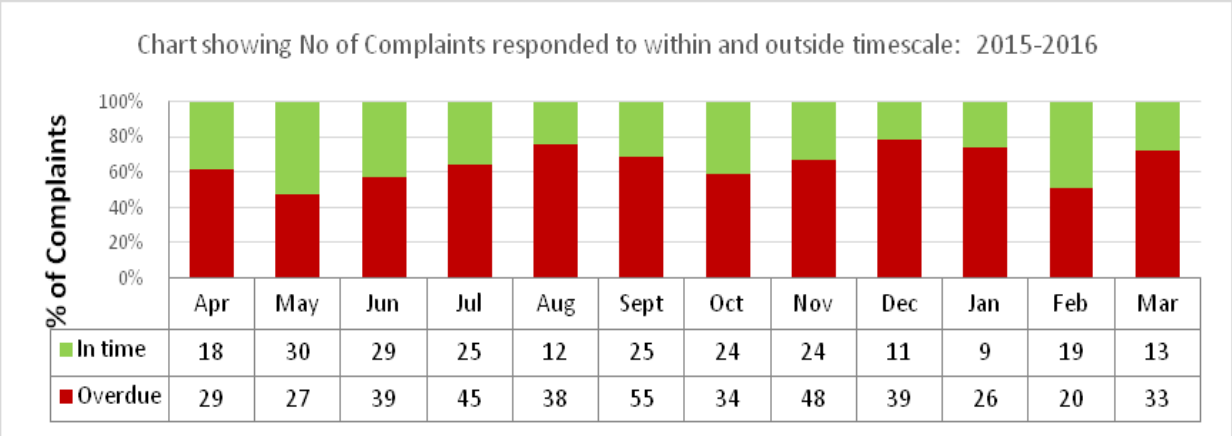
	MED	SAC	WACs	USC
Admissions, discharge and transfer arrangements	11	14	2	11
All aspects of clinical care	20	37	14	32
Appointments, delay/cancellation (out-patient)	21	20	1	1
Attitude	12	11	13	11
Communication/information to patients (written and oral)	20	17	16	6
Appointments, delay/cancellation (in-patient)	N/A	13	N/A	N/A

5. COMPLAINTS PERFORMANCE

The trust has set a target for 85% of complaint responses to be responded to within agreed timescales. The Trust sets deadlines of 25 working days for standard complaints, 35 working days for complex complaints and 20 working days for Local Resolution Meetings to be held.

Of the 730 complaints closed during this period 36% were responded to within the agreed timescales. The graph on the next page shows the number of complaints responded to within and outside of agreed timescales.

Fig 18: chart showing no. of complaints responded to within and outside timescale

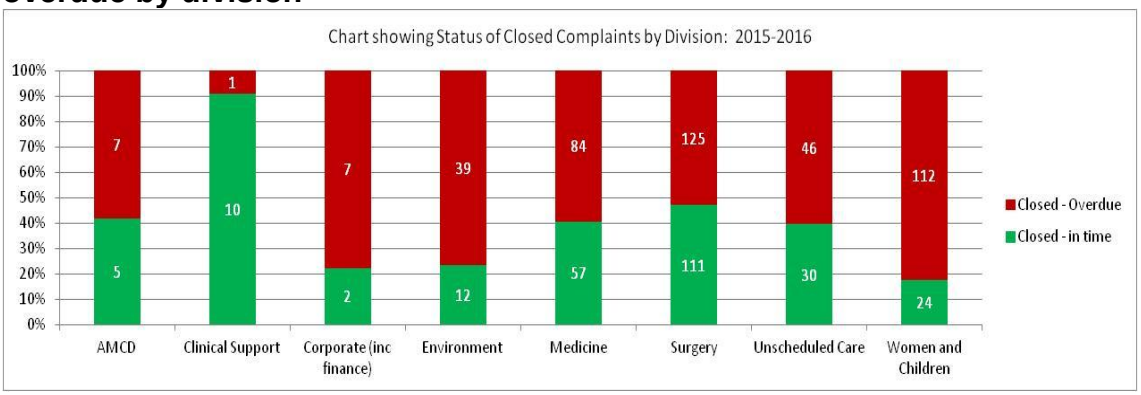


	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
In time	18	30	29	25	12	25	24	24	11	9	19	13
Overdue	29	27	39	45	38	55	34	48	39	26	20	33

In order to monitor the progress of its complaints, a weekly 'RAG' Tracker is cascaded throughout the Trust. The document provides an overview of all open complaints within the organisation and indicates performance by way of 'Red' to highlight complaints which have breached an agreed response timeframe, 'Amber' for those complaints which are due within 7 days of the tracker being generated and 'Green' for complaints which are under investigation. The Tracker also shows which complaints have been scheduled for an LRM following agreement with the complainant.

