

Listening and learning from feedback and complaints

*Report submitted to NHS Lothian
Board by Dr Dorothy Armstrong*

DA professional 

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Executive summary

“For the positive benefits of complaints to be harnessed it is important that the right procedures are in place to receive, investigate and resolve complaints....providers can put the user at the heart of the complaints process and develop a timely, simple and streamlined process with a strong focus on local, early resolution. What is crucial to good complaints handling, however, is an underpinning culture that truly values complaints. Creating and embedding that culture needs strong leadership.

Leaders of public services must create the right culture, empowering and equipping staff to ‘get it right first time’, learn from mistakes and use complaints to drive improvement in the services they deliver.”

Guidance on a Model Complaints Handling Procedure (2011) Scottish Public Services Ombudsman (SPSO)

NHS Lothian is committed to listening and learning from feedback and complaints. The Board and senior leaders recognise the value of feedback both to provide a quality service to the people of Lothian and to drive improvement. Frontline staff also appreciate the importance of feedback. I heard many positive examples of staff using their knowledge and skills to listen to concerns from patients and relatives. Some of these vignettes are included in this report.

Without exception, the people I talked to wanted all users of their services to be heard, to resolve complaints at the earliest opportunity and use feedback to support service improvement and enhance the quality of healthcare experience. Yet there is a disconnect between the values and the reality.

The *Scottish Public Services Ombudsman* Statement of Complaints Handling Principles is:

- *User- focused*
- *Accessible*
- *Simple and timely*
- *Thorough, proportionate and consistent*
- *Objective, impartial and fair*
- *Seeks early resolution*
- *Delivers improvement*

My review of the Board’s approach to feedback and complaints found that in many cases the above principles were a vision and not a reality.

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Overall, I found the *Customer Relations and Feedback Team (CRAFT)* not fit for purpose. The key principles above are not evident. The one exception is the telephone triage unit, who provide first point of contact and a user-focused accessible and timely response to callers. Many of their calls result in resolution within 24 hours. I observed staff to be excellent communicators who were helpful and caring.

I had the privilege of talking to and observing clinicians and managers who demonstrate the SPSO principles. The corporate management team value feedback and complaints. What is needed now is a focused, timely and structured approach to realising the changes needed. The changes will enable NHS Lothian to provide a feedback and complaints service that gives the people of Lothian the confidence that their feedback and complaints will be taken seriously, handled respectfully and learned from.

This Report has been written using the SPSO Principles as the framework. The model complaints handling procedure offers a simple, streamlined process with a strong focus on local, early resolution by empowered and appropriately trained staff. I also include in Annexe A, the **Patients Association** Charter '*Handling Complaints with a Human Touch* and in Annexe B, the NHS Education for Scotland/SPSO e-learning resources, which I commend to you.

My report focuses on the most significant points. I believe the problems, solutions and recommendations are honest and credible. I invite you to read the report and consider the key messages, recommendations and next steps.

Listening and learning

Introduction and context

The NHS in Scotland is seen as exemplary across the world. People are proud of the NHS and the values attributed which is free at the point of delivery, delivered by a talented workforce in an environment using innovative research and cutting edge technology.

Yet things go wrong. The public are more aware than ever of problems in care delivery. Many of the recent accounts including Francis (2013), Clwyd (2013), Berwick (2013), Vale of Leven (2014) and Health Improvement Scotland Review of Aberdeen Royal Infirmary (2014) remind us what can go wrong if we don't listen and learn from feedback and complaints, that we must learn from such reports. What was clear and significant in all these reports were the lack of response to warning signals especially the voices of patients, relatives and carers.

The Patient Rights (Scotland) Act 2011 raises the status and focus of feedback and complaints. The Act and *Can I Help You?* guidance sets out the complaints handling process and promotes the development of a culture which values feedback. Key to developing and sustaining the open culture is ensuring we have well trained staff who are supported and empowered to listen and act on feedback. Finally, data from feedback should be used to measure performance, identify trends and issues with the overall purpose of improving services and healthcare for the people of Scotland.

Feedback from all people accessing our services is a rich and often untapped source of information. We must do better at listening and learning from people's concerns and complaints. Crucial to this approach is the need for all staff in the NHS to be open and honest, to be proactive in seeking feedback, listening and acting on what they see, hear and feel, whether good or bad.

My task is to provide an independent perspective of the feedback and complaints function in NHS Lothian. Between December 2014 and January 2015, I listened to a wide range of people and invited them to share with me their thoughts and concerns about the feedback and complaints. I was particularly interested to hear about what was working well and how it might feel to work in a place where feedback was valued, acted upon and provided meaningful learning for improvement. I heard wonderful examples of staff gathering feedback and giving caring and compassionate responses. I noticed many leaders including the Chief Executive and Executives, talking passionately about their disappointments with failure in care and their determination to do better and to learn from their mistakes.

My findings are based on a relatively small number of interviews, review of complaints files and observations. I would like to thank the people who shared their thoughts with me in an open and supportive manner.

The problems

Many of the problems listed could be found in any NHS Board in Scotland or indeed the UK. I have drawn on my knowledge of prior reports, national guidance and policy in respect of feedback and complaints. I have also considered my own experiences as a nurse, service user and relative.

I was struck by a lack of clarity and consistency about ownership of complaints. There is a strong disengagement between the *Customer Relations and Feedback Team* (CRaFT) in the centre and the clinical management teams in the hospital sites and partnerships. I observed a protracted, inefficient process driven approach rather than a person centred, streamlined and positive approach. Process and paperwork is getting in the way of people and the services they are accessing.

