



Interim report on NHS and Adult Social Care Complaints Procedures in Manchester

Introduction

The Health & Wellbeing Overview & Scrutiny Committee of Manchester City Council asked the LINK to look at complaints in health and social care services, namely; poor procedures in place to deal with them; a lack of information about how people can make one; insufficient outcomes for patients; and an apparent lack of service change once a resolution has been reached. This issue was something they had flagged as a potential problem but did not have time in their work plan to investigate fully themselves.

The work undertaken to date:

At the 9th June 2008 meeting of the LINK's Interim Board agreed to: the formation of a 6 month task and finish group to look at complaints procedures and how they are working on the ground. The LINK needs to gather the views of people who have been through the complaints process and will ask local Trusts to send a letter out to people recently involved in complaints asking them to contact the LINK with their views.

At its 14th July 2008 meeting the Interim Board discussed the work further and agreed initial steps.

Our aim was to carry out an initial examination of each of the complaints procedures and publicly available information about complaints of local NHS Trusts and discover whether the policies are well publicised, accessible to service users and members of the public and if they contain all relevant information. This report will precede further work on the issue to look at levels of public satisfaction about complaints and the process Trusts implement to make changes based on issues that arise through complaints.

As a result NHS Manchester, local NHS Trusts, and Adult Social Care were asked for

- *A copy of their policy and procedures for dealing with complaints*
- *Information on how this is advertised and copies of leaflets and other information about making and responding to complaints*

An exercise to check the accessibility of information on relevant websites was also undertaken

Policy and procedures for dealing with complaints

A checklist was made up identifying all key issues which should be included in a formal complaints policy, drawn from NHS and Department of Health guidance. Each procedure¹

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was then scrutinised against this list to determine whether all relevant information had been included. The formal complaints procedures were then compared with information leaflets provided to the public. These were assessed in relation to their content, the language used, use of illustrations, general layout and date of publication and revision.

Sources of information for complaints policy

The legal framework for the management of NHS complaints is set out in:

- NHS (Complaints) Regulations 2004 (SI2004 No. 2084) *Standards for Better Health*
- NHS (Complaints) Amendments Regulations 2006 (SI2006 No. 2084)
- NHS Litigation Authority Standards

Policies were received from

- Christie Hospital NHS Foundation Trust
- University Hospital of South Manchester (UHSM) NHS Foundation Trust
- NHS Manchester (Manchester PCT)
- Central Manchester & Manchester Children's (CMMC) University Hospitals NHS Trust
- Manchester Mental Health & Social Care (MMHSC) NHS Trust
- North West Ambulance Service (NWAS) NHS Trust
- Manchester City Council Adult Social Care

Conclusions

A detailed report comparing the policies currently in place with the requirements set out in regulations and standards is being completed.

However, the value of this exercise appears limited – the policies supplied meet the essential requirements of the regulations, although structured in different ways.

The introduction of a comprehensive, integrated complaints system across health and social care from April 2009 is likely to result in changes to policies.

In October 2008 the National Audit Office's report from an independent evaluation of existing performance, capability, capacity and costs of complaints handling in both health and adult social care was published.

The report identified the strengths and weaknesses of the current systems and highlights issues that the Department of Health will need to look at when implementing a new, single system.

Further work may be better directed at seeking to obtain views and comments from patients, service users, carers and voluntary sector organisations on how comprehensive integrated policies and practices can be achieved.

Publicly available information

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The formal complaints procedures were compared with information leaflets provided to the public. These were assessed in relation to their content, the language used, use of illustrations, general layout and date of publication and revision.

A detailed report on leaflets produced by the NHS Trusts and Adult Social Care is being completed – it is worth noting that while Adult Social Care and some NHS Trusts (Manchester Mental Health and Social Care Trust, University Hospitals of South Manchester Foundation Trust, Christie Hospital NHS Foundation Trust) produce separate short leaflets covering the complaints process others (including North West Ambulance Service) incorporate complaints information in their Patient Advice and Liaison Service (PALS) leaflets.

Websites

An exercise in accessing websites was carried out in November 2008. Only two of the organisations have a reference to comments and complaints on its Home Page. Pennine Acute Hospitals NHS Trust: although this only links to a general contact page, with access to a comments/feedback form and no information about the complaints process.

