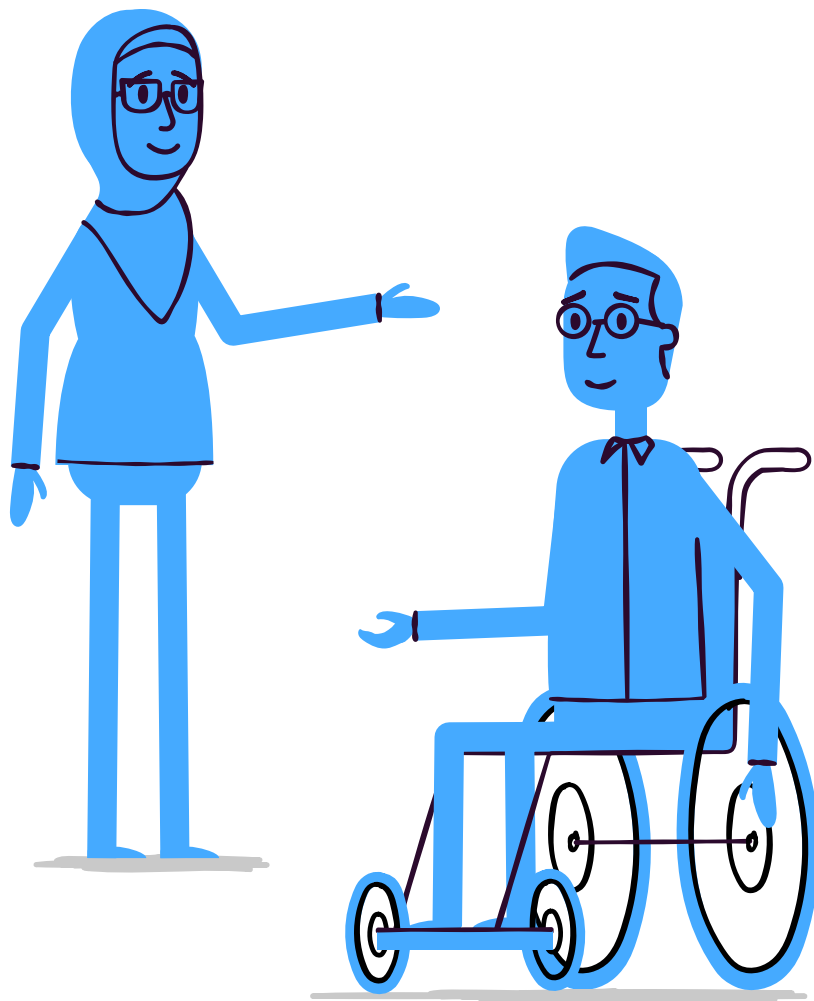


NHS Complaint Standards

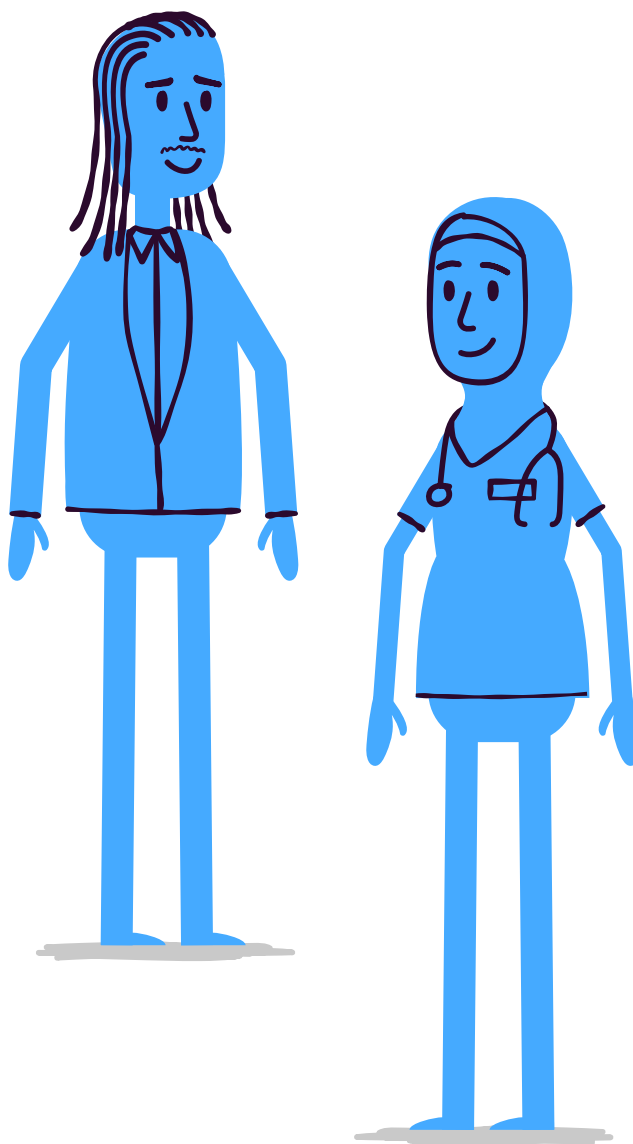
2021-22 pilot evaluation report



March
2023

Contents

Executive summary	3
The story behind this work	6
Results from pilot	10
Conclusions	31



Executive summary

Following the release of the NHS Complaint Standards in early 2021, we ran a pilot with several NHS organisations between 2021-22 to develop supporting materials, training and guidance that would help the NHS to embed the Standards in its work. We worked with 12 pilot sites and over 70 Early Adopters to do this.

As the Standards seek long-term cultural change in how public services view complaints, we recognise such outcomes will take years – not months – to achieve. Our pilot therefore focused on ensuring the pilot materials met NHS staff needs in the short term, as well as seeking feedback on whether using the Standards could have a lasting positive impact.

We decided to use the pilot to explore how we can initially address three core areas of concern that NHS staff have with complaint handling:

- there is no consistent guidance and support for how staff are expected to handle and resolve complaints
- staff do not have access to consistent, high-quality training on complaint handling
- organisations rarely see complaints as a valuable learning resource.

We also wanted to get feedback from NHS staff about the immediate and longer-term impact of using the Standards - particularly how long it takes to handle a complaint, alongside the impact on their capacity.

During the pilot, we created draft guidance and sought input and feedback from pilot sites and Early Adopters to ensure it was fit for purpose. We also trialled training modules with pilot sites, asking them for feedback to strengthen their content and delivery.

The pilot was affected by the ongoing pressures faced by the NHS caused by the pandemic. However, by the end, each pilot site was able to give us useful feedback and participate in our pilot training programme.

The pilot was a considerable success. By co-producing the supporting materials, we were able to design tailored and flexible support that can be applied across the NHS, and which people know have been tried and tested with their peers.

On ensuring there is consistent and clear guidance available, our pilot sites and Early Adopters gave us positive feedback that our beta guidance met these requirements, was valuable and supported them in their work. It also supported their organisations to think about how to develop and improve in this area.

Although the initial data was limited, it showed an encouraging sign that using this guidance had a positive impact on service users. We also saw very positive feedback from staff complained about, who felt that the new approach had given them better support and with an emphasis on learning.

