



House of Commons
Public Administration Select
Committee (PASC)

**More complaints
please!**

Twelfth Report of Session 2013–14

*Report, together with formal minutes relating
to the report*

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The Public Administration Select Committee (PASC)

The Public Administration Select Committee is appointed by the House of Commons to examine the reports of the Parliamentary Commissioner for Administration and the Health Service Commissioner for England, which are laid before this House, and matters in connection therewith, and to consider matters relating to the quality and standards of administration provided by civil service departments, and other matters relating to the civil service.

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Summary

Complaints about the NHS, and the handling of those complaints, were described by the Parliamentary and Health Service Ombudsman as a “toxic cocktail”, a combination of a reluctance on the part of citizens “to express their concerns or complaints”, and a defensiveness on the part of services “to hear and address concerns”. This was no more evident than in the shocking collapse of care at Mid Staffordshire Hospital, which prompted this inquiry.

This shaming case has lessons for the NHS, Whitehall and for public services as a whole. How complaints are handled determines the quality of the relationship between consumers and public services. The best performing organisations welcome complaints as a way of engaging consumers. A failure to recognise the importance of complaints leads to insufficient redress for the individual, limits the impact that complaints have in improving services, and alienates the public. In some parts of public services, there are encouraging signs of increased attention to good complaints handling. However, Government as a whole cannot be said to be complying with best practice in complaints handling or adapting to the needs and expectations of today’s citizen.

As so often in our Reports, we highlight that success depends on the right leadership. Government must ensure that leadership of public services values complaints as critical for improving, and learning about, their service. We welcome the Minister for Government Policy’s review of complaints handling in Government, and recommend that:

- there should be a minister for government policy on complaints handling;
- the primary objective of the Cabinet Office review of complaints handling in Government should be to change attitudes and behaviour in public administration at all levels in respect of complaints handling;
- in respect of complaints from MPs handled by ministers, replies must be accurate, clear and helpful. Confidential information should not be shared with third parties, and responsibility for responding cannot be delegated (which contributed to the blindness about Mid Staffordshire NHS Foundation Trust);
- the Government should create a single point of contact for citizens to make complaints about government departments and agencies; and
- the Government should provide leadership to those responsible for various parts of administrative justice, to ensure that there is a clear and consistent approach to sharing, learning and best practice.

Achieving change of this nature is a difficult but vital challenge, and one that must be addressed now if we are to avoid the “toxic cocktail” poisoning efforts to deliver excellent public services.

1 Introduction

1. If a member of the public wishes to complain about a public service, he or she has the right to have their complaint respected, for their concerns to be addressed, and for any wrongdoing to be put right with fair redress and without undue delay. Those delivering the service should ensure that lessons are learnt from complaints to identify what needs to be improved. Our inquiry examined the extent to which this was an accurate representation of complaints handling in public services.

2. Members of Parliament are often the last resort for constituents who have a complaint about a public service, or other issue. We are frequently confronted by people in deep distress, suffering intense pain or loss, and who may be at the end of their tether. Many who complain do so for the most altruistic reasons; not to punish, or to gain something for themselves, but to try to ensure that the same experience they have suffered should not be inflicted on others. They want the system, and the people within it and who lead it, to learn and to benefit from their experience.

3. So often, as MPs, we find that complaints handling is more about understanding and empathy than process and outcome, and public services often fail to recognise this. All too frequently, complaints are greeted by a management who are defensive, even legalistic, and who see complaints as a hostile criticism, rather than as an opportunity to learn from failure. Even if a complaint is not upheld, there is always the opportunity to learn about why the complainant has complained, and a need to understand the motives and feelings of the complainant. To embrace this is both a challenge and an opportunity for every organisation that serves the public, but particularly in public services.

4. The shocking collapse of care at Mid Staffordshire Hospital, and the exposure of the failure of the Mid Staffordshire NHS Foundation Trust and NHS leadership to hear both the complaints of patients and their families, and the complaints of their own staff, led to the unspeakable disaster at that hospital. The Francis Report gave no comfort that a culture of denial did not exist across the NHS as a whole.¹ A subsequent review of complaints handling by the Rt Hon Ann Clwyd MP and Professor Tricia Hart similarly found that the public “were unaware how to raise concerns or make complaints, either for themselves or on behalf of friends or relatives” and that delays in resolving complaints were “a huge source of frustration”.² Complaints handling in the NHS was described by Dame Julie Mellor, the Parliamentary and Health Service Ombudsman (PHSO), as a “toxic cocktail”:

This is a combination of reluctance on the part of patients, families and carers to express their concerns or complaints and a defensiveness on the

1 Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, HC (2012-13) [898-I](#)

2 Rt Hon Ann Clwyd MP and Professor Tricia Hart, [A review of the NHS Hospitals Complaints System Putting Patients back in the Picture](#) (October 2013), p22

part of hospitals and their staff to hear and address concerns. As a result opportunities to learn and improve care are lost.³

The changing nature of complaints and complaints handling

5. The nature of complaints and complaints handling is changing. The number of complaints made by citizens is rising across sectors. The Financial Ombudsman Service reported a 92% increase in the number of new cases in 2012/13, compared with the previous year.⁴ In 2012 the General Medical Council witnessed an 18% increase in the number of concerns raised about doctors' fitness to practice.⁵

6. Observers of complaints handling practices note that this general rise in complaints does not always indicate that the quality of services is diminishing, but “reflects in part rising expectations and new technologies making it easier to complain”.⁶ Many of today's citizens have a higher level of confidence, are more aware of their rights, and expect an increasingly effective service from all parts of the public and private sectors. At the same time there are those who will require support and advocacy in order to enjoy equal access to complaints procedures.

Our inquiry

7. In 2005, the National Audit Office's report, *Citizen Redress: What citizens can do if things go wrong with public services*, concluded that members of the public saw complaints and appeals processes as complex, slow-moving, expensive and time-consuming.⁷ PASC examined the issue of complaints handling in 2008. The then Committee considered how easy it was for citizens to complain, what made for good practice in complaints handling and how complaints could be used to identify and address problems. The Report, *When Citizens Complain*, concluded, amongst other things, that there was a systemic problem with “first-tier complaint handling”; that complaints systems were difficult to navigate; and that government organisations should have an active strategy for monitoring and learning from complaints.⁸

8. This inquiry built on previous work and was very much influenced by the findings and the implications of the Francis Report with regard to how complaints are handled not just for the NHS, but for the whole of public service. We have examined the approach to complaints handling by government departments and agencies to determine how well it complies with best practice in complaints handling; how it has adapted to the changing

3 Parliamentary and Health Service Ombudsman, [Submission by the Health Service Ombudsman for England to the Review of the NHS Complaints System](#) (June 2013), p4

4 The Financial Ombudsman Service, [Annual review of consumer complaints about: insurance, credit, banking, savings and investments financial year 2012-2013](#) (May 2013), p33

5 General Medical Council, [Annual Report 2012](#) (July 2013), p8

6 NESTA, [Grumbles, Gripes and Grievances. The role of complaints in transforming public service](#) (April 2013), p7

7 National Audit Office, *Citizen Redress: What citizens can do if things go wrong with public services*, HC (2004-05) 21, p13

8 Public Administration Select Committee (PASC), Fifth Report of Session 2007-8, [When Citizens Complain](#), HC 409

nature of complaints; and the extent to which complaints made to government departments and agencies meet the needs and aims of those who complain. We also conducted a parallel inquiry into the performance and effectiveness of the Parliamentary and Health Service Ombudsman (PHSO), and we are reporting separately.

9. We have received, as PASC does as a matter of course, a number of individual complaints about public services and other matters, including complaints about the office of PHSO. PASC does not have the capacity, nor is it within its remit, to adjudicate on individual cases. We recognise that this can be very frustrating for individuals. Nevertheless we are grateful for the insight such cases have added to our understanding of how complaints can be handled or mishandled.

10. As part of our investigations we visited the Netherlands to learn about the operation of the National Ombudsman of the Netherlands, and the relationship between that office, the Dutch Government and the Dutch Parliament. We wish to thank all those who contributed to this inquiry, with special thanks to Dr Nick O'Brien for his support as a Specialist Adviser on this piece of work.⁹

9 Dr Nick O'Brien was appointed as a Specialist Adviser for this inquiry on 11 June 2013. The following interests were declared: an Honorary Research Fellow at Liverpool University; employed as a fee-paid judge in the Mental Health Review Tribunal; held various paid advisory and employed part-time posts at the Office of the UK Parliamentary Ombudsman and Health Service Ombudsman between 2007-2012; contracted to prepare a policy position paper in April 2013 and facilitate a roundtable of academics for the Ombudsman in May 2013 in respect of the forthcoming inquiry; contributing to a project jointly for the Parliamentary Ombudsman, the Financial Ombudsman Service and the Legal Ombudsman on options for future shared approaches to redress; paid advisor to the Northern Ireland Ombudsman on a project relating to the investigation of complaints.

