

# Internal Audit



## Complaints

June 2014

Report Rating	RED
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## Executive Summary

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In general, NHS Lothian's complaints procedures comply with instructions and guidance issued by the Scottish Government, with the Complaints Policy providing a clear framework for handling complaints. Nevertheless, weaknesses in how complaints are investigated and the quality of responses are widely and openly acknowledged.

In particular, the Healthcare Governance Committee has acknowledged that complaints are not adequately investigated and replies do not make clear whether complaints have been upheld or what corrective actions have been taken. Also, the Healthcare Governance Committee has heard that no system is in place for providing staff with feedback on the outcome of complaints or learning from incidents. The Scottish Public Services Ombudsman has asked for the complaints framework within NHS Lothian to be improved.

In June 2013, the Director of Communications & Public Affairs presented to the Board a report which commented on challenges faced by the Customer Relations & Feedback Team (CRaFT) in terms of workload, staffing and performance against targets. Also, the report suggested that complainants expect issues to be investigated by a team independent of the service areas being complained about, which is not currently the case. In response, the Board approved the setting up of a Short Life Working Group to recommend how the complaints framework could be strengthened.

In March 2014, members of the Healthcare Governance Committee decided that the key proposal by the Short Life Working Group to set up a central investigations team was possibly not the best solution. Instead, members suggested that nominated staff within each clinical area be trained to investigate their own service's complaints. Subsequently, a 6-month pilot has been proposed to assess the effectiveness of that option (issue 1).

Meanwhile, reviewing letters issued over the past year found that letters are not always being signed by the expected senior managers, and various deficiencies were noted in the quality of replies (issue 2). Also, target dates are not always being met for investigating and responding to complaints (issue 3), and the reporting structure set out in the Complaints Policy is not being fully applied (issue 4).

The Director of Communications & Public Affairs and newly appointed CRaFT Manager are fully aware of the many issues facing CRaFT and the wider framework for handling complaints. As well as the issues raised in this report, the Director of Communications & Public Affairs and CRaFT Manager are concerned about the number of staff, skill levels, commitment and attendance levels within the team. With the Director of Communications & Public Affairs, the CRaFT Manager is trying to address the known weaknesses while recognising organisational limitations. The success of the 6-month pilot towards improving the investigation and response to complaints is likely to prove crucial.

## **Background, Objective & Scope**

### Background

Complaints received by NHS Lothian are managed through the CRaFT team within Communications department.

Led by a newly appointed manager, CRaFT comprises about 11 WTE with the team split operationally into a complaints triage section, administration section and Case Relations Officers. After being triaged, complaints are recorded in Datix and forwarded to the appropriate Clinical Management Team, Community Health Partnership or directorate to investigate and respond. While not directly responsible for the quality of responses, CRaFT monitors and chases outstanding complaints to try and meet target dates.

During the 12 months to October 2013, NHS Lothian received 1,497 complaints, with nearly all complaints from March 2013 onwards acknowledged within the 3-day target. However, the Scottish Government requires health boards to investigate and respond to 85% of complaints within 20 working days. During the 12 months, NHS Lothian's achievement against the target ranged between 31% and 80%.

### Objective

The objective of the audit was to evaluate the adequacy and effectiveness of internal controls for managing complaints.

The audit focused on specific control objectives.

- Complaints are recorded and monitored.
- Complaints are fully investigated.
- Responses to complaints are appropriate.
- Responses are issued within set timescales.
- Corrective actions are implemented.

### Scope

The scope of the audit included:

- guidance for patients and staff;
- recording of complaints;
- investigation of complaints;
- responding to complaints;
- interactions with the Scottish Public Services Ombudsman;
- lessons learnt from complaints; and
- monitoring and reporting.

The scope excluded:

- litigation cases.

