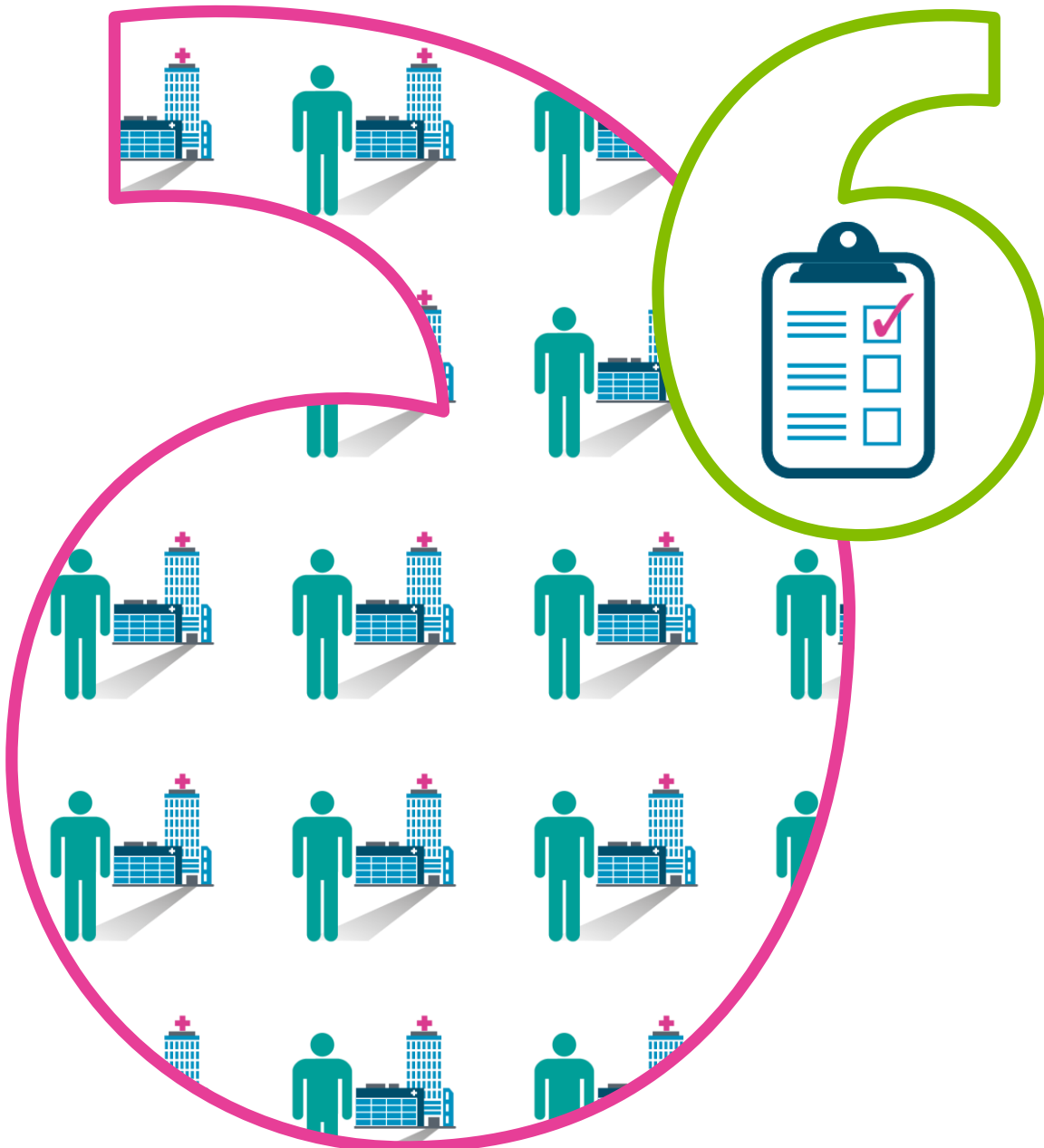

West Herts Hospital NHS Trust Qualitative Review of Complaints Handling 2018

Complaints received January - September 2017





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Background & Context

- West Herts Hospital Trust (WHHT) approached Healthwatch Hertfordshire (HwH) to conduct an independent qualitative review of their complaints handling, over the period of 1/1/2017 to 30/9/2017.
- This is the second qualitative review HwH has conducted on behalf of WHHT and follows a similar format to the previous work¹.

