Transcript of Make Complaints Count webinar on the Complaint Standards Framework
Parliamentary and Health Service Ombudsman
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James Titcombe: Hello and welcome everybody to today's live seminar and thank you so much for joining us on this Thursday afternoon. My name is James Titcombe and in a moment I'll be giving a proper introduction to today's events.

Firstly just a few words about myself. My background is in engineering and I became involved in health care in 2008 following an avoidable tragedy involving serious failures in care. After this I became involved in patient safety, both as a campaigner and also now somebody who works in the area of patient safety, I have a few different roles. Most of my current work is with the charity Baby Lifeline, and they support safer maternity care through raising funds to purchase equipment for maternity equipment. They carry out research and provide multi professional training to support safer maternity care. I'm also a member of the independent PHSO Expert Advisory group, so I'm really pleased to have been given the opportunity to share today's events.

A quick recap on why we're here. PHSO and its partners have worked to create a national set of complaint standards for the NHS, known as the Complaint Standards Framework, and this is currently out for public consultation. I'm sure many of you will have read that and the aim of this event is to let you hear more about the Framework and its intended impact from a range of senior healthcare leaders from across the sector, and to put your questions to them about the framework.

So before we move on, just to cover a few key points. So firstly, just to remind everybody that this is a live event. We've got four fantastic panel members who I'll introduce shortly and the first part of today's event will be listening to talks from each one of those panel members. And following this there will be a Q and A session where everybody participating in the event can put their questions to the panel about the Complaint Standards Framework or anything you've heard talked about during their talks. You can do this using the Q & A function in Microsoft Teams. This is a bit new to me as well, but there is a button that you can press, it should be on the right

hand side of your screen with two speech bubbles in the question mark. This will bring up the Q &A panel that allows you to enter questions and see questions from other people. There might be a short delay between you posting your question and seeing on the screen because they are moderated. And if for any reason we don't get around to asking your question, I've been told that the ombudsman will get back to you after the event to try and follow that up.

A few ground rules, please only ask questions about the Complaint Standards Framework or something you've heard about in the talk. If your question is for a specific panel member, it will be really helpful if you put that in front of your questions so that I know how to direct it.

So moving on, then we have a slight change to today's Panel. Unfortunately, Sir Robert Francis has been unable to join us, but we're incredibly lucky in that Lucy Watson, who's the chair of the Patients Association, has agreed to join us. So thank you very much Lucy.

I'll now introduce all four of today's panel and then we'll move on to the next section. So panel member number one is Rob Behrens, who is the Parliamentary and Health Service Ombudsman, who investigate and reports on unresolved complaints about the NHS in England as well as government department. PHSO is the lead sponsor of the design of the Complaint Standards Framework and Rob has vast public sector and complaint handling experience. His previous roles include complaints commissioner at the Bar Standards Board and independent adjudicator for higher education In England and Wales.

The next panel member is Ian Trenholm. He was the chief executive of the Care Quality Commission, which is the independent regulator of health and adult social care in England. Before his appointment in 2018, Ian was the chief executive of NHS Blood and Transplants from 2014 and was previously chief operating officer at the Department of Environment, Food and Rural Affairs, a role which included being the Department 's digital lead.

Next we're going to hear from Helen Vernon who was the chief executive of NHS Resolution, which managed clinical and non-clinical negligence claims on behalf of

members of the Indemnity schemes and state-backed Indemnity for general practice with a strong emphasis on promoting early dispute resolution for healthcare concerns. Helen started her career in insurance and previously worked at the Medical Defence Union before joining NHS Resolution in 1998 becoming director of claims_in 2000 and chief executive in 2014. So fantastic to have Helen.

Finally we are very lucky at short notice to be joined by Lucy Watson. Lucy is the chair of the Patients Association, which is an independent patient charity campaigning for improvements in health and social care for patients. Lucy joined the Patients Association in 2018 and has been a member of an NHS England quality working group providing leadership and expertise with other commissioners in both these areas to improve patient experience and services and she's an experienced director working at board level in the NHS, most recently as director of quality and governance in Somerset clinical commissioning group, working as commissioner to champion the delivery of high quality, safe care for patients and their families by NHS primary care. Thank you so much especially to Lucy for joining us at such short notice.

As I mentioned, Sir Robert Francis sadly can't join us but I have been prompted to let everybody know that Sir Robert will be featuring in an episode of Radio Ombudsman shortly. So please do keep an eye out for that. Also unfortunately Ian is only able to stay with us until 3:00 PM so just to keep people informed of that.

Now before I hand over to hear from our fantastic panel I have been asked to share a few reflections myself about the Complaint Standards Framework.

I won't take up too much of your time, but to start with I think what I'd like to do is just reflect a little bit about the history of the NHS complaint system. Going back to 2013, many people listening will know about the Mid-Staffs reports by Sir Robert Francis, and I think it's worth remembering what that report said, it really found the culture at Mid Staffs that patient concerns were not listened to and let's remember it took an incredible group of campaigners to work really hard before they eventually secured that investigation. What Sir Robert Francis said was that a health service that does not listen to complaints is unlikely to reflect its patients' needs. One that does will be more likely to detect the early warning signs that something requires correction and to address such issues and protect others from harmful treatments.

And he also said a complaint system that does not respond flexibly, promptly and effectively to the justifiable concerns of complainants not only allows unacceptable practice to persist, but it aggravates grievance and suffering of the patient and those associated with a complaint and undermines the public trust in the service. So moving forward to 2015, there was the Morecambe Bay investigation report which involved a case I was involved in and why I became involved in health care.

What Dr Kirkham said then was the NHS complaint system in the University Hospitals Morecambe Bay NHS Trust failed relatives at almost every turn and he said both the nature of the failures, persistent comment from elsewhere lead us to suppose that this is not unique to this trust.

And I think fundamentally, there still remains a huge amount of work to be done in healthcare to improve the way our healthcare care system responds to concerns and complaints. And, for example, if we look at the recent Cumberlege reports into medicines and medical devices again, we see the concerns of harm, patients not being listened to and acted on in the way they should. So I really welcome the NHS Complaint Standards Framework that we discussing today and I agree wholeheartedly with the four main themes of that.

Just to recap: Promoting a learning and improvement culture; Positively seeking feedback; Being thorough and fair and Giving fair and accountable decisions. And I really like the emphasis on providing more support for staff who handle NHS complaints.

Next week it's the second annual world patient safety day. The theme this year is the link between staff safety and support and patient safety, and it makes total sense. I believe that NHS organisations really do need to provide the right resources and support to complaints teams. And I think the focus on professionalising NHS complaints handling and providing high-quality training and skills is absolutely right. But my final thoughts before handing over to the panel members are really to point out the links and the differences between NHS complaints and the serious incidents and patient safety incidents. So after my own tragic event involving patient safety failures, I didn't set out to be an NHS complainant and I'm sure many of the people

listening to this now will associate with this. I believe the healthcare system responded to what happened in my own case properly by investigating what happened through the lens of a patient safety investigation involving my family, answering our questions and learning from what happened. We wouldn't have become NHS complainants.

