



Six Month Update on Complaints

Public Board

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Presented for:	Information and Assurance
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Previous Committees:	Patient Experience Sub Group, Quality and Safety Assurance Group

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	
A centre for excellence for research, education and innovation	
Seamless integrated care across organisational boundaries	
Financial sustainability	

Trust Risks (Type & Category)				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Scale) Appetite	Tolerance
Workforce Risk				
Operational Risk				
Clinical Risk	√	Patient Experience Risk – we will comply with or exceed minimum patient	Minimal	↔ (same)

		experience targets.		
Financial Risk				
External Risk	√	Regulatory Risk – we will comply with or exceed all regulations, retain CQC registration and always operate within the law.	Averse	↔ (same)
Key points				
The Complaints Action Plan has made good progress against expected timescales. The majority of actions have been completed.				Assurance
A complaints improvement programme continues to support progress in achieving improved timeliness and quality of complaint responses.				Assurance
Assurance processes relating to monitoring actions arising from complaints are being strengthened.				Information
Actions have been taken to address themes arising from PALS and complaints.				Information

1. INTRODUCTION

This paper provides a six month update that summarises Trust activity in relation to complaints and PALS, with a focus on complaints management during Q1 and Q2 2021/22. An update is provided on progress in achieving the Complaints Action Plan and key highlights of the forward plan for 2022-23 are outlined.

2. COMPLAINTS ACTION PLAN

The Complaints Action Plan was detailed in the Complaints and PALS Annual Report 2021. Appendix 1 provides a progress update for the plan. It includes information on the impact of actions that have been undertaken to date and actions which remain on-going. The Complaints Action Plan continues to be reviewed every month by the Complaints Management team, with updates reported to the Patient Experience Sub Group (PESG) bi-annually.

Key activities that have arisen from the Action Plan since the Complaints and PALS Annual Report to Trust Board in July 2021 are described below:

a) Complaints conference

On 29 September 2021 the Complaints team hosted a Complaints Conference via Microsoft Teams. The agenda (Appendix 2) focused on learning from complaints and improving the experience of those using the complaint process. 181 delegates attended the conference. These included 41 doctors and 46 nurses. Feedback from delegates included:

- *This was a great conference in which I learnt loads and had lots of things I can take back to our CSU.*
- *This was a really great conference and I did take home new insights into the complaints process that will influence my role as a level 2 investigator in my department.*
- *The conference was really good, it was good to have patient stories and their experiences shared, as it made the topic more powerful. It gave the importance as to why early intervention, engagement can help to diffuse a situation and also guidance to the way a written response should be communicated is just as crucial.*

b) Complaints improvement programme

The Complaints Improvement Programme (CIP) commenced in September 2020 and focussed on improving the timeliness and quality of complaint responses.

The first cohort of CSUs taking part (KPO1) included Trauma and Related Services (TRS), Emergency and Speciality Medicine (ESM), Children's and Abdominal, Medicine and Surgery (AMS). Three of these CSUs exited the programme during the reporting period of this paper. The second cohort (KPO2) began the programme in May 2021 and included Women's, Cardio-Respiratory and Neurosciences CSUs. AMS have remained in the CIP since it began, to enable access to continuing support to reach a position where a sustained improvement has been achieved.

All CSUs in KPO1 and KPO2 have identified process changes which they have tested and embedded to support improved complaints management. Learning was shared across all teams during the complaints conference and during CIP support meetings.

The Board were updated in July 2021 on the process changes that have been introduced by CSUs as a result of the CIP. All future cohorts of CSUs entering the programme will be expected to embed the processes that earlier CSUs have identified in improving the timeliness and quality of complaints.

Data and updates have been presented at Report Out throughout the CIP, with reporting against the following key performance indicators (KPI) monitoring progress:

- Lead Time (median average number of hours experienced by a complainant in the whole process, from receipt of complaint to response posted out);
- Defect Data (the % of responses re-opened where the CSU has an influence on the reason for re-opening the complaint)

Appendix 3 demonstrates improvements in both KPIs for all CSUs in KPO1. In addition, it shows an overall improvement across the Trust in both KPIs, when comparing the 14 months before the CIP was implemented, to the 14 months since implementation.

Evidence of overall improvement is further supported by the scatter graph in Appendix 4, which shows a narrowing of the range of complaint response times and a reduction in the upper range of time to close complaints.

Although individual CSU scatter graphs are not included in this paper, they all show improvement and are presented to Trust Board through the Integrated Quality and Performance Report.

A launch of the third cohort of the programme (KPO3) is planned for Q4 2022 and will include the Oncology, Chapel Allerton Hospital, Head and Neck, Leeds Dental Institute and Adult Critical Care CSUs.

c) Complaints training programme

A Complaints Training programme has been developed in collaboration with an external company (AKD) and has been funded by the Nursing Continuing Professional Development Fund. This training programme includes sessions on Mediation Skills, Investigation Skills, Response Writing and a Masterclass to support staff involved in the CIP to learn about complaint management. The first Mediation Skills session was held on 19 October 2021 and to date, 35 members of staff have attended the training sessions.

Additionally, a competency framework, which includes the requirement to understand and respond to the key themes arising from complaints, has been developed for staff whose role predominantly involves complaint management. The aim is to implement this by June 2022 across all CSUs who have participated in the CIP. Achievement of the required competencies will be supported by attendance at the complaints training programme and also by accessing training modules already available through Organisation Learning, including Communicating Effectively, Managing Honest Conversations, Leading Positive Patient Experience and Delivering Positive Patient Experience.

Following an early evaluation of the complaints training programme, dedicated sessions for senior doctors are likely to be offered in 2022, due to a demand from medical staff to attend the training.

d) Complaints coaching programme

A complaints coaching programme has been implemented. Different approaches to delivery of this were tested as part of the CIP, using a PDSA cycle. Sessions can now easily be replicated and adapted for different staff groups. The main focus is on

response writing and sessions can be delivered with minimal notice. To date, 20 coaching sessions have been delivered by the Complaints Management Team to 190 staff.

e) Assurance of complaints processes, complaint themes, learning and improving practice

The Complaints and PALS Annual Report 2021 included an action to strengthen assurance processes, particularly relating to themes arising from complaints and how these are addressed. In response, a Patient Experience Assurance Programme (PEAP) is in development, which aims to commence in Q1 2022-23. As part of this, it is proposed CSUs will present a bi-annual update to the Trust Patient Experience Sub-Group describing actions they are progressing to address their key areas of patient experience risk. Identification of risks will be supported by a dashboard of metrics, which will include themes arising from complaints and PALS. The proposal to introduce this new process is planned to be tabled at a Trust Heads of Nursing meeting in Q4 2021-22.

In addition, work continues, as part of the CIP, to support CSUs to record actions arising from individual complaints in Datix. It has been proposed that this will be an area of focus for the KPO3 CSUs to work on, so that learning on how to do this well can be shared more widely going forward.

The most common themes / subjects from complaints in Q1 and Q2 2021/22 can be seen in Appendix 5 and are in common with findings in Q3 and Q4 2020/2021.