The Corporate Complaints Advisors, who are each assigned responsibility over a particular division, meet on a weekly or fortnightly basis with their divisional colleagues to address the performance of complaint investigations.

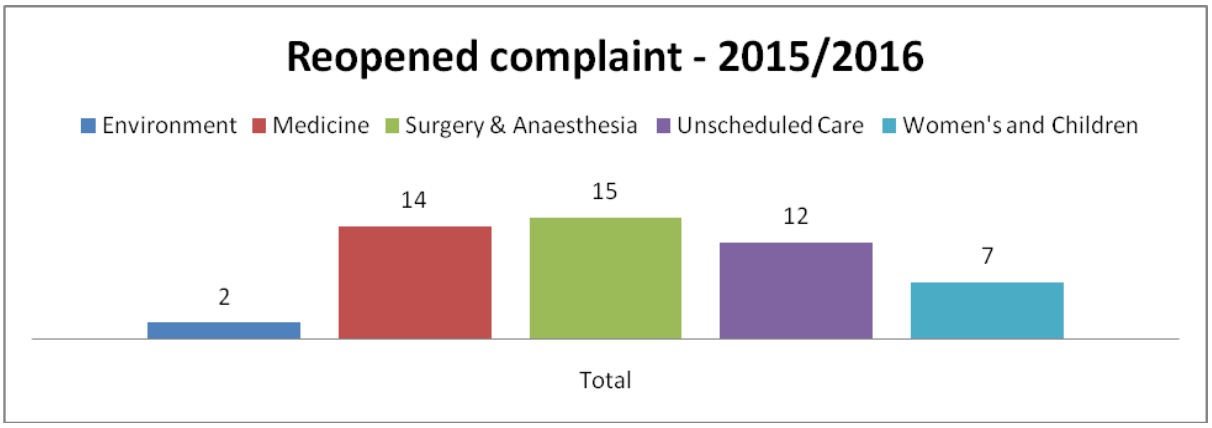
Fig 19: Chart showing number of complaints responded to on time and overdue by division



6. Reopened Complaints

Prior to May 2015 there is no data regarding reopened complaints.

Fig 19: The graph below shows the number of reopened complaints by division for the year.



The reason for reopening of a complaint is not previously captured. There are plans to introduce a new field into Datix to capture the reason why the complaint has been reopened and also the outcome of the reopened complaint. This is envisaged to include categories such as, complaint already answered, complaint not answered, new questions asked, complainant not satisfied with outcome.

Of the 50 complaints reopened 40% relate to clinical practise, 18% relate to attitude, 16% relate to appointments, 12% relate to communication/information provided.

7. PARLIAMENTARY HEALTH SERVICE OMBUDSMAN (PHSO)

Every complainant is offered the option to refer their complaint to the Ombudsman if they are not satisfied with their complaint.

In 2015/16 19 files were requested. This represents 2% of total complaint for the Trust.

Fig 20 Complaints referred to the PHSO by division:

Division	No
Medicine	6
Surgery	8
Unsch Care	3
Women & Children	2
TOTAL	19

- Appointments, Assessments and Waiting times
- Delayed diagnosis of Cancer
- Communication
- Nursing Care
- Discharge

As at the date of this report, the Trust is awaiting the outcome of the 8 file reviews. Of the remaining 11 files, the outcomes were as follows:

Fig 21 Outcome of PHSO investigations

PHSO Status	No
Files (under review)	8
Investigations underway	4
Outcome - Upheld	2
Outcome - part upheld	3
Outcome - Not upheld	2
TOTAL	19

As can be seen from the table, 7 investigations were completed; 2 were founded and 2 part-upheld. As a result, the Trust was asked to provide a further apology to the complainants and to develop action plans with a view to preventing a recurrence of the issues raised.

