

The Patient Experience of the NHS Complaints System 2016

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healthwatch
Hertfordshire

Executive Summary

For the small percentage of people who do want to make an NHS complaint, the process can often seem difficult and off-putting.

Face to Face Surveys	705
Young People Engaged	75
Interviews with Complainants	86
Interviews with Trusts & Commissioners	10

In total, **865** people took part in this research to express their views and experiences of the NHS Complaints Process in Hertfordshire.

What we found:



Only 2 out of 10 Trusts and Commissioners had an easy read version of their complaints process on their website.



9 out of 10 organisations stated that they receive little to no complaints directly from Children and Young People. With 5 out of 10 organisations noting this as a gap in collecting feedback.



Nearly half of all complaints stated they found the NHS complaints process complicated and complex.



More than 50% of people wouldn't know to whom they can complain.



Compared to the 6% whom had made a complaint in the last 12 months, double that had wanted to make to make complaint but not done so. 45% stated the reason for this was they didn't feel it will make a difference; 23% felt they didn't have the support and 19% were worried it would have an adverse effect on their care or treatment.



49% of Young people stated they had wanted to complain but not done so. This group was shown as less likely to complain compared to adults, citing similar reasons as the adults, but also stressed 'not feeling listened to (33%).'.



Complainants highlighted that organisations did not comply to their own established procedures when dealing with a complaint, which made things more confusing.



Complainants' experiences of the complaints process contradicted the way complaint handling should work.



People wanted more publicity and information around complaints.



Introduction & Aims

‘The patient experience of NHS Complaints’ was conducted in partnership with POhWER (the provider of the statutory Independent Complaints Advocacy Service in Hertfordshire).

The overall aims were to map the NHS and social care complaints processes and explore the patient experience of using them in Hertfordshire.

This research was in response to local feedback about complaints processes, as well as the Healthwatch England report - ‘Suffering in Silence’ - published last year; and highlights the issues patients face in making a complaint about a health or care service.

Since Healthwatch Hertfordshire’s inception in 2013, we have consistently received feedback and enquiries from the public with regards to complaints. Analysing this feedback, showed the public contacted us mostly to:

- Request information on how to make a complaint against a particular NHS provider

- What to do when they are dissatisfied with the outcome of the complaint - how and who to escalate complaints to.
- What a patient, carer or complainant should expect when making a complaint.
- To find out what rights, patients have when making a complaint.

The information collected by HwH highlighted a number of issues with processes from the patient’s perspective, and supported the findings of national reviews. Therefore, by doing this piece of work, we hoped to improve the patient experience of making a complaint about a health or social care service in Hertfordshire, and to improve transparency and communication with regard to complaints processes and patient rights. It was felt that, with their extensive experience supporting people with their NHS complaints, that POhWER would be able to bring further expertise to this project.

Aims

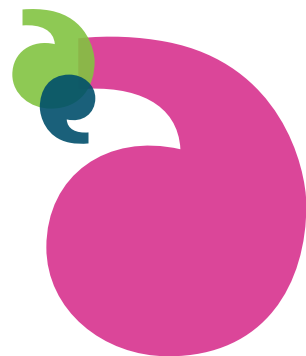
- To evidence the patient experience of complaining, to support the improvement of complaints handling across the system.
- For patients, the public and HwH to have a better understanding of complaints processes, and in turn to reduce misdirected complaints.
- For patients, the public and HwH to have a better understanding of complaints processes to help complainants know what to expect.
- For all NHS organisations, HwH and POhWER to improve communication and signposting, as well as the handling of joint complaints.

- To improved access to clear information about health and social care complaints processes in Hertfordshire.

Project Exclusion

It is not within the scope of this project for HwH or POhWER to comment on:

- The patient experience of using health and social care services other than in relation to complaints processes. i.e. the incident or aspect of the service received that led to the complaint.
- The evaluation of or judgement on 'fairness' of the outcome of complaints included in this document.





Methodology

To understand the complaints process from all angles we felt it was important to speak to those that provide and commission NHS services as well as the people who use them.

The project was divided into two phases.

Phase one, focused on engagement with providers and commissioners so to understand the complaints processes in more detail and help inform the second phase. Phase two focused on engagement with Patients and the Public, so to evidence patient experience when using these processes.

Engagement with Commissioners and Providers

The first phase of engagement involved meeting with 10 major providers and commissioners of Health and Social Care services within the county to better understand the process and resources involved in complaints handling.

The organisations we met with were:

- East & North Herts NHS Trust (Hertford County, Lister, Mount Vernon Cancer Centre, New QEII)
- Hertfordshire Community Trust (Community hospital & services)
- Hertfordshire Partnership University Foundation Trust (Mental Health, Learning disability and social care services. Services range from acute and rehabilitation services to community services)
- Herts Urgent Care (GP Out of Hours and 111)
- Primary Care. Via NHS England: Herts and the South Midlands (Primary Care commissioning).
- East & North Herts CCG (commissioners)
- Herts Valleys CCG (commissioners)
- Hertfordshire County Council's Health and Community Services (social care commissioners and providers)
- East of England Ambulance Trust (Emergency Ambulances Only)
- West Hertfordshire Hospitals NHS Trust (Hemel Hempstead, St Albans, Watford General)

The focus when meeting with patient experience leads from the above organisations, was to ask a series of questions which aimed to highlight the processes they have in place for:

- Informing people about the complaints process
- Receiving and responding to complaints
- Investigating and Evaluating complaints
- Responding to and resolving complaints
- Ensure learning from complaints is embedded throughout the organisation.

The purpose of these interviews was to map the complaints process for each organisation, and to understand in more detail how each organisation approached:

- Access - publicity and information
- Process, including -
 - Key deadlines
 - Investigations
 - Remedies available
 - How connections are made
 - Monitoring and evaluating
 - Learning and improvements
- Governance - Leadership and Resources

The information collected in this section was used to inform engagement with the public.

Engagement with Patients and the Public

The second phase of this project was conducted between October 2015 and February 2016, and split into three segments; Engagement with the General Public, Engagement with Young People, and One to One Interviews with Complainants.

To provide the qualitative evidence and insight to satisfy the objectives, all participants were asked only

to provide comment on a complaint initiated within the last 12 months¹.

Engagement with the General Public

This segment focused on the public access and understanding of the NHS complaints process. By being in public places across Hertfordshire and choosing people at random, we spoke to 705 people who lived, worked or used services within the County (See Appendix 2 for survey questions used). This was conducted for two months over October and November 2015.

Respondents were recruited in the following locations:

- Face to face interviews with householders in various locations across the county².
- Face to face interviews with residents in both council and privately run in-door shopping centres.
- Face to face interviews with residents in busy thoroughfares - shopping centres, transport hubs and leisure areas.
- Face to face interviews with residents in both council and privately run leisure centres.
- Face to face interviews with patients/visitors at two major hospitals i.e. Watford and Lister.
- Phone interviews using BT's domestic database.

¹ A 12 month time limit was used because a longer time lapse would likely result in complainants losing some of the precise details of the complaints process and possibly rationalising the emotional consequences.

² Locations included: Berkhamsted, Bishop's Stortford, Broxbourne, Bushey, Cheshunt, Harpenden, Hemel Hempstead, Hertford, Hoddesdon, Letchworth, Redbourn, Rickmansworth, St Albans, Stevenage, Tring, Ware, Watford, and Welwyn Garden City

Engagement with Young People

We specifically sought the views and experiences of people between the ages of 16 and 21 years. This group was targeted because interviews with providers and commissioners highlighted a gap and/or desire to engage with this age category more. 75 under 21s took part in the online survey and focus group conducted by Healthwatch Hertfordshire's Youth Health Ambassador. The online survey and focus group was promoted via social media, through the HwH Youth newsletter and by partners and stakeholders.

One to One Interviews with Complainants

This final section focused on people who had initiated a complaint within the last 12 months, against one of the major providers or commissioners listed in our project. The purpose of these interviews was to detail the experience of making a complaint from the complainant's perspective.

The sample attempted to reflect the patient experience of the complaints processes of the major providers and commissioners of NHS and social care services in Hertfordshire. The key challenge was how to identify a representative sample given the relatively low incidence of complaints and the understandable reluctance of organisations to release confidential information.

Interviews took place:

- Close to the point where the complaint originated i.e. in the hospital or care home

- Through contacts with intermediaries who directed patients to service providers i.e. GP surgeries.
- Through voluntary and community service organisations that provide support for individuals, families, and carers with particular health or social care needs e.g. Carers, MenCap.
- Through the HwH Engagement Database.





About Healthwatch Hertfordshire & POhWER

Healthwatch Hertfordshire and POhWER both represent the people of the county, but how do they do this?

Healthwatch Hertfordshire

We represent the people of Hertfordshire, and our aim is to give individuals and representatives of a community, a stronger voice to influence and challenge how health and social care services are provided.

We can do this using the following powers and functions³:

- Through local engagement we gather the views and experiences of local people to build an understanding of why and how people use NHS services. This, along with wider intelligence, is used as evidence to influence providers and

decision makers to propose change and improvement.

- Through the Healthwatch Network and Healthwatch England⁴, we share information to identify gaps and trends in order to influence national and local policy regarding health and social care.
- We alert national bodies; such as Healthwatch England, the Care Quality Commission (CQC), and/or council scrutiny committees where appropriate, to concerns about specific providers, health or social care matters.
- We signpost and provide information about people's choices and where to get help if things go wrong. We represent local people's voices via our seat on the statutory Hertfordshire Health and Wellbeing Board.

“How can Healthwatch Hertfordshire hold local health and social care services to account?”

- We can request information from local organisations, commissioners and providers. They then have a duty to respond to request within 20 working days.
- Service providers and Commissioners have a duty to respond to formal recommendations made by Healthwatch Hertfordshire, within 20 working days.

³ The powers and functions of Healthwatch are set out under section 5 of the Health and Social Care Act 2012 <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

⁴ The Healthwatch Network is made up of 152 local Healthwatch Organisations. Healthwatch England is the overarching body which guides and supports each Local Healthwatch. Each Healthwatch is independent and funded by the Local Authority not Healthwatch England. For more information please visit <http://www.healthwatch.co.uk/how-we-work>

- Trained members of Healthwatch (staff or volunteers) are authorised to perform 'Enter and View' visits. These are powers to go to a service unannounced or announced and have a look at the work and/or standards in that practice.

- Sending people an information pack to help them make a complaint themselves
- Providing people with an advocate to support them if they need more help.

Their advocates can support with writing letters, getting copies of medical records and finding information about the person's concerns. Advocates can also help people to prepare for and attend a meeting with NHS staff about their complaint.

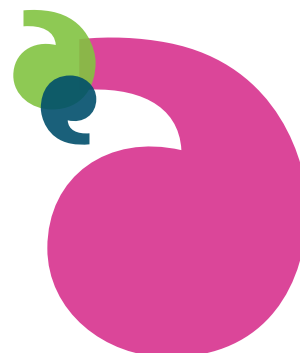
POhWER

POhWER is a user-governed organisation founded as a charity in 1996 by a group of service users in Hertfordshire who had successfully supported each other in addressing injustice and social exclusion. Today they are still a user-governed organisation, with a Board of Trustees, most of whom are service users. They work to deliver improved outcomes for people by providing a range of information, advice and advocacy services. They support people to understand their rights, access information, speak up and have their voices heard.

