

Whittington Health Trust Board

7<sup>th</sup> May 2014

<b>Title:</b>	Complaints Management						
<b>Agenda item:</b>	<b>14/091</b>		<b>Paper</b>			<b>9</b>	
<b>Action requested:</b>	For discussion						
<b>Executive Summary:</b>	<p>This paper provides:</p> <ul style="list-style-type: none"> <li>• An overview of the challenges identified regarding the management of complaints in the last six months across Whittington Health</li> <li>• Proposed restructure of the Patient Advice and Liaison Service (PALS) and Complaints Team</li> <li>• Proposed actions in response to a request by the Board for a review of the complaints process. This coincided with the need for a response to the national Clwyd/Hart report. This includes a gap analysis and action plan and recommendations made following the internal audit.</li> </ul>						
<b>Summary of recommendations:</b>	Recommendations discussed at the Executive Committee are indicated in the report.						
<b>Fit with WH strategy:</b>	Key performance indicator and quality standard.						
<b>Reference to related / other documents:</b>	<p>Internal Audit report February 2014.</p> <p>Clwyd/Hart report 'A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture'.</p> <p>Parliamentary and Health Ombudsman Report Designing Good Together: Transforming hospital complaint handling.</p>						
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>	This is on the corporate risk register.						
<b>Date paper completed:</b>	11 <sup>th</sup> April 2014						
<b>Author name and title:</b>		Phillipa Marszall, Head of Patient Experience		<b>Director name and title:</b>		Jill Foster Director of Nursing and Patient Experience	
<b>Date paper seen by EC</b>	15 <sup>th</sup> April 2014	<b>Equality Impact Assessment complete?</b>		<b>Quality Impact Assessment complete?</b>		<b>Financial Impact Assessment complete?</b>	



## 1. Introduction

This paper provides:

- An overview of the challenges identified regarding the management of complaints in the last six months across Whittington Health
- Proposed restructure of the Patient Advice and Liaison Service (PALS) and Complaints Team
- Gap analysis and action plan in response to the Clwyd/Hart report and recommendations made following the internal audit.
- Proposed actions in response to recommendations that require the consideration and input of the executive committee.

It should be noted that whilst this paper focuses on complaints the next step will be to improve the management of PALS queries (informal complaints and concerns) across Whittington Health. Initial steps will involve a meeting with representatives from the PALS and Complaints Team and divisions to discuss how we are currently managing PALS queries and ways in which this can be improved at a corporate and divisional level. This will take place in May 2014 and an action plan will follow.

## 2. Summary of issues the management of complaints

The Trust is currently required by our commissioners to respond to 80 per cent of complaints within 25 working days. This target has been consistently missed. The following table shows the performance by month April 2013 to February 2014.

2013/14	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
EF	100%	N/A	100%	75%	0%	N/A	100%	20%	0%	0%	50%
ICAM	39%	58%	63%	87%	47%	67%	40%	22%	36%	61%	67%
SCD	43%	60%	38%	63%	56%	38%	58%	50%	13%	47%	83%
WCF	71%	50%	50%	50%	75%	44%	22%	10%	20%	33%	67%
N&PE	0%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Overall</b>	<b>52%</b>	<b>56%</b>	<b>58%</b>	<b>74%</b>	<b>52%</b>	<b>50%</b>	<b>45%</b>	<b>27%</b>	<b>21%</b>	<b>50%</b>	<b>71%</b>

The issues effecting performance and the overall management of complaints have been identified through:

- an away day with the PALS and Complaints Team
- an internal audit
- feedback from staff and patients
- a complaints working group with corporate and divisional representation.

In summary, the following challenges were identified:

### 2.1 Systems and processes / roles and responsibilities

There is a policy in place for the management of complaints, however, there is no standard operating procedure. Process mapping was undertaken with the PALS and Complaints Team and the Divisions which reflected that everyone is working in different ways. The lack of a standardised approach has contributed to the delays in response times and resulted in confusion about roles, responsibilities and expectations of what the divisions and the corporate team should be doing in relation to the management of complaints.

