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CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	4 <sup>th</sup> October 2018	<b>Agenda Item</b>	5d
<b>Meeting</b>	Quality and Safety Committee		
<b>Report Title</b>	Public Service Ombudsman Annual Report 2017/18 and Complaints Performance		
<b>Report Author</b>	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
<b>Report Sponsor &amp; Presented by</b>	Cathy Dowling, Interim Deputy Director of Nursing & Patient Experience		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This report provides the Committee with the Ombudsman's Annual Report and Accounts 2017/18 and information on complaints performance.		
<b>Key Issues</b>	<p>Key issues to highlight in the report include:</p> <p><b>Ombudsman:</b></p> <ul style="list-style-type: none"> <li>The number of complaints upheld against the Health Board reduced from 61% to 56% in 2017/18. In addition, early resolution and voluntary settlements are now accounting for 63% of positive outcomes for complainants.</li> </ul> <p><b>Complaints:</b></p> <ul style="list-style-type: none"> <li>The Health Board achieved the Welsh Government target of 75% for complaints responded to within 30 working days 2017/18.</li> <li>The Health Board has consistently achieved 100% for formal complaints acknowledged within 2 working days since June 2016.</li> </ul>		
<b>Specific Action Required (please ✓ one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		✓
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>Note the contents of the report.</li> </ul>		

## **1. INTRODUCTION**

This report provides the Quality and Safety Committee with the Public Service Ombudsman Annual Report and Accounts for 2017/18. The report also provides an update on complaints performance as requested in the action log for the Quality and Safety Committee meeting in August 2018.

## **2. OMBUDSMAN ANNUAL REPORT AND ACCOUNTS**

The Ombudsman has recently published his Annual Report and Statement for the 2017/18 financial year.

The Ombudsman has seen an 11% increase in the number of complaints about Health Boards in Wales, and this has been a strain upon his office. In the last financial year, complaints about Health Boards in Wales accounted for 41% of all complaints that the Ombudsman's office receives regarding public service bodies. In addition to the volume of complaints received, Health complaints are usually more complex and often clinical advice from multiple advisers is required, which also means the investigation process for these complaints is much longer than those investigations for other public service bodies.

The Ombudsman was pleased that the number of complaints upheld against the Health Boards did reduce from 61% to 56% in 2017/18. In addition, early resolution and voluntary settlements are now accounting for 63% of positive outcomes for complainants.

The Ombudsman confirmed in his report that he is five times more likely to investigate a complaint against a Health Board than another public service. This is due to the fact that he requires sight of additional information and documentation before a decision can be made as to whether a complaint can be resolved. To obtain this information, an investigation needs to be commenced.

Abertawe Bro Morgannwg University Health Board (ABMU HB) works closely with the Ombudsman in the stages before an investigation is commenced. The Health Board provides the Ombudsman with as much information as possible so a decision can be made as to whether an investigation is required. Since April 2018, the Health Board has looked into the complaints in more depth when we receive an indication that the Ombudsman has been contacted by the complainant. At this early stage, the Health Board now considers whether there is anything more we can do for the complainant to resolve their outstanding concerns.

Specifically in relation to ABMU, the Ombudsman has recorded a 29% increase in the complaints he received about the Health Board in 2017/18. The Ombudsman received 121 complaints about ABMU Health Board in 2017/18.

ABMU acknowledges this increase in the volume of complaints received by the Ombudsman, however of the 121 complaints the Ombudsman received, 37 complaints proceeded to a full investigation and 16 complaints were upheld or partly upheld by the Ombudsman in 2017/18.

Following a review of the Ombudsman's Annual Report, the Health Board has considered why there has been an increase in the volume of complaints being referred to the Ombudsman and what we can do to reduce this number in the coming year.

