healthwatch Peterborough

LINk

Peterborough Local Involvement Network

Pathfinder **Local Healthwatch Peterborough**

Complaints Handling Report 2012

Contents

Summary

"Customer complaints are the schoolbooks from which we learn."

Author Unknown

It is a belief of Peterborough LINk that learning from complaints is a powerful way of helping to improve public services, enhancing the reputation of a public body and increasing trust among the people who use its services.

The aim of this report is to examine how complaints are handled by Peterborough and Stamford Hospitals NHS Foundation Trust and if their complaints system might be further strengthened.

Complaints, formal or not are an effective early warning indicator when something is not right. The report looks into how the Trust's current system for complaints handling and reporting worked. Guidelines about complaint handling acknowledge as a complainant motivation, the wish to avoid others having to go through the same poor experience. The report focuses on how complaints staff interact with complainants, gather complaints data and how learning from complaints leads to changes in Trust procedures. The report then goes on to look at how the wider local NHS is able to demonstrate learning from complaints.

Embodied in this report are the complainants - who nationally and locally - in our view are immersed in a the complaints system where their feelings are being both ignored and tidied away in the interests of the Trust's policy and procedures. The NHS is not of course alone in creating a process like this; organisations everywhere manage the emotions and feelings of their customers. With this in mind the report recommends a number of actions that could be taken to enhance the patient experience and, LINk believes, improve the Trust's current quality of service provision.

If the Trust could manage making that empathic connection between provider and user, much would change and at no financial cost. The paucity of data readily available and/or made widely obtainable is troubling; an understanding of the full range of problems that may spark dissatisfaction is being missed by the trust, as is any measure, or group of measures, to see if improvements in services have worked. It implies that decisions on grading of the seriousness of a complaint rest currently on experience without data to back this up.

Finally the fascinating experience of looking at the complaints systems currently in use provided an insight into possible future issues for the body replacing LINks in 2013 – Local HealthWatch.

Peterborough LINk would like to thank Peterborough and Stamford NHS Hospitals Foundation Trust for their cooperation and time given to this project.

1. LINk Complaints Handling Project

This Project draws lessons from the 2009 Complaints Regulations and on reports and interviews with staff and senior managers responsible for complaints systems at Peterborough and Stamford NHS Hospitals Foundation Trust. It also follows the LINk 2010 Complaints Handling Report.

The NHS complaints system aims to resolve complaints at the local level through investigation and resolution of complaints (the "local resolution" stage). The intention is to create a simpler, more flexible complaints process and to unify and reform the system for both the NHS and social care in England. Additionally, the new system is to be more complainant centred by creating a less prescriptive and more flexible process and ultimately to create an environment of openness and communication between the service user and service provider.

Underpinning the complaints process is the NHS Constitution, which guarantees that: -

- Patients have the right to a proper investigation of their complaint and to know the outcome of this.
- To take their complaint to the Health Service Ombudsman should they not be satisfied.
- To make a claim for a judicial review if they have been unlawfully dealt with.
- To be compensated for any harm done.

The new system for complaints has now been up and running at Peterborough City Hospital for just over 32 months. This report intends to examine is the importance for the Trust in getting their processes right when dealing with complaints and the potential implications if they do not.

The boxes in the report provide summaries following complainants' feedback, exploring the available data and as a result of our complaints discussion meetings with Peterborough City Hospital.

2. Background information

LINk believes that learning from complaints is a powerful way of helping to improve public service, enhancing the reputation of a public body and increasing trust among the people who use its service.

Public bodies have systems to record, analyse and report on the learning from complaints. This information was requested by the LINk to provide the background for the complaints handling experience at Peterborough City Hospital. These were in the form of the Trust's Complaints Policy and Annual Reports from the Complaints Department and PALS.

These documents are used as a tool to investigate what could be done to improve patient's experience. LINk also examines these documents to look at areas of concern and what to adopt onto the Work Plan and examine further.

2.1 Complaints Policy

A crucial aspect of the Trust's complaints policy is local front line responsibility for complaint handling. Complaints should, as far as possible, be resolved informally at ward/departmental level or with the PALS Team. Staff as and when a situation arises refer to this policy. Staff training in complaints handling is given initially at induction and later by a cascade process on wards/departments.

Because stress is on frontline staff, it is important that they recognise when comments are really complaints and need to be handled as such. We felt it was doubtful the induction training set out in the policy was likely to be of sufficient use in picking these up without further training.

