

# Complaints Annual Report

## 2015/16



## 1. INTRODUCTION

This is the complaints annual report for Hampshire Hospitals NHS Foundation Trust (HHFT) for the period 1 April 2015 to 31 March 2016. Hampshire Hospitals NHS Foundation Trust (HHFT) serves a population of approximately 600,000 and provides one high-quality service across three hospitals in Andover, Basingstoke and Winchester and outlying sites.

The National Health Service Complaints (England) Regulations 2009 requires that all Trusts provide an annual report on the handling and consideration of complaints. This report provides detail of the required inclusions and will be made public on the Foundation Trust website and sent to commissioners of the Foundation Trust services.

## 2. COMPLAINTS MATTER

Patient care is at the heart of what we do and we are committed to improving the experience of our patients. At Hampshire Hospitals NHS Foundation Trust we receive lots of positive feedback about the services we provide but we know that we do not always get it right. It is important to us that people find it easy to raise their concerns and complaints with us and that they feel their feedback is welcomed and taken seriously.

We understand that complaints matter. Every concern or complaint is an opportunity to learn and make improvements in the areas that patient's, their relatives and carers say matter most to them. We understand that handling concerns and complaints effectively matters for people who use our services who deserve an explanation when things go wrong and want to know that steps have been taken to prevent something similar happening to anyone else.

It is always our aim to address concerns and resolve problems quickly and effectively at the point of care to ensure the satisfaction of all involved. We believe that putting things right immediately on the ward or department will have the most positive impact upon the quality of care and on complaint handling. However, should it prove impossible to resolve then ensuring that people know how to make a complaint, that it is simple and straightforward to do so, that they are confident care will not be compromised as a result of making a complaint and that their complaint has made a difference remains our priority.

Effective concerns and complaint handling is an important part of ensuring that people receive high quality care. The Trust's concerns and complaints policy sets out the procedure to make sure that we listen and respond to complaints and that they are properly investigated and monitored. Following initial assessment of the complaint a lead investigator, appropriately qualified and sufficiently removed from the incident is identified to carry out an independent investigation that is proportionate to the complexity and seriousness of the complaint. Where the facts determine an independent investigation cannot be carried out by Trust staff an external opinion may be commissioned. The learning from each complaint is used to improve things for the people who use our services as well as for the staff working in them.

Over the past three years, a number of reports about the NHS complaints system have been published. Recommendations focus on improving the quality of complaint handling addressing those issues that act as a barrier for people making their voice heard. These issues include not taking complaints seriously and being defensive and people who use services not always feeling supported to give feedback, raise concerns or complain. With increasing pressures across the NHS, we understand that being responsive to patients is crucial if we are to ensure that patient experience improves and new ways of working are successful. Regularly welcoming feedback, concerns and complaints and better use made of them will help us to improve care.

Complaints matter to us. We take all negative feedback very seriously and our Chief Executive sees all complaints when they arrive and reviews all responses personally before they are sent. Complaints handling and any trends or themes identified from them are shared and discussed regularly by the Executive Team and the Board of Directors and are reviewed within each of the divisions across the organisation on a monthly basis. Complaints information is used as an opportunity to learn and to take action to improve patient experience. Sharing themes and lessons learned from the many sources of feedback we receive will remain a priority to support improvements in care.

### **3. SUMMARY OF NHS COMPLAINTS PROCEDURES**

#### **3.1 The NHS complaints regulations**

In April 2009 the NHS Complaints Procedure was amended and the latest NHS (Complaints) Regulations came into force. The Local Authority Social Services and NHS Complaints (England) Regulations 2009; are a Statutory Instrument that all Trusts including Foundation Trusts have a duty to implement. Whilst the procedures are not prescriptive, the regulations set out various obligations on NHS bodies in relation to the handling of complaints. Since 1 April 2009, there has been a single approach across Health and Adult Social Care to dealing with complaints. The regulations set out a two stage complaint system:

**Stage 1 Local resolution** – working with the complainant to understand and resolve their concerns in a timely and proportionate fashion

**Stage 2 Referral to the Parliamentary and Health Service Ombudsman (PHSO)** – if local resolution is not successful and people are dissatisfied with the way their complaint has been handled, the complainant can refer their case to the Ombudsman for review.

The national complaints legislation requires that concerns raised by the public are responded to personally and positively and that lessons are learnt by the local organisation. The local resolution stage focuses on the complainant and enabling organisations to tailor a flexible response that seeks to ensure all complainants receive a positive response to their complaint or concern. It places an emphasis on resolving them as fairly and as quickly as possible and ensuring that lessons are learned and shared to improve the experience of care.

The Parliamentary and Health Service Ombudsman is a free and independent service, set up by Parliament. Their role is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England. If local resolution is not successful, the complainant can refer their case to the Ombudsman for review. The Ombudsman makes the final decisions on complaints about the NHS for individuals. They use what they learn from complaints to help public services get better.

#### **3.2 The NHS Constitution**

The NHS Constitution, published in January 2009, sets out the rights of patients when making a complaint:

- To have any complaint made about NHS services dealt with efficiently and to have it properly investigated;
- To know the outcome of any investigation into a complaint;
- To take a complaint to the independent Health Service Ombudsman, if they are not satisfied with the way it was dealt with by the NHS;
- To make a claim for Judicial Review if they think they have been directly affected by an unlawful act or decision of an NHS body;
- To compensation when they have been harmed by negligent treatment.

## LISTENING LEARNING RESPONDING

The NHS Constitution also makes the following pledges which the NHS commits to achieve:

- To ensure patients are treated with courtesy and receive appropriate support throughout the handling of a complaint;
- To acknowledge mistakes which happen, apologise, explain what went wrong and put things right quickly and effectively;
- To ensure that the organisation learns lessons from complaints and uses these to improve NHS services

### 3.3 The principles of good complaint handling

The Trust actively encourages staff closest to the care and services being received to deal with concerns and problems as they arise so that they can be remedied quickly and be responsive to individual need and circumstances. Such timely intervention can prevent an escalation of the complaint and achieve a more satisfactory outcome for all involved. The approach to complaints handling across the Trust is based on the principles of good complaints handling. These have been published by the Parliamentary and Health Service Ombudsman and endorsed by the Local Government Ombudsman and the principles are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

## 4. ANNUAL COMPLAINTS FIGURES

HHFT is organised into three clinical divisions. They are Surgical Services, Medical Services, and Family and Clinical Support Services, each of which are led by a Medical Director and Operations Director, collectively supported by Corporate Services as the fourth division. The formal complaint numbers during 2015/16 have been collected for each site and division and the number and type of complaints received for HHFT have been closely monitored and analysed in order to identify themes and trends and inform future improvements moving forward.