A standard operating procedure is currently under development in conjunction with the divisions and corporate team.

## **2.2 Capacity and resource**

The divisions have struggled with capacity both in terms of investigating complaints (the capacity of clinical staff to undertake investigations) and overseeing the co-ordination and management of complaints (the capacity of administrative and managerial staff).

This has been compounded by an increase in activity of complaints and PALS queries (in Q3 there was a 51 per cent increase in complaints).

The PALS and Complaints Team have had a number of staff changes and new starters in the last seven months and have also been functioning with bank staff to manage the workload. Additionally, the team have not had the capacity to deal with the level of support the divisions have required to manage complaints both in terms of quality checking the responses and co-ordinating the process.

Two interim divisional complaints managers were recruited in January 2014 to work with Integrated Care and Acute Medicine (ICAM) and Surgery, Cancer and Diagnostics (SCD) to support the management and investigation of complaints. This has contributed significantly to an improvement in the response times and co-ordination of complaints at a divisional level. It has also assisted with our understanding of what support the divisions need to undertake this work effectively.

## **2.3 Education and training**

The quality of investigations and responses to complaints varies greatly across Whittington Health (such that at times responses need completely rewriting and investigating further). The current process is that the PALS and Complaints Team quality check the responses at various intervals in the process and prior to sign off by the Director of Operations (with the exception of SCD complaints where these have not been quality checked by the Head of Nursing). It should be noted that complaint responses are not submitted for sign off until they are deemed to be of a sufficient quality. This has contributed to lengthy delays in complaints being responded to.

There is also a great deal of variation in how staff manage local resolution and de-escalation of complaints which does result in patients being directed to the PALS and Complaints Team rather than the issues being dealt with immediately at a service level.

The team have not had capacity to provide a regular programme of training to support the knowledge and skills of staff. Training has, therefore, been ad hoc.

## **2.4 Reporting re activity, themes and trends**

Quarterly reporting of overall activity, themes and trends has not been timely and detailed enough to support the Trust and divisions to understand the current issues and actions required. Complaints reports were data heavy and did not provide enough analysis. This is partly due to the timeliness and accuracy of the data being recorded on Datix (the system used to log complaints and PALS queries). In order to support the team to undertake key administrative tasks and, therefore, support the Trust by providing timely and accurate reports the service opening hours have been changed to 9am to 4pm Monday to Friday (this changed in February 2014). This provides the team an hour each day to complete this work. This has improved the timeliness of reporting and analysis of themes.

The weekly status report, which is circulated to divisions, did not include performance data or a description of the complaints in progress. This is now included and is assisting divisions with performance monitoring.

## **2.5 Action plans and making improvements / monitoring**

Although the Trust includes actions to be taken as standard in the response letters to complainants, action plans are not produced and there is no process in place for monitoring actions to be taken. Although some actions will be completed at the time of writing the response, this essentially means the Trust does not have a way of ensuring that actions are seen through and that improvements take place to prevent further complaints.

## **3. Proposed restructure of the team**

The current establishment of the team includes:

- Band 6 PALS and Complaints Manager x 1 WTE
- Band 5 PALS and Complaints Officer x 2.7 WTE
- Band 5 PALS Officer x 1 WTE

In addition:

- Band 5 PALS Officer – bank staff 2-4 days a week depending on activity and availability (long standing)
- Interim Divisional Complaints Managers x 2 (agency) (January 2014)

The following establishment is proposed to support the Trust in addressing the issues identified (and agreed in part as indicated):

- Band 7 PALS and Complaints Manager x 1 WTE (this has been agreed through the vacancy scrutiny panel and funding agreed). Bank interim manager in post whilst recruitment takes place
- Band 6 Divisional Complaints and Patient Experience Managers x 3 WTE (ICAM, SCD and WCF)
- Band 5 PALS and Complaints Officer x 2.7 WTE
- Band 5 PALS Officer x 1 WTE

## **4. Gap analysis and action plan in response to the Clwyd/Hart report and recommendations made following the internal audit.**

The attached action plan outlines the actions we are taking to address the challenges outlined above and the recommendations made by the Clwyd/Hart report and internal audit. The recommendations raised in these reports are in line with our findings. Although it should be noted Whittington Health is already compliant with some aspects of the recommendations (as outlined in the action plan).