On providing high-quality training, we received significantly positive feedback from our pilot sites, who said the training met their needs and added practical value to their work. 93% of all who attended training agreed or strongly agreed that they were satisfied with the Ombudsman's training.

Pilot sites found the training and guidance on early resolution to be of significant benefit, with many saying that they will use this approach from now on. Staff told us it has a real benefit in achieving positive outcomes quickly and to the satisfaction of all parties. We also saw evidence that early resolution helped to reduce the time taken to handle complaints.

On promoting complaints as valuable learning, our pilot sites said that the Standards had given them better tools to assess how they approached complaints to identify strengths and where they could develop. Many said that the emphasis on capturing and using learning to improve services was of considerable benefit.

Some pilot sites said they will make changes to ensure they regularly capture and report on learning from their complaints function to bring its valuable insight closer into their quality and governance processes. Some pilot sites were not able to progress this aspect as much as they would have liked, due to the pressures caused by the pandemic.

Conclusions

We are extremely grateful to all the pilot sites and Early Adopters for their involvement in this important work. Their feedback and participation have helped us to create practical and relevant materials that work in practice and can be flexed to meet different needs.

The overall objectives of the pilots have been met, despite the continued challenges brought about by the pandemic. We heard that the materials provide much-needed support to NHS staff in the short term and can create long-lasting change in how organisations approach complaints.

Crucially, staff told us that the Standards can make a real and positive difference to carrying out complaints work, and they did not negatively impact on their time. The Standards helped to speed things up – particularly given the emphasis on early resolution.

Staff also said our guidance and training gave real clarity and consistency, which helps to increase their capacity and skill in handling complaints. Their feedback indicated that – with time – the support on offer can make long-lasting positive improvements to NHS complaint handling.

Highlights included the positive reaction to our guidance on early resolution and our initial training offer. We will be focusing on promoting this support to the wider NHS. Pilot sites also saw real benefit in the self-assessment guidance and many told us they will continue to use this as part of their annual appraisals. We believe this will help to embed the Standards and help organisations to continuously strengthen their culture to welcome and use complaints to learn and improve services.

We have used all the feedback we received to strengthen our approach and identify next steps. In particular:

- we heard that our Model Complaint Handling Procedure did not meet everybody's needs. We made changes to make it more flexible and created a new version for clinical commissioning groups. We will now look at producing further versions for other sectors where needed with emphasis on integrated care systems
- we simplified some of the sections in our self-assessment tool to make it easier to use

- we strengthened our guidance and training based on feedback to make it relevant to individual sectors. We will now release this guidance and training, making it readily available and free-to-use for NHS staff
- staff helped us identify new guidance areas for us to release in 2023-24. These include guidance on best practice in capturing and reporting on complaints data and learning, as well on managing difficult or challenging behaviour, and engaging with the PALS service
- staff said creating training and development tools for senior leaders to help them embed the Standards across their organisations was a crucial next step. We will release these materials in 2023-24.

We will also begin to refer to the Standards in our casework from April 2023, using them as a reflective guide for good practice, and using them in recommendations we may make on complaint handling based on specific cases. We will report on how NHS organisations are embedding the Standards in the first 12 months, covering our 2023-24 business year.

The story behind this work

Why we created the Complaint Standards

Our 2018-2021 Strategy included the aim of working closely with a range of organisations to look at how best to support complaint handling across the areas that we investigate.

We researched what staff across the NHS in England and UK central Government departments felt was needed to support them when they resolved complaints. We presented their views in our 2020 report Making Complaints Count.¹

Staff told us:

- whilst there was lots of good practice, the guidance often said different things. Staff felt there was a need for a single, consistent vision and guidance for handling complaints
- there is no consistent training for staff who handle complaints and – for too many – no access to training whatsoever
- public bodies often view complaints negatively and defensively, and rarely use this feedback to improve services.

To address this, we worked with many people to create a set of best practice standards in complaint handling. We published the first edition of the NHS Complaint Standards in early 2021.²

We also worked closely with the Independent Sector Complaints Adjudication Service (ISCAS) to ensure this sector was covered by the Standards. We teamed up with ISCAS to deliver a national webinar on the NHS Complaint Standards, which included speakers from ISCAS, CQC, the Patients Association and our pilot independent health care provider InHealth.

Objectives of the pilot

NHS staff told us their priority was to get access to practical guidance, training and support for how they could embed the Standards in their work. We ran a pilot across the NHS and independent healthcare sector to design that.

The pilot's key objectives were to:

- develop, test and refine supporting materials and guidance that help NHS staff/organisations to handle and learn from complaints
- capture staff feedback on the initial impact and value of using the Complaint Standards and the new supporting materials
- assess how the Complaint Standards align with existing statutory and regulatory duties (and avoid any conflict where seen).

1 [Making complaints count | Parliamentary and Health Service Ombudsman \(PHSO\)](#)

2 [NHS Complaint Standards Summary of expectations \(ombudsman.org.uk\)](#)

How it worked

We wanted to work with 10 to 12 pilot sites that represented all NHS services (and independent healthcare), with a broad spread across England.

We looked for volunteers in spring 2021. Even though the Covid pandemic was continuing to cause significant pressure for NHS services, we received overwhelming interest, with over 70 organisations wanting to take part.

We selected 12 pilot sites:

- Barts Healthcare NHS Trust
- County Durham and Darlington NHS Foundation Trust
- Damira Dental Studios
- InHealth (independent provider of diagnostic services to the NHS)
- Isle of Wight NHS Trust
- London Ambulance Service
- Medway NHS Foundation Trust
- Solent NHS Trust (including community, mental health and learning disability services)
- Southern Health NHS Foundation Trust (including physical health, mental health and learning disability services)
- Spectrum Community Health CIC (offender healthcare)
- Sussex NHS Commissioners (now an Integrated Care Board)
- Tennant Street Medical Practice (primary care)

Each pilot site considered how best to resource the pilot. All the larger organisations chose to pilot in one area, team, or hospital to help them manage capacity.

We began the pilot in summer 2021. It was originally due to run for 12 months, but the pandemic meant that many of our pilot sites could not progress some aspects of the pilot straight away.

To make sure we did not add unnecessary pressure to the NHS at this exceptional time, we extended the pilot to finish in November 2022.

Not every pilot site was able to complete all aspects of the process by the end. However, they were able to give us in-depth feedback and participate in the training programmes we piloted.

Our Early Adopter programme

We also set up an Early Adopter programme for those who were not selected to be a pilot site. By the end of the pilot, over 70 Early Adopters had joined the programme.

Early Adopters were organisations that began using the Standards sooner than other organisations in the NHS or independent sector. They tested the pilot materials and gave us feedback.

We set up an online Community of Practice so Early Adopters could access the supporting materials, training and guidance. Early Adopters used the Community of Practice to ask questions about the Standards and discuss best practice with each other.

We also ran several webinars and virtual workshops for Early Adopters and pilot sites during the pilot. These allowed us to capture more feedback and to share learning and best practice.

We are incredibly grateful to all our pilot sites and Early Adopters for their contribution during such a difficult period for the NHS. Their invaluable feedback has been instrumental in the final design of the Standards and their supporting materials.

How we evaluated the pilot

We created an [Evaluation Framework](#) on how we will measure the impact of our work.

