healthwatch
Nottingham & Nottinghamshire

"I have been totally fobbed off! Disgraceful"

NHS Complaints Handling Hot Topic Report

July 2024

“The process was long, laborious and still unresolved... [complaint services] make it painful and exhausting.”

Who are Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully, and that they are transparent in their decision making.

We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen. This is a part of our statutory role under Regulation 44 of The NHS Bodies and Local Authorities Regulations 2012.[1]

Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved. Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.

You can have your say by:

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[1] The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012, UK 2012

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Executive Summary

We conducted a Hot Topic survey into the National Health Service (NHS) complaints handling process. This was based on increasing feedback we were receiving, expressing dissatisfaction, from the people using NHS complaints services in Nottingham and Nottinghamshire. A robust, accessible and transparent complaints process is essential for ensuring patient voices are heard and for continuously improving the quality of services. This aligns with our objectives as the champion for local health and care service users.

Our survey-based study aimed to understand how people engage with the complaints process and identify barriers they face. The findings provide valuable insights that can inform improvements to the complaints systems and enhance patient experience. Our project has been guided by the user-led vision developed by the Parliamentary and Health Service Ombudsman (PSHO), Local Government and Social Care Ombudsman (LGO) and Healthwatch England (HWE). This detailed framework outlines the desired outcomes for patients and service users when complaints are effectively managed. It lists out the five stages patients go through when lodging a complaint, starting from the initial consideration, through to interactions with staff and institutions, to concluding reflections on the overall experience.

Key Findings:

A total of 190 people responded to the survey, with a significant proportion of them (70%, n=133) reporting dissatisfaction with NHS care in the past two years, and only a third (n=47) formally submitting complaints to NHS providers.

Hospital services were the most complained-about category, followed by mental health services and general practitioners (GPs).

The key barriers faced over the complaint journey, *from the patient's perspective,* according to the user-led framework developed by the PSHO, LGO and HWE, were identified as follows:

Stage 1: Considering a complaint

Patients lack confidence in the system due to concerns that their complaints won't make a difference and fear that it might negatively affect their care. The complaint process is often not visible to, or well-understood by patients, further hindering their

ability to speak up. Staff attitudes also play a significant role, as patients need support and encouragement from healthcare professionals to voice their concerns effectively.

Stage 2: Making a complaint

Patients struggle to identify who to make complaints to, particularly when dealing with multiple services. Patients, especially those facing physical or mental health challenges, require additional support to navigate the process effectively.

Stage 3: Staying informed

Patients often feel left in the dark about the progress of their complaints, leading to feelings of being ignored or overlooked. The need to pursue the system for updates has been found as tedious and tiring by patients.

Stage 4: Receiving outcomes

Dissatisfaction with outcomes was common, with many feeling their concerns were not adequately addressed or resolved in a timely manner.

Stage 5: Reflecting on the experience

Patients often expressed a lack of confidence in the complaints process and perceived it as ineffective in driving meaningful change.

While the NHS has comprehensive guidance on complaints handling, our findings, however, highlight significant gaps in its implementation. Addressing these shortcomings can improve the overall complaints experience for patients, enhance patient satisfaction and build trust in the system. By prioritising patient feedback and ensuring a supportive and transparent complaints process, NHS providers can drive positive change and better meet the needs of service users.

Recommendations:

1. Make the Complaint Process Visible and Clear
   Ensure that details on how to make a complaint are prominently displayed and promoted as part of service delivery. Integrating complaints into the healthcare system, acknowledging the importance of knowing how and when to voice concerns, is a fundamental aspect of good care.

2. Listen Actively and Observe Intelligently
   Respond to patient feedback and offer them the opportunity to complain if they express dissatisfaction. Proactively support patients, since addressing

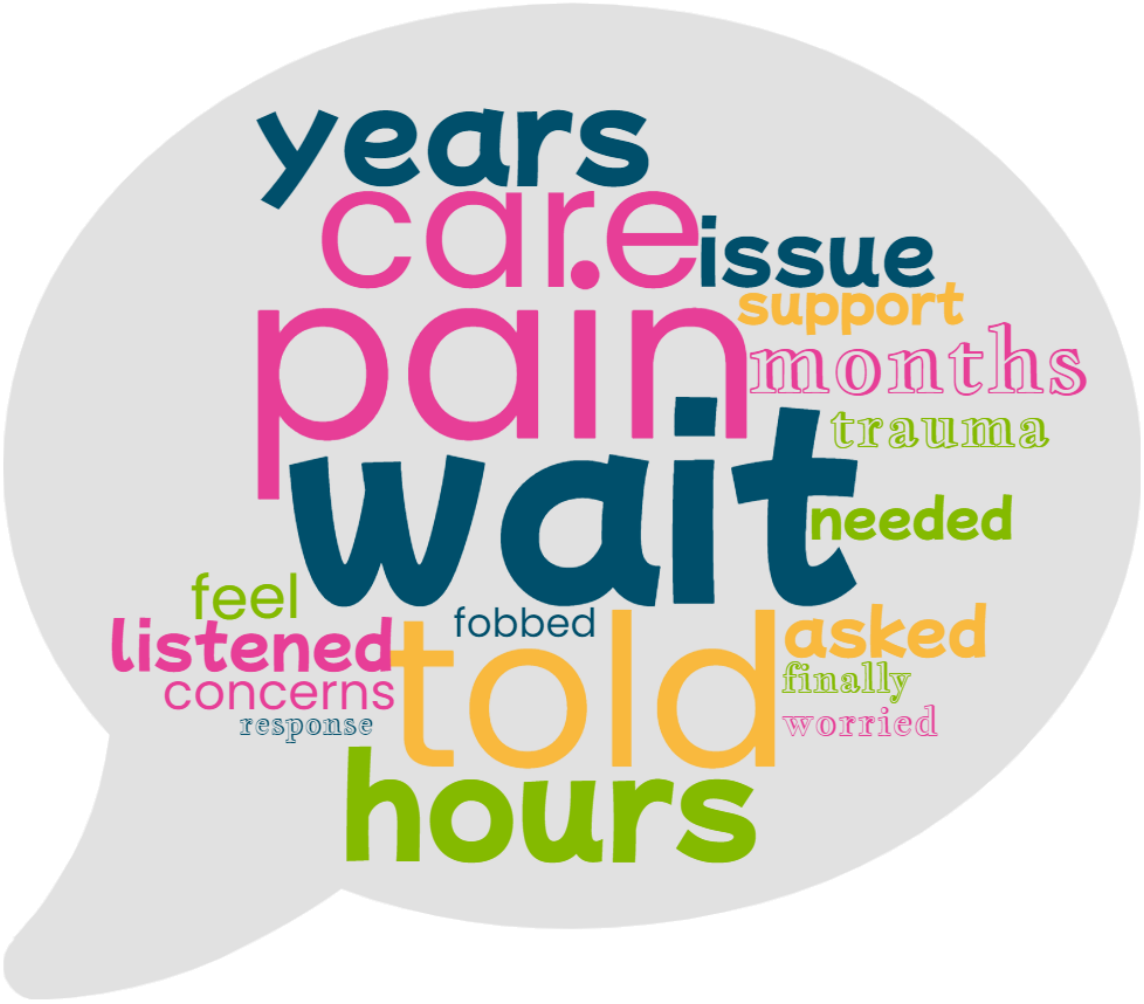
concerns and dissatisfaction early on can lead to swift resolutions as recommended in best practice guidelines.

3. No Wrong Door Approach for Complaints
   If a service receives a complaint and the issue lies with more than just themselves, or is wholly an issue for another service, it is important to take concrete steps actively notify those services that need to be party to the complaint. It is not sufficient to simply reject the complaint as being not relevant to this service. This means staff need a proper level of training and knowledge to provide a supportive environment for patients.

4. Highlight the Distinction Between Complaints and Disciplining
   Some patients are reluctant to raise a complaint as they do not wish to cause trouble for NHS staff. While this speaks to an underlying decency and kindness, it may mean that mistakes are not caught and opportunities to improve services are missed. Moreover, there is an element of staff being defensive towards patients' dissatisfaction, perceived to be associated with unfavourable outcomes for staff. Therefore, it would benefit to remind both patients and staff that complaints are separate from disciplinary actions, and that system learning is prioritized over a blame culture.

5. Ask the Complainant What They Want
   A number of respondents made clear that in complaining no one from the NHS side ever asked them what they were looking for from the complaints process. As early as possible, clarify what the patient is seeking from their complaint. It may simply be an apology, or setting right what went wrong. Others may want the service to demonstrate that it has learned from the error. Getting this step right builds patient trust with the system.

6. Keep Complainants Informed
   Ensure proper communication with complainants throughout the investigation process. Keeping complainants informed bolsters confidence in the system and with the complaint process, while also demonstrating a commitment to address patient concerns.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Introduction

In our role as the champion for the people using health and care services in Nottingham and Nottinghamshire, under section 182 of the Health and Social Care Act 2012[2,3,4], we were receiving increasing feedback from people expressing dissatisfaction with the National Health Service (NHS) complaints process or its outcomes.

A robust, accessible and transparent complaints process is essential for ensuring that patient voices are heard, as well as for continuously improving the quality of services. Since both of these are our key objectives as your local Healthwatch, we wanted to explore this issue further by means of a Hot Topic survey.