Some recent examples of actions arising from learning that have taken place following complaints include:

- the Frailty Unit now ensure that all patients leave with an EDAN, doctors are aware of the requirement to support this activity and posters for staff have been developed to promote this within the unit;
- a Trust Deaf and Hard of Hearing Action Group has been established, supported by the Patient Experience team, to address the challenges facing deaf and hard of hearing patients that have been raised in complaints and through other routes of feedback. The Patient Experience team created a [video](#) in response which contains comments from patients and has assisted in informing the aims of the group. <https://www.leedsth.nhs.uk/patients-visitors/patient-and-visitor-information/patient-experience/deaf-community/>
- further examples can be found on the [Actions Taken from Complaints](#) web page.

f) Intranet and internet development

The complaints intranet page ([Complaints Homepage — LTH Web \(leedsth.nhs.uk\)](#)) has been continuously developed in the past six months to provide a range of

resources relating to the complaints process and response writing and is promoted during the coaching sessions to CSUs. The complaints internet page ([PALS and Complaints \(leadsth.nhs.uk\)](https://pals.leadsth.nhs.uk)) has also been developed in the last six months and now includes a new page to demonstrate actions and learning from complaints to the public.

A new Complaints Action Plan is in development for 2022/23. This will be reviewed at PESG and will be presented at Trust Board as part of the Complaints and PALS Annual Report (2022).

3. COMPLAINTS ACTIVITY

Complaints activity is reported to PESG every six months and through the IQPR where complaints management is monitored against elements of the Complaints Policy and the performance of CSUs involved in the CIP. Headlines include;

- the Trust received 304 complaints for Q1 and Q2 2021/22, an increase of four compared to 2020/21 Q3 and Q4 (300). Appendix 6 shows the number of complaints received per month;
- the average rate of complaints received for Q1 and Q2 2021/22 was 2.35 per 10,000 patient contacts, 0.33 less than in Q3 and Q4 2020/21, which is a 14% decrease;
- all complaints received during Q1 and Q2 2021/22 were acknowledged within three working days of receipt, meeting the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009;
- the Trust re-opened 72 complaints, six fewer than in Q3 and Q4 2020/21. Appendix 7 shows the reasons for complaints re-opening together with defect data categories highlighted in green, demonstrating continued improvement;
- there were 13 red risk rated complaints received, an increase of one compared to Q3 and Q4 2020/21;
- there were two complaints made by an MP during 2020/21, compared with one in Q3 and Q4 2020/21;
- 100% of complaints received in Q1 and Q2 2020/21 were risk scored upon receipt;
- at the end of Q1 and Q2 2021/22 there were 194 open complaints with 10 complaints open more than six months, compared to 170 complaints open with none open more than six months at the end of Q3 and Q4 2020/21;
- the number of complaint responses sent within 40 working days in Q3 and Q4 2020/21 was 15%, compared to 19% in Q1 and Q2 2021/22. Appendix 8 shows the complaint response times for 20, 40 and 60 working days in each month from Q3 2020/21 to Q2 2021/22.

4. PALS ACTIVITY

In Q1 and Q2 2021/22, the PALS team received 2328 PALS concerns (Appendix 9).

Appendix 10 shows the cumulative number of PALS concerns logged against last year's comparable period. At the start of the year the numbers remained low due to some services being restricted as a result of Covid. However, as activity increases

and the public perception is that the NHS is returning to 'normal', the numbers continue to rise and are still rising, in line with those seen in 2019/20.

In Q1/Q2 617 concerns were resolved by the PALS team on the day of initial contact, negating the need to involve CSUs. This figure remains stable.

In August 2021, a new Datix code was added to capture an increasing number of contacts which PALS have been receiving for other organisations. There have always been a small number of these received into the department but the sudden increase during this period was found to relate to primary care services incorrectly directing patients to the Trust PALS service, for any concerns raised that did not relate to their practices. Action was taken to rectify the problem by highlighting to GP practices that primary care services have their own PALS service they can direct patients to. Since this intervention, numbers have reduced.

There has been a decrease in the number of compliments received into the department from 276 in Q3/Q4 2020/21, to 214 in Q1/Q2 2021/22. This represents a 28% decrease. Compliments are shared with individual CSUs and also with the Communications team when they highlight cases of exceptional care and compassion.

a) Top ten PALS sub-subjects

The top three subjects arising from PALS in Q1 and Q2 2021/22 were communication, administration/access/admission/discharge/transfer and treatment. PALS themes are however further reported as sub-subjects to enable accurate identification of the issues involved that are causing greatest concern to people using the service. Sub-subjects are outlined in Appendix 11 and compare the top ten in Q1/Q2 2021/22 to the top ten in Q3 and Q4 2020/21.

The top sub-subject for Q1/Q2 2021/22 continues to be waiting list time for out-patients, and is rising, showing an increase of 16.4% compared to Q3/Q4 2020/21. There has also been a significant increase in concerns relating to delays in treatment and procedures during this period, which have risen by 27%. This is now the second top PALS sub-subject.

The Volunteering team has been successful in obtaining NHSE/I funding through the 'Winter Volunteering Recovery Fund' to consider ways in which they can support patients during their wait for surgical procedures. A plan has been agreed for the team to work within the 'Shape Up for Surgery' project to test an approach to achieving this, which it is anticipated will improve the experience of patients and help to reduce the numbers of PALS concerns raised.

There has been an increase in the number of PALS relating to attitude of nursing staff, which is the third most common sub-subject in Q1 and Q2 2021/22. The frequency with which nursing staff attitude is cited in PALS concerns has risen by 19.5% when compared with the previous six month period (196 concerns compared to 164 in Q3 and Q4 2020/21). The number of concerns relating to nursing staff attitude has steadily increased during each successive reporting period throughout the pandemic. A significant number of concerns in this category relate to patients

and visitors being asked to comply with COVID restrictions, for example, staff requests to relatives not to accompany patients on hospital premises, or requests to wear masks. Higher numbers of these concerns are reported in relation to Trust Emergency Departments, where restrictions are likely to require more frequent enforcement due to the number of patients cared for. The Trust Emergency Departments currently have an action plan in place to address areas of experience which require focus and have been raised by patients as a concern. The plan was reported to QSAG on 16 December 2021, with the discussion supported by the Head of Nursing for the departments and the Head of Patient Experience. During the discussion it was confirmed that four new CSWs have been appointed to improve the support available for patients and that staffing is back up to expected establishment levels, following a significant period of vacancies. It is expected that greater availability of staff will support the provision of better conversations with patients and their families and reduce distress.

The number of concerns raised about communication with relatives regarding diagnosis/condition remains high but has now dropped out of the top five sub-subjects. This may be in response to a Standard Operating Procedure (SOP) which was developed to guide staff on how to communicate with relatives during restricted visiting. When concerns about poor communication with relatives are received about wards, the PALS service now sends a copy of the SOP with the PALS notification.

The number of concerns about loss of property has also reduced from Q3/Q4 2020/21 and no longer features in the top ten PALS themes. This reduction, in part, may reflect work undertaken by the PALS service to raise the profile of this issue directly with CSUs and to improve the information made available to them about reported lost property. An internal audit of the Trust Property and Valuables Policy has been completed and reported to the Audit Committee on 2 December 2021. An action plan has subsequently been developed, with all actions to be completed by the end of May 2022.

b) PALS improvements/developments

The PALS team current activity is now at pre-pandemic levels and the team continue to look for ways in which they can support operational teams by reducing the number of PALS escalated to CSU colleagues. The service has improved its recording of concerns which cite themes relating to discrimination. Early indications are that the new recording method is picking up around four times the number of concerns citing discrimination as a theme than were identified before the data fields were changed. The type of discrimination is also captured and includes discrimination on the grounds of mental health and discrimination due to lifestyle choices, as well as the usual nine protected characteristics. Analysis of discrimination themes is carried out six monthly and reported to the Equality and Diversity (patients) Steering Group.

