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GRUMBLES, GRIPES AND GRIEVANCES

THE ROLE OF COMPLAINTS IN TRANSFORMING PUBLIC SERVICES

Richard Simmons and Carol Brennan

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ACKNOWLEDGEMENTS

ABOUT THE AUTHORS

Richard Simmons is Co–Director of the Mutuality Research Programme at the University of Stirling. Over the last decade he has led an extensive programme of research on the use of voice in public services. This includes four studies funded by the Economic and Social Research Council, a Single Regeneration Budget–funded study, and work for the NHS, Scottish Executive, National Consumer Council, Carnegie Trust, World Bank, Co–operatives UK, Nesta and the Care Inspectorate. He also writes widely on these issues for academic, policy and practitioner audiences. His book, The Consumer in Public Services is published by the Policy Press. As well as a series of journal articles in high–quality international journals such as *Social Policy and Administration, Policy and Politics, Annals of Public and Co–operative Economics*, and *Public Policy and Administration*, Richard has written a number of policy–oriented publications and professional journal articles for a practitioner audience. His research interests are broadly in the field of user voice, the governance and delivery of public services and the role of mutuality and co–operation in public policy. The Mutuality Research Programme has acquired an international reputation as a centre of excellence for research, knowledge exchange and consultancy on these issues.

Richard can be contacted at **r.a.simmons@stir.ac.uk** and further information can be found at **www.dass.stir.ac.uk**

Carol Brennan is the Director of the Consumer Insight Centre at Queen Margaret University, Edinburgh (QMU). Carol is an experienced academic and has provided leadership for several research and commercial projects, including the Financial Ombudsman Service, the Legal Ombudsman, the Ombudsman Association, the Scottish Public Services Ombudsman, the Police Complaints Commissioner for Scotland, the International Ombudsman Institute, the African Ombudsman Research Centre, Directorate General Health and Consumers, (DG SANCO), Nesta, and the Care Inspectorate. Her research interests are mainly in the field of consumer policy with particular reference to consumer empowerment, complaint handling and customer service. In addition to this current research on complaints as a driver for innovation in public services for Nesta, Carol is also researching the outcome of complaints for the Care Inspectorate. Her articles are published in national and international journals. Carol is developing the Consumer Insight Centre at QMU as a centre of excellence for research, knowledge exchange, training and consultancy in ombudsman and complaint handling practice and consumer affairs.

Carol can be contacted at **cbrennan@qmu.ac.uk** and information about the Consumer Insight Centre can be found at **www.qmu.ac.uk/be/Research/cic.htm**

EXECUTIVE SUMMARY

Complaints are not often associated with innovation and creativity. When we think of complaints, we tend towards negative association – frustration, failure, poor service, something to be dealt with promptly and filed away. Receiving lots of complaints is seen as something to be wary of, not celebrated.

But getting complaints is much better than not getting complaints – they show that people think it's worth complaining and that they will be listened to, and that they believe that they have power to influence the system. They are a good sign of democracy in action.

A complaint – defined as any expression of dissatisfaction, where a response or resolution is explicitly or implicitly expected – identifies a problem, or at the very least a gap between people's expectations and what was delivered. Though the usefulness of complaints may vary just like any feedback, a complaint can provide important insight on where there is need for improvement or an opportunity for innovation. And with advances in information and communication technologies, making and receiving complaints is becoming more and more commonplace.

How are complaints changing public services? As the services we turn to at times of need such as the death of a loved one, ill health, financial risk or our children's education, complaints in public services are dealt with seriously and systematically. But do they lead to innovation? To what extent do complaints help public services adapt to today's rising and complex demands? How can public services use complaints to listen, and engage with the public as co–producers of better outcomes? How can public services make it easier for people to complain and encourage them to do so?

Public services and the shift to a relational state

It is frequently recognised that public services need to change. People want better outcomes, care about public services and expect them to be delivered well. Our demands and expectations of what public services can and should deliver are rising, in part in response to service innovations in other areas of our lives. New technology is rapidly changing how we access media and the news, how we communicate, how we shop and share goods. The growth of apps and social media tools makes giving feedback a part of everyday life. We expect responsive public services to adapt and change.

As well as rising demand and increasing expectations, there are a number of other drivers changing public service delivery. Budget constraints, demographic changes such as an ageing population, and increasingly complex and 'wicked' social problems such as chronic health conditions, poverty, inequality and climate change, all mean that we need to reassess ways of delivering public services.

The way that public services are currently organised remains largely a legacy of the way the post–war welfare state was designed, along with market–oriented changes of the 1980s and beyond, and an understanding of how best to manage delivery based on targets and centralised control. Despite lots of examples of innovation and moves towards more personalised services, the majority of public services place the public in a passive role, the recipient of relatively standardised and uniform services.

Given the changing nature of demand, public services need to be centred around citizens and responsive to their needs, and work in different ways to engage and involve the public, communities and front-line staff. This implies rethinking and reshaping the relationship between citizens and the state. Public services need to shift from a delivery model to a 'relational' model. This is particularly important in areas of policy where there is a strong relational element such as in family support services, long-term condition management and rehabilitation, where there is a strong case for services needing to be provided 'with', rather than 'to' or 'for'.

What would characterise a relational state?

Old model of public services: **The delivery state**	New model of public services: **The relational state**
Service focused	Outcome focused
One-size-fits-all, standardised, prescriptive	Personalised, flexible, holistic, diverse solutions
Siloed	Joined-up and networked
Closed	Open, transparent, listening, responsive
Focused on cure	Focused on prevention
Services delivered through large institutions	Services embedded in homes and communities
Centralised	Localised
Disjointed service episodes	Services integrated with people's lives
Delivering	Facilitating
Top-down organisational decision making	Recognising insights of front-line staff
Done to: led by professionals, citizens disempowered, passive consumers	Act with: citizens as equal, collaborative partners, active co-producers
Defining people by problems and needs	Starting with people's assets
Little use of information and communication technology (ICT)	ICT central
Delivered within public sector	Delivered by public sector, private sector and third sector

Rising demand and changing expectations of public services, compounded by reductions in public spending and pressures on service budgets, are creating a gap between the public services we want and need and the public services we have. This gap is driving the need for innovation – the development of new products, services and systems that can bring about a shift to a more relational approach.

What is the role of complaints in driving this innovation?

Complaints in a relational state

The number of complaints has been growing in both the private and public sectors. This reflects in part rising expectations and new technologies making it easier to complain, and is not necessarily due to decreasing service quality. However, there is clearly a gap between expectations and experiences.

Common causes of complaint include failure to do something when promised; inefficiency; rudeness; failure to keep individuals informed of changes; inflexibility; unreasonable delay; neglect; inaction; inefficiency; failure to follow policy or proper procedures; unfair discrimination; discourtesy; inconsistency; mistakes of law; giving inaccurate information or advice; or inept, incompetent service, often the result of mere apathy or inattention.

We commissioned Queen Margaret University Edinburgh and the University of Stirling to analyse how complaints have been used to stimulate innovation in public services. Through scanning the literature, searching for examples online and speaking to networks of experts, they have developed a set of case studies that show how complaints can be used creatively to transform outcomes. These are explored more fully in the report. Through this work we've learned how public services can best encourage complaints, act on them, and use them to drive changes in culture and delivery.

Within a 'delivery' model of public services, complaints can instil a reaction of fear in a culture where failure is leapt upon by media and public scrutiny. If there is a culture of closed decision making and information, a complaint can feel challenging and unsettling. If there is little opportunity to engage with those making complaints and develop a shared understanding of issues, relations can become tense.

But complaints are a useful way of stimulating innovation, and are a powerful form of knowledge. Work by the Institute of Customer Service has shown how complaints are useful early warning signs that something has gone wrong, which uncover problems and enable engagement with service users. Complaints can help to:

- Identify and prioritise need.

- Highlight opportunities to change.

- Challenge established wisdom.

- Co-create and co-produce solutions.

- Uncover system failures.

Outcomes of complaint-led innovations

Outcomes of complaint-led innovations differ. They can result in a 'big' or 'small' impacts, and 'few' or 'many' can benefit. In some cases, such as **Tell Us Once**, there is both a big impact and many benefit.

TELL US ONCE

An online service in England, Scotland and Wales. People tell the government – just once – about a person's death. On registration of the death, the relevant government departments and services are contacted automatically. This saves considerably on the emotional and financial costs of bereavement administration.

In others, such as **End–of–Life Care** and the **Methadone User**, relatively few benefit but the innovation has a big impact on those people.

END–OF–LIFE CARE

A complaint about poor communication during end–of–life care provision led to a full review of services across service boundaries. A virtual ward was created. Knowledge about each end–of–life client is held in this area including family contacts; care plans; hospital admissions; and outpatient appointments.

METHADONE USER

An addict complained on the Patient Opinion website as the practice of Friday prescribing, combined with his chaotic lifestyle, meant that he was often left without access to medication over the weekend. The intervention of Patient Opinion helped to overcome cultural resistance and enable a better solution.

In yet others, such as the **Prison Super–complaint**, there may be a relatively small impact but many benefit (in this case the entire prison population in the UK).

PRISON SUPER–COMPLAINT

A complaint about the cost of calls from prisons led to a number of recommendations from the Ombudsman, which were not accepted by the Prison Service. The Prison Reform Trust asked the National Consumer Council to investigate. This resulted in a super–complaint to Ofcom and the costs were finally reduced.

In all these cases, complaints helped to drive innovations that have stuck and made a difference to people's lives through transformational outcomes.

In some cases, what may have started as an innovation with relatively small impact may end up having a much larger one, as innovation is diffused more widely within the system and innovations designed to benefit relatively few end up benefiting many. A good example is **Patient Passports**. This innovation was originally developed to help design better care plans for people with learning disabilities. However, the idea has now been picked up in other parts of the NHS, and patient passports are being developed to support a wide range of health conditions.

PATIENT PASSPORTS

Patient Passports were created as a way to articulate the needs of people with learning disabilities and bridge the communication gap that often exists when patients are admitted to acute services. Patient Passports are now being rolled out in other areas of the health services.

Eliciting complaints

When it comes to eliciting complaints, there are many examples of innovations in online, mobile and citizen–led channels for complaining. Creating innovative online platforms and mobile apps such as **FixMyStreet** for citizens to report problems, or make complaints about services, is a way of anticipating problems and initiating prompts for change and innovation.

FIXMYSTREET

FixMyStreet is a digital intermediary where individuals can upload photos to report problems to their local authority through their phone. It is used by a large number of local authorities in the UK and is a tool for individuals to report a problem rather than having to make a complaint that a problem has not been fixed.

While technology is breaking new barriers in parts of the public sector, many important innovations in the online environment are being led by citizens themselves. **Patient Opinion** is an example of a citizen–led innovation enabling users of health services to join forces and voice their feedback and complaints.

PATIENT OPINION

A social enterprise, founded by former GP, Paul Hodgkin, it has grown from a forum for reporting complaints, to a respected platform for patient feedback. Many registered health organisations are now listening and responding. Some NHS trusts pay for a live feed facility which allows for prompt responses to complaints or suggestions from members of the public.

Forum Theatre in Rotherham brought complainants and providers together for a one–off event to re–enact a complaint scenario that had emanated from Patient Opinion.

FORUM THEATRE

Patient Opinion (PO) took a complaint from the website and brought the complainants into a room with staff and other stakeholders for a forum theatre workshop to consider the patients' experiences and outcomes. Fifty–two people made public 'pledges' about how they would amend their future behaviour.

Whilst there are growing opportunities to change the way we complain, having a diversity of channels to complain ensures that as many people can engage with public services as possible. Ombudsman services provide an important role as 'external' alternative organisations to whom consumers can complain.

Acting on and valuing complaints

Once complaints have been made, how do we ensure that they are acted on and are valued, so that those complaining are satisfied and so that services develop in response? People only complain rather than 'exit' from a service if they think that complaining will be effective and that they will be listened to and that their complaint will be taken on board.

Within a relational model of public services, complaints provide an opportunity to open a dialogue with the public. A relational model means being open to criticism and making it easy for people to complain by seeking and encouraging feedback. It means being responsive in dealing with complaints, responding appropriately, having a culture of listening to what citizens have to say, learning from it and working with them to co–produce better outcomes.

Complaints help identify blind spots in operational contexts, and thereby hold the key to unlocking innovation and improvement. The **Homeless Discharge Project** at Arrowe Park Hospital in the Wirral, shows one such blind spot. The problem had been completely missed by hospitals and councils until it was raised by homeless people.

HOMELESS DISCHARGE PROJECT

Homeless patients were being discharged with little support, resulting in poor health outcomes. They complained about the support both on admission and in relation to early discharge. The local acute hospital worked with the council to fund a link worker to improve the level of support.

Experts by Experience demonstrates what can be achieved with real investment in listening to the voice of individuals. Another example is given by the case of **Experience–Based Design**.

EXPERTS BY EXPERIENCE

Ex–staff members of a care home used the CQC website to complain about abusive practices at the home. An inspection confirmed their complaints, and CQC have since engaged past users of health, mental health and social care services as 'Experts by Experience' to help inspect and report on services.

EXPERIENCE–BASED DESIGN

Cancer patients were dealt with insensitively on receiving their diagnosis. A short film of patients' stories was created then watched by staff and the patients involved. Further discussion prompted the staff and patients to become co–designers in changing the services to best meet patients' needs.

Complaints can also be used to stimulate co–production. In the case of **Dad's Story**, the complaint was used to design training materials that have since been used extensively in the NHS in Scotland to improve the treatment of dementia.

DAD'S STORY

One woman tells the story of having to navigate health and care services on behalf of her father, a dementia sufferer. The video, created by the Dementia Services Development Centre in Stirling, has been widely used in training for staff in the NHS and others with responsibilities for dementia care.

Moffat Community Flood Group provides a different way to achieve savings. Their willingness to co–produce by 'adopting' drains helps avoid the failure of the drainage system and prevent the huge financial costs of severe flooding.

MOFFAT COMMUNITY FLOOD GROUP

The community had repeatedly complained about flooding, and were angry with the agencies not accepting responsibility. They formed a Flood Resilience Group to be pro–active to the threat of flooding. To help reduce the risk, residents have agreed to 'adopt' a drain, notifying the Council if it needs to be unblocked.

A relational model of public services also requires a new approach by both public servants and citizens. Relational skills for public servants are different from traditional models of behavior expected of them:

> *What kind of public servants are good at relationships? Relational approaches require skills that are distinct from those of management and delivery. They require greater empathy, a better ability to see things from the point of view of others, stronger skills in both communication and listening, and skills of mobilisations, including particular skills in how to organise coalitions for change, particularly where the goal is to change cultures. Management becomes as much about mobilisation as about control through the line.[1]*

This is not just the responsibility of the state. If we expect our public servants to be empathetic and to develop their skills to effect cultural change, what should we expect of citizens in return? Clearly not all complaints are equal and some should be taken more seriously than others. Responsible citizens need to refrain from indulgent complaining. For complaints to achieve their potential in helping to stimulate innovation, citizens need to understand that mistakes can happen and to be open to complaints becoming a public act, after which they or others can work to improve services.

Where next for complaints and public services?

We recommend a number of key ways of embedding complaints in a new relational model of public services:

1. **Keep a range of channels open for complaints** (provide choice in the way complaints can be made).

2. **Use new technology to record and respond to complaints** (make it easier to complain; and to collaborate to resolve complaints).

3. **Communicate effectively and give citizens more immediate feedback** (so that they understand how their complaints are being dealt with).

4. **Learn from complaints data alongside other sources of intelligence** (to redesign services).

5. **Inform complainants of the analysis and outcome of complaints** (to improve accountability and give opportunities to collaborate in co–producing service improvement, including important disadvantaged groups).

6. **Lead a culture of openness** (strategic leadership is needed to create a listening culture and staff need support to develop greater sensitivity and relational skills).

7. **Give front–line staff the power and flexibility to quickly resolve complaints and feed into change and innovation** (avoiding processes that formalise complaints too quickly).

1. ICS (2007) Institute of Customer Service, fact sheet series, complaints handling. See: http://www.instituteofcustomerservice.com/files/1.Guidance%20Note%20–%20Complaints%20handling.pdf

We also make specific recommendations for those involved in dealing with complaints about public services at different levels:

- **Government**

  - Introduce a statutory requirement to provide data on complaints.

  - Conduct comparisons across services.

  - Ensure that complaints data is included alongside other intelligence in cross–departmental change.

  - Enable ombudsman organisations to initiate investigations.

  - Promote Parliamentary interest in the democratic insights from complaints.

- **Ombudsman organisations and regulators**

  - Enable knowledge transfer across sectors.

  - Address issues of organisational competence and culture in recommendations.

  - Use scrutiny as a catalyst for service transformation.

  - Communicate positive stories of using complaints to transform outcomes.

  - Create super–complaints for public services.

- **Service providers**

  - **Senior Leaders:** prioritise innovation; use complaints as source of ideas and innovation; create an open atmosphere; and ensure accountability.

  - **Managers:** create an open culture that values complaints; train and empower front–line staff to make changes to improve customer experience in response to complaints.

  - **Complaint specialists:** embrace new technology to make it easier to elicit complaints; use complaints data to stimulate innovation; co–produce solutions with service users.

  - **Commissioners:** include complaint handling as a criterion in awarding contracts; ensure providers embed learning from complaints.

1 INTRODUCTION

Public service organisations are developing a greater appreciation of the value of complaints and are increasingly moving to act on complaints. There is excellent potential to develop new competences and more complementary cultures that foster complaints–led innovation in public services.