- When we did this, we recognised that what the Complaint Standards intend to achieve will take years, not months. There are also many different areas within the NHS – offering different services to users – making it difficult for the Ombudsman to create a single set of materials.

We therefore decided to get feedback on whether the pilot materials addressed the gaps NHS staff raised in Making Complaints Count. We focused on whether the materials met staff needs in the short term, and whether using the Standards could have a lasting positive impact.

The main channels we used to capture feedback were:

- surveys of training and engagement activities
- formal interviews (taken at mid-pilot and end-of-pilot phases)
- informal feedback given in regular meetings, or via PHSO's Community of Practice
- statistical data (where this was available).

Structure of this report

The report is divided into the results of our work to address the three main areas of concern given in Making Complaints Count:

- there is no consistent guidance and support for how staff are expected to handle and resolve complaints
- staff do not have equal access to consistent, high-quality training on complaint handling
- organisations do not see complaints as a valuable learning resource.

We also sought feedback on three key potential impacts of embedding the Complaint Standards:

- impact on how long it takes to handle/resolve a complaint
- impact on staff capacity and time
- impact on existing regulatory or legal requirements (namely, compliance with the NHS Complaints Regulations).

Results from pilot

Objective A: Giving clear and consistent guidance

Issue:

There is no single, consistent guidance on best practice in complaint handling, leading to a varied approach across the NHS.

Objective:

To produce clear, consistent and high-quality guidance that supports staff practically. This leads to better experiences for service users and those who support them to make complaints.

What success looks like:

- Staff say the guidance and materials meet their needs and provide clarity and consistency.
- Staff say the Complaint Standards are achievable in practice.
- Service users report positive experiences mapped to My Expectations.

Short-term measures

1.1 Feedback on whether the supporting materials work in practice

Our supporting materials are broken into three key areas: self-assessment tool, Model Complaint Handling Procedure, and guidance modules.

Feedback on self-assessment tool

We created a self-assessment tool to help NHS organisations assess their current complaints service against the expectations given in the Standards. Organisations used it to assess areas of strength and identify areas for development via a grading system.

What pilot sites told us:

In our mid and end-of-pilot interviews, all pilot sites gave positive feedback on how this tool had helped them reflect on current practice.

What worked well

Several pilot sites said the tool could be used annually in their reporting, to help them benchmark and reflect on how they can continuously develop their complaints service. Barts NHS Trust said the tool also helped them prepare for their CQC inspection, helping them to identify and prioritise their improvement activity.

Medway NHS Foundation Trust told us they had used the tool to hold a workshop attended by staff and service users. They found it valuable to hear the patients' voice during this process to help them identify where improvements could be made.

Overall, our pilot sites found using the assessment tool was a positive experience, and it can be a helpful tool for comparison with other organisations so that they can support each other in areas of development.

What can be strengthened

Barts NHS Trust told us they struggled with grading each area, and so the tool should include numeric ratings instead. Suggestions included having examples of each level to make that judgment easier. Isle of Wight felt that they would prefer to take a workshop approach rather than asking all their divisions to complete the self-assessment in writing.

Selected quotes: what worked well

“The self-assessment was useful in establishing where we were at that current time. It enabled us to establish an improvement plan and which in turn allowed us to work to realising what good looks like and how we could achieve that.” [Sussex NHS Commissioners]

“The self-assessment gave the Trust an opportunity to objectively focus on the areas of strengths and weaknesses in our complaints process, and its application across the Trust. We intend to use the self-assessment again in the future, to gauge progress and any further/developing areas for concentration. We have recently established a complaints panel, who will be asked to contribute to this future monitoring.” [Southern Health NHS Foundation Trust]

“[the self-assessment] was also very helpful for helping [us] engage with senior leaders as it is a very practical tool and tells them how the organisation is doing which is something they liked.” [Spectrum Community Health CIC]

“Yes, the self-assessment tool was useful. It gave me food for thought and gave me chance to reflect on our processes to see if we could improve. It could be completed annually as we return complaints stats to NHSE annually. This would give the opportunity to reflect on trends in the types of complaints to see if further improvements could be adopted.” [Tennant St Medical Practice]

What can be strengthened:

“It would be great to have an e-learning package for Execs to use as part of their induction which sets out their responsibilities for complaints.” [Barts]

“Some of the areas were repetitive and consideration could be given to streamlining the assessment... [we] would take a workshop approach instead of asking divisions to fill out the self-assessment.” [Isle of Wight NHS Trust]

What Early Adopters told us:

We used a survey to capture initial feedback across our Early Adopter network. We received 20 responses overall.

- 86% said the tool was easy to understand.
- 90% either agreed or strongly agreed that the tool was easy to understand and helped them honestly reflect on and identify areas of improvement in their organisation.
- 86% agreed or strongly agreed that the tool helped them identify their short, medium and long-term plans for development in complaint handling.

Feedback on Model Complaint Handling Procedure

The Model Complaint Handling Procedure sets out how the Complaint Standards can operate in practice. It can be tailored for each organisation. It also sets out roles and responsibilities of staff, alongside detailed process mapping for a high-quality complaint handling process.

What pilot sites told us:

Overall, pilot sites felt that the model procedure was an effective tool to support them. Some felt it was too detailed in places to be used every day, although this was addressed during the pilot by making clear it is designed to be flexible to reflect individual sectors. We received excellent feedback about developing shorter “quick access” materials that can be used more practically.

What worked well

Barts NHS Trust said they used this to refresh their complaint procedure to combine their existing approach with the Standards. The Trust now has a very strong focus on early resolution. Damira Dental Studios said it helped them to benchmark what they are doing now, and it showed they were doing much of what the procedure sets out. They felt the procedure was also more detailed and “more educational” for the patient.

London Ambulance Service told us they had adopted the new procedure and were particularly happy with the clear definition of a complaint, details around support for staff subjected to a complaint, early resolution guidance and the approach to empower staff to respond to complaints.

InHealth told us that the experience was very useful, and it had been good to involve the complainant and staff when looking into the complaint. However, they found it can be hard to contact the complainant and this could skew the outcome of the process.

Spectrum Community Health CIC commented that these were the best complaints documents they had seen and were well written and easy to understand.

What can be strengthened

Barts NHS Trust felt the model procedure could go further to bridge the gap between early resolution processes and the formal complaints process. In their view, for better complaints management, the framework should be more descriptive of early resolution and its benefits for the formal complaints process.

Some pilot sites felt the model procedure was too detailed in places, so it was very hard for colleagues to have the time to look at it and retain the knowledge, given how pressured staff are in practice. To combat that, pilot sites felt it would be helpful if the Ombudsman developed “quick access” materials alongside this detailed procedure.

Isle of Wight NHS Trust felt that, to implement the model procedure, more support and resource will be required. For example, how organisations can ensure staff complained about get practical support.