The PALS service recognises that further work is needed to obtain assurance from CSUs that actions are taking place in response to concerns raised. Some CSUs provide detailed accounts of resolutions and outline actions taken but practice is not consistent across all CSUs and specialties. A new proposal to improve CSU assurance reporting at PESG in relation to actions taken to address PALS themes is expected to support improvements in this area.

The PALS team have created several new training resources, including one on self-closure for managers and further information on how the PALS process works. These have been added to the intranet for staff to easily access. During the pandemic restrictions the PALS team have continued to provide bespoke training virtually to operational teams on an ad hoc basis.

The PALS team production board has been reviewed and reconfigured, so that the emphasis is on PALS concerns which are currently open and overdue. This information is visible at a CSU level so that services struggling to respond in a timely manner are identified quickly, with support then offered by either the PALS Manager or the PALS officer responsible for that service.

5. FORWARD PLAN

The plans for 2022 include:

- the continuation of the Complaints Improvement Programme, including the training and coaching programme;
- the implementation of the CSU PEAP;
- supporting the role of medics in complaint management, including delivery of a bespoke training programme;
- exploring the implementation of an independent complaints review panel to provide oversight of the management of complaints, based on a regular review of a percentage of complaints;
- development and implementation of a Complaints Action Plan (2022-23);
- delivery of an internal complaints audit by Price Waterhouse Cooper (PwC);
- actions have been taken to address themes arising from PALS and complaints.

6. RISK

The Patient Experience Sub-Group provides oversight of the Trust's PALS and Complaints activities contributing to the well-led development and preparations for future inspection. There was no material change to the risk appetite statement related to the level 2 risk categories and the Trust continues to operate within the risk appetite for the level 1 risk categories (clinical and external risk) set by the Board.

7. RECOMMENDATIONS

This paper is presented for assurance. Trust Board are asked to receive the report.

Krystina Kozlowska
Head of Nursing, Patient Experience
13 January 2022

Appendix 1 - Complaints Action Plan and Impact Assessment (2/11/21 V1)

Improvement Area	Action	Lead(s)	Target Completion Date	Evidence/Assurance	Current Impact
Complaint process review	Undertake a review of the complaints process, to remove inefficient stages, improve timeliness using LIM/lean methods relating to complaint Investigation, QA review, risk management review, Executive Director sign off and oversight of complaints	Helen Rolle, Kaizen Lead John White, Lead Nurse, Patient Experience Team	31 December 2020	Revised Complaints Process Kaizen Event taken place	Demonstrable reduction in lead time and defect data (Appendix 3) CIP remains in progress and included in 2022 Action Plan
Complaints policy	Review Complaints policy, focusing on language, terminology, learning from complaints, risk stratification, accessibility and links to duty of candour/risk management	John White, Lead Nurse, Patient Experience Team Dawn Preston, Complaints Manager	30 October 2020	Revised Complaints Policy	Located on Trust website Planned PwC Complaint audit in Q4 2021/22 will provide assurance on successful implementation of new elements of the policy

<p>Complaint response times</p>	<p>Revise the local standard for complaint response times. Implement a risk stratified standard, based on number of issues/services involved and complexity</p> <p>Share the risk stratified standards with CSUs and corporate teams</p>	<p>John White, Lead Nurse, Patient Experience Team</p> <p>Dawn Preston, Complaints Manager</p>	<p>30 September 2020</p>	<p>Complaint Response Framework to define 20 / 40 / 60 day response</p> <p>Communication to CSUs and corporate teams</p>	<p>Overall average lead times show gradual improvement (Appendix 3)</p> <p>Achievement of 20,40,60 day response times requires further work with variation in response times seen in Appendix 8</p>
<p>Complaint Quality Assurance (QA) review process</p>	<p>a. Review QA process, focusing on the role of the Head of Nursing, QA buddy and Complaint Handler, reduce re-work through lean methods</p> <p>b. Review timescales for completing QA reviews to improve response times</p>	<p>Krystina Kozłowska, Head of Patient Experience</p> <p>John White, Lead Nurse, Patient Experience Team</p>	<p>30 September 2020</p> <p>30 September 2020</p>	<p>Reviewed QA process within policy</p> <p>Timescales reviewed to improve response times within policy</p>	<p>Demonstrable reduction in defect data Appendix 3 and 7</p>

<p>Head of Nursing role</p>	<p>a. Introduce a process for monitoring Head of Nursing oversight and review of complaints before sign off</p> <p>b. Review Head of Nursing sign off process for escalation</p>	<p>Helen Christodoulides, Deputy Chief Nurse</p> <p>Krystina Kozlowska - Head of Patient Experience</p>	<p>30 September 2020</p> <p>30 November 2020</p>	<p>Reviewed process within Complaints Policy</p> <p>Reviewed sign off escalation process</p> <p>Quality and Safety Review meetings with Chief Nurse</p>	<p>This has improved in some CSUs and work is on-going</p> <p>Embedding this practice is one aspect of the requirements of the CIP</p>
<p>Medical Oversight of Complaints</p>	<p>a. Review the role of doctors, including Clinical Directors and Lead Clinicians in the investigation, oversight and management of complaints</p> <p>b. Review the role of risk management and medical oversight of complaints in the QA process</p>	<p>John Adams - Associate Medical Director</p> <p>John White - Lead Nurse for Patient Experience</p>	<p>30 November 2020</p>	<p>Review of medical oversight</p> <p>Communication to Clinical Directors and Lead Clinicians</p>	<p>This has improved in some CSUs involved in the CIP and work is on-going</p> <p>Identifying strategies to encourage involvement is one aspect of the requirements of the CIP</p>

<p>Reducing re-opened complaint numbers</p>	<p>a. Review opportunities to reduce the number of reopened complaints, including how both the complaints team and CSUs contribute to this</p> <p>b. Focus on learning from complaints reopened due to 'disputed information in previous response', incomplete response' and 'poor previous response', review process for providing feedback to CSUs and QA buddies</p>	<p>John White, Lead Nurse, Patient Experience Team</p> <p>Dawn Preston, Complaints Manager</p>	<p>30 November 2020</p>	<p>Evidence of reducing the rate of re-opened complaints</p> <p>Quality and Safety Review meetings with Chief Nurse</p>	<p>Newly published re-opened complaint framework</p> <p>Demonstrable reduction in defect data Appendix 3 and 7</p>
<p>Resolution approaches</p>	<p>Update the options for achieving complaints resolution, including telephone call, recorded meeting and video call, building on the innovations introduced during COVID-19 response</p>	<p>Helen Rolle, Kaizen Lead</p> <p>John White, Lead Nurse, Patient Experience Team</p>	<p>30 September 2020</p>	<p>Reviewed process of resolution of complaints within Complaints Policy</p>	<p>Call to complainant is being embedded as part of the CIP, not yet enacted in all CSUs consistently</p> <p>Complaints Action Plan 2022 will include guidance on hosting virtual meetings as in</p>

					2020/21 there were 34 meetings out of 990 complaints closed = 3.4%
Risk assessment – complaints and incidents	Review risk grading (RAG) in line with risk stratified standard, in conjunction with risk management team, including clarifying where duty of candour applies	Anne-Marie Walsh, Risk Management Dawn Preston, Complaints Manager	30 September 2020	Complaint Response Framework to define risk grading	Strengthened process contained in new Policy
Learning from COVID-19 pandemic	Identify key learning points from coronavirus pandemic response to improve efficiency and support to CSUs and implement these in practice	Jo Bickers, Deputy Complaints Manager	30 September 2020	Summary of key learning points from COVID-19 response	Complaints team implemented key learning from COVID and these are now standard practice Examples include - assisting CSUs to close their most complex complaints.

