healthwatch Coventry

Investigation into routes for patients and carers to raise concerns with UHCW Coventry

Recommendations for action

December 2013

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1. Introduction

Healthwatch is the consumer champion for health and social care in Coventry. We give local people a voice - making sure that views and experiences are heard by those who run, plan and regulate health and social care services.

We are independent of services (such as hospitals and GPs) and decide our own programme of work. We have a statutory role and legal powers including the right to request information and to get a response to our reports and recommendations.

We work to influence the planning and delivery of NHS and social care services based on what local people tell us.

2. Why we undertook this review

There has been significant focus on how acute NHS trusts gather feedback and respond to complaints and concerns. The Francis report into the Mid Staffordshire scandal and more recent Keogh report into mortality in 14 acute trusts, both called for trusts to be open, accountable and listening with, Professor Keogh concluding that:

"The very best consumer-focused organisations including some NHS trusts, embrace feedback, concerns and complaints from their customers as a powerful source of information for improvement. ***Patients and the public should have their complaints welcomed****. Transparent reporting of issues, lessons and actions arising from complaints is an important step that the NHS can take immediately to demonstrate that it has made the necessary shift in mindset".*[1]

Nationally, Healthwatch England has launched a campaign for a more effective and user friendly NHS complaints system, see appendix 1.[2]

On 28 October 2013 the Clywd-Hart[3] report into complaint management in hospital was published. This was after the completion of our survey and initial analysis of our findings, but the findings and recommendations are very pertinent to this piece of work. The report's recommendations cover:

- improving the quality of care

[1] *Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report* (July 2013) *http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf*

[2] http://www.healthwatch.co.uk/about-complaints

[3] *A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture* (October 2013), Right Honourable Ann Clwyd MP and Professor Tricia Hart https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf

- improving the way complaints are handled
- ensuring independence in complaints procedures
- whistle blowing by staff

A copy of the recommendations section of this report can be found at appendix 2.

The Parliamentary and Health Service Ombudsman has also published reports regarding the operation of the NHS complaints system:

- The NHS hospital complaints system: A case for urgent treatment? (April 2013[4] - this analysed the evidence from Ombudsman cases and explored the themes underlying patient's experience of complaint handling.

- NHS Governance of Complaints Handling: prepared for the Parliamentary and Health Service Ombudsman By IFF Research[5] - gathered evidence of how NHS trust boards use information from complaints to put things right and to learn

- Designing good together: transforming hospital complaint handling – a piece of research which brought together patients, complainants, carers and NHS staff to participate in a two-day workshop on the NHS hospital complaints system[6].

The ombudsman concludes: *"This research has demonstrated that culture of defensiveness in hospitals, reluctance of staff to hear and address concerns, and the ensuing reluctance of patients, carers and families to complain..."*

Healthwatch Coventry provides an information signposting service for people in Coventry and this work includes referring people who wish to make a complaint about an NHS service to the local Independent Complaints Advocacy Service (ICAS). Through this work Healthwatch Coventry became aware of some issues and feedback regarding the Patient Advice and Liaison Service (PALS) and complaints process at UHCW.

Healthwatch Coventry was also informed of plans by UHCW to restructure its complaints and PALS teams and work to promote a 'we are listening campaign' within the hospital in order to encourage feedback on services. UHCW along with other NHS acute trusts have also been working on implementing the friends and family test questions (a Department of Health initiative) and UHCW have refreshed their existing impressions survey which gathers feedback from people using the Trust.

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[4] http://www.ombudsman.org.uk/__data/assets/pdf_file/0018/20682/The-NHS-hospital-complaints-system.-A-case-for-urgent-treatment-report_FINAL.pdf

[5] http://www.ombudsman.org.uk/__data/assets/pdf_file/0008/20897/PHSO-IFF-Governance-of-Complaints-Handling-research-UNDER-EMBARGO-5-JUNE-0001.pdf

[6] http://www.ombudsman.org.uk/__data/assets/pdf_file/0008/22013/Designing_good_together_transforming_hospital_complaints_handling.pdf

3. Aims

Our piece of work is set in the context of the national work described in section 2 above.

Healthwatch Coventry aimed to:

- understand how the current system operates
- gather patient and public views and experiences of raising a concern or a complaint to give indications of what people know and how they feel about this
- draw on knowledge, survey findings and case examples to make recommendation to support UHCW in thinking about how to take these services forward in the context of Francis, Keogh, and other national work.

4. Methodology

Our methodology drew on three ways of gathering information:

4.1 Meetings with relevant managers at the trust

Healthwatch Coventry met with the Complaints Manager, UHCW and Patient Involvement Facilitator in order to understand how complaints and PALS enquiries are managed and supported at UHCW. Healthwatch also met with the Director responsible for complaints and PALS to further understand how the two services worked and what plans the Trust had for developing them in the future.

4.2 An enter and view visit using a short guided survey and observations

Healthwatch Coventry Staff and Healthwatch Coventry Authorised Representatives undertook an unannounced 'Enter and View' visit to the UHCW Coventry site between Monday 19 August to Thursday 6 September 2013.

155 guided questionnaires were completed in this time and observations were carried out in outpatient waiting areas and the main hospital entrance area.

4.3 Gathering stories

Healthwatch Coventry has a membership of local people and voluntary groups as well as a pool of volunteers. We put out a call for evidence to members asking people who had recently used PALS or the hospital's complaint process to share their experiences with Healthwatch.

5. Findings

Part one: discussions with managers

Healthwatch staff and volunteers met with managers to understand the current complaints and Patient Advice and Liaison Service (PALS) operated by the Trust and how these interfaced.

These meetings provided useful background and flagged up questions about how the system worked and how easy it was for patients to take issues forward. In particular there were questions about:

- people on wards who want to raise a concern – the requirement to raise it within the ward
- the clarity of the processes being used – and how this made it difficult to inform people about what to do
- logging of information by the Trust, particularly PALS work.

Part two: Enter and View findings

Survey findings

We asked people what they would do if they were unhappy with a service at the hospital: how would they raise their concern?

Out of the 155 people who answered this question 84 (54%) people said they would know how to raise a concern if they were unhappy with the service in the hospital. 57 (37%) people said that they would not know and this was often because they had not thought about raising a concern or complaint, as situation had not arisen, and they were happy with the services received.

When you look into the ways in which people say that they would raise a concern some of the answers given indicate that they did not know the hospital's routes:

- Go back to GP
- Speak to care team
- Speak to clinical staff
- Go to MP
- Go to [Coventry Evening]Telegraph
- Contact ‘Where there is a blame there is a claim’
- Go to reception
- Approach someone in authority

There were only 3 (2%) people who said that they would contact PALS to raise a concern. One person said that they would write to the Chief Executive.

Some respondents indicated that they associated a complaint with being negative, for example through statements that they are 'not really a complainer', 'it would depend how serious the issue was' and 'wouldn't ever raise a complaint.'

