

Inspection guide
Domain: Patient focus
Core standard: C14c (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 C14c

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 , 2a and 2b 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, 2c and 3 – 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 4 – 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 C14c

Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that the organisation acts appropriately on any concerns and where appropriate, makes changes to ensure improvements in service delivery

Element 1

Table 1a: All organisations

Element:
The healthcare organisation responds to complaints from patients, relatives and carers in accordance with NHS (Complaints) Regulations 2004 and associated guidance.

	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
Arrangements for handling complaints (regulation 3)			
a	The Healthcare organisation's arrangements for handling and consideration of complaints must ensure that complaints are dealt with "speedily and efficiently" and complainants should be "treated courteously and sympathetically and as far as possible are involved in decisions about how their complaints are handled and considered".	CAU RKE 010 (e) Interview Chief Executive Officer (CEO) and Director Of Nursing (DON)	<p>The trust takes a proactive approach to managing complaints, taking action as necessary before a formal complaint is logged; examples provided at interview supported this view.</p> <p>There is a complaints process that is implemented throughout the trust. The process includes; clear timelines a central complaints database and escalation plans to address potential or actual breaches of timelines. Once logged on the system there are processes for delegating the complaint to a responsible individual. To ensure the process is handled effectively the complaint tracking sheet and correspondence are available in either paper or electronic form.</p> <p>Acknowledgement letters are sent to the complainant within 2 days of the complaint being logged, a copy of the</p>

	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
			<p>trust's complaints leaflet is included with the letter.</p> <p>Data is available which shows that by addressing complaints in an effective manner there has been a reduction in the number of complainants who are dissatisfied with the outcome of a complaint. In 2006/07 82.68% of complaints were investigated and resolved within the trust specified time scale. This resulted in 5% of complainants being dissatisfied with the outcome of their complaint as opposed to 14% being dissatisfied with the outcome of there complaint in 2005/06. This information was further evidenced in the Trust Board Minuets 17th January 2007.</p> <p>The trust is clear with patients and complainants as to when the complaints process has started and when it is complete. This provides clarity to all those involved.</p> <p>There are systems in place to check that all stages of the complaints process has been adhered to prior to the final letter being signed on behalf of the CEO. The letter includes a section stating that the CEO has seen the response.</p> <p>If a complainant is dissatisfied with the outcome of a complaint investigation, the process starts again with the same timescales for responding applying. The DON checks the letter but the CEO</p>

	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
		<p>CAU RKE 021 (hard copy) Patient Feedback Report July to Sept 2006</p>	<p>6 sets of notes were reviewed and it was confirmed that the acknowledgement letter had a sympathetic tone, apologies as necessary were made, patients were encouraged to continue with their treatment, reassurances offered that the patient will be cared for appropriately and their care will not be jeopardised by the complaint.</p> <p>Quarterly complaints reports, prepared by the PALS manager, are presented to executive team meetings, trust board meetings and management meetings. These reports include types and numbers of complaints together with response times, and compares monthly figures to identify trends. The report also includes, information about service improvements, independent reviews and recommendations made following completed complaint investigations.</p>
b	Complaints managers need to keep a complete documentary record of the handling and consideration of each complaint. (Regulation 3)	<p>CAU RKE 010 (e) Interview CEO and DON</p> <p>CAU RKE 011 (e)</p>	<p>There is a weekly status report produced of all formal and informal complaints. The report includes monitoring of action plans produced as a result of a complaint, response dates for ongoing complaint investigations, responsible individuals and completion dates. The process identifies when timeframes are about to be breached and in these cases the action to be taken to escalate the matter</p> <p>The complaints manger maintains a</p>

