**How to webinar\_ responding to critical feedback-Meeting Recording**

November 9, 2023, 11:33AM

38m 4s

 **Sarah Ashurst** 0:04  
So today we're going to look at why do people share feedback on care opinion?  
So I'm just gonna cover some of the basics just in case we've got any newbies here.  
What makes a good response?  
My personal experience of responding to critical feedback, some other examples, and also some final thoughts, and normally these sessions are about half an hour, but it felt a bit tight last time we ran this one.  
So we have given 45 minutes I think for this session, but we'll see how we get on and and absolutely fine if you need to dip out because we can get, make sure you get the recording afterwards as well.  
So don't worry about that.  
And so as you know, on care opinion where people share a story and it has to go through our moderation first and we publish it on the website, we send you that alert and then you're invited to respond and and we hope in your responses that you'll show learning and change from that.

 **Hollie Smith (NHS GOLDEN JUBILEE)** joined the meeting

 **Sarah Ashurst** 0:59  
And we think whilst there's lots of learning and change to be had from positive feedback and increasing research around the importance of learning from positive feedback, we think when you have something more critical or a story that's a mix of both critical and negative feedback, that's when learning and change can really happen.

 **McCann, Geraldine** joined the meeting

 **Sarah Ashurst** 1:16  
What is it that you're service can learn from that feedback, even if you maybe don't 100% agree with that feedback?  
And so why do people post online?  
And I like to start with this one, particularly in this presentation because when you receive feedback that is critical of your services of your teams, of your colleagues, it can feel very personal and it can feel like it's done as an attack or a way to be nasty or spiteful.  
But actually what the research tells us, and this is from Van Velthoven in 2018, is that the main reason people post speed back online in general, that just care opinion is to inform other patients to praise the service you received.  
And hopefully you see that in the feedback you get through and to improve standards of care and often that critical feedback sits in this.  
I want this to happen.  
I don't want this to happen to me or anybody else again, and it's coming from a very kind of.  
Uh.  
Almost a positive point of view.  
I want this service to be better.  
I'm giving you this feedback because they think it is helpful, even though it may be hard to read and I think it's useful when responding to feedback.  
Sorry, the dog just not to the point of that.  
UM, when you're responding to critical feedback to maybe keep this in mind and this helps me think about, OK, are they criticizing me or are they actually trying to give me a gift of the way to improve services and do things better for the next person?  
And that bears out on care opinion.  
We ask people why they shared feedback with care opinions specifically, and people say things like it was therapeutic and healing my soul.  
It's a way for people to share their story.  
Get it out.  
There it was, a difficult time for me to go to and carefully allowed me to control the speed and the words, and I think that's important.

 **McCann, Geraldine** joined the meeting

 **Sarah Ashurst** 3:02  
It's difficult to receive that critical feedback.  
It's also difficult to give that critical feedback, either, because something's so upsetting, has happened to you, and it was hard to do that, or because it's hard to relive that and write that down.  
And and the worry that you might be treated different or seen as a troublemaker for giving that feedback.  
So it's quite a vulnerable space for both sides to be in, and it's worth thinking about that when adding that response.  
And sometimes it feels like the patient has all the power because they've put that critical feedback on there and it's anonymous and they can hide hide behind that.  
But what people tell us is they feel really vulnerable, giving that negative feedback.  
They don't want to cause a false they don't want to be seen as a troublemaker, but they almost have a sense of duty to let the service know when things have not gone right for them.  
And then again, the fact they didn't have to provide my name made it easier as a common question, we get a why can't they just speak to the ward manager and they're on the ward?  
Why couldn't they have just told me about this and I would have fixed it for them there and then some people can't and some people for whatever reason, would find it hard to do in person.  
And we know healthcare can feel scary, and social care can feel scary to people involved in that, and that's so being able to take a step back and do that anonymously helps a lot of people.  
And we know one of the this is, umm, a recent paper that's come out and it's called caring for care.  
And it talks about we'll we'll share the link when we send this out.  
And in fact, for dealer is the keynote speaker at conference, our Autumn Conference coming up that you may have been invited to and she talks about caring for care here and it's online feedback in the context of public health services.  
And it's this idea that it's actually people want to care for the staff and the services that are provided care to them.  
And one way of doing that is providing feedback.  
It's a way of us looking after our public services, looking after the staff and that we that we have engaged with.  
And so I think it's always worth having a little look at and and she talks about in that study how lots of people thought about giving critical feedback was a way of improving, not complaining about the NHS.

