



## Complaints Journeys in Sandwell



*Report by Healthwatch Sandwell*

*Publication date: June 2018*





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### DISCLAIMER

This report is based on the views and experiences of respondents. Due to the nature of this approach, we recognise that there may be differences between people's views and providers' intentions. Efforts have been made to ensure information is accurate or where necessary, reflect more than one view, whilst keeping to the brief.

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## Summary

As a consumer champion for the public, Healthwatch Sandwell (HWS) regularly listens to experiences about unsatisfactory care and signposts to the most appropriate complaints handler.

It is evident from listening to the public's experiences of making complaints that their journey is varied. Some experiences are positive: however, a large number are negative, with some respondents giving up pursuing their complaints. As a result of listening to these experiences, HWS carried out an investigation into the complaints experiences of people who are dissatisfied with health and care services.

Based on the findings, HWS makes the following recommendations:

- Complaints handling for ALL health and social care services to be independent and made available to service users in one place. This could be through the creation of an independent complaints handler.
- Each service provider within health and social care services to review their complaints procedures to ensure that they are simple and effective, and meet complainants' needs.
- Consider support for filling in forms and not just leaving it to the complainant. This will help address inequalities and discrimination many service users face e.g. literacy and language skills.
- Provide information packs that include accessible information about the service's complaints procedures.
- Ensure that there is independent and impartial support (advocacy) for all complaints, not just NHS complaints that are currently supported by Independent Complaints Advocacy Service.

There were 9 health and social care services that were complained about considered in this

report, and a total of 31 complaints. 39% of the complaints were about General Practitioners (GP) and 29% were about Sandwell General Hospital.

Respondents identified various places where they had found out where to complain to, with HWS scoring highest (52%). 15% found out what to do by talking to other patients.

39% were satisfied with the outcome of the complaint investigation, 35% were dissatisfied and 26% decided to abandon their complaint.

Respondents' main aim from making a complaint was to have the complaint resolved. 29% expressed a desire to improve practice so that other patients would receive a better service and not have similar negative experiences.

Respondents gave a comprehensive list of whom they reported the complaints to. It is evident from this that respondents contacted more than one person; a total of 66 complaint handlers were contacted for 31 complaints.

Respondents identified 'good communication' as the aspect that made the experience effective i.e. being listened to. It was noted that it was helpful that the complaint reached the 'right' people, receiving accurate information and staff doing what they had said they would, especially returning calls.

A variety of themes emerged that contributed to the experience not being effective. Some of these themes included: poor communication and a lack of knowledge by the provider of their own procedures. 13% of complainants stated that they had no acknowledgement of their complaint and had to pursue it repeatedly with the provider.

26% of the respondents abandoned their complaint. A lack of trust and low expectations



of the outcome of the complaint were some of the reasons that the complaint was abandoned.

Respondents gave ideas to improve the process which included having a named person to co-ordinate the complaint and to keep things simple.

Despite various reports and reviews, including Department of Health (2013), Citizen Advice Bureau (2016) and Healthwatch England (2014) that have made recommendations to statutory organisations on how to make the process accessible and effective, there is still confusion, intimidation, distress and frustration for patients. The experiences paint a troubling picture of complaints-handling which is overly antagonistic, pushes people away, delivers unsatisfactory resolutions and fails to be learnt from.

A total of 51 people were contacted to discuss their experience, but 21 declined to take part. This was due to many reasons, including not having the time and wanting to put the situation behind them.

The methodology used in this research was qualitative and respondents were interviewed using a survey with 9 open questions. Respondents were interviewed by telephone, at their home or HWS office, between 1<sup>st</sup> July 2017 and 31<sup>st</sup> December 2017.

The aim of this project was to examine the complainant's journey and to make recommendations to providers of services to ensure that the patient/service user/carer experience is satisfactory. The project did not report on what the complaint was about but about the complaint process.

