NQB(14)(01)(04)

NATIONAL QUALITY BOARD

_____

Complaints handling: listening, learning, improving

A paper tabled by DH on behalf of the Complaints Programme Board

Summary

1. Robert Francis said: 'A health service that does not listen to complaints is unlikely to reflect its patients' needs. One that does will be more likely to detect the early warning signs that something requires correction, to address such issues and to protect others from harmful treatment.'

2. This paper:
   - Summarises work being taken forward by the Complaints Programme Board to implement action which will lead to improvements in complaints handling for patients, carers and relatives in response to Robert Francis's report and the findings of the Clwyd/Hart review;
   - Has been prepared jointly with members of the Complaints Programme Board; and
   - Offers ideas for areas of strategic input the NQB may wish to consider further.

Recommendations

3. NQB members are asked to:
   - Note the work being taken forward by the Complaints Programme Board; and
   - Decide which strategic improvement topics to consider further.

The context

4. In 2013 the Government received the second report from Robert Francis into the events at Mid Staffs hospital which made a number of recommendations about improving complaints handling in the NHS. Subsequently the Government invited Ann Clwyd MP and Professor Tricia Hart to conduct a more detailed review of

complaint handling in the NHS and make recommendations for action and improvement. This review was published on 28th October 2013. Before then several different reviews of complaints handling, including the Health Select Committee report of 2011, have made recommendations for improvements.

5. The Government responded to Robert Francis's report on 19th November 2013 and included responses to many of the recommendations made by Ann Clwyd MP and Professor Tricia Hart, accepting the overall spirit of the report and the principles behind the recommendations.

6. In summary, the Clywd/ Hart report identified a number of areas for improvement in NHS complaints handling:
    - Information and accessibility: patients want clear and simple information about how to complain and the process should be easy to navigate
    - Freedom from fear: patients do not want to feel that if they complain their care will be worse in future
    - Sensitivity: patients want their complaint dealt with sensitively
    - Responsiveness: patients want a response that it properly tailored to the issue they are complaining about
    - Prompt and clear process: patients want their complaint handled as quickly as possible
    - Seamless service: patients do not want to have to complain to multiple organisations to get answers
    - Support: patients want someone on their side to help them through the process of complaining
    - Effectiveness: patients want their complaints to make a difference to help prevent others suffering in the first place
    - Independence: patients want to know that the complaints process is independent, particularly when they are complaining about a serious failing in care

7. Recommendations in the Clwyd/Hart review focused on three areas: improving the quality of care; improvements in the way complaints are handled; and greater

perceived and actual independence in the complaints process. Robert Francis made recommendations in similar areas.

Our work programme

8. The Complaints Programme Board (CPB) was established by DH in December 2013 to bring together a range of partners to implement actions which will lead to improvements in complaints handling as set out in *Hard Truths*. Full membership and terms of reference for the CPB are attached at Annex A and B respectively. Whilst the focus of the Board is on the delivery of commitments in Hard Truths there was unanimous agreement that the Board would look more widely at complaints handling across health and social care and areas for improvement.

9. The full work programme for the Board is at Annex C. There are three areas of work across the programme which we have highlighted in this paper because of their significance, scale and level of challenge.

10. **CQC inspections**: The first is the work being done by CQC to strengthen complaints within its inspection regime. This is one of the cornerstones of our complaints improvement work. It will ensure that work done to ensure that organisations learn from complaints and other sources of feedback , to equip people with information on how to complain and access advocacy services, and promote good practice, is reinforced through inspections. Pilots in the acute sector are currently underway, and Trusts are being asked for 12 months of complaints data to guide lines of questioning. CQC is working with The Patient's Association to develop methodology allowing all willing patients who have complained in the last 12 months to that hospital to discuss their experience. This pre-inspection activity allows for emerging themes and trends to inform lines of questioning during the inspections. Going forward, CQC will also incorporate in its inspections an assessment of how providers listen to and handle concerns raised by their own staff (including 'whistle-blowers').

    Data sharing and alignment: The second area which merits special mention is data collection and sharing. DH has initiated work with the HSCIC to move to a quarterly cycle of gathering complaints data, and bring more granularity to the

existing data. We believe that additional granularity is needed because within the existing 25 complaints subject categories nationally collected for hospitals and community services, none of them allow you to identify whether there were complaints about serious or untoward incidents (SUIs). Through our unfolding work on data the CPB have identified a bigger prize to aim for in the longer term: a single taxonomy for all complaints data gathered across the system which would enable us to better mine it for trends across boundaries. We have started exploring the scope to align more data sets across the system, including potentially, complaints data collected by the Health Service Ombudsman, NHS England and HealthWatch England, along with what is already collected by the HSCIC, and shared with CQC. There is no easy way to achieve this but through our partnership approach we hope to be able to move to this place collaboratively and are exploring this through a data sub-group of the CPB.