Complaints are no longer seen as problems, to be ignored, dismissed or under–valued; but as useful early warning signs that something has gone wrong, which then enable public services to engage with citizens. Complaints processes themselves have been redesigned to ensure that citizens' knowledge is properly captured and incorporated into improvement processes. New technologies are making it easier to collect, organise and analyse complaints. If used effectively, complaints can provide the vital spark for innovation, and to shape innovations to create more open and responsive public services.

This report draws on primary and secondary sources for examples of complaint–led innovation, and sets these within a conceptual framework. A detailed scan identified cases where complaints have led to innovation in the public sector. Examples from the private and third sectors that might be transferable to the public service environment were also explored. The scan included:

- Online open searches.

- Desk research; literature, journals, books.

- Media scan; newspapers, broadcast coverage and social media.

- Networks and Contacts; Ombudsman Association, NCPAS, SPSO, CAS, OFT and others.

Ten in–depth case studies were then identified and semi–structured interviews were conducted with relevant actors to probe for further information on: the overall consequences of the complaint; the costs and savings achieved; user satisfaction with improvements in service; and overall lessons. We also reviewed innovative ways to capture complaints (Appendix 1).

A list of the in–depth case studies is given below. More detailed descriptions can be found throughout the report. These cases provide a range of experiences and examples of good practice. Some affect many; others few. Some were the focus of campaign work and collective pressure; others came from single individuals. Some involve co–production and collaboration between service users and providers; others provided the catalyst that sparked others into action. Some involve improvements for the public in general; others for specific groups.

The cases are varied, but have two things in common: they are all from the UK; and they have all led in some way to a positive outcome for public service users. Links to further details on each case are available in Appendix 2.

Cases	Brief Description	Page
Tell Us Once	An online service in England, Scotland and Wales. People tell the government – just once – about a person's death. On registration of the death, the relevant government departments and services are contacted automatically. This saves considerably on the emotional and financial costs of bereavement administration.	32
End–of–Life Care	A complaint about poor communication during end–of–life care provision led to a full review of services across service boundaries. A virtual ward was created. Knowledge about each end–of life client is held in this area including family contacts; care plans; hospital admissions; and outpatient appointments.	33
Dad's Story	One woman tells the story of having to navigate health and care services on behalf of her father, a dementia sufferer. The video, created by the Dementia Services Development Centre in Stirling, has been widely used in training for staff in the NHS and others with responsibilities for dementia care.	34
Moffat Community Flood Group	The community had repeatedly complained about flooding, and were angry with the agencies not accepting responsibility. They formed a Flood Resilience Group to be pro–active to the threat of flooding. To help reduce the risk, residents have agreed to 'adopt' a drain, notifying the Council if it needs to be unblocked.	38
Homeless Discharge Project	Homeless patients were being discharged with little support, resulting in poor health outcomes. They complained about the support both on admission and in relation to early discharge. The local acute hospital worked with the council to fund a link worker to improve the level of support.	39
Patient Passports	Patient Passports were created as a way to articulate the needs of people with learning disabilities and bridge the communication gap that often exists when patients are admitted to acute services. Patient Passports are now being rolled out in other areas of the health services.	44
Prison Super–complaint	A complaint about the cost of calls from prisons led to a number of recommendations from the Ombudsman, which were not accepted by the Prison Service. The Prison Reform Trust asked the National Consumer Council to investigate. This resulted in a super–complaint to Ofcom and the costs were finally reduced.	45

Methadone User	An addict complained on the Patient Opinion website as the practice of Friday prescribing, combined with his chaotic lifestyle, meant that he was often left without access to medication over the weekend. The intervention of Patient Opinion helped to overcome cultural resistance and enable a better solution.	**47**
Forum Theatre	Patient Opinion (PO) took a complaint from the website and brought the complainants into a room with staff and other stakeholders for a forum theatre workshop to consider the patients' experiences and outcomes. Fifty–two people made public 'pledges' about how they would amend their future behaviour.	**47**
Experts by Experience	Ex–staff members of a care home used the Care Quality Commission (CQC) website to complain about abusive practices at the home. An inspection confirmed their complaints, and CQC have since engaged past users of health, mental health and social care services as 'Experts by Experience' to help inspect and report on services.	**50**
Experience–based Design	Cancer patients were dealt with insensitively on receiving their diagnosis. A short film of patients' stories was created then watched by staff and the patients involved. Further discussion prompted the staff and patients to become co–designers in changing the services to best meet patients' needs.	**50**

This report sets the context for complaints–led innovation in public services. It considers how a combination of higher expectations from citizens and budgetary constraints may lead to an increasing number of complaints and, in turn, a need for service innovation. It then considers the role of complaints as drivers of innovation. It examines the different forms that complaints can take. It sets out a framework for understanding how complaints can help drive innovation, before considering the different ways in which complaints might be elicited, acted upon and valued.

2 COMPLAINTS IN A RELATIONAL STATE

Budget constraints, 'wicked' social problems and out–dated models of public service delivery mean that we need to reassess ways of delivering public services.

In order to meet the complex demands against a backdrop of rising expectations, the public sector needs to shift from 'delivery' to 'relational' models of public service.

Complaints about public services are rising – this is just one indication that public services are increasingly unable to meet citizens' expectations.

But, as well as indicating the need for change, complaints can help drive that change.

To do so, public service organisations need to develop the competences and culture to use complaints effectively.

2.1 The need for change

People care about public services and expect them to be delivered well. Our demands and expectations of what public services can and should deliver are rising, in part in response to service innovations in other areas of our lives. New technology is rapidly changing how we access media and the news, how we communicate, how we shop and share goods. The growth of apps and social media tools makes giving feedback a part of everyday life. We expect responsive public services to adapt and change.

As well as rising demand and increasing expectations, there are a number of other drivers that mean that we need to reassess ways of delivering public services.

Budget constraints

Public sector organisations face relentless pressures to drive down costs. The NHS has to make productivity savings of £20 billion by 2015 (BBC 2012). Cuts in public service budgets have impacted on staff and resulted in more limited resources for front–line services. This situation is unlikely to improve quickly. It may be difficult to close the gap between citizens' expectations and experiences through traditional forms of service delivery, particularly when technological advances add to demand–side pressures.

'Wicked' social problems

It is widely recognised that complex issues such as long–term care of the elderly, obesity and chronic disease, poverty and inequality are overwhelming public services. Successfully managing these 'wicked' policy problems requires a reassessment of traditional ways of working. They require thinking that considers the big picture, including the interrelationships between a wide range of social and demographic factors. They do not sit conveniently within the responsibility of any one public service organisation. They require broader, more collaborative and innovative ideas.

Inadequate models of service delivery

Many public service organisations are struggling to adapt to a more complex world (Design Council, 2006). The way that public services are currently organised remains largely a legacy of the way the post–war welfare state was designed, along with market–oriented changes of the 1980s and beyond, and an understanding of how best to manage delivery based on targets and centralised control. Despite lots of examples of innovation and moves towards more personalised services, the majority of public services place the public in a passive role, the recipient of relatively standardised and uniform services (Hughes, 2011).

 At its worst, service provision may be characterised by:

- Professional delivery using inaccessible 'professional' language.

- Impersonal ways of doing things to people.

- Negative systemic behaviours and cultural beliefs.

- Service design that is not relevant to people's lives.

- A lack of trust, honesty and transparency, on both sides.

- High costs with little or no evidence of positive change outcomes.

- A heavily procedural focus (reporting, risk management, monitoring).

- The attempt to administer, rather than support people.

Given the changing nature of demand, public services need to be centred around citizens and responsive to their needs, and work in different ways to engage and involve the public, communities and front–line staff.[2] This implies rethinking and reshaping the relationship between citizens and the state. Public services need to shift from a delivery model to a 'relational' model. This is particularly important in areas of policy where there is a strong relational element such as in family support services, long–term condition management and rehabilitation, where there is a strong case for services needing to be provided 'with', rather than 'to' or 'for'.[3]

2. P17, Bunt, L., Harris, M. and Westlake, S. (2010) 'Schumpeter comes to Whitehall.' London: Nesta. See: http://www.nesta.org.uk/library/documents/Schumpeter.pdf
3. P23, Mulgan, G. (2012) 'Government with the people: the outlines of a relational state.' In 'The Relational State.' London: IPPR See: http://www.ippr.org/images/media/files/publication/2012/11/relational–state_Nov2012_9888.pdf

Table 1: From the delivery state to the relational state

Old model of public services: The delivery state	New model of public services: The relational state
Service focused	Outcome focused
One–size–fits–all, standardised, prescriptive	Personalised, flexible, holistic, diverse solutions
Siloed	Joined–up and networked
Closed	Open, transparent, listening, responsive
Focused on cure	Focused on prevention
Services delivered through large institutions	Services embedded in homes and communities
Centralised	Localised
Disjointed service episodes	Services integrated with people's lives
Delivering	Facilitating
Top–down organisational decision making	Recognising insights of front–line staff
Done to: led by professionals, citizens disempowered, passive consumers	Act with: citizens as equal, collaborative partners, active co–producers
Defining people by problems and needs	Starting with people's assets
Little use of information and communication technology (ICT)	ICT central
Delivered within public sector	Delivered by public sector, private sector and third sector

2.2 Complaints about public services

Complaints generally arise when organisations fail to meet people's expectations. Every organisation that offers services to the public is likely to receive complaints at some time (Goodwin and Ross 1990). More than half of people now complain all or most of the time if they are unhappy (Institute of Customer Service 2007). People are becoming more demanding, seeking higher standards and quality of service (Cook 2008, Institute of Customer Service 2012). Common causes of complaint include: failure to do something when promised; inefficiency; rudeness; failure to keep customers informed of changes; inflexibility; unreasonable delay; neglect; inaction; inefficiency; failure to follow policy or proper procedures; unfair discrimination; discourtesy; inconsistency; mistakes of law; giving inaccurate information or advice; or inept, incompetent service, often the result of apathy or inattention (Ombudsman Association 2012; Freemantle 1998; Dezatnick and Detzel 1993).

Public service users hold high expectations of service standards and quality (Audit Commission, 2007; Martin, 2012). This reflects the relatively strong sense of attachment people feel to the public services they use (Simmons, 2009). People care about public services; and they care about them being delivered well. They want decent quality, dependable public services, local to them (Simmons et al., 2012). Public service users base

their expectations on two points of reference. The first is similar provision elsewhere in the public sector. One school, or hospital, or refuse collection service should be as good as another. This does not necessarily mean public service users expect the 'very best', or luxury provision – but they are clear about the standards they will accept (Simmons et al., 2012). The second is service standards that people encounter in other areas of their lives. Public services are under ever–greater pressure to match the levels of customer service offered by the best private sector organisations.

In general, users tend to be more satisfied than dissatisfied with public services. Overall satisfaction in Consumer Focus' *Public Sector Service Satisfaction Index* was 76 per cent in 2010, compared to 72 per cent for a similar study of the private sector in 2009. Health services were rated particularly highly. NHS GPs and dentists scored highly in terms of staff attitude and professionalism. This may be attributed in part to the nature of service users' interactions with health professionals and the gratitude they feel when the outcomes of those interactions are positive. By contrast, the lowest–scoring public services were those that people associate with compulsion and negative life experiences – the Child Support Agency and Jobcentre Plus.

However, while the overall level of satisfaction is reasonably high, almost a quarter of public service users are not satisfied. And complaints about public services are rising, which suggests there is an increasing mismatch between their expectations and experiences of service delivery.

Between 2011 and 2012 complaints to the Public Services Ombudsman for Wales increased by 13 per cent; the Scottish Public Services Ombudsman by 12 per cent; and to Ombudsman Services and the Financial Ombudsman Service by 25 per cent. Complaints to the Legal Ombudsman doubled in the same period (Ombudsman Association 2012). The Parliamentary and Health Service Ombudsman (PHSO 2011) received over 15,000 complaints about healthcare in 2010–2011, up by almost 5 per cent from 2009–2010. This continues the general trend since Ombudsman offices were first introduced (Buck et al., 2011).

Similar increases can be found in complaints about front–line services. According to the General Medical Council complaints about doctors in the UK have risen 23 per cent in the past year, continuing the rising trend since 2007. There has been a significant rise in concern about how doctors interact with their patients – complaints about communication increased by 69 per cent and lack of respect rose by 45 per cent (General Medical Council 2012). NHS complaints in Scotland rose by 15 per cent in 2011–2012 to a seven–year high. Table 2 shows some of the available complaints statistics for public services.

Table 2: Complaints in Police Services and the NHS

Police Complaints England and Wales 2010–2011	Police Complaints in Scotland 2011–2012	Complaints to the NHS England And Wales 2011–2012	Complaints to the NHS Scotland 2011–2012	Complaints to the NHS Wales 2010–2011
32,681	4,379	162,129	11,968	8,968
–3% on previous year	+ 4.1% on previous year	+8.3% on previous year	+ 15% on previous year	+ 10% on previous year

The most frequent cause for complaint for national public services was late delivery or slow service. Staff attitude and competence were also frequent causes for complaint for both national and local public services (Figures 1a and 1b). Complaints about staff attitude may reflect a feeling of 'insensitivity' among service users that was an underlying feature in many of our case studies.

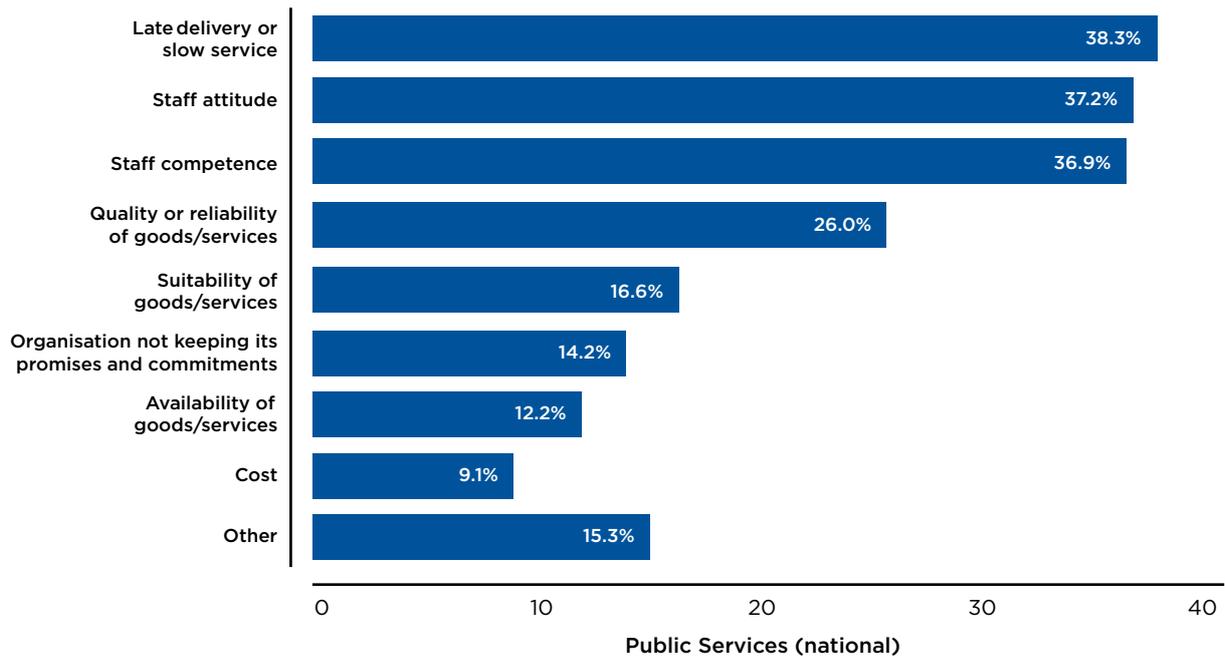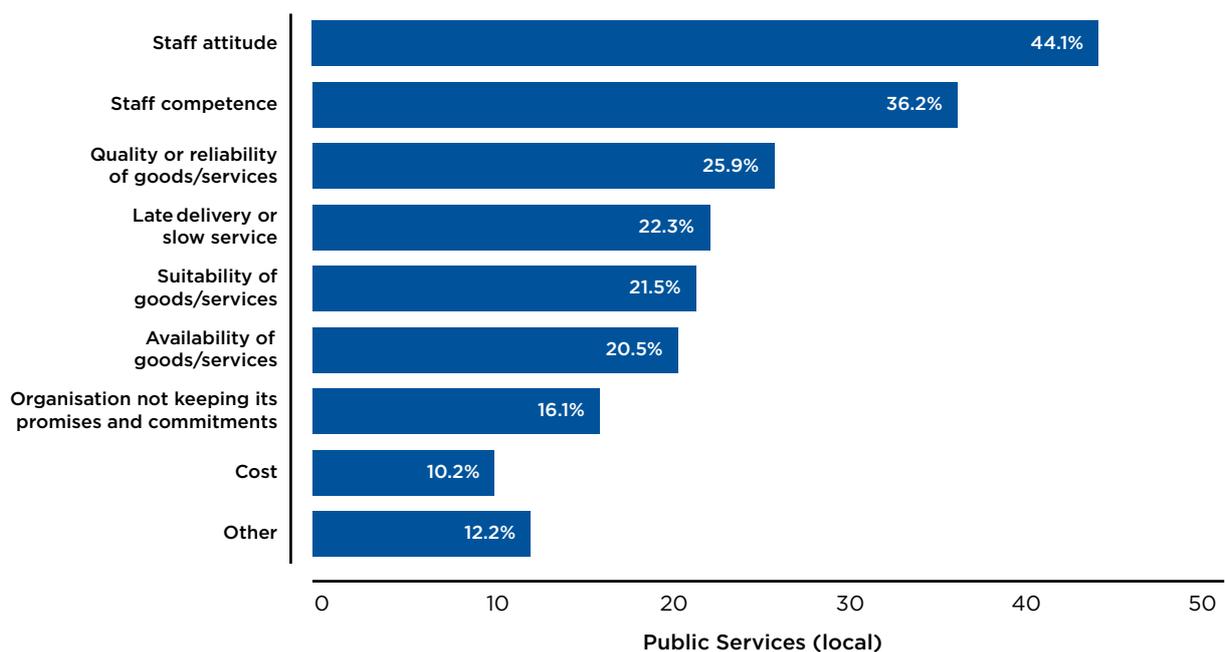**Figure 1a: Nature of Complaints for National Public Services**

Figure 1b: Nature of Complaints for Local Public Services

Delivering what users need is by far the strongest driver of satisfaction with public services (Consumer Focus 2010). Traditionally, needs have been identified by professionals interpreting people's needs and designing appropriate services to meet those needs. However, as Direct Payments and Personal Budgets in social care have shown, the services that users consider to be most important often differ from those considered to be necessary by professionals (Glasby and Littlechild, 2009). Tensions between the 'universalism' of standardised services and the 'particularism' of more tailored services remain unresolved (Thompson and Hoggett, 1996).