Parallel to improving the NHS complaints process, we also need to improve and professionalise patient safety and patient safety investigations and actually build skills and capacity in healthcare systems for implementing learning and sharing learning across the system proactively, not just responding when things go wrong. And actually, there is a lot of work going on, including, for example, the development of the patient safety syllabus, that moves in that direction.

So in summing up my view is that the Complaint Standards Framework is hugely welcome. It takes us in the right direction, but improving the complaint system must go hand in hand with professionalising patient safety.

And that sums up what I wanted to say by way of introduction, So without any further delay because I've spoken for much too long already, I would now like to hand over to Rob Behrens, who will give us a five to 10 minute talk from his perspective.

Rob Behrens: Thank you James.

Hello to everyone.

We're living in unprecedented times. All of us recognise the incredible pressure NHS staff have been under as a result of the Covid pandemic, and we thank them for their dedication and service. I recognise that raising concerns and complaining at any time can be challenging and particularly so during the current pandemic, when everyone’s under pressure. But complaining should not be seen as a negative or burdensome task, though too often it has been. The Covid pandemic has only emphasized the need for a strong reflective and responsive complaint system in the NHS.

The Complaint Standards Framework consultation has to be seen in the context of three and a half years of PHSO working to professionalise its own operations to

increase its transparency and, in the words of our strategic plan, to work in partnership to improve public services, especially frontline complaint handling and that's what we're trying to do today.

A Complaint Standards Framework is not a new idea. It already exists in ombudsman jurisdictions in Scotland, Wales and Northern Ireland. It also exists on a non-statutory basis in higher education in England and Wales. This was created by the OA when I was ombudsman there in 2015 and I can tell you there was a low key reception by vice chancellors to this initiative. But despite that, it works and it improves standards and is now regarded as a routine, non-controversial part of the scene. It's also been warmly welcomed in Scotland, Northern Ireland, and most recently in Wales.

We need a Complaint Standards Framework for the NHS but also in central government departments. I know this from personal experience and from the results of the comprehensive research we've done during the last 18 months.

Since becoming ombudsman, my colleagues and I in the outreach team have made, when combined, around 200 visits to NHS organisations. We've talked to staff at all levels and of course to patients too. My engagement with these people, and particularly the complaints teams, suggests these are people who are working exceptionally hard under great pressure and very difficult circumstances.

Let me tell you that in private meetings away from senior leadership, many complaints teams told me, and on a number of occasions, If you don't help us, no one else is going to. We don't have the status to challenge clinicians, we have insufficient access to resources, we don't get access to training and we don't know what good looks like.

The research that went into in the insight report, which we recently laid before Parliament, was based on a whole tranche of evidence, some 170 relevant cases, dozens of interviews across the country and desk research on former initiatives too. And this pointed to exactly the same thing, inconsistent approaches, no common standards, variable interest in complaints from organisational leaders and most important of all, a defensive approach that fails to see the value of learning from complaints that are made, and which blights the culture.

Now I am struck by the unanimity of support for this initiative from across disparate groups in the NHS. Not only formally in the NHS and its dispute forms, but advocacy groups, health service regulators, the Patients Association, VoiceAbility, oversight groups and nearly 400 written submissions to our consultation, mostly from members of the public.

Change is needed, and clarity of approach. Supportive leadership, professional development, consistency and a culture that values listening and learning from feedback. These are key to the change that we must have. This common view provides us with an exceptional opportunity to make lasting national change.

What needs to be done? A complaint standards framework is not a magic cure for all of this ,but it has important features to make sure it's useful and effective.

First, it will not be prescriptive, but it sets out common principles of good practice which James talked about when we started.

Senior leaders should promote a learning and improvement culture in their organisation. Staff should be trained, not just complaints staff but all staff to seek feedback positively and to try to resolve issues in an open and reasonable way before they even become complaints

Most important, complaint staff, and this is not too much to ask, should have professional training to carry out impartial, empathetic, evidence-based investigations.

The organisation must be supportive, not only of those who make a complaint, but staff who are subject to a complaint or even receive them. I have been to hospitals where PALS teams have been removed from the front entrance because they take abuse from people who come in and it's intimidating. This is not a satisfactory situation.

Secondly, the framework will be voluntary, not coercive. It's emerged from a remarkable consensus which indicates a real appetite for change. PHSO is going to

play its part in this through Andrew Medlock. We are leading the steering group of more than 20 relevant organisations which is working out the detail of what we're trying to do. We will embed the feedback we're receiving into our own case work as well and we expect to be judged according to the same standards we expect of others.

We will use our outreach work to make sure we discuss the framework in a way that is flexible and practical enough to make a difference, and if it doesn't, we'll make sure it's changed, and that's very important. And we will, and this is sensitive, but it is important and it's how it will make a difference, PHSO will oversee, report and publish on how individual organisations are meeting the expectations in the framework. We will monitor and report on progress, not by having coercive powers, but through letting people know how they're doing and trying to persuade people to come with us. And our regulatory partners will embed the framework into their work looking at complaint handling.

Now all of this is happening in other jurisdictions in Scotland, Wales and Northern Ireland. It's not revolutionary, these approaches work, and it's very important.

Finally today, this will be a living document. What we create by the end of the year will not be the end of the matter. We will try to continuously consult and debate with you to make sure we develop it and change it in a way which is meaningful to everybody.

And also we will put alongside it a model complaints handling process that people can use, not just talk about the values that we have, alongside it.

We think that we can deliver this on a non-statutory basis. But as in Scotland, Northern Ireland and Wales, there is legislative support for the programme, and if that gives authority and makes things more effective, then we support that initiative, it doesn't compromise the approach of the ombudsman at all.

Our engagement with members of the public throughout this consultation has surpassed our expectations and has been entirely positive. More than 90% of nearly 400 responses have recognised that this is an important initiative, which they support.

This week we received important support for the project from the ministerial team at the Department of Health and social care, and that is significant.

I want to end now with a quotation, not from a Minister, but from Scott Morrish, patient safety campaigner of the greatest insight and integrity, who spoke at the inaugural PHSO annual open meeting in 2017 and this is what he said:

“Complaints handling can be viewed as a barometer for our cultural values. The truth is that it all boils down to leadership. If the complaints themselves are not valued, all you need to know about the culture. It's summed up by the people who are trying to do their best, but they feel unsupported undervalued, and they are under-resourced. If you want insight, understanding and learning, and you want to improve, you cannot afford to ignore that well of hurt that is out there in the community.”

Today we do not intend to ignore that well of hurt, and we thank you for joining us in this endeavour. Thank you very much.

James Titcombe: Thank you very much indeed. Rob, so without any further ado, let's hand over to Ian Trenholm.

Ian Trenholm: Thanks James, and good afternoon everybody.