The key problems I have identified are:

- **Valuing feedback and complaints is a challenge for many organisations** in a 21st Century where consumers and staff alike seek better healthcare experiences against a backdrop of economic downturn. Many complaints are about communication, behaviour and attitudes, yet this is the very thing that lets down the complaints process itself. For example people complain about not getting the required information and then the complaint process is undertaken without any face to face or telephone contact. We need to make the feedback and complaints process more personal and more person centred.
- **Responsibility and accountability for complaints resolution and management is diluted and often unclear.** The process and paper trails are ineffective and impersonal. The early resolution stage could be used in a significant number of cases. In many of the complaints files I reviewed, I could pinpoint key stages where an immediate apology, explanation and conversation may have dealt with the concern. We need to maximise the opportunities for early resolution at the front line.
- **The lack of skills and confidence for staff at all levels to listen to concerns and manage complaints.** There were examples of passionate, articulate and confident staff who proactively managed concerns and who met with their patients and relatives to allay fears and resolve complaints.
- **Complaints are simply justified rather than investigated.** Whilst there were examples of excellent human caring responses, many more could be significantly improved. I read responses that made me feel embarrassed, ashamed and angry. Many contained 'cut and paste' statements full of jargon, lacking in empathy or understanding. Many responses were defensive and paternalistic. Some were written using a standard template with clichéd sentences and contained simple grammatical errors and typing mistakes.
- **Data from complaints is poor often incomplete and inaccurate.** The data focuses on targets rather than issues and trends. There is very little evidence of learning from complaints. Data shared at Board meetings were thought to be stark and difficult to interpret. There was also no indication of regular audits or quality assurance of the complaints process.

The solutions

The most important change required by NHS Lothian is to embrace feedback in all formats. Feedback and complaints must be valued not seen as a nuisance or irritation.

Yet there are numerous examples of what's already working well and both individual champions and exemplary wards and departments should be used as models for change and examples of good practice.

All staff, who themselves are users of the service, must be enabled and empowered to see all feedback as opportunities for learning. The solutions proposed are:

- **Leadership and accountability** - The Board should ensure that there is clear, accountable leadership of complaints at all levels of the organisation. It is not for me to dictate the organisational structure, however devolving accountability to Directors in hospital sites and community partnerships and thereafter to joint boards, is an attractive option. This model would place the management and ownership of complaints directly with those responsible for the provision of services.
- **Seek early resolution, be user-focused and more accessible** - The current *CRaFT* team is not fit for purpose and could be replaced by a small, central streamlined *Advice and Feedback Team* as the first point of contact. All calls, emails and written letters should be directed to the team who would then assess the feedback and either resolve or refer to the operational units for early resolution, review or investigation.
- **Simple and timely** - Each operational unit should appoint a *Feedback and Complaints Officer*. This post (full or part time) will provide administrative support to the operational team for the complaints process and also be a point of contact for staff and users alike. Able to deal with concerns and complaints at the early resolution stage, the post holder would be able to both de-escalate concerns at the frontline and also support the operational team to ensure complaints were managed in an exemplary manner.
- **Learning and improvement** - A significant investment in learning and behavioural change is required. Part of this shift change, is to provide all staff with the skills and confidence to recognise concerns at the earliest opportunity and be empowered to use early resolution skills, including the power of apology. Training will also be required for staff dealing with complaints including customer care skills, review and investigation skills and responding in writing.
- **Data should be collected and presented in a systematic and user friendly way.** This should include issues and trends and patient experience or stories. The data must be presented in an understandable and meaningful way. There may well be a role here for the Clinical Governance team as the data will relate to risk and

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patient safety. It is a missed opportunity if these two areas of work are not explicitly linked.

- **Data from feedback and complaints should be used to measure performance, identify trends and issues** so that they can be solved before they escalate, with the overall purpose of contributing to the continuous improvement of healthcare in Lothian.
- **Thorough, proportionate, consistent, objective, impartial and fair.** The current complaints process should be reviewed and refreshed to compliment the principles of the SPSO Model. Moving to a new model will provide opportunities to introduce new ways of working via training and supervision.
- **Steps should be put in place to introduce a robust risk assessment/triage approach to complaints.** After assessment, the early resolution option should always be considered i.e. making personal contact by telephone or face to face. For complaints which are assessed as being medium risk or less serious, a review should be undertaken by the operational team and feedback and complaints officer. For serious and complex complaints, I suggest that a similar approach is taken to the significant event analysis model currently used. This entails a peer review model where the complaint is investigated by a team not directly involve with the complaint.
- **A system of audit and quality assurance should be introduced with findings shared to enhance in the planning and development of the new model.** Oversight of this work should be with an Executive Director with responsibility for feedback and complaints.

Recommendations

1. *All leaders across NHS Lothian should make listening and learning from feedback a priority. This means, giving feedback and complaints the same kudos as clinical governance, patient safety and experience. Lines of responsibility must be clear including Executive accountability and delegated roles and remit.*
2. *A non-executive member of the Board should take feedback as a main focus of their role and work across the Board to champion the recommendations made in this report.*
3. *The Board should ensure that all staff receive initial and on-going education on the principles of engaging and communicating with patients, relatives and carers and valuing feedback and complaints.*
4. *The Board should ensure that staff who manage complaints as a key part of their role, are recruited, trained and supported to deliver an exemplary service.*
5. *Complaints data including themes and patient experience must be presented in a meaningful, open and accessible format as a matter of urgency.*
6. *The ethos of early resolution including the power of apology should be the focus for staff in the frontline and in management.*
7. *The current CRaFt service is not fit for purpose and should be replaced with*
 - a. *a small central streamlined **Advice and Feedback Team** as first point of contact*
 - b. ***Feedback and Complaints Officers** devolved to hospital sites and community partnerships and integrated Boards.*
8. *The current methods to provide feedback and complaints should be revised to make it easier for people to give feedback in whatever format they prefer.*
9. ***Patient Opinion**¹ is embraced and welcomed as an opportunity for the people of Lothian to provide feedback.*
10. *The Board should adopt a streamlined and efficient feedback and complaints process, based on the **Complaints Standard Authority** and **Can I Help You?***
11. *There should be detailed quality standards for complaints handling that are open and accessible to the public.*
12. *An assessment of risk or triage should be introduced to ensure each step of the complaints process is used appropriately in a timely and user-focused manner.*
13. *A two-step approach is used, based on the SPSO model, which involves a review by the operational team for medium or less complex complaints. When a complaint is assessed as being at high risk or complex, the complaint will be investigated by an impartial reviewer who has the appropriate skills and expertise.*

¹ Patient Opinion is a non-profit feedback web based platform for health services which shares healthcare experiences good and bad <https://www.patientopinion.org.uk/services/nhs-scotland>