## **5. Proposed actions in response to recommendations that have been considered by the Executive Committee.**

The recommendations are:

- There should be NHS accredited training for people who investigate and respond to complaints **(Clwyd/Hart)**.

**Proposed action:** Develop a regular programme of training internally once the corporate team is fully resourced and evaluate effectiveness. A tiered approach will be taken to the training beginning with more basic customer care / local resolution skills building up to how to investigate complex complaints, write responses and developing action plans to drive service improvements. Basic training should be aimed at all staff, particularly areas where patients are likely to complain (such as reception) and more comprehensive training for managers with responsibility for investigating complaints and making improvements.

- Every Chief Executive should take personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings **(Clwyd/Hart and Internal Auditors)**.

**Proposed action:** Chief Executive to sign off complaints. Implementation plan to be agreed.

- There should be Board-led scrutiny of complaints. All Boards and Chief Executives should receive monthly reports on complaints and the action taken, including an evaluation of the effectiveness of the action. These reports should be available to the Chief Inspector of Hospitals **(Clwyd/Hart)**. **Proposed action:** Executive Team recommend monthly reports should be provided and if so where these should be reviewed. Further consideration to be given to additional resources required to produce and respond to these reports. Potentially the monthly reports could be provided by the divisional complaints and patient experience managers. These reports could then inform trust wide reporting up to the Board.
- Board level scrutiny of complaints should regularly involve lay representatives **(Clwyd/Hart)**. Current scrutiny outlined in the attached action plan (number 15). **Proposed action:** Executive Committee to consider whether the Patient Experience Committee which includes governors and Healthwatch representatives constitutes sufficient lay scrutiny.
- When considering the job requirements for the new Complaints and PALS functions, the Trust should review the qualities and skills of the new post holders, and whether there is a need/benefit in recruiting individuals with a clinical understanding/background. **(Internal audit)**.

**Proposed action:** Clinical issues are always investigated by a clinician and divisional clinical leads review all new complaints and, in line with the revised SOP, will quality check the responses. Executive Committee are considering whether the current clinical input is sufficient.

**Gap analysis and action plan in response to recommendations from the Clwyd/Hart report 'A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture'**

**The Clwyd/Hart report and recommendations were also informed by the Parliamentary and Health Ombudsman Report Designing Good Together: Transforming hospital complaint handling**

Recommendation	Current process	Action	Lead	Timescale
<b>Clwyd/Hart</b>				
<p>1. Attention needs to be given to the development of appropriate professional behaviour in the handling of complaints. This includes honesty and openness and a willingness to listen to the complainant, and to understand and work with the patient to rectify the problem.</p>	<p>The Trust is committed to handling and responding to complaints openly and honestly. This is clearly set out in the Complaints Policy and the Being Open Policy. It is also evidenced in our responses to complainants which clearly outline errors made, actions being taken and an appropriate apology.</p> <p>Further work needed to ensure the patient is adequately involved in the complaints process.</p>	<p>Complaints Standard Operating Procedure being developed which includes the requirement for those investigating a complaint to make contact with the patient directly to discuss their complaint, their expectations and work to resolve any immediate issues (this is in addition to contact with the Complaints Officer).</p> <p>The SOP will include clear monitoring arrangements to ensure this is adhered to.</p>	<p>Phillipa Marszall, Head of Patient Experience</p>	<p>End of April 2014</p>