I'm always amazed. I was amazed by the fact that people are far more likely to feedback on their experience of buying something for a few pounds on Amazon than they are to feedback on the people that have just saved their life.

And the thing is that feedback is really useful, is really useful to Amazon. It helps them improve their business. And it happens because there is an environment in place which makes feedback really easy and it and it normalises it. In healthcare it doesn't feel normal beyond a muttered ‘thanks’ as you leave the service.

People tend to routinely feedback and everybody has a good experience and a bad experience in the experience they have around healthcare and I do recognise that the emotional toll of health care is greater than buying a book online, and that of itself dissuades people from feedback.

People feel just emotionally wrung out and therefore the idea of writing down or thinking carefully about the detail of the experience they've just been through just feels like too much. I certainly felt that personally over the Covid period when I had a relative in hospital.

But I do think it's too important a topic to just shrug our shoulders and leave it there and I know all of you on this on this call feel exactly the same way. This is just too important a topic to just leave it as it is. It needs to be better.

And our job as the regulator of health and social care in this country has two components to it. The first component is to provide the public with assurance that services are safe and of good quality. The second component is to promote improvement. And improvement is powered by learning. Improvement doesn't spontaneously happen, it's powered by learning.

And we know from having inspected every health and social care provider in this country more than once. We know that those providers are at the top of their game. All those that consistently find ways to listen to feedback and improve. They're the ones that when you talk to their senior leadership they are constantly talking about what they're doing, what they're doing wrong, what they'd like to improve, how they're listening, and learning all of the time. Those providers who are inconsistent in their approach to complaints or reluctant to listen to feedback, struggle to improve and we see that again and again.

However, if it was just as simple as listen more then everybody would be brilliant because that's easy to do. We see that those organisations that have a really good safety culture offer the best care and are open to feedback and improvements and we believe that these things are all absolutely connected together. These things are absolutely connected together.

When organisations are not open to feedback, one of two things happens. A person trying to give the feedback simply goes away and they get fed up with it and they walk away and they take the lesson with them. And you don't hear from them again.

Or the person gets more determined, more angry, and they become characterised as people that are hard to deal with, awkward persistent complainants. There's a sort of language that builds up around those people, and again that core lesson is lost because the core lesson is lost beneath the list of minor complaints about time scales and processes and who wrote to whom, and all of that difficult backwards and forwards stuff goes on.

Neither scenario is good and this process then spirals downwards to the frontline teams, who would have been interested in that constructive conversation, feeling battered and bruised by that process, and they understandably lean away from learning the lesson rather than leaning into the lesson.

And like many things in the NHS, different settings are more similar than they may think. Not everyone needs a different way of handling a complaint. Things don't need to be designed around local circumstances, one complaint or bit of feedback is pretty much the same as the next and consistency right across the NHS will be a really good thing. But more importantly, as a patient or a family member, I want to be able to feedback in a simple, consistent way and feel like I've been heard. And at the complaint team, they are looked after, I'm not going to be beaten up.

When I speak to complainants, they often just say simple things. They often just say I just want whatever happened to me not to happen to someone else. It's a pretty simple expectation. And if everyone is doing it in the same way, then a virtuous circle is created. If I had a good experience complaining or giving feedback last time, I'll do it again and feedback becomes normalised. And then of course, we'll see the service improving over time.

So once we as the regulator develop new ways of regulating coming out of Covid over the coming months, we will be looking at how our positive safety culture is fuelled by feedback. Because we think that a positive safety culture is absolutely fuelled by feedback and that for me is that why a consistent way of handling complaints is so important.

So I guess in summary for me, the Complaint Standards Framework is all about creating an environment that promotes feedback in a constructive way. But delivers a

continuous stream of learning to people delivering the services on the frontline who feel really valued. Who walk towards the lessons and embrace them.

And that ultimately saves lives.

Thanks, James.

James Titcombe: Thank you very much indeed Ian, a fantastic talk, so I'll now hand over to Helen Vernon please.

Helen Vernon: Thank you and good afternoon everyone.

This is a really important step forward I think. Actually, it’s a vital step forward in how we listen and respond to patients’ concerns and we're pleased to have the opportunity to come and contribute alongside the partners at such an important stage of the consultation. I also just wanted to commend the PHSO Insight report to Parliament. It's essential reading. I think it's difficult reading, but it paints a picture of a complaint system which resonates with what we see and hear in our role in handling compensation claims against the NHS. And given that, we wholeheartedly support the vision that the framework sets out, the pragmatic steps which have been proposed for how this can be achieved.

At NHS resolution, we’re often at the end of what can be a very long, frustrating sometimes traumatic process for the patient, the family, and indeed healthcare staff who were involved as well. Too often, they have navigated the maze of processes they may be involved in an investigation, an inquest, and a referral to a regulator, , and or a complaint, and then sometimes because they may see no other way to be heard and no other way to ensure that something gets done about it, they might turn to a lawyer to be there and then give her conclusion, compensation as recognition for what has been suffered.

We get around 11,000 claims for compensation for clinical negligence in the NHS in England every year and in many cases, particularly the most serious cases, that compensation is very much needed. It’s necessary for on-going needs which can sometimes last for the whole of that person's life, but also at 11,000, just over half of

those conclude without any damages being paid, and one in 10 for less than £10,000 pounds. There are many, many more people who approach solicitors to act for them, but whose case is turned away, we're told anecdotally by claimants' lawyers that they turn away around 80 to 90% of the cases that come in and every one of those patients has raised a concern about their care which they felt was serious enough for them to take legal action. Legal action isn't something which people take lightly.

We did a survey two to three years ago of 10,000 former claimants. We split them 50/50 between those who'd received compensation and those who hadn't and we asked them why they'd taken that difficult step to pursue legal action, or what their experience had been before they got to that point.

There were around 700 responses and of that 700, almost 2/3 felt that they received an apology and only 6% felt that actions were taken which would prevent it happening to someone else. Only half were given the opportunity for a meeting.

And 80% had made a complaint but overall were not happy with how they had gone, with themes of a process which seemed opaque. Poor communication, incomprehensible or impersonal letters, and a lack of meaningful outcomes.

And crucially, this was seen as a missed opportunity by some of those respondents, and many of them said that better complaint handling would have prevented them from going on to make a compensation claim. And that's where I think the Complaint Standard gets to the crux of it. A complaint is an opportunity which can't be wasted. And a compassionate, open constructive response from the off may a prevent a claim being made and it may well avoid a justified claim for compensation starting from a baseline of a breakdown of trust, which tends to feed into an intractable dispute and makes it almost impossible to resolve.

It really still surprises me that there can possibly be a view still out there that you shouldn't apologise to patients because that might cause or prejudice a legal claim, and that's simply not the case. The opposite is true.

