

Internal Audit



Complaints Management

June 2018

Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three	Objective Four
Significant Assurance	Moderate Assurance	Significant Assurance	Significant Assurance
Objective Five	Objective Six	Objective Seven	Objective Eight
Moderate Assurance	Moderate Assurance	Limited Assurance	Significant Assurance

Timetable

Date closing meeting held: 29 May 2018

Date draft report issued: 1 June 2018

Date management comments received: 14 August 2018

Date Final report issued: 14 August 2018

Date presented to Audit and Risk Committee: 27 August 2018

This report has been prepared solely for internal use as part of NHS Lothian's internal audit service. No part of this report should be made available, quoted or copied to any external party without Internal Audit's prior consent.

Introduction

The effective management of complaints enables the organisation to provide a better service to patients. In particular, guidance states the requirement for NHS Scotland organisations to welcome feedback and use it to improve services, to address complaints in a person-centred way, and to respect the rights of patients and the public.

New guidance, the NHS Complaints Handling Procedure, came into effect on 1 April 2017 and it stresses the importance of staff resolving patient issues directly with the patient at the time of complaint where possible, ensuring where possible that situations are effectively resolved. In addition, the guidance includes key changes to complaint resolution timescales, namely the introduction of a five day early resolution stage, and a twenty day investigation stage for more complex issues.

There are approximately 5,800 complaints per year and they are managed by the Patient Experience Team (PET), based at Waverley Gate, who are a mix of clinical and non-clinical staff. PET also liaises with the Scottish Public Services Ombudsman.

Scope

The objective of the audit was to determine if there are effective controls (design and operation) in place over the recording and handling of complaints, to ensure that the new guidance is met in full by NHS Lothian.

Acknowledgements

We would like to thank all staff consulted during this review, for their assistance and cooperation.

Executive Summary

Summary of Findings

The table below summarises our assessment of the risks and the adequacy and effectiveness of the controls in place to meet each of the risk areas agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objectives	Assurance Level	Number of findings			
			Critical	High	Medium	Low
1	There is a robust process for capturing complaints.	Significant Assurance	-	-	-	-
2	Complaints are resolved in line with procedures and national guidance in a timely manner.	Moderate Assurance	-	-	2	1
3	There is an effective process for monitoring the timeliness of responses to complaints.	Significant Assurance	-	-	-	-
4	The process ensures that complaints are kept confidential, are handled sensitively, and data is not mismanaged.	Significant Assurance	-	-	-	-
5	Staff are effectively training in dealing with complaints, including front-line staff.	Moderate Assurance	-	-	1	-
6	Lessons are learned from complaints made (including those dealt with by front-line staff), and relevant improvements made to service provision both in the immediate area related to the complaint and across the wider organisation where relevant.	Moderate Assurance	-	-	1	-
7	There is an effective process to ensure that actions taken	Limited	-	1	-	-

	as a result of lessons learned have been fully implemented.	Assurance				
8	There is timely and comprehensive reporting of KPIs and other relevant information to committee.	Significant Assurance	-	-	-	-
TOTAL			-	1	4	1

Conclusion

The area under review comprised 8 control objectives, of which 4 received Significant Assurance, 3 received Moderate Assurance, and 1 received Limited Assurance.

There is effective recording of complaints information on a module of the electronic system Datix, and reporting of complaints statistics to committee. However, some complaints are being inaccurately categorised leading to them taking longer to resolve, not all staff are receiving appropriate training, and lessons learned from complaints are not being effectively aggregated and shared across the organisation.

Main Findings

There is effective use of the electronic system Datix to record information about complaints, and reporting of complaints statistics to committee.

However, we identified one key finding for improvement during the review:

- there is no reporting to a central NHS Lothian-wide committee which sets out key lessons learned, and no action plan has been created to help ensure that steps are taken to deal with the root causes of problems.

Further details of the key finding, 4 Medium findings, and 1 Low finding are set out in the Management Action Plan.