					<p>The Lead Nurse now attends CSU Complaint Huddles where there are concerns highlighted in Open Report to identify ways to assist;</p> <p>Band 5 Complaints Handlers assist CSUs in drafting responses for complex complaints</p>
CSU accountability	Revise process for performance management and CSU escalation where the response time standard is not being met, where complaint action plans are not delivered to timescales and/or where there is no evidence of quality improvement plans linking to	<p>Craig Brigg, Director of Quality</p> <p>Krystina Kozlowska - Head of Patient Experience</p>	31 October 2020	Evidence of a revised performance management process and escalation process through Quality Framework Reviews and	Development of a Patient Experience Assurance Programme is in progress and due to be delivered Q1 2022/23.

	themes raised in concerns			Quality and Safety Reviews with Chief Nurse	A programme of CSU Quality Framework and Nursing Quality and Safety reviews is in place with all CSUs and complaints are included as part of these
Complaints actions	Revise the process for identifying actions arising from complaints and the process for oversight at CSU level, including assurance that actions have been completed through reports to Board and committees	Lucy Atkin, Head of Quality Governance Krystina Kozłowska, Head of Patient Experience	30 November 2020	Revision of Quality Governance Framework	Thematic review undertaken with action plan to progress findings Development of a Patient Experience Assurance Programme is in progress and due to be delivered Q1 2022/23 via PESG

<p>CSU oversight</p>	<p>Review CSU and specialty Quality Assurance Framework, Perfect Ward, and associated Quality and Safety Visit programme prompts to promote focus on themes and learning from complaints</p>	<p>Sarah Johnson, Quality Governance Manager Stuart Pearson, Head of Nursing</p>	<p>31 December 2020</p>	<p>Revised quality assurance governance framework and Perfect Ward programme</p>	<p>A programme of CSU Quality Framework and Nursing Quality and Safety reviews is in place with all CSUs and complaints are included as part of these</p>
<p>Feedback</p>	<p>Review assurance reporting framework, focusing on learning from complaints, positive feedback and compliments</p>	<p>Lucy Atkin, Head of Quality Governance Krystina Kozłowska - Head of Patient Experience</p>	<p>30 November 2020</p>	<p>Revised Assurance Reporting Framework</p>	<p>Development of a Patient Experience Assurance Programme is in progress and due to be delivered Q1 2022/23 via PESG</p>
<p>Assurance reporting</p>	<p>a) Review assurance reporting to Board and sub-committees; link assurance narrative to plans for recovery, timescales; and</p>	<p>Lucy Atkin, Head of Quality Governance Krystina Kozłowska - Head of Patient Experience</p>	<p>30 November 2020</p>	<p>Revised Assurance Reporting Framework</p>	<p>Development of a Patient Experience Assurance Programme is in progress and due to be delivered Q1 2022/23</p>

	b) links to quality improvement programmes using LIM, including tackling recurrent issues such as communication and attitude of staff				
Complaints/PALS collaboration	<p>a) Review and clarify roles of Complaints/PALS teams and management arrangements</p> <p>b) Streamline processes to improve efficiency, improve complainant and CSU experience and avoid overlap</p>	<p>John White, Lead Nurse, Patient Experience Team</p> <p>Rosie Horsman, Lead Nurse, Patient Experience Team</p>	30 November 2020	Review undertaken of roles and management of PALS and Complaints teams	<p>Incorporated into the CIP, presented at Report Out and now standard practice</p> <p>Enhanced working relationships between teams</p> <p>Regular joint team meetings to support lean working</p>
Early resolution of PALS	Identify methods for the PALS team to support CSUs in achieving early resolution to less complex concerns, including reviewing the approach to direct participation in resolution to improve timeliness	<p>John White, Lead Nurse, Patient Experience Team</p> <p>Rosie Horsman, Lead Nurse, Patient</p>	30 September 2020	Review of Complaints Policy	<p>Average PALS response times is now regularly reported to CSUs</p> <p>PALS team continue to</p>

		Experience Team			<p>work closely with CSU teams to close PALS</p> <p>PALS team are currently limited in their ability to liaise directly with ward patients due to Covid restrictions</p>
18. Supporting relatives when someone has died	<p>Review opportunities to provide support to bereaved relatives which may escalate to a complaint</p> <p>Continue to oversee and monitor the 'Involving Families and Carers in Learning from Deaths' process, complaints thematic review and responses from families following receipt of a condolence card</p> <p>This evidence, monitoring and assurance will be provided through PESG</p>	<p>Helen Syme, Lead Nurse for Bereavement</p> <p>Elizabeth Rees, Lead Nurse for End of Life Care</p>	30 September 2020	Review of Complaints Policy	<p>Impact described in Bereavement assurance reports provided to PESG bi-annually.</p> <p>Medical Examiner Office is now operational and provides support to bereaved families that may have concerns</p>

Local resolution	Refresh and re-launch Listening to Our Patients (previously called Message to Matron/Speak to Sister) local resolution initiative	Rosie Horsman, Lead Nurse, Patient Experience Team	31 October 2020	Re-launch of Listening to Our Patients - due w/c 16 November 2020	Development of a Patient Experience Assurance Programme is in progress and due to be delivered Q1 2022/23 Reported PALS will be included as part of this
Redress payments	Review process for redress payments and Executive oversight, including links to NHS Resolution scheme	Anne-Marie Walsh, Risk Management	31 October 2020	Reviewed redress payments within Complaints Policy	The Complaints Policy clarifies that requests for redress that fall under NHS Resolution Schemes are not considered by the Trust but are forwarded on to NHSR
Protected	Review procedure for	Dawn Preston,	30 November	Reviewed	Patient