What is NHS Complaints Advocacy?

POhWER have delivered the NHS Complaints Advocacy Service in Hertfordshire since 2003. The service is free, independent of the NHS, and confidential. Their role is to help people to use the NHS complaints process, which covers all NHS funded treatment. This help includes:

- Giving people information about how to complain including who to complain to
- Explaining the complaints process and the person's options at each stage of the process
- Signposting people to other organisations who can help if they can't





National Context

Across the country the public continually report difficulties accessing and using the NHS complaints process.

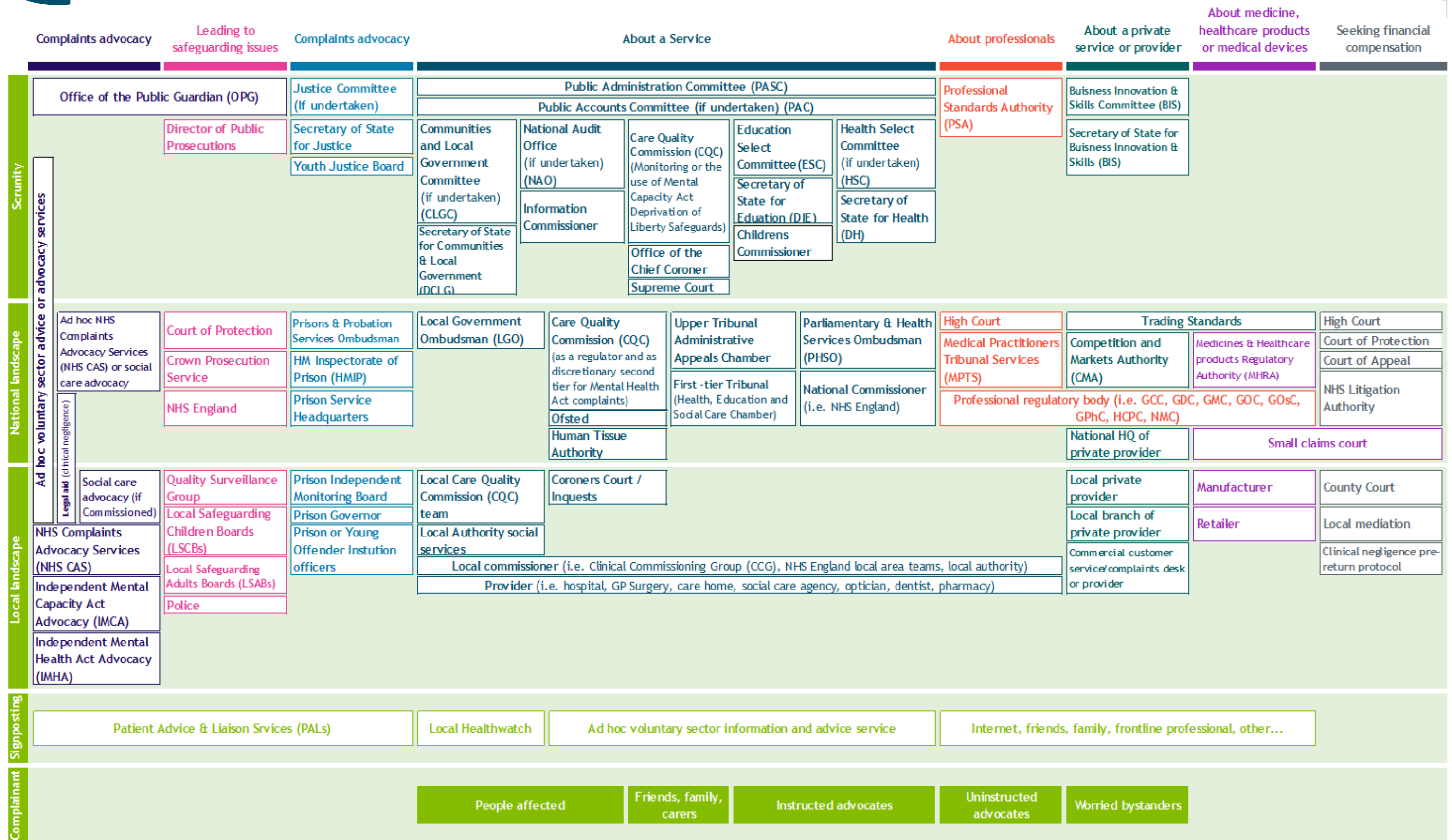
When you consider how many services, providers, commissioners and Trusts there are within the NHS, it is easy to see how confusing it can be to know who to direct a complaint to, when to do it and how.

Additionally, if you consider realities such as: multiple organisations being involved in your care; the possible want of expressing dissatisfaction, but not to the person directly providing treatment; or wanting to understand who a complaint can be escalated to if you dissatisfied with the outcome, complaining can feel even more of a minefield.

Healthwatch England found that nationally there are **over 70 different kinds of organisations involved in handling and supporting complaints**. This includes service providers, commissioners, regulatory bodies, and ombudsman. The following image illustrates how each of these organisations can potentially be involved, as well as highlighting this complexity.



Healthwatch England: How Complex is the Complaints System? This Complex....



Nationally & Locally - Same Issues?

Across the country the public continually report difficulties accessing and using the NHS complaints process despite the government response to the Francis report (2013) which requires that all hospitals set out clearly how patients and their family can raise concerns or complain. A number of reports and reviews, published in recent years, highlight issues with the patient experience of making a complaint about a health or social care.⁵

Healthwatch has been identified as one of the organisations tasked with providing independent support for the public wishing to make a complaint. The Healthwatch England report on complaints, *Suffering in Silence: Listening to consumer experience of the health and social care complaints system* highlighted that in 2013/14 there were 174,822 official complaints made against the NHS, but NHS England claim half of all complaints made that year - an estimate of 250,000 incidents - were not reported due to difficulty of accessing the complaints process. According to Health and Social Care Information Centre, there were 207,407 written complaints for 2014-15. This figure reflects complaints from both Hospital and Community Health Services (HCHS) and Family Health Services (FHS) which include GPs and Dental. The types of complaints include: professionals, delay/cancellation of appointments, inpatient hospital acute services, trust administrative staff, mental health services, ambulance services, maternity services etc. It is interesting to note

that 122 of these were in relation to complaints handling and 66 in relation to code of openness-complaints.

Through conducting focus groups, interviews and surveys, Healthwatch England found that people:

- Are not given the information they need to complain
- Do not have confidence in the system to resolve their concerns
- Find the complaints system complex and confusing
- Need support to ensure their voices are heard
- Need to know that health and social care services learn from complaints.

When examining why complaints are escalated to the Parliamentary and Health Service Ombudsman (PHSO, 2013), key reasons were:

- Poor explanation of why incident occurred
- No acknowledgement of mistakes
- Inadequate financial remedy
- Inadequate systemic remedy
- Inadequate apology

The PHSO also noted failures in:

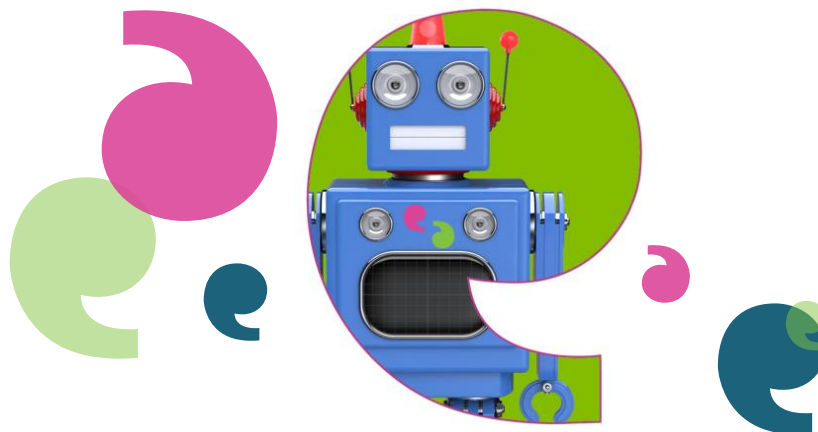
- Access and process
- Communication and responsiveness
- Leadership and learning

⁵ Key documents include: The NHS Hospital Complaints System: The case for urgent Treatment? Parliamentary and Health Service Ombudsman (PHSO), 2013; *Suffering in Silence: Listening to Consumer Experience of the Health and Social Care complaints System*, Healthwatch England (HWE), 2014; *Listening, Responding, Improving: A guide to better customer care*. Department of Health (DoH), 2009; *A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture*. Ann Clwyd MP and Tricia Hart, 2013).

In response to this, PHSO suggested that organisations:

- Make it easier for patients and the public to complain
- Make sure patients are made aware of what is happening throughout the complaint
- Make sure Boards learn from their mistakes.

Healthwatch Hertfordshire has used the PHSO findings to inform the complaints enquiry to see if it reflects the national picture.





Analysis & Results

10 NHS organisations and 865 members of the public took part in this piece of work.

Engagement with Providers & Commissioners

The first phase of engagement involved meeting with 10 major providers and commissioners of Health and Social Care services within the county to better understand the process and resources involved in complaints handling. Later in the report we will see how this compares to the complainants experience (pg 25.)

The organisations we met with were:



- East & North Herts NHS Trust (Hertford County, Lister, Mount Vernon Cancer Centre, New QEII)
- Hertfordshire Community Trust (Community hospital & services)
- Hertfordshire Partnership University Foundation Trust (Mental Health, Learning disability and social care services. Services range from acute and rehabilitation services to community services)
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The focus when meeting with patient leads, was to ask a series of questions which aimed to highlight the processes they have in place for:

- Informing people about the complaints process
- Receiving and responding to complaints
- Investigating and Evaluating complaints
- Responding to and resolving complaints
- Ensure learning from complaints is embedded throughout the organisation.

When speaking to patient leads and their teams, we found a lot of good practice, as well as enthusiasm and commitment towards improving and learning from all



involved. We also found some organisations were very open to external audits and would appreciate patients or organisations like Healthwatch helping to support this in the future.