Management Action Plan

<p>Control objective 2.1: Complaints are resolved in line with procedures and national guidance in a timely manner.</p> <p>Associated risk of not achieving the control objective: Not all complaints are being correctly categorised as either 5-day limit or 20-day limit complaints.</p>	<p>Medium</p>
<p><u>Observation and risk</u></p> <p>In line with national guidance, NHS Lothian's <i>Complaints Handling Procedure</i> (July 2017) states that complaints should be categorised as either Stage 1 complaints or Stage 2 complaints. Stage 1 complaints are those which are straightforward, require little or no investigation and should be resolved within 5 working days, while Stage 2 complaints are those which are complex, serious, or high-risk and should be resolved within 20 working days.</p> <p>However, reviewing a sample of 24 complaints which had been categorised as Stage 2 complaints on Datix revealed that 12 (50%) of them were not complex, serious or high risk: for example complaints relating to staff rudeness and waiting times were categorised as Stage 2. The categorisation of complaints as either Stage 1 or Stage 2 complaints is performed by the front-line staff who are managing the complaints.</p> <p>If straightforward complaints, i.e. Stage 1 complaints, are incorrectly categorised as Stage 2 complaints there is an increased risk that they will not be resolved quickly. Also, it means that there will be inaccurate reporting to committee.</p>	
<p><u>Recommendation</u></p> <p>The Head of Patient Experience should remind all staff who manage complaints that they should only categorise complaints which are complex, serious or high risk as Stage 2 complaints.</p> <p>Also, the Head of Patient Experience should periodically sample Stage 2 complaints to confirm that they are complex, serious or high risk.</p>	
<p><u>Management Response</u></p> <p>The Head of Patient Experience will undertake to communicate the findings of the review with appropriate senior nurses and managers.</p> <p><u>The Management Action</u></p> <p>A communication and reminder about what constitutes a complex, serious or high risk complaint will be issued to the whole service. The Head of Patient Experience will work with Associate Nurse Directors initially to sample compliance with the procedure in each quarter.</p>	

<u>Responsibility:</u> Head of Patient Experience and Associate Nurse Directors/Chief Nurses/Midwife	<u>Target date:</u> 30 September 2018 31 December 2018
------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------

<p>Control objective 2.2: Complaints are resolved in line with procedures and national guidance in a timely manner.</p> <p>Associated risk of not achieving the control objective: Extensions to complaint deadlines are not always being properly managed.</p>	<p>Medium</p>
<p><u>Observation and risk</u></p> <p>NHS Lothian's <i>Complaints Handling Procedure</i> states that in exceptional circumstances the deadline for the resolution of a complaint may be extended. However, when this happens there must be approval from a senior manager, the patient must be informed, and a valid reason must be stated.</p> <p>However, for the 16 complaints in 2017-18 which had a deadline extension:</p> <ul style="list-style-type: none"> • 14 (87%) did not state the senior manager who authorised the extension to the deadline • 11 (69%) did not state if the patient had been informed of the extension • 13 (81%) did not state the reasons for the extension • 1 (33%) of the 3 complaints where the reason for the extension was stated did not have valid reasons for the extension. <p>If deadline extensions are not appropriately managed then there will be an increased likelihood that there are not valid reasons for extensions.</p>	
<p><u>Recommendation</u></p> <p>The Head of Patient Experience should remind all staff who manage complaints that deadline extensions should be managed in line with NHS Lothian's <i>Complaints Handling Procedure</i> (July 2017), namely that extensions should only be granted in exceptional circumstances, that they should be authorised by a senior manager, the patient should be informed, and that valid reasons are provided.</p>	
<p><u>Management Response</u></p> <p>This action will be absorbed within the communication in relation to the first action as above.</p> <p><u>The Management Action</u></p> <p>In line with the complaint handling procedure ensures that there is clarity for any extension and that this has been communicated and logged. This could be sampled with the action agreed for the first recommendation above.</p>	
<p><u>Responsibility:</u></p> <p>Head of Patient Experience and Associate</p>	<p><u>Target date:</u></p> <p>30 September 2018</p>

Nurse Directors/Chief Nurses/Midwife	31 December 2018
--------------------------------------	------------------