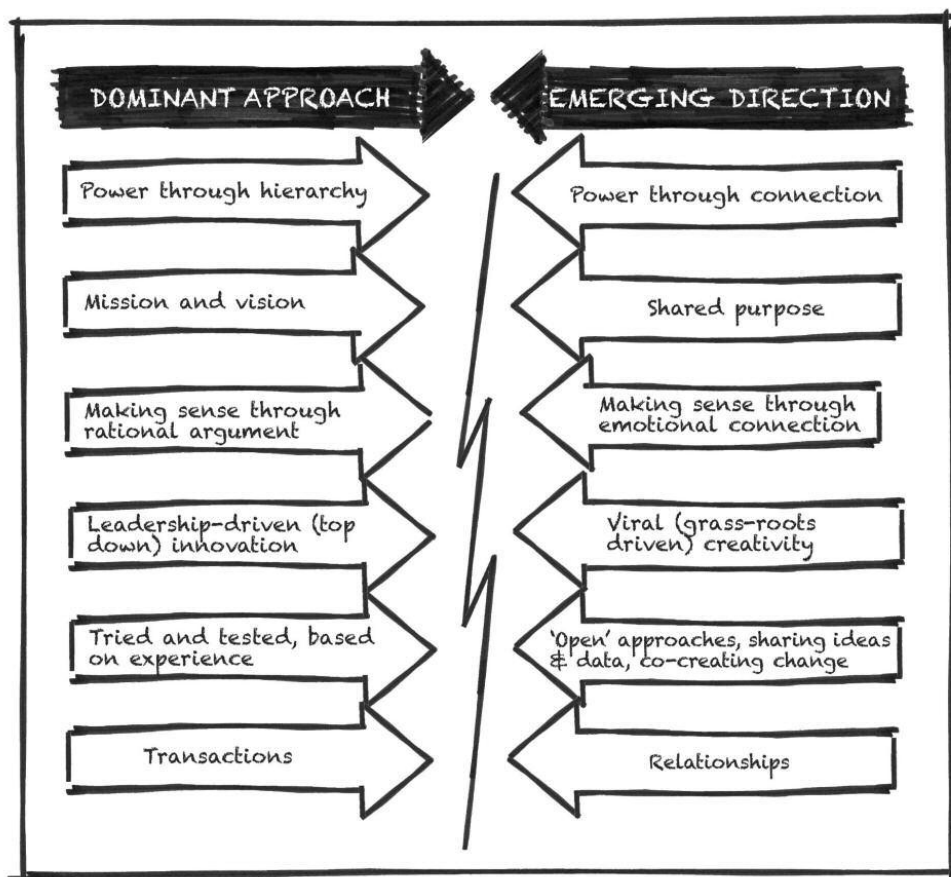
Leadership and accountability

Recommendation

All leaders across NHS Lothian should make listening and learning from feedback a priority. This means, giving feedback and complaints the same kudos as clinical governance, patient safety and experience. Lines of responsibility must be clear including Executive accountability and delegated roles and remit.

I recommend that a non-executive member of the Board takes feedback as a main focus of their role and works across the Board to champion the recommendations made in this report.

Leadership in the 21st Century NHS is very different to that of the previous generations. The table below outlines competing levers for change and suggests that modern leaders use partnerships, connections and relationships, based on values, to enable change to happen.



From NHS Improving Quality: The new era of thinking and practice in change and transformation (2014). <http://www.nhs.uk/resources/publications/white-paper.aspx>

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I observed leaders in NHS Lothian who are committed, driven, passionate and visible. These behaviours are being modelled and should be consistently spread throughout the middle and front line management structures. More specifically, leaders should make more use of current networks and relationships with service users and stakeholders to ensure the public voice is heard and acted upon.

Transforming the culture must be done in partnership with staff, patients, relatives and carers. Leaders across the organisation have a duty to provide the correct environment, resources and time to enable staff to communicate and care for people and be empowered to deal with concerns and complaints at the earliest opportunity. Leaders can support staff at all levels to value complaints as a reflective tool and opportunity to improve performance. Revalidation of medical staff and shortly for nurses, is a vehicle to enable feedback to be considered and acted upon.

What's working well

- The corporate management team and Board attended a one day Masterclass on the Power of Apology.
- Many of the senior leaders are using this learning to change practice i.e. share the learning with their teams
- Leaders are using their skills to resolve concerns at the earliest opportunity i.e. using risk/triage tools to telephone and meet face to face with patients and relatives who have cause to complain.

Learning and improvement

Recommendation

The Board should ensure that all staff receives initial and on-going education on the principles of engaging and communicating with patients, relatives and carers and valuing feedback and complaints. This will require investment in training and building expertise in this area. To fully embrace change in attitudes and behaviour, investment in learning and development is crucial.

The Board should also ensure that staff who manages complaints as a key part of their role, are recruited, trained and supported to deliver an exemplary service. The Health Council (2014) makes a number of recommendations which apply to NHS Lothian.

Complaints data including themes and patient experience must be presented in a meaningful, open and accessible format as a matter of urgency.

In order to learn from concerns and complaints, information must be available which is understandable and primarily used for learning not blame. The current data presented to clinical teams and the Board is often incomplete and inaccurate. Managers should have data that allows them to identify areas of good practice as well as 'hot spots' and therefore data should be available at wards and departmental level.

Information presented at Board meetings was very generic and did not have enough detail to give Board members assurance that feedback and complaints were listened to or learned from. People wanted to have more information about themes and issues rather than meeting the time target. Qualitative data about patient experience and impact of complaints was absent. Complaints data could be more closely aligned to other measures such as significant event analysis and risk.

Many frontline staff are not clear about their role in early resolution and therefore are not empowered to deal with concerns and complaints in a consistent manner. For example, I heard examples of patients voicing a concern and being given a complaints card with no attempt at local resolution. Myths around apology were evident including apology encouraging litigation, when the opposite is actually true. Staff are often afraid to admit mistakes for fear of internal and external reprisals.

Although I found many staff across NHS Lothian modelling, sharing and teaching others the skills of listening, engaging and managing concerns and complaints, more could be done. Rather than a top down approach, networks and collaborative learning can be very effective across disciplines and within clinical teams.

What's working well

- In Medicine of the Elderly at the Western General Hospital, a Consultant uses complaints in her Mortality and Morbidity bimonthly meetings. Members of the multi-professional team and students attend and hear first-hand the importance of listening and learning from complaints.
- In Emergency and Acute Medicine the Clinical Director involves Consultant colleagues in meetings with families who have complained and uses the experience to reflect on practice.
- The patient experience programme is using patient stories to generate research and development. Some of the stories are captured on video and will be used for training purposes.
- At St Johns' Hospital, the Chief Nurse holds *Reflections Days* for staff with patients and relatives invited to talk about their experiences and nurses are invited to reflect and learn. The learning is very powerful and impactful.
- *Being Open*, a learning programme led by the Clinical Governance and Person Centred Programme, using team based learning to enhance communication and engagement – their implementation plan includes feedback and complaints.

