

Overview of Complaints Reporting 2014–2015



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Introduction

Healthwatch Barking and Dagenham are the voice of local people, groups and networks. We are independent and therefore do not have a pre-set agenda or a pre-determined interest in influencing the outcome of the results of a consultation.

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Healthwatch Barking and Dagenham

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This report has been undertaken by Healthwatch Barking and Dagenham at the request of the Public Health Department of Barking and Dagenham.

We have been asked to compare and contrast the outcomes for complainants in a variety of organisations.

In order to complete this report we have had sight of the Annual Complaints Reports from the following organisations:

- Adult Social Care, Barking and Dagenham
- Children's Services, Barking and Dagenham
- Patient Advice and Liaison Service and Complaints Service (BHURT)
- North East London NHS Foundation Trust (NELFT)
- Barking and Dagenham Clinical Commissioning Group (CCG)
- The Metropolitan Police Service

Healthwatch Barking and Dagenham have also conducted primary research amongst complainants from a variety of services, the outcomes from which are referred to in this report. The complete report is attached as an appendix to this report.

In writing this report I have referenced the work of the Complaints Programme Board that was set up in 2013 by the by the Department of Health following the inquiry into the Mid-Staffordshire NHS Foundation Trust, the Clwyd--Hart Review and the Government's response to both, *Hard Truths*.

The report of the Complaints Programme Board is titled *My expectations for raising concerns and complaints*.

The National Context

The report produced by the Complaints Programme Board: *My expectations for raising concerns and complaints*, outlines a vision for good complaints handling across both the health and social care sectors. It was lead by the Parliamentary and Health Service Ombudsman who worked in partnership with Healthwatch England and the Local Government Ombudsman.

These national, authoritative and current research and findings could be considered as a blueprint for managing local complaints well.

The development of the vision was driven by four key principles:

- The need for a tool that will ensure that patient and service user expectations lie at the heart of any system or approach to complaint handling;
- The need to define what the outcomes of good practice should look like for patients and service users;
- The need for a complaint handling framework that is relevant and practical for providers of both health and social care;
- the need for a set of expectations of complaint handling that makes sense to patients and service users themselves, so that they can hold complaint handling services to account

Using these principles a comprehensive guide was developed showing what good outcomes for service users would look like when complaints were handled well. The path of a complainant's journey is followed through the various stages. The stages are defined by what are called "I statements". These statements and stages of the journey have been developed directly from patient and service user testimony. The experiences of the public consulted for this national research are echoed in the experiences gathered from local patients and service users.

The following sets out the user-led vision for raising complaints from the Complaints Programme Board as outlined in the *My expectations for raising concerns and complaints* report.

There are 5 steps identified in the complainants' journey: each being populated by a series of statements that patients and service users should be able to make when reflecting on their experience of making a complaint.

1. CONSIDERING A COMPLAINT

- I felt confident to speak up
- I knew I had the right to speak up
- I was made aware of how to complain (when I first started to receive the service)
- I understood that I could be supported to make a complaint
- I knew for certain that my care would not be compromised by making a complaint

2. MAKING A COMPLAINT

- I felt that making my complaint was simple
- I felt that I could have raised my concerns with any of the members of staff I dealt with
- I was offered support to help me make my complaint
- I was able to communicate my concerns in the way that I wanted
- I knew that my concerns were taken seriously the very first time I raised them
- I was able to make a complaint at a time that suited me

3. STAYING INFORMED

- I felt listened to and understood
- I always knew what was happening in my case
- I felt that responses were personal to me and the specific nature of my complaint
- I was offered the choice to keep my details anonymous and confidential
- I felt that the staff handling my complaint were also empowered to resolve it

4. RECEIVING OUTCOMES

- I felt that my complaint made a difference
- I received a resolution in a time period that was relevant to my particular case and concern
- I was told the outcome of my complaint in an appropriate manner, in an appropriate place, by an appropriate person
- I felt that the outcomes I received directly addressed my complaint(s)
- I felt that my views on the appropriate outcome had been taken into consideration

5. REFLECTING ON THE EXPERIENCE

- I would feel confident making a complaint in the future
- I would complain again, if I felt I needed to
- I felt that my complaint had been fairly handled
- I would happily advise and encourage others to make a complaint, if they felt they needed to
- I understand how complaints help to improve services

“This report and the vision it represents flip the perspective away from concentrating solely on the bureaucratic challenge of how to provide a complaint handling service, to focus on the real experiences of patients and service users themselves in making complaints. Placing these at the front and centre of a construction is an example of what “good” looks like”

From the concluding chapter of *My expectations for raising concerns and complaints*

The Local Context

In preparation for this report Healthwatch Barking and Dagenham conducted its own primary research. In doing so we were assisted by the Public Health Team Barking and Dagenham, who identified 10 services who were approached to take part in the review.

Owing to data protection issues Healthwatch could not directly approach complainants to these services as we did not have their details and the services involved could not release them to us.

The original proposal was for each service area to contact complainants to their service and ask them to complete the Healthwatch survey. In all we were asked to gather feedback from 60 complainants.