## Recommendations

- Complaints handling for ALL health and social care services to be independent and made available to service users in one place. This could be through the creation of an independent complaints handler.
- Each service provider within health and social care services to review their complaints procedure to ensure that it is simple and effective to meet complainants needs. This report has highlighted such things as:
  - Provide a meeting with a named person
  - Acknowledge the complaint in writing
  - Return telephone calls
  - Be clear of the process with time scales
- Consider support for filling in forms and not just leaving it to the complainant. A detailed list of practical suggestions can be found on pages 6 and 7.
- Provide information packs that include information about their complaints procedure. These packs need to be made accessible to all and include a variety of formats to meet language and disability needs.
- Ensure that there is independent and impartial support (advocacy) for all complaints, not just NHS complaints that are currently supported by ICAS<sup>1</sup>. Department of Health (2013) and Francis, R. (2013) noted that support for making a complaint is insufficient and hard to locate. They also identified that even where support exists, it is not necessarily independent.

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<sup>1</sup> Independent Complaints Advocacy Service (ICAS), a free, confidential and independent service that

supports people through the NHS complaints process.



## Findings

51 people were contacted with 30 being surveyed. Their backgrounds were mixed (see appendix one).

21 declined to take part. This was due to many reasons including not having the time and wanting to put the situation behind them.

There were 9 services that were complained about, and a total of 31 complaints (see appendix two). 39% of the complaints were about General Practitioners (GP) and 29% were about Sandwell General Hospital.

Respondents identified various places where they had found out where to complain to (see appendix three). Healthwatch Sandwell was the commonest place for advice (52%). This can be attributed to the fact that HWS role is to collate data about patients' experiences and the majority of the sample group were people that had been in touch with HWS.

15% found out what to do by talking to other patients.

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*39% of the complaints were about General Practitioners (GP) and 29% were about Sandwell General Hospital.*

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39% were satisfied with the outcome of the complaint investigation, 35% were dissatisfied and 26% decided to abandon their complaint. (see appendix five for the breakdown of complaints).

The following provides further findings based on individual survey questions:

### What were you hoping to achieve?

This investigation asked respondents what they were hoping to achieve from raising a

complaint. In the first instance, a solution to the complaint was required. 29% also expressed a desire to improve practice so that other patients would receive a better service and not have similar negative experiences.

Respondents wanted commissioners and providers of services (staff at a variety of levels) to learn from their complaints to improve their practice.

Two respondents stated they wanted justice for their relative and the service to take responsibility for their action by acknowledging what had occurred. Respondents recognised that the outcome 'might' not have changed i.e. death of relative.

Another respondent wanted disciplinary action for the member of staff that caused the problem.

Some respondents wanted specific action which took various forms and included:

gluten free food, antibiotics, a disability bus pass, aids to daily living equipment, refund for a paid fine and an appointment to get treatment.

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*39% were satisfied with the outcome of the complaint investigation, 35% were dissatisfied and 26% decided to abandon their complaint.*

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### Who did they report the complaint to?

Respondents gave a comprehensive list of who they reported the complaints to (see appendix four). It is evident from this data that respondents contacted more than one person; a total of 66 complaint handlers were contacted for 31 complaints. This is an indication that although providers may aim to make complaints procedures simple, they aren't. Healthwatch



England (2013) found that complaints are handled at both local and national levels, and can involve a host of different regulators, ombudsmen and authorities. There are so many different organisations involved in handling complaints that the process can be nearly impossible to navigate unassisted and many people's concerns are lost in the system.

Various reports including Department of Health (2013) and YouGov (2013) described the complaints system as 'overly complex and difficult to understand'. They found that people often lodge a complaint with one organisation, only to be told that they need to go elsewhere to air their concern. This was confirmed by (HWE 2014) that identified that there are over 70 different kinds of organisations involved in handling complaints, including service providers, commissioners, regulatory bodies, and ombudsmen.

### What was good about the way the complaint was handled?

The respondents gave feedback about what was good, and the majority of this feedback related to communication that was effective. They gave examples which included staff listening well, showing empathy, being reassuring and polite. Adult Safeguarding (Local Authority), POWhER<sup>2</sup> and the Parliamentary and Health Service Ombudsman were identified as demonstrating excellent listening skills.

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*They gave examples which included staff listening well, showing empathy, being reassuring and polite.*

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It was noted that it was helpful that the complaint reached the 'right' people, receiving accurate information and staff doing what they had said they would, especially returning calls.

One respondent stated that they were not required to fill out any forms, as the member of staff (District Nurse) did all that for her. This took the stress out of the process.

