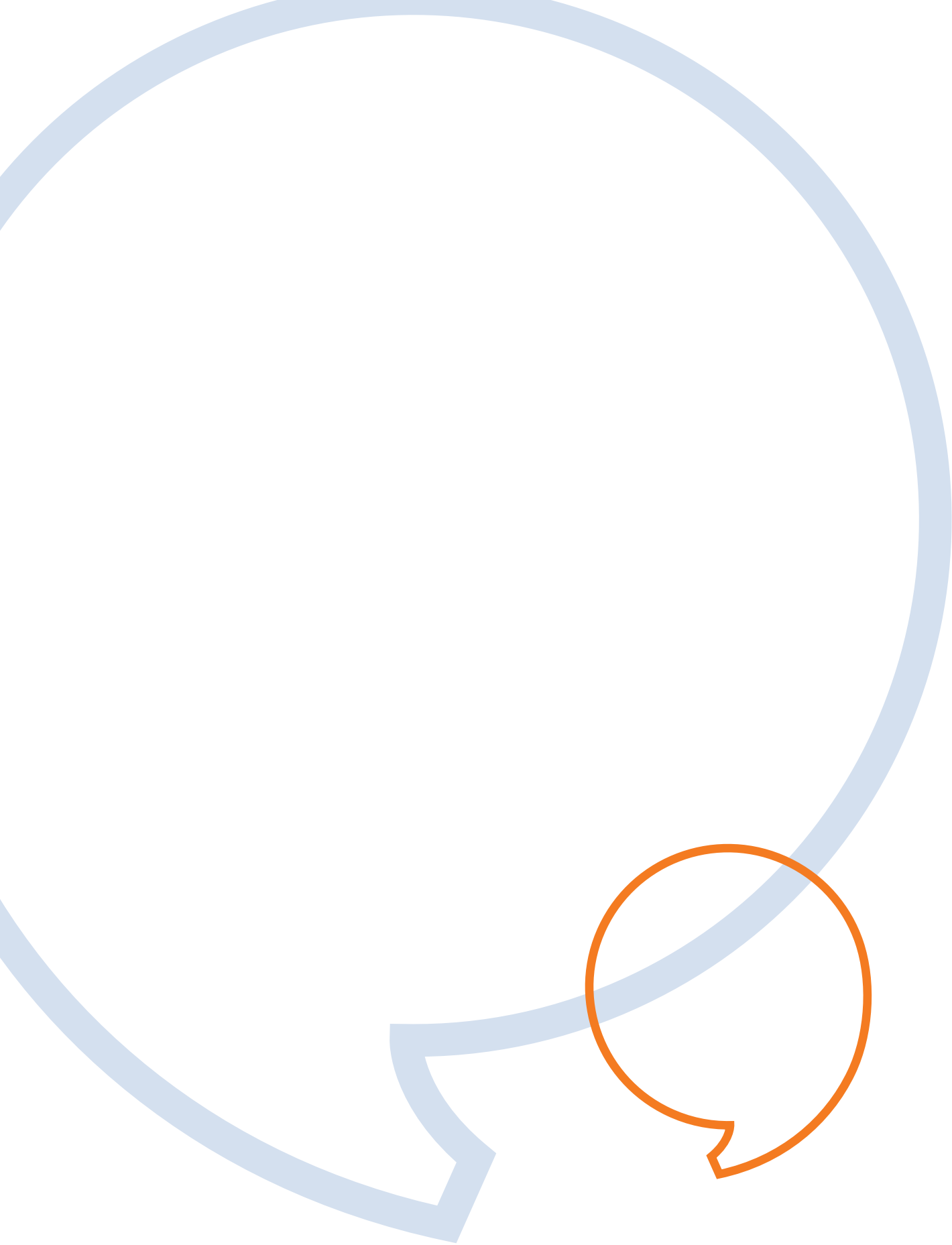




Designing good together:

transforming hospital
complaint handling





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Foreword from the Ombudsman



For the overwhelming majority of people, their experience of care in the NHS is very positive and greatly valued. But things can go wrong. When this happens, how people and organisations deal with it determines whether the individual receives justice, and whether the organisation learns from what went wrong.

The Francis Report on the failings at Mid Staffordshire NHS Foundation Trust demonstrated the appalling consequences when hospitals do not listen to and act on the concerns of patients. In response to this report, the Government established a review into how NHS hospitals deal with complaints, led by Ann Clwyd MP and Professor Tricia Hart, Chief Executive of South Tees Hospitals NHS Foundation Trust.



We have supported the review by carrying out three pieces of research. The first, *The NHS hospital complaints system. A case for urgent treatment*, analysed the evidence from our cases and explored the themes underlying patient's experience of complaint handling. The second gathered evidence of how NHS trust boards use information from complaints to put things right and to learn.

This research has demonstrated that the culture of defensiveness in hospitals, reluctance of staff to hear and address concerns, and the ensuing reluctance of patients, carers and families to complain, combine to create a toxic cocktail.

This report is about the third piece of research which brought together patients, complainants, carers and NHS staff to participate in a two-day workshop on the NHS hospital complaints system. The workshop addressed the issues behind the toxic cocktail head on.