	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
		Complaints	The document prepared by the Whittington Hospital NHS Trust reports annually on all complaints referred to the Healthcare Commission. A summary of the Commission's recommendations is followed by the action taken by the trust, demonstrating that all recommendations are implemented and actions taken documented. The trust is able to evidence that it does respond appropriately to Healthcare Commission recommendations
Investigation (regulation 12)			
c	<p>The complaints manager must investigate complaints to the extent necessary and in the manner that appears most appropriate to resolve it speedily and efficiently. Steps should be taken, as are reasonably practicable, to keep the complainant informed about the progress of the investigation.</p> <p>The point of information below sets out, from the associated guidance to the regulations, factors that must be considered by organisations when conducting investigations into complaints.</p>	CAU RKE 010 (e) Interview- CEO and DON	The trust has found that by reducing the time it takes to respond to complaints there has been a reduction in the number of complainants who are dissatisfied with the outcome of a complaint. A significant drop in dissatisfied complainants has been reported, this is directly correlated with hitting targets and response rates. Complainants are kept informed of the progress made with the investigation. Complainants are contacted by letter informing them when the investigation is due to be completed and again once the investigation is completed. In the event of a delay in the investigation completion date, due to the complexity of a case or availability of key staff, the complainant will be informed in writing of the delay. All complainants are notified by letter when the investigation is completed and of the outcome of the investigation.

	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
d	<p>Arrangements for conciliation, mediation or other assistance should be available, where appropriate, for the purposes of resolving a complaint.</p>	<p>CAU RKE 010 (e) Interview- CEO and DON</p> <p>CAU RKE 018 (e) Interview Medical Director</p> <p>CAU RKE 011 (e) Interview PALS manager</p>	<p>The trust does have access to mediation services/ conciliation; there is an identified person who would support these meetings. Not all staff are aware of the availability of this service.</p> <p>Examples were provided of Staff resolving complaints locally. The Medical Director is able to meet with complainants and trust doctors in order to both facilitate and mediate.</p> <p>Local resolution when trying to avoid informal complaints becoming an official complaint is frequently used.</p>
Response (Regulation 13)			
e	<p>Regulation 13 of the NHS Regulations (2004) requires that the complaints manager prepares a written response to the complaint which summarises the nature and substance of the complaint, describes any investigation and summarises its conclusions.</p> <p>Responses :</p> <ul style="list-style-type: none"> • should address all the points raised by the complainant and an outcome, or explanation of planned action, should be included where appropriate. • must refer to the complainant's right to take the complaint to the Healthcare Commission and advise what they can do if they disagree with the response or would like further explanation. 	<p>CAU RKE 010 (e) Interview- CEO and DON</p> <p>CAU RKE 018 (e) Interview Medical Director</p>	<p>The final letter sent to the complainant states the actions taken in order to resolve the complaint and formally closes the case. If the complainant is dissatisfied with the outcome, the letter includes a section on what they can do, i.e. contact the Healthcare Commission, and provides the Commission's contact details, including address.</p> <p>The trust is clear with the complainant when the complaints process has started and when it is complete. This provides clarity to all those involved. Staff are clear that when drafting final letters to the complainant they should include what actions have been taken and the process the complainant should take if they are not happy with the outcome. This includes directing the individual to the Healthcare</p>

	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
		<p>CAU RKE 017 (e) Interview Divisional Manager- Medicine</p> <p>CAU RKE 011 (e) Interview PALS manager</p> <p>Case note review No evidence collected</p>	<p>Commission.</p> <p>Managers review all complaints before delegating for investigation. If appropriate they would ask the PALS team to arrange a meeting with the complainant. This may happen if the complaint is considered to be too complex to answer only in a letter.</p> <p>The trust's complaints leaflets include statements that should the complainant be unsatisfied with the trust's response, they may contact the Healthcare Commission, and the Commission's contact details are included in the leaflets.</p> <p>All final letters include information on what the complainant should do if they are not satisfied with the outcome of the investigation. The guidance given suggests that complainants can contact the Healthcare Commission and includes details of how to contact the Commission.</p>
f	<p>The healthcare organisation should ensure that arrangements are made for any outcomes to be monitored to ensure that they are actioned. The guidance for complaints handling states "it is good practice to keep the complainant and those involved in the complaint informed of progress, with a final outcome when all actions have been taken."</p>	<p>CAU RKE 010 (e) Interview CEO and DON</p>	<p>There is a system in place for monitoring actions taken following a complaint. Details of actions taken are provided to the complainant in the final letter.</p> <p>Patients have informed the trust that when they have raised issues in the past and then returned to the hospital, they have noted the changes made as a result of their complaint. The board</p>

	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
			minutes also include a section on complements.

