Consultation event for Health and Social Care Senior Managers
11 July 2007

HEADLINE MESSAGES

“The new arrangements for complaints responsiveness will ensure that what people tell us about their experiences become the major drivers of service improvement.”

“The new arrangements must fit with the rapidly changing health and social care landscape…, ”

“focus on early, swift, local resolution built around the needs of the person, not the process,”

“we will need excellent complaints professionals who will have the confidence of all concerned…and won’t be able to do their jobs \textit{without the support of senior managers}. ”

“the way that complaints are dealt with are like a window into the heart of organisations – get complaints right and you enhance and protect your reputations for the future.”

“Complaints are a free form of research.”

“This is not a business where we want top-down prescription and it should be outcomes-based not targets-based.”

“We need to begin to collect good practice which encourages competition, collaboration and true partnership.”

“Performance can be linked to payment in a competitive culture, through selective commissioning.”

“Dealing with dissatisfied customers is not an add-on, it is integral and needs to be recognised as a key component.”

“As a carer/patient, you see more in an hour than we can imagine as professionals in the sector: there is a strong need to walk the patient journey.”
Background

The consultation *Making Experiences Count, A new approach to responding to complaints* was launched on 18th June 2007 and closes on 17th October. It proposes a new single system for handling complaints across health and social care which will operate in keeping with the new culture being introduced through the Health Reform changes.

An event took place on 11th July in London specifically targeted at senior managers in the NHS and social care. It was one of a series of events being conducted as part of this consultation, which has included roadshows around the country for health and social care service users and complaints managers. There will be an event for the independent, voluntary and community sectors on 11th October.

One of the main drivers for the new approach is that as people are being given more choice and control over the services they use, being encouraged to get more involved so that their opinions and preferences can influence what services are provided, where and by whom, they should equally be able to express complaints easily and be involved in the process of swift, effective resolution. Organisations should work closely with people to find the most appropriate resolution, and make sure they learn from every aspect of complaints to prevent re-occurrence by making any necessary improvements.

Strong leadership and accountability of senior managers will be more important than ever under Health Reform and the new approach to responding to complaints. The purpose of this event was to engage hearts and minds in recognising that complaints handling, responsiveness and learning from them are essential to service improvement and a key element of the broader quality and health reform agenda.

Around 70 people attended the event. Delegates were invited to discuss:

- The approach outlined in the consultation document
- Specific areas of importance and relevance for senior managers
- Implications for their organisations

and were then encouraged to feed back their comments to a panel of senior people from the Department of Health and the Parliamentary and Health Ombudsman.

**Ann Keen** Parliamentary Under-Secretary for Health Services

The event was opened by the new Minister, Ann Keen, and was chaired by Dr Gill Morgan, Chief Executive of the NHS Confederation. In the morning presentations were made by David Behan, the Director General of Social Services and the customer experience expert Colin Shaw from Beyond Philosophy. In the final session, Gill Morgan was joined on the panel by Hugh Taylor, Permanent Secretary, Department of Health, Mark Britnell, Director General for Commissioning and Systems Management and Ann Abraham, Parliamentary Health Service Ombudsman.
The feedback received at the end of the event from delegates suggested they had found the day very useful and reactions to the reform seem to be overwhelmingly positive. There was a strong sense of dynamism in the room both in the group plenary sessions and in the facilitated group session.

Following an opening address by the Minister Ann Keen welcoming delegates and setting out the importance of senior management commitment to effective responsiveness to complaints, David Behan, Director General of Social Care in DH, gave a presentation on the proposed new approach to responding to complaints.

Opening Presentations

David Behan – Making Experiences Count

David Behan’s presentation set the scene for the new approach with an overview and background. He reminded delegates of the challenge to the NHS and social care in the White Paper *Our health, our care our say* which signalled the move to a new era where the service is designed around the patient or service user rather than their needs being forced to fit around the services. The new arrangements for complaints responsiveness will ensure that people, more specifically what people tell us about their experiences of using services, become the major drivers of service improvement.

David explained that the rationale for change now is that we need to ensure that the new complaints arrangements fit with the rapidly changing health and social care landscape, with thousands of providers of social care services and growing numbers of independent health providers – across every sector;

- Local authorities and primary care trusts have roles which are now almost exclusively about commissioning services, rather than providing them;
- More services are community-based outside the traditional hospital setting;
- More people are receiving complex, jointly-commissioned care delivered by more than one provider, and the current separate complaints procedures do not support everyone’s desire to be able to sort things out quickly and effectively when things go wrong.
- There will be a new single regulator in 2009; along with a review of standards and registration requirements;
- There will be stronger and more responsive commissioning, and
- We are committed to ensuring that the commitments of *Safeguarding Patients* will be implemented, such as allowing patients to complain directly to the PCT if they have a complaint about a primary care independent contractor.