2 Principles of good complaints handling

11. The vast majority of our witnesses observed that, when handled well, complaints can make a difference for both the individual complainant and the service concerned. For the individual, it can ensure justice, secure an apology or provide an explanation as to why a decision or action was taken.¹⁰ For the service or organisation, a complaint provides an important source of information and, as suggested to us by the Local Government Ombudsman—which looks at complaints about councils and other authorities and organisations including education admissions appeal panels and adult social care providers—“can make a real difference to the experience that the public have of public services”.¹¹ The Centre for Public Scrutiny, an independent charity that promotes transparent, inclusive and accountable public services, observed that, for a service, complaints can identify a need for improvement that may not be found elsewhere:

When developing a policy or service model, it is almost impossible to anticipate all potential variables of implementation and impact. This is why complaints should be viewed as a strategic resource providing rich and diverse perspectives. They can illustrate how well goals and standards are being achieved from the point of view of the needs and aspirations of citizens and on any unintended consequences of the way policies are implemented or decisions are made.¹²

What does good complaints handling look like?

12. Several organisations have produced their own visions for good complaints handling, examples of which are provided in Boxes 1, 2 and 3. Of the evidence we heard, three elements of good complaints handling stood out.

- a) Effective and clear process. Jo Causon, Chief Executive of the Institute of Customer Service, an organisation that aims to help other organisations strengthen their business performance by improving their customers’ experiences, explained that the process should be “well documented so that people know how to complain through multiple channels”.¹³ Richard Lloyd, Executive Director of Which?, an independent, not-for-profit consumer organisation, echoed this and told us about the importance of communication within the complaints process:

Clear processes, including good communication back to people about how their complaint is being handled, so not just submitting a complaint and then you do not hear again until it has been resolved; clear stages to escalate the

10 Parliamentary and Health Service Ombudsman ([COM 16](#)) para 1

11 Local Government Ombudsman ([COM 06](#)) para 3

12 Centre for Public Scrutiny ([COM 15](#))

13 Q16

complaint; and a clear communication of how your complaint will be handled and how you will be taken care of during the process.¹⁴

- b) A positive attitude to complaints. Both senior and front line staff should regard complaints as a positive indicator of user engagement and they should be valued as a source of information about the quality of the service. Jo Causon told us, for example, that “the fact that anyone is raising a complaint is a good thing in terms of the knowledge and information that it shares”.¹⁵
- c) The ability to use information from complaints to inform plans and strategy, and to deliver practical improvements. The Parliamentary and Health Service Ombudsman (PHSO) suggested that complaints could indicate early symptoms of a problem and could help to identify trends.¹⁶ The Local Government Ombudsman drew attention to the need for complaints to be an integral part of service provision:

While good complaint handling can have a range of benefits in service provision, this can only be realised if it is properly integrated into service provision. This will include ensuring that all staff learn from complaints and view them as an insight into the consumer’s voice and an important tool in service improvement.¹⁷

Box 1: Parliamentary and Health Service Ombudsman’s principles of good complaint handling.¹⁸

- Getting it right e.g. acting in accordance with law, having good governance.
- Being customer focused e.g. having clear and simple procedures.
- Being open and accountable e.g. providing clear, accurate and complete information.
- Acting fairly and proportionately e.g. treating the complainant impartially.
- Putting things right e.g. acknowledging mistakes and apologising.
- Seeking continuous improvement e.g. regularly reviewing the lesson learned.

14 Q16

15 Q3

16 Parliamentary and Health Service Ombudsman ([COM 16](#)) para 10

17 Local Government Ombudsman ([COM 06](#)) para 28

18 Parliamentary and Health Service Ombudsman, [Principles of Good Complaint Handling](#) (February 2009) p5

*Box 2: Administrative and Justice Tribunals Council (now abolished)
Principles for administrative justice.¹⁹*

- Make users and their needs central, treating them with fairness and respect at all times.
- Use procedures that are independent, open and appropriate for the matter involved.
- Keep people fully informed and empower them to resolve problems as quickly and comprehensively as possible.
- Lead to well-reasoned, lawful and timely outcomes.
- Be coherent and consistent.
- Work proportionately and efficiently.
- Adopt the highest standards of behaviour, seek to learn from experience and continuously improve.

*Box 3: Centre for Public Scrutiny (CfPS) and Local Government Ombudsman:
Enablers and barriers to using complaints effectively.²⁰*

Enablers

- Creating a culture of learning and improvement
- Providing people with lots of ways to give feedback
- Leadership in sharing lessons across the organisation
- A co-ordinated resource that maximises the impact of learning

Barriers

- Treating complaints as an opportunity to defend practice
- Poor communication with citizens and complainants
- Silo approach to complaints, no sharing of lessons across the organisation
- Little connection between feedback, insight and strategic planning

19 Administrative and Justice Tribunals Council ([COM 11](#))

20 Centre for Public Scrutiny ([COM 15](#))

13. Private sector organisations, particularly the retail sector, provide examples of good practice in complaints handling, and as we heard from some top performing organisations, they pay detailed attention to complaints because they are “cheap market research” and help to build and reinforce customer loyalty.²¹ Simon Roberts, Chief Operating Officer of Boots UK, a member of Alliance Boots, an international pharmacy-led health and beauty group, told us that complaints are “a very rich source of helping you understand what customers would like to see us do more of or differently”.²² Good complaints handling is also seen as important in retaining customers and “market-share”. Richard Lloyd observed that “in private markets, if you do not listen to complaints, it is the difference between your business succeeding and failing”.²³ Some witnesses suggested that there was an equivalent to “market share” for the public sector. Dame Julie Mellor, PHSO, said:

[...] maybe it would be trust and confidence rather than market share—trust and confidence in the service—which would apply to the Government of the day as well, in terms of whether people are confident that excellent services are being delivered by the Government.²⁴

14. Witnesses commented on the differences between the two sectors in terms of complaints handling. The Blue Flash Music Trust, an arts and music charity, said that the private sector approaches a complaint with “a ‘make the customer happy quickly’ objective” because they are aware of competition and the need for a relationship with the customer, but public sector organisations do not experience this as they often hold the monopoly.²⁵ Other witnesses were uneasy about making comparisons between the sectors. Claire Murdoch, Chief Executive of the Central and North West London NHS Foundation Trust, told us:

many of us who are working in the NHS at the moment—I am a registered nurse as well of 30 years now—are cross that there is a broad ‘private sector good, NHS bad; private sector open and can-do, NHS closed and defensive’. We can be better and we should be. There are some appalling examples of failure but I believe there are some brilliant examples of openness and a can-do culture that would rival the best of the private sector as well.²⁶

15. Mark Mullen, the then Chief Executive Officer of First Direct Bank, an organisation which has consistently high customer satisfaction ratings, suggested to us that the way in which the private sector operates and uses complaints could not be replicated in the public sector, because “the motives of the public and private sector are very different”, but accepted that complaints should play an important part in public services:

21 Administrative and Justice Tribunals Council ([COM 11](#))

22 Q173

23 Q29

24 Q98

25 Blue Flash Music Trust ([COM 05](#)) para 4

26 Q314

You would expect the feedback loop and the way that you re-engineered failures or learnings from failures in life and death businesses—aircraft travel is another one—to be of an order of magnitude where the tolerance for failure was significantly lower. Therefore, the early warning signs that tell you that something might be going wrong would be significantly lower.²⁷

Consequence of poor complaints handling: “silent sufferers”

16. One consequence of poor complaints handling is the creation of a group of individuals who have a problem, but choose not to complain. PHSO suggested that its research showed a significant number of people do not complain because they believe complaints processes are too complex, involve them having to chase a response and that they fear nothing will change as a result of their complaint.²⁸ Jo Causon, Chief Executive of the Institute of Customer Service, introduced us to the term “silent sufferers” to describe those who choose not to complain, and she explained to us the extent of the problem:

In the UKCSI [UK Customer Service Index] research that the Institute undertakes, we ask a question about whether people have had an issue and whether they then decided to do anything about it. So it is those who have had an issue but decided not to do anything about it. [...] In the overall public sector, it is about 28% of people in terms of those who responded to the survey.²⁹

17. The organisation Which? highlighted to us its research that suggested fewer people complain about public services than private companies:

Just 65% of those who had cause to complain about an NHS service in the last year did so, while 69% complained about another government department service [...] By contrast, 90% of those with cause to complain about a high street retailer did so, 89% complained about a bank or tradesperson and 83% complained about an energy supplier.³⁰

18. How complaints are handled determines the quality of the relationship between consumers and public services. The best performing organisations welcome and see complaints as a way of engaging consumers. A failure to recognise the importance of complaints leads to insufficient redress for the individual, limits the impact that complaints have in improving services, and alienates the public.

How well are departments handling complaints?