Informing people about the complaints process

- 10/10 had a complaints policy
- 8/10 stated they made this policy available on their website. In reality 7/10 had their complaints policy on their website.
- Out of the 7 organisations with a complaints policy up on their website, 5 were listed within the patient experience/compliments and complaints section of the website or listed on the homepage, and therefore easy to find. These were EEAST, East & North Herts CCG, East and North Herts NHS Trust, Herts County Council and HPFT.
- Although 10/10 organisations say their complaints policy is available upon request. Out of the 3 that don't have their complaints policy uploaded to the website, only 1 makes the public aware they can do this, and how to request the policy.
- 7/10 stated their policy could be made available in easy read and in other languages. However only 5 organisations make this clear on their website.
- 2 organisations (EEAST and HCC) had an easy read version of their complaints process available on their website without the need to request it.
- 3 organisation's websites had Browse aloud which allows reading support for those with dyslexia; learning disabilities and visual impairment amongst others. EEAST, NHS England and West Herts Hospital Trust.
- On their website West Herts Hospital made available a BSL video explaining how individuals can access information on the website as well as interpretation services at their hospitals.
- Herts County Council were the only organisation to have a complaints leaflet targeted at young people available on their website, along with information on the National Youth Advisory Service (NYAS) available specifically to support young people and children with getting their voice heard.
- 9/10 organisations noted that they either did not receive or have received very few complaints directly from Children or Young People. 5/10 organisations noted that they feel there is a gap in collecting feedback and complaints from children and young people; and are either in the process of developing systems and/or literature to help capture this information, or are looking to do this in the near future.
- When organisations were asked how they promote learning from complaints to the public, 6 organisations said they did this by making reports such as Board Reports available on their website. EEAST provide case studies within the compliments and complaints section of their website. HCT and HPFT display a 'you said, we did' poster in community spots in patient areas within the services they provide.

Receiving and Responding to Complaints

- When organisations were asked if they could provide examples of how they gather wider patient feedback, all organisations were able to provide excellent examples of patient and public engagement that went beyond the mandatory Friends and Family Test. Some highlights were:
 - Herts Valley's CCG's Conversation Cafes
 - EEASt's Videoed patient interviews conducted by patient representatives
 - Herts Community Trust's Gathering of Patient Stories by using Healthwatch patient representatives.
 - West Herts Hospital Trust's focus groups and patient panels focused on hearing from vulnerable groups.
 - East and North Herts NHS Trust's Youth engagement and use of social media to gather feedback.
 - HPFT's use of service user, carer and youth councils which consider areas important to them and advise the Trust on key areas of performance.
- At the beginning of the process, 4/10 organisations phone complainants to discuss their complaint, and then follow up with an acknowledgment letter.
- All 10 organisations stated they make complainants aware of POhWER. 9/10 stated they do this at the start of the process through a POhWER leaflet and/or reference POhWER within the acknowledgment letter.

- When distinguishing between concerns and complaints, 6/10 organisations stated they are led by the complainant and how they wish the concern/complaint to be handled, and 4/10 organisations make a distinction based on the immediacy and/or seriousness of the concern/complaint.
- When asked what training staff receive specifically for hard to reach groups, Herts Urgent Care (HUC) was the only organisation that stated they provided training on dementia awareness and the use of purple folders for those with learning disabilities. Most other organisations commented on the mandatory Equality & Diversity training their staff complete, however noted that this is not specific to complaints handling.
- Although most organisations provide training sessions on complaints handling for staff outside the complaints team, all organisations noted this is something they would like to do more of.
- Hertfordshire has a county wide complaints manager forum, which most of the managers involved in this study attend to share learning.

Investigating & Evaluating Complaints

- 9/10 organisations stated that not all staff involved in investigations of complaints had specific investigations training on top of the standard Root Cause Analysis Training.
- 9/10 organisations stated they either provided complaints handling training to staff on need to know basis, or through internal training by complaints manager. 4/10 organisations noted

very little bespoke training specific to NHS complaints handling, and the need to rely on in house training because of this. This was flagged as a gap.

Responding to and resolving complaints

- 6/10 organisations either ask complaint how they would prefer to be contacted, or actively look for signs in the complaint letter or when on the phone to the complainant to identify communication needs.
- 9/10 organisations stated they provide a Local Resolution Meeting for complainants who are unsatisfied with the outcome and wish to discuss the case further. Herts County Council stated in these cases they instead offer a peer review.
- When looking at remedies the providers and commissioners can offer to complaints, 10/10 stated they could offer an apology; organizational learning; policy or delivery change based on the complaint.
- If complainants continued to remain unsatisfied with the outcome, 10/10 organisations stated they signposted the complaint on to the relevant ombudsman.
- Very few organisations collate or triangulate the feedback they get from a variety of sources.

Ensuring learning from complaints is embedded throughout the organisation

- 7 out of 10 organisations ask for feedback from complainants on their complaints process. However, it was noted by 4 organisation that asking for this feedback, can sometimes be

unhelpful for both the organisation and complainant. Reasons for this being the consistent low response rate; complainants not always feeding back on the process but rather their dissatisfaction with the outcome; when responses are based on dissatisfaction with outcome, this can occasionally trigger a re-opening of the case, but with the same outcome which can frustrate the complainant further.

- 4 organisations noted that they would appreciate clearer guidelines on remedies from the Parliamentary Health Service Ombudsman (PHSO), as well as clearer information on the timescales the PHSO is working to.
- 1 organisation stated they currently do not review or sample the quality of their reports, or their final response letters.
- EEAST and WHHT stated they use patient representatives and/or independent organisations such as local Healthwatch to review and sample reports and final response letters. Examples were:
 - EEAST use patient representatives for their Peer Review Panels based on standards outlined by the Patient Association. EEAST have also had Healthwatch Norfolk provide an external audit on final response letters, and have asked Healthwatch Hertfordshire to consider supporting this in the future.
 - West Herts Hospital Trust recently asked Healthwatch Hertfordshire to



conduct an independent audit of their final complaints letter in May 2016.

We asked **751** people if they had made a complaint within the last 12 months. Of those 751 people, **46** - or 6%⁶ - had made a complaint.

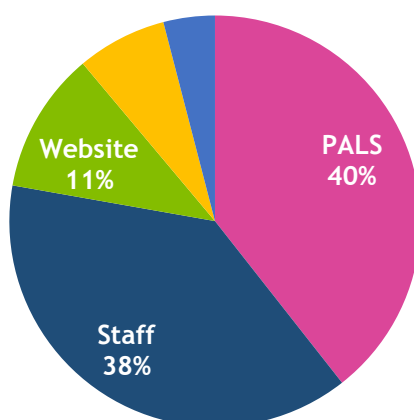
Of the 46 people who had made a complaint, 17 people had made a complaint against a Hospital within Hertfordshire, the other 29 had made a complaint against a wide variety of organisations including their GP.

Engagement with the General Public

How did you find out about how to make your complaint?

Out of the 46 people spoken to, 39% said PALS, 38% said a Staff member, 11% went to the organisation's own website, 7% said friend or family member, 4% used a leaflet issued by an organisation.

Find out about making complaint [n=46]

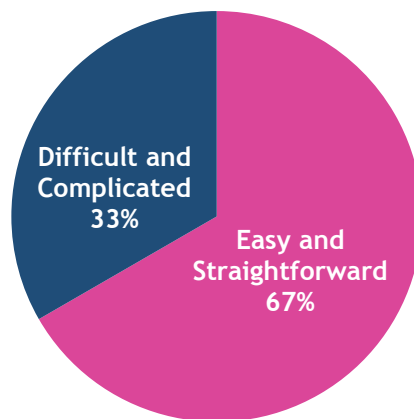


⁶ The total sample proportion of those who had made a complaint against the NHS or Social Services in last 12 months was 6.1% or an estimated 73,870 of the total adult population. The confidence interval at the 95% confidence level is +/- 1.71%. This means that we are 95% confident that the true number of those making a complaint is between 4.39% and 7.81%. Applying these parameters to the adult population of the two CCGs areas of 1,211,000 then the number of adults making a complaint in the last 12 months is between 53,162 and 94,579.

How did you find the process of complaining?

Out of the 46 people we spoke to, 33% said it was difficult and complicated, with the rest saying it was easy and straightforward.

Process of Complaining [n=46]

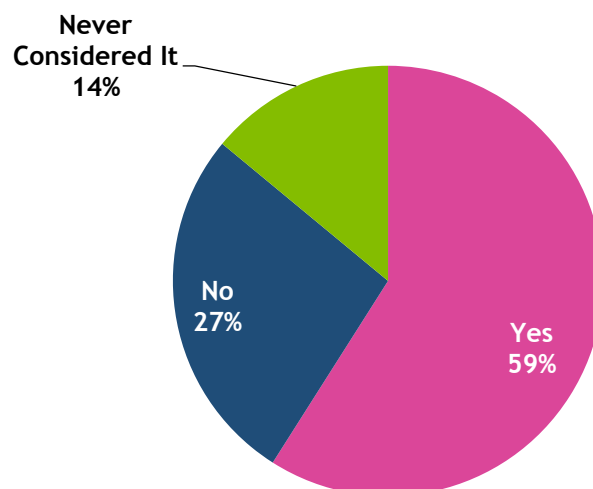


Did you know you can complain to all organisations providing health and social care services?

This question was answered by 705 of the people approached for this piece of work. Of this 705, 27% answered “no” they weren’t aware of this, 59%

answered “yes” they were, and 14% said they had never considered it.

Awareness About Complaints Procedures [n=705]

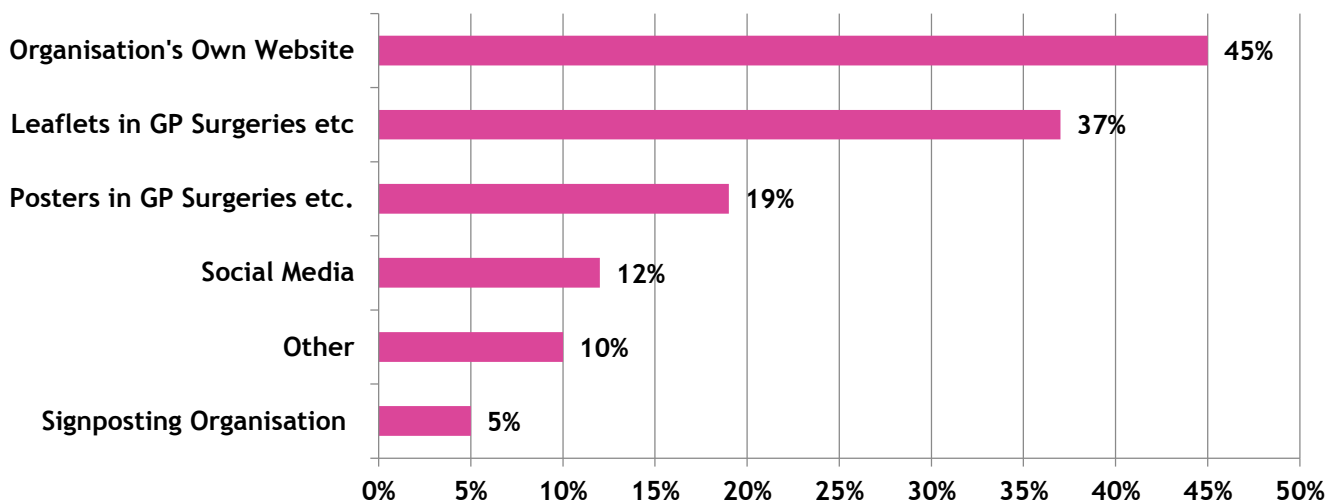


Who would you visit or who would you ask, if you wanted to make a formal complaint?

Out of 705 people who answered this question, 58% said they didn't know, 14% said they would go to their GP reception or practice manager for help, 14% said they

would go to the service provider directly, and 13% said they would go online and use google or NHS Choices.