A number of actions have been taken/will be taken to reduce the volume of complaints being sent to the Ombudsman as follows:

1. To hold Biannual Learning Events, and invite ABMU's Ombudsman Improvement Officer to attend these events.
2. To work closely with Ombudsman Improvement Officer throughout the year. Senior Executive Members of the Health Board held an initial meeting with the Ombudsman Improvement Officer in July 2018. He will also be invited to attend ABMU's Assurance and Learning meetings with senior staff members.
3. In 2018/19, an improvement plan will be finalised in relation to the Ombudsman work, along with a new Ombudsman Investigation Protocol, which is currently in draft form. There will be a greater focus on learning from the complaints upheld by the Ombudsman. There will also be a greater focus on involving the initial complaint investigation team following the Ombudsman's involvement, so that immediate learning can take place in relation to complaint handling.
4. The Health Board is already focussing on early settlement/resolution of complaints where appropriate. Since April 2018, four early settlement resolution offers have been made where an investigation has already been started by the Ombudsman. This is in addition to the early interventions achieved before a decision is made by the Ombudsman, to investigate a complaint.
5. The Health Board continues to provide training on the quality of complaint handling to the Service Delivery Units (SDUs). When the SDUs were first introduced to the Health Board in 2016, workshops were introduced to assist the teams in conducting good quality complaint investigations. These workshops are to be re-started and the Ombudsman Improvement Officer will be invited to attend, so he can provide information to the teams from an Ombudsman perspective.

6. The Concerns and Redress Assurance Group (CRAG) continues to meet on a monthly basis to support the SDUs in increasing the quality of complaint handling and to ultimately, reduce the volume of complaints referred to the Ombudsman. The Group meets with the Managers of the SDUs on a rotational basis and closed complaints for the previous month are discussed, with any concerns with complaint responses discussed. An Ombudsman section has now been introduced within the review, where a question is asked as to whether the group can see a reason for the complainant to refer their complaint to the Ombudsman at that early stage. This creates the opportunity to ask the SDU to re-engage with the complainant before the complainant considers referring their case to the Ombudsman.
7. Consideration is being given to increase corporate involvement and oversight of complaint responses, where the complaint is graded as amber or above. Again, the aim is to review the quality of those complaint responses before they are sent to the complainant.
8. There is going to be a redesign of the Patient Advisory Liaison Service (PALS) within the Health Board, so greater support can be provided to a patient or relative before a complaint is made. Initial workshops with the PALS team have taken place and another has taken place on the 17/09/2018.
9. Assistant Head of Concerns Assurance for ABMU has recently been nominated as the Chairperson of the NHS Wales Ombudsman Liaison Network. This Network involves members of staff, from all of the Health Boards and Trusts in Wales, who deal with Ombudsman investigations for their respective Health Board/Trust. The purpose of the Network is to meet with colleagues to improve communication and share learning.

