

# NHS and social care services in Wiltshire: pathways to making a complaint or raising a concern



An  
independent  
voice for the  
people of  
Wiltshire



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## The national context

A number of recent events have highlighted the grave consequences of not taking seriously, concerns from those who use health and social care services, their relatives and carers. The experiences of those at Mid Staffordshire, Morecombe Bay and Winterbourne View have led to a series of reviews that have drawn attention to the need for an overhaul of the NHS and social care complaints process. In particular, Robert Francis in his enquiry of the events at Mid Staffordshire NHS Foundation Trust<sup>1</sup> stated that:

*‘A complaints system that does not respond flexibly, promptly and effectively to the justifiable concerns of complainants not only allows unacceptable practice to persist, it aggravates the grievance and suffering of the patient and those associated with the complaint, and undermines the public’s trust in the service’.*

In response to Francis<sup>1</sup> the Government commissioned a number of reviews to consider some of the issues highlighted. ‘A review of the NHS Hospitals Complaints System putting patients back in the picture’<sup>2</sup> carried out by Ann Clwyd MP and Professor Tricia Hart was published in October 2013 and found a number of flaws in the current system. Many patients felt that the process of making a complaint was confusing and information hard to find. Most worryingly however, there was often a sense of fear that care would be adversely affected as a result of raising a concern. In addition, there was a sense from potential complainants that they wouldn’t be listened to and that nothing would happen as a result of making a complaint.

‘A complaints system that does not respond flexibly, promptly and effectively to the justifiable concerns of complainants.....aggravates the grievance and suffering of the patient...’  
(Robert Francis<sup>1</sup>).



The right to complain about unsatisfactory service is a key consumer right. Moreover, the NHS constitution makes a pledge to encourage and welcome feedback on health and care experiences and to use this feedback to improve services. Healthwatch England as the consumer champion for health and social care, has engaged with the public to find out more about their experiences of navigating the health and social care complaints system<sup>3</sup>. What they found was that people were unclear about where to turn when they have a concern or complaint and that they have no trust or confidence in the system to deliver a satisfactory result or deal with the concern effectively. One of the recommendations made by Clwyd-Hart<sup>2</sup> was that:

There is no harm in writing: 'We are sorry that you felt upset/angry about what has happened'.

(Focus group attendee)

*'Healthwatch England should continue to bring together patients and representative groups and lead the Healthwatch network in the public campaign to improve the complaints system in health and social care.'*

It takes an enormous amount of reserve to make a formal complaint

(Focus group attendee)

To these ends, Healthwatch England is currently undertaking a campaign that aims to improve and reform the health and social care complaints system in England. This has involved gathering input from local Healthwatch regarding the views and experiences of local people in navigating the complaints system, sharing good practice in complaints handling where this exists, and detailing the impact that local Healthwatch have had in improving the complaints process in their local areas. This will culminate with the presentation of results of this work to the Right Honourable Norman Lamb, Minister for Care and Support, at a parliamentary reception in October 2014.



## Healthwatch Wiltshire: Our place in the national campaign

Healthwatch Wiltshire believe that it is important that the ‘Wiltshire Voice’ is heard within this national piece of work. As an organisation we have listened to local people and have heard that for many, sadly, their experience of navigating the system does not differ significantly from the national picture. Additionally, we frequently receive enquiries from individuals who wish to raise a concern or make a formal complaint about a health or social care service but do not know who to contact or how to go about the process. Many NHS and social care services are commissioned out to external providers (for example, the NHS 111 and out of hours services, care homes and domiciliary care). As the majority of individuals are not aware that this is the case, it makes the business of raising a concern even more confusing and frustrating. Hence they often turn to Healthwatch Wiltshire to track down the most appropriate contact.

In addition, one of the main functions of local Healthwatch is to identify trends and areas of concern in the provision of services. We can do this by listening to local people and also through keeping a close watch on the nature and number of complaints and concerns reported by service providers. Indeed, The Department of Health (DH) have stated that they: ‘*want to see local Healthwatch scrutinising complaints data across Trusts in an area to spot themes*’<sup>4</sup>. However, our own experience and that of other local Healthwatch evidences that this is not yet happening on a routine basis. Provision of data from service providers is often patchy and relies on individual Healthwatch having to hunt down the information rather than it being regularly provided.

