

North Bristol Trust Advice and Complaints Team



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NHS Complaints Regulations Changes

In 2006 the Government made a commitment to:

- Improve complaints handling and make services more *Effective, Personal and Safe*
- Use a Single approach for dealing with complaints (between health and social care)
- Provide Quick responses proportionate to the issue
- Assess complaints
- Remove the 25 working day deadline
- Improve communication
- Increase the number of resolved issues
- Identify learning and service improvements to be made

Where NBT were.....

- All issues **processed in the same way** despite the nature of the issue raised
- **Correspondence** predominately in writing
- **High numbers** of issues processed as formal complaints and a response provided in writing
- **Decreased performance** against the 25 working day deadline
- **Unhappy** complainants

NBT's Response

- Widespread consultation undertaken by NBT Clinical Governance with:-
 - *Other Hospital Trusts*
 - *Trust Board Members,*
 - *Patient Groups, and*
 - *Service Users*
- Restructuring of PALS and Complaints explored over 6 month period
 - *To deliver principals of Parliamentary Health Service Ombudsman's recommendations and to improve service to clients*
- Outcome - Decision taken to merge PALS and Complaints into a new team

Changes Introduced for April 2009

- **PALS** and **Complaints** departments merged
- **All issues** that are received are processed and recorded as either:
 - *Complaint; Concern; Enquiry or a Compliment*
- **Discussing** how people wish their issue to be managed.
- **Agreeing** a suitable timeframe to respond back.
- **More verbal feedback and face to face meetings** with staff and the complaints department as a method of addressing issues
- **Offering mediation/independent review** to resolve complex issues
- **Identification** of remedial actions and focus on service improvement
- **Single** database to capture the data and report trends and learning