We asked if people had ever seen or been given any information about how to raise a concern in the hospital. Out of the 155 who answered the questionnaire 112 (72%) people said that they had not seen or been given information about how to raise a concern with 22 (14%) people saying that they had. Three (2%) people could not remember if they had seen any information and 18 (12%) people did not answer this question. Out of the 22 people who had seen or been given information, the ways in which they had seen the information were:

- One person had seen a poster
- One person had seen a sign in the corridor
- One person had seen information on a ward
- Two people had seen a complaints/PALs leaflet
- One person had seen it in a booklet when they stayed in the hospital

20 people (13%) we spoke to said they had raised a concern or complaint with UHCW; 4 people (20%) said that they were happy with how it was dealt with; 11(55%) people said that they were not happy due to:

- No apology received
- A need for understandable terminology and response times
- Not really resolved
- Feeling that not being listened to

5 people (25%) did not answer this question.

We asked people if they would make a complaint through the hospital's complaints process if they were unhappy with a service at the hospital. Out of the 155 people who were asked this question 108 people (70%) said that they would raise a concern or complaint with 35 people (23%) saying that they would not. Two people (1%) said that they might and 10 people (6%) did not answer the question.

Those who said they would not raise a concern were asked why. Here we drew on barriers to complaining identified by Healthwatch England from its national work and asked respondents if they had another reason. The following answers were recorded:

Reason	Number of people
Too afraid because it might affect the way I/they treated	8
I don't believe the complaint will be dealt with effectively	7
The process appears to be intimidating	2
I do not believe that anything will change if I complain	11
I don't know how to make a complaint	11
Other	9

NB Some of the people who answered this question gave more than one answer

The most common reason why people might not make a complaint were because they did not know how to make a complaint, followed closely by not believing that anything would change as a result.

Other answers given were:

- Not really a patient
- Never complain
- Having the time and energy
- Don't want to show myself up
- From out of town
- No point
- Feel that all that will come out of it is excuses

We asked if people had heard of the PALS service. Out of the 155 who answered the questionnaire 100 (65%) people said that they had not heard of PALS, 43 (28%) said they had heard of PALS and 2 (1%) people were not sure. 10 (6%) people did not answer the question.

We asked those who had heard of PALS if they had ever used PALS at UHCW? Out of the 43 people who had heard of PALS 8 (19%) of them had used PALS. Their feedback on how they found the service they received is a follows:

- *Not helpful at all*
- *Helpful but they can't do anything for you, need external legal advice*
- *Contacted them about an issue but they wouldn't get involved as this was outside of their remit*
- *Found useful – used re transport*
- *PALS at other hospitals was useful but never used it here. PALS not noticeable here.*

Out of the 69 people who had not heard of PALS, 41 (59%) said that they did not know what service would be provided by PALS. The other 21 people (41%) gave answers such as:

- Advise patients
- Help in some way
- Speak for you when you have a concern
- Patients support system
- Liaison service, get advice and advocacy
- Friendly society
- Be a pal
- Friendship group
- Look at complaint and advise you

We asked if people had seen or been given a survey to gather their feedback at this hospital (here we were thinking of the impressions survey and friends and family postcards) and displays which the Trust had put up in public areas saying

'we are listening'. The Friends and Family Test was not being applied in outpatients and was being used on wards and in A&E. A number of respondents said they had been inpatients recently; some had also come via A&E.

Out of the 155 people 112 (72%) people said that they had not seen a survey and 34 (22%) people said they had. Two (1%) people were not sure and 7 (5%) did not answer the question.

Of those who had seen/been given a survey a high proportion said they had completed it. 22 of 34 people (65%) people said they completed the survey, 7 (21%) people said that they did not complete the survey. One person said that they had not completed the survey yet but they had only received it last week. Four (12%) people did not answer the question.

Out of the 114 people who said that they had not seen a survey or were not sure 85 (75%) people said that they would complete a survey if they were given one. Only 8 (7%) people said that they would not complete a survey. 13 (11%) people did not answer this question.

Eight (7%) people said that they might complete a survey and the reasons given for this were:

- It depends if the survey is short
- Would complete if waiting for an appointment
- If I see one

Findings from observations

Whilst at the hospital an observation checklist was also completed in the main entrance and main out patients waiting area at different times to see if there were PALS leaflets and impression leaflets on display for patients/users to see clearly; if there were post boxes for completed surveys; and if there was anyone at the listening booth.

From the results it is clear that the leaflets/surveys are not regularly replenished and also it was noted that they were not necessarily in an obvious place for people to see them. For example the leaflet rack to the left of the door into out patients, might be seen on the way out but was not spotted by our Authorised Representatives for a couple of days.

During the 'enter and view' only two or three PALS leaflets were found in outpatient waiting area and none in the main hospital reception area. The leaflets also contained out of date information. There were no impressions survey leaflets by one of the perspex response boxes near the pillar in the main entrance way at anytime during our visits.

The main hospital reception had a pile of in-patient friends and family postcards, which did not seem to be the most appropriate survey for the location, the impressions survey would be more relevant.

The Health Information Centre has Impressions leaflets available for people who ask.

The hospital has invested in new 'we are listening' posters yet from our survey responses people do not seem to be seeing them as only 2 people mentioned them, (on some occasions we were carrying out our interviews very close to one of the posters but they were not mentioned).

Part three: case studies

We collected the following case examples from people with experience of the PALS and complaints process:

Case study one: Complaint about appointment booking issue - lost appointment (February 2013)

Mr P raised in first instance with staff at the clinic to ask to see someone to make a complaint. Staff in the clinic advised Mr P should contact PALS and that staff at the hospital reception would direct them to PALS. Reception staff gave Mr P a leaflet and advised them to read it and that Mr P should ring PALS. Mr P asked receptionist if they could see PALS there and then and were told no. Mr P asked if there was a phone he could use to ring PALS from within the hospital and was advised there was not.

Mr P went home and rang PALS and got an answer phone message indicating that PALS was short of staff. (Mr P got this message again in July 2013 so noted that this was an ongoing issue).

PALS called Mr P back a week after the message was left however as Mr P had been phoning PALS again, he had already spoken to the PALS Officer.

Mr P was advised of the formal and informal routes to raise matters with the Trust and that the formal route needed to be in writing. He saw this as a barrier to complaining. Mr P emailed the PALS officer with his complaint.

Mr P was not satisfied with the Trust's response to his complaint as he felt that the explanation for the appointment issue was not correct. He therefore requested further information but had not had a response as of 9 August 2013. Mr P had chased this by phoning PALS and the PALS worker was off sick. He left a message. He then emailed PALS to ask if he was going to get a response and received an email offering a meeting with a manager.

Case study 2: Complaint about care of wife on a ward:

Mr P tried to speak to the ward manager on the ward but was repeatedly told that they were not available for different reasons.

Mr P raised the matter with visiting Drs and nurses who came to the ward to support his wife's care. These members of staff told him that they did not believe it was worth them raising the matter internally within the Trust as it would just result in a lot of paper work.

Mr P sought to make a complaint and on this occasion Mr P was connected with the complaints team and they advised that he could not raise the complaint unless his wife completed a form. The form was sent to Mr P. Mrs P completed it and Mr P emailed his complaint.

The actual issues with care on the ward were sorted out by chance when Mr P phoned PALS related to another matter and was asked how his wife was and then explained his concerns about care on the ward. PALS contacted the Modern Matron and within an hour she had phoned Mr P and suggested she would move Mr P's wife to another ward - she was moved later that day.

