



# Complaints

## Audit Report - February 2020

G4S Health Services (UK) Limited

### 1.0 Introduction

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## 1.2 Purpose

This audit was commissioned by G4S Group, it's purpose is to establish the current practices used to address complaints made within G4S Health Services.

It is anticipated that the outcome will highlight areas of best practice that can be shared and identify areas that require improvement, resulting in an improvement plan where required, which will address the following key areas:

- Support Healthcare professionals, regardless of job role, ensure individual learning and development to be confident and competent to deal with patient complaints
- Ensure there are systems of oversight of the quality of information being recorded
- Ensure quality assurance
- Poor clinical/operational practice
- Areas of risk in poor clinical/operational practice
- Individual or service level plans of action to support areas of poor practice

## 1.3 Method

The audits were completed by the Governance Manager and a Clinical Governance Facilitator. Each site within G4S Health Services which included Secure South; HMP Altcourse, HMP Parc, HMP Rye Hill, Oakhill Secure Training Centre and Gatwick Immigration Removal Centre, Police Custody Services and Sexual Assault Referral Centre (SARC). They were asked to provide a list of their complaints received during the period of July 2019 to December 2019. A random selection of 4 complaints from each month was selected by the Governance Team, and sites then were asked to supply the original complaint and response.

The volume of complaints responses by site was as follows:

Site	No of complaints audited
HMP Altcourse	21
HMP Rye Hill	20
Oakhill STC	3
HMP PARC	20
Gatwick IRC	27
Custody	4
SARC	0

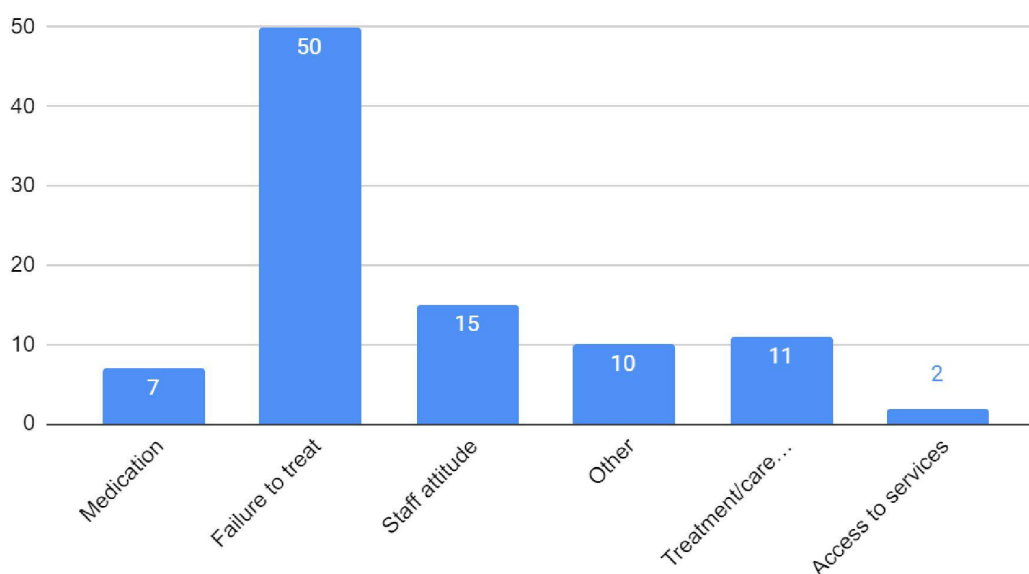
A tool was developed by the Governance Manager to capture results against a set of questions established around the complaint handling expectations of the Parliamentary and Health Ombudsman.

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These are:

- Is the letter from who has ultimate responsibility of complaints for the organisation?
- Does it advise - Who has investigated the issues giving name and position?
- Investigation appropriate for the level of complaining (is investigator the right level?)
- Have they used any medical jargon in the response?
- Layman's explanation of what it means
- Not use any abbreviations or shortened words such as 'eg', 'it's' or 'admin'.
- Not use an acronym unless it is explained on the first occasion of its use.
- Ideally, not use bullet points, numbered points or titles. The letter should be personal and not read like a report. The exception to this rule is if the complainant has used this style and it would be beneficial to respond likewise

### Complaint themes



## 2. Audit results

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The following is a summary of key audit findings: For the full suite of audit Data collection tools please use the following link: [Complaints Audit - DCT](#)