### Audit Issues & Recommendations

<p>Issue 1  Critical</p>	<p>Weaknesses in the framework for investigating and responding to complaints are widely and openly acknowledged</p>
<p>In general, NHS Lothian's complaints procedures comply with instructions and guidance issued by the Scottish Government, ie HDL (2005) 15: Implementation of New NHS Complaints Procedure: Directions Under the National Health Service (Scotland) Act 1978 &amp; the Hospital Complaints Procedure Act 1985 (issued April 2005); and Can I Help You? - Guidance for Handling &amp; Learning from Feedback, Comments, Concerns or Complaints about NHS Health Care Services (issued April 2012). However, weaknesses in the quality of investigations and responses and the extent of organisational learning have been widely and openly acknowledged across NHS Lothian.</p> <p>For example, the Healthcare Governance Committee was advised in December 2013 that the Scottish Public Services Ombudsman has asked for the complaints framework within NHS Lothian to be improved. In particular, the Healthcare Governance Committee noted that NHS Lothian upholds 14% of complaints in favour of complainers, compared to 56% upheld by other health boards. Meanwhile, the Ombudsman upholds or partially upholds 70% of complaints against NHS Lothian, compared to 54% against other health boards. Also, the Healthcare Governance Committee was advised that no system was in place for providing staff with feedback on the outcome of complaints or learning from incidents, and the Nurse Director noted that services are not learning from serious adverse events.</p> <p>In June 2013, the Director of Communications &amp; Public Affairs presented to the Board a report which commented on challenges faced by CRaFT in terms of workload, staffing and performance against targets. Also, the report suggested that complainants expect issues to be investigated by an objective team which is separate from the service being complained about and with power to invoke sanctions. In response, the Board approved the setting up of a Short Life Working Group to recommend how the complaints framework could be strengthened, with the group including the Chair of the Healthcare Governance Committee and Chair of the Audit &amp; Risk Committee.</p> <p>The Short Life Working Group reviewed complaints between April 2012 and March 2013 and concluded that complaints were not investigated objectively by Clinical Management Teams or Community Health Partnerships. Instead, the group recommended to the Healthcare Governance Committee in March 2014 that a small team be set up within CRaFT to investigate the most serious complaints (as triaged using a risk-assessment model) and check that actions for improvement are carried out. In response, the Healthcare Governance Committee acknowledged that complaints are not adequately investigated and replies do not make clear whether complaints have been upheld or what corrective actions have been taken. Nevertheless, members of the Healthcare Governance Committee concluded that setting up a central investigations team was possibly not the best solution. Instead, members suggested that staff within each clinical area be trained to investigate their own service's complaints.</p> <p>Meanwhile, the Scottish Health Council issued a report in April 2014 titled Listening &amp; Learning - How Feedback, Comments, Concerns &amp; Complaints Can Improve NHS Services in Scotland. Among its recommendations, the report presented expectations for the independent investigation of complaints and reiterated the view of the Scottish Public Services Ombudsman that clear responsibilities and levels of delegation be set for staff who handle complaints. In May 2014, the monthly report from the Scottish Public Services Ombudsman commented on several examples of poor complaints handling (including cases from NHS Lothian) and pressed for improvements in how complaints are handled. Between January and May 2014, the Scottish Public Services Ombudsman upheld or partially upheld 23 cases relating to NHS Lothian, with 6 cases classed as public interest reports. The recommendations for NHS Lothian included ensuring that responses to complaints are</p>	

meaningful, accurate and structured, with subsequent apologies for any inaccurate information provided in NHS Lothian's initial responses.

After the Healthcare Governance Committee did not approve the proposal for a central investigations team, the Chairman of the Board has supported a suggestion by members of the Healthcare Governance Committee for complaints to be investigated by trained staff from within each clinical area. Subsequently, a 6-month pilot has been proposed to assess the effectiveness of the scheme.

Meanwhile, weaknesses in the framework for investigating and responding to complaints increase the potential for cases to be mismanaged or lessons not to be learned.

#### Recommendation

The results of the pilot involving nominated staff from clinical areas should be actively scrutinised to determine whether the scheme produces the necessary improvements. Unless positive results are produced sufficiently quickly, other options should be progressed without further delay. In particular, the proposal to set up an independent investigations team should be reconsidered for immediate action.

#### Management Response

The issue above is recognised. The former Complaints Team has been re-designated as the Customer Relations & Feedback Team (CRaFT) and has put in place a triage system to deal with every complaint at its point of entry to NHS Lothian. As well as a focus on target times, the team is focusing on the quality of responses, with all members of CRaFT undergoing training and development.

Management has employed an expert from the Ombudsman's office to review and redesign the complaints handling process, along with wider consideration of how NHS Lothian as a whole handles all kinds of feedback. This will include reviewing the way in which CRaFT works. It is likely that NHS Lothian will develop a "Hub and Spoke" model for handling complaints, with a central admin and investigations team in place to support the front-line staff in developing service level responses.