Early resolution

Recommendation

The ethos of early resolution including the power of apology should be the focus for staff in the frontline and in management. This will require investment in training and role modelling to give staff the confidence and skills to listen and act on people's concerns and complaints.

The current triage team within CRaFT should become a small streamlined call centre. Focusing on Advice and Feedback the staff continue to be the first point of contact, offering advice, signposting to other agencies such as NHS24 and NHS Inform, Breathing Space, the Samaritans or appropriate healthcare facilities such as GP, dentist, pharmacist or optician. Concerns and complaints are acted upon and followed up within 24 hours. Data for this service including number of call and those resolved should be recorded as a matter of urgency.

The guidance in 'Can I Help You?' encourages early resolution of concerns and complaints carried out by staff at all levels of the organisation. In many instances, people want to give feedback about a service or an experience in order to improve the NHS. They want to be listened to and heard.

Early contact either face to face or by telephone with people who have a concern or complaint should be used routinely. Picking up the phone as soon as a complaint arrives, carried out in an empathetic manner with a meaningful apology can be enough to alleviate a concern and prevent a complaint. Flagging complex, sensitive or serious complaints early should also lead to early contact including an invitation to meet and discuss the complaint with the team involved. This approach, although time consuming, can produce good outcomes for the person bringing the complaint and also for staff involved.

The power of apology is part of an overall approach to effective communication skills using a person centred approach. However, there are a number of myths about saying sorry and therefore staff should feel confident and empowered to act appropriately or seek advice from someone more senior. Within NHS Lothian there has been some investment in tools and techniques for early resolution and this could be rolled out to a larger group of staff.

Consultants and senior nurses noted that dealing with concerns and complaints is one of the most difficult things they do: many clinicians are anxious about making first contact and uncertain about the language to use. The skills and confidence required to communicate well with users who are distressed and angry are part of a suite of interpersonal skills that can be taught and adopted throughout the organisation.

What's working well

Many senior leaders have systems in place to use their communication skills and experience when people have concerns.

- In the Emergency Department at the Royal Infirmary, the Clinical Director and Chief Nurse make contact with people who have a concern or complaint at the earliest opportunity. This may involve a phone call or when appropriate inviting patients and families to a meeting.
- In St Johns' Hospital, the Chief Nurse is informed when there are delays or cancellations. She told me of visiting the department and saying sorry to the patient and her relative and ensured they were given a hot meal and had transport home. She then called the next day with a new date for surgery.
- The triage team in *CRaFT* answered 4304 calls from 1st January 2014 – 31st December 2014, acting as the first point of contact for people with concerns and complaints. The calls are handled using excellent interpersonal skills by knowledgeable staff. Their experience can be used to give advice, signpost to more appropriate agencies or resolve the concern immediately. I observed a number of issues managed efficiently and respectfully.
- A number of Consultants I talked to described the importance of good communication and 'getting it right on the wards.' They ensure that junior doctors observe their interactions in clinical practice and learn from their experiences.
- Senior Charge Nurses in Surgery have attended a *Power of Apology* workshop and we heard how many of the staff are using the skills and confidence in resolving concerns and complaints.

User focused and accessible

Recommendations

The current CRaFt service is not fit for purpose and should be replaced with a more user focused and accessible team.

The current methods to access feedback and complaints should be revised to make it easy for people to give feedback in whatever format they prefer. This should include a well-publicised website with simple on line forms directing people to the most appropriate place to give feedback whether it is a compliment, comment, concern or complaint. Information about advocacy and the Patient Advice and Support Service should be freely available throughout NHS Lothian.

Patient Opinion is embraced and welcomed as an opportunity for the people of Lothian to provide feedback. A small team of staff should be identified, trained and supported to respond.

The current systems to give feedback should be simplified to ensure that people can provide feedback or make a complaint in whatever format is easy for them. *The Patients Association Charter* (see Annexe 1) may provide a valuable framework. The NHS Lothian website does not make it easy to complain. Adding an online feedback and complaints form would be helpful. There are a number of organisations to look to for examples of good practice in their approach including the Scottish Public Services Ombudsman and the Citizens Advice Bureau. We could learn from successful companies such as John Lewis and Ikea whose on line information and web forms encourage feedback.

Patient Opinion Scotland offers people the opportunity to provide feedback on line in an anonymised fashion. Over 50% of posts are positive. Many people want to give feedback to have their voice heard and do not wish to make a formal complaint. The Scottish Government endorse *Patient Opinion* and fund the subscription costs. I recommend that *Patient Opinion* is fully embraced and a small team of staff are identified, trained and supported to respond to *Patient Opinion* posts. Responses have to be truly personal written in a different style to the traditional complaint response. This requires skill and empathy.