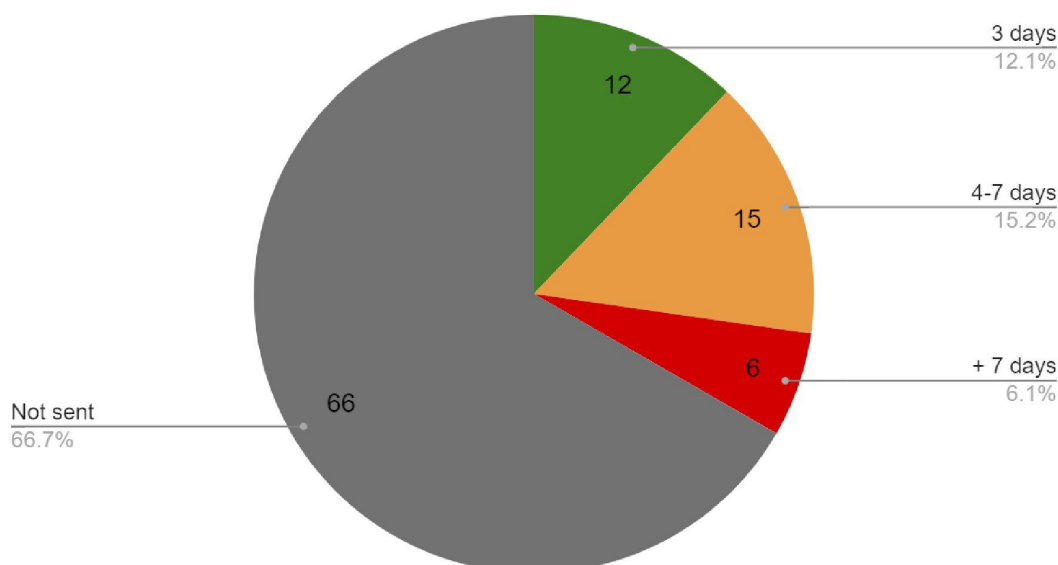
## 2.1 Complaint response standards

These results look at our Complaint response standards in line with the Parliamentary and Health Ombudsman - Good Complaint Handling guidance:

### 2.1.1 Acknowledgement

**Parliamentary and Health Ombudsman Standard:** Every complaint raised must receive a written acknowledgement within 3 days of receipt of the original complaint. (Parliamentary and Health Ombudsman)

#### Acknowledgement - 3 Days



Compliance:

Site	Number of acknowledgements within 3 days	%
Rye Hill	5	24%
Altcourse	7	33%

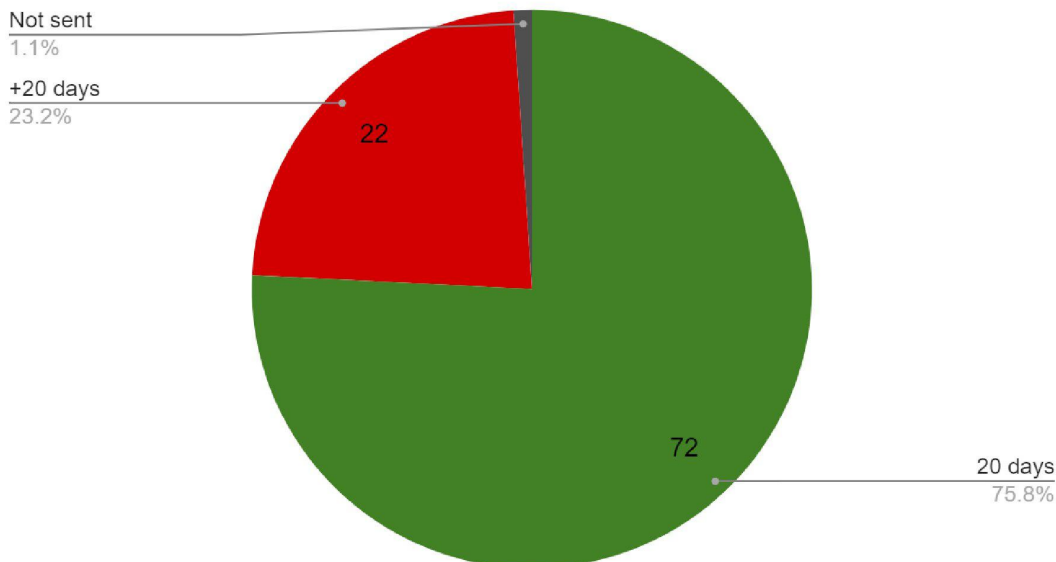
### 2.1.2 Formal response time frame

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**Parliamentary and Health Ombudsman Standard:** Every complaint raised must receive a formal response within 20 days of receipt (unless complex and an extension of time frame has been negotiated).