Mr P felt that the formal response to his complaint about the nursing care on the ward was not satisfactory because whilst there was an apology it talked about the hospital being overcrowded and that the ward staff were not aware of Mr P's dissatisfaction. Mr P had raised the matter with a number of Drs and nursing staff including from visiting teams so he feels that the hospital could easily check that he had raised the matter with staff who came to the ward and he felt the response was taking the word of the ward nursing staff who were the people he was complaining about.

Mr Ps comments on the process were:

- Concern that staff don't feel able to raise matters within the Trust.
- The need for his wife to fill out a form was unhelpful and the form was sent to him anyway so he could have forged it.
- The issues with care were resolved accidentally.
- PALS was very helpful and the Modern Matron responsive.
- The Trust's response was unsatisfactory - Mr P believes that people are still likely to get poor nursing care on the ward, and nothing has changed.
- Mr P had experience of raising two issues with the Trust and found that he was given different information about how to do this on each occasion - one ended up being a PALS query and the other a formal complaint, he did not understand how this had happened.

Case study 3: PALS

Mrs Y wrote to Healthwatch in June 2013 because she was frustrated that she had been waiting for a year for PALS to organise a meeting between herself and relevant hospital staff to discuss the concerns she had about her son's discharge from hospital and care in hospital. Her son has Autism. She had raised it in order that things could be improved. She had never said she wanted to make a formal complaint.

Over the next couple of months Mrs Y continued to follow this up with the hospital and Healthwatch also liaised with PALS on her behalf, a meeting was finally organised for September.

Mrs Y was motivated by wanting the hospital to learn and be more aware of autism.

6. Conclusions

Our research is set in the context of a number of national reports highlighting the need for a cultural shift to enable NHS Trusts to be open, transparent and accountable and to deal more effectively with concerns and complaints raised both by staff and patients/relatives.

Healthwatch Coventry's research does not put us in a position of comparing UHCW with other trusts and nor do we seek to do so. Our findings present information about what patients think and experience. This in conjunction with the national investigations and learning we have detailed provides a strong call to action for making developments in this area at UHCW.

The Healthwatch Coventry Steering Group supports recommendations within the Francis Enquiry Report, Berwick report and Clwyd/Hart report related to gathering feedback and routes for raising concerns and complaints. The Steering Group believes that it is important for patients and the public to have access to information about their rights and responsibilities in the NHS (The NHS Constitution) and how to provide feedback or raise a concern with NHS services they use.

We draw out the following themes from our review:

6.1 Roles

From our case examples there are indications that the roles of PALS and the complaints teams are not clear to Trust staff. People can be advised of different routes to use in order to raise their concern. This is confusing and can lead to different outcomes.

Our survey findings also demonstrate that the role of PALs is not clear to patients/visitors.

We believe that PALS is a service about sorting out things which are current/ongoing in order to ensure a better service for the patient. Complaints work should be focused on things which have happened and about learning from things that have gone wrong. We found evidence of PALS doing work related to things which had happened in the past.

6.2 Resourcing

We believe the PALS team is under resourced to carry out its role. This has been compounded by one of the two team members being off work. This seems to have led to the Information Centre taking on some PALS type work in order to try to resolve issues for people who have made contact with them.

One of our case examples shows PALS taking on case work. PALS does not have the resources to carry an ongoing case load eg setting up meetings etc.

We were advised that the complaints and PALS teams work together to ensure that absences etc are covered. However we have had contacts to Healthwatch from people who feel that their concerns were not followed up in a timely way when PALS staff were not available. There needs to be back up in place so that people do not get left without a response or action if a staff member is not in work.

Resources should allow for it to be easy for people to make contact with the PALS service. People should not be required to leave the hospital to phone to make contact. There should be appropriate confidential space for use when having a meeting with PALS or anyone else related to a concern or issue as we have picked up a concern raised to Healthwatch about a meeting being held in the Information Centre.

6.3 The value of complaints

As all recent national reports related to complaints highlight the focus must be on learning from whatever is raised and however it is raised. We are concerned that the management of complaints is too much about process ie dealing with the correspondence, responding within a certain time and dealing with follow up matters, rather than truly focusing on learning from the matters raised and giving a good response (from the perspective of the complainant). Our case examples highlight the frustrations expressed to us about the complaints process and responses.

The Trust needs to be able to demonstrate how it utilises learning from complaints and we believe that a 'you said we did approach' would be greatly beneficial.

The Clwyd /Hart review says:
"Many people who complain felt that nothing had been learnt or achieved as a result of their complaint. They were disappointed about this because this had been one of their reasons for complaining in the first place. Many people said that an early acknowledgement of fault and a genuine apology would have satisfied them; but that having suffered through a lengthy and taxing complaints system, they wanted the hospital to acknowledge their responsibility and for staff to face appropriate sanctions where necessary".[7]

[7] Pp 23, *A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture* (October 2013), Right Honourable Ann Clwyd MP and Professor Tricia Hart

The Healthwatch Steering Group believes that there is conundrum regarding levels of complaints in that an increasing level of complaints is perceived to be bad as it means that more people are feeling the need to complain about their care/services. But potentially, lower levels of complaints are also bad as it can mean people are unable to or unwilling to raise issues or issues have not been recorded. Therefore UHCW needs to understand its own levels of complaints and what factors may be influencing these and provide assurance that this is not due to barriers or recording issues.

There are a number of potential barriers for people in making a complaint identified in this report and in national work. We found that not knowing how to complain and feeling that nothing would happen as a result were the most common potential barriers expressed, other barriers were also identified. It seems likely that there are complaints which have been raised at a service or ward level which are not being recorded as formal complaints and therefore intelligence of benefit to the Trust management is not being gathered.

We found that some people see making a complaint as a negative action and therefore feel more comfortable raising things more informally or discussing concerns with a view to improving services, even when very serious problems have occurred. Within the current systems we cannot see how this kind of approach is accommodated and how learning would be made. This viewpoint of complaining being negative will affect the choices people make when asked if they want to make a formal complaint, and the Trust needs to bear this in mind as it seems that some issues raised with the Trust would benefit from being taken through the formal route, but are not being treated as such.

It was evident from our conversations that PALS do not record every call. This is a concern because if things are not recorded then trends cannot be picked up and addressed. Also an accurate reflection of work load will not be gathered.

6.4 Route for patients on wards to raise issues

We did not take our survey to wards but received some evidence of the difficulties which can arise for patients who feel that there are issues with their care when they are on inpatient wards though our case examples, we also asked managers about how people would raise complaints on wards. If lead staff members on wards are not receptive to dealing with concerns raised by patients, or are involved in the issues patients wish to raise there needs to be another route that patients can use. Not all patients have visitors/relatives who can take things up on their behalf by finding the contact details for PALS and making contacts on patients' behalf.

6.5 Developing understanding and routes for people to raise concerns or complaints

Most people we spoke to did not understand the process of raising a concern or complaint and would look into how to do so if the need arose.

We saw very little information about the PALS service around the hospital when we visited on different days and few people we surveyed were aware of PALS. The UHCW website does not bring up relevant content when the search term PALS is entered and information about PALS is on a separate page to the information about how to complain (which is located under contact us).