We examined how people engage with this crucial system tool and what barriers they face. Furthermore, at the time of writing (2024), some of our local healthcare providers are reviewing their complaints processes. We intend that this report will inform providers in this redesign, drawing on the lived experience of local people.

[2] The Health and Social Care Act 2012, UK 2012
[3] Issues relating to local Healthwatch regulations, Department of Health, UK, 2011
[4] Healthwatch resources, Local Government Association, 2024

Background

A complaint is defined as 'an expression of dissatisfaction that requires a response'.[5] However, a complaint is not just an objection raised by a patient about their experience, it is a second chance for a service, when a patient is feeling let down. The feedback received from patients offers services the opportunity to regain the patient's trust and to improve standards. This understanding has formed the basis of our project.

The NHS states that "the patients are at the heart of everything it does", according to its constitution.[6] And in order to ensure that the patient voice is heard, "the NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services."[6] The complaint system is a crucial element of this feedback loop, which has been stressed time and again by the NHS itself, as well as by various regulatory bodies including the Parliamentary and Health Service Ombudsman (PSHO), Local Government and Social Care Ombudsman (LGO) and Healthwatch England (HWE). The PSHO highlights seeking continuous improvement and the importance of organisational culture that values complaints.[7]

NHS and social care complaints procedure is set out in law, with the local resolution stage governed by the Local Authority Social Services and NHS Complaints (England) Regulations 2009.[8] A very solid framework exists in the NHS Complaints Standards (England) issued in December 2022.[9]

Furthermore, PHSO, HWE, & LGO advocate for ensuring that patient expectations lie at the heart of any system or approach to complaint handling, in order to secure positive outcomes for both parties. In 2014, they published a user-led vision for raising concerns and complaints developed on the basis of their service-user experience research.[10] Since this framework defines what a good complaint

[5] Complaints Policy CG12, NHS Resolution 2021
[6] NHS Constitution for England, UK 2023
[7] Good Complaint Handling, PSHO 2009
[8] The Local Authority Social Services and NHS Complaints (England) Regulations, UK 2009
[9] NHS Complaint Standards, NHS & PSHO 2022
[10] My Expectations for Raising Concerns and Complaints, PHSO, Healthwatch England & Local Government Ombudsman 2014

process looks like from a patient's viewpoint. We have used this framework to guide our project.

"The vision as it stands, lays out a comprehensive guide to what good outcomes for patients and service users look like if complaints are handled well. It does this by presenting a series of 'I statements' laid out across a complaint journey. The 'I statements' are expressions of what patients and service users might say if their experience of making a complaint was a good one. The journey describes the different stages that patients and service users must go through when making a complaint, from initial consideration, through the communications with staff and institutions, to final reflection on the experience."[11]

The stages of a patient's complaint journey, from their own point of view, are:

Stage 1: Considering a complaint

"This stage describes the point at which patients or service users find themselves unhappy with the service they have received (or are receiving) and are considering speaking up about it. Here there are a number of factors that might determine whether or not that patient or service user will actually go on to make a complaint."

Stage 2: Making a complaint

"This stage describes the act of making a complaint. It includes a patient or service user telling a staff member how they feel face-to-face, writing a letter or email, or dialling a phone number to tell someone about their concerns. Primary research reveals that patients and service users choose many different ways of making complaints or registering dissatisfaction.**"**

Stage 3: Staying informed

"This stage describes the complaints process, from the patient and service user point of view. For them, it is less about the specific machinations or details of a policy or system, and more about how they experience the process. Most often, this consists of a series of communications between the complainant and the organisation or

[11] My Expectations for Raising Concerns and Complaints, PHSO, Healthwatch England & Local Government Ombudsman 2014

person to whom they have made the complaint. In other words, it is as much about whether and how they are being kept informed as to what is happening."

Stage 4: Receiving outcomes

"This stage describes the point at which the complainant is told about the resolution of their complaint and about actions that have been taken (or not) in response to their concerns. It is here that a patient or service user might receive a tangible demonstration that their complaint has been used to shape learning or improvement"

Stage 5: Reflecting on the experience

"The final stage takes place after the end of the complaints journey where the patient or service user reflects on the way in which their complaint has been handled. A good reflection would be that they feel confident in the system, that it worked for them and would for others too, and that they would feel willing and able to voice their concerns again."

Our approach

A 'Hot Topic' is an engagement tool in the form of a survey, which we use regularly to engage with the people in our area. This helps us to better understand their experience of the topics highlighted through our ongoing intelligence gathering activities. People were already sharing their concerns about accessing and navigating the NHS complaints systems. The Hot Topic was thus selected as a tool to explore this further.

In order to better inform this project and design the survey, a literature review of the best practices and guidance relating to the NHS complaints process was carried out (Appendix 2: Review of Guidance on NHS Complaints Processes). This not only enabled us to understand the national issues relating to complaints processes, but also to compare our findings to best practice set out by the Ombudsman and other relevant statutory organisations.

We gathered data by running a survey consisting of nine questions, in addition to demographic questions. Our questions collected both qualitative and quantitative responses from the participants. As the survey was concerned primarily with people who experienced dissatisfaction with NHS services, the first question separated out those who had not experienced dissatisfaction in the last 2 years with NHS services received and they were routed directly to the demographic information. Those remaining were dissatisfied with the NHS care for themselves or their loved ones, and therefore had a reason to complain. Their journeys were explored in the subsequent questions.

The survey was open to all people of Nottingham and Nottinghamshire, with the option of electronic (on Smart Survey) or paper versions. It was available on our website and promoted via our social media channels and to various groups and communities across the city and county.

This survey ran from mid-November 2023 to mid-March 2024, and received a total of 190 responses. Many respondents wrote at great length about their experience, for which we are very grateful. The quantitative data was analysed descriptively and using correlational analysis, whereas the responses to the open-ended questions were analysed for dominant themes.[12]

[12] Thematic Analysis, Braun & Clarke 2012

Summary of findings

We had a sample size of 190, which we compared with the Kings Fund *Public satisfaction with the NHS and social care in 2023* report[13]. This report was based on a sample size of 3,374 for England's population of 65.7 million[14]. A comparable population sample size for Nottingham & Nottinghamshire (1.1 million[15,16]) would be approximately 60. So we feel confident in drawing statistically significant conclusions from our data.

Of the total 190 respondents to our survey, 71% (n=133) were women and only 28% (n=52) were men, which is in line with most health engagement activities. There were two individuals who identified as non-binary. In addition, two noted that their gender was not the same as recorded at birth.

In terms of geographical distribution across our patch, 40% (n=55) of the respondents were from Nottingham City, 19% (n=25) from Broxtowe and 15% (n=20) from Bassetlaw. The lowest engagement was seen from Mansfield and Newark and Sherwood, at 1.5% (n=2) each.

55% (n=104) of the people reported living with some impairment or disability, including, but not limited to, long term health conditions (35%, n=63), mental health conditions (27%, n=48), physical or mobility impairment (15%, n=28), sensory impairment (7%, n=13) and learning disabilities (6%, n=10).

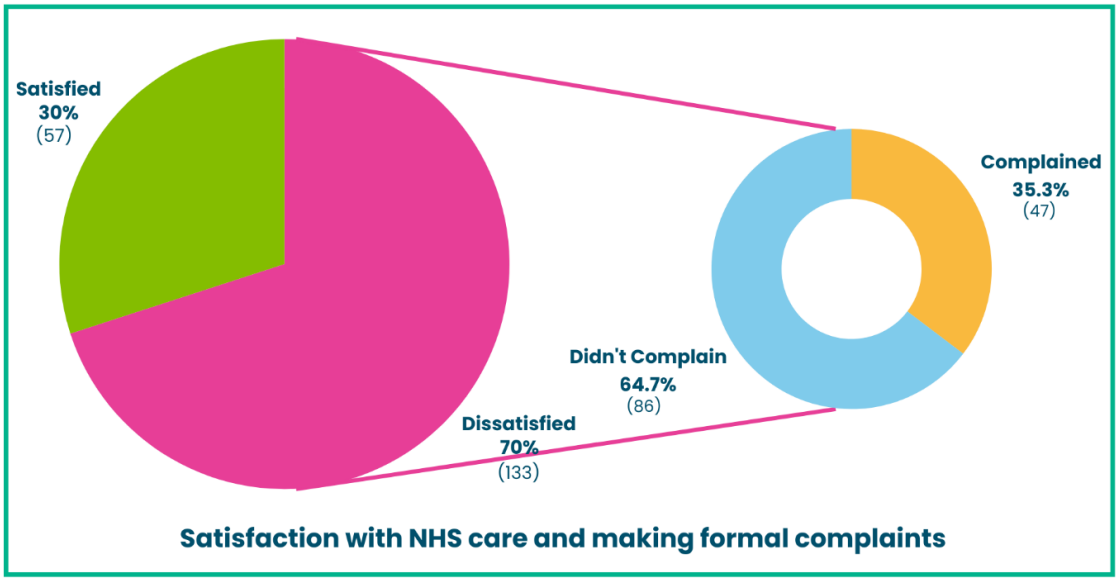
70% (n=133) of all respondents reported dissatisfaction with the care received from NHS in the past two years, either for themselves or for those they care for. We compared this to the findings of the Kings Fund *Public satisfaction with the NHS and social care in 2023*[13,] which reported 52% of the respondents being dissatisfied with the NHS, and 24% being neither satisfied nor dissatisfied. The King's Fund report was based on the National Centre for Social Research's British Social Attitudes survey.