### Formal response 20 days



### Compliance

Site	Number of formal responses within 20 days	%
Altcourse	13	62%
Rye Hill	7	35%
Oakhill	4	100%
PARC	19	95%
Gatwick	27	100%
Custody	2	67%

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### 2.1.3 Appropriateness/level of investigation

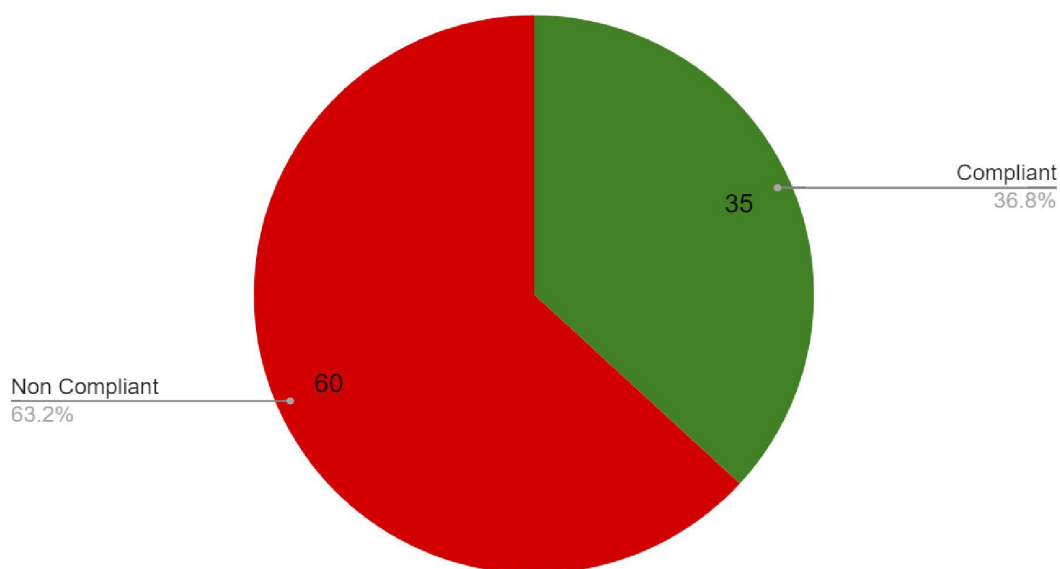
**Parliamentary and Health Ombudsman Standard:** Has the formal response?

→ been investigated and responded to by the appropriate person?

We asked..

- Is the letter from who has ultimate responsibility for complaints for the organisation?
- Does it advise - Who has investigated the issues giving name and position?
- Investigation appropriate for the level of complaining (is the investigator the right level?)

#### Appropriateness/Level of investigation - Average



The chart indicates the average number of responses on aggregate for the three questions as indicated above.

Compliance by site as follows:

Site	Compliant responses $\Sigma X_i$ (3)
Altcourse	8
Rye Hill	7
Oakhill	1
PARC	9
Gatwick	10
Custody	1

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## 2.1.4 Formal response - Address the issues raised

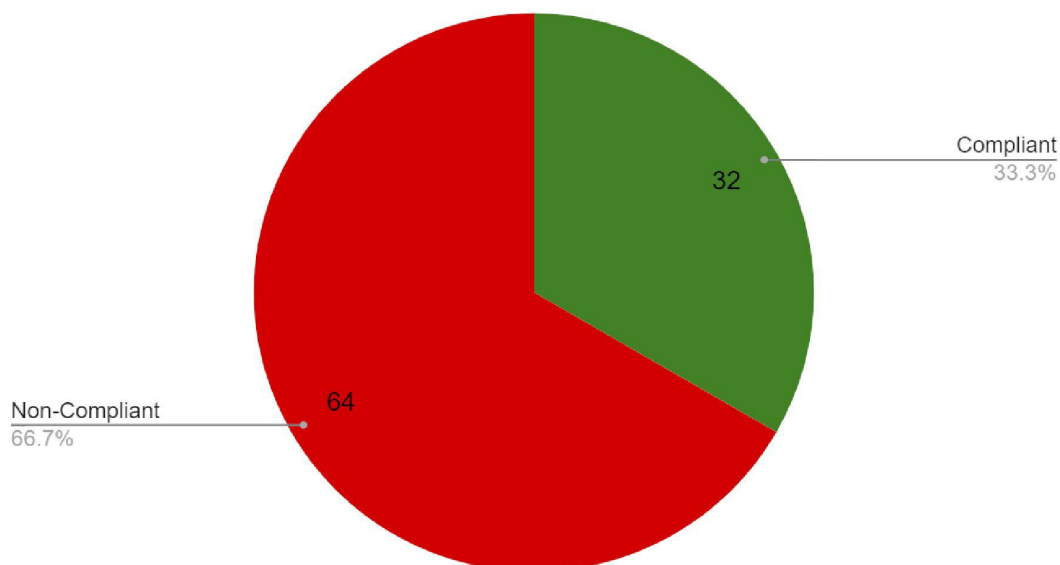
**Parliamentary and Health Ombudsman Standard:** Has the formal response?