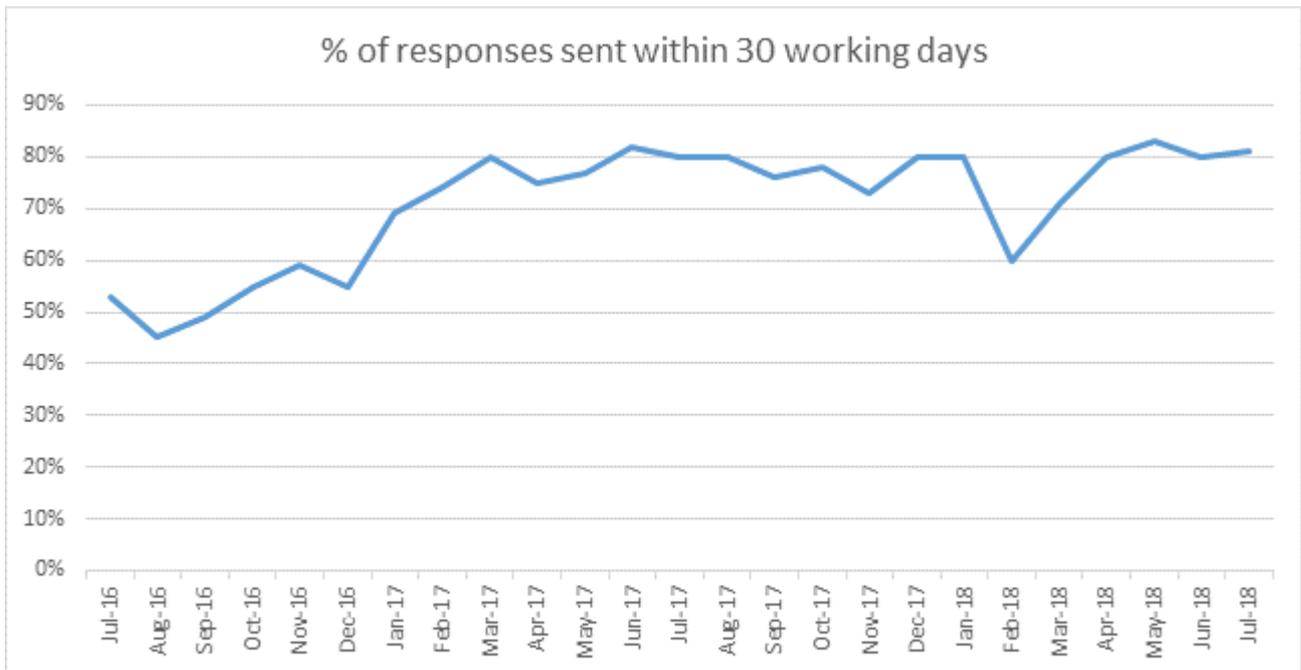
### **3. CONCERNS PERFORMANCE AND ASSURANCE**

The Health Board uses four measures to measure complaint performance:

- Measure 1: 80% of formal complaints are responded to within 30 working days.
- Measure 2: 100% of formal complaints are acknowledged within 2 working days.
- Measure 3: Reduce the number of formal complaints which re open.
- Measure 4: Reduce the number of formal complaints.

**Measure 1: 80% of formal complaints are responded to within 30 working days**

July 2018 performance figure is 81%, an increase from 80% in June. The Health Board achieved the Welsh Government target of 75% as well as the Health Board’s target of 80%. For the first three months of the financial year 2018/19, the Health Board has achieved its target of 80%.

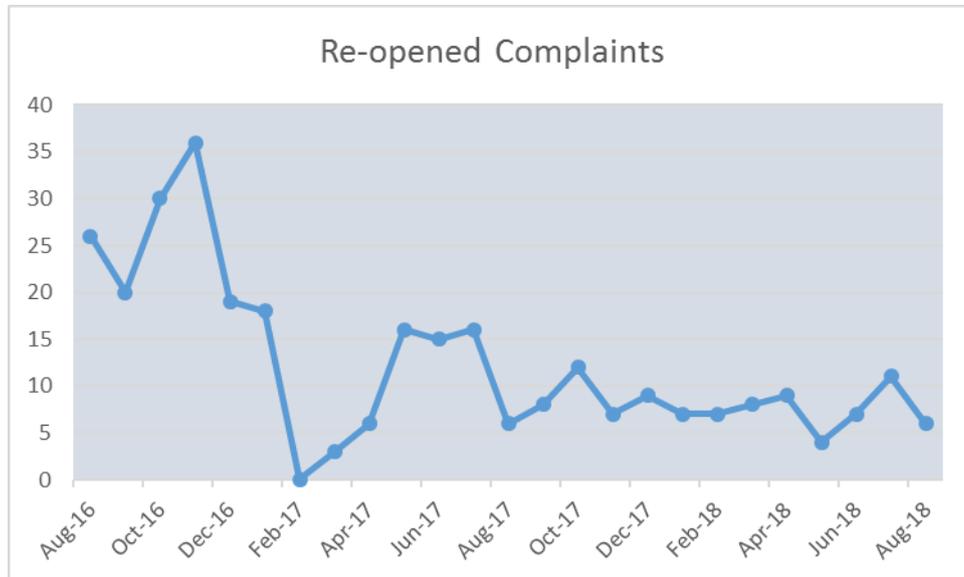


**Measure 2: 100% of formal complaints are acknowledged within 2 working days**

Achieved consistently since June 2016 when all acknowledgments are completed corporately.