Selected quotes: what worked well

“It is helpful to get the basics out there for orgs to build on. Dentistry is different from medicine, so there is a need to tailor the materials, but this is a good platform to start and build on. [We] were encouraged that the materials will give teams the confidence to deal with complaints and learn to communicate with patients about any concerns early on.” [Damira Dental Studios]

“It’s been very worthwhile, and the Standards will make a difference, they are clear, structured, but allow us to tailor to our requirements.” [Isle of Wight NHS Trust]

“...the Complaint Standards were an ‘excellent piece of work’ [and we] particularly liked the positive focus on early resolution and felt that that was central to all of it.” [Spectrum Community Healthcare CIC]

What can be strengthened:

“[the model procedure] was clear and simple to understand and highlights the must dos but some sections did not fit with the complexities [we] face and that are unique to offender health.” [Spectrum Community Healthcare CIC]

“[we] felt it was too wordy for primary care settings. The process was lengthy, with lots to remember. A checklist for staff taking verbal complaints would be useful.” [Tennant Street GP Practice]

What Early Adopters told us:

We received seven responses through our Early Adopter survey and received more feedback via our webinars and our Community of Practice.

All seven respondents (100%) agreed that the model procedure includes all the key elements of a good complaints procedure.

Five respondents, 71%, agreed the procedure was easy to use and would provide nationwide consistency whilst being flexible enough to meet the individual requirements of an organisation.

Similar to pilot sites, some respondents fed back that the model procedure was detailed and would benefit from a simple flowchart for those who do not have time to read the whole document.

Some in the commissioning sector said the model procedure did not reflect how complaints are handled here. During the pilot, we acted on that feedback to produce a tailored version for the sector.

Feedback on guidance

We produced 13 guidance modules during the pilot process. These modules provided practical guidance on key aspects of the Standards and how these could be met, with a particular focus on how staff can use early resolution techniques and how to carry out a detailed “closer look” into a complaint in line with best practice. All these modules are available on our website.

What pilot sites told us

What worked well

Our pilot sites gave us positive feedback on the guidance modules and found them practically useful. We used the constructive feedback we received to improve them and ensure they were relevant for each sector.

Barts NHS Trust told us that promoting a just and learning culture and welcoming complaints in a positive way were the key guidance areas their attention focused on, and the guidance in the framework worked perfectly well for them. Another site said they were clear and understandable. They liked the bite-sized approach and good use of clear headings, which made it much easier to find information.

County Durham and Darlington NHS Foundation Trust told us that moving away from set KPIs to tailored, realistic timescales has had a good impact overall. They noted that such KPIs can simply cause frustration for all as they cannot be realistically met. This has resulted in reduced pressure on the team, leading to better outcomes overall.

What can be strengthened

Overall, we did not receive any concerns about the guidance modules. Pilot sites gave us helpful feedback on some of the details provided, and we used that to strengthen the guidance as we went along. Feedback given was often about what further guidance modules pilot sites felt were needed, such as how to approach difficult or challenging behaviour.

One pilot site commented that the Standards should be clearer about early resolution and its benefits for the formal complaints process. They felt that the Patient Advice and Liaison Service (PALS) should be given prominence in the Standards and made a formal aspect as the front end of complaint management.

In our Early Adopters webinars, staff told us that they would appreciate guidance on “how best to work with the PALS process”. We will look into this further, including working closely with the NHS’s Patient Experience Network to see if we can update guidance.

Selected quotes: what worked well

“Guidance is clear, and we love the modules. There is something to encourage staff to keep good complaint records, and it has improved our understanding of what PHSO will do. I refer to them all the time.” [Isle of Wight NHS Trust]

“We have also found the set of guidance documents very helpful and feel a document offering guidance on complex complainants, particularly those who are unwell, would be beneficial.” [Southern Health NHS Trust]

“The guidance modules...were clear and understandable. [We] liked the bite size approach and good use of clear headings which made it much easier to find information. [We] liked the informal tone that made it less scary (the Ombudsman is seen as formal and ‘scary’), felt this was not preachy.” [Tennant Street GP Practice]

What Early Adopters told us

We did not receive any specific feedback from Early Adopters on the content of the guidance modules, as this was mainly conducted through our engagement with pilot sites. We did not survey Early Adopters on guidance for this reason. During our Early Adopters webinars, we received feedback that the guidance was well-positioned and supportive.

1.2 Did service users in the pilot report a positive experience?

We asked pilot sites to ask service users to feed back on their experience via a themed survey at the end of the complaint. We also asked pilot sites to assess their development of their complaints service during the pilot, using benchmarking feedback from service users from before and at the end of the pilot stage.

In addition, we asked pilot sites to capture relevant feedback from staff who were subject to a complaint that was handled during the pilot period.

Not all pilot sites were able to capture such data. Many sites were unable to get an adequate number of responses from users who had their complaint considered during the pilot process. The pandemic also made it more difficult to put resources into chasing users to give feedback.

Barts NHS Trust reviewed their patients' feedback data over the first quarter of 2022 but did not see any significant changes to satisfaction rates.

County Durham and Darlington NHS Foundation Trust reported that whilst they had a low response rate to the evaluation survey, they had been able to secure two important pieces of feedback:

- the site used the early resolution guidance in a local resolution meeting. The service user fed back that she was positive about the experience, she felt really listened to and has now joined one of the organisations' patient voice groups
- in a complaint about palliative care, the pilot site set up a meeting between the Chief Executive and the complainant, which enabled them to communicate effectively using resolution techniques. It was an emotional meeting that highlighted the main issue was that the complainant felt the Trust had lacked empathy when it handled the matter. The Chief Executive apologised for that, and the meeting helped to resolve the issues in full. They are now devising a course on empathy for staff and have asked the complainant to record a patient story video as part of that.

Southern Health were able to secure good levels of feedback from users to benchmark against before and at the end of the pilot, with positive results including:

- 21% increase in people feeling they have been taken seriously
- 100% increase in people receiving updates before receiving the outcome
- 31% increase in people feeling updates were personal to them.

InHealth told us that some of their complainants reacted positively to the experience in the pilot, with one feeding back "[The manager] was compassionate, understanding, kind and thorough. [They were] very professional and I felt supported during my complaint process." InHealth noted that more of their work was being resolved through early resolution techniques.

Some of the pilot sites received feedback from staff subject to a complaint, although numbers were low. However, staff fed back that they had felt supported and kept informed during the process. Feedback included ensuring that more staff are involved, as staff say they want to be part of the process even if someone else is investigated. Staff also fed back they would like to see the final complaint response when that is sent out.

Southern Health reported feedback from one member of staff, who said: “I was well supported in the process and had a good interaction with the investigating officer and felt my perspective was listened to.”

InHealth reported good experiences from staff members who were subject to the complaint. One said “[the complaint] was discussed in a transparent way and never felt I was put under pressure or offended. It was a positive discussion on improving [ourselves] in detail.”

Tennant Street Medical Practice said they were unable to run their usual patient participation group because of COVID. They sent out some questionnaires, but only received a small number back. However, the feedback was positive in terms of patients feeling able to complain and that their complaint would be taken seriously. All indicated they felt comfortable with complaining and knew how to do so, and that they felt their complaints would be heeded.

Isle of Wight NHS Trust reported that they saw a notable difference in approach in some respects. A few consultants involved in complaints handled during the pilot were initially reluctant to be involved in early resolution meetings (as this was a new experience), but have benefited from the experience. Consultants now pick up the phone to speak to complainants directly more often.

1.3 Did advocacy groups feed back on their experiences within the pilot?

We asked pilot sites to capture both general and case-specific feedback from local advice and advocacy groups in pilot site areas.