The collaborative spirit of everyone working in partnership to help improve complaints handling was inspiring. They presented a powerful picture of what good complaints handling would look like and what one should expect to see if things are working well. We have fed this into the Clwyd and Hart review into hospital complaints. We hope that the spirit of this collaboration will inspire others to work together to adopt some core principles across the country for all hospitals.

Dame Julie Mellor, DBE
Health Service Ombudsman

August 2013

Introduction and Methodology

As the final step in the NHS complaints process in England, we listen to individual complaints and, where things have gone wrong, help to get things put right. Around 10% of all formal complaints about the NHS come to us to be resolved. Our earlier report, *The NHS hospital complaints system. A case for urgent treatment?*, brought together lessons learnt from the thousands of cases that have been brought to us over the past five years.

It offered our perspective on what is wrong with the complaints system. But we also identified the need to learn from patients, carers, and staff experience to improve the process.

To achieve this aim we commissioned BritainThinks to facilitate a collaborative two-day workshop on 31 May 2013 and 1 June 2013 with patients, families, staff and experts to consider what good complaint handling would look like in the NHS. Within this overarching aim, the research had the following objectives:

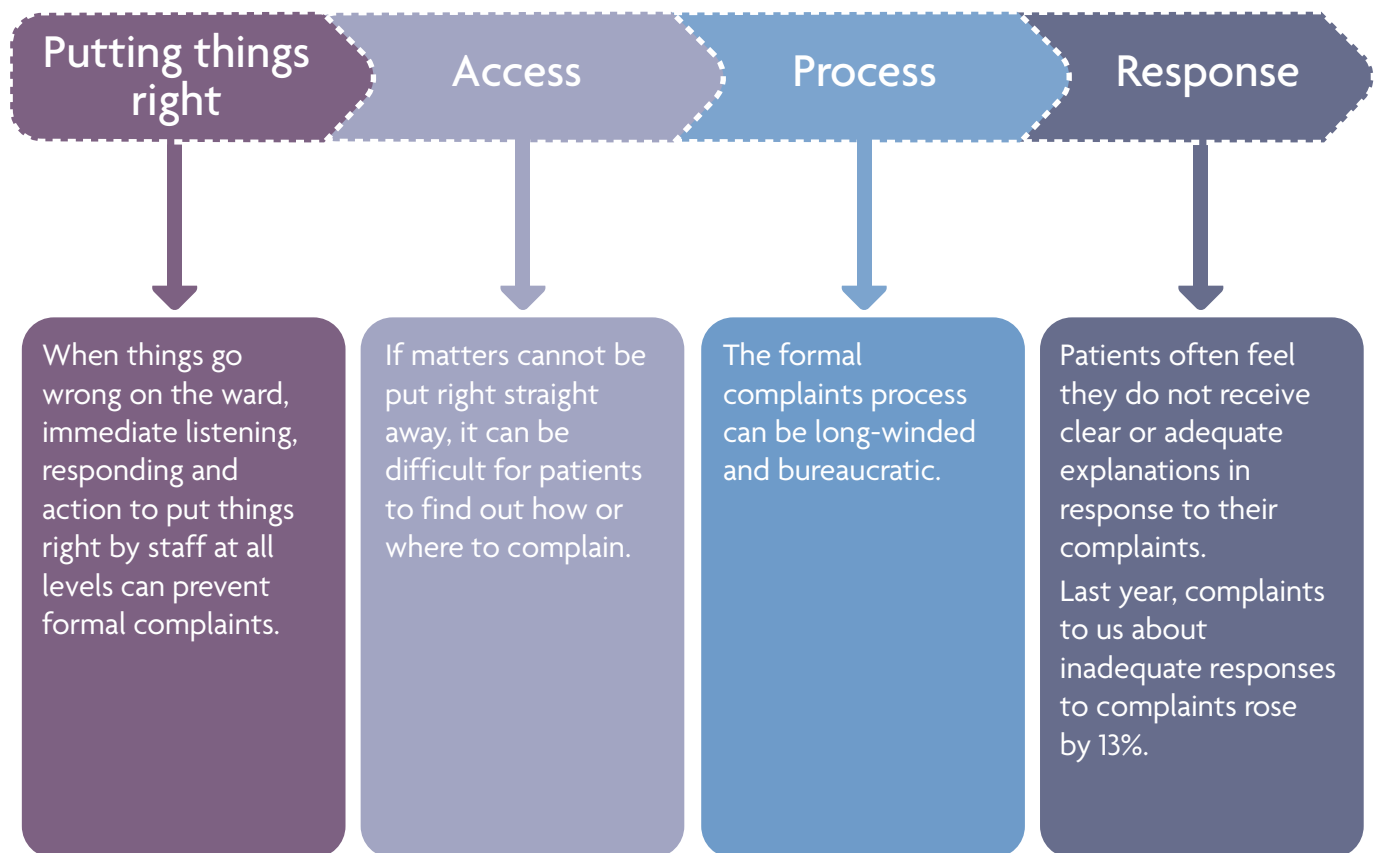
- to understand views of the current complaints system, including strengths and weaknesses, amongst patients and carers, complainants and NHS staff; and
- to develop a model of good complaint handling that reflects the differing needs of these groups, who share an interest in hospitals delivering excellent service and standards.