In the event 6 service areas were able to make contact with their complainants on behalf of Healthwatch. The Public Health Team then sent an e-version of our questionnaire to contacts from each organisation, together with a covering letter explaining the purpose of the survey. There were 27 respondents to the Healthwatch questionnaire. This is a small number: just over a quarter of the 100 people who took part in the Healthwatch England primary research which subsequently drove the vision behind the *My expectations for raising concerns and complaints* report.

Despite our smaller numbers the findings of the Healthwatch Barking and Dagenham report do reflect many of the issues brought up in the larger report, and can be matched to the stages of the complainant's journey.

These remarks are from the summary from the Healthwatch Barking and Dagenham report: *Your voice counts* and from comments made by individual respondents. These extracts are not meant to indicate that all responses were negative but rather that this was the opinion of some people.

- From the complainants across all 6 provider services, none of them was offered any advice or information about advocacy and support services that could assist them with their complaint
(1.Considering a complaint: I felt confident to speak up)
- "The staff attitude over the phone was good. I could not arrange a face to face appointment, nor could I directly get in touch with the lady I was due to meet. I left a message which was never replied to"
(2. Making a complaint: I felt that making my complaint was simple)

- “The complaints team communicated with me extremely well and kept me informed of the process. The response I received was full of errors: spelling and grammar mistakes. I got the impression that the communications department did not fully understand why I was making a complaint”

(3. Staying informed: I felt listened to and understood)

- When asked if they had seen or heard about anything different happening as a result of their complaint, 24 people (89%) said they were not aware of any difference their complaint had made, 3 (11%) said their complaint had made a difference.

(4. Receiving outcomes: I felt that my complaint made a difference)

- Despite some disappointments with the system, 85% of participants said they would complain again. Some qualified this by saying it may only be as a way of getting their case escalated higher.

(5. Reflecting on the experience: I would feel confident making a complaint in the future)

The similarity between the findings of, and comments from, both the national and our local primary research indicates that all complaints pass through the same stages as far as complainants are concerned. These are not of course the same stages as the complaints officer will be thinking about: informal resolution, stage one, stage two, stage three and the Ombudsman.

The complainant’s stages are more likely to be: shall I make this complaint, how easy will they make it for me, will anyone listen and understand what I’m saying, and will it make any difference to me or anyone else in the end? Finally, when the process is over the complainant may consider if it was all worthwhile and would they ever go through it again.

Our thanks go to the local service areas that sourced the complainants who were willing to take part in our research: North East London Foundation Trust, Barking, Havering and Redbridge University Trust, Barking and Dagenham Corporate Services, Barking and Dagenham Adult Social Care, Barking and Dagenham Children’s Services and the Metropolitan Police Service.

The Content of Local Annual Complaints Reports

Healthwatch next wanted to see how the local format of complaints collation and reporting compared with the vision of the Complaints Programme Board, and their conclusion that service user expectations should lay at the heart of any system or approach to complaint handling.

To gain an understanding and see a cross section of approaches we looked at the annual complaints reports from the following service areas:

- North East London NHS Foundation Trust (NELFT) 2013-14
- Pals Advice & Liaison Service (PALS) & Complaints Annual Report 2013-14 (BHURT)
- Barking and Dagenham Adult Social Care Report 2014-15
- Barking and Dagenham Children's Services Report 2013-14
- Commissioning Complaints Report, Quarters 1,2 &3 Barking and Dagenham Clinical Commissioning Group (CCG) 2014-15
- Monthly Summary Report for Public Complaints and Conduct Matters, Metropolitan Police Service (MPS) June 2015

All of these reports have concerned themselves with gathering broadly the same kinds of information:

- The numbers of complaints made
- A comparison with the numbers made in previous years
- The nature of the complaint
- The directorate or department responsible for the service delivery
- At what stage the complaint is resolved
- Outcomes: was the complaint upheld or not
- The length of time taken to address the complaint
- The geographical location by ward where the complaint has come from (sometimes)
- The source of the complaint e.g. M.P. Local Councillor

All the above information is useful to both policy makers and providers of front line services. Analysis of these statistics however is limited and the improvements made through having this information are unclear from the reports. Many of the recommendations are really reminders for workers about what they should be doing anyway. Good examples are found in the NELFT report which details the specific changes that have resulted from patient complaints.

Most reports have a final section entitled "The year ahead", "What to expect in 2016" or "Future areas for development." Issues mentioned here are new software

packages to help monitor complaints and capture outcomes, new posters and leaflets for advertising the complaints procedure and more training for front line staff and complaints handlers. (The terms handling or managing complaints are often used as opposed to investigating complaints) Whilst all improvements are welcome and useful, some will undoubtedly be of more direct benefit to those dealing with complaints than those making them.

Compliments are mentioned in three of the reports with quotations given from complimentary letters in two of the reports. Neither of these reports quotes the remarks of complainants.

Four of the annual complaint reports have sections that refer to customer satisfaction. This had been tested by giving questionnaires to complainants after they had been through the complaint process. It is clear from the reports that it has been difficult to engage with patients and service users at this point. NELFT report 100% customer satisfaction, but do not say the number of respondents that this refers to. Most report writers talk about re-vamping this system to enable them to better engage with the views of patient and service users.

