

WHHT Qualitative Review of Complaints Handling

Report to the Oversight Group

19th May 2016

Background & Context

- Healthwatch Hertfordshire is currently working on a research project designed to capture the experiences of patients or their carers who have had reason to make a complaint against the NHS or Social Services in the last 12 months. The project is about gaining insights into the efficiency and effectiveness of the complaints process and mapping this experience against the formal complaints procedures and policies that exist within different organisations.
- West Herts Hospital Trust have been supporting HwH with this piece of work, and have subsequently asked HwH to do a follow on piece - a qualitative review of final response letters to complainants.

Introduction:

The Parliamentary and Health Service Ombudsman (PHSO) defines the Principles of Good Complaint Handling¹ as:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement.

Additionally, in a report by the PHSO, assessing complaints against acute hospitals from 2014-2015², the PHSO considered the reasons which are most likely to have led to dissatisfaction with trusts' local complaint handling. These are outlined below:

- Receiving an inadequate apology. This was the most cited reason for dissatisfaction, and was a factor in a third of all complaints investigated by the PHSO.
- The second most commonly cited reason was that complainants felt the response contained factual errors; was not evidence-based; or was incomplete.
- The third most commonly cited reason was the complainant feeling the trust did not adequately acknowledge their issue.

The HwH Qualitative Review uses the PHSO principles when assessing WHHT final response letters to complainants. The review also aims to assess the response letters against the three most cited reasons for dissatisfaction with local complaints handling.

The scoring template which incorporates both the above can be seen in the appendix [p.6].

¹ The NHS Hospital Complaints System: A case for urgent treatment, PHSO (2013)

² Complaints about Acute Trusts 2014-2015, PSHO (2015)

Objectives

- To review a sample of written complaints made to WHHT and compare these with the final response letter made to the complainant.
- To identify good practice as well as possible improvement in WHHT's final response letters.
- To identify whether there is an improvement in final response letters from 2013-2015.

Scope and Exclusions

The review focused simply on the final response letter element of the complaints process, and looked solely at the information contained within this letter and the original complainant letter.

The review cannot and does not comment on other elements of the complaints process such as:

- whether the complaint was acknowledged within 3 days
- whether the complainant was kept up to date with timescales and plans
- whether the decision was just
- Whether the complainant was satisfied with the final response.

Methodology

20 complaints and final response letters spanning from 2013 to 2016, were supplied by WHHT to HwH.

Healthwatch Hertfordshire's Quality and Improvement Sub Committee (QISC), each scored the response letters individually then subsequently agreed the scores as a group. This group was made up of 7 people, and consisted of HwH Board Members; retired or non-practising clinicians as well as HwH Staff, including the Quality Lead & Research Lead.

The sample

A sample of 20 written complaints and responses were identified by WHHT for HwH to review. The complaints range from 2013 -2016 and have been broken down below:

2013	2014	2015	2016
1	7	7	5

Key Findings³

The following reflects the key findings:

1.1. General Points

- It was concluded that overall the standard of response letters were consistently high, with only a couple exceptions to this. There were also some exemplary responses, which the group felt were of a very high standard.

³ It is worth noting the percentages (%) listed in this section refer to relatively low numbers. The total sample of complaints reviewed was 20, therefore the figures listed here provide an indication rather than a firm conclusion.

- With regards to good practice, the response letters consistently stated who investigated or oversaw the investigation into the complaint. This person always seemed to be of appropriate role within the organisation.
- The more structured and outcome/remedy focused the complaint letter, the better the Trust's response letters.

1.2. Governance

- Across 2013 to 2016, responses have generally come from a relevant director or the Chief Nurse rather than the CEO. During 2014 and 2015 the number of responses from the CEO remains low (14-29%). But in 2016 this has increased to 80% of responses coming from the CEO.

1.3. Timeframe

- It was agreed by QISC that the reasonable timeframe for response was to be extended from 25-28 days to 2 months (40 working days) if the complaint was not complex. And, anything over 3 months (60 days) for complex or non-complex was scored as 'not met'. The decision to extend the reasonable timeframe in non-complex cases was to acknowledge that most complaints had a degree of complexity, and required investigation. The decision to score all responses that took over 3 months to respond to complaint as 'not met' was made due to QISC feeling this was not proportionate in cases we looked at.
- It was found there has been a gradual decline in timely responses from 2013 to 2016, from 100% in 2013 & 2014, down to 20% in 2016. Responses took 4 months, 6 months and a year in one case.

1.4. Tone

- Consistently the tone of the letters was scored highly across 2013 to 2016. It was considered by QISC the tone of the letters to be at a very high standard, with some exemplary responses in this regard.
- The response letters involved in this review, always showed the complainant respect & courtesy.
- The letters were always personalised to the complainant, unless addressed to the MP who had complained on a constituent's behalf. A question arose from QISC, as to whether the Trust contacts the complainant as well as the MP in these cases? As QISC only saw the response to the MP.
- Level of formality matching the original complaint letter score 100% across the period.

1.5. Style and Language

- On the whole responses are easily understood, and score high for this. There are only 2 responses within 2014 and 2015 which scored 'part met'.
- There has been an improvement from 2014/15 to 2016 concerning 'reasons for decisions being made clear', increasing from 71% to 100% by 2016.
- Generally, technical terminology was explained, or avoided where possible. On the occasions where the use of technical terminology was not explained, these were aimed at a complainant who clearly understood his/her condition and the clinical terminology related to it.
- The summary statement at the beginning of the response letters is a component that improves over time, from a lack of consistency between 2014/15, to a full 100% by 2016.