..Give up on a complaint because it’s time-consuming, emotional and (you) can’t move on.

(Focus group attendee)

In order to gain a clearer picture of the complaints systems of the major health and social care providers in the county, Healthwatch Wiltshire decided to carry out a brief scoping exercise. We recognise that the health and social care provider network in the county is extensive and that a full evaluation would require resources in terms of time and staff, beyond those available at this time. However, scoping is a popular approach in health and social care research and is a useful method for identifying gaps in provision as well as innovative practices.

...need to speak to someone who is independent

(Focus group attendee)



## What were the aims and objectives of this

Healthwatch Wiltshire had four main aims in carrying out this piece of work:

- 1 To provide local people with a map of local complaints information so that they will know who to contact should they wish to raise a concern or complaint about a health or social care service.
- 2 To identify gaps in provision of information relating to raising a concern or making a complaint.
- 3 To identify any innovative practices or examples of enhanced service within the provider network that may be shared with others to enable them to further develop their own services.
- 4 To develop communication channels and build relationships with all of the major health and social care providers in the county to encourage ongoing sharing of data relating to concerns and complaints. This would allow Healthwatch Wiltshire to carry out its duty as an 'overseeing eye' and to identify at an early stage any areas of concern so that action could be taken.

Far easier to just not do it (make a complaint)  
(Focus group attendee)

## What did we do?

We contacted the complaints or Patient Advice and Liaison Service (PALS) departments of the majority of the major providers of local NHS health and publicly-funded social care services. Most importantly, we engaged with local people of all ages so that they could provide us with their views of navigating the system.

In addition to this, we studied policies and procedures, leaflets, posters and websites from all of these providers in order to determine whether the information given to consumers was fit-for-purpose, easy to understand and to find and up-to-date. The methods employed by providers to gather

Box 1 shows the methods employed to gather information.

*Box 1: Methods used to gather information from Wiltshire people and service providers*

- |   |   |
|---|---|
| 1 | Face-to-face interviews (service providers  |
| 2 | Focus groups (local people)   |
| 3 | Telephone interviews (service providers and local people)   |
| 4 | Document analysis: complaints policies (where available); PALS and complaints leaflets; Easy read documentation                               |
| 5 | Website analysis: ease of finding information relating to making a complaint or providing feedback and the nature of the information provided |


## How did we do this?

Complaints teams were asked about their policies and procedures as well as plans for future work, methods of reporting statistics relating to complaints and service evaluation procedures.

Local people were asked to recount their experiences of navigating the system and to highlight good and poor practices. They were also asked to think about what a 'good' pathway for patients would look like. In addition, for those who had thought about making a complaint or raising a concern but had decided not to do so, they were asked to tell us what had prevented them from going ahead.


In order to determine whether or not individual providers were meeting an acceptable level of service in terms of their complaints service; we thought it would be helpful to benchmark the overarching processes, policies and provision of information against some national, standardised criteria.

Both the Francis<sup>1</sup> and Clwyd-Hart<sup>2</sup> reports have made a series of recommendations for improving the way in which the NHS manages and responds to complaints. The Department of Health (DH) responded to these recommendations in their two-volume report: 'Hard Truths: The Journey to Putting Patients First'. It was therefore considered that those recommendations that had been accepted or accepted in part by DH (see volume 2<sup>5</sup>) be used as a benchmark for local services. Box 2 details the most relevant of these recommendations.