19. Complaints handling across Government remains inconsistent, according to several of those we heard from. Dame Julie Mellor described the progress as “mixed” but said that there were “indications in central Government of beginning to take complaints more

27 Q211

28 Parliamentary and Health Service Ombudsman ([COM 16](#)) para 2

29 Qq42-43

30 Which? ([COM 12](#)) para 3.1

seriously”.³¹ Claire Murdoch told us that, while there is some poor practice, there are also “teams and individuals who are stunning in their practice”.³²

20. Robert Devereux, Permanent Secretary at the Department for Work and Pensions, explained to us the progress he felt has been made in his Department’s complaints processes:

[...] we have been a lot clearer about what a complaint is, so that our staff actually understand what they are supposed to do with it and when. We have simplified the process. [...] We have gone down to having just two tiers of complaints. The percentage of complaints being taken to the second tier has collapsed by 75% over the last two years, as a consequence of doing it better at the first tier. The amount of things that are going off to the Independent Case Examiner has reduced sharply, and the number of times that he actually finds in favour of the Department when he does investigate things has gone up. I would argue that, at least in terms of the actual mechanical handling of complaints, we are getting better than we were previously.³³

Learning from complaints

21. We also heard of positive examples in which agencies use intelligence gathered from complaints to improve services. Sarah Rapson, the then Interim Director General, UK Visas and Immigration (UKVI), now Director General, UKVI, Home Office, gave the example of the Passport Service, which she previously managed before joining UKVI:

One of the things that came through was that people do not necessarily want their passport quickly; they want to know how quickly they will get it and if we will give it to them in that time. They want assurances that their application has been received. As a direct consequence of that, we have introduced texting to people on their mobile phones to say, ‘We have got your application’, and a lot of that noise has fallen away.³⁴

22. Mark Grimshaw, Chief Executive of the Rural Payments Agency (RPA), drew attention to the transformational change his service has gone through as a result of a focus on complaints handling. The agency had in the past experienced major difficulties in administering and distributing the Single Payment Scheme: an EU subsidy for farmers in England. Complaints were made and PHSO investigated as a result. Two general findings of maladministration were made in PHSO’s report: that the RPA failed to “get it right”, or “be customer focused”, and failed to respond appropriately when it came to “putting things right” for individuals.³⁵ We were told about how the RPA had since undergone significant

31 Q120

32 Q306

33 Q138

34 Q140

35 Parliamentary and Health Service Ombudsman, *Cold Comfort: the Administration of the 2005 Single Payment Scheme by the Rural Payments Agency* HC (2009-10) [81](#)

change and that a recent customer survey found that overall satisfaction with the RPA had reached its highest ever levels. Mark Grimshaw told us that:

We seek to capture all expressions of dissatisfaction, so that we can actually understand what is causing the problems for our customers and then do something about it. The open approach we have adopted by putting our most capable caseworkers into the complaints resolution space has pretty much transformed the way that we deal with complaints and the experience that our customers have had.³⁶

Still some way to go

23. Despite some promising examples of good complaints handling in Government, we heard evidence, particularly from members of the public, to suggest that some departments and agencies are not consistently meeting good practice principles with regards to complaints handling. One submission suggested that the complaints system was obstructive and “only the most tenacious complainant would get to the end of it”.³⁷ On learning from complaints, one individual said that:

I can say categorically that no lessons have been learnt by those who are in authority. The same problems come up time and time again.³⁸

24. In May 2013 PHSO published data on the number of complaints that it received relating to every UK government department in 2012, in letters sent to permanent secretaries. These letters listed some of the common failures in complaints handling that the PHSO had found through her work, which included:

- failure to respond to complaints within a reasonable length of time;
- failure to provide accurate and timely information;
- poor customer service;
- grudging apologies;
- failure to resolve issues;
- poor record-keeping;
- poor decision-making;
- failure to learn from mistakes; and
- providing incomplete, unhelpful or confusing responses.³⁹

36 Q140

37 Margaret and Janet Brooks ([COM 33](#))

38 Brenda Prentice ([COM 04](#)) para 12

25. In some parts of public services, there are encouraging signs of increased attention on good complaints handling. However, Government as a whole cannot be said to be complying with best practice in complaints handling or adapting to the needs and expectations of today's citizen. What the Parliamentary and Health Service Ombudsman referred to as the "toxic cocktail" in respect of complaints handling—a reluctance on the part of citizens "to express their concerns or complaints" and a defensiveness on the part of services "to hear and address concerns"—so often poisons efforts to deliver excellent public services.

39 Parliamentary and Health Service Ombudsman, [New analysis of complaints by Ombudsman shows government departments need to raise their game](#), accessed May 2013

3 Valuing complaints

The importance of leadership

26. Many witnesses emphasised the importance of leadership in determining the quality of complaints handling throughout a service. PHSO said that those at the very top of an organisation should “take the lead” in ensuring good complaints handling in terms of both process and the way in which complaints are valued.⁴⁰ The Ombudsman for Amsterdam told us on our visit to the Netherlands that officials need to have the backing of politicians and high-level managers to enable them to change an organisation. Jo Causon, Chief Executive of the Institute of Customer Service, told us that:

If [a complaint] is visible and it is being measured, there is a general chance that something is more likely to happen as a result.⁴¹

27. Others echoed this, particularly in respect of the NHS. Brenda Hennessy, then Director of Patient Experience at Cambridge University Hospitals, said that the role of an NHS Trust Board was “absolutely key to the success or not of a good complaints system”.⁴² Claire Murdoch, Chief Executive of the Central and North West London NHS Foundation Trust, said that:

It is the job of the Trust Board to know very clearly what the quality of care is that you are providing. I do think that, in this hugely complex landscape of commissioning and regulators, and in our case providers, it is helpful to all if we are clear, both as boards and as the public, that the people most accountable for the quality of patient care are boards of provider organisations and the clinicians working for them.⁴³

28. The evidence of a failure of leadership to value complaints and to take them into account is all too clear. The Francis Report highlighted serious failures with the complaints process and the performance of the Mid Staffordshire Hospital Trust Board, saying that the Board “did not listen sufficiently to its patients or its staff or ensure the correction of deficiencies brought to the Trust’s attention”.⁴⁴ A review of NHS governance of complaints handling by PHSO in 2013 found that of 94 Trusts, only 20% reviewed learning from complaints and took resulting action to improve service, and fewer than two-thirds used a consistent approach to reviewing complaints data.⁴⁵

29. We heard that clearer responsibility and accountability for complaints handling within Government would be welcomed. Richard Lloyd, Executive Director of the organisation Which?, told us that a central responsible minister for complaints could be useful:

40 Parliamentary and Health Service Ombudsman ([COM 16](#)), para 7

41 Q78

42 Q305

43 As above [Claire Murdoch]

44 Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, HC (2012-13) [898-I](#)

45 Parliamentary and Health Service Ombudsman, [NHS Governance of Complaints Handling](#) (June 2013) p12

It seems to me that this is a classic ministerial job. There are quite a few ministers in the Cabinet Office these days, and one of them should be responsible for looking across Whitehall at how data from complaints could be aggregated and collected more systematically and acted on more efficiently, and how consumers—our customers and clients—should be able better to report complaints.⁴⁶

30. When questioned about the issue of leadership and responsibility we found the Rt Hon Oliver Letwin MP, Minister for Government Policy, to be candid about shortcomings in this area. He suggested that complaints handling had “not been a matter of policy [...] for any Government in recent recorded history” and that: “Until very recently, there had not for many decades been any very serious attention paid to the question of how we use complaints to improve service delivery.”⁴⁷

31. The Minister conceded that more work needed to be done, and that he would carry out a review of complaints handling as a result of the issue being drawn to his attention by PASC:

I want to create a culture within which, through services, and ideally right at the ground level, complaints are welcomed and used so that they do not have to be run from somewhere on top. However, whatever system, or systems, we set up for doing that then has to be invigilated and monitored to see whether it is working, where it is and is not working, and that is the role I envisage for me and the Cabinet Office.⁴⁸

32. Valuing complaints and supporting people who feel the need to complain should be at the heart of the values which drive public services. The importance of leadership cannot be overstated. Complaints must be valued from the very top of an organisation and seen as something to be welcomed. Good leadership will appreciate that an increase in the volume of complaints about a particular department or agency may not indicate that the quality of service has diminished. It could indicate an improved public awareness of the right to complain, better complaints handling processes, an increased call on services or success in obtaining more honest feedback on the quality of the service.

33. Since the Parliamentary and Health Service Ombudsman’s research on the governance of complaints in the NHS—which found that of 94 Trusts, only 20% reviewed learning from complaints and took resulting action to improve service—we believe that practice is already changing at Trust Board level throughout the NHS. We welcome the renewed focus on complaints handling more widely from the Minister for Government Policy, and his agreement to carry out a review.