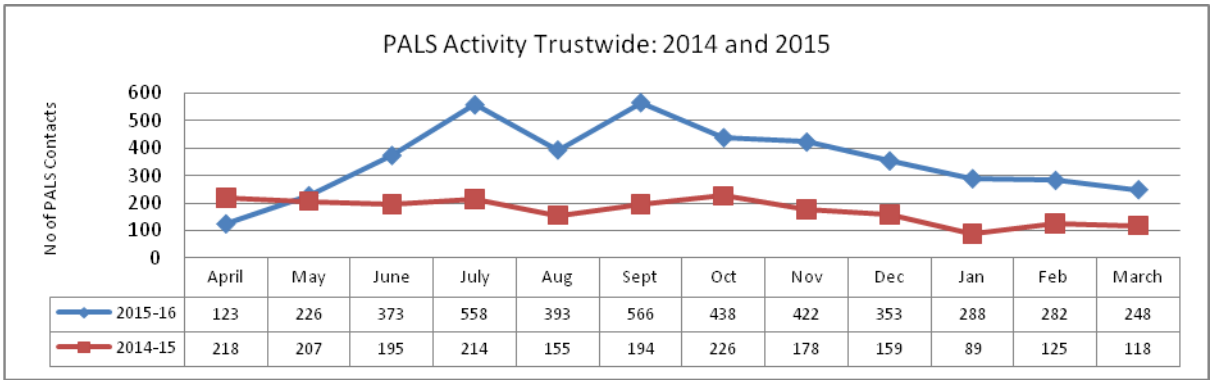
8. PATIENT ADVICE AND LIAISON SERVICE

The PALS is the first point of contact to help patients and visitors with questions, concerns and suggestions about our services. The PALS provides a professional, friendly, confidential service and offers on-the-spot support to help resolve any problems. PALS continues to be an integral part of the service we provide to our patients, relatives and carers, acting as a vital channel for feedback. The PALs team also deal with requests for interpreters. The PALs teams target is to respond to queries within 24-48 hours of contact.

PALS Activity Trust wide

For the period year ending 31 March 2016, the number of contacts received was 3300 PALs contacts. The PALs team also received 950 interpreter requests. This represents an increase on the previous year's activity where 2078 contacts were logged.

Fig 22: Chart showing PALS activity by year

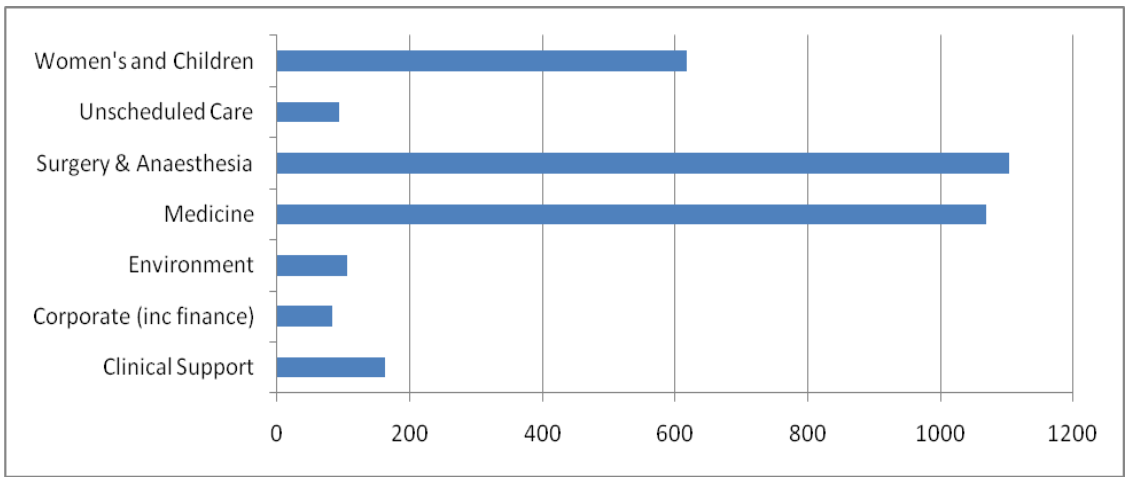


	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
2015-16	123	226	373	558	393	566	438	422	353	288	282	248
2014-15	218	207	195	214	155	194	226	178	159	89	125	118

PALS Activity by Division

In line with formal complaints, PALs contacts took place the most in SAC, followed by Medicine and then WACs and USC.