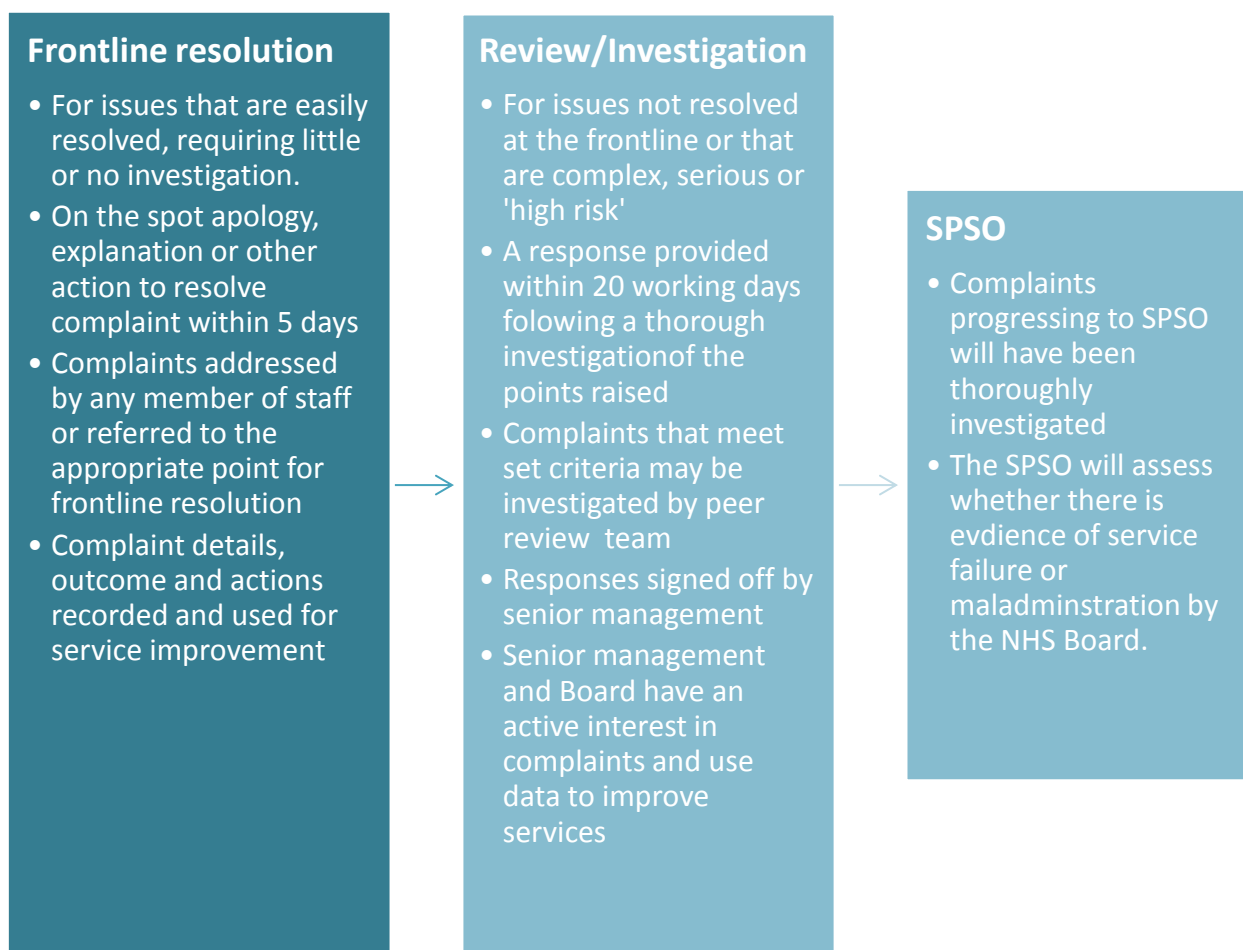
Service users and the public must be more involved in the feedback and complaints process at every level and I have previously recommended the appointment of a non-Executive member of the Board to lead this work. User focus must be embraced as a positive step in true partnership collaborative working.

Simple and timely

Recommendations

The Board should adopt a streamlined and efficient feedback and complaints service, based on the Complaints Standard Authority and Can I Help You? A two staged approach is used and the diagram below sets out the process:

Complaints Handling Process



The current systems are cumbersome, inefficient and process driven. Responding to complaints often takes too long. Moving to the above model will allow teams to have ownership and provide a timely, proportionate and consistent approach. The model does not take into account clinical judgement and therefore further consideration is needed at the implementation phase.

Thorough, proportionate, consistent, objective, impartial and fair

Recommendations

There should be detailed quality standards for complaints handling that are open and accessible to the public. Service users should be involved in agreeing and reviewing the standards.

An assessment of risk or triage should be introduced to ensure each step of the complaints process is used appropriately in a timely and user-focused manner.

A two-step approach is used, based on the model on page 16, which involves a review by the operational team for medium or less complex complaints. When a complaint is assessed as being at high risk or complex, the complaint will be investigated by an impartial reviewer who has the appropriate skills and expertise.

I found examples of inconsistent and disproportionate investigations. For example a complaint about a delay in surgery taking three months to investigate, yet a misdiagnosis of a cancer being upheld by the Ombudsman due to insufficient complaint handling. NHS Lanarkshire is using a risk assessment tool which could be tested by NHS Lothian. This tool could lead to a more consistent approach to the assessment and proportionality of complaints.

When complaints are reviewed all the relevant facts should be gathered and established. If an investigation is required, the accountable person should not be involved in the investigation where they have been the subject (or the manager) of the complaint. I realise this is a significant change to the current system, yet I believe the suggested approach will drive improvement in complaints investigation and outcomes.

In addition, the Board should be consistent and fair in their relationships with people making a complaint. For example, complaints from advocacy workers or members of parliament should be treated in the same way as members of the public. An exception to this may be people who meet the criteria for 'unacceptable actions or unreasonable behaviour.' In such cases, staff should be supported to invoke the unacceptable actions policy.

Specific training and support should be offered to complaints staff to handle more challenging calls. For example, SPSO recently used the Samaritans to support staff when callers talked about suicide or displayed serious mental health issues. Phrase cards have been introduced following the training and also three staff have completed training in mental health first aid.

What's working well

- A cohort of clinicians and managers already undertake significant event analysis and the core skills for this purpose could be extended to include investigating serious complaints. Additional training and support will be required to extend the cohort and ensure that people have ring-fenced time to take part in this role.
- In a number of Directorates, complaints received are logged and triaged. Opportunities are taken to contact the complainant by telephone and to invite them to attend a meeting. The complaints log is reviewed daily and responses drafted in a timely manner.

Next steps

The recommendations in this report are intended to be largely strategic rather than operational. The detail must be generated by the Executive team, staff, partnership representatives, service users and other stakeholders. Involvement will enable engagement and in turn, ensure that the high level recommendations are taken forward.