Power of Apology training run by Queen Margaret University using staff from the Scottish Public Services Ombudsman has been undertaken along with training on clear-English letter writing, with a focus on complaints. The training has been received by all Executive Directors and will be rolled out to all senior managers, with further training being planned for staff responding to complaints.

The introduction of an investigations team would make a marked difference to the quality of investigations being carried out and should reduce the number of complaints going to the Scottish Public Services Ombudsman for further investigation.

#### Management Action

A revised paper regarding the case for an independent investigations team will be presented to the Healthcare Governance Committee in July 2014. In particular, the paper will use new information and inputs from the Scottish Public Services Ombudsman and this internal audit report to help inform the way forward. Whatever the outcome, the Healthcare Governance Committee will be kept up-to-date thereafter to oversee the development of the most effective solution.

Also, Power of Apology training will be offered to all senior staff involved in responding to complaints and concerns to promote high-quality investigations and replies.

<p>Responsibility: Stuart Wilson Director of Communications &amp; Public Affairs</p>	<p>Target date: 31 July 2014 – Revised paper to Healthcare Governance Committee  30 September 2014 – Additional training arranged</p>
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<p>Issue 2  Significant</p>	<p>Response letters are not always signed by the expected senior managers, and deficiencies were noted in the quality of replies</p>
<p>Although due to be revised in June 2013, the Complaints Policy: Procedure for the Management of Patient &amp; Public Complaints continues to state that response letters to complaints are to be signed by the Chief Operating Officer, General Managers of Community Health Partnerships or Directors of Operations. Also, the policy lays out a corporate style for response letters, with letters requiring to be proof-read and quality assured.</p> <p>Reviewing 43 final letters issued between April 2013 and March 2014 found that 9 letters (21%) had been signed in accordance with the policy. From the remainder, 28 had been signed by Chief Nurses, 4 by Associate Directors, one by a Clinical Director and one by the Complaints Manager.</p> <p>From the sample of 43 letters, mistakes in spelling or grammar were noted in 18 letters (42%). Meanwhile, 6 responses (14%) did not satisfactorily address the actual complaint, with 3 further complaints raised as a result.</p> <p>Diverging from agreed procedures increases the likelihood that responses may not be complete or presented to expected standards.</p>	
<p><u>Recommendation</u></p> <p>The CRaFT Manager should review the list of managers nominated to sign response letters. The Complaints Policy should be updated to reflect any suggested changes, with any changes to the policy approved through NHS Lothian's normal procedures. Thereafter, the Complaints Policy should be strictly enforced, with the quality of all draft responses carefully checked.</p> <p><u>Management Response</u></p> <p>This issue is recognised.</p> <p><u>Management Action</u></p> <p>The list of managers has been reviewed. In particular, the Director of Scheduled Care and Director of Unscheduled Care are now quality controlling response letters relating to their own areas.</p> <p>As suggested, the Complaints Policy will be reviewed to strengthen and promote compliance with the framework. Also, Power of Apology training (refer to the Management Action for Issue 1) will promote a higher quality of responses to complaints and concerns.</p>	
<p>Responsibility: [REDACTED] CRaFT Manager</p>	<p>Target date: Completed – Review of list of managers</p> <p>30 September 2014 – Review of Complaints Policy with proposals for revisions</p>

<p>Issue 3  Significant</p>	<p>Target dates are not always being met for investigating and responding to complaints</p>
<p>Complaint letters received by CRaFT are date-stamped when received. Meanwhile, e-mails bear the date of sending, and notes are made following complaints received by telephone. The Complaints Policy requires that complaints are recorded in Datix, with acknowledgement letters issued to meet a national 3-day target and local 2-day target. Final responses require to be issued to meet a 20-day national target.</p> <p>From sampling 46 complaints received between April 2013 and March 2014, 17 complaints (37%) were recorded in Datix as being received more than one day later than the actual dates. Meanwhile, 98% of acknowledgement letters were issued within 3 days, with 83% acknowledged within 2 days.</p> <p>After sending acknowledgments, CRaFT forwards complaints to designated Lead Investigators within Clinical Management Teams, Community Health Partnerships or directorates. While complaints should be forwarded without delay, testing 46 complaints found that 20 complaints (44%) took 2 days or more to be sent on: 11 were forwarded 2 days after receipt, 8 were forwarded 3 days after receipt, and one complaint took 5 days.</p> <p>After CRaFT forwards complaints, Lead Investigators are required to respond to CRaFT within 10 working days. From reviewing 46 cases, 21 Lead Investigators (46%) responded within 10 days. The remaining 25 Lead Investigators took an extra one to 38 days to reply.</p> <p>Each quarter, a CRaFT Officer uses an ISD template in Datix to collate reports for NHS Information Services Division. Reporting includes the number and status of complaints, including performance against the 20-day target for responding to complaints. From sampling 35 cases recorded on Datix as having met the 20-day target, reviewing records found that 3 cases (9%) had actually missed the target: one by 8 days, one by 11 days and one by 19 days.</p> <p>Delays at any stage increases the likelihood that targets for responding to complaints may not be met.</p>	