<p>2 Staff need to record complaints and the action that has been taken and check with the patient that it meets with their expectation.</p>	<p>All responses to complainants as standard include actions that will be taken and complainants are given the option of a meeting or further investigation if they are not satisfied with the outcome.</p> <p>Actions are not consistently recorded on a separate action plan (they are consistently recorded in the response letter) which makes it difficult to adequately monitor actions taken.</p>	<p>Complaints Standard Operating Procedure being developed which includes the requirement to submit an action plan for partially and fully upheld complaints. Monitoring arrangements will be included.</p>	<p>Phillipa Marszall, Head of Patient Experience</p>	<p>End of April 2014</p>
<p>3. Complaints are sometimes dealt with by junior staff or those with less training. Staff need to be adequately trained, supervised and supported to deal with complaints effectively.</p>	<p>It is not part of our policy or process to give complaints to junior staff.</p> <p>Supervision and support is provided by the PALS and Complaints Team and senior managers responsible for complaints at a</p>	<p>Regular programme of training covering local resolution, investigating complaints and writing responses to be implemented. Ad hoc training will continue in the meantime.</p>	<p>PALS and Complaints Manager</p>	<p>Quarter two 2014/15 (note that this cannot be fully implemented until appropriate resources are in place both corporately and divisionally to manage PALS and Complaints)</p>

	divisional level.  Training has been ad hoc due to resources.			
4. There should be NHS accredited training for people who investigate and respond to complaints.	Training provided internally.	Consideration to be given to what training is available and how this compares with the training programme and expertise that exists within the Trust.	Executive Team and Head of Patient Experience	End of April 2014
5. Trusts should actively encourage both positive and negative feedback about their services. Complaints should be seen as essential and helpful information and welcomed as necessary for continuous service improvement.	PALS and Complaints Leaflets available throughout the Trust (acute and community).  Regular surveys undertaken across the Trust (acute and community). These incorporate the Friends and Family Test questions. Reports are circulated monthly outlining results.  These are fully embedded in the Emergency Department,	Community services rolled out the surveys in March 2014 and Outpatients is currently in progress. (Ad hoc surveys were being completed, this is to standardise the process and questions).  "You said, we did" boards. Boards to be rolled out across other areas.	Head of Patient Experience and Patient Experience Manager	End of June 2014



	<p>Inpatients and Maternity Services.</p> <p>“You said, we did” boards on display across ED and inpatient wards. Updated monthly</p> <p>National surveys advertised and, within the Trust, patients encouraged to take part.</p>			
6. Every Chief Executive should take personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings.	Currently the Directors of Operations for each division take responsibility for signing off all complaints and the Chief Executive receives a final signed copy of all complaints.	Executive Team to discuss this recommendation and agree who should take responsibility for signing off complaints.	Executive Team	TBC
7. There should be Board-led scrutiny of complaints. All Boards and Chief Executives	A weekly report of all complaints in progress is circulated to all senior managers and this includes the Executive	Executive Team to consider whether further scrutiny should be undertaken and if so what the process should	Executive Team	End of April 2014

<p>should receive monthly reports on complaints and the action taken, including an evaluation of the effectiveness of the action. These reports should be available to the Chief Inspector of Hospitals.</p>	<p>Team.</p> <p>Quarterly reports including activity, trend and actions taken are completed and these are scrutinised by the Patient Experience Committee, Trust Operational Board and Divisional Boards. They are also submitted to the Quality Committee (Board sub committee) as part of an aggregated report incorporating incidents, claims and inquests.</p> <p>Further additional reports are completed as required for specific trends.</p>	<p>be for this.</p> <p>Reports to include further performance measures to evaluate effectiveness including the number of dissatisfied responses and the reasons and number of cases with the ombudsman and outcome of these.</p>	<p>PALS and Complaints Manager</p>	<p>July 2014 (Q1 report for 2014/15).</p>
<p>8. Every Trust has a legislative duty to offer complainants the option of a conversation at the start of the complaints</p>	<p>This is part of the current process although a SOP is being developed to ensure consistency.</p> <p>Complainants are</p>	<p>Complaints Standard Operating Procedure. The investigator will be required to contact the patient within 24-48 hours of being allocated the complaint.</p>	<p>Head of Patient Experience</p>	<p>End of April 2014</p>