Respondents appreciated an acknowledgment that mistake(s) had been made. One respondent received a letter stating that the organisation would learn from the complaint. This is pleasing to note as Keogh B (2013), Francis, R. (2013), Department of Health (2013) and Berwick D (2013) noted that all-too-frequently, there is a failure to use complaints as a tool to help organisations improve. Complaints are seen as something to be 'managed' rather than as vital information about the performance of an organisation. Without listening to people and their families and learning from what they have to say, the NHS and social care systems will be doomed to repeat their mistakes.

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*Respondents appreciated an acknowledgment that mistake(s) had been made.*

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Only one respondent informed HWS that they had received money as compensation, but no one else commented on this aspect being important or in fact pursued.

### What was not so good about the handling of the complaint?

A variety of themes emerged:

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<sup>2</sup> POWhER is a charity that provides information, advocacy and advice services across England.



## Poor Communication

There was strong emphasis on the lack of effective communication. Although identified earlier in this report that some communication was good and helpful, it was noted by 15% that it was annoying that people did not return calls.

One respondent described waiting in all day for a call to be returned. The Patient Advisory Liaison Service at SGH (PALs)<sup>3</sup> were described as *'inefficient'* when they didn't return calls but when they did they were *'excellent'*.

One respondent described being made to feel a nuisance for keeping on contacting the service, but this contact was made because calls weren't returned.

16% of respondents commented that the response time to their queries was unacceptable. This applied to GP services, care homes and a domiciliary care provider.

Also, there was difficulty getting through to the right person; a respondent stated that it took 5 days to get through to the Practice Manager at the GP Practice, which was frustrating.

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*16% of respondents commented that the response time to their queries was unacceptable.*

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Some communication was described as *'confusing'* e.g. a respondent described that letters would ask for information which the complainant would respond with, but then not hear anything. Then would get letters [*asking for the same information*] from different people and departments, with no correlation between the two. In this instance, a solicitor dealt with it

all in the end and was described as *'my saving grace'*.

## Lack of knowledge by the provider of the service of their own procedures for handling complaints.

There was a lack of knowledge about services' own complaints procedures; one respondent commented that the care home manager and head of the care home company didn't know how to deal with complaints. They did not follow their own procedure in relation to time scales to respond, leaving the complainant to contact them again.

13% of complainants stated that they had had no acknowledgement of their complaint and had to pursue it repeatedly with the provider.

## Poor Practice

There were experiences cited that can be described as *'poor practice'*

Some respondents stated that the provider did not take up the complaint. Another respondent reported that PALs stated that it was *'too complex'*. The latter complainant by-passed the NHS complaint process and sought independent legal advice. One respondent described *'not being believed'*.

One respondent systematically wrote the complaints in bullet points to keep the issues clear. However, some of the points were ignored which meant the complainant had to make contact again.

## Response by provider

The respondents were dissatisfied with the provider's response and /or final outcome:

*'They still haven't accepted that they have done something wrong'*.

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<sup>3</sup> The Patient Advice and Liaison Service (PALs) offers confidential advice, support and information on health-related matters. They

provide a point of contact for patients, their families and their carers



*'I received a half-hearted apology.....I wasn't satisfied and got a further letter, but it was similar to the first'.*

*'They didn't accept responsibility for the staff (behaviour) that was working for them'.*

It is necessary to note that this report does **not** offer a view whether these comments are valid. However, it must be noted that there were strong feelings about the outcome.

### **Lack of impartiality resulted in perceived bias**

One respondent had followed their GP complaints process correctly, which resulted in a meeting with Time2talk<sup>4</sup> and the GP practice. The respondent perceived a lack of impartiality on behalf of the Clinical Commissioning Group (CCG)<sup>5</sup> which they attributed to the contractual relationship of the GP and the CCG. The respondent described the latter as 'defensive' of the GP. The respondent believes that Time2talk is not independent and is 'in cahoots' with the GP. This respondent also commented that notes made by the CCG didn't reflect what had been said. This was challenged by the complainant, but the complaint was abandoned due to the lack of trust in the CCG.

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*26% of the respondents abandoned their complaint.*

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investigation and resolution. They commented that, *'people believe the complaints system is not independent, with organisations being able to "mark their own homework". Investigations into complaints against practices and hospitals are usually conducted by the organisations' own staff, who are not seen as being neutral arbiters'.*

### **Why was the complaint abandoned?**

26% of the respondents abandoned their complaint. See appendix five for list of services where the complaint was abandoned.