High numbers of complaints do not necessarily mean one organisation's performance is worse than another's. It could mean it is proactive in collecting information from citizens and making it easy to give feedback, which often leads to actions that redress issues raised (LSE Public Policy Group 2010). It is now much easier to complain. The Patient Rights Act in Scotland provides patients with new rights to raise concerns about their experience of healthcare services (Scottish Government 2012). The Army has attributed a rise in complaints in part to its new Bullying and Harassment helpline. It welcomes this rise, as it believes it will help it tackle the problem more effectively (Armed Forces Complaints 2011).

Nevertheless, the general rise in complaints may well reflect gaps between people's expectations and experiences of public services; and indicate the need for change.

2.3 Complaints as drivers of innovation

Bason (2010: 37) suggests that 'innovation is more likely to happen in environments that are turbulent and undergoing significant change.' Other commentators have suggested that the current austerity measures, increased focus on customer value and technological advances, necessitate public service innovation (Bessant and Tidd 2012; Bunt and Leadbeater 2012).

Innovation can be driven by: research and development; the need to find productivity efficiencies; globalisation and media applying competitive pressure; demographic change; climate change; crisis; technological advances; and increasing citizen expectations (Bason 2010). In practice, the Audit Commission (2007) found that:

> *… innovations (in public service provision) emerge in response to several drivers, and it is rarely easy to establish a direct relationship between a single specific driver and a subsequent innovation. More often, members will articulate demanding outcomes which will require an innovative response from officers if they are to be delivered.*
> **(Audit Commission 2007, p. 20)**

Within a 'delivery' model of public services, complaints can instil a reaction of fear in a culture where failure is leapt upon by media and public scrutiny. If there is a culture of closed decision making and information, a complaint can feel challenging and unsettling. If there is little opportunity to engage with those making complaints and develop a shared understanding of issues, relations can become tense.

By contrast, in a 'relational' model of public services, complaints are a powerful form of knowledge and a useful way of stimulating innovation.

Complaints show that providers do not have a monopoly on knowledge about public services. Complaints can drive innovation if they are collected, analysed and acted on effectively. This requires public service providers to listen to the complaint(s) and engage with the complainant(s). This may involve dealing with the complaints directly; negotiating with citizens; or working with citizens to redesign services through co–creation, co–production and co–partnership.

The Christie Commission argues that:

> *Scotland's public services are in need of urgent and sustained reform to meet unprecedented challenges... Reforms must aim to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use... achieving outcomes for every citizen and every community.*
> **(Scottish Government 2011)**

Citizens and communities are seen as critical in the UK government's drive to promote 'open' public services (White Paper, Cabinet Office, 2011):

> *The open public services agenda can make a dramatic difference by treating citizens as grown-ups – by giving them greater choice and control; genuine information on outcomes; and a stronger role for their communities. Improvements will be driven by putting the needs of citizens before producer interest.*
> **(HM Government, 2012: 3)**

Some argue the White Paper does not go far enough. The Urban Forum (2011) observes that: 'There is no mention of co-production in the paper or the crucial need for commissioners to have a strong input of service users from all sections of the community'.

Complaints are one means by which citizens can provide that 'strong input'.

The Institute of Customer Service (2007) has shown that complaints can help to:

- Identify and prioritise need.

- Highlight opportunities to change.

- Challenge established wisdom.

- Co-create and co-produce solutions.

- Uncover system failures.

> *Complaints-led innovations may be incremental (tailoring services more effectively), radical (developing new services) or transformative, resulting in new workforce structures, new types of organisation, new relationships between organisations and with a step change in overall performance*
> **(Mulgan and Albury 2003).**

Hartley (2005: 28) identifies seven types of public sector innovation: 'Product innovation' (e.g. new instrumentation in hospitals); 'Service innovation' (e.g. online tax forms); 'Process innovation' (e.g. administrative reorganisation into front- and back-office processes; process mapping leading to new approaches); 'Position innovation'; 'Strategic innovation' (e.g. community policing; foundation hospitals); 'Governance innovation' (e.g. area forums; devolved government); and 'Rhetorical innovation' (new language leading new concepts, e.g. congestion charging).

Public service organisations can use complaints to drive innovation in all the areas identified by Hartley., but to do so they need both the competence and culture to be 'innovation-ready'.

2.4 Using complaints to develop competence and culture for innovation

Table 3 shows how organisational readiness for complaint–led innovation in public services can vary: from unpreparedness where competence is low and cultures are incompatible; to low capability where greater competence is required; and resistance where culture is the most significant barrier. Organisations are only ready for complaint–led innovation if they have a high level of competence and a complementary culture.

Table 3: Variable readiness for complaint–led innovation in public services

		CULTURE	
		Incompatible	Complementary
COMPETENCE	Low	UNPREPAREDNESS	LOW CAPABILITY
	High	RESISTANCE	'READINESS'

2.4.1 Competence

Complaints enable public sector organisations to build competence in three areas:

- Consumer Knowledge Management (CKM)

- Innovation

- Delivery

Consumer Knowledge Management

CKM competence refers to public service organisations' ability to integrate consumer information and knowledge into its everyday processes and operations. This can involve adding context to turn consumer data into information, or giving meaning to that information to transform it into knowledge (Rollins and Halinen, 2005). Turning consumer data into organisational knowledge holds considerable promise to drive both innovation and delivery competence. However, public sector organisations may be better at knowledge acquisition than at the assimilation, transformation and exploitation of that knowledge (Salojarvi and Saino, 2006). There is considerable room for improvement in the use of CKM to stimulate innovation.

Innovation

Thinksmart.com has identified seven core capabilities that make up an organisation's 'Innovation DNA': Challenge, Customer Focus, Creativity, Communication, Collaboration, Completion and Contemplation. Table 4 shows how indicators of readiness in each of these aspects might be understood, as well as the role that complaints can play in helping public services to be more 'innovation ready'.

Table 4: Key Capabilities for Effective Consumer Knowledge–Enabled Innovation

Capability	'Readiness' involves	Role of complaints
Communication capability	Openness Free flow	Evidence of openness
Consumer capability	Understanding their needs	Identifying and prioritising needs Highlighting emerging opportunities
Challenge capability	Exploring new territory Taking risks	Challenging established wisdom Aiding risk assessment
Collaboration capability	Interaction Group/team processes	Opportunities for co–creation and co–production
Creativity capability	Generating possibilities Connecting diverse concepts	Intelligence New insights/perspectives
Contemplation capability	Ongoing evaluation and judgment Maintaining a 'wisdom base'	Innovative visions and judgments Broadening 'wisdom base'
Completion capability	Strong processes Implementation skills	Showing failures/risk of failure

Complaints provide evidence of how open a public service organisation is in its **COMMUNICATION**. As we have stated, high levels of complaints may not be a bad thing. Being open to communication and ensuring it flows freely makes valuable knowledge available to everyone in an organisation, from front–line staff to strategic decision makers. Advances in technology make sharing such knowledge much easier than was previously the case (Belkahla and Triki, 2011). The use of technology is exemplified in the case of the **Moffat Community Flood Group**, where group members, the local council and the Scottish Flood Forum communicate through Twitter and Facebook.

Useful knowledge exists beyond organisational boundaries. This includes knowledge held by the **CONSUMER**. Complaints provide access to that knowledge – although other important channels for user voice in public services, such as political channels and user forums, also exist (Simmons et al., 2012). Consumers are able to identify the services they need most – or at least to define their expectations and preferred outcomes (Ulwick, 2002). Lettl and Herstatt (2004) recommend integrating consumer knowledge into service innovation from the outset. This is particularly important in dynamic, complex public

services such as health and social care, where quick and effective responses to identified needs are required. Organisations that fail to do so risk repeating mistakes, as seen in the **End–of–Life Care** case and **Dad's Story**.

The value of complaints lies partly in their ability to *CHALLENGE* service rigidities and lower resistance to change. In the **Prison Super–complaint**[4] case, for example, it took successive interventions from the prisoner, his legal representatives, the Prison Reform Trust, Consumer Focus and finally Ofcom before the Prison Service relented on the issue. In the **Methadone User** case, it took the mediating influence of Patient Opinion to challenge the service. Challenge can be offered through both persuasion (making an argument) and coercion (attaching potential sanctions to a failure to engage positively with the argument).

Complaints can also promote *COLLABORATION*. Bhalla (2011) argues that private sector companies should talk to their customers because 'they believe they can help companies figure out what they really want'. This applies equally for public services. The trend towards greater collaboration, co–creation and co–production is likely to continue in a world where social media and peer–to–peer discussions through online platforms such as Patient Opinion are becoming an everyday reality (e.g. Barrow, 2012). In many of our cases, collaboration between service users and providers has helped foster innovation. Our **End–of–Life Care** case shows how engaging with the complainant helped to promote a joined–up approach. Organisations worked with the family, which enabled staff to see where the blind spots and issues lay. Ultimately, service user and professional knowledge was combined to develop an innovative solution. The **Forum Theatre** in Rotherham brought users and providers together for a one–off event to re-enact a complaint scenario. Detailed on–going collaboration between the residents in the **Moffat Community Flood Group**, the Scottish Flood Forum and Dumfries and Galloway Council led to a co–produced solution.

The ability to draw on a wider range of perspectives adds to organisations' *CREATIVITY*. Complaints can provide a springboard for creative solutions that may not emerge (or at least not emerge as quickly) from elsewhere. **Patient Passports** provide an example of how creative thinking, drawing on service users and provider knowledge, can lead to new services. The case of **Experience–Based Design** explicitly recognises the need for creativity that combines knowledge from outside public service organisations with internal expertise.

Broadening an organisation's 'wisdom base' holds the potential to enhance its *CONTEMPLATION* capabilities. Complaints can increase an organisation's contemplation capabilities if the organisation has suitable systems to listen, engage and respond. However, keeping service users engaged as contributors is an on–going task; the 'consumer orientation has to be created and recreated continuously' (Rollins and Halinen, 2005). The **Experts by Experience** case demonstrates how service users can be engaged over the long term to evaluate service.

Delivery

All the competences illustrated above underpin public service organisations' capacity for *COMPLETION*, or their *Delivery* competence. More specifically, complaints can help to highlight failures or the risk of failure and raise awareness and illustrate areas for improvement

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4. A super–complaint is a complaint made in the UK by a state–approved 'super–complainant'/watchdog organisation on behalf of consumers.

Complaints about public services most often communicate a personal perspective on service issues; however, they often reflect issues of collective concern (Simmons et al., 2012). Where the risk of further failures appears likely, simple 'service recovery' is not enough. Ninety–four per cent of healthcare complainants questioned by Friele and Sluijs (2006: 106) said they didn't want the incident to occur again and that 'something must change'.

As well as highlighting the need for innovation, complaints may identify what form the innovation should take. Complaints can be a vital way of raising awareness of the key issues and opinions of the citizens, and illustrating areas for improvement that are not immediately obvious to service providers. In our **End–of–Life Care** case, the complainant raised issues that cut across the boundaries of a number of different organisations. Her intervention allowed those organisations to see how their care was being compromised through a lack of joined–up action. Once they were aware of this, they were able to design an innovative service solution to prevent others going through the same experience.

Complaints often provide insight into technical issues. However, addressing complaints from a purely technical perspective is often insufficient. As systems and practices often reflect the underlying values in public service organisations, there may be both 'technical' and 'political' elements to consider. The former places a greater emphasis on trying to find a way to 'do things right', while the latter focuses more on ways to 'do the right things' (Simmons, 2011).

Hoggett (2003: 2) suggests that the public sector has two unique characteristics: 'It is the site for the continuous contestation of public purposes and it is an essential means of containing of social anxieties.' If this is accepted, then it is difficult to justify excluding citizens' perspectives from decisions about public service delivery.
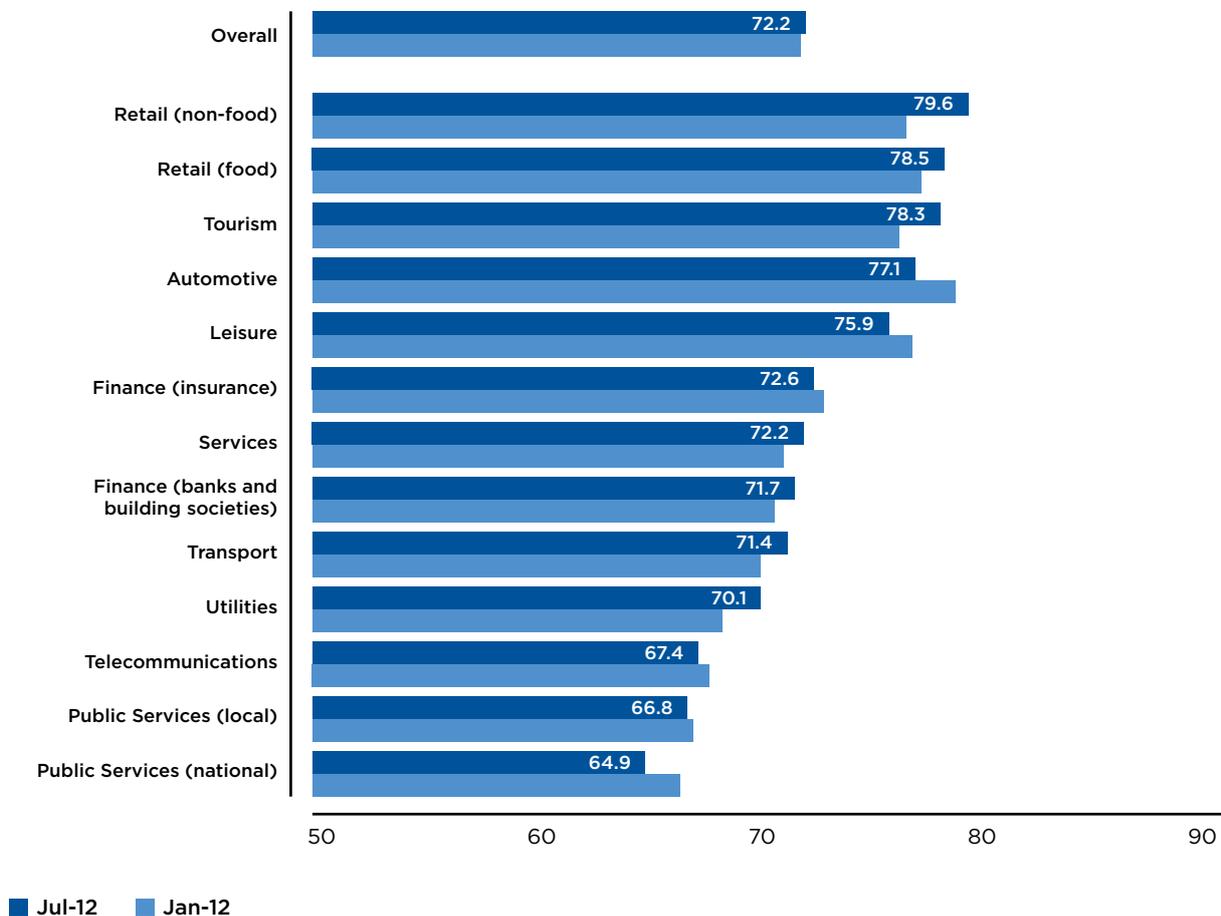
2.4.2 Culture

Willingness to engage with complainants often requires 'a shift in the mind–set of the organisation towards looking at the consumer as a knowledgeable entity' (Gibbert et al., 2002: 463). Some would claim that public services have tended to resist such 'active' perspectives of service users. While there are examples of good practice to counterbalance this view, such stereotypes do seem to have some basis in users' experience (Simmons et al., 2012).

Figure 2 shows the index for satisfaction with complaints. This is based on: how well organisations avoid giving customers a problem in the first place; how happy the customer is with how their complaint was handled; and how happy the customer is with the outcome of their complaint. National and local public services are the lowest scoring sectors.

Comparisons between public and private sector provision often shed the public sector in an unfavourable light. However, such comparisons are not straightforward. Public services are frequently more complex and vital to those reliant upon them. At the same time, the political nature of resource allocation services and the need to ration public services means that a certain level of dissatisfaction is to be expected from those who miss out. Nevertheless, the Complaints Index suggests that public sector organisations currently handle complaints less well than those in the private sector.