Point of information:

Foundation trusts

The NHS (Complaints) Regulations 2004 and the associated *Guidance to support implementation of the NHS (Complaints) Regulations (2004)* details procedures for the local resolution of complaints received by all trusts, with the exception of NHS foundation trusts. NHS foundation trusts can determine their own local resolution process, which should meet the requirements of C14c. The focus of this element is that complaints are managed efficiently, complainants are involved in how their complaint is handled and concerns that have been raised are addressed.

2006 Regulations

Changes to the NHS complaints regulations came into effect on 1 September 2006, however the details of the regulations referenced within the inspection guide continue to apply.

Investigations of complaints

Guidance to support implementation of the NHS (Complaints) Regulations (2004) sets out the following points for consideration by trusts when undertaking investigations of complaints.

- complaints might best be resolved through face-to-face meetings with the complainant and early consideration might be given to this approach. Equally, the complaints manager may decide, on a case by case basis that other action would be more helpful.
- it is important that any investigating officer considers the complaint with an open mind, being fair to all parties. Investigation must not be adversarial and must uphold the principles of fairness and consistency.
- whoever undertakes the investigation should seek to understand the nature of the complaint and identify any issues not immediately obvious.
- all investigations be conducted in a manner that is supportive to those involved and takes place in a blame free atmosphere. This includes providing anyone identified as the subject of a complaint with a full account of the reasons for the investigation, giving them a proper opportunity to talk to the investigating officer and ensuring they are kept informed of progress.

Table 1b: PCTs only – independent contractors

I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
<p>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</p>		

I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
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 pharmacy committee, local optometry committees, etc.)

Separate Directions and Regulations relating to complaints handling by primary care practitioners are in place (listed below). 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.

- SI 1996 No. 698 - The National Health Service (Pharmaceutical Services) Amendment Regulations 1996
- SI 1996 No. 704 – The National Health Service (General Dental Services) Amendment Regulations 1996
- SI 1996 No. 705 – The National Health Service (General Ophthalmic Services) Amendment Regulations 1996
- SI 2004 No. 291 – The National Health Service (General Medical Services Contracts) Regulations 2004
- SI 2004 No. 627 – The National Health Service (Personal Medical Services Agreements) Regulations 2004

SI 2004 No. 291 – The National Health Service (General Medical Services Contracts) Regulations 2004 and SI 2004 No. 627 – The National Health Service (Personal Medical Services Agreements) Regulations 2004, and The National Health Service (General Dental Services Contracts) Regulations 2005, Statutory Instrument 2006 No. 1550, The National Health Service (General Ophthalmic Services etc.) Amendment Regulations 2006, Statutory Instrument 2005 No. 641 The National Health Service (Pharmaceutical Services) Regulations 2005 set out requirements for practitioners to co-operate with the Primary Care Trust in investigations of a complaint and to provide information on the number of complaints the contractor has received at intervals (as required).

Element 2

Table 2a: All organisations

<p>Element: The healthcare organisation uses concerns and complaints from patients, relatives and carers to improve service delivery, where appropriate.</p>

	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
a	The healthcare organisation should review and analyse concerns and complaints they receive about their services, for example, to identify any trends or to identify lessons to be learnt..	<p>CAU RKE 010 (e) Interview CEO and DON</p> <p>CAU RKE 016 (e) Interview Chairman</p> <p>CAU RKE 017 (e) Interview Divisional Manager- Medicine</p> <p>CAU RKE 011 (e) Interview PALS manager</p>	<p>The complaints report is presented to the trust board and discussions about complaints are recorded in the minutes of board meetings.</p> <p>There is a None executive director (NED) who is responsible for complaints. The trust board receives regular complaints reports at the board meetings; these reports include trends, any breaches of the complaints procedures and the action taken to address them.</p> <p>Quarterly divisional level complaints reports are used to identify trends. These trends are discussed at regular meetings between the service manager and the Matron. The Matron and service manager also meet with staff to discuss trends and get their ideas of how to deal with and change practice.</p> <p>Audit of specific parts of the complaints system is undertaken and findings of these audits are included in the regular board complaints reports. As a result of these audits the complaints system has been refined. To date these have been minor changes, i.e. reports changed to include areas identified for improvement.</p>
b	Where appropriate, the healthcare organisation should have taken action to improve service delivery as a result of individual complaints or concerns, or from analysis and review of complaints and concerns received.	CAU RKE 017 (e) Interview Divisional Manager- Medicine	It was reported that staff are able to provide examples of changes in service delivery as a result of complaints received and acted on. Monitoring of the implementation of action plans following a complaint has found that these changes have not only addressed the specific issues in the complaint but also improved the general