 **Bowley, Nadia** joined the meeting

 **Sarah Ashurst** 5:17  
So they said.  
And when I think something isn't right, you just want them to improve.  
This is a very strong theme in the research unless we tell them what's wrong, they can't put things right.  
People are doing this because they feel a duty almost to do that as well and it's constructive.  
Not because we're being critical, but because this needs to work and I have people said they're I'm contributing to the change and I really liked that.  
Like you know, people again when you're trying to respond to critical feedback, keeping in your back of your mind, this is often the motivation for people can help with framing.  
How you write that response and how you feel about responding to that feedback and maybe how you coach your team through that feedback as well, because it can feel hard on them and that so this is a second research paper which a lot of our how to respond well guidance is based on this is from Bains and and it talks about what makes a good response and if you see now kind of I'll show it in a minute.  
Our responding framework around introducing yourself, sharing pictures so people know who you're getting a response from.  
All of that stuff is still important.  
Whether you're responding to a very critical feedback or a positive and comment and some of the themes in that, you know people it talked about the importance when responding of introductions, probably extra important on that critical story.  
Why is it that you were the person responding?  
Identifying explaining your role that and thanks and apologies and we talk more about apologies in a minute.

 **Haley Skipp** joined the meeting

 **Sarah Ashurst** 6:55  
So recognition of the time spent providing stories.  
If you think back to the previous few slides and it's hard to provide those stories, sometimes it can feel vulnerable to provide those stories.  
But people are doing it out of a sense of duty.  
Almost and but also we talk about the policy stories boosting morale as well when we talk about responding to critical stories, we might mean a lot of the stories very positive.

 **Strempel, Sybilla** joined the meeting

 **Sarah Ashurst** 7:20  
But then there's some critical elements within that and that can feel very mixed for people and and then one of her suggestions as well was around tailoring content, which is something we're going to focus on in this session.  
So not just saying I'm sorry, you've had a difficult time.  
Please contact me and that you know patients are very quick to dissect standardized or how they what they called meaningless responses.  
Someone said it's a couldn't care less response in my train out again makes you question what's the point?  
Is it not?  
If it's not going anywhere.  
And so she taught.  
Yeah, some of the discussion points, this was just a slide I pinched.  
We, umm, we won't have the discussion, but feel free to put any thoughts in the chat and you know most people respond for identifying good areas practice but also room for improvement and vanes talked about learning so much from patient experience and insight.  
Let's start a conversation.  
It's not in your interest and then out of your out tray as that user was suggesting, maybe it's the start of a conversation and this is your probably one and only opportunity.  
Once someone's written that negative feedback to take them with you to bring them in or to alienate them and push them out further, you know, if you can bring them in from that negative feedback, you could potentially avoid a complaint.  
You could have you could avoid that difficult process for your staff and for that patient and their family.  
And so that was the guide that we developed as the result of this feedback.  
And hopefully that's not new to you.  
We share that a lot on this blog post here and we'll obviously make sure you've got that afterwards, but any response on care, opinion we think you should say who you are, you should respond in a timely way.  
And actually, the research really interesting here.  
People do get caught up on the speed of responses.  
The research said people wanted a response within two to three days they would accept seven days any slower and it started to impact on how they felt about the organization.  
However, if you explained as a as a responder what the delay was for, the response wasn't made aware of your feedback.  
Yeah, maybe you're alerts weren't set up right?  
Maybe you've been on holiday, maybe you needed to discuss it at senior management meeting.