[13] Public satisfaction with the NHS and social care in 2023, Jefferies D, Wellings D, Morris J, Dayan M, Lobont C, 2024
[14] Population estimates for the UK, England, Wales, Scotland, and Northern Ireland: mid-2022, Office for National Statistics 2024
[15] Population, Nottingham Insight 2024
[16] Key population facts, Nottinghamshire Insight 2024

They report this as being the highest level of dissatisfaction with the NHS since the survey began in 1983. Our findings, with 3 out of 4 respondents being dissatisfied with NHS care, coupled with the Kings Fund report suggest a significant deterioration in the degree of satisfaction with NHS services. However, we do acknowledge that labelling our survey as 'NHS Complaints' may have prompted more individuals with negative experiences to participate.

Only a third (n=47) of those dissatisfied with their care submitted a formal complaint to an NHS provider. This trend remains unchanged since 2015, according to a PSHO research[17] based on public service users, revealing a huge gap between people thinking that they should complain and actually doing it.

[17] Only one in three people complain to a public service when they are unhappy, according to new research, PSHO 2015



In order to identify if there were any significant differences amongst those experiencing dissatisfaction with their care or in making a complaint for different categories of respondent, we cross-tabulated the results. We acknowledge that this survey is unable to identify causation, but the cross-tabulation results do suggest that it is worth services looking more closely at their own data to identify such issues.

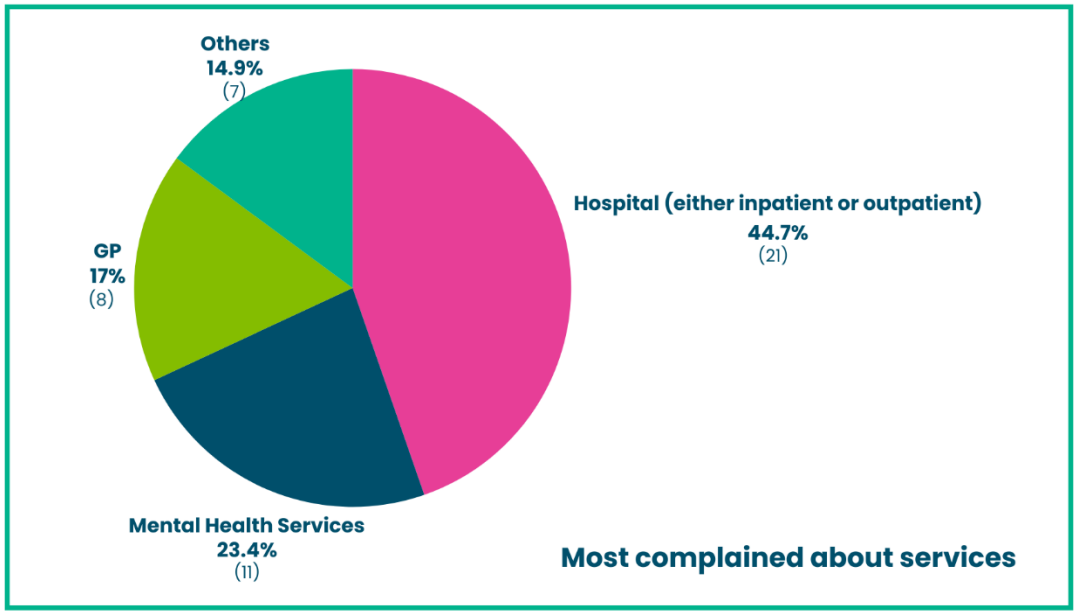
We determined that there was no apparent gender split in the level of dissatisfaction with NHS care or the decision to complain. However, sexual orientation may be a factor affecting the level of dissatisfaction with the NHS services. Gay men and lesbian women have experienced higher levels of dissatisfaction (83.33% and 100%, n=6 and 2) as compared to the average total responses (70.43%, n=133).

An interesting pattern that emerged was that while 56% (n=14) students were unhappy with their care, only one actually lodged a complaint.

In addition, those who considered themselves to be neurodiverse (n=28) also experienced a much higher rate of dissatisfaction with their care (89%, n=25). And only 28% (n=7) amongst them submitted a formal complaint, compared to the total average of 35%.

Considering the strength of these disparities, it would be prudent to explore these trends further through future research.

The next set of questions explored the experience of the 47 respondents who had formally engaged with the NHS complaints process.



The top three services that people complained about were:

1. **Hospitals (either inpatient or outpatient)**: 45% (n=21)
   Hospitals were the most complained about service category. This is likely due to the wide range of services they offer, the complexity of care involved, and the longer duration of patient association.

   Among the hospitals complained about, Queen's Medical Centre topped the list with 65% (n=13) of the complaints, followed by Nottingham City Hospital at 15% (n=3). Both hospitals are under the Nottingham University Hospitals NHS Trust, which serves nearly one million people annually from Nottinghamshire and neighbouring counties[18]. This trend could also be a reflection of the geographical distribution of the respondents, since unfortunately, we did not receive a proportional response from mid-Nottinghamshire.

2. **Mental Health Services**: 23% (n=11)
   This reflects findings from our Specialist Mental Health Services report 2023[19], indicating growing levels of dissatisfaction. This issue has also been

[18] About us, Nottingham University Hospitals NHS Trust 2024
[19] Specialist Mental Health Services, Healthwatch Nottingham & Nottinghamshire 2023

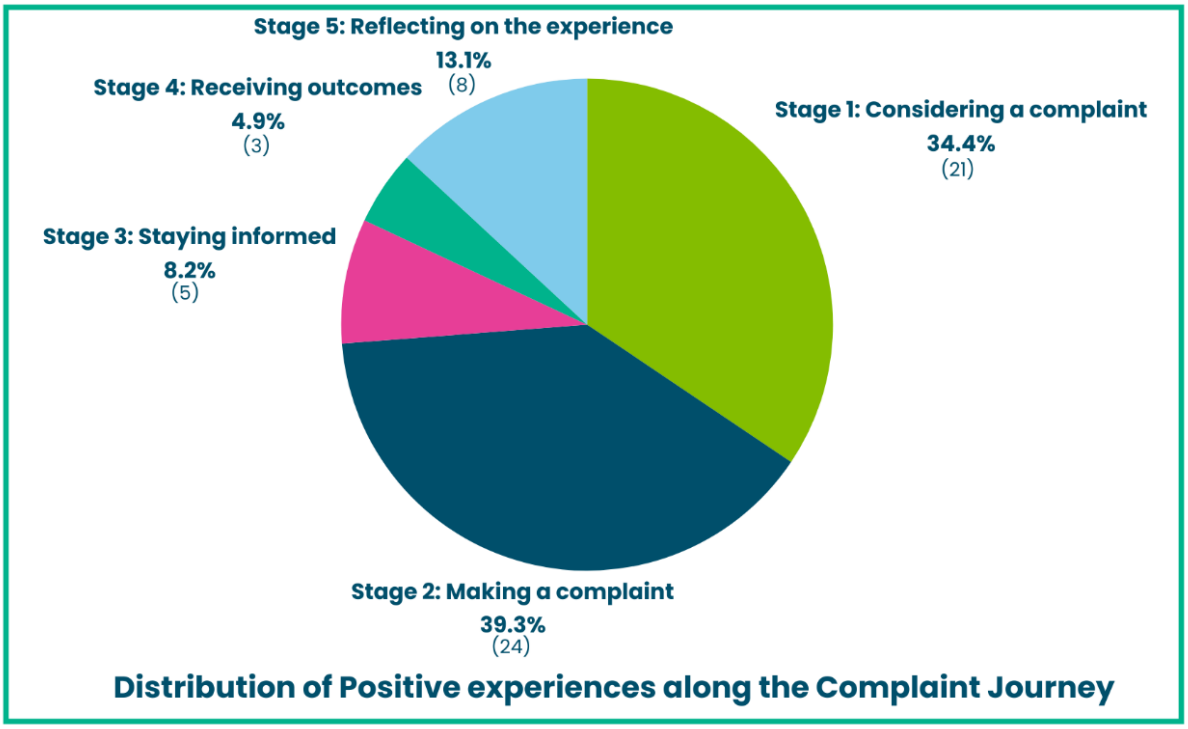
highlighted by the Care Quality Commission (CQC) for Nottinghamshire[20].

3. **General Practitioners (GP)**: 17% (n=8)
   GPs are the primary healthcare providers and thus the first point of contact with the health system. It is to their credit that they are not more complained about in this circumstance.

Based on the *Data on Written Complaints in the NHS, 2022-23*[21], Primary Care (GP and Dental) constituted 54.7% of all written NHS Complaints, whereas only 45.3% were directed towards hospital and community health services. Our findings from Nottingham and Nottinghamshire are different, which perhaps reflects specific issues locally over hospital care. We also note that we did not receive any examples of dissatisfaction with NHS dental services, which is indicative of the difficulty in accessing NHS dentistry and the public's expectation that this is and will continue to be the case.

Next, we gauged the experience of those who lodged formal complaints, by presenting them with a series of positive "I statements" as advocated by the PSHO, HWE and LGO best practice guidance. Respondents had the opportunity to select multiple responses. However, the majority (62%,) selected "none of the above," indicating that a significant proportion did not identify with any of the provided positive responses.