Different messages are being given by different staff members about how to go about raising a complaint and it is unclear what the correct information should be ie is the process for all matters to start with PALS.

6.6 Role of staff

One of our case studies shows evidence of staff not feeling able to raise issues within the trust on behalf of a patient and saying to a relative that they could not take an issue forward as it would lead to too much paper work. This is a concern and needs to be given consideration by the Trust.

6.7 Surveys

We found that if people are given or see a survey then generally they will complete it. The poster campaign 'we are listening' does not seem to be having a great impact as most respondents did not / mention it despite there being large posters in the areas where we were carrying out the interviews. We don't know why this is and the Trust may want to investigate further.

We found issues with survey stocks being replenished in public areas and outpatient waiting areas. We understand that it is clinic managers who have responsibility for this work. There were times when there were very few impressions surveys available for people to pick up.

7. Recommendations

1. Clarify and publicise the roles of Complaints and PALS teams and how these are different: complaints work should be focused on things which have happened and about learning from things that have gone wrong and PALS on dealing with current matters.

2. Make it easier for patients and relatives/carers to raise complaints by reviewing systems and processes from the patient's point of view. Check that steps in the process are really necessary and consider how to combat some people seeing complaining as a negative act.

3. The PALS service should be made more accessible and visible through a clear and easy point of access and easily up to date, accessible paper and online information. Details of Healthwatch Coventry should be included in PALS leaflets and on the UHCW website.

4. Managers should review the resources available to the PALS service to ensure that these are sufficient for it to carry out its role well.

5. Clarify information which Drs, nurses and admin staff should give to people if they wish to raise an issue ie where and how to start.

6. There must be an independent route advertised to all in-patients to enable them to raise any concern about their care with someone outside of their ward if they feel their concern has not been addressed by ward staff. They should not have to wait until after the event.

7. The work carried out by the information centre; complaints raised on wards, unrecorded work of PALS, should be recorded to ensure trends can be identified.

8. Someone should have the specific role of replenishing leaflet and survey stocks and emptying response boxes regularly.

9. The Trust must work to ensure all staff understand their responsibilities in bringing issues to the attention of management, including those raised by patients and relatives (this fits with the calls for changes in culture and approach expressed in the Clywd/Hart report).

8. Response/ action plan from UHCW

This report was sent to UHCW for consideration and the production of an action plan setting out how the Trust intended to respond to the 9 recommendations or reasons why they could not. The deadline for response was 16 November 2013. The Trust asked for an extension until 20 November.

Healthwatch had a positive meeting with The Trust on 25 October 2013 to discuss the report.

The formal written response below was received from the Trust on 22 November 2013. Unfortunately, the concerns expressed below had not been raised wuth us previously.

UHCW's response to our recommendations

Many thanks for Healthwatch Coventry's report into how patients and carers can raise concerns with the Trust. It is important to note that we welcome Healthwatch working with the Trust in improving the way we work and helping patients to ensure their voice is being heard. We have read the report and accompanying recommendations and would like to make the following comments.

In the spirit of engagement and partnership, and indeed your good engagement charter, UHCW would have liked to have had sight of the survey tool used, preferably before the survey took place to be able to fully understand what questions were asked and to provide context. UHCW would also have expected the survey to have been attached as an appendix to the report, as well as references.

The table of reasons given on page 4 [now page 7] of the report are leading and negative in nature. There are additional reasons for example, patients may not use the complaints process as they are quite willing to discuss the issues directly with the ward or department staff, patients may contact PALS to discuss the concern. UHCW would like to understand what process Healthwatch went through to choose and agree the final 6 reasons.

A theme running through many recent national reports on complaints is that public understanding of the specific roles of PALS and complaints is limited and variable and I do not believe that UHCW is unique in that respect. The practicalities of listening to our patients concerns and queries mean that there may be different routes to be able to satisfy their needs. UHCW agree that the value of complaints is that the Trust learns from the issues raised. There is a level of process required to answer a complaint effectively and efficiently and as a central complaints function, the team do outstanding work in bringing all the information together with relevant staff and the complainant to locally resolve issues. Although there is room for departmental improvement in triangulating patient experience data (e.g. PALS, complaints, feedback) clinical specialties are responsible for the dissemination of learning from complaints at their specialty Quality and Patient Safety Meetings. The information on their complaints is given to the specialty to action. The challenge for the Quality and Patient Safety Department is how we can capture all of the actions and learning in a meaningful and efficient way and disseminate it out to the wider workforce.

Many of your statements regarding PALS were valid and as part of the PALS service evaluation we will further expand on PALS being a single point of contact to 'triage' compliments, queries, concerns and complaints and refer/ progress as required. However, this must be done carefully so that patients do not think they have to go through PALS to raise a complaint. PALS will also be relocated to the main reception so they are visible and closer ties with the Health Information Centre will be made to enable a more rounded Advice and Information service.

In relation to your comment of PALS doing work related to things happening in the past UHCW does not believe this is always problematic, and there is perhaps a lack of understanding on the part of Healthwatch as to how PALS has evolved as a service. If a patient contacts PALS and a member of the team are able to work through a patients concern and deal with it satisfactorily, a referral to the complaints team or another department may not be necessary. The PALS team also have the experience and skills to be able to distinguish between the two and further advise on how to make a complaint if needed. In addition, the contact is still recorded on our Datix system.

In response to your statement about complaints and PALS teams not being integrated, the recent Clwyd/Hart report (page 37) recommends that Patient services and patient complaints should remain separate. I believe this is appropriate and right as they need to be seen as separate and distinct services, albeit under the umbrella of patient experience.

In summary and in response to the recommendations in your report;

1) The service evaluation of Complaints and PALS will clarify roles and responsibilities, and this will be reflected in any leaflets and communications. The website content will also be reviewed to ensure it is a) accessible and b) the quality of the content is accurate.

2) UHCW already has a single feedback email mechanism; however we will further explore a single telephone mechanism to triage patients concerns and queries.

3) PALS will be relocated as 1) above.

4) Adequate PALS resource is being explored as part of the service evaluation.

5) Post review, a communication exercise will take place with Trust staff and written information will be updated accordingly.

6) Independent routes are advertised already; however key messages can be reinforced through the communication exercise.

7) Processes for capturing data will be relooked at as part of the service evaluation.

8) Agreed. The Volunteers will have the role of ensuring leaflet and survey stocks are replenished.

9) The report does not provide further evidence to support the assertion that staff do not understand their responsibilities in raising issues. We look forward to receiving the evidence so we can understand this fully.

Sadly overall I am critical of the report and believe that it does not accurately reflect the work that is being done at the Trust to help patients achieve a satisfactory outcome with their concerns and complaints. I expected there to have been more methodological rigour applied to the investigation and a clear terms of reference that was shared with UHCW. The premise of your investigation would appear to be that patients should be aware of how to raise a complaint or contact PALS regardless of whether they need to. Due to this, I believe the report makes a series of assumptions stated as facts, which are then not evidence based. For example, the last paragraph on page 9 [now top of page 14] of your report talks about the low recording levels of complaints at trusts and that this is either due to complaints not being recorded or people not coming forward to complain. Unfortunately, as a result of this UHCW is not happy for this report to be published

in its current state and would like to be involved in any changes made based on our concerns, prior to it being made available.