Most staff will be anxious about complaints: understandably, because they are answerable not only to their employer but also to their regulatory body.

There was no clear guidance for staff in the complaints policy on when they will be held to account for errors, and when these will be seen as systemic failings of the Trust. However, staff accountability is raised in other policies – and these should be referenced within the complaints policy.

The next step in the Trust's complaints system set out in the policy is termed the "local resolution" stage. This is when the complaints department receives a complaint formally and an investigation implemented.

Central to these actions and referred to throughout the policy is the responsibilities of the complaints manager, newly appointed Band 7 – who works directly with the Assistant Director of Patient and Public Experience.

The Complaints Policy does inform staff about the Independent Complaints Advocacy Services (ICAS) who support patients with the practicalities of complaining and provide important support, especially to vulnerable complainants.

Not all data is included, omitted from the policy is that ICAS cannot currently support patients to make complaints to the General Medical Council or other professional regulators. However, ICAS information is provided at the earliest occasion.

Under the 2009 guidance, an organisation's annual complaints report is a key tool for looking at the root cause of users concerns, it looks beyond the incident itself to explore why it was able to happen, what might have prevented it, and what could be put in place to prevent recurrence.

Disappointingly we found the Trust's Complaints Reports basic. We had hoped to see the outcomes of the complaints reflecting the speed of local resolution, the actions that followed and the extent to which user objectives had been met. Instead these reports provided a two-dimensional image with a minimum of information and little analysis from the data collected.

At the City Hospital complaints data is gathered under 8 general categories and further sub divided into 40 sub-categories. For instance 'Standards of Care' have 4 sub-categories: - Medical, Multidisciplinary, Nursing, Privacy and Dignity.

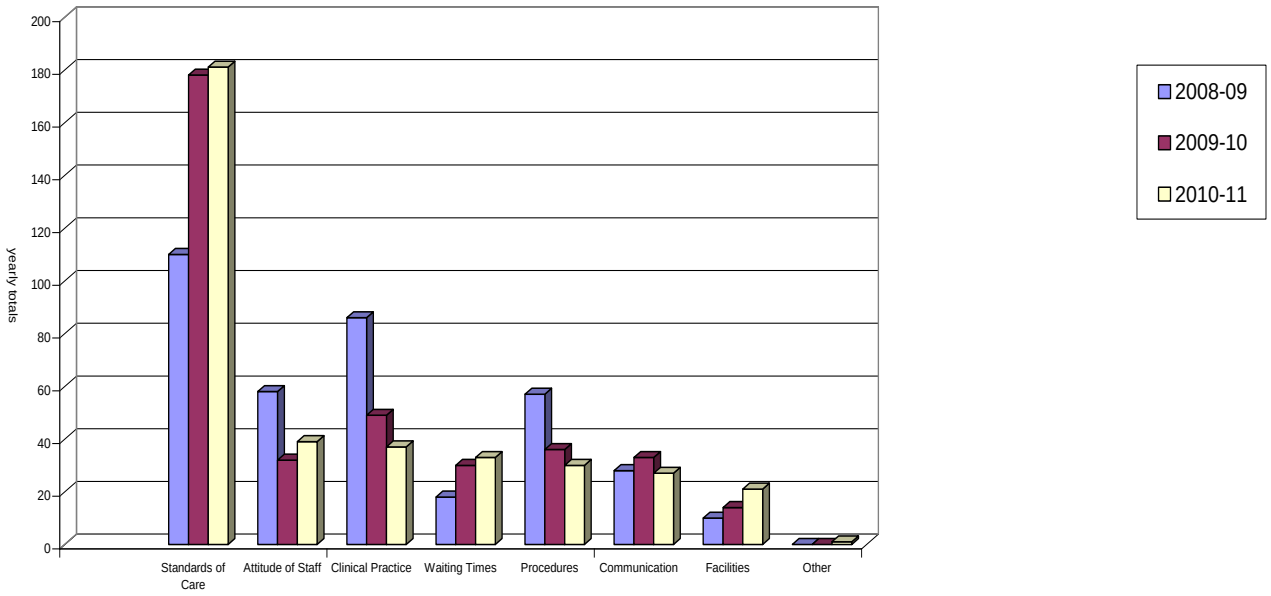
Such broad headings throw little light on the data collected or its value in capturing trends or insight into reoccurrences.