Figure 2: Complaints Index for the UK (Institute of Customer Service 2012)

Category	Jul-12
Overall	72.2
Retail (non-food)	79.6
Retail (food)	78.5
Tourism	78.3
Automotive	77.1
Leisure	75.9
Finance (insurance)	72.6
Services	72.2
Finance (banks and building societies)	71.7
Transport	71.4
Utilities	70.1
Telecommunications	67.4
Public Services (local)	66.8
Public Services (national)	64.9

■ Jul-12   ■ Jan-12

Complaints can help shake public sector organisations out of their resistance to change in three main ways. First, there are coercive processes such as action by a regulator. Poor complaint handling and management of complaint information can result in punitive sanctions such as fines or a loss of autonomy. Second, there are competitive processes such as league tables. Poor performance, leading to a lower position in the table, may be followed by exit and a threat to the survival of the service. For many public services where exit is not available, sanctions may involve the enforcement of change by higher authorities such as industry regulators or the Health and Safety Executive. For example, complaints such as the **Prison Super–complaint** are often backed up with the threat of sanctions if nothing is done to address the complaint. Finally, complaints can be linked to collaborative processes such as co–creation.

People need to feel that their complaints will not be met with resistance. Low levels of trust can hinder providers' relationships with their customers. The Edelman Trust Barometer (2011) found that when a company is trusted, 51 per cent of people will believe positive information after hearing it 1–2 times, while only 25 per cent will believe negative information after hearing it 1–2 times. The corresponding figures when a company is distrusted are 15 per cent and 57 per cent. Levels of trust may also influence complainants' satisfaction with the outcome.

In the private sector, the smartest companies use complaints to gain a competitive advantage by developing innovative solutions in response to those complaints. The Internet has made it easier than ever to share complaints with a wide audience and to shop around for alternative providers should those complaints not be resolved satisfactorily. There is a strong incentive to resolve dissatisfaction quickly to provide more effective products and services in the future. It costs almost six times more to gain new customers than retaining existing ones, and up to 70 per cent of people who have complaints resolved satisfactorily are retained by organisations. Satisfied customers mean increased retention, loyalty, reputation, profits and business sustainability (BQF, 2005; Davey, 2011). Good practice is still patchy in the private sector. A recent study showed a third of 160 private sector firms were rated 'poor' or 'very poor' for their consumer experience (Manning and Bodine 2012). Nevertheless, public service organisations may benefit from drawing on best practice in the private sector. For example, some companies are now appointing Chief Customer Officers to serve customers more effectively; technology giant Cisco has a 'director of customer listening'; managers at the hotel chain Accor receive daily customer insights that help them identify and solve problems – these insights are based on comments left by guests on travel websites; and the software firm Adobe holds 'customer immersion days' where it exposes managers to what customers identify as the most infuriating problems they have to deal with (*The Economist*, 2012).

3 DEFINING COMPLAINTS

A complaint is any expression of dissatisfaction made to an organisation where a response or resolution is explicitly or implicitly expected.

Four factors influence complaints: level of loyalty; the intensity, continuity and duration of need for a service; the transparency of service quality; and the availability of exit.

Complaints may arrive in different forms and in different parts of the organisation – from 'minor' problems that are resolved quickly at the front line, to more complex formal complaints.

The nature of the complaint, and the way in which it is delivered, has implications for the response.

A complaint is any expression of dissatisfaction made to an organisation where a response or resolution is explicitly or implicitly expected.

The definition of a complaint used in this report is deliberately broad, encompassing a variety of 'expressions of dissatisfaction' (Barlow and Møller, 1996; Vos et al., 2008; FSA, 2011). It also suggests that complainants seek a response, redress or resolution, in common with other widely used definitions (e.g. ICS, 2010; BS ISO 10001, 2007):

ICS (2010) *"A complaint is when a customer brings a problem to the attention of the organisation and expects some redress, probably over and above simply supplying the original product or service that was the cause of the complaint".*

BS ISO 10001 (2007) *"An expression of dissatisfaction made to an organisation, related to its products or the complaints handling process itself, where a response or resolution is explicitly or implicitly expected".*

## 3.1 Complaints as 'voice' (vs. choice and exit)

Tronval (2007) views complaint behaviour as a process, arising from an unacceptable level of service. Complaints represent one form of 'voice', which can be contrasted with 'exit' behaviours that include switching products or leaving the system altogether (Hirschman, 1970). In some ways, 'exit' is the ultimate complaint. To support this, successive governments have attempted to introduce greater choice in public services (OFT, 2010). NHS Choices has been heralded as a means of giving patients and carers a greater say in healthcare provision (Cabinet Office 2010). However, choice is limited to choosing between providers or locations. Patients and carers still have no choice over how outcomes are achieved. Exit from public services is neither uniform, nor uniformly effective in prompting improvements and innovation. In some cases, exit may not be noticed; for example, when an individual drives rather than uses public transport. In others – such as busy GP surgeries or social work departments – an exit of clients might even be welcomed rather than being seen as requiring a response (Dowding and John, 2012).

This report is not specifically concerned with exit; although in line with Albert Hirschman's influential 'exit, voice and loyalty' framework (1970), it recognises that:

- People are more likely to complain than exit if they feel loyal to the service. In the face of dissatisfaction, loyalists will keep a watchful eye on standards (service recovery and improvement) and help search for creative solutions (innovation) (Simmons et al., 2012).

- Even if they are unable to exit, people are more likely to complain if the duration, frequency or intensity of their service use is high, or if it is a high priority to them (Simmons and Birchall, 2005; Simmons et al., 2012).

- Complaints are more likely if people have effective ways to judge service quality (Simmons and Birchall, 2005).

- The ability to exit may allow complainants to exert a stronger influence on service delivery, as service providers perceive the need to act in order to keep them. The argument that 'choice gives power to voice' has been advanced in relation to public services by Julian Le Grand (2007), among others.

Accordingly, we identify four interacting factors that may influence complaints (Figure 3). Two are 'consumer–related': the level of loyalty; and the intensity, continuity and duration of need for a service. Two are 'service–related': the transparency of service quality; and availability of exit.

Figure 3: Adapted from Simmons and Birchall (2005: 264)
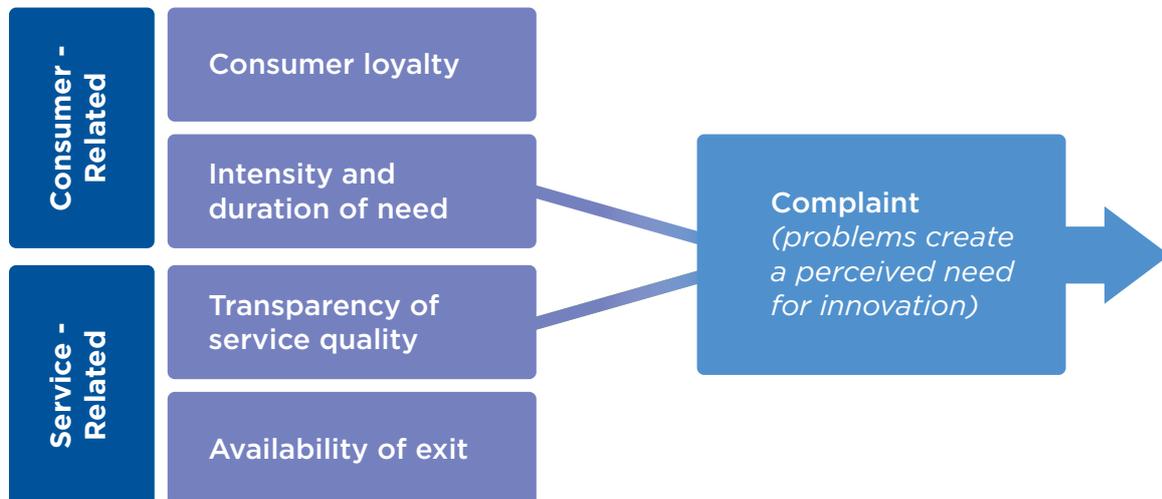
Choice remains generally more limited in the public sector than in competitive private sector markets (Clarke et al., 2006; Greener, 2008). Public service users often have little power of exit. It is therefore particularly important that they are given a voice if their interests are to be adequately taken into account. Voice may be prompted by dissatisfaction with service provision. However, it may also be prompted by the desire to develop service provision, whereby service users and providers engage in a process of co–production. Voice, including complaints, has an important role in improving service provision (Simmons et al., 2012).

3.2 Different forms of complaints

There are many ways in which people complain – for example verbally at the time of the experience to the organisation, or afterwards to peers. Many complaints go unrecorded (Simmons et al., 2012). Complaints may arrive in different forms and in different parts of the organisation – from 'minor' problems that are resolved quickly at the front line, to more complex formal complaints. The nature of the complaint, and the way in which it is delivered has implications for the response.

Let us first consider complaints that are dealt with at the front line. We would expect most complaints to be delivered this way. While most are likely to be relatively 'minor', their volume means that they may also represent some of the most costly problems faced by the organisation in the long run. Yet the recording of these complaints is often poor, providing a stumbling block to identifying the root causes of dissatisfaction. Clearly there are resource implications in capturing this information. However, it is now increasingly recognised that organisations lose many opportunities for challenge and change if they are not fully aware of the systemic issues highlighted by a large volume of 'minor' complaints. If such complaints can be aggregated and analysed, they can provide valuable knowledge for innovation. For example, the Tell Us Once case shows how large numbers of low–level complaints can lead to significant positive innovation.

This area holds significant potential for the public sector, and one where regulatory control may eventually follow that of the private sector. In December 2011, the FSA fined Combined Insurance Services of America in the UK £2.8 million for various failures, including complaint handling practice. The FSA argued that complaints were subject to neither quality checks (to check that CISA customers got fair outcomes) nor root cause analysis (to ensure better future performance). Good practice may dictate that public services will be required to respond in similar ways in the future.

Other complaints may derive from a single contributor, or limited number of contributors. These complaints may be fewer in quantity but they are also a very useful source of information. Recording of these complaints is generally better, and many of the cases in this report are derived from this type of complaint. A common factor in these cases is the way that user knowledge has been assimilated, transformed and exploited (see for example the following cases: Patient Passports; Dad's Story, and End–of–Life Care). Belkahla and Triki (2011) speak of 'consumer knowledge–enabled innovation' (CKEI) as the capacity of organisations to drive change through the effective management of consumer knowledge. Good practice in CKEI appears rare. However, the examples below demonstrate that it can have profound effects.

Tell Us Once – Department for Work and Pensions (DWP) and Wolverhampton Bereavement Centre

This innovation began with a complaint from one man whose elderly father was fatally knocked down by a car outside the local post office. His mother attempted for months to cancel her late husband's pension, passport and so on. This frail and grieving widow repeatedly received inflexible responses from the authorities as they demanded the same documentation at the same time, creating a never ending circle of bureaucracy. The final straw came when she had to go to the post office in person to cancel her husband's pension; the same post office where her husband had died. Her distressing story mirrored that of many bereaved people across the country and it informed the development of Tell Us Once (TUO).

This prompted the DWP to lead a partnership of central and local government departments and services to reduce the stress and anxiety faced by the bereaved. Wolverhampton City Council participated in the first pilot of this new approach, building on local initiatives, such as the Wolverhampton Bereavement Centre. Wolverhampton residents may now simply call the contact centre to register a death. They will be given information about the TUO service that removes the need to notify a number of different government services about the death.

In March 2012 a new online service for TUO was introduced in England, Scotland and Wales, which helps people tell the government – just once – about a person's death. Following registration of the death, the registrar will give the person a unique TUO reference number to provide details of the death certificate, National Insurance number, date of birth and any information about benefits. The relevant government departments and services will be contacted. Depending on circumstances these may include Adult Services; Children's Services; Council Housing; Council Tax Office; Disability and Carers Service; DVLA (driving licence agency); HM Revenue and Customs; Passport Service; and the Pension Service.

The innovation resulted in shorter processes and savings from avoiding overpayments. There was a high emotional and social impact which led to citizen satisfaction. The benefits to citizens are significant; the bereaved no longer need to worry about erroneously receiving their deceased loved ones' pensions, only to have to pay back the money at a later stage.

> *It isn't just strikingly obvious; it's also a fine example of innovation and best practice, a dynamic and inspiring model of how central and local government can work in true co-operation to achieve benefits for themselves and their customers. I'm confident that others can take heart from our progress and start work on their own innovative projects, safe in the knowledge that a co-operative and willing spirit does exist within government, and that any boundaries and prejudices can be smashed with the hammer of a great idea.*
> **Matt Briggs, Programme Manager of TUO**

The financial benefits to citizens are expected to total £66 million over the next ten years, while central and local government will save £192 million over the same period. But perhaps the greatest benefit is the reduction in distress.

End–of–Life Care: SEQOL, Swindon

The daughter of a woman who had died complained about lack of communication with her and her family about her mother's end–of–life care. This resulted in their wishes not being taken into account. The healthcare professionals involved had a meeting with the family and recognised that the care plans were not robust enough. There were problems with the format/template, which was jargonistic and unfit for purpose. Unsurprisingly, therefore, it had not been completed in full.

The commissioners established an end–of–life steering group to look at the issues and see how things could be improved and joined up. This resulted in end–of–life care being set up as a new 'virtual ward' to be located within SEQOL, with a ward clerk to co-ordinate activity. The knowledge about each end–of life client is held in this area including the location of the family, where the care plan can be accessed, information about hospital admissions and any outpatient appointments. Community matrons

manage the ward. Now, even when the client on the ward passes away, support from health and social care staff is maintained as appropriate for the family.

This complaint sparked people's ideas across organisational boundaries – the care provider, the acute hospital trust and the local hospice. Professionals started to see things from the family's perspective and turn their own perspective around. The question was asked: 'if you were in their position, how would you be feeling?' The manager assessed the meeting with the family as "really important" and reported that it "made the difference".

Furthermore, the ability to respond and take ownership was easier because SEQOL is a social enterprise with employee ownership. This has meant that staff, "take greater ownership for their behaviours" because as owners of the enterprise "we can't blame it on the system – we are the system". This is an excellent example of co–creation and co–production that added functional, social and emotional value for all involved.

Dad's Story: Dementia Services Development Centre, Stirling

The daughter of a man suffering from dementia was unhappy about his care. She produced a short, emotional video to capture his experiences of being pushed from one service to another, and her experiences of having to tell the same story about his condition to many different people at every stage of the process. The video was put onto a DVD by the Dementia Services Development Centre at the University of Stirling and incorporated into a training resource pack. Over 1,000 packs have been distributed throughout the NHS in Scotland. A further 1,000 copies have been sold, some to carers and families, to help with their understanding of the issues around dementia. A second edition of the pack, with two additional stories has been produced and is now in distribution.

This innovation arose from the experiences of one individual who was frustrated by the inability of healthcare professionals and carers to treat her father with dignity. Her collaboration with the Dementia Services Development Centre led to the co–production of a valuable resource. 'Dad's Story' has effectively engaged those involved in dementia care at community, local and national level. This can be a very confusing time for patients and a critical time for healthcare professionals to provide the best and correct care. The video has been used in countless training sessions and seminars and has been credited with a change of attitudes and behaviours by staff within acute hospital settings and beyond.

Having considered the nature of complaints, the next chapter develops a framework which sets out how complaints can drive innovation.

4 A CONCEPTUAL FRAMEWORK

Our conceptual framework shows how

...listening to, engaging with and responding to complainants via effective consumer knowledge management

...enables public sector organisations to use complaints as 'innovation inputs'
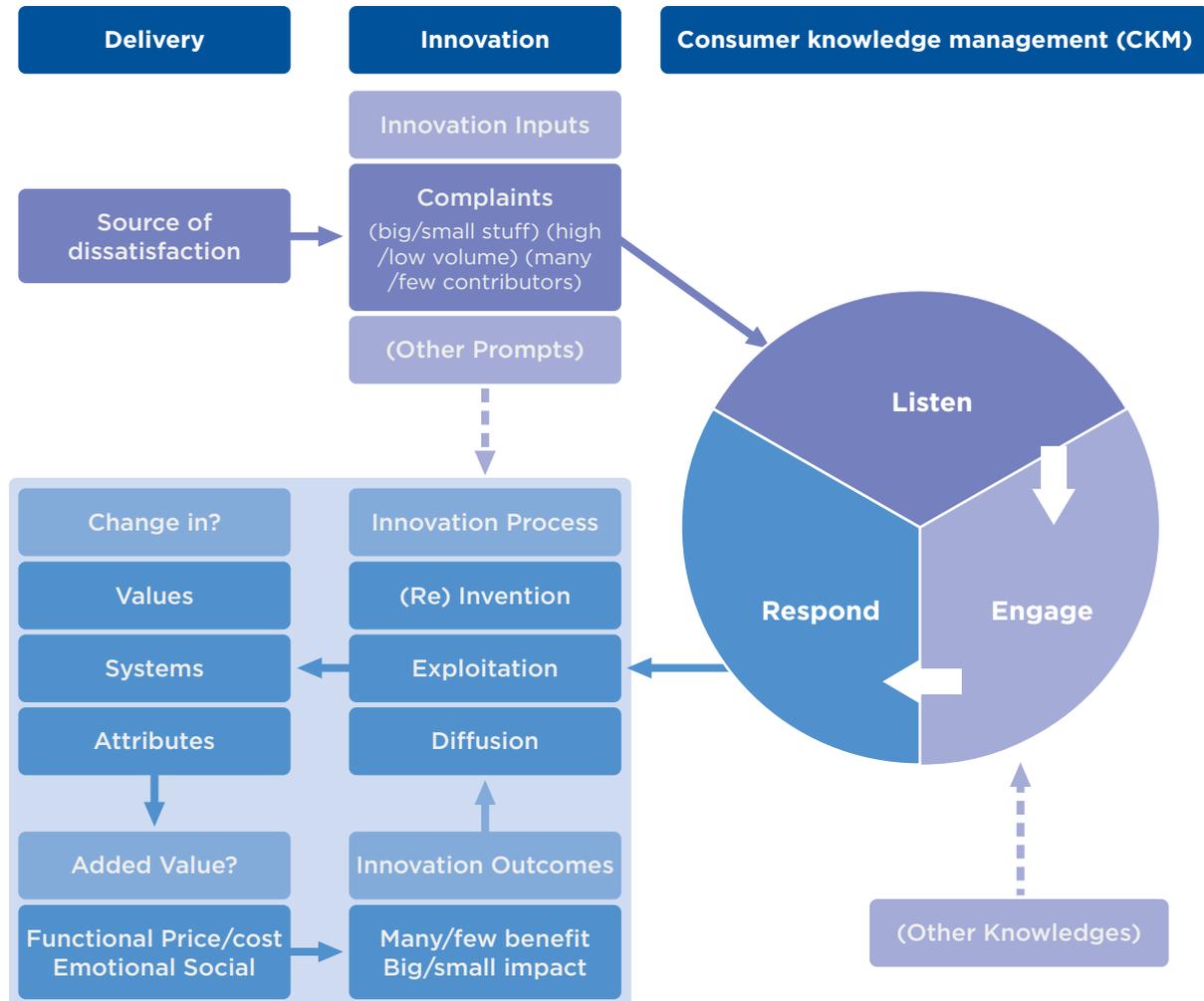
...that can feed into the 'innovation processes' of invention, exploitation and diffusion

...which in turn drive changes in service values, systems or attributes

...and generate added financial, functional, social and emotional value.