A total of 676 formal complaints were received by the Trust during 2015/16. The 676 complaints were represented across the divisions and are outlined in the table below:

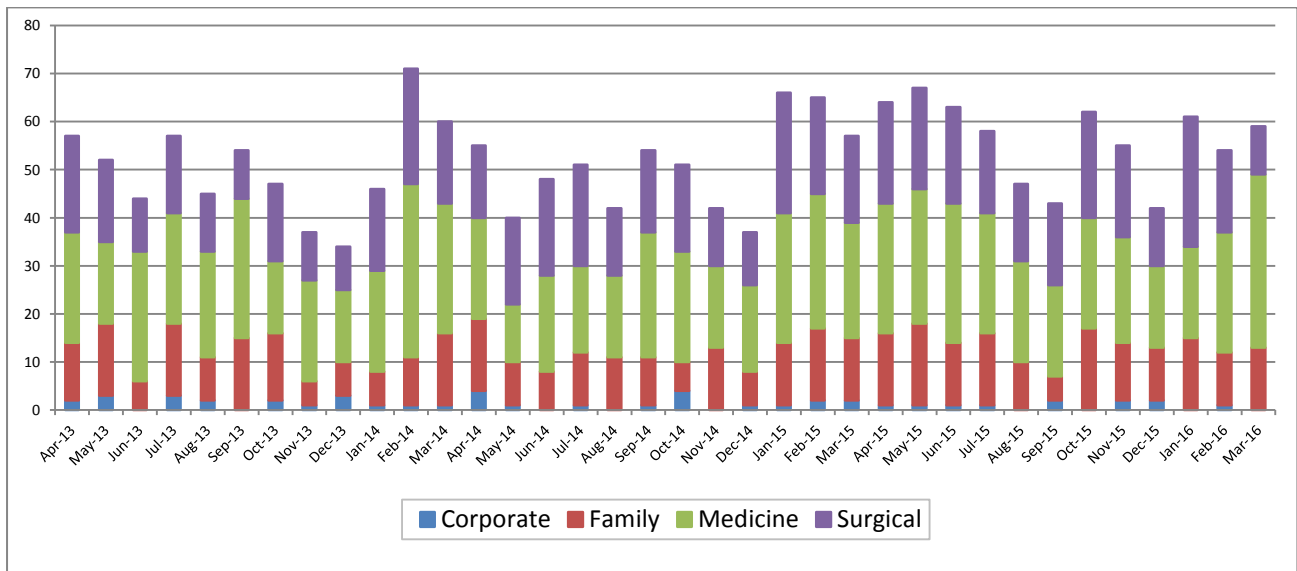
<b>Division</b>	<b>Number of formal complaints 2013/14</b>	<b>Number of formal complaints 2014/15</b>	<b>Number of formal complaints 2015/16</b>
Family & Clinical Support Services	131	130	155
Medical Services	276	252	291
Surgical Services	180	209	219
Corporate, Operations & Support Services	19	17	11
<b>TOTAL</b>	<b>606</b>	<b>608</b>	<b>676</b>

## LISTENING LEARNING RESPONDING

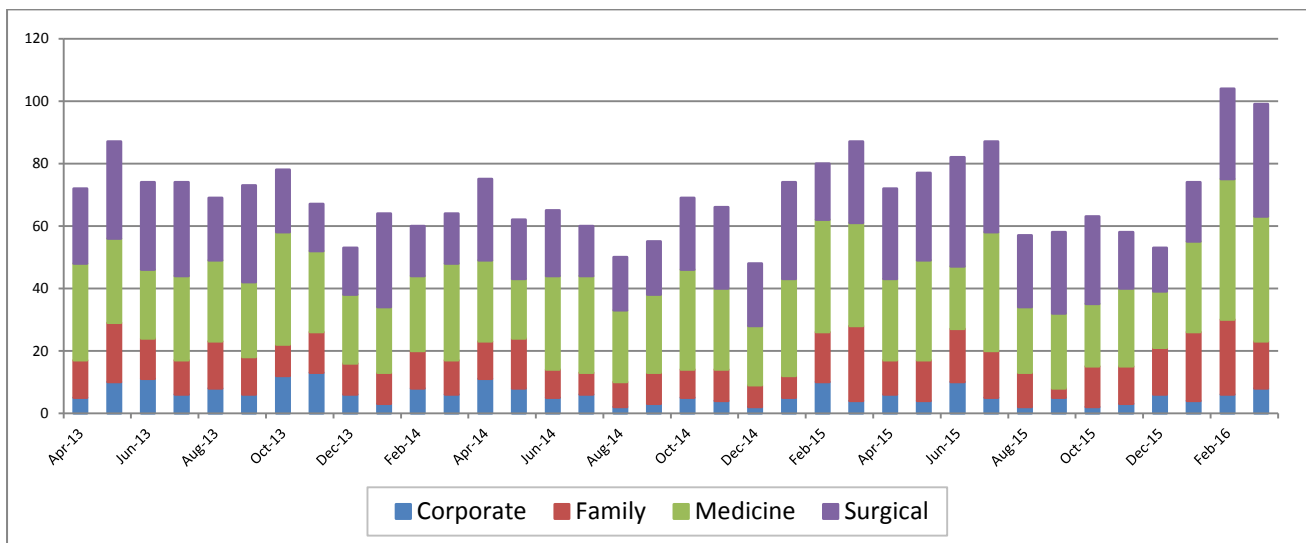
The 676 complaints received in 2015/16 is an 11% increase from the 608 complaints received in 2014/15. The PHSO report at local trust level that the number of complaints has been rising steadily over the past few years. There are recognised pressures within the NHS and it is therefore important to make sure that, amongst other things, pressures do not translate into poorer patient experience. It is also important to consider that an increasing number of complaints do not always indicate a decrease in the quality of services provided. Being responsive to feedback is an important part of improving satisfaction levels. There may be an increase in the number of complaints received as services seek to encourage feedback and concerns to make sure there are continued improvements in care and patient experience.