 **McCann, Geraldine** left the meeting

 **Sarah Ashurst** 9:37  
As long as you explained why there was a delay in that response, people were very accepting of that and I think it's about that, showing your kind of humanity or human side people will accept, OK, NHS and health services are not robots, but they have taken the time to respond to me and obviously that that person's got other stuff going on in terms of content we talked about in many of our sessions, thanking, offering an apology, offering follow up and sign posting and then signing off that response.  
And I think the apologies often a bit that people get hung up on and that's why I kind of big focus of this session is on is on that apology.  
Someone slide 11 now, and I'm gonna talk about my own experience of responding because we do get feedback about us on care opinion and it's not all positive and we will publish it and we will respond to it.  
And I admit, the stakes are much lower for me.  
Responding on care opinion, I'm not providing healthcare to people not providing social care to people, but they just wanted to kind of say that this happens to us too.  
So we got this piece of feedback from the username called Wisteria.  
She had, and I'm assuming it's.  
She posted her story on care opinion and we'd have to edit it as as I showed you on that early slide, we have to take them certain precautions with stories to make sure people aren't identified.  
But she said thanks for printing my story.  
Unfortunately, whoever rewrote it emitted the dates I included, which is reject.  
The story reads.  
Rejig story reads all wrong.

 **Robinson, Geraldine** joined the meeting

 **Sarah Ashurst** 11:09  
If you read my original story, whoever wrote it will see for themselves.  
This has made the timings in your rewritten story completely wrong, so once they're applies, are printed in regard to the timing, who's going to own up and correct the mistakes?  
Maybe before printing you should let the story teller proofread, and 50 before printing.  
Sorry I'm worded that wrong even though I'm not happy with the way you rewrote your story as we rewrote my story, I still think care opinion is a fantastic idea and I wish I had found it years ago.  
I wait to see the outcome.  
It's kind regards was here so I like to little challenge there.  
I wait to see the outcome, but we got this piece of feedback through I got you sent through to me.  
I'm one of the senior moderators on care opinion.  
One of my roles, so I keep an I do moderate stories and I support and moderators with more critical stories, and I also hold the moderation policy as well.  
So the policy part of the policy I protect includes a bit that says, well, we take all dates out of stories and and how did I feel when I immediately got that story?  
Well, when I read it straight away, I was a bit upset.  
If I'm honest, I was upset.  
This person was unhappy when we do strive to provide a good service, I felt a bit conflicted because I believe we have a high quality of moderation and yeah, it was a bit annoyed.  
That's a bit annoyed this person didn't read the information we provide about why we moderate and why we take the dates out and it was in fact to protect them, and that was my kind of an initial sort of right.  
And look here, I feel a bit annoyed.  
However, I knew that a defensive response was not gonna help in that situation, and you know, it would just.  
It would just entrench us down in both respective sides and and in fact, she said.  
She still likes care, opinion and she wish she'd found it years ago, so I got this opportunity here to bring her back on board.  
Bring her back on care opinion side.  
Put things right for her and not lose such a kind of valuable champion and someone that likes to use care, opinion regularly.  
So my aim really and I think this is really important when I was writing the response, I didn't want to prove he was.  
I didn't wanna prove I was right.  
I read the moderate.  
I read the edits to the story I thought they were very light to.  
I thought they were very good actually, and but she didn't agree.  
And that was OK.  
So I don't want to prove that my eye was right.  
And actually the moderations fine.  
I wanted to repair the relationship and So what I did and before I replied to her, and I think this is important, I think you often have to do the steps before you reply to someone.  
They looked at the story edits for this person, and I thought that actually did a pretty reasonable.  
And the moderator that moderated them actually did quite a good job, but it didn't negate how that person felt seeing something on there that wasn't their exact words that they wrote.  
You didn't feel like them?  
We didn't feel true to them and so looked at the process for how we tell people we edit stories.  
Did we make it clear that we would have to change a story in some way?  
Did we make it clear that for small edits we don't email every patient and you know, what's that email we send out?  
Once someone submitted a story, is that information there for them to read?  
Is it obvious?  
Is it accessible?  
And I looked at him and identified a forum to raise this with staff at care opinion and a non blaming way.

