

ANNUAL COMPLAINTS REPORT

2015/6

SOLENT NHS TRUST VALUES



Honesty



Everyone counts



Accountable



Respectful



Teamwork

CONTENTS	PAGE
1. Introduction	3
2. Summary of NHS Complaints Procedure	4
3. Solent's Approach to Complaint Handling	5
4. Annual Complaints Figures	5
5. Complaint Themes and Actions Implemented at Trust Level	7
6. Professional Feedback	8
7. Performance Targets	9
8. Complaints referred to the PHSO	10
9. Learning from Complaints	10-13
10. Actions Taken to Support the Complaints Handling Process	13
11. Improvements Planned for Trust Wide Complaint Handling 2016/7	13-15
12. Appendix	15

1. INTRODUCTION

This is the annual complaints annual report for Solent NHS Trust for the period 1 April 2015 to 31 March 2016. Solent NHS Trust was created in 2011 and specialises in providing high quality, best value community and mental health services. We do this by putting individuals and their families at the heart of our decision making, and by forming strategic partnerships with other organisations so that our service users and commissioners benefit from local, integrated community solutions. We provide over 1.5 million patient contacts each year and employ over 3,500 staff across locations in Portsmouth, Southampton and Hampshire.

The National Health Service Complaints (England) Regulations 2009 require 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 Trust website and sent to commissioners of the Trust services.

1.2 COMPLAINTS MATTER AND MAKE A DIFFERENCE

Patient experience is at the heart of the Trust quality promise to improve satisfaction and patient reported outcomes. Solent's Patient Experience Strategy 2015-2018 sets out a commitment to improve experience by:

- Putting people at the heart of services
- Listening to people's views
- Gathering information about their perceptions and personal experience
- Using that information to further improve care.

Solent NHS Trust receives feedback via a number of different methods. Although the majority of this feedback is complimentary, we recognise that we do not always get it right. Every concern or complaint that we receive is an opportunity to learn and make improvements. In addition, we recognise that handling concerns and complaints effectively matters for people who use our services, that they deserve an explanation when things go wrong and to know what changes have been made within the organisation as a consequence of their complaint to prevent something similar happening to anyone else.

We work hard to address concerns and resolve problems quickly and effectively at the point of care. We believe that putting things right as soon as an issue is raised will have the most positive impact upon the quality of care and on complaint handling. We endeavour to ensure people feel confident to speak up and know how to make a complaint, that the process is simple, they are kept informed and feel that their complaint has made a difference, in line with *'My expectations for raising concerns and complaints'*, PHSO, NHS England, 2014.

Effective concerns and complaint handling is an important part of ensuring that people receive high quality care. The Trust's Managing Concerns and Complaints Policy and Procedure (2016) sets out how we ensure we listen and respond to complaints and that these are properly investigated and monitored. Following initial assessment of the complaint we appoint a lead investigator to carry out an independent investigation that is proportionate to the complexity and seriousness of the

complaint. The learning from each complaint is used to make improvements for the people who use our services as well as for the staff working in them.

Everyone counts. We take all negative feedback very seriously. Our Chief Executive is notified of all complaints when they arrive in the Trust and reads all responses personally before they are issued. Complaints handling and any trends or themes identified from them are shared and discussed regularly by our Executive Team and the Board. Each of our service lines also review their complaints at monthly governance meetings.

2. SUMMARY OF NHS COMPLAINTS PROCEDURES

2.1 NHS Trusts have a duty to implement the Local Authority Social Services and NHS Complaints (England) Regulations 2009. The regulations set out various obligations on NHS bodies in relation to the handling of complaints. The regulations set out a 2 stage complaint system:

Stage 1 Local resolution- working with the complainant to understand and resolve concerns in a timely and proportionate manner.

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, they can refer their case to the Ombudsman for review.

2.2 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.

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. SOLENT'S APPROACH TO COMPLAINT HANDLING

The Trust encourages staff closest to people receiving our services, wherever possible, and with service user's consent, to deal with concerns and problems as they arise. That means we can resolve issues quickly and in a way that is responsive to service user needs and circumstances. Timely intervention can prevent escalation of issues raised and achieve a more satisfactory outcome for all concerned. The approach to complaints handling in the Trust is based on the principles of good complaints handling published by the PHSO. These principles are:

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

To learn from people's experience of the Trust's complaints process, all complainants are sent a complaints evaluation form along with the Trust's formal written response.

