

18 December 2017

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Convener of the Health and Sport Committee
The Scottish Parliament
EDINBURGH
EH99 1SP

Dear Convener

Clinical Governance Inquiry Evidence Session of 28 November 2017: CPD and Dignity and respect

At the conclusion of the evidence session, the Committee asked participants for written evidence on two issues: how to ensure all (NHS) staff get the opportunity undertake CPD to keep their knowledge and practice up to date; and how do we ensure dignity and respect are built into the healthcare system.

Continuous Personal Development

I do not have a direct role in providing or resourcing CPD but I have two interests in this.

1. My office inputs to NHS training on the NHS model complaint procedures and learning from complaints. It is important that all staff are aware of their organisation's approach to complaints and have the skills to handle them effectively. Of particular concern to me is how clinical staff are integrated into handling and responding to complaints, particularly in relation to clinical issues and clinical standards.
2. It is common for recommendations we make on complaints to make reference to the need for learning, training and/or reflective practice or personal development. CPD in the context the Committee raised is critical to this as, for public sector improvement to be achievable and sustainable, NHS staff need to have access to learning and development, and the time to attend and reflect on it.

We know that the driver for many complaints is about ensuring learning from experience happens in order to help the NHS improve so others don't have the same negative experiences. Equally, organisations complained about are committed to improvement.

For example, I often highlight in public reports the impact of a breakdown in communications not only between staff and patients but also between different parts of organisations: departmental and clinical/ non-clinical. For improvements to be effective, it is essential that all staff have the time to reflect and learn both individually and as a team in a supportive learning environment. I was, therefore, surprised to learn that it is only the CPD time of doctors that was protected.

While this is not an issue my office has the power to resolve, I strongly support any action which protects time to undertake CPD for all NHS staff.

Dignity and respect

In the months since I have been in this role, I have already seen evidence of the damage caused by a failure to treat patients with dignity and respect. It can have a particularly devastating and long-term effect on the bereaved if their final memories of their loved one are marred by care which was lacking in respect and compassion.

The new Health and Social Care Standards put the patient and their rights at the heart of care standards and that is to be supported and encouraged. The '*SPSO Statement of Complaints Handling Principles*' (approved by the Scottish Parliament in January 2011) includes the requirement to be '*User-focused*' by putting the complainant at the heart of the process. Specifically, the Principles require complainants to be listened to, respected and treated with dignity. Standards, alone, will not change culture. For that to happen, front-line staff also need to feel they are at the heart of decisions both about care and about how the delivery of care is improved. When this does not happen, staff can become demoralised and the quality of care compromised.

I can give a simple example of this from the complaints process. The impact of a mistake or a failure to treat a patient with dignity and respect can be compounded by a response to a complaint which feels cold and bureaucratic to the complainer and I was struck by evidence in the written submissions to the Committee that clinicians themselves have concerns that the quality of complaint responses is affected by a failure to involve clinical staff. This was from the evidence of the British Medical Association:

*"Doctors also receive feedback that the 'corporate-speak' used to answer complaints can affect the public's confidence in the quality of services. Platitudes that fail to answer the concerns raised by the complainant sap confidence in the system and can lead to patients feeling like their concerns have not been truly 'heard'"*¹

and this, very similar concern, comes from the evidence of the British Dental Association:

*"Responses to patient complaints can be delayed and non-specific. Clinicians' feedback is often ignored and a vague (diplomatic) version of the truth is sent back to patients. BDA Scotland is concerned that generic responses are issued with no intention of dealing with the root of the problem."*²

This describes a link between clinicians not feeling heard or involved when a complaint concerning treatment they provided is made, and patients and families feeling they have not been heard when they receive a subsequently bland or "corporate-speak" response. In addition, staff who feel that they are not allowed to respond directly to a concerned patient or relative or that discussions about their own delivery of care are made without them are likely to experience some of the feelings of helplessness that I know was mentioned in oral evidence.

This office has been looking at the question of how staff can be better supported during the complaints process. On 5 December we launched a thematic report with the title '*Making*

¹ http://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/CGOV026_BMA_Scotland.pdf

² http://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/CGOV034_BDA_Scotland.pdf

complaints work for everyone' at a conference held at Queen Margaret University which highlighted research and best practice for supporting staff who have been complained about from across the UK. I enclose a copy of that report³. This includes evidence that supports the proposition that failure to support staff leads to failures to learn from complaints and achieve lasting service improvements, and low morale. I hope the report will help organisations to support staff. I see this report as not an end in itself but the start of further work for SPSO in the future.

Yours sincerely

Rosemary Agnew
Scottish Public Services Ombudsman

Enc. Making Complaints Work for Everyone: learning from complaints

³ It can be found in digital format here: <http://www.valuingcomplaints.org.uk/spso-thematic-reports>