46 Q93

47 Q403

48 Q412

34. *There should be a single minister for government policy on complaints handling. In our report on the Parliamentary and Health Service Ombudsman, we will recommend that there should be a minister for government policy in respect of the Parliamentary and Health Service Ombudsman. These two responsibilities should form part of a dual role.*

35. *We recommend that the Cabinet Office work with high performing public and private sector companies in complaints handling to identify best practice and how to apply it to the departments and agencies, taking relevant differences into account.*

36. *We recommend that the Cabinet Office audit departmental complaints systems to identify good and bad practice as well as identify where lessons have been learned. This audit should result in recommendations for improvement in complaints handling across departments and agencies.*

The impact of leadership on attitudes and behaviour

37. Richard Lloyd told the Committee that:

There is a sense in the public sector, relative to the best practice in private markets, that there isn't a culture of looking at complaints as a great source of feedback about how you improve what you do for people. It is sometimes quite the opposite—a sense of resistance to complaints as if this was something to be avoided and deterred.⁴⁹

38. Some suggested to us that the lack of leadership and focus on complaints handling had led to the kind of poor complaints handling culture which was so frequently referred to. Brenda Hennessy told us: “If that leadership is not demonstrated at the top by the board, then it is not going to filter into the culture of the organisation.”⁵⁰

39. Mark Mullen, the then Chief Executive Officer of First Direct Bank, explained to us the link he believed existed between leadership and staff, and staff and customers, and how the former influences the latter:

There is a relationship between how you treat your people and how you ask or expect or want your people to treat their customers. In my experience, in the service sector it is virtually impossible to create a positive outcome with customers unless you have created a positive relationship with your own employees. So culture begins within and you have to treat people with the same degree of care and respect irrespective of whether they work for you or whether they are your customers.⁵¹

40. Dr Alex Brenninkmeijer, the National Ombudsman of the Netherlands, told us during our visit to the Netherlands of the need to take an interest-based approach in people making a complaint and to try to solve the problem faced by each individual, rather than

49 Q2

50 Q305

51 Q196

behaving like a court or tribunal. He explained how the concept of “fairness” was very important for citizens and he stressed four elements of this:

- personal contact;
- fair treatment;
- equal footing; and
- trust in citizens (most citizens were honest and should be treated as such).

He told us that he applies principles of fairness and empathy in his approach, and that personal contact and asking the citizen how best they can serve them was important. He also emphasised the importance of training in good customer service for those who deal with complaints.

41. Individuals who said that those dealing with complaints need a sympathetic approach echoed this ideal. However, some individuals told us that they experienced a negative response when pursuing their complaint. One individual said in complaining about the way she had been dealt with by a member of staff, she received a “rude and dismissive” response.⁵² Another suggested that the approach to a complaint made to an NHS Trust was “defensive”.⁵³ Sarah Rapson, the then Interim Director General, UK Visas and Immigration (UKVI), now Director General, UKVI, Home Office, gave us an example of poor practice that she had identified and was tackling within UKVI:

The organisation has not had customer service at the top of its priorities. ‘It will take as long as it will take to make the right decision’ is part of the culture, as opposed to, ‘We need to make the right decision, but we also need to do it in a timely way’. That is something that has been recognised.⁵⁴

42. As part of our inquiry we took evidence from Sir David Nicholson, the then Chief Executive of NHS England, and Chris Bostock, Policy Lead for NHS Complaints at the Department of Health. Sir David accepted that the “toxic cocktail” exists within the NHS: a reluctance on the part of citizens “to express their concerns or complaints” and a defensiveness on the part of services “to hear and address concerns”, and he said that there is a “real issue” about defensiveness and a lack of transparency.⁵⁵ Sir David said that the need for openness is not always recognised in the NHS and went on to say that, while more data is being published, and more people are connecting with NHS services and each other about their experiences through social media, the leadership within the NHS is “having difficulty coming to terms with that” and is “slightly” behind. He accepted that it comes down to leadership and culture:

52 Jan Middleton ([COM 34](#)) para 28

53 Margaret and Janet Brooks ([COM 33](#))

54 Q141

55 Q234

Undoubtedly, in broad terms, the NHS leadership is not equipped to handle some of the big issues that are coming forward, so we need to tackle that leadership. We need to work really hard on the culture of the system overall, because as you are going through that transition the importance of setting the right tone from top to bottom of the organisation is increasingly important. You need to make sure that you are learning the lessons and getting innovation from the system as a whole.⁵⁶

43. Sir David also explained how the NHS Leadership Academy, which aims to develop outstanding leadership in health in order to improve people's health and their experiences of the NHS, is focussed on addressing some of these cultural issues:

One of the things we found in the NHS was that there is a particular type of leadership, which in the jargon is described as 'pace-setting'. It is about getting stuff done, setting targets, hitting them and then getting the next one and driving the organisation forward. If you look at NHS management, it is predominantly pace-setting, when in fact, to deal with the world that we are talking about in the future, being responsive to patients, engaging with local populations and creating services around individual patients, there are different styles that you need. We have got a major task to shift NHS leadership from the predominantly pace-setting to something else. That is a really important precondition for making this happen, and we have set up a leadership academy to enable us to do that.⁵⁷

44. Dr Johnny Marshall, Director of Policy at the NHS Confederation, told us that in his experience of having been on an NHS Leadership Academy course, he had felt it understands "the task in hand" and made sure he looked across "the whole range of leadership skills, not just the pace-setting style, which is perhaps the natural style within the NHS".⁵⁸ Brenda Hennessy, however, said she doubts whether it would "reach down" to people such as ward managers "who will typically manage about 60 or 70 nurses delivering front line care".⁵⁹

45. In respect of the NHS, we heard some examples of how behaviour and attitude towards complaints handling and customer service is being addressed. Claire Murdoch told us that:

A few years ago [...] we were scrutinising complaints and felt that there were too many about staff attitude, a lack of care, a lack of compassion. We looked at a range of data and decided, yes, there was a problem with, for example, our band five staff nurses. What we did then, five years ago, was change the recruitment process for staff nurses. They now go through, and have done for five years in my trust, a daylong assessment centre process, where we test the numeracy and literacy before coffee. If those newly qualified nurses pass their numeracy and literacy tests, we keep them on for the rest of the day, where

56 Q236

57 Q275

58 Q327

59 Q330

patients and experienced staff will test them for, even then, compassion, aptitude, attitude and motivation.⁶⁰

46. Sir David Nicholson acknowledged shortcomings in NHS attitudes and behaviour in respect of complaints. He adopted encouraging language, but we are far from convinced that the NHS leadership knows how to change attitude and behaviour throughout the NHS. This is a huge challenge for the NHS leadership. We look forward to the Health Select Committee's findings on the question of leadership, attitudes and behaviour in its inquiry into the handling of complaints and concerns in the NHS.⁶¹

47. An attitude that welcomes complaints is important. This means challenging defensive behaviour to create relationships that are open and collaborative. Strong and positive leadership is essential to achieve this, which includes removing the fear of blame and increasing the confidence of those handling complaints. If staff are to listen to complaints with attention and compassion, and to handle them with intelligence and sensitivity, they must be trusted to use their judgement and respected when they do so. This is the way to help the organisation to learn.

48. *We recommend that the NHS Leadership Academy acts now on the need to rectify shortcoming in NHS attitudes and behaviour in respect of complaints handling. This is urgent so it can address one of the main findings of the Francis Report.*

49. *We recommend that the primary objective of the Cabinet Office review of complaints handling should be to change attitudes and behaviour in public administration at all levels in respect of complaints handling. The review should also aim to help senior leaders to use complaints as a valuable source of information and learning; to raise expectations of complainants that they will be respected and treated in a straightforward manner; and to encourage citizens to complain in order to put things right.*

Openness, and sharing learning

50. In our Report, *Truth to power: how Civil Service reform can succeed*, we concluded that a “failure to learn from failure” is a major obstacle to more effective Government. Lord Browne of Madingley, Government Lead Non-Executive Director and Lead Non-Executive Director at the Cabinet Office, told us that this failure to learn was “the biggest single obstacle to progress in government”.⁶² Applying this conclusion to complaints handling, we explored the extent to which information and learning from complaints is visible across different departments and services.