- confirmed the issues that were raised
- given an honest explanation as to why it happened?

We asked, did the formal response ...

- Confirm what the issues are and provide a clear, open and honest answer to each one in turn?
- Explain why it happened?

### Address issues raised - average score



The chart indicates the average number of responses on aggregate for the two questions as indicated above.

Compliance by site as follows:

Site	Compliant responses $\Sigma Xi$ (2)
Altcourse	5
Rye Hill	4
Oakhill	4
PARC	6
Gatwick	12
Custody	1

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## 2.1.5 Formal response - Offer an apology

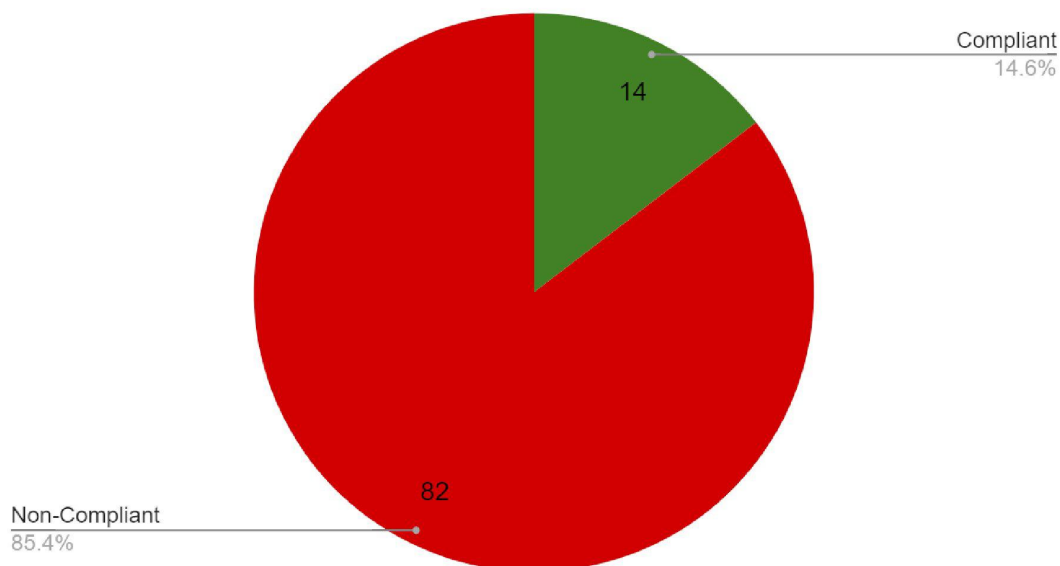
**Parliamentary and Health Ombudsman Standard:** Has the formal response?

- offered an apology:
- ◆ *"I'm sorry X happened*
  - ◆ *We're truly sorry for the distress caused*
  - ◆ *I'm sorry, we have learned that..."*

We asked, did the formal response ...

- Offer an apology

Offer an apology ? ...



Site	Compliant responses
Altcourse	3
Rye Hill	4
Oakhill	0
PARC	5
Gatwick	1
Custody	1

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### 2.1.5 Formal response - Learning

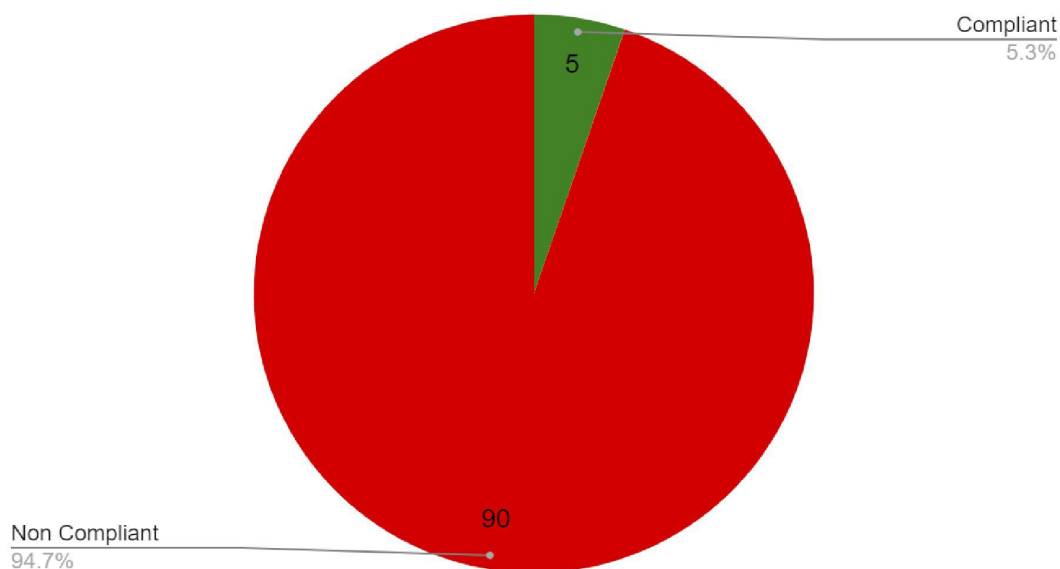
**Parliamentary and Health Ombudsman Standard:** Does the formal response include?