Objectives

- To review a sample of written complaints made to WHHT across all divisions, 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 any consistency and/or difference across divisions.

Scope and Exclusions

The review focused solely on the final response letter element of the complaints process, and looked only 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 and remedies offered were just
- Whether the complainant was satisfied with the final response

¹West Herts Hospital Trust (WHHT) Qualitative Review of Complaints Handling: Report to the Oversight Group (May 2016) [online]: <https://www.healthwatchhertfordshire.co.uk/wp-content/uploads/2014/10/WHHT-Qualitative-Review-Final-Report-April-16.pdf>



Methodology

WHHT supplied 20 complaints and final response letters for HwH to assess. The complaint responses covered the period of 1/1/2017 to 30/9/2017 and incorporated complaints from every division. It is HwH understanding that the number of complaints provided by WHHT is proportional to the total number received per division within the timeframe outlined above. The sample broken down by division can be seen below:

Medicine	Clinical and Support services	Unscheduled Care	Surgery, Anaesthetics & Cancer	Women & Children
2	2	6	7	3

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 six people which consisted of HwH Board Members; retired or non- practising clinicians as well as HwH Staff, including the Quality Lead & Research Lead.



Quality Standard Framework

The Parliamentary and Health Service Ombudsman (PHSO) defines the Principles of Good Complaint Handling² 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 2014-2015³, 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's 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.10).

² The NHS Hospital Complaints System: A case for urgent treatment, PHSO (2013)

³ Complaints about Acute Trusts 2014-2015, PHSO (2015)



Summary of Findings⁴

Overall the standard of response letters across all departments was good, with only a couple of exceptions. There were also some exemplary response letters to note. Examples of these are noted in the 'breakdown of findings' section.

In this audit, the parts of the response letters which scored the highest were:

- a) **Governance** - all letters were signed by the CEO or Deputy CEO
- b) **Tone** - tone and formality matched the original complaint letter
- c) **Style and Language** - responses and reasons for decisions were clear and easy to understand. Specialist terminology explained.
- d) **Honesty and Transparency** - Containing a response to each specific issue raised by complainant & being clear with the complainant if a firm conclusion could not be drawn.
- e) **Remedies** - offering the complainant appropriate remedies & offering the complainant the opportunity to discuss the outcome.
- f) **Ombudsman**- providing Ombudsman information.
- g) **Advocacy** - providing complaints advocacy information.

QISC identified the following areas as key areas to improve generally:

- 1. The Trust's responses to complaints concerning staff behaviour/attitude compared to processes and systems - tone and honesty & transparency
- 2. Where complaints are especially complex or serious, the response letters could do more to ensure the letter stays patient centred in its approach.
- 3. The balance between consistency (use of a template) and ensuring the response is personalised.
- 4. Personalising the Summary Statement
- 5. Learning to be identified and shared with the complainant even when complaints are not upheld.
- 6. Ensuring answers are forthcoming and explanations are appropriately detailed
- 7. Providing a named contact for the complainant to contact if remained dissatisfied, rather than the general complaints team details.
- 8. Timeframe - response time and accuracy of recording

⁴ 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.



Breakdown of Findings

Governance

All 20 response letters were signed by the CEO or Deputy CEO. This was a marked improvement from the previous HwH qualitative review (2016⁵) where only 40% (8 out of 20) responses were signed by the CEO⁶.

Timeframe

The Trust itself has highlighted that their timeframe for response is an area for improvement. The findings in this audit support this view, with only 35% (7 out of 20) response letters being sent to complainants within a reasonable timeframe⁷.

Where letters breach the timescales set by the Trust, the breach ranged from 5 working days to 28 working days in the majority of cases. Where there was a breach in response time, not all letters apologised for this. On one occasion the response time was 140 working days, however it was positive to note that the response letter apologised, provided an explanation and identified learning around complaints handling.

It is worth noting that it was difficult for HwH to get a clear picture around timescales and assess this area effectively, as the Trust's own record sheet did not always match the dates on each letter. This was the case for 14 out of the 20 complaint letters and Trust response letters provided for the audit⁸.