Information Source Used to Make Complaint [n = 705]



Which of the following information options would be most appropriate if you wanted to find out about a NHS complaints procedure?

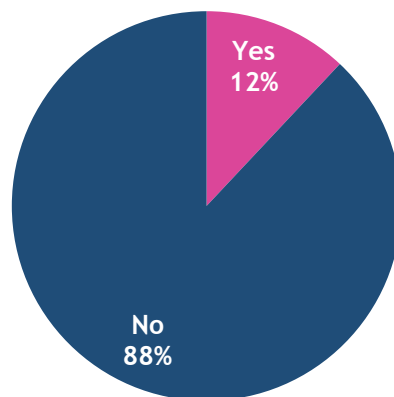
Out of the 705 people who answered, 45% said they would go to the organisations own website, 37% would look for leaflets in GP Surgeries, 19% Posters in GP Surgeries, 12% would use social media, 5% would

contact a signposting organisation, and 10% said 'other'.

Thinking back over the last 12 months, have you wanted to make a complaint or raise a concern about your local health or social care services but not done so?

Out of 705 people who answered this question, 84 people (12%) said “yes”, and 88% said “no”. It is interesting to note that this is almost **double** the number of people who told us they had made a complaint.

Wanted to Complain or Raise a Concern in Last 12 Months? [n = 705]

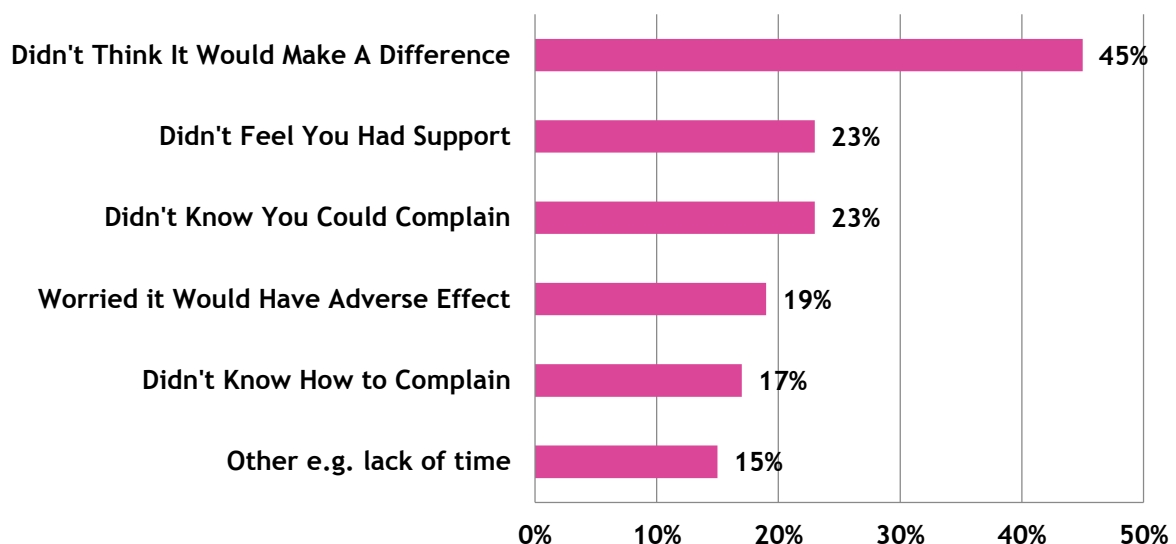


What stopped you from making a complaint or raising a concern?

Of 83 people who answered, 45% didn't think it would make a difference, 23% didn't feel they had enough support, 23% didn't know they could complain, 19%

were worried complaining would have an adverse effect on their care, 17% didn't know how to complain, 15% gave another reason e.g. lack of time.

Reasons for Not Complaining [n = 83]



How do you think the complaints process could be improved?

Out of the 705 people asked this question 190 had suggestions to make. These were:

Suggestion	%
A clear point of contact - preferably a face to face contact- and a clear route you ca follow.	27%
More advertising making it clear how and where you can complain.	23%
Website - access on line - email link.	15%
More transparency - better attitudes of staff - greater accountability.	8%
It's not worthwhile - no one takes any notice.	8%
Make it easier to speak to a doctor/practice manager	4%
Better training of staff	4%
Social media	4%
More languages	4%
Neutral organisation	4%



Engagement with Young People

Survey Findings

- To find out about complaining the most popular answer was to go online and to the organisations website, the second most popular answer was to ask a family member or friend.
- When young people were asked if they ever needed to complain, but not done so, out of 43 people 49% YP answered 'yes' and 51% answered 'no'.
- When asked if anything stops a young person complaining to a service, 37% said 'they don't see change happening from complaining, so feel there is no point', 33% said they 'don't feel supported or listened to', 28% said they didn't know how or that they could complain'.
- When young people were asked what could be done to improve the experience and access to complaints, the responses ranged from 'increase use of social media' 'to make it a less formal process' 'to have young people to feedback and talk to' 'to make it clear that[their] voice will be heard and it will mean something'.

Focus Group Findings

- Most participants had not made a complaint to any of the organisations listed in our study, however a few people felt they 'sort of' have made a complaint.
- When participants were asked where information on how to complain should be, answers included
 - 'Online'
 - 'In waiting areas'
 - 'When you join a service, like CAMHS, [at your first appointment] you should be given information on how to make/give complaints and compliments.'
 - 'Somebody independent who you could go to' 'somebody impartial who understands the services'
 - 'Youth workers.'
- All participants wanted more information about organisations such as POhWER and Healthwatch.
- All participants felt they when they are given information about a service, it was always understandable. For example if the information provided by an organisation said 'ring this number to leave your feedback' it wouldn't go on to say exactly what the full process was.
- Most participants had wanted to make a complaint against a service they had received, but not done so.

- When asked 'does anything stop you complaining to service?' those that answered 'yes' said that what stops them complaining is the complaints process being too complex, stressful and time-consuming. But, also worry that complaining will have an adverse effect on their treatment.

'The fact that the service and complaints process is a nightmare'

'If you have anxiety, it can cause you so much stress to actually try and complain. If you have had a really stressful experience then having to bring it all back up and trying to explain it all to someone [can be hard].'

'At the end of the process it can be your word against theirs and you don't know if the complaint will actually make a difference or go anywhere.'

'The whole process is so time consuming. There [are] loads of things that I should have complained, but the process of complaining is so much hassle that I feel like it isn't actually worth it.'

'Within [...] I have had loads of bad workers but I haven't been able to say that I don't them because I am afraid that the care that I will receive is

effected and I don't want that to happen.'

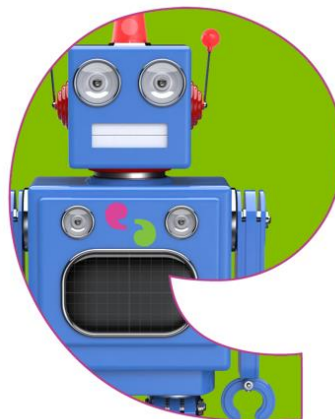
'[When you complain generally] you're sometimes made to feel like a problem customer. So it's the same with a service which you use, you don't want to feel like an awkward person and you don't want it to effect the care which you receive.'

'Sometimes there are waiting lists, so if you complain you don't know if you might wait longer to actually get the service.'

'I only had one worker at the time and I didn't know who to complain to about him, and I didn't want to complain directly to his face.'

- All participants said they felt they wouldn't be supported or listened to if they made a complaint.
- All participants felt nothing would change if did make a complaint.
- All participants wanted services to say how they were going to improve their service based on the feedback given, rather than the service just saying they were going to take the comment on board.





'[When] I made a complaint...the process was all very awkward, they made a big fuss about the situation and they made me feel bad about complaining. They said 'are you sure you want to change doctors?' and tried to persuade me the situation wasn't as it was.'

'I have complained formally and verbally and both times had nothing back. So the issue is, there is no conversation and I'm actually not getting any feedback from the service'.

'Complaining can be quite intimidating. You can be made to feel like you are just being silly and making a fuss.'

'It's hard enough to get the service you want, let alone making a complaint too. When services are for under 24s that is exactly how you are treated, like a child.'

One to One Interviews with Complainants

During this phase we held interviews with 86 people who had made complaints within the last 12 months against one of the major providers or commissioners listed in the project. The purpose of these interviews was to detail the experience of making a complaint from the complainant's perspective. Given the nature of the

investigation the interview had to take place in private with the respondent under no time pressures. Once a complainant had been identified an appointment was made to conduct the in-depth interview by phone or to take the respondent somewhere private.

The fieldwork was undertaken by a team of four experienced interviewers who did both recruitment and in-depth interviews. Interviews took place during January 2016.

By Identity, Gender and Age

The 86 interviewees broke down as follows:

Name of Organisation	Patients Who Complained	Patients Who Intended To Complain	Total No of Respondents
Identity:			
Your Own Experience	30	19	49
Someone Else's Experience	34	3	37
Age:			
Child - 16 Or Under	0	0	0
17 - 25	6	0	6
26 - 60	29	15	44
Over 60	27	7	34
Gender:			
Female	37	16	53
Male	25	6	31

Summary of Key Findings

- There was a wide range of reasons why patients or carers proceeded to make a formal complaint. 68% of respondents quoted the unsatisfactory nature of the treatment or service provided. 52% complained

about the inappropriate or unhelpful attitude of staff. Under the heading of 'other' reasons, 26 patients asked that we record their actual experience because it covered many of the different reasons for complaining and wanted to



make sure we fully understood all the background circumstances and history.

- 30% of patients or their carers started the complaints process by contacting a member of staff from the organisation that provided the treatment or service. 36% of respondents were directed to or knew of PALS as the place to start. The third favoured option was direct contact with their GP or GP Practice Manager. Some by-passed these options all together and preferred to escalate their complaint to some higher authority.
- 53% said that the information provided to them about the complaints process was clear and straightforward. 47% said otherwise.
- 36% started the complaints process by writing a formal letter with 26% describing the start of the process as 'face to face' contact.
- To explore how respondents felt at this stage in the process they were asked to describe how they were treated - were they taken seriously, were they treated with respect and compassion. Three broad categories of response were recorded - 25% were classified as 'neutral', 27% were classified as 'positive' and 48% as negative.
- Only 16% of respondents stated that they were 'very satisfied' with the 'early stage' process of receiving and acknowledging the complaint. This contrasts with 25% who were 'totally dissatisfied' with the 'early stage' process.
- The main suggestions for improvement of the process were: better promotion and advertising of the ways to make a complaint, to be given the opportunity to talk your complaint through with a member of staff and a more user friendly and instructive website
- Comparatively few people followed the full set of protocols established by NHS or Social Service organisations but nor did the organisations comply with their own established procedures when dealing with complainants.
- Respondents were again given the opportunity to comment on their experience at this stage of the complaints process. A thematic analysis of the 52 comments indicated 10% were 'positive', 27% 'constructive' and 61% 'negative'.
- 23% of respondents said their complaint had been settled to their satisfaction, 21% said it had been resolved but not entirely to their satisfaction, 25% said their complaint had been ignored or they had made no progress and the balance were still 'in progress'.
- 37 respondents commented on the outcome of the complaint or the lack of progress - all of which were negative.
- 7 respondents used an advocate or got independent help with their complaint and 4 respondents took their complaint to the Ombudsman. No clear picture emerged from an analysis of their experiences or outcomes.
- One third of those respondents who decided not to pursue a formal complaint did so because they thought it would impact on their treatment.