- explanations of what lessons have been learnt
- details of how the organisation will put matters right for other service users.
- Where possible, offer to involve the complainant in the changes that take place as a result of their complaint.
- Promise to keep them updated on the action you take.

We asked, did the formal response ...

- Advise what lessons have been learnt
- Advise what we are going to do about it and by when

What did we learn? - average score



Site	Compliant responses $\Sigma Xi$ (2)
Altcourse	1
Rye Hill	4
Oakhill	0
PARC	0

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Gatwick	3
Custody	1

## 2.2 Consideration

### 2.2.1 Formal Complaint .V. Concern

It is to be considered that whilst the majority of our complaints (exception Custody) have been handled as “Formal Complaints” could these have been dealt with as “Concerns”

We therefore undertook the task of evaluating each Formal complaint to see if it should have been managed as a “Concern” The following parameters were considered below:

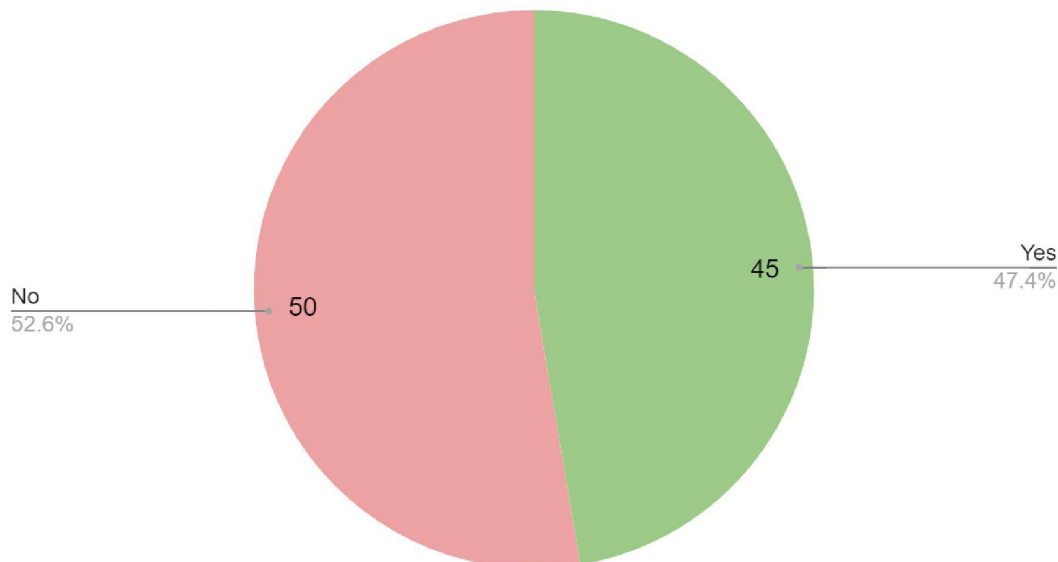
The following definitions were used during the audit to label the complainants information as a concern or a complaint:

- Complaints - An expression of dissatisfaction from a patient/carer/professional requiring fact-finding and response, following the principles of the complaints procedure.
- Concerns - An expression of concern from a patient/carer/professional which can be resolved without detailed fact-finding and with the agreement of the complainant.

these definitions were adopted from the G4S Patient Transport Services definitions of concern and complaint taken from their *Complaints, Concerns, Comments and Compliments Policy (June 2019)*

### 2.2.2 Results

Could it be a concern ?



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These results indicated that 45 of the 95 complaints audited (47%) could have been managed as a concern opposed to a formal complaint.

## 2.3 Benchmark against best practice

These results look at our Complaint processes/procedures and resources in line with the NHS Assurance of Good Complaint handling - Primary Care Toolkit  
[Assurance of Good Complaints Handling for Primary Care – A toolkit for commissioners](#)

We have benchmarked our service against the following toolkit measures:

### 1. Considering a complaint

Do we?