Fig 23: Chart showing PALS activity by Division



PALs contact by type of contact

Fig 24: Chart showing the top 3 reasons for contacting PALS by type Trust wide

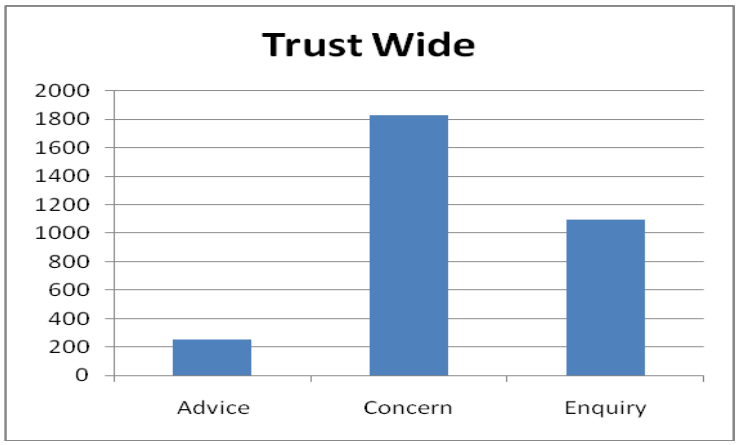
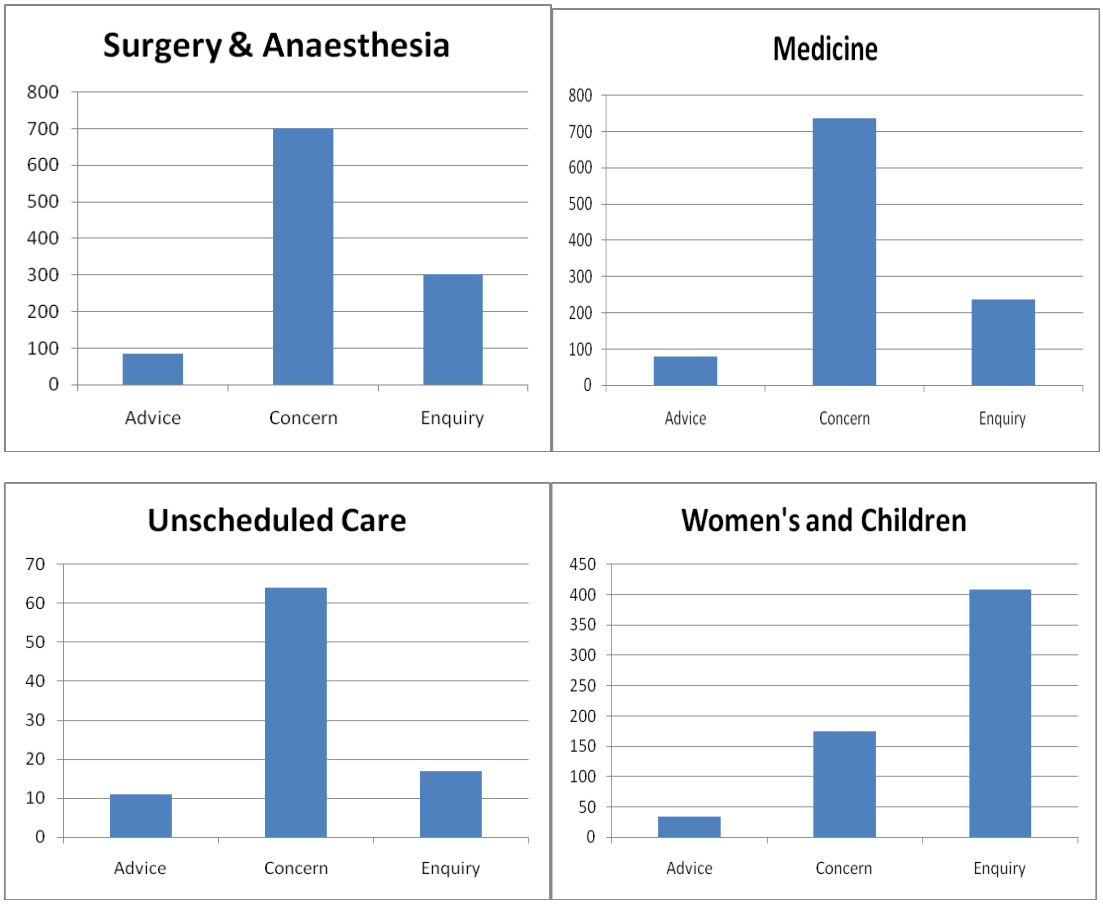
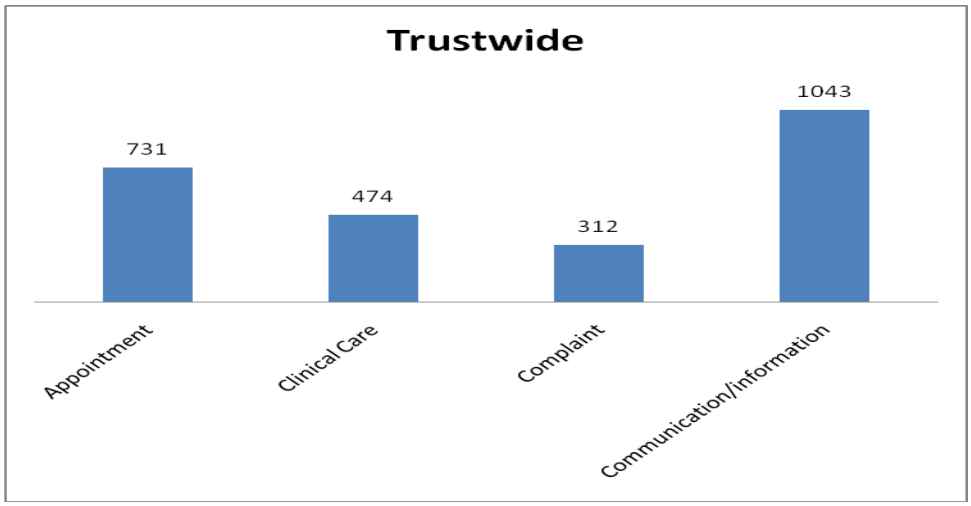