The Trust received 372 formal complaints between 1st April 2009 and 31st March 2010 and 369 between 1st April 2010 and 31st March 2011.

The Complaints Report lists the most common complaints based on totals, these are:

2009 – 2010	**2010 - 2011**
Standards of Care	Standards of Care
Clinical Practice	Attitudes
Procedures	Clinical Practice
Communication	Waiting
Attitudes	Procedures
Waiting	Communication
Facilities	Facilities
Other	Other

Over the last three years, we found a gradual increase in three areas which could be problematic for the trust; - Standards of care a rise of 19%, waiting times 4%, facilities 2%.



By far the largest percentage of complaints about the Trust related to Standards of Care, a 17% rise in 2009 – 2010, and a futher 2% in 2010 – 2011. Standards of Care accounted for 42% of the total complaints against the Trust over the last three years.

As Clinical Practice (diagnosis, treatment) comprised only 10% of total Trust complaints and have fallen year on year since 2009, patient dissatisfaction over Standards of Care must lie with other factors. This is not disclosed or broken down sufficiently to ascertain more about the origins of dissatisfaction and one must look to the PALS reports for this information.

2.3 Patient Advice and Liaison Services (PALS) Reports

Within the NHS, Patient Advice and Liaison Services (PALS) listen to patient complaints and aim to resolve them speedily. They are a useful first point of contact for complainants.

Like their complaints colleagues, PALS data is recorded under seven general categories and 73 sub-categories. The total number of PALS contacts for 2010 – 2011 was 6,862. This is a significant number of service user's opinions and a useful resource to the trust to help it to learn and improve.

However the PALS data collection system did not appear compatible with that of the complaints department having different categories for data storage. Any attempt to look behind the reported causes of service user dissatisfactions is at best a good guess.

LINk understands that both departments use the nationally used Datix system and their correlating categories may differ but they are from the same fields.

Our conclusion is that managers are missing the chance to understand better the full range of problems that may spark dissatisfaction. The LINk recognises that complaints are only one form of patient experience feedback, but the experience derived from proper consideration of complaints and PALS data would lead to a wider perspective on concerns and issues in the care available to other patients.

3. Interviews with Staff

A lot is written about NHS complaint handling. Much advice is given and guidance written. In the LINk's experience, this abundance of advice was not matched by anecdotal information on what actually happens as a complainant. So the purpose of this interview was to gain an insight into how the department handles formal complaints and to clarify, with staff, a number of points arising from the PSHFT reports.

LINk was pleased to be informed that a new information sharing newsletter on learning from complaints was launched on 30th January 2012.

LINk has advised the Trust that it would be advantageous to provide this to the widest possible audience including patients, on notice boards, patient leaflets/newsletters and website.

3.1 Complaints Report 2009 – 2010

The breakdown of complaints per month in the annual report had shown an increase during the winter months. The explanation was the increase in the volume of patients at that time of year, so more complaints arose around issues such as delayed admission to wards.

To offset this situation if admissions become tight, PSHFT emails a critical alert to all GPs informing them of the situation and to consider this when deciding on admitting patients. At the new City Hospital it is expected that the pathways will be much smoother for patients in this respect.

The 2010 – 2011 Complaints Report show almost exactly the same rise over the winter months, this time attributable to the visibility and access to PALS in the new City Hospital. One must question whether this is a trend – rather than patient access to make a complaint.

3.2 Data Capture

The NHS still has no national protocol for the classification and reporting of complaints. Categories used to store data in the department's computer system are hospital created, although some are used for the DoH Korner returns. It appeared that only the Korner data could provide comparable information on complaints across the health sector. Korner was described as 'dropping into a black hole' as no reports or comparative data has ever been returned.

An understanding of what has to change to achieve improvement throughout the system is being missed by the Trust by a lack of data. Current methods of complaints data collection focus only on the complaint, not at systems causing them.

While trusts devise their own systems for recording complaints there will be no uniformity of data from which patient's can exercise choice.

Körner complaints data – (collected since 1982 - a national set of data for management of the NHS) was readily available on the Internet. This data provides information on reports on both Trust and Strategic Health Authority areas.

CLAEP (see 4.1)

It was reported that the CLAEP (Complaints, Litigation, Adverse Events and PALs) Statement made quarterly to the PCT identified trends reported through all risk management processes, analysis data and ensures action is taken.