Full, frank and open conversation and an apology is more likely to prevent a claim than cause one and it's the right thing to do for the patient and for their family. If you

work in the NHS, I'd recommend our leaflet which is called which is called Saying Sorry. It’s been around quite a long time and it sets out that commitment which you can share with your staff both as a reassurance that you will support them in a transparent approach but also as a quick guide on best practice in this area.

So our aim at NHS Resolution is to keep patients and health care staff out of formal litigation wherever we possibly can. And effective, compassionate complaints management has a role to play in that. Litigation ultimately can only deliver financial compensation. And effective dispute resolution is really so much more than that.

We recently reached the milestone of mediating 1,000 compensation claims against the NHS in England and mediating, rather than litigating shouldn't be seen as an easy option. But what it does allow is that patients’ concerns and wishes, what really matters to them, can be explored confidentially in more depth than the formal sort of ‘ping pong’ that you get with legal proceedings, and we've already heard about that sort of exchange of formalised letters which can be counterproductive to moving forward. So we can't mediate every complaint, but it does highlight the importance of thinking differently about how we interact with patients who raise concerns, and they need to move away from that sort of overly processed ‘one size fits all’ response and to help people acquire the skills and techniques they need to do this well.

So that brings me to my final point, which as others have mentioned is those staff who deal with complaints, and they're often the same as those who deal with compensation claims in partnership with us.

And I wholly endorse, on behalf of NHS Resolution, for those staff_to be properly trained, have the appropriate level of experience and the appropriate level of authority, as well as the necessary resources support and protected time. Complaint staff are and should be seen as some of the most valuable people in and NHS Trust. They're the ones who see the warning signs if something is not as it should be, they are the ones who will help create the environment where patient feedback is respected and escalated.

And there are some fantastic examples in the NHS of where this is done really well. For those who have to make those hard-edged choices about where to invest limited

funds, it's well worth bearing in mind that investment in how complaints are managed can pay back many, many times over in terms of service improvement, staff time and ultimately what we spend on your behalf in compensation and legal fees.

The very best models for a complaint service that we've seen involve direct access to the executive board, the authority to speak really to clinical staff at all levels, and where complaints staff are respected and valued for what they can share back.

So in summary, we think the Complaint Standards Framework has the potential to make a very real impact in driving a more consistent, compassionate and learning culture towards complaints in the NHS, which in such challenging times is more important than ever before. Thank you.

James Titcombe: Helen, thank you so much for that.

I'm going to hand over now to Lucy Watson who is chair of the Patients Association. Lucy thank you first of all so much for stepping in at such short notice. We really appreciate it.

And I think you might be on mute.

Lucy Watson: Correct, I just saw that.

Thank you, James and thank you to the rest of the panel who set out really clearly, I think, why a Complaint Standards Framework is needed and talked about how complaint handling still doesn't go well in the NHS. It's not consistent. There are patches where people do it and patches where they don't do it. But what I want to talk about, particularly, is really what the impact is for patients and to say a little bit, as James talked about at the beginning, about the failings of Mid Staffordshire, an inquiry led by Sir Robert Francis, our president and what everybody knows he found was that people were complaining about the_appalling care that patients were receiving, and people were making those complaints. But they were only getting as far as middle managers. The Board of that organisation never heard about those concerns and Robert, as James quoted very well made a number of particular complaints quotes and I was going to use the same quotes as James really, that when

the NHS doesn't listen and doesn't respond to the justifiable concerns of complainants, that just serves to make those concerns persist and to aggravate them, and people feel upset, and then it undermines the public trust in the service, and that's then when you get the problems that Ian then talked about. People who start to be seen as being very difficult and always too difficult for the NHS to engage with and it comes through that sort of a process.

Another thing that Robert said very clearly was that organisations should see complaints like gold dust. That there are real opportunities to listen and to learn and to improve. And that was just such a wonderful statement. But it's something that we still don't really see as being there, that is there and in place across the service.

So one of the things that we have as the Patients Association is we have a helpline and people can call us. But we don't provide professional advice on treatment, but we can signpost people who are struggling to navigate the service. And one of the highest issues that people come to us about is either about how to make a complaint so it's still really difficult to find out how to make a complaint and who to make that complaint to for people, and also people come to us when they feel that their complaint hasn't been fully resolved.

And they want to know how they can take that forward, and what people often tell us on those calls is that they really feel that the NHS has failed to acknowledge the seriousness of their concerns. They have challenges getting a full answer to their concerns and the timeliness. The time it takes to get those responses, and people often don't mind if it takes time if people just keep in touch and tell them why it is that things are taking longer than they had anticipated.

And then most of all, which people have talked about already, is people despair about the lack of action to learn and improve by the NHS. For some people there's an absolute sense of despair, as complainants, about really getting the NHS to listen to the things that they're saying. And one of the things I often say to people and the people who work in the health service as I have done is that it can become second nature to you. It's an environment that people, health professionals, often have a career in the NHS, work there all the time and the noise, the smells, the equipment. It's all things that people are really familiar with. For most people. And if you think of

someone when their mother has had a stroke, they perhaps have never been near a hospital. Suddenly, in a few seconds, their lives are changed and they going to be coming into a hospital and trying to make sure that their loved one is being cared for, and often the things that bother them are things that can be dismissed when they raise it as a concern by NHS staff, because it's things that from the NHS perspective are normal and a routine way about how they go about dealing with things. So that's one thing that we really want people to really start to understand. It's to really listen to people and understand why they why they bothered and why they're concerned about it.

And one of the things that people have, one example that we had back in some of the improvement work we've done with patients and with Trusts was a gentleman saying to us that it turned out that when he attended for a procedure, they hadn't got, they'd muddled up his details with another patient of the same name and the NHS staff said ‘oh no it’s all right’. And he said he spent the next two hours of that procedure, which he had under a local, really worried about whether he was having the right intervention and whether they had got the right records and whether they were really doing the right things that needed to be done for him. Now from the staff's perspective, often people will find that there is a difference. They have two different people with the same name, and that's something fairly routine but it's about how you really listened to that person's concerns. So that's something that I really do want to emphasise because I think that's the starting point for really good complaint handling and a really good service. And the Complaints Standard Framework does talk about that and talks also about being very empathic in how you listen to those concerns that people are making.

So just to finish, in the work we've done, we do a lot of improvement work with NHS trusts to help them improve their complaint handling, and we work with patients too and as part of that work, what they tell us that they want to see is that they want to be truly listened to. They want to be treated with genuine care, they want good, clear communication. They want an open and fair approach and they want to know that the NHS is going to learn how to avoid the same thing happening again to anybody else.

And most people tell us, just as Helen said, that they don't want to litigate and most people go on to litigation because they feel that going to a solicitor's is the only way they're going to get the answers to know that what happened to them isn't going to happen to somebody else.

Thank you for listening.

James Titcombe: Thank you so much Lucy and I certainly can associate with that last point you've made. People want answers. They want honesty and they want learning and that's what we've got to get better at so thank you to all four of the panellists there.