We have reviewed the total number of complaints as a percentage of overall patient activity. During 2015/16 there have been 2.25 complaints per 1000 inpatient admissions (0.2%), 0.5 complaints per 1000 outpatient attendances (0.05%) and 1.1 complaints per 1000 emergency department attendances (0.1%)

The number of complaints received per month for each division since April 2013 is presented in the graphs below:

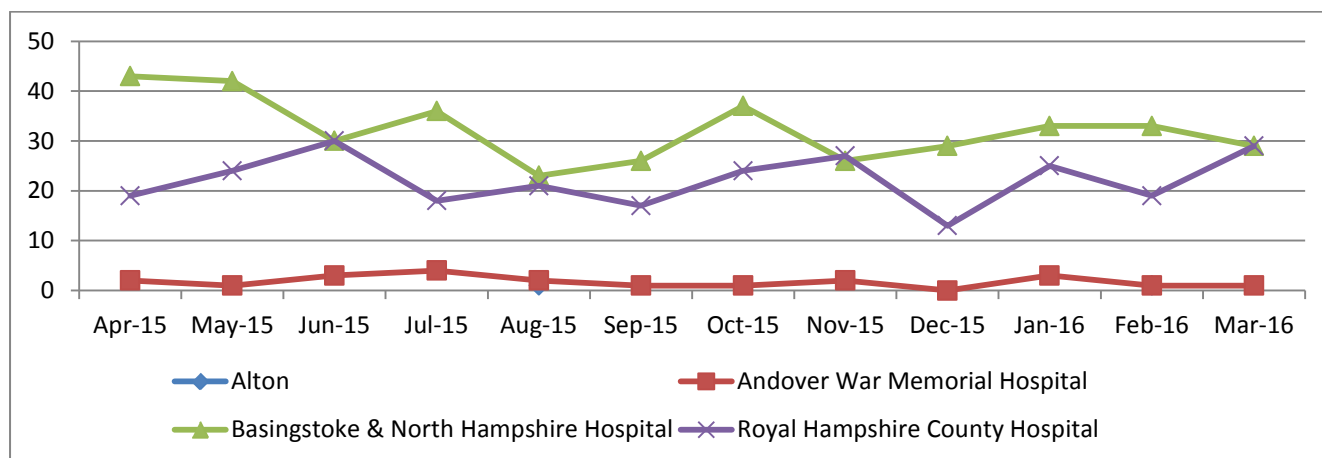


The number of concerns received per month for each division since April 2013 is presented in the graph below:



## LISTENING LEARNING RESPONDING

The number of complaints received per month for each site since April 2015 is presented in the graph below:



### 5. RESPONDING

When an individual complains they are referring to their experience and therefore, all complaints for the period 01 April 2015 to 31 March 2016 were considered upheld by the Trust and handled accordingly.

The following definitions are used to provide clarity about whether an issue of concern is handled within the NHS complaints procedure and to ensure that the Trust provides the most appropriate response:

**Complaint** – A complaint can be defined as an expression of dissatisfaction with the service provided (or not provided) or the circumstances associated with its provision which requires an investigation and a formal response in order to promote resolution between the parties concerned.

**Concerns** - A concern can be defined as a matter of interest, importance or anxiety which can be resolved to the individual's satisfaction within a short period of time without the need for formal investigation and formal correspondence. Concerns are received by staff throughout the organisation. If problems or concerns can be addressed without the need for a formal complaint then this is a positive outcome. Informally raising concerns to staff is often the easiest and quickest way to resolve issues.

Where it has not been possible to resolve the concern quickly (i.e. by the end of the next working day) and to the satisfaction of the person/s raising it, they will be asked if they would like their concern investigated as a formal complaint under the NHS Complaints Regulations (2009). All concerns whether resolved by the next working day or not, will be recorded and reported and reviewed, collated and analysed along with the data recorded from complaints.

In many respects, the distinction between a 'concern' and a 'complaint' is artificial. Both indicate some level of dissatisfaction and require a response. It is important that concerns and complaints are handled in accordance with the needs of the individual case and investigated fairly and proportionately.

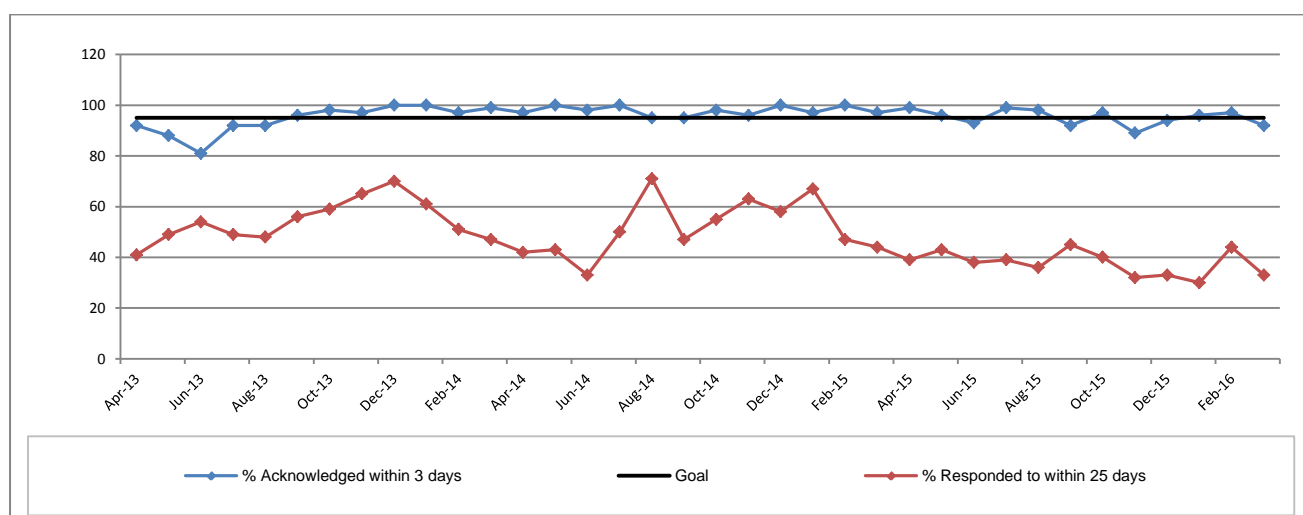
All concerns and issues raised are recorded. During 2015/16 888 concerns were raised with the customer care team who worked with staff within the divisions to resolve the concerns and issues raised. All of the concerns raised are reported in the same way as complaints.

## LISTENING LEARNING RESPONDING

In order to ensure that people feel safe and supported to make a complaint, everyone is directed to additional information, advice and advocacy support. The Hampshire residents' health complaints advocacy service is available through Hampshire Healthwatch and is provided by the Citizen Advice Bureau. All complainants are signposted to the Parliamentary and Health Service Ombudsman (PHSO) (stage 2 of the NHS complaints process) in case they are dissatisfied with the results of our investigation and complaint handling.

