


# Agenda Item 7

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Jane Lewington, Chief Executive, United Lincolnshire Hospitals NHS Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>22 July 2015</b>
Subject:	<b>Complaints Handling at United Lincolnshire Hospitals NHS Trust</b>

**Summary:** In June 2013 the *Keogh Review* at United Lincolnshire Hospitals NHS Trust concluded that the complaints process was *'not fit for purpose'* and a new complaints process, *'See it My Way'*, has been designed and implemented. This report provides an update on the progress of implementation and assurance to the Health Scrutiny Committee that the handling of complaints at the Trust meets required standards.

**Actions Required:** The Committee is asked to consider the report and to identify any concerns or questions for the Trust to take into account.

## 1. Background

The Keogh report instigated United Lincolnshire Hospital NHS Trust to change the way in which complaints were handled. Following a period of research and engagement with patients, staff and stakeholders the new complaints process *'See it My Way'* was developed. *'See it My Way'* puts the patient at the heart of every decision and process, with involvement from Executives and Senior Managers building relationships with complainants to aid the Trust's understanding of the concerns raised and the best resolution for the patient. The site based Patient Advice and Liaison Service (PALS) and Complaints Service work hand in hand to aid early resolution when concerns are raised.

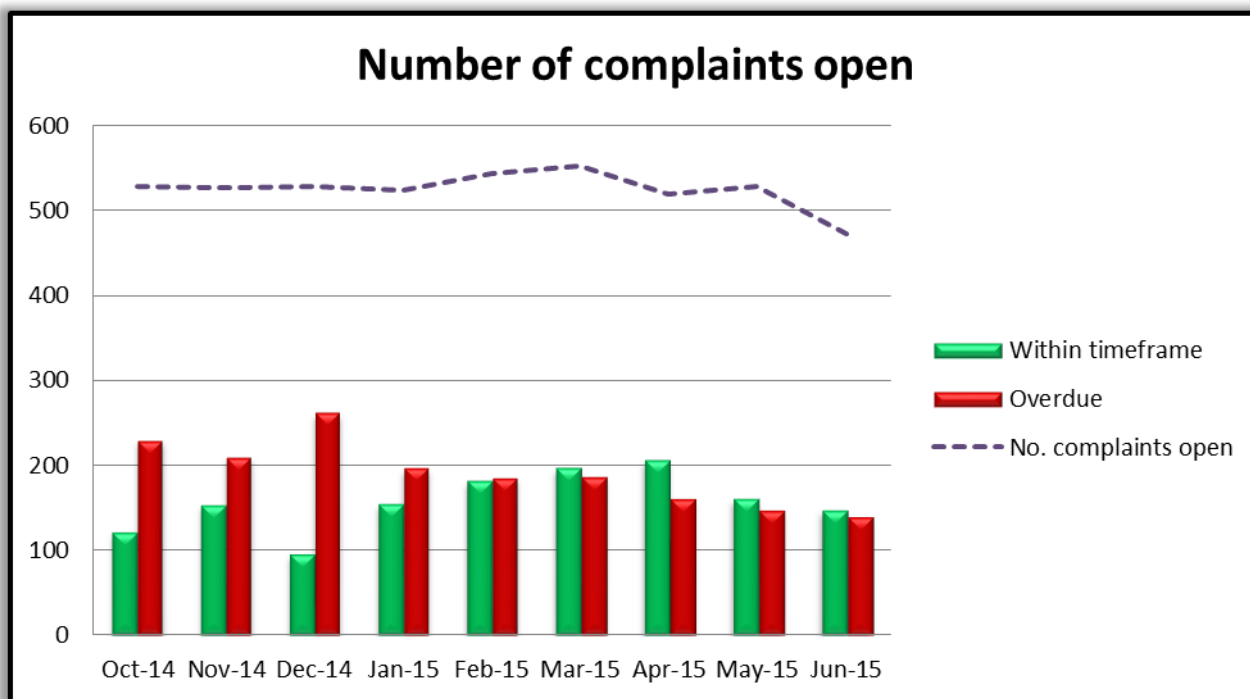
## 2. Changes Update

The complaints report presented to this Committee in January 2015 (Appendix C) provided detail on process changes and the progress that had been made to date. A further update is shown below.