Record keeping and response times do seem to improve from May 2017.

⁵ West Herts Hospital Trust (WHHT) Qualitative Review of Complaints Handling: Report to the Oversight Group (May 2016) [online]: <https://www.healthwatchhertfordshire.co.uk/wp-content/uploads/2014/10/WHHT-Qualitative-Review-Final-Report-April-16.pdf>

⁶ 60% (12 out of 20) were signed by other senior staff such as the relevant director or the Chief Nurse.

⁷ A reasonable timeframe was defined as 25-28 days if complaint was not complex.

⁸ HwH found numerous examples of complaint letters being recorded as 'received' 10-30 working days post the date on the complaint letter. On the occasion the response time was 140 working days, the response time recorded on the Trust's spreadsheet was 25 working days.



Tone

The audit found that in 90% (18 out of 20) of response letters, the tone matched the seriousness of the complaint, 85% (17 out of 20) of response letters scored 'met' for writing a personalised response, as well as demonstrating courtesy and respect to the complainant. Additionally, 100% of response letters matched the level of formality to the original complaint letter.

Examples of where response letters did not score full marks for the above were:

- a) Where a response letter to a complex, very serious complaint which spanned a period of time, contained only a chronological statement of facts. This depersonalised the response and read as unsympathetic to scorers. A suggestion provided by QISC was in future to provide the chronology/statement of facts as a cover letter or appendix, and to keep the response letter focused on answering concerns in a compassionate and personal way.
- b) Where response letters to complaints about staff attitude and behaviour used language such as 'disappointed' or 'saddened', in the context of "[the staff member was] saddened to hear you felt [xxx]".

At times the use of this language seemed particularly inappropriate. For example, in one case where the complainant had lost his/her partner and as part of the complaint raised concerns about the staff treatment/care of his/her relative while still alive. The response contained the following sentence "The staff caring for [xxx] are very disappointed that you feel so unhappy about the care [he/she] received". Possibly without meaning to, this sentence shifts the emphasis from the complainant to how the staff feel instead, and did not read as caring or patient focused.

- c) In examples of where there seemed to be 'near misses' that could have resulted in serious consequences, QISC highlighted that the tone did not always match the potential seriousness in these complaints.
- d) Where response letters did not personalise or tweak the template to align with the rest of the response. For example in one response letter to a serious complaint, the Trust identified a number of learning points and seemed to uphold the majority of the complaint, but ends with the standard template response "I would like to reiterate my apologies that the service provided did not meet your expectations...". However it would have been more appropriate to tweak this to "I would like to reiterate my apologies that the service did not meet your *and the Trust's* expectations" on this occasion.



Style and Language

Style and Language scored highly in most sections, with 95% (19 out of 20) responses being easily understood, 95% (19 out of 20) reasons for decisions being made clear and easy to understand, and 90% (18 out of 20) responses avoiding technical or specialist terminology where possible, or where specialist terminology cannot be avoided, explaining these terms.

An area highlighted for improvement was the personalisation and content of the 'summary statement'. QISC felt the summary statement at the beginning of each response letter is the first opportunity to demonstrate personalisation and listening to the complainant. Therefore, when assessing the summary statement, QISC was looking for the following to be included:

- The date of the complaint letter
- The nature of the complaint
- The ward/department/service the complaint refers to

The audit found 12 out of 20 response letters included the above in their summary statement. In the eight cases where the summary statement did not include all of the above, they tended to use a standard template response "I write in response to your [letter/email] dated [xxx] in which you expressed concern about the service provided by the West Herts Hospital Trust."

Honesty and Transparency

The audit found 70% (14 out of 20) responses provided acknowledgement of responsibility, an apology where appropriate, answers that were forthcoming and explanations that were appropriately detailed. HwH also found 85% (17 out of 20) response letters contacted a response to each specific issue raised by the complainant, and 95% (19 out of 20) responses told the complainant if a firm conclusion could not be drawn.

All response letters consistently stated who investigated or oversaw the investigation into the complaint. The investigator(s) always seemed to be of appropriate role and seniority within the organisation which indicated to the reader the complaint had been read properly and taken seriously. This was noted as good practice.