- **actively listen, seek and act on feedback** ✗
  - There is no evidence of complaints being reviewed at quality or board meetings:
  - There is no formal collation of complaint outcomes and triangulation with Patient Safety and Patient experience data
- **provide on our websites information on how to make a complaint** ✗
  - G4S Health does not provide information on how to make a complaint on the corporate website: [Health Services | What we do](#)
- **have availability of evidence to enable staff to deal with concerns immediately** ✓
  - Senior Management and Healthcare staff do not have a central oversight and repository of complaint information business wide. The information is stored at a local level.
  - Healthcare staff have access on site to SystmOne for Patients healthcare records
  - Healthcare staff have access to incident reporting
  - Healthcare staff have access to Health care policies via DMS (Document Management System) . However policies being used across services were
    - Not consistent
    - Out of date (2015).
    - Non G4S Health Policies (e.g. Ministry of Justice (MOJ) and HMPPS (Her Majesty's Prison and Probation Service)
- **all staff are trained to deal directly with issues** ✗
  - Complaint training is not available as part of the Mandatory Training modules for G4S Health staff
  - A face to face course is available for Managers - *Complaint Management & the Duty of Candour for Managers including overview of RCA*- is available upon request. The current participation for this course across G4S Health Services is 0 (zero)
- **all avenues of making a complaint are offered** ✓
  - Considering the limitations within our service delivery environments (secure) it was evident that there are a number of ways in which patients could complain to the service. There were clear instructions available in residential quarters and healthcare environments.
  - Complaints can be received via Letter, pre-determined forms or CMS (customer messaging service) which is available to all patients within secure environments

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## 2. Making a complaint

Do we?

- **ascertain the outcome that is being sought at the beginning of the complaint** 
  - Of the responses reviewed there was no evidence at the beginning of the response (both acknowledgement or formal stage) of the outcome that was being sought.
- **provide a named contact who will provide updates and ongoing communications throughout the complaint** 
  - The name and contact details of the investigating officer was evident on **84%** of the complaint responses audited
- **agree with the complainant on how they wished to** 
  1. **be addressed and contacted**
    - This was not evident on any of the responses reviewed
  2. **discuss and agree timescales**
    - 9% of responses; Complainants were notified that they would receive a response within 20 working days (or if complex may need an negotiated extension)

## 3. Staying informed

Do we?

- **patients are provided with information in a way they can access; posters and leaflets available promoting complaints and how to make a complaint** 
  - Posters detailing how to make a complaint are visible within residential quarters for secure establishments; Leaflets are not available; however forms to make a complaint are available in leaflet form
  - SARCs have information displayed as to how to make a complaint
  - There is no information displayed as to how to make a complaint regarding healthcare in the custody setting.
- **patients are offered support when making a complaint (including access to advocacy services)** 
  - On average 51% of patients within secure environments were directed to advocacy services when making a complaint
  - This was not applicable in our Custody setting as the complaints audited were not from service users (from customers)
  - This was not evident in SARC responses
- **patients are given information to enable to choose who they make their complaint to e.g. commissioner or provider** 
  - There was no evidence of this.
- **patients are assured their care won't be compromised by making a complaint** 
  - There was no written assurance within complaints responses to indicate this.
  - SystemOne records were checked for those patients in secure settings who have raised a complaint and on average 23% of patients had a copy of their complaint uploaded against their health record

## 4 Receiving outcomes



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- **confirmation as to whether each element of the complaint has been partially or fully upheld given**
  - There was no evidence of this. In some responses it was communicated that the complaint as a whole was upheld or not upheld, but this was not against specific issues raised.
- **details of the evidence considered should be provided and explained**
  - On average 46% of complaint responses audited showed evidence of this.
- **provide details of any changes or remedies that have/will take place as a result of the complaint**
  - On average 44% of complaint responses audited showed there was evidence of why the situation/error occurred.
  - 0% of complaint responses audited showed there was no Lessons Learnt from the situation/error.
- **advice on what to do if complainant is not satisfied is provided**
  - On average 51% of patients audited within secure environments were given details of what to do if they were not satisfied with the response provided.
  - This was not applicable in our Custody setting as the complaints audited were not from service users (from customers)
  - This was not evident in SARC responses



## 5 Reflecting on the experience

- **complaints are reported and discussed at practice meetings**
  - There was no evidence of this
- **patient feedback is used as a key measure in understanding the needs of patients**
  - There was no evidence of this
- **complaints are reported regularly through the K041 process**
  - N/A (hospital and community health services)
- **complaints are used as a learning tool at individual, team and organisation level**
  - There was no evidence of this
- **complainants are asked about their experience of complaining**
  - There was no evidence of this
- **practices should publicise how they have listened and used feedback e.g. 'You said, we did' posters**
  - There was no evidence of this