Fig 25: PALs activity by type by clinical division



This is the same in the 3 clinical divisions, SAC, USC and Medicine. However in WACs this was not the case where it was enquiry, concern then advice. This could be a sign of the attentiveness, responsiveness and quality of the WACs service that patient's feel there concerns are addressed on the ward and do not need assistance of the PALs service.

Fig 26: PALS Activity by Subject/theme

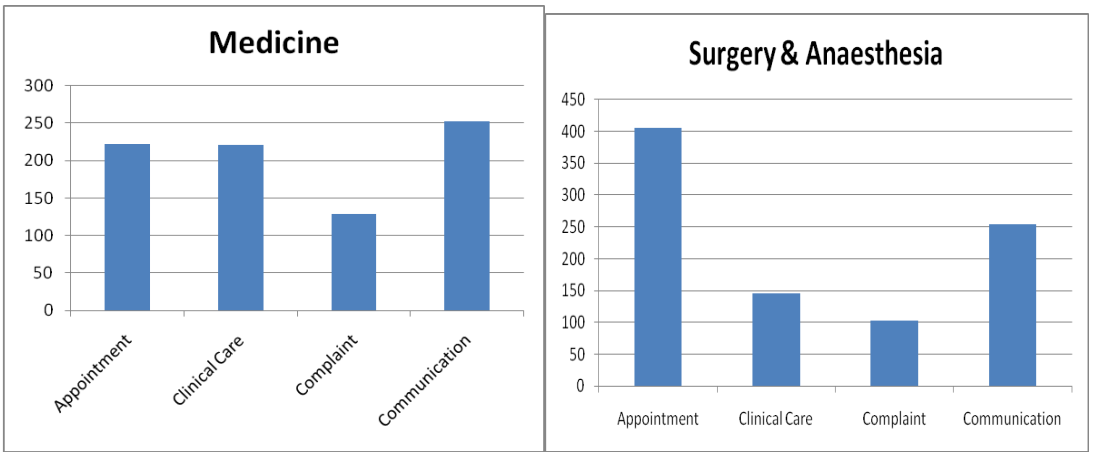


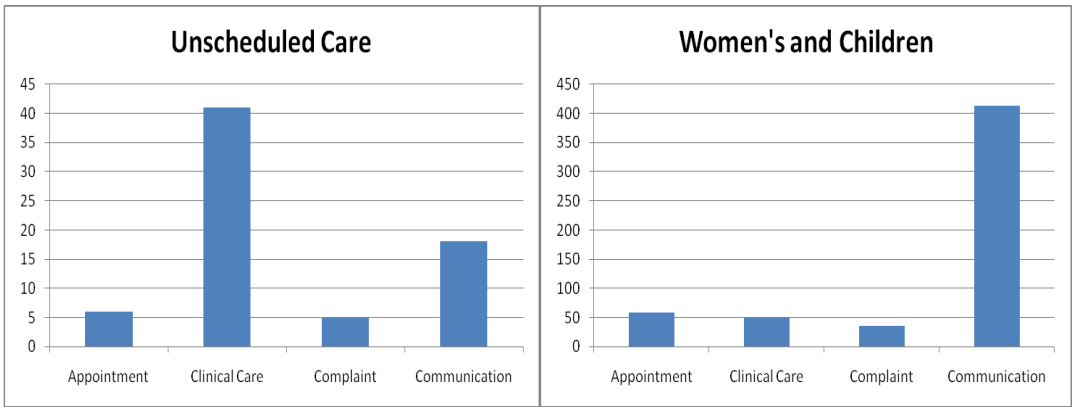
During the year 2015-2016, Trustwide the top themes raised related to:

- Communication / information
- Appointment delays and cancellations
- Clinical Care and Treatment
- Complaint

Whilst this is comparable with complaints communication was the 2nd highest, whereas clinical care was the highest. Appointments were third highest but for PALs it is the 2nd highest.