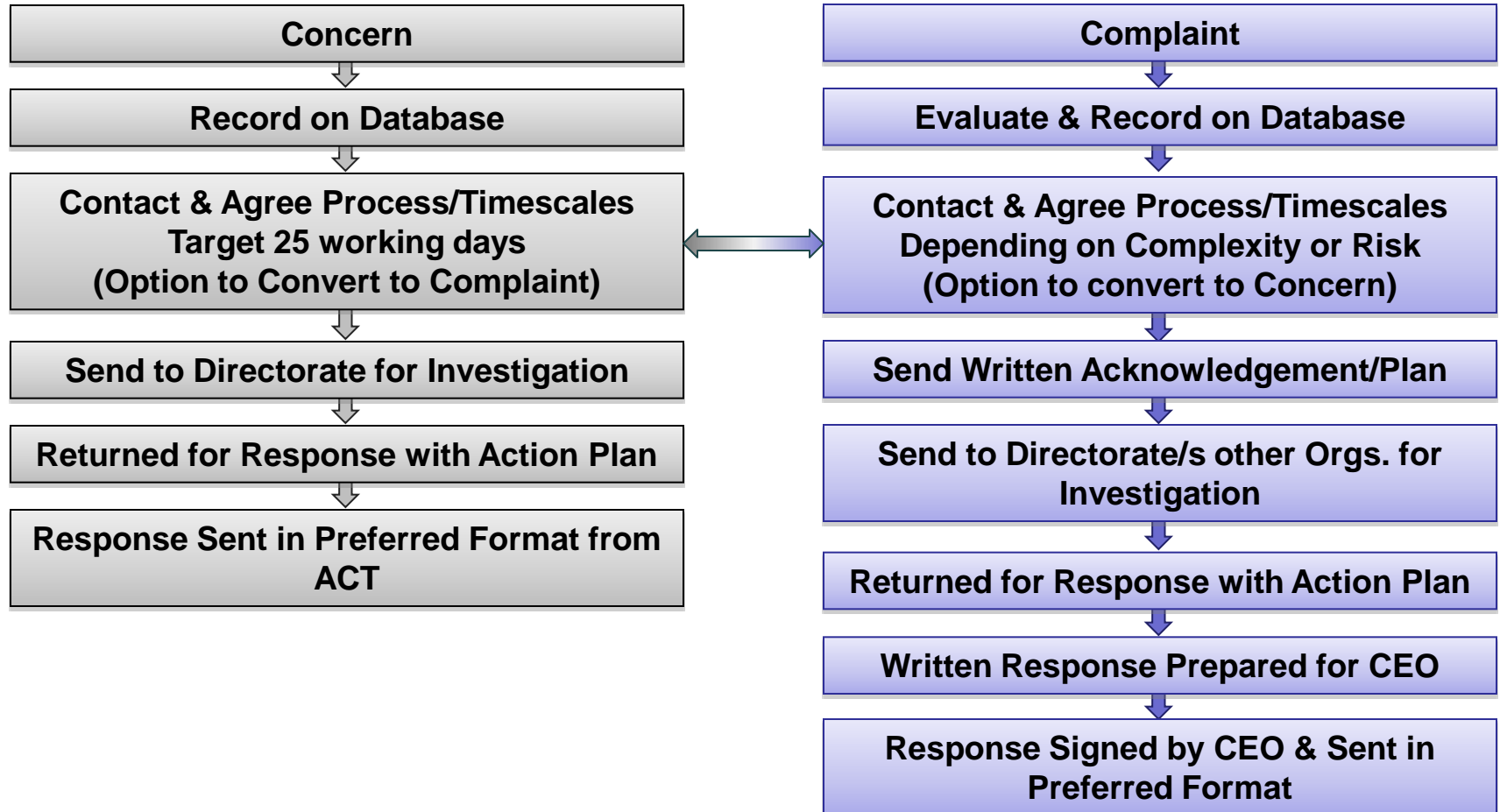
Changes to NBT Processes - Complaints

- Engaging with the person raising the issue
 - *If a complaint is received in writing we contact the person*
- Discuss with the person what they would like as an outcome
 - *An apology*
 - *An explanation*
 - *Redress e.g. a new appointment or reimbursement of travel costs etc.*
- Discuss how they wish the matter to be dealt with – devise a plan which is:
 - *Proportionate; Achievable and Cost effective*
- Discuss with the person what response they would like:
 - *Verbal feedback*
 - *Contact/meeting from the medical or nursing staff*
 - *Written response*

Changes to NBT Processes - PALS

- Triage System introduced to:
 - *Avoid multiple contacts by patients to different staff and reduces duplication of work*
 - *Create more consistency in the way that cases are processed*
- Quicker resolution to simple cases – enquires answered within single working day not recorded
 - *can be escalated to concern or complaint if unresolved after this period*
- Appropriate use of experienced staff's time used on complex cases
- Better Information sharing with complaints and vice versa
 - *Help support the patient appropriately from the beginning*
- Preservation of Support Role when required but more telephone based
 - *Face to face support still available*

Concerns versus Complaints



Advantages and Challenges

■ Advantages

- *Delivering a complaints service that is person centred*
- *Implementing a process that meets the needs of the Trust*
- *Ability to manage complaints according to the issue at hand*
- *Swift local resolution of issues*
- *More clinical ownership and accountability of complaints*
- *Integration of PALS and Complaints*
- *Raising the importance of the patient experience*

■ Challenges

- *Ensuring complaints are fully resolved, first time round*
 - *Putting in place mechanisms for clinical/independent review*
 - *Providing staff with skills to resolve complaints on the front line*
 - *Adoption PHSO of administration, remedy and good complaint handling*
 - *Consideration of the requirement for recompense*
 - *Informing the public*
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Indicators

- **More** issues being dealt with 'on the spot' as concerns
- **De-escalation** of issues
- **Quicker information** being gathered from medical/nursing staff
- **Identification** of the issues by talking to the person – not just interpreting from a letter
- **Increased** number of Local Resolution Meetings
- **Improved** resolution of issues

On-going Actions

- **Training** to be delivered to Directorates and medical/nursing staff
 - **Awareness** of new processes internally and externally
 - **Revised** reporting detailing the new approach and the learning from complaints, concerns and comments.
 - **Regular reporting** to directorates on the issues raised and timescales of response for their areas
 - **Trends identified** and action plans
 - **Continuation** of feedback to evaluate the new process and whether issues remain resolved
 - **Developing** criteria for service improvements
 - **Questionnaires** to gather feedback & inform future service delivery
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Questions