Reinforcing best practice and encouraging local behaviour change: The third area of work has several components: gathering and sharing best practice happening in the system now; promoting what *should* be happening locally in line with statutory duties on local organisations; and encouraging the action at local level set out in *Hard Truths*. Clwyd/ Hart unveiled problems with hospitals not adhering to their statutory duties e.g. offering complainants a conversation at the start of the process; and providing details of advocacy services locally. All of these are statutory obligations and we have a role to both promote the need to adhere to these duties, as well as ensure that where this does not happen the CQC can identify it, and take action through where appropriate. *Hard Truths* identified a range of additional local action which will improve complaints handling including: Chief Executives taking greater personal responsibility in complaints handling, Boards considering complaints information regularly (the narrative, not just the numbers), trusts publishing information about the complaints they receive and cases referred to the Ombudsman (where known) and ensuring there is good local signage and promotion of ways to complain and get advocacy support. The CQC is well placed to reinforce this activity by increasing it within their inspection model. There is, however, a cross-system responsibility to articulate and promote best practice to encourage the local behaviour change required but it is a considerable challenge to find the right way to do this in the current system such

that it leads to concerted action at scale. We would welcome the views of the NQB on how we might approach this challenge, what levers and incentives might be used, and where ownership of this might sit in the new system.

Discussion

11. The three areas highlighted above, along with the full work programme at Annex C, form the core of our work to improve complaints handling shaped by the actions in *Hard Truths*. This is a shared programme across organisations in the health and care system with a mutual desire and commitment to improve complaints handling and learning for the benefit of the people we serve.

Timing & Issues

12. The aim is for the work programme to be substantially complete by March 2015; however, some of the deliverables operate on a longer time frame. Changes to the HSCIC's data collection processes including frequency and categorisation will take effect from April 2015. The CQC inspection process is being piloted this year, and will be fully rolled out in the acute sector by October 2014. Discussions about potential alignment of data sets may come to fruition this year but with an implementation date in 2015.

The NQB is asked to:

- ***Note the programme of action to improve complaints handling***
- ***Consider the following topics as one or more possible areas of NQB consideration:***
- ***Where should responsibility sit in the system for distilling and promoting good practice in complaints handling and what mechanisms can we use to reinforce messages on this such that it encourages local behaviour change and lasting improvement?***
- ***How could we improve intelligence flows across organisations dealing with patient complaints so there is greater potential to learn from them across boundaries?***
- ***What would the complaints process look like if it was truly transparent?***

Next Steps

13. This paper will be discussed at the NQB on 25th February and we look forward to hearing feedback from members and confirmation of which topics the NQB may wish to explore further. Subject to the views of the NQB we suggest returning to this agenda in June to update on progress with the CPB work programme and to invite NQB members to consider whether other issues of quality and alignment may have arisen in the intervening period.

14. There are links between the work described in this note and the work being taken forward by the NQB Patient Experience sub-group. We will ensure alignment as the work of the sub-group evolves.

DH on behalf of members of the Complaints Programme Board
20th February 2014

Annex A – Complaints Programme Board Membership

Nikki Yorke	DH, Deputy Director, Citizen Voice & Insight (Chair)
Chris Bostock	DH NHS Complaints Policy Team
Marc Bush	Healthwatch England
Neil Churchill	NHS England
Malte Gerhold	Care Quality Commission
Mick King	Local Government Ombudsman
Michelle McDaid	DH Adult Social Care Complaints Policy Team
Lynne McIntyre	NHS England
Alyson Morley	Local Government Association
Kylie Stephen	DH NHS Constitution Team
Sally Sykes	Parliamentary and Health Service Ombudsman
Laura Weir	Parliamentary and Health Service Ombudsman

The Health and Social Care Information Centre and ADASS to be represented at future meetings.

Annex B – Terms of Reference

1. To implement the Government's commitments detailed in *Hard Truths*.

2. To deliver the bulk of the Board's Hard Truths work programme by March 2015, with organisational lead responsibility for delivery of each project to be agreed within the group.

3. To update the Secretary of State for Health on progress, as appropriate.

4. To look more widely across health and social care to consider complaints in other health and social care settings, so as to seek to align complaints handling across care services.