51. We heard about the cross-government complaints handling forum, which was established in 2006 as a self-organised network comprising complaints managers from organisations within the jurisdiction of the PHSO, including Health, the Department for

60 Q307

61 Health Select Committee, [Complaints and raising concerns](#), February 2014

62 Public Administration Select Committee (PASC), Eighth Report of Session 2013-14, [Truth to power: how Civil Service reform can succeed](#), HC74, p26

Work and Pensions, Transport, the Home Office, HM Revenue and Customs, and the NHS. The network aims to promote the effective management of, and learning from, complaints and customer feedback by encouraging the exchange of good practice. It is overseen by Robert Devereux, Permanent Secretary in the Department for Work and Pensions, who told us that:

The mandate, in the sense of ‘Does Robert Devereux have the authority, in some sense, to make it happen in DEFRA?’ the answer is no. Is this forum set up in such a way so as to get people to think about it in a common way? The answer is yes [...] I am using this forum as a methodology so that, if it looks as if Department A or B is not playing the game, I can, on behalf of the Permanent Secretaries collectively, have a word and say, ‘This is not where we want to be. You need to improve’. It is not a mandate, but it is a leadership role, if you wish.⁶³

52. We heard mixed evidence on the success of the forum. PHSO suggested that “the forum has generated new high level standards and a complaint resolution framework that will increase transparency, accountability and consistency in complaint handling”.⁶⁴ One witness, however, said “its lack of public profile has to say something about its ability to have an impact”.⁶⁵

53. In respect of openness more broadly, several past reports have highlighted the need for clear reporting of complaints data. PASC’s 2008 inquiry into complaints handling recommended that departments should be required to publish in their annual reports information on the number of complaints they received; the number reviewed by the Ombudsman; and the number that were upheld.⁶⁶ A similar recommendation was made in the more recent NESTA report, *Grumbles, Gripes and Grievances*, which Carol Brennan, Director, Consumer Insight Centre, Queen Margaret University, Edinburgh, told us advocated:

statutory reporting of complaint data from Government Departments and bodies, so that there is a clear view of what the position is and what is being done in relation to those complaints. I think that would be a great help; also, more learning across Government Departments.⁶⁷

We were told by PHSO that annual reporting has not addressed these recommendations fully, and that reporting is “mainly about how many come to us and whether we uphold them”.⁶⁸

54. *The new Cabinet Office minister for government policy on complaints handling should examine the purpose, powers and structure of the cross-government complaints*

63 Q162

64 Parliamentary and Health Service Ombudsman ([COM 16](#)) para 30

65 Q90

66 Public Administration Select Committee (PASC), [When Citizens Complain](#), para 96

67 Q78

68 Q114

handling forum and put in place measures to improve the profile and influence it has across departments. The minister should chair the forum.

55. Each Government department should publish information on the complaints it has handled in its annual report, including the numbers received and resolved, and the learning has been taken from those complaints. The aim is not to create bureaucracy or a tick box exercise, but to achieve a greater level of transparency.

4 Ministerial correspondence

56. Members of Parliament (MPs) pursue complaints about Government on behalf of their constituents by writing to ministers. In 2005, the Cabinet Office produced guidance for handling ministerial correspondence, which set out general principles to be adopted by ministers and ministerial offices when responding to correspondence from Members of both the House of Commons and House of Lords, MEPs and Members of the devolved assemblies:

All departments should set targets for replying to correspondence from MPs. These targets (which may be different to the targets set for other types of correspondence) will be published in the annual correspondence report co-ordinated by the Cabinet Office. Individual departments' targets for routine correspondence from MPs should be a maximum of 20 working days. Departments should consider setting themselves more challenging targets.⁶⁹

Box 4: Cabinet Office guidance on Ministerial Correspondence: Examples of how to handle correspondence⁷⁰

Substantive replies:

“Departments must ensure that all replies to letters from MPs are of the highest quality—accurate, clear and helpful”.

Confidentiality:

“MPs may write to departments about personal matters relating to their constituents and/or attaching confidential information that relates to them or other matters. Where this is the case departments should treat correspondence with great care to ensure that confidentiality is not broken. Only those who have a direct policy interest should have access to the papers/information and account should be taken of the basis on which the confidential information was provided”.

Email correspondence:

“Some MPs prefer to correspond by e-mail [...] Replies should be in the form of an e-mail or in the form requested by the MP unless it is more convenient to write to the Member concerned, for example, if there are various attachments [...] MPs who send e-mails direct to officials should not expect a Ministerial reply”.

57. The guidance also refers to an annual report by the Cabinet Office on departmental performance in the handling of correspondence from MPs. However, in response to a

69 Cabinet Office, [Handling correspondence from Members of Parliament, Members of the House of Lords, MEPs and Members of devolved assemblies](#) (July 2005), p5

70 [As above](#), p9

written question from Mr William Cash MP in February 2013 about correspondence from MPs, the Minister for the Cabinet Office, the Rt Hon Francis Maude MP, said:

Individual Departments are responsible for the effective and efficient handling of correspondence received in accordance with the principles set out in the Cabinet Office guidance.⁷¹

58. PASC wrote to all MPs in June 2013 in order to examine how constituents' casework and complaints referred by MPs to Ministers and Whitehall civil servants were handled, and whether departments were adhering to Cabinet Office guidance. Feedback suggested that there is little consistency in how different departments receive, acknowledge and respond to correspondence. Opinion on which departments performed best and worst varied. One MP said that the Department for Work and Pensions was particularly poor in respect of turn-around times, but another said that they had found the Department "particularly good at answering technical questions" regarding the circumstances of constituents.⁷²

59. There was a general consensus that correspondence was not always replied to within the appropriate timescales. One MP noted that ministers were not replying "consistently" within 20 working days as set out in the 2005 Cabinet Office guidance, while another said that "my estimate is that about 80% are responded to in six weeks and 20% need a chase up". One MP highlighted the impact of these delays:

[...] excessive delays in response times, loss of correspondence, and requirement to chase up do not encourage constituents to have confidence in the system, meaning that they are less likely to accept the substance of the response.⁷³

60. The guidance is clear that responses should be "accurate, clear and helpful". This raises the question about how justified it is for ministers to refer correspondence to another body or delegated authority, such as an NHS Trust. Reference was made to occasions when departments wanted to pass on a complainant's information to the team or agency they were complaining about. Some MPs felt that this should be at the permission of the complainant, rather than at the discretion of the department, and that correspondence that needed to be shared with, or sent to, another department resulted in unnecessary time delays. One MP, for example, said:

We had correspondence sent to DfT and transferred to HMT that took from August 2012–February 2013 to be dealt with despite repeated chasing.⁷⁴

61. Mr Cash made specific reference to ministerial correspondence in respect of the failings at the Mid Staffordshire NHS Hospital Trust and the complaints he had raised with the Secretary of State for Health on behalf of his constituents. In a House of Commons debate

71 HC Deb, 25 February 2013, [col 198W](#) [Commons written answer]

72 Members of Parliaments ([PHS 24](#))

73 [As above](#)

74 [As above](#)

on 5 March 2014 he highlighted the importance of the Cabinet Office guidance and said that Members were “entitled to receive a personal letter” in response to their letters but that this “did not happen in all instances when matters were raised with regard to Stafford hospital”.⁷⁵ He also said:

I was glad to note, however, that in the course of evidence to the [Francis] inquiry, the situation moved from what appeared to be resistance to going down that route, to an acceptance that—to paraphrase from the evidence given by the chief executive of the Department of Health—from now on, when a Member of Parliament writes with a letter from a constituent, and explains that things have not gone properly regarding that constituent’s health problems, there is a mechanism to ensure that the issue is dealt with properly.⁷⁶

Mr Cash also submitted evidence to this inquiry that made similar comments.

62. Ministerial correspondence is key to the way MPs make complaints on behalf of their constituents. It is vital that ministers themselves see and respond to correspondence in the manner set out in Cabinet Office guidance, to ensure that complaints and concerns are handled without undue delay, and that signs of emerging problems can be quickly identified and acted on. It should be a matter of regret that ministers appeared to pass on correspondence from MPs about the quality of care at Mid Staffordshire Hospital to the Trust concerned, without themselves investigating why these complaints were being made.

63. The Minister for the Cabinet Office should review its 2005 guidance on handling correspondence from Members of Parliament, Members of the House of Lords, MEPs and Members of devolved Assemblies, so that it is explicit that responsibility for responding cannot be delegated—ministers remain responsible for replies to MPs. It should also be explicit that a complaint from an MP should only be transferred to the body concerned or to a third party with the explicit agreement of the MP. This would also include how confidential or personal information should be handled.

64. The Minister for the Cabinet Office should reaffirm the need to adhere to guidance on handling correspondence from Members of Parliament, Members of the House of Lords, MEPs and Members of devolved Assemblies, so that MPs can deliver swift redress for their constituents and that ministers can use the intelligence gathered from correspondence in a timely manner.

75 HC Deb, 5 March 2014, [col 925](#) [Commons Chamber]

76 HC Deb, 5 March 2014, [col 948-949](#) [Commons Chamber]

5 Complaints processes: keep it simple

65. Evidence confirmed to us that empathy and understanding are vital for successful complaints handling, but systems and process must be simple, straightforward and easy to access. A consistent theme in previous reviews of complaints handling has been the difficulty encountered by citizens when confronted with the plethora of internal complaints processes, independent reviewers, complaint-handlers and ombudsmen, as well as the full range of tribunals and the administrative court. The situation is further complicated by the general lack of understanding of the difference between such terms as ‘complaint’, ‘review’ and ‘appeal’.

‘Feedback’, ‘review’, ‘complaint’, or ‘appeal’?

