Maximising the learning from complaints

What can we learn from the Surrey Independent Health Complaints Advocacy (IHCA) Service?

December 2022

healthwatch Surrey

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Context

The Independent Health Complaints Advocacy (IHCA) service exists to reduce inequality by ensuring the voice of those less able to make a complaint is heard. The service empowers and supports people wishing to complain but has no remit to guide or judge the complaint that is being made.

It is recognised that complaints can be a valuable source of insight for quality improvement, and locally we see regular provider reports with analysis of complaints management and overall complaint themes.

However, there can still be resistance to complaints: in "Shifting the Mindset" (January 2020)[1], Sir Robert Francis said "Feedback from patients should be seen as an opportunity to learn and demonstrate improvement, rather than an adversarial process to be managed and minimised."

Maximising the value of complaints can be challenging: the Surrey Heartlands CCG Complaints and Quality Alerts Annual Report 2021/22 recognised that while all their responses to complaints contained learnings and improvement driven by that individual complaint, that there was no systematic collection or analysis of these outcomes, stating "routine identification of areas of learning needed improvement".

We felt a deep dive into Surrey's Independent Health Complaints Advocacy (IHCA) cases could contribute some fresh insight in the drive to share best practice relating to complaints. Surrey Heartlands Integrated Care System (ICS) are developing a new Network of Complaints and Patient Experience Leads to develop best practice, and we hope that our reflections may inspire further collaborative working.

[1] 20191126 - Shifting the mindset - NHS complaints .pdf (healthwatch.co.uk)

Main Insights

1. **Not all NHS provider websites offer a link to complaints processes.** We have not checked every provider website but have noted in particular that GP Practice websites are inconsistent and some have no link to their complaints processes. There is also often confusion between "feedback" and "complaints".
2. While many provider complaints website pages signpost **IHCA** under "If you need help making a complaint", it is often very low down on the page, and **less likely to be found by those daunted by processes and complex text.**
3. What people mostly want from their complaint is:
   - **Acknowledgement**: for the provider to respond with care and sympathy;
   - **Reassurance that it will not happen again** to other people – that lessons have been learned or changes made.
4. The main reasons people don't complain are:
   - It's too **difficult**
   - They **don't believe** it will result in improvements or change
   - They are **concerned about repercussions** for their future care.
5. There is a **disconnect between what people want their complaint to achieve, and what providers measure and report**. Providers sometimes report outcomes but these tend to be individualised, not measured or tracked. Measurement focusses on:
   - Whether a complaint is upheld or not
   - How quickly a complaint is managed and resolved
   - Broad/generic categories of complaint.
6. The **complaint areas** our Advocates manage most often are:
   - Quality of care; access to care
   - Patient-provider partnership and teamwork; staff attitude
   - Administration, paperwork and referrals
   - Complex mental health cases.

Recommendations

1. We recognise that most providers do provide information about their complaints procedures on their websites. That said,
    - We recommend **all providers ensure complaints information is available on their websites**, and easy to find
    - We recommend **providers clarify the difference between feedback and a formal complaint**, and ensure this is clearly communicated to those wishing to give negative feedback, so they can make an informed choice between the two options and understand the implications of the choice they have made. Codesign may help develop the best language to achieve this.
    - We recommend **"front desk" staff** are equipped with the information (including non-digital options) they need to **enable people to make complaints**
2. We recommend the **IHCA is publicised higher up and more prominently on website complaints pages**, so it is easy to see for those most likely to need help making a complaint.
    - We have developed standard copy explaining the IHCA service, and providers are welcome to use this on their websites. The copy is appended at the end of this report.
3. For the duration of a complaint providers should **communicate** directly on a regular basis with complainants, **as per the 2009 regulations** [2], even if it is no more than acknowledgement that their complaint is still waiting to be addressed.