The Trust follows the Department of Health guidance and legislation (the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009) which outlines the requirement to acknowledge all formal complaints within three working days. Under the current legislation trusts have six months in which to resolve a complaint to the satisfaction of the complainant, providing a more flexible agreement with each complainant. HHFT aims to provide a response in as timely a manner as possible, working to an internal benchmark of 25 working days.

The graph below displays the percentage acknowledgement rate within 3 days and the percentage responded to within 25 working days from April 2013 to March 2016.



Throughout 2015/16 the Trust achieved an average 95% acknowledgement rate within the required 3 working days.

We aim to respond to all complaints within 25 working days. If it is clear on receipt of the complaint or at any point during the investigation that the investigation cannot be completed on time, for example when a complaint is more complex or requires a joint response from services/organisations a new timeframe will be agreed with the complainant. In 2015/2016 we responded to an average of 38% of complaints within the 25 working days timeframe with a range of between 30% and 45%.

It remains a challenge across all divisions to achieve the 25 working day response timeframe particularly at times of increased clinical pressures. Many of the complaints closed outside of the agreed timescales were either complex ones which involved more than one service area or organisation, or those which raised additional issues during the course of the investigation and complaint handling.

Action is being taken to improve complaint handling performance and a weekly open complaint report is circulated to the divisional governance leads indicating complaints that are overdue, those that will become overdue within 10 working days and over 10 working days of the date of the report.

## LISTENING LEARNING RESPONDING

There has been an increased focus on complaint handling within the divisions with discussion at governance boards, and Senior Management Team meetings. Support has also been provided with 1:1s for complaint handlers to help to improve response rates. Included in this is an emphasis on local resolution, contacting the complainant quickly to gain a better understanding of the issues, clarifying expectations and keeping complainants updated and informed.

Improving the number of responses made within 25 working days will remain one of our aims for 2016/17 as a continued commitment and desire to improve the effectiveness and responsiveness of our complaints handling.

### 6. CATEGORIES OF COMPLAINTS

Complaints are recorded and categorised to help the organisation identify themes and trends and identify improvement actions in response to the findings. A monthly complaints report is produced to enable the Trust to monitor the categories of complaints and concerns so that any issues can be addressed accordingly at both Trust wide and divisional level.

As part of its response to the Francis and Clwyd / Hart reviews '*Hard Truths*', the Government has given an undertaking to have complaints data published quarterly for all NHS organisations. In addition it was recognised that the existing complaints data collection KO41a was not fit for purpose. A new dataset was implemented from 1 April 2015. The changes to the dataset included the addition of 21 new subjects to categorise complaints. Data is now also collected for status of complainant and age of the patient by or on behalf of whom the complaint is made. If the complaint received relates to several subjects this is now able to be recorded. The Trust successfully completed the returns for each quarter in 2015/2016.

The subject for the categorisation of formal complaints is presented here, based on the KO41 categories. The grand total is higher than 676, the total number of formal complaints received during 2015/2016 as some complaints are categorised with more than one subject.

Subject	Total number of complaints
Access to Treatment and Drugs	8
Admissions and Discharges	77
Appointments	83
Clinical Treatment	201
Commissioning	1
Communication	280
Consent	1
End of Life Care	6
Facilities	20
Other	11
Patient Care	170
Privacy Dignity and Wellbeing	18
Prescribing	18
Staff numbers	1
Trust Admin/Policies/Procedures	25
Values and Behaviour	136
Waiting Times	59
<b>Grand Total</b>	<b>1115</b>



## LISTENING LEARNING RESPONDING

The most common themes for complaints during the year were:

### **Communication**

Patients, their relatives and carers have told us how important effective communication is to them and their experience. Being involved in their care and treatment matters to them and it is important to be kept informed and updated with accurate and consistent information. There are several developments to continue to improve the handover of information between staff to improve the information provided about medicines and about discharge from hospital. There is improved recording of conversations detailed in patient's notes to reduce the risk of confusing or conflicting information being given to patients and their families. A wide range of initiatives have been undertaken to improve communication with our most vulnerable patients including patients living with dementia and their relatives and carers. These include the use of the 'This is Me' booklet, the sunflower scheme and 'Johns campaign' and the extended hours of the dementia specialist team now available 7am to 7pm 7 days a week.

### **Clinical treatment**

Clinical treatment has been introduced as a new category under the new KO41a data set for complaints reporting and relates to concerns regarding medical care and treatment provided. These issues would previously have been reported under the broad category of 'Care'. In line with a more open and transparent approach, delays and failures in care are increasingly being reported and subject to review and scrutiny. The Trust routinely reports and reviews all incidents about clinical treatment to ensure mistakes are acknowledged and action taken for improvement. Learning from these incidents is shared across the Trust.

### **Patient care**

Compassionate care remains our priority. Our trust values, CARE: Compassion, Accountability, Respect and Encouragement are promoted in everything we do. They are used in our value based recruitment approach to recruit staff at all levels to promote patient centred care. We have introduced the role of clinical matron across the Trust and a total of 30 senior nurses and physiotherapists have been recruited to take on the role across each of our 3 hospitals. Each of them is responsible for the running of an individual ward / unit spending 80% of their time working clinically. They will be role models, providing a visible presence and leadership for their teams to make a difference for our patients through effective communication and in the fundamentals of care. We have successfully rolled out patient listening events 'Through your eyes' to provide patients, their relatives and carers the opportunity to tell us about their experience and what really matters to them.

## **7. COMPLAINTS AND THE PARLIAMENTARY AND HEALTH SERVICES OMBUDSMAN (PHSO)**

If a complainant is dissatisfied with the way their complaint has been dealt with by the Foundation Trust and local resolution of their complaint has not been satisfactory, they can take their complaint to the independent Parliamentary and Health Service Ombudsman (PHSO) for review.

There has been a gradual increase in the number of cases the PHSO has accepted for investigation. This is primarily as a result of changes made by the PHSO in 2013 to the way they investigate complaints. Their new approach means they now undertake a greater number of investigations than they did in the past. There are three stages of the PHSO process:

- **Stage 1: Initial checks**

The PHSO usually expect people to try to get their problem sorted out with the organisation they are unhappy with before asking the PHSO to look into it.

## LISTENING LEARNING RESPONDING

- **Stage 2: Deciding whether to investigate (assessing the complaint)**

At this stage the PHSO look in more depth at what happened and decide whether to investigate. This assessment considers whether the organisation made a mistake or provided a poor service, what effect that may have had, and what the organisation may have done already to put things right. Not all cases are passed on for an investigation; sometimes the PHSO consider that an organisation has already done what it should to address any failings and resolve the complaint.