 **Trudi Bailey (RRE) MPFT** joined the meeting

 **Sarah Ashurst** 14:34  
So we have a monthly moderation meeting that is a place where we can often bring stories that have been contested and discuss them and discuss if uh, we needed to change our moderation policy or to change our processes in a way that are more aligned with our kind of vision, mission and values.  
And we're giving good service to people.  
And then it wrote my response and I asked a colleague to be an adjective proofreader because there's still a little bit peeved at this point.  
And I thought, OK, well, that is easy to see pop out.  
It's easy for that to seep out in your typing and into your words accidentally and make it feel and it can sort of feel more adversarial to the person receiving the response.  
So I wrote my response and my colleague said it was fine which was good and here it is so it's quite small, so I apologize if you can't read it, but I followed our good responding guidelines on page 10 I introduced who I was.  
I had my picture on there and I said I'm one of the senior moderators at care opinion.  
We publish your feedback about was on our website so we can respond publicly to you.  
So we didn't want to hide mysterious feedback away and the reason we do that is because we encourage health services to be open and transparent with feedback.  
It's important that we are a auto.  
So firstly I wanted to thank her for a kind words about our platform.  
I said we have small committed team and it means a lot to us when people tell us they like what we're doing.  
I also wanted to address your concerns about moderating.  
And then here comes my apology.  
I say I'm sorry we remove the dates from your story.  
I that I'm sorry when we remove the dates from your story that it confused the timeline of events.  
So they didn't say I'm sorry.  
You moved the dates, but I think they look fine.  
I you know, I accepted her version.  
She thought it confused the timeline.  
That's that's her opinion.  
That's her truth.  
And you know, maybe it did.  
And I'm just so used to moderating stories that I it seemed fine to me.  
And so I I sincerely apologize there.  
I'm not.  
I don't say I'm sorry you felt that the that it confused the timeline cause that I know why people say that in their responses they don't want to necessarily admit the blame.  
They want to recognize.  
That's how that person feels.  
But sometimes people are very sensitive to those words.  
I'm sorry.  
You know, you were upset.  
What the, by the way you were spoke to by staff.  
You're not sorry that the staff spoke to that person badly, and that can be quite annoying for people quite triggering for people quite sensitive to that language.  
So just try trying to remove that.  
I'm sorry you feel.  
I'm sorry you felt and I just said I'm sorry.  
Confused.  
The timeline of events.  
Uh, and then I.  
But then I was able to go on and explain actually why we did that though.  
And I'm not sorry I did it because we needed to do it as part of the policy.  
So I said we remove the dates from the story to protect identity of patients and staff.  
All feedback should be anonymous and we also don't want the staff to be identified negatively.  
This is written in our moderation principles that we display on the site and in our policy and guidelines for moderators.  
I said our aim is to always ensure the original meaning and the story, and I'm sorry it was not the case in this instance.  
You did say the meaning was lost, and so then I said when we email storytellers about the story, we say if we can publish your stories, you wrote it.  
Sometimes we will have to edit stories a little bit so we can publish them.  
We explain why sometimes we do this in our moderation principles and they give her the link and so I kind of go on to explain a bit more about why we had to do what we had to do, but I wanted to give her a couple of options to put that right.  
So now I'm saying, OK, this is something I can't really change exactly.  
This is the moderation principle.  
It probably will stay like that, but in your specific case, is there something we can do to help?  
And so I've offered to I can add a reply to her story as me and say, we've had to admit some of the dates, and that means the NHS organizations responding to it, the area would also see that response from me saying if you remove some dates from this original story I said, or if you would like to suggest an edited version without the dates, you're happy to do this and we couldn't load this instead.  
So given a two options, we could be really transparent and say we've edited this piece of feedback on your original story, or she can suggest some edits in line with our moderation policy and we can look at incorporating them for her.  
Umm.  
So yeah, he introduced myself, thank to the author, addressed each critical point.  
Notice that?  
Sorry you feel is is it is confusing.  
It's sorry, it is confusing and then I go on and talk about feedback more generally, how I'm gonna take it to the moderation meeting and I said I hope my reply goes some way to resolving and issues you have with us.  
Thank you in advance fabricating for other storytellers and and actually I didn't have to do anything in the end, the author replied and said, dear Sarah, thank you for printing my feedback.  
It was a breath of fresh air with you responding.  
My apologies, I never thought about the issue regarding the dates with regard wisteria.  
So I had someone that was very angry.  
And again, I recognize it's just feedback on care.  
Opinion.  
She's annoyed.  
We changed her words.  
We changed to feedback.  
She gone to the time to do that, but then when I'd explained why we had to do what we had to do and ways that we were going to look at improving that and for people, she felt hurt, she felt listened to and she didn't want anything at further changing.  
So it was actually miscommunication issue.  
She didn't understand that we would remove dates and to protect people.  
And there's another feedback in that for us, if she didn't know that, are we being clear?  
Is there ways we can be more clear there for that person?  
Umm, so in this example I didn't really change the practice of moderation very much and I did.  
I did use it as an opportunity to review the emails we sent out to patients and it did start a piece of work around supporting moderators to think skillfully about editing sentences, not just deleting dates, but maybe tweaking the sentence structure ever so slightly to it has a nicer flow and a bit more true to the author's style.