Now we're going to move on to the next part of today, which is about the Q & A session. And just to remind anybody watching, anyone participating, just click on that Q and a button and you can ask any questions. Another reminder that if for any reason we don't get round to asking your specific question, PHSO will follow up afterwards. So just to mention that Ian has only got 10 minutes left, so Ian I will try and direct some of these questions to you. So great stuff.

So to start with then I've got a couple of questions I'm going to ask and I'm going to ask them to the whole panel. The first question is one that actually lots of people have asked, so I'm looking at Peter Howard asked this very question and that is if the framework is to be embedded across the NHS, how can that happen if it's only voluntary? So this point about enforcement and this is a voluntary set of standards, and Ian, since you're a regulator, I think I'll go to you first.

Ian Trenholm: OK, thanks James

I think that this is a pretty simple choices and consequences answer I think, which is there are lots of things across the NHS that people have choices around as to whether they do or don't adopt them. Lots of frameworks and things like that. And from our point of view we look at how an individual entity manages complaints. If we see that an individual entity is not using the framework and is using some local variants of it, they're going to have to try pretty hard to explain why they're doing something different. Why would they do something which is different to best practice?

There may very well be a really compelling reason why they're doing something different, in which case that's fine, but I think if you as a trust make the choice not to follow this framework, the consequences of that is my inspectors are going to find it quite difficult to rate you highly in an area which is really important, which talks directly to safety culture. So my strategy that I will be talking to the public about over the next few months is all about doing more work in the safety space. It's all about creating safety cultures. If this is a significant component of a good safety culture and it's not there then, don't be expecting to be outstanding or good, I think would be my kind of highlight how I think about this, so for me, that's how that's how I see that.

James Titcombe: OK. So Lucy from the Patients Association perspective, do you think that, so do you think we need more or is that approach going to be enough?

Lucy Watson: When there's enforcement, that can make things happen, but doesn't necessarily make them happen in the right way, so I do think that this piece of work being led by PHSO offers a real opportunity for the service to adopt this framework, and I think that if we can get some organisations really adopting it and then flying the flag for what a difference it's made to them in terms of their staff feeling better supported, better able to listen, the better outcomes for patients then maybe we can use that as a way to really sell that to other parts of the NHS.

James Titcombe: OK and Helen, If you've got any comments.

Helen Vernon: Yes, thank you. I think the key to, I agree with what's just been said actually, about in some ways making something voluntary can get more buy-in than if you enforce it. But the key to embedding anything voluntary I think is to make it useful to people and to make it usable. And in my view, the framework does that really well in that it's principle-based but it's very pragmatic as well in terms of what happens next.

I think that in order to succeed, it needs visibility, buy-in in all parts of the organisation. It shouldn't be seen as a niche thing, just something for complaints staff

and legal teams. It needs to be seen as integral to how we listen to patients, and that means it deserves to be on Board agendas, for example.

James Titcombe: Fantastic and Rob any comments to us?

Rob Behrens: Yeah I've got five quick points to make. First of all, frankly there are no guarantees this is going to work so we need to be clear about that, but there I've got good reasons why it will work. First of all, we've discovered a very wide consensus, so this is a good thing. We're not going against the grain here.

Secondly, it's rooted in extensive consultation, so we and our partners have not said this is how to do it. We've gone out and said how do you want it to be done, which is different, and I think that's better.

Thirdly, it's going to be monitored, and I think the failure of previous initiatives has been that committees have made recommendations and then they've gone away and there's been no one there to see whether or not it works. And that's very important.

Fourthly, we're going to pilot it so we will be able to make sure it fits with individual trusts and organisations, not just impose it on everybody.

And the last point is if it doesn't work, then we will seek the legal coercive option if necessary, but we don't want to go down that line. But we know that it does work if you do that.

James Titcombe: OK, thank you very much. Thoughtful, pretty thorough answers there, so I'll move on to the next question again. I'm going to direct this at all the panel members, probably Ian first.

Very topical: given the current and future impact of COVID-19 on the NHS, is this really the right time to be asking the NHS to be encouraging people to complain and to then change the way it currently handles complaints? So system pressure from COVID-19, is this the right time? And perhaps if I can go to you Ian, because I know you've got to go shortly.

Ian Trenholm: I'm actually making the argument that it is now more urgent than ever. We've certainly found that as we have reduced very significantly the amount of on-site work that we're doing, we are relying increasingly on feedback we're getting from the public. And I would expect the same is true in a hospital, trust or any anywhere else, that they are going to really value the feedback they're getting from people at this time and so I think that tends to assume that a complaint is a bad thing when in actual fact it is a piece of feedback from people, also Robert Francis made the point that complaints are gold dust. They are there as an improvement lever, if you want to take them and given that services have changed so dramatically in such a short period of time, one of the things that we’re concerned about is there will be a bunch of people who have been left behind. We rushed for digital, we've rushed for a whole range of things, but there are people who have been left behind in that and that's understandable and wrong. But we need to use the complaints. The feedback process that must really work really well. And now is exactly the time to be really turning the dial up on this to get more and more feedback, absolutely.

James Titcombe: Hi Lucy, a view or any comments to add to that?

Lucy Watson: I have yes. I mean, I think you could argue that there's never a right time, and after Mid Staffordshire there was a real opportunity. Then when complaints really went up the agenda and there was a real opportunity for the NHS to grasp that and to start to work to improve. And some organisations did. But that's faded away. And as Ian said, there are people who have been left behind through this pandemic and people with real question marks with things. We've heard wonderful stories about what's gone on during the pandemic, how people have been kept in touch digitally with loved ones in hospital.

We've also heard stories of people really struggling to engage with what's been happening to their loved ones when they've been in hospital, so I think actually now it's more important than ever and more importantly what the Framework does is it talks really well about early resolution, and if the NHS could get that right, if they could get early resolution, then all the sort of long process and paperwork that goes on in complaints wouldn't be needed to the same extent. There's a real opportunity to get a much more agile process that sensitive to patients.

James Titcombe: Absolutely.

Helen, any comments?

Helen Vernon: Yes. I mean I agree with all of that. I'd go as far to say it's the best time to do this. I think the whole premise of the framework is to transform complaints from something which is a bureaucratic process to one which becomes integral to the way in which we treat patients. I don't see this is encouraging people to complain, rather we risk creating a more positive environment for discussion when they do have concerns and we know from what we see the investment at this stage is more likely to minimise that bureaucratic burden, more likely to reduce the burden for patients and staff later on.

And of course, the upset and trauma that goes with and then finally becoming the points that others have made at this time we've got new ways of delivering health care and rapid feedback so that we can learn and respond. Quickly is really crucial and complaints have a really critical role to play in that.

James Titcombe: Yeah, absolutely Rob any final comments from you?

Rob Behrens: Just that there are issues of timing, we paused this consultation between March and July because we respected the struggle and the crisis that the NHS was going through. So we respected the struggles that they had. But that has gone now and problems about communication have been exacerbated by Covid. They haven't gone away, so the initiative is absolutely more important now than ever before.