The collaborative workshop format allowed participants to work in partnership and agree as a group on a series of practical recommendations for changing the hospital complaints systems and improving the experience both of patients who express a concern that may become a complaint, and staff who want to act swiftly on a complaint.

This work used each of the patients' experience of expressing a concern to identify what good should look like.

A total of 32 participants were recruited from four areas of England to attend the workshop, and 30 attended. The breakdown of participants was:

- 16 recent hospital patients, family members of recent patients and carers for recent patients.
- 8 complainants – six of whom had raised a formal complaint, and two of whom had raised a concern but hadn't lodged a formal complaint.
- 6 staff members – three with a role in the formal complaints process, and three frontline ward staff.
- Participants also heard from a number of expert witnesses and panellists (set out on pg 8).



Expert witnesses and panellists

Expert witnesses

Lee Bennett, Assistant Director of Patient Experience and Complaints Manager, Cambridge University Hospitals NHS Foundation Trust

Brenda Hennessy, Director of Patient Experience and Public Engagement at Cambridge University Hospitals NHS Foundation Trust

Karen Partington, Chief Executive at Lancashire Teaching Hospitals NHS Foundation Trust

Harry Cayton OBE, Chief Executive, Professional Standards Authority for Health and Social Care

Panel members

Sally Brearley, Patient Representative, National Quality Board, and Visiting Senior Research Fellow at National Nursing Research Unit, Kings College London

Mark Davies, Director of Partnership and Information, Department of Health

Ciarán Devane, Chief Executive, Macmillan Cancer Support

David Gurusinghe, Technical Claims Manager, NHS Litigation Authority


Professor Tricia Hart, Chief Executive, South Tees Hospitals NHS Foundation Trust (and Co-Chair of the NHS hospitals complaints system review)

Brenda Hennessy, Director of Patient Experience and Public Engagement at Cambridge University Hospitals NHS Foundation Trust

Dame Julie Mellor, DBE, Parliamentary and Health Service Ombudsman



Summary of Recommendations: Key themes



Summary of Recommendations: four overarching themes

Across the discussions at the event, four overarching themes emerged that participants felt should guide the reform of the NHS hospital complaints process

1

Towards an open culture of feedback and improvement

Participants consistently felt that a number of cultural barriers prevent feedback from playing its full role as a driver of improvement in the quality of care in hospitals.

Participants felt that the culture in hospitals does not welcome questions, queries, concerns or complaints. Trusts need to lead a shift away from defensiveness around complaints, towards a new culture of continuous improvement supported through openness, where feedback is sought and welcomed.

2

A focus on putting things right on the ward

Whilst improving the formal complaints system is important, all believed that addressing concerns and resolving problems on the ward need to be the main focus for hospitals. Patients and carers need to feel confident in raising concerns and staff need the confidence, knowledge and authority to deal with issues immediately, or should at least know who to involve. Putting things right on the ward immediately would have the most positive impact both on the quality of care, and on complaint handling as there would be reduction in the number of formal complaints.



3

From deferential to collaborative approaches to care and complaining

Both on the ward and throughout the formal complaints system, participants identified that hierarchy and deference can stand in the way of good outcomes. Staff are sometimes reluctant to challenge more senior colleagues; and patients and their carers can be reluctant to raise issues with staff.

On the ward, participants felt that fostering a collaborative approach to care, where staff, patient and carer feel part of a team, would encourage earlier raising of issues, and quicker resolution.

In the formal complaints system, a collaborative approach would mean that the complaint handler and the complainant could work together to 'co-produce' the process, ensuring that the questions raised truly meet the priorities of the complainant.

4

Standardise entry points and branding across all trusts

Mechanisms for raising concerns, and making a formal complaint and the relationship between complaints departments (where they exist) and PALS currently vary considerably between trusts. This is a source of considerable confusion for staff, patients and carers. To facilitate access to the complaints process, these should be standardised – with common branding and access points.

Recommendations: What would good look like at each stage of the complaints system?

Putting things right on the ward

Key issues raised by participants

- Hospital culture does not welcome concerns being raised and patients and carers find it difficult to do so.
- Staff can lack confidence to raise issues with senior colleagues.
- Paperwork often clogs the system and prevents even minor issues being resolved immediately, particularly given everyday pressures on the ward.

Participants' view of what good looks like

- Patients and carers should know who to go to with questions or concerns.
- They should be cared for by staff who are trained and assessed to be approachable and show respect and empathy.
- Ward supervisors should be visible and carry out rounds specifically to identify concerns and hear about patients' care.
- Patients and carers should be made to feel confident about providing feedback, and hospitals should actively seek this.
- Staff should be able to raise concerns without fear of repercussions.
- Staff should receive complaints system training including how to log issues raised.



Accessing the formal complaints system

Key issues raised by participants

- Patients, carers and staff do not know how to make a formal complaint.
- They find information difficult to navigate.
- Patients (and staff) don't know about PALS and its role is unclear. Complainants also feel that it does not necessarily meet their needs.
- Variation between trusts leaves staff and patients confused.
- People can be put off by language that is official or 'clinical'; making a formal complaint is seen as a big step.

