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Welcome to Management Focus

… and welcome to the January/February issue.

The current NHS complaints procedure was first introduced in April 1996. Three stages for the procedure exist. First is a local resolution stage. If this fails, one can complain to the independent review panel. The final arbiter is the Health Service Commissioner who deals with hardship or injustice. However, the current complaints procedure does not seem to have gained the confidence of service users. The public continue to believe that health professionals devise mechanisms to protect themselves rather than patients.

The key objectives of a good complaints system are complainant satisfaction, fairness to staff and improving services. Nine principles are recommended in order to meet these goals. Find out what these are in our featured article.

Robin Speculand is the founder and Chief Executive of Bridges Business Consultancy Int., a pioneer and global specialist in strategy implementation. Referred to as the "Master of Strategy Implementation" by industry peers, he has written a bestselling book *Bricks to Bridges – Make Your Strategy Come Alive*, which set the benchmark for new thinking in this field.

Robin's follow-up book *Beyond Strategy – The Leader's Role in Successful Implementation*, specifically identifies the actions leaders must take to reverse their staggering failure to deliver on their strategy promises. In this interview, find out what Robin has to say about the inspiration behind *Beyond Strategy*, resisting change, and why many strategy implementations fail.

Finally, our latest issue of *Management Matters* discusses management fashions and why so many of them fail. Read on to find out more.

Remember, log on to our website at **http://first.emeraldinsight.com** to expand on the topics highlighted in this issue of *Management Focus*.

We would like to take this opportunity to wish all our readers a happy and prosperous 2010.

Best wishes,

Debbie Hepton

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Objectives of a good complaints system: improving the procedure within the NHS

The aim of a good complaints system is to investigate complaints with a view to satisfying complainants, whilst being scrupulously fair to staff.

A just system should embrace the objectives both of complainants and of health professionals. Service users should feel that they are being heard and that their concerns are taken seriously. At the same time, the employees must not feel abandoned and get demoralized.

In the first place, complaints procedures should be responsive and aim to satisfy complainants. To satisfy service users, it must be as easy as possible for complainants to make their views known. This should include attempts to reduce potential barriers of class, race, language and literacy. Procedures must be well publicized and understandable to all.

A simple complaints procedure is likely to be more accessible to service users and easier to use by those operating it.

It is equally important that the procedure should ensure that complaints receive a response as quickly as possible.

Patients and their families often show reluctance to make a complaint. They may feel vulnerable and fear that their current or future care would be compromised. Attempts to keep the information confidential will help to alleviate this fear to a great extent.

A multidisciplinary team involving clinicians and managers should

address complaints. However, the procedure should be cost-effective. This is important in the current climate when the NHS is facing huge financial constraints.

A good complaints system not only should be able to investigate but also ought to have the authority to address all the issues giving rise to the complaint. Where the examination finds that fault lies with the public body, the system must have the power to provide appropriate redress. A complainant who remains dissatisfied should be advised of his or her rights to refer the case to the ombudsman where appropriate.

The NHS prides itself in being a patient-focused provider; however, a truly patient-focused service demands patient representatives on health authority and trust boards, being a part of the group conducting spot checks and systematic reviews of health services.

Complaints procedure in UK health care

Before the Wilson Committee's report in 1994, the complaints procedure in the UK lacked uniformity. In 1996, a new complaints procedure was introduced to provide a uniform and patient-centred system. This was further revised in 2004 introducing devolution and formal patient involvement. In 2006, further amendments were introduced.

Three stages for complaints procedure exist. First is a local resolution stage. If this fails, one can complain to the independent review panel. The final arbiter is the Health Service Commissioner who deals with hardship or injustice.

The existing regulations apply to primary care trusts, strategic health authorities, NHS trusts and special health authorities. Foundation trusts can establish their own local level procedures and all independent providers must have clear complaints systems in place.

Does the current procedure meet the objectives of a good system?

The key objectives of a good complaints system are complainant satisfaction, fairness to staff and improving services. In order to meet these goals, the Wilson Committee recommended nine principles:

(1) responsiveness;

(2) quality enhancement;

(3) cost-effectiveness;

(4) accessibility;

(5) impartiality;

(6) simplicity;

> "*It is essential that complaints management is taken at the highest level within NHS organizations, with effective links to wider systems for maintaining quality such as clinical governance, patient safety and professional regulation.*"

(7) speed;

(8) confidentiality; and

(9) accountability.