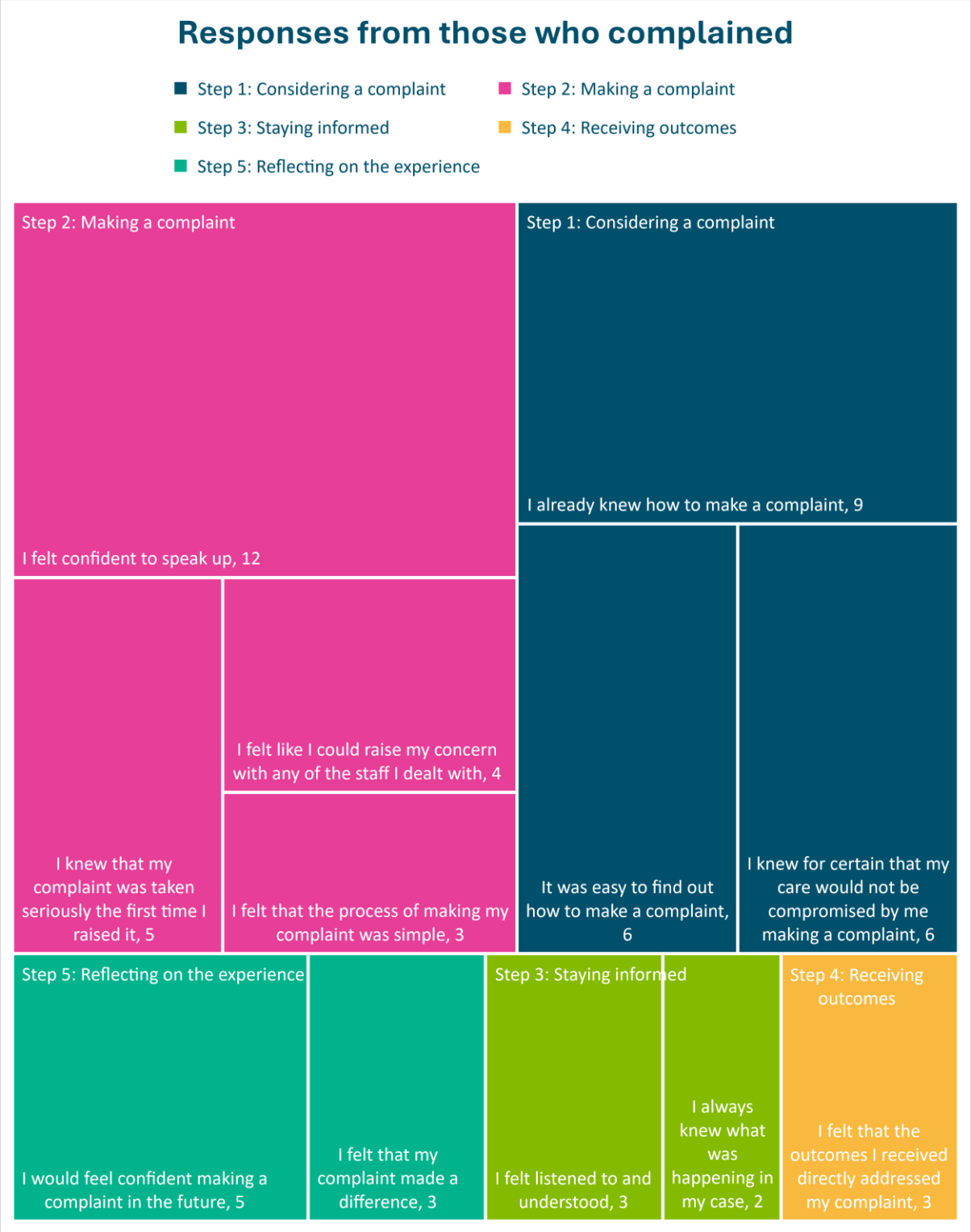
[20] Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust, CQC 2024
[21] Data on Written Complaints in the NHS, 2022-23, NHS England 2023



Distribution of Positive experiences along the Complaint Journey

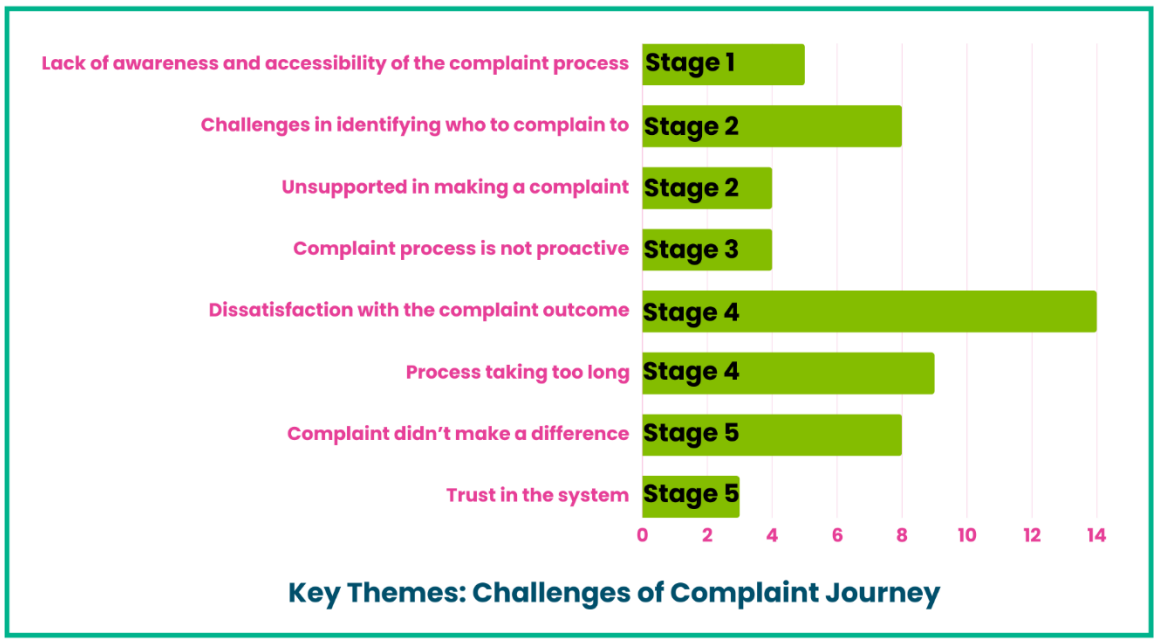
Amongst the responses received, it is noted that people expressed more positivity about the earlier stages of the complaint journey - considering a complaint (stage 1) and making a complaint (stage 2), as compared to the later stages.

The figure overleaf provides a visual representation of the number of people who responded to the various options:



There were 36 respondents who elaborated further on their complaint experiences. While the above statements highlighted the positive experiences of people with

their complaints journey, they expressed the challenges they faced in their free text responses. The key themes that emerged from this qualitative analysis are:



These key themes are discussed below under the five stages of the complaint journey:

Stage 1: Considering a complaint

While the majority of respondents indicated a positive experience with this stage of the complaint journey, as discussed above, one of the challenges highlighted was the **lack of awareness and accessibility of the complaint process**. Five people indicated that they found the process of discovering how to make a complaint challenging and not easily visible.

> "Had to ask for complaints procedure, rather than being informed about it being an option."

Stage 2: Making a complaint

Those who decided to complain also spoke about the **challenges in identifying who to complain to.** Eight people commented on this aspect, especially when dealing with multiple services.

> "We found the initial complaint procedure farcical. We were passed between departments, no one wanted to take ownership. We were given indirect details regarding who we should be complaining to."

> "Difficult to navigate who to complain to."

These experiences give the impression of a non-cohesive system to the patient and can erode their trust in the system. Best practice guidance suggests that responsible bodies should forward the complaint to the right organisation in such circumstances.

Another worry that people expressed was that they felt **unsupported in making a complaint** (n=4). They reported problems such as not being given proper information, experiencing a lack of privacy to make a complaint and not receiving specific information.

> "[My GP] just told me there was nothing he could do and didn't offer any advice or information. I couldn't speak directly to the hospital because no one answered the phone."

Stage 3: Staying Informed

Only two people (out of 46) commented that they were kept informed during the complaints process. Some mentioned the problems they encountered arose with the need to pursue updates, as tedious and discouraging (n=4). When the **complaint process is not proactive,** this places the burden entirely on the complainants.

> "I chased up my complaint...It was a really difficult time for my disabled partner whom the complaint was in regard to, and I felt ignored and not taken seriously"

> "...but i never get any feedback or informed throughout the process"

Stage 4: Receiving outcomes

The single most significant issue experienced by those who formally complained (n=14) was that their concerns were not addressed leading to **dissatisfaction with the complaint outcome**. There was a repeated theme of feeling dismissed or "fobbed off" by the NHS complaint response.

> "I felt ignored and not taken seriously."

Another major concern for patients (n=9), was the **process taking too long**. The excessively long response times often rendered the issues irrelevant by the time an outcome was reached. They felt this wasted time for both the patients and the system.

> "PALS [Patient Advice and Liaison Service] took ages to respond and I felt as though my treatment was delayed due to me complaining"

In some cases, the tardiness can have appalling outcomes, such as:

> "My complaint about my mums care … took over 150 working days to investigate… by the time the following 'reinvestigation' response came through, she had died."