Participants' view of what good looks like

- Patients and carers need to be told how to access the formal complaints process and staff need to be trained in how to access the system.
- Patients and carers should have an intermediate contact with whom they can discuss a concern before making a formal complaint.
- PALS should operate 24 hours a day, seven days a week.
- Complainants should be able to agree the nature of their complaint and desired outcomes with complaints staff.
- When a complaint is made against them, staff should feel supported and informed about the process and who is involved.



The formal complaints process

Key issues raised by participants

- The complaints process is inconsistent across organisations, which is confusing.
- The precise nature of the complaint can often get 'lost in translation'.
- Complainants are not asked what they want to get out of the process by the complaints department.
- Complainants feel their expectations are not managed.
- Staff feel 'divorced' from the process and are not kept informed about the progress of a complaint.

Participants' view of what good looks like:

- All complainants should receive a personalised acknowledgement of their complaint.
- The precise questions to be answered should be agreed by the complainant.
- Complainants should be assigned a single point of contact who takes time to understand what the complainant wants to achieve through the complaint.
- Complainants should be kept up to date with their case – with clarity on what is happening and why at every stage.
- Everyone who makes a formal complaint should be offered a face-to-face meeting.
- Staff should be kept informed about and involved in the progress of the case.
- Staff who have been complained against should feel supported.
- All staff should receive training on writing statements and responding to formal complaints.



Responding to formal complaints

Key issues raised by participants

- Complainants can feel that the response to their complaint fails to meet their expectations because these have not been managed throughout the process stage.
- Apologies often feel insincere.
- Complainants often feel unclear about what action is being taken as a result of the complaint.

Participants' view of what good looks like:

- The response should address the initial complaint directly and accurately.
- Complainants should receive a personalised apology, delivered in a manner of their choosing.
- Face-to-face meetings should be offered, at a place of the complainant's choosing, and with plenty of time to talk through the response in detail.
- The final response should include what lessons have been learnt and what steps will be taken by the trust.
- Complainants should be involved in the changes that take place as a result of their complaint.
- Staff should receive support to help them learn and change their practice following a complaint.
- Best practice is shared across trusts.



Views of complaining: What people told us

*'You're not the stomach
in bed seven, you're
somebody's daughter,
somebody's mother,
somebody's sister.'*

Patient

*'A general principle would
be fostering a culture of
communication, so you're
not just encouraging
complaints, but good
feedback as well.'*


Patient

*'If you look at any
enquiry into the NHS,
communications has
always been a feature of
the failings.'*

NHS staff member

*'Things can change
very quickly when
you're in hospital, so
you need constant
communication.'*

Carer



'I had two instances when I should have made a complaint, but it was such a long process that I just couldn't be bothered. ... I was unhappy but I just left it.'

Patient

'I was told there were no consultants available to treat my daughter when she was left waiting in hospital. I made a very strong complaint about this and suddenly there were five consultants on the scene.'

Complainant

'It took two weeks to discharge me from hospital as there wasn't anyone to sign me out – it was just a waste of time.'

Complainant

'No issue is too small to be treated as a formal complaint, no issue is too big to be treated as a PALS concern. It's about what that individual wants.'

NHS staff member



**Recommendations in
detail: Putting things
right on the ward**



Putting things right on the ward: key issues

All participants agreed that, in an ideal world, the vast majority of concerns would be fixed on the ward. However, there are a number of major barriers that can prevent this from happening in hospitals.

The culture on hospital wards can often make it difficult to raise concerns as they arise:

- Patients and carers feel it can be difficult to raise issues on the ward for fear of this affecting ongoing care, or that they would not be listened to – or taken seriously – by staff.
- Patients are often acutely aware of how busy and overstretched staff are, and so feel that they shouldn't bother them with their concerns.

- Patients and carers are often unsure who they should turn to to raise issues.
- Staff are often untrained in dealing with issues, and can respond defensively or brusquely when under pressure. Often, concerns around hierarchy and seniority mean that staff are unsure about whether to take steps to resolve a concern.

A heavily bureaucratic system can create delays in solving even minor problems immediately, where issues get escalated upwards and written sign off is needed for a decision to be made. In this sense, the lack of empowerment among nurses and junior staff represents a key barrier to complaints handling on the ward.

'There was no communication between staff in my experience.'

Complainant

'The word 'complaint' brings up all kinds of negative emotions on all sides.'

Complainant



Putting things right on the ward: What good looks like

Every patient, carer and family member should:

- Be told who is responsible for their care and who to go to if they need any advice or have any questions.
 - This should be clearly spelled out in an appointment letter and reiterated on admission to the hospital.
- Experience friendly and approachable staff who introduce themselves and wear name badges.
- Meet the ward supervisor, who should conduct 'intentional rounds' – asking patients questions about their comfort and their experience of care to ensure issues are aired as early as possible.
- Be included in making decisions about care, with family member and carers asked how they want to be involved, and given a role in seeking advice or raising concerns with staff.
- Be asked for feedback - positive and negative - both on the ward and after discharge.
 - On the ward this should be conducted face-to-face and followed up by patient/ carer surveys in the ward and after discharge.
- Take responsibility to give honest feedback, both face-to-face and via surveys.
- Have a non-clinical patient advocate to turn to with concerns about ward staff
 - An independent individual who is known to patients and who is responsible for handling patient concerns.



