



Parliamentary
and Health Service
Ombudsman

Involving patients and engaging with staff to deliver quality care

Managers in Partnership annual conference

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Involving patients and engaging staff to deliver quality care

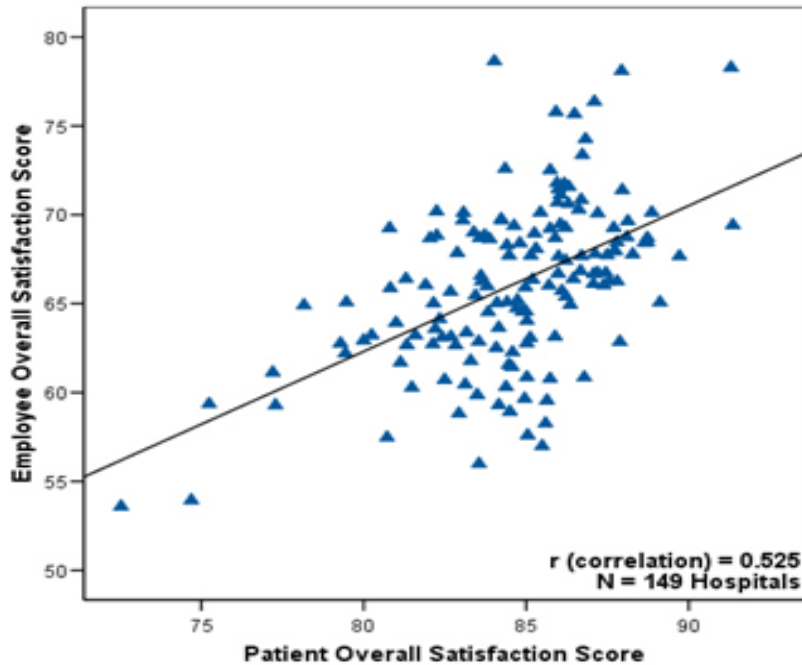
Two propositions:

1. Involving patients, families and carers in decisions about care
2. Improving complaint handling in hospitals

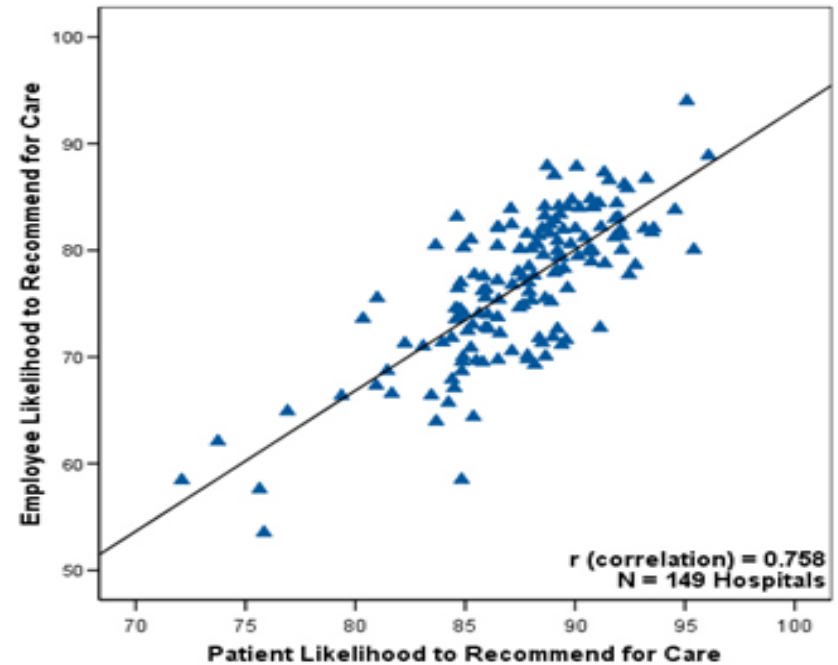
Staff satisfaction and quality



Patient – Employee Satisfaction Correlations



Overall Satisfaction $r = .53$



Likelihood to Recommend $r = .76$

Source: *Press Ganey Inpatient and Employee Perspectives Satisfaction Data, 2006*

Cases: lack of care

- **Mr H-** doctor ignored mother's concerns and did not get her agreement to change son's medication
- **Distress for complainant and son**
- B's best interests under Mental Capacity Act 2005 not considered
- **Missed opportunities to save her**
- Mr A & his family expressed wish for him to die at home, not in a care home.
- **His ability to decide not respected**

Engagement among staff

Case of Mr R:

- Poor communication and multidisciplinary team working
- Not fed for 26 days
- **Other professionals raised concerns, but could not make themselves heard**

3. Complaints: the toxic cocktail

- **The problem:** reluctance by patients to complain combined with defensiveness by hospitals and staff to hear/address concerns
- **This matters because:** complaints are not addressed and opportunities to learn and improve services are lost



Reasons for reluctance to raise concerns or complain

54% of those who want to complain don't do so

26% do not want to be seen as 'troublemaker'

'Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS'.

The NHS Constitution

64% of those that do complain say it doesn't make a difference

11% feared adverse effect on their care

Reasons for defensive response by staff

1. Do not have the authority or resources to resolve complaints
2. They are on their own when dealing with a complaint
3. Fear of disciplinary action, blame and consequences
4. Perception of disloyalty to team or the organisation by listening to/addressing a patient's concerns
5. Frightened by patient/carer/family behaviour and/or accusations

Three core reasons why people come to us

1. I can't get a decent explanation. I don't know what happened.
2. Something has gone wrong, and there is a lack of acknowledgement of mistakes or an inadequate apology.
3. There is insufficient remedy.



A step change is required...

Shift the culture from defensive to open, from a focus on blame to a focus on putting things right

- So that people are listened to and concerns addressed
- Hospitals use learning from complaints to drive service improvement
- Restoration of public confidence in health and social care services



Critical success factors to deliver step change

What users need

- Information accessible 24/7
- Advocacy support to use the complaints system

What service users need to focus on

- Board leadership
- Listening and addressing concerns on the front line
- Capability & capacity of complaints function

What the system as a whole needs to focus on

- Vision, measurement & accountability
- Developing and sharing good practice