ANNEX C: Complaints Programme Board work programme

Work started in 13/14; and completed or considerably advanced by March 2014

Setting of standards for complaints advocacy [Lead HWE & DH; Working with LGA]

- Develop national standards for delivery of independent NHS complaints advocacy services to provide service users with realistic expectation of what to expect from these services and to enable individual LAs better to manage the performance of advocacy providers
- To work with stakeholder groups to develop and test these standards
- To work with the LGA and LHW to determine how best to ensure delivery of services to these standards
- To raise awareness of NHS complaints advocacy services

NHS Constitution supplement [Lead DH; Working with HWE, NHSE, LGA, PHSO, LGO]

- To develop an easy to understand narrative to provide service users with information on how to raise a concern or to make a complaint if they are dissatisfied with the service they have received from the NHS
- This narrative to become part of the NHS Constitution website

Litigation issue [Lead DH; Working with AvMA]

- Issue jointly-agreed revised statement of how to handle complaint cases where litigation threatened

Work started in 13/14; Completed September 2014

Complaints data into NHS electronic data system [Lead NHSIC; Working with DH & HWE, PHSO, CQC]

- To develop a system that enables trusts to publish accurate, detailed quarterly data on the number of complaints received, and to enable comparison across hospitals
- To move from an Excel sheet collection to a web based collection tool for the collection of centralised data on the number of complaints received in both Hospital and Community Health Services and Family Health Services
- To collect data by service area, breaking it down further into areas such as:
  - gender;
  - age;
  - ethnicity (this was tried previously but poor data quality was received and have never been published);
  - similar information (i.e. gender etc.) about the staff member the complaint made against

Transparency, governance and good practice

- Boards to see regular data on complaints; Directors with patient safety responsibility updating on complaints at every Board meeting;
- Detailed information on complaints published quarterly;
- Signage in every ward and clinical setting publicising complaints processes, PALS and advocacy arrangements - [DH/HWE/NHSE/CQC]

Work started in 14/15; Completed March 2015

Review of PALS [Lead DH; Working with HWE, NHSE, and wider stakeholders]

- To consider the effectiveness of Patient Advice and Liaison Services within the wider NHS, having particular regard to their:
  - non-statutory role
  - independence (PALS staff are employed by the NHS)
  - relationship with complaints teams
  - relationship with external organisations providing advice and information
  - funding
- To make recommendations to Ministers on the future of these services

Evaluation of NHS complaints advocacy arrangements [Lead DH; Working with HWE, LGA]

- To consider the effectiveness of NHS complaints advocacy services, with particular regard to the delivery of services following a shift to localised commissioning and performance management
- To work with stakeholders and service users
- To make appropriate recommendations to Ministers

Regular and standard way to survey complainants [Lead HWE, NHSE; Working with DH]

- To explore the introduction of a regular and standard way of surveying people who have made a complaint to find out whether they were satisfied with the way it was handled, and to enable comparison across hospitals
- To consider whether some form of financial incentive might be attached to the survey to act as a driver to improve local complaints handling

Compliance Issues [Lead NHSE; Working with HWE, DH, CQC, PHSO]

- To drive a shift towards Trust Chief Executives and Boards taking personal responsibility for complaints handling
- Better to ensure that duties and responsibilities in the legislative framework for handling NHS complaints are delivered; this to include in particular offering the patient a conversation at the start of the complaints process, and ensuring anyone making (or thinking of making) a complaint is aware of the independent role of the Health Service Ombudsman in the process
- To ensure that individual cases are appropriately handed; for example, all serious untoward incidents are investigated by someone from outside the trust
- Greater use of clinical involvement in the investigation and resolution of complaint cases

Building complaints into CQC regulation and inspections [Lead: CQC]

- To strengthen CQC inspection activity to assess provider systems and processes in relation to complaints and staff concerns handling, including roles and responsibilities, and their ability to learn and improve.
- To increase evaluation of how transparent a provider is about their approach and learning from complaints and concerns;
- To contribute to improving understanding of the experience of complainants, and capturing good practice.
- To evaluate, and roll out this methodology across all sectors CQC regulates.

Progressed post-discussion with Cabinet Office on the future of the Public Services Ombudsmen

Patient-led vision and expectations [Lead PHSO & HWE; Working with DH et al]

- To develop universal expectations for complaints handling to drive improvements in patient satisfaction with complaint handling.
- To inform:
  - Patients about what to expect when they make a complaint;
  - The work of the Healthwatch network in challenging local providers to improve their practices;
  - Providers and commissioning bodies about what they can do to use patient concerns and complaints to improve services, and how they can measure progress
  - Regulatory assessment of hospital complaint handling;
  - PHSO investigation of complaints brought to them by patients and their families