4. ANNUAL COMPLAINTS FIGURES

Solent NHS Trust is organised into seven service lines within three Care Groups:

Portsmouth Care Group

- Adults Portsmouth
- Children's services East
- Adult Mental Health

Southampton Care Group

- Adults Southampton
- Children's services West
- Primary Care

County Wide Care Group

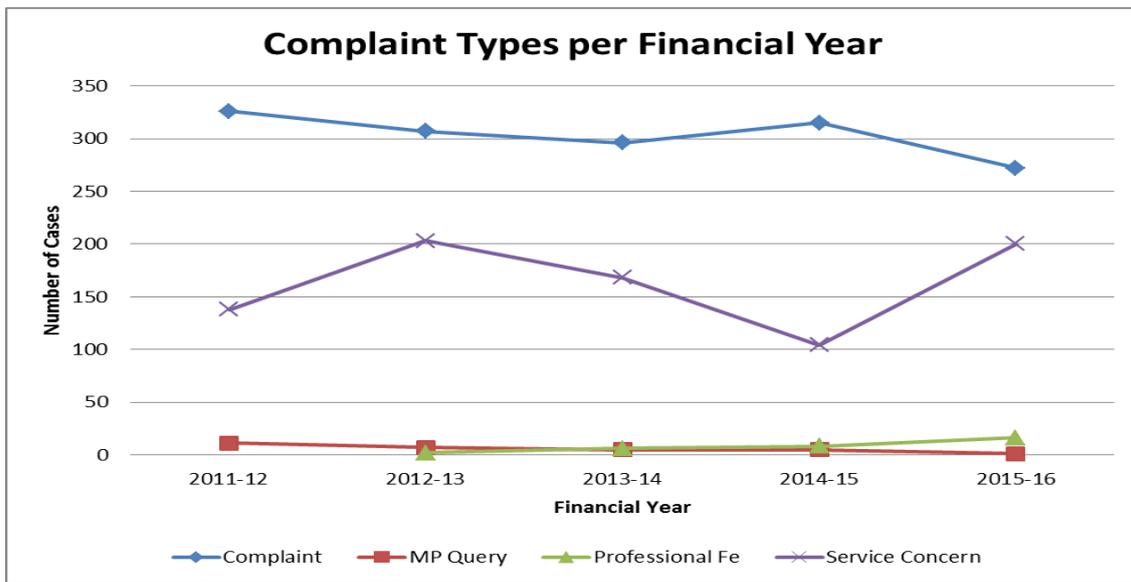
- Sexual Health
- Specialist Dental Services

Each service line is led by a Clinical Director, an Operational Director and a Clinical Governance Lead. The service lines are supported by corporate service teams in the handling of complaints.

Between April 2015 and end March 2016 a total of 289 complaints were received across the Trust. Of these 272 were formal complaints, 16 were professional feedback (a concern raised by a clinical professional about a Solent service) and there was one MP query.

The total number of complaints as a percentage in relation to overall activity is 0.028%.

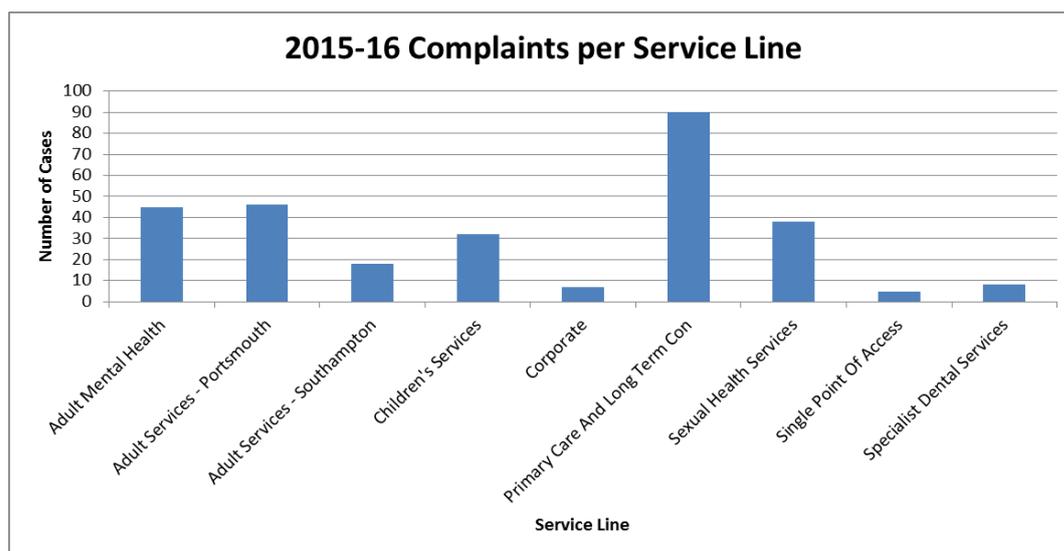
Graph 1: Annual Number of Complaints, Service Concerns, MP Queries and Professional Feedback received.



This chart shows a reduction in the number of complaints and an increase in the number of concerns which is encouraging and reflects the Trusts aim to resolve issues at service level wherever possible.

The PALS and Complaints Team together with services actively communicate with complainants to ensure they are fully engaged within the complaints handling process and are able to contribute to resolution and receiving a satisfactory outcome. The increase in the number of service concerns received and dealt with in 2015/6 (one hundred and four in 2014/15 compared to two hundred in 2015/16, a 92% increase) suggests that this approach is proving effective although this trend will need to be monitored in the coming year.