66. Many of the past criticisms of the complaints processes were repeated in the evidence we heard. The Local Government Association said that “the phrase ‘complaints’ itself supposes a potentially confrontational situation”.⁷⁷ The Administrative and Justice Tribunals Council (AJTC) suggested that there was “a general lack of definitional agreement on terms such as ‘inquiry’, ‘grievance’, ‘complaint’, ‘claim’, ‘dispute’, ‘appeal’ etc”.⁷⁸

67. Academics Professor Trevor Buck, Dr Richard Kirkham and Brian Thompson drew attention to the way in which this confusion was exacerbated by the different ways that complaints and appeals were dealt with:

This complaints/appeal distinction causes problems. It is not understood by the public who are confused about what they can do and who they may approach when they have a grievance. In terms of policy planning and operations, different government departments take the lead for complaints and appeals, and in turn those departments are subject to parliamentary oversight by different select committees.⁷⁹

68. In PASC’s previous Report, *When Citizens Complain*, the then Committee recommended that all government organisations use the widest possible definition of complaint—that of “any expression of dissatisfaction that needs a response, however communicated”.⁸⁰ The Government in its response agreed that a wide definition was desirable but stressed the need for flexibility given the large number of public organisations.⁸¹

77 Local Government Association ([COM 09](#)) para 2.2

78 Administrative and Justice Tribunals Council ([COM 11](#))

79 Trevor Buck, Richard Kirkham and Brian Thompson ([COM 14](#)) para 1

80 Public Administration Select Committee (PASC), *When Citizens Complain*, p9

81 Public Administration Select Committee (PASC), Seventh Special Report of Session 2007-8, *When Citizens Complain: Government Response to the Committee’s Fifth Report of Session 2007-08*, HC 997, p3

69. ‘Complexity’ and ‘confusion’ were recurring words in the evidence we heard about complaints processes, particularly from individual members of the public. The administrative justice system is currently constructed in such a way that someone with a grievance could be directed down a number of different paths, for example an internal complaints process or an appeal process. An integrated approach to administrative justice is lacking, and this is reflected in the confusion in the language. A complaint is a complaint. Whenever a citizen experiences dissatisfaction with a public service, nobody should be shy of the term “complaint”, particularly where a complainant is seeking restitution or to alert management of a service’s shortcomings. Other euphemistic terms for “complaint” should be banned.

70. Following the abolition of the Administrative and Justice Tribunals Council, which played an important role in providing an independent overview of the administrative justice system, it is all the more important that the minister responsible for government policy on complaints handling strengthens ties with others in Government who are responsible for various parts of administrative justice, to ensure that there is a clear and coherent approach to sharing, learning and best practice. This means adopting common terms, such as “complaint”, which everyone can understand.

Simplifying the complaints process

71. The Local Government Ombudsman noted that for complaints to make a difference “the public must first be able to access the complaints system”.⁸² Richard Lloyd, Executive Director of the organisation Which?, told us that:

People are telling us that it is harder to navigate their way around the system. It is often very unclear where you should go and to whom you should take your complaint if it is not resolved properly locally. There is a whole range of ways in which there are barriers to people complaining.⁸³

72. The Local Government Association illustrated in its evidence the complexity of complaints arrangements, suggesting that in one London borough a general complaints service existed, but in addition there were specific procedures for adult social care, children’s social care, schools, code of conduct breaches by councillors or co-optees, disputed parking fines; planning decisions; and complaints about council staff.⁸⁴ Which? gave a similar example in its evidence:

if a user has a complaint about their care home or home care agency, there are currently up to five different bodies that they could be expected to report their complaint to—their provider, the local authority, the Local Government Ombudsman, the CQC [Care Quality Commission] or Local Healthwatch.⁸⁵

82 Local Government Ombudsman ([COM 06](#)) para 19

83 Q2

84 Local Government Association ([COM 09](#))

85 Which? ([COM 12](#)) para 5.4

73. As a possible resolution of these difficulties, we were pointed towards the innovation of a single point of contact for complainants in operation in Wales. The office of the Public Services Ombudsman for Wales said:

This service helps people who want to complain about a public service but do not know how to do so to send their complaint to the right place. This service applies not only to devolved services but also non-devolved services, as well as utilities. (Although gas, electricity, water, telecom services etc were privatised many years ago, people still consider these to be ‘public services’).⁸⁶

74. Chris Bostock, Policy Lead for NHS Complaints at the Department of Health, told us that there could be some advantages to a single point of contact in England, for example being able to direct complaints to the appropriate body, but he also expressed concern about the impact it would have on the personalisation of the system and the possible increase in bureaucracy.⁸⁷ Other witnesses also drew attention to the dangers they believed existed in introducing a single point of contact. Richard Simmons, Senior Lecturer in Social Policy, University of Stirling, said that:

One of the recommendations in the report that we wrote recently was to make sure that we keep a number of channels open for people, particularly for public service consumers who perhaps are a little more vulnerable. We also need to give careful thought to how quickly we move towards this channel shift that people have been speaking about.⁸⁸

75. When asked about the possibility of a single point of contact for complaints, the Rt Hon Oliver Letwin MP, Minister for Government Policy, said:

I think we absolutely have to have some single portal. [...] when you get there, we need to ensure there is a human being at the other end who is your friend, so to speak, in trying to get your complaint through the system and out the other end, both with a resolution for you and the ability to take the lesson of that complaint.⁸⁹

Supporting a complainant

76. Prior to the abolition of Community Health Councils, they played a role in supporting complainants in respect of their local health services. They also promoted a public dialogue about the quality and accountability of local health services. They were replaced by the Patient Advice and Liaison Service (PALS) which offers confidential advice, support and information on health-related matters. It is this system which failed at Mid Staffordshire NHS Foundation Trust and leaves the NHS challenged in the field of complaint handling.

86 Public Services Ombudsman for Wales ([PHS 12](#)) para 4.1

87 Q259

88 Q2

89 Qq437-438

77. For an organisation to deal with a complaint, that complaint should ideally be clear about the problem and the desired outcome. Richard Simmons told us that there could be a lack of recognition amongst services that some people could find making a complaint difficult:

There are vulnerable consumers who often do not have some of the skills and educational and health resources they need, so we have to help people by providing opportunities that are actually possibilities for them.⁹⁰

78. Katie Shaw, Head of Welfare Policy, Citizens Advice Bureau, echoed this with regard to her experience:

We often see things do not get dealt with because they use the wrong language. The departments should certainly understand what the language should mean. For example, they might use the words, “I want to appeal”, and I am in particular thinking of HMRC issues in tax credits. What they mean is there is something they are unhappy with here, but they might get a response back that there is not a legal right to appeal against that decision; it is not necessarily forwarded on to the complaints department. They need to be heard much more. [...] We need to help someone direct their query and their unhappiness in the right place, regardless of the language that is used.⁹¹

79. Ruth Isden, Services Programme Manager, Age UK, endorsed the work of advocacy and support services in helping people to make their complaint, referring to her experience of supporting elderly people:

There is a huge need for information advice and advocacy services to support people to make complaints and to have their voices heard. That is partly because there are many circumstances in which people will, on a very practical level, require that support. They might be suffering with dementia; they might have learning disabilities and they might be—thinking about our own cohort—particularly frail. There is a need to provide that independent support in order to get through the process, but I think, equally, it is very important to invest in information and advice services to help people to understand what they are entitled to, what their rights are because often people do not know if they have a legitimate complaint.⁹²

80. Whatever their shortcomings, in respect of local health services, Community Health Councils did provide a single point of contact that the public knew about and engaged with. The question is how to translate this positive experience across the entire public service. We welcome the Minister’s clear and refreshing commitment to establishing a single point of contact for those with complaints about government services, and a recognition of the need “to ensure there is a human being at the other end who is your friend, so to speak, in trying to get your complaint through the system and out the

90 Q19

91 Q384

92 Q385

other end, both with a resolution for you and the ability to take the lesson of that complaint”.

81. *We recommend that the Cabinet Office introduce a single point of contact for citizens to make complaints about Government departments and agencies. This single point of contact should be active rather than passive in helping complainants navigate the systems and also to frame their complaints. An online solution is no doubt key, but the availability of meaningful human support at the end of a telephone for those who need it must be provided.*

6 Conclusion

82. The exposure of the failure of Mid Staffordshire Hospital, the Mid Staffordshire NHS Hospital Trust and of NHS leadership to hear both the complaints of patients and their families, and the complaints of their own staff, defines what must change in the leadership of the NHS and its component parts. This also has lessons for Whitehall and public services. Good complaints handling ensures that individuals achieve fair and swift redress, and creates systematic improvement. It also encourages citizen engagement with service providers. Complaints become a positive dialogue rather than a negative dispute.

83. As so often in our reports, we highlight that success depends on the right leadership. Government must to ensure that leadership of public services values complaints as critical for improving, and learning about, their service. Only if the leadership adopts a positive attitude toward complaints will all parts of the service adopt the same attitude with those they lead and with the public they serve. To achieve this change is a difficult but vital challenge, and one that must be addressed now if we are to avoid what PHSO referred to as the “toxic cocktail”—a reluctance on the part of citizens “to express their concerns or complaints” and a defensiveness on the part of services “to hear and address concerns”—poisoning efforts to deliver excellent public services.