process. This conversation is to agree on the way in which the complaint is to be handled and the timescales involved.	always contacted by a PALS and Complaints Officer and this will continue.			
9. Where complaints span organisational boundaries, the Trusts involved should adhere to their statutory duty to cooperate so they can handle the complaint effectively.	It is part of our current process to conduct joint investigations although there has been some inconsistency with how this has been managed and some lengthy delays in completing the investigations.	Complaints Standard Operating Procedure will include a clear outline the roles of and responsibilities for managing joint investigations with other agencies.	Head of Patient Experience	End of April 2014
10. There should be proper arrangements for sharing good practice on complaints handling between hospitals, including examples of service improvements which result from action taken in response to complaints.	Ad hoc complaints forums take place with representatives from across the Trust.	Consideration to be given to what mechanisms are currently available to share good practice.	Deputy Director of Nursing and Patient Experience, Head of Patient Experience and PALS and Complaints Manager	May 2014
11. Hospitals should	The Trust's	N/A	N/A	N/A

offer a truly independent investigation where serious incidents have occurred.	Management of Serious Incident Policy clearly outlines the requirement for independent investigation and this is monitored through the Serious Incident Executive Approval Group.			
12. When Trusts have a conversation with patients at the start of the complaints process, they must ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant.	<p>Details of advocacy support available to all complainants and is included on our handouts.</p> <p>The level of independence of investigators varies depending on the severity of the complaint, however, complaints are never investigated by those involved in what is being complained about.</p>	The level of independence of investigators will be reviewed as part of the review of the Complaints Policy.	Head of Patient Experience and PALS and Complaints Manager	End of May 2014
13. Patient services and patient complaints support should remain separate so patients	PALS and Complaints is a combined service and the roles are currently combined. However	Proposed that the service remains combined, however, roles to be formally	Head of Patient Experience and Executive Team	<p>End of April 2014 for approval</p> <p>End of June 2014 for</p>

<p>do not feel they have to go through PALS first before they make a complaint.</p>	<p>patients do not need to go through PALS before making a complaint and this is clear in the Trust's handouts and communications with patients.</p> <p>There are currently two members of staff in the team primarily focusing on PALS queries.</p>	<p>restructured so that there are separate PALS Officers and Complaints Officers. Executive Team to review and approve proposal.</p>		<p>implementation</p>
<p>14. Patients, patient representatives and local communities and local HealthWatch organisations should be fully involved in the development and monitoring of complaints systems in all hospitals.</p>	<p>Healthwatch are members of the Patient Experience Committee and, therefore, involved in the scrutiny of activity, trends and actions being taken.</p> <p>Ad hoc feedback from patients regarding their experience of the complaints process has been taken into account and informed the changes we are currently making to ways of working and standardising through</p>	<p>Consideration to be given to further ways in which Healthwatch can be involved (in conjunction with Healthwatch representatives).</p> <p>Complainants to be given a survey with their final response to complaints in order to provide feedback about the process and ways in which this can be improved.</p>	<p>Head of Patient Experience and Patient Experience Manager</p>	<p>June 2014</p> <p>Quarter 2 2014/2015</p>

	the SOP. For example ensuring that when there are delays regarding responses, complainants are given an explanation as to why there is a delay.			
15. Board level scrutiny of complaints should regularly involve lay representatives.	Quarterly reports are submitted to the Patient Experience Committee which includes Trust Governors.	Executive Team to discuss this recommendation and agree next steps	Executive Team	End of April 2014