The current complaints regime is rooted in the old NHS. We know from research that people do not find it easy to understand, they find the procedures impenetrable, have difficulty identifying what options are
available, and feel uncertain about how or whom to complain to, especially as the overall system is fragmented across health and social care,

David then gave a brief description of the ideas in *Making Experiences Count* which is a radical review going beyond simply unifying the current complaints processes:
- Simplify things and make them more accessible
- Remove the rigid regulatory system
- Remove the second stage of review to the Healthcare Commission
- Provide support when people need it
- Focus on early, swift, local resolution built around the needs of the person, not the process, with:
  - robust risk assessment,
  - involving senior managers and/or professionals,
  - independent mediators,
  - independent investigation,
  - specialist advocates where needed,
  - clear leadership and accountability to Board level.

But in order to achieve this, David pointed up the need for excellent complaints professionals who will have confidence of all concerned. And most importantly they won’t be able to do their jobs without the support of senior managers – and that we (DH) have been told by complaints managers that this sort of access or support is not commonly available. His key message for delegates was
- where the complaints function is properly resourced and supported, at the centre of successful organisations, these activities routinely take place
- this leads to complaints being resolved quickly and effectively, and
- to organisations routinely learning from the people who use their services, making it a safer, better experience for future patients and service users who are our ‘customers’. And in this era of greater choice, there is an absolute necessity to make sure that the reputation of your organisation is protected and enhanced over time, not damaged further by poor complaints handling when things have gone wrong.

On the removing the current role of second stage review by the Healthcare Commission, David told delegates that if organisations get it right at local resolution level, there should be no need to “have a another go at it”; independence can be provided at local level for example through an independent investigator, and it will continue to be provided by the Ombudsmen. The new regulator should be concerned with looking at the standard of complaints handling, the way in which learning from complaints is used to ensure the same problems don’t recur, and that organisations genuinely embrace the concept of continuous service improvement.

David concluded by telling delegates about proposals for next steps, following the consultation. A key part will be working with everyone concerned to make our aspirations reality. Once the principles are agreed, there will be:
• a programme of early adopters who will help build a bank of best practice ahead of full implementation;
• working in partnership developments:
  ➢ the Voices for Improvement Action Network to help complaints managers improve their practice now and prepare for implementing the new arrangements
  ➢ a Commissioners Complaints Forum because of the important role commissioners will play in ensuring the intelligence gathered from complaints is used to support commissioning high quality services
  ➢ an Executive Complaints Group made up of the most senior managers across health and social care to support finalisation of the new arrangements and implementation in 2009.

His final message was directly targeted at delegates themselves:

- “I cannot overstate the importance of your role in this. We know that good leadership is the key in those organisations that excel at complaints handling. Chief Executives and Directors who realise the huge benefits of handling complaints effectively are invariably Chief Executives and Directors of successful, thriving organisations…..the way that complaints are dealt with are like a window straight into the heart of organisations – get complaints right and you enhance and protect your reputations for the future.”

This was followed by some questions from delegates about the new proposals, and in particular about the whole business of patient/user and public engagement. There some discussion about encouraging people to come forward with concerns and other feedback and how to handle the “grey area” in between a formal complaint and a more informal concern.

Some delegates offered their organisations as early adopters.
Colin Shaw - View from the Customer

Colin Shaw is the Founding Partner of Beyond Philosophy and guru of the Customer Experience Management. He has also produced two most successful books on customer experience which are now available in market. He brought a fresh perspective to delegates from the world of commerce.

Colins’ presentation aimed to get delegates thinking more widely about the patient and user perspective; to imagine being on the receiving end of services from start to finish – the whole experience.

His talk was headed “The Customer Experience: a journey not a destination”. His started by giving delegates his definition of the Customer Experience:

“A Customer Experience is an interaction between an organisation’s physical performance, the senses stimulated and emotions evoked, each intuitively measured against Customer Expectations across all moments of contact.”