<p>characteristics</p>	<p>documentation, analysis, reporting and learning from complaints in relation to all protected characteristics</p>	<p>Complaints Manager</p> <p>Rosie Horsman, Lead Nurse for Patient Experience</p> <p>Emma Judge, Equality & Diversity Lead</p>	<p>2020</p>	<p>procedure within Complaints Policy</p>	<p>Experience Survey is in progress for PALS and Complaints - will report outcomes via PESG in 2022</p> <p>This topic is part of the patient Equality and Diversity (E&D) agenda and is incorporated into the Trust E&D Action Plan (patients), reported at PESG</p> <p>PALS, Complaints Managers and Lead Nurses meet every 3 months to discuss any actions required</p>
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					following analysis of data and reported to PESG
Language	Review procedure for communicating with patients in different languages/easy read format, taking into account Accessible Information Standard	Dawn Preston, Complaints Manager Rosie Horsman, Lead Nurse for Patient Experience Alison Conyers, Trust Lead Disabilities & Autism	31 January 2021	Reviewed procedure within Complaints Policy	Information on website added and updated
Board engagement	Review Board Leadership Walk Rounds, including prompts regarding learning from complaints to support the Board to engage with staff to identify improvements from complaints	Craig Brigg, Director of Quality	30 November 2020	Reports to Quality Assurance Committee and Trust Board	Improved ward to board oversight
Staff training	Refresh learning resources for staff, including complaint response template, writing a good response, guidance for QA; implement training programme taking into account requirements for social	John White, Lead Nurse, Patient Experience Team Dawn Preston,	31 December 2020	Revised guidance and implementation of training package	Coaching and Training programme implemented-add numbers of staff attended to

	distancing and remote working	Complaints Manager			date Demonstrable reduction in defect data Appendix 3 and 7
Information for the public	Add new Complaints Outcomes Page Update complaints website to demonstrate learning and improvement + accessible Policy and Reports	John White, Lead Nurse, Patient Experience Dawn Preston, Complaints Manager	31 December 2020	Redesigned Complaints website	New webpage to demonstrate learning from complaints - add number of hits here

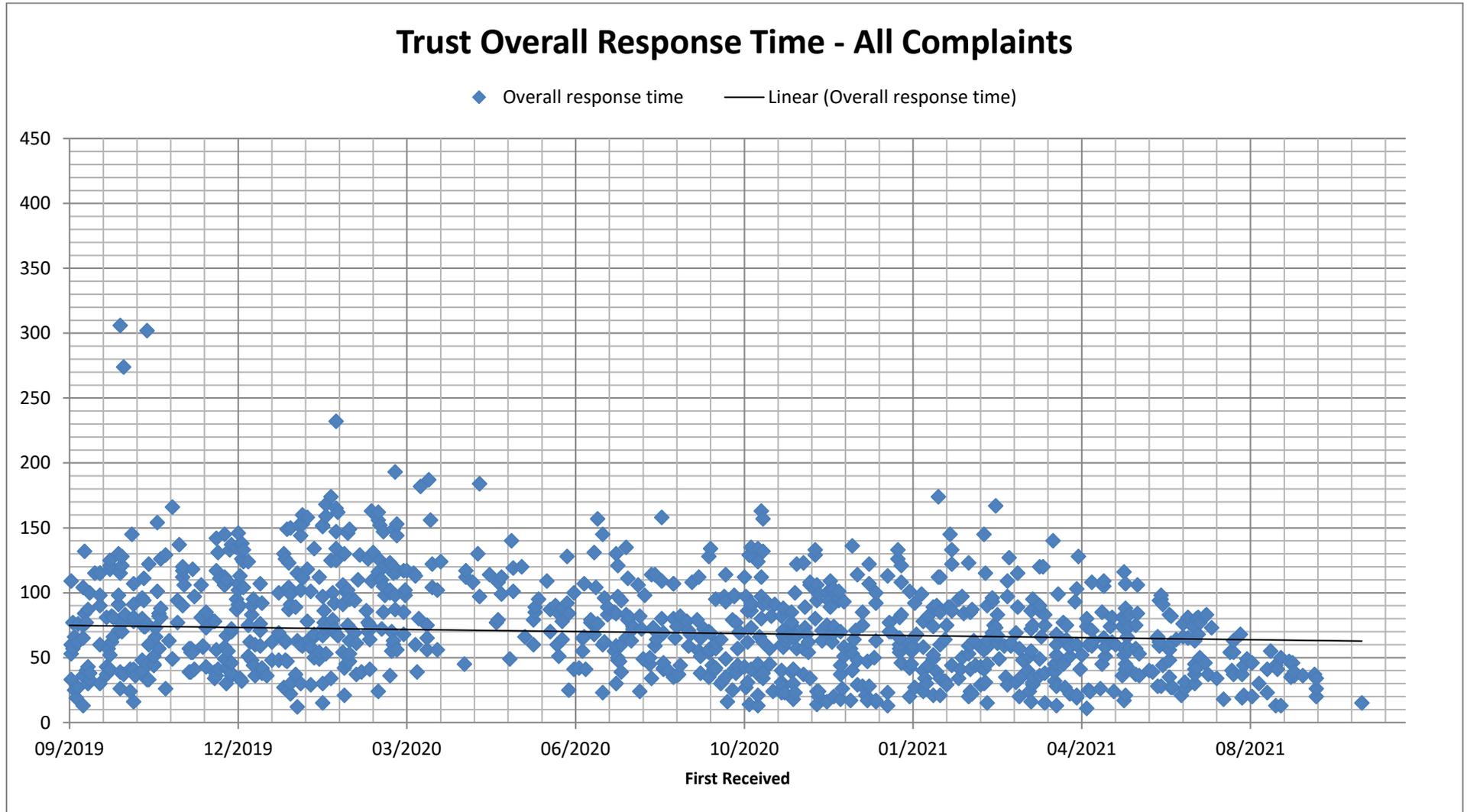
Appendix 2 - Complaints Conference

Time	Topic	Presented By
11:00	Welcome and scene setting	Lisa Grant, Chief Nurse
11:05	Opening remarks	Laura Stroud, Non-Executive Director
11:10	Parliamentary Health Service Ombudsman - Overview	Jo Power, PHSO Liaison Officer
11:40	The Complainant Experience	Tony Cronshaw, Patient Partner
12:05	Video Story - Complaints Experience	Penny Vine, Patient/Complainant
	Learning from Complaints	
12:10	ESM	Robin Darby, Head of Nursing
12:20	Radiology	Hayley Gibson, Lead Radiographer for Clinical Quality
12:30	AMS	Jane Mathews, Patient Experience Lead
12:40	Bereavement	Helen Syme, Bereavement Nurse Specialist and Elizabeth Rees, Lead Nurse for Palliative and End of Life Care
12:50	Neurosciences	Fiona Drummond, Matron for Neurosurgery, Spinal Surgery and Chronic Pain Emma Wright, Lead Nurse Quality, Patient Safety and Education
13:00	Closing remarks	Helen Christodoulides, Deputy Chief Nurse
Lunch		
13:30	Welcome - the importance of Complaints	Craig Brigg, Director of Quality
13:40	Role of Medical Staff in Complaints	John Adams, Medical Director for Governance and Risk
14:05	Improving the Complaint process and experience	Krystina Kozlowska, Head of Patient Experience John White, Lead Nurse for Patient Experience
14:10	Children's	Celia McKenzie, Head of Nursing
14:20	TRS	Donna Pearson, Head of Nursing
14:30	Women's	Rebecca Musgrave, acting Head of Midwifery/Deputy Head of Nursing Laura Walton, acting Deputy Head of Midwifery
14:40	Cardio-Respiratory	Andy Bennett, Deputy Head of Nursing
14:50	Response Writing	Akin Thomas, Founder and CEO of AKD Solutions
15:20	NHS Resolution	Ian Craig, Claims Manager Naomi Assame, Safety and Learning Lead (North)
15:50	Closing remarks	Craig Brigg, Director of Quality
Close		