<p>Control objective 2.3: Complaints are resolved in line with procedures and national guidance in a timely manner.</p> <p>Associated risk of not achieving the control objective: Information in Datix relating to complaints is not always accurate, and there is no process for reviewing completed complaints.</p>	<p>Low</p>
<p><u>Observation and risk</u></p> <p>Information relating to individual complaints is stored on a module within the electronic system Datix. The system can record all complaint details, including copies of documentation, and is able to generate summary reports which can be used for committee reporting.</p> <p>However, a review of information stored on Datix for a sample of 24 complaints showed that 1 (4%) of the complaints had information in Datix which was inaccurate. Datix inaccurately stated that the decision letter was sent on 12 December 2017, instead of 27 December 2017.</p> <p>In addition, there are no regular reviews of completed complaints to confirm that they have been managed in line with procedure.</p> <p>If there are no regular reviews of the information held within Datix then there will be an increased risk that information is inaccurate and that complaints have not been managed effectively and in line with procedure.</p>	
<p><u>Recommendation</u></p> <p>NHS Lothian's <i>Complaints Handling Procedure</i> should be updated to state the requirement that there are regular reviews of a sample of completed complaints to confirm that they have been managed in line with procedure, and that the information relating to them stored in Datix is complete and accurate.</p>	
<p><u>Management Response</u></p> <p>In line with the action being taken forward for the previous two recommendations this would also form part of that process.</p> <p><u>The Management Action</u></p> <p>Build the response to this action in with the process set out above in relation to actions one and two above.</p>	
<p><u>Responsibility:</u></p> <p>Head of Patient Experience and Associate Nurse Directors/Chief Nurses/Midwife</p>	<p><u>Target date:</u></p> <p>30 September 2018</p> <p>31 December 2018</p>

<p>Control objective 5.1: Staff are effectively trained in dealing with complaints, including front-line staff.</p> <p>Associated risk of not achieving the control objective: Not all staff have received training in complaints management, and there is insufficient oversight of training.</p>	<p>Medium</p>
<p><u>Observation and risk</u></p> <p>Training is provided to staff on complaints management through a learnPro module, and face-to-face training provided by the Patient Experience Team. The provision of training to all front-line and relevant managers is vital if complaints are to be managed in line with procedure, especially with the introduction of the NHS Scotland-wide guidance in 2017 which requires front-line staff to deal directly with patients and the public for less complicated complaints.</p> <p>However, there is no schedule for the provision of face-to-face training by the Patient Experience Team and so there is reduced confidence that all staff are receiving appropriate training on regular basis. In addition, no records are kept of which staff have received face-to-face training and so it is not possible for monitoring to be performed or for reports to be provided to committee.</p> <p>Finally, although staff can access a learnPro module on complaints (called <i>NES: Complaints and Feedback 2017</i>), only 116 staff within the organisation have registered to use the module, even though it would be relevant to all front-line staff. In addition, of the 116 staff registered for the course only 45 (39%) are up-to-date with their training.</p> <p>If all relevant staff do not receive regular training on complaints management there will be an increased risk that complaints are not effectively managed in line with procedure.</p>	
<p><u>Recommendation</u></p> <p>The Head of Patient Experience should create schedule for face-to-face training, which include all parts of the organisation. Also, a record should be kept all areas of the organisation where face-to-face training has been provided, together with the dates.</p> <p>In addition, the Executive Director for Nursing, Midwifery & AHPs should determine, in conjunction with the Staff Governance Committee, if the complaints learnPro module (called <i>NES: Complaints and Feedback 2017</i>) should be mandatory for all front-line staff.</p> <p>Finally, the training completion rates for staff for learnPro training should be provided to the Healthcare Governance Committee at least annually.</p>	
<p><u>Management Response</u></p> <p>This is an action for the service. Each Associate Nurse Director/Chief Nurse/Midwife should ensure that appropriate staff undertake the appropriate education and training and that this is recorded within the individual staff members PDP.</p>	

The Executive Director, NMAHP's will discuss with the Corporate Management Team in the first instance whether or not the LearnPro module should be made compulsory or not and take to Staff Governance as appropriate. The Healthcare Governance Committee will then be asked to approve the decision.

The training completion rates for learnPro training will be provided to the Healthcare Governance Committee annually by the Head of Patient Experience.

