

How we manage public feedback

Natalie Swann Research and Evidence Manager

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Link to Areas of the Business Plan Key Drivers:

'Influencing and Impact' 'People's Experiences' 'Research and Analysis' 'Key focus Areas' 'Organisational Effectiveness' and 'People Readiness', along with aspects of 'Contract Management'.

Introduction

It is our statutory role to gather people's views and experiences of publicly funded health and social care services. We use this feedback to better understand the challenges facing the NHS and other care providers locally, to make sure people's experiences improve health and care services for everyone. We also help people to get the information and advice they need to make the right decisions for them and to get the support they deserve.

We use the Healthwatch England (HE) Customer Relationship Management (CRM) database to store public feedback. HE use these data to inform the national view. We extract data from the system for use in reports to both inform our work and to share information with providers - in line with our statutory remit. We revise and anonymise data to protect people's anonymity yet provide enough information to ensure feedback at individual case level drives service improvement. However, while the value is clear, recording this in our database can be quite labour intensive.

Face-to-face public engagement activity stopped at the outset of the pandemic which reduced the amount of feedback we receive and enter onto our system. As such, reporting internally and with stakeholders reduced, ceased, or changed in format, with less opportunity for amalgamated data reports on themes, often being replaced by individual pieces of feedback.

After returning to my role in February this year, the change to the volume and management of public feedback was evident. As such, I presented a case for a review of HC systems and processes used to manage enquiries, public feedback from Have Your Say



(HYS) forms, and database management systems to managers and staff at the March 2021 Team Meeting. In this presentation, I proposed a review not only of the database we use to manage our evidence, but also, the case for a review of the processes we follow for the collection and entry of public feedback into CRM. Additionally, I aimed for us to conduct this review, in consideration of developing more regular reporting of feedback across a wider scope of internal and external/provider reports, and to look for opportunities for more regular training and development of staff in respect of handling feedback and enquiries.

Background

HE CRM: In October 2017, shortly after I took on the role of REM, HE introduced a new taxonomy for theming and coding public feedback. It was introduced at pace to what was still a relatively new database system. The impact of these changes was not well assessed by the CRM developers and HE, and did not permit continuity of data analysis and reporting. As such, we raised a formal complaint with, along with Healthwatch Devon, which was upheld. The lack of national cohesion and inconsistent use of CRM across LHW remains. Although the way we handle and process our data has changed dramatically since then, the CRM system has remained largely the same. Despite challenges with the system, we have developed robust data entry, analysis and reporting processes over the last few years. We know there are other CRM systems in the public domain, but these come at a cost. As such, there has always been a background narrative for considering whether there would be opportunity and budget, to invest in an alternative system, or quite simply, to do what we can to make the most of the system we have.

Concurrently, it became apparent, the HE CRM contract would expire in March 2022 and HE were exploring alternative CRM providers and making changes to the CRM taxonomy. Based on our previous negative experience of taxonomy change, we identified this as a potential risk to our regular reporting processes (internal and external) and business continuity. As such, we wanted to ensure we were able to contribute fully to this review and have been closely involved in HE's consultation about an alternative CRM and taxonomy. Therefore, the Research Team agreed this was an opportune time (while the volume of data was smaller) and in view of these changes, to conduct a review of our CRM and decide a best way forward.

Our Staff: Since 2017, the Research Team has morphed in its staffing structure. This enabled us to move from a haphazard approach to capturing public feedback, to a more rigorous methodology to data management and analysis. While the cessation of our face-to-face engagement activity during Covid-19 has reduced number of HYS feedback forms for data entry (solicited feedback), we have seen an increase in unsolicited feedback which comes in via our website, phonenumber and email. This has brought an increase in the amount of more complex enquiries which prove more time consuming to resolve and have



on occasion, potentially strayed into casework, which uses more staff resource. While complex cases always present opportunities to learn, we had nothing formal in place to facilitate this. Some cases have proven quite distressing to staff and hence, it felt prudent to provide support to our team, while ensuring both consistency in approach, and an opportunity for shared learning - especially for new team members.

Key Outcomes to Date:

We have made progress on a number of critical areas of work included in this review, much of which are captured on the accompanying document: [Research Team Data Management Developments](#).