The response letters tended to be weaker in reply to areas of staff attitude/behaviour compared to process and systems. In some cases, it was not always clear if staff behaviour had been investigated properly before a response was provided. This impacted on scores of 'honesty and transparency'.



Remedies

HwH found that 85% (17 out of 20) of responses offered appropriate remedies, 70% (14 out of 20) responses had sufficient explanation of next steps, including any remedial action, change in policy, or clinical practice, and 95% (19 out of 20) response letters offer the opportunity to discuss the outcome with the Trust. However, it was noted that only 3 response letters provided a named contact in these instances.

The audit highlighted that most response letters demonstrated good examples of learning, and change in practice in response to each complaint. However, WHHT could sometimes do more to explain why and how the change in practice relates to complaint/complainant. For example, go further in explaining how a change in practice will ensure the incident or concern raised will not happen again for that individual or another patient.

Where complaints were not upheld it was noted that the Trust did not identify learning, however in some of these cases learning could be identified. QISC suggested that the Trust could reflect on identifying learning even in cases where the complainant is not upheld.

Ombudsman

All response letters bar one, signposted to the Ombudsman if the complainant was still unsatisfied, along with the correct contact details of how to do this. The one exception was in response to an MP letter. A question arose from QISC as to whether the Ombudsman's details should still have been included, and if the Trust contacts the complainant separately with these details in such cases.

Advocacy

The complaints advocacy service POhWER was offered in all but 2 complaint responses, which was a huge improvement on the previous qualitative review (2016), where POhWER's details were not included in the response letter at all.



Comparison of Departments

Department:	Medicine	Clinical and Support services	Unscheduled Care	Surgery, Anaesthetics & Cancer	Women & Children
No. of complaints/response letters provided per department	2	2	6	7	3

- 1.1. As stated previously in the report, it is HwH understanding that the number of complaints provided by WHHT is proportional to the total number received per division within the timeframe of 1/1/2017 to 30/9/2017.
- 1.2. Although there were only four response letters scored under 'Medicine' and 'Clinical & Support Services', overall these response letters scored consistently higher than other departments across all categories.

Both clinical & support services' response letters responded to complainants within a reasonable timeframe, and both response letters from the medicine department provided a summary statement which included references to the date of the complaint letter, nature of the complaint, and the service/department the complaint related to. Both departments demonstrated good practice with their response letters.

- 1.3. The audit highlighted the following key areas of improvement for 'Unscheduled care', 'Surgery, anaesthetics and cancer', and 'Women & children':
 - Answers to be forthcoming and explanations to be appropriately detailed
 - Acknowledgement of responsibility and apology to be given where appropriate
- 1.4. The 'Unscheduled care' department scores were highest⁹ in the following areas:
 - Level of formality matching the original complaint letter

⁹ Scored 100% (6 out of 6) in the following areas



- Response letter being easily understood, reasons for decisions being clear and easy to understand, as well as technical or specialist terminology being explained or avoided or where possible
- Offering appropriate remedies and the opportunity for the complainant to discuss the outcome
- Advising the complainant in writing of their right to ask for an independent review by the parliamentary and Health Ombudsman as well as their right to seek support and individual advocacy through POHWER.

1.5. The 'Surgery, anaesthetics and cancer' department scores were highest¹⁰ in the following areas:

- The tone matching the seriousness of the complaint, and the level of formality matching the original complaint letter
- Response letter being easily understood, as well as reasons for decisions being clear and easy to understand
- Complainant is told if a firm conclusion could not be drawn

1.6. The 'Women and children' department scores were highest¹¹ in the following areas:

- The response letter coming from the CEO
- The response letter being personalised and the tone showing the complainant respect and courtesy, and the level of formality matching the original complaint letter
- Containing a response to each of the specific issues raised by the complainant, and telling the complainant if a firm conclusion could not be drawn
- Advising the complainant in writing of their right to ask for an independent review by the parliamentary and Health Ombudsman

¹⁰ Scored 100% (7 out of 7) in the following areas

¹¹ Scored 100% (3 out of 3) in the following areas



Recommendations

1. Ensure answers are forthcoming, explanations are appropriately detailed and acknowledgment of responsibility is offered where appropriate, especially in cases where the complaint or part of the complaint is about staff behaviour/attitude and in instances where complaints handling could be improved.