Manchester City Council's website, by contrast, takes users to "Tell us what you think about our services " for complaints compliments or suggestions:

Please select from these options:

- [Make a complaint about Council services](#)
- [Make a complaint about a school](#)
- [Make a complaint about a leisure service or facility](#)
- [Send us a compliment or suggestion](#) (online form)

Definition of a complaint

A complaint is an expression of dissatisfaction by one or more members of the public about the council's action or lack of action, or about the standard of a service. It does not matter if the action or service was provided by the council itself or a person or body acting on behalf of the council.

Pages in "Tell us what you think about our services":

- 1. **You are here** [Complaint, compliment or suggestion ?](#)
- 2. [Making a complaint](#)
- 3. [How we deal with your complaint](#)
- 4. [Not happy with the way your complaint was dealt with ?](#)

On other sites we entered 'complaints' into search boxes on the home page:

The NHS Manchester site (Manchester PCT) takes users to a 'Complaints' section of the website with: general information, contact information for complaints and PALS staff, an online complaints form, copy of the complaints procedure and a section with five 'complaints case studies showing where complaints had led to service change. ³

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The Central Manchester and Manchester Children's University Hospitals site provides a list of suggestions – the first is to 'Suggestions, Complaints and Concerns' which outlines the complaints procedure and contacts including ICAS and the Healthcare Commission.

The North West Ambulance Service NHS Trust site, by contrast produces a variety of links within the site – the first referred to a Board agenda, the second to PALS (with a reference to PALS can help people access the Trust's complaint service). The seventh link is to 'Compliments and Complaints' which simply says: "**Complaints** If you are unhappy with the service you have received from North West Ambulance Service NHS Trust, you are entitled to make a formal complaint. A complaint can be made by telephone, fax or in writing. " and then gives contact details.

The Manchester Mental Health and Social Care Trust website directs users first to 'Complaints'. This section has 'forms' (but none are available), the Trust's complaints leaflet, the complaints procedure, and recent annual complaints reports.

The Christie Hospital Foundation Trust site directs users first to a 'Compliments and Complaints' section which outlines the complaints process and refers to ICAS. The second link is to the Trust's complaints leaflet.

The University Hospital of South Manchester Foundation Trust website produces no results for a search using the word 'complaints' (it had previously directed users to PALS). A section under 'Patients/Have your say' gives information on contacting PALS.

Pennine Acute Hospitals NHS Trust site, if searched, directs users firstly to PALS, secondly to an internal guide on use of function keys on the IT system and thirdly to NHS choices feedback.

Conclusions

The most direct means of access for many service users, patients and carers would be to have a clearly identified system for making a complaint on the home pages of web-sites. This is only currently available for Adult Social Care.

There appears to be confusion between the role of PALS services within NHS organisations and the operation of complaints procedures. The opportunities for making complaints on-line through a simple on-line form are limited. More use could be made of the NHS Choices Feedback – the Pennine Acute site attempts to do these, but has limited information about the complaints process itself.

Taking the work forward

The LINK has only managed to undertake a limited amount of preparatory work on complaints issues in the last six months. The December meeting of the LINK Interim Board discussed this, particularly in the light of the NAO report – in order to avoid duplicating work that has already been undertaken and to review the planned methodology for obtaining public views.

The National Audit Office report

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A summary is attached. This gives a clear national picture and a guide to the work that can be undertaken locally to have a real impact.

Three areas in the NAO's recommendations on local action provide a good guide to what is needed:

- Develop comprehensive approaches to obtaining feedback from complainants about the way complaints have been handled and their satisfaction with outcomes to identify strengths and weaknesses in the system.
- Promote public confidence in the complaints process by publicising the implementation of recommendations, service changes and improvements that arise from complaints.
- Benchmark performance on complaints handling both within and between similar organisations.

