

LISTEN... AND LEARN



# Listen... and learn

A report from the National Audit Office (NAO) highlighted deficiencies in the way that complaints are dealt with in health and social care. Les Bright looks at some of the reported failings and the steps that are being taken to improve the situation through the creation of a single system.

## Complex, confusing and costly

There are currently two separate statutory systems for handling complaints made about health and social care services. They differ in many ways including the number of stages, the timescales associated with working through those various stages and the availability of support for complainants to assist them through the process. The Parliamentary and Health Service Ombudsman (PHSO) is the ultimate reviewer of NHS complaints, with the Local Government Ombudsman (LGO) playing that role in relation to complaints about social care.

**During 2006-07 local authorities received just over 17,000 complaints about social care services for adults.**

The NAO conducted an evaluation of these systems in parallel with work the Department of Health undertook in preparation for new arrangements that will be taking effect from April 2009. This evaluation revealed that the estimated cost of handling complaints, excluding Ombudsman costs, exceeded £100 million in 2006 – 07. Social care accounted for £13 million, around 10 per cent of it, on providing advocacy support for complainants. During that year local authorities received just over 17,000 complaints about social care services for adults, substantially fewer than the NHS which received over 133,000 written complaints. More

than 30 per cent of the NHS complaints concerned primary care services, hence the much higher level of spending. One of the key concerns, expressed each time that complaints systems have been reviewed, is the failure to learn from experience.

## No surprises?

The NAO survey confirmed what many of us know from our own practice - that people who may have legitimate cause for complaint frequently don't then go on to register their concern formally. In some cases this may be because the individual doesn't feel confident that the complaint will be treated seriously

or that anything will change as a consequence. Making a complaint sometimes requires reserves of energy and inner strength, often in excess of an individual's capacity, in order to stay the course. Far too many people whom I have interviewed or supported in the course of my work describe the journey they have embarked on as time-consuming, confusing and, at worst, adding to the anger and frustration they felt. 'Why can't they just apologise, and acknowledge that they got it wrong?' is one of the most frequent retorts from dissatisfied users or their families.

**'Could do better'**

The NAO used a variety of methods to collect information from a range of sources: health trusts, local authorities, the ombudsman services, the Commission for Social Care Inspection, the Healthcare Commission, the Department of Health and an omnibus survey of users and carers carried out by an independent company. These mixed methods have enabled the development of a comprehensive picture of the current situation and the factors impacting on the effectiveness of statutory complaints procedures.

The survey revealed that six per cent of adults had been in contact with providers of social care services in the preceding three years and that 86 per cent of them were satisfied with the experience. Given the context for so many of those contacts – being in some kind of crisis, needing help and having to face up to and make difficult decisions – this could be seen as a reasonably good level of performance.

But 14 per cent of respondents were in some way dissatisfied.

It's interesting to note that people's concerns are much more likely to be generated as a result of their contact with staff rather than through perceived injustices within the charging system – a topic that so often attracts criticism and claims of unfair treatment. The increased attention being given to protecting and promoting dignity and respect ought to have a positive impact on people's experiences of care services. However, it may take

Five main areas requiring attention

- Complainants need clarity on how to access the system and to have confidence in it.
- The culture and attitude of organisations need to be more open and constructive towards complaints.
- Complainants should receive a well-informed response in a reasonable time, which addresses their concerns.
- Complainants dissatisfied with the initial response need to feel that their concerns will be investigated consistently by people independent of the complaint.
- Organisations need to show evidence that lessons are being learned and improvements made as a result of complaints.

Extract from *Feeding back? Learning from complaints handling in health and social care* available at [www.nao.org.uk](http://www.nao.org.uk)

Common reasons for dissatisfaction with adult social care services

	% of respondents
• Bad standard of treatment/not treated properly	26
• Uncaring attitude/being fobbed off	13
• Inaccurate/mis-diagnosis, bad/wrong advice	10
• Patronising/rude/intimidating attitude	9
• Not being listened to/not being understood	7
• Expense/ payments/cost	6
• Lack of information/bad communication	5

Principles of good complaint handling

1. Getting it right - acting within the law and relevant guidance and with due regard for the rights of those concerned.
2. Being customer-focused - having clear and simple procedures and dealing with people promptly.
3. Being open and accountable - providing honest evidence-based explanations and giving reasons for decisions.
4. Acting fairly and proportionately - treating people fairly, without prejudice and treating staff complained about in a similar fashion.
5. Putting things right - acknowledging mistakes, apologising where necessary and providing remedies promptly.
6. Seeking continuous improvement - learning from complaints and making changes.

Extract from PHSO publication available at [www.ombudsman.org.uk](http://www.ombudsman.org.uk).

► considerably longer to shift attitudes among staff whose personal style is considered to be patronising, rude or intimidating.

One third of dissatisfied people went on to make a formal complaint, with a further third making an informal complaint to which they did not expect to get a formal response. As we know, one of the principal reasons people don't complain is because they doubt that anything will change. This underlines the importance of not only doing something to put right what may have gone wrong, but also taking steps to ensure that changes occurring as a result of feedback and complaints are publicised. Publicising changes implemented in response to user feedback gives the organisation an opportunity to provide evidence that it has listened to the communities it serves, and has an open culture that welcomes the opportunity to reflect on and take action around its failings.

### Timing and commitment

Ninety five per cent of complaints don't go beyond stage one - and this should mean that matters are resolved more rapidly. The target for dealing with matters in this part of the process is to reach a conclusion within 10 working days or to extend to no more than 20 working days. During the six month period of the survey just over three quarters of complaints received a response within the 20-day period, with 81 per cent of local authorities responding on average within 20 days or less.

The most frequently cited reason for failing to meet this target was the availability of staff and managers for interview and discussion; while the complexity of the complaint accounted for delays in 32 per cent of cases. More worryingly the commitment or attitude of operational managers was cited as a delay in 31 per cent cases. This lack of commitment could be seen as responsible for passively delaying, or actively impeding, an investigation. Such delays can adversely affect public perception of the organisation as being arrogant, or unwilling to learn from its mistakes – or both. When labelled in this way winning back confidence can be a long and hard road to travel.

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Clearly high-level support for a culture of openness is vital, but it's important that this is understood and owned throughout the organisation to ensure the integrity and credibility of any systems. Systems and processes that work well – in terms of meeting target times for handling issues - are only one part of the issue. Even more central is the extent to which the system is capable of delivering an improved outcome or a satisfactory explanation of why it hasn't been possible to change the way in which a service operates. It seems that the overwhelming majority of local authorities don't conduct satisfaction surveys to establish users' views on the way that their complaint was handled and the outcome achieved.

### All change

A new single system approach to handling complaints will be introduced in April 2009. This is consistent with the NAO findings and with the growing closeness between commissioners and

providers of health and care services. Detailed guidance has yet to be published, but the Department of Health has been supporting, and learning from, a network of 'early adopters' in 12 sites across the country, covering 96 health and care organisations.

Another key change occurring at the same time is the beginning of the new regulatory system for health and social care. Among the proposed requirements, with which care providers will have to comply in order to register with the Care Quality Commission, is one that relates to 'responding to people's comments and complaints'.

The resources coming out of the early adopters network and a new PHSO publication (see panel on page 31) provide invaluable information to enable providers to review and, where necessary, revise their own procedures so as to be fit for purpose.

CMM

**Les Bright is an independent social care consultant.**  
Email: [brightles@aol.com](mailto:brightles@aol.com)