Stage 5: Reflecting on the experience

When people complain, there is frequently an underlying intention to make things better for others.[22] Two people shared their positive experience in regard to this:

> "I received a full explanation regarding what went wrong and the organisation was committed to learning from those mistakes"

However, eight respondents felt that their complaints did not lead to any meaningful changes or system learning, and they doubted that their complaints would prevent others from experiencing the same problems. They echoed the

[22] Our position on complaints in the NHS and social care, HWE 2023

sentiment that their **complaint didn't make a difference**; their concerns were not listened to or addressed adequately.

> "All I got was sorry, we had no staff and sorry to hear it affected you! Nothing about system learning."

> "Defensive response. Normalisation of poor care. Passing responsibility to other providers."

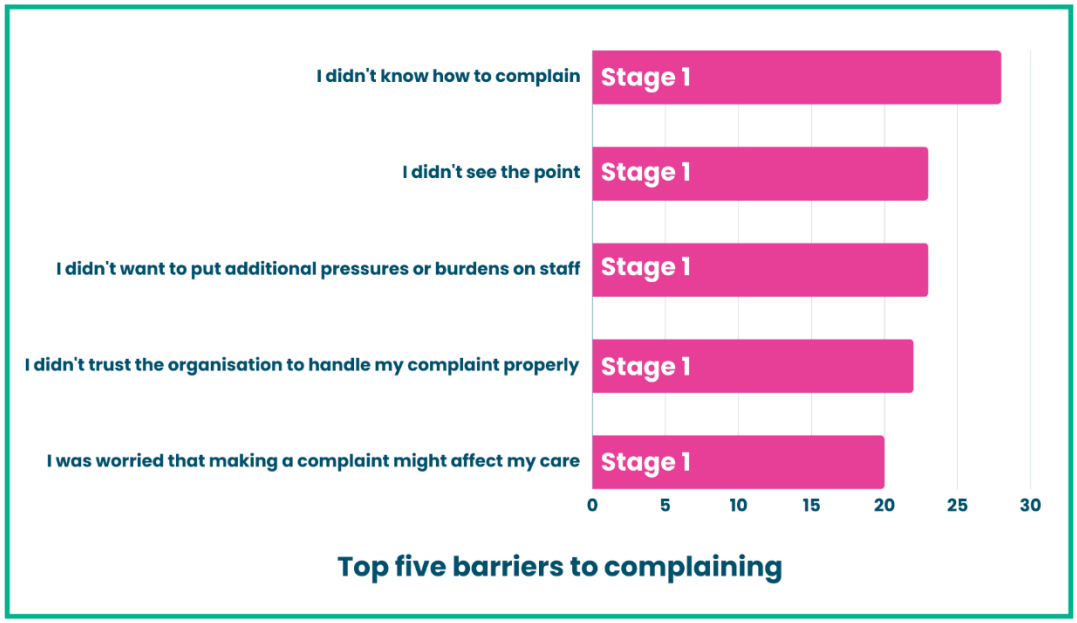
Sadly, negative experiences with the complaint process can undermined a patient's confidence and **trust in the system** as a whole. Three respondents highlighted that they perceived the investigation as neither fair nor transparent, pushing them towards considering private care and decreasing their likelihood of engaging with the complaint process in the future.

> "The complaints procedure is in house, regardless of what is said, there will never be an acknowledgment of any wrong doing for fear of financial impact."

From the above responses, it can be inferred that for those who complained formally, the level of satisfaction with the outcomes and positive reflection of their experience was low. This is because the least number of people identified with the positive statements for Stages 4 and 5 of the complaint journey, and the themes emerging from these two stages are most predominant.

The observations so far were based on those who made an NHS complaint. The final set of questions explored the experiences of those who did not make a complaint despite being dissatisfied with the NHS care they received. There were 87 (65%) respondents in this group, indicating 87 occasions when the NHS did not meet the service user's expectations, but the system remained unaware that there was an issue.

They were given a choice to select from a series of negative 'I statements' based on the best practice guidance. Respondents had the opportunity to select multiple responses. The top five responses are as follows:



There was an opportunity to share their experiences as free text, and **50** people elected to do so, often providing considerable detail. These were individuals who were unhappy with their care, but had not complained to the providers. Their qualitative responses were analysed under the five stages of the complaint journey. As is to be expected, they faced barriers in the earlier stages of the complaint journey, which hampered their engagement with the complaints process, and meant they ultimately did not engage with it.

Stage 1: Considering a complaint

Most of the reasons people chose not to complain fall under this stage. Sadly, the commonest reason overall for not raising a complaint was that **there was no point, it wouldn't make a difference** (n=36). This shows a loss of faith in the NHS, and a sense of apathy engendered by that loss of faith.

> "I kept getting fobbed off. It was all very distressing for us all."

> "[Two poor experiences] showed me it's not worth the bother or stress of putting myself through complaining."

A related feeling, commented on 23 times, is that the patient did not trust that the complaint would be **investigated fairly**. The complaints process must be designed so as to be fair and reasonable in its treatment of a complainant, and that intent should be communicated clearly to those complaining. Otherwise, it can feel that the process is simply an exercise in avoiding blame.

> "I was fobbed off with a 'politicians apology.' The hospital seemed much more interested in defending itself against any possible action than hearing me and acting to improve staff attitudes and competency."

The second commonest reason for not making a complaint is, perhaps unsurprisingly, **I didn't know how to complain** (n=33). Sometimes this reflects a complete lack of understanding on how to make a complaint because no information is available. At other times it arises because staff fail to interpret that a patient is trying to make a complaint, and thus, do not offer the patient a chance to formally complain.

> "I just feel no one listens."

> "What can I do to bring them to account for their lack of compassion?"

In the case of a patient struggling with services, a proactive approach can encourage them to make a complaint, for example,

> "I was asked to book an X-ray. My referral was not sent to the hospital and I was told to ring different people. This went on for six months before my referral was no longer valid."

Another significant worry was that **making a complaint might affect my care** (n=26). While all service providers and commissioners say that a complaint would never negatively influence the care given, this is not always being communicated to wider service users. Worse, some responses indicate the inherent fear of loss of care from making a complaint.

> "I can't place a formal complaint as there is nowhere else for me to go for medical support"

> "… I suffer anxiety… and his [the doctor's] control over my care means I worry what would happen if I spoke up."

One barrier is **not wanting to add to the burdens of staff,** which was raised by 23 people. This shows a realism on the part of patients that the NHS is facing a heavy burden, and a kindness in not wanting to cause trouble for NHS staff. But it does end up disguising the true situation of a service: providers and commissioners do not get the signal that there is a problem.

> "The NHS is massively understaffed and underfunded, so I felt like making a complaint wouldn't achieve anything other than stress out staff who are not at fault for the lack of time they are able to dedicate to individual health concerns."

A considerable number of respondents (n=16) said they did not complain because the issue was **not bad enough to warrant a complaint**. Of course, it is the person's call to make that decision, but sometimes it reflects a reluctance of a patient to speak up. The NHS should not be afraid to be proactive, and *ask* if the patient is unhappy and would they like to make a complaint?

> "Each month when it is time to pick up my prescription it is either not available or delayed."

Finally, the **attitude of staff** has a huge impact on whether a complaint is made or not, which was alluded to by 11 respondents. It is tempting to be defensive and see a complaint as a personal attack, when instead it is a chance to see where the system is failing and highlight a need for change.

"Nobody prepared to help with my query. Nobody could make the effort to find out information for me. It wasn't their responsibility."

"I raised my concern with the duty staff nurse, who just shrugged his shoulders. I was shocked and devastated. This reaction was worse than the actual incident. I just wanted an acknowledgment that something had gone wrong, why it had happened and some reassurance that it wouldn't happen again."

There were a number of other issues that emerged from comments, indicative of other problems with this first stage of the complaints process. These include:

- That the **quality of care was affected by a national issue**, such that no fault lies with local staff.
  "Hard to book appointments in certain areas, no fault of the staff so didn't see reason to complain as they were already trying to get people booked in."

- Being **unable to complain** because they are ill, or some other aspect of their circumstances.
  "[Complaining while coping with dementia and mental illness] … can be very off putting for someone with anxiety towards people."

- **Previous poor experience** of making a complaint may well influence the choices people make around complaining even to different NHS services.
  "Been bullied before for making a complaint."

Stage 2: Making a complaint

There are only two real reasons cited as to why people are put off from making the complaint once they have decided to complain.

Firstly, **challenges in identifying who to complain to** have been a deterrent, as in:

> "MSK [Musculoskeletal health] asked the GP practice if they could send my Dad for X-rays as he didn't have any that were up to date. The GP practice said it was MSK who were at fault as they didn't send it as a task to the GP practice and instead just put the note straight onto my Dad's file, so nobody would have seen it."

Secondly, **the process can feel too complicated**, especially when many services have been involved in the delivery of care, as in:

> "GP saw my test results and told me to go to A&E. She didn't give me an indication as to why. She handed me my results full of medical [jargon] and said give them this, they will understand. I did as she said. I waited 15 hours in A&E to be told I wasn't ill enough to be an emergency and I need to be referred through the clinic by the GP and that I need to call the GP first thing in the morning to find out what they were so concerned about"

We note that these are shared concerns between those who do and do not complain. Some patients will have the tenacity to press-on past obstacles whereas others give-up. There is often an interplay of multiple factors and circumstances that influences a patient's overall decision to complain.