Complaints and concerns are important - they help to show where things need to be improved

(Focus group attendee)



Nature of the tone of people, it's the way they speak to you..can be quite hurtful

(Focus group attendee)



Box 2: Recommendations from 'Hard Truths: The Journey to Putting Patients First'<sup>5</sup>

Recommendation no.	Details
	<b>Registering a complaint</b>
109	Methods of registering a comment or complaint must be readily accessible and easily understood. Multiple gateways need to be provided to patients, both during their treatment and after its conclusion. All should trigger a uniform process, generally led by the provider trust.
	<b>Lowering barriers</b>
110	Actual or intended litigation should not be a barrier to the processing of a complaint at any level
111	Providers must promote their desire to receive and learn from comments and complaints; they must give constant encouragements to patients and service users to share their comments and criticisms
112	Patient feedback which is not in the form of a complaint but which suggests cause for concern should be investigated and responded to in the same way as a formal complaint whether or not the informant has indicated a desire to have the matter dealt with as such
	<b>Complaints handling</b>
114	Comments or complaints which describe events amounting to a serious or untoward incident should trigger an investigation.
	<b>Investigations</b>
115	Investigations of any complaints should be proportionate to the needs of the individual case. This may include bringing in external, independent reviewers where appropriate. Complainants should be given information relating to independent support if they want, details of their local Healthwatch and of the Ombudsman.
	<b>Support for complainants</b>
116	Where meetings are held between complainants and trust representatives or investigators as part of the complaints process, advocates and advice should be readily available to all complainants who want these forms of support.
118	There should be board-led scrutiny of complaints. Each quarter the DH will ensure that every hospital publishes information on the complaints it has received including: number of complaints as a percentage of patient interventions, number referred to the PHSO and lessons learned as a result of the complaints.
119	Overview and scrutiny committees and local Healthwatch should have access to detailed information about complaints.





## Who did we talk to?

We spoke to a variety of personnel all of whom had a role in the complaints processes of their respective organisations these included: Heads of clinical effectiveness and quality improvement, PALS and complaints managers, Heads of customer care and service, patient experience officers, advocates, and Directors of quality and performance. Box 3 shows the organisations involved in the scoping exercise.

In addition, we spoke to individuals who had had experience of navigating the complaints system either for themselves or on the behalf of others. Two focus groups were conducted with children and young people. One of these were children from the children in care council and the other the 'Best of both' group a Lesbian, Gay, Bisexual and Transsexual (LGBT) forum for young people.

They need to listen to their patients

(Focus group attendee)

### Box 3: Organisations involved in the scoping exercise.

- 1 Great Western Hospital NHS Foundation Trust (GWH)
- 2 Salisbury NHS Foundation Trust
- 3 Royal United Hospital, Bath NHS Trust (RUH)
- 4 Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
- 5 South West Ambulance Service NHS Foundation Trust (SWAST)
- 6 Wiltshire Council
- 7 Medvivo (out of hours provider for Wiltshire)
- 8 Care UK (NHS 111 provider for Wiltshire)

Need a template for a (complaints) letter that clearly lays out what information is required

(Focus group attendee)

# What did we find?

## The Voice of Wiltshire People

### 1.1 Matching the national picture

We spoke to adults, young people and children about their experiences of raising a concern about a health or social care service as well as their views on the barriers preventing them from speaking up if they were unhappy with any aspect of their care. Our findings sadly, do not differ significantly from those highlighted by Healthwatch England<sup>3</sup> and the Clwyd-Hart<sup>2</sup> and Francis<sup>1</sup> reports. That is, people believe that there is still a lack of clarity surrounding the whole process of making a complaint. They find it difficult to find information on how to go about raising a concern or making a complaint and do not always know who they should speak to in order to make their concerns known. Some service users felt that there was still a culture of defensiveness within the healthcare system and were afraid that their, or their relatives care, may be affected as a result of speaking out.

(There is) a culture of defensiveness in PALS

(Focus group attendee)

They're (PALS) not independent are they?

(Focus group attendee)

#### 1.1.1 The Patient Advice and Liaison service


Many people were confused about the role of PALS in the complaints process. PALS is meant to act as an impartial, confidential advice and support resource and is based in hospitals, mental health Trusts and clinical commissioning groups. It is not involved in the complaints process but often acts as a source of support for patients, their relatives and carers. It can provide information on how to resolve issues before they escalate or on how to go about making a complaint. However, service users felt that there needed to be more clarity about the role of PALS and their relationship with the complaints department of the organisation in which they are based. They were concerned that PALS is not truly independent and that this may have issues for any concern that they raised.

