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Thousands of patients, clients and the general public come into contact with health and social care staff on a daily basis. The vast majority of these people are satisfied with the service they receive however a small percentage feel they have cause to complain.

The issue of 'communication' features in a significant number of complaints regarding Health and Social Care (HSC) services.

From April 2014 to end March 2015, the HSC Trusts received 7,015 issues of complaint, of these 877 related specifically to communication and information. If complaints regarding staff attitude and behaviour are included, this number rises to 1,989, which is greater than the number of complaints received

regarding treatment and care.

Of the 230 returns received by the HSC Board regarding Family Practitioner Services (FPS), 59 related to communication. If complaints about staff attitude and behaviour are added to this amounts to 115 complaints of which communication plays a part.

In addition, the HSC Board has heard directly from service users at focus groups, and decided to take the positive step to dedicate its second Annual Learning from Complaints Event to the theme of communication.

This newsletter highlights some of the key themes, messages and learning delivered by each of the speakers at the event. Hopefully, it will be informative and thought provoking, and might influence future interactions with patients and clients and their carers and families.



# Taking the time to talk

*Is taking the time to talk to patient, families and carers a dying art?*

Patrick Keenan, Complaints Manager from the Belfast Trust outlined some of the failings and difficulties with communication, and some of the reasons for this. His presentation demonstrated how his prompt intervention with a family member, in terms of how they were communicated with and listened to, prevented a complaint from escalating. He explained how early intervention and flexibility of approach is a vital tool in resolving complaints quickly and effectively.

Conversely, however, after listening to the very powerful and emotional feedback from two service users who described their complaint via pre-recorded video, it was recognised that early intervention is not an absolute in the resolution of complaints. This particular complaint concerned the treatment and care of the service users' daughter in the week leading up to her passing from pneumonia. As well as describing what had happened during the days leading up to their daughter's death, they also spoke about the meeting they had had with the GP Practice shortly after; what had prompted them to make the complaint; how they felt they had been treated throughout the complaints process and their views on this.

The GP, who had been the subject of complaint, spoke on the day and as well as outlining the symptoms that had been displayed and the treatment and advice that had been given, advised that the patient's death was also a shock to the Practice. He acknowledged that meeting so soon after the patient's death, albeit requested by the family, should not have been regarded as closure. He explained that even though the offer was made to the family to make further contact if and when they wished, the Practice could or should have been more proactive and made follow-up contact with the family. This passing of time would have enabled the family opportunity to try and come to terms with the loss of their daughter, time to grieve and cope again with life and, perhaps, also better understand the circumstances. It would have also given the Practice time to reassess the situation and also be better prepared to explain what had

occurred. There is flexibility within the HSC Complaints Procedure to raise a complaint and in circumstances, such as this, it could or should be utilised to the benefit of all, provided there is agreement to this.

## Things may go wrong when.....

- ☐ There are not enough hours in the day....too many patients....too little time.
- ☐ Staff are not equipped with the right skills to 'deal' with or listen to patients.
- ☐ Patients and/or families are traumatised or bereaved...they may have just received bad news and cannot focus on what is being said.
- ☐ Patients and/or families feel overwhelmed.

## Things that may help.....

- ☐ Listen to what their concerns are....what do they want or need?
- ☐ Understand what is being said and ensure that they understand what you are saying.
- ☐ Ensure that you explain what treatment and/or care is required, or has been/will be received.
- ☐ If appropriate explain what has gone wrong and why.
- ☐ Manage the patient's/families expectations.
- ☐ Early intervention by complaints managers is often a vital tool in resolving complaints.
- ☐ However, if a bereavement has occurred, give the family time to come to terms with the death of a loved one.
- ☐ Arrange to meet the complainant in a place where they feel comfortable to speak freely, e.g. their own home.



respect & dignity



openness & trust



leading edge



learning & development



accountability

## Communication is an opportunity for misunderstanding

Dr David Johnston, a General Practitioner from Maine Medical Practice, outlined the importance of communicating with patients and service users, in a way that is respectful, polite and informative. He emphasised that clear

communication between those involved in a patient's care is a highly important element in determining how individuals view the quality of care provided to them or members of their family. Moreover, he highlighted that, often, complaints regarding clinical incompetence are usually revealed as communications failures. He commented that even certain phrases, however well intended, can spark elements of misunderstanding.