His messages to delegates were to not just think about outcomes but how people experience and feel about services: and that complaints are a free form of research. He gave the views of someone who had recently used the NHS complaints system:

- “I felt the process was there to protect the hospital”
- “There was an attitude of this/I was a pain”
- “There is an underlying attitude that they have more important things to do than deal with me.”
- “The complaints process was comprehensive but bureaucratic and cumbersome, as if it is built to put people off”
- “Not wanting compensation, just an apology and to be treated seriously”.

He then went on to describe the “Seven Philosophies for Building a great Customer Experience”: -

Great Customer Experiences are:

1. A source of long-term competitive advantage
2. Created by consistently exceeding Customers physical & emotional expectations
3. Differentiated by focussing on stimulating planned emotions
4. Enabled inspirational leadership, an empowering culture and empathetic people who are happy and fulfilled
5. Designed “Outside In” rather than “Inside Out”
6. Revenue generating and can significantly reduce costs
7. An embodiment of the brand.

He went on to demonstrate examples in his slides of poorly thought through publicity from services which give out the wrong message to customers
and/or make assumptions about them which are unfounded, with the comment:
“Have they thought this through?”

“Open seven days a week….except Mondays.”

“Dieting group meets here at 7pm on Thursday. Please use large double doors at side entrance.”

“If you had any problems whilst in the resort did our rep adequately resolve them. Yes / No
We are unfortunately unable to enter into correspondence from the points raised on this form”

Research by McKinsey, Harvard Business Review has measured the impact on businesses of poor customer experience in terms of lost income:

22 percent of customers have a poor experience:
  ➢ of those only 2 percent complain:
  ➢ of that 2 percent who complain, a quarter defect from the company - resulting in $12m lost income

  ➢ of the 98 percent who do not complain, half of them defect from the company - resulting in $951m lost income.

So be positive about complaints and encourage them,

Colin related the message of “Looking at the world through the Customers’ eyes to a patient consultation and had mapped the “emotional events” in terms of exceeding emotional expectations and failing emotional expectations. The entire experience was illustrated from entering the surgery, through tests, to talking to a doctor on an emotional scale from “Emotional Cookie” to “Combustion Point”. He demonstrated that most customers leave this experience in a net positive emotional state.
Breakout work in groups

Following a round-up by the chair, the afternoon session started with breakout exercises in groups.

There were seven groups of 8 – 10 people each dealing with a particular subject matter in detail. The seven subjects identified for discussion were as follows:

- Commissioning for quality
- Learning from complaints
- Partnership working
- Supporting people
- Strategy for implementation
- Responsibility and accountability
- Qualities and status of complaints managers

To ensure consistency of dialogue across all groups, the same method, Dynamic Facilitation, was used in each session. This method organises discussion and feedback into:

- Solutions for implementation, and
- Concerns for implementation

Feedback session and plenary discussion

Following the breakout groups, everyone reassembled for a feedback and final plenary session and each group elected a representative to address two main statements, ideas or questions to the panel.

Commissioning for quality

1. Need to recognise local conditions e.g the difference between emergent markets and more mature markets and the difference between a foundation trust versus other types of organisation.

2. Choice and control: need for direct payments and specific budgets. We want regulatory bodies to understand that organisations are different and this should not be a prescriptive system.

3. Performance frameworks: not just counting numbers. Need a totality of information, to include:
a. Views of frontline staff
b. Customer satisfaction
c. Community engagement
d. Complaints

Examples of good practice should be collected

**Learning from complaints**

1. There was growing concern around the independent sector and how it is difficult to get information from them at the moment.

2. Independent investigators: changing emphasis and asking organisation to demonstrate independence

3. Shared learning across sectors: this is something for Healthcare Commission and the Department of Health to facilitate in future
   a. Currently this is considered to be a bit light in the document and not currently well co-ordinated
   b. There is also no clear ownership and this should be addressed

However the group was not saying that this should be more prescriptive but rather that they want to capture learning and create best practice to design local systems

**Partnership working**

1. What lessons can be learned from other sectors? There is a need for more contemporary solutions and a need to realise the importance of reputation and the need to manage this amongst providers

2. There is a dichotomy between competitive models versus independent versus joined together in this approach

**Supporting people**

1. Role of PALS and ICAS.

   There is a need to do something different and to take a different form than PALS/ICAS.