The pilot sites reported that they were not able to capture case-specific feedback. However, several pilot sites engaged with their local advocacy groups to seek overall feedback as part of their self-assessment process. Isle of Wight NHS Trust told us that their local advocacy services were supportive, and it was great having them involved: “They supported a lot of mental health complainants and helped Isle of Wight recognise when they were not getting things right.”

Southern Health had good engagement with their local Voiceability services, who gave them valuable feedback on promoting awareness of advocacy across clinicians and senior staff, and how referrals to advocacy could be made as part of the early resolution process. As a result, Southern Health are now exploring how they can offer advocates the opportunity to see and input into their complaint reports before they are finalised.

Sussex NHS Commissioners told us they arrange a monthly meeting with their local advocacy service and used that to get them involved in the pilot in their pilot CCG area. The advocate’s feedback was captured in their self-assessment. Sussex noted this approach helped them identify general trends (particularly in the quality of complaint responses from providers) and ensure that any specific areas of concern could be addressed. Sussex felt that being part of the pilot was helpful “as we can get providers and advocates on same page and show that consistency of approach.”

Tennant Street Medical Practice told us they had previously known little about the local advocacy service, and now intend to have a fuller discussion with them in due course. As a result of the pilot, Tennant Street now add advocacy contact details to their patient fact sheet.

Objective A: Conclusions and longer-term indicators

Overall, we were really pleased to hear positive feedback from staff that the draft supporting materials supported them. Of particular note was the overwhelmingly positive feedback we received for the self-assessment tool, which all pilot sites and Early Adopters found to be extremely helpful. Not only did it help them to reflect on strengths and development areas, but it also helped them to engage with staff, senior leaders, advocacy groups and service users to do that. We were very happy to hear that many of the pilot sites will continue to use the assessment tool as part of their regular approach.

The Model Complaint Handling Procedure also received positive feedback, particularly on how it provided clarity and consistency to staff. Most pilot sites said they would use it in their own processes going forward in some form, and a small number of sites adopted the procedure outright.

Some fed back that the model procedure was too detailed, and they needed more useful “quick reference” materials to ensure busy staff could use it more effectively, which we will take forward.

We recognised that one size would not fit all, and this was reflected in certain pilot sites (notably across the primary care pilot sites). Given the unique nature of the role of the Commissioner (now subsumed into the Integrated Care model), we produced a standalone version for this service, which received positive feedback from our commissioning pilot site and Early Adopters.

We also used this feedback to refine the model procedure further, and to make it clearer that it is not designed to be adopted like for like and can be flexed and tailored to meet individual needs. This was warmly received by our pilot sites. We will look at providing more tailored materials, particularly for the primary care sector.

Feedback on our initial guidance modules was also very positive across all pilot sites. We received excellent practical feedback that has helped us refine these modules further, ready for wider roll out.

The impact of the pandemic, alongside the low response rate, meant we were not able to get significant amounts of feedback from complainants. From what we saw, the initial feedback was very positive – with a significant focus on the impact of early resolution techniques. There was a similar challenge in engagement between pilot sites and the advocacy sector, but feedback in the main was positive.

Longer-term indicators

L1. Majority of staff in pilots reported satisfaction with the materials. This indicator has been met and provides us with great encouragement that the wider NHS will find benefit in the final materials that have been shaped by the pilot.

L2. Staff fed back that the pilot has made a notable difference in improving organisational performance in core areas. We consider this indicator has been met. The feedback from the self-assessment process highlighted how many of the pilot sites used this process to help improve organisational approaches to complaint handling, including more connectivity with staff (notably senior staff) and service users. Most notably, many said that they will continue to use the self-assessment tool going forwards – particularly to find development areas.

Feedback on the supporting materials provided strong evidence that these have the real potential to support staff, especially around early resolution. Staff reported that they felt more supported in this area and most pilot sites said they would develop early resolution as a “stage” in their process. Pilot sites also gave us examples of where they have made changes to their service (improving accessibility to complaining, less reliance on KPIs) which have had a positive impact.

L3. Feedback (from service users) indicates a good level of satisfaction. Due to constraints, this indicator has not yet been met because of low levels of data. This was affected by the ongoing pressures of the pandemic and the low response rates from service users. The data we saw was encouraging – particularly the positive impact of using early resolution techniques, and these early indications suggest that (with time) the supporting materials can begin to have a lasting impact on user experience.

Objective B: Providing high-quality training

Issue:

NHS staff do not get access to effective training in complaint handling.

Objective:

To ensure staff get access to training that is of high quality and provides consistency of approach.

What success looks like:

Staff say they have access to the right training and support.

Staff provide positive feedback on the quality and consistency of training.

Short-term measures:

1.4 Feedback on whether piloted training met needs

1.5 Feedback on the quality of training and materials in pilot

We piloted three training courses with our pilot sites. These consisted of five modules overall:

- An introduction to the Model Complaint Handling Procedure
- Resolving complaints early
- How to conduct a closer look into complaints (broken into 3 modules).

As the pilot was held at the end of the pandemic, certain restrictions were still in place and all training was delivered virtually.

Introduction to the Model Complaint Handling Procedure

This session is an overview of the Model Complaint Handling Procedure, from how to use it step by step to capturing learning and sharing feedback with the team. It was intended as an overview of the Complaint Standards, with further modules going into more detail. This session was offered to complaints teams, or those responsible for handling complaints in their organisation.

Resolving complaints early

This session focuses on finding what people want when they make a complaint, how you can resolve a complaint early and what to do if someone still is unhappy with your investigation. This session was offered to wider members of staff, alongside complaints teams.

A closer look (3 modules)

These modules were only delivered to complaints teams and those responsible in their organisation for carrying out a detailed look into a complaint.

Module 1: this module focuses on what to do when you first receive a complaint, the regulations regarding recording complaints, the initial planning process and managing expectations and timescales.

Module 2: focusing on understanding what you are trying to achieve when you investigate a complaint, how to determine if something has gone wrong using key tests, and the types of evidence to consider and how to reach a conclusion.

Module 3: focuses on what to do if you don't find a shortfall or failing, alongside how to deliver an appropriate remedy when something has gone wrong, and best practice for writing a final response letter and ensuring your organisation learns from complaints.

Training delivery

We delivered over 40 training sessions throughout the pilot period, covering 300 staff.

At the end of each course, we surveyed attendees for feedback on whether it met their needs, the quality of the training, and how we can improve. Not all attendees went to each training course/module.

Overall satisfaction:

- 80% of attendees agreed or strongly agreed that the training sessions increased their knowledge and understanding of how to deal with complaints
- 83% agreed or strongly agreed that the training had increased their confidence and skills in dealing with complaints
- 94% of attendees agreed or strongly agreed that they felt confident in practically applying the skills they had learnt in their role
- 93% agreed or strongly agreed that they were satisfied overall with the training.