Conclusions

An immediate conclusion from our analysis is that services should recognise they are not receiving complaints from the majority of dissatisfied patients and service users. This study suggests that as many as 2 in 3 patients who are not satisfied with their treatment and care will, even so, not complain to the provider. We discuss later on that services should take a proactive role in finding out if a patient is content – actually content – with their care, and to invite complaints where they are not. Too many opportunities are lost to potentially improve services with patient feedback.

On the complaints process itself, a great deal of work has already been done by NHS England, and by the PHSO and Healthwatch England, with regard to good complaint handling. Most importantly, it focuses on what a system should feel like to the person wanting to bring a complaint, putting the patient at the heart of the process.

At its simplest, and by analysing the responses we received from people to this survey, the conclusion has to be that while the NHS has very good guidance in place to make the complaints process work, the system does not always appear to be uniformly delivering on this.

As we examined feedback on the five stages of the complaints journey, we have identified failings in all of them. However, all of these issues are addressable.

Looking through them, one-by-one:

Stage 1: Considering a Complaint *"I felt confident to speak up"*

The first key shortcoming is the lack of confidence in the system and the complaint process. This is evident in the recurring sentiment of '**there's no point**, **it won't make a difference**,' which reflects a sense of apathy with NHS services. It also relates to the patient's concern that **'making a complaint might negatively affect their care'**. Furthermore, this ties into the need for **trust in the system** to conduct 'fair and transparent investigations and resolutions'.

The second major area of concern is the **visibility and clarity** of the complaint process. People told us that they '**did not know how to complain**'. It was because

they were not informed of how to make a complaint if unsatisfied, and/or the process not being displayed prominently in spaces where the patient can see.

The **attitude and actions of staff** involved in delivering care is another major influencing factor. Staff need to actively listen to patients and proactively ask if someone would like to make a complaint, rather than leaving the responsibility solely to the patient. A natural follow-on is that when someone complains, staff must accept this choice without becoming defensive. Fulfilling the 'Duty of Candour'[23] with an early apology and an openness to seeing the patient's concerns may result in a swift resolution.

Stage 2: Making a Complaint *"I felt that making my complaint was simple"*

The recurrent theme at this stage was the challenge in **identifying who to complain to**, especially when using multiple services. There is a need for internal clarity on the complaints process and a demonstrated willingness to address patient concerns. Complaints should not be treated as a disciplinary tool or involve passing blame to other providers. Instead, the process should be made easy for patients when they express the choice to complain.

This also underscores the need for patient's requiring **support with the complaint process**, bearing in mind that these are individuals who might be facing severe physical or mental health issues, or other challenges.

Stage 3: Staying Informed *"I felt listened to and understood"*

The majority of respondents felt **uninformed about the progress** of their cases, with the need to pursue the system for updates, which made them feel ignored. Thus, underscoring the importance of a proactive complaints' process, which communicates a commitment and involvement of the system in addressing the patient's concerns.

Stage 4: Receiving Outcomes *"I felt that my complaint made a difference"*

Satisfaction with the outcomes of the complaint process appears to be influenced by several factors. **Timely resolution** has emerged as a crucial theme from the responses we received. Another significant factor is whether the patient's **concerns**

[23] Duty of Candour, UK 2020

have been directly addressed. It is essential to ask patients what they want from the process and manage expectations right from the earlier stages.

Stage 5: Reflecting on the Experience *"I would feel confident making a complaint in the future"*

The experience of patients with a specific complaint journey can be a basis for determining their confidence and trust in the system as a whole. It also determines if they will engage with the process again. The motivation to complain for some patients is to drive **change within the system** and prevent others from encountering similar issues. Therefore, it is crucial for the system to learn from complaints and demonstrate this learning to patients.

> "The only positive is that some professionals have since been listening and keen to learn from mine and mum's stories."

Recommendations

The following recommendations are made to NHS providers based on the key findings of our report:

1. **Make the Complaint Process Visible to patients**
   Ensure that details on how to make a complaint are prominently displayed and promoted as part of service delivery. Integrating complaints into the healthcare system, acknowledging the importance of knowing how and when to voice concerns, is a fundamental aspect of good care.

2. **Listen Actively and Observe Intelligently**
   Respond to patient feedback and offer them the opportunity to complain if they express dissatisfaction. Proactively support patients, since addressing concerns and dissatisfaction early on can lead to swift resolutions as recommended in best practice guidelines.

3. **No Wrong Door Approach for Complaints**[24]
   The NHS and its many and varied complaints processes can be hard for staff to follow let alone the public. If a service receives a complaint and the issue lies with more than just themselves, or is wholly an issue for another service, it is important to take concrete steps to actively notify those services that need to be party to the complaint. It is not sufficient to simply reject the complaint as being not relevant to this service. This means staff need a proper level of training and knowledge to provide a supportive environment for patients.

4. **Highlight the Distinction Between Complaints and Disciplining**
   Some patients are reluctant to raise a complaint as they do not wish to cause trouble for NHS staff. While this speaks to an underlying decency and kindness, it may mean that mistakes are not caught and opportunities for improving services are missed. It would reassure such patients if the complaints process makes clear that issues around staff are quite separate from the handling of the complaint itself. Moreover, there is also an element of staff being defensive towards patients' dissatisfaction, which

[24] Ombudsman wants 'no wrong door' to complaining after government launches Public Service Ombudsman consultation, PSHO 2015

is perceived to be due to unfavourable outcomes for the staff. Hence, there is a need to remind staff that complaints are separate from disciplinary actions. It is essential to address patient concerns without defensiveness, recognising that complaints may signify system failures rather than personal shortcomings. Internal processes should prioritise system learning over a blame culture and this needs to be made clear to patients too.

5. **Ask the Complainant What They Want from the Complaint**
   A number of respondents made clear that in complaining no one from the NHS side ever asked them what they were looking for from the complaints process. Therefore, it is essential, as early as possible, to clarify what the patient is seeking from their complaint. It may simply be an apology, or setting right what went wrong. Others may want the service to demonstrate that it has learned from the error. Getting this step right builds patient trust with the system.

6. **Keep Complainants Informed**
   Ensure proper communication with complainants throughout the investigation process. Keeping complainants informed bolsters confidence in the system and with the complaint process, while also demonstrating a commitment to address patient concerns.

Implementing these recommendations can improve the overall complaints' experience for patients, thus enhancing patient satisfaction and help build trust within the system. While our recommendations should influence the approach that providers and commissioners need to take towards complaints, it will be necessary for each organisation to determine the specific steps required to implement them.

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Appendix 1: Demographics of respondents

*Figures have been rounded to one decimal place, as a consequence percentages may not add up to 100%.

District	No.	Percent
Nottingham City	55	39.9%
Broxtowe	25	18.1%
Bassetlaw	20	14.5%
Rushcliffe	9	6.5%
Ashfield	9	6.5%
Gedling	5	3.6%
Outside of Nottinghamshire	3	2.2%
Mansfield	2	1.4%
Newark & Sherwood	2	1.4%
Prefer not to say	8	5.8%
Total answered	**138**	**100%**
Not answered	52	

Table 1 – source all respondents (n=190)

Age Groups	No.	Percent
Under 16	0	0.0%
16-24	29	15.3%
25-34	23	12.1%
35-44	34	17.9%
45-54	18	9.5%
55-64	32	16.8%
65-74	18	9.5%
75-85	17	8.9%
85+	4	2.1%
Total answered	**175**	**100%**
Not answered	15	

Table 2 – source all respondents (n=190)

Gender Identified as	No.	Percent
Woman	133	70.7%
Man	52	27.7%
Non-binary	2	1.1%
Prefer not to say	1	0.53%
Prefer to self-describe	0	0.0%
Total answered	**188**	**100%**
Not answered	2	

Table 3 – source all respondents (n=190)

Gender Same as Birth	No.	Percent
Yes	183	97.9%
No	2	1.1%
Prefer not to say	2	1.1%
Total	**190**	**100%**
Not answered	3	

Table 4– source all respondents (n=190)

Sexual Orientation (if aged 16+)	No.	Percent
Heterosexual/straight	141	75.8%
Prefer not to say	18	9.7%
Bisexual	12	6.5%
Gay man	6	3.2%
Lesbian/gay woman	2	1.1%
Pansexual	1	0.5%
Prefer to self-describe	0	0.0%
Total answered	**186**	**100%**
Not answered	4	

Table 5 – source all respondents (n=190) Less 0 aged <16

Religion	No.	Percent
Atheist / Agnostic / No Religion	77	42.3%
Christian (all denominations, inc. Catholic)	60	33.0%
Prefer not to say	22	12.1%
Other	7	3.9%
Buddhist	4	2.2%
Muslim	4	2.2%
Spiritual	4	2.2%
Hindu	2	1.1%
Jewish	1	0.6%
Total answered	**190**	**100%**
Not answered	8	

Table 6 – source all respondents (n=190)