UHCW is committed to continuous quality improvement and as such would be happy to work with Healthwatch to suggest more suited methodologies for this type of investigation, similar to perhaps a CQC inspection, to facilitate an outcome which is both productive and valuable. I would be happy to organise a meeting to discuss any part of this response and welcome working further with you in the future.

Ends

Comments on the UHCW response from the Healthwatch Steering Group

Methodology

UHCW has queried our methodology and we have explained the following to them and made clarifications to the report were we feel this is necessary:

A) Working jointly with UHCW on this review

Healthwatch Coventry in common with all local Healthwatch, is an independent organisation working as a champion for patients and the public, our purpose is to find out about topics from the point of view of people using services. We decide the most appropriate method for each piece of work we undertake, this may involve working with Trusts, but will not always. In this case we decided to use an un-announced enter and view visit in order to get an accurate snapshot of information provision.

Our Good Engagement Charter is a nine point framework for good practice in gathering feedback and intelligence from patients and service users and putting this information to use. Working with others is reflected in the Charter in the context of ensuring that different agencies to do not go to the same people asking the same thing at the same time. UHCW were aware of our intention to undertake this piece of work at Chief Executive level and no one else was undertaking similar work.

B) 6 Barriers to making a complaint

The question we asked about barriers to making a complaint was asked of respondents who said that they would not make a complaint about the Trust. The list was drawn from work carried out by Healthwatch England and also chimes with other significant national pieces of work which identify potential barriers which put people off raising an issue. The questionnaire was used in a guided interview so respondents did not see the form but it was used to record their answers. We have recorded all the other answers which were given and provided details of these in the report. There was a low level of awareness of PALS identified from other questions we asked. Therefore we do not believe that this was leading.

C) **Validity of findings due to assumptions and lack of rigour**
We do not agree with this assertion. Our aim was to gather the perspectives of people who were using hospital services and reflecting these to the management. We undertook interviews in order for patients/carers to express their views. Our work is set in a national context where there is a focus on a need to do things differently. Our findings and those of national work identify lack of information as a barrier.

Clarifications

Integration of complaints and PALS
It was not our intention to suggest that the complaints teams and PALS teams should be integrated, we were highlighting that we had been advised that the teams had previously been brought together so that there was back up for the small PALS team when PALS staff were not available. Our review identified that this did not seem to be working: our case example of a year's delay in response illustrating the issue. We have clarified this in the report text.

Levels of complaints
UHCW has misunderstood the point we made about the overall levels of complaints in trusts and understanding them, we have clarified this in the text.

Recommendations

We believe all of our recommendations are valid including number 9, which relates to one of our case examples whereby someone who wanted to complain was told by staff that they could not help. Whilst this is one instance we feel it is concerning. UHCW has many staff who will interface with patients and relatives it is important they feel empowered to help people raise concerns.

What next?

A meeting was scheduled for 6 December with the Trust to discuss this response, this was cancelled by the Trust and a new date has not yet been found.

Healthwatch will continue to press for a shift in understanding by the Trust to seeing the process from the perspective of patients and considering what can be done differently to develop these important areas of work.

This may involve undertaking further work as suggested, but it would not be appropriate for a Healthwatch to use methodologies used by the Care Quality Commission as we are very different bodies with different functions.

Appendix 1:
Healthwatch England letter to the Secretary of State for Health

Healthwatch England
Citygate, Gallowgate
Newcastle upon Tyne NE1 4PA
Tel 03000 68 3000
Fax 01132 204 702
enquiries@healthwatch.co.uk
www.healthwatch.co.uk

Letter to Jeremy Hunt, Secretary of State for Health from Anna Bradley, Chair of Healthwatch England about the challenges in the current complaints system in Health and Social care and what can be done about it.

19th June 2013
Jeremy Hunt
Department of Health
79 Whitehall
LONDON, SW1A 2NS

Dear Jeremy,
Healthwatch England is the independent consumer champion for health and social care in England. Working with a network of 152 local Healthwatch, we ensure that the voices of consumers and users of service reach the ears of decision makers – even when they have something difficult to say.

Healthwatch England is committed to ensuring that consumer feedback, concerns and complaints are received, acted upon and responded to. In our role as consumer champion, we have looked at the current complaint system through the eyes of the consumer and found that it is simply not working. It is on this matter that we write to you today.

Like many, we have participated in the Clwyd Hart review and await the report with interest. Our work in this area has been wider than complaints in hospitals and looks at feedback in all its forms. We are concerned that valuable data is not being recorded and reported because it has not been formalised as a complaint. Feedback, concerns and suggestions have as much value to a provider, should they choose to see it as such, as a formalised complaint.

Several concerns have emerged from our work:

- Consumers do not have trust and confidence in the complaints system
- Consumers are afraid to make a complaint close to the source of their care in case it affects how they are treated
- Consumers do not believe that making a complaint will make a difference and that nothing will change as a result of their complaint
- Consumers do not know who to complain to

- When a complaint is made, the process can be bureaucratic and intimidating
- Consumers want a clear, easy to navigate system that puts people before process. To achieve this requires the following elements to be put in place:

Trusted and confidential: We need a system that gives consumers and users of service the confidence that when they complain, they will be taken seriously, and their complaint will be dealt with effectively. Crucially, consumers need an assurance that lodging a complaint will not affect their ongoing care. We believe that the low numbers of formal complaints in both health and social care are in large part a reflection of the lack of trust and confidence that people have in the current complaints system. Our own polling found that 54% of people who had a problem with their health or social service in the last three years did nothing to report it.

Responsive: We need health and social care institutions actively to seek feedback and solicit concerns from their users. An open culture would surface many more concerns – and compliments – and allow, where possible, for these to be dealt with informally. Health and social care providers should empower their staff to resolve problems, say sorry and explain what happened as close to source as possible. Where a formal complaint is lodged, consumers would like to receive feedback on what the organisation has learned and changed as a result. Currently, almost half (49%) of people have no confidence that their complaints will be dealt with effectively.

Supportive: It takes courage to complain. In many cases, consumers need access to advocacy experts to help navigate the system and articulate their issues. In the case of social care, there is no independent advocacy service, leaving people unsupported at a vulnerable time in their lives. In health, we believe more could be done to raise awareness of the independent advocacy service and the support it can offer for those who want to pursue a complaint.

Simple: The current complaints system is complex and simplification is paramount. Making the system simple to use will require working differently. We need to recognise, for example, that requiring written evidence can be off putting to many consumers.

Joined up: When a complaint is made, consumers and users of service should be assured that lessons will be learned by the whole health and social care system – not just the individual provider. We believe that where a complaint or concern touches on multiple providers or crosses the boundary between health and social care, it is the institutions that should do the work of ensuring the complaint is lodged and responded to in the right way, not the individual.

