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**GOOD GOVERNANCE IN COMPLAINTS AUDIT**

**Our Proposal for Reviewing LAS Complaints Procedures**

The following proposal sets out the steps we propose for reviewing complaints procedures, where stakeholders and professionals not directly involved in the organisation’s complaints process, participate and contribute ‘external’ views.

1)    A sample of complaints is sought:  one or two  ‘straightforward and readily resolved’;  one or two ‘protracted and difficult complaints’ that took a long time to resolve (this sometimes can include one that went to the Ombudsman, but in that case the Ombudsman would have made suggestions anyway);  and a few random ones.  The number of samples varies, but the type of complaints is typical.

2)    It is up to the LAS to decide which of its professionals it wishes to involve but, again typically, these would include at least two from different parts of the organisation.  The small group involves at least one stakeholder, one external person with experience of dealing with complaints review on a similar scale, and at least one person from its ‘complaints team’, along with those from the organisation but not involved in dealing with complaints.  [It sometimes involves one or two users of the service/s or their representatives.]  It is useful to include a senior or middle manager with responsibility for equality and diversity.

3)    Part of the process involves collating feedback and lessons from user surveys, and feedback from staff surveys, on the value of complaints.  The same group can organise and analyse these.  It also can include looking back over the past 2-3 years’ analysis of complaints to determine areas where a particular type of complaint is repeated several times. This would be available alongside the user and staff survey outcomes (which might also cover 2-3 years previously).

4)    The process can be annual or biennial.

5)    All paperwork is redacted to ensure confidentiality.  Someone chairs the group – not necessarily the complaints manager – and the group ultimately lists any recommendations based on the group’s review and the review of the survey feedbacks, and produces a paper for the Senior Management Team and Patients’ Forum.

Steps:

  Feedback from user and staff surveys collated, analysed and outcomes documented.

  Earlier review reports summarised and documented.

  Sample complaints compiled and fully redacted.

  Decision made to work across all the sampled complaints independently and report findings independently, or to work in pairs, etc, and report findings.

  The full process and attendant procedure set out clearly for the group.

  Timing and information that is made available to the public/stakeholders also set out clearly.

  The complaints are followed from the time of receipt to the eventual resolution.

  Timing, efficacy, language and tone, and decisions about the complaint all looked at carefully.

  Findings to be set out using common format for ease of comparison (format decided at the outset).

  Open and frank discussion about findings and about recommendations.

  Costing and resources needed to effect some of the outcomes and recommendations discussed.

  Group decision arrived at to determine what is realistic, what can be done almost immediately and what will take longer, require some funds/resources, etc, and priorities for improvement where necessary agreed.

  Full report to SMT and Forum.

  When approved, organisation-wide internal communication to explain the review and any revisions to current practice, with timescale for start of new implementation.

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