

Date of meeting	17 July 2018
Paper number	I2

Complaints and PALS Annual Report 2017/18

For approval:	<input checked="" type="checkbox"/>	For assurance:	<input type="checkbox"/>	To note:	<input type="checkbox"/>
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Accountable Director	Vicky Morris, Chief Nursing Officer		
Presented by	Jackie Edwards, Deputy Chief Nurse	Author /s	Sonia Lloyd, clinical risk and governance lead

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	<input checked="" type="checkbox"/>	Design healthcare around the needs of our patients, with our partners	<input checked="" type="checkbox"/>	Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business			

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability		Operational Performance		Quality of Care	<input checked="" type="checkbox"/>
Finance and use of resources		Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
Clinical Governance Group (CGG)	3/7/18	Noted
Quality Governance Group (QGC)	21/6/18	Approved

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF number(s)	R1.1
Assurance in respect of: process/outcome/other (<i>please detail</i>) Improved complaints management performance demonstrated in Quarter 4 achieving KPI.			
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input checked="" type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Board is requested to approve the complaint and PALS annual report 2017/18
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Executive Summary

The Trust is required under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to report annually performance. This facilitates openness and transparency of issues raised by patients and their carers' and themes that have arisen for the trust to learn from and take action where required. The patient experience team have a trust wide remit ensuring systems and processes are in place to manage complaints that are received and to support divisions to investigate and learn from issues that have been raised.

Background

This report provides a look back on progress against the key performance indicators set as part of quality schedule for responsive and effective complaints and PALS management, where the Trust has done well and where further improvements in quality/complaints/PALS management are required going forward for 2018/19 for the majority of cases patients, relatives and carers are satisfied with the care, treatment and service they receive. On the occasions where a patient, relative or carer is dissatisfied, it is important that they feel comfortable in raising their concerns so that the Trust can resolve any misunderstandings or, if failings have occurred, ensure that learning and improvements take place.

Issues and options

Key headlines from 2017/18 complaints and PALs annual report are:

Complaints

- The Trust received 141 fewer formal complaints in 2017-18 compared with 2016-17.
- The number of complaints not upheld has remained the same at 11%.
- Top 5 subjects of complaint were: Clinical Treatment; Communications, Patient Care Values & Behaviours (Staff), Admission or Discharge.
- The PHSO advised in 2017-18 that they were investigating 8 cases, 5 of which are still outstanding and do not have a final report. Three were finalised; one was not upheld and two were partially upheld. Financial recompense was not recommended in any of the cases but the Trust was asked to produce an action plan in one case and formally apologise in the other.
- Of the 651 complaints responded to in 2017-18, 293 achieved the 25 working day response standard. While this figure is disappointing and down from the previous year, it should be noted that by late May 2017, the number of complaint cases currently open in the Trust reached an all-time high of 181, 118 of which were overdue. A Complaints Management Plan was introduced in December 2017 to address the backlog and resolve the overdue complaints. A large proportion of this work was completed in Q4 and so has resulted in the percentage of closures in time being skewed downward, despite the position being vastly improved.
- For March 2018, 79% of Complaints were responded to within the timescale; this was representative of a continued upward trend which has continued into the new financial year.

PALS

- 2017/18 = 2758 enquiries compared to 2,562 in 2015/16
- PALS are committed to responding to enquiries quickly and informally and aim to resolve or refer any enquiries received within 1 working day if possible. For the financial year, 66% of PALS enquiries were resolved within this timescale. 86% of total cases were

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responded to between 0-5 working days.

The Committee is advised that the PHSO Annual Scrutiny Report 2016 -17 is available on the link below. It sets out recommendations for Future Strategy, PHSO performance, Historic complaints, and Improving public services. There are no actions for NHS Trusts.

Link:

Parliamentary and Health Service Ombudsman (PHSO) Annual Scrutiny Report for 2016-17

Recommendations

The Committee is asked to agree the level of assurance and note recent improved performance.

Appendices

Complaints and Pals annual report 2017/18