

## Complaints Six Monthly Update

### Trust Board

28 March 2024

<b>Presented for:</b>	Assurance
<b>Presented by:</b>	Rabina Tindale, Chief Nurse
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<b>Previous Committees:</b>	Patient Experience Sub-Group 9 January 2024 Quality Assurance Committee 22 February 2024

<b>Our Annual Commitments for 2023/24 are:</b>	
Effectively develop and deploy new assets (buildings, equipment, IT)	
Reduce healthcare associated infections	✓
Improve staff retention	
Deliver the financial plan	
Reduce average length of stay by 0.5 days per patient	✓
Achieve the Access Targets for Patients	✓
Support a culture of research	

<b>Risk Appetite Framework</b>				
<b>Level 1 Risk</b>	<b>(✓)</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
Workforce Risk				
Operational Risk				
Clinical Risk	✓	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Moving Towards
Financial Risk				
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

<b>Key points</b>	
The 2022-24 Complaints Action Plan and Complaints Improvement Programme are almost completed.	Assurance
There have been notable improvements in quality of complaint responses, however improvements in timeliness have not been as marked as expected and Trust internal targets are not being met.	Information
Actions taken to respond to this and implemented in September 2023 are showing positive early results.	Assurance
A revised Complaints Action Plan will be developed for 2024-26.	Assurance
Good progress is being seen in reducing the number of PALS escalated to complaints. The revised Complaints Action Plan will include actions to address PALS concerns that are open for prolonged periods.	Assurance

## **1. EXECUTIVE SUMMARY**

### **1.1 Background**

- The number of complaints received in Q1 and Q2 2023/24 is comparable to the number received in the same reporting period in 2022/23.
- The chief nurse is planning to oversee a full review of the existing complaints management processes, including existing policies and agreed time frames, the full impact of the existing improvement programme, and our approach to learning from complaints.

### **1.2 Complaints Improvement Programme**

- The final phase of the Complaints Improvement Programme (CIP) is due to complete on 31 March 2024. On completion, all CSUs and departments involved in complaints will have taken part.
- All services involved in the CIP have had access to dedicated support from the complaints senior leadership team and have had access to complaints training, including training on mediation skills and complaint response writing.
- There has been improvement in complaint response timeliness since the CIP began. Despite positive progress, internal complaint response time targets continue not to be met.

### **1.3 Complaint response times and changes to the review pathway**

- A new process for quality assuring single CSU complaints was introduced in September 2023. Early indications are showing this is having a positive impact on complaint response timeliness. Phase 2 of this work was agreed at the Heads of Nursing meeting in January 2024. For a further three months CSUs will continue to be supported towards achieving earned autonomy for quality assuring their own

single CSU complaint responses. Following this, work will take place to extend this process to include multi-CSU complaints.

- Performance against the national complaint response standard (six months) has consistently been above the Trust's internal target of 80% since October 2020. CSUs are not performance managed against this standard and this will be rectified through the Patient Experience Assurance Programme from April 2024.

#### **1.4 Assurance on complaint themes, learning and improving practice**

- The complaint sub-theme of 'communication failure within department' has been identified as a special cause variation of a concerning nature. Work will be taken forward to understand the nature of these complaints in more detail and to identify opportunities for learning / improvement.

#### **1.5 Complaints data**

- Following on from a previous report indicating that the average number of open complaints had seen a special cause of increasing concern, the first six months of 2023/24 has seen a significantly improving trend in the average number of open complaints with a month-on-month reduction in numbers.
- The number of complaint resolution meetings being held is gradually increasing. Following the introduction of a new process in September 2024, complaints resolved via a meeting are now excluded from the 20,40,60 internal complaint response time targets, however CSUs are expected to provide a meeting summary letter within five working days of a meeting being held. The performance data on this internal target is in its infancy and requires further time to mature before impact can be assessed.

#### **1.6 Complainant feedback**

- The PALS team have been successful in increasing the quantity of feedback captured from users of the service. The complaints team still have work to do in this area and are reintroducing postal surveys with self-addressed envelopes to support this.

#### **1.7 Equality and diversity**

- The picture in relation to the number of concerns raised which describe discrimination is an improving one. In Q1 and Q2 2023/24 there were 49 concerns received which related to discrimination, 49 less than in the previous six months. Concerns raised of this nature predominantly report discrimination related to disability, followed by race. CSUs receive this data directly to be able to affect change and it is also monitored through the Patient Experience Assurance Programme.
- Recently, work has been undertaken to match PALS users against the latest available IMD postcode dataset. This information will be helpful to understand where experience of groups may differ and to review whether all groups feel confident to utilise the PALS service. Both will inform service learning and future direction.
- A pilot has taking place of a new Independent Complaint Review Panel, which is supported by Trust Partners. It is intended that the panel is developed to include an approach to identify potential equality issues in complaint management.

#### **1.8 PALS data**

- The number of PALS concerns received in Q1 and Q2 2023/24 is 233 less than in the previous six-month period.
- Performance is above 80% for CSUs to contact users of the PALS service within two days of raising a concern and is being maintained.
- Performance is consistently below the 14-day target to resolve PALS concerns.

### **1.9 PALS themes**

- There has been a significant increase in the PALS concerns reported which relate to an appointment or cancellation letter not being received and to staff not listening.
- Staff not listening is a sub-category of coding falling under 'staff interaction' and this subject is reported frequently in both PALS and complaints. Further work will take place with the HR / OD team to understand how this data can support existing workstreams that aim to assist CSUs to address staff behaviours and civility.
- There has been a significant reduction in the monthly variation of PALS concerns reported in relation to waiting list time (inpatient), communication with patient – unclear written information and communication with relative regarding end-of-life care / after death.

### **1.10 PALS improvements/developments**

- The PALS team improvement focus has been on reducing the number of PALS that escalate to complaints. Early data indicates they have been successful in achieving this.

## **2. FORWARD PLAN**

The plan for 2024/25 includes:

- Continuing to review the complaints QA process and to work towards extending this to include multi-CSU complaints.
- Improving time taken to arrange complaint meetings and to complete meeting summary letters within 5 days.
- Monitoring CSU performance in responding to complaints within 6 months
- Improving consistency in the acknowledgement of complaints within 3 days of receipt
- Continuing to work on reducing PALS escalations to complaints
- Focussing on the management of PALS which are not closed down by CSUs and remain open for long periods
- Focussing on responding to the findings of the complaints and PALS user surveys
- Establishing the independent complaints panel
- Undertaking further analysis to understand concerning trends in complaint / PALS themes to inform direction.
- Continue to liaise with HR / OL on staff interaction data collected and how this can inform service improvement and staff development / management

These actions will be included in a revised complaints action plan from April 2024.

## **3. PUBLICATION UNDER THE FREEDOM OF INFORMATION ACT**

This paper has been made available under the Freedom of Information Act 2000.

## **4. RISK**

The Patient Experience Sub-Group (PESG) 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.

## **5. RECOMMENDATIONS**

The Trust Board are asked to receive the report and be assured on the actions that are being taken to improve the experience and response to complaints.

**Krystina Kozłowska**  
**Head of Nursing, Patient Experience**  
**19/03/24**