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[2]Local Authority Social Services and NHS Complaints Regulations 2009 item7ii-nhs-england-complaints-policy.pdf

Opportunities for further learning

1. **Are we maximising the opportunity to learn from complaints where care is being provided by teams of providers** – where a person is receiving "integrated" care? Current processes drive complaints to be made to a single provider, but as more people receive care from a matrix of teams working together, are the processes in place to learn from issues relating to integrated care?
2. **Does the NHS Standard Classification of complaints[3] themes give your organisation, or members of the public reading your report, meaningful insight into the issues most relevant to your service?** For example, the NHS category of "communications" tends to gather the largest number of complaints, but it spans issues as disparate as "breaking bad news" "communication with GP" and "inadequate record keeping". Could your service benefit from a fresh analysis of complaints (as we undertook with the Advocacy cases for this report) to help identify issues that are relatable for your service?
3. **All complaints reports benefit from examples of specific actions taken as the result of individual complaints. To take this one step further, can the actions, outcomes, or the impact of your resolved complaints be reported in a structured/quantified way?** For example, number of processes changed; how often complaints were used as case histories for team training; individual reflections. This would have two benefits:
   - Highlight to staff and to the organisation the value of complaints in delivering service improvement
   - Demonstrate to the public - whose main motivation for complaining is to prevent future failures - that complaints are delivering tangible service improvements

[3] Data on Written Complaints in the NHS - NHS Digital

Main Report

About the Surrey Independent Health Complaints Advocacy Service

The right to complain is embedded in the NHS Constitution. Advocacy services exist to support those making complaints, and the Independent Health Complaints Advocacy Service (IHCA) in Surrey are provided by Healthwatch Surrey in partnership with Surrey Independent Living Charity.

The IHCA service exists to reduce inequality by ensuring that everyone who needs to complain is empowered to do so. The service is open to all Surrey residents, and while some clients have additional needs – language barriers, learning and communication difficulties, mental ill-health – many clients simply need guidance and support to engage with a daunting, formal process.

The role of IHCA is to:

- Guide complainants through the process – explain the steps and the timeline as the complaint progresses
- Manage the sequence of events– enable the to-and-fro of communication, and setup of Local Resolution Meetings. This does depend on the needs of the client, and wherever possible, clients are empowered to do as much as they can for themselves
- Support complainants with provider responses (understanding the content and coverage when they are received; pushing for responses where none are forthcoming).

Our aims and approach in this report

Many health and care providers publish an annual report on complaints received. This deep dive of the complaints managed by the IHCA service offers a fresh perspective:

- It covers a wide range of providers and provider types
- It is patient-focussed, not system-centric
- It is free from standard NHS Complaints reporting procedures or categorisation

- The insight and perspective of our Advocates has been included, to shine a light on the motivations, understanding and experience of complainants.

We have

- Reviewed 129 advocacy cases added to our patient experience database[4] between October 2021 and September 2022
- Interviewed the Advocates and their manager – four interviews of around an hour each
- Reviewed publicly accessible reports and papers relating to NHS complaints.

We recognise three caveats:

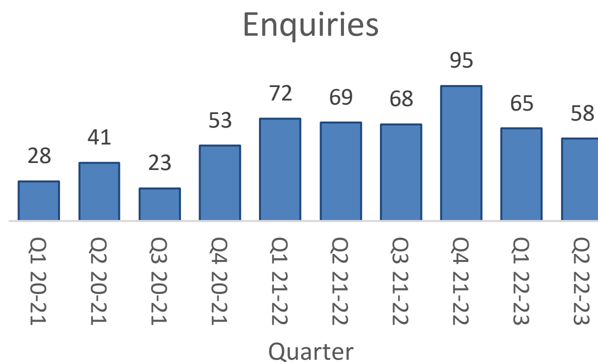
- This report focuses on NHS Complaints using the IHCA service and those seeking help in making a complaint, rather than those who manage their own complaints, or on other forms of feedback
- It was outside the scope of this review to talk direct to people our service has supported or to people with first-hand experience of making complaints. If system partners feel this would be of value given the challenges identified by the ICS we would be happy to discuss an additional project
- We do not know how many of these complaints have been/will be upheld. Complaints can take a significant amount of time – of the cases closed in Quarter 2 (July-September) 2022 one in four had taken over 12 months to reach resolution.

Facts and figures – IHCA Service Usage

We report KPIs (Key Performance Indicators) to our commissioner in Surrey County Council on a quarterly schedule.

In recent months the number of enquiries has reverted to pre-pandemic rates of around 65-70 per quarter as the chart on the next page shows.

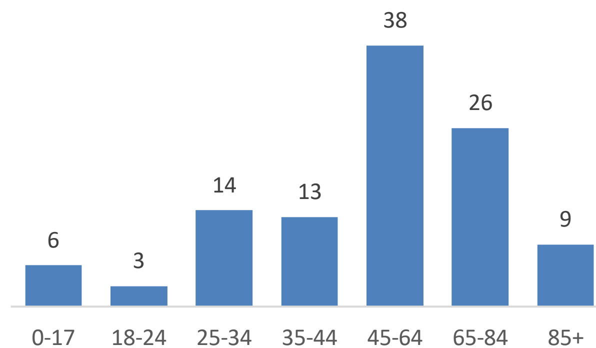
[4] The patient's experience is added to our anonymised patient experience database while the case is ongoing, and updated as appropriate. The entry includes information about the complainant, the issue being complained about, and the provider(s) involved.