Every staff member should:

- Feel able and supported to raise concerns without fear of repercussion.
 - This should be communicated clearly to all staff members by the leadership .
- Have time pressures taken into account and addressed – in particular protecting time for supervisory staff to conduct ‘intentional’ rounding to listen to patients.
- Be given training in how to talk to patients about concerns and dealing with difficult patients.
- Expect patients to be respectful and understanding of pressures on the ward.
- Be given training and guidance on who is who in the complaints system, and who to go to if there is a problem.
- Be clear on how to log complaints so that issues are passed on if their shift finishes (for example via an electronic system or other ward ‘flagging’ system).
- Receive feedback on how complaints have been resolved and lessons learnt.
- Expect strong leadership and support from the top in promoting cultural change.

Putting things right on the ward: What people told us

'If we can't talk to someone on the ward, or if they won't listen, we are only left with going to an outside authority - which we don't want to have to do.'


Complainant

'On wards, doctors, nurses etc. will hear the word 'complaint', 'concern', and say that's PALS, go and talk to them. That's not what the patient wants: they want you locally to own their problem and try and do something with it. If you make the complaints team too good then you run the risk of complaints becoming their problem and not ours.'

NHS staff member

'It should be instilled in the NHS that if you're unhappy you should raise it - it shouldn't be seen as negative but as positive constructive criticism.'

Complaints handler



'Doctors and nurses can take it quite personally, and I would find it quite intimidating to address a doctor or a nurse. When I was a carer I was 17 and I was definitely too terrified to say anything to a doctor or a nurse, and then I didn't feel I had anyone I could go to. We keep saying about training for nurses, but I think that it's doctors that need to be trained as well. Trained in how to speak to people.'

Patient

'There is such a defensive attitude, it's like staff are trying to fob you off to cover themselves.'

Complainant

'I'm not trying to make a complaint at this point, I'm just trying to fix something that I perceive to have gone wrong. That's where I direct my energy in the first instance, much before even a minor complaint.'

Complainant

'They (staff) need to have certain standards of professional attitude, not just a degree.'

Complainant



Recommendations in detail: Accessing the formal complaints system



Accessing the complaints system: Key issues

Should it prove impossible to resolve a complaint on the ward, participants felt that equality of access to the formal complaints system is central to good complaint handling. An ideal system would ensure fair and easy access to the complaints system for all patients, carers and family members. It would also ensure that all staff members were clear about advising patients on how to access a consistent system.

A key barrier to access is a lack of knowledge about where to go to make a formal complaint

- Patients are rarely aware of the complaints process before something goes wrong, and awareness of PALS is very low amongst those who haven't complained.
- Staff - particularly medical staff - are unclear about the system, with some unaware of the existence of PALS.
- Whilst there seems to be an abundance of leaflets, this information is difficult to navigate and is not available at the right time or in the right format.

The complaints system varies significantly between trusts – which can add to confusion and prevent clarity amongst staff and patients about where to go to make a complaint. In particular, the relationship between PALS and the complaints department can be confusing. There is even more confusion when a situation involves locum staff, who are only employed on a temporary contract and therefore may not be fully aware of, or embedded in, local complaints processes.

Alongside these practical barriers to access, making a formal complaint can seem like a daunting step for patients and carers, who can feel that there is no other choice if a concern has not been dealt with (or not dealt with satisfactorily) on the ward. It is apparent that there is often no 'middle' stage between having a concern and making a formal complaint.

Accessing the complaints system: What good looks like

Every patient, carer and family member should:

- Be able to access PALS 24 hours a day, seven days a week in person, by phone or email.
- Be told about the existence of a formal complaints process and be given information on how to access it.
- Have access to clearly available information on the ward (e.g. posters, on the TV system) and on the hospital website.
- Have access to an 'intermediate' contact - perhaps a phone line or similar - to discuss a concern before submitting a formal complaint.
- Be given the opportunity to have a conversation with complaints staff to agree on the specific complaint being made, the questions to be answered and the outcomes sought.
- Have clear guidelines on what can be achieved through the formal complaints system, to manage expectations.



Every staff member should:

- Be given training on how the complaints system works and how to help patients access it.
- Be supported by non-clinical staff who are responsible for talking to patients about their concerns and how to access the system.
- Be informed as soon as possible if a complaint involves them and given the opportunity to apologise and put things right.
- Expect to be kept informed about how a complaint made about them will be taken forward.

Accessing the complaints system: What people told us

'Actually accessing the system was quite easy – I just had no idea who I was complaining to and what they would do about it.'


Complainant

'One of the problems I found, both as a patient myself and as the carer of a patient, is working out who is the big cheese: do I go to the head nurse, to the sister, the admin person, the actual surgical team - where do I actually address my initial concern?'

Carer

'I think when the emphasis is on leaflet giving then something is lost in terms of patient care. It becomes a tick box exercise.'