### 1.1.2 Who manages my complaint?

There was a great deal of confusion regarding the name of the service responsible for managing complaints and concerns as this tends to differ between providers. Customer services, customer care, complaints department and patient experience team are just some of the examples of the terminology used. Some providers use more than one of these interchangeably within their literature. Service users would like some level of standardisation as regards the naming of a service and clarity as to the role of each named team or department. In addition, they would like a clear definition of roles and responsibilities of those who are involved in the complaint investigation process.

### 1.1.3 The language of complaints

There is a problem of language in particular relating to the different terms used in the process of feedback. Service users reported that ‘complaint’, ‘issue’ and ‘concern’ were used interchangeably by staff when dealing with their feedback. They felt that using the correct term was key in triggering the right response from the system. Some felt that by referring to their ‘formal complaint’ as a concern its importance was somehow downgraded and this made them feel that it was not being taken seriously.



...this is our problem  
not yours, let us get  
on with our job.

(The reaction from a nurse when a patient raised concerns about a fellow patient's care)

### 1.1.4

#### Concerns raised by Innocent Bystanders and ‘non-relatives’


Healthwatch Wiltshire spoke to people who had had the experience of raising a concern about the care of someone to whom they were not related.

They recounted predominantly negative experiences of speaking up for a close friend or a fellow patient who they considered to be vulnerable and unable (or afraid) to voice concerns for themselves.

They were either dismissed by ward staff (*‘...this is our problem not yours’*) or their views and opinions not taken seriously. When asked why she did not go on to make a formal complaint, one replied that she had just been glad to get out of hospital herself and therefore, did not want to revisit issues experienced by her fellow patient.


### 1.1.5 Views from Children and Young People (CYP)

These did not differ in concept from those of adults. Although, few of the CYP spoken to had made a complaint, they had strong views about why they would not consider doing so. These centred mainly on feeling scared and embarrassed (*'You feel like you'd be being judged if you complained'*) and worryingly, a sense of futility that nothing would change as a result of raising a concern or making a complaint. When asked the question: If you have had a bad experience in the past why didn't you complain?, one person chose the option: *'I have complained before and it didn't change anything'*.



... Scared of being penalised in the future..

(Young persons focus group attendee)



I wouldn't want people to be watching me while I wrote a complaint it puts me off.

(Young persons focus group attendee)

Overall, most people just wanted an opportunity to provide feedback (*'...just want a dialogue...'*) good or bad and did not necessarily wish to go down the formal complaints pathway.

One individual had wanted to praise the care that she had received from a community team but couldn't find any way of doing so. Most importantly, people wanted someone to listen to what they had to say in an empathetic and non-defensive manner, to acknowledge that they felt angry and upset and to apologise for the distress that had been caused.

CYP wanted to be able to provide feedback confidentially without having to actually speak to someone face-to-face.

## Health and social care Providers

Complaints handling in the NHS has come under a great deal of scrutiny over the past few years and therefore, the findings of this current exercise must be viewed with this in mind. A benchmarking tool (Box 2) was described earlier in this report. This was proposed as a way of assessing whether or not healthcare providers were meeting or attempting to meet those recommendations described in 'Hard Truths'<sup>5</sup>. The majority of the acute trusts assessed by Healthwatch Wiltshire had either recently updated, or were in the process of updating leaflets and policies to ensure that they conformed to these recommendations. This report is based on policies as they stood when Healthwatch Wiltshire downloaded them from Trust websites within the month of August 2014.

(People feel) Feel  
knocked back and  
squashed  
(Interviewee)

The mechanism seemed to  
drag on for ever....could  
no longer be bothered  
pursuing the issue

(Interviewee)

### 2.1 Finding Information and quality of content

Healthwatch Wiltshire wanted to explore how easy (or difficult) it was to find information about making a complaint, raising a concern or generally providing feedback. In addition, we wanted to assess the usefulness of the information provided on trust websites in posters displayed in wards and departments and in leaflets.

On the whole, the information contained within leaflets and websites was fairly comprehensive and gave most of the basic information required by users to initiate the complaints process. However, many users wanted more comprehensive information relating to the investigative process, roles and responsibilities and timelines. This information was most usually contained within lengthy complaints policies that were predominantly aimed towards staff.