Transparency: Transparency is important for providers and consumers. Information needs to be readily available across the whole system about the number of complaints, their nature and the outcome of any investigation or action should be a matter of public record. Consumers also want transparency and need to know that their complaint has been dealt with and that the organisation has learned from it. We recognise that many complaint systems have evolved year on year adding process and procedure. It is fair to say that if these systems were to be created from scratch today, it is unlikely they would be designed in as complex and confusing a way. While redesigning the complaints system from scratch and starting with a blank sheet of

paper is an option we wouldn't rule out, we also recognise the need for the current system to work now until longer term decisions are made.

The responsibility for getting the complaints system right rests across a number of organisations. That is why today we are writing to you alongside the Care Quality Commission, Monitor, NHS England and the Local Government Association to start a conversation about how we make sure the complaints works for consumers. These conversations should be seen as stage one in an ongoing process to simplify the complaints system for consumers and make it fit for purpose.

We would welcome in particular the opportunity to meet with you in the coming weeks to discuss the following issues:

Complaints data and benchmarking We have been consistently surprised that, beyond simple measures, there is limited easily accessible information collated nationally about, for example, the nature of concerns and complaints, the resolution reached on complaints and the use of advocacy services. For providers and commissioners, this makes it difficult to benchmark and learn from others across the system. For local Healthwatch, it makes it difficult to understand concerns in the local area or identify variations in practice area to area. We would welcome further discussion on how we can work together to improve our national picture of concerns and complaints.

Integration between health and social care Many issues arise at the junction of care, where a provider, ward or department changes or where an individual passes from health to social care provision. We would welcome further discussion on what this lack of integration means for the consumer and user of service and how to improve the way that complaints are handled when they affect multiple providers.

Lack of understanding of, and confidence in, the complaints system We will today launch our work with local Healthwatch to promote understanding among consumers about how to raise a complaint in health or social care. But this will only ever be one part of the solution. We believe it is the responsibility of every provider and commissioner to promote understanding of the complaints system and to build trust and confidence with consumers. We are concerned that a basic lack of confidence in the complaints system is preventing the vast majority of concerns reaching the surface and that advocacy services are little known. We would welcome further discussions about how to promote a stronger advocacy brand and we will be working further to explore directly with consumers, especially the most vulnerable, what they would require to build confidence in a complaints system.

My team will be in touch in the coming weeks to discuss how best to take this forward and find a way to put people before process in the health and social care complaints system.

Yours sincerely,

Anna Bradley
Chair, Healthwatch England

Appendix 2:

A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture (October 2013), Right Honourable Ann Clwyd MP and Professor Tricia Hart

Chapter Six: Recommendations

Although words may inspire change they are not enough to hardwire it into the NHS and this is what our recommendations are designed to achieve. Our proposals reflect the principles in the NHS Constitution and build on those of previous reports. Our recommendations must therefore be read in conjunction with our proposals on implementation in Chapter Seven. We focus on four areas for change: improving the quality of care; improving the way complaints are handled ensuring independence in the complaints procedures; and whistle-blowing.

1. Improving the quality of care
If standards of care were better and patients felt they could raise concerns on the ward and see them dealt with at the time, many would not feel they have to complain at all.

Recommendations

- Staff providing basic care should be adequately trained, supported and supervised. **Action: Trusts, professional bodies and representative organisations, HEE, clinical leaders and managers**

- There should be annual appraisals linked to the process of medical revalidation which focus on communication skills for clinical staff and dealing with patient concerns positively. This goes hand in hand with ensuring that communication skills are a core part of the curriculum for trainee clinical staff. **Action: HEE, professional bodies and representative organisations, clinical leaders and managers**

- Trusts should ensure that there is a range of basic information and support available on the ward for patients, such as a description of who is who on the ward and what they do; meal times and visiting times; and who is in charge of care for the patient. Care should be taken to ensure that differences in language, culture and vulnerability are taken account of in this. **Action: Trusts, clinical leaders and managers, clinicians and practitioners**

- Patients should be helped to understand their care and treatment. While written information is helpful, it is always important to discuss diagnoses, treatments and care with a patient. Patients frequently need to revisit topics already addressed. Where appropriate, their relatives, friends or carers may be included in discussions. **Action: Trusts, professional bodies**

and representative organisations, HEE, clinical leaders and managers, clinicians and practitioners, patients

- Trusts should provide patients with a way of feeding back comments and concerns about their care on the ward including simple steps such as putting pen and paper by the bedside and making sure patients know who to speak to if they have a concern – it could be a nurse or a doctor, or a volunteer on the ward to help people. **Action: Trusts, education and training organisations, clinical leaders and managers, clinicians and practitioners, patients**

- Hospitals should actively encourage volunteers. Volunteers can help support patients who wish to express concerns or complaints. This is particularly important where patients are vulnerable or alone, when they might find it difficult to raise a concern. Volunteers should be trained. **Action: Trusts, volunteer organisers Recommendations for Trusts and Boards**

- Trust Chief Executives and Board members should be supported so they have the necessary skills in effective communication, seeking and using patient feedback, routinely throughout their organisation and are equipped to ensure their organisation learns from that feedback. **Action: NHS Leadership Academy and NHS Confederation**

- PALS should be re-branded and reviewed so it is clearer what the service offers to patients and it should be adequately resourced in every hospital. **Action: DH**

- Every Trust should ensure any rebranded patient service is sufficiently well sign-posted and promoted in their hospital so patients know where to get support if they want to raise a concern or issue. **Action: Trusts**

- The CQC should include complaints in their hospital inspection process and analyse evidence about what the Trust has done to learn from their mistakes. **Action: CQC**

2. Improvements in the way complaints are handled

Too often patients feel uncertain or confused when they feel they have a problem. Some never complain because they feel it may be unjustified or because they think staff are too busy. Others may lack confidence or feel intimidated or find the complaints procedure hard to understand, too complex or tiring. It should not be painful or difficult to complain, and when patients do complain it should not be up to them or their relatives to continually chase progress. There needs to be a change in the way hospital staff approach dealing with complaints. All feedback, including complaints, offer valuable information which can lead to improvements, but there has to be the right organisational ethos to enable this to happen, so that both patients and their friends or relatives and the staff involved feel supported.

Complaints vary in their seriousness and frequency. Many complaints involve staff who deliver basic patient care and where these are listened to empathetically, immediate appropriate action can be taken to rectify a problem. When action is delayed or mishandled it can cause great distress and a breakdown in the trust between the patient, their family or friends and the hospital.