Basis of Complaint

Respondents were first asked to classify the nature of their complaint. The results are shown in the table

below. This was a multi-response question and most patients' complaints consisted of two or more of the issues listed.

Nature Of Complaint	Patients Who Complained (n=60)	Patients Who Intended To Complain (n=22)
The actual treatment or service provided	68%	14%
The lack of information provided	33%	-
The lack of compassion in the way treatment was provided	37%	18%
The lack of dignity and care	28%	5%
The attitude of staff	52%	9%
The lack of basic resources	22%	14%
Other	43%	55%

The nature of 'Other' complaints is best illustrated with the actual recorded comments of a selection of the respondents. Some respondents wanted to make sure we understood the devastating consequences of the failings they had experienced:

"My father was taken into hospital suffering from the Norovirus - he died 21 days later due to the total lack of care and arrogance of the... registrar. This man treated women like dirt."

"A gentleman with learning difficulties with no verbal communication was left in bed for 11 days and eventually developed a blood clot. There was a total failure to understand the needs of this patient and treat him accordingly."

"My son is 'Special Needs' and was moving from Lakeside Senior School to college at the same time as going from child-care to adult-care... It took 6 weeks to sort out a new cab firm so we made an official complaint."

"They lost my notes but let me turn up for an appointment - why couldn't they have told me... a total lack of communication."

"One particular most senior consultant... intimidated all the staff on his ward and the patients. He was a bully and everyone, including the patients, was terrified of him."

"This complaint referred to a neighbour who had no family that could speak on his behalf. His primary carer was a neighbour - and not blood related - the patient was dying from cancer and his treatment was totally inadequate."

"The complaint started about the lack of enablement care provided to my mother who was returned home to sheltered accommodation after a serious heart problem."

"I was prescribed the wrong medicine that could have had catastrophic consequences."

"I contracted a bad stomach bug which led to inflammation of the liver - my Doctor sent me to

hospital. My blood pressure was way too high and they took a blood sample - promised results in an hour. When I complained 5 hours later the blood had coagulated - by this time I was seriously unwell and vomiting. It went on like this until I was finally put on a drip but given the wrong medicine. The Doctor wouldn't listen and I ended up very poorly."

"There were so many different aspects to our complaints - care coordination was breaking down, no continuity, more interested in solutions that favoured them than the complex needs faced by my brother."

"Patient mix-up due to an administrative error - they mixed my child

up with somebody else's."

"The lack of aftercare and provision of service for a disabled person - the criteria for the use of an ambulance, cover the situation adequately."

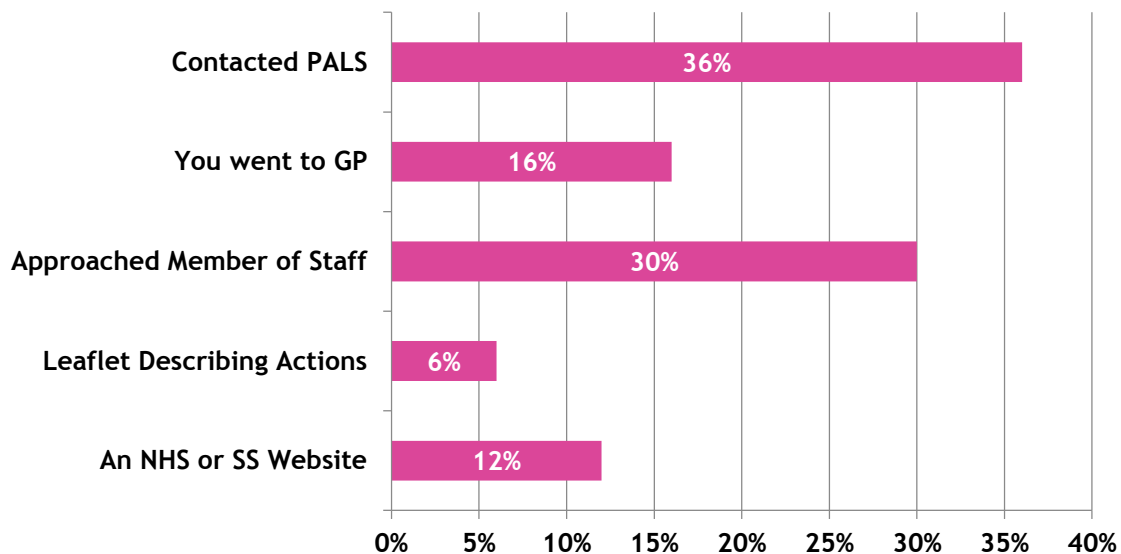
"It was more to do with the way I was messed around to get the appropriate treatment for my eye condition. There was disagreement between the specialists about my treatment and all the while I was having to travel and had the feeling that no one was in control of the situation."

Options Used To Register Complaint

Respondents were asked the question ‘When you first decided to make your complaint, did you use any of

these options to register your complaint?’ Responses are shown below.

Options Used to Register Complaint (n=50)



There was a wide range of ‘other’ options described by respondents. The number in brackets denotes the number of times this option was mentioned.

“Wrote to the CEO of the hospital (4) and Secretary for Health”

“Someone told me about PALS (3) when I was in A & E”

“Just wrote a letter to the address given to me by a member of staff in the Cancer Suite”

“We followed the Twitter sign and complained on Twitter”

“Went straight to the solicitors”

“I threatened to go to a newspaper”

“Went to Reception desk at the hospital” (2)

“Sent letters to three MPs”

“Could only make informal complaint because no-one was prepared to discuss the circumstances



“You don’t get to speak to a doctor in the hospital itself. All that happens is you go to PALS and they don’t give any feedback”

relating to a carer who was not related to the patient”

“I approached the Home manager directly by letter”

“There was a notice in the Ward”

“I sent a report to the CQC, the CEO and my GP, who sent it onto someone else”



Clarity of the Complaints Process

53% (33) respondents agreed the complaints process was clear and easy to follow. By contrast 47% (29) respondents disagreed. Respondents who found the process difficult or confusing were asked to expand on their experience. These are a sample of their comments:



“No one told us about PALS”

“Nothing was done about my complaint - nothing happened - no response”

“Nobody told me about the complaints process - even when I complained”

“We never got any feedback at all”

“I found you were pushed from one person to another”

“You don’t get to speak to a doctor in the hospital itself. All that happens is you go to PALS and they don’t give any feedback”

“Because I was outraged at a doctor telling my husband he had 6 months to live (falsely as it happens) without me being there so the complaints process I followed was mine. No one advised me how to complain”

“There is no available route for a non-relative to complain on behalf of someone else. This experience highlights the problems elderly people living alone without family endure during the last months of their lives”

“They were as helpful as they could be (PALS) but their hands are tied”

“Wasn’t really a clear process to follow and we didn’t feel there was a clear route even to get an acknowledgement”

“PALS is like a ‘vent’ for people to complain to but it won’t result in anything happening and they are not there at 1 am in the morning!”



“Couldn’t find any useful information to help us”

“Any information was unclear - almost confusing - it took a week to find who to complain to”

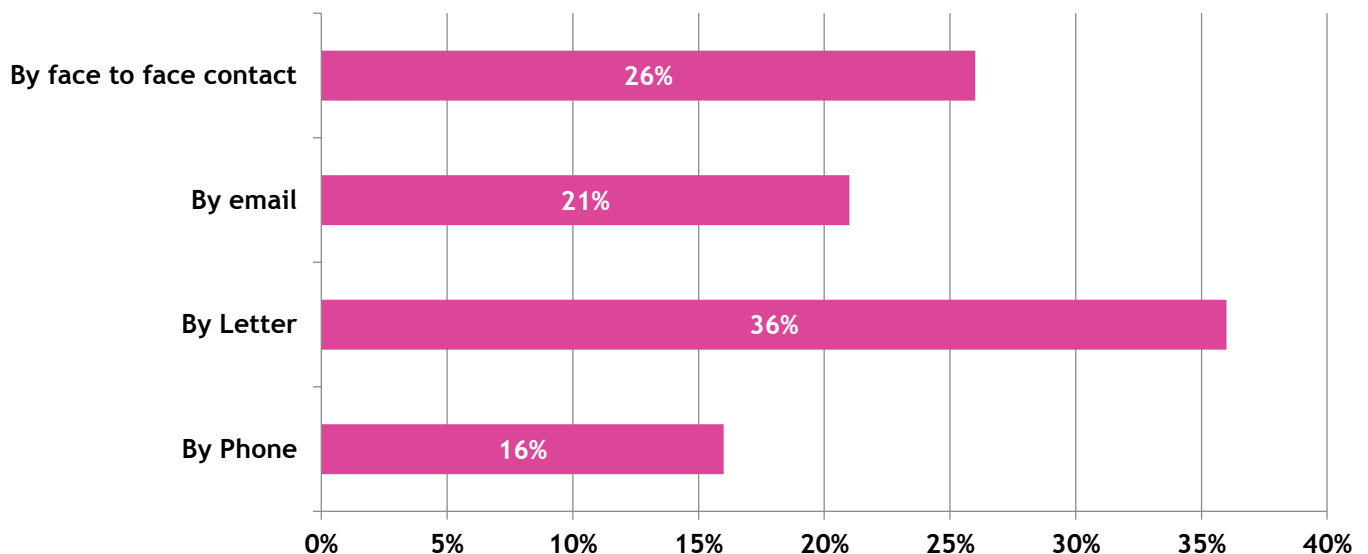
“Well it didn’t work as they described - there was no response - it was if they didn’t know what to do”

“Been through the process and it was this I was complaining about - the same problem - they never come back to you”

Making Contact with the Organisation

Respondents were asked how they first registered their complaint with the organisation involved. Results are shown in the table below:

First Contact With Organisation Involved (n=61)



To explore how respondents felt at this stage in the process they were asked to describe how they were treated - were they taken seriously, were they treated with respect and compassion. 58 comments were recorded and these were subject to thematic analysis.

Three broad categories of response were recorded which we have classified as ‘positive’, ‘negative’ and ‘neutral’. 25% were classified as ‘neutral’, 27% were classified as ‘positive’ and 48% as negative. To illustrate

this thematic analysis we provide below five examples of individual comments from each category.

Positive

“Given the nature of the complaint - an assault by a doctor - my consultant was very apologetic. I didn’t want anything out of it - just wanted to stop it happening again”

“The letter has been read because they sent Sister to sort me out - so I was treated seriously”

“I was treated well - it was about my doctor who did not respond to any form of contact”

“Yes I was treated seriously - felt the problem was being dealt with - felt that efforts were being made for improvement”

“Yes; was treated very well and the GP Practice Manager was very apologetic”

Neutral

“We were invited to a meeting which was fruitful and constructive but we have received no

outcome or information about what will happen to this Registrar”

“I felt they listened and I was taken seriously but nothing was investigated and I got nowhere”

“You were treated with compassion but felt you were not really getting anywhere and not really listening to me”

“The information about making a complaint was not as clear as it could have been. We felt that at first they took the complaint seriously but still had a lot of doubts as to just how seriously they took it”

“How would I know if they don’t come back to you?”