Ethnicity	No.	Percent
White: British / English / Northern Irish / Scottish / Welsh	141	75.00%
White: Any other White background (please specify)	11	5.85%
Prefer not to say	6	3.19%
Asian / Asian British: Chinese	4	2.13%
Asian / Asian British: Indian	4	2.13%
Any other ethnic group (please specify):	4	2.13%
Black / Black British: African	3	1.60%
Black / Black British: Caribbean	3	1.60%
Asian / Asian British: Bangladeshi	2	1.06%
Asian / Asian British: Pakistani	2	1.06%
Asian / Asian British: Any other Asian / Asian British background (please specify)	2	1.06%
Mixed / Multiple ethnic groups: Black Caribbean and White	2	1.06%
White: Irish	2	1.06%
Mixed / Multiple ethnic groups: Black African and White	1	0.53%
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background (please specify)	1	0.53%
Arab	0	0%
Black / Black British: Any other Black / Black British background (please specify)	0	0%
Hispanic / Latin American / Latinx	0	0%
Mixed / Multiple ethnic groups: Asian and White	0	0%

White: Gypsy, Traveller, or Irish Traveller	0	0%
White: Roma	0	0%
Total answered	**188**	**100%**
Not answered	2	

Table 7 – source all respondents (n=190)

First Language	No.	Percent
English	165	87.8%
Other than English	20	10.6%
Prefer not to say	3	1.06%
Total	**190**	**100%**
Not answered	2	

Other First Languages Indicated :					
Italian (1)	Ukrainian (1)	Farsi (1)	Hungarian (1)	Mandarin (5)	Cantonese (1)
German (1)	Korean (1)	Swedish (1)	Portuguese (1)	Urdu (1)	Punjabi (1)

Table 8 – source all respondents (n=190)

Are you a carer for anyone?	No.	Percent
No	119	63.3%
Yes	61	32.5%
Prefer not to say	8	4.3%
Total	**188**	**100%**
Not answered	2	

Table 9 – source all respondents (n=190)

Are you cared for by anyone?	No.	Percent
No	148	78.7%
Yes	35	18.6%
Prefer not to say	5	2.7%
Total	**188**	**100%**
Not answered	2	

Table 10 – source all respondents (n=190)

Employment Status	No.	Percent
I work full time (employed or self-employed)	56	29.6%
I am retired	32	16.9%
I work part time (employed or self-employed)	28	14.8%
I am a student	25	13.2%
I am unable to work for health reasons	19	10.1%
I engage in unpaid work / volunteering	10	5.3%
Prefer not to say	9	4.8%
I look after the home and/or family	6	3.2%
I am not employed	4	2.1%
Total	**189**	**100%**
Not answered	1	

Table 11 – source all respondents (n=190)

Educational Level	No.	Percent
Postgraduate (2nd or further degree)	48	25.4%
University (1st degree)	45	23.8%
A-levels, high school or equivalent	33	17.5%
Post-secondary vocational / technical (i.e., college)	27	14.3%
Secondary (left school before / at 16)	14	7.4%
Prefer not to say	14	7.4%
Prefer to self-describe (please specify):	4	2.1%
None	2	1.1%
Primary (left school before / at 11)	1	0.5%
Not known	1	0.5%
Total	**189**	**100%**
Not answered	1	

Table 12 – source all respondents (n=190)

Other Factors Influencing Health Outcomes	No.	Percent
I consider myself to be neuro-diverse (e.g., autism, dyslexia, dyspraxia, Tourette's, etc.)	28	13.1%
I have experienced domestic abuse (e.g., violence, psychological or financial)	19	8.9%
I belong to the LGBTQ+ community	18	8.5%
Prefer not to say	15	7.0%
I don't have a support network (friends and/or family)	11	5.1%
I live in a rural/isolated setting	7	3.3%
I am a veteran (have been in the armed forces)	2	0.9%
I am homeless	1	0.5%
I am an ex-offender	0	0.0%
I am a refugee or asylum seeker	0	0.0%
I am a serving member of the armed forces	0	0.0%
I am a sex worker	0	0.0%
None of the above	112	52.6%
Total	**213**	**100%**
Not answered	9	

Table 13 – source all respondents (n=190)

Note: The total here is the number of respondents who have identified per factor, and since multiple choices could be selected, it is higher than the total number of respondents

Illness/impairment	No.	Percent
Long term health condition	63	34.81%
Mental health condition	48	26.52%
Physical or mobility impairment	28	15.47%
Sensory impairment	13	7.18%
Learning disability or difficulties	10	5.52%
Prefer not to say	10	5.52%
Other	2	1.10%
None of the above	67	37.02%
Total	**241**	**100%**
Not answered	9	

Table 14 – source all respondents (n=190)

Note: The total here is the number of respondents who have identified per condition, and since multiple choices could be selected, it is higher than the total number of respondents

Disability Count	No.	Percent
Number of respondents	104	54.7%

Table 15 – source all respondents (n=190)

Note: This is the number of respondents who indicated they had a disability/impairment

Appendix 2: Review of Guidance on NHS Complaints Processes

NHS and social care complaints procedure is set out in law, with the local resolution stage governed by the Local Authority Social Services and NHS Complaints Regulations 2009.[25] NHS complaints can be made to organisations providing care or directly to the commissioning body, but not both.[26] Organisations can pass on complaints if it believes it should have gone elsewhere, but must acknowledge the complaint within 3 working days. In response to a range of public enquiries that illustrated failures to detect and respond to harm, it has become regulatory requirement for hospitals to formally investigate and collect data from complaints.[27]

As well as the legislation that governs complaint procedures, different organisations and statutory bodies lay out best practice for handling complaints. Two principles that lie at the core of most of these frameworks are meaningful apologies and active improvement. For example, the General Medical Council (GMC) outlines that doctors must "respond promptly, fully and honestly to complaints and apologise when appropriate".[28] The NHS provides similar guidance that "saying sorry is always the right thing to do".[29] Law also makes it easier for medical professionals to reconcile complaints, with the Compensation Act of 2006 stating that "An apology […] shall not in itself amount to an admission of negligence or breach of statutory duty."[30] Further, PHSO emphasises the importance of organisational culture that values complaints.[31] Hence, disciplinary processes should be kept entirely separate from complaints procedures.26[26] The Department for Health and Social Care even recommended that, as part of inspections, the

[25] The Local Authority Social Services and NHS Complaints (England) Regulations, UK 2009
[26] Introduction to the NHS complaints procedure in England, MDU 2024
[27] Do national policies for complaint handling in English hospitals support quality improvement? Lessons from a case study, van Dael et.al. 2022
[28] Good medical practice, GMC 2024
[29] Saying Sorry, NHS Resolution 2023
[30] Compensation Act 2006, UK 2024
[31] Good Complaint Handling, PSHO 2009

Care Quality Commission (CQC) should "analyse evidence about what the trust has done to learn from their mistakes."[32]

As a result of their 2014 research that looked at the service-user experience of 100 participants; PHSO, HWE and the LGO published their user-led vision for raising concerns and complaints.[33] The vision lays out a comprehensive guide to what good outcomes for service-users look like. This is presented in a series of 'I statements' that express what service-users might say at the end of a well-managed complaint journey. The framework aims to cover everything that is important to service-users when making complaints, from knowing how to complain, feeling listened to and heard throughout, and knowing that your complaint was taken seriously and made a difference. These 'I statements', which were built directly from service-user testimony, formed the basis for our survey.

Despite there being a plethora of best practice guidance for organisations to follow, research has found a significant disparity between guidance and service-user reality. A 2022 study found that the NHS has a confusing landscape for raising concerns, service-users and clinical staff were often unsure of the difference between PALS (Patient Advice and Liaison Service) and complaints teams, and that it was not common for complainants to be involved in investigations.[34] Further, findings showed that complaints were not viewed as a critical source of insight for quality improvement; only a small proportion of complaints resulted in recommendations for local action and complaints staff noted an "avoidant and defensive attitude towards complaints on the front line."

As well as this, studies have found that service-users are hesitant to make complaints in the first place. A 2013 review found that people were fearful that complaining may impact the quality of their care or the care of their loved one.32[32] Participants also expressed that they didn't know how to complain, what the

[32] A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture, Clwyd & Hart 2013
[33] My Expectations for Raising Concerns and Complaints, PHSO, Healthwatch England & Local Government Ombudsman 2014
[34] Do national policies for complaint handling in English hospitals support quality improvement? Lessons from a case study, van Dael et.al. 2022

process would be like if they did, and that it hadn't occurred to them in the midst of a traumatic life-event. Those who had made complaints found that their concerns were handled insensitively, were not addressed on the spot by clinical staff, and that the process was drawn-out, bureaucratic, and isolating. Crucially, many people said that they had complained because they wanted to make a difference, and were disappointed when they felt that nothing had changed.

Appendix 3: The Survey

Healthwatch Hot Topic: NHS Complaints Handling

What is this survey about?

We want to hear about your experience of NHS services in the last two years, particularly complaints processes in Nottingham and Nottinghamshire.

Whether you made a complaint, wanted to and changed your mind, or have never considered it – we want to hear from you! Please use this survey to tell us all about your experience: what happened, what worked well, and what should be changed for the future.

Thank you for your participation, your feedback helps us to make services better!

If you have made multiple complaints, please tell us about your most recent complaint.

This survey is confidential and giving us feedback will not affect your care. Anything you share will be kept anonymous; should a direct quote from you be used in the final report, any specific or personal details will be removed to ensure anonymity. You will not be asked for any personally identifiable information, such as your name, date of birth or hospital numbers. Please see our Privacy Policy for more information.

1. In the last two years, have you encountered situations where you, your loved ones, or any individuals you care for were dissatisfied with the care received from the NHS? *

- ☐ Yes
- ☐ No

IF YES, PLEASE CONTINUE TO THE NEXT QUESTION. IF NO, PLEASE SKIP TO DEMOGRAPHIC QUESTIONS ON PAGE 5.

