



Unite Amicus Section response Making Experiences Count: A New Approach to Responding to Complaints

1. Introduction

This response is submitted by Unite the Union Amicus Section. Unite is the UK's largest trade union with 2 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction and not for profit sectors, local government, education and the health service.

Unite Amicus Section is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. This includes seven professional associations - the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, health care science, family of psychology, counsellors and psychotherapists, the family of dental professions, audiology, optometrists, opticians and estates and maintenance.

Unite Amicus Section is disappointed that there was no references to working with staff representative bodies such as trade unions. The union shares the objective of a robust, complaints system that is fair to all, and believes that professions and their organisations have a key role in working with government, PCTs, patients and service users in achieving this aim.

2. Key Features of simple, efficient, timely complaints arrangements.

2.1. It is interesting that this document suggests that there should be a reduction in the targets and procedures directed by central government (para 63), preferring for individual areas to organise their own systems.

In fact it is recognised in detailed policy background document, para 3.28, that the "Healthcare commission has encountered high numbers of

requests for independent review with up to one third of requests made inappropriately as trusts haven't made every effort to complete a successful local resolution". In the consultation document, para 44, it states that "advocacy can also be made available...but we have learned from service users that provision can vary greatly depending on their needs". Does this suggest that for an effective system to be delivered, there should be direction from the government level?

Another problem with each area creating their own system, is that it would make it more difficult to correlate figures giving a regional/national picture and also may reduce the ability for organisations to learn from others' mistakes.

2.2. A simple unified system is easy to understand by the general public.

2.3. Better information to be available on the system, easily accessible.

2.4. Advocacy service for all wishing to make a complaint. Complaining can be a daunting process for the public who do not understand the way health and social care systems work.

2.5. Involving the complainant in the process should increase their confidence that the complaint is being taken seriously.

The system should cross organisational boundaries, with a duty of care on all organisations to cooperate in responding to a complaint, including independent health providers and social care providers. The current system does not reflect the many organisations which may be involved in health or social care.

2.6. There are too many examples currently of organisations being unable to resolve a complaint as another organisation was involved in the service provision, but the second organisation is not interested as it is not "their" complaint. This problem will increase if the drive to commissioning a diversity of providers continues. Having differing local systems will exacerbate this problems more as PCTs/SHAs are encouraged to 'group to together' to commission some services so in theory you could have a service operating across 2 different SHAs with different complaint systems.

2.7. The duty to cooperate should include the 3 Ombudsmen.

2.8. Promotion of a culture to learn from complaints as in the best commercial companies. Customer focus normally leads to service improvements.

- 2.9. As part of promotion of the learning culture, complaints need a higher profile within NHS organisations so that learning actually happens.
- 2.10. Setting standards for dealing with complaints with monitoring by the appropriate organisation regulatory organisation, e.g. currently the healthcare commission should assist in improving the way complaints are handled.
- 2.11. Better staff training to nationally agreed standards would avoid some of the current problems.

3. Features that the new arrangements must have

- 3.1. As highlighted by the recent Audit Commission report, “a common approach would improve risk management of complaints and manage the expectations of complainants”.
- 3.2. Standards for handling complaints need to be agreed and set nationally.
- 3.3. Unite Amicus Section is very concerned that the whole document is very light on reference to how the individuals that may be the subject of a complaint should be treated. Staff must not be victimised by the process and should be allowed to give evidence in any enquiries without the complainant present if they wish.
- 3.4. Para 49 highlights that “it is important that organisations act fairly and with integrity, being transparent in their dealings with people making complaints and treating people with dignity whilst respecting their rights.
- 3.5. To ensure that the new arrangements are fair to everyone involved in resolving a complaint”, the same importance should be put on ensuring that the person that is being complained against has the same rights. Especially in cases where it could be demonstrated that the complaint is of a vexatious nature.
- 3.6. Staff must be treated fairly and supported through the process to avoid them becoming demoralised through the process. Staff who suffer false accusations need to be particularly supported.
- 3.7. Achievement of early and effective resolution of complaints is very important not only for the complainant but also for the staff involved in the incident causing the complaint and for future service provision.
- 3.8. There needs to be a system to identify false accusations and deal with them appropriately, including explaining to and supporting the complainant to realise their error.

3.9. Because the complaints system needs to be a national standard system, training in complaints handling to the standards set and agreed should initially be nationally funded, organised and rolled out.

4. Arrangements that need to be put in place to ensure vulnerable people know about and use the new arrangement

4.1. The complaints procedures should be publicised well. This will be hampered by the fact that the new recommendations are that it moves towards a less uniform system across the country. This will therefore make it more difficult for a wide- spread message to be adopted. This also creates further confusion for those carers that live in one area and support a family member in another area. They may well have to negotiate a system that is 'foreign' to them.

5. Ensuring that local health and social care bodies own and are responsible for complaints

There should be an ethos of the importance of effective feedback at all times to services. This should not just be something that is paid lip service to.

Unite Amicus Section has examples of its members supporting clients to complain about a service and then finding themselves facing serious scrutiny from their manager who has suggested that they have tried to incite the client to complain.

It seems in some organisations that complaints are seen as a hindrance to 'important' work.

Training should be given to all staff in how to support and respond to complaints. This however comes at a time when staff members are being expected to take on more roles, with less training due to the problems of overspending in PCTs.

6. Ensuring accountability of health and social care bodies

The consultation identifies that the responsibility for poor complaints handling must lie with a senior authority. This should be strong in that if there is evidence of poor procedures, steps should be taken to prosecute Chief Executives that are responsible (for example in situations where poor complaints handling have led to significant harm to individuals or a population).

7. Monitoring and oversight of complaints

The Healthcare Commission should continue to have this role, and all organisations should be brought under the same scrutiny. It makes a mockery of the system if one 'type' of organisation can act in a different way. After all if the hope of a simple matrix system that is applicable across organisations, then why then create further fragmentation (for example in the case of Monitor).

8. Prescribed timescales

Unite Amicus Section would encourage the current dates to be evaluated. If most complaints are handled within current timeframes then it would seem prudent to keep to them. If most complaints are being responded to outside of timescales, it should be investigated as to whether these breaches are reasonable. If they are then it would be sensible to extend timescales. If not then they should be more rigorously enforced. In the union's experience, many employers will resolve issues more speedily if they have a target date that they must achieve.

9. Learning from complaints

The individual

With effective feedback, so both parties can understand the problems, then there should also be the clear understanding of how the future service will develop with a clear understanding if there are further problems then how these issues can be raised and resolved quickly.

The other users of that service

Any key messages learnt from the complaint should be disseminated across the service (ensuring confidentiality is kept as necessary).

The organisation providing the service/The service commissioner/The local health and/or social care economy/Services at the regional and national level

As above

10. Childrens Social Care and healthcare as a priority

It is difficult to make a recommendation on this issue as there is very little information or evidence contained in the documents as to what a future suggestion may be. However, in para 5.33, it raises the issue that in social care, "complaints handling by local authorities must be child and young person friendly, and appropriate to the age and understanding of the person". Why is this issue raised just in terms of social care. This should also be a priority in healthcare as well.

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