West Herts Hospital Trust Response:

Complaints with reference to staff behaviour and attitude will be now sensitively managed between the member of staff at the centre of the concern and the patient directly (where this is deemed appropriate). This approach has been previously tested with positive results.

2. To expand the summary statement at the beginning of each response letter, so that it is more personalised and detailed. Ensure the summary statement, at the very least, references the date of the complaint letter, the nature of the complaint and the department/service the complaint concerns.

West Herts Hospital Trust Response:

The criteria for the response letter has now been revised to include, the date of the original complaint letter, comprehensive summary section, the department and or ward details, ability to highlight specific references to essential factors and that any content from the original complaint is included to introduce the complaint. A process of review has been established to evaluate the consistency, tone and sensitivity of the response - sympathy and apologies are appropriate.

3. To ensure template letters and statements are personalised and align with response generally.

West Herts Hospital Trust Response:

As indicated above (2) all written responses are reviewed to ensure that there is a direct reference to any information originating from the initial complaint letter, including response. Headings to define sections are in place which will ensure that each section is clearly identifiable to the complaint, matched against the written response.

4. Ensure where complaints are especially complex or serious, the response letters stay patient centred in their approach.

West Herts Hospital Trust Response:

Each complaint response individually acknowledges the complexities and circumstances surrounding the care delivered which in some cases can have difficulties in transcribing. This is one area we are addressing by communicating directly with the patient, carer and family. A question for the executive lead has been added which will ensure that they have satisfied themselves that the response is patient centred. This will be monitored going forward.

5. To consider identifying and sharing learning with the complainants even when complaints are not upheld.

West Herts Hospital Trust Response:

The Trust actively invites complainants to 'Trust Learning Events' as part of its ongoing commitment to learning. This approach ensures that staff experience, first-hand the patient story. Using this approach will support the partnership working with complainant to share their story. This will be through the Chief Executive update, "patient stories". Plans are in place to introduce a complaints newsletter; this will be explored further to share the improvements with all complainants a 'You Said -We Did'.

6. To provide complainants with a named person to discuss the outcome of their complaint.

West Herts Hospital Trust Response:

All responses finish with the nominated contact name of a divisional member of staff to answer any further concerns or clarify any points. To manage the process effectively, there will still be a requirement for the complainant to make contact with the Complaints team during office hours, this ensures they are responded to promptly and ensures clinical teams are able to focus on caring for their patients.

7. Continue to improve the timeframe for final response letters as well as accuracy of records.

West Herts Hospital Trust Response:

We acknowledge the challenges faced responding to complaint letters on time. To manage this we telephone every complainant to explain the process and manage expected response times. Responding on time has improved to above 70% in Q4 of 2017/2018, with an average of 57% for the year - a 12% improvement on the previous year. We have set our trajectory for 85%. Resource has been identified with the recruitment of a new complaint investigator.

In addition to the above responses, West Herts Hospital Trust also said:

"I would like to take this opportunity to thank the Healthwatch panel for working in partnership with the Trust to improve our approach in the handling of complaints. Your comprehensive and detailed qualitative review has provided the Trust with valuable feedback into how we manage our complaints and where there has been improvement.

Going forward, we will be using your recommendations to improve the quality of our responses, ensuring that the patient remains at the centre of the investigation and response."

Tracey Carter, Chief Nurse West Herts Hospital Trust



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:
<p>Is the response letter sent from the Chief Executive? (met)</p> <p>If not, is there a cover letter from the Chief Executive explaining they have read and reviewed an enclosed letter or report? (part met)</p> <p>If not, is the response letter from an appropriate director if not from the Chief Executive? (part met)</p> <p>The letter is from none of the above (not met)</p>	5	3	0	
Timeframe	Met	Part Met	Not Met	Comments:
<p>Timeframe for response is reasonable*</p> <p>*25-28 days if complaint is not complex.</p>	5	3	0	
Tone	Met	Part Met	Not Met	Comments:



Appendix: Scoring Template

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	



Appendix: Scoring Template

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:



Appendix: Scoring Template

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