% agree/strongly agree	Intro to the model complaint handling procedure	Resolving complaints early	A closer look module 1	A closer look module 2	A closer look module 3
Number of participants	43	137	50	35	35
The training increased my knowledge of complaint handling	79%	90%	94%	100%	97%
The training increased my practical skills	60%	85%	82%	100%	97%
The training increased my confidence in dealing with complaints	71%	85%	80%	97%	91%
I feel confident in applying this training in my role	81%	96%	94%	100%	94%
I will share the learning with my peers	84%	96%	90%	100%	94%
I was satisfied overall with the training	77%	96%	88%	100%	94%
Average	75%	91%	88%	100%	95%

Feedback on how to improve

Attendees were also encouraged to give feedback on how we could improve the training for future users, which provided us with rich learning. We found several themes:

Give more chances for interactivity

As this training was delivered online, some attendees felt less comfortable about speaking up and asking questions in comparison to a face-to-face environment.

Whilst the training included interactive elements (such as the chat function and group discussions), staff asked us to look at embedding further interactive elements into the training. We will build this into future training deliveries, with ideas such as:

- extending time in breakout rooms
- assigning breakout rooms with tasks that attendees report back to the main group
- running a “think, pair, share” activity to encourage small group interaction that then develops into wider group discussions.

Activities like this may help attendees to feel connected to the content and may encourage people to speak up, thus removing the digital barrier.

In addition, attendees asked for more case studies and good practice examples, to help bring a more practical focus to the training.

Offering face-to-face training delivery

Some attendees felt that these sessions would work even better face-to-face. We agree that this is the most optimum method of delivery for any training. Given the potential demand and financial implications, we would need to look into how best to approach this. We will explore with NHS organisations how to ensure maximum attendance at training sessions and the possibility of incorporating training sessions via a wider day-long visit to the organisation, which may incorporate other sessions (such as talks with staff and senior leaders etc.).

Delivering training organisation-wide

Many of the attendees who found the training useful suggested any staff who work with patients and service users should attend this training.

This is excellent feedback and highlights the impact of the training. We will explore how this could be best managed, given we would need to potentially adjust the content to suit a wider audience. We will also explore whether we can deliver “train the trainer” sessions to staff who can then deliver training to their organisation in a comparable way.

Running bespoke training days

The closer look training is separated into modules as it covers lots of complex ground. Modular delivery helps attendees to learn in bite-sized themes and aids retention in that it does not cram in too much detail all at once.

Whilst many saw the benefit of this approach, there were requests for us to consider combining the modules and running day/half-day sessions. Some felt this may be of benefit as each additional module has to include a ‘recap’ introduction because of the gap between sessions.

By combining the modules into a one-day session, people may complete the training at a quicker rate, helping with continuity. However, this would require people to absorb lots of information in a short time, and this may not aid retention (particularly if delivered online).

We will explore this further. It is likely that the Ombudsman could provide all three modules via a day-long training format that is available in person.

Feedback from Early Adopters

Whilst Early Adopters did not attend the training, we received feedback from them on how much they would value it. In our webinars, Early Adopters told us that access to training for their staff would be critical, and if this could be accredited in the future, this would be of huge importance to them. They felt tailored training for all staff alongside complaint handlers would be vital.

Objective B: Conclusions and longer-term indicators

The overwhelmingly positive feedback we received in this area showed that this training could address an immediate need for high-quality training delivered by the Ombudsman. It also highlighted the clear gap many NHS staff were aware of in this area. Despite the incredible pressures on staff at the time, there was considerable demand for this pilot training.

Feedback on the individual sessions we designed also highlighted the substantial interest frontline staff have in being trained in early resolution techniques. Through our engagement with pilot sites, many asked if we could extend the training offer to wider staff, who also felt a real benefit. Overall, these initial results provide good validation for the Ombudsman to become closely involved in training delivery, leading to accredited training and a recognition of complaint handling as a professional skill.

Suggestions for further improvement provided us with food for thought for future delivery, as we anticipate demand for Ombudsman-approved training will be significant.

Longer-term indicators

L4. Majority of staff fed back that training met their need to confidently handle complaints. This indicator has been met through the high scoring given in the feedback from staff.

L5. Staff feedback indicates a consistently high level of satisfaction with the quality of training. This indicator has been met via the high satisfaction scores. We also received positive feedback from our pilot sites about the training at their end-of-pilot interviews.

The pilot provided clear indicative confirmation that Ombudsman-led training can address this specific need.

Objective C: Promoting complaints as valuable learning

Issue:

Organisations too often see complaints negatively and not as a valuable learning tool. Complaints staff feel they are undervalued or not supported.

Objective:

Organisations implement consistent ways to maximise learning from complaints and see complaints positively.

What success looks like

Pilot sites feed back that the Standards helped them to implement effective ways to maximise learning.

Staff feed back on the impact of the Standards on how their organisation approaches complaints.

Short-term measures

1.6 Number of examples during pilot of finding learning from complaints

1.7 Feedback from staff on how their organisations approach complaint handling/learning from complaints

We sought feedback from our pilot sites on this point through our mid-pilot and end-of-pilot interviews with them.

County Durham and Darlington NHS Foundation Trust told us that the pilot helped them to make changes to the way their organisation presented complaints data to their Board. This saw more data being given on all levels of feedback and included details of early resolutions (which had increased in the last year), so the Board could see the full picture of what was being fed back and how Trust staff were resolving complaints earlier and with better outcomes.

County Durham and Darlington NHS Foundation Trust also told us about how they had moved away from strict KPIs on responses and instead focused on giving realistic timescales and engaging with complainants. This has had a huge benefit in morale for complaints staff, as it has enabled them to focus on outcomes rather than deadlines.

They also outlined other actions they are taking forward following the pilot, such as introducing learning tools to record and track action points arising from complaints that go to the Ombudsman. They now hold multi-disciplinary meetings as standard in complex cases to ensure there is a joined-up approach. We also heard about a specific case example where the Trust kept in contact with the complainant about the action they were taking to learn from their complaint, which has had really positive results. They are also using patient video stories to share with the Board to highlight experiences and how the Trust can use these to improve.

Solent NHS Trust have continued to use their existing “Learning from Experience” panels that capture and share learning from all sources of feedback, not just from formal complaints. They gave examples of using this forum to identify issues with local education health care plan processes, which they acted on in collaboration with their local authority to improve services. They too have brought in multi-disciplinary meetings to involve a range of staff in complex complaints and have

developed bespoke training on sessions, such as “effective telephone techniques” to help staff with communication in early resolution calls.

Solent said that the Standards pilot had helped them promote the importance of learning from complaints with all staff. Their Director of Community Engagement and Experience gave them strong support for this work, and they feel empowered to embed the Standards in practice.

As part of the evaluation, Solent introduced “writing champions” a group of staff with an interest in accessible information, communication and letter writing. The champions assist investigating officers (case handlers) in pulling the complaint investigation details into a response letter, quality checking to ensure letters meet the Standards requirements and align with their values. Additionally, Solent use their community partners to audit a sample of their complaint response letters, which gives them an independent review and useful feedback.

Solent also told us: “As a result of the pilot, we are working closely with one of our Services to develop a process where the learning from the complaint is reported back into the PALS and Complaints Service...[so] that the learning from complaints is discussed and actioned within their team meetings. We are developing our Customer Care system (Ulysses) to capture this information into the system so we can revisit actions taken to evaluate if they have been effective or if any barriers have prevented them from being undertaken. This process will then be rolled out to other Services.”

Solent also told us that they have tailored the service user survey to use in their complaint process. They send this out to all enquirers (providing a QR code and weblink for easy access from mobile devices and PCs). Solent also told us that they have used our survey to develop a feedback form with their Accessible Information Lead to assist enquirers who may have a health condition or impairment so they too can feedback on their experience of the complaint process.