Healthwatch Wiltshire identified seven main issues in the course of this exercise:

- Only two trusts (AWP & SWAST) provided an obvious direct link from the homepage to a section on the website that gave information (or further links to other areas on the site) on how to provide feedback or make a formal complaint. For most of the trusts service users had to click through a series of menus before they reached this information. Further, it was not always obvious which menus the user had to access in order to reach the information they required. For example, whereas, AWP have a direct link to 'PALS', others required the user to look for 'customer care', 'customer service' or similar.

To make a complaint I think you'd go to reception but I wouldn't complain because the receptionists are scary

(Young persons focus group attendee)

What is the difference between a complaint, concern, comment or issue?

(Former complainant)

- Information was frequently spread over 3 or 4 pages rather than being concentrated on the one page.
- Complaints policies (often the source of the more detailed information requested by users spoken to by Healthwatch Wiltshire), were often located on a completely different section of the website and generally difficult to find.
- On some sites, leaflets were only downloadable as Microsoft Word documents a format not accessible to all users.
- On some sites, old and new versions of leaflets coexisted.
- Links were sometimes broken (not working) or brought users to a page with an error message.
- Easy read leaflets were not always instantly available and were the most likely forms to be out of date (e.g. advocacy information was incorrect)

## 2.2 Examples of good and innovative practice

### (a) Innovation

Many of the trusts had begun to think of new and innovative ways to encourage users to provide feedback. GWH have initiated a service called 'Voicebook' a 'talking customer comments book' that gives users the opportunity to give feedback by leaving an answerphone message. All messages are listened to by the customer services team and each month a balanced selection are played to staff and the Trust's board members. Salisbury hospital have a free 'app' that can be downloaded to a smartphone. As well as giving useful information about the hospital, it provides a customer care section that gives users brief information on how to make a complaint and information and contact details for the customer care department. Users can also access and complete the friends and family test (The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care). Although both trusts tell Healthwatch Wiltshire that uptake is slow at present, it is an encouraging move towards gathering feedback and may be especially useful in gathering the views of younger service users.

The offer of a face-to-face meeting ....

(Interviewee)

### (b) Good practice

Users have told Healthwatch Wiltshire that it would be useful if they were provided with a template that would help them to put down in written form a record of their concern or complaint. Salisbury Hospital have provided a letter template that users can download and substitute with their own information. This ensures that the information provided is tailored towards that required for the complaints team to begin to investigate the complaint.

AWP have a clear link to the PALS section of their website directly from the website and most of the information required by the user is contained within one page. In addition, members of the team visit inpatient wards on a monthly basis where they interact with service users in a casual fashion thus allowing users to raise any issues they may have about their care. Similarly, Governors from Salisbury Hospital gather 'real-time' feedback from inpatients on a monthly basis through visiting wards and speaking to patients about their experiences.

RUH run 'see it my way' events on a quarterly basis which allow selected patients and carers to tell staff about their experiences of RUH as well as their perspectives on a particular issue (e.g. learning difficulties). GWH have begun to run 'spotlight' events in the community to allow former patients, their relatives and carers to meet customer service staff face-to-face in the community.

Frontline staff from SWAST give out a 'Patient Opinion' card (where appropriate) and provide a link from their website to the 'Patient Opinion' website. Patient Opinion is a non-profit feedback platform for health services. If a negative experience is posted by a service user, they are invited by the Trust's patient engagement department to contact the patient experience team should they wish to make a formal complaint or to talk through their experience in more detail.

### 2.3 Support to make a complaint or raise a concern

Most of the providers supply contact details either on the website or in leaflets about accessing independent advocacy should users require support in making a complaint. The NHS advocacy service in Wiltshire is provided by SWAN advocacy. However, prior to 2012, this service was provided by other organisations. This change in provider is not always reflected in the leaflets provided by the trusts. This appears to be particularly so in the easy read version of leaflets that tend to be the most likely not to get updated. Given that those with learning disabilities (LD) may be the most likely to require this service, it is concerning that this information is not updated in the same way as other leaflets.