Real time data was provided via the Trust's Patient Experience tracker systems.

3.3 Complaints Handling

Trust staff are required to report any incident across a broad range of categories, from threats of or actual violence from patients, through to unsafe working conditions. Staff will generally complete an electronic form and bring this to the attention of their manager immediately.

A complaint usually arrives at the department when the ward manager/sister, matron or PALS cannot resolve the concern expressed. Their first response is to arrange an interview with the complainant - this could be by phone - and followed up with a letter containing the issue's expressed by the complainant and an agreed time scale for resolution.

Copies are sent to the Trust's legal department only if the communication contains legal content and/or serious issues and the Consultant and Clinical Business Unit (CBU) concerned, who have 10 working days to respond back. A follow-up email is sent after 5 working days if this is not responded to within this time. And the Director of Patient and Public Experience is copied into the third email.

All complaints use a weekly 'Action Monitoring' form which ensures a complaint does not remain static.

The second response takes longer and usually involves getting people together for a meeting. Resolution can go on and may require many meetings with the complainant. Complaints staff felt once the issue they perceived had been dealt with, complainants brought up new ones.

There is no clear recommended timescale for local resolution. The Trust, on average, aim for 30 working days to complete local resolution for general complaints and up to 45 working days for complex multi-agency complaints.

Some complainants decide to miss out the health service and go straight to the Health Ombudsman. The Ombudsman may refer the complainant back to the hospital for local resolution – while communicating with the Trust that it must explore the complaint.

In 2009 – 2010 five complaints against the trust had been referred to the Ombudsman, four had been accepted and one not upheld. In 2010 – 2011 eleven cases were referred. So far, three were not upheld, three accepted for consideration and the others are awaiting attention.

A separate file is kept for complaints records; these are never included in the patient's medical records.

3.4 Staff Training in Complaints Handling

Questioned on training in complaints handling it was reported that all staff including medical staff are made aware of the Trust's complaints policy at their Induction. From there, ward staff bands 6 & 7 receive training in patient safety, general managers and medical staff have a range of skills already and are trained in mediation and cognitive behaviour.

Complaints staff themselves, are experienced in all of the above as well as conflict resolution and diffusion and learning from the Complaints Regulation Network which is made up of other NHS complaints departments through out the Eastern Region

Learning from complaints leads to changes in procedures usually with front line staff and the complaints department has been involved in training whole wards where specific issues are identified.

4. Outcomes from the Interview with Staff

A number of issues had arisen following the LINk meeting with complaints staff. From a patient/carer perspective, it is worth noting that the motivation for a complaint is not to seek compensation for failures of care, but rather to have their concerns listened to and acted upon in order to reduce the likelihood of similar failings happening again.

The Trust's complaint process can appear to be an adversarial, investigation-based, inquisitorial process that seeks to establish 'facts'. In doing so, it disguises and hides the emotional aspects that drive the complaint to begin with. This may dampen feelings down, it rarely extinguishes them; rather it banks them up.

The complaints staff are caught between their duty to complainants and their loyalty to the organisation. Complaints staff operate in an environment which is often defensive towards complainants whilst having a duty to complainents impartially. It could be argued that these inconsistences can lead to an inherent conflict of interest. Bad experiences with the health service can create deep and lasting feelings and emotions, which complainants then bring to a complaint handling system; such tricky situations are hard to get right.

The initial contact with the department is crucial in providing the opportunity for staff to hear about the complainant's feelings and more importantly connect with their experience.

We subsequently contacted the complaints department to clarify how the department handles an initial interview. **Ninety five percent of interviews with complainants were carried out on the telephone.** Instead the complaints department reported that they offer meetings later, at the end of the process, which may appear to the complainant as an over-whelming, quasi-judicial environment where a 'verdict' is pronounced.

Complainants should be updated at every stage and be aware of the progress of the complaint investigation. This should be done by arranging face-to-face meetings so that the complainant is well aware of the steps that the trust is taking to resolve their complaint.

Hearing about the development of their case, will help to reassure the complainant; the information may often come some time after the complaint has been made. What may help more at the time is to make the actual process of complaint investigation more visible. What happens after a complaint is escalated to the complaints department and is taken into the formal system is invisible and unknown to the complainant.