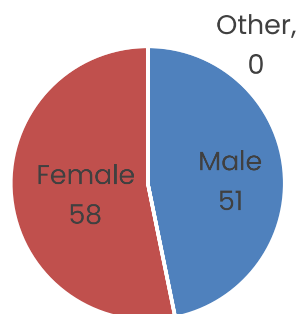
In the year to Q2 22-23, 24% of all enquiries have led to a client being supported to make a complaint. Everyone who enquires is offered information about the NHS complaints process so this may empower them to pursue their complaint without needing further assistance from the IHCA service.

Given the length of time and number of contacts with providers that are needed before a complaint can be closed, existing clients accounted for 72% of those supported per quarter in the year to Q2 22-23 as the chart below shows.

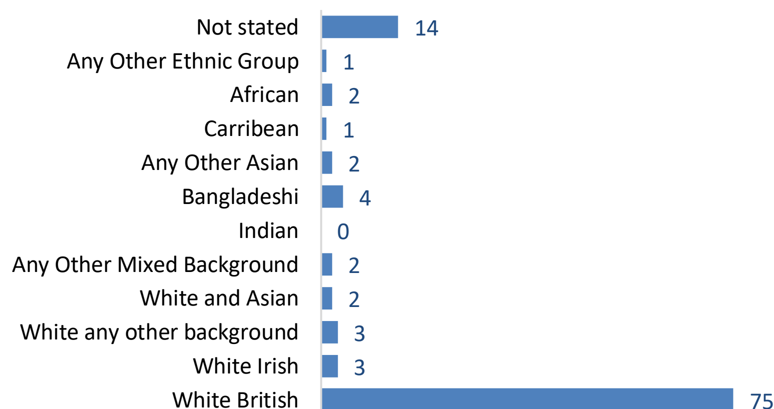
As shown in the chart on the next page, the age profile of clients supported (i.e. the patient at the heart of the complaint) is biased towards the 45+ age groups when compared to the population: we suspect this reflects NHS usage, but cannot assess whether any particular groups are over- or under-represented.



Compared to the Surrey population the clients supported in Q2 22-23 were biased slightly towards females, as the pie chart below illustrates.



Among those who stated their ethnicity, there were slightly more non-White British clients than expected (vs local population data). The chart below shows the ethnicity of clients.



How people find out about IHCA

> How do people find us? With great difficulty!
>
> IHCA Advocate

For some cases the source of referral to IHCA is not disclosed. While online searches and Healthwatch/Healthwatch Surrey are the sources mentioned most frequently over the past 4 reported quarters, these still account for under 1/3 of all the people we have information for. People report being signposted from a range of sources including Citizens Advice, word of mouth, providers/PALS, charities and advocacy services from other areas.

Checking provider websites we have noted:

- ✓ IHCA is often signposted in Complaints pages titled "what if I need help writing a complaint".
- × But the reader needs to scroll down past detailed process information to see it – potentially making it less visible to those more likely to need help with their complaint.

At the time of writing (Autumn 2022):

- ✓ Some GP websites using Footfall offer a link to the surgery complaints processes (using the search function).
- × Other Footfall-based GP websites feed "complaints" into "feedback"; there is no clear web-based option specifically for making a formal complaint rather than giving negative feedback, no information on how to make a formal complaint, and no link to complaints processes.

Why people approach the IHCA

Talking to the Advocates, we learned that most clients approach IHCA for the "right" reasons – to get guidance and support in making and resolving a complaint. Estimates varied but a majority – more than half – have already approached the provider with feedback or a complaint and are dissatisfied with the response received or realise they need guidance to navigate the process.

There are a small number who approach IHCA with the wrong impression or looking for outcomes that IHCA cannot help with, such as:

- Expecting IHCA to have extra "clout" to get their complaint heard/actioned.
- Expecting IHCA to take the whole process off the client's hands.
- Hoping for financial redress or to get a staff member fired or struck off.

The Advocates all told us that setting expectations is an important first step :

- Addressing any misconceptions; signposting elsewhere if necessary
- Explaining the processes and options
- Ensuring clients understand both the statutory timelines and the realistic timelines.