Conclusions and recommendations

Principles of good complaints handling

1. How complaints are handled determines the quality of the relationship between consumers and public services. The best performing organisations welcome and see complaints as a way of engaging consumers. A failure to recognise the importance of complaints leads to insufficient redress for the individual, limits the impact that complaints have in improving services, and alienates the public. (Paragraph 18)
2. In some parts of public services, there are encouraging signs of increased attention on good complaints handling. However, Government as a whole cannot be said to be complying with best practice in complaints handling or adapting to the needs and expectations of today's citizen. What the Parliamentary and Health Service Ombudsman referred to as the "toxic cocktail" in respect of complaints handling—a reluctance on the part of citizens "to express their concerns or complaints" and a defensiveness on the part of services "to hear and address concerns"—so often poisons efforts to deliver excellent public services. (Paragraph 25)

Valuing complaints

3. Valuing complaints and supporting people who feel the need to complain should be at the heart of the values which drive public services. The importance of leadership cannot be overstated. Complaints must be valued from the very top of an organisation and seen as something to be welcomed. Good leadership will appreciate that an increase in the volume of complaints about a particular department or agency may not indicate that the quality of service has diminished. It could indicate an improved public awareness of the right to complain, better complaints handling processes, an increased call on services or success in obtaining more honest feedback on the quality of the service. (Paragraph 32)
4. Since the Parliamentary and Health Service Ombudsman's research on the governance of complaints in the NHS—which found that of 94 Trusts, only 20% reviewed learning from complaints and took resulting action to improve service—we believe that practice is already changing at Trust Board level throughout the NHS. We welcome the renewed focus on complaints handling more widely from the Minister for Government Policy, and his agreement to carry out a review. (Paragraph 33)
5. *There should be a single minister for government policy on complaints handling. In our report on the Parliamentary and Health Service Ombudsman, we will recommend that there should be a minister for government policy in respect of the Parliamentary and Health Service Ombudsman. These two responsibilities should form part of a dual role.* (Paragraph 34)
6. *We recommend that the Cabinet Office work with high performing public and private sector companies in complaints handling to identify best practice and how to apply it to the departments and agencies, taking relevant differences into account.* (Paragraph 35)

7. *We recommend that the Cabinet Office audit departmental complaints systems to identify good and bad practice as well as identify where lessons have been learned. This audit should result in recommendations for improvement in complaints handling across departments and agencies. (Paragraph 36)*

The impact of leadership of attitudes and behaviour

8. Sir David Nicholson acknowledged shortcomings in NHS attitudes and behaviour in respect of complaints. He adopted encouraging language, but we are far from convinced that the NHS leadership knows how to change attitude and behaviour throughout the NHS. This is a huge challenge for the NHS leadership. We look forward to the Health Select Committee's findings on the question of leadership, attitudes and behaviour in its inquiry into the handling of complaints and concerns in the NHS. (Paragraph 46)
9. An attitude that welcomes complaints is important. This means challenging defensive behaviour to create relationships that are open and collaborative. Strong and positive leadership is essential to achieve this, which includes removing the fear of blame and increasing the confidence of those handling complaints. If staff are to listen to complaints with attention and compassion, and to handle them with intelligence and sensitivity, they must be trusted to use their judgement and respected when they do so. This is the way to help the organisation to learn. (Paragraph 47)
10. *We recommend that the NHS Leadership Academy acts now on the need to rectify shortcoming in NHS attitudes and behaviour in respect of complaints handling. This is urgent so it can address one of the main findings of the Francis Report. (Paragraph 48)*
11. *We recommend that the primary objective of the Cabinet Office review of complaints handling should be to change attitudes and behaviour in public administration at all levels in respect of complaints handling. The review should also aim to help senior leaders to use complaints as a valuable source of information and learning; to raise expectations of complainants that they will be respected and treated in a straightforward manner; and to encourage citizens to complain in order to put things right. (Paragraph 49)*

Openness, and sharing learning

12. *The new Cabinet Office minister for government policy on complaints handling should examine the purpose, powers and structure of the cross-government complaints handling forum and put in place measures to improve the profile and influence it has across departments. The minister should chair the forum. (Paragraph 54)*
13. *Each Government department should publish information on the complaints it has handled in its annual report, including the numbers received and resolved, and the learning has been taken from those complaints. The aim is not to create bureaucracy or a tick box exercise, but to achieve a greater level of transparency. (Paragraph 55)*

Ministerial correspondence

14. Ministerial correspondence is key to the way MPs make complaints on behalf of their constituents. It is vital that ministers themselves see and respond to correspondence in the manner set out in Cabinet Office guidance, to ensure that complaints and concerns are handled without undue delay, and that signs of emerging problems can be quickly identified and acted on. It should be a matter of regret that ministers appeared to pass on correspondence from MPs about the quality of care at Mid Staffordshire Hospital to the Trust concerned, without themselves investigating why these complaints were being made. (Paragraph 62)
15. *The Minister for the Cabinet Office should review its 2005 guidance on handling correspondence from Members of Parliament, Members of the House of Lords, MEPs and Members of devolved Assemblies, so that it is explicit that responsibility for responding cannot be delegated—ministers remain responsible for replies to MPs. It should also be explicit that a complaint from an MP should only be transferred to the body concerned or to a third party with the explicit agreement of the MP. This would also include how confidential or personal information should be handled.* (Paragraph 63)
16. *The Minister for the Cabinet Office should reaffirm the need to adhere to guidance on handling correspondence from Members of Parliament, Members of the House of Lords, MEPs and Members of devolved Assemblies, so that MPs can deliver swift redress for their constituents and that ministers can use the intelligence gathered from correspondence in a timely manner.* (Paragraph 64)

Complaints processes: keep it simple

17. ‘Complexity’ and ‘confusion’ were recurring words in the evidence we heard about complaints processes, particularly from individual members of the public. The administrative justice system is currently constructed in such a way that someone with a grievance could be directed down a number of different paths, for example an internal complaints process or an appeal process. An integrated approach to administrative justice is lacking, and this is reflected in the confusion in the language. A complaint is a complaint. Whenever a citizen experiences dissatisfaction with a public service, nobody should be shy of the term “complaint”, particularly where a complainant is seeking restitution or to alert management of a service’s shortcomings. Other euphemistic terms for “complaint” should be banned. (Paragraph 69)
18. *Following the abolition of the Administrative and Justice Tribunals Council, which played an important role in providing an independent overview of the administrative justice system, it is all the more important that the minister responsible for government policy on complaints handling strengthens ties with others in Government who are responsible for various parts of administrative justice, to ensure that there is a clear and coherent approach to sharing, learning and best practice. This means adopting common terms, such as “complaint”, which everyone can understand.* (Paragraph 70)
19. Whatever their shortcomings, in respect of local health services, Community Health Councils did provide a single point of contact that the public knew about and

engaged with. The question is how to translate this positive experience across the entire public service. We welcome the Minister's clear and refreshing commitment to establishing a single point of contact for those with complaints about government services, and a recognition of the need "to ensure there is a human being at the other end who is your friend, so to speak, in trying to get your complaint through the system and out the other end, both with a resolution for you and the ability to take the lesson of that complaint". (Paragraph 80)

20. *We recommend that the Cabinet Office introduce a single point of contact for citizens to make complaints about Government departments and agencies. This single point of contact should be active rather than passive in helping complainants navigate the systems and also to frame their complaints. An online solution is no doubt key, but the availability of meaningful human support at the end of a telephone for those who need it must be provided.* (Paragraph 81)

Formal Minutes

Wednesday 26 March 2014

Members present:

Mr Bernard Jenkin, in the Chair

Kelvin Hopkins

Lindsay Roy

Greg Mulholland

Mr Andrew Turner

Draft Report (*More Complaints Please!*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 83 read and agreed to.

Summary agreed to.

Resolved, That the Report be the Twelfth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the report be made available (Standing Order No. 134)

[Adjourned till Tuesday 1 April at 9:15am

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the Committee's inquiry page at www.parliament.uk/pasc.

Tuesday 4 June 2013

Carol Brennan, Director, Consumer Insight Centre, Queen Margaret University, Edinburgh, **Jo Causon**, Chief Executive, Institute of Customer Service, **Richard Simmons**, Senior Lecturer in Social Policy, University of Stirling, and **Richard Lloyd**, Executive Director, Which?

[Q 1-94](#)

Tuesday 11 June 2013

Dame Julie Mellor, Parliamentary and Health Service Ombudsman

Robert Devereux, Permanent Secretary, Department for Work and Pensions, **Mark Grimshaw**, Chief Executive, Rural Payments Agency, and **Sarah Rapson**, Interim Director General, UK Visas and Immigration, Home Office

[Q 95-167](#)

Tuesday 25 June 2013

Mark Mullen, Chief Executive Officer, First Direct Bank, **Simon Roberts**, Chief Operating Officer, Boots UK, **Lynne Wood**, Senior Manager, Customer Experience, John Lewis and **Abi Gray**, Customer Experience Manager, John Lewis

Sir David Nicholson, Chief Executive, NHS England and **Chris Bostock**, Policy lead for NHS Complaints, Department of Health

[Q 168-303](#)

Tuesday 2 July 2013

Dr Johnny Marshall, Director of Policy, NHS Confederation, **Brenda Hennessy**, Director of Patient and Public Experience, Addenbrooke's Hospital, and **Claire Murdoch**, Chief Executive, Central and North West London NHS Foundation Trust

Jonathan Senker, Chief Executive, Voiceability, **Ruthe Isden**, Services Programme Manager, Age UK, and **Katie Shaw**, Head of Welfare Policy, Citizens Advice Bureau

[Q 304-401](#)

Wednesday 16 October 2013

Rt Hon Oliver Letwin MP, Minister for Government Policy, Cabinet Office

[Q 402-466](#)

Published written evidence

The following written evidence was received and can be viewed on the Committee's inquiry web page at www.parliament.uk/pasc. COM numbers are generated by the evidence processing system and so may not be complete.