Southern Health told us how the Standards have helped them with the just culture implementation plan, which will promote longer-term cultural change and development in implementing a just and learning culture. This includes strengthening their Complaints Panel, which brings together staff to discuss themes and learning points that arise from complaints data, to link in with the Standards, as well as their Annual Complaints Report, which includes anonymised details of learning from complaints.

They have also introduced an outcomes and learning database on their recording system to ensure they regularly record the learning that arises from complaints and how they can use it. Learning from complaints is now monitored weekly in their divisional update meetings.

Spectrum Community Health CIC told us that the emphasis on early resolution has had a positive impact, which is working well in their sector. They have introduced complaint clinics and monthly patient forums to engage directly and hear emerging issues before they develop into complaints. They have also empowered clinical staff across their organisation to proactively seek feedback and resolve concerns sooner in line with the Standards. They noticed how this real and regular engagement has helped significantly in terms of building long-lasting relationships and is helping to reduce the times when concerns turn into complaints.

Sussex NHS Commissioners told us they had restructured their complaints function, merging the team with the quality team to raise the profile of complaints and have a more joined-up approach to governance. They too have ensured learning and outcomes are recorded on their systems so activity can be tracked to subsequent changes and improvements. This had an immediate impact, with more joined-up approaches to ensuring learning is actioned and senior staff taking responsibility for overseeing that.

InHealth told us that they had changed their normal approach to complaint handling through using the Standards. The process had been interesting and difficult and had felt far from what they do day to day but had been worthwhile. They fed back that it had been useful to involve the complainant in their review, which had helped with engagement.

Barts Healthcare NHS Trust told us they had revisited their complaints procedure to release a new version that aligned with the Standards. This now has a strong focus on early resolution.

Isle of Wight NHS Trust told us the whole experience had been valuable, enabling newer members of staff to become engaged in embedding the Complaint Standards. They felt that this pilot had enabled and empowered their complaints teams and had helped to take some of the burden off their local PALS function. Overall, the pilot had really helped to get everybody engaged and participating in how they can strengthen their approach to learning from complaints.

Tennant Street Medical Practice told us that the Standards work has provided assurance that their current system of recording mirrors the principles. They capture details from each complaint and analyse this for trends and learning, which are shared with the practice partners at their weekly meetings. Given the lower numbers of complaints they receive, this will work for smaller GP practices, and demonstrates how the Standards can be used flexibly to reinforce best practice in all organisations.

Conclusions and longer-term indicators

The experiences of pilot sites during this period have been of considerable benefit. Many of the sites were able to give us evidence of tangible action they are taking to act on their self-assessment feedback and raise the profile of learning from complaints in their work. The evidence they were able to provide at the end of the pilot highlighted the huge impact the Standards can have on immediate and longer-term change in this area.

Many pilot sites told us that the focus on early resolution – alongside identifying and acting on learning to improve services and bringing this to senior staff to oversee change – were significant takeaways from their experience of the Standards. A number of pilot sites are either looking at further structural changes to bring their complaints function closer to their governance systems, or have already made solid progress in doing this. We believe this will have a significant impact through raising the profile of learning from complaints and supporting staff to see complaints differently.

Longer-term indicators

L6. Did the pilot show how the Standards can promote an increase in learning activity? This indicator has been met as highlighted by the key evidence above. We were particularly struck by the examples given by several pilot sites of how they had made structural changes to ensure they were capturing and acting on learning, as well as ensuring this was more visible to staff and senior leaders.

L7. Did staff feel that the Standards helped raise the profile of valuing complaints within their organisation? We consider that this indicator was met. For many pilot sites, feedback showed that the Standards had elevated the importance of learning from complaints, and how this work can support staff rather than be viewed defensively. The feedback we received on the self-assessment activity provided significant assurance that the Standards can make a difference – particularly with senior leadership, and we will focus on developing further support for senior staff soon.

We appreciate that not all pilot sites were able to progress this work in their organisations as much as they would have liked. This was largely due to the ongoing pressures of the pandemic, which understandably diverted resources and attention away during important periods in the pilot. The key results we have captured from the remaining pilot sites have shown an encouraging indication that the Standards can have a lasting impact on NHS organisations when they engage with them.

Objectives D and E: Impact of Standards on case durations and staff resource

Issue:

Concerns that the using the Standards will mean complaints take longer to manage and will affect staff time.

Objective:

Standards help to reduce case durations overall over time, due to the emphasis on early resolution and better consistency. Standards also help staff better manage their capacity (through use of initiatives like early resolution).

What success looks like

Pilot shows that the Standards do not disproportionately affect the length of time taken to respond to complaints. Pilot indicates that trained, supported staff are able to handle complaints more effectively.

Short-term measures

2.1 Feedback and comparisons of case durations inside and outside pilots

2.2 Feedback on whether consistency of approach drives better efficiencies

2.3 Feedback on experience during the pilot on staff resource

We used feedback from the pilot sites on whether they felt the Standards disproportionately impacted on time taken.

We also asked pilot sites for any key performance indicator (KPI) information they held (where this was available). Not all pilot sites had access to such information.

County Durham and Darlington NHS Foundation Trust told us that they have a KPI of completing standard cases in 40 days and complex cases in 60 days. In the pilot area, their average duration was 45 days (for standard cases) and 50 days (for complex). This indicated there was no significant impact on durations either way.

County Durham and Darlington NHS Foundation Trust told us that they will try to improve how they capture informal concerns, as they would now record these as early resolutions. They also told us that they had seen no significant detrimental impacts in using the Standards, and they had “allowed staff to be more engaged with the complaints process.”

Isle of Wight NHS Trust told us they do not currently record case durations as their system does not allow this. They aim to respond in 30 working days, although during the pandemic, complaints were taking around 90 days to complete. Following the pilot, they were able to increase timeliness, with 15% of complaints concluded in 30 days, and 80% of early resolutions completed in three working days.

Isle of Wight told us that the Standards training has helped them better record formal complaints, everyday conversations and early resolutions, which has given them better clarity for analysing workload and performance in the future.

Solent NHS Trust told us they had been able to reduce the average complaint case duration from 50 days (in January 2021) to 38 days (in January 2022). They told us that early resolutions were taking around the same time, with a slight reduction.

Southern Health explained that both the Standards and their own improvement project have contributed to better efficiencies. They also told us that they are focused on early resolution, which has seen their complaints figures fall significantly. They said the pilot had enhanced the impact of this trend: “[early] resolution tends to be much more timely than a complaint investigation, meaning that referrers are getting a satisfactory resolution to their issues more quickly.”

Spectrum Community Health CIC told us they saw an increase in early resolutions during the pilot. Average case duration before was 15 days, which dropped to four days during the pilot. Whilst they could not say for certain whether the emphasis/training on early resolution had contributed to this, they said: “what is clear was that staff are becoming more confident in talking to patients and service users, trying to resolve their complaints as they arrive... Feedback from our staff that have attended training has been that ‘nobody has ever taught them how to resolve a complaint properly’ before, or how to deliver such things as a meaningful apology so it has been very helpful.”