Consultation workshops Feb/March 2015	<ul style="list-style-type: none">• Share findings• Engage & involve staff & users
Implementation Plan March 2015	<ul style="list-style-type: none">• Agree priorities• Set parameters, actions & outcomes
Phase 1 April 2015	<ul style="list-style-type: none">• Adopt new model• Test learning in early resolution skills
Phase 2 April 2016	<ul style="list-style-type: none">• Review new model• Sustain and embed

In addition to the plans above there are some specific areas I would encourage the Board to take forward immediately. Many are fairly simple steps that will result in high impact outcomes. These are outlined below:

Immediate actions

- Set up an **implementation group** to provide the visible **leadership** needed to make this successful. This should include people from the Board, partnership and users
- Review **data** presented to the Board about feedback and complaints to include thematic reports and patient stories
- Test team learning in **early resolution** skills and techniques
- Review the **NHS Lothian website** to make it easier to give feedback or complain
- Provide **training and support** to the triage team to enable more signposting and accurate activity/data collection in early resolution
- Provide key staff with **training** based on the *Patient Association Charter* (Annexe A) and the *NHS Education for Scotland e-learning resources* (Annexe B)
- Embrace **Patient Opinion** as a feedback mechanism and train a small team to respond to patient opinion posts

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To summarise, a relative who was interviewed by the Patient Experience Programme said:

We need hearts and minds to change - things do go wrong but they are fixable. It needs to be easier to give feedback...and easier for staff to say "I think I got it wrong and I am sorry."

NHL Lothian has the people and the desire to offer an exemplary feedback and complaints service. In order to make this happen, the Board must give feedback and complaints the kudos it deserves. There should be more investment in staff training and development to ensure that **all** staff recognise that listening, hearing and responding to feedback and complaints is everyone's business.

References

Department of Health 2013 *Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture* by Ann Clwyd MP and Professor Tricia Hart.

<https://www.gov.uk/government/publications/nhs-hospitals-complaints-system-review>

Francis Robert 2013 *The Mid Staffordshire NHS Foundation Trust Public Inquiry*

<http://www.midstaffspublicinquiry.com/report>

Healthcare Improvement Scotland 2014 *Aberdeen Royal Infirmary: Short-Life Review of Quality and Safety*

http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/prgramme_resources/ari_review.aspx

National Advisory Group on the Safety of Patients in England 2013 *A promise to learn – a commitment to act* <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

NHS Improving Quality 2014 *The new era of thinking and practice in change and transformation: A call to action for leaders of health and care*

<http://www.nhs.uk/resource-search/publications/white-paper.aspx>

NHS Education for Scotland Valuing complaints <http://www.knowledge.scot.nhs.uk/making-a-difference/resources.aspx>

Patients Association 2015 *Handling Complaints with a Human Touch* <http://www.patients-association.com/wp-content/uploads/2014/12/Complaints-Charter.pdf>

Patient Opinion Scotland website <https://www.patientopinion.org.uk/services/nhs-scotland>

Scottish Health Council 2014 *Listening and Learning How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland*

http://www.scottishhealthcouncil.org/publications/research/listening_and_learning.aspx#VMICGWisV8E

Scottish Government 2012 *Can I Help You? Guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services.*

<http://www.scotland.gov.uk/Publications/2012/03/6414>

SPSO 2011 *Guidance on a model complaints handling procedure*

<http://www.valuingcomplaints.org.uk/wp-content/media/Guidance-on-a-Model-Complaints-Handling-Procedure.pdf>

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The Rt Hon Lord MacLean 2014 *The Vale of Leven Hospital Inquiry Report*

<http://www.valeoflevenhospitalinquiry.org/Report/j156505-00.html>

Annexe A - Patients Association Charter

As a patient I would appreciate the following:

1. Help me or a person on my behalf to make a complaint
2. Please actively listen to me and hear my concerns – take them seriously at all levels
3. Treat me with honesty, openness, dignity and respect
4. Acknowledge my right to complain and take me seriously
5. Please give me the right to remain anonymous if I want to
6. Give me assurance that my care will not be compromised if I make a complaint
7. Keep me fully informed of my right to an advocate or support to help me through my complaint
8. Offer me a face to face meeting at the start of my complaint
9. Give me a named person to contact throughout my complaint and offer me the opportunity to work with that person to resolve it
10. Keep me fully informed of progress at each stage of my complaint and give me timely responses
11. Give me reassurance that my complaint will be thoroughly and appropriately investigated
12. Please do not give me excuses
13. Please say sorry if mistakes have been made
14. Ensure I am given the findings and the outcome in a respectful and appropriate manner
15. Ask me if I am satisfied with the outcome and what I want to happen next
16. Give me the opportunity to be involved in making positive changes
17. Make sure my complaints results in action to prevent the same thing happening again
18. Keep me informed of the progress of any actions taken following my complaint

From the Patients Association *Handling Complaints with a human touch: A plea from patients and the public* <http://www.patients-association.com/news/handling-complaints-human-touch/>

Annexe B – NES/SPSO e-learning resources

In response to the Patient Rights Act and the new guidance, NHS Education for Scotland and Scottish Public Services Ombudsman (SPSO) were tasked to develop education and training to support and enable all staff (including independent contractors and their staff) to respond to feedback, comments, concerns and complaints.

A range of 5 e-learning modules have been developed and are now available on the NES website and links below.

These modules will support NHS Boards to meet their responsibilities to ensure that all staff are trained to deal with feedback, comments, concerns and complaints. The modules have been through a comprehensive piloting stage and it is recommended that you complete the modules in order. Each will take 15-25 minutes to complete.

In addition, for staff who investigate NHS complaints or have to write statements for NHS complaints, the Complaints Investigation Skills e-learning module has been developed. It provides guidance and resources on how to start an investigation, what questions to ask, how to draw conclusions and how to write a response letter. It also provides advice for staff on how to write a statement.

[Click here to access Module 1 - Valuing Feedback](#)

[Click here to access Module 2 – Encouraging Feedback and Using It](#)

[Click here to access Module 3 – NHS Complaints and Feedback Handling Process](#)

[Click here to access Module 4 – The Value of Apology](#)

[Click Here to access Module 5 – Managing Difficult Behaviour](#)

[Click here to access the Complaints Investigation Skills e-learning module](#)

Listening and Learning from feedback and complaints: Consultation workshops

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Dr Dorothy Armstrong

March 2015

DA professional 

Introduction

In February 2015 an independent Report¹ was submitted to NHS Lothian, which outlined the key findings about feedback and complaints. Thirteen recommendations were made and seven immediate actions suggested. As the recommendations are largely strategic, the detail should be generated by NHS Lothian Board members, staff, partnership, service users and other stakeholders. Involvement will enable engagement and in turn ensure that outcomes are achieved in a timely and sustainable way.

The first part of staff engagement involved four consultation workshops, which were held in February and March 2015. The themes and actions are contained in this brief report. The detail generated from the workshops were complimentary to the ***Listening and Learning from feedback and complaints report*** and should give the NHS Lothian Board confidence in the report's findings and way forward.