**Measure 3: Reduce the number of formal complaints which re open**

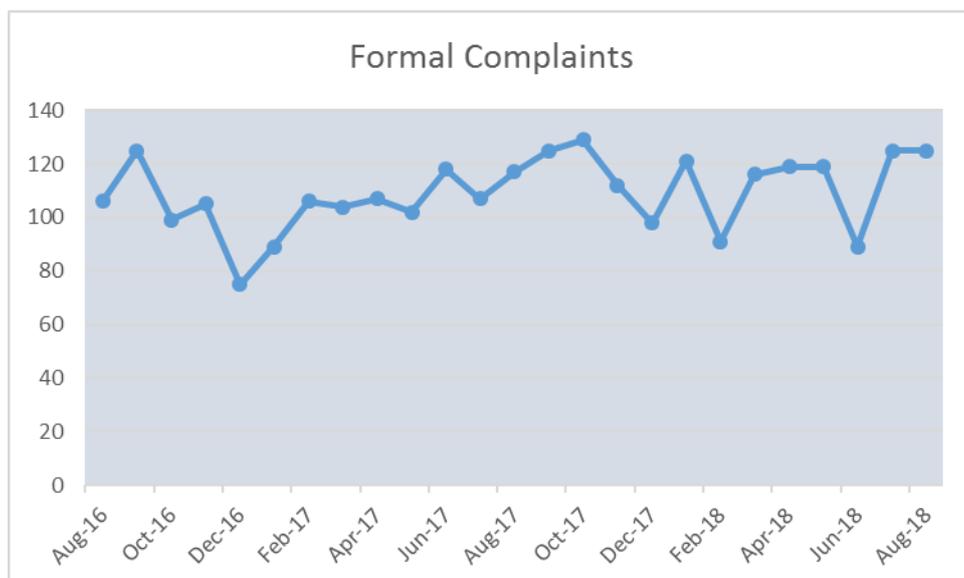
Since the 1<sup>st</sup> April 2018 to August 2018 there has been a reduction in the number of complaints which have re-opened when compared to the same period in 2017/18. This is monitored on a weekly basis by the Corporate Team.



**Measure 4: Reduce the number of formal complaints**

There has been an increase of 8 complaints for August this year compared to August last year. The most common theme of complaints upheld relates to communication and timeliness of access to services/treatment.

**Formal Complaints August = 125**



## **Benefit realisation and risk**

There has been progress, although further improvement is still required, in relation to the timeliness of responding to complainants and the quality of responses sent. There are a number of factors which have influenced the changes which include:

- Maintaining the Health Board target of 80% to 30-day response rate is an influencing factor on supporting the reduction of longest waiting complaints.
- SDU accountability and responsibility for investigating and responding to complaints and review of the performance measures through the Executive performance reviews.
- Concerns & Redress Assurance Group which reviews closed complaints and redress cases provides feedback to the SDUs on the quality of the responses. The Group also reports to the Assurance & Learning Group and aims to support SDUs to reduce variation and increase quality.
- Concerns & Redress Workshops held in 2016/17 and 2017/18 for the SDUs facilitated by the Patient Feedback Team and included how to investigate and manage complaints ensuring compliance with the Putting things Right Regulations and values based responses.  
The Ombudsman Improvement Officer has presented at these workshops previously.