Tennant Street Medical Practice said they felt the quality of their responses had improved because of the pilot, although it had not impacted on the length of time it takes to respond either way. They felt they were already doing well to provide timely responses.

InHealth told us that they had to change their way of working considerably, and so it had felt very different to what they had done before, which often saw them issuing a response without contacting the complainant. The pilot meant that staff were now spending more time on complaints than they would usually spend as they were contacting the complainant and giving them updates.

They told us that the experience had been very useful and that they had seen positive results in involving the complainant in their process. InHealth said they could see complainants felt they were being taken seriously and felt closer to the process, and that complainants had liked the experience. InHealth also noted that most of the piloted complaints were resolved at early resolution, and that managers felt this approach supported their patients.

Feedback from Early Adopters

In our webinars, Early Adopters told us that they were “really involved and excited” about the early resolution approach and felt that empowering staff to respond to complaints in this way would save time in the long run, as it would avoid lengthy and detailed investigations.

Conclusions and longer-term indicators

L8. Results show that case durations are not negatively affected by the new process. We consider that this indicator has been met. The evidence we were able to capture from pilot sites was encouraging and provided initial reassurance that the Standards did not disproportionately impact on time taken. In fact, initial evidence from the pilot sites that could provide statistical data indicated that the Standards had begun to make a positive difference. This is largely centred on the emphasis/ use of early resolution, and the examples given showed initial signs of promise. Most importantly, there was no significant feedback that the Standards were disproportionate and would lengthen the time it took to respond to complaints.

L9. Feedback indicates that staff consider the Standards have the capacity to drive efficiencies. This indicator has been met. The feedback given on this section – and throughout all aspects of the pilot report – show that complaints staff see real value in using the Standards to drive efficiencies. Again, this is centred on the focus on using early resolution techniques, but access to training and guidance, and the adoption of other initiatives (for example, the use of multi-disciplinary group work on complex complaint issues, earlier involvement of senior staff, better use of realistic timeframes) also contributed.

L10. Feedback indicates that using the Standards adds overall value to handling complaints effectively. This indicator has been met, and evidence for this is given above and throughout this report – again, the focus is on the added value of using early resolution, training, and a general consistency of approach. We believe the quotation from Spectrum Healthcare staff given in this section best captures the benefit of having structured support in place for staff who interact with patients every day and validates this work.

No other NHS pilot site reported that using the Standards had caused a significant, negative impact on staff resources.

InHealth, our independent healthcare pilot site, reported a significant impact on their staff resources, because of the considerable change they made in how they approached complaints. Given such a change (with more emphasis on engaging with the complainant and seeking earlier resolutions), such impacts were inevitable. We were pleased to see that staff there saw the benefits outside the immediate impacts. They reported more cases resolved earlier, and complainants felt they had been listened to and taken seriously.

Objective F: Impact on regulatory and legal impacts

Issue:

The Standards need to work within the NHS Complaints Regulations or other legal requirements.

Objective:

Ensuring the Standards align with (and support) the NHS Complaints Regulations.

What success looks like

Feedback given during the pilots does not show that the Standards are incompatible with the Regulations.

Short-term measures

2.4 Examples (and feedback) during pilot demonstrate full compliance with the NHS Complaints Regulations

Conclusions

This issue was raised as the draft NHS Standards were being created. To mitigate that, we designed the Standards to work with the NHS Regulations from the outset.

As the pilot progressed, we did not hear of (or receive) any concerns from our NHS pilot sites that the Standards acted in conflict with the Regulations. The pilot indicated that the Standards (particularly through the guidance, model procedure and training) promoted key aspects where compliance with the NHS Regulations was necessary.

Conclusions

- 2.1 The pilot has been a considerable success. It helped us to speak directly to NHS staff about what they wanted to support them in handling complaints, leading to the creation of materials that reflect this need. Ultimately, the pilot gives us the confidence to share and promote these materials across the wider NHS, as they have been tried and tested with peers.
- 2.2 The overall objectives of the pilot were met, despite the continued challenges caused by the pandemic during the pilot period. We heard that the materials we co-produced can provide much-needed support in the short term and have the potential to create long-lasting change in how organisations approach complaints. Pilot sites told us it gave them the consistency and practicality they needed, and helped them to view this area from different perspectives.
- 2.3 Of particular note was the positive reaction to the Ombudsman's initial training offer, and the potential that provides to recognise complaint handling as a professional skill through accredited courses. We also note the clear value pilot sites took from using our self-assessment process. Many pilot sites said they would continue to use these tools as part of their annual appraisal, which we believe will help to reinforce the principles given in the Standards and help organisations to continuously strengthen their cultural approaches to feedback.
- 2.4 We received lots of constructive feedback during the pilot, which we acted on. Key headlines are:
 - staff told us that the Model Complaint Handling Procedure did not fully meet their sector's needs. As a result, we changed the template to simplify some of the areas and make it clear that it can be used as a benchmarking tool and can be tailored to meet individual organisational needs
 - we also created a standalone Model Complaint Handling Procedure for Commissioners, and we will look at whether we need to produce further versions for other sectors
 - staff asked us to simplify some of the sections in the self-assessment tool, and we have done this
 - we received lots of excellent feedback on our training content, which we acted on to refine the training
 - we also used feedback on our guidance modules to strengthen the content and make it relevant to individual sectors
 - we have also identified lots of new guidance areas that we will take forward. These include guidance on managing difficult or challenging behaviour, as well as engaging with the PALS service
 - staff asked us to create guidance and development tools for senior leaders to help them embed the Standards across their organisations. We will be working on this as a priority.

- 2.5 All bar one of our longer-term indicators were met via the feedback we received, giving a strong confirmation that the Standards have the real potential to make a difference in the short and longer term. It was not possible to achieve the level of feedback we were hoping for from service users about their experiences, although what we saw was encouraging. We will promote the importance of all relevant organisations capturing feedback from users on their experience of making a complaint. We will also look at how we can engage with local service user networks, advocacy groups, charities and patient voice organisations so we capture and report on that feedback too.
- 2.6 Crucially, staff told us that using the Standards did not disproportionately impact on their own capacity or resource – with many seeing the benefits (particularly using early resolution techniques). Many indicated that the Standards can have an impact on reducing the time it takes to respond to complaints, and the use of learning to improve services will also have a significant effect on this too. This was an important issue to address, and it was encouraging to see the Standards working for staff and not against them.
- 2.7 The pilot also gave us new ideas. We are grateful for all the excellent suggestions staff gave us for additional guidance or training they would like the Ombudsman to provide. We also saw the benefit of setting up ways for NHS organisations to talk to each other to share issues and best practice via a Community of Practice platform. We recognise that there is no better influence than peer-to-peer learning, and we are committed to using the Standards to get more organisations across the NHS in England talking to each other about complaint handling and supporting each other to continuously strengthen.
- 2.8 We are extremely grateful to all our pilot sites and Early Adopters for their involvement in this important work. We are acutely aware that the pandemic made it difficult to juggle this work with the pressures faced by their own organisations. Whilst not every pilot site was able to participate in all the areas, their feedback and participation have been invaluable in helping to shape this for their colleagues across the NHS, making it relevant to their work. We could not have done that without their input, and we thank them for their efforts.

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complaints
count!**