Original Approach

At its June meeting the Transitional Board agreed the formation of a 6 month task and finish group to look at complaints procedures and how they are working on the ground. The LINK needs to gather the views of people who have been through the complaints process and will ask local Trusts to send a letter out to people recently involved in complaints asking them to contact the LINK with their views. The group's workplan included:

- Assess the quality, quantity and accuracy of the information available to patients via the organisations website, leaflet or other information provided
- Consider how easy the process is to understand from this information
- Determine whether the difference between PALS and complaints made explicit to patients
- Compare the policies and procedures from all Trusts and ASC
- Compare the information leaflets
- Summarise the main differences highlighting areas of good practice
- Collect case studies from people who have made a complaint, show examples of good and bad experiences and identify what made the difference
- Produce a report detailing this to be sent to all NHS Trusts and ASC Dept with recommendations
- Host a public meeting to discuss findings

Revising the plan and its methodology

The Interim Board in December agreed that the focus of work should include completing the work in comparing the quality of information but concentrate more on identifying how people who have used systems in different organisations have experienced this.

It is important in undertaking this research that we avoid a number of dangers:

- It would be unfair to raise expectations of people who have been dissatisfied with the responses they have received that the research could address their individual concerns

- There is a risk that in contacting people who have raised complaints in the recent past we cause them distress or concern
- That simply calling for people's comments will result in a disproportionate response from those with negative experiences.

We propose to undertake the following activity during January-March 2009:

- Seek to collaborate with Trusts and Adult Care in sending a request for views on how the complaints system works from a sample of people who have made complaints to each organisation during 2008 – having established parameters on who to contact and exclusions (for example: excluding unresolved complaints, those concerning the death of a relative etc).
- Work with a variety of voluntary sector organisations to obtain the views of their members/service users on their attitude to and experience of making a complaint about health and/or care services. This would aim to identify barriers to using the complaints system as well as experiences of it
- Establish a 'round table discussion' where relevant networks and groups could meet with complaints managers as they attempt to develop an integrated system across health and social care by April 2009.

LINKs Interim Board
05.12.2008

A Summary of the Recommendations of the National Audit Office on NHS & Social Care Complaints

Background

The Department of Health (DH) produced a White Paper in January 2006 entitled '*Our Health, Our Care, Our Say*' which laid out a commitment to make it easier for people to complain about their experiences of using health and social care services, improve the quality of responses received and improve services as a result.

A comprehensive single complaints system was proposed across health and social care, to be brought in by April 2009 and focussing on resolving complaints locally with a more personal approach to handling complaints.

The DH also announced a plan to merge the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission from April 2009 to form the Care Quality Commission. This new health and social care regulator **will not** have a role in the review of individual complaints as did the Healthcare Commission but it will examine standards of complaint handling and the implementation of learning from complaints.

A consultation entitled '*Making Experiences Count*' was launched by the DH in June 2007 which recognised failings in the existing complaints systems and made proposals for the single system. However, no detailed evaluation of the effectiveness of the current systems was carried out.

The National Audit Office (NAO) undertook an independent evaluation of existing performance, capability, capacity and costs of complaints handling in both health and adult social care. The report identified the strengths and weaknesses of the current systems and highlights issues that the DH will need to look at when implementing a new, single system.

NAO Findings

Access and confidence in the existing systems

Very few people actually make a complaint - Only 5% of people who say they are dissatisfied with the NHS made a formal complaint, compared to one third in social care. The main reason people gave for not complaining is because there was low confidence that anything would be done.

Navigating the complaints system is very difficult. Two thirds of NHS complainants were not offered any help in navigating the system. A lack of effective signposting was found and although a lot of information was available, service users were left to find it themselves.

Very few complainants are aware of ICAS - 84% of dissatisfied service users had not heard of it. Local authorities don't automatically offering independent advocacy so support offered in social care complaints differs in each authority.

Organisational culture and attitude to complaints

Complaints are not taken as seriously as they should be in the NHS. Very few Trusts report complaint data in a systematic way. Although Chief Executives are required to sign off every complaint, their actual engagement with the process is negligible. There is a focus by Trust Boards on the numbers rather than the outcomes.

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In both the NHS and Social Care there is a defensive response to complaints which is a barrier to effective handling.

Training in dealing with complaints varies from mandatory to ad hoc or non-existent.

Time taken to respond and the adequacy of the response

Three quarters of complaints are concluded at local resolution stage within 20-25 working days. The Healthcare Commission took an average of 5-6 months and social care complaints took an average of 2 months.

In many cases people who complain simply want an acknowledgement of the issue or an apology but Healthcare Commission research found that one third of Trusts deal with complaints without assessing the expectations of the complainant.