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## 4. Improvement recommendations

### 3.1 Review of best practice

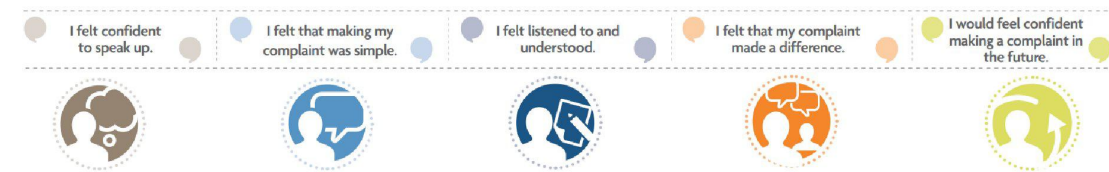
In developing recommendations for improvement the following best practice guidelines have been reviewed:

- [Assurance of Good Complaints Handling for Primary Care – A toolkit for commissioners, National Health Service England \(NHSE\)](#)
- [Principles of Good Complaint Handling - Parliamentary and Health Ombudsman \(PHO\)](#)
- [My Expectations for raising concerns and complaints - Parliamentary and Health Ombudsman \(PHO\)](#)
- [How to complain about a health or social care service - Care Quality Commission \(CQC\)](#)
- [Patient experience in adult NHS services: improving the experience of care for people using adult NHS services - NICE Guideline CG138 -](#)

NHSE and the CQC fundamentally work to the expectations set out by the PHO in the 'My Expectations', it's a service user led framework, which therefore supports G4S Health Services Person Centred Model of Care.

Diagram: PHO My Expectations: A roadmap to managing complaints

#### A user-led vision for raising concerns and complaints



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### 3.2 Summary of Recommendations

- update and sign off G4S Complaints Policy
- Adopt definitions to differentiate between a concern and a complaint and agree corresponding processes.
- A suite of resources including posters, leaflets, letter templates for staff to use
- Training for those who will be responsible for investigating and responding to complaints
- Develop and embed informal process to gather regular patient feedback to inform service improvement and change
- Establish an internal governance process for complaints to provide assurance and allow trend analysis

Statement	Recommendations (Taken from the NHSE Complaints Toolbox)	Action
Considering and making a complaint (Statements 1 & 2)	<p>Signage and publicity: How to make a complaint information should be available in all appropriate areas such as waiting rooms and consulting rooms.</p> <p>Information should be easy to understand, detail who should be</p>	<p>Signage and publicity: G4S Health Service should develop a Complaints publicity package, including posters and leaflets, in a range of formats and languages. Which can be used to promote the complaints policy not only to patients, but to family, carers, stakeholders, contractors and subcontractors.</p> <p>Update G4S website to reflect this information once developed.</p>

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	<p>contacted, and provide details of advocacy providers</p> <p>Accessibility: NHSE state that patients should be able to make complaints via <i>'form, letter, telephone, in person, email, text, social media'</i>,</p> <p>Also need to consider language support for non-English speakers and the cross referencing of information provided with the Accessible Information Standard:</p> <p><a href="https://www.england.nhs.uk/ourwork/accessibleinfo/">https://www.england.nhs.uk/ourwork/accessibleinfo/</a></p> <p>All available Advocacy services should be published and discussed with patients who wish to make complaints.</p>	<p>Accessibility: Agree avenues to complain beyond the established complaints forms and letters.</p> <p>Services should establish regular service user/patients forums.</p> <p>Services should use comments/suggestion boxes, to inform a 'you said, we did' process to help develop a culture of informal feedback.</p> <p>Staff need to be supported to be competent and confident in identifying what a complaint and concern is and empowered to deal with issues as they arise rather than escalating to a complaint. This can be achieved through formal training as well as informal training, mentoring and discussion of complaints and resolutions at appropriate team meetings.</p> <p>All documents developed during the updating of the G4S Health Services Complaints process need to be made available in appropriate formats and languages in line with recognised standards.</p> <p>Sites should be encouraged to develop links with their local Healthwatch organisations to support the development of patient led services: <a href="https://www.healthwatch.co.uk/">https://www.healthwatch.co.uk/</a></p>
<u>Staying informed</u> [standard 3]	<p>Communication throughout the complaint investigation:</p> <p>Complainants need to feel listened to</p>	<p>Communication throughout the complaint investigation:</p> <p>Agreed timeframes that G4S Health</p>