Consultation workshops

Four consultation workshops were held in February and March 2015 and over 130 people attended. Delegates attended from across NHS Lothian including non-executives from the Board, senior managers, consultants including clinical directors and associate medical directors, chief nurses, clinical nurse managers, allied health professionals, public dental service, facilities and administrative staff. Each workshop was introduced by an Executive sponsor or deputy and led by Dr Dorothy Armstrong. Facilitation of the workshop was supported by staff from Organisational Development. Over 40 delegates noted their interest in being involved in the implementation of recommendations. The slides from the presentation are included at Appendix A.

¹ Listening and Learning from feedback and complaints – A Report by Dr Dorothy Armstrong

Themes

At each workshop, delegates were invited to consider each of the themes identified from the Report. Groups were encouraged to share areas of good practice and reflect on what systems and processes would be needed to implement the recommendations made. The data generated from each theme is summarised below:-

User focused and accessible

- Make the NHS Lothian website easier to access and use
 - Give people choices how to feedback and check how they want to be contacted
- Use current data such as “tell us 10 things” / You Said – We Did
- Take a more customer focused approach to feedback and complaints
 - Work on first impressions – customer services training
 - Empowering all staff to deal with people face to face
 - Team members to be accessible/approachable
 - Communicate with family and relatives to ensure aware of changes
 - Emphasise difference between feedback and complaints and that we welcome it
 - Have local ownership
 - Interpretation services
 - Saying things like ‘we need to hear your concerns’
- In wards focus on communicating with patients and relatives
 - Staff Engaging with relatives at ward rounds
 - Roll out open visiting as normal practice
 - Communicating what people should expect
 - Touch screen feedback like Edinburgh Airport
- Patient satisfaction surveys/patient –public involvement

- With complaints service - Try a new approach – not helpful to do the same things over and over
 - Clarify complaint from the start
 - Have on site face to face available / telephone support too
- Rebrand feedback as a positive
 - face to face not Learnpro
 - Learn from other areas
 - Front line staff training – local champions
- Capture feedback at the time and agree way forward

Early resolution

- Taking accountability – first and foremost
- Visibility is important – be available at visiting times
- Having skills & confidence to de-escalate/identify/cope with a real situation
 - Don't be defensive – a different attitude can lead to ER
 - Be open and transparent when we need to take time to fully investigate and early resolution not achievable.
- Early face to face contact and be clear what the issue is
 - Liaison on site can be effective
 - Make contact by telephone
- Learning and development for all staff – skills and structure needed i.e.
 - Training/development days
 - Induction
 - Sharing learning from themes – attitude/behaviour/communication
 - Tie into safety points i.e. huddle/SPSP
 - Empower staff to respond and get local resolution
- Power of apology

- Staff need clarity about saying sorry and does this mean accepting full responsibility?
- Information
 - Make it easier to find people – contacts updated and telephone directory
 - Give information sheets to patients and relatives with contact details for key people involved in care
 - Make it easy to provide feedback locally – encourage – leaflet/poster/something in appointment card
 -
- Retain single point of contact, but have effective triage to the right person locally

Simple and timely

- Information/communication - Give realistic expectations – correct information from the start
 - Deal with it there and then – de-escalate at band 2/5 – enable all staff to be confident to deescalate
 - Phone for help if required
 - Equality and diversity – access for deaf, blind etc.
 - Consider a system like Social Care Direct – NHS Lothian Direct
 - Signposting and information role
 - Support for call handlers and reflection
 - Change complaint to feedback
- Team working -Communicate any issues/problems in advance within department
 - Joint nursing/medical meetings
- Audit and display results of feedback – you said we did
- Complaints go direct to service
- Improve internet access – more user friendly
- Process
 - Identify ‘key person’ in each speciality to receive complaint
 - Central area to take patient details
 - Identify issues and offer face to face meeting

- Phone complainant on receipt of response
- Offer alternative contacts which are realistic – consider early phone call
- Tell person where the feedback will be sent /who will reply and when
- System to acknowledge complaint to include systems for sickness/Leave
- Charge Nurse clinic for drop in for relatives/patients to raise issues
 - actively meet and greet
- Provide CMTs with complaints summary every 6 months to support learning
- Ensure clear and simple information
 - Easily accessible to public
 - Visual information which is simple how to complain at ward level

Learning and improvement

- Education and training
 - All grades of staff supported in complaints resolution
 - Empower staff/customer focused training
 - Rotate staff into complaints teams
 - Use videos and stories/tutorials/meetings to share
 - Power of apology
- Best practice
 - Use current methods such as 'tell us 10 things' adapt questions to be patient/service focussed to support local improvement – to be more proactive not just at discharge
 - QIT minutes shared across sites /directorates to improve shared learning
 - Lessons learned – need to share – team to team – across sites
 - M & M's

- Staff pick up early and show others – mentor/coach/modelling
-
- Introduce a “How are things?” listening ethos
- Cultural change to move from complaints as criticism to opportunity to learn and change
- On site locally owned complaints / patient liaison. Decentralisation may lead to better engagement and allow clinicians more involvement in response
- Local resolution – share at safety huddle or other team meetings formal or informal, local learning – feed into other opportunities
- For complex complaints – split the elements and identify who will respond for each element and overall
- Let local people respond – letters are over sanitised and from an unknown person
- Give local managers access to datix
- Become the best!

Leadership and accountability

- All staff aware of their accountability and who to escalate to
 - a. Early identification of who owns the complaint
 - b. Accountability in relation to complaints for junior staff need to be relayed to them through education awareness sessions
 - c. Each area has a process for a face to face contact – i.e. nurse in charge, Consultant
 - d. Complex multi-specialty complaints – ways to coordinate
- Local leadership is key – all are accountable but to have confidence when to say ‘I don’t know’
- Lead by example
 - a. Present a complaint as a no blame thing at MTD/departmental meetings
 - b. SCN to observe complaints meetings from people who do it well
 - c. Pre-empting complaints – recognising when people are becoming disgruntled
 - d. Leaders need to instil a culture of learning from complaints with the teams
 - e. Earlier contact with people – structured and consistent

- f. Leadership shown – power of apology
- g.
 - SCN's to ward rounds at visiting times to meet patients and families
 - Local resolution does occur – need to have data and acknowledge
 - Letters improved – with oversight

Thorough, proportionate, consistent, objective, impartial and fair

- Triage/assess feedback and complaints
- Independent/external involved in leading complex investigations
- Review recording tools to ensure data is captured
- Provide structure for feedback/reflection/learning
- Monitor improvements from feedback
- Clinical management teams should own complaints
- Small triage team /hub which pass to site based complaints/feedback service
- Validate by clinical management team and clinicians with Executive sign off

Summary and next steps

As can be seen from the above, there was widespread support from delegates that the themes outlined in the *Listening and Learning from feedback and complaints* were honest and solutions realistic and achievable.