- **Stage 3: Our investigations**

When the PHSO complete an investigation, they can fully uphold, partly uphold or not uphold the complaint. If the PHSO fully or partly uphold a complaint they can make recommendations to put things right for the individuals involved and take action to prevent the same mistakes happening to someone else and to make services better for everyone.

There were three open referrals with the PHSO at the start of 2015/2016. All three complaints were closed during the year. Of these one was not upheld and two were upheld following investigation.

Seven new referrals relating to care provided by the Trust were received by the Ombudsman in 2015/2016 representing 1% of the total number of formal complaints received. Of these, one of the new referrals was not upheld following investigation and has been closed, one was partly upheld, four are still open and one was discontinued from investigation.

The PHSO publishes anonymised case summaries as examples of the complaints they handle. A new set of summaries is published once every quarter. Most of the summaries that are published are cases that the PHSO has upheld or partly upheld as these cases provide clear and valuable lessons by showing what changes need to be made to avoid similar mistakes happening again. In principle there are no cases that the PHSO will not publish once they have closed them. However, case summaries will not be published when the circumstances make it inappropriate to do so or when the complainant does not want a summary of their case published.

The recommendations and Trust response to those referrals upheld or partly upheld following investigation and closed in 2015/16 are outlined below

PHSO recommendation	HHFT action
<p>An action plan is produced to ensure better management of patients with sepsis and also to improve the Trust's complaints handling process.</p>	<ul style="list-style-type: none"> <li>• Trust lead for sepsis identified.</li> <li>• Improving the management of sepsis identified as a quality priority for 2015/2016.</li> <li>• Participation in the national CQUIN scheme for sepsis.</li> <li>• Active participation in the Wessex regional patient safety collaborative sepsis work stream</li> <li>• Programme of sepsis training provided for staff.</li> <li>• Improvements made to complaints handling process including monitoring of weekly reports of open complaints, development of in house complaints handling training programme, monitoring of acknowledgement and response rates, identified handler for each complaint providing a point of contact for complainants and development of listening events 'Through your eyes' as a means of receiving feedback about the effectiveness of complaints handling.</li> </ul>

## LISTENING LEARNING RESPONDING

PHSO recommendation	HHFT action
<p>To pay £500 financial remedy to acknowledge the impact of the avoidable distress that arose that arose from the events outlined by the PHSO.</p> <p>An action plan is produced to address the failings identified in the report.</p>	<ul style="list-style-type: none"> <li>• F floor wards at Basingstoke and North Hampshire Hospital have been split into two smaller wards.</li> <li>• The introduction of the clinical matron role to increase clinical leadership.</li> <li>• Improved processes in place to improve communication with relatives following a patient fall including revised risk assessments and care plans and implementation of new guidance.</li> <li>• To improve the management of individual patient's fluid needs, red mugs and jugs are now available on the wards and activity co-ordinators have been appointed on all long term conditions wards to support nutrition and hydration. The dietetic assistant role has also been rolled out across all wards.</li> </ul>

### 8. CARE QUALITY COMMISSION

The Care Quality Commission (CQC) now includes complaints handling as part of the inspections they carry out. There is a strong focus on how well complaints are handled to encourage improvement. How well health and social care providers handle complaints feeds into the regulatory judgements about how responsive our services are to people's needs. The CQC look to establish if there is a clear system for complaints and support throughout the process.

We provided evidence about our complaints handling to the CQC as part of their planned inspection that took place across the Trust in July 2015. The CQC inspected core services across all three of our sites. They assessed each of our services to establish if our services are safe, effective, caring, responsive and well led.

The CQC inspection report identified that complaints were handled appropriately and there was evidence of improvements to services as a result. They reviewed three recent complaints and found that these complaints were responded to according to guidelines and there were adequate details and clarity on the lessons learned. The CQC noted that overall patients were aware of how to complain or raise concerns but whilst information was available it was not in all areas of the Trust. They reported that staff followed trust policy to resolve concerns and the customer care team supported patients to raise concerns and issues informally. Whilst commenting that the majority of concerns were being resolved within 48 hours the CQC noted that some services were not responding to complaints in a timely way. The issue of information and responsiveness are being addressed to ensure patients have easy access to information about how to complain and that improvements are made to the response times for complaints.

### 9. CUSTOMER CARE TEAM

We seek to provide a 'no wrong door' approach to receiving concerns and complaints. Concerns and complaints are received by staff throughout the organisation and via the customer care team by email, telephone, in person or in writing. All staff are encouraged to actively seek and welcome feedback with the aim of resolving concerns quickly and effectively. Managers and clinical service leads support staff to find solutions quickly and informally. Our 'We're here to help' leaflets and posters provide information on how to raise concerns and make formal complaints. These are located throughout the Trust and information is available on the Trust's website.

## LISTENING LEARNING RESPONDING

We encourage patients or their friends and family to talk to the nurse, doctor or member of staff looking after them so they can try to help quickly at the point of care. If they would prefer to speak to someone more independent they can contact our customer care team who will seek to facilitate early resolution to concerns. Our two Customer care offices are situated near the front entrance to the hospitals.

Our customer care team provide a central point of contact and are available to receive feedback provided in person, by telephone and in writing via email and letter or on NHS choices for example. The customer care team are committed to providing an excellent and responsive service to ensure that concerns are fully addressed in an open and transparent manner. The team aim to make it easy for people to raise a concern or complaint and to feel confident that they have been listened to and taken seriously and that the right to care, treatment or services will not be compromised. The team are available to guide people to other sources of information and support including advocacy. All the feedback received by the team is shared with staff for their review and action.

### 10. COMPLIMENTS AND COMMENTS

Many compliments are received from patients, their relatives and carers about the care provided. 439 compliments and thank yous were made in writing to the Chief Executive's office during 2015/16 and were formally recorded and shared with our staff and are outlined in the table below:

2015/16	Number of thank yous received
April-15	34
May-15	43
June-15	42
July-15	43
August-15	33
September-15	32
October-15	36
November-15	33
December-15	29
January-16	32
February-16	43
March-16	39
<b>Total</b>	<b>439</b>

Many more letters and cards are sent directly to our wards and departments thanking staff for the care they received. These are not formally recorded but are shared with staff to recognise the excellent care they provide every day.