Patient



'You also need to make sure that all patients know how to complain, and that when they do complain, the people who they are complaining to know what to do with that complaint. The nurse, the doctor, the cleaner, the porter, need to be aware that if it's something they can deal with there and then that they will do so, and that they have the power to do so and the wherewithal to do so, and if it's something they can't deal with they need to know exactly the process to go to.'

NHS staff member

'There should be somebody you could speak to who could triage your concerns, and advise you if this is something you just need to talk to the staff who are on that day about, or is it something you need to make a formal complaint about.'

Patient



**Recommendations
in detail: The formal
complaints process**




The formal complaints process: Key issues

As it stands, the complaints process can be very alienating for complainant and staff member alike. While participants acknowledged that ensuring a thorough investigation can mean that complaints may take a long time to resolve, it was felt that the process itself could be much more open and collaborative.

Complainants reported feeling like they were ‘fitted into the process’ rather than involved in decisions about how their complaint would be handled. Complaints departments rarely take the time to understand precisely what a complainant is seeking to achieve through a complaint, and sometimes the complainant’s initial aims are misunderstood by the complaints department – which can lead to wasted time and frustration.


Complainants often reported feeling removed from the process, with a lack of transparency about the status of their complaint, and a lack of clarity about what might be causing delays to the timeline. They often felt that, if they didn’t drive the process forward through persistent calls and chasing, the complaint wouldn’t progress at all.

Likewise staff can feel ‘divorced’ from the system; they often respond to requests for statements and then hear nothing more about the case. This can happen either when a complaint has been made against them personally, or if a member of staff is asked to make a statement concerning a complaint about a colleague. Staff are often asked to respond to the complaint letter directly, rather than being provided with a summary or clarification of the exact nature of the complaint.




‘You are the one that has to do all the work through the whole process. If you don’t you just get fobbed off or ignored.’

Complainant



‘It’s important to know that they’re going to take you seriously, even if they don’t agree [with your complaint].’

Patient



The formal complaints process: What good looks like

Every patient, carer and family member should:

- Receive a personalised response to their initial complaint, including an apology from a senior figure.
 - This should demonstrate a clear understanding of the complaint and include an offer of a face-to-face meeting.
- Be assigned a single point of contact who manages their complaint.
- Be involved in agreeing the precise nature of the complaint, the questions to be answered, and the outcomes they want.
- Have a role in shaping how the complaint will be handled and how they will be involved in the process.
- Receive regular updates from their case handler setting out what is happening to the case, and being open about the reasons for any delays to the timeline.
- Feel supported and not feel that it is their responsibility to push the complaint through the process.
- Expect communications to be clear and not 'legalistic' or threatening.
- Feel respected and not like they have been labelled as a 'troublemaker'.



Every staff member should:

- Receive a clear account of the complaint, setting out precisely what the complainant wants to achieve, and the questions to be answered.
- Be informed of who is handling the complaint.
- Receive training in writing statements to respond to complaints.
- Receive feedback from the complaints department about the progress of cases that they have been involved in, even where they are not the complained-about party.
- Receive feedback throughout the complaints process about timescales, who is involved and outcomes at each stage.
- Feel supported through the process if a complaint has been made about them, and not feel that they have to defend themselves against a personal attack.
- In the case of serious medical misconduct, patients would expect immediate action to be taken against a member of staff, rather than a lengthy complaints process take place before action was taken.

The formal complaints process: What people told us

'Somebody might initially make a complaint saying they want somebody sacked, then after they've spoken to somebody about it and had their complaints listened to they might mellow a bit.'

Patient

'If you are going through a complaint it would be useful to have somebody personally assigned to you who you are dealing with so you have that continuity.'


Carer

'They manipulate feedback, it makes you very angry – that is not what I said, but because you aren't involved in meetings, there's nothing you can do.'

Complainant

'When I've done statements on certain complaints all I get is the complaint letter and the case notes, and I write my paragraph and send it off. I've not had a single response and I haven't learnt anything.'

NHS staff member



'My frustration with our PALS is that you raise a concern and all of a sudden there's a ten page document you need to fill in. If patients have an hour around a table they go away much more satisfied than they would with ten letters.'

NHS staff member

'Personally I hate dealing with stuff in writing, I would rather have a phone number.'

Patient

'The attitude towards you changes when you are in the system – you become labeled as a 'complainant'.'

Complainant

'The biggest problem for me is when something gets lodged with PALS it becomes quite a large, bureaucratic process. We talk about the ownership of local issues, but one of the problems with PALS is that it becomes an excuse when you're extremely busy, which is the majority of the time, to put the complaint onto somebody else.'

NHS staff member



Recommendations in detail: Responding to formal complaints




Responding to formal complaints: Key issues

Participants acknowledged that not all complaints would be upheld, but felt that, even where this is the case, the response must be sensitive to the fact that the complainant felt they had cause to raise a concern. The feeling amongst participants was that, where a complaint is not upheld, it is likely that the complainants expectations have not been well-managed through the process, and the response is unlikely to satisfy them, no matter how well-justified the decision.

