

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: LEICESTER, LEICESTERSHIRE & RUTLAND JOINT HEALTH SCRUTINY COMMITTEE

DATE: 16th NOVEMBER 2022

REPORT BY: HEAD OF PATIENT SAFETY

SUBJECT: MANAGEMENT AND OVERSIGHT OF FORMAL COMPLAINTS IN UHL

1. INTRODUCTION

This report highlights how formal complaints are managed and how oversight is provided in University Hospitals of Leicester NHS Trust (UHL). It also highlights current performance and the actions being taken to improve this position.

2. MANAGEMENT OF COMPLAINTS WITHIN UHL

UHL is committed to listening to the views of patients and the public about the care we provide and values feedback on the experiences of our patients. The formal complaints process is managed by the Patient Information and Liaison Service (PILS) in line with our local complaints policy. The Trust Complaints Policy is based on “The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009” and the Parliamentary and Health Service Ombudsman’s principles.

3. OVERSIGHT OF COMPLAINTS WITHIN UHL

Formal complaints are reported monthly to Clinical Management Groups (CMGs) and quarterly to the Executive Quality Board and Quality Committee (which is a sub-board committee).

Every month each Clinical Management Group (CMG) receives a report that goes to their Quality and Safety Board meetings which contain the number of complaints received, what specialty these relate to, the subject of the complaints and performance both as a whole and broken down to specialty level. The report also includes the number of re-opened complaints and any new or closed cases from the Parliamentary Health Service Ombudsman (PHSO).

Each quarter the Executive Quality Board and Quality Committee receive a report that provides Trust wide data which contains the number of complaints received, what CMG these relate to, the subject and themes of the complaints and performance both as a whole and broken down to CMG level. The report also includes the number of re-opened complaints and any new or closed cases from the Parliamentary Health Service Ombudsman (PHSO). Any upheld PHSO cases are discussed at the Adverse Events Committee and actions taken in response to their recommendations are monitored through to completion by the Head of Patient Safety.

From a PHSO perspective, UHL have few cases taken on for full investigation and very few upheld in comparison to the total number of formal complaints.

The table below shows the PHSO case numbers and outcomes for the past six financial years, which shows an improving picture. In addition to this we have had one case taken on for investigation to date this financial year.

Parliamentary Health Service Ombudsman complaints - April 2016 to March 2022

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Total
Awaiting outcome validation	0	0	0	0	0	4	4
Enquiry only - no investigation	1	1	0	2	3	3	10
Investigated - not upheld	12	6	4	0	0	0	22
Investigated - partially upheld	3	3	3	3	2	0	14
Investigated - upheld	1	0	0	0	0	0	1
Total	17	10	7	5	5	7	51

The number of re-opened complaints is reported quarterly to the Executive Quality Board. This gives some measure of the quality of our responses. The table below shows the percentage of formal complaints re-opened by month for Quarter 1 2022/23. There is no national data set to benchmark this against but informal information from other peer organisations shows others seeing a similar percentage of reopened formal complaint :

Formal Complaints reopened by month	% that have reopened
Apr 22	8%
May 22	10%
Jun 22	8%

Periodically, patient/family stories from complaints are taken to Trust Board. This allows the Board to be presented with a complaint case with the purpose of hearing and understanding the human story behind it.

In addition to these, complaints are also a point of discussion at the CMG Performance Review Meetings held with members of the Executive Team.

4. CURRENT PERFORMANCE AND ACTIONS FOR IMPROVEMENT

For our Quarter 1 2022/23 formal complaints performance we reported an average performance of 54% across the differing agreed timescales of 10, 25 and 45 day complaints. Pre-pandemic our performance averaged 93%.

We know we are not where we want to be with our formal complaint performance. The reduction in performance is mainly due to the legacy of the global Covid-19 pandemic and is a challenge being seen in all other NHS organisations. During the pandemic the PILS team were redeployed to support frontline areas, there was a national 'pause' for NHS complaints during this period and UHL are now in a phase of recovery where frontline staff are facing extreme operational pressures. This is still having an impact on the ability to manage complaints in the timeframes we want to.

The Corporate Patient Safety team that includes the PILS function has also had staffing pressures, this and the increase in workload are well documented on the Trust Risk Register ID 3755 at a score of 16.

The Executive team have supported the following measures to improve performance and support the PILS team through this challenging period:

- ✓ Employment of two interim staff to support the drafting of complaint responses.
- ✓ The adoption of a longer formal complaint timeframe for the more complex complaints that are currently given a 45-day timeframe. From 3rd October 2022, the 45 day deadline was extended to 60 days. Many other local NHS providers already have done this, and this will give an achievable deadline for the complainant and improve performance for these.
- ✓ Plan to trial a PALS type concern model as a 6 month project. In line with the NHS Complaints regulations (2009) complaints are not required to be dealt with in accordance with these if it is resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made. This gives us the ability to trial an informal resolution team approach (which most Trusts call PALS). We are currently making plans for the recruitment for this and key performance measures for the project. The plan will be to have an office on site at the Leicester Royal Infirmary site for the public to access and that will aim to resolve patient/family/carer concerns within 48 hours. As a result of early intervention, we expect to reduce the number of issues that escalate into a formal complaint. It is the choice of the individual to use either the complaints procedure or this PALS type team. The PALS type team does not aim to reduce complaints to the Trust but to work with individuals to obtain the best possible outcome for them and to ensure the Trust learns from the persons experience.
- ✓ External review of end-to-end complaint process. An interim Complaints Lead commenced in post on 12th October 2022. They will provide the 'fresh eyes' review of the current complaint process to identify areas of good practice and areas where we could improve efficiency. They will also operationally lead and manage the 6 month PALS project.
- ✓ Reinstate quality review process of the Independent Complaints Review Panel with refreshed Terms of Reference and approach. Plan to start review of closed Q1/Q2 formal complaint cases in November/December 2022.

To further support CMGs we have increased oversight on their complaints data, the Deputy Director of Quality Governance (Deputy Chief Nurse) and the Head of Patient Safety met with members of the triumvirate for the Clinical Management Groups with the most overdue formal complaints to discuss and listen to feedback on how best to support them to try and reduce overdue numbers. Subsequently, a weekly report is now sent out to the triumvirate of each CMGs and relevant Executive Directors showing current stage for every overdue complaint and those due in the next two weeks.

Improving both the timeliness and quality of our response to complaints is a priority for the organisation. With the agreed actions above, we are confident that the citizens of LLR will see a more responsive service in the coming months.