

**Inspection guide**

**Domain: Patient focus**

**Core standard: C14a (Complaints Audit)**

Region/area	London
Trust name	The Whittington Hospital NHS Trust
Lead assessment manager	Kevin Yates
Date of Visit	16 <sup>th</sup> February 2007
Area team leader	Fiona Wray

This inspection guide is a resource for the Healthcare Commission's assessment managers to use when carrying out selective inspections for the assessment of core standards. The guide does not add any additional requirements to those published in '*Criteria for assessing core standards*'.

## **Instructions for completion of inspection guides for the 2006/07 complaints audit visits**

### **Background**

Poor handling of complaints at a local level is one of the top issues raised in complaints to the Healthcare Commission. The Complaints audit will look further at why this is the case. Our preliminary analysis also suggests that some of the trusts are at risk of not meeting core standards C14a, C14b and C14c in relation to complaints, and the audit aims to help us understand why this is.

The audit will involve assessment managers visiting those trusts that do not appear to be performing well on complaints. It will also involve visiting those trusts that appear to be performing well on complaints. The assessment managers will check whether the complaints service being run by the trust is accessible, responsive and enables trusts to learn from mistakes.

### **Approach**

The focus of the visits is the operation of the trust's arrangements for the handling of complaints as at the day of the visit. The assessment team will explore these arrangements with reference to the elements for standards C14a, C14b and C14c, using this guide. The visit differs from the inspections of trusts' annual declarations against the core standards in the summer - the visit is not about seeking assurance retrospectively, it is a review of the arrangements at that point in time.

The audit is not a paper-based audit, rather the visit will seek information from interviews with staff and, where appropriate, from observations to determine how the handling of complaints is operating within the trust.

### **Impact on the core standards assessment 2006/07**

All trusts will be provided with completed inspection reports detailing the findings from our work. For some trusts, the visit will raise issues about their compliance with one or more of the standards C14a, C14b and C14c. In these cases the trust will be formally notified that the findings indicate one of the following:

- that there has been a significant lapse during the assessment year. In such cases we will expect the trust to declare 'not met' for the specified standard within the end of year declaration.
- OR
- that we have reason to believe that there may have been a significant lapse in compliance with a standard within the assessment year - but a lack of sufficient available evidence precludes the Commission arriving at a firm conclusion that such a lapse has occurred. In such cases we will expect the trust to consider these findings as it reviews its assurances for these standards when making its declaration. In addition, there is an increased probability that the trust will receive an inspection against its declaration as a result of its findings.

### **Suggested contacts within the trust**

The assessment team will need to determine which staff they need to interview as part of their visit, in part using their knowledge of the organisation being visited. In determining the staff to be interviewed, the assessment teams should consider:

- the person with lead responsibility for the management of complaints at the trust
- the complaints manager,
- PALS staff
- frontline staff from clinical directorates/localities/different services.

The final decision about who would be interviewed will be made after discussions between the trust and one of our inspectors.

## Sections for completion from the audit

- **Table 1a should be completed for all types of trusts**

Column I: details the lines of enquiry that relate to the element and must be considered during the visit.

Column II: the document title with its appropriate reference code should be recorded here

Column III: a summary of the findings should be recorded here relating to the line of enquiry (not a judgment). There does not need to be a separate summary recorded for every source of evidence listed in column III, for example, but should be a synthesis of the overall findings.

All lines of enquiry should be explored with the trust during the visit. Where the visit does not identify evidence for a line of enquiry this should be recorded in column II.

- **Tables 1b and 2 – must only be completed if a primary care trust is the subject of inspection**

Column I: details the lines of enquiry that relate to the element and must be considered during the inspection. Evidence sought should relate to these lines of enquiry.

Column II: the document title with its appropriate reference code should be recorded here.

Column III: a summary of the findings should be recorded here relating to the line of enquiry (not a judgment). There does not need to be a separate summary recorded for every source of evidence listed in column III, for example, but should be a synthesis of the overall findings.

All of the lines of enquiry should be explored with the trust during the visit. Where the visit does not identify evidence for a line of enquiry this should be recorded in column II.

- **Table 3 – must be completed for all types of trust**

A table for recording conclusions is provided for the element, which should be completed to:

- provide a summary of the findings relating to the element overall, including a description of any areas for improvement as well as areas to note. For some sections headings have been included to structure this summary.
- provide a recommendation for the trust's performance against the element (see information above relating to impact on the core standards assessment).