James Titcombe: Absolutely, thank you Rob. So just to comment that Ian Trenholm has already left us so big thank you to Ian for joining us, but we are one panel member down now. OK, so I'll move on to the next question then, this is from Peter Howard. This is quite a pertinent question. How will organisations who agree to sign up to the Complaint Standards Framework be recognised? And Peter asks will there be some kind of kite mark? Is there going to be some kind of accreditation and I think probably Rob, that's one for you to answer.

Rob Behrens: Thank you.

We hope that everyone will join into this. There won't be a kitemark at the beginning because this is a complex issue which I've been through before in other schemes whereby you have to know exactly what the standards are before you invite people to sign up to them and there is an issue of conflict of interest that we need to be careful as PHSO that we're not too close to the Kitemark allocation and then judging complaints afterwards.

So I agree it would be a good idea, we're thinking about it, but we need to keep people's trust to make sure that they see that the system has integrity.

James Titcombe: Lucy, you're kind of nodding as if you have views on that point.

Lucy Watson: I can see the challenge for the PHSO around needing to maintain your impartiality, but all I was just thinking is that maybe as time goes on that's something that could be developed with patients. Maybe patients could be part of developing a kitemark.

James Titcombe: That's a really good idea that has my vote. Helen. Any comments on that?

Helen Vernon: Yes, I mean, aside from the idea of a kitemark, we're really keen to showcase the very best because the best way of encouraging people to improve is to put out some great examples of where it's working well in practice. We make a lot of use of case stories. Obviously anonymised, but ways of illustrating how you know how the best models work really effectively.

Then happy to sort of make use of our publications and our website and our materials and interactions with trusts to really celebrate those who are embracing the framework and making it work for patients and staff and their organisation.

James Titcombe: Great, OK, I'll move onto another question then. So this question is about training and it's anonymous but the person asks, will training be available for senior managers and executive teams? And who will provide the training? So I guess

we could widen that to a more general question about who provides the training and perhaps Rob if you got any views? I know some of these questions aren't easy to answer.

Rob Behrens: That's a very good question, and it's very important. You can't argue for the professionalisation of complaint handling without thinking about how to do it and we have made big strides in the last two years through an inspired project to give accreditation to our case handlers, and we're developing that to make sure the accreditation is validated externally. Which is exciting and it would be the first ombudsman in the UK to do that, we think. And we have plans set out in our new strategy that we can create a learning academy which will enable people outside the institution to gain training and professional skills.

But it shouldn't just be us, it should be open to anybody to provide the training providing the curriculum is agreed and that addresses the issue, but you can't ask people to do difficult jobs if you don't give them the training that they need. And that's not just about the complaint handlers, James, it's about people in senior positions in the organisation who have to create the climate for this to happen.

James Titcombe: Absolutely. Lucy, you’re nodding, is there anything to add?

Lucy Watson: Definitely so. One of the things that went wrong with mid Staffordshire is there was a board that was focused on finance and performance and wasn't interested in quality and safety. So we see, I think, that the question is really pertinent about who's going to have training and the need for senior managers and executives and non-executive directors to understand how to have training in complaints, how to respond to them and how to use them as well because when things go wrong, it's not just about complaints teams, the whole organisation being frightened of a complaint and not seeing it as something valuable and something that they can really learn from and use to improve their organisations so that training absolutely needs to go through the whole organisation. And if you then get leaders understanding the value of complaints, they will then support those complaints teams and invest in absolutely and that culture really does need to come from the top of organisations.

James Titcombe: Helen then, anything to add on that point. And then I'll move on to the next question.

Helen Vernon: Yes, I mean this is something we're very keen on and came to work in partnership on with others. We run seminars quite regularly for complaints and claims managers using panel legal firms and we do that around the country. They're always oversubscribed and it's one of the few opportunities that those people have to get together actually and share experience from their respective organisations.

And I would also endorse the point that's been raised about the need for boards to be involved in that. I think key to that is going to be protected time though, I think there's no point rolling out training programmes that people don't have the time to attend so I would sort of encourage that programme, both programmes which we're very keen to be part of to be going hand-in-hand with discussions about how people might get protected time to participate effectively.

James Titcombe: Thank you very much. OK, so I'll move on to the next question. Then if I may. So this is from Donna Morgan and Donna asks how is the framework going to be implemented nationally throughout the NHS? She says the 20 organisations that are the pilots, are these going to be a mix of primary care and secondary care or combined and perhaps if I could put that to Rob please.

Rob Behrens: Yes, it's a very good question and I don't want to be definitive at this stage about how this is going to work. It is one of the questions in the consultation, which we've asked and we need to reflect on it very carefully. We can't have a situation which becomes so complicated that it becomes burdensome to administer in terms of monitoring how things are going. So it has to be at a sufficient degree of distance and joined upness to make sure it's practical for us to deliver it. So that's the first point. We don't want to create a burden. We want to create the light-touch approach.

On the question of the pilots. If you look at the Insight Report, which I really do recommend, I think Helen said this is an important piece of research, we illustrate good practice across the NHS, which there is and we named the organisations with good practice and a number of these have already volunteered to be to be the bases

for pilots at the end of the consultation. But we want to make sure that it's sufficiently widespread across the NHS so it affects everybody. There's one question I saw come up about are GPs involved in this and absolutely they are. But I have to say that there is some reluctance by some GP surgeries to see the benefit of this. So we've got to work hard at this and one of the ways to do that would be to work with a number of progressive surgeries to see what they make of it.

James Titcombe: Thank you very much Rob. Would anyone else like to comment on that question? OK, I shall move onto to another point the. Then this is another anonymous question and I think pertinent to some of the points I was making earlier on. So in developing the Complaint Standards Framework has there been consideration to the patient safety incident response framework which is currently being trialled with early adopters and the requirements of this into relation to modes of investigation and the training to be provided? And I think yeah there's definitely some link there and I wonder Rob if I could ask you to comment on that.

Rob Behrens: Well you may be better placed to do it than me, James, but let me start off. If I look at the principles of patient safety as set out by for example, by patient safety learning 's most recent report, they are about shared learning, professionalising patient safety, leadership, culture, patient engagement, all of those things are right at the heart of the good practice framework and therefore there will be read across.

But secondly, and this is a point you've made, that looking at complaints about the health service are not exactly the same things as looking at patient safety issues and that patient safety issues will very often be looking at very complex incidents which are not the same as looking at where someone's being disrespected or has had poor service. So what we need to do to is keep talking to each other, showing each other what we're doing and learning from each other to make sure there's necessary symmetry between the two things.

James Titcombe: Absolutely. Lucy would like to come in on that.

Lucy Watson: I would because I think there is a sort of side issue around this, which is that I accept what I was saying that the issues and complaints and serious incidents

are sometimes different and that sometimes when people have raised a concern it is a patient safety issue as well and what we sometimes think is that we see.