| Phrases to avoid    | Phrases to use  |
|---------------------|---|
| No...               | Yes but....   |
| It's our policy.... | We recommend doing it this way because.....               |
| You have to...      | Perhaps we could try this because I think it will help... |
| You didn't do...    | There may have been a misunderstanding...                 |
| Calm down...        | I know it must be upsetting but...                        |

Dr Johnston outlined that the extraordinary improvement in what medicine is able to do, has led to a shift from the patient being most important, to the disease being most important and that a return to a 'patient-centred' approach would be of benefit. He emphasised, therefore, the need for this 'patient-centred' approach to also be applied to complaints about health and social care. Complaints are about people and should be handled with a degree of openness and flexibility.

### 'Dissonance'

Sean O'Baoill and Mary Lynch, from Mediation NI, introduced the concept of 'Dissonance,' which is defined as a psychological conflict resulting from simultaneously held incongruous beliefs. Their presentation focused on key values when investigating complaints and the importance of language and behaviour.



#### Things may go wrong when...

The response or apology does not meet the complainant's expectations.



#### Things that may help...

We consider the manner in which we communicate - it is not just about communicating the clinical features of the illness, rather what information is needed and what would be helpful. Respond appropriately to the complaint; obtain sufficient or where necessary, an improved explanation of what has occurred; acknowledge fault and regret, and address the root cause of the complaint.

**Note:** Certain key values to reduce dissonance

and encourage conciliation;

- ☐ Be aware of your own reactivity;
- ☐ Ask directly what the complainant wants and don't assume you know what the complainant means by 'apology';
- ☐ Offer only what you can deliver and deliver what you offer; and
- ☐ Seek support for the complainant and yourself.

These principles will assist in restoring relationships between practitioners and patients as well as maintaining trust and mutual respect.

The '5 Languages of Apology' include;

- ☐ Expressing Regret (Saying Sorry).
- ☐ Accepting Responsibility (Admitting wrong or fault).
- ☐ Making Restitution (Making it better).
- ☐ Genuinely Repenting (Explaining what will be different in the future); and
- ☐ Requesting Forgiveness (Restoring Relationships)

[www.5lovelanguages.com](http://www.5lovelanguages.com)



## Alphy Maginness

The Chief Legal Adviser, Business Services Organisation, highlighted how effective complaints handling may prevent matters escalating to legal action and the importance of obtaining 'informed' consent within clinical situations, before any treatment is conducted.

### Things may go wrong when

- ❑ Poor or bad communication, miscommunication or misunderstandings occur between staff, between staff and service users and between patients and their families.
- ❑ The complainant does not accept that they were provided with adequate explanations to their concerns or believe that mistakes have been made, despite explanations given.
- ❑ Mistakes occur... however, a lack of communication or poor quality communication, may exacerbate the situation.
- ❑ Patients' expectations cannot or are not met.
- ❑ Misunderstandings arise from what was said; what was written; the way it was said; the way it was phrased; what was meant, or what was meant by what was said.
- ❑ Meetings between families and professionals who were directly involved in a patient's care, may never resolve a situation and a sense of mistrust may always remain.
- ❑ The proposed treatment, its benefits and the associated risks/complications has not been explained concisely and coherently to the patient.

### Things that may help

- ❑ Treat patients and service users with courtesy, kindness, respect, dignity, honesty, equality and fairness.
- ❑ Ensure that patients and their families are fully aware and understand the situation at the time - patients or their families may have received bad news and may be

distressed which may impact on their ability to focus and understand.

- ❑ If a complainant does not accept the explanation provided, do not simply restate the same information.
- ❑ Use simple language and avoid jargon so that misunderstandings or misconceptions do not occur and manage patients/families expectations.
- ❑ Communicate with patients in a timely and accurate manner which will assist in reducing distress and uncertainty.
- ❑ The Complaints Procedure should be invoked with a 'patient centred' approach – it is not a 'one size fits all' remedy. Complaints are about people and should be handled as such.
- ❑ Everyone is different, therefore, give thought to the best way to respond/ investigate a complaint - first impressions make a lasting impression.
- ❑ Use complaints as an opportunity to improve practice and avoid potentially escalating issues.
- ❑ Take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments.
- ❑ Take account of the patient's abilities and limitations.
- ❑ Invite (with a patient's consent) a third party to assist.
- ❑ Be conscious of the patient's ability to understand English; If the patient is deaf, use an interpreter.
- ❑ Use consent forms in the right format and language.