The Management Action

As set out above

<u>Responsibility:</u>	<u>Target date:</u>
Executive Nurse Director and Associate Nurse Directors/Chief Nurses and Midwives	30 September 2018
Head of Patient Experience	30 June 2019

<p>Control objective 6.1: Lessons are learned from complaints made (including those dealt with by front-line staff), and relevant improvements made to service provision both in the immediate area related to the complaint and across the wider organisation where relevant.</p> <p>Associated risk of not achieving the control objective: Lessons learned from complaints are not systematically shared across the organisation.</p>	<p>Medium</p>
<p><u>Observation and risk</u></p> <p>NHS Lothian's <i>Complaints Handling Procedure</i> states the requirement for the organisation to learn lessons from complaints to prevent reoccurrence and to improve services.</p> <p>However, although lessons learned from complaints are shared within individual hospitals within the organisation, e.g. the Royal Infirmary of Edinburgh and the Western General Hospital, they are not shared across the organisation so that lessons learned at one site can be shared with the others.</p> <p>If lessons are not learned from complaints, and shared across the organisation, there is an increased risk that the root causes of complaints are not dealt with in a timely manner.</p>	
<p><u>Recommendation</u></p> <p>The Executive Director for Nursing, Midwifery & AHPs should provide a plan to the Healthcare Governance Committee (HGC) for approval which sets out how lessons learned will be shared across the organisation.</p>	
<p><u>Management Response</u></p> <p>The Executive Director for Nursing, Midwifery & AHPs will work with the Corporate Management Team, the Communications Team, and the Chief Quality Officer to agree how the themes and the learning are shared across the organisation acknowledging that the "root cause and the action planning" needs to sit with individual Directors.</p> <p>This plan will then be provided to the Healthcare Governance Committee for approval.</p> <p><u>The Management Action</u></p> <p>As set out above.</p>	
<p><u>Responsibility:</u></p> <p>Executive Director, NMAHP's and the Corporate Management Team</p>	<p><u>Target date:</u></p> <p>31 December 2018</p>

<p>Control objective 7.1: There is an effective process to ensure that actions taken as a result of lessons learned have been fully implemented.</p> <p>Associated risk of not achieving the control objective: There is no central monitoring performed to ensure that lessons have been learned from complaints.</p>	<p>High</p>
<p><u>Observation and risk</u></p> <p>NHS Lothian's <i>Complaints Handling Procedure</i> states the requirement for the organisation to learn lessons from complaints to prevent reoccurrence and to improve services.</p> <p>However, there is no reporting to a central NHS Lothian-wide committee which sets out key lessons learned, and no action plan has been created to help ensure that steps are taken to deal with the root causes of problems.</p> <p>If there is no reporting of lessons learned to a central committee, and no action plan created to resolve underlying issues, there is an increased risk that the root causes of complaints are not effectively dealt with.</p>	
<p><u>Recommendation</u></p> <p>The Executive Director for Nursing, Midwifery & AHPs should provide a plan to the Healthcare Governance Committee (HGC) for approval which sets out how lessons learned will be aggregated and presented in a regular report to the HGC, and that an action plan should be created which sets out how the root causes of individual complaints will be dealt with, together with named responsible staff and implementation dates.</p>	
<p><u>Management Response</u></p> <p>The Head of Patient Experience will provide a plan for approval to the Healthcare Governance Committee which sets out what reporting on lessons learned will be provided to it, and how issues arising will be managed.</p> <p><u>The Management Action</u></p> <p>As detailed in 6.1</p>	
<p><u>Responsibility:</u></p> <p>Head of Patient Experience</p>	<p><u>Target date:</u></p> <p>31 March 2019</p>

Appendix 1 - Definition of Ratings

Findings and management actions ratings

Finding Ratings	Definition
Critical	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
High	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
Medium	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
Low	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
Limited assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>

<p>Moderate assurance</p>	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p>	<p>In most respects the “purpose” is being achieved. There are some areas where further action is required, and the residual risk is greater than “insignificant”.</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of ‘medium’ findings and ‘low’ findings)</p>
<p>Significant assurance</p>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as ‘low’ or no findings)</p>