As described previously, a lack of trust was cited as a reason to abandon the complaint. The following reasons were also cited as why the complaint was abandoned:

### **Low expectations of the process.**

Respondents described not having confidence in the system. They believed in the first instance that nothing would be addressed or change. In these circumstances, the outcome was unsatisfactory, and the respondents gave up. This confirmed what the respondents were expecting.

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*Respondents gave up because they thought nothing was being done.*

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Department of Health (2013) and Francis, R (2013) noted that there is a lack of independence and accountability in complaints

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<sup>4</sup> A Customer Care Service provided by Sandwell and West Birmingham Clinical Commissioning Group

This team receives feedback from patients or their relatives/carers with regards to Healthcare Services and care/treatment received, including compliments, comments, concerns or complaints.

<sup>5</sup> Clinical Commissioning Group were created following the Health and Social Care Act in 2012 and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.



It was apparent from these beliefs that there was evidence of a 'self-fulfilling prophecy'<sup>6</sup> being played out in this process.

Respondents gave up because they thought nothing was being done. The process was described as '*a waste of time*', especially when correspondence was not replied to either in a timely manner or at all.

### **Circumstances**

Respondents described circumstances that resulted in the complaint(s) being abandoned. These included: family illness, not having the time to take it further due to working, being an informal carer or being unwell themselves.

Two respondents just wanted to put the experiences behind them and move on:

*'My father just wants to forget what happened.....he almost lost his life'.*

*'She was getting nowhere, and bad memories were coming back'.*

One respondent's health improved so didn't pursue.

### **At what stage was the complaint abandoned?**

The complaint was abandoned at various stages:

If respondents were unhappy with the response or lack of response, then the complaint was abandoned. One respondent followed the procedure but decided to give up and not complete the final stage i.e. the Parliamentary and Health Service Ombudsman. This respondent said that it was too stressful and was dominating their life.

### **Do you have any ideas to improve the complaints process?**

Respondents were asked for ideas to improve the process so they people don't give up or experience stress.

Respondents divided their feedback into 2 sections:

- I. Provider
- II. Complainant

Their ideas included:

#### **The provider should:**

- Acknowledge and respond in writing to the complaint.
- Offer a face to face meeting with complainant and service provider as early as possible.
- Provide a named person to take the complaint, and that person to keep in touch regularly (until conclusion). Even if they don't investigate the complaint to keep in touch.
- Keep the process short and simple.
- Listen to patients.
- Produce a new resident/patient pack to explaining the complaints procedure.
- Conduct a publicity campaign to raise awareness about making complaints for their particular service.
- Should be more transparent and admit that they have done wrong and apologise if necessary.
- For cancer patients to have their own a welfare book, like babies do, which records all actions from care professionals.

<sup>6</sup> Merton, R. K. (1948) The self-fulfilling prophecy, The Antioch Review, 8, 193-210] The self-fulfilling prophecy is, in the beginning, a false definition of the situation evoking a new behaviour which makes the original false conception come true.



### The Complainant should:

- Act as quickly as possible, when they are dissatisfied.
- Photocopy ALL correspondence and write everything down. HWS would also suggest that this can be done by photographing documents e.g. with a mobile phone.
- Get support, especially from HWS.
- Speak to the right person and insist they make notes, as opposed to the complainant having to put the complaint in writing.

## Rationale and Aim

HWS has contact with members of the public who are unhappy with services they have received and want to know what to do to complain. Our role is to signpost to the most appropriate complaint handler and we support the complainant with regular telephone calls to discuss progress and guide appropriately.

The aim of this project was to examine the complainants' journey, from the stage when they intend to launch a complaint, through the complaint process, until the problem is resolved (or not). From the analysis of the findings, recommendations are offered about complaints procedures to providers, to ensure that the patient/service user/carer experience is effective.

The project does **not** report on what the complaint was about, but about the complaint process.

This work was identified as a natural progression from our ongoing signposting and support work.

## Background

As a consumer champion for the public, patients, health and care service users, and

their carers and families, HWS regularly listens to experiences about unsatisfactory care and signposts to the most appropriate complaints handler.

HWS collates data about the patient's complaints journey; from the analysis of this data it is evident that the journey is varied; some experiences are positive; however, a large number are negative, with some respondents giving up pursuing their complaints.

