

Inspection guide

Domain: Patient focus

Core standard: C14b (for complaints audit)

Region/area	London
Trust name	The Whittington Hospital NHS Trust
Lead assessment manager	Kevin Yates
Date of Visit	16 th 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 guide for standard C14b

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 C14b

Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made

Element 1

Table 1a: All organisations

Element:
The healthcare organisation has systems in place to ensure that patients, carers and relatives are not discriminated against as a result of having complained.

	I: Lines of enquiry	II Evidence presented	III Evaluation of evidence
a.	The healthcare organisation should communicate their commitment to patients, carers and relatives that they will not be adversely affected in the event that they make a complaint. Complainants should be encouraged to speak openly and be reassured that whatever they say will be treated with appropriate confidence and sensitivity.	CAU RKE 004 (hard copy) Complaints policy/procedure- managing and responding to complaints January 2007 CAU RKE 001 (hard copy) Concerns and Complaints leaflet August 2006	This current policy is available in both paper form and on the trust's 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's 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 achieved. 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 telephone numbers, timescales, and information

	I: Lines of enquiry	II Evidence presented	III Evaluation of evidence
		<p>CAU RKE 012 (e) Interview Oncology Department</p> <p>CAU RKE 004 (hard copy) Complaints policy/procedure- managing and responding to complaints January 2007</p> <p>CAU RKE 013 (e) Interview Respiratory Department</p>	<p>on what the complainant can do if they are not satisfied including contact details of the Healthcare Commission and the Ombudsman. The leaflet states that 'Any complaint that you make will not be held against you or affect any future care or treatment for you or your family'.</p> <p>This interview with a junior staff nurse confirmed that should a patient or relative wish to make a complaint they will be supported in doing so and that if the patient wishes, he/she can be transferred to and receive their care in another ward or from another consultant</p> <p>An explicit statement that "no complainant will be discriminated against because of their complaint" is not made in the trust's complaints policy, but there is a statement in both the policy and complaints leaflet that states the trust welcomes feedback and comments as this assists in improving the quality of care provided to patients. Staff spoken to confirmed that the trust had adopted this approach as the ethos was not to discriminate against complainants, an approach that is embedded in the trust through training and role modelling from senior staff.</p> <p>Staff stated that the fact that a patient</p>

	I: Lines of enquiry	II Evidence presented	III Evaluation of evidence
		CAU RKE 011 (e) Interview PALS Manager	<p>or family has made a complaint is not recorded in their medical records and therefore only those involved in the complaint are aware of the fact a complaint has been made.</p> <p>Staff confirmed that when patients or relatives made either a formal or informal complaint they are reassured that as a result of their complaint they will not be discriminated against.</p>
b.	The healthcare organisation should communicate the expectation to staff that patients, carers and relatives should not be discriminated against as a result of having complained, for example, through induction and training programmes.	<p>CAU RKE 010 (e) Interview CEO and DON</p> <p>CAU RKE 011 (e) Interview PALS Manager</p>	<p>Examples were provided where patients had been transferred to other consultants to avoid discrimination after the patients or family members made complaints. There is a process in place for the family/complainant to request to remain anonymous, and the trust would remove personal details from complaints letter before circulating to staff for action.</p> <p>Examples were provided to show that the trust does not discriminate against members of staff who complain about work-related issues. Examples were given of staff coming to the CEO with complaints about their facilities. The culture of openness is well embedded. Which was evident from the reports that staff felt they could keep coming back with issues and did not feel that they would be discriminated against.</p>

	I: Lines of enquiry	II Evidence presented	III Evaluation of evidence
		<p>CAU RKE 004 (hard copy) Complaints policy/procedure- Managing and Responding to Complaints January 2007</p> <p>CAU RKE 001 (hard copy) Concerns and Complaints leaflet</p> <p>CAU RKE 012 (e) Interview Oncology Department</p> <p>CAU RKE 013 (e) Interview Respiratory Department</p> <p>CAU RKE 014 (e) Interview Accident & Emergency</p>	<p>Relatives, who wish to make an informal complaint, because they are concerned that as a result of making a formal complaint their relative may be discriminated against, are reassured and have the trust policy explained to them. The trust informs complainants that it takes informal complaints seriously and always investigates</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 telephone 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. The leaflet states that 'Any complaint that you make will not be held against you or affect any future care or treatment for you or your family'.</p> <p>The staff interviews recorded in evidence 012 – 015 confirms that all staff spoken to were aware of the arrangements for the management of complaints, including the name and contact details of the complaints manager. Staff are aware of the availability of translation services and</p>

	I: Lines of enquiry	II Evidence presented	III Evaluation of evidence
		CAU RKE 015 (e) Interview Security / Porter	how to access them. Staff are aware of the role PALS can play in supporting staff if they are involved in a complaint. All staff reported they had attended induction training and that this training included a session on handling complaints. Staff were aware that a patient could be transferred to another ward / consultant if the patient so wished and that patients would be supported whilst making a complaint.
c.	The healthcare organisation should have systems to identify any areas where discrimination has occurred against a complainant, with the appropriate action being taken. For example, by using information from surveys of complainants, by using feedback from patient focus groups, etc.	CAU RKE 010 (e) Interview CEO and DON CAU RKE 011 (e) Interview PALS Manager CAU RKE 008 (hard copy) Hospital Management Board Papers	The trust's PPI forum is proactive and regularly brings issues to the patient experience group. Complaints are discussed at this group along side elements from the 'essence of care'. These topic areas would facilitate discussions around discrimination if they occurred. The privacy and dignity committee is a multidisciplinary group, complaints are taken to this meeting, and discrimination if it occurred, would be discussed. Management papers that span the 12-month period January 2006 – January 2007. Complaints are a regular agenda item; No issue relating to discrimination is minuted as none have occurred. This was further supported through staff interviews. The complaints report includes an area that documents the service improvements made as a

	I: Lines of enquiry	II Evidence presented	III Evaluation of evidence
		CAU RKE 007 (hard copy) Trust Board Minutes and Papers	result of complaints. Trust board papers that span the 12-month period January 2006 to January 2007. Complaints are a regular agenda item; No issue relating to discrimination is minuted as none have occurred. This was further supported through staff interviews. The complaints report includes an area that documents the service improvements made as a result of complaints.

Table 1b: PCTs only

A: Lines of enquiry	B: Evidence presented	C: Evaluation of evidence
Independent contractors: 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:

Independent contractors:

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 only (commissioned services)

A: Lines of enquiry	B: Evidence presented	C: Evaluation of evidence
<p>Commissioned services: 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 element.</p>		

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

Element 1: Information and access to complaints procedures		
I. Summary Findings	II. Areas for improvement/ Areas of note	III. Decision
<p>The trust has evidenced in documentation and also through staff interview that there is a commitment to patients / carers not being adversely affected in the event that they make a complaint. Evidence that letters to complainants were written in a sympathetic tone and where</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>

<p>appropriate an apology was provided. Staff interviewed confirmed that through induction training and ongoing training provided by the trust they understood the importance of patients / carers being able to complain without the fear of discrimination. Evidence that the PPI forum plays an active role within the trust and should issues of patient discrimination occur the PPI forum would be in a position to facilitate discussions.</p>		
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