Attendees at the Healthwatch Wiltshire focus group were concerned that vulnerable people in the healthcare system often did not have a voice and in particular, if they have no friends, carers and relatives to act on their behalf. Although, PALS staff from AWP regularly visit wards, none of the other trusts appear to have PALS staff or any equivalent as a regular presence on the wards to ensure that vulnerable people have a voice.

Telling someone face to face is awkward and would weird me out.

(Young persons focus group attendee)

Need clarity and consistency across the (complaints) system

(Former complainant)

### 2.4 Children and young people (CYP)

Findings from Healthwatch Wiltshire have found that CYP are reluctant to complain or raise concerns about their care. The three main hospital trusts were asked about any special measures that they have for encouraging feedback from this cohort. No one had any dedicated leaflets or sections on their websites for CYP and only GWH had immediate plans to develop any such provision. GWH have stated that they have begun to do some preliminary work in this area and that this was their next big priority.

### 2.5 Sharing Information

It has been recommended in Hard Truths<sup>4, 5</sup> that Healthwatch scrutinise complaints data from all health and social care providers. At present, Healthwatch Wiltshire is able to download from all of the acute trusts, quarterly thematised complaints reports including results from the friends and family test. However, currently it does not have access to complaints data from Wiltshire Council or any of the other social care providers commissioned by the Council. Similarly, those services commissioned by NHS Wiltshire CCG, for example, The NHS 111 service and the out of hours and single point of access provider do not routinely provide Healthwatch Wiltshire with complaints data. Recent discussions with Medvivo have however, revealed a willingness to share this information.



## Recommendations & Future Directions

It is clear that providers are working towards providing an enhanced complaints handling system for service users. However, this scoping exercise has identified a number of gaps in provision as well as areas that could be improved in order to make the system more navigable for those who wish to raise a concern or make a complaint. It has also highlighted areas that require further exploration by Healthwatch Wiltshire.

### 3. Recommendations for Providers

#### 3.1 Provision of information

- Providers need to make sure that there is a clear, obvious link from the homepage to a dedicated feedback page.
  - Rather than a series of pages covering all aspects of feedback, providers may wish to consider a dedicated feedback page where all of the information relating to providing feedback, raising a concern, or making a complaint, is contained within that page. This should include leaflets and policies. Previous work carried out by Healthwatch Wiltshire (See 'A Health & Social Care website for the people of Wiltshire: Views of Wiltshire People' August 2014<sup>6</sup>) has shown that at times of stress, people want quick, easy and obvious access to all of the required information. In addition, people have said that they do not like to be constantly taken off to other pages but would prefer all of the information to be contained within one page.
- In addition to the standard complaints leaflets, users have called for one that explains in more detail the pathways and processes involved in making a complaint and the roles and responsibilities of all of those likely to be involved in the process. This information is often hidden away within lengthy policies. It is therefore recommended that providers produce a cut down policy written with the service user in mind that details all of this information. An easy read version should also be considered. Providers may also wish to consider the use of simple infographics and flow charts.
  - All downloadable documentation (aside from letter templates) should be provided in PDF format. From its own experience Healthwatch Wiltshire has learnt that many people with older versions of Microsoft Word, are unable to open newer Word documents. In addition, not everyone has access to this program. The PDF format is a universal format, free to download and makes material accessible to a wider group of people.
  - Only Salisbury Hospital has provided users with a downloadable complaints letter template. It is recommended that other providers consider this option. This is helpful for service users but would also ensure that providers receive all of the information they require at the early stage of the investigation.
  - All providers should consider producing a downloadable, easy read version of their complaints leaflet. They should ensure that this kept is updated at the same frequency as the standard leaflet.

None of it (complaints information)  
is patient friendly (Complainant)

### 3.2 Children and Young People

Providers may wish to consider producing dedicated information for children and young people. This could include leaflets and posters (for the ward or department where appropriate) as well as more avenues that would encourage younger people to provide feedback (e.g. text, apps). This may be achieved by working more closely with local youth groups as well as Healthwatch Wiltshire in order to engage with a wide range of children and young people. In view of recent, disturbing national events where children and young people have undergone abuse whilst in health and social care institutions, Healthwatch Wiltshire believe that it is particularly important to encourage this group of people to raise concerns. Our Children and Young People's team have examples of good practice from other areas within the UK that they would be willing to share with providers.