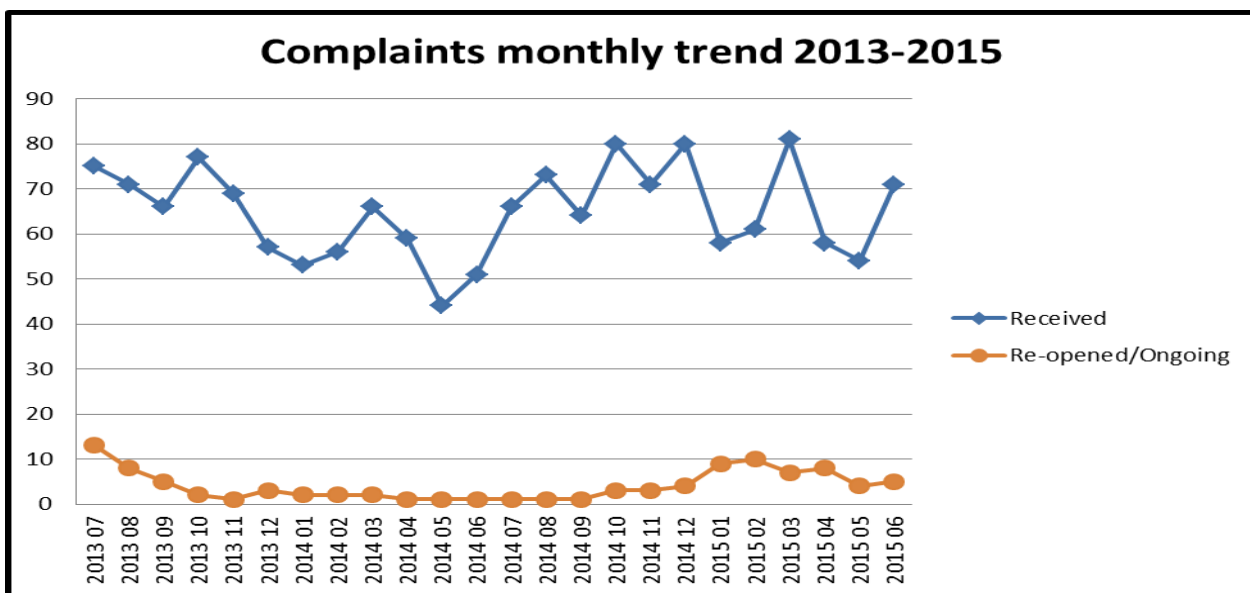
Process change	Rationale	Progress to date
PALS hours to be extended to cover visiting hours in the evenings and weekends	PALS have been shown to be very effective at quickly resolving concerns with 97% being resolved. Being available during visiting hours will provide greater accessibility and 'opportunistic access'.	The PALS office at Pilgrim Hospital is now open two evenings a week and one evening a week at Grantham Hospital. We have found that after 6pm the service is not being utilised by members of the public and the effectiveness of opening until 8pm is currently being reviewed. The extended opening hours at Lincoln Hospital should commence later this year. Whichever site is open takes redirected queries from across all sites.
Site senior manager to make initial contact with a complainant.	Complainants doubted whether senior managers were reading or even aware of their complaint; this call ensures there is ownership, responsibility and importantly contact with the complainant.	The initial phone call being made by senior managers is proving effective and in some cases resolution is being achieved at this point. Training sessions are planned to provide an opportunity for those involved to share practices that have worked well for them.
Medical notes will be retained in the new site complaints office (unless required for care) and staff needing them will come to the notes rather than taking the notes away.	This may seem trivial but if there is more than one service or member of staff involved there can be delays with accessing the notes.	The site based complaints teams are retrieving the medical notes at the beginning of the process and at Lincoln hot desk spaces are available for complaints work. This has proved successful with increased clinical engagement in complaints handling and liaison with the complaints team. Hot desk facilities will be available at Pilgrim and Grantham Hospital by the end of the year.
Development of a change register to ensure learning from complaints.	Our patients, regulators and staff all fed back that there was no evidence or infrastructure to share learning from complaints.	The change register is being discussed at speciality meetings with the Quality and Safety Officers working with the complaints team to monitor the actions being completed.
Implementation of a peer review process for complaints to evaluate how we are doing.	We wanted to be able to regain trust and confidence of our patients and public and evaluation of progress and performance involving our complainants and stakeholders was seen to be crucial.	Two peer reviews have now been held which included patient representatives plus members from Healthwatch and POhWER and improvements in the process were evident.

### 3. Current Position

The number of backlog of complaints remains a concern for the Trust and an internal target has been set; 90% of complaints to be responded to within the timescale agreed with the patient. As you can see from the graph below the number of overdue complaints has reduced and the monitoring of this will continue through the Trust's governance processes. In addition, a trajectory has been agreed through the Trust's Quality and Improvement Programme (QIP). This trajectory is monitored on a weekly basis and reported to the QIP Board. To date, Lincoln, Pilgrim and Grantham Hospitals are on track to achieve the trajectory and to clear their backlog of complaints: Grantham Hospital by July 2015; Pilgrim Hospital by September 2015 and Lincoln County Hospital by December 2015.



Following the implementation of 'See it My Way' the number of ongoing complaints that are resolved following the Trust's first response (whether this is a letter, meeting or telephone call) continues to remain higher with an average of only 6% of cases requiring ongoing work to resolve. The graph below shows the variance in the number of complaints being received on a monthly basis, together with the number of ongoing cases received.



Complaints case manager training has been and continues to be delivered across the Trust and further training to include mock investigation and response drafting is being finalised to aid improvement in the effectiveness of the Trust's first response and getting it right first time. The Trust induction also now includes a session on customer care helping staff to think about their interactions with patients, relatives, carers and giving them the confidence and skills to recognise dissatisfaction and taking action to address this at the point it occurs.

#### 4. Developments

Further to the complaints report presented to the Health Scrutiny Committee (January 2015) the complaints team have assessed the Parliamentary and Health Service Ombudsman's (PHSO) 'My Expectations' document with 'See it My Way' (Appendix A). This assessment showed that the Trust's 'See it My Way' process fully reflects and in parts exceeds the principles set out in the PHSO report although continuing work and development is required to see all the expectations being carried out in practice and embedded.

We plan to engage with a national complainant questionnaire developed by the Trust Development Authority (TDA) that has been tested and is in the final stages of completion. This questionnaire, due to be made available to Trust's in the autumn, provides a way to capture complainants feedback on the complaints service to measure effectiveness, providing a tool to help shape improvements.

The Trust has also begun communication with two doctors (of Social / Psychology) at the London School of Economics who have been carrying out research into what can be learnt from the content of patient complaints (Appendix B). The doctors have proposed a new classification system and will shortly be undertaking some trials applying the coding framework within a Trust. It is hoped that United Lincolnshire Hospitals NHS Trust will be able to be part of that trial.

#### 5. Conclusion

The quality and timeliness of resolving complaints remains a high priority for the Trust and work continues to ensure the service is open, honest, transparent and timely and complainants are receiving the outcome of our investigations within the timescale that has been agreed with them. Work will continue to address the backlog of complaints and continually progress our service and the development of the 'See it My Way' pathway.

#### 6. Appendices

These are listed below and attached at the back of the report	
Appendix A	'See it My Way' – My expectations
Appendix B	Abstract: Patient complaints in healthcare systems
Appendix C	Health Scrutiny Report – Complaints handling at United Lincolnshire Hospitals NHS Trust – 17 January 2015 – <b>FOR REFERENCE ONLY</b>

#### 7. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Katy Treasure, Complaints Manager, United Lincolnshire Hospitals NHS Trust and Jennie Negus Deputy Chief Nurse, United Lincolnshire Hospitals NHS Trust

## See it My Way Review against Parliamentary Health Service Ombudsman 'My Expectations'.

### Introduction

See it My Way is the ULHT new complaints and concerns pathway developed during 2013 and 2014 following a detailed review. The process was reviewed and redesigned in partnership with patient representatives, ex-complainants and stakeholders including Healthwatch Lincolnshire and POhWER advocacy services. The scope of the vision was to lay out what good outcomes look like from the point of view of the person who has made the complaint and to use this to build our new service principles and process.

'My Expectations for raising concerns and complaints' was published in November 2014 by the PHSO having worked with the Local Government Ombudsman and Healthwatch England to develop a user-led vision of complaints systems. The key principles behind the vision were:


- The need for a tool that will ensure that patient and service user expectations lie at the heart of any system or approach to complaint handling.
- The need to define what the outcome of good practice should look like for patients and service users.
- The need for a complaint handling framework that is relevant and practical for providers of both health and social care.
- The need for a set of expectations of complaint handling that makes sense to patients and service users themselves, so that they can hold complaint handling services to account.