Fig 27: Subject by Clinical Division

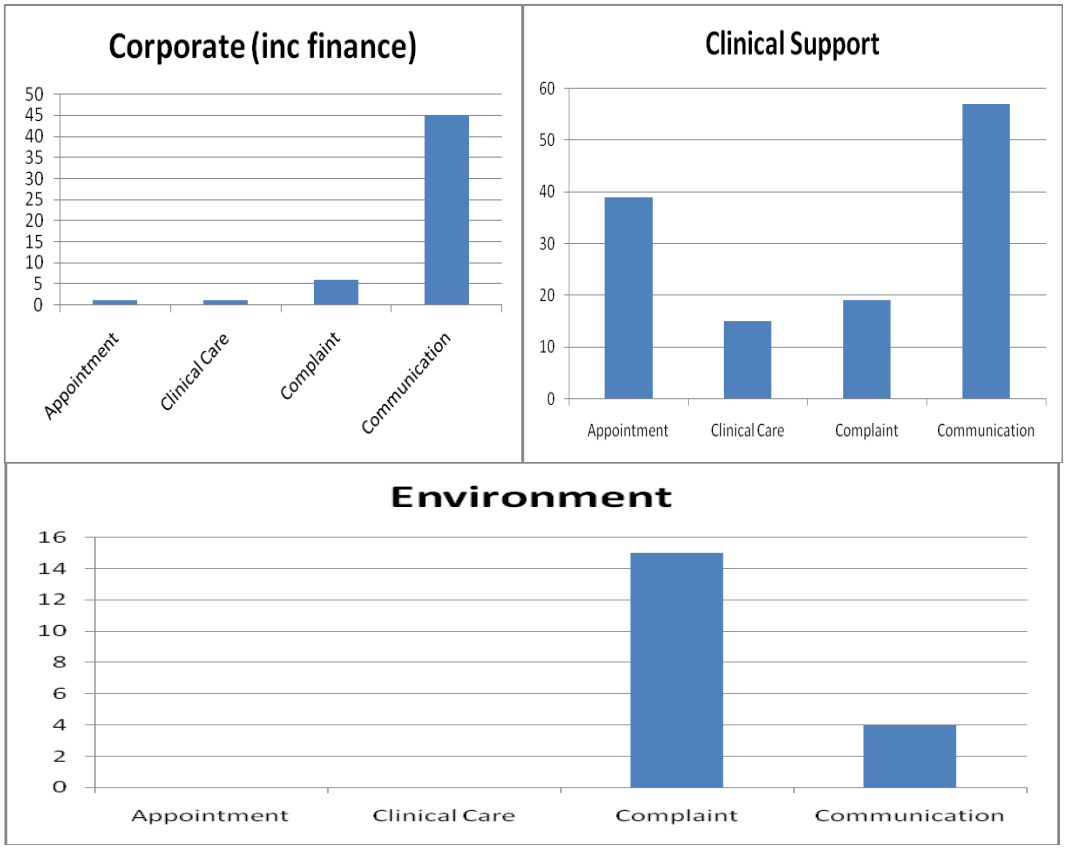




Appointment and Communication was the first and second highest for Medicine and SAC. USC it was clinical care. Within the WACs department communcation was the biggest issue by a considerable number compared to the other Trusts. This demonstrates more work needs to be done surrounding how we communicate with our patients and relatives.

Fig 28: Support Services

In Clinical Suport communication and appointments are the highest contacts. In Coporate Communication is the highest however appointments and clinical care do not necessarily apply. The same can be said for environment however complaints were the highest for environment. Under environment they also had transport and parking as their highest.



Other Subjects

Bereavement counted for 26 PALs enquiries for the year. 15 of these relate to Medicine and 2 each for the other clinical divisions. This might be explained by Care of the Elderly featuring under medicine. There were 61 lost property enquiries. 62 related to transport. 35 relate to parking. Medicine and Surgery scored higher than all other divisions for attitude and medicine in particular for Discharge, which was considerably higher than the other divisions.

9. LEARNING FROM COMPLAINTS

When a complaint is upheld or partially upheld, an action plan is developed to highlight any specific issues, steps necessary to resolve and prevent a recurrence of the issue, an individual assigned responsibility to oversee the action and the timeframe within which the action is expected to be completed.

Reconfiguration of the Trust's risk management database allows the Trust to monitor all complaints where action plans have been developed.

The action plans are reviewed at the Divisional monthly Quality and Governance meetings where actions are monitored and tracked. Divisions are responsible for ensuring that learning from complaints and incidents is shared widely with front line staff. All Divisions have been asked to develop local communications materials and plans to ensure that learning is disseminated widely, drawing on good practice already established in some areas. In addition to circulation within the Division, action plans are presented monthly to the Quality and Safety Group.