Our conceptual framework for complaint–led innovation is shown in Figure 4. The framework builds on the competences outlined in Chapter 2 – 'Delivery', 'Innovation' and 'Consumer Knowledge Management' (CKM), and illustrates the dynamic relationships between them. It shows how listening to, engaging with and responding to complainants via effective CKM can draw complaints ('innovation inputs') into the 'innovation processes' of invention, exploitation and diffusion; while those 'innovation processes' drive changes in service values, systems or attributes.

Figure 4: A Conceptual Framework for Complaint–led Innovation

Delivery	Innovation	Consumer knowledge management (CKM)

Innovation Inputs

Source of dissatisfaction → **Complaints** (big/small stuff) (high /low volume) (many /few contributors)

(Other Prompts)

Change in?	Innovation Process
Values	(Re) Invention
Systems	Exploitation
Attributes	Diffusion
Added Value?	Innovation Outcomes
Functional Price/cost Emotional Social	Many/few benefit Big/small impact

Listen

Respond   **Engage**

(Other Knowledges)

4.1 Complaints as innovation inputs

Public services must decide whether complaints indicate a drop in standards that requires simple service recovery, or highlight a problem that demands service redesign. Complaints that can be dealt with through service recovery may require minimal innovation; by contrast, complaints highlighting the need for service redesign may require significant innovation. For example, complaints led the **Moffat Community Flood Group**, the Scottish Flood Group and the Scottish Flood Forum to develop the 'Adopt a Drain' scheme. This co–produced initiative was an innovative response to people's complaints about their experience of an extreme situation.

The nature of the complaint itself is important in leading innovation (cf. Leadbeater, 2011). Some complaints may relate to large, low–volume transactions, prompting innovation that saves £50,000 per transaction, but may only be activated infrequently; or they may relate to small, high–volume transactions, prompting innovation that saves £5 per transaction, but is repeated in hundreds of thousands of transactions every year.

Some complaints, such as the **End–of–Life Care** case, are immediately powerful and acted upon swiftly by the service provider; others are not so immediately powerful and providers are only prompted to act when complainants 'turn up the volume'. This might be achieved through combining complaints', as in the case of **Patient Passports**, where MENCAP organised a successful campaign; or by enlisting the support of powerful advocates, as in the case of the **Prison Super–complaint**.

4.2 Listen, Engage, Respond

Complaints can only drive innovation if providers have effective CKM – that is, if they 'listen, engage, respond' effectively (adapted from Bhalla, 2011). Good listening is a key facilitating factor for CKM (Simmons, 2011). It requires both willingness and aptitude, which are not found widely enough in the public sector (Bichard, 2000). This willingness and aptitude is not prevalent in traditional service models that do not recognise service users as having legitimate and distinctive knowledge that can contribute to service innovation. The **Homeless Discharge Project** case provides an inspiring example of what can be achieved by listening effectively to people who have undergone distressing experiences. Many homeless people live chaotic lives. It is imperative that service providers understand their issues if they are to develop effectively multi–agency responses to meet them. Arrowe Park Hospital and Wirral Borough Council listened to homeless people's experiences during coffee mornings and breakfasts. This effective listening strategy enabled the organisations involved to put in place appropriate support.

The next stage of the CKM process requires providers to engage with complainants, gathering their input and combining it with the knowledge of professionals, policymakers, strategists and academics. Responses from this process of engagement can be fed in to a new cycle of innovation. Building a coalition of support with complainants ensures that complaints can be woven effectively into the innovation process.

4.3 Innovation processes

Effective CKM connects complaints to the innovation processes of:

- **Invention** – innovations are proposed to address problems highlighted by complaints;

- **Exploitation** – testing and fine–tuning innovations; and

- **Diffusion** – wider dissemination of those innovations.

These processes may require providers to engage in negotiation or co–creation to build possible solutions. Depending on the nature of the innovation, they may lead to changes in values, systems and practices, or attributes.

People are not always fully conscious of the values that drive their behaviour. Yet 'culture clashes' arise when they sense that the values underpinning a service are not compatible with their own. Differences in values between service users and providers can often be inferred from complaints. In the face of these complaints, providers may modify their value positions to enhance their relationship with service users. This can often clear the way for further innovation in systems and practices that might not otherwise have been considered. In the case of the **Prison Super–complaint**, the prison service reconsidered its values about the rights of prisoners before it allowed the complaint to stand and changed its service in response.

Complaints may also drive innovation in systems and practices. Foss et al., (2012) argue that innovative organisations see system changes as necessary facilitators of success. New policies and guidance may be introduced to change 'the way things are done'. This may be supported by training and other activities to build competence and commitment amongst delivery staff. In the case of **Dad's Story**, the complaint has been used to design training materials to improve the treatment of dementia. In the case of the **Forum Theatre**, different stakeholders made pledges to demonstrate their commitment to the changes that had been agreed.

Finally, changes may be made to the attributes of the service, such as whether equipment is fit for purpose or floors are kept clean. Two potential problems can lead to the misdirection of organisational effort toward service attributes. First, service users and producers may disagree on which attributes are most important. Second, even if users and producers do agree on which attributes are most important, there may be differences of opinion about how well those attributes are being delivered. Our **Experience–Based Design** case shows how service user's knowledge helps to ensure that new innovations are not misdirected.

Moffat Community Flood Group with the Scottish Flood Forum

The community in Moffat had repeatedly complained about flooding in the area. They were concerned about the causes, angry with the agencies that did not accept responsibility, worried about insurance claims and seriously affected by the traumatic experience of flooding in their homes. Lack of maintenance of drains is a major feature of flooding. Local residents were sufficiently concerned to form a local Community Flood Resilience Group with the support of the Scottish Flood Forum. The Group's aim was to be pro–active to any flood warnings or the threat of flooding. To help reduce the risk of flooding, residents were encouraged to 'adopt' a drain – checking, monitoring, and notifying the Council if a drain needs to be unblocked.

The group mapped the local riverbank, spotted decaying or at–risk trees and reported them to the owner. A comprehensive drainage map of Moffat was also produced to help them understand why flooding issues occur in the area. Two meteorologists living in the community interpret the SEPA flood warnings in the light of their knowledge of the local environment and advise the community on likely local impacts.

People power and consumer knowledge management are important features of this initiative. Effective engagement at individual, community, local and national levels enable co–production of the right solution for local people. The community came together in 2010, pooled resources, expertise and engaged with the Local Council (Dumfries and Galloway). This is a good example of a public authority working with the community.

> *We help communities to put in place a holistic support programme to empower individuals to engage with the local authority, Scottish Water and the Environment Agency. Forty people have adopted a drain, demonstrating effective engagement with the local community. It is important to confront the issues and focus the anger to develop creative solutions to the serious complaints and rebuild confidence. Peace of mind, building resilience in community channels focuses on people's experiences and changes their mind–set – it's a totally new way of thinking.*
> **Paul Hendy, Director of the Scottish Flood Forum**

This type of complaint is more likely to occur as local authorities cut costs by cleaning drains less frequently. Encouraging local people to monitor drains creates a more sustainable solution to minimising the risk of flooding problems in the community. The approach has been rolled out to other communities throughout Scotland and there is interest from councils in Ireland and England.

Homeless Discharge Project: Arrowe Park Hospital, Wirral Borough Council and Homeless Link

Homeless Link estimates that 70 per cent of homeless people are being discharged from hospital back onto the streets, damaging their health and almost guaranteeing their readmission at significant cost to the NHS.

Homeless patients were being discharged from hospital with little support, resulting in poor health outcomes, prolonged homelessness and increased costs to the NHS. They complained about being discharged onto the streets; and poor levels of care and support being offered both on admission and in relation to early discharge. In an extreme case, the homeless person had been admitted to the hospital 36 times in one year.

Homeless Link worked with a range of partners to create a framework of support for areas to introduce a protocol and raise the profile of proper discharge. They help to facilitate these developments and provide tools for this to happen. They regard admission to hospital as an opportunity to link homeless people into accommodation and services.

Arrowe Park Hospital, in partnership with Wirral Council, instigated its own protocol. This sparked a chain of innovative working between the hospital, local authority and other agencies to ensure the safety of an extremely vulnerable group. They developed a Hospital Discharge Project and appointed a link worker to identify issues at the earliest opportunity and find suitable accommodation solutions. The link worker provides some direct support for patients and trains staff in appropriate discharge. The Project, jointly funded by NHS Wirral and the Supporting People team at Wirral Borough Council, aimed to improve hospital discharge for homeless people or those at risk of homelessness by: ensuring that homelessness is accounted for in discharge policy and procedure; developing a discharge protocol between the hospital and the local authority; raising awareness of homelessness amongst hospital staff; and developing links between the hospital, community support and treatment services.

Following the introduction of the protocol the number of readmissions within a month fell by a third:

> *There are many challenges for homeless people making known their dissatisfaction with services; their expectations may be low, they may lack confidence – hospitals need to take a more holistic approach and embed these links into their processes.*
> **Helen Mathie, Policy Manager, Homeless Link**

Arrowe Park Hospital estimates that they have seen savings of £45,000, due to a reduction in delayed discharge, in six months between April and September 2011 for 27 patients who, because of housing/homeless issues, would have stayed longer or been referred to interim care.

4.4 Innovation outcomes

The concept of innovation outcomes enables us to consider the level of 'return' for the service on the investment in complaints–led innovation. We have conceptualised innovation outcomes in terms of the extent to which complaint–led innovations result in a 'big' or 'small impact', or the extent to which 'few' or 'many benefit'(cf. Leadbeater, 2011). Some cases, such as **Tell Us Once**, have a big impact and many benefit. In others, such as **End of Life Care** and the **Methadone User**, relatively few people benefit but there is a big impact on their lives. In yet others, such as the **Prison Super–complaint**, there may be a relatively small impact but many benefit. In all these cases, complaints have helped to drive innovations that have made a difference to people's lives.

While much complaints–led innovation is service–specific, some has diffused more widely across public services. A 'cycle of innovation' develops in which value is added as the innovation feeds into other services. A complaints–led innovation with relatively small impact at the outset may generate much larger benefits as a result. **Patient Passports** are a good example of how innovations can diffuse. The Passports were originally developed for people with learning disabilities. However, the idea has now been picked up in other parts of the NHS. Passports are being developed to support a wide range of health conditions. Another good example is **Moffat Community Flood Group**, where the 'adopt-a-drain' approach has been rolled out to other communities throughout Scotland; and there is interest from councils in Ireland and England.

4.5 Added value

Our research shows how complaint–led innovation builds on greater understanding of the root causes of service failures. This can generate 'added value' in a number of important ways: financial, functional, social and emotional.

Financial value is particularly important in the current context of budgetary constraints. This may be enhanced through streamlining processes, or avoiding unnecessary service failures. Complaint–led innovations show how sharing learning and tapping into knowledge from outside the service organisations can improve practice – and thereby save money. The case of **Tell Us Once** is an excellent example of the cost savings that can be achieved through streamlining processes. The **Moffat Community Flood Group** case represents a different way to achieve savings. Their willingness to co-produce by 'adopting' drains helps avoid the failure of the drainage system and prevent the huge financial costs of severe flooding.

Functional value is generated by calibrating public services with the needs of citizens. Complaints–led innovation can help fill previously unseen gaps, or identify dysfunctional ways of working. The **End–of–Life Care** and **Patient Passports** cases are excellent examples of how citizens' knowledge can be exploited to radically improve the functionality of services.

Complaints–led innovation can also generate greater social value. Wood and Leighton (2010) identify 'social value' as the 'wider non–financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment'. Complaints provide useful information about the wider consequences of a service for communities. The **Methadone User's** inability to get a prescription to carry him over the weekend could have serious implications for his behaviour in the community. In this case, complaints–led innovation helped address a range of those 'wider non–financial impacts'.

The emotional value of public services is often considerable, reflecting motives of recognition, compassion, identity, autonomy and care (Mulgan et al., 2007). Complaints–led innovation can bring these much–desired qualities to the fore, helping public services to escape charges of bureaucratic insensitivity. The **Tell Us Once, End–of–Life Care, Homeless Discharge Project** and **Forum Theatre** cases show how providers were able to emphasise these motivations when changing their relationships with service users. As Simmons (2011) warns, a lack of connection with users' hopes, fears, expectations, and dilemmas can result in missed opportunities for the kinds of innovations we have identified in this report.

The contextual framework outlined in this chapter helps us understand how complaints can be used to drive innovation. With this framework in place, the following three chapters explore in more detail how the processes of eliciting, acting on and valuing complaints shape that innovation.

5 ELICITING COMPLAINTS

Complaints can arise in many guises: formally or informally; verbal or written; directly to service providers or indirectly through social media or advocacy organisations; individually or collectively

Complaints can arise via a number of different channels. New technologies are opening more channels, and changing the way in which citizens interact with public services.

Third parties have an important role in promoting complaints–led innovation in public services. In particular they can challenge existing public service wisdom and bring a variety of knowledge together to produce a compelling case for change.

5.1 Opening channels for complaints

Channels for interaction between public services and citizens may be 'hierarchical' (e.g. contacting elected officials), 'group–based' (e.g. user forums) or 'individualistic' (e.g. formal complaints procedures)(Simmons et al., 2012). Open public service organisations cannot depend on a limited range of channels for voice (Simmons et al., 2012).

Complaints can arise in many guises, formally or informally, verbal or written. They can be made directly to service managers or to elected representatives. They can be made indirectly through social media such as personal blogs, posts, tweets; digital intermediaries such as FixMyStreet or PatientOpinion (Appendix 1); or advocacy organisations such as Citizens' Advice. Collective complaints can also be made: either directly through community groups and petitions (online or offline); or indirectly via 'complaints choirs' (see Appendix 1 for details). Complaints can arise via a number of different channels.

New technologies are opening more channels, and changing the way in which citizens interact with public services. In Wokingham, where 'multi–channel consumer engagement' is being trialled, face–to–face and telephone contact is declining while online contact is increasing (Barrow, 2012). However, it must be acknowledged that most people still engage with public services offline. In 2010, Consumer Focus found that the most common ways users interact with services was in person (48 per cent) and over the phone (46 per cent); only one in six users had used a website. Traditional methods of communication remain vital channels for collecting people's views about public services.

Citizens may often require encouragement to complain. One recent study has shown that around 30 per cent of service users say they would not complain because they feel they would not be listened to (Simmons et al., 2012). Another study (econsultancy 2011a) found that 20 per cent of people moaned to peers using social media, rather than officially complain. Consumer Focus launched its 'empowering consumers' programme last year. It has been considering how developments in consumer empowerment can be applied to public services. This will require a fundamental shift in the way service providers interact with service users.

5.2 Third parties

Even empowered citizens may still be reluctant to complain directly to service providers; or when they do so, they may feel that they have not received the response they deserved. In those instance third parties may be able to help. The role of third parties in complaints–led innovation is often indirect but they can often add weight to an original complaint and ensure it is taken further than might otherwise be the case.

People can complain to ombudsmen services if they feel they have not had adequate redress from a service provider. Ombudsmen play a significant role in resolving disputes; they therefore have substantial knowledge of complaints and concerns that may be used to promote innovation in public services.

Ombudsmen and other complaint–handling organisations have an important role in considering complaints where public bodies have acted improperly or unfairly; or have provided a poor service. As well as helping to resolve dissatisfaction they can help service providers 'use complaints to bring about improvements in service' (SPSO, 2009: 2).

Pooling the learning from a range of similar cases enables ombudsmen to make important contributions to systemic innovation (Gill, 2011). The Care and Compassion report (PHSO 2011) drew on the poor experience of ten NHS patients over the age of 65 and their family members. The report attracted considerable media interest and prompted the formation of a Commission represented by the NHS Confederation, Age UK and the Local Government Association. Its report, Delivering Dignity, addressed the 'shocking failures' in the care of older people (Commission on dignity in care for older people 2012). It called for a major cultural shift from a focus on tasks to person–centred care. The new Health Service Ombudsman, Dame Julie Mellor (PHSO 2012) commented on the importance of feedback and complaints as an invaluable source of information about what is working and where improvements are needed.

If ombudsmen and other complaints handling bodies are to play a key role in complaints–led innovation, those bodies need effective processes themselves.