This paper describes an appraisal of See it My Way against the PHSO vision and expectations.



### Appendix A: A user-led vision for raising concerns and complaints





PHSO – My Expectations		ULHT – See it My Way	
Stages within the complaint journey	What this means in practice	How do we meet the PHSO vision?	
 <p><b>1</b> Considering a complaint</p> <p>'I felt confident to speak up.'</p>	<ul style="list-style-type: none"> <li>I knew I had a right to complain</li> <li>I was made aware of how to complain (when I first started to receive the service).</li> <li>I understood that I could be supported to make a complaint.</li> <li>I knew for certain that my care would not be compromised by making a complaint.</li> <li>I felt I had the right to complain on behalf of someone else.</li> <li>I was encouraged to give feedback throughout my service journey.</li> <li>I knew exactly who to complain to.</li> <li>I had a trusted point of contact within the organisation.</li> <li>I didn't feel making the complaint would be tiring.</li> <li>I knew that information on the outcomes of previous complaints was easy to find.</li> <li>I was made aware of the importance of complaining.</li> <li>I feel that the organisation is open and honest when things go wrong.</li> <li>I feel that the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Is our complaints literature visible and accessible to all?</li> <li>Is our communication available in a number of formats?</li> <li>Do we make it clear how we use complaints to improve services?</li> <li>Do we communicate our openness to receiving complaints from the beginning?</li> <li>Are our complaint handling and support services highly visible? E.g. is PALS highly visible. Is our complaints service accessible from service user waiting areas and public entrances?</li> <li>How well do we communicate the importance of receiving complaints?</li> <li>How do we reassure patients that making a complaint won't have a negative effect on their care?</li> </ul>	<ul style="list-style-type: none"> <li>New patient information leaflet produced and meets DH Information standards; available in number of formats and languages as required.</li> <li>PALS posters and signage highly visible.</li> <li>New 'Beyond Good' posters now in circulation.</li> <li>PALS can provide support plus we work closely with POhWER (including staff induction) to promote additional support.</li> <li>Complaints on behalf of someone else are not an issue though consent will need to be considered; should this be the case we will ensure this is sensitively explained.</li> <li>PALS services are visible and well signposted but complaints teams are less so until they are relocated.</li> <li>New posters will encourage; new training programme emphasises this to staff.</li> <li><i>See it My Way</i> leaflet highlights this but we need to demonstrate this; peer review process and using complaints in training will provide evidence.</li> </ul>

PHSO – My Expectations		ULHT – See it My Way	
Stages within the complaint journey	What this means in practice	How do we meet the PHSO vision?	
	wants to make things better, and I can help to do that.		
  <p>'I felt that making my complaint was simple.'</p>	<ul style="list-style-type: none"> <li>I felt I could have raised my concerns with any of the members of staff I dealt with.</li> <li>I was offered support to help me make my complaint.</li> <li>I was able to communicate my concerns in the way that I wanted.</li> <li>I was able to make a complaint at a time that suited me.</li> <li>I knew my concerns were taken seriously the very first time I raised them.</li> <li>I knew where to go to complain.</li> <li>I only needed to explain the detail of my complaint once.</li> <li>I was able to raise my concerns with an independent third party.</li> <li>I knew steps I needed to take were made clear to me.</li> </ul>	<ul style="list-style-type: none"> <li>Can we ensure that those who want to make a complaint can do so privately and anonymously if they wish to?</li> <li>Do our staff encourage people to complain without fear for themselves?</li> <li>Are our frontline staff sufficiently empowered and knowledgeable to deal with a patient who wants to make a complaint?</li> <li>Are all complaints handled equally and treated with equal respect and dignity?</li> <li>Do we rely on one person to handle complaints or can all staff be part of the complaint system?</li> </ul>	<ul style="list-style-type: none"> <li>Staff training promotes the importance of trying to resolve an issues with care and compassion at the point of care. Training has commenced and will be included in induction. We are 'not there' yet but have a clear plan that links with Trust Vision, Values and behavioural framework.</li> <li>Whilst we can and do ensure that anonymous complaints are investigated we may be limited in some cases; such as has proved with Healthwatch and Patient Opinion complaints – our approach is to reassure and encourage people to get in contact but we acknowledge this may not be the case.</li> <li>Our new pathway ensures that complaints are everyone's business and a poster campaign includes the words: <ul style="list-style-type: none"> <li>Welcome comments and complaints</li> <li>Respond to each and every point</li> <li>Learn lessons and take action</li> </ul> </li> </ul>

PHSO – My Expectations		ULHT – See it My Way	
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<p><b>3</b> Staying informed</p> <p><i>'I felt listened to and understood!'</i></p>	<ul style="list-style-type: none"> <li>I always knew what was happening in my case.</li> <li>I felt that responses were personal to me and the specific nature of my complaint.</li> <li>I was offered the choice to keep the details of my complaint anonymous and confidential.</li> <li>I felt that the staff handling my complaint were empowered to resolve it.</li> <li>I knew there was a formal record of my complaint.</li> <li>I felt that my complaint was taken seriously.</li> <li>I was given updates about the progress of my complaint at regular intervals.</li> <li>I was responded to in the manner which suited me.</li> <li>I feel that staff were proactive in dealing with my complaint and I was not asked to do more than I should.</li> <li>I felt that my concerns were understood and that staff empathised with my situation.</li> <li>I received answers to all of the questions that I asked.</li> <li>I was helped to escalate my complaint to a higher level when</li> </ul>	<ul style="list-style-type: none"> <li>Are we transparent about the way we are handling a specific complaint, or only about our processes in general?</li> <li>Do our staff have sufficient understanding of how complaints relate to safeguarding and protection systems.</li> <li>Do we place too much burden on a complainant to produce evidence, fill in forms, or write extensive amounts of detail?</li> <li>Are our staff able to go beyond process guidelines in order to solve specific problems?</li> </ul>	<ul style="list-style-type: none"> <li>At the initial contact by a senior manager we explain the next steps and the process to follow. For those who were not able to be reached by phone we do this via our acknowledgement letter.</li> <li>We are transparent in terms of process but also individuals such as naming the case manager and agreeing the complaint plan.</li> <li>Initial screening considers safeguarding but also the senior oversight provides a tier of assurance.</li> <li>Our new process has significantly streamlined our processes and documentation and feedback from staff and complainants has been extremely positive.</li> <li>In a small survey of 8 complainants 100% said they felt their complaint was taken seriously.</li> <li>The site based complaints team and case manager now keep complainants up to date – at agreed intervals with the person involved.</li> <li>We have received unsolicited positive feedback about members of the complaints team citing their support, compassion and commitment to help them.</li> <li>We plan, in early 2015 to introduce a prospective survey of complainants on completion of their case to seek feedback and understanding of their experience – this will be used to continuously evaluate the process and performance.</li> </ul>