Despite various reports and reviews, including Department of Health (2013), Citizen Advice Bureau (2016) and HWE (2014) that have made recommendations to statutory organisations on how to make the process accessible and effective there is still confusion, intimidation, distress and frustration for patients. The reports paint a troubling picture of complaints-handling which is overly antagonistic, pushes people away, and delivers deeply unsatisfactory resolutions.

Healthwatch England (2013) found that for decades, people have struggled to raise a concern or make a complaint about their health or social care service. Those who have raised a concern frequently find that it is not taken seriously, and nothing happens to improve the service they receive.

When concerns are ignored, isolated incidents soon escalate into the shocking events that occurred under Mid Staffordshire (Francis, R. 2013) and Morecambe Bay Trusts (March 2015) and at Winterbourne View Hospital (December 2012).

This study will examine whether this troubling picture has changed for the better.

## Methodology

HWS has a database of all contacts who have shared their experience of health and social care. This was analysed and people who wanted to complain about the service they had received were highlighted. The latter had been signposted by HWS to the most appropriate



complaints handler. This group became the sample group. A total of 51 were contacted, but 21 declined to take part, for many reasons, including not having the time and wanting to put the situation behind them.

Respondents were interviewed by telephone, at their home or HWS office.

The methodology used in this study was qualitative and respondents were interviewed using a survey with 9 open questions. (see appendix six)

This method encouraged participants to talk about their experiences. The questions were piloted with 6 respondents and then refined to meet the aims of the study.

The interviews took place between 1<sup>st</sup> July 2017 and 31<sup>st</sup> December 2017. The feedback was analysed, and key themes emerged which formed the basis of the findings.

## Ethical considerations

Throughout this study HWS gave consideration to ethical issues. Codes of confidentiality were adhered to and the information gathered was recorded and stored as defined by the Data Protection Act (1998).

Due to the nature of the health and well-being of the patients, the HWS team were sensitive to this and upheld their dignity at all times.

Anonymity was guaranteed.

## About Healthwatch Sandwell

HWS is an independent consumer champion that gathers and represents the public's views on health and social care services in Sandwell. It ensures that the views of the public and people who use the services are taken into account by those who commission and provide services.

Healthwatch Sandwell's activities include:

Experience Gathering. HWS staff meet with the public at various locations including community events, supermarkets, bingo halls, high street etc. They provide information about Healthwatch and ask if people would, 'describe their last experience of health or social care services'.

Enter and View. These are visits to health and social care premises, involving staff and volunteers, to look at the quality of services from the patients' perspective.

Information and Communication. HWS provides information and means for people to contact through various means including: telephone, website, email, public meetings, networking with community groups, Twitter, Facebook.

As part of HWS's statutory functions, it is our responsibility to make:

'...reports and recommendations about how local care services could or ought to be improved.'

(1 Section 221 (2) of the Local Government and Public Involvement in Health Act - 2007)

## Acknowledgement

HWS would like to thank the patients, service users, and relatives who agreed to share their experiences.