The 2007 Crerar Review into scrutiny and complaint handling bodies in Scotland argued that primary responsibility for improving services lies with the providers, but recognised that external scrutiny can also be a catalyst for improvement. His view was that scrutiny priorities must reflect the public and user interest. Crerar found that complaints arrangements were overly complex and there were significant variations in how complaints were handled and reported. In one example cited in the report, an individual wishing to complain about the death of her elderly mother could have the complaint investigated through five separate complaint processes: (i) NHS, (ii) Care Commission, (iii) the individual care home, (iv) professional bodies (such as GMC or Nursing Medical Council) or (v) the Procurator Fiscal. Crerar recommended the introduction of a standardised complaint handling system.

The Crerar Review has led to significant innovation in complaints handling in Scotland. The Complaints Standards Authority (CSA) was established to provide a standardised, simplified complaints handling procedure. In the streamlined model: complaint–handling roles and responsibilities are well defined throughout the organisation; front–line staff have the authority to say sorry and take corrective action when appropriate; senior managers lead culture change and ensure effective recording and reporting; and learning is shared through sector networks. A new valuing complaints website has been developed to promote cross–sector discussion, share good practice and request advice from the CSA if required (McFadden, 2012).

Other external bodies that may be involved in eliciting complaints include:

i. Specific interest groups such as the Institute of Consumer Affairs (Institute of Consumer Affairs, 2012).

ii. Advocacy bodies such as Citizens' Advice Bureaux. Citizens Advice and Citizens Advice Scotland are developing a case recording system to provide a robust database of complaints that can be used to stimulate innovation (Citizens Advice Scotland, 2012).

iii. Consumer organisations such as Which? and Consumer Focus that are increasingly using 'super–complaints' as a source of pressure on service providers and a prompt for innovation.

iv. Regulators such as OFGEM, the Care Commission and the GMC. Changes in regulatory requirements can be particularly important in prompting innovation, as it is widely recognised that what gets measured gets done (e.g. Hood et al., 1999).

Third parties have an important role in promoting complaints–led innovation in public services. In particular they can challenge existing public service wisdom and bring a variety of knowledge together to produce a compelling case for change. The best example of this is the **Prison Super–complaint**. Initially, a number of recommendations were made by the Prison and Probation Ombudsman. When these recommendations were not accepted, the Prison Reform Trust took the issue to the National Consumer Council, the Scottish Consumer Council and the Welsh Consumer Council. This resulted in the consumer councils making a 'super–complaint' to the regulator, Ofcom. Although this was a long and slow process, the persistence of these organisations led to a favourable outcome for the complainant and other prisoners.

Patient Passports: Learning Disability Inequalities

The 'Death by indifference' campaign began after six people with a learning disability died in NHS care. Their families were not getting answers about their loved ones' treatment, or why they had died. They approached Mencap for help; it helped to raise awareness of the issue. Humber NHS Foundation Trust listened, engaged and responded to patients with learning disabilities. Patients highlighted a range of issues, from: wanting to die at home; having an epilepsy plan; to simply being able to have their preference for tea rather than coffee acknowledged.

Following the consultation, Patient Passports were introduced. The Passport is an A4 document that includes the important aspects of individual patients' lives. It is a simple tool that articulates people's individual needs and seeks to bridge the communication gap that often exists when patients are admitted to acute services. The Passport seeks to reduce patient vulnerability by connecting the people who know them best such as parents, carers, community nurses or key workers, to those who know them least, including acute staff. It provides key information about medical conditions and medications taken, which can help acute care staff understand patients' needs and develop appropriate care plans.

The Passports are now being used by all types of vulnerable patients who find it difficult to articulate their needs verbally, especially if taken into hospital. For example, people with dementia, at end–of–life, requiring elderly care or moving from hospital to a care home or rehabilitation centre. Feedback from patients, carers and healthcare professionals has been very positive. Patients can make their needs known and they can be understood and acted upon, rather than being assumed.

The Trust is currently working on a project called 'Access to Acute' that aims to standardise the framework for care for those with learning disabilities. It is also looking at creating a national Passport that can be used by all organisations working with vulnerable people. There are plans to use the principles in discharge plans, to allow information to be shared when patients leave hospital. Web–based tools will allow these innovations to be embedded within national IT systems.

Prisoner Super–complaint: Prison Reform Trust, National Consumer Council and Ofcom

A prisoner, Richard Davison, complained to the Prisons and Probation Ombudsman about the cost of calls from prison payphones – calls were seven times more expensive than equivalent calls from a public payphone. This appeared to be unrelated to the cost of provision, particularly at a time when the costs of most other basic telephone and other ICT–related services had fallen significantly. The terms and conditions of the existing service explicitly sought to prevent competition; while the secretive nature of the contracts and apparent arbitrariness of decisions were seen to disadvantage prisoners.

The Ombudsman investigated and made a number of recommendations. These were not accepted by the Prison Service. The Prison Reform Trust then took on the issue and asked the National Consumer Council, Scottish Consumer Council and the Welsh Consumer Council to investigate. They took a super–complaint to Ofcom which recommended that the costs should be reduced. As a result, the cost of calls in prisons in Scotland, England and Wales has fallen; they are now in line with public pay phones. As well as the immediate cost savings to prisoners, there are wider benefits:

Prisoners are able to make more regular and longer calls to families and support systems outside the prison service. This has made a huge difference: emotional support, especially at times of distress for those with mental health problems and suicidal concerns, so in effect this provides a safer environment for prisoners. There is an implicit feeling that if prisoners are happier, then life in the prison will be calmer. There are also social arguments around family contact and support being important for reducing re–offending.
Francesca Cooney, The Prison Reform Trust

5.3 Eliciting complaints through digital technology

The government's open source policy promises to radically change the 'ICT landscape to create a more productive, flexible workforce that delivers digital public services in a much more cost effective way'(Cabinet Office 2012). Information sharing and 'channel shift' through e–government has been advocated as a driver of high–quality, person–centred service provision (e.g. Cabinet Office 2010).

The public sector is increasingly turning to online platforms to enable citizens to complain about services, as a way of anticipating problems and initiating prompts for innovation (Social Innovator 2012). Digital technology can enable 'transformational' collaboration and participation through 'Web 2.0' interactive applications and the open sourcing of information, skills and ideas (Osimo, 2010). Innovations in this field include the use of:

web transactions, web content and knowledge management tools; user–centred design; through to social media, mashups and mobile solutions (Moody, 2011; Donald, 2011).

Apps and online resources are likely to appeal to younger people in particular, who often find it difficult to complain about public services through traditional channels. Younger service users are more likely to contact services via a website than by phone (Consumer Focus 2010). In a study of 16 to 24 years old, almost half who felt they had reason to complain about local government services did not do so. Some did not know how to complain; some lacked confidence to make a complaint; and some assumed the council would fail to do anything if they did complain (Brennan et al., 2002).

Consumer Focus observes that technology means 'consumers no longer have to be passive recipients of information; and they no longer have to be passive recipients of goods and services'. Sixty–eight per cent of consumers who use social networking check reviews, and 50 per cent will leave feedback (Nielsonwire 2011).

There are many examples of innovation in eliciting complaints and citizen knowledge online (see Appendix 1). A large number of local authorities in the UK are using the 'Fix My Street' website, which enables citizens to upload photographs of problems. Citizens of Eindhoven can now report local issues by iPhone, using the 'BuitenBeter App' – they can take a picture, log it to the correct category and send the information directly through to the city council. North Ayrshire council has a similar app, called 'Report It', which enables local people to report things like potholes, litter and graffiti. In an even more automated approach in Boston, US, the Street Bump Android App takes advantage of the sensors on smartphones to report potholes automatically, minimising the need for drivers to contact the authorities. Using smartphone apps shortens lines of communication between citizens and local government; and makes complaining a near frictionless experience for citizens. While these apps generate information requiring action, they save councils time in monitoring the local area.

Many local authorities have developed their own websites, such as 'Love Lewisham' and Birmingham's 'Civic Dashboard' (2012), which used funding from Nesta to experiment with open public data. Ofsted (2011) has introduced 'Parentview' – an online platform for parents to rate their child's school. The data collected helps Ofsted to make inspection decisions. Other interactive applications, such as NHS Choices, provide information to citizens, alongside facilities on 'how to complain'.

A recent study of 78 local authorities found that 96 per cent are making use of social media, with the other 4 per cent intending to so soon. However, the majority (almost 70 per cent) are using it solely for one–way communication, to inform citizens of events, news, and so on (LSE 2012). This strategy is already being called into question (SocITM, 2012). Many more people are complaining about private sector organisations online through sites such as Facebook and Twitter (Techradar 2012). Some public sector organisations are now starting to make use of online 'collaborative platforms' (Bason 2010). Leadbeater (2009) suggests that social media enables people to:

> *become organised in new ways, at low costs, without many of the paraphernalia of traditional, hierarchical organisations…(and develop) that capacity for collective self–expression and self–organisation creates new options for us to become organised, to get things done together in new ways.*
> **(Leadbeater 2009)**

Many online innovations are being led by citizens themselves.

Patient Opinion is an example of a citizen–led innovation, enabling users of health services to join forces and make their voices heard. The platform has grown from a forum for

reporting complaints, to a respected platform for patient feedback. Many registered health organisations are now listening and responding to Patient Opinion. Some NHS trusts pay for a live feed facility which allows for prompt responses to complaints or suggestions from members of the public. Patient Opinion has been so successful it is to receive government funding to become the official site for patient feedback on social care services (E–Health Insider 2012). Two of the cases for this report (**Methadone User** and **Forum Theatre**) have been developed in consultation with Patient Opinion.

Another example in health services is the 'Rate my GP' app. Mark Barrett was dissatisfied with his GP. When he decided to change GPs he found it difficult to gain information and feedback about other GPs in the area. Based on the 'TripAdvisor' rating system for tourism services, and using information from the government's 'open source' scheme, he created a mobile phone app that enables citizens to rate their GPs and make an informed choice of provider (E–Health Insider 2012). More and more of these sites are emerging for different public services. For example, the 'Good Care Guide' enables people to find and rate local childcare and eldercare services.

Methadone User: Patient Opinion

An addict complained about methadone prescription patterns on the Patient Opinion website. The practice of Friday prescribing, combined with his chaotic lifestyle, meant that he was often left without medication over the weekend. This had a range of personal and social consequences. Initially, service providers did not see a need for change. However, the intervention of Patient Opinion prompted a range of service personnel to engage with the complaint. Subsequently, changes to prescribing practice were made – Friday prescriptions stopped completely. This led to a drastic reduction in attendance at the service's Monday morning 'mop up' clinic. The clinic had been struggling to meet the needs of all the patients who had had problems over the weekend – thereby also saving money.

According to the CEO of Patient Opinion, this demonstrates how *"the transparency of the web can get people to act"*.

Forum Theatre and Pledges to Improve: Patient Opinion

Patient Opinion took a complaint from Rotherham from its website and brought the complainants together with staff and other members of the public for a forum theatre workshop to consider the patient experiences and outcomes. As a result, 52 people made public 'pledges' about how they would amend their behaviour. The pledges were made public on Patient Opinion's and Rotherham Council's website. According to the CEO of Patient Opinion, the *"transparency of the web"* enabled participants to build a *"micro social movement"* over an extended period.

This innovation would not have happened without co–production. It required: input from the complainant; intermediation by Patient Opinion; and engagement from all workshop participants. The transparency of the pledges on the web and follow up work by Patient Opinion – for example, asking people about any difficulties in keeping their pledges – encouraged participants to embed their pledges into practice. The Forum Theatre is relatively expensive. However, the principle of building this type of 'social movement' can be applied to a variety of approaches to health innovation.

5.4 Other innovative approaches to eliciting complaints

Online and mobile approaches represent some important recent advances in eliciting complaints. How innovation can be found in other areas (see Appendix 1). In Finland, the energy people put into complaining has been transformed into something more positive through a 'complaints choir'. Building on this concept, Birmingham City Council engaged a local musician to turn complaints into a song with a chorus that sticks in the mind – *"I want my money back"*. In India the Citizen Report Card enables citizens to provide feedback on Bangalore's public service providers. In Denmark, an 'Away with red tape' plan has been introduced to eliminate outdated, unnecessary rules and digitise and simplify complicated administrative processes.

In the London Borough of Richmond, the 'You said: we did' initiative has been introduced to turn the council into a 'listening council'. Members of staff write 'learning logs' to encourage them to reflect on the issue from a service user perspective and suggest creative solutions to problems. A complaints panel enables the learning to be shared with other services in the council.

6 ACTING ON COMPLAINTS

If they are to drive innovation, complaints need to be connected to the core 'innovation processes' of 'invention, exploitation and 'diffusion'.

Complainants may work alongside service providers in the co–creation of ideas, co–production to put those ideas into practice, or co–partnership to promote the extension of those ideas and practices.

Successful co–production depends in part on citizens having sufficient incentive to take on roles in the co–production process.

6.1 Using complaints to support innovation

Simply improving people's capacity to complain will not in itself lead to innovation. If complaints are to drive innovation, they need to be connected to the core 'innovation processes' of 'invention, exploitation and 'diffusion'.

The Institute of Customer Service, found that what makes excellent service 'excellent' (and what makes poor service 'poor') is linked to how well organisations deal with problems and complaints. Complaints should not be seen as problems to be ignored, dismissed or under–valued; but as useful early warning signs that something has gone wrong which uncover problems and enable providers to engage with service users (ICS 2007).

Complaints provide opportunities to identify areas for improvement and demonstrate high levels of customer care when resolving issues (Brennan and Douglas 2002). They can also be used as a key measurement of performance (Brennan and Douglas 1999) and help identify operational blind spots. The case of the **Homeless Discharge Project** at Arrowe Park Hospital, the Wirral, highlights one such blind spot. The problem had been completely missed by hospitals and councils until it was raised by homeless people.

People are more likely to complain if they believe their complaint will be acted upon. There is a strong imperative for public services to listen to complaints; yet evidence suggests public services too often do not want to listen and complainants are passed from one member of staff or department to another (NCC, 2004). Some public service organisations fail to either value complaints, or deal with them effectively (Ofgem 2010; Health Committee 2011). Mulcahy (2003) details inherent conflicts between the concerns of patients and health professionals. A recognised area for improvement in healthcare is 'learning from the complaint experience' (Healthcare Commission, 2007). The Chair of the Ombudsman Association highlights the additional problem service users face when trying to raise issues in an increasingly complex public service environment (Tyndall, 2012). The new 'Complaints Wales' service provides a dedicated telephone hotline and website that tells people how to complain about public services, even where they are delivered by private companies.

One of our cases, **Experts by Experience**, demonstrates what can be achieved when providers listen. The Care Quality Commission has helped to train service users with learning difficulties to work alongside inspectors to gather evidence about care homes. Their detailed knowledge of the issues affecting those living in care homes puts them in a position to ask pertinent questions and spot issues that inspectors could miss. This includes details, such as all the banisters in a care home being on the right hand side, making it difficult for a left–handed service user.

The **Experience–Based Design** case provides another example of the power of engaging service users. Cancer diagnosis can be traumatic for the individual concerned; and they often feel lost and confused in the system when dealing with an array of clinicians, radiographers, nutritionists and other healthcare professionals. The Luton and Dunstable Head and Neck Cancer Clinic harnessed the knowledge of patients to redesign their service. Future patients will have a significantly improved experience which focuses on their needs rather than the tasks that need to be completed by the service provider.

Experts by Experience: Care Quality Commission (CQC)

Ex-staff members from a home in the South West that cares for people with severe learning disabilities used the new feedback form on the CQC website to complain about allegedly abusive practices at the home. They reported that a 'quiet room' was being used for particular residents, some of whom were locked in the room overnight. This information, combined with information from the local authority about an application by the home to deprive one resident of their liberty under the Mental Capacity Act, led CQC inspectors to make an unannounced inspection of the care home. The inspectors found that a 'quiet room' did exist and three residents had been kept there overnight. The room had no heating, bedding or curtains and a surveillance camera was installed. The inspectors found that decisions over the use of the room had not involved health or social care professionals and that risk assessments were not in place. The room did not protect people's right to privacy, dignity, choice, autonomy, safety. Representatives, relatives or advocates were not properly involved in decisions relating to the care of the people concerned.

While the CQC does not investigate individual complaints, it has since engaged people with experience of using health, mental health and social care services as 'Experts by Experience' to inspect and report on services. The 'Acting Together' partnership enables people who have experience of services or carers to play a central role in improving services. Their first–hand knowledge of the services enables them to ask appropriate questions and their findings may be included in the inspection report. The aim is to provide a clearer picture to the CQC of what it is like to live in or use a service. This user–centred approach is supported by several organisations. One of those is a social care charity, 'Choice Support', which employs and supports 'Experts by Experience'. Experts also attend events, consultations and staff training events and take part in activities that develop the processes at the CQC.

There are now around 300 Experts by Experience. In the words of one:

Who would have thought it? My view about what I think is being respected and taken into account. I've had opportunities to be out and about visiting lots of different services, and sharing my expertise.

Experience–Based Design (EBD) – Luton and Dunstable Head and Neck Cancer Clinic

One patient at the Luton and Dunstable Head and Neck Cancer Clinic described her experience of being informed that she had cancer. She felt that she had limited time to digest what had happened. Detailed information was given about surgery, radiotherapy, nutrition and feeding tube care. This had to be absorbed at a time of high emotion and distress. Other patients had shared similar experiences.