 **Jane Beattie (NHS Grampian)** left the meeting

 **Sarah Ashurst** 21:01  
And I also didn't have to reedit the story and but she was happy in the end, she felt listened to.  
She appreciated the time it took to explain the process, and I I reminded me that the process seems so obvious to us, but it's clearly not to.  
Some of our authors and that helps us think about how can we continue to provide a good service?  
Yes, I'm grateful that she came on and kind of gave us that feedback.  
So the general points from my example around OK you receive some critical feedback.  
How would you go about responding to that?  
You know, I would always say that introducing yourself is so important in all feedback, but especially in critical feedback, you know, like the person maybe is very upset and feels quite supposed to giving that feedback.  
So saying who you are and why you're responding.  
It also reminds that patient they're responding to a person, not the NHS.  
And there may be likely to be more polite to you after that.  
You know, you're kind of showing your humanity there at the organization and a you we all know we probably treat Tesco different to the way we treat Tesco.  
You, the person on the checkout in Tesco.  
And you know, when people are keep speaking person to person and they're often much more polite or more respectful.  
And we say, acknowledging each point in the feedback.  
So this is hard and I see people struggle with this a lot and sometimes it can feel like one big block of negative text.  
But what is it that the person's really saying point by point?  
And is it worth trying to drop them down and pull that out of the story?  
You know what is it that's making them upset?  
And it was one instance at the start of the experience that then kind of colored how they feel about the rest of their care.  
You know there needs to be a bit of time on picking rather than taking maybe necessarily face value working through what is it that's upset that person?  
Are they upset about waiting 8 hours in A and E or are they upset because no one told them how long the wait was and they were too anxious to go to the toilet in case their name got called or they couldn't go out for a cigarette or whatever they needed to do?  
They're two different things and it's really easy to read the feedback and say, well, and he's busy will fall.  
You know, our staff are overworked.  
We can't reduce the waiting time, but if you stop and look at the feedback, is the person saying the waiting time is bad or were they very accepting of the waiting time?  
If they'd have just been kept informed, so it's really worth going through line by line and figuring out what it is, that subset that person, and there may be multiple things, you know, maybe a long experience of care.  
Apologize sincerely, even if you can't change anything, even if it feels hard and often the author is much more open to your explanation after you've responded with an apology.  
So in mine, I apologize first as I'm sorry it confused things.  
However, This is why we do do that.  
Maybe we didn't get it right for you, but we have to take the dates out.  
We have to protect staff and we have to protect patients, I say, explaining I'm sorry that that didn't work for you.  
This is the process.  
Maybe we could have made it easier, explained it better to you, and that's not careopinion didn't actually do anything wrong.  
I don't think in that piece of feedback, we just didn't explain it fully to wisteria.  
Please do try and keep as much as the conversation online as possible.  
It's really tempting, so tempting to say, can you just contact me and I'll fix this for you?  
Give me a call.  
Call the ward manager.  
Here's my email address.  
It's really tempting to do that, and that comes from a desire to solve things for that individual, and sometimes that might be the case.  
But very often people are giving you feedback after the event.  
They don't need a resolution to something that's currently ongoing.  
They need you to read their feedback and reflect on their feedback and and you can often do that without knowing who they are.  