The Complaints system can be off-putting complex and slow...There is limited confidence that making a complaint will lead to learning and change.

Healthwatch  
England

### 3.3 Vulnerable people, Innocent Bystanders and Non-relatives


- Providers may wish to look at how best to deal with concerns raised by innocent bystanders (e.g. other patients). Healthwatch Wiltshire considers that these concerns should be taken seriously by staff and recorded on the system in the same way as concerns raised by relatives. The same should apply for non-relatives. Research by Healthwatch England reveals that 61% of those who experience poor care, or witnessed a friend or relative receive unacceptable treatment did nothing to report it<sup>5</sup>. This may in part be down to a lack of process for dealing with non-conventional concerns. Providers can use this information as learning in the same way as data received from patients and relatives. In addition, special provision should be made for those who are not married and in particular those in LGBT partnerships.
- PALS staff from some providers visit wards in order to interact with patients on a casual basis and to encourage them to raise concerns. Although Healthwatch Wiltshire accepts that most hospital trusts do not have resources to carry out a similar function, they may wish to consider using trained volunteers as recommended in: 'Hard Truths: The Journey to Putting Patients First'<sup>5</sup>:  
*'Hospitals should actively encourage and use volunteers to support patients in expressing concerns or complaints. This is particularly important where patients are vulnerable or alone, when they might find it difficult to raise concerns at the time the problem arises: volunteers should be trained'*.

### 3.4 Learning Disabilities (LD)

The Parliamentary Health Services Ombudsman has begun a campaign called 'Complain for Change'. This focuses on people with a learning disability and their families, friends and carers. The aim of the campaign is to give those with LD the confidence to complain to the NHS if they are unhappy with the service they have received. They provide many resources including easy read leaflets and videos giving advice on how to raise a concern or complaint with an NHS service. In order that the needs of people with LD are addressed it is recommended that providers make available a link to the 'Complain for change' website: <http://www.ombudsman.org.uk/complain-for-change> as well as making use of the resources provided by the Ombudsman.

### 3.5 Sharing Information

Healthwatch Wiltshire would like to see routine sharing of anonymised, thematised data relating to complaints, concerns and friend and family tests (where appropriate) from all health and social care providers. This would allow us to act as an overseeing eye and spot any emerging and concerning trends at an early stage.



You feel like you'd be being judged if you complained

(Young persons focus group attendee)

### 3.6 Sharing Good Practice

There are examples of good and innovative practice being shown by many of the providers. Healthwatch Wiltshire believe that it would be advantageous for providers to share this good practice with one another in order to improve current services. In addition, any issues of concern could be discussed. Other local Healthwatch (e.g. Northumberland) have convened a 'Health and Social Care Liaison Group' whose function is to share information on service developments as well as issues or trends within the county. They then work together to address these issues. The group is made up of representatives from all of the local acute trusts, the Clinical Commissioning Group, the council and is chaired by Healthwatch Northumberland. Other organisations are invited where appropriate. The group currently meets on a quarterly basis. This idea and the terms of reference of the group have been shared by Healthwatch Wiltshire with the local acute hospital and mental health trusts in the first instance and have had a positive response. Therefore, Healthwatch Wiltshire suggests that such a group be convened in Wiltshire and that in addition to those groups detailed above, it may also include advocacy providers and other local Healthwatch (where appropriate). Healthwatch Wiltshire could convene the group and chair, at least in the early stages. The frequency of meetings could be decided by attendees.

#### **4. Recommendations for Healthwatch Wiltshire**

It is recognised that there are areas of NHS and social care provision that have not been explored in depth in this current piece of work. This includes, Primary care, and social care complaints. The difficulties associated with making a complaint for those with a learning difficulty is also recognised by Healthwatch Wiltshire but has not been covered in this report. All of these would constitute large pieces of work in their own right and were therefore beyond the resources of this present exercise.

##### **4.1 Provision of information**

Healthwatch Wiltshire has an important role in signposting people to all the information they require to raise a concern, make a complaint or to access independent advocacy. We will continuously review the service we provide and talk to local people to ensure that the information we provide is high quality and fit-for-purpose.