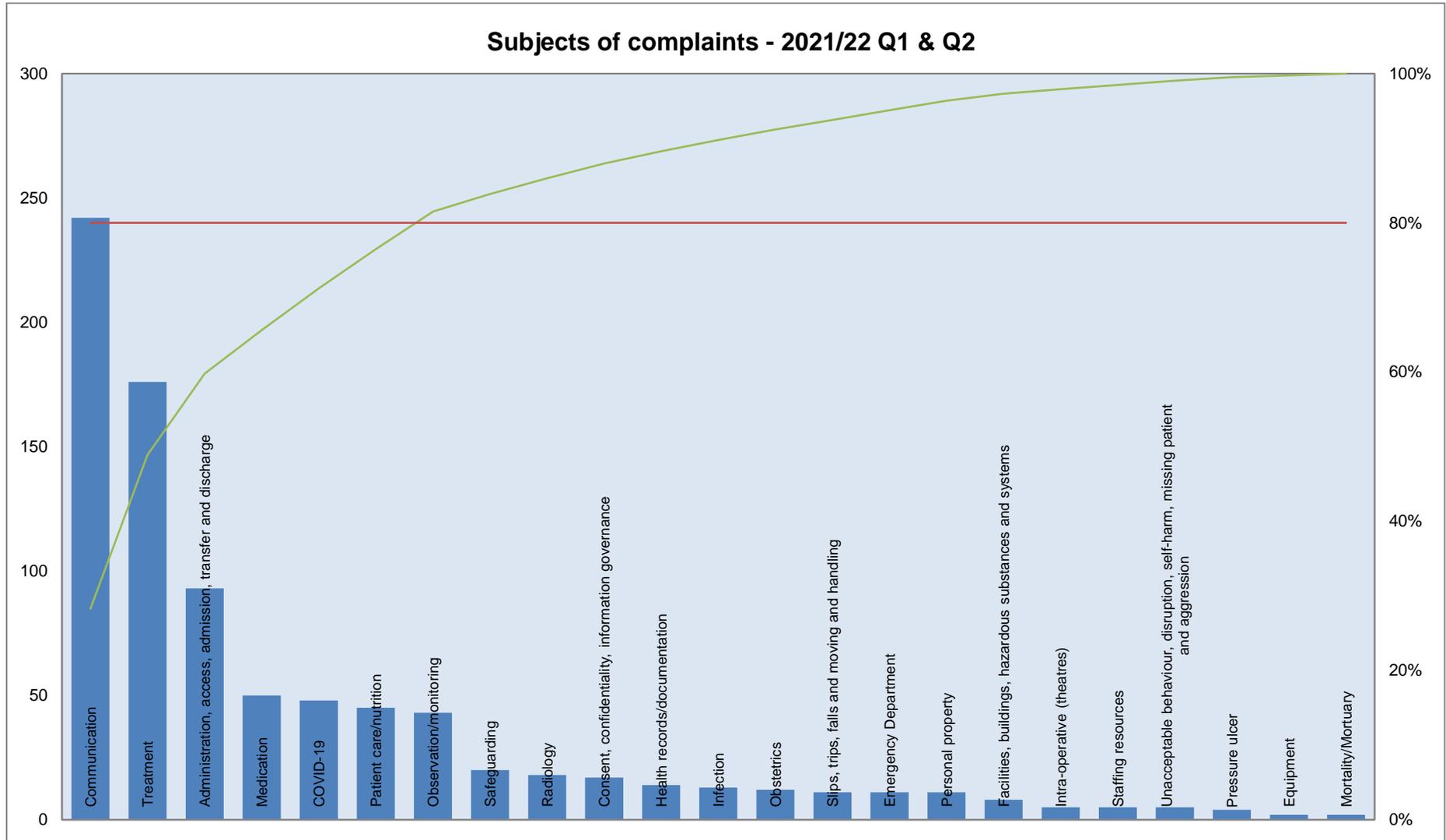
Appendix 3 - Key Performance Indicators reported for CSUs involved in KPO1 of the Complaints Improvement Programme, which commenced on 1 September 2020

	Baseline *Lead Time (1 July 19 – 1 Sept 20 - 14 months of data pre-CIP) *Lead time is the median average number of hours experienced by a complainant from Trust receipt of complaint to response posted out.	Current Lead Time (1 Sept 20 – 1 Nov 21 - 14 months of data post CIP) (% change)	Baseline *Defect Data (1 July 19 – 1 Sept 20 - 14 months of data pre-CIP) *Defect data is the % of responses re-opened where the Trust / CSU has an influence on the reason for re-opening.	Current Defect Data (1 Sept 20 – 1 Nov 21 - 14 months of data post CIP)
Overall Trust Performance	2808	2172 (33%)	45%	14%
Children's	1464	1032 (30%)	37%	25%
ESM	1248	948 (25%)	22%	8%
TRS	2088	1008 (52%)	33%	21%
AMS	1872	300 (84%)	24%	10%

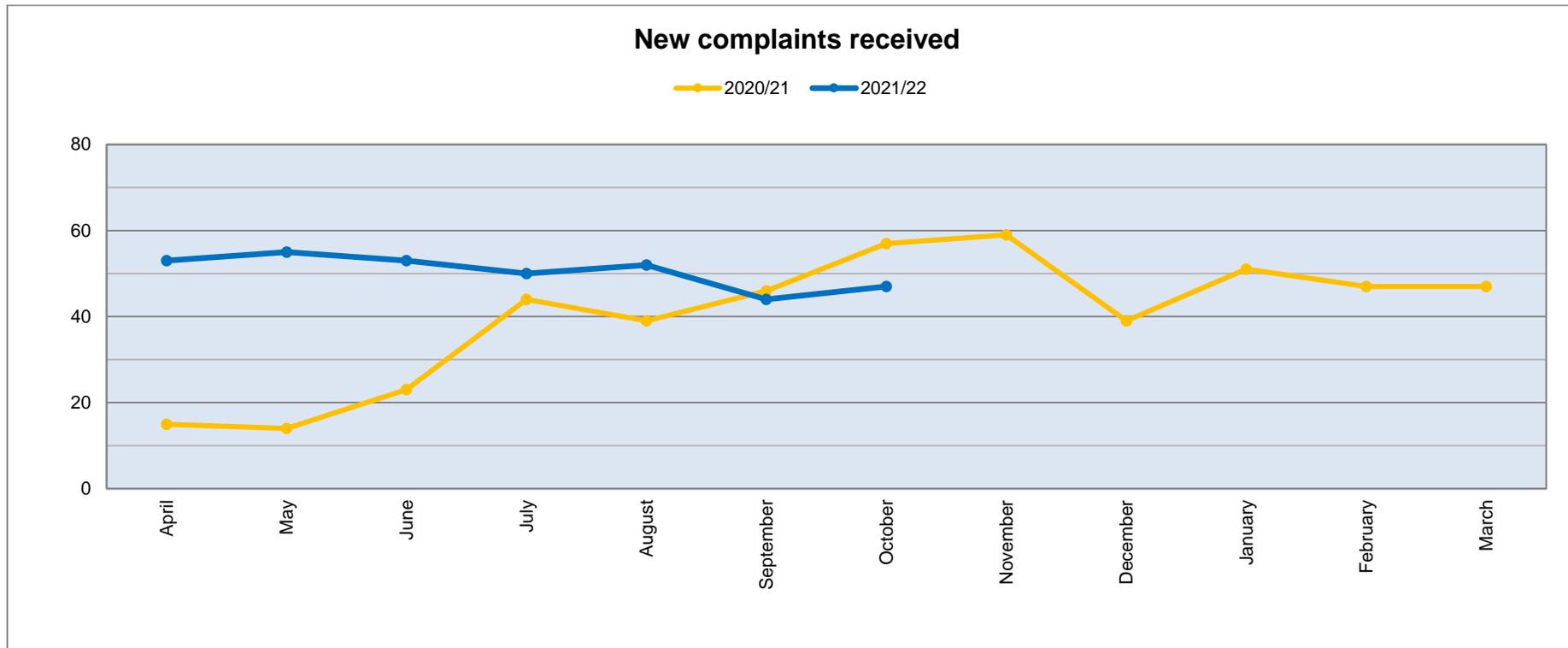
Appendix 4 - Days to close all complaints from date first received