Trusts say there's two different processes here so that we can't investigate your complaint at the moment because we're investigating this as a serious incident and we can't do the complaint until we've done that. Actually then people start to get overwhelmed by a whole system of bureaucracy that they don't understand and feel they're not being listened to. There is something about how trusts bring those processes together when they need to come together, because actually a serious incident investigation can be the complaint investigation.

These issues overlap and that's really important to patients. Understand what's happening and that, see things are progressing.

James Titcombe: Thank you very much Lucy, with Helen if you have anything to add on that point.

Helen Vernon: An interesting and important question and I think what's great about the framework is it sets out a number of principles which can be applied to whatever stage of the process you're at. It's all about how you engage with patients.

I think that really comes back to what you said right at the start, James, about if an incident is handled well, there shouldn't be a need to complain in the first place. It's all about how you engage with patients from the off so I wouldn't see the borders as hard edged, I think that there is a lot here that needs to be drawn upon in order to improve the wider processes that we have in place to engage with our patients. And with the staff who care for them too.

James Titcombe: Thank you very much. OK so I'm going to move on to a slightly challenging question if I can, because I think that's what we're here for. And yes, I can associate with this one. So an anonymous question is: in the experience of myself and many others, people don't abide by the standards that have already been published. So if this doesn't happen, why create more standards? And I guess that speaks to the frustration that often people come up with ideas and initiatives and before this summer I was reading back to the Clwyd Hart review in 2013 and that made all kinds

of recommendations. And we look back and think did we do that? So I guess how can people be assured that this is really going to make a difference and in a few years time we're not going to look back on this as yet another set of standards that nobody took into account. Difficult question.

Rob, if you could try with that one.

Rob Behrens: Yes, first of all, you have to learn from history so we have a whole host of reports that have failed to have an impact and we have to think carefully and discuss why that has happened

It seems to me there was some hesitation amongst my colleagues right at the beginning of this process to have the framework monitored and reported back upon because they felt that would be too coercive. To my mind, that's absolutely the heart of the credibility of the project. And when it comes to the crunch, we will ask the steering group. We need to make difficult decisions about when to publicise when things are not being properly abided by and I know from my experience of being an ombudsman in a number of sectors, unless you take people to the brink and say if you don't do this we're going to publicise the fact, we're going to put it in the newspapers, then they may change their mind. They won't always. But that's the only voluntary approach. But you've got to be tough-nosed about it.

James Titcombe: Lucy, from a patient's perspective, when I asked the question, you were nodding. This is a frustration, isn't it, with patients that these new initiatives come out and we don't see change on the ground, but what are your thoughts on that?

Lucy Watson: I think it's a very real concern. I referred back to mid Staffordshire, which was a real opportunity then for complaints to really get up to the top of the agenda and they did for a short while. With the Clwyd report they did for a short while and then we went into austerity and they disappeared beneath all the other challenges that the service was dealing with. What I was thinking about was really, how can it, how can we get this onto the agenda of the people at the top of the tree so that they really see that it's important? So I wonder, I don't know what the ombudsman has thought about it, but discussions with the NHS Confederation and NHS Providers about how this can be made something that's really important for chief

executives as important as their control totals and all the other things, their STPs and all the other things but actually just talking about people coming together in ICSs is all the more important that we start to get this right as we start to work to get organisation to start to work together more closely.

James Titcombe: Absolutely. Helen, anything to add there?

Helen Vernon: Rob 's point I think you know why it is that people haven't followed recommendations that have been made in the past and I think this is at its heart about effective communication, and that's hard stuff, it's hard, hard stuff, for time-poor pressured people, and it doesn't come naturally to everyone. I think a lot of this is about learned skills. It's about training. It's about support and it's about having the space and the courage to do the right thing. The framework encapsulates that very very well in how it describes the necessary investment and support that is going to be needed for this to be delivered well. It's not just something that we can take for granted, that something has to be in order in order to succeed.

James Titcombe: Thank you very much. OK, I'll move onto to a different question and this is quite an interesting one, an anonymous question. How do you see the role of commissioners in relation to complaints changing in the future? Should that role be strengthened or should the option to choose to complain to commissioners or providers be removed? Rob if you have any views on this. Lucy should come in first, OK?

Lucy Watson: Interestingly, one of the reasons I got involved with the Patients Association when I retired was because I worked with the Patients Association when I was a commissioner and we had them come and work with us across Somerset with all our trust working together to look at how we could improve our complaints processes together. So I do think there's a role for everybody for two reasons really. One is that I think, as some people have already raised, complaints often get more complex now because people are receiving services from a number of providers, so there needs to be that co-ordination and often the commissioner is placed to do that co-ordination. I used to see as well when people didn't get the response they wanted from trusts they often wanted us to investigate for them. Now under the regulations you can't do that as a commissioner. You can't reopen a complaint, but what we did through that work

we did as a community, what I was able to establish was that our trust would often come to us to help them when they felt they had lost trust and confidence and they would then ask us if we would lead the complaint investigation and bring some independence. Often the commissioner wanted somebody independent. So I mean that worked well for us locally because of the relationships in the way we work together. But there is something to take away from that I think.

James Titcombe: Comments from Rob?

Rob Behrens: Yes, can you see me, James?

So I agree with what Lucy said. I think there are two or three points, I just want to add to this, first of all, the integrity of the system is dependent upon a clear pathway that people understand about how to make a complaint and the weakness at the moment is that people don't have that clarity and that it varies from sector to sector and we need to get that straight.

The second thing is that there mustn't be too many steps involved In the complaints process otherwise people give up hope along the way and it can lead to dissatisfaction and delay and you just have to look at the Windrush affair at the moment whereby people have gone to the Home Office. The Home Office has commissioned an independent group to have a look at how its system is working then they go to an MP and finally they can come to PHSO by which time it's a very long time after the event. So we don't want to have too many steps and we want all involved in making decisions to have the authority to make them in a way which is going to be useful.

James Titcombe: OK, Helen, anything to add from your perspective?

Helen Vernon: Yes, I mean perhaps calling upon the research that we did a couple of years ago. Two of the main complaints were that the system seems fragmented. We've got all these bodies doing all sorts of different things and we don't know where to go, and there seem so many different avenues that we can pursue and we don't, we don't know what to do and I think that the important thing is that what this consultation has achieved is a lot of people pulling in the same direction, so I suppose it's incumbent upon us to make sure that pulling in the same direction gives clarity to

patients and produces something which is simple and easy to navigate that I think is the is the overarching priority here.

James Titcombe: Thanks, OK, so I'll move onto another question then now so an anonymous question. The 2009 complaints regulations are in need of review. So much work has been put in since 2009, but won't these frameworks have more teeth if the statutory regulations reflect them. What a good question that is. I think Rob, I'm going to go to you first.

Rob Behrens: That's absolutely true. And we say that in the insight report. But the two things have to be harmonised. Otherwise, you're going to have confusion, so we see it as an important step in the credibility of the programme, to harmonise the regulations with the standards.