The workshop generated helpful ideas and areas of good practice, which were complimentary to the findings and recommendations made in the Listening and Learning Report. It is now for the Board of NHS Lothian to agree the recommendations, set priorities and take action.

Taking a phased approach to implementation may well be best achieved using structured **project management** methods. Oversight could be provided by the Healthcare Governance Committee with a nominated Executive and Non-Executive Director co-sponsoring the implementation plan.

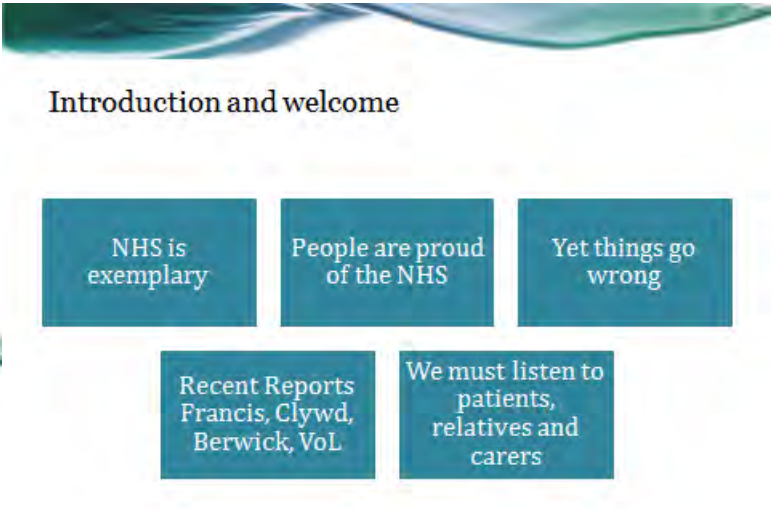
The actions depend on all staff working together to shape the future direction and create the culture where feedback and complaints are valued and acted upon. NHL Lothian has the people and the desire to offer an exemplary feedback and complaints service.

Appendix A – Consultation workshops slides

Listening and Learning from feedback & complaints



Dorothy Armstrong
February/March 2015



Introduction and welcome

- NHS is exemplary
- People are proud of the NHS
- Yet things go wrong
- Recent Reports Francis, Clywd, Berwick, VoL
- We must listen to patients, relatives and carers

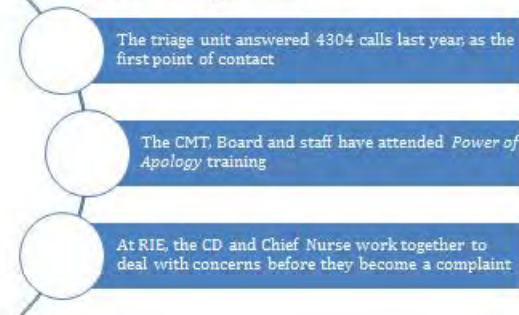
What's working well

Clinicians are resolving skills at the earliest opportunity
- phoning & meeting with people

At the WGH,
Consultants are using
the M & M meeting to
discuss complaints,
reflect & learn

At SJH, *Reflection
Days* are held for
staff to hear about
patient experience

What's working well

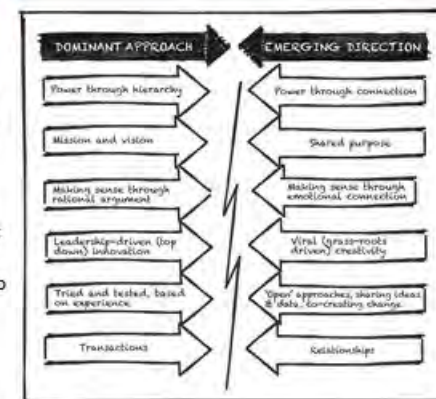


We need hearts and minds to change - things do go wrong but they are fixable. It needs to be easier to give feedback ...and easier for staff to say
- *I think I got it wrong and I am sorry.*"

Leadership and accountability

I observed leaders who are committed, driven, passionate and visible.

Leadership in the 21st century is very different to that of previous generations - we need to move to more partnerships, connections and relationships.



The problems

There is a lack of clarity and consistency about ownership of complaints

Process and paperwork are getting in the way of people and the services they are accessing.

- Valuing feedback & complaints is a challenge
- Responsibility & accountability is unclear
- Many staff don't have the skills or confidence to listen and learn
- Some complaints are justified rather than investigated
- Data from complaints is often incomplete & inaccurate

The solutions

The most important change is to embrace feedback in all formats

Feedback must be valued – not seen as a nuisance or irritation

- Leadership & accountability
- Seek early resolution, be user focused and more accessible
- Simple and timely
- Learning & improvement
- Data gathered and used in a meaningful way & identify trends
- Thorough, proportionate, consistent, objective & fair
- Introduce better assessment/triage
- Audit/QA to enhance learning

Themes and Issues

- Leadership and accountability
- Learning and improvement
- Early resolution
- User focused and accessible
- Simple and timely
- Through, proportionate, consistent, objective, impartial and fair

Implementation Plan – with your help!



Early actions

- Implementation group
 - Board, Leaders, Partnership, Clinicians, Users
- Review data presented to Board
 - Thematic reports / patient stories
- Review the NHS Lothian website
 - Make it easier to access
- Training and support to complaints staff
 - Signposting / data
- Frontline staff training in early resolution skills
 - Skills and confidence
- Embrace Patient Opinion as a feedback mechanism
 - Team of responders

Activity



Summary

NHS Lothian has the people and the desire to offer an exemplary feedback and complaints service.

We should ensure that all staff recognise that listening, hearing and responding to feedback and complaints is **everyone's** business!



Questions?

Thank you!

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