The conclusions provided for the element will form part of an overall report for each trust visited, setting out the findings for each aspect that has been reviewed. The narrative provided in the conclusion must be able to stand alone (i.e. will not be accompanied by the evidence tables).

Column I: a summary of the findings should be recorded here. The summary should provide a general view across all of the lines of enquiry and should include a consideration of whether any of the findings indicate lapses, or significant lapses for the element.

Column II: a summary of any areas that require attention or action by the trust, OR to record any findings of good practice relating to the element.

Column III: a recommendation for action should be recorded here from the options provided. Only one recommendation can be made for each element.

## Core standard C14a

Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services

### Element 1

Table 1a: All organisations

**Element:**  
**Patients, relatives and carers are provided with accessible information about, and have clear access to, formal complaints systems in accordance with the NHS (Complaints) Regulations 2004 and associated guidance.**

	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
<b>Accessible information about formal complaints systems</b>			
a	Regulation 20 of the Regulations requires that “each NHS Body must ensure that there is effective publicity for its complaints arrangements” and “must take reasonable steps to ensure” that patients, relatives and carers are informed of the arrangements for management of complaints, including the name and contact details of the complaints manager. Information on the NHS body’s arrangements for handling complaints should be made accessible in a format that is useful to all. For example, in different languages, braille and cassette tapes.	CAU RKE 010 (e) Interview- Chief Executive Officer (CEO) and Director of Nursing (DON)  CAU RKE 011 (e) Interview – Patient Advice and Liaison Service (PALS) Manager	The Trust has a written complaints procedure. A copy of the procedure is given to a complainant when he/she first makes a complaint, and another copy is included with the letter sent to acknowledge receipt of a formal complaint. Complaints leaflets are available in languages other than English and in Braille. All staff are able to access and use language line as necessary. There are regular reports on the usage of language line, the languages requested and why used, i.e. for complaints.  When a verbal complaint is made the complainant is always assessed to find out if an interpreter is required. If an interpreter is needed any member of staff can access this resource internally. Interpreters can be accessed via the 5 interpreters employed by the trust who speak the most commonly requested languages, via language line or via the national interpreters service. Staff can also access the British Sign Language resource.

	<b>I: Lines of enquiry</b>	<b>II: Evidence presented</b>	<b>III: Evaluation of evidence</b>
		<p>CAU RKE 005 (e) CAU RKE 006 (e) Examples of complaints information in a range of languages</p> <p>CAU RKE 001 (hard copy) Concerns and Complaints leaflet August 2006</p> <p>CAU RKE 003 (hard copy) Information pack</p> <p>CAU RKE 012 (e) Interview Oncology Department CAU RKE 013 (e) Interview Respiratory Department CAU RKE 014 (e) Interview Accident &amp; Emergency CAU RKE 015 (e) Interview Security / Porter</p>	<p>The complaints leaflets are produced in the languages most commonly spoken in the community demonstrating that the trust provides accessible information relating to the complaints procedure in a range of formats.</p> <p>This leaflet, made available throughout the trust, informs the public of the trust's arrangements for the management of complaints. The leaflet includes information on how to make a complaint, who can support complainants through the complaints process, relevant contact numbers, timescales, and information on what the complainant can do if they are not satisfied, including contact details of the Healthcare Commission and the Ombudsman.</p> <p>An Information Pack is provided to all patients on admission to the trust, which includes a comment card that provides an opportunity for patients to comment on their care. The pack also contains information about the role of PALS and the PALS contact details, along with a section on complaints management and how patients may make a complaint.</p> <p>The staff interviews recorded in evidence 012 – 015 demonstrate that staff employed within the trust are informed of the arrangements for management of complaints, including the name and contact details of the complaints manager.</p>
b	Information about the healthcare organisation's complaints procedure should be promoted to staff. In addition, the Guidance states that "it will be	CAU RKE 010 (e) Interview- CEO and DON	All staff are provided with complaints training at corporate induction. There is an annual complaints training day for managers, which includes handling formal and informal complaints. It was not clear from