PHSO – My Expectations		ULHT – See it My Way	
Stages within the complaint journey	What this means in practice	How do we meet the PHSO vision?	
	<p>I needed to.</p> <ul style="list-style-type: none"> <li>Was asked whether I was happy with how my complaint was being handled throughout the process.</li> </ul>		
 <p>4 Receiving outcomes</p> <p>'I felt that my complaint made a difference.'</p>	<ul style="list-style-type: none"> <li>I received a resolution in a time period that was relevant to my particular case and complaint.</li> <li>I was told the outcome of my complaint in an appropriate manner, in an appropriate place, by an appropriate person.</li> <li>I felt that the outcomes I received directly addressed my complaint(s).</li> <li>I feel that my views on the appropriate outcome had been taken into account.</li> <li>I was offered support to help me understand the resolution of my complaint.</li> <li>I understood exactly how decisions had been reached.</li> <li>I understood why actions were being taken or not taken.</li> <li>I could see the difference my complaint had made both to my own situation and/or to others.</li> <li>I was asked</li> </ul>	<ul style="list-style-type: none"> <li>Do we always take account of the specific needs and conditions of the patient? E.g. when they are feeling unwell or have mental health issues or physical disabilities?</li> <li>Do our complaints processes take account of the emotional impact of something having gone wrong in service delivery? E.g. the death of a patient or the mistreatment of a loved one?</li> <li>Do we acknowledge and address 'attrition' in complaints not taken to conclusion?</li> <li>Are our responses identifiably personal to the complainant and the specifics of their complaint?</li> <li>Do those charged with governance have proper oversight of complaint handling?</li> </ul>	<ul style="list-style-type: none"> <li>Our current overdue complaints has impacted severely on our response performance; however these numbers are rapidly being addressed and we hope to see this improve.</li> <li>As the response timeframe is agreed and discussed with the complainant we are confident that the timescales take into account their needs too.</li> <li>A new project called 'Reaching Out' is being finalised before implementation which specifically reaches out to the bereaved to see if they have any unanswered questions or concerns.</li> <li>Emotional impact is appreciated much more since the introduction of senior management initial contact and the training focuses on empathy, perceptions and assumptions to drive the principle of 'See it My Way'.</li> <li>Complaints and concerns are reported: <ul style="list-style-type: none"> <li>monthly to Patient Experience Committee which upwardly reports to Quality Governance Committee and Trust Board.</li> <li>Weekly 'tracker' reports of current cases are sent to senior management leads on each site.</li> <li>Complaints metrics now included within monthly business</li> </ul> </li> </ul>

PHSO – My Expectations		ULHT – See it My Way	
Stages within the complaint journey		What this means in practice	How do we meet the PHSO vision?
	<p>about my views on the outcome of the complaint.</p> <ul style="list-style-type: none"> <li>I felt like my complaint had been taken seriously at a senior level within the organisation.</li> </ul>		<p>performance meetings with executive team.</p> <ul style="list-style-type: none"> <li>Quality and Safety Officers take complaints and PALS data to specialty governance meetings.</li> </ul>
 <p>5 Reflecting on the experience</p> <p>'I feel confident making a complaint in the future.'</p>	<ul style="list-style-type: none"> <li>I would complain again if I felt I needed to.</li> <li>I felt that my complaint had been handled fairly.</li> <li>I would happily advise others to make a complaint if they felt they needed to.</li> <li>I understand how complaints help to improve services.</li> <li>I was asked for my feedback on the handling of my complaint.</li> <li>I would feel confident making a complaint in the future.</li> <li>I have confidence in the complaint handling procedure in the organisation.</li> <li>I feel that I know how to get the most out of making a complaint.</li> <li>I know how important it is to make a complaint.</li> </ul>	<ul style="list-style-type: none"> <li>Are the tone and setting of our communications in keeping with the nature of the complaints being made?</li> <li>Do we avoid exacerbating possible trauma by labelling complainants and complaints with stigmatising labels such as 'vexatious' or complex?</li> </ul>	<ul style="list-style-type: none"> <li>We need to 'regain' our public's confidence in complaints handling and demonstrating our values in practice will go so way towards this; the peer review will also be an important evaluation tool.</li> <li>The development of a change register ensures we have the process to track learning and actions so that we can feedback to complainants once completed.</li> <li>We have plans in February 2015 to introduce a prospective survey of all complainants following their final response or meeting asking how the handling of their complaint went from their perspective; we currently use this within PALS.</li> <li>Our peer review process will also validate this from an independent perspective.</li> </ul>

## **Conclusion**

*See it My Way* as a process fully reflects and in parts exceeds the principles within the PHSO My Expectations report; however as the ULHT new process is still in its early days we are not as yet seeing all the expectations fully in practice and embedded.

The continued work of the sites and services in handling complaints and concerns, and the new complaints and PALS staff leading and supporting them will see the aspirations of *See it My Way* coming to fruition. The peer review, complainant survey and change register systems will provide us with the ongoing evidence and assurance that we are delivering as promised and continued regular reporting through our governance framework provide reports and assurance from Ward to Board.

**Jennie Negus**  
**Deputy Chief Nurse**  
**January 2015**

Source: <http://qualitysafety.bmj.com/content/early/2014/05/29/bmjqs-2013-002437.abstract>

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## Patient complaints in healthcare systems: a systematic review and coding taxonomy

 OPEN ACCESS

1. Tom W Reader,
2. Alex Gillespie,
3. Jane Roberts

[+](#) Author Affiliations

1. *Department of Social Psychology, London School of Economics, London, UK*

1. Correspondence to Dr Tom Reader, Department of Social Psychology, London School of Economics, Houghton Street, London WC2A 2AE, UK; [t.w.reader@lse.ac.uk](mailto:t.w.reader@lse.ac.uk)

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### Abstract

**Background** Patient complaints have been identified as a valuable resource for monitoring and improving patient safety. This article critically reviews the literature on patient complaints, and synthesises the research findings to develop a coding taxonomy for analysing patient complaints.