And yeah.  
Do you really need that much information?  
Authors often give you so much.  
How does knowing their name help and in fact it might not help?  
It might make staff feel more vulnerable, especially if staff have been criticised in feedback and then, where possible, explain what you've done with the feedback, even if it seems trivial, I said.  
We took ours to, you know, we're going to take it as an agenda item to the moderation meeting in August.  
It was very specific about that and because that tells people their feedback's gone somewhere.  
They've not just got an acknowledgement, it says no.  
I've thought about this beyond just replying to you.  
I've put it on an agenda somewhere.  
We'll discussing it somewhere else.  
We've printed it out and shared it with the team UM, and that that and then go back to people's motivations right back at the beginning and people saying their motivations for giving feedback was to pray.  
Staff informed of the patients and to improve services.  
It's often not coming from a place of being vindictive, being difficult, and if we do get those feedback, they often don't get published on the site because they're kind of rejected.  
But therefore they even get as far.  
Of course, if you're ever concerned about any stories or think that it's the same author coming on again and again and care, opinion is not spotted that you can of course raise that with laws and we'll investigate that.  
But generally people have very positive motivations for sharing.  
Even very painful things am so I just wanted to share a few short examples and I'm sure if you've been to webinars before you've seen this.  
This is very much a favorite story of actually exec.  
Doctor James Monroe.  
It's a very short story and it says someone was on the neonatal unit with their little baby and the nurse was very, very overpowering perfume and when they picked up their little baby, the baby smelled of the nurse.  
And that was quite upsetting for the parents.  
The baby didn't smell like their baby and didn't smell like them.  
And it says surely this should not be allowed to wear such heavy perfumes around these little babies.  
Now the response from Nicole was, thank you so much for taking time to bring this to my attention.  
Sensory simulation, including speller, important for our vulnerable babies and perfume.  
Perfume is not an appropriate stimulant.  
I will discuss you discuss with the clinical team and can reassure you that the practice has changed from today.  
Clinical staff will no longer wear perfume to work and we really like this one.  
One because it's screenshots exceptionally well setting shot and to Nicole didn't need to know which nurse was wearing the perfume.  
Which baby smelled of the perfume?  
Which parent wrote the story?  
Actually, it was like, yeah, you know what?  
We shouldn't be having perfume at all on the wards, and if this could happen for one baby, it might happen for another baby.  
Why don't we just not wear perfume?  
It's not expensive.  
Change and it's not a a change that involves finding that nurse and telling her off.  
And it was OK.  
We'll just not do it.  
We'll just remind people to not do that and that will improve the service for everyone.  
Umm, you know?  
And then I I challenge you if you get similar stories and to think well, can you know, can you do something with this without knowing who the staff member is or the author is?  
Could it have happened to your service?  
Be honest.  
Would that have happened?  
Could that interpretation of what happened in your service?  
Could you look at the story from a quality improvement angle rather than an isolated issue?  
The start, you know the if we go back to the motivations patients and not wanting to complain about staff, they're wanting to tell you about quality issues almost how do you make sure you don't do this again for the next person you know, can you treat it like that rather than trying to deal with that individual incident and does it echo other feedback from patients or concerns raised by staff?  
So have you heard that before?