Appendix 5 - Subject / themes from complaints



Appendix 6 - Complaints received per month

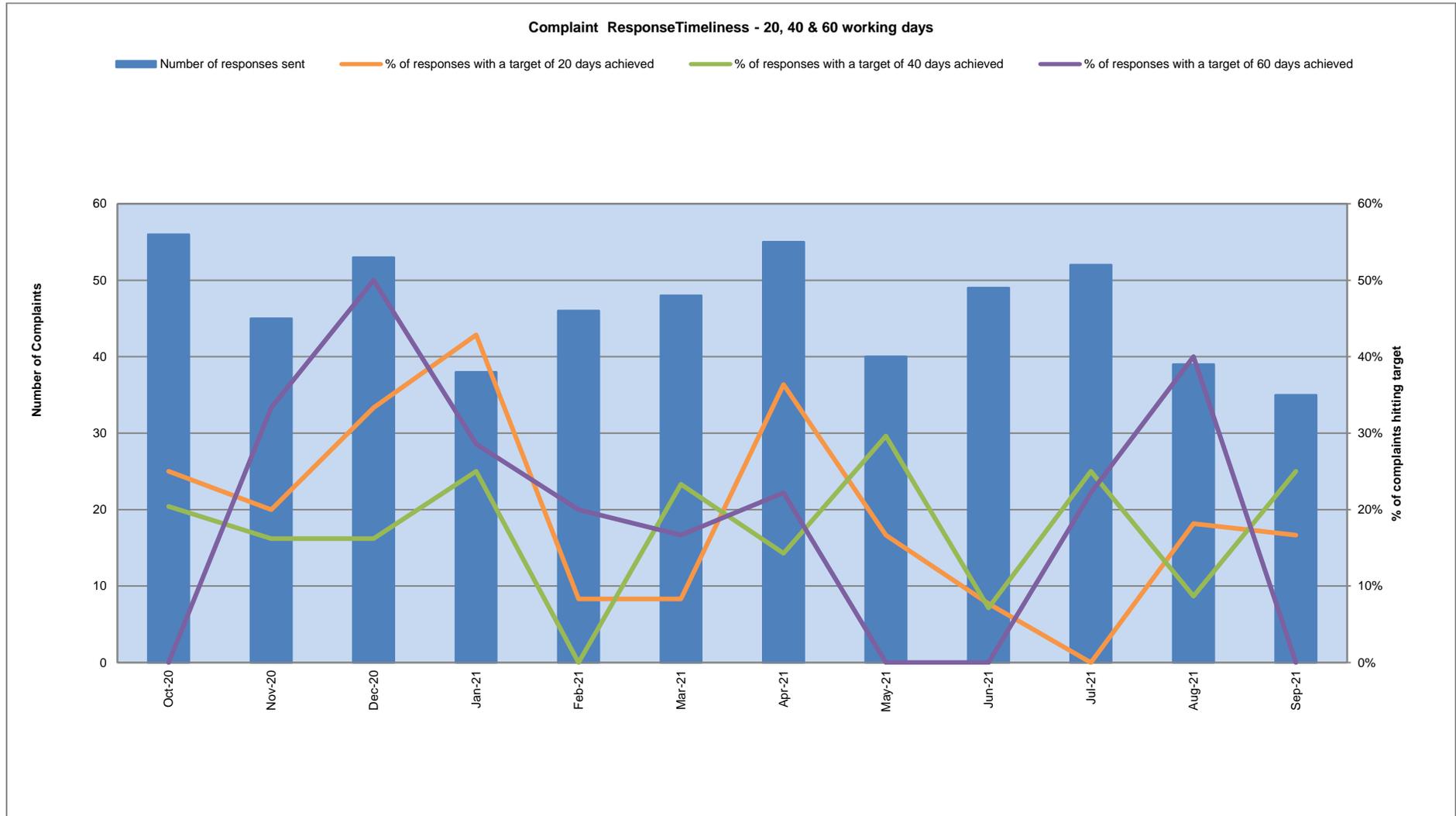


Appendix 7 - Reasons for Re-opened Complaints

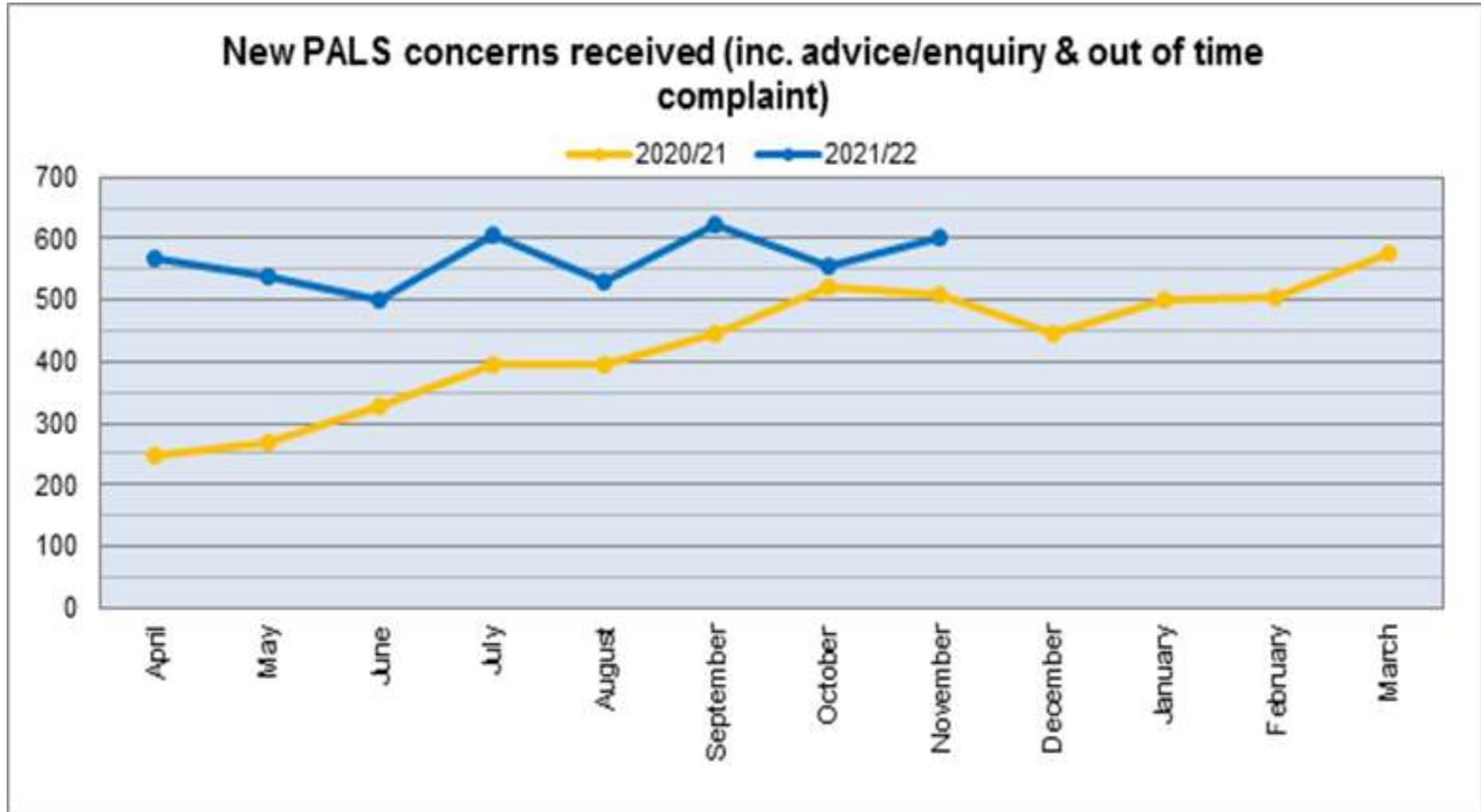
Reasons for re-opened complaints (each complaint may be re-opened for more than one reason)	2018/19	2019/20	2020/21	2021/22
Additional questions not covered in previous response	35	6	1	0
Compensation request	7	13	9	1
Copy of specific document requested	5	7	14	2
Disputed information in previous response	66	87	76	25
End of local resolution process	15	32	21	7
Factual errors in previous response	4	13	7	1
Incomplete previous response	23	32	22	1
Meeting requested	29	35	13	4
New questions	73	92	85	25
Response lacked detail, clarity or evidence of learning	5	17	9	0
Written summary of meeting recording requested	3	5	2	0

NB: Categories highlighted in green are those most likely to be within the influence of the Trust to prevent.

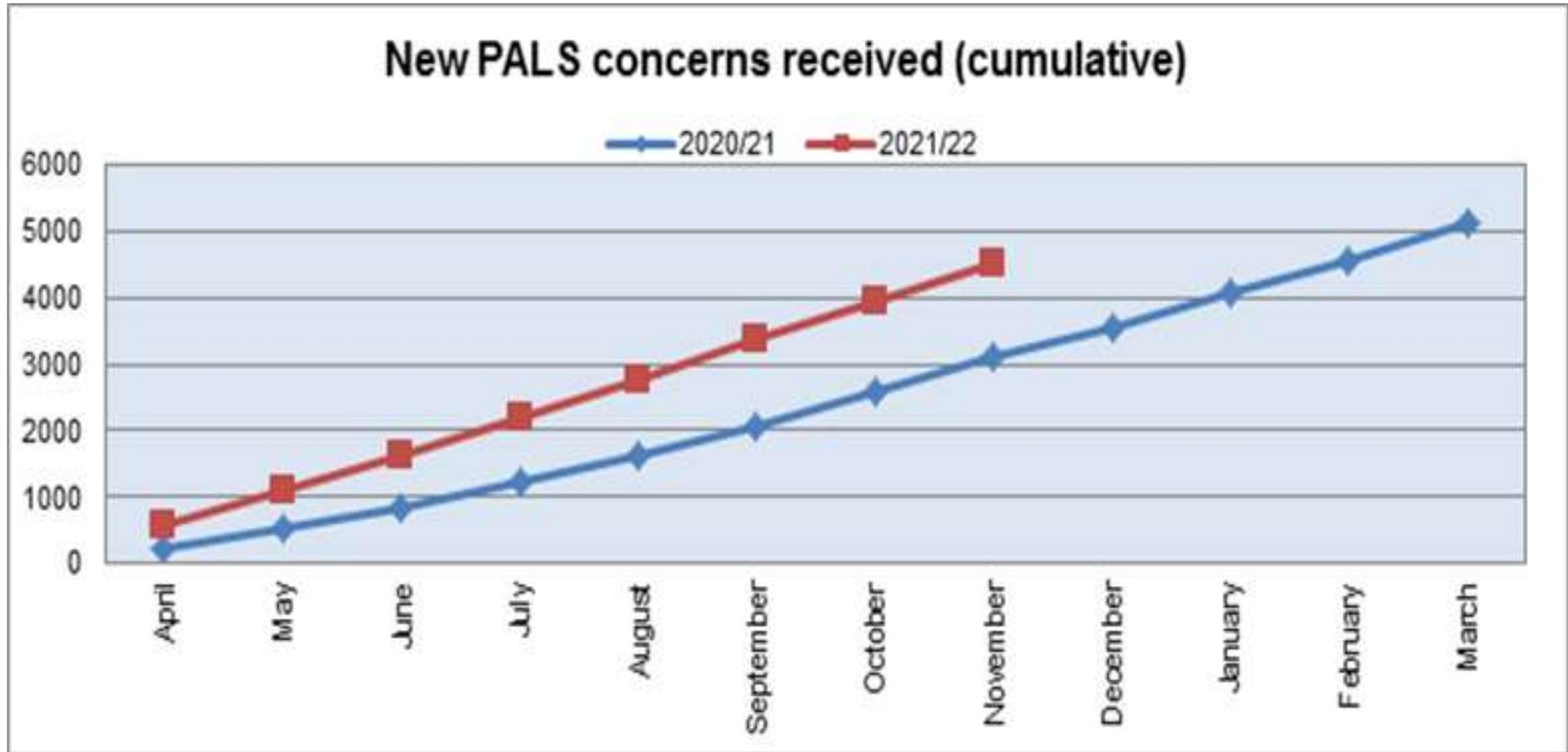
Appendix 8 - Complaint Response Times for 20, 40 and 60 working days



Appendix 9 - New PALS concerns received



Appendix 10 - New PALS concerns received (cumulative)



Appendix 11 - PALS sub-subjects

Q3/Q4 - 2020/21

Sub-subject	Number of occurrences
Waiting list time (outpatient)	298
Communication with relative regarding diagnosis/condition	193
Attitude of nursing staff	164
Delay/failure in treatment/procedure	158
Loss of belongings	140
Communication - difficulty contacting department	115
Communication - delay in giving information/results	114
Communication with patient regarding diagnosis/condition	109
Attitude of medical staff	95
Waiting list time (inpatient)	85

Agenda Item 12.4

Q1/Q2 - 2021/22

Sub-subject	Number of occurrences
Waiting list time (outpatient)	347
Delay/failure in treatment/procedure	201
Attitude of nursing staff	196
Waiting list time (inpatient)	147
Communication with relative regarding diagnosis/condition	146
Communication - delay in giving information/results	141
Communication - difficulty contacting department	133
Communication with patient regarding diagnosis/condition	122
Communication with patient regarding future treatment plan/care	119
Attitude of medical staff	113