To give the public an opportunity to acknowledge staff's care and compassion, Hampshire Hospitals NHS Foundation Trust hosts an annual **Director of Nursing Awards (DONA)** ceremony for staff at all sites in Andover, Basingstoke and Winchester. This award publicly celebrates our nurses and midwives, and nursing and midwifery teams. Nominations are made by members of the public for an individual or a team for their care, commitment and compassion. Last year, was the tenth anniversary of the awards and there were a record number of nominations. 322 nominations were received from members of the public for staff to receive a DONA award.

## LISTENING LEARNING RESPONDING

The Trust also presents a monthly WOW! Award recognising when staff go the extra mile. At Hampshire Hospitals, the WOW! Awards were first introduced in 2009 and on average 200 WOW! Award nominations are now received each month from patients and staff with a total of 2494 nominations received in 2015/16. 71% of the nominations were made by the public and 29% made by staff. This is an incredible achievement and recognition of our staff's commitment. Nominations are considered by a panel which includes Foundation Trust governors and a small number of winners are chosen who are surprised in their workplace by Chief Nurse Donna Green and presented with a certificate. WOW! Award winners are invited to a quarterly celebration lunch with their colleagues, the board of directors and Foundation Trust governors, to celebrate their work in going the extra mile in customer service, innovation or patient safety.

This year the Trust was nominated alongside 4 other organisations in the national WOW! awards, a programme which recognises outstanding customer service. Two staff from Alton physiotherapy services, Kandy Maddock and Paula Lowry were finalists in the 'WOW! You Changed My Life category'. They were nominated by a patient who participated in a 'Return to Exercise' initiative and credits her return to fitness and a healthy and fit lifestyle following surgery to *"...the incredible support, interest and zest for life that both Paula and Kandy, and the drive and structured lifestyle planning that the 'Return to Exercise' initiative gave me."*

At the Trust's Annual WOW! award ceremony over 100 winners attended this year. The Chairman's overall winner was Charlene Zammit. Charlene who is a receptionist in our Acute Assessment Unit in Basingstoke went above and beyond whilst working in AAU one day. A 2 month old baby was brought into ED in cardiac arrest and Charlene came out of AAU to look after the 2 year old sister that was here. Charlene not only stayed with the 2 year old throughout, she also went into the room where mum and dad were with their baby that had passed away, and offered support and comfort to them. She remained professional throughout and made sure that the little girl was looked after at all times. Charlene was supposed to go home at 2pm and stayed until 7pm as she also went down to the mortuary with the family.

During 2015/16 more than 58,000 patients responded to the national Friends and Family Test (FFT) question *"How likely are you to recommend our ward/service/department to friends and family if they needed similar care or treatment?"* This has provided us with a rich stream of comments which gives an insight in the experience patients have of the care we provide and what they think is important.

Overall the majority of patients tell us they would recommend our services across the FFT programme in each of the care areas Inpatients/Daycases, Maternity, A&E and Outpatients. Staff attitude and the care provided are the main reasons for their recommendations. These are also some of the main reasons for not recommending our services alongside poor communication, environment issues including parking, food and noise, waiting times and appointment scheduling.

FFT is now an integral part of what we do and the patient voice is truly heard. Results from the 2015 NHS staff survey confirm that our staff are engaged in seeking patient feedback. The effective use of patient/user feedback was one of the five key areas locally where staff experiences have improved the most since the 2014 survey. In our local questions included in the NHS staff survey about patient experience, 74% of our staff who responded also agreed or strongly agreed that patients/service users are asked to give their views on the quality of care they receive. The feedback from FFT has been used alongside comments, concerns and complaints to stimulate local improvement and empower staff to carry out the sorts of changes that make a real difference to patients and their care.

## LISTENING LEARNING RESPONDING

NHS Choices provides another valuable way for patients to provide online feedback to us about their care. The site allows patients to rate their experience at a hospital, out of five stars. The ratings are averaged over the last two years which provides an overall star rating. At the end of the year, our hospitals received the following ratings on NHS Choices:

**Basingstoke and North Hampshire Hospital** - 4 stars based on 106 ratings

**Royal Hampshire County Hospital** - 4 stars based on 90 ratings

**Andover War Memorial Hospital** - 4.5 stars based on 35 ratings

All comments posted on the site are reviewed by the Chief Executive and are sent to the relevant staff within the divisions for their review and action. Individuals leaving comments of concern are encouraged to contact the customer care team to discuss them more fully in an attempt to listen, respond and learn.

### 11. LEARNING FROM COMPLAINTS

The Trust values the opportunity that each complaint brings to learn and improve and recognises the importance of sharing the learning from complaints across the organisation for the benefit of our patients and staff. We continue to strive to demonstrate the changes that have made as a result of the learning from complaints and to sustain the changes for long term improvement.

We act on feedback to make improvements to our services wherever possible. All letters of response include an apology. In response to the complaints received this year we have taken the following actions:

#### Action to remedy

- New meal trolleys purchased to ensure all food served as hot as when it leaves the kitchens
- Signs to direct patients to the assessment unit on the ward now in place
- Leaflet developed to provide information regarding elective caesareans and labour
- Weekly call bell audits carried out
- Claim form issued for lost property
- Criteria for access to non-emergency patient transport made more transparent for patients
- 8 parents' beds provided for paediatric ward
- New reception desk on F floor to help welcome and direct visitors
- Development of ward information leaflet for patients and relatives
- Safe purchased by ward for the secure management of patient property
- Disabled and drop off parking increased at front of hospital (RHCH)
- Matron working with catering department to ensure nursing teams are able to access food out of hours for patients
- IT system error reviewed and repaired
- Use of valuables bag trialled in the emergency department
- Pain clinic room relocated
- A 'birth reflections' meeting arranged to review medical notes
- Review of letter templates for orthotics
- Designated dementia champion within therapy team
- New signage installed in maternity department
- Trust wide improvement project underway to look at improving delays in clinics and improve appointment and booking systems

## LISTENING LEARNING RESPONDING

### Action to remedy continued

- Ward contact details updated for details of on call personnel and those available out of hours and over a weekend
- Wording of appointment letters reviewed to ensure it is clear to patients who they will be seeing in clinic
- White board introduced into gynaecology outpatient area to inform patients of doctors and nurses in clinic and waiting times to be seen
- Contact number for musculoskeletal service (MSK) updated and communicated to switchboard operators
- Use of Parkinson's UK laminated '*get it on time*' bed notices which are currently being issued to the wards
- Number of disabled parking spaces increased on the BNHH site
- Notice board installed in phlebotomy to allow updates to be provided to patients about current waiting times
- Information posters developed to be displayed in GP surgeries to inform women what to expect from antenatal scans