Staff sought a deeper understanding of patients' dissatisfaction with their care. EBD was brought in to engage patients through film, written diaries and photo journals. EBD produced a short film of patients' stories about their care, which was watched by staff and the patients involved. This emotive film prompted further discussion about both good and bad experiences. The staff and patients then became co-designers in changing the services to best meet patients' needs. EBD was piloted in several Trust hospitals throughout England. Those using this approach have gone on to find new, innovative solutions to areas of dissatisfaction. A real sense of camaraderie was created in the Cancer Clinic, with many patients volunteering to take on some of the work such as redesigning information booklets and leaflets. Some of the changes introduced include:

Quality and efficiency

- Outpatient appointments rescheduled and spaced out – patients seen more quickly and have more time.

- Long-term follow-up appointments at a separate general clinic – time for staff to focus on patients' needs.

- Patient safety.

- Review of training needs on post-surgical ward and new tracheostomy learning pack.

- Extending the role of healthcare assistants to be more responsive to tracheostomy patients.

A better experience for patients and staff

- New location for post-surgical ward, to include a new day area for patients.

- New mirror with light on the ward, making it easier for patients to clean and look after stoma and feeding tubes.

- Dedicated quiet time on the ward after lunch creating a better environment for sleep and rest.

Experience-Based Design is an excellent example of how organisations can involve complainants as co-designers and co-producers of healthcare services. It puts power back into patients' hands. According to consultant otolaryngologist, John Pickles, the concrete service improvements are the real testament to the EBD approach. *"It's these emotions – the way patients feel at certain points of their care – that lead us to the hard improvements, many of which we can do quickly and at little or no cost."* Chief Executive Stephen Ramsden adds: *"We can now point to more than 40 real improvements in our head and neck cancer services as a direct result of the EBD work. That's very exciting."*

6.2 Co-producing outcomes

Complainants may work alongside service providers in the co–creation of ideas, co–production to put those ideas into practice, or co–partnership to promote the extension of those ideas and practices. In some cases the period of co–creation and co–production is quite short. For example, the **End–of–Life Care, Dad's Story** and **Patient Passports** cases involved short, intensive phases of co–production. Responsibility for overseeing the virtual ward, the training of dementia nurses and the care of people with learning disabilities respectively has now been delegated to paid professionals. This is quite a common approach to co–production. In general people may feel a sense of ownership over the public services they use, but they do not always want to spend a substantial part of their lives thinking about them. They want providers to take the lead – but crucially not before the providers have listened to what they have to say. Trust in providers to run public services is conditional, not absolute. Users will undoubtedly feel a need to keep their eye on the ball, and to make sure that any subsequent complaints do not go unheeded.

In other cases, such as the **Moffat Community Flood Group**, the period of co–production and co–partnership is much longer. This on–going motivation to co–produce the service may be motivated by the individual benefits accrued from preventing. However, it may also be motivated by the actual process of co–production, which helps bond the community around collectively shared goals. Similarly, in the **Experts by Experience** case, co–production and co–partnership may be motivated by the payment service users receive to observe and monitor services. However, the Experts involved have reported that another important incentive for their participation is a feeling of empowerment and 'being listened to'.

Successful co–production depends in part on users having sufficient incentive to take on roles in the co–production process. The NHS Institute for Innovation and Improvement (2010) identified 'relationships' as one of the key criteria for linking complaints to innovation and, ultimately, better services. Simmons et al., (2012) argue this requires:

- Service design that recognises people have different knowledge and values, and that promotes a range of spaces where different voices can meet and contribute to innovation.

- The investment of institutional effort to make these spaces work, through listening and engaging fully with those different knowledge.

Public services must therefore think about how they interact with citizens. Sometimes, providers find citizens' voices helpful in supporting their own arguments, either for change or for maintaining the status quo. However, if they do not agree with citizens on a particular issue, it can be difficult to bring them to the table.

7 VALUING COMPLAINTS

Complementary cultures are important if public service organisations are to use complaints effectively as drivers of innovation.

Being willing to listen to and engage with service users often requires a shift in the mind–set of providers – towards one that values the knowledge of service users.

Beyond sparking specific service innovation, complaints can promote the creation of more open organisations and drive 'cultural innovation' that leads to a change in organisational values.

7.1 Valuing the knowledge of others

Being willing to listen to and engage with service users often requires a shift in the mind–set of providers – towards one that values the knowledge of service users. Yet many public services are resistant to such a shift, seeking to maintain their power and discretion.

Such factors may influence complainants' expectations and satisfaction with the outcome. Certainly, complainants need to feel that they can break through such resistance when they exercise their voice. The remarkable stamina of the prisoner who took his issue all the way to a super–complaint shows what can be achieved. But such resilience is not common. Trust between service providers and services users is therefore crucial.

As Hoggett (2003:3) suggests, there is a need to recognise diversity and 'value pluralism', and to welcome, rather than fear, conflict. Accepting this is a positive step towards innovation. New solutions become visible in the new horizons that open up as a result of this change in perspective. Or, as Stewart (1996) puts it, 'the impossible becomes possible when you can see it from another point of view'.

Eraut (2000) suggests that effective organisational learning requires:

- Locating and using relevant knowledge from outside organisational boundaries.

- Enhancing understandings and capabilities at both collective and individual levels.

- Learning from both positive and negative experiences.

- A blame–free culture which provides mutual support.

An effective learning culture embraces complaints and uses them to help measure quality of service and make improvements (cf. Siyambalapitiya et al., 2007). Barlow and Moller (1996) assert that 'a complaint is a gift'.

A key task is to use these gifts wisely to support innovation. Complaints feed innovation in different ways – whether through the identification of poor performance requiring service improvement, or the identification of unmet need requiring service development. But they can only spark innovation if they are discussed and addressed adequately (Scottish Health Council 2009; Scottish Executive Health Department 2002).

The Centre for Public Scrutiny (2011: 4) advises that 'learning from complaints provides opportunities for services to be shaped by people's experiences'; complaints, therefore,

'should be viewed as a strategic resource providing rich and diverse perspectives'. The cases of the **Methadone User, Homeless Discharge Project, Prison Super–complaint** and **Patient Passports** show that valuable learning can be gained from people who are 'hard to reach' or vulnerable, and who may be less able to deal with complex public services.

Complaints can also promote the creation of more open organisations. Participants in a recent SOLACE workshop reflected that it is 'incredibly debilitating that the conversation is still about efficiency, to keep continuously improving', as this leads to 'merely sweating the asset more and not changing'. Complaints were not mentioned specifically, but there was a clear recognition of 'a need for disruptive innovation from thinking outside of our organisations rather than inside'. Service transformation is widely sought after, but there is a perception that 'radical innovation takes time and this can move outside of political timelines' (SOLACE, 2011). Complaints can help drive radical innovation by providing a way to change the discourse on public service problems.

7.2. Complaints as drivers of culture change

Complementary cultures are important if public service organisations are to use complaints as drivers of innovation. We have already noted that when the values of a public service organisation are incompatible with those of its users, there is scope for 'culture clash'. In turn, this can lead users to reflect on whether or not to use their voice (Simmons et al., 2012). People know a listening culture when they see it. Generally it reflects greater congruence between users' perceptions of how they actually are treated by the service, and their expectations of how they should be treated (Simmons et al., 2007).

Culture at the front line is important; as is power. If the use of power becomes coercive and domineering, users are much more likely to feel there is no point in complaining. Skelcher et al., (2005) suggest that public service organisations reserve to themselves discussion of 'higher order' issues, and only seek user voice for discourse on 'lower order' issues. While there have been extensive attempts to empower citizens, the relative power of public sector organisations often allows them to control the agenda. However, citizens and communities have key resources of their own that public services need (e.g. knowledge, skills, popular support). This makes a collaborative strategy more attractive. Taking a positive approach to complaints can have dramatic effects on the responsiveness of service provision, and help to facilitate a stronger culture of innovation and improvement (Simmons, 2011; Kings Fund, 2009).

Alongside service–specific innovation, complaints can drive 'cultural innovation' that leads to a change in organisational values. Cultural innovation requires identifying the elements of an innovation that may have an impact on established cultural behaviours, then either: reframing the innovation (changing the conceptual or emotional view of the change); customising the innovation (altering the innovation to improve its fit with the service context); or actually changing the culture (Van Ess Coeling and Simms (1993a; b).

Sometimes cultural values support innovation; but culture can restrain innovation when there is conflict between the culture and the innovation. Creative management is necessary to support the forces that drive change and overcome the forces that resist change.
(Van Ess Coeling and Simms, 1993a: 46)

Complaints can often be an important driver for cultural innovation, as a precursor to social and service innovation. For example, our **Prison Super–complaint** case study shows how the Prison Service had to adapt its values before it could adapt its service. **Dad's Story** also resulted in challenges to organisational culture. During a training session in the nurse facilitator called the Director of the Dementia Services Development Centre

(DSDC). The nurse said that the participants disagreed with the point of the video – they felt that the daughter should have done more herself to look after her father's interests. The DSDC Director asked the nurse to consider with the group how 'the system' was such that it required the daughter to be highly organised at a time when she was struggling to cope. At this stage that, according to the Director, 'the penny dropped' and the group took a much more enlightened position. The bureaucratic values learned within the NHS environment were confronted, leading to a change in thinking by group members about their relationships with service users.

8 CONCLUSIONS

There is a clear link between complaints and innovation in public services that needs to be more fully exploited. The strongest driver of satisfaction in public services is delivering what users need. There is evidence that citizens have become more demanding, seeking higher standards and quality of service. However, at the same time, budget constraints are leading to service cuts that could potentially increase levels of dissatisfaction. There is a need to do things differently. Knowledge derived from complaints can be crucial in supporting a new relational model of public services that can better meet people's needs and aspirations. Complaints help raise awareness of service failures and illustrate areas for improvement. They also provide valuable insight into citizens' perspectives on complex issues. Engaging with complaints can be a fertile approach for innovation. If used effectively, complaints can help drive the transformation required to produce sustainable, equitable and person–centred public services.

The cases presented in this report show how complaints can support public service improvement; indeed, some of have led to service transformation. They show complaints can provide powerful knowledge that helps broaden and deepen discussion between service users, providers and third parties. Vulnerable service users, such as those with learning difficulties or homeless people, face greater challenges in making complaints. Many service providers are now addressing their needs more effectively. It is encouraging to see their views being used to drive service innovations in some of the case studies.

To better understand how complaints can be used most effectively to transform services, we need to identify more clearly what actually changes as a result of complaints–led innovation. Is it organisational values, systems and practices; the service attributes; consequences for service users and citizens; or a combination of all of these? We also need to consider (and measure) the different types of value that might be created: not just financial value; but functional, social and emotional value too.

Statistics show that complaints are increasing in many areas of public services in the UK, and that public services score less well than other organisations in complaint handling.

Technology has the potential to change this picture. Internet platforms create shorter lines of feedback between citizens and public services. New smartphone apps provide innovative approaches to capturing dissatisfaction. Such apps create a near frictionless experience that can prompt local people to become active reporters of issues that need attention. Most local authorities are now using social media; although the majority still use it for one way communication to inform citizens of events, news and services. Social media and interactive websites such as Patient Opinion present a real opportunity for public services to engage with citizens. However, in the current push for 'channel shift', it must be recognised that most people still engage with public services offline. More traditional mechanisms for hearing the voice of citizens and consumers should not be too hastily abandoned or relegated in importance.

We have identified a number of key competencies for effective complaints–led innovation: communication, consumer, challenge, collaboration, creativity, contemplation and completion. An organisation's readiness for innovation depends in no small part on how well they develop these capabilities. However, readiness also requires a complementary culture – not a culture of blame, targets, or fear of failure; but one which is responsive to complaints. Innovation cannot result from complaints if providers fail to listen and act; this requires both willingness and aptitude. Public services should not allow time pressures

or lack of resources to limit their approach to listening effectively. If it is accepted that complaints are a positive opportunity for change, there is an onus on the receiver to invest wisely in the knowledge that it represents. This includes responding to complaints appropriately, being open to criticism and willing to learn from customers, investigating underlying problems and making relevant changes to services. Ultimately, it requires public sector organisations to convert the knowledge that complaints provide into energy that can support the innovation processes of 'invention', 'exploitation' and 'diffusion'.

9 RECOMMENDATIONS

Where next for complaints and public services?

We recommend a number of key ways of embedding complaints in a new relational model of public services:

1. **Keep a range of channels open for complaints** (provide choice in the way complaints can be made).

2. **Use new technology to record and respond to complaints** (make it easier to complain; and to collaborate to resolve complaints).

3. **Communicate effectively and give citizens more immediate feedback** (so that they understand how their complaints are being dealt with).

4. **Learn from complaints data alongside other sources of intelligence** (to redesign services).

5. **Inform complainants of the analysis and outcome of complaints** (to improve accountability and give opportunities to collaborate in co–producing service improvement, including important disadvantaged groups).

6. **Lead a culture of openness** (strategic leadership is needed to create a listening culture and staff need support to develop greater sensitivity and relational skills).

7. **Give front–line staff the power and flexibility to quickly resolve complaints and feed into change and innovation** (avoiding processes that formalise complaints too quickly).

We also make specific recommendations for those involved in dealing with complaints about public services at different levels:

- **Government**

  - Introduce a statutory requirement to provide data on complaints.

  - Conduct comparisons across services.

  - Ensure that complaints data is included alongside other intelligence in cross–departmental change.

  - Enable ombudsman organisations to initiate investigations.

  - Promote Parliamentary interest in the democratic insights from complaints.

- **Ombudsman organisations and regulators**

  - Enable knowledge transfer across sectors.

  - Address issues of organisational competence and culture in recommendations.

  - Use scrutiny as a catalyst for service transformation.

- Communicate positive stories of using complaints to transform outcomes.

- Create super–complaints for public services.

- **Service providers**

  - **Senior Leaders:** prioritise innovation; use complaints as source of ideas and innovation; create an open atmosphere; and ensure accountability.

  - **Managers:** create an open culture that values complaints; train and empower front–line staff to make changes to improve customer experience in response to complaints.

  - **Complaint specialists:** embrace new technology to make it easier to elicit complaints; use complaints data to stimulate innovation; co–produce solutions with service users.

  - **Commissioners:** include complaint handling as a criterion in awarding contracts; ensure providers embed learning from complaints.

APPENDIX 1

Innovative services for receiving complaints and feedback

UK

Patient Opinion was founded by Paul Hodgkin a GP in Sheffield who wanted to make the wisdom of patients available to the NHS. So he devised Patient Opinion as a way for thousands of patients to share their experience, and help busy health service staff to improve. All at much lower cost. It has been so successful it is to receive government funding to become the official site for patient feedback on social care services. Care minister Paul Burstow announced the project at the launch of the Department of Health's Voluntary Sector Investment Programme 2012–2013, which has allocated £6.8 million to 50 organisations.

Sources: **www.patientopinion.org.uk/info/faq#Q1**

www.ehi.co.uk/news/ehi/7610/patient–opinion–to–cover–social–care

Healthcare UK

The NHS **Patient Feedback Challenge** is backed by a £1 million challenge fund which will support the development of ambitious demonstration sites that:

- Develop a fully integrated patient experience measurement system that leads to continuous improvement cycles.

- Create wholly patient–focussed organisations.

- Encourage spread and adoption of positive patient experience practice within and across organisations.

- Develop sustainable approaches that live beyond the initial programme.

Patients say that they care about their experience of care as much as clinical effectiveness and safety. No NHS organisation can remain static in its assumptions about having the experience right for its patients every time.

To improve experience there is a need to gather patient feedback, make improvements based on that feedback, measure the improvements and share them as widely as possible.

Services need to work together, and importantly, work with patients and families to transform patient experiences. This process involves investment in large–scale culture change and a visible difference in the way services are delivered.

The NHS Patient Feedback Challenge is designed to provide a financial reward for those who develop a culture which rapidly identifies areas for improvement in experience and implements the best ideas.

Sources: **www.institute.nhs.uk/innovation/spread_and_adoption/nhs_patient_feedback_challenge.html**

www.institute.nhs.uk/organisation/about_nhsi/about_the_nhs_institute.html

Netherlands: Eindhoven

BuitenBeter app: Citizens of Eindhoven can now report local issues by iPhone, using the BuitenBeter app. After spotting something that needs to be fixed, residents can use the app to take a picture, select an appropriate category and send their complaint directly through to the city council. A combination of GPS and maps lets users pinpoint the exact location of the problem, providing city workers with all the information they need to identify and resolve the problem.

The application covers a wide range of familiar nuisances, from broken sidewalks to loitering youths (who will hopefully respond favourably to having their picture taken by concerned citizens). Compared with lodging a complaint by phone or in writing, BuitenBeter creates a nearly frictionless experience and will no doubt prompt a wider group of people to become active reporters of issues that need the city's attention.

Besides giving people an easy way to send through detailed reports, city officials also believe the concept will create shorter lines of communication, and will facilitate quicker feedback from local government to citizens.

Sources: **www.springwise.com/government/buitenbeter**
www.buitenbeter.nl/english

India: Bangalore

The PAC is a non–profit policymaking organisation that acts as a watchdog of civil society by keeping track of the performance of Bangalore city's major service providers and measures the public perception of such services in terms of their adequacy, by undertaking large–scale surveys.

The major innovation of the PAC is the institution of a Citizen Report Card (CRC) system on Bangalore's public service providers in which citizens provide feedback on the quality, proficiency and adequacy of services and the problems they face with their interactions with service providers (Paul 2006; Paul and Sekhar 2000).

This involved taking a large number of samples and conducting surveys based on a questionnaire. The assessment was done with the objectives of: (i) demonstrating that citizen feedback on services could be used to rate the performance of public service providers and at the same time highlighting aspects of the services needing further improvement; and (ii) sensitising the people to the state of public services and exerting pressure on the government and service providers to improve the quality of services and ensuring public accountability.