 **Strempel, Sybilla** left the meeting

 **Sarah Ashurst** 29:00  
Does it hint at something else you've had feedback from another mechanism around?  
Uh, could it be something that is is an issue in your service and and you often get sent from a store and you also sharing feedback to prevent it happening or they have a specific issue and absolutely if you think this person is currently receiving services currently needs help currently needs some help navigating services that's different.  
You know you can say please contact me that we can fix this for you.  
I can investigate for you that a lot of the time careopinion people are out the other side of the services and they're giving you that feedback reflectively.  
So kacian, the discussions do happen offline.  
So if you do pop that email address and people speak to you offline and you don't have to read all this, but obviously the link will be in the slides.  
But this is someone saying the birth trauma as a result of poor care at several stages.  
And actually there was a lot in here that the lead midwife wanted to explore with the person.  
So she does provide an apology, and she acknowledges both the good and bad critical feedback.  
In that response, it was disheartening to hear how you received uh, how you did not receive support when we would aim to provide all women on the post Natal ward, particularly breastfeeding support.  
And I'm so sorry that this has such a negative impact on your first few days with your baby.  
And so she's acknowledging this much of the critical feedback if she can, without knowing who this woman is and.  
And as I said at the beginning, this is often your one opportunity to bring this person in or to alienate them.  
And she ends with, you know, if you in order for us to learn from your journey and shape and improve services.  
And you said can ioffer the opportunity to meet and discuss your journey in more detail.