Negative

“I wasn’t taken seriously - they ignored my predicament. I felt belittled - I was in pain and no-one listened to me”

“I thought they had a process - I didn’t think it was going in the bin!”

“The complaint has gone into a ‘black hole’. I should



Analysis & Results

stop calling it a complaint because all I wanted to do was alert them to a serious mistake and to stop them doing it again. We got a letter after 10 days saying they would look into it but that's it"

"There was no compassion. I felt they were doing us a big favour (ambulance service). It felt like I was talking to a brick wall"

"They were cold and indifferent"



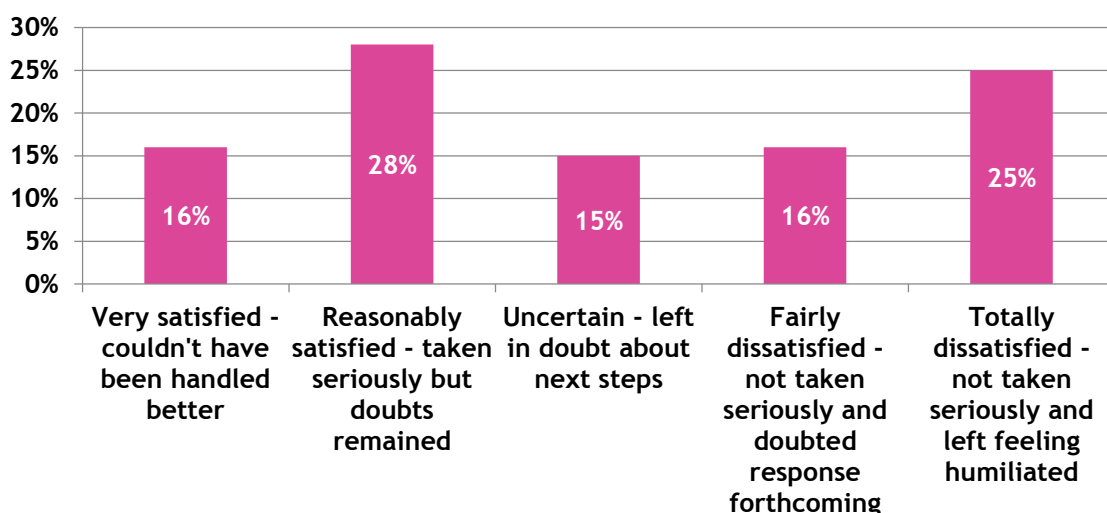
"I felt they listened and I was taken seriously, but nothing was investigated and I got nowhere."

Satisfaction with 'Early Stage' Complaints Process

Respondents were asked to rate on a five point scale the degree to which they were satisfied with the 'early

stage' receipt and acknowledgement of their complaint. The results are shown below.

Satisfaction With Early Stage Complaints Process (n=61)



Suggestions for Making Information about Complaints Process Easier to Find and Access

Thirty suggestions were made about how information about the complaints process could be made easier to find and access. These were categorised into three broad themes as follows:

- **Better promotion and advertising** - make PALS posters bigger, PALS office more clearly signposted, PALS office open longer, leafleting in wards, receptions and doctors' surgeries.

- **Direct contact with staff** - the opportunity to talk your complaint through with a member of staff either face to face or by phone. A dedicated office where you can register your complaint and with someone with the power to investigate.
- **Website** - clearer instructions on how to complain and a section with FAQ's.

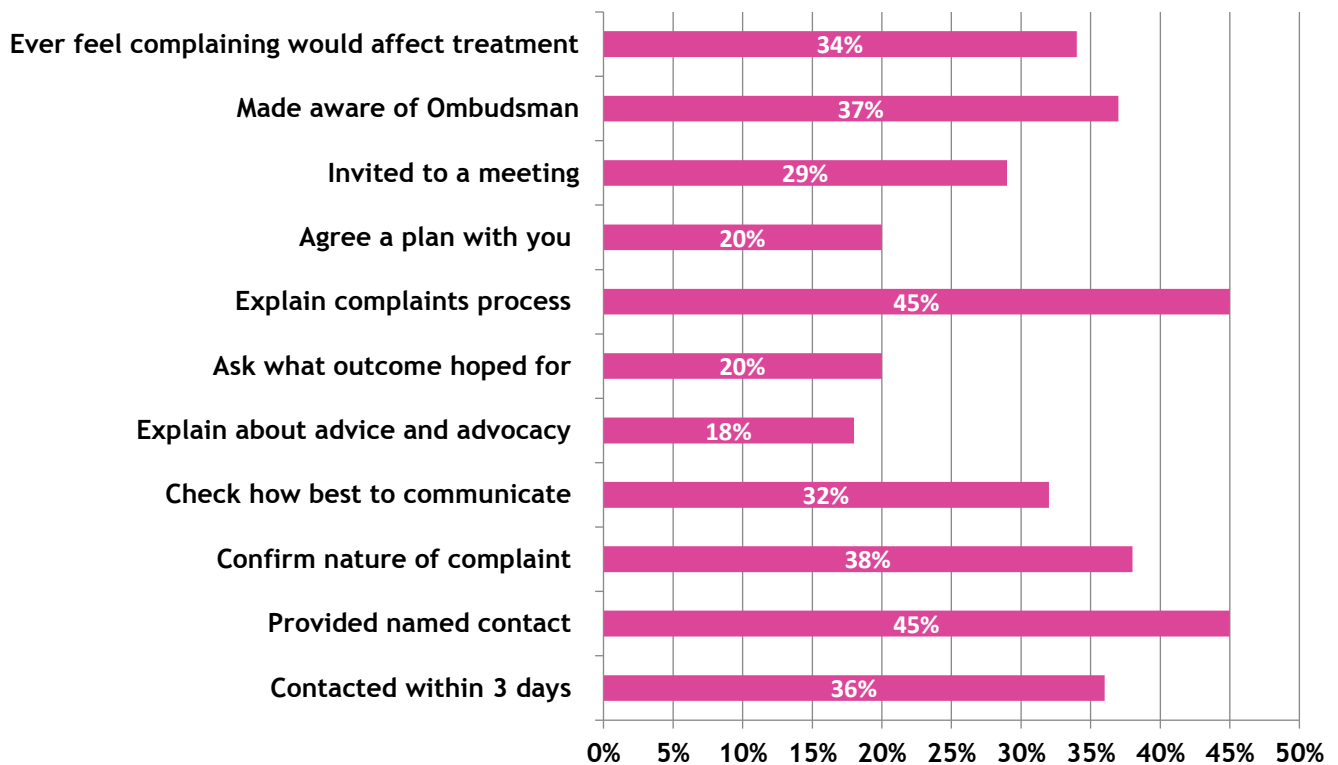


Adherence to Formal Complaints Protocols

The following table demonstrates how far health and social service organisations observed the main formal complaints protocols. Some caution is needed in interpreting the statistics because not every patient or their representative was prepared to follow the formal

process. An immediate face to face meeting with an appropriate representative from the organisation, together with an apology, was sometimes sufficient to resolve the complaint. Occasionally the patient or their representative was so incensed or angered by their treatment they were not prepared to be side-tracked by a long-winded administrative process.

Adherence to Formal Complaints Protocols (n=60)





Personal Comments about the Complaints Process

At this point in the interview respondents were given the opportunity to comment on their experience of the complaints process. 52 people responded. A thematic analysis identified four recurrent themes which we have classified as:

- Positive (10%)
- Constructive (27%)
- Negative (61%)
- Ongoing (2%).

Sample comments proportion to their frequency.

are shown below in 'thematic'

Positive

"We believe the complaint to [the hospital] was resolved with a satisfactory outcome as they accepted their shortcomings and put systems in place to prevent it re-occurring. They also explained things very well in the meeting"

"After I complained I think it's only right that I was contacted but there was no response whatsoever"

Constructive

"Acknowledge and keep in touch once a week. It's not too much to ask. It's all very well getting all the literature but what you need is practical help and someone who can guide you but not over the phone - in person, and who can follow it up. When you are a carer you don't have time to do these things or prepare yourself for what's to come"

"They should assess patients before they leave hospital, make sure they can get about and give them leaflets explaining the aftercare before they leave. They didn't even arrange for a nurse to come out. They should think of people as individuals and think outside the box. People at hospitals seem to have to stick to guidelines and can't use their initiative"

"I just think the whole process needs to be a bit clearer and taken more seriously. What happened to me was very bad, if they'd actually listened to me in the first place I wouldn't have had to be rushed in again"

"I just think the whole process needs to be a bit clearer and taken more seriously. What happened to me was very bad, if they'd actually listened to me in the first place I wouldn't have had to be rushed in again"



Negative

"After I complained I think it's only right that I was contacted but there was no response whatsoever"

"Very poorly handled complaint and many false statements made - the local resolution was refused. We found the NHS complaints system flawed and bogus and caused extreme stress. Feel all is hopeless and cannot suggest to others to make a complaint"

"I had a problem with regard to my mother who is elderly and has Alzheimer's. She needed to go into a Care Home but the first point of contact at Social Services was totally inadequate. After 3 months of getting nowhere I solved it myself. I just felt Social Services could have been far more pro-active. I just felt they were not on my side. All my complaining got me nowhere"

Organisational Change

Respondents were asked if they thought the organisation would implement changes to ensure the

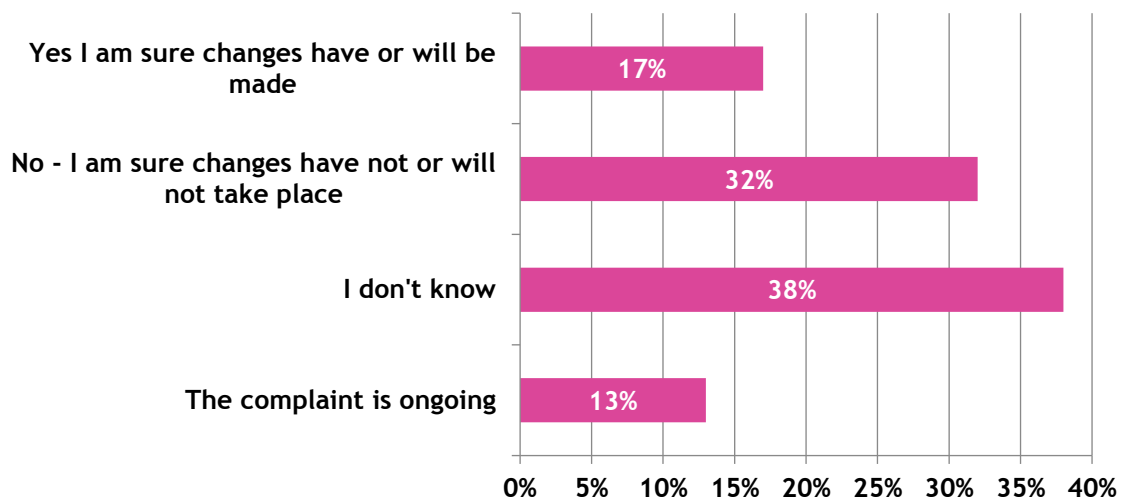
"I made a concise complaint but the process was totally inadequate - after 6 weeks there was no response so went back to PALS. PALS had lost details of my complaint but I persisted until I found the person from the complaints department - waited another 6 weeks and then by-passed PALS and complaints department and went straight to the Director responsible - after which the complaint was actioned and resolved"

"The [resolution] meeting took too long to arrange. At the meeting I was unhappy with the response - the Head of A & E basically agreed with complaint but when I received the final response from the CEO it was a waste of time. It said nothing but they were sorry I had to complain. I was so dissatisfied that I have now complained to the Ombudsman. I feel I have wasted my time"

same mistakes would never occur again. The results are shown on the next page:



Will the Organisation Implement Changes? (n=60)



Advocacy and the Ombudsman

Seven people out of 60 claimed to have used an advocate or got independent help to make their complaint. One person used POhWER, three people contacted a solicitor and one sent a letter to the Minister for Health.