We were also concerned that complaints regarding contracted out services such as food and cleaning highlighted in the PALS report, was fed back into the commissioning process. The department reported that these complaints are dealt with in exactly the same way; - in that whichever PFI partner is contacted and asked for a statement. The complaints department then formulates a response. This helps to maintain quality and ensure the Trust Board of Directors are aware of the issues.

Good complaint handling is not limited to providing an individual remedy to the complainant, all feedback and lessons learnt contribute to service improvement. Asking the department if it was clear to everyone working in the trust and the people who use it, what changes have been made in the light of the complaints received. We were informed that the CLAEP report details action taken. The department also carry out complaints monitoring where the complaints staff check to see if actions have been taken as stated in the response letter to the complainant.

Both nationally and locally the volume of complaints has seen the development of a process that leaves the patient feelings ignored and tidied away in the interests of procedure and policy. This demonstrates indifference, condescension or at worst total exclusion from an approach, which is then seen as favouring the insiders.

One is left wondering, where is the patient in all this?

Organisations responsible for monitoring the performance of health and social care complaints have to be both visible and able to report this information back to service users both locally and nationally.

The collection and analysis of complaints together with the feedback from PALS should provide broad information on what has happened to address the issues and trends raised – but it does not.

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4.1. CLAEP Report

Complaints Litigation Claims, Adverse Events and PALS (CLAEP) quarterly meetings, bring together information to identify significant events and also to identify any patterns and trends. Complaints undergo a process of grading, which we later found was the responsibility of the complaints manager, generally, at the beginning of the process. Any re-grading of a complaint is agreed with another senior officer from the Trust.

Grading is used to support the effective assessment of the risks associated with the complaint i.e. the likelihood of it recurring and its consequences for the patient, and the consequences for the organisation such as likelihood of litigation, likely costs incurred and potential for adverse media interest.

Such incidents are reported and investigated, commonly using the Root Cause Analysis framework, so that lessons can be learned and recurrence can be minimised or prevented.

Actions taken from the previous quarter are also reviewed at these meetings all of which highlight feedback to the appropriate departments. Lessons learnt from issues identified on an organisational level and patterns and trends from adverse events are listed and actioned into Clinical Audit programmes. These include both complaints and PALs data, with short explanation on content of the complaint and action taken as a result. Outcomes are fed through to all Clinical Business Units (CBUs) for dissemination, changes are discussed at groups such as the Nursing Midwifery Advisory Group and the main Clinical Governance Committee (when appropriate).

From CLAEP we summised complainants are not involved in the solution to their concern at present they are part of the problem. As service users we concluded the CLAEP report presented an organisational process working re-actively to contain problems.

We are aware that things do change and improve as a result of complaints; the shame is that the patient never gets to hear about this. We strongly recommended that complainants be told when things improve and highlight, publicise and/or report the praise to all involved including the users, patients and carers.

5. Recommendations

5.1 First response

It has to be recognised by the Trust that many complainants who bring a complaint to the Trust's attention have done so after much deliberating, time consuming information gathering and find the process emotional exhausting.

This effort must be recognised and acknowledged from the first response letter. This should contain facts and details to show time has been given to fully read and understand the position of the complainant.

5.2 Early face-to-face meetings

Although the Trust operates some early face-to-face meetings with complex cases – and usually if the complainant requests it, we strongly recommend an early meeting with complainants, which would give respective parties an opportunity to connect with the experience and the person bringing the complaint - relative, carer, and patient. This 'complainant connection' meeting would reveal and explain the process, would manage expectation and might even resolve the issue.

Although we understand the view of the Assistant Director of Patient and Public Experience, that due to financial restrictions/volume of complaints this service can not be provided widely, we would strongly advise considering it as a valuable service and justifiable cost, given the positive outcomes from successful complaints management.

We understand that in some circumstances home visits are made; we consider this to be a positive step and should be made more widely known.

5.3 Data collection

When changes to the complaints system were introduced in 2009 careful consideration of the resources required should have taken place. It does not appear in the case of the Trust that information capable of providing the necessary insights into patient dissatisfaction was fully thought through.

We recommend, as a minimum, a review of the current IT system – to re-evaluate the extent of its available processes and uses. We believe the software has far greater capabilities not yet explored or used by the Trust.

The current software should be explored to see how its data can be used to capture more meaningful complaints information than is the case now.

LINk recognises that complaints are only one form of patient experience feedback and that many other, less adversarial, means to give feedback about the Trust are available to patients. Patient satisfaction tools used by the trust are not in itself a particularly informative indicator of what is going on.