	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
		<p>CAU RKE 020 (hard copy) Annual Managers Training Programme.</p>	<p>Matron if they were unable to resolve a complaint independently. All staff were aware of PALS and how to access the service.</p> <p>The annual managers' training day covers a range of topics including the new NHS complaints procedure, writing responses, action plans and action monitoring, root case analysis, and investigations. This in-house day is open to all managers across the trust and numbers are not limited.</p>
<b>Clear access to complaints procedures</b>			
c	<p>The healthcare organisation's procedures for complaints handling should be accessible to patients, relatives and carers. People with language and/or communication needs should be adequately supported in accessing the complaints procedures, for example arrangements for patients with a learning disability or patients for whom English is not their first language.</p>	<p>CAU RKE 010 (e) Interview CEO and DON</p> <p>CAU RKE 011 (e) Interview PALS Manager</p> <p>CAU RKE 004 (hard copy) Complaints policy/procedure- Managing and Responding to Complaints. January 2007</p>	<p>We were informed that all staff are able to access and use language line as necessary. There are regular reports on the usage of language line, including the types of languages requested and why the line was used, eg, for complaints.</p> <p>The trust employs 5 interpreters for the most commonly spoken local languages, and they are available to all areas of the trust. In addition interpreter services are available from Language Line and the national interpreters service. The BSL service (British Sign Language) is also available. The use of Language Line for complaints is monitored and a report is produced quarterly.</p> <p>This current policy is available in both paper form and on the trust intranet. The document clearly acknowledges the needs of patients including those with learning difficulties and those whose first language is not English. There is a statement in the policy on the trust's commitment to ensure that a patient care will not be adversely affected by a complaint being made. It also states that if necessary the complainant may remain anonymous, and there is a procedure on how this would be</p>

	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
		CAU RKE 005 (hard copy) CAU RKE 006 (hard copy) Examples of complaints information in a range of languages  CAU RKE 012 (e) Interview Oncology Department CAU RKE 013 (e) Interview Respiratory Department CAU RKE 014 (e) Interview Accident & Emergency CAU RKE 015 (e) Interview Security / Porter	achieved.  The complaints leaflets produced in the languages most commonly spoken in the community demonstrate that the trust provides accessible information relating to the complaints procedure in a range of formats  The staff interviews recorded in evidence 012 – 015 demonstrates that staff employed with the trust are informed of the arrangements for management of complaints, including the name and contact details of the complaints manager. Staff are aware of translation services and how to access them via PALS. Staff are aware of the role PALS can play in supporting them if involved in a complaint.

**Point of information:**

**Foundation trusts**

The NHS (Complaints) Regulations 2004 and the associated *Guidance to support implementation of the NHS (Complaints) Regulations (2004)* detail procedures for the local resolution of complaints received by all trusts, except NHS foundation trusts. The focus of this element is that accessible information about, and clear access to complaints procedures, is provided to patients, relatives and carers within any local resolution systems.

**Table 1b: PCTs only**

I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
<b>Independent contractors:</b> the PCT should have taken reasonable steps to ensure that the services provided by independent contractors (general practitioners, pharmacists, dentists and optometrists) are meeting the relevant aspects of this element.		



**Point of information:**

**PCTs**

Separate Directions and Regulations relating to complaints handling by primary care practitioners are in place. Primary care practitioners have to have their own local resolution procedures in place for complaints they receive, and the regulations referenced above do not refer to these local resolution procedures.

The Healthcare Commission recognises that each PCT will have different ways through which it engages and communicates with its independent contractors. Some examples include:

- through the work of the professional executive committee (PEC)
- by reviewing information from the quality outcomes framework (QOF)
- by engaging with local networks (for example the local dental practice board, local prescribing committee, local optometry committees, etc.)

**Table 2: PCTs- commissioned services**

<b>I: Lines of enquiry</b>	<b>II: Evidence presented</b>	<b>III: Evaluation of evidence</b>
The PCT should have appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the standard.		

**Point of information:**

**Commissioned services**

In some cases PCTs may have formalised their requirements and monitoring arrangements with regard to the standards, for example through detailing contractual clauses and service level agreements. More commonly, PCTs may be relying on other, more general mechanisms, such as:

- feedback from patients on commissioned services
- review of performance monitoring information
- risk assessments of commissioned services
- routine meetings between the PCT and the providers of their commissioned services, etc.

## Conclusions

**Table 3: Conclusions by element**

<b>Element 1: Information and access to complaints procedures</b>		
<b>I. Summary Findings</b>	<b>II. Areas for improvement/ Areas of note</b>	<b>III. Decision</b>
<p>The trust has provided evidence to show how it publicises complaints arrangements. This includes access to the interpreter's services for patients or their relatives for whom English is not their first language. The responses provided during the audit to questions relating to the trust's management of complaints were consistent from all 18 staff members who were interviewed. All staff interviewed displayed a commitment to local resolution of complaints.</p>	<p>Nil</p>	<p>1. No further action required. Findings demonstrate appropriate information is available and arrangements are in place for access to complaints procedures.</p>