Inevitably, some clients retain unrealistic expectations, and IHCA cannot prevent clients from including large amounts of information, or asking multiple questions in their complaints.

What people want from their complaint

> The NHS is a caring service; it's there to care. They expect providers to care when something has gone wrong.
>
> IHCA Advocate

Advocates told us that while people may not express their desired outcomes clearly, especially when they first engage with IHCA, broadly speaking they want:

- The provider to show interest – to indicate they care that they have delivered a poor quality experience that has led a patient to complain
- To have the event/actions they are complaining about acknowledged and considered
- (for some but not all) remedial action to be taken
- The provider/NHS to learn and improve to prevent others from experiencing the problem they have experienced

> We know that when people raise a concern they have a genuine desire to improve the service for themselves and others.
> Ian Trenholm, Chief Executive CQC

Both the report by Sir Robert Francis "Shifting the Mindset"[5] and the CQC report[6] stated that people's main motivation when complaining is to make sure health and social care improves for others.

In terms of complaint handling people hope the provider will

- See the complaint as valuable feedback and respond accordingly
- Respond and communicate in a reasonable timeframe

Why people don't complain

In February 2019 the CQC report into people's experiences of care showed

- An estimated 7 million people have had concerns about care but not raised them:
- The main reasons for not complaining are outlined in the table below:

Reason	Percentage
Fear nothing would change as a result	37%
Worries over not being taken seriously	28%
Not knowing who to raise a concern with	33%
Not knowing how to raise a concern	20%
Not wanting to be seen as a trouble maker	33%

The gap between patients' desired outcomes and provider reporting

Patients want:

- acknowledgement and timely communication
- to know the provider cares
- for lessons to be learned in order to prevent reoccurrence.

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[5] 20191126 - Shifting the mindset - NHS complaints .pdf (healthwatch.co.uk)
[6] New research for CQC shows people regret not raising concerns about their care – but those who do raise concerns see improvements - Care Quality Commission

Provider quality processes tend to report on:

- timeliness of complaint response and closure (data/often a KPI)
- number received and proportion upheld (data)
- broad categories of complaint (data)
- individual examples of complaint responses, including changes made as a result (not data).

Complaints reporting can be accused of only measuring the "dismissal" of complaints – how many *not* upheld, how swiftly complaints have been resolved. Again, Sir Robert Francis: "the distinction between 'upheld' and 'not upheld' is not always helpful. Terminology which requires complaints staff to 'rule' on whether mistakes were made can encourage a culture of blame and defensiveness. Even where complaints are not upheld there are often still opportunities for learning".

We applaud all providers who report publicly on lessons learned, such as RSCH who publish "upheld complaints" on their website with descriptions of the complaint, the Trust response, and actions taken - Upheld complaints | Royal Surrey NHS Foundation Trust.

Actions, Outcomes and Impacts – an opportunity

While we have seen individual examples of outcomes from complaints in Complaints Reports (e.g. individual case histories on the RSCH website) we are not aware of any attempts to quantify these actions, outcomes or their impact.

Is it possible to categorise the types of actions taken in response to upheld complaints, and to quantify those? For example:

- staff training or retraining (individual or group)
- use as a learning point in clinical/risk meetings
- new processes developed and implemented (consultant-to-consultant referrals, reporting pathways)
- structural improvements (hospital signage, accessibility improvements)
- advice and information sources updated (leaflets, website)

Measurement and reporting of these impacts could:

- reframe complaints as a driver of positive change
- reflect the outcomes people are hoping for when they make a complaint
- provide a fresh knowledge bank for better understanding of areas of weakness in the organisation.

Complaints Themes – a fresh categorisation

We applied a thematic analysis to the summaries of 163 IHCA cases entered in our Experiences Database in the year October 2021 - September 2022.

Entries are created and updated by the Advocates at various stages so the actual events may have happened months or even years before the database entry. They describe the events contributing to the complaint – these may be a single event, or a complex series of treatments or interactions. While the cases are anonymised, details of the complainant's demographics and the services mentioned in the complaint are recorded.

