



Complaints handling in NHS organisations

August 2017

This document is designed for NHS organisations but has application for all public bodies and those providing services such as universities. It also has application for those commissioning services who will want to assure themselves that expenditure of public monies is supported by recipients' good complaints handling.

"A complaint or concern is an expression of dissatisfaction about an act, omission or decision, either verbal or written, and whether justified or not, which requires a response"

NHS England Complaints Policy, 2017

"Good complaint handling should be led from the top, focused on outcomes, fair and proportionate, and sensitive to complainants' needs. The process should be clear and straightforward, and readily accessible to customers. It should be well managed throughout so that decisions are taken quickly, things put right where necessary and lessons learnt for service improvement."

Parliamentary and Health Service Ombudsman, 2009

The right of the patient to make a complaint and have it responded to and investigated is enshrined in the NHS Constitution, and the Health and Social Care Act, with the process for this described in the:

- Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Patient Rights (Scotland) Act 2011
- National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011
- Health and Social Care Complaints Procedure Directions (Northern Ireland) 2009

It is also described in documents such as the Parliamentary and Health Service Ombudsman's "Principles of Good Complaint Handling" and the Patient Association's "Good practice standards for NHS Complaints Handling."

In 2015-16 organisations within the NHS in England received 198,739 written complaints, that is 3,822 per week or 544 per day.¹ More than 80 percent of complaints were about the quality of care and

treatment a patient has received and many concerned avoidable harm.² Although complaints are an opportunity for a patient or member of the public to raise concerns around the quality of their, or a loved ones, care, they are also one of the most direct, effective, and transparent means of driving improvement within an NHS organisation.

"In order for us to treat complaints as gifts, we need to achieve a complete shift in perception and attitude about the role of complaints... this requires separating the message of the complaint from the emotion of being blamed."

Janelle Barlow and Claus Moller Berret-Koehler, A complaint is a gift, 2008

Complaints provide a valuable indication of the quality of services provided by an NHS organisation, and this information can and should be used to help enhance services and to find better ways of meeting the needs of patients. However, to achieve this there must be the right organisational ethos so that patients, their carers, friends and relatives, and the staff involved feel supported.³

A well-managed complaints process can help improve culture, performance and safety in an organisation. Now more than ever, we are seeing a greater emphasis being placed on listening to, acting upon, and learning from patient feedback to improve services. The Patients Association states that organisations should be able to demonstrate to all stakeholders that the investigation and the decision-making processes have been:

- open and transparent
- evidence based
- logical and rational
- comprehensive and with a level of detail appropriate to the seriousness of the complaint
- timely and expeditious
- proportionate to the seriousness of the complaint(s) raised⁴

However, the management and investigation of complaints within the NHS is not always of sufficient quality often resulting in injustice or hardship for the complainant. Certainly, in our work with NHS Organisations we note the following key challenges:

- ensuring that the complaints process is easily accessible and clearly signposted to staff, patients, and members of the public
- encouraging joined-up and consistent approaches to complaints management across Complaints teams and the Patient Advice and Liaison Service (PALS), as well as Complaints teams and the clinical and quality governance functions. This extends to board understanding and awareness of the complaints process
- addressing the perception that meeting deadlines is more important than ensuring the complainant receives an appropriate and comprehensive response
- ensuring that investigations are consistently completed to a high standard
- ensuring that there is continuous learning and development as a result of the complaints process, and that this process is blame free and supported by robust data and information
- ensuring that mandatory training is consistently applied

We address steps for improvement against these in the maturity matrix contained within this document.

The principles set out by the Parliamentary and Health Service Ombudsman aim to support public bodies, including NHS organisations, in the delivery of best practice complaints handling. The six principles for good complaint handling practice are as follows:

1. Getting it right:

To include having clear governance arrangements, which set out roles and responsibilities and ensure lessons are learnt from complaints. This should also include ensuring that those at the top provide leadership to support good complaints management and develop an organisational culture that values complaints.

2. Being customer focused:

To include having clear and simple procedures in place, whereby the complainant can easily access the complaints service, and where complaints are dealt with promptly and sensitively.

3. Being open and accountable:

To include the publication of clear and complete information about how to complain and how and when to take complaints further. This principle also encompasses the provision of honest, evidence-based explanations, including the provision of reasons behind decisions and keeping an accurate record of the complaint.

4. Acting fairly and proportionately:

To include the thorough and fair investigation of complaints and that decisions are proportionate, appropriate and fair.

5. Putting things right:

To include the acknowledgement of mistake, apologising where appropriate and to include the provision of prompt and appropriate remedies.

6. Seeking continuous improvement:

To include having systems in place to record, analyse and report on the learning from complaints and to regularly review lessons learnt. To also include utilising feedback and lessons learnt to improve the design and delivery of the service.