The NHS *Complaints Procedure National Evaluation,* published in March 2001, indicates that many complainants were dissatisfied with the complaints procedure. Among individuals whose complaint was dealt with locally, only one third believed that their complaint had been handled well. No more than 30 per cent were satisfied with the time taken to deal with their complaint and a majority were dissatisfied with the outcome. A majority thought that the procedure was either unfair or biased and a high proportion found the process to be stressful. Among individuals who had requested independent review, only one-quarter believed that their complaint had been handled well.

In the current practice the focus is very much on formal complaints that are often meticulously recorded and thoroughly investigated. However, informal complaints are hardly ever recorded and therefore the onus is on the complainant to ensure that the complaint has been dealt with appropriately.

The current complaints procedure does not seem to have gained the confidence of service users. The public continue to believe that health professionals devise mechanisms to protect themselves rather than patients.

Although one would expect that services improve by learning from mistakes, this does not seem to happen often. There is a clear increase in the complaints about poor communication between health care professionals and service users in recent years; however, no notable steps were taken to address this. Patients and their families remain unhappy about inadequate NHS funding in several areas such as those for the continuing care of elderly and disabled people.

Despite several reports of dissatisfaction, there are examples of good practice within the existing health care complaints system. In the local resolution process, the chief executive signs the written reply, which is an example of enhanced accountability. Most of the organizations have a written policy, although the service user's awareness of this remains debatable. As directed in the guidance issued by

the Department of Health, providers are incorporating their complaints policy with the local clinical governance department. This helps to monitor the process through regular audits.

Recommendations for improvement

Changing attitudes to complaints so that they are valued for the focus they give and seeing what needs to improve, leading to more positive relationships with patients. Supporting initiatives for this will include customer care training, communication skills induction and development programmes. Systems for inviting feedback and using it to bring improvement should also be incorporated.

Dealing with complaints and concerns positively as an integral part of service provision, so that problems do not escalate unless it is necessary. Supporting initiatives for this will include support for the NHS to get the local resolution stage right, Patient Advocacy Liaison Service (PALS), and providing information about complaints procedure.

It is essential that complaints management is taken at the highest level within NHS organizations, with effective links to wider systems for maintaining quality such as clinical governance, patient safety and professional regulation.

The complaints procedure in the independent sector continues to be in the grey area. There should be clear jurisdiction regarding private healthcare within NHS hospitals. The large raft of legislations governing the independent sector has to be streamlined. Also, there must be clear regulations about unregistered establishments.

The NHS Plan clearly states that patients are the most important people in the NHS. Reforms in the complaints system should be directed towards their needs.

This is a shortened version of "Complaints procedures in the NHS: are they fair and valid?", which originally appeared in *Clinical Governance: An International Journal*, Volume 14 Number 3, 2009.

The authors are Manoj K. George and Renju Joseph.

Beyond Strategy: an interview with

Robin Speculand
Interview by Debbie Hepton

Robin Speculand is Chief Executive of Bridges Business Consultancy Int. and a bestselling author. His latest book is *Beyond Strategy – The Leader's Role in Successful Implementation*.

His work begins once clients have crafted their strategy and are ready to begin the implementation journey.

Robin is a masterful event facilitator and an engaging keynote speaker. Visit **www.strategyimplementation blog.com**

Debbie Hepton: You have recently released *Beyond Strategy – The Leader's Role in Successful Implementation*. Can you tell us about the inspiration behind this book?

Robin Speculand: Our clients. What they are asking us today is what they must do differently to implement their strategy. They get it. They appreciate from the staggering failure rate and the research that a critical mistake has been to focus more on the crafting strategy and not enough on its implementation. They now want to know what they must personally do differently to be excellent at execution and for the organization.

Five years ago I published the best-seller *Bricks to Bridges: Make Your Strategy Come Alive*. It highlighted that nine out ten strategies fail and provided a framework, the Implementation Compass™, to guide organizations through the implementation journey. My new book addresses the specific actions leaders must take.

There are fundamentally two approaches to writing a business book. The first is to publish a theory and then hope that it is adopted. The second is to publish the results of your work. *Beyond Strategy* (and *Bricks to Bridges*) adopted the latter. Working with leaders around the world we identified what the one in ten who was successful was doing differently and the specific actions he/she was taking.

DH: One of the most controversial arguments in your book is that most people within an organization do not resist change. How did you reach this view?

Robin Speculand: Despite popular belief, most people do not resist change – when it is communicated correctly. For years we have churned along with the notion that, when organizations are making large changes, most people resist. It could be from a fear of losing responsibility or stepping into the unknown or trying new things and, as such, we have crafted strategy implementation and people policies based on wrong assumptions.

Bridges' research over ten years and our client work around the world tell us that, when it comes to implementation in an organization, most people do not resist, if the new strategy is presented and communicated correctly. If it is not communicated correctly then, yes, most people resist.