Recommendations

- Attention needs to be given to the development of appropriate professional behaviour in the handling of complaints. This includes honesty and openness and a willingness to listen to the complainant, and to understand and work with the patient to rectify the problem. **Action: Trusts, professional bodies and representative organisations, clinical leaders and managers, clinicians and practitioners**

- Staff need to record complaints and the action that has been taken and check with the patient that it meets with their expectation. **Action: Trusts, professional bodies and representative organisations, education and training organisations and clinical leaders and managers, clinicians and practitioners**

- Complaints are sometimes dealt with by junior staff or those with less training. Staff need to be adequately trained, supervised and supported to deal with complaints effectively. **Actions: Trusts, education and training organisations, clinical leaders and managers**

- There should be NHS accredited training for people who investigate and respond to complaints. **Action: Trusts, HEE**

- Trusts should actively encourage both positive and negative feedback about their services. Complaints should be seen as essential and helpful information and welcomed as necessary for continuous service improvement. **Action: Trusts, HEE, clinicians and practitioners**

- It needs to be clearly stated how whistle-blowers are to be protected and gagging clauses should not be allowed in staff contracts. **Action: DH**

- The development of the 'cultural barometer' should continue. This will determine if a workplace is suffering from a problem with staff attitudes or organisational approach. **Action: NHS England and DH**

- The independent NHS Complaints Advocacy Service should be re-branded, better resourced and publicised. It should also be developed to embrace greater independence and support to those who complain. Funding should be protected and the service attached to local HealthWatch organisations. **Action: Local Authorities**

- HealthWatch England should continue to bring together patients and representative groups, and lead the Healthwatch network in the public campaign to improve complaints' systems in health and social care. Some

funding should be made available to help organisations to fully participate in this important work. **Action: Healthwatch England, DH.**

Recommendations for Trusts and Boards

- Every Chief Executive should take personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings. **Action: Trusts**

- There should be Board-led scrutiny of complaints. All Boards and Chief Executives should receive monthly reports on complaints and the action taken, including an evaluation of the effectiveness of the action. These reports should be available to the Chief Inspector of Hospitals. **Action: Trust Chief Executives and Boards**

- There should be a new duty on all Trusts to publicise an annual complaints' report, in plain English, which should state what complaints have been made and what changes have taken place. **Action: DH**

- Every Trust has a legislative duty to offer complainants the option of a conversation at the start of the complaints process. This conversation is to agree on the way in which the complaint is to be handled and the timescales involved. **Action: Trusts**

- Where complaints span organisational boundaries, the Trusts involved should adhere to their statutory duty to cooperate so they can handle the complaint effectively. **Action: Trusts**

- Further work should be done to explore how we look for the right skills in the recruitment of Chief Executives and Board members. They need to be capable of ensuring that their Trust is a learning organisation. **Action: NHS Leadership Academy**

- Commissioners and regulators should establish clear standards for hospitals for complaints handling. These should rank highly in the audit and assessment of the performance of all hospitals. **Action: CCGs, CQC**

- There should be proper arrangements for sharing good practice on complaints handling between hospitals, including examples of service improvements which result from action taken in response to complaints. **Action: DH, Trusts**

- Regulators and the PHSO should work more closely to co-ordinate access for patients to the complaints system, and to detect failings in clinical or other professionals or Trusts. **Action: PHSO**

- We welcome the ongoing discussions on making a Duty of Candour a statutory requirement and recommend that a Duty of Candour is introduced. **Action: DH**

3. Greater perceived and actual independence in the complaints process.

Patients must have confidence in the complaints process. When there have been serious failings, it is particularly important that patients feel the process is independent. Too often hospitals are seen to be 'marking their own homework' and this undermines public confidence. Much more needs to be done to ensure that there is a level of independence at the local stage which is acceptable to those who complain. Trust Boards should have a duty to offer this and should ensure that this is implemented. We agree with the Francis Report, which recommended that hospitals should always use an independent investigator in circumstances, where:

- A complaint amounts to an allegation of a serious untoward incident;

- Subject matter involving clinically related issues is not capable of resolution without an expert clinical opinion;

- A complaint raises substantive issues of professional misconduct or the performance of senior managers.

- A complaint involves issues about the nature and extent of the services commissioned. We believe that the gap between a local Trust dealing with a complaint by, 'Local Resolution' and a patient taking their unresolved complaint to the Health Service Ombudsman is too great. In our view, the PHSO is too far removed from where the actions complained of took place and lacks accountability to local people.

We are especially concerned that the PHSO did not act on complaints arriving from the scandal at Mid-Staffordshire Hospital, and we are not reassured by current plans simply to increase the number of complaints the PHSO takes up at a national level. We find the idea of local offices of the Ombudsman service an attractive one.

Our recommendations therefore focus on ways to bring more independence into complaints handling, and complaints advocacy at the local level where there are serious failings in care, how to bring more external patient scrutiny into Trusts, and on ensuring the true interests of patients are represented in several wider reforms which are now needed. We are not alone in our concern about the independence of the complaints system from the NHS and its organisations.

- the Health Select Committee's recommendation in 2011, that "one organisation should be responsible for maintaining an overview of complaints handling in the NHS, setting and monitoring standards, supporting change, and analysis of complaints data.

- Professor Don Berwick's suggestion of "further consideration of an independent national complaints management system that is easy to access and use, and that would also highlight and promote better practice and improvements in the NHS.

However, the experience and the evidence that we have received tells us that the creation of a new organisation is unlikely to be the solution to the problems that we have identified. Neither will simply leaving things as they are and hoping that change will lead to the improvements needed. Many of the recommendations of previous reports and enquiries have not been acted upon, hence our proposals on implementation in Chapter Seven.

Recommendations

- Hospitals should offer a truly independent investigation where serious incidents have occurred. **Action: Trusts**

- When Trusts have a conversation with patients at the start of the complaints process they must ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant. **Action: Trusts**

- Patient services and patient complaints support should remain separate so patients do not feel they have to go through PALS first before they make a complaint. **Action: Trusts**

- Patients, patient representatives and local communities and local HealthWatch organisations should be fully involved in the development and monitoring of complaints systems in all hospitals. **Action: Trusts**

- Board level scrutiny of complaints should regularly involve lay representatives. **Action: Trusts**

4. Whistle-blowing

The question of whistle-blowing was raised occasionally by both staff and patients during the course of the review. During our work, the Secretary of State announced change in this area. We were pleased to hear of his decision to ban the practice of so called "gagging" clauses, used where hospitals reach an agreement with disaffected staff to terminate employment in return for a financial payment. Such clauses have in the past obliged clinical and other staff to be silent about practices which endanger patient safety. We support their removal.

However, we have heard in the course of our work repeated concerns about a number of unresolved questions surrounding this issue. These concerns relate firstly to securing justice for past whistle-blowers whose careers have been seriously jeopardised and who have suffered financially as a result of drawing attention to malpractice.

We urge the Department of Health to undertake the review of such cases with a view to both learning lessons for the future and undertaking restorative justice for those individuals affected.

Secondly, there remains disquiet about the opportunities available for staff to be heard, when they believe there is bad practice both within hospitals, and in the wider regulatory system. There is uncertainty too about what employment

protection is genuinely to be offered to future whistle-blowers who reveal their concerns externally to regulators, or the press and media, for example.

Future arrangements
We believe that much more needs to be done to avoid the need for whistle-blowing in the future, and to protect those who with justification speak out, where there is no other means of drawing attention to situations where patient safety is threatened.

Recommendations:

- Clear guidance for staff on how they should report concerns, including access to the Chief Executive on request. **Action: DH**

- A board member with responsibility for whistle-blowing should be accessible to staff on a regular basis. **Action: Trusts**

- A legal obligation to consider concerns raised by staff, and to act on them if confirmed to be true. **Action: Trusts**

- In assessing the complaints systems of hospitals the CQC should investigate the ease with which staff can express concerns and how whistleblowing is responded to where it has taken place. **Action: CQC**

- The CQC itself should designate a board-member with specific responsibility for whistle-blowing, and ensure that it acts on intelligence received from whistle-blowers. **Action: CQC**

Appendix 3: Guided questionnaire

Would you Complain or Comment about an NHS service?