This may provide the opportunity to develop a tool that follows the patient or service user's journey through the complaints system and reflects their needs at each stage, as outlined in the vision of the *My expectations for raising concerns and complaints*

Considerations for putting patients and service users at the heart of complaints

Along with the “I statements” that identify the complainant’s journey, the *My expectations for raising complaints and concerns* report has considerations that complaint investigators might keep in mind. These are described as four “facets” of making and replying to a complaint. They are the Process, Emotion, Environment and Culture. These facets can all be fitted to the stages of the complainants’ journey.

Here, the expectations of the complainant are matched to ways in which the organisations could meet those expectations.

PROCESS

Examples of “I statements”, describing the expectations of complainants include:

“I was given updates about the progress of my complaint at regular intervals” and

“I feel that staff are pro-active in dealing with my complaint and I was not asked to do more than I should”

To make these expectations happen organisations might consider:

- Do we place too much burden on a complainant to produce evidence, fill in forms or write extensive amounts of detail?
- Are we transparent about the way we are handling a specific complaint, or only about our processes in general?

EMOTION

Examples of “I statements” here include:

“I feel that the organisation wants to make things better for me and for others, and that I can help to do that”

“I was told the outcome of my complaint in an appropriate manner, in an appropriate place, by an appropriate person”

The make these expectations real organisations might consider:

- Do our complaints processes take account of the emotional impact of the perception of something having gone wrong in service delivery? For example, the death of a patient or the mistreatment of a loved one?
- Are the tone and setting of our communications in keeping with the nature of the complaints being made?

ENVIROMENT

Examples of “I statements” in this category are:

“I was made aware of my right to complain when I first started using the service”

“I knew that information on the outcomes of previous complaints was easy to find”

The considerations for organisations here might include:

- Do we communicate our openness to receiving complaints from the moment we first receive a patient or service user?
- Are our complaints handling and support services highly visible? Is our complaints service easily accessible from service user waiting areas and public entrances?

CULTURE

Examples of “I statements” here include:

“I was able to raise my concern with a neutral third party”

“I knew for certain that my care would not be compromised by making a complaint”

“I felt that my complaint was being taken seriously”

Considerations for organisations here might include:

- Can we ensure that those who wish to make a complaint can do so privately and anonymously if they wish to do so?
- Do all our staff encourage people to complain without fear for themselves?
- Are all complaints handled equally and treated with equal respect and dignity?

The expectations raised here by complainants in both the larger national research and the local Barking and Dagenham research present a challenge to those who are managing complaints across all areas of local service delivery.

In order to develop a complaints process that patients and service users feel okay to be part of, their journey and their experiences should be at the heart of its design.

It will be a challenge to shift the perspective of complaints handling away from the bureaucracy of categories and timescales, but if it can be done it will create a more relevant and enlightening process for all who find themselves involved in the complaints system.

Conclusion

In completing this report Healthwatch Barking and Dagenham has looked at the latest National Research through the work of the Complaints Programme Board and their report *My expectations for raising concerns and complaints*, conducted our own primary research with complainants to six local services and have taken an overview of the annual complaints reports of six local services.

In doing so we have found that the stages of the complaints procedure are thought of very differently by the complainants as opposed to the organisations receiving and investigating the complaints. For organisations it is a procedure driven activity, as reflected in the type of information gathered for annual reports. For complainants however, it is an emotional journey. A patient or service user generally has to feel offended or wronged on their own behalf, or that of a loved one, before they even consider making a complaint. The issues arise when the complainant is already in a vulnerable or traumatic situation: they are, to varying degrees, already in crisis by needing the help of public services. Where a situation is ongoing people may also be conflicted as to whether it is in their own best interests to make a complaint.

Both making a complaint and investigating a complaint can be emotionally laden and time consuming experiences. It therefore seems important that both sides should find it a satisfying process. For the service user they want their experience to be acknowledged, for it to bring about change and contribute to an overall greater good. Service providers want complaints to be a positive way of identifying weaknesses in their service provision or a way of identifying pressure points due to lack of resources. Inevitably however, there are times when both parties will experience it as a confrontational process with no valuable outcomes.

Organisations, attempting to engage with complainants about their experiences have found it difficult to do.

For organisations wanting to make the complaints process a more positive experience all round, their starting point should be putting the patient and service users experience at the heart of its design.

Recommendations

- That service providers make it a priority to engage with complainants at least once a year,
- That the views and experiences of complainants contribute to any re-design of complaints procedures.
- That organisations wishing to make their complaints procedures more user friendly follow the advice given in the report of the Complaints Programme Board *My expectations for raising concerns and complaints*.
- Organisations should consider including in their annual complaints reports more testimonials from complainants as to how the process worked for them.
- Organisational annual complaints reports should be clearer about what their analysis is saying and what changes will be brought about as a result. This should be fed back to complainants who have contributed through highlighting the situation.
- Complainants should be advised of agencies or advocates who can help them with their complaint.