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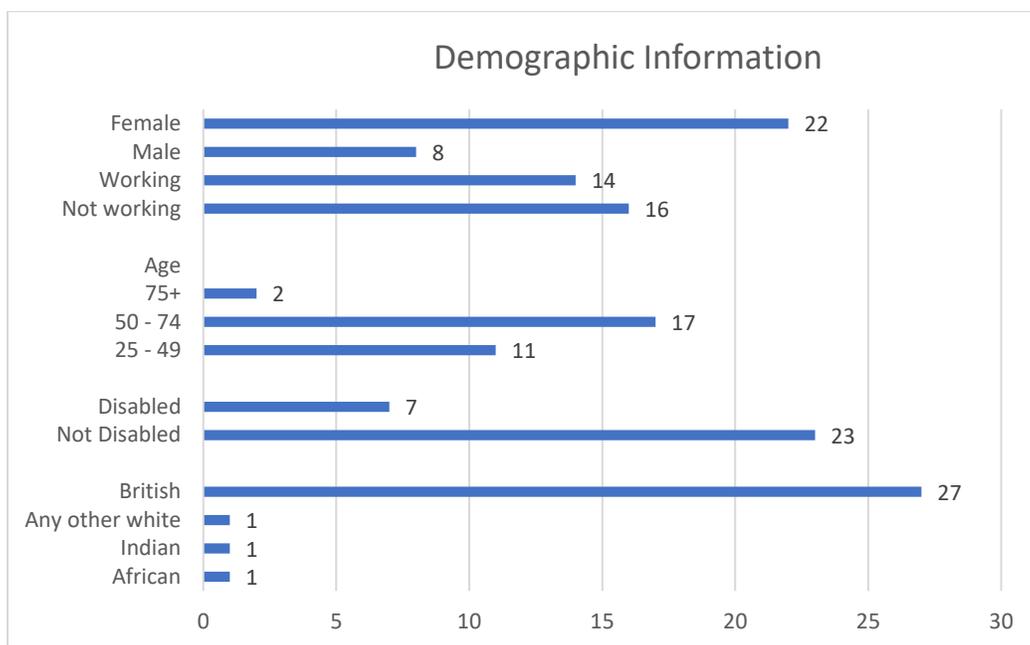
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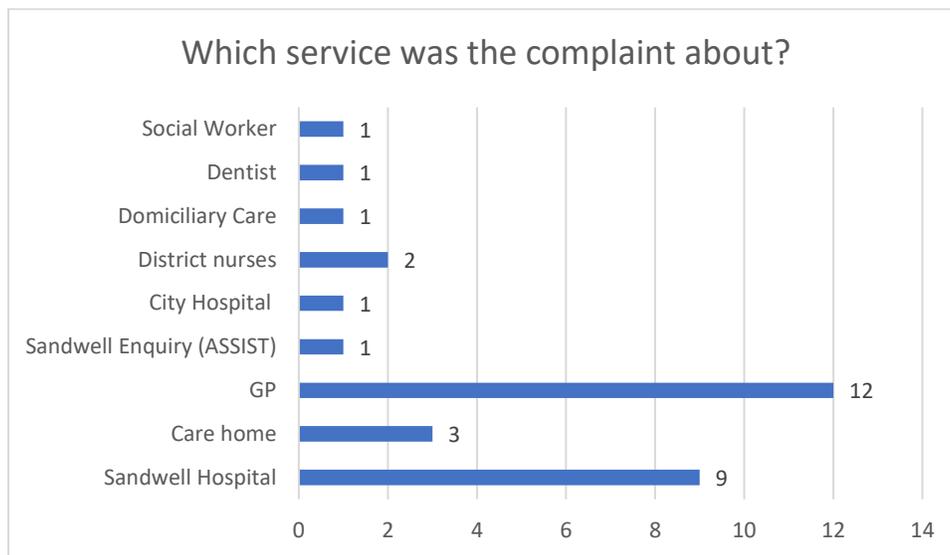
## Appendices

### Appendix One





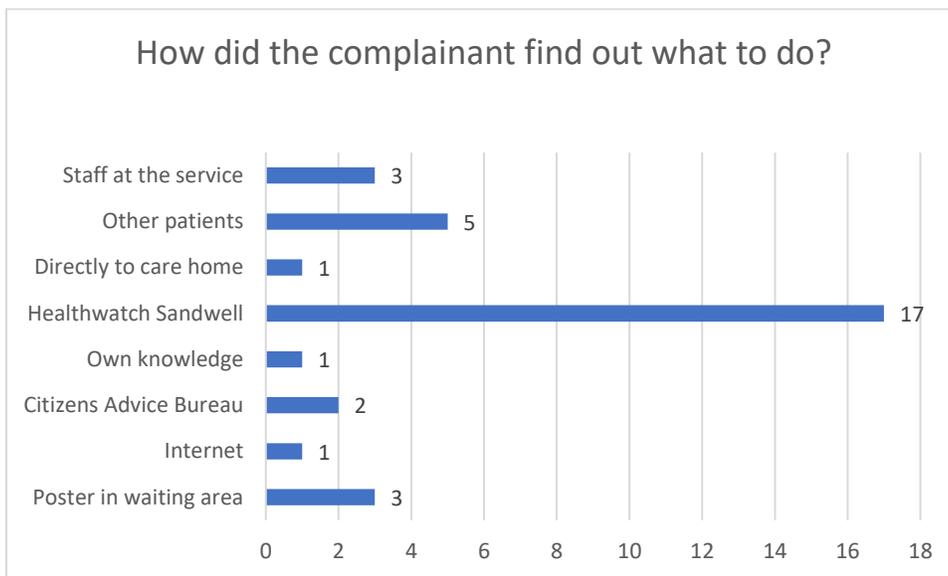
## Appendix Two



N.B. Some respondents complained about one than one service.