### Shared lessons

- Presentation of a patient scenario at staff training to highlight the importance of communication and consent
- Complainant invited to attend ward meeting to share their experience and ideas for improvement
- People who have raised concerns and complaints invited to participate in patient listening sessions "Through your eyes" to share their experience with staff.
- Feedback shared with staff in supervisory meetings on a 1:1 basis
- Lessons learned from complaints shared with teams for understanding and improvement

### Changed policies and procedures

- Procedure for issuing a death certificate outside of bereavement office reviewed and shared with relevant staff
- Partners able to stay overnight with women following birth effective from April 2015
- Changes to menu cards so patients can order smaller or larger portions
- Cardiology department introducing 'home for lunch' initiative with aim that patient's will be discharged before midday
- Ward pharmacist working with ward staff to prioritise checking of complex drug regimes as prescribed on the electronic system to ensure early detection of any discrepancies
- New spinal pathway introduced to reduce waiting times for treatment
- Review of processes regarding communication to patients about changes in medication before and after surgery
- Time lights turned down on the ward at night reviewed
- Review of processes for documenting patients' valuables
- Discharge planning tool in place supported by a discharge checklist
- Review of administration procedures within cardiology department to improve communication with patients
- Recording of catheter care on the ward made part of daily review of patients
- New telephone triaging service developed to help manage the volume of calls received to the Musculoskeletal service and improve responsiveness
- Set up an icon on the electronic patient record to easily identify in-patients with Parkinson's disease
- All new born physical examinations documented electronically in NIPE (New-born and Infant Physical Examination) Smart system

## LISTENING LEARNING RESPONDING

### Changed policies and procedures continued

- Change in nursing paperwork and care plans which allow each member of staff to fully understand a patient's needs at the bedside
- Postnatal service reviewed and core team of midwives and maternity support workers developed who will be working on the ward to provide continuity with support, advice and care
- Dedicated drug round introduced in antenatal and postnatal wards to allow women to have more control over their pain relief

### Staff training

- Links made with Parkinson's UK to arrange specific ward training
- Parkinson's specialist nurse providing training to wards
- Parkinson's awareness programme for matrons
- Ward staff attended pain management course
- Palliative care training provided
- Refresher training sessions arranged with diabetic clinical team and diabetic link nurse role developed on the ward to support staff
- Training sessions arranged to update staff on the actions required following a patient fall
- Appropriate use of password system highlighted to staff for relatives who are unable to come into hospital and keep in contact by telephone
- Supervisor of midwives meetings to reflect on care provided and lessons learned
- Patients invited to share their feedback with staff at patient listening events
- Bespoke customer care and communication training tailored to specific wards and departments
- End of life teaching and guidance to include more detailed information on how to deal with agitation
- Dementia awareness training attended by staff including 'Tommy on Tour' presentation.
- Staff reassessed in care and management of nasogastric tubes
- Conflict resolution training attended by staff

### Complaints survey

During 2015/2016 complainants were invited to take part in a survey to tell us about their experience of the Trust's complaints handling process. The response rate has been disappointing with a less than 10% response rate. Of the returned response 73% said it was very easy to make the Trust aware of their complaint using email, letter and telephone. Some suggestions received on how we could make it easier included making leaflets available on reception desks and providing a simpler link on the website.

86% of complainants were satisfied or satisfied to some extent with how their complaint was handled. Of the 13% who were not satisfied they identified that they were not contacted or kept informed.

73% of complainants confirmed they were kept informed during the process and 80% said they felt their complaint was taken seriously. Reasons received for complainants not being satisfied during the process included lack of acknowledgement and delayed responses.

53% of complainants confirmed they were satisfied with the action taken in response to their complaint. 27% said they were satisfied to some extent with 20% not satisfied. The reasons for dissatisfaction related to the lack of personal apology, actions to avoid recurrence not identified and suitable remedy not provided.

80% of complainants reported that they did not feel their care had been compromised as a result of making a complaint with one respondent confirming that they felt they were adversely affected by making a complaint.



## LISTENING LEARNING RESPONDING

The following comments were also provided in response to the survey which have been used to inform future plans for improvement:

- Was kept informed at all key points of the process.
- A detailed apology and promise of procedural change.
- The reply indicated that a thoughtful investigation had taken place.
- You identified the issues and said you were concerned about poor service and that you were trying to find ways to improve it.
- Response letter was clear.
- I was very satisfied that the whole business was dealt with fairly and sympathetically.
- Whilst I was concerned it would affect future consultations this was not the case.
- We feel the complaint was not taken seriously.
- Email communication would be quicker and save on costs plus I would have the opportunity of an instant response and could attach evidence.
- I was not kept sufficiently informed by the department I was complaining about and received an abrupt call from a member of staff.
- Complaint handled promptly but problem remains unresolved.
- No indication if any measures had been taken with that person (retraining, relocation) so that it did not happen again.
- Provide indication of response times if these will be slow.
- Keep us informed both during and on conclusion ensuring the complaint is investigated properly.

### 12. KEY ACHIEVEMENTS 2015/16

Following the publication 'Hard Truths' the government response to the Francis inquiry into the failings at Mid Staffordshire NHS Foundation Trust, the PHSO, the Local Government Ombudsman (LGO) and Healthwatch England committed to developing a user-led 'vision' of the complaints system. The vision aims to align the health and social care sector on what good looks like from the perspective of people raising concerns and complaints about health and social care. It builds on work that has previously been carried out by patient led organisations such as the Patients Association and National voices. The Care Quality Commission (CQC) is using the framework in its new inspection regime and the PHSO will be integrating it into the principles of good complaint handling. It will also be used to monitor and manage performance by NHS England as part of the NHS Outcomes Framework.

We understand that complaints are an important part of feedback and that they are a strong indicator of patient experience. We have used the framework to consider 'what good looks like' for our patients to measure our progress and identify actions needed to improve our complaint handling. We share the vision that we want all people using our services to be able to say 'I feel confident to speak up and making my complaint was simple'. 'I felt listened to and understood.' 'I felt that my complaint made a difference.'

Whilst many of the statements of the user led vision are part of existing practice in our complaints handling, we have taken the following actions to support continued improvement;

- Increased the means of collecting feedback on which to judge how well complaints and concerns are handled including through satisfaction surveys and listening sessions.
- Benchmarked our complaints handling against the Patient Association Good practice standards for NHS complaints handling and identified areas for improvement.
- Upgraded our complaints management system to support the new requirements of the national KO41a complaints data collection to publish quarterly complaints data and improve the usefulness of reporting to identify themes and trends. Submitted data for each quarter during 2015/16.