**Methods** The PubMed, Science Direct and Medline databases were systematically investigated to identify patient complaint research studies. Publications were included if they reported primary quantitative data on the content of patient-initiated complaints. Data were extracted and synthesised on (1) basic study characteristics; (2) methodological details; and (3) the issues patients complained about.

**Results** 59 studies, reporting 88 069 patient complaints, were included. Patient complaint coding methodologies varied considerably (eg, in attributing single or multiple causes to complaints). In total, 113 551 issues were found to underlie the patient complaints. These were analysed using 205 different analytical codes which when combined represented 29 subcategories of complaint issue. The most common issues complained about were ‘treatment’ (15.6%) and ‘communication’ (13.7%). To develop a patient complaint coding taxonomy, the subcategories were thematically grouped into seven categories, and then three conceptually distinct domains. The first domain related to complaints on the safety and quality of clinical care (representing 33.7% of complaint issues), the second to the management of healthcare organisations (35.1%) and the third to problems in healthcare staff–patient relationships (29.1%).

**Conclusions** Rigorous analyses of patient complaints will help to identify problems in patient safety. To achieve this, it is necessary to standardise how patient complaints are analysed and interpreted. Through synthesising data from 59 patient complaint studies, we propose a coding taxonomy for supporting future research and practice in the analysis of patient complaint data.

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		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>14 January 2015</b>
Subject:	<b>Complaints Handling at United Lincolnshire Hospitals NHS Trust</b>

### Summary

In June 2013 the Keogh Review at United Lincolnshire Hospitals NHS Trust (ULHT) concluded that the complaints process was '*not fit for purpose*'. This report describes the work undertaken to review and redesign the process and service to provide assurance to the Health Scrutiny Committee that handling of complaints and concerns at the Trust meets the required standards.

### Actions Required

The committee is asked to consider the report and to identify any concerns or questions for the Trust to take into account.

## 1. Background

Following the Keogh report a transformational approach to reviewing the service was commenced. This included:

- Implementation of executive oversight and sign off for all complaints by our Chief Executive Officer, Medical Director and Chief Nurse.
- Introducing a site based Patient Advice and Liaison Service (PALS). Without PALS, patients and their families were being forced into the formal complaint system when in fact many of the concerns raised could have been picked up and resolved quickly. The PALS services were opened in a shadow form at the end of October 2013 with staff recruited with our patient representatives on the selection and interview panels. The shadow service allowed us to undertake the review

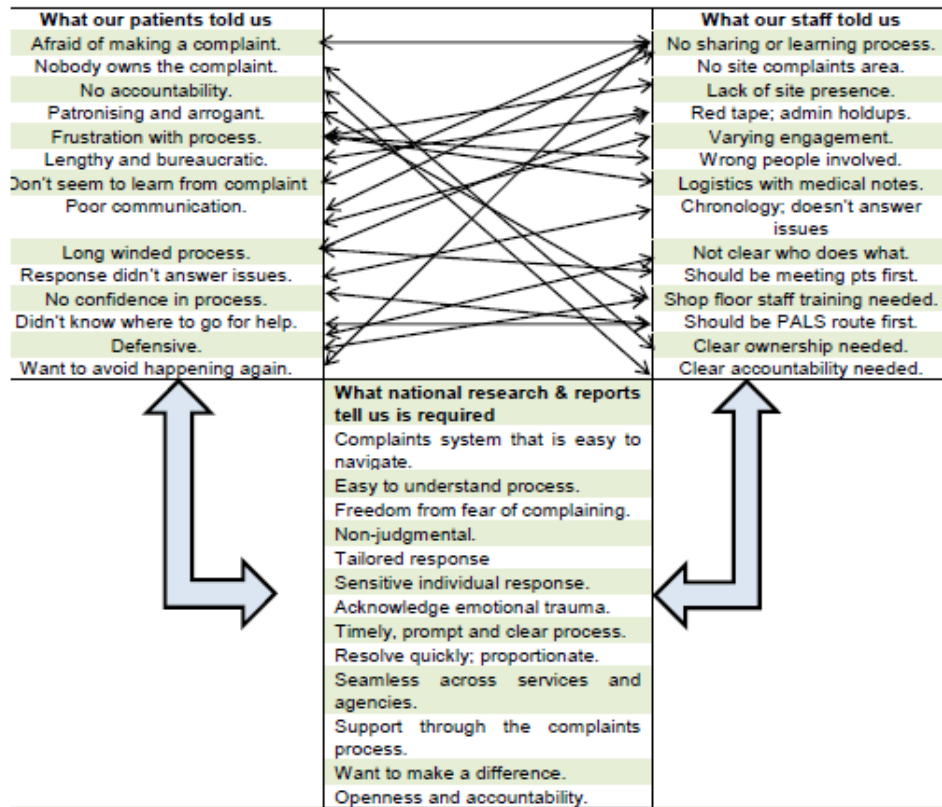
## FOR REFERENCE ONLY

and redesign and identify what our final model needed to look like. At this point too we introduced a triage process where new complaints received were considered as to whether they could be quickly resolved through the PALS service.

- A Patient Listening Event held in Sleaford in October 2013 which was facilitated by the Patients Association. The invitation list included complainants, Trust members, local patient group representatives and senior management of the Trust and was well attended. This event looked at people's experiences as a complainant, what they wished to see and needed to see and was a highly charged and emotional evening that gave a clear picture of the changes that needed to happen.
- Staff workshops were held across all hospital sites which again were well attended. These looked at staff involvement in complaints, how they managed them on receipt, their roles and responsibilities and their challenges. In a similar approach to the patient event we asked staff what they needed and wanted to change.
- With feedback from patients and staff we then looked at national best practice and key reports. These included in particular:
  - Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry – 'The Francis Report'. *HM Stationery Office, February 2013.*
  - NHS Hospital Complaints System - A Case for Urgent Treatment. *(Parliamentary and Health Service Ombudsman, April 2013.)*
  - Designing Good Together - Transforming Hospital Complaint Handling. *(Parliamentary and Health Service Ombudsman, August 2013.)*
  - A Review of the NHS Hospitals Complaints System; Putting Patients Back in the Picture *(Rt. Hon Ann Clwyd MP and Professor Tricia Hart, October 2013).*
  - Good Practice Standards for NHS Complaints Handling. *(Patients Association, September 2013).*