The Trust is currently reviewing their patient experience feedback system and LINk's involvement of this review has been welcomed.

Whilst valuable and providing real-time data, these feedback tools have only been designed and developed for use in relation to single episodes of care, usually in specific care settings such as consultations with a doctor, following treatment on the ward or A&E admission.

5.4 Complaints Grading

Lack of data leads to concern over the grading of incidents carried out by the Trust. At present the grading, made at the time of the incident, may be changed. This decision will be based on advice and experience of complaints handling. But without actual hard data to back the decision up, puts the Trust in a vulnerable position and on the defensive if later problems occur.

5.5 Patient Feedback

If patient complaints are to be integral to improving care, as a first step every person that makes a complaint should be asked to rate the Trust's response and that information published.

When trying to understand how well the Trust was dealing with service users, we needed to have information on all of them. We think the solution is to get data that tells the story of all users -the satisfied and the dissatisfied namely:

- % of users who had no problems with their experience of the hospital
- % of users with problems who did not mention them to anyone
- % of users who mentioned a problem to someone and were satisfied
- % of users who mentioned a problem and were dissatisfied but did not escalate it beyond the front line.

This would provide the Trust with a base line measure to see if over time improvements in the system have worked.

Monitoring of complaints has to be both visible and noticeably reported back to service users. The analysis of complaints data - together with the patient feedback from PALS – can provide valuable evidence on what has happened to address the issues and/or trends raised.

5.6 Trust Board

We would recommend that the issue of complaints should not be the exclusive domain of a single Board Executive. It is vital that all executive directors view complaints, how they are dealt with, and what is done to tackle the root causes, as a collective responsibility.

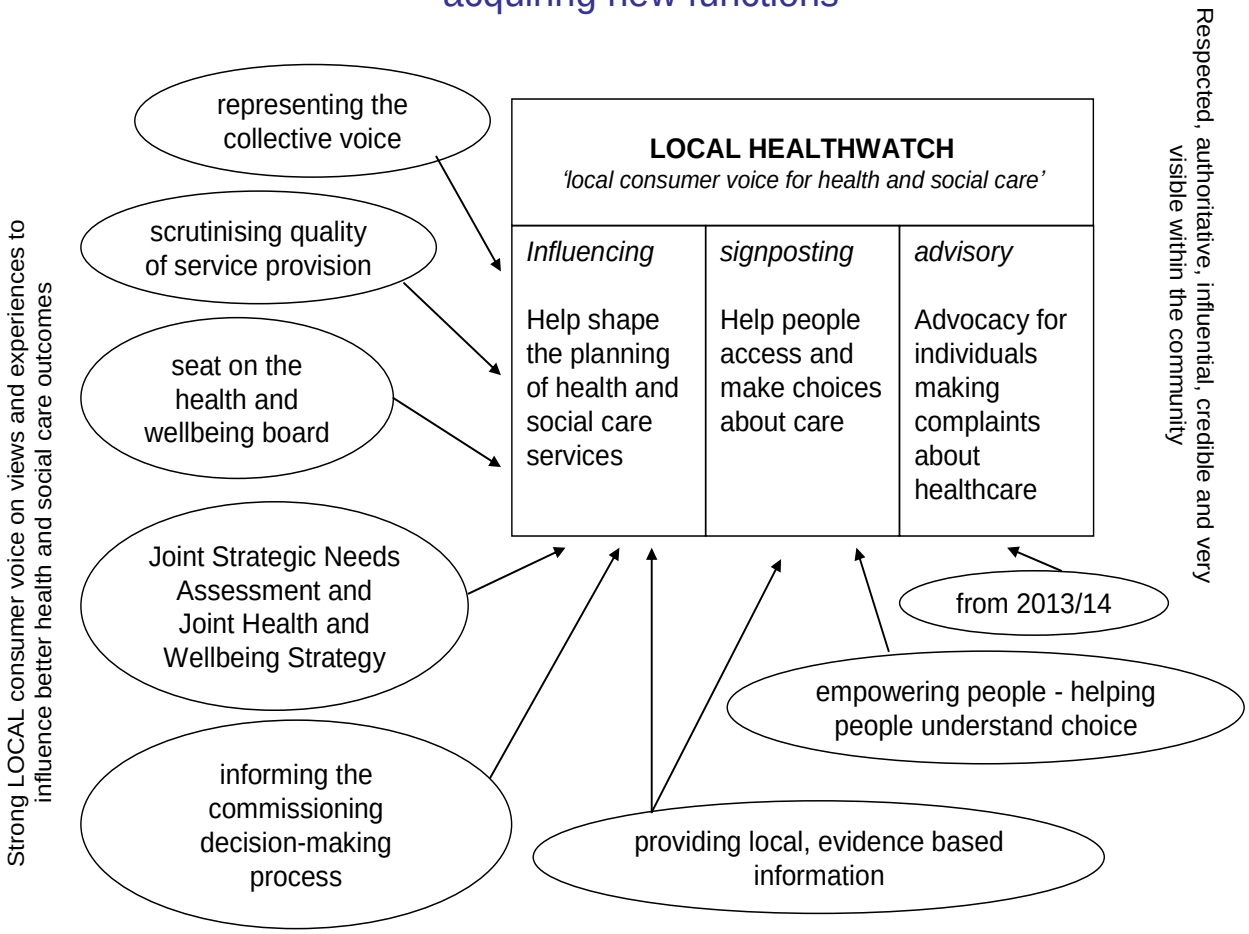
The entire board needs to have exposure to the reality of the service provision the Trust delivers by ensuring that complaints are discussed in sufficient detail and that the discussion moves well beyond a simple overview of the statistics of complaints received and how quickly they were dealt with.