##### **4.2 Primary Care**

Healthwatch Wiltshire is in the process of gathering information regarding complaints processes in the primary care in Wiltshire and will report on findings.

A named contact responsible for following through the whole process and with whom the complainant can be in touch with if needed (Interviewee)

##### **4.3 Learning Disabilities**

Healthwatch Wiltshire has initiated conversations with Wiltshire People First, a local user-led charity for people with LD, regarding this issue. We have plans to work with this group and their members as well as health and social care providers to improve the complaints pathway for those with LD.

##### **4.4 Social care complaints**

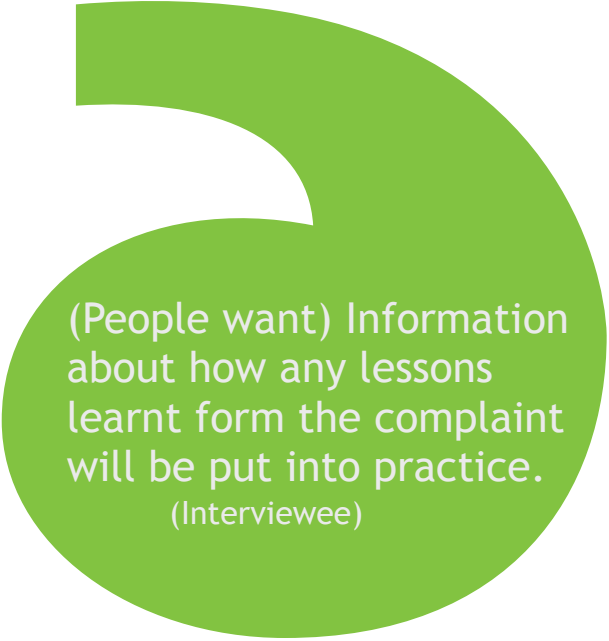
Healthwatch Wiltshire has made preliminary enquiries only with Wiltshire Council as regards their complaints process. However, it is recognised that most complaints go directly to the commissioned services (e.g. care homes and home care services). A comprehensive review would require contacting all of these commissioned services in order to assess their provision for raising a concern or making a complaint. Healthwatch Wiltshire will look at this as part of our enter and view work.

##### **4.5 Children and Young People**

In addition, none of the health and social care providers currently have any dedicated leaflets or areas on their websites that have been designed specifically with children and young people in mind. Healthwatch Wiltshire's Children's Health Voice and Influence Coordinator is currently in the process of developing a complaints leaflet that is intended to act as a general resource signposting children and young people toward relevant local (e.g. PALS at the acute trusts and Children's services at Wiltshire Council) and National (e.g. The National Youth Advocacy Service) support services. Healthwatch Wiltshire would be willing to work with health and social care providers to engage young people in consultation so that they may develop literature that is fit-for-purpose, age appropriate and grounded in the users voice.

## 5. Conclusions

Since the publication of the Clwyd-Hart<sup>2</sup>, Francis<sup>1</sup> and Hard Truths<sup>4,5</sup> reports, much has been done by health and social care providers to improve their complaints handling procedures. However, there is still more work to be done to ensure that they truly meet the needs of service users. Healthwatch Wiltshire as the voice of local people, has a role to play in helping providers to develop complaints services through consultation with local people. Therefore, we would invite local providers of health and social care to engage with service users wherever possible and to work together with Healthwatch Wiltshire to ensure that services meet the needs of local people.



(People want) Information about how any lessons learnt from the complaint will be put into practice.  
(Interviewee)

**A**ccessibility: from the organisations website

**S**tandardised terminology across all NHS organisations

**P**rocesses that are clear to the complainant

**E**ase of use

**C**omprehensive responses to all elements of the complaint

**T**imelines for each stage of the process

**S**peedy responses to the complainant even if it has to be a holding reply

(A former complainant)

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7. *NHS complaints data is just the 'tip of the iceberg'*. Healthwatch England Press release 28<sup>th</sup> August 2014. <http://www.healthwatch.co.uk/news/nhs-complaints-data-just-tip-iceberg> (Last accessed 1st September 2014).

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## Why not get involved?



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