From these three sources of evidence (patients, staff and best practice) we mapped and triangulated the relationships:

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From the discussions and consultation we designed our new process, called *See it My Way*, which built on the principles from the Parliamentary and Health Service Ombudsman and the Patients Association. Within this, there are 6 key principles:

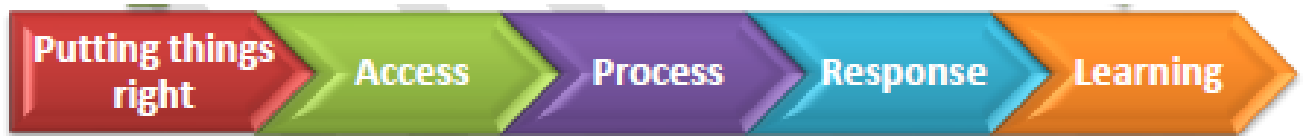
1. Getting it right: Our patients and relatives need to feel confident in raising concerns and in turn staff need the confidence, knowledge and authority to deal with issues immediately, or know who to involve or where to seek support. Putting things right immediately will have a positive impact both on the quality of care, and on complaint handling as there would be reduction in the number of formal complaints.
2. Being patient focused: Empathy, sensitivity and a non-judgmental approach are essential to ensure patients feel their concerns and complaints are considered with genuine credence and responses should not be defensive or dismissive.
3. Being open and accountable: Research has demonstrated that a culture of defensiveness, reluctance of staff to hear and address concerns, and the ensuing reluctance of patients, carers and families to complain, combine to create what has been described as a 'toxic cocktail'. Being open and honest, transparent and saying sorry when things have gone wrong will build trust and confidence.
4. Acting fairly and proportionately: Every complainant should have a personalised response that demonstrates a clear understanding of the complaint and include an offer of a face-to-face meeting, they should also be involved in agreeing the precise nature of the complaint, the questions to be answered and the outcomes they want.



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5. Putting things right: Complainants have stated they felt uncertain that their complaint had led to tangible change that would prevent a similar thing happening again. Equally staff also felt that there was a lack of clarity about the outcomes of complaints and a lack of support to ensure that things change as a result.
  
6. Seeking continuous improvement: Learning from complaints and concerns, sharing that learning and using the experiences to drive improvements must be seen as integral to the pathway and not as an added extra. Actions from complaints will be tracked and monitored through the Patient Experience Committee to facilitate ward to board reporting.

We brought these principles into five steps to form the ULHT *See it My Way* pathway, illustrated within the graphic below. We returned to our patients and staff to seek their views on proposals for the service redesign.



There were a number of key process changes which were proposed and formally agreed against each step of the above pathway and these have been further developed during the year. These include:

<b>Process change</b>	<b>Rationale</b>	<b>Progress to date</b>
PALS hours to be extended to cover visiting hours in the evenings and weekends	PALS has been shown to be very effective at quickly resolving concerns with 97% being resolved within the first 12 months. Being available during visiting hours will provide greater accessibility and 'opportunistic access'.	Teams fully recruited to. The plan to extend opening hours to 08.00 – 20.00 Monday to Friday for all sites and for each of the 3 sites to take it in turns to open for 2 hours on Saturdays and Sundays taking calls from across the Trust as needed. It is hoped this can commence early in the New Year.
Complaints team to be decentralised and become site based. PALS teams to be formalised.	Staff and patients have told us that site based support is critical; a central service is remote and less responsive.	After formal consultation during the summer the site based teams have now been fully recruited to and commenced 03.11.14
Site senior manager to make initial contact with a complainant.	Complainants doubted whether senior managers were reading or even aware of their complaint; this call ensures there is ownership,	Commenced May 2014 and has been very well received. Has been quite time consuming for a small number of people so responsibility for this role has

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<b>Process change</b>	<b>Rationale</b>	<b>Progress to date</b>
	responsibility and importantly contact with the complainant.	recently been widened but still remains at a very senior level.
Very clear roles and responsibilities and timeframes developed.	The review told us that staff at all levels needed to acknowledge ownership and responsibility for concerns and responding to them.	A flow diagram illustrating step by step who does what and within what timeframe has been developed and cascaded to everyone involved in complaints handling.
Meetings or telephone contact to be offered as routine and not just written responses.	Many complainants told us they would prefer us to get in touch by phone or have a meeting to explain the findings of the investigation or discuss their concerns; we were generally only having meetings if a complainant was dissatisfied with the first response.	The initial phone contact by a senior manager is covering much of this now; more meetings are being scheduled though this does remain something of a challenge in scheduling everyone's diaries and clinical commitments.
Medical notes will be retained in the new site complaints office (unless required for care) and staff needing them will come to the notes rather than taking the notes away.	This may seem trivial but if there is more than one service or member of staff involved there can be delays with accessing the notes.	This is new to implementation as the site based teams have just commenced. At Pilgrim and Lincoln the office bases are temporary awaiting relocation in the new Year.
Redesign of investigation documentation and response letters.	Our complainants told us that letters were defensive, corporate, disingenuous and lacked care and compassion; staff told us letters were really difficult to write and in many cases clinical staff were not in fact answering the questions.	This was probably the hardest element of the redesign and involved a discussion with a psychologist as there is an art to writing a good complaint response that is genuine, open and transparent. We implemented the new documentation in May 2014 and feedback has been extremely positive.
Development of a change register to ensure learning from complaints.	Our patients, regulators and staff all fed back that there was no evidence or infrastructure to share learning from complaints.	The change register has been designed and is being populated retrospectively with agreed actions and learning from complaints since may 2014. The register lifts the learning

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<b>Process change</b>	<b>Rationale</b>	<b>Progress to date</b>
Implementation of a peer review process for complaints to evaluate how we are doing.	We wanted to be able to regain trust and confidence of our patients and public and evaluation of progress and performance involving our complainants and stakeholders was seen to be crucial.	First meeting held with patient representatives who are keen to be involved; these include 2 people who have been a part of the redesign right back to the initial listening event in October 2013. First panel scheduled for January 2015.