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	<p>and understood throughout the complaints process.</p> <p>There needs to be Consistent and timely communications between the patient and the service they a complaining about across the business</p> <p>When establishing the reason for the complaint, the investigator should clarify a core set of points set out in the NHSE Toolbox Acknowledgement:</p> <p>Acknowledgments should be personalised, but should also include core points set out in the NHSE Tool Box</p>	<p>Services will work to, which includes the initial acknowledgement and outcome of the investigation as well as any other key points throughout the process.</p> <p>The complainant should be offered a face to face or telephone discussion after the initial complaint is received.</p> <p>The core set of points laid out by NHSE to support the process of complaint clarification should be written into policy and communicated to those who will be managing complaints.</p> <p>Consideration should be given to developing a letter template which includes the NHSE core points which can then be personalised. Acknowledgement:</p> <p>Consideration should be given to the development of an acknowledgement template that includes the core points as set out by NHSE that can be personalised.</p>
<p><u>Receiving outcomes Standard 4</u></p>	<p>When providing a final response on a complaint it is important that the complainant is told about the resolution of their complaint and about actions that have been taken (or explanation as to why they have not) in response to their concerns.</p> <p>The response should include the key elements that are detailed within the NHS Toolbox</p>	<p>G4S Health Service should establish who has ultimate responsibility or delegated responsibility for the sign off of complaint responses, and a corresponding process to support this.</p> <p>The appeal process needs to be agreed and documented so that complainants are clear about the escalation process and their rights within this.</p> <p>Consideration should be given to the development of an 'outcome of investigation letter' template with the NHSE key elements included which can be personalised.</p> <p>A central repository for the recording and monitoring of complaints should be</p>

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		established. This will support the timeliness of investigation and response.
<u>Reporting &amp; Learning from complaints</u>	Good quality reporting on patient experience/complaints management along with understanding the experience of those who have used complaints services, identifying reporting pattern or trends such as equality characteristics, can be used as a key measure in understanding the needs of patients, both for commissioners and providers of services	<p>A central repository will allow governance oversight to support the monitoring of complaints for assurance and also to compile trend analysis.</p> <p>Consideration should be given to standard information that needs to be gathered on complaint forms and/or the corresponding complaints log, in particular in relation to equality characteristics.</p> <p>Complaint data should be a standing item on internal meetings.</p>
<u>Training</u>	<p>There is an expectation that any member of staff would be able to demonstrate some knowledge and understanding of the complaints process if asked by a patient or relative. However, training for those staff tasked with managing and investigating complaints needs to be delivered at different levels to reflect the capability and skills required for good complaints management.</p> <p>Should ensure that learning from complaints is embedded at all levels.</p>	<p>Senior members of staff (Heads of Healthcare, Clinical Leads and Practice Managers) should complete the G4S Complaints Training.</p> <p>All staff should be provided with training on induction that informs of the G4S approach to dealing with complaints.</p> <p>There should also be the provision of more informal peer support, webinar training, and reflective practice in supervision and team meetings.</p>
<u>Local Resolution Meetings (LRM)</u>	A Local Resolution Meeting could be held at different stages of the complaints process, but more often takes place when a complainant is dissatisfied by their written response. These meetings are often the last opportunity to resolve a complaint before it may progress to the PHSO, but also present an opportunity to win back	Consideration should be given to the use of LRM's within the different G4S Health settings and whether they can be included within an updated Complaint Policy.

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	the trust and confidence of the complainant as well as repair the provider's reputation.	
<u>Complaints satisfaction survey &amp; Reflecting on experience (Statement 5)</u>	<p>Understanding the experience of the complainant during and after a complaint investigation should be considered good practice. By asking the complainant about their experience about the quality of the services that they have received, organisations can use the feedback given to make changes and improve their processes and procedures.</p> <p>People should feel confident in the process to make complaints in future if they feel the need to do so.</p>	<p>Those who make complaints should be provided with the opportunity to reflect on their complaints process and provide both positive and negative feedback.</p> <p>G4S Health Services should consider introducing the use of the NHSE Complaints Survey Toolkit</p> <p><a href="https://www.england.nhs.uk/surveying-complainants/">https://www.england.nhs.uk/surveying-complainants/</a></p>
<u>Duty of Candour</u>	<p>Any incidents that have caused or could lead to harm, irrespective of whether a complaint but including where this becomes apparent as a result of a complaint investigation should apply the Duty of Candour</p> <p>Appropriate policies and procedures are in place to comply with the regulations, including training and support for staff in complying.</p>	<p>An updated G4S Complaints policy should work in conjunction with a Policy for the Duty of Candour.</p> <p>Staff should be supported to feel confident and competent in the execution of the Duty of Candour, this could include e-learning, webinars, and peer support.</p>

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