

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

“MAKING EXPERIENCES COUNT” - EARLY ADOPTER PROGRAMME  
FOR REFORM OF THE HEALTH AND SOCIAL CARE COMPLAINTS  
ARRANGEMENTS

**Report Purpose:**  
**Decision / Approval**  
**Discussion**  
**Information**

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**Brief description of the item and any significant issues:**

This paper provides the national context for the Trust to become an early adopter of a revised approach to the handling of complaints.

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1. Introduction

In the White Paper “Our Health, Our Care, Our Say” the Government made a commitment to implement a single, comprehensive complaints process across health and social care by 2009, focussed on resolving complaints locally with a more personal and comprehensive approach to handling complaints.

Views on the new arrangements were sought from all concerned via a consultative document entitled “*Making Experiences Count*” issued in June 2007. The Department of Health’s response to the consultation was published on 7<sup>th</sup> February 2008 and highlighted the overwhelming support for reform and the need for improved joint working between all the agencies involved in providing health and social care.

2. The New NHS Complaints Procedure

It is planned that the new complaints arrangements, which still require Parliamentary approval, will be implemented from 1<sup>st</sup> April 2009. One of the key changes will be the removal of the Healthcare Commission and review panels from complaints investigation at the second stage, as if the complainant is not satisfied by the Trust’s endeavours at local resolution then they will in future be able to directly request investigation by the Health and/or Local Government Ombudsman as the replacement second stage.

3. Early Adopter Programme

The arrangements for the new NHS Complaints Procedure are being trialled by Early Adopter (EA) organisations in both health and social care and the Trust has been chosen to be an EA site along with the rest of Tyne & Wear and Northumberland Trusts including the Ambulance Service and Newcastle City Council.

The Parliamentary and Health Service Ombudsman (PHSO) has recently published two leaflets “*Principles of Good Administration*” and “*Principles for Remedy*” against which she advises that she intends to assess NHS complaints under the new arrangements. In practice the principles outlined highlight that the basis considered by the Ombudsman for an effective complaints process in local NHS agencies comprise:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

In May 2008 the PHSO will consult on a further draft leaflet "*Principles of Good Complaints Handling*" which is to be published in final form in autumn 2008. Early Adopter sites should receive a draft copy at the end of April/early May 2008.

The Early Adopter Programme (EAP) will run from May to October 2008 and is intended:

- To assist in developing arrangements for more effective local resolution
- To identify and resolve issues linked to transferring to a two stage complaints framework

To help achieve these aims the Department of Health (DoH) will evaluate "*emerging good practice*" using the data to be supplied by the Early Adopter sites with a view to providing "*Good Practice Guidelines*" to all health and social care providers prior to April 2009.

The focus of the guidelines will in particular be upon "*facilitating the appropriate handling of individual cases and the quality of outcomes*", "*sharing of best practice*" and "*involvement of the most senior managers or clinicians at an early stage*".

The DoH is also seeking further information on the following issues:

*Collection of Statistics* – mainly, but not only for PCTs - what type of statistical information would be of help to assist them in both quality assurance and performance management roles? In addition, should this be part of a continuing cycle of audit – it is intended to test this in the EA programme.

*Patient Advice and Liaison Services integration* – within the NHS, it is generally accepted PALS undertake an important and helpful role with regard to provision of information and assisting in resolving complaints at an early, informal stage. It is therefore suggested that NHS organisations may wish to test whether it is more effective to integrate PALS into the complaints team.

*Informal complaints handling* – since 2004, there is no longer a provision in NHS regulations for handling informal complaints; however in social care, stage 1 is the first stage of a statutory procedure where the aim is to resolve complaints quickly and effectively. The complaints manager records and monitors the complaint and it requires a written response. The new framework provides that complaints should be dealt with on individual merits, eg. a complaint about rudeness may be handled there and then with a meaningful apology. These would not necessarily reach the complaints team. This is considered to be an effective way to handle these complaints, but it raises issues around what constitutes a complaint, and around the recording of complaints and the wider learning of lessons.

*Complaints Manager grading* – the new framework for day-to-day handling of complaints places greater emphasis on robust investigation and learning from complaints. The EA programme will consider “*what lessons need to be learned about appropriate grading of all complaints staff and the need for their links with (representation on) other committees – governance, risk management, etc? Equally, if complaints staff are to command respect of all staff within an organisation, what needs to be done to ensure universal cooperation within that organisation to seek to prevent escalation of a complaint?*”

*Qualifications* – the overall “*Making Experiences Count*” response concluded that organisations prefer skills, experience and necessary training as opposed to formal qualifications, but the DoH wish to work with complaints staff to review options and EA sites are to consider “*what are the best ways to test this?*”

*Timescales* – the use of timescales for complaint responses “*should be to enable an appropriate response within a proportionate and reasonable timeframe, not to ‘clear’ a complaint*”. Experiences of using timescales is an area in which feedback from the EA sites is particularly significant. The DoH still believe it is important to acknowledge a complaint within a set timescale and whilst two working days still appears reasonable, “*conclusions on other timescales would be useful*”. EA sites are asked “*will you adopt an overall framework related to the percentage of cases that have to be cleared within a specified time or will you adopt a set timescale for individual cases?*”

As mentioned in the *Making Experiences Count* document, depending on the nature/complexity of the complaint, we are encouraged to consider something akin to a Local Service Response or an Organisational Service Response, ie similar to Patient Relations Enquiry (PRE) via Directorate or Patient Relations Department with overall timescales for satisfactory completion but with built-in flexibility within each stage of the process.

As part of the Early Adopter network the EAFIT (Early Adopter Field Implementation Team) representative is proposing to attend the Trust on 13<sup>th</sup> May 2008 to discuss these issues with the Patient Relations Manager and the Complaints Team. An EA conference is also proposed to be held locally in June 2008 for all the EA sites piloting the new arrangements in the North East.

Further updates will be given in due course.

**Mr P Anderson**  
**Patient Relations Manager**  
**28<sup>th</sup> April 2008**