2. Care advocacy outside the NHS
   a. Enable people to complain and feedback
   b. Enable mediation
Strategy for implementation

1. Acknowledgement that there is a huge amount of action needed and a number of challenging changes to occur and in order for these to happen successfully there are also a number of 'bruised' staff who need to understand why all of this is so important

2. This needs to be done locally and using all types of resources and strategies to support this process. There is a strong need to have all the professional bodies on board to make changes with everyone talking in the same voice

Responsibility and accountability

1. How are they changing or improving the system? The people in this group felt that their senior management are already accountable and already use and learn from complaints in a robust way. However there is an understanding that we need to streamline this with social care and learn from good practices: don’t throw out existing good practices, instead take further and build on them

2. Customer care and complaints: these are not the same issue but they need to be considered together as they are strongly interlinked

Quality and status of complaints managers

1. Increasing importance of flexible, softer skills. Managers also need to be sufficiently senior and sufficiently flexible: different types of people.

2. The complaint is usually the end of the process, therefore there is a danger that this consultation is used to fix a problem. For us as leaders here is a plea that the document is not a set of systems and processes but marks true cultural change
Output of the plenary discussion between the panel and the delegates

Key points from panel's responses to the points raised by delegates in the feedback plenary

The panel consisted of:

Hugh Taylor, Permanent Secretary at the Department of Health,

Mark Britnell, Director General of Commissioning and System Management, and

Ann Abraham, Parliamentary and Health Service Ombudsman

Cultural and leadership change: Hugh Taylor

- There is a strong need to keep the spirit of the reform away from prescription and there is also a need for leadership and cultural change at a local level
- The issue of reputation: we need to be as effective handling complaints as we are administering the care itself
- Customer insight is integral to service function
- Organisations can become defensive about cultural change and they need to move from that defensive frame of mind to a more positive one
- Leadership issue – we need to pick this up as a challenge
- We have the NHS Choices website and we have to just get on with it
- This is not a business where we want top-down prescription and it should be outcomes-based not targets-based
- These reforms are much more about the Department of Health setting direction
- The Department can help by:
  1. Cleaning up national issues
  2. Providing a united front for all organisations and professional bodies
- Role of the Department needs to be clear: they should be the visionary standard

Best practice toolkit; Contract and outcomes: Mark Britnell

- Is it contradictory to have a system which is outcomes based and that is also not directed from the centre?
- In the process of thinking about having benchmark indicators
- There is a need for local indicators
- There is a strong need to collect best practice and best evidence.
• This is not new but there is a need to more effectively transfer the knowledge and to bring health and social care together
• Need to begin to collect local good practice which encourages competition, collaboration and true partnership
• There needs to be local discretion to tweak parts of the contract and the ways in which commissioners may use these
• Performance can be linked to payment in a competitive culture, through selective commissioning
• Outcomes should be set locally and benchmarked
• So many things can be learned when outcomes and care have been poor
• If done correctly, these learnings can serve to make organisations less nervous and celebrate getting it right.

Making complaints part of the mainstream: Ann Abraham
• Would like the Ombudsman to be put out of business
• Mainstreaming complaints with only the most difficult going to the Ombudsman
• Good to hear that people are doing it already but many people still going to the Ombudsman which tells you that everyone is not there yet.
• Needs to be on everyone’s agenda
• Need also a shared view of where we want to be
• Dealing with dissatisfied customers is not an add-on, it is integral and needs to be recognised as a key component
• This is an idea whose time has come and there is an opportunity to make it happen

Resources and staff: Hugh Taylor
• Recognition that it is not just patients who are feeling a bit sore but some members of staff are feeling that way too
• All good employers should respond to staff and patients and users when they offer feedback – it’s the same issue
Reform and challenges for delegates and organisations:

Gill Morgan

- This reform constitutes a revolution
- The biggest challenge is for us to rise to the challenges of this new world and this new way of doing things
- There are two overwhelming reasons for this
  1. That’s what we get up to do
  2. Reputation is everything – both of your own organisation and of the entire Health and Social Care system
- Don’t allow barriers between us to become true barriers
- New relationship between the centre and those out here in the audience and in the organisations
- We have all been given permission to grab it, dream and to make mistakes (although hopefully not!)
- Let’s get it right first time
- You are the converts; how to get this through to the rest of the system
- Everyone here should go back to their organisation and ‘sell’ the reform
- Challenge is to manage any tension between leaders and clinical staff – what can we do now to educate and train clinicians on this?
- Staff are our greatest advocates and our harshest critics
- We need to engage with frontline clinicians
- As a carer/patient, you see more in an hour than we can imagine as professionals in the sector: there is a strong need to walk the patient journey
- Sell the vision, the new relationship between the centre and the service and make it so!

Ros Dalby
September 2007