Only 59% of respondents to the NAO survey felt that their complaint had been received in an open and constructive manner.

Learning lessons from complaints to improve services

Neither the NHS nor social care have any formal means of capturing cross-organisational learning. There is also a lack of methods for capturing learning, such as toolkits, an interactive website, or a good practice database.

Over 90% of local authorities and NHS Trusts claim to have a clearly defined system in place for learning from complaints. However, the Healthcare Commission found although outcomes from complaints may lead to one-off service changes these are not necessarily shared across Trusts. Only one third of NAO respondents felt that the organisations they complained about had demonstrated that they had learned lessons as a result of the complaint. It was also found that Trusts and local authorities could do better in monitoring and implementing recommendations from complaints.

Conclusion

Within the NHS the key issues were found to be:

- Confusion as to how to access and navigate the complaints system
- A lack of public confidence in the system
- Concern over the time taken to respond to complaints
- A failure to find a sustainable and effective independent resolution stage
- Limited sharing of lessons within and across NHS bodies

Within social care different but equally as important issues were identified:

- Few complainants receiving advocacy services
- Limited evidence that lessons have been learned and services improved as a result of complaints
- Lack of monitoring of satisfaction with handling and outcomes
- Need for a stronger voice for those who receive services in their own homes or in registered care homes

Recommendations

The NAO identified specific issues that it believes the DH needs to address if its reforms of the complaints system are to be effective. They also identified the key features they believe are needed for effective local complaints handling.

Issues for the Department of Health

1. The DH needs to fully explain the new complaints arrangements to the public, service users, carers and providers of health and social care services. The NHS and social care systems will have different legislative frameworks, accountability arrangements etc. and the DH will need to identify how the differences will be addressed in the new system.
2. Potential demand is currently understated; the DH should model potential demand under the new system on the capacity of local organisations to meet this demand, including the need for advocacy support.
3. The removal of the Healthcare Commission's independent review stage means NHS Trusts need to improve the capability and capacity of their complaint handling functions. The DH should share the good practice evidenced from its early adopter sites.
4. The DH needs to work with the new regulator to put in place minimum standards that should apply to complaints investigations across health and social care, including: skills and training of complaints managers; quality of clinical advice; and safeguards to prevent long delays.
5. A mechanism needs to be developed for capturing and disseminating lessons for service improvements as a result of complaints at the local level, and for identifying patterns across all complaints.
6. The DH should strengthen the existing core standard on complaints by making it a requirement for registration with the new Care Quality Commission that health and adult social care providers can show evidence of consistently acting on complaints.
7. The 'Voices for Improvement Action Network' (VIAN), which attempted to connect complaints managers from across the country to share learning has not been very successful. The DH should re-invigorate the network so that a clear framework is in place which will support and encourage the ongoing development of learning between complaints managers locally, regionally and nationally.

Key features of effective local complaints handling

1. Establish an open and constructive complaints handling culture with commitment and leadership from senior management. Staff need to understand the importance of complaints as a key indicator of service users' experience. Staff who are the subject of complaints need support.
2. Complaints managers need proper training and sufficient authority and clout to deal with complaints effectively.
3. All front-line staff need training on customer service and responding to concerns and complaints in an open and constructive manner.
4. Service users need clear information about how they can make a complaint and what the process is once they have done so.
5. Complainants' expectations should be established and tracked from the outset. All complainants should be provided with information about how long the process will take and what communications they can expect. Other avenues should be made clear if they are not satisfied with the outcome.

6. A tracking system should be introduced which captures details about the time taken to respond costs incurred, issues and themes, evidence of action taken and any changes to services that come about as a result. This information can be used to provide feedback to staff and service users on performance and outcomes to reinforce a constructive culture in complaints handling.
7. Develop comprehensive approaches to obtaining feedback from complainants about the way complaints have been handled and their satisfaction with outcomes to identify strengths and weaknesses in the system.
8. Promote public confidence in the complaints process by publicising the implementation of recommendations, service changes and improvements that arise from complaints.
9. Assess and monitor the number, type, severity and outcome of complaints received by providers of commissioned services. Commissioners should monitor whether providers are encouraging feedback from service users and addressing their concerns.
10. Benchmark performance on complaints handling both within and between similar organisations.