Only two people rated the help they received as 'very helpful'.

Four people out of 60 took their complaint to the Ombudsman. There was little to learn from their experiences - one has had an acknowledgement, one has had the complaint rejected, one has received forms but the complaint has been resolved in the meantime and one is still awaiting an outcome.

Final Comments and Suggested Improvements

Some respondents were able to put aside their frustrations with the formal complaints process and still

recognise and praise the dedication of nursing and other staff.



"All the staff work hard"

"Felt PALS was excellent"

"The nurses are fantastic but unfortunately there are not enough of them"

"They listened to me and apologised"

For other respondents it was a further opportunity to express their dissatisfaction.

"Our experience as a whole has been upsetting, demoralising and lengthy. If my daughter hadn't taken up my case I would have given up a long time ago - something we felt the organisation was hoping for"

"The informal complaints process has absolutely no teeth. When Complaints Managers leave there is no hand-over and absolutely no continuity and hence no progress"

"We feel totally frustrated with the process - letters only answered after a very long delay"

Suggestions about how the process could be improved.

"Senior managers should walk the hospital more

and put themselves in the position of the patient"

"People are vulnerable and scared in hospital and they are out of control of their own lives. Staff should be more understanding"

"Just speed the whole process up - I get the impression they think that if they drag it out you'll just forget about it"

"I feel they just don't believe us when we complain. My dad would still be here if they listened"

"More passionate involvement in the patient's needs"

"In a hospital setting the parallel system of PALS and an internal complaints department should be eliminated. PALS is some hospitals acts purely as a directional service"

"Just an acknowledgement and an answer would be good"

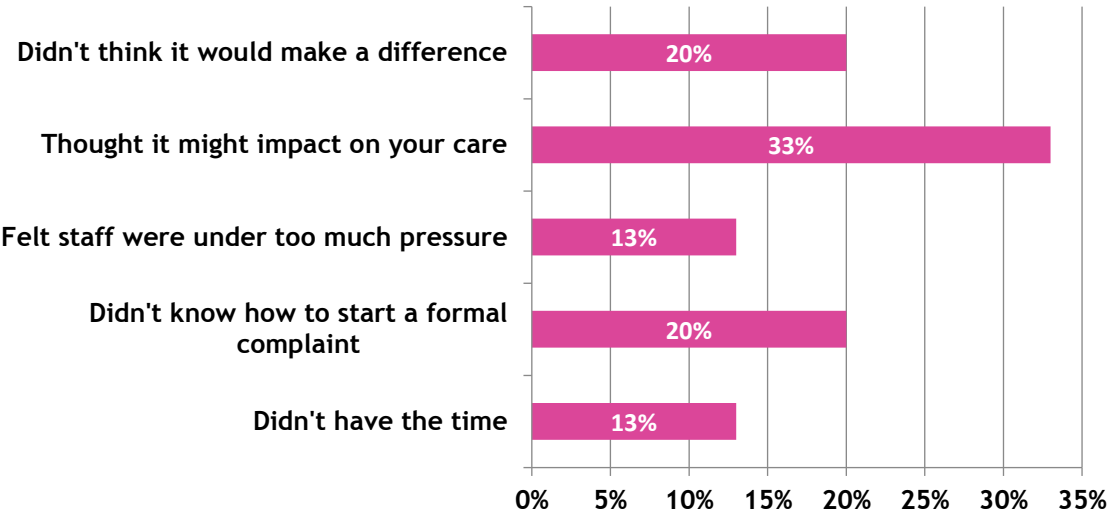


Wanting to Complain But Didn't

We identified 22 patients and carers who said they wanted to complain but didn't proceed. The main

reasons for not proceeding are outlined in the table below:

Reason For Not Pursuing a Complaint
(n=15)



With hindsight, one third of patients regretted not pursuing their complaint.



Conclusion

Or work found that provision across services varies greatly.

Accessibility

Trusts and Commissioners provided some exceptional examples of gathering wider feedback and engaging with patients and the public. However for vulnerable people or people with complex needs, accessing the complaints process can be difficult. As highlighted in the report, only 2 organisations made their complaints process available in easy read on their website; 3 had browse aloud on their website, and only 5 out of the 7 organisations that stated they will produce information in a different format on request, actually make this explicit on their website for the public.

Making the process clear

As found in the report, 49% of complainants found the process complex and confusing. Comments from complainants highlighted the confusion they felt not knowing if their complaint was part of the formal process and what they can expect of this, or if it was being treated informally ‘nobody told me about the complaints process even when I complained.’

Complaints suggested better promotion and information on PALS as well as clearer instructions and information being available on websites.

Adherence to formal complaints protocols

Only 18% to 45% of complainants felt the organisation they complained to adhere to their own protocols. Only 36% stated they were contacted within 3 days to acknowledge their complaint, 45% made aware of the process and only 18% made aware of advocacy services.

Investigating and evaluating complaints

Nearly half of the organisations involved in this study highlighted the gap in bespoke training for NHS complaints handling.

Nearly half the organisations involved in this study noted they would appreciate clearer guidelines from the PHSO on remedies and timescales they are working to.

Awareness of how to make a complaint

58% of 705 people said they didn’t know where they would go if needed to initiate a complaint. Only 14% said they would go to the service provider, and 13% said they would go online.

Young people raised the need of organisations to provide information in a way that makes sense for them. But to also ‘increase the use of social media’ to encourage feedback and complaints from YP.

Reasons for people not complaining

Compared to the 6% of people who had raised a complaint in the last 12 months, double had wanted to but not done so. This was an even higher figure for young people.

The highest reason for not complaining for both adults and young people was feeling 'it would not make a difference', second was 'not feeling supported or listened to' and the third biggest reason was worry that complaining would 'have an adverse effect on their care'.





Recommendations

There are 10 key recommendations being made by Healthwatch Hertfordshire.

Using the data collected, we have suggested some recommendations for Providers and Commissioners to consider. These recommendations aim to be practical and achievable.

1. Ensure your complaints policy and/or information on what complainants can expect from the complaints process are made available on your website; without the potential complainant having to request this from the organisation.
2. Ensure that information on their complaints process is made accessible to vulnerable groups and people with complex needs.
3. Adopt a 'You said, we did' approach to publishing the outcome of complaints, lessons learnt and providing evidence that changes have been made. This information to be easily visible and accessible to the public.
4. Ensure collection and triangulation of patient feedback from a variety of sources, to further inform data from the formal complaints route.
5. Make it clear to the public how they can feed back concerns without always having to go through the formal complaints process.
6. Those organisations that use a Patient Advice and Liaison Service: To ensure that it is made clear to the public what PALS stands for, what it does and how to access the service.
7. Further explore ways of collecting comments, concerns and complaints through mediums such as social media.
8. Ensure advice and advocacy services are promoted and made aware to the complainant before or at the initial stages of making a complaint; consider providing this information on your website.
9. All organisations to promote independent organisations - such as Healthwatch - so that people have a way of raising a concern whilst feeling confident that it won't impact on their care or treatment; consider providing this information on your website.
10. Consider the introduction of a six monthly, or 12 monthly independent audit of complaints handling.

How to Make an NHS Complaint in Hertfordshire

We've designed this flow chart to help you when you want to make an NHS or Social Care complaint. Just follow the arrows to see who and how to contact the most appropriate organisation.

If you have concerns about any aspect of your care, or the service you receive, it is best to first speak with a member of staff involved with your care

If you find that staff cannot help you, or you are not comfortable speaking with them, you may want to make a formal complaint...

I would like to make a complaint about my care or treatment

Social Care

Residential Care
Home Care
Carers' Services
Children's Services

Hertfordshire County Council
0300 123 4040
www.hertfordshire.gov.uk/help/helpwithcomplaintsform (web form contact)

The Local Government Ombudsman
0300 061 0614
www.lgo.org.uk (web form contact)

Primary Care

GP
Dentist
Pharmacy
Optician

Contact the Primary Care Service to find out how to make a formal complaint

NHS England
0300 311 22 33
england.contactus@nhs.net

The Parliamentary and Health Service Ombudsman
0345 015 4033
Phso.enquiries@ombudsman.org.uk

Other Health Care

Hospital
Ambulance
Mental Health
Community
NHS Commissioning

Contact the PALS team to find out how to make a formal complaint

Do you need help making a complaint?