## Appendix Three



N.B. Some respondents identified more than 1 source.



## Appendix Four





## Appendix Five

### Service Complaint and Outcome

Sandwell General Hospital									
No. of resp.	Who complained to					Outcome		Abandoned	
	CAB	HWS	Chief Exec.	PALs	Solicitor	Satisfied	Dissatisfied		
1		✓	✓	✓		✓			
2				✓			✓		
3		✓		✓			✓		
4		✓		✓			✓		
5				✓		✓			
6		✓		✓				✓	
7				✓		✓			
8			✓				✓		
9	✓	✓			✓		✓		
<b>Total</b>	<b>9</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>7</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>1</b>

General Practitioners											
No. of resp.	Who complained to							Outcome		Abandoned	
	CAB	HWS	Time 2talk	Prac-tice Mgr.	GP web site	Receptionist	POWHER	Satisfied	Dissatisfied		
10		✓	✓						✓		
11		✓		✓						✓	
12		✓				✓				✓	
13		✓		✓				✓			
14		✓		✓				✓			
15		✓		✓					✓		
16		✓								✓	
17				✓				✓			
18		✓								✓	
19		✓			✓					✓	
20	✓	✓					✓		✓		
21			✓	✓					✓		
<b>Total</b>	<b>12</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>5</b>



Care Home											
No. of resp.	Who complained to							Outcome		Abandoned	
	CAB	H W S	Care Home Mgr.	Head of Care Home	Safe guarding	Local Authority Complaints	Ombud -sman	Satisfied	Dissatisfied		
22			✓							✓	
23			✓	✓	✓			✓			
24 *	✓	✓				✓	✓	✓			
<b>Total</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>		<b>1</b>	

Social Worker								
No. of resp.	Who complained to				Outcome		Abandoned	
	CAB	H W S	Local Authority Complaints	Ombudsman	Satisfied	Dissatisfied		
24 *	✓	✓	✓	✓	✓			
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>			

\* Respondent number 24 complained about 2 services

City Hospital						
No. of resp.	Who complained to			Outcome		Abandoned
	Ward Staff	PALS		Satisfied	Dissatisfied	
25	✓	✓			✓	
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>	

Sandwell Enquiry (ASSIST)						
No. of resp.	Who complained to			Outcome		Abandoned
	Local Authority Complaints			Satisfied	Dissatisfied	
26	✓			✓		
<b>Total</b>	<b>1</b>	<b>1</b>			<b>1</b>	



District Nurse							
	No. of resp.	Who complained to			Outcome		Abandoned
		HWS	District Nursing Services	Time2talk	Satisfied	Dissatisfied	
	27	✓	✓		✓		
	28	✓	✓	✓	✓		
<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>		

Domiciliary Care							
	No. of resp.	Who complained to			Outcome		Abandoned
		Domiciliary Care Company			Satisfied	Dissatisfied	
	29		✓				✓
<b>Total</b>	<b>1</b>		<b>1</b>				<b>1</b>

Dentist								
	No. of resp.	Who complained to				Outcome		Abandoned
		HWS	Dentist	NHS England	Dental Assoc.	Satisfied	Dissatisfied	
	30	✓	✓	✓	✓		✓	
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>	



### Complaints Survey

**AIM:**

What is person's experience of complaint procedures?

This is NOT about the content of the complaint but about the process.

	<b>Survey questions:</b>
Q1.	Which Service was the complaint about? (brief, may include the role of the professional, if relevant)
Q2.	How did the complainant find out what to do? How did you find out where to complain to?
Q3.	What were you hoping to achieve from making this complaint?
Q4.	Who did you report the complaint to?
Q5.	What was good about the way the complaint was handled?
Q6.	What was not so good?
<b><i><u>If complaint was abandoned, please answer questions 7 and 8</u></i></b>	
Q7.	Why did you abandon the complaint?
Q8.	What stage did you abandon the complaint?
Q9.	Any recommendations to improve the process so that people don't give up or experience stress?