 **Lisa Dendy** left the meeting

 **Sarah Ashurst** 30:51  
And then she gives her details.  
So she's not saying I'm sorry this happened.  
Please contact me.  
She's actually had several paragraphs where she's addressed the feedback and then she said, but I can, you know, if you want to talk further, please do.  
I'm open to that and in fact, again it came on with a follow up response and said it was lovely to meet you yesterday.  
Thank you for your feedback.  
And they talked about some, you know, we have a change made there were talking.  
We now have an ongoing and we now have work on going around, person centred, visiting both choices and and and Pi service.  
So what I really like about this is if you do have those meetings offline with patients, ask them if you can pop an update on care opinion show members of the public or the people in your organization that it didn't end there.  
You can come on and add multiple responses onto care opinion and I like this one because it shows that the author felt really comfortable contacting gainer.  
They're seeing such a heartfelt response.  
I felt it was heartfelt and then they were able to go in and have a really productive chat.  
So after something which was probably felt very disempowering for the author and they were able to be involved in changes in the service, and that's how you often change around your kind of biggest critics to your biggest champions and.  
And then I I just wanted to go on to this, which I think has been a bit of a theme through this whole thing.  
You can't respond well if you're not open to that feedback.  
You can't write those detailed responses.  
Those heartfelt responses, those responses that aren't defensive if you're not, think if you're not good at receiving that feedback as a team, and some teams are really good at this and some teams find it really hard and it's worth kind of questioning.  
And how does your team feel about receiving feedback?  
Is it welcome or unwelcome?  
It's feedback.  
A gift or an attack?  
You know, it's negative.  
Feedback can feel very much like an attack, especially when you're in a busy service and you're overworked on your short staffed and supporting staff to see that not as an attack, that's an important role that responders have actually, you know, this is not me coming to attack you with this feedback that we've got about your service.  
This is about us thinking how can we improve the service?  
How can we respond to this person that makes them feel better, that repairs that relationship, and how can we make sure it doesn't happen for the next person?  
Uh, and it's I say it's a bit chicken and egg.  
You get really good at responding because you're good at respecting on feedback.  
But if you're good at acting on feedback, you'll also be very good at responding.  
So I think they kind of you grow together with that, you know may start difficult, but then you might get into your groove as a team and just really welcome that feedback where people are offering suggestions of improvement.  
Yep.  
Umm.  
And then there's just this sort of final quote where it says, UM, from Doctor Ben means who's a consultant physician of Chief of Medicine.  
So and Sussex.  
So he was.  
And it says actually careopinion allowed us to have much less guarded conversations with patients.  
It can feel not like that because it's public and he said they felt much less adversarial and complaint driven.  
It felt as if the number of complaints reduced when we started using care opinion.  
We had a we had a push on opening ourselves up to feedback.  
Now, five years on, care, opinion, stories and responses have become business as usual.  
It's embedded in our culture to be open and honest conversations happening between staff and patients, and I like that because I like this idea of people say to me, but this is another thing and I haven't got time for this and and you know, and I need to be out doing my clinical practice or haven't got time to sit at the computer and write reply if this would help you reduce complaints there, that would feel better for your staff and better for you and also better for that patient.  
And you know, you have that one opportunity.  
I haven't included and the information in this slide that are we doing the other responding training.  
We ask people on care opinion quite a few years ago now if they shared negative feedback on care opinion, where they more likely to complain, or less likely to complain, so did personal care opinion make you think?  
Actually, yeah, I've been treated really badly.  
I'm going to complain about this, or did it make you think?  
OK, now I've got all that off my chest and can put that down and I can sort of move on with my life and what we found was it didn't increase or decrease the desired to complain.  
What did increase or decrease the desire to complain was the response they got.  
If people felt listened to, if people felt that that feedback was acted on, or it was explained why their feedback couldn't be acted on in that case, there were less likely to complain if they felt fobbed off, please contact Eric, you know, sorry for your feedback.  
We're sorry that your feedback fell below the high standard of care.  
We expect, you know that sort of we talked about standardized feedback, generic feedback that people were very sensitive to in the Baines research, it made them less likely, more likely to complain because they think, well, they're not listening to this.  
I'm trying to tell them something really important here, and they're not listening.  
And so just in terms of a little bit of support on how to do that, responding to critical story worked very.  
This is my final side before I I'll open up to if there's any questions and this is how I kind of suggest you work through rather than just getting the critical story and adding that response.  
And I know sometimes you feel under pressure to respond fast, but remember, you can respond more than once on the site.  
So you can say I'm really sorry this has happened.  
I want to meet with the team to discuss this and come back to you with a more detailed response, but I would always say don't rush that response.  
Don't rush the detailed response.  
First and foremost, I would say you need to meet with the team first to discuss the story.  
You need to look at what changes you can make without knowing who the author is, and you might want to identify some.  
You could make if you didn't know who the author was as well.  
Uh, you can draft the response and you can ask for feedback from someone either within the service or outside the service.  
We work with one organization that has a bit of a buddy system, so when they write a response one day they can share it with a colleague and get some advice that you can add your response and then if needed follow up with that second response.  
If something else happens, even if the author doesn't reply back to you if you say I'm going to take this to mine moderation meeting in August, I should have gone on.  
Don't think it did, and responded to wisteria and said we did meet in August and we did discuss your feedback around dates in stories.  
And here's what we agreed.  
Or here's what we plan to change.  
Or here's what we plan to make more obvious to people, and that would have continued to show that person that again, people are saying in the Banbury search it wasn't in my tray out my tray again.  
Actually, I've kept on with this feedback.  
This feedback been valuable to me and my team, and that's often what people want to happen.  
They want their feedback to be a useful tool to you.  
Still gonna reverse slightly, so I'm sorry about that.