1. If you were unhappy with a service in the hospital what would you do, how would you raise your concern?

2. Have you ever **seen** or **been given** any information about how to raise a concern here?

   Yes No

3. Have you ever raised a concern or a complaint about UHCW? Yes No

   If yes, was this dealt with in the way you hoped? Yes No

4. Would you make a complaint through the hospital's complaints process if you were unhappy with a service at the hospital?

   Yes No

   a. If no, why not?

Too afraid because it might affect the way I/they are treated	
Because I don't believe the complaint will be dealt with effectively	
The process appears to be intimidating	
I do not believe that anything will change if I complain	
I don't know how to make a complaint	

Other (please specify):

5. Have you heard of the PALS service? Yes No

If yes, have you ever used the PALS service at UHCW? Yes No

How helpful did you find it?

If no, what do you think they do?

6. Have you seen or been given a survey to gather your feedback at this hospital?
Yes No

7. If yes did you complete it? Yes No

If not, now that you know it's there would you complete it? Yes No

Gender Male ☐ Female ☐ Transgender ☐

Please indicate age (circle)

Under 16 16-24 25-34 35-44 45-54 55-64 65+

Are you?

White	
British	
Irish	
Traveller/Romany	
Eastern European	
Other White (please say)	
Black or Black British	
Caribbean	
African	
Other Black (please say)	

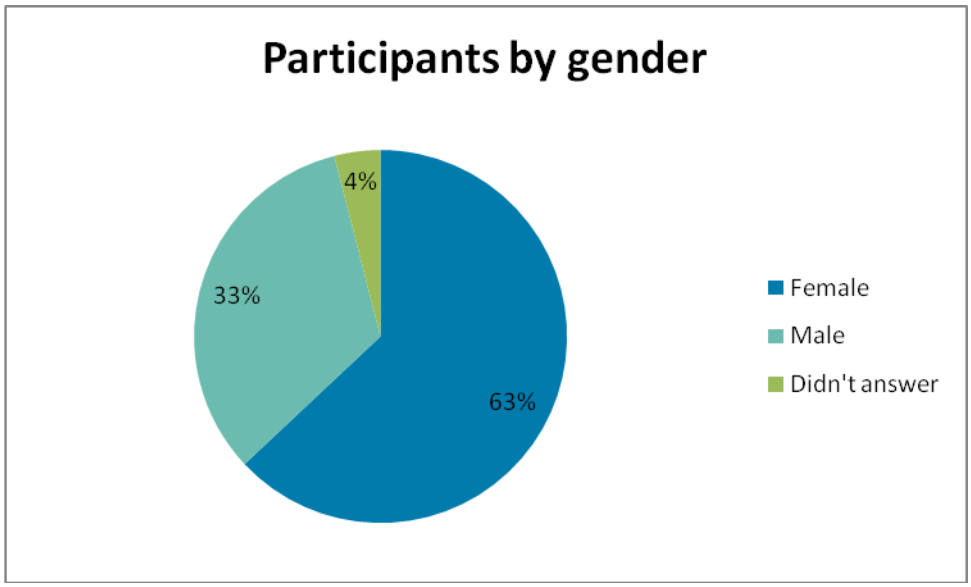
Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Other Asian (please say)	

Mixed	
White and Black Caribbean	
White and Black African	
White and Asian	
Other Mixed (please say)	
Chinese or other ethnic group	
Chinese	
Other ethnic group (Please say)	

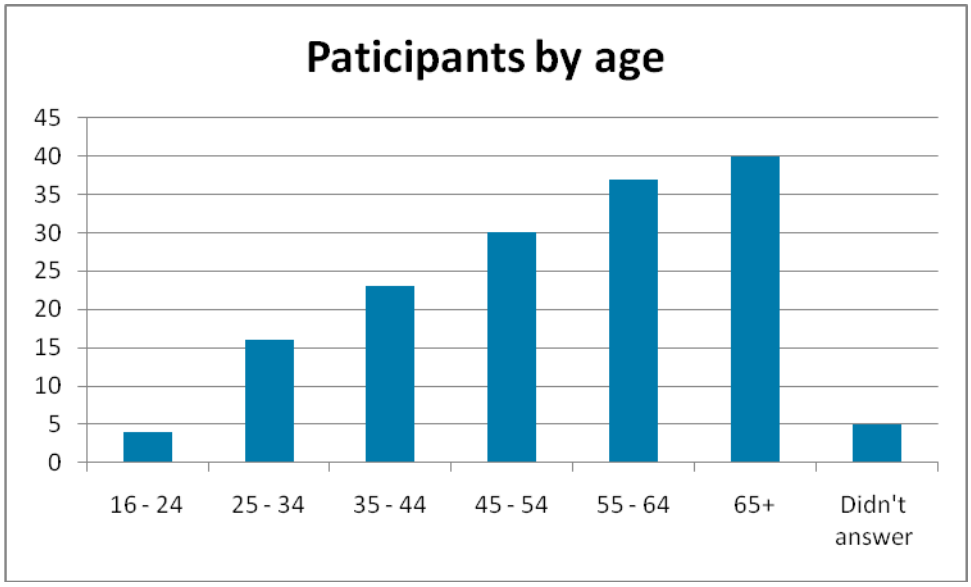
Where in the hospital:	
Date and time:	
Initials:	

Appendix 4: Details of survey sample

Gender



Age



Ethnic group

Ethnic Group	Number	Percentage
African	3	2%
Bangladeshi	1	1%
Black or Black British	2	1%
British	116	75%
Caribbean	1	1%
Chinese	1	1%
Indian	14	9%
Irish	4	3%
Pakistani	1	1%
Didn't answer	8	6%
Other	3	2%

Appendix 5: report of observations

Date	Information seen
19 August	No impression survey leaflets, unsure if there were PALS leaflets in the main entrance area. There were impression leaflets by the listening booth and post boxes. There were no impression survey leaflets, PALS leaflets and post boxes available in the main outpatient area. On the information desk there were PALS leaflets but no impression leaflets and a box for collecting completed surveys.
28 August	No leaflets were found in the main entrance area by the two post boxes. Nobody was at the listening booth. There were two impression leaflets under other leaflets at the information desk in the main outpatient area.
29 August	Impression survey leaflets were found in the main entrance. There were no PALS leaflets and no one was at the listening booth. No information regarding PALS and impressions leaflets found in the outpatients area. The complaints procedure was in clinic 3 and in fracture clinic (hidden by another notice in the fracture clinic though).
2 September	There were 1 or 2 impression survey leaflets in the main entrance, this was not in a very obvious place. No one was at the listening booth. There was a post box by WHS. No impression survey leaflets and PALS leaflets were found in the main outpatient area.
3 September	No impression survey leaflets in the main entrance, there were leaflets by the listening booth and by WHS. Impression survey leaflets and were found in the main outpatients area, in the corner to the left of the door (not a very obvious place).
5 September	Impressions survey leaflets were found in the main entrance area. PALS leaflets were not. Impression survey leaflets were found in the outpatient area but PALS leaflets were not. No leaflets or post boxes were found on the information desk in outpatients.

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