## **Actions being taken to improve further**

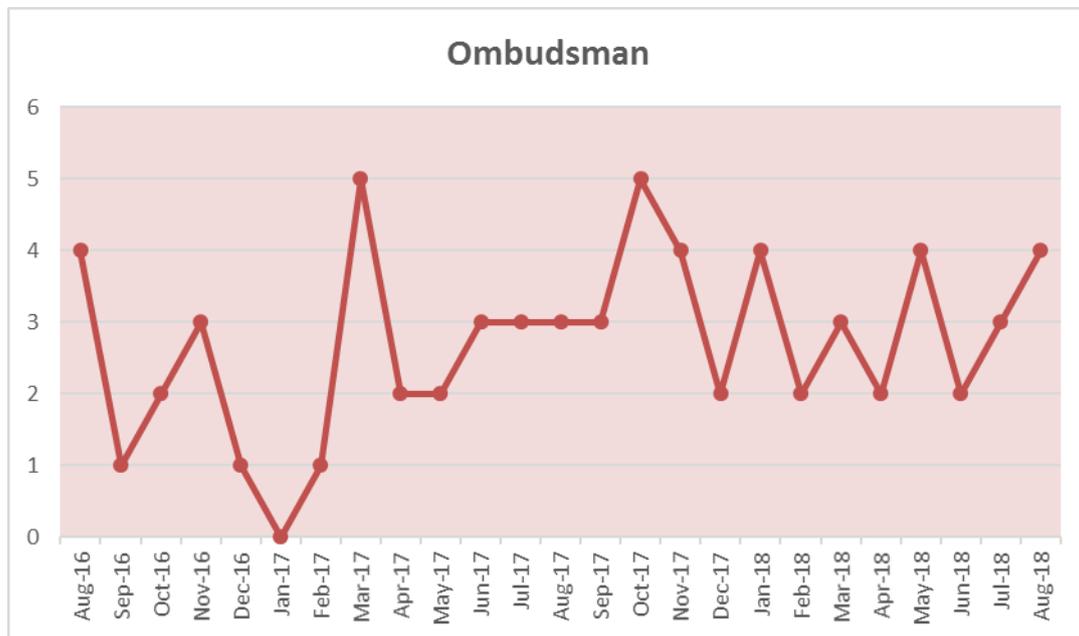
- Long standing complaints (complaints over 6 months) to be reduced to zero from first receipt. SDUs have a plan to reduce long standing complaints. Monitoring of these long standing complaints is undertaken on a weekly basis by Patient Feedback staff. SDUs are required to provide actions and specific timescales for completion.

## **4. OMBUDSMAN**

### **Measure 1: Reduce the number of new Ombudsman investigations in 2018/19 compared to 2017/18.**

The Health Board received 37 new Ombudsman investigations between 1<sup>st</sup> April 2017 and 31<sup>st</sup> March 2018. The Health Board received 9 more new Ombudsman cases in 2017/18 when compared to the same period in 2016/17 (24% increase).

Between the 1<sup>st</sup> April 2018 and the 31<sup>st</sup> July 2018 the Health Board has received 11 new Ombudsman investigations compared to 12 for the same period in 2017/18.



**Measure 2: Maintain 0 number of section 16 reports being issued by the Ombudsman.**

Maintained as at the 21<sup>st</sup> August 2018. .

There are currently 37 open Ombudsman cases (as at 21<sup>st</sup> August 2018). 10 cases relate to POWH, 13 for Morriston, 3 for MH&LD, 7 for Singleton and 3 for Primary Care and 1 for NPT.

Actions to be taken have been provided in Section 2 of this report.

**5. ANNUAL CONCERNS AND CLAIMS ANNUAL REPORT**

The Annual Concerns and Claims Report is presented to the Committee for approval.

**6. RECOMMENDATION**

The Committee is asked to note the contents of the report and approve the Concerns & Claims Annual Report.

<b>Governance and Assurance</b>					
<b>Link to corporate objectives (please ✓)</b>	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
		✓			✓
<b>Quality, Safety and Patient Experience</b>					
This report sets out performance against patient experience measures and actions being taken to improve the services that we provide.					
<b>Financial Implications</b>					
No implications for the Committee to note.					
<b>Legal Implications (including equality and diversity assessment)</b>					
No implications for the Committee to note.					
<b>Staffing Implications</b>					
No implications for the Committee to note.					
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>					
No implications for the Committee to be notified of.					
<b>Report History</b>	Update requested by the August Committee meeting.				
<b>Appendices</b>					