6. Local Healthwatch

Individuals and community groups who make up LINks will go through transition to Local Healthwatch during 2012-13, with a seat on policy-setting Health and Wellbeing Boards. Local Healthwatch bodies will be commissioned by councils to "*act as local consumer champions across health and social care*" sector. Three roles are envisaged - informing and advising individuals; shaping and influencing systems; and dealing with complaints and advocacy.

Peterborough LINk – currently a pathfinder Local Healthwatch - will be highlighting this report and any future recommendations on complaints handling, to its successor – Local Healthwatch will be launched in April 2013.

From LINks to Local HealthWatch – continuing LINk functions and acquiring new functions



7. Conclusion

In October 2010, Ann Abraham the health service ombudsman's reviewed the first full year of the new complaints handling system for the NHS and its scope. Ms Abraham's review concluded that: "… ***the NHS needs to listen harder and to learn more from complaints. When it fails to do so it is missing a rich source of insight and information that is freely and readily available, and comes directly from service users."***

There is a real need for national standards in complaints handling to be set up by the NHS.

Organisations responsible for monitoring the performance of health and social care complaints have to be both visible and able to report this information back to service users both locally and nationally.

NHS service providers have to have the will to compare complaints handling with others and demonstrate how they have learned from the complaints they have received.

NHS providers should monitor analysis of complaints data and demonstrate feedback to service users, patients and the public of how they have responded and addressed the issues and/or trends recognised in the data.

NHS providers need to update and regularly inform service users of the progress of their complaint to create a policy of inclusion, openness and transparency.

Providers should be required to evaluate the effectiveness of, and user-satisfaction with, their complaint handling systems.

Health and social care complaint reports and subsequent actions (CLAEP) need to be continued to be passed on to Local HealthWatch for observation.

The LINk's objective was to look at how the complaints system can be further strengthened to give good and timely outcomes for patients and ensure that the Trust learns from complaints.

It is a key objective that this experience derived by LINk from proper consideration of how complaints are handled from the user's perspective, should lead to changes and improvements in the care available to all the Trust's patients.

LINk has highlighted a number of aspects of improvement to the system that should be given consideration if the Trust is to benefit from the *rich source of insight and information that is freely available and comes directly from the service users.*

8. Complaints Handling Report 2013

Looking to the year ahead and learning from this and the previous reports, we are working on an investigation in to the 'hidden complainant'.

The format will cover not just the acute sector, but also primary care and adult social care.

The main questions will include the following:

- Did you have a negative experience whilst in/at/using (provider name…)?
- Did you mention the problem to anyone?
- If yes, were you satisfied with response?
- If no, did you escalate it beyond the front line?

We are hoping to conduct this project both in the service provider's settings and publically – to get as broad and comprehensive response as possible.

We would conduct such a survey anonymously – again to obtain the most accurate data possible.

We will also be looking to review our recommendations to Peterborough City Hospital and evaluating their actions and improvements.