Sources: **site.ebrary.com/lib/qmuc/Doc?id=10506359&ppg=188**

Denmark

Danish MindLab – an innovative initiative to look at citizen problems thoroughly and creatively, in order to solve them with the help of citizens and collaborations.

The Danish government's 'Away with the Red Tape' plan has put the citizen and deregulation at the top of the agenda.

Three studies of young citizens present solutions that improve citizens' overall experience of the public sector. Problems with incomprehensible paperwork were described to MindLab when we interviewed a large group of young Danes about their encounters with public sector bureaucracy under the headline 'Away with the Red Tape.'

The aim of the government's 'Away with the Red Tape' plan is to see how we can eliminate outdated and unnecessary rules and digitise and simplify complicated administrative procedures and processes. The project has expanded and led to radical changes in many public sector areas.

Sources: **www.mind–lab.dk/en/cases/away–with–the–red–tape–a–better–encounter–with–government**

UK: Richmond

You Said: We Did: A new corporate–down approach to complaints to turn the council into a 'listening council'. All complaints collated, analysed and learned from, even those that are not upheld, at quarterly meetings, which include directors. Patterns are identified, solutions sought and these are then fed into the business planning.

Staff keep 'learning logs' which are randomly scrutinised by managers and discussed with directors. Lucy Knight, Complaints Advisor Research and Performance, feels that the council's 'learning logs' really add value. *"They make you stop and think about things from the customer's point of view. They also encourage innovation by allowing staff to suggest ways to improve services. The council's complaints panel is an excellent way to spread the learning so that something learnt by one service can be implemented by others"*.

In April 2010, a new Complaints Mandate was created with six customer priorities:

- **Respond quickly –** for example, not all responses need to be by letter.

- **Get it right first time –** for example, be responsive not defensive.

- **Be efficient –** for example, act quickly to build a positive relationship.

- **Be more flexible, putting the customer first –** for example, meet face–to–face

- **Learn lessons from complaints –** for example, use a 'learning log'.

- **Ensure quality through our complaints panel –** review by senior officers.

These measures have changed the strategy and culture of the council and have been embedded organisation wide.

Source: **www.richmond.gov.uk/home/council_government_and_democracy/council/councilprocedures/complaints/you_said_we_did.htm**

UK: Sandwell

An Overview and Scrutiny Review helped identify priorities for responding to residents' concerns about waste and cleaning. This kick–started a clean–up of the areas. They kept the public informed at all times, encouraging them to contribute suggestions to the project. The council have identified added value to service improvements through:

- Constructive challenge through the scrutiny function.

- 'Joined–up' thinking and planning, looking beyond the immediate issues.

- Targeted action to improve the natural environment.

- Recognising that 'understanding' is part of good communication.

- Making changes and measuring the impact.

Sandwell has identified some key lessons from its experience:

- Insightful intelligence is critical, including understanding 'perceptions'.

- Measuring 'before and after' provides evidence of impact.

- Getting the basics right is fundamental.

- Targeting funding demonstrates commitment.

- Informing, engaging and feeding back are all important.

- Using 'pilots' can help to test and roll out success.

- Sharing learning across services supports corporate improvement.

Sources: **Centre for Public Scrutiny, 2011.**

Global: Finland/UK: Birmingham

Complaint Choirs:
It all got started during a winter day walk of Tellervo Kalleinen and Oliver Kochta–Kalleinen in Helsinki. Perhaps it was due to the coldness of the day that they ended up discussing the possibility of transforming the huge energy people put into complaining into something else.

In the Finnish vocabulary there is an expression 'Valituskuoro'. It means 'Complaints Choir' and it is used to describe situations where a lot of people are complaining simultaneously. Kalleinen and Kochta–Kalleinen thought: *"Wouldn´t it be fantastic to take this expression literally and organise a real Complaints Choir!"*

As complaining is a universal phenomenon the project could be organised in any city around the world. Kalleinen and Kochta–Kalleinen offered the concept to different events where they were invited as artists – but it was only after Springhill Institute in Birmingham got excited about the idea that the first Complaints Choir became a reality.

Birmingham was a perfect place to start the project. The participants – found through flyers and small posters – understood the concept instinctively. Local musician Mike Hurley turned the complaints into a song. Within two weeks the song was rehearsed to perfection by the committed participants – despite the fact that only a few were able to sing. A hit was born – with a chorus you can't get out of your mind: *"I want my money back."*

Sources: **www.complaintschoir.org/history.html**

UK: London

FixMyStreet:
The London Borough of Barnet's experience:

Rather than putting you through a 'customer service process', FixMyStreet gives you a clear idea of what's happening, allows you to contact your council from standing in the middle of the street with your phone, and gets you a quick response.

It was launched at a time when a lot of people were worried about the state of the roads. So FixMyStreet was an excellent tool to allow people to feel like they were taking part, rather than just grumbling that there's a pothole and the council hasn't filled it. So it's making people slightly more active citizens rather than passive grumblers. It is empowering people.

FixMyStreet appears to be a medium for reporting rather than complaining, and that's what we've found such a positive experience about it.

Before now, we've tended to regard almost any contact as a complaint – say somebody's rung the council up and reported that a light bulb in a streetlight isn't working. In fact, it's an entirely positive relationship with a resident. A resident has seen something in the street isn't working, they inform the council and we'll go and fix it. So I think it rather changes our relationship with residents – it makes them our eyes and ears on the ground.

Source: **www.mysociety.org/blog/2012/06/01/the-london-borough-of-barnet-and-fixmystreet-for-councils**

UK: London

FixMyTransport UK enables people to contact any public transport operator in Britain – sending their message direct to the relevant Customer Services department.

More than this, FixMyTransport is a complete micro-campaigning platform, designed to help people who do not see themselves as 'political' to build the support required to get persistent annoyances resolved. It's a one stop shop approach to make problem reporting easier for citizens, with many countries adopting the technology from 'My Society'.

Sources: **www.mysociety.org/projects/fixmytransport**

UK: Birmingham

Birmingham Civic Dashboard 2010
An online platform to facilitate citizen reporting of problems in the city. The Birmingham Civic Dashboard receives a report of the requests that come in from members of the public for services from Birmingham City Council each day. It then produces a number of visualisations of that data such as showing them on a map

The dashboard was conceived in response to Nesta's 'Make It Local' call in 2010. Nesta wanted local authorities to team up with local developers to produce discrete open data projects. Birmingham-based Mudlark took the basic idea for the dashboard to the Council's Digital Birmingham arm and they embraced it.

The original aim was to make public data relating to what issues people are reporting to the Council. The belief being that when looked at on a map and in real time the

accumulation of data would provide an insight into the issues facing both the citizens of Birmingham and the Council itself as it responds to the issues raised.

Sources: **civicdashboard.org.uk/about**

UK: North Ayrshire

North Ayrshire Photo App
It's now even easier for North Ayrshire residents to report things like potholes, litter and graffiti – after the Council became the first in Scotland to introduce a 'report and track' iPhone app.

'Report It', North Ayrshire Council's free app, means that smartphone users can tell the Council about issues such as broken street lights, fly tipping and dog fouling. They will also be able to track a repair or clean-up job from start to finish with live progress updates.

Launched as part of National Customer Service Week, Report It is not only free to download from the App Store, it's really easy to use. In just five quick steps, residents can report fly tipping, graffiti, litter, roads and pavement problems, street lighting faults and dog fouling.

Report It uses the smartphone services to pinpoint the exact location of the problem and sends this information directly to the Council. It is linked directly to the Council's back office systems so residents can be able to kept up-to-date on the progress of the job.

While a small number of other UK local authorities have introduced smartphone apps for checking out library books or booking museum tickets, North Ayrshire Council is the first in Scotland to launch an app that gives residents the opportunity to log and keep track of local problems and repairs.

Sources: **www.north-ayrshire.gov.uk/NewsArticles/InfoZone/iPhoneApp.aspx**

UK: GPs

General Medical Council
The new GMC Liaison Service, which strengthens our local presence, will use the guidance and work with Medical Directors, doctors and patients' groups to help foster openness and a willingness to speak out throughout the health service. We want doctors to feel supported in promoting good practice, taking a leading role in acting quickly if they have concerns about patient care.

New guidance from the General Medical Council will prevent doctors entering into contracts or agreements that seek to stop them raising concerns about poor-quality care.

The guidance also makes it clear that doctors must not sign contracts that attempt to prevent them from raising concerns with professional regulators. Nor must doctors in management roles promote such contracts or encourage other doctors to sign them.

Niall Dickson, Chief Executive of the General Medical Council said:

> *"These clauses are totally unacceptable. Doctors who sign such contracts are breaking their professional obligations and are putting patients, and their careers, at risk."*

The new guidance about raising and acting on concerns about patient safety also makes clear that doctors have a duty to act when they believe patient safety is at risk, or when a patient's care or dignity is being compromised. The guidance explains when doctors need to raise concerns and advises on the help and support available to them, including how to tackle any barriers that they may face.

Doctors also have responsibility for the safety and well–being of patients when performing non–clinical duties – including when they are working as a manager. New guidance on leadership and management for all doctors is also being issued aimed at helping doctors understand their responsibilities in relation to employment issues, teaching and training, planning, using and managing resources.

The two documents sent to all 240,000 doctors on the medical register and the new guidance came into effect on 12 March 2012.

Sources: **www.pals.nhs.uk/cmsContentView.aspx?ItemId=2223**
www.gmc–uk.org/news/11881.asp

UK : England

Health and Social Care Consumer Champion
Healthwatch will be the new consumer champion for both health and social care. It will exist in two distinct forms – local Healthwatch, at local level, and Healthwatch England, at national level.

Local Healthwatch:

What is it?

- The Health and Social Care Act 2012 sets out that local Healthwatch will be established in April 2013. Until then Local Involvement Networks (LINks) will continue to operate as usual.

- A local Healthwatch will be an independent organisation, able to employ its own staff and involve volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public.

- The aim of local Healthwatch will be to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

What will it do?

Local Healthwatch will:

- Have a seat on the new statutory health and well–being boards, ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and the authorisation of Clinical Commissioning Groups. This will ensure that local Healthwatch has a role in promoting public health, health improvements and in tackling health inequalities.

- Enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved.

- Be able to alert Healthwatch England to concerns about specific care providers.

- Provide people with information about their choices and what to do when things go wrong; this includes either signposting people to the relevant provider, or itself providing (if commissioned by the local authority), support to individuals who want to complain about NHS services.

- Provide, or signpost people to, information about local health and care services and how to access them.

- Provide authoritative, evidence–based feedback to organisations responsible for commissioning or delivering local health and social care services.

- Can help and support Clinical Commissioning Groups to make sure that services really are designed to meet citizens' needs.

- Will have to be inclusive and reflect the diversity of the community it serves. There is an explicit requirement in the Health and Social Care Act that the way in which a Local Healthwatch exercises its functions must be representative of local people and different users of services, including carers.

Sources: **healthandcare.dh.gov.uk/what–is–healthwatch**

UK: England

Elder care and Child care: Good Care Guide
Residents and their relatives can now comment on services and score them, with the figures converted into an overall rating, in the style of consumer websites such as TripAdvisor.

These are published on a website which will also disclose official inspection reports on homes and any records of mistreatment or abuse by staff.

Ministers said the plan – which follows a series of scandals exposing failings in the sector, and the collapse of Britain's largest care home provider – is a radical attempt to provide more help for families seeking care home places.

Paul Burstow, minister for social care said: *"The system for care providers is largely a private market but it doesn't behave as one. We want to take the principles from schemes like TripAdvisor and Which? reviews and make it much easier for people to be able to shop around for care and make well–informed choices."*

He said the scheme would allow those seeking care homes, and those looking for help in their own homes, to consider the perspectives of others in similar situations, alongside official records. Mr Burstow said: *"It is about bringing together rich sources of information and putting it all out there – the good, the bad, and the ugly."*

The scheme comes at a time of sustained criticism of the Care Quality Commission (CQC) which regulates care homes. The White Paper will also set out ways to involve relatives of those in care homes in local inspection systems.

Launched in February 2012, the 'Good Care Guide' website aims to help this process. Developed by two social enterprises, My Family Care and United for All Ages, Good Care Guide will list several thousand care homes (as well as child care agencies) and includes an online facility for users to give a rating out of five and post comments – rather like TripAdvisor.

Sources: **www.telegraph.co.uk/health/healthnews/8948294/Rate–your–grandmothers–care–TripAdvisor–style–ratings–introduced–for–care–homes.html**

blog.thefutureperfectcompany.com/2012/02/18/good–care–guide–launches–a–tripadvisor–for–care–homes

www.goodcareguide.co.uk

UK

Information Commissioner's Office (ICO)
The ICO have made innovative use of a relatively simple piece of web–based survey technology which allows customers to make the ICO aware of an issue where an individual complaint is not necessary. We often find that only limited information is available about the organisation that the customer wants to complain about, however by collecting as much information as we can from a wider number of individuals we are more likely to be able to gather enough evidence to take action against an organisation.

Often the customer wants to log a complaint, but does not require any further direct communication from the ICO on the issue and is happy to be updated about any enforcement action taken via our website.

Source: **www.ico.gov.uk/complaints.aspx**

US : Boston

Street Bump Prototype, Pot Hole Predictor:
Street Bump is not an app that citizens explicitly use — at least not to report anything themselves. Rather, this latest effort from Mayor Thomas M. Menino's Office of New Urban Mechanics takes advantage of the sensors on smartphones to report potholes automatically. Developed in partnership with a local professor, the Android app uses the accelerometers and GPS technology in users' phones to register when and where the user's car has experienced a pothole.

Sources: **http://www.cityofboston.gov/DoIT/apps/streetbump.asp**

http://streetbump.org

Netherlands: Amsterdam

Local Authority Eservice: The City of Amsterdam decided the time had come to revamp its complicated network of hotlines and switchboards. The city launched the eGovernment Initiative to address the needs of its 750,000 residents and cut costs.

A central knowledge base aggregates information from multiple sources and incorporates multimedia like Google Maps to provide clear, consistent, validated answers through every channel. A context–driven search guides the agent to relevant answers, speeding up the time to resolution.

"Residents have embraced the new self–service site and the number of inquiries has risen 400 per cent while contact centre interactions have been cut by 50 per cent. Residents appreciate the ease and convenience while the city is delivering enhanced service and saving costs."

Sources: **http://www.kana.com/lagan/government–to–citizen/customer–story–amsterdam.php**

UK

NHS local is launching an innovative, patient–centred digital service that enables people to rate their GP practices and allows GPs to respond quickly to criticisms or suggestions.

Called **Performance & Opinion (P&O)**, it aims to improve GP accountability and service delivery and to allow patients in the West Midlands to make better–informed choices about their doctor's surgery.

It is the latest groundbreaking tool from NHS local that focuses on bringing patients and clinical health services closer together via new technology.

The GP P&O follows the same format as our ratings system for hospital trusts, launched earlier this year, combining simple statistics about a hospital's performance – collected by the West Midlands Quality Observatory – with opinions and ratings posted online by the people who use it.

The big difference between our new GP star–ratings service and other feedback tools is that it has been developed in consultation with doctors and will be embedded in the day–to–day operation of GP practices.

Sources: **robin.vickers@clevertogether.com**
www.nhslocalblog.co.uk/rate–and–review–your–gp–practice

APPENDIX 2

Further information about the case studies can be found at the following links:

Case Study 1

Tell us Once – Dept. for Work and Pensions, Wolverhampton Bereavement Centre

www.direct.gov.uk/en/Nl1/Newsroom/DG_188740?CID=GCR&PLA=url_mon&CRE=death_tuo

www.local.gov.uk/c/document_library/get_file?uuid=007c3eb6–d5bc–4094–a9cf–f25ffac9a0ac&groupId=10171

central–government.governmentcomputing.com/features/2011/dec/16/tell-us-once–matt–briggs

Case Study 2

Moffat Community Flood Group and Scottish Flood Forum

www.readyscotland.org/my–community/community–case–studies/moffat–community–flood–resilience–group/

Case Study 3

Experience–Based Design

www.institute.nhs.uk/images/documents/Quality_and_value/EBD/L%26D%20web%20case%20Dec%2009%20v2.pdf

www.hqsc.govt.nz/assets/Consumer-Engagement/Partners-in-Care-Resource-page/Experience-Based-design-Concepts-and-Case-Studies-January-2010.pdf

Case Study 4

Experts by Experience: Care Quality Commission

http://www.cqc.org.uk/public/sharing-your–experience/involving-people-who-use-services#tab–1

http://www.cqc.org.uk/sites/default/files/media/documents/20120524_brief_on_the_exe_development_day_from_cue_to_be_on_the_website.pdf

Case Study 5

Homeless Patient Care: Arrowe Park Hospital and Wirral Borough Council: Homeless Link

homeless.org.uk/sites/default/files/HOSPITAL_ADMISSION_AND_DISCHARGE._REPORTdoc.pdf

Case Study 6

Dementia Services Development Centre, Stirling: Dad's Story

www.dementiashop.co.uk/about-us

Case Study 7

SEQOL, Swindon: End–of–Life Care

www.seqol.org/

Case Study 8

Addiction Services: Patient Opinion

www.patientopinion.org.uk/info/faq#Q1

Case Study 9

National Consumer Council: Prisoner Cost of Calls – Prison Reform Trust

www.leighday.co.uk/News/2009/April–2009/Welcome–reduction–in–cost–of–prisoner–telephone–ca

Case Study 10

Patient Passports: Learning Disability Inequities

www.nursingtimes.net/Journals/2012/04/27/i/b/t/080205DevAcute.pdf

Case Study 11

Pledges to Improve

www.patientopinion.org.uk/info/faq#Q1

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