Discussing the responses to their own cases, complainants reported that responses can feel insincere, for example because of the use of standardised response letters or the use of language that comes across as overly defensive, legalistic or disingenuous. In the worst cases, the response did not even address the substance of their complaint at all, or focused on the wrong issues.

It is frequently unclear what action is being taken as a result of the complaint. Complainants often felt uncertain that their complaint had led to tangible change that would prevent a similar thing happening again.

Staff also felt that the responses to complaints are often badly handled, with a lack of clarity about the outcomes of complaints in which they have been involved, and a lack of support to ensure that things change on the ward as a result.



'The system is self-perpetuating. Your anger at the whole system escalates the whole way through, and if you don't accept the agreement then your complaint is going to get more severe.'

Complainant



'I was never offered a face-to-face meeting when I first made a complaint – I still haven't had one a year later.'

Complainant



Responding to formal complaints: What good looks like

Every patient, carer and family member should:

- Receive a response that addresses the precise complaint that was raised, giving clear reasons for every decision in language that is understandable to the complainant.
- Be given the opportunity for a face-to-face meeting, a choice as to who should be in the meeting, and a choice of appropriate venue.
- Receive a personalised apology from the Director of the trust and the member of staff responsible, and be asked how they would like to receive this (for example face-to-face or letter).
- Receive a final response that includes details of what lessons have been learnt and explains what steps will be taken to prevent the problem happening again.
 - Including where a complaint has been made about a member of staff, but the fault actually lies at the trust or system level.
- Where applicable, be involved in the changes that arise from their complaint. For example, seeing drafts of new leaflets; being involved in the design of new training courses, and so on.
- Be offered counselling if they have had a particularly difficult or upsetting experience.



Every staff member should:

- Be fully informed of the outcome of any complaint that has been made about them (or a colleague whose case they were involved in).
 - Including when it is the system at fault versus the individual staff member (for example lack of protocol in place).
- Be given clear briefing and support before any meeting with the complainant.
- Be offered training and support where necessary if a complaint has been upheld about them.
- Expect best practice to be shared, from the top down and among colleagues on the ward.

Responding to formal complaints: What people told us

'It would be good to feel that the person who was handling it was looking to resolve your issue, and leave hopefully with a happy patient, rather than looking to defend their employer.'


Patient

'The main reason I complained was that I didn't want what happened to me to happen to anyone else. Nowhere in any response was it even acknowledged they had done something wrong, let alone that it wouldn't happen again.'

Complainant

'You should offer a face-to-face meeting and make sure you put in more time than you need, so no one feels rushed and the complainant can ask as many questions as they want.'

Harry Cayton, Chief Executive
Professional Standards
Authority for Health and
Social Care



'It's got to come from leadership at the top of the tree. Your chief exec, your chief nurse, your medical director. If they practice what they preach, and hold people to account when mistakes are made, that permeates through the culture of the organisation.'

NHS staff member

'They close ranks.'