Further, as a further measure of evaluation we would like to conduct a direct-marketing style evaluation of patient satisfaction of the complaints process.

LINk is currently formatting a score-sheet patient feedback form to be sent to patients who make a complaint.

Initially we would like to run this through Peterborough City Hospital, with a view that it be used in other NHS service providers and for adult social services.

Again the project will be delivered using anonymous feedback to prevent breaches of confidentiality and produce the most accurate data.

9. Peterborough City Hospital Response

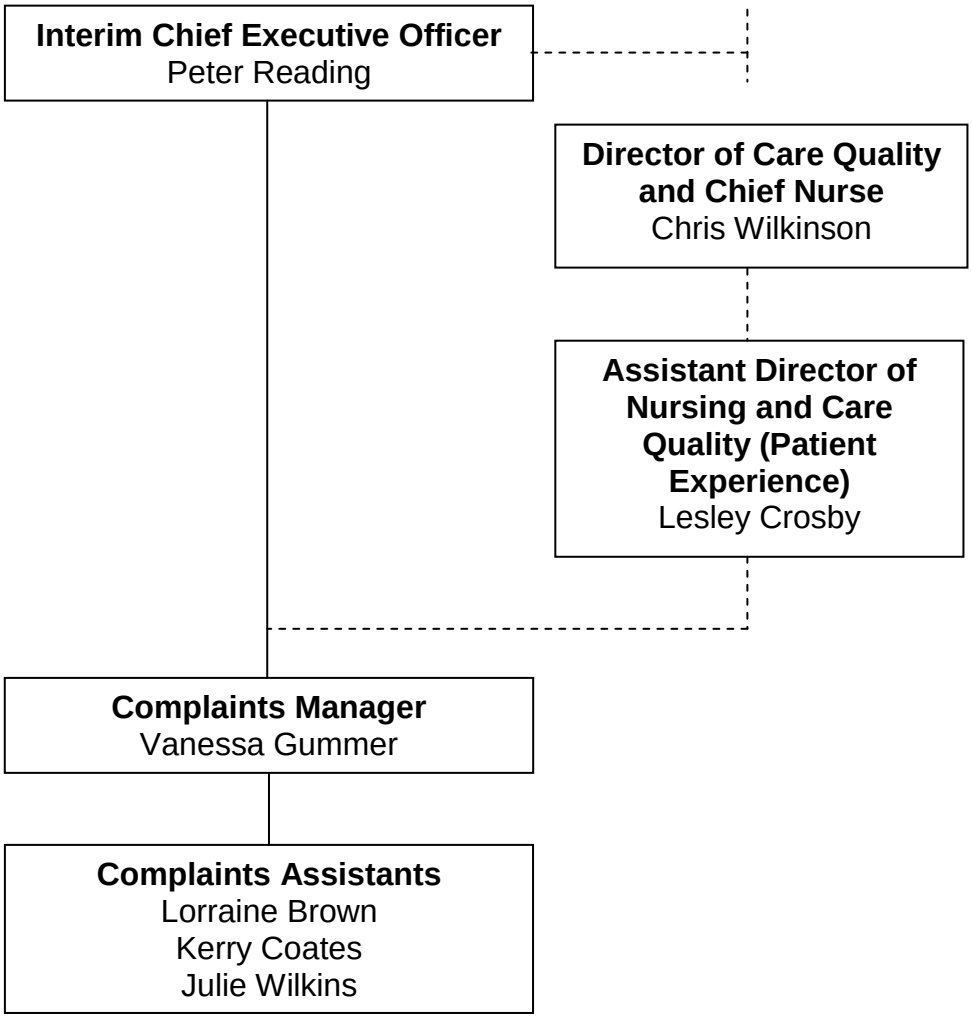
Chris Wilkinson, Director of Care Quality and Chief Nurse thanked LINks for spending time discussing the report. She stated that;-

The Trust has confirmed that they will be exploring additional available functions with the current system to optimise the IT system.

The Trust also stated that they will look at staff training and the way in which they respond to complaints.

The first Trust newsletter for staff that highlights lessons to be learned is now available on the Trust website.

Organisational Chart for Complaints Department



10. References

Guide to Better Customer Care	DOH 2009
NHS Constitution	DOH 2009
Principles of Good Complaints Handling	HSO 2009
Listening and Learning	HSO 2010
Responsive and Accountable	HSO 2010 - 2011