	I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
			quality of care being delivered
c	Where relevant, the healthcare organisation should act on any recommendations from the Healthcare Commission's independent review of second stage complaints from patients, relatives and carers.	CAU RKE 019 (hard copy) The Whittington Hospital Health Care Commission independent reviews Of Complaints	The document prepared by the Whittington Hospital NHS Trust reports annually on all complaints referred to the Healthcare Commission. A summary of the Commission's recommendations is followed by the action taken by the trust, demonstrating that all recommendations are implemented and documented. The trust is able to evidence that it does respond appropriately to Healthcare Commission recommendations.

Table 2b: Areas of additional focus for the complaints audit

Monitoring (regulation 21) and annual reports (regulation 22)		
I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
The healthcare organisation must prepare a report for each quarter of the year for consideration by its Board in order to monitor the complaints arrangements in place. The quarterly report should (a) specify the numbers of complaints received (b) identify the subject matter of those complaints (c) summarise how they were handled including the outcome of the investigation; and (d) identify any complaints where the recommendations of the Healthcare Commission were not acted upon, giving the reasons why not.	CAU RKE 010 (e) Interview CEO and DON CAU RKE 016 (e) Interview Chairman	The quarterly complaints report, presented to the trust board includes; the numbers of complaints, what the complaints are about, outcomes of the investigations and timescales Confirmed that as Chair to the Board he receives and acts upon the quarterly report provided to the trust board and that included in the report are the numbers of complaints, what the complaint is about, outcome of the investigation and timescales.
The healthcare organisation must prepare an annual report on its handling and consideration of complaints.	CAU RKE 023 (e) Trust Annual Report Of Complaints	This document states that the 2005/06 annual complaints report was submitted to the Healthcare Commission and the Strategic Health Authority. The report identifies the total number of complaints

		received, the number resolved at local level and the number still under investigation. The report identifies complaints by themes and departments.
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Table 2c: PCTs only

I: Lines of enquiry	II: Evidence presented	III: Evaluation of evidence
<p>Independent contractors: the PCT should:</p> <ul style="list-style-type: none"> • 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. • review and analyse concerns and complaints that they have received relating to independent contractors (general practitioners, pharmacists, dentists and optometrists) and, where appropriate, take steps to improve the delivery of services as a result of this review and analysis. 		

Point of information

Please refer to information relating to independent contractors and complaints above

Table 3: PCTs only – Commissioned services

Line of enquiry	B: Evidence presented	C: Evaluation of Evidence
<p>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>		

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 4: Conclusions by element

Element 1: Responses to complaints		
I. Summary Findings	II. Areas for improvement/ Areas of note	III. Decision
Complaints received by the trust enter a management system ensuring they can be tracked and so dealt with speedily and efficiently. Evidence of courteous and sympathetic correspondence was seen. A tracking system designed by the trust ensures a complete documentary record of the handling of each complaint. Letters to complainants stating how the complaint was being handled, including dates that further contact would be made were seen. Mediation is available if needed. Written responses to complaints all contained a summary of the complaint and informed the complainant of the outcome to the investigation. All complainants were informed of their right to inform the Healthcare Commission of their complaint. Documentation was provided evidencing that arrangements are in place for the	Nil	1. No further action required. Findings demonstrate appropriate information is available and arrangements are in place for access to complaints procedures.

monitoring of outcomes so ensuring they are actioned		
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Element 2: Improvement to service delivery

I. Summary Findings	II. Areas for improvement/ Areas of note	III. Decision
Analysis of complaints within the trust was evidenced and changes in service delivery can be identified. Healthcare Commission recommendations were evidenced as being actioned. Appropriate reports were prepared for consideration by the board and an annual report was provided.		<ol style="list-style-type: none"> <li data-bbox="1283 454 2060 582">1. No further action required. Findings demonstrate appropriate information is available and arrangements are in place for access to complaints procedures.