- 1 Adam Macleod (COM 01)
- 2 Administrative Justice and Tribunals Council (COM 11)
- 3 Alan Reid (COM 25)
- 4 Alison Pope (COM 24)
- 5 Angela Cross-Durrant (COM 39)
- 6 Ann-Marie Smalling-Small (COM 37)
- 7 AW & I Tanner (COM 07)
- 8 Blue Flash Music Trust (COM 05)
- 9 Brenda Prentice (COM 04)
- 10 C N Rock (COM 23)
- 11 Centre for Public Scrutiny (COM 15)
- 12 Centre for Socio-Legal Studies, University of Oxford (COM 08)
- 13 Citizens Advice Bureau (COM 36)
- 14 Citizens Advice Scotland (COM 10)
- 15 Della Reynolds (COM 20)
- 16 Elaine Colville (COM 29)
- 17 Elizabeth Derrington, Jodi Berg and Ros Gardner (COM 18)
- 18 Frank Edohen (COM 28)
- 19 General Medical Council (COM 03)
- 20 J Pocock (COM 30)
- 21 Jan Middleton (COM 34, 35)
- 22 Janet Treharne Oakley (COM 26)
- 23 Karen Hudes (COM 32)
- 24 Local Government Association (COM 09)
- 25 Local Government Ombudsman (COM 06)
- 26 Margaret and Janet Brooks (COM 33)
- 27 Mrs W Morris (COM 21)
- 28 NHS (COM 17)
- 29 Office for Legal Complaints (COM 19)
- 30 PHSO (COM 16)
- 31 Robert Devereux, Permanent Secretary Department for Work and Pensions (COM 31)
- 32 Rosemary Cantwell (COM 38)
- 33 Simon Cramp (COM 27)
- 34 Social Fund Commissioner (COM 13)
- 35 T.J. Bartlett (COM 22)
- 36 Trevor Buck, Richard Kirkham and Brian Thompson (COM 14)
- 37 W S Beckett (COM 02)
- 38 Which? (COM 12)
- 39 William Cash MP (COM 40)

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the Committee's website at www.parliament.uk/pasc. The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2013–14

First Special Report	Public Trust in Government Statistics: A review of the operation of the Statistics and Registration Service Act 2007: Government and UK Statistics Authority Responses to the Committee's Ninth Report of Session 2012–13	HC 77
Second Special Report	Special advisers in the thick of it: Government Response to the Committee's Sixth Report of Session 2012–13	HC 515
First Report	Communicating statistics: not just true but also fair	HC 190 (<i>HC 573</i>)
Second Report	Public engagement in policy-making	HC 75 (<i>HC 986</i>)
Third Report	The role of the Charity Commission and "public benefit": Post-Legislative scrutiny of the Charities Act 2006	HC 76 (<i>HC 927</i>)
Fourth Report	Engaging the public in National Strategy	HC 435 (<i>HC 986</i>)
Fifth Report	Appointment of the Chair of the Committee on Standards in Public Life	HC 516
Sixth Report	Government Procurement	HC 123 (<i>HC 1015</i>)
Seventh Report	Migration Statistics	HC 523
Eighth Report	Truth to Power: how Civil Service reform can succeed	HC 74 (<i>HC 955</i>)
Ninth Report	Latest proposals for ministerial involvement in permanent secretary appointments: PASC's recommendations	HC 1041
Tenth Report	Statistics and Open Data: Harvesting unused knowledge, empowering citizens and improving public services	HC 564
Eleventh Report	The failure of the Cabinet Office to respond to our Report on the Business Appointment Rules	HC 1156

Session 2012–13

First Special Report	Public Appointments: regulation, recruitment and pay: Government Response to the Committee's Fourteenth Report of Session 2010–12	HC 18
Second Special Report	Leadership of change: new arrangements for the roles of the Head of the Civil Service and the Cabinet Secretary: Further Report: Government Response to the Committee's Twenty Third Report of Session 2010–12	HC 313
Third Special Report	Strategic thinking in Government: without National Strategy, can viable Government strategy emerge? Government Response to the Committee's Twenty Fourth Report of Session 2010–12	HC 573

Fourth Special Report	The Role of the Cabinet Secretary and the Resignation of the Chief Whip: Government Response to the Committee's Eighth Report of Session 2012–13	HC 968
Fifth Special Report	The Prime Minister's Adviser on Ministers' Interests: independent or not? Government Response to the Committee's Twenty Second Report of Session 2010–12	HC 976
First Report	The Big Society: Further Report with the Government Response to the Committee's Seventeenth Report of Session 2010–12	HC 98
Second Report	The Honours System	HC 19
Third Report	Business Appointment Rules	HC 404
Fourth Report	Appointment of the Chair of the Charity Commission	HC 315-I
Fifth Report	End of term report: 2011–12	HC 316
Sixth Report	Special advisers in the thick of it	HC 134
Seventh Report	The Honours System: Further Report with the Government Response to the Committee's Second Report of Session 2012–13	HC 728
Eighth Report	The Role of the Cabinet Secretary and the Resignation of the Chief Whip	HC 864 (HC 968)
Ninth Report	Public Trust in Government Statistics, A review of the operation of the Statistics and Registration Service Act 2007	HC 406
Session 2010–12		
First Report	Who does UK National Strategy?	HC 435 (HC 713)
Second Report	Government Responses to the Committee's Eighth and Ninth Reports of Session 2009–10: Goats and Tsars: Ministerial and other appointments from outside Parliament and Too Many Ministers?	HC 150
Third Report	Equitable Life	HC 485 (Cm 7960)
Fourth Report	Pre-appointment hearing for the dual post of First Civil Service Commissioner and Commissioner for Public Appointments	HC 601
Fifth Report	Smaller Government: Shrinking the Quango State	HC 537 (Cm 8044)
Sixth Report	Who Does UK National Strategy? Further Report with the Government Response to the Committee's First Report of Session 2010–11	HC 713
Seventh Report	Smaller Government: What do Ministers do?	HC 530 (HC 1540)
Eighth Report	Cabinet Manual	HC 900 (HC 1127, Cm 8213)
First Special Report	Cabinet Manual: Government Interim Response to the Committee's Eighth Report of Session 2010–12	HC 1127
Ninth Report	Pre-appointment hearing for the post of Parliamentary and Health Service Ombudsman	HC 1220-I
Tenth Report	Remuneration of the Parliamentary and Health Service Ombudsman	HC 1350

Eleventh Report	Good Governance and Civil Service Reform: 'End of Term' report on Whitehall plans for structural reform	HC 901 (HC 1746)
Twelfth Report	Government and IT — "a recipe for rip-offs": time for a new approach	HC 715-I (HC 1724)
Thirteenth Report	Change in Government: the agenda for leadership	HC 714 (HC 1746)
Fourteenth Report	Public Appointments: regulation, recruitment and pay	HC 1389
Fifteenth Report	Smaller Government: What do Ministers do? Further Report with the Government Response to the Committee's Seventh Report of Session 2010–12	HC 1540 (HC 1746)
Sixteenth Report	Appointment of the Chair of the UK Statistics Authority	HC 910
Seventeenth Report	The Big Society	HC 902
Eighteenth Report	Change in Government: the agenda for leadership: Further Report, with the Government Responses to the Committee's Eleventh, Thirteenth and Fifteenth Reports of Session 2010–12	HC 1746
Nineteenth Report	Leadership of change: new arrangements for the roles of the Head of the Civil Service and the Cabinet Secretary	HC 1582
Twentieth Report	Government and IT—"a recipe for rip-offs": time for a new approach: Further Report, with the Government response to the Committee's Twelfth Report of Session 2010–12	HC 1724
Twenty First Report	Future oversight of administrative justice: the proposed abolition of the Administrative Justice and Tribunals Council	HC 1621
Twenty Second Report	The Prime Minister's adviser on Ministers' interests: independent or not?	HC 1761
Twenty Third Report	Leadership of change: new arrangements for the roles of the Head of the Civil Service and the Cabinet Secretary, Further Report, with the Government Response to the Committee's Nineteenth Report of Session 2010–12	HC 1914
Twenty Fourth Report	Strategic thinking in Government: without National Strategy, can viable Government strategy emerge?	HC 1625