We wished to avoid some of the pitfalls of existing categorisation[7] so took a back-to-basics approach to our analysis

In categorising themes we recognise that:

- All complaints are unique; categorisation inevitably sacrifices nuance in the interests of clarity and cases can be open to interpretation
- our advocacy cases only present the issue from the complainant's perspective.
- The percentages quoted should be taken as no more than a rough guide to the types of issue we hear about:
    - some complaints feature two or more themes: the total therefore

[7] eg "communication" is often cited as a cause of complaints, but "poor communication" can cover a wide range of problems with very different solutions – from our experience listening to the public we know it can mean many different things - a single episode of unclear verbal communication, a lack of EasyRead/language options in official communications, or a failure in the referral chain.

adds to 146%

- some complaints feature more than one instance of a single theme (eg more than one episode of poor care): these are only counted once.

As shown in the table below, the themes that recurred across the cases were:

Themes	Percentage
Quality of clinical care	43%
Access to care	25%
Patient-provider partnership and teamwork	29%
Rudeness, lack of compassion	16%
Admin/paperwork/referrals	24%
Complex mental health	9%

Quality of Clinical Care

The complaints ranged from simple, focussed complaints about a single incidence of poor treatment to complex cases with several care events and additional complaint themes.

> Patient's sister has complained on her behalf regarding the poor care and treatment of a leg wound (cancerous) by the nursing team at the GP. The … new nursing team were horrified by what they saw. Wound bleeding, infected and had to be treated with antibiotics and regular dressings.

> My client is complaining on behalf of her brother, the complaint concerns the care he received whilst an inpatient at the Abraham Cowley Unit from 13/12/2019 until earlier this year. My client is unhappy with standard of care especially the way medication is prescribed and administered. She is also unhappy about how information is conveyed to patients and their families where appropriate.

Access to Care

There are two aspects to this

- cases where patients are beign refused or denied care they think they should be receiving
- Cases where patients are not able to access care that has been agreed for reasons such as long waiting lists.

  Following an accident years ago patient suffers from extreme pain which is getting increasingly worse and little is being done by GP to address this. Patient feels neglected and as if not being listened too by GP. Various different conditions causing different pain and the GP has failed to follow up on the advice given by the hospital for therapy and other treatments. Patient was finally referred for some counselling nearly 2 years ago and after one session earlier this year he has heard no more as the counsellor had a family emergency and has not been in touch since.

  Client has waited 14 months to be referred to specialist for treatment for IBS that has made her everyday life difficult. Communication with GP has been difficult and takes two weeks for a telephone consultation.

Patient-provider partnership and teamwork

These are complaints relating to lack of inclusion or consideration of the patient (or their representatives) in decisionmaking or planning for care; there is an additional theme around providers not working together effectively to manage the care of those needing input from more than one team:

> [name] was sectioned and detained for two weeks in November 2021, [name] does not know why and the whole time in hospital was told shouldn't be there. A multidisciplinary meeting held by professionals [name] not invited to it and decisions were made about [name] without her involvement, including medication. [name] wants to be involved in decisions being made about her care and medication.
>
> She feels that there's a lack of communication from the hospital and between different teams within the hospital. She is being passed from department to department and has to keep ringing to find out what's going on and to chase up for appointments. For example, in March 2022,

she had an MRI scan and was told to await an appointment with pain management but then she was suddenly required to go into hospital for an injection. She then spoke to a doctor in June 2022 who had no knowledge of the injection.

Meeting for funding decision took place without family being able to attend. Family asked for meeting to be rearranged but were told this was not possible.

Rudeness, lack of compassion

These are most often complaints about an individual staff member, but there are situations where the attitude of a whole team/ward is poor:

Patient found the Paramedic treating her overbearing, arrogant and patronising in cutting patient off from what she was saying and wouldn't listen to patient. Also wandered off around house for no reason…Patient unhappy with standard of treatment and mannerisms of the Paramedic in question.

…Patient has also complained about the consultant who assessed her, she found her communication lacking and her to be very intimidating.

Patient has Special Needs …Verbally abused by nurse complaining about patient's father's behaviour in front of other patients no privacy or explanation just rude accusations. Whole experience distressing and traumatic for entire family.

The family received a call to say she had stopped breathing but been given CPR, then a call to say she had died. The family arrived at the hospital and were told to stay with client's body (still in the ward, with other patients and staff coming and going and talking around them) and a doctor would come and speak to them. Around three hours later, they were told a doctor wasn't coming and that they would have to leave as the client needed to be moved before rigor mortis set in.

Administration/process/referral errors

Some of these cases are caused by failures in the system (coordination of appointments, outdated data management processes); but others appear to be the result of staff errors and omissions.