Parliamentary and Health Service Ombudsman, 2009

1. NHS Digital, Data on written complaints (September 2016)
2. Ibid
3. A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture, Right Honourable Ann Clwyd MP and Professor Tricia Hart (October 2013)
4. The Patients Association, Good practice for NHS Complaints Handling (September 2013)



Key assurance questions (can we respond positively to all of these?)

1. Is the process for making a complaint clear and accessible for all? (can we say...)

We have implemented an effective and accessible complaints procedure that is understandable for all.

Patients and their relatives are made aware how to make a complaint and are fully supported in doing this. Information for complainants is available on wards and clinics in a variety of formats, and channels for raising concerns other than through front line staff (for example through PALS and independent advocates) are clear and easily accessible.

Information on the complaints process is readily available in formats such as Easy Read and other community languages.

2. How are complaints managed and escalated?

Our board have designed a set of tolerances that clarify the expected standards for complaints handling and the severity of complaints that they have delegated to staff and / or sub committees.

Linked to this is a clear escalation process for when tolerances are breached and pose reputational risks, so that they are reported to the board and within agreed timescales.

3. Is action being taken and learning being applied systematically across our organisation?

Our complaints investigations include clear action lists, which we review routinely to ensure completion. Recognising that lessons learned are often not shared with all of our staff, we have created learning forums, which span our organisation and are open to all staff. Where appropriate and where key learning points have emerged, we make sure that these are shared with staff through a variety of communications methods.

4. Where investigations are required, how are we ensuring they are of the right quality?

Our staff understand the value and importance of the complaints process, and we have worked hard to foster an open and transparent culture across our organisation.

We have a clear complaint handling policy, and have ensured staff are trained and familiar with this. The approach is included in induction training for permanent and temporary staff.

When conducting an investigation, we ensure that staff are afforded protected time to complete this and are appropriately supported by other clinicians and members of the Complaints team.

5. Are we routinely auditing complaints to ensure the policy agreed is being implemented?

Each month, the Complaints team review a sample of complaints to ensure that they are acknowledged within 48 hours and responded to appropriately.

Audits and resultant action plans are reported to a relevant committee and are also included in our quality dashboard.

Complaints data is reported to the board alongside other quality measures, and we conduct an annual review of complaints to ensure that themes and lessons are being picked up.

We have a way of joining up complaints throughout the organisation whether clinical or financial, service users or suppliers, commissioners or partners. We have extended our complaints reviews to include services provided by partners and suppliers when this might affect our reputation or statutory responsibilities.

This tool finishes with a maturity matrix. This is a simple resource designed to support NHS organisations to self-assess that they are appropriately applying the key principles of good governance practice.

The maturity matrix describes the key elements of good complaints management along the y-axis, and gradations of 'maturity' along the x-axis. For each of the key elements, we have identified indicative statements so that NHS organisations can self-assess their level of maturity. The rate of progress is incremental and the organisation cannot progress to the next level of maturity unless all criteria from the previous box have been fulfilled and can be evidenced.

The matrix can be used in a variety of ways to illustrate current performance and agree developmental expectations. For example, an NHS organisation may identify that it is currently at the 'early progress' stage in regard to 'purpose and culture', and aspires to reach 'results' within the year. The tool can then be used to track improvement over the defined development period.

Importantly, an organisation may not necessarily be at the same stage for all outcomes, and this tool is designed to foster discussion and challenge.

COMPLAINTS MATRIX

A MATURITY MATRIX TO GUIDE THE ADOPTION OF BEST PRACTICE IN THE MANAGEMENT OF COMPLAINTS IN NHS TRUSTS

TO USE THE MATRIX: IDENTIFY WITH A CIRCLE THE LEVEL YOU BELIEVE YOUR ORGANISATION HAS REACHED AND THEN DRAW AN ARROW TO THE RIGHT TO THE LEVEL YOU INTEND TO REACH IN THE NEXT 12 MONTHS. 0 - 6