A small survey of eight complainants in November 2014 showed the following:

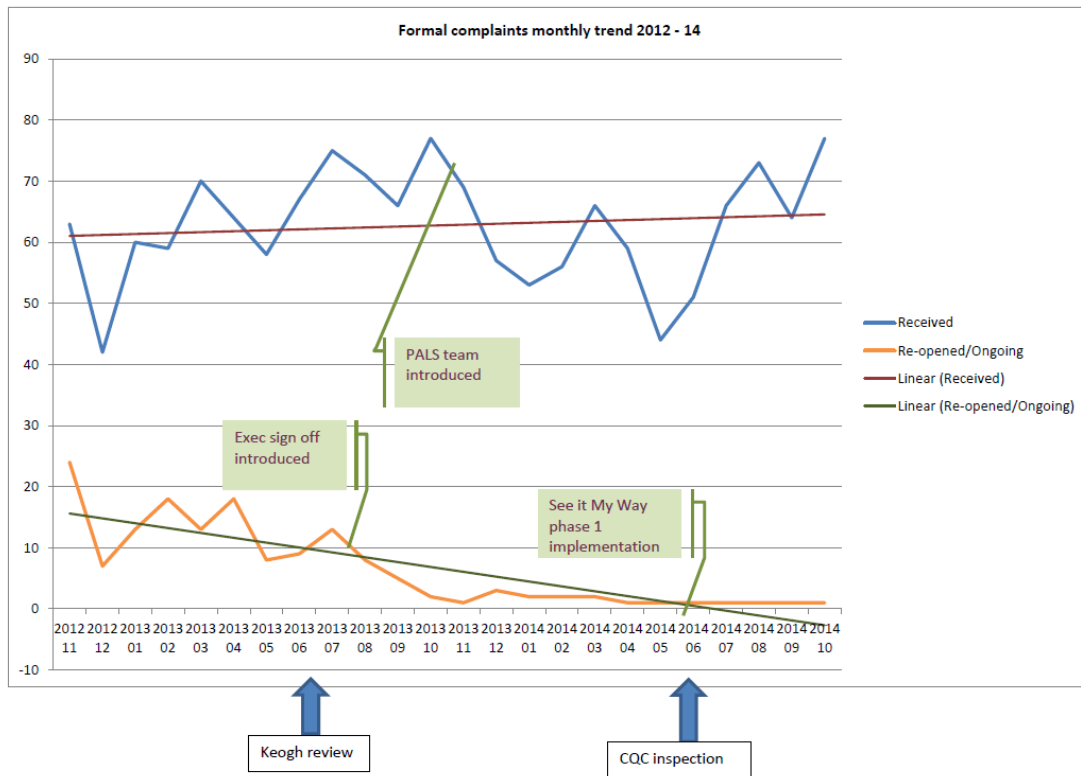
No	Questions	Yes, Definitely	Partly	No
i	Did you feel your complaint was understood?	80%	0%	20%
ii	Did you feel your complaint was taken seriously by the Trust?	100%	0%	0%
iii	If mistake was made, did you think the Trust was honest and open about it?	80%	0%	20%
iv	Was the response letter easy to read and understand?	80%	20%	0%
v	Did you find the table/grid attached to the cover letter was clear and useful?	80%	20%	0%
vi	Were you kept informed of actions taken or improvements made to the service as a result of your complaint?	20%	0%	40%

Whilst this survey was small, equating to just under 10% of complainants in an average month, one aim was for us to test the survey process for continuous surveying going forward. All complainants will be contacted within a month of receiving their final response to ascertain whether they were satisfied with the outcome and to understand their experience of the complaints process as a whole. This feedback can then contribute to our internal continuous improvement plans. We hope to introduce this early in the New Year.

When we review complaints performance over the last 12 months we can see the following from the graph below:

- Number of complaints peaked following inspections
- Fall in formal complaints on introduction of PALS
- Significant reduction of 'reopened' complaints; that is complaints that have come back from complainants as not being happy with the response or outcome since the introduction of executive sign off.

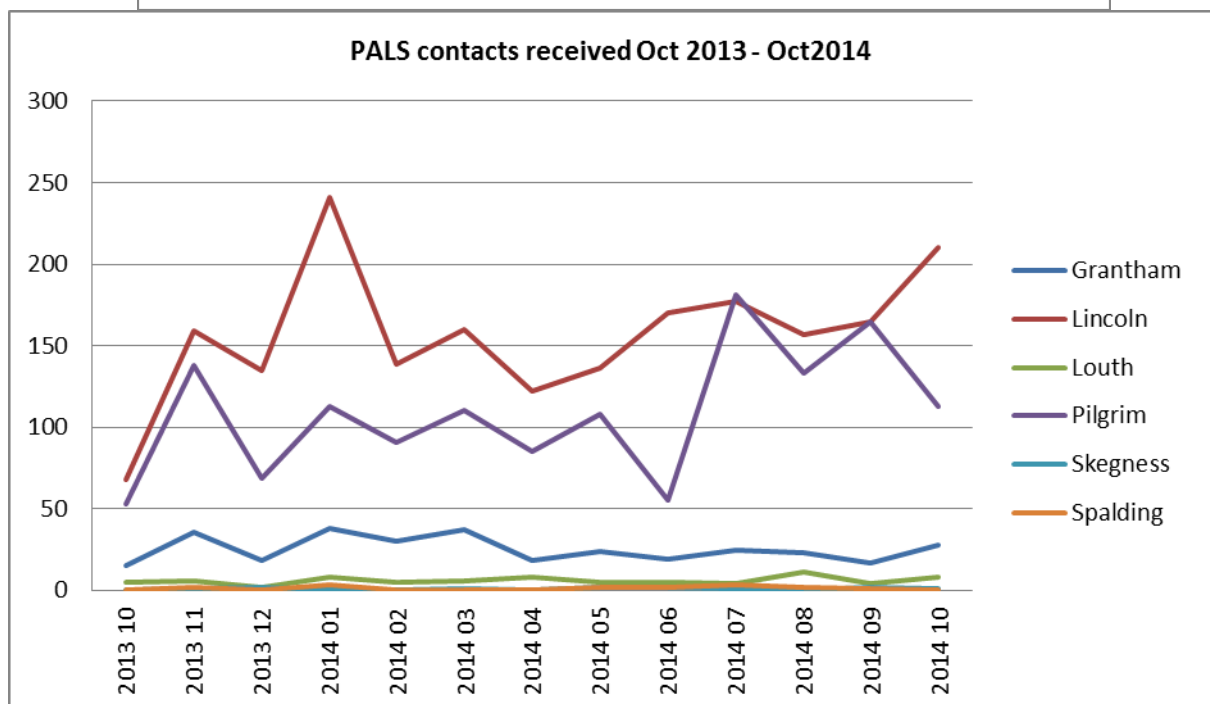
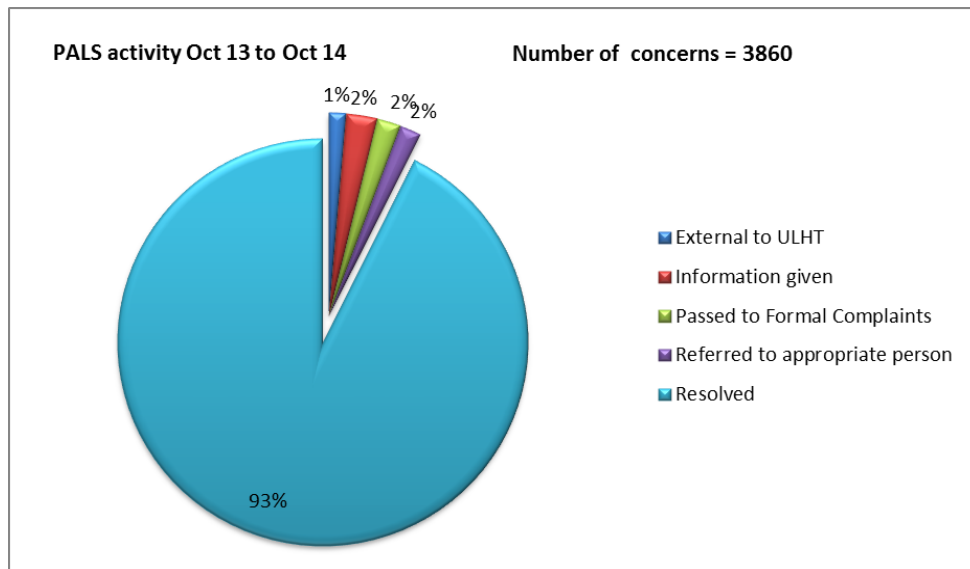
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### **Patient Advice and Liaison Service (PALS)**