> The client had a neurology appointment booked at St Peter's in early January 2022 but, when she arrived at the hospital, was told this had been cancelled due to staff shortages and an appointment was booked for later in the month. However, she received a phone call the day before the second appointment to say that it had also been cancelled and the hospital would write to her with a new appointment date. She then received a letter from the clinical neurophysiology department to say that she hadn't attended the two appointments and had now been referred back to the consultant and would be contacted to book another appointment if this was still required.

> Client's son was suffering from mental health problems. He was able to access excessive amounts of Olanzapine from his GP. Inquest found that the medication was a factor in his death … the GP did not check last issue and gave medication twice in the two weeks leading to his death.

> The consultant then agreed to fit a two year subcutaneous implant but the team the doing procedure weren't made aware of this, the appointment for the operation was cancelled and the consultant didn't respond to attempts to contact him.

Complex mental health

We have gathered a group of complaints under the broad heading of Complex Mental Health: they tend to detail multiple interwoven events, issues or staff members. While we have counted the individual themes in the general classifications above it is notable that these comprise around one in ten of the complaints our Advocates handle. The provider is almost always Surrey And Borders Partnership, who are not currently able to meet their complaints handling targets.

The following is a single complaint:

At the handover between the teams, the client's new care coordinator within the CMHRS asked her to give a history of what had led to her referral. When they next met, several weeks later, she asked the client about events already discussed during the handover, which the client found extremely stressful She was left feeling worse than when she arrived and with no idea what they were working towards.

The client contacted the crisis line and said that she did not feel she could work with the care coordinator. The client then I received a phone call from the care coordinator who she perceived to be annoyed that she felt the way she did: no mention was made of a change in care coordinator.

The client attended the next session and again the care coordinator wanted to go over recent events. Again the client left feeling worse than when she arrived.

The client then received a phone call from the care coordinator suggesting she be referred to Richmond Fellowship. The client was happy to accept this, but at the next meeting, when she explained that they were unable to help with her current situation, she felt the care coordinator was accusing her of lying.

The client phoned to request a change in care coordinator but against her better judgement agreed to give it one more go. At the next meeting the care coordinator again asked about recent events and also misremembered information the client had given her previously. The client left in tears again feeling worse than when she had arrived.

The client subsequently rang and asked the care coordinator for a change of care coordinator, which she agreed to. The client was then assigned to an agency RMN but felt she was left hanging while waiting for someone to be assigned. She has not met the RMN but received two phonecalls from her in September 2021. In the first call, the RMN asked how the client was and if she felt safe, having received a call from the client's employer. The client didn't appreciate the RMN mentioning on several occasions that she (the client) and seemed determined to discuss the client's work, though the client feels this isn't the only factor influencing her mental health.

The client was due to meet the RMN several days later but had to cancel as she had a migraine. When the RMN next rang the client, the client felt she didn't believe she'd had a migraine. The client rang the CMHRS to request a change in care coordinator and has since been allocated to a new care coordinator who she has yet to meet.

The client visited Safe Haven in September 2021 and was told by staff that her notes suggested she needed to take her medication and do a crisis plan. The client feels better without her medication and doesn't see what a crisis plan would achieve, as she had one in place when she attempted suicide.

Summary

It has been said that "the greatest risk to the NHS is that [clinicians] find it too risky to acknowledge mistakes"[8]. Complaints management is challenging, but many complainants want exactly what providers want – safer services with better outcomes. Fresh approaches may unlock the potential for complaints to make a stronger contribution to service quality.

[8] Roy Lilley, Health Writer and Commentator.

Appendix

IHCA wording for websites

Need help to make a complaint?

If you live in Surrey and are unhappy with the NHS treatment you have received, our team can provide free, confidential and independent support to help you to make a complaint about an NHS service. This team is called the Independent Health Complaints Advocacy service. It is provided by Healthwatch Surrey in partnership with SILC (Surrey Independent Living Charity).

You can contact the team via:

- Telephone: 01483 310 500
- Text (SMS): 07704 265 377
- Email: nhsadvocacy@surreyilc.org.uk
- Website: www.surreyilc.org.uk

Healthwatch Surrey – Contact us

Website: www.healthwatchsurrey.co.uk

Phone: 0303 303 0023

Text/SMS: 07592 787533

Email: enquiries@healthwatchsurrey.co.uk

Address: Freepost RSYX-ETRE-CXBY, Healthwatch Surrey, Astolat, Coniers Way, Burpham, Guildford, Surrey, GU4 7HL

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