Complaint learning events are now being held two times every year. At these events divisions are invited to share examples where direct learning has stemmed from complaints. Examples include when opreational pressures in the ED led to an increase in complaints the department created queue nurses to improve communication and ensure the safety of patients waiting to be seen. Work has been done with the East of England Ambulance Service to create an agreed approach regarding responsibilities of WHHT and EoE staff when there is an increase in patient volume. Also in response to some of the complaints patients have been invited to staff meetings to share how they felt when caught up in times of Trust operational pressures.

We also learn from complaints to ascertain how corporate functions can be improved to better serve our patients. Staff working in PALs and the division reflected when an informal concern became a formal complaint by meeting and discussing how they could work better together to ensure the expectations of our patients are met without them feeling that they had to formally complain to obtain the outcome they were expecting. From this an agreement was reached with all Divisions as to an appropriate point of contact for queries and how they can be escalated.

Other complaints have led to introduction of satisfaction questions being incorporated whilst the patient is leaving their appointment to cover the staffs approach towards the patient during the consultation and seeing whether they had all the information needed.

In 2016/17 the team are looking to replicate a system used in the Serious Incident team where actions from complaints are signed off only when evidence of completion of the action has been provided and assurance given to the Board.

10. SUMMARY AND CONCLUSION

The previous 12 months saw a period of streamlining the way we measure assurance and compliance from complaints. Going forward further work will be done to capture the learning and identify themes. With the new complaints management software, Datix and introduction of a Datix Manager further refinements are planned, which will allow more useful data to be captured and used by the divisions along with an approach, which favours early and informal resolution. 2016/2017 will see a further improvement in a proactive rather than reactive complaints and PALs service putting the patient and relative's needs central to the process.

The ongoing requirement to improve the quality of complaints process and responses is a key focus for the complaints and PALs teams.

11. RECOMMENDATION

The Trust Board is asked to note the report for assurance.

Authors:

Ian Stevens, Head of Legal Services, SIs, Complaints and PALs
Maureen Walton, Complaints & PALs Manager
Rachael Corser, Deputy Director of Governances & Associate Chief Nurse