They generally respond in one of three ways – indifference (60 per cent), resistance (20 per cent), or support (20 per cent).

Implementing strategy is difficult. The odds are stacked against us before you even start. We need to make it as easy as possible for the organization to succeed. The 20 per cent who support the implementation (we call Mavericks) come on board more readily than the others. Many of them recognize the need for change without being told the reasons. They see the benefits and immediately start to take action. They create early successes and provide success stories to share.

General Electric uses an approach called the "Vitality Curve". The Vitality Curve, in the shape of a bell curve, identifies the top 20 per cent of performers, the middle 70 per cent and the bottom 10 per cent. GE encourages the top 20 per cent and supports the middle 70 per cent. The bottom 10 per cent find it a very challenging place in which to work.

Cisco CEO, John Chambers, identified that 20 per cent of his leadership team had to leave the organization when they could not make the transition to a collaborative model. He also changed compensation from individualistic to collaborative and forced people to work with others.

Key learning for leaders is that they must support the staff members who support the implementation and that is the top 20 per cent.

DH: In your opinion, what is the single biggest contributor to the enormously high failure rate of strategy implementation?

Robin Speculand: Leaders underestimate the implementation challenge. Most leaders feel that the toughest part of their strategy responsibilities is to craft the strategy. They then delegate its implementation. This is a recipe for failure.

The Rule of Thumb is: 1 X Strategy, 2 X Implementation – if it takes you nine months to create a new strategy, then you need to spend at least 18 months fully focused on the implementation. Organizations that require a longer crafting strategy (due to size or complexity or aggressiveness of the strategy) require a longer time implementing it, for the same reasons. Leaders are responsible for the future of the company not only by crafting the new strategy but also by executing it and delivering on its promises. It is the execution of the strategy that delivers the shareholder value not the strategy itself.

This is a shortened version of *Beyond Strategy*: an interview with Robin Speculand." To read a longer version of this interview visit http://first.emeraldinsight.com

Management Matters

Here today, gone tomorrow?

In the fashion industry it is well-known that trends come and go. Keeping up with them is a nightmare for journalists and consumers alike. Fashion is unpredictable because it can change at any time. Sometimes trends that faded a long time ago can suddenly become the next "big thing."

Imagine that the world of management worked in the same ways. According to some, it already does. If that is the case, then as managers we need to heed a simple warning: the inherent problem in many management ideas plugged as the latest panacea is the issue of *context*. Think for a second about many of the corporate mantras to which we have been exposed over the last couple of decades. TQM, chaos theory, re-engineering, knowledge management, and business excellence are just some that spring to mind. It is reasonable to say that all of them have solid, empirical grounding. So, why are they ever denounced as (prolific wastes) of time and resources? One possible answer is that many of these excellent propositions have been undone by poor implementation through generalization, and the mistaken belief that results can be replicated reliably across any type of organizational setting in any industry.

In an article published in the *Academy of Management Journal*, Professor Robert David of Canada's McGill University asked the question "Why do so many management fashions commonly turn out badly?" The article highlights "excessive drum-beating" by the media, which produces a boom for a new management approach. According to David, as a new idea gains in momentum, "large numbers of generalist consultants, expert at recognizing burgeoning opportunities, jump in to advise firms on implementing the new method, even though these generalists may have little knowledge of its intricacies." Something important appears to be getting lost in translation.

It is easy to take a swipe at management consulting *per se*, but David highlights a significant point: a lack of a recognized *modus operandi*. The arena of management consulting has done "little to set professional standards that begin to compare with those found in medicine, law or accounting." If we take this point on board, do we really want these kinds of "generalists" let loose in our organizations? It is certainly a controversial point, but one worth further study when we take into account that by 2012 the global management consultancy market is forecast to have a value of $318.4 billion (*Datamonitor*).

As managers we need to filter the wider management literature, spot the ideas we think have the potential to deliver real value in our organizations, and adopt them in a systematic, measured way. Of course that is simple to say on paper, but doing so in practice requires mastering many issues including buy-in, communication and follow-up. And, whilst there is much berating of the latest "must do" theories, it is still important to remain grounded and remember that a fad is not always a joke or something superficial; in the words of Thomas E. Clarke, "management fads, like drugs, should also come with a prescription for their use."

If you would like to know more about what Professor Robert David has to say please visit
http://first.emeraldinsight.com/articles/david_fail.htm

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Final thought …

"An organization's ability to learn, and translate that learning into action rapidly, is the ultimate competitive advantage."

Jack Welch

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