### Recommendations and action plan following the internal audit (completed (February 2014)

REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
1.01.1	The Complaints Handling Policy should be updated to reflect current work practices and any further guidance around complaints, and approved before being circulated.	M	Policy to be reviewed and updated.	May 2014	PALS and Complaints Manager
1.01.2	Procedures should be prepared for each of the Divisions and Complaints Team that align to the revised Complaints Policy and	L	Standard operating procedures currently in development.	April 2014	Phillipa Marszall, Head of Patient

REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
	reflect new work practices.				Experience And Divisional Leads
2.01.1	The Complaints Team should ensure that actions arising from the recent away day are captured in a formal action plan with agreed completion dates. The Trust should also ensure that actions around the restructuring of the Complaints and PALS functions takes into consideration the requirements at both within the Complaints Team and at Divisional Level.	L	A number of the actions were incorporated in the board indicators action plan (re complaints specifically) submitted to the Trust Board. One overarching action plan will developed incorporating everything agreed for PALS and Complaints.	February 2014 <b>COMPLETED</b> team action plan will be monitored through away mornings/afternoons	Phillipa Marszall, Head of Patient Experience
2.01.2	When considering the job requirements for the new Complaints and PALS functions, the Trust should review the qualities and skills of the new post holders, and whether there is a need/benefit in recruiting individuals with a clinical understanding/background.	L	This will be considered, however, it should be noted that the current procedures for managing complaints includes ensuring relevant clinical input is obtained from the relevant division/service.	Completed	PALS and Complaints Manager And Phillipa Marszall, Head of Patient Experience

REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
2.01.3	The Trust need to review the adequacy and effectiveness of the current processes and systems in place to support the three divisions with Complaints and PALS handling, and the achievement of the KPIs. The divisions should be consulted around proposed changes and the process going forward. Any potential suggestions/comments should be taken into account when drafting up the new structure and the impact it will have on achieving KPIs.	M	Business case for the new structure and resources required is being developed in conjunction with the divisions.	Completed	Phillipa Marszall, Head of Patient Experience and Alison Kett, Deputy Director of Nursing and Patient Experience
2.02.1	The Trust needs to ensure there are appropriate systems and processes in place to collate, validate, update and monitor data that confirms the Trust's compliance with Section 9.2 in the Complaints Policy. To support this process a timetable should be put in place to record the cut off, validation and update dates.	H	Policy to be reviewed and monitoring arrangements updated and implemented.	May 2014	Phillipa Marszall, Head of Nursing and Patient Experience
2.02.2	As per the Clwyd Report, training	M	PALS and Complaints Datix SOP being	COMPLETED	PALS and



REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
	and, if appropriate refresher training, should be provided to those dealing with complaints and to all users of DATIX. The use of checklists should be considered to ensure that staff follow the process and capture the correct data.		<p>developed.</p> <p>All users of Datix already receive training so this does not need further action.</p> <p>Regular programme of training covering local resolution, investigating complaints and writing responses to be implemented. However, it should be noted that this has been ad hoc due to capacity issues and will not be implemented until appropriate resources are in place both corporately and divisionally to manage PALS and Complaints.</p>		<p>Complaints Manager</p> <p>Zereen Rahman-Jennings, PALS and Complaints Manager And Phillipa Marszall, Head of Patient Experience</p>
3.01	As per the Clywd Report the Trust need to ensure that the Chief Executive takes responsibility for signing of all complaints.	L	Currently the Directors of Operations for each division take responsibility for signing off all complaints and the Chief Executive receives a final signed copy of all complaints. Consideration will be given to whether this arrangement should remain or be adjusted as part of the development of the SOPs and policy review.	Completed	Director of Nursing and Patient Experience
3.02.1	The DATIX system needs to be	L	Datix module reviewed and some	April 2014	Zereen

REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
	reviewed to establish whether it meets the needs of the organisation and updated to include a formal location/field to record action details.		<p>additions have been made to meet the reporting requirements.</p> <p>Once a process for capturing and monitoring actions has been agreed with divisional leads further amendments may be made.</p>	COMPLETED	Rahman-Jennings, PALS and Complaints Manager And Phillipa Marszall, Head of Patient Experience And Divisional Leads
3.02.2 (see action 2 above)	The Trust needs to co-ordinate a process for collating and monitoring action plans, and decide whether this is centralised or a localised process. Furthermore, the process needs to allow for an independent review of actions, and formal action plans, if appropriate, should be attached to all letters with details of leads and completion dates sent across to the Complaints	H	<p>Process to be agreed with divisional leads and incorporated as part of the policy and SOPs.</p> <p>It should be noted that an action plan template is sent for completion as part of every complaint investigation. However, these are not being completed.</p>	May 2014	Zereen Rahman-Jennings, PALS and Complaints Manager And Phillipa Marszall, Head of Patient Experience

REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
	Team.				And Divisional Leads

REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
3.03.1	As per the Clywd Report, the Trust Board should receive and scrutinise monthly reports on complaints and actions taken, and regular updates on the Trust's compliance with the key performance indicators. The Board should evaluate the effectiveness of the complaints process and actions taken to address complaints. Therefore, the Trust's progress in implementing action plans and their current status should be included as an appendix to any of the reports produced for the divisions and Trust Board.	H	<p>Quarterly reports are produced covering all divisions and are submitted to each Divisional Board and the Trust Operational Board. Key performance indicators (response timescales already included) and actions taken will be incorporated. The reports have recently been revised to focus more on learning and actions, however until action plans are formalised this is limited.</p> <p>Monthly reports regarding themes to be produced Divisional Board and Trust Operational Board.</p> <p>Regular updates are already provided to the Quality Committee via the quarterly aggregated report patient experience update. The Quality Committee then reports to the Trust Board. Consider whether further reporting should take place directly to the Trust Board and frequency of this.</p>	<p>Quarter 1 2014/15 (one the action plans are formalised)</p> <p>Started in January 2014.</p> <p>Completed</p>	<p>Zereen Rahman-Jennings, PALS and Complaints Manager</p> <p>Zereen Rahman-Jennings, PALS and Complaints Manager</p> <p>Director of Nursing and Patient Experience And Alison Kett, Deputy Director of Nursing and Patient Experience</p>

REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
3.03.3	The Trust needs to review and align the cycle of internal reporting to ensure it meets both staff and executive requirements. A framework and timetable should be drawn up to ensure each committee is obtaining the correct level of information to discharge its duties around complaints. The divisions and end users should be consulted on what information they require and by when.	L	Timetable to be drawn up in consultation with divisions.	March 2014	Phillipa Marszall, Head of Patient Experience and Alison Kett, Deputy of Nursing and Patient Experience
3.05.1	The Trust need to ensure that any changes proposed internally take into consideration and are flexible enough to accommodate any national and local requirements around complaints and PALS handling process. These include the Designing Good Together: Transforming Hospital Complaint Handling and Clywd-Hart reports. Furthermore, the Trust should set itself a timetable for implementing the actions arising from these reports.	M	Some actions agreed already in the context of these reports.  A full gap analysis is being undertaken to ensure all recommendations are considered and actions agreed as appropriate. This will go to the Executive Committee and Patient Experience Committee for agreement and monitoring.	March 2014	Phillipa Marszall, Head of Patient Experience

REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
3.05.2	The Trust need to review the capacity of the Complaints Team and Manager in taking forward and successfully implementing proposed actions plans and associated changes, to the impact it will have on complaints handling at the Trust. If necessary, additional staff support should be provided to the Complaints Team during this period.	M	Additional staff in place (2 x divisional complaints investigators/officers) since beginning of January 2014. Review of staffing in progress. See 2.01.03.	As per 2.01.03	As per 2.01.03