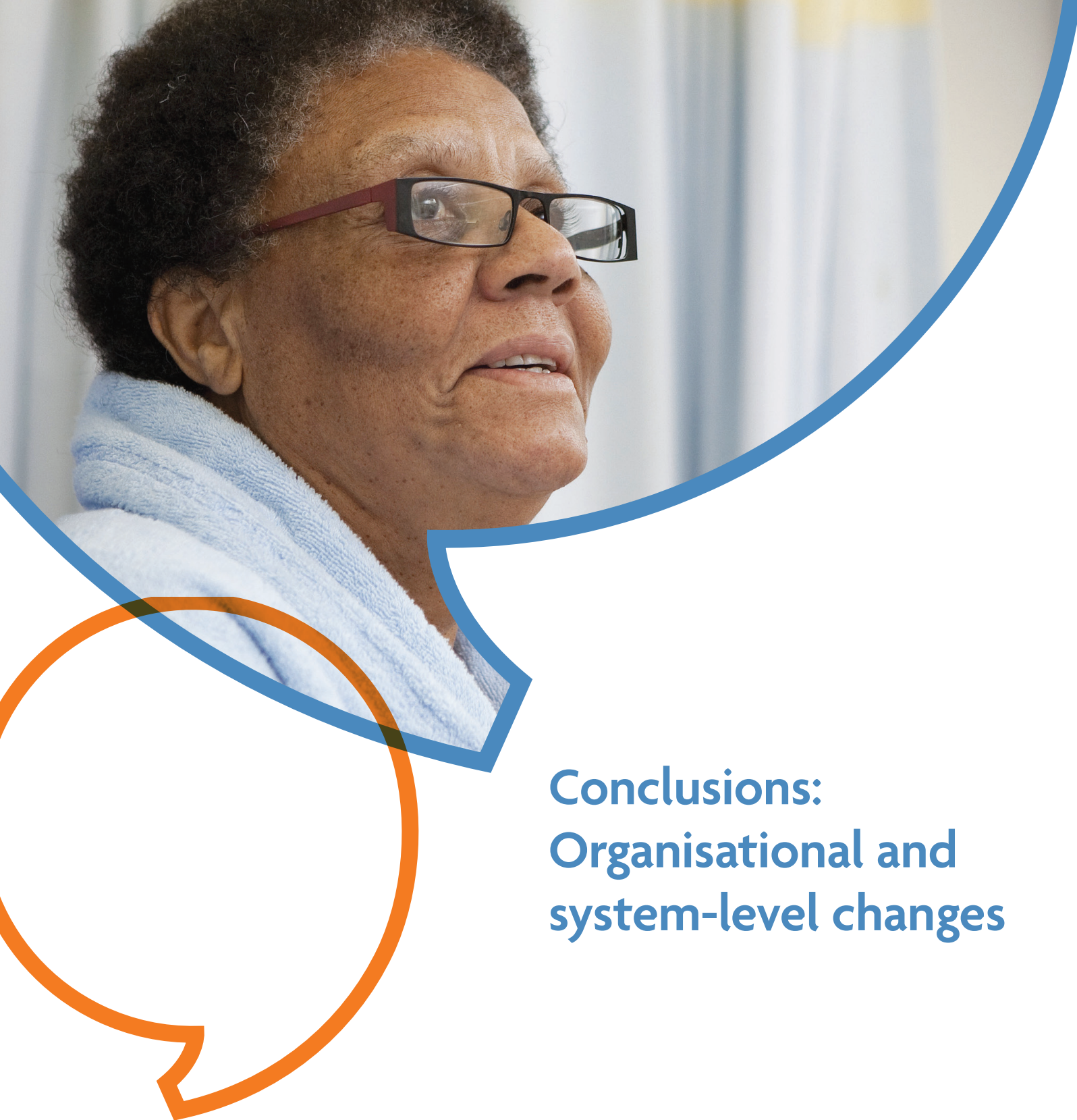
Carer

'I would need a pre-meeting so that I could understand my role before I come face-to-face with the complainant.'

NHS staff member

'There's a long way to go and a lot of resistance is built in, but people of good will are out there and the partnership between clinicians, staff and managers will make it happen.'

Ciarán Devane, Chief Executive,
Macmillan Cancer Support



Conclusions: Organisational and system-level changes



Conclusions: Securing changes from the top

Participants at the event, including the expert speakers, panellists and staff participants felt that achieving good complaint handling and securing real change in the complaints system demands organisational leadership at trust level, and at the level of the NHS.

1

Towards an open culture of feedback and improvement

What needs to change in the trusts?

- Hospital boards leading a cultural change from a defensive approach to complaints to one that welcomes and encourages feedback.
- Recruit staff based on values as well as qualifications.
- Ensure staff are supported if they raise a concern and that there are no personal repercussions.
- Acknowledge staff who listen and put things right rather than blame for mistakes.

What needs to change at the system level?

- Embed processes for collecting positive and negative feedback.
- Issue guidelines on publishing complaints data.

2

A focus on putting things right on the ward

What needs to change in the trusts?

- Protect supervisory staff time for 'intentional rounding' with a focus on understanding patients' overall experience of their care.
- Ward level systems to allow patients and staff to see what has been raised and the response (where appropriate).
- Train staff in how to deal with complaints and who is who for complaint handling.



3

From a culture of deference to one of collaborative care

What needs to change in the trusts?

- Resolve hierarchical issues between staff so nurses and junior staff feel empowered to raise issues.
- Publish and make visible changes that have been made in response to complaints.

What needs to change at the system level?

- Issue central guidance on best practice, allowing patients and carers to feel confident that concerns will be taken seriously.

4

Standardise entry points and branding across all trusts

- Branding of PALS standardised across the NHS.
- National guidelines on the role of PALS in relation to complaints departments.
- Country-wide phone line (similar to 111) providing guidance about concerns and how to access the formal complaints process.
- Guidelines setting out the principles for processing complaints.



Appendix: timetable of the research workshop



Day one

Welcome from BritainThinks

Introductions from Dame Julie Mellor, Parliamentary and Health Service Ombudsman and Professor Tricia Hart, Chief Executive, South Tees Hospitals NHS Foundation Trust (and Co-Chair of the NHS hospital complaints system review)

Initial discussion: background views of complaining in the NHS

Stage 1: Putting things right on the ward

- Expert introduction from Brenda Hennessy, Director of Patient Experience and Public Engagement at Cambridge University Hospitals NHS Foundation Trust
- Table discussion to identify key principles

Stage 2: Access

- Expert introduction from Karen Partington, Chief Executive at Lancashire Teaching Hospitals NHS Foundation Trust
- Table discussion to identify key principles

Stage 3: Process

- Expert introduction from Lee Bennett, Assistant Director of Patient Experience and Complaints Manager, Cambridge University Hospitals NHS Foundation Trust
- Table discussion to identify key principles



Day two

Welcome back and recap of Day one

Stage 4: Response

- Expert introduction from Harry Cayton OBE, Chief Executive, Professional Standards Authority for Health and Social Care
- Table discussion to identify key principles

Development of participant presentations:

Mixed groups, setting out the key objectives for each stage, and what good looks like for patients, carers and staff

Expert panel session

- Participants presented the objectives and ideas for what good looks like for each stage of the complaints process
- Responses from panel of experts
- Q&A

Closing comments from Prof. Tricia Hart and Dame Julie Mellor, DBE

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