## LISTENING LEARNING RESPONDING

- Undertaken analysis of complaints logged for staff attitude and manner to allow improved understanding and enable improvements in practice in response to our quality priority to reduce the number of complaints relating to staff attitude and manner in 2015/16.
- Worked in partnership with Hampshire Healthwatch to receive and respond to feedback they have received about services we provide.
- Engaged with Hampshire Healthwatch on their first 'Enter and View' visit focused on dementia care at the Royal Hampshire County Hospital.
- Promoted the principle of 'no wrong door' with a variety of ways for patients, their relatives and carers to provide their feedback as comments, concerns, compliments and complaints. These include 'Ask Mary' direct email contact with our Chief Executive, our customer care team, comment cards, the friends and family test, patient satisfaction surveys, walk-rounds and patient listening events.
- Rolled out patient listening sessions "Through your eyes" across all divisions where staff have the opportunity to listen first hand to the 'patient story' shared by people who have given their feedback or raised concerns and complaints with us.
- Involved patients and volunteers in staff training, service improvement initiatives and in value based recruitment activities to ensure the Trust values 'CARE' are embedded in everything we do.
- Developed and provided 'investigation' training and 'human factors' training for staff who handle incidents and complaints to ensure that investigations are proportionate and fair.
- Used complaint case scenarios and learning from complaints within customer care and communication skills training.
- Provided complaints training for staff and teams involved in handling and responding to concerns and complaints.
- Distributed an 'easy read' version of our complaints leaflet "We're here to help".
- Updated the Trust website, providing links to sources of information and support for making a complaint.
- Continued to promote and encourage early contact and conversation with complainants to understand their issues of concern, to determine complexity and agree an individual complaint management plan.
- Reviewed the management of joint complaints with the Wessex region complaints network.
- Facilitated opportunities for local resolution meetings and provided advice and guidance on holding effective meetings.
- Participated in data quality audit and validation activities to monitor and review the standard of data collection in relation to complaint data entry and categorising of complaints.
- Used other sources of data alongside complaints data to explore themes of patient experience including the friends and family test survey responses and 'mystery shopper' calls to patients who have recently used our services.
- Utilised a range of existing forums to ensure sharing of themes and learning from complaints at divisional and ward/departmental level.
- Analysed responses to the complaints survey to evaluate the satisfaction of our complaint handling.
- Improved and developed the process for assessment and escalation of serious complaints including complaints that are also Serious Incidents Requiring Investigations (SIRI).
- Used the opportunity of patient satisfaction surveys and our programme of regular 'walk-rounds' and our team of volunteers to increase the awareness of how to raise concerns and complaints for patients, their relatives and carers.
- Promoted the 'speak in confidence' system to provide another way for staff to feel safe to raise any concern they have and feel confident that they will be listened to and some action taken. The system enables staff to raise concerns anonymously.
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## LISTENING LEARNING RESPONDING

- Established the 'Hear I Am' patient and carers voice programme in partnership with an external consultancy company 'Practive' to engage with young adults and parents to work with us on becoming a powerful voice for the improvement of patient care. The programme provides facilitated sessions to develop the skills and provide support so this group will feel confident to stand alongside staff members to lead improvement sessions and to contribute to ensuring that the voices of young people and their carers are included in the provision of care or the redesign of services.
- Used the themes from complaints, concerns, the Friends and Family Test feedback and patient surveys to inform service improvement activities at divisional, specialty and ward level. We used this variety of feedback in 2015/16 to inform our quality priorities for 2016/17.

### 13. IMPROVEMENTS PLANNED FOR TRUST WIDE COMPLAINTS HANDLING FOR 2016/ 2017

The statements of expectations outlined in the user-led vision for raising concerns and complaints in health and social care developed by the PHSO, Healthwatch England and the Local Government Ombudsman will provide a framework of our improvement work programme for 2016/17.

Diagram 1: A user-led vision for raising concerns and complaints in health and social care  
*'My expectations for raising concerns and complaints' PHSO, Healthwatch England, LGO (2014)*



#### 1. Considering a complaint

- Increasing the awareness of patients and others about how to make a complaint or raise a concern when they first start to use a service.
- Encouraging feedback, concerns and complaints in all trust patient information resources including printed information, ward screens and bedside monitors.
- Raising awareness and understanding of advocacy support with staff and with patients.
- Doing more to reassure people that their care will not be compromised if they complain.
- Ensuring information and support to promote feedback is accessible and available in accordance with the requirements of the Accessible Information Standard.

#### 2. Making a complaint

- Making sure staff understand what is expected of them and provide training and support to help them to handle concerns and complaints effectively.
- Increasing the opportunities for 'no wrong door', promoting the various channels for providing feedback, raising a concern or making a complaint.
- Increasing our contact with local advocacy support services and promoting advocacy support.
- Ensuring the complaints process is accessible to vulnerable groups and they are signposted to sources of support.

## LISTENING LEARNING RESPONDING

### 3. Staying informed

- Encouraging early contact for each complaint and concern raised.
- Providing guidance for staff on holding effective local resolution meetings.
- Providing each complainant with a named point of contact.
- Keeping complainants informed of the progress of their complaint in a timely manner.

### 4. Receiving outcomes

- Increasing the percentage of people who receive a response within 25 working days.
- Demonstrating our values 'CARE' in our responses to complaints, being open and honest.
- Providing education and training to ensure complainants receive the findings and outcomes in a respectful and appropriate manner e.g. plain English, clear explanations provided, outcomes and evidence of learning and actions taken for improvement identified.
- Providing training and support for staff to ensure the effectiveness and independence of investigations.
- Supporting staff to carry out the 'Duty of Candour', apologising where appropriate and being open and honest when things go wrong.
- Giving the opportunity for complainants to be involved in making positive changes.

### 5. Reflecting on the experience

- Increasing the means of collecting feedback on which to judge how well complaints and concerns are handled including through satisfaction surveys and listening sessions.
- Benchmarking our complaints handling against the statements made in '*My expectations*' to understand the effectiveness of our complaint handling.
- Submitting the quarterly KO41a complaints data return and improving the usefulness of this to identify themes and trends.
- Supporting the analysis of complaints as part of agreed improvement initiatives to enable improvements in practice to be made.

With co-ordinated action across the Trust we believe our shared commitments to making the improvements outlined above will help to us in being able to improve the experience of complaining and the care we provide.