Recommendation

The progress of responses against target dates should be actively tracked, with exceptional cases reviewed by the CRaFT Manager.

Management Response

The achievement against target dates has been affected by staffing issues in CRaFT, as well as the adding of responsibility for prison healthcare complaints which saw contact rise by more than 100 per week.

A full review of CRaFT is underway to ensure the team is properly structured and resourced to deal with the volume of contacts coming in. Meeting the targets remains a high priority for CRaFT, along with the quality of responses.



Management Action

The CRaFT Manager is redesigning the team, revising job descriptions and increasing input from administrative staff.

Also, Power of Apology training (refer to the Management Action for Issue 1) will help clinical teams understand the importance of timely yet quality responses.

Responsibility:  
[REDACTED]  
CRaFT Manager

Target date:  
30 September 2014 – Proposals agreed for redesigning CRaFT

<p>Issue 4  Significant</p>	<p>The reporting structure set out in the Complaints Policy is not being fully applied</p>
<p>The Complaints Policy sets out a reporting structure covering weekly, monthly and quarterly reports. Each quarter, reports about complaints are presented to the Healthcare Governance Committee.</p> <p>Nevertheless, the reporting structure is not being fully applied as outlined in the Complaints Policy. For example, CRaFT Officers are required to prepare monthly reports for Quality Improvement Teams and attend Quality Improvement Team meetings. Also, the CRaFT Manager is directed to attend Quality Improvement Team meetings at least once each year to discuss trends, themes and action plans. However, CRaFT staff do not attend Quality Improvement Team meetings. Also, Quality Improvement Teams generally do not review complaints data and trends, or develop action plans as directed by the Complaints Policy.</p> <p>While the CRaFT Manager reviews reports issued to NHS Information Services Division, reliance is placed on the one CRaFT Officer who completes the report. Apart from the one CRaFT Officer, knowledge about how to construct the report is limited.</p> <p>Without regular and accurate reports, root-causes and trends in complaints may not be recognised and addressed.</p>	
<p><u>Recommendation</u></p> <p>The CRaFT Manager should fully review the reporting structure for complaints. In particular, practices for reporting to NHS Information Services Division should be reviewed to confirm the accuracy of data submitted.</p> <p><u>Management Response</u></p> <p>This issue is recognised and is part of a legacy of lots of different people and organisations seeking different types of data from CRaFT, at different times and for different purposes. The issue is being picked up as part of the redesign of CRaFT and revised Complaints Policy.</p> <p><u>Management Action</u></p> <p>The reporting structure for complaints in terms of who is responsible for pulling data together, how often and for what audiences will be revised. Also, the framework will be reviewed for quality checks over reports that are produced.</p>	
<p>Responsibility: [REDACTED] CRaFT Manager</p>	<p>Target date: 30 September 2014 – Revised structure for reporting</p>

## Definition of Ratings

### Report Ratings

- Red – 40 points or over.
- Amber – 20 to 35 points.
- Green – 15 points or less.

### Issue Ratings

- Critical – 40 points – the issue has a material effect upon the wider organisation.
- Significant – 10 points – the issue is material for the subject under review.
- Important – 5 points – the issue is relevant for the subject under review.

## Audit Team

██████████, Principal Auditor  
██████████, Chief Internal Auditor

## Distribution List

Tim Davison, Chief Executive  
Susan Goldsmith, Director of Finance  
Alan Boyter, Director of Human Resources & Organisational Development  
Morag Bryce, Chair of Healthcare Governance Committee  
Alex Joyce, Employee Director  
Stuart Wilson, Director of Communications & Public Affairs  
██████████, CRaFT Manager  
Audit Scotland, External Audit

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