1.6. Honesty and Transparency

- It was highlighted that in this area WHHT scores lower compared to other sections in the review.
- It was found that there has been little improvement or change from 2013 to 2016 when assessing Honesty and Transparency in the response letters included in this review.
- Over the period of 2014 to 2016, 71%- 80% of response letters were considered forthcoming and explanations appropriately given.
- 'Responding to all issues raised in the complaint' scored particularly low - 57% in 2015, and 60% in 2016.
- 'Acknowledgement of responsibility where appropriate', was mixed and inconsistent across the time period. Scoring highest in 2014 with 85% of all responses doing this, down to only 57% in 2015, and then up again to 80% in 2016.

1.7. Remedies

- General movement towards improvement with regards to appropriate remedial action being offered to complainants. This has increased from 29% in 2014, to a much higher 71% in 2015, with an improvement in 2016 to 80%. It was interesting to note, only 2 complaints out of the 20 asked for monetary compensation, instead complainants generally requested answers, and an assurance this won't happen again to them or anyone else.
- Improvements and learning are cited in all response letters bar two, where no action was outlined.
- Good examples of learning, and change in practice. WHHT could sometimes do more to explain why and how the change in practice relates to complaint/complainant. For example, WHHT could explain how a change in practice will ensure it won't happen again for that individual or another patient.
- On the whole complainants were offered the chance to discuss the outcome of the investigation, the weakest year being 2014. Pointing the complainant to the correct person to contact saw the biggest improvement from 2013 to 2016. The majority of response letters ask the complainant to contact PALS in the first instance.

1.8. Ombudsman

- All response letters, bar two signposted to the Ombudsman if the complainant was still unsatisfied. Contact details of how to do this were provided in all letters bar one.

1.9. Advocacy

- The advocacy service POhWER was not offered in any complaint response letter across the period.

Recommendations for Complaint Handling:

1. To ensure all issues raised in a complaint are answered in the final response letter.
2. To further expand the summary statement at the beginning of each response letter, so that it is more personalised and detailed.
3. To ensure all complainants are offered the option to discuss the outcome of the complaint.
4. To ensure acknowledgement of responsibility where appropriate. Especially in the cases where there are multiple organisations involved or responding.
5. To consider if PALS is the best place to direct a complaint when they wish to discuss an outcome, or if a named complaint manager, or someone who handled the complaint is more appropriate.
6. To ensure all final responses signpost to the Parliamentary and Health Service Ombudsman, and provide contact details of how to do this.
7. Make complainants aware in the final response letter that an advocacy service such as POHWER can support them with taking this to the next step.

Recommendations for the Qualitative Review:

1. To request HwH repeat this exercise in the future to measure improvement or change.
2. To encourage partners to undertake similar reviews to help audit quality of practice.

Recommendations for the Qualitative Review if repeated:

1. It is recommended that the first response letter, as well as the final response letter is made available to compare against the complaint letter. This would give a more accurate picture of response timescales; what was agreed as the main issues at the start; and whether the complainant was made aware of POHWER at this stage.
2. It is recommended that an equal number of complaints per year is provided.

Appendix: Scoring Template:

The following criteria will be used to assess the final response letter. Each element is scored per response letter:

Governance	Met	Part Met	Not Met	Comments:
Is the response letter sent from the Chief Executive? (met)	5	3	0	
If not, is there a cover letter from the Chief Executive explaining they have read and reviewed an enclosed letter or report? (part met)				
If not, is the response letter from an appropriate director if not from the Chief Executive? (part met)				
The letter is from none of the above (not met)				
Timeframe	Met	Part Met	Not Met	Comments:
Timeframe for response is reasonable*	5	3	0	
*25-28 days if complaint is not complex.				
Tone	Met	Part Met	Not Met	Comments:
Response letter is personalised and the tone shows the complainant respect and courtesy.	5	3	0	
Tone recognises the concern of the complainant	5	3	0	
Level of formality matched to original complaint letter	5	3	0	
Style and language	Met	Part Met	Not Met	Comments:
Response is easily understood	5	3	0	
Reasons for decision clear and easy to understand	5	3	0	
Technical or specialist terminology explained or avoided where possible	5	3	0	
There is a summary or statement which mirrors the original complaint	5	3	0	
Honesty and Transparency	Met	Part Met	Not Met	Comments:
Answers are forthcoming and explanations are appropriately detailed	5	3	0	
The letter contains a response to each of the specific issues raised by the complainant.	5	3	0	

Acknowledgement of responsibility and apology is given where appropriate	5	3	0	
Complainant is told if a firm conclusion could not be drawn. An explanation for this is included.	5	3	0	
Remedies	Met	Part Met	Not Met	Comments
Appropriate remedies are offered/given	5	3	0	
Sufficient explanation of next steps, including any remedial action, change in policy or clinical practice is given	5	3	0	
Complainant is offered the opportunity to discuss the outcome	5	3	0	
It is clearly stated in the response letter who the complainant should contact and how, if they would like to discuss the complaint further	5	3	0	
Ombudsman	Met	Part Met	Not Met	Comments:
The complainant is advised in writing of their right to ask for an independent review by the parliamentary and Health Service Ombudsman	5	3	0	
Advocacy	Met	Part Met	Not Met	Comments:
The complainant is advised in writing of their right to seek support and individual advocacy through POhWER.	5	3	0	
Total		/95		

N.B. If the answer to any of the above is n/a score 5