*To err is human...*  
*To cover up is unforgivable...*  
*To fail to learn is inexcusable...*

**Hugh McCaughey, Chief Executive,  
 South Eastern HSC Trust**

presented “From bad to better”, and emphasised the importance of HSC organisations continually learning from their mistakes and from patient interactions. He highlighted that even if a complaint has not been received, it is of utmost importance that a culture is created within organisations whereby staff identify situations which could have been handled better, thus improving the overall service provided to service users.

When complaints do occur, it is vital that we learn from them to ensure that similar incidents are not repeated. Learning is fundamental in improving the service provided.



Hugh indicated that he felt everybody, should strive to create the right culture within Health and Social Care.

**A Culture of:**

- ☐ **Safety focused on patients**
- ☐ **Openness and transparency**
- ☐ **Patient involvement**
- ☐ **Teamwork**
- ☐ **Local leadership**
- ☐ **Learning lessons**

*In a highly technical environment it will  
 always be the little things  
 that make the biggest difference.*

**Helena McDonald, Lead Nurse  
 Anaesthetics, Western HSC Trust** spoke of her own experiences, whereby she was concerned that the quality of care provided to a patient who had died, and the communication with the family at that time, was not to the standard that it should have been. This example was presented to the Western HSC Trust Board to emphasise the importance of using initiative and striving for high quality care at all times.

Sharing outcomes and improvements with staff and the complainant will help improve public confidence in the value of complaining as well as improving the service provided.

**Things may go wrong when...**

- ☐ Learning arising from complaints, is not disseminated throughout the organisation, between organisations or to the complainant or family members.

- ☐ Staff do not feel comfortable in highlighting situations whereby the care they provided to patients was not to the standard it should have been.

**Things that may help...**

- ☐ Responses to complaints provide all the relevant and pertinent detail.
- ☐ Organisations demonstrate that they learn from complaints and strive to continually improve the service provided.
- ☐ Service users are made aware of any learning or changes to policies and processes that have been made a result of their complaint
- ☐ Recognise when consultations could or should have been handled better, and if necessary provide an apology
- ☐ Encourage staff to highlight examples where the care provided could have been better, thus creating a culture whereby feedback is encouraged and patient experience improved and enhanced.

***“The strength of an organisation is measured not by counting the number of successes, but by its response to failure”***

**Marie Anderson, Deputy Ombudsman/Commissioner for Complaints, Northern Ireland** highlighted the Importance of making an apology and focused on lessons of ‘communication’ from the Ombudsman’s casework. She explained that ‘good administration,’ goes further than procedural correctness or propriety – it includes misleading or inadequate advice; refusing to answer reasonable questions; discourtesy; failure to apologise properly; poor clinical care and treatment; poor record keeping and/or poor communication.

Marie commented that complainants wish to be respected, listened to, provided with an explanation, and where appropriate, given an apology and an assurance that what occurred will not happen again.

The value of an apology should not be underestimated as it can stop a complaint escalating; restore respect and trust; and is the first step in putting things right.

[www.ni-ombudsman.org.uk](http://www.ni-ombudsman.org.uk)



**Thanks...** to all those who supported and attended the second ‘Learning from Complaints’ event, in particular the speakers who attended and contributed to discussion on the day:

Ms Marie Anderson, Deputy Commissioner for Complaints, Northern Ireland;  
Mr Hugh McCaughey, Chief Executive, South Eastern Health and Social Care Trust;  
Ms Mary Lynch and Mr Sean O’Baill, Mediation Northern Ireland;  
Dr David Johnston, Maine Medical Practice;  
Mr Patrick Keenan, Complaints Manager, Belfast Health and Social Care Trust;  
Mr Alphy Maginnis, Chief Legal Adviser, Business Services Organisation;  
Ms Helena McDonald, Lead Nurse for Anaesthetics, Theatre and Intensive Care Service, Western Health and Social Care Trust.



Presentations from the June 2015 Learning Event can be viewed or downloaded in PDF from the Health and Social Care Board Intranet:

<http://intranet.hscb.hscni.net/documents/documents/complaints/>

For further information about HSC Complaints please get in touch with the Health and Social Care Board, Complaints Office, Tel: 028 9536 3893