PROGRESS LEVELS	KEY ELEMENTS ▲▼	1 BASIC LEVEL	2 BASIC LEVEL	3 EARLY PROGRESS	4 FIRM PROGRESS	5 RESULTS	6 Maturity	7 EXEMPLAR
1) PURPOSE AND CULTURE	No	Complaints are recognised as essential and helpful to supporting learning and continuous improvement. This is encapsulated within the organisations complaints policy.	The organisation actively encourages positive and negative feedback, and works hard to give voice to those who might not otherwise be able to navigate system.	Staff are clear on what does and does not constitute a complaint, and feel comfortable liaising with their patients to support their feedback.	Complainants receive a comprehensive response to all their questions, which includes actions that have been identified and will be taken.	There is evidence that patients understand and use the system and that improvements are made as a result of complaints.	Complaints handling is embedded across the organisation.	The board can state with confidence that staff are clear and act on the organisations approach to complaints.
2) OPENNESS	No	Basic information and support for complainants is available on wards. Complainants are responded to within organisational deadlines and in an appropriate manner. Website provides clearly signposted information on how to make a complaint and provide feedback.	The organisation encourages through various mechanisms, not just the formal complaints process e.g. directly through a ward manager. Complainants are provided a point of contact to support any queries e.g. PALS or customer service.	Induction programmes incorporate a complaints handling element. Complainants are kept informed of any developments in their case, and a formal record of all correspondence is maintained. Staff understand their legal obligations with regards to complaints handling e.g. Duty of Candour	All staff, including agency, are trained (NHS accredited training) and supported to deal with complaints effectively, including how to escalate appropriately, communication training, and when to ask for support. Staff are able to, and do, make a complaint on behalf of patients and carers	The organisation has used mystery shoppers to gather additional feedback and to improve its PALS / complaints department. There are no surprises in staff and patient survey feedback.	External audit and review confirms that the organisation is responsive to complaints, and takes steps to proactively address concerns.	
3) EASE OF USE	No	Complaints are assured that their care won't be adversely affected by making a complaint. Staff are available to discuss diagnoses, treatments and care etc. with the complainant. Patients, and carers, can easily complain or raise a concern.	PALS is embedded and provides help, advice and support to those wishing to raise a concern or make a complaint. They are also able to resolve issues before they become a complainant. Information is available in formats such as Easy Read and other community languages. A process is in place to allow patients access to interpreter or translation service.	The organisation holds and displays information on other organisations. This is available in a range of formats. Complainants are given access to information about NHS advocacy support and other local support. Patients are informed about what they expect from their treatment e.g. cleanliness, waiting times, and staffing. Volunteers are recruited to support patients with the complaints process.	Senior managers on call have access to a range of sources of information to support complainants, including examples of complaints, suggestions and feedback. Individuals are able to raise a concern or complain outside of traditional office hours and a PALS/complaints service is available outside of normal working hours.	Patient feedback through surveys and other mechanisms confirm that patients feel in control of the complaints process.	Provision, via website, of anonymised list of complaints, having sought consent from complainants, to include the elements of the complaints, whether they were upheld and why, what actions have taken place and any learning gathered.	

PROGRESS LEVELS	KEY ELEMENTS	0	1 BASIC LEVEL	2 EARLY PROGRESS	3 FIRM PROGRESS	4 RESULTS	5 Maturity	6 EXEMPLAR
4) LEARNING ORGANISATION	No		There is a uniform approach to complaints handling within each of the wards / divisions.	Lessons and actions from complaints are implemented locally.	Thematic analysis of complaints is disseminated across the organisation through focused communication campaigns and meetings, and can be shown to demonstrably improve performance.	The organisation routinely reviews its complaints policy to ensure effectiveness. Staff are informed of any changes through additional meetings / training.	Audit demonstrates that learning from complaints is embedded across the organisation. The organisation focuses on the issue, not just the resolution.	The annual reports, reviews and audits are shared externally to support improvement elsewhere.
5) PATIENT EXPERIENCE	No		Individual complaints are reviewed at appropriate forums e.g. practice meetings.	Leaders ensure positive reaction to complaints.	Patients are regularly informed of progress in the investigation to help ensure engagement.	Complaints data is triangulated with other organisational information such as PALS and patient experience data to drive improvement.	The organisation publishes an annual complaints report detailing what complaints have been made and what changes have been embedded as a result.	The annual complaints report demonstrates good practice and specific examples of improvements in response to complaints from across the organisation.
6) TRUST BOARD	No		Board member roles and responsibilities with regards to complaints are clearly outlined in the organisation's policy.	The board supports an open approach to complaints.	Complaints are escalated appropriately, and addressed in the correct forums commensurate to their seriousness.	Board receives monthly reports on complaints, alongside an Integrated Performance Report that contains patient experience data.	Patient and relative feedback is considered at board, and used to highlight improvement areas.	Complaints handling case studies, and key learning, are published, and available online.
7) INTEGRATION WITH OTHER IMPROVEMENT SYSTEMS	No		Individual complaints are not considered in isolation, but support a wider range of improvement activities.		PALS, complaints and patient experience teams work closely to conduct thematic analysis, and intercept concerns and issues before they become formal complaints. Complaints feed into annual appraisals when appropriate.	Lessons learnt from complaints lead to further training / workshops across the organisation.	Patients are clear on their personal care plan so complaints reflect divergence from this and delays.	Internal Audit provides independent assurance that the complaints management process is robust.
8) CLOSING THE LOOP	No		The organisation seeks feedback on the experience of the complaints process through a variety of mechanisms.		Staff are aware of a range of improvement systems including clinical audit, improvement programmes etc. and how complaints feed into this.	Improvements made as a result of complaints are documented alongside other improvement methods.	The board considers an integrated performance report which helps to situate patient experience within a wider financial and quality context.	Improvement systems are designed to be aligned and integrated.
								Positive outcomes from complaints are reinforced and promoted and, as a result, patients are more confident coming forward with concerns. This is demonstrated in organisational data and audit.