Independent Complaints
Advocacy Service: POHWER
0300 456 2370
pohwer@pohwer.net

PALS is a confidential NHS service designed to support patients, relatives and carers

Lister Hospital
New QEII
Hertford County Hospital
Mount Vernon Cancer Centre
01438 285811
pals.enh-tr@nhs.net

Watford Hospital
Hemel Hempstead Hospital
St Albans City Hospital
01923 217 198
info@whht.nhs.uk

Princess Alexandra Hospital
01279 827211
pals@pah.nhs.uk

Barnet Hospital and Chase Farm Hospital
020 8216 4924
bcfpals@nhs.net

Royal Free
0207 472 6446 /
0207 472 6447
rf.pals@nhs.uk

East of England Ambulance Service
0800 028 3382
eoasnt.feedback@nhs.net

Herts Partnership Foundation Trust
01707 253 916
pals.herts@hpft.nhs.uk

Herts Community Trust
0800 011 6113
pals.hchs@nhs.uk

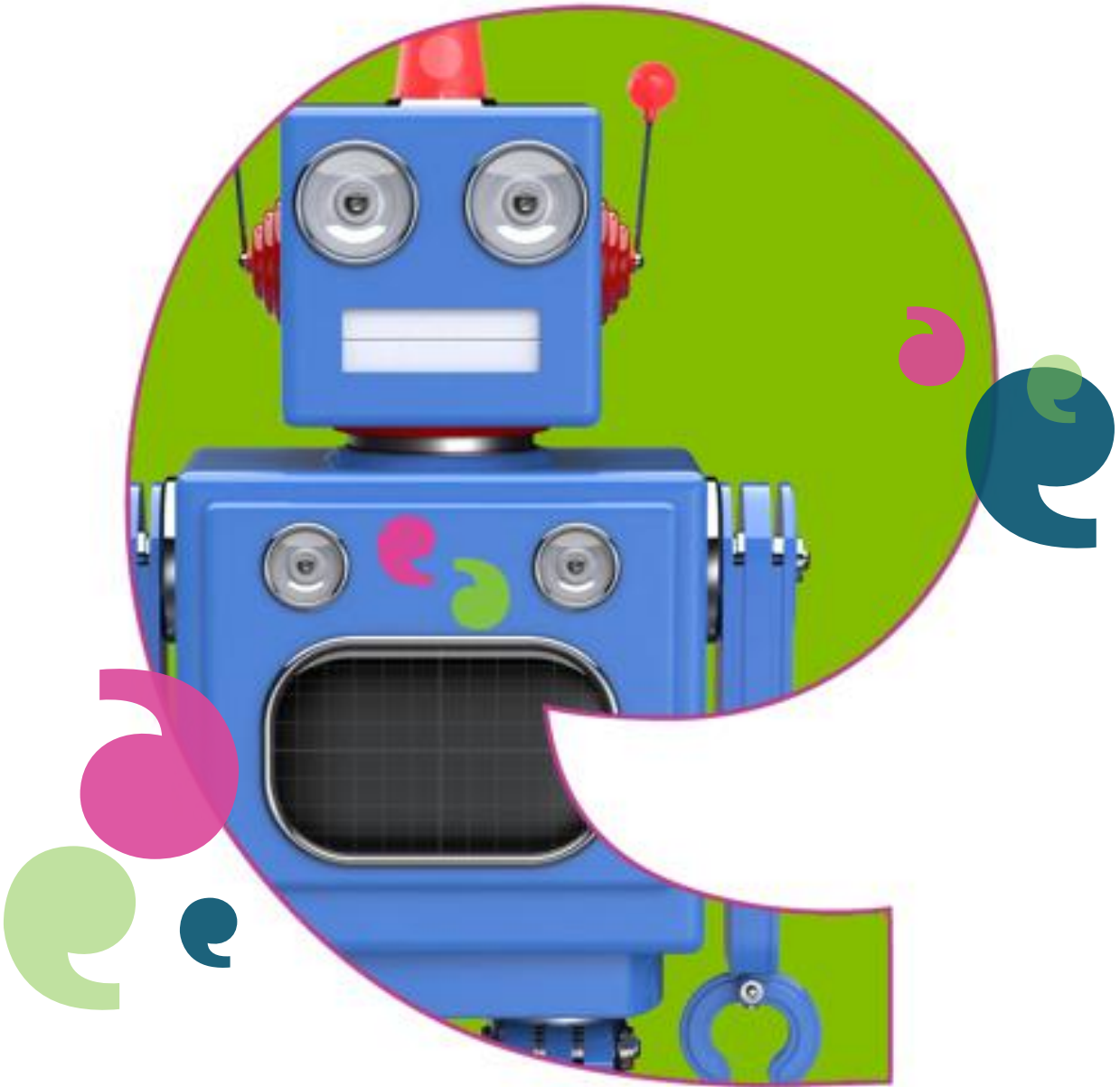
I would like to make a complaint about purchasing or planning of NHS services

Contact HVCCG or ENHCCG depending on the area

Herts Valley Clinical Commissioning Group - HVCCG
01442 898865
hvccgpatientfeedback@nhs.net

East & North Herts Clinical Commissioning Group - ENHCCG
01707 369697
enhccg.quality@nhs.net

Please contact Healthwatch Hertfordshire if you have any questions or comments about this information.
Telephone: 01707 275 978
info@healthwatchhertfordshire.co.uk
www.healthwatchhertfordshire.co.uk



Appendices

Appendix 1: Questionnaire on the NHS complaints Process in Hertfordshire

Questionnaire on the NHS Complaints Process in Hertfordshire

Name of Organisation:

Name & title of person completing the
Questionnaire:

Date of Interview:

Question		Organisation's Answer
Q.1a	If not already provided, please may I have a copy of the complaints policy?	
Q.1b	Where is the policy available? (tick as many as apply)	
Q.1c(i)	Is the policy available in easy read or other languages?	
Q.1c(ii)	If yes, where can these be found? If no, what is the reason for this and are there any plans to address this?	-
Q.1d	How and when is the policy updated?	
Q.2a	What other information is available to potential complainants about your complaints process?	
Q.2b	Where is this available? (tick as many as appropriate)	
Q.3	How do you test effectiveness of your publicity arrangements?	
Q.4	How do people with communication issues get to know about the complaints process?	
Q.5	What information about sources of advocacy or other independent advice is made available to complaints?	
Q.6	How do you work with advocacy or other independent organisations? Please state who.	
Q.7	Do you have examples of how you encourage wider feedback including complaints?	
Q.8	Any other comments: <ul style="list-style-type: none"> Is there anything else you would like to comment on with regard to the topics in this section? Any changes that you think could improve the access? 	

Process

Key deadlines and standards

Q.1	How do you make complainants aware of the following? (At what point of the complaint/via what method?)	
a)	The NHS constitution	
b)	The key stages and deadlines in the complaints process	
c)	Handling cases that span more than one organisation	
d)	How third party complaints, including on behalf of people who lack capacity are handled (any specific guidance used?)	
e)	How cases involving children and young people are handled	
f)	Obtaining consent	
g)	Releasing records	
h)	Working with an advocate or other independent source of advice	
Q.2	What happens if a person currently receiving care/treatment wishes to complain? (i.e. will staff be able to guide them to PALS of the complaints process?)	
Q.3	How do you distinguish between concerns and complaints? Any specific guidance on this we could have a copy of?	
Q.4	What options are given to complainants if they say they also wish to pursue legal action?	
Q.5	Any other comments: <ul style="list-style-type: none"> Is there anything else you would like to comment on with regard to the topics in this section? Any changes that you think could improve the access? 	

Investigations

Q.1	How are high risk cases identified and escalated? (What specific guidance is used?)	
Q.2	In high risk cases is there a requirement to have a senior person manage the investigation and obtain independent advice? (What specific guidance is used?)	
Q.3	What guidance is in place to guide the investigations process?	
Q.4	Do all staff involved in the investigations process receive investigations training?	
Q.5	Please could describe how each of the following occurs? (At what point of the complaint/via what method?)	
a)	Identifying and escalating high risk cases	
b)	Clarifying the issues that the person wishes to complain about	
c)	Clarifying expectations and desired outcomes with the complainant	
d)	Obtaining consent	
e)	Informing people of advocacy or other independent advice	
f)	Finding out about and agreeing any communications support the complainant may need	
g)	Agreeing a plan with the complainant	
h)	Points of contact with the complainant (keeping in touch)	
i)	Clarifying what standards the complainant should have experienced	
j)	Obtaining independent advice	
k)	How much information is provided to complainants about action taken in relation to staff	
l. (i)	Making a decision about upholding/not upholding the complaint	
l. (ii)	Is the decision maker a different person from the investigator?	Yes? No?

m)	Sharing with relevant parties in draft format	
n)	Checking the report against the complaint and the client's expectations	
o)	Options for resolving issues if there appears to be a strong conflict of views?	
Q.6	<p>Any other comments:</p> <ul style="list-style-type: none"> Is there anything else you would like to comment on with regard to the topics in this section? Any changes that you think could improve the investigation process? 	

Remedy

Q.1	What remedies are available?	
Q.2	Who decides the remedy?	
Q.3	What information is made available to complainants about next steps if they remain dissatisfied?	
Q.4	<p>Any other comments:</p> <ul style="list-style-type: none"> Is there anything else you would like to comment on with regard to the topics in this section? Any changes that you think could improve the remedy process? 	

Making Connections

Q.1	What arrangements are made for handling complaints that might also be involve other processes such as the regulators of the criminal justice system?	
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Q.2	Do you have any systems for picking up the complaints other than through the complaints process? Please provide examples	
Q.3	Any other comments <ul style="list-style-type: none"> Is there any further comment to wish to make? Are there any changes that you think could improve co-ordination of systems? 	

Monitoring and Evaluating

Q.1	What systems are in place for the following?	
a)	Monitoring complaints handling performance against key standards?	
b)	Sampling and reviewing the quality of reports to complainants?	
c)	Obtaining complainant feedback?	
d)	Reviewing the handling of the high risk cases?	
e)	Reviewing cases that were submitted to PHSO?	
f)	Checking that agreed actions have been delivered?	
g)	What action is taken in light of the above feedback?	
Q.2	Any other comments? <ul style="list-style-type: none"> Is there any further comment to wish to make? Any changes that you think could improve the monitoring and evaluation process? 	

Learning and Improvement

Q.1	What systems are in place for analysing complaints and identifying trends, themes or action arising from single, high risk cases?	
Q.2	What evidence is there if change resulting from complaints?	

Q.3	Are the public made aware of the impact of learning from complaints?	
Q.4	How does the organisation test that learning is embedded?	
Q.5	Any other comments? <ul style="list-style-type: none"> Is there any further comment to wish to make? Any changes that you think could improve the learning process? 	

Governance

Leadership and Resources

Q.1a	Who has overall executive lead responsibility for complaints handling procedures?	
Q.1b	What does this responsibility entail?	
Q.2a	What is the Board's role in relation to complaints? i.e. What action can the board take? Is there documentary description of this role, if so please can we have a copy?	
Q.3	How is the board kept informed of complaints made? E.g. <ul style="list-style-type: none"> Does the Board receive an annual complaints report? Does the Board receive any other reports relating to complaints? 	
Q.4	Who manages complaints handling on a day to day basis?	
Q.5	How many staff members are there in the complaints department?	
Q.6	Are there currently any vacancies in the team?	
Q.7a	Do you feel the department is adequately staffed?	
Q.7b	If yes, skip to Q.8	

	If no, can you explain your answer? E.g. Impact this has? What are the priorities for improvement?	
Q.8	What training do complaints handling staff receive in complaints handling?	
Q.9	What training do complaints handling staff receive in reaching out to and working with 'hard to reach' groups? (Example programmes?)	
Q.10	What supporting resources are available for staff - e.g. interpreters? Legal advice for specialist component?	
Q.11	How do you make sure the practice of the team reflects policy?	
Q.12	Is there any training about handling complaints for other staff groups E.g. informing people about the policy, giving evidence, participating in meetings or giving a professional opinion	
Q.13	Any other comments: <ul style="list-style-type: none"> Is there anything else you would like to comment on with regard to the topics in this section? Any changes that you think you could improve the access? 	

End.

Thank you for completing the questionnaire

Appendix 2: Complaints Questionnaire - General Public

Insert “Complaints Questionnaire – General” pdf here

Insert “Complaints Questionnaire – General” pdf here

Appendix 3: Complaints Questionnaire - Complaints

Insert “HwH Final Complaints Q to Public” here

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