CRM:

In view of the end of the HE CRM contract on the horizon, we quickly took the decision to postpone the consideration of an alternative system. Instead, we chose to do a number of things to ensure: better outputs for our internal and external reporting function; continuity when sharing public feedback reports with providers; and to influence future CRM development to reduce the risk to continuity of the above.

1. We have worked with the HE CRM Lead and CRM developers to create a bespoke data extraction report that is more fit for purpose and supports our ability to create the reports we need.
2. We have revised and trialled how we anonymise our data, which has reduced the time and resource required for data entry.
3. We worked with HE on the new taxonomy to future-proof our reporting and avoid the risk of impact on business continuity.
4. HE is imminently going to introduce changes to the taxonomy in relation to demographic data, in an aim to increase the volume of demographic data in general. We have reviewed all processes and sources for collecting feedback and implemented changes to ensure greater consistency and collection of this information. This will help us to better understand our reach and influence engagement planning.

Gathering public feedback and Consent:

5. To facilitate '2', we have changed the way we seek and record consent when storing and sharing feedback. This has also reduced the amount of anonymisation required and therefore time needed for data entry. Provider feedback shows this approach is welcomed. It facilitates a response to provider feedback making action and change more likely, as more detail about the individual comment can be accessed. Within the new consent process, people are giving consent up front to be contacted by the provider if needed.
6. The challenges due to remote working have meant our staff and volunteers cannot process paper HYS forms in the same way. We have trialled a number of ways to



capture public feedback to overcome this, including survey monkey and MS forms. We are still exploring alternatives and a new HE survey platform is being trialled which has on and offline capacity, so are watching closely for updates.

Reporting:

7. We have implemented a number of developments to increase internal and external reporting functions, and to prepare for a return to full reporting to providers when the volume of feedback increases in line with engagement activity.
 - a. These reports also feed into the planning and prioritisation meetings in two ways: one of which is to provide detailed analysis of monthly cases and a snapshot of trends for review at the monthly P&P meetings. The other is to prepare an internal, monthly overview report on all feedback, which is a sense check for the P&P meetings, wherein we can identify any bubbling issues and areas of focus for our work for now, and in the future. The reports will underpin strategic planning.
 - b. External reports: one such example is the quarterly report we prepared for the Sept 2021 CFT patient experience group: Experiences of Care Collaborative (ECCo). The NED provided positive feedback at the Quality Assurance Committee in respect of our feedback/reports and has requested a meeting to ensure a process for triangulating feedback with their own, in order to take action forward. This is long-awaited progress with CFT in this regard.
8. To ensure we have capacity to produce reports regularly, we have, and continue to look for ways to streamline analysis and reporting where possible, in anticipation of increased engagement activity and incoming feedback. The next steps are to develop our comms to demonstrate the impact of our work to the public. This aligns to our work on the HE Quality Framework.

Staff learning, training and support:

In the process of completing this work, staff have developed their skills in processing and analysing data both within CRM and once extracted, in order to turn information into insight. Some of this has been formal training, other aspects have been where individual team members have trained colleagues in MS Excel, for example. The scope of this work is such that it has required contribution from much of the wider team, with further training to come in Q3.

Given the increase in complex cases, the team have often reached out to others, particularly Jody and myself, to seek guidance and support. While we are always here to support staff, the ask can be unpredictable and lead to an impact on our own workload. To that end, we have formalised a process for a new, regular meeting: 'Team Talk and Support'. While we have been working in this way informally for some time, our first meeting will take place in November '21, now that all new staff are inducted. The format, which was shaped by staff will provide the opportunity to review complex cases and



discuss public feedback in a supportive environment. The approach will be one of coaching for support, to facilitate long-term learning across the organisation.

In summary:

If a vision for ‘Demonstrating Impact’ as per our Business Plan 2021/22 is to be achieved, it requires the effective management of public feedback, these data, and reliable systems and process which underpin reporting of our work both internally and externally. Ensuring we have effective data collection and management systems and processes in place, in addition to staff development, will further support all seven areas of the Business Plan.

Led by the Research and Evidence team, we have undertaken a variety of projects and conducted work to ensure we are able to manage our public feedback evidence effectively and rigorously, in line with our statutory remit. While much of this change is still relatively new, we continue to seek ways to ensure we can maximise our resources to deliver the objectives of the organisation. This paper seeks to both inform and provide assurance in this regard.