2. If you were dissatisfied with the care received, did you submit a formal complaint to an NHS provider? This could be about your care or the care of someone else (i.e., someone you care for, a close family member, or a friend).

- ☐ Yes
- ☐ No

IF YES, PLEASE CONTINUE TO THE NEXT QUESTION. IF NO, PLEASE SKIP TO QUESTION 8.

3. Which service did you make a complaint about? If you have complained more than once, please tell us about the most recent complaint you made.

- ☐ GP
- ☐ Dentist / Orthodontist
- ☐ NHS Optician
- ☐ Pharmacy
- ☐ Community Services
- ☐ Mental Health Services
- ☐ Hospital (either inpatient or outpatient)
- ☐ Prefer not to say
- ☐ Other (please specify):

4. If you ticked 'Hospital', please tell us which hospital:

- ☐ Ashfield Health Village
- ☐ Bassetlaw Hospital
- ☐ Hucknall Health Centre
- ☐ John Eastwood Hospice
- ☐ Kings Mill Hospital
- ☐ Lings Bar Hospital
- ☐ Mansfield Community Hospital
- ☐ Millbrook Mental Health Unit
- ☐ Newark Hospital
- ☐ Nottingham City Hospital
- ☐ Queen's Medical Centre
- ☐ Highbury Hospital
- ☐ Prefer not to say
- ☐ Other (e.g., I received private treatment in an NHS hospital):

Healthwatch England have used the following statements to describe the **ideal** patient experience of making a complaint.
We would like to see how your experience compares, to identify what the NHS is doing well **and** where they can improve.

Please answer these questions as honestly as you can.

5. If any of the following statements are true to your experience, please select which one(s). If none are relevant, please tick 'none of the above' and if you are comfortable, share more details in the open text box below: *

- [ ] It was easy to find out how to make a complaint
- [ ] I already knew how to make a complaint
- [ ] I felt like I could raise my concern with any of the staff I dealt with
- [ ] I felt confident to speak up
- [ ] I felt that the process of making my complaint was simple
- [ ] I knew for certain that my care would not be compromised by me making a complaint
- [ ] None of the above
- [ ] Prefer not to say

6. If any of the following statements are true to your experience, please select which one(s). If none are relevant, please tick 'none of the above' and if you are comfortable, share more details in the open text box below: *

- [ ] I knew that my complaint was taken seriously the first time I raised it
- [ ] I felt listened to and understood
- [ ] I always knew what was happening in my case
- [ ] I felt that the outcomes I received directly addressed my complaint
- [ ] I felt that my complaint made a difference
- [ ] I would feel confident making a complaint in the future
- [ ] None of the above
- [ ] Prefer not to say

7. If you would like to, please tell us more about your experience:

IF YOU SUBMITTED A COMPLAINT, PLEASE NOW SKIP TO DEMOGRAPHICS QUESTIONS ON PAGE 5.

8. Why didn't you submit a complaint regarding your care? (please tick all that apply) *

- [ ] I didn't think it was bad enough to complain
- [ ] I didn't know how to complain
- [ ] I raised it verbally on the day and it was resolved
- [ ] I received a full explanation regarding what went wrong and the organisation was committed to learning from those mistakes
- [ ] I was worried that making a complaint might affect my care
- [ ] It didn't occur to me to make a complaint
- [ ] The complaints process seemed too complicated
- [ ] I believed that the quality of my care was determined by a national issue that couldn't be resolved through a complaint
- [ ] I didn't want to put additional pressures or burdens on staff
- [ ] I didn't trust the organisation to handle my complaint properly
- [ ] I was put off complaining by a member of staff
- [ ] I was unable to complain due to something in relation to my health (e.g. just had a baby, struggling with diagnosis, too unwell)
- [ ] I didn't see the point
- [ ] None of the above
- [ ] Prefer not to say
- [ ] Other (please specify):

9. If you would like to, please tell us more about your experience:

Demographics. Please tell us a little about you.

The following questions are optional. We ask them because collecting further information helps us to understand whether the people we are in contact with reflect Nottingham and Nottinghamshire's population. This is important as it helps us to understand whether there are any groups or communities in particular that we are not hearing from.

10. Please select the first half of your postcode. For example, if your postcode is NG10 1AA, please select NG10. If your postcode is not listed but you access health or social care services in Nottingham and Nottinghamshire, then please tell us the first four digits of your postcode in 'Other'.

- ☐ NG1
- ☐ NG2
- ☐ NG3
- ☐ NG4
- ☐ NG5
- ☐ NG6
- ☐ NG7
- ☐ NG8
- ☐ NG9
- ☐ NG10
- ☐ NG11
- ☐ NG12
- ☐ NG13
- ☐ NG14
- ☐ NG15
- ☐ NG16
- ☐ NG17
- ☐ NG18
- ☐ NG19
- ☐ NG20
- ☐ NG21
- ☐ NG22
- ☐ NG23
- ☐ NG24
- ☐ NG25
- ☐ NG31
- ☐ NG32
- ☐ NG33
- ☐ NG34
- ☐ DN22
- ☐ S80
- ☐ S81

☐ Prefer not to say

☐ Other (please specify):

11. What gender do you identify as?

☐ Woman
☐ Man
☐ Non-binary
☐ Prefer not to say
☐ Prefer to self-describe

Please self-describe:

12. Is your gender identity the same as recorded at birth?

☐ Yes
☐ No
☐ Prefer not to say

13. Your age:

14. If aged 16+: what is your sexual orientation?

☐ Asexual
☐ Heterosexual/ straight
☐ Bisexual
☐ Lesbian/gay woman
☐ Gay man
☐ Pansexual
☐ Prefer to self-describe

☐ Prefer not to say

Please self-describe your sexual orientation:

15. What is your ethnic group?

☐ Arab

☐ Asian / Asian British: Bangladeshi

☐ Asian / Asian British: Chinese

☐ Asian / Asian British: Indian

☐ Asian / Asian British: Pakistani

☐ Asian / Asian British: Any other Asian / Asian British background (please specify)

☐ Black / Black British: African

☐ Black / Black British: Caribbean

☐ Black / Black British: Any other Black / Black British background (please specify)

☐ Hispanic / Latin American / Latinx

☐ Mixed / Multiple ethnic groups: Asian and White

☐ Mixed / Multiple ethnic groups: Black African and White

☐ Mixed / Multiple ethnic groups: Black Caribbean and White

☐ Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background (please specify)

☐ White: British / English / Northern Irish / Scottish / Welsh

☐ White: Irish

☐ White: Gypsy, Traveller, or Irish Traveller

☐ White: Roma

☐ White: Any other White background (please specify)

☐ Prefer not to say

☐ Any other ethnic group (please specify):

16. Do you consider yourself to have a religion?

☐ Atheist / Agnostic / No Religion

☐ Buddhist

- [ ] Christian (all denominations, inc. Catholic)
- [ ] Hindu
- [ ] Jewish
- [ ] Muslim
- [ ] Sikh
- [ ] Spiritual
- [ ] Prefer not to say
- [ ] Other (please specify):

17. Is English your first language?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

18. If no, please tell us your first language:

19. Do you consider yourself to be a carer? (A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without support. The care they give is unpaid).

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

20. Are you cared for by anyone? (paid or unpaid)

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

21. Which of the following statement best applies to you? (Several may apply to you but please select the category on which you spend the most time).

- ☐ I work full time (employed or self-employed)
- ☐ I work part time (employed or self-employed)
- ☐ I am not employed
- ☐ I am retired
- ☐ I am a student
- ☐ I am unable to work for health reasons
- ☐ I engage in unpaid work / volunteering
- ☐ I look after the home and/or family
- ☐ Prefer not to say

22. What is the most recent educational level you have achieved?

- ☐ None
- ☐ Primary (left school before / at 11)
- ☐ Secondary (left school before / at 16)
- ☐ A-levels, high school or equivalent
- ☐ Post-secondary vocational / technical (i.e., college)
- ☐ University (1st degree)
- ☐ Postgraduate (2nd or further degree)
- ☐ Not known
- ☐ Prefer not to say
- ☐ Prefer to self-describe (please specify):

23. Do any of the following statements apply to you? (Please tick all that apply)

- ☐ I belong to the LGBTQ+ community
- ☐ I don't have a support network (friends and/or family)
- ☐ I consider myself to be neuro-diverse (e.g., autism, dyslexia, dyspraxia, Tourette's, etc.)
- ☐ I am a veteran (have been in the armed forces)

- [ ] I am homeless
- [ ] I live in a rural/isolated setting
- [ ] I am an ex-offender
- [ ] I am a refugee or asylum seeker
- [ ] I am a serving member of the armed forces
- [ ] I have experienced domestic abuse (e.g., violence, psychological or financial)
- [ ] I am a sex worker
- [ ] None of the above
- [ ] Prefer not to say

24. Do you live with any of the following? (Please tick all that apply)

- [ ] Physical or mobility impairment
- [ ] Sensory impairment
- [ ] Learning disability or difficulties
- [ ] Mental health condition
- [ ] Long term health condition
- [ ] Prefer not to say
- [ ] None of the above
- [ ] Other (please specify):

25. If you would like to receive a copy of the report once published, please write your email address here:

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