James Titcombe: OK, anybody else like to comment on that, Lucy?

Lucy Watson: I think we think that the regulations really need to be reviewed and updated. The language is really difficult in there, and some of the requirements, and they act as a block often to complaints managers having freedom to feel they can respond in the way that they wish, and one of the other things the regulations talk about is being really clear on whether complaints have been upheld or not upheld. And often you see that in complaint responses and it's just terrible language. We've talked a lot about empathy and compassion, and when you get it back saying I'm sorry, your complaint has not been upheld, it really doesn't make you feel like you've been listened to.

James Titcombe: Absolutely. Anything to add, Helen?

Helen Vernon: I think this is probably an area of policy, isn't it? But I think I completely agree with what has been said about the need to view this in a non-binary way. This isn't just about regulations in the must do's, this is about the culture, the approach, the way in which we have conversations and so on, which is quite hard to prescribe for.

I think the minute you try to embark on that exercise you could get yourself an awful mess as we know from previous attempts at legislating for things that are about softer skills, at the end of the day.

James Titcombe: OK, thank you very much. So another quite short question but very important. So how long will this new framework take to implement? What are the kind of timescales we are talking about? And perhaps Rob? If we could go to you with that?

Rob Behrens: It's a good question, I mean, we're now 10 days off the closure of the consultation. It will take us a good month to analyse the results, there have been a huge number of responses. We've also had focus groups, online discussions and lots of different ways of people communicating their view. So we have to capture that.

We will then also need to see what the Department of Health say in detail about it, but they are in support of it. We will then publish, through the steering group, the semi-final draft of the framework and at the beginning of the new year will go into pilots to make sure that we can do this properly. And I saw someone asked a question, will you just be using the Goodie Goodies for the pilots? And the answer is no. We will try to encourage people who are sceptical and sometimes non-compliant to see how we can convince them that it works and so hopefully well into next year we will be able to launch it nationwide.

James Titcombe: Fantastic. Anybody else like to comment on that question about timeliness? OK, I'll move onto another question then. So this is for all of you again, so would the NHS Resolution and the Patients Association and other bodies support the development of a national mediation service to support us in resolving disputes as Helen described? Perhaps Lucy, if I go to you first.

Lucy Watson: I think that's a really interesting question. I think mediation is really important, as Helen has talked about already. At every stage in the process, right but when people start to lose trust and confidence for whatever reason, sometimes just because of what's happened, but often because things have not been managed at the start of their complaint, that mediation process is so important.

Another thing that I think people also need is advocacy. So often when I'm a strong advocate of local resolution meetings, when they're done well and is put into supporting people to attend to be part of the planning for the meeting as both the patients and the staff.

And I think there are two things, mediation and advocacy that have not been well invested in by the service, but also nationally. There's none by government. Whether it's a national mediation service or a local service, I don't really have a view, but what I do have a view on is that it should be properly invested in and that's what's not right about advocacy now, the investment and the way those services are commissioned at the moment means that it's very patchy and often not good.

James Titcombe: Thank you very much, Lucy. Helen, anything from you?

Helen Vernon: Yes, I think in years gone by not so long ago, mediation used to be seen as a bit novel, a bit special. I remember the first one I did which involved being locked in a room for several weeks with piles and piles and piles of files and it was unbelievable.

So I mean, we've tried to really push the transformation of the way in which mediation is seen, and to make it more mainstream and we'd like to think we've had a lot of success with that, it is really starting to get traction as people are being able to see the very real benefits of it.

However, in terms of the next steps, we've taken a view that rather than what was continuing to push mediation, we also need to broaden the offering as mediation is not the only dispute resolution.

We’ve been looking at developing what we started to call a point of the incident resolution approach, and we've been working with AvMA and others on what that might look like, so I think rather than thinking in a binary where just having a mediation panel, perhaps we need to think about how we make that more broadly available. The range of dispute resolution offerings that there are out there, and where they are best applied and most effective.

James Titcombe: Absolutely, thank you, so we're getting close to the end now. This session I'm going to finish with the question that that's actually come up quite a lot in the submitted questions before this event, and it's probably one for Rob to mostly address.

PHSO is the organisation that was involved in setting these standards and making these recommendations, is that a conflict with your role as adjudicating the complaints process? Do you see that as a conflict or not?

Rob Behrens: Yes, can I have the opportunity of responding to the question before the one you just asked? Which is this, yes we need mediation as Helen says as part of a whole series of opportunities to resolve disputes. We also need specialist advocacy, as Peter Walsh continually tells me, and both these things cost money and the money will not just come out of the sky. So we have to think how to resource it properly.

On the difficult question which you raised, the emphatic answer is there's no conflict of interest between setting out a process which people should use on the one hand and leaving the organisation absolutely free to decide how it implements it in terms of individual cases. And it is a well-established principle in Scotland, Northern Ireland and Wales that they set the process for the complaint handling. But they don't interfere in how complaints are handled and then they adjudicate. And that's what we would do.

James Titcombe: I’ll take any other comments on that point. Lucy, from your perspective? Helen?

OK, look, I think we've had a really, really good question and answer session there. What I've been asked to remind everybody is any questions that we haven't answered directly in this session, the ombudsman will come back and get back to you with the response.

So a huge thank you to the panel. We've heard some really, really important talks and some really, really interesting reflections. I think to sum up, what we've heard today, or what I've heard today, is a true reaction to what people think of this framework. Some challenging questions. But it's essential really it's not a nice to have, having an

effective complaint system in health care is essential, and there's a need for more consistency. We heard that through many of the talks for staff and patients. They need support, and I think Rob in his talk at the beginning talked about hearing from staff who are crying out for help. They need support. They want to do a good job and I think this framework provides a basis for that to happen, to provide staff with the support they need and that investment that has to come to do this well, we need to invest in staff, and openness and transparency is absolutely key. Emphasis on resolving complaints and the experience personally.

Lots of families and lots of people listening to this today will think I didn't want to become a complainant, I didn't want to have that label. I didn't want to go through this complaint system, so the more we can change the culture to early resolution, things being dealt with as safety incident, away from the complaint system. That's really, really, really important.

And we've also heard, I think, today, about the value of complaints staff and the need to professionalise. This is a really serious business, this isn't a job that can be tacked onto the end of somebody else’s job role, this is a professional, trained, highly valued career path really.

Patients continuously say, don't they, that making complaints is amongst the hardest thing they can do it. Still too complex. It's inconsistent and people still too often fail to get those meaningful answers. And this isn't an issue to do with staff, this is an issue to do with the system and I think this complaints framework is a great way of trying to shift that system into a much better place. So that's how we'll wrap up today.

Big thank you to everybody, all the speakers. A reminder that the consultation is open till 18 September and the video transcript of this seminar will be made available online. So to close thank you very much for everybody again, great participation and I hope you've enjoyed and valued listening to everyone's contribution. Thank you very much.