PALS is a service designed to help patients and families who encounter problems with their hospital care by providing “on the spot” help and support where possible. Those using the service often present a number of issues, which go beyond health. These include issues with housing, welfare benefits, social services etc. PALS will put these users in touch with the right service, opening dialogue with the relevant organisation thus providing a seamless service, acting as a gateway to independent support or advice. PALS is all about be responsive and enabling a swift resolution to problems and concerns with an aim to try and resolve enquiries within 48 hours. We have a ‘triage’ screening tool to be sure that only appropriate enquiries are being addressed by PALS with the others being routed to formal complaints. There is at times an overlap, so for example a formal complaint may have an element which PALS can resolve as well as needing a more in depth investigation. PALS has recorded 3,860 individual contacts since opening in October 2013, ranging from concerns, compliments, sign posting to external agencies and also escalation to formal complaint. The amount of contacts has been increasing month on month as users become more aware of the service.

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Whilst there is clear evidence that the new process and pathway, designed by and with our patients has resulted in significant improvement in quality, it does not however answer for the delays that people have and continue to experience. The new service model has been commenced with an inherited backlog of open complaints, some of which had been in the system for some considerable time and were testimony to essentially a broken service. Over the summer of 2014 a dedicated project to address 198 of these was launched which included staff being given permission to clear their diaries and drawing in wider senior staff to assist. Of that cohort of 198 all but two have at the time of this report been completed and closed; the final two are awaiting a meeting with the complainants.

Despite this work there are still a significant number in the system. This is being addressed in a number of ways but most importantly is being monitored and performance managed at executive level through business performance meetings. A new set of quality metrics has been developed and introduced which keeps track of the

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number of complaints within the system and how long they have been there. Each business unit is working on a recovery plan to clear their backlog.

### **Parliamentary and Health Service Ombudsman (PHSO)**

The Ombudsman's report of November 2014 (*Complaints About Acute Trusts 2013-14 and Quarter 1, Quarter 2 2014-15*) shows that the number of complaints received by ULHT is largely in line with other large NHS Trusts. Of the 94 enquiries received by the Ombudsman during 2013 – 2014, they investigated 14 and the number of cases per 100 written complaints was 2.0, which is below the national average. The issues raised by the Ombudsman on cases that were upheld ranged from communication; delays in complaints handling and the need for more information to be given to patients about their complaints.

The complaints team met with the national PHSO liaison leads on 24 November 2014 to discuss changes to their role and systems and to introduce them to *See it My Way*.

#### Key messages

- PHSO are now investigating many more cases than previously; this is a strategic national change in practice as opposed to a fall in Trust satisfactory resolution.
- A service charter is being developed that identifies key components for both complainants and NHS providers; we will have the opportunity to contribute.
- Publication this week of 'My Expectations' a key document for 2014 which sets out complainant expectations with complaints management. The Complaints team will undertake a formal assessment of *See it My Way* against these expectations but it is evident at first review that the PHSO expectations are explicitly evidenced within our process.
- There has been a noticeable increase in enquiries to the PHSO about delays within our complaints process – they were however reassured on hearing about *See it My Way* and the work towards a recovery plan, but clearly expect this recovery to be achieved.

### **Governance**

Complaints and PALS performance and detail is reported through the following:

- Business unit review meetings
- Patient Experience Committee, which in turn upwardly reports to the Quality Governance Committee.
- Trust Board Quality report.

## **2. Conclusion**

As a Trust are doing all we can to improve quality and reduce the need for patients and families to complain. When we have got it wrong, we aim to do all we can to resolve someone's complaint or concern and we are open and transparent about where we have failed. We are not afraid to say sorry or to hold up our hands and admit we got it wrong or could have done better.

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There is no doubt that our greatest challenge is within the number of overdue complaints within the system and now that we have the new processes and staff in place we can refocus our energy into clearing these and giving the complainants resolution and closure.

### **3. Consultation**

This is not a consultation item.

### **4. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Jennie Negus, Deputy Chief Nurse, United Lincolnshire Hospitals NHS Trust [Jennie.Negus@ulh.nhs.uk](mailto:Jennie.Negus@ulh.nhs.uk) 01205 445650

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