Bar chart 1: Complaints per Service Line



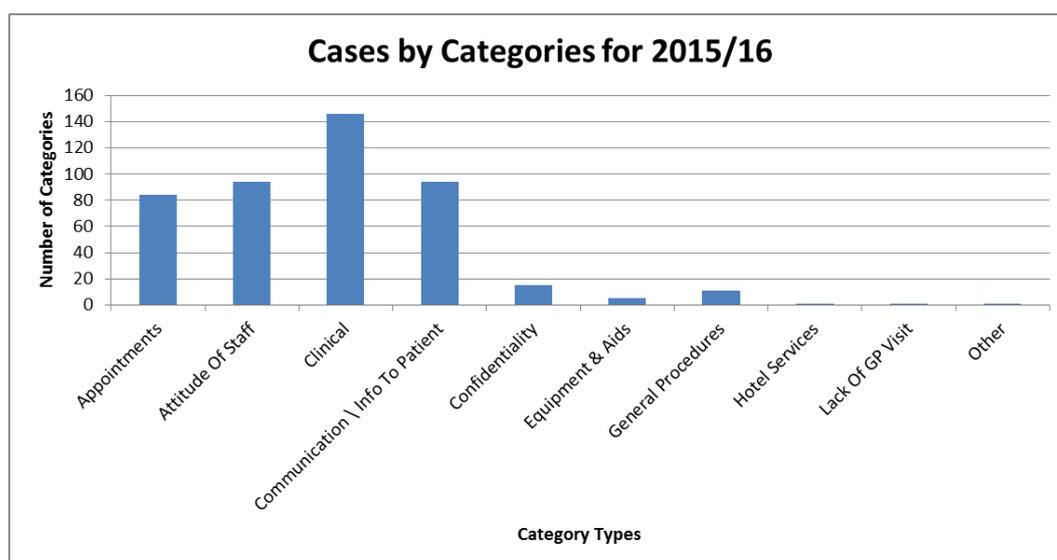
Primary Care received the highest number of complaints which was also the situation in 2014/5. This is due to the configuration of services within this service line and is relative the large number of patient interactions that the service provide. The podiatry and musculo skeletal services (MSK) which are within the Primary Care service line carried out a review of complaints received between

January and October 2015 when 64 complaints were received across the services and identified key themes for learning and improvement (section 9.3).

5. COMPLAINT THEMES AND ACTIONS IMPLEMENTED AT TRUST LEVEL

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

Bar chart 2: Complaints by Category



The themes identified locally within the Trust are similar to the national picture and those identified in 2014/5:

Table 1: Complaints by category 2014/5

Category of complaint	No of issues raised	% of issues raised
Appointments	155	24.22%
Attitude Of Staff	91	14.22%
All Aspects Of Clinical Care	194	30.31%
Communication \ Info To Patient	159	24.84%
Confidentiality	9	1.41%
Equipment & Aids	13	2.03%
General Procedures	13	2.03%
Hotel Services	5	0.78%
Transport	1	0.16%

5.1 Actions being implemented at Trust Level to Address Frequent Themes of Complaints

Clinical Care- supervision and training of staff is a focus of the Trust and in the coming year there will be a refocus on training opportunities. The Allied Health Professions (AHPs) and Nursing Professional strategies are being launched in 2016/7 and these will bring a refocus to professional responsibilities and leadership. Themes from complaints will be used to inform the Quality Improvement programme that is being rolled out across the organisation.

Attitude of Staff- new Trust values have recently been launched and the requirement to embed these behaviours in practice is incorporated in the appraisal process and will form a part of values based recruitment. The Trust values are introduced to all new staff at Trust induction. Customer care training is provided in clinical areas where there is a recurrent theme in relation to staff attitude.

Communication/ Information to Patients – this theme is often closely related to staff attitude where a focus on customer care training and living the trust values is required. The Complaints training includes a focus on encouraging staff to avoid problems occurring in the first place and to welcome feedback so that concerns can be dealt with quickly and prevent escalation to formal complaints. A number of services are reviewing the information provided to patients before they attend for appointments to ensure that expectations match the service provision.

Appointments- there are a range of new service models being introduced as part of the Trusts transformation programme aimed at reducing waiting times and improving efficiency and productivity. There have been issues with some of the telephone appointment lines affecting patient's ability to book appointments and there is an upgrade of the telephony as part of the IT strategy to address this issue.

These themes will become a focus of the quality improvement programme in the year ahead.

6. PROFESSIONAL FEEDBACK

It is important for other clinicians and agencies to be able to provide professional feedback in relation to Solent NHS Trust Services. They, or one of their patients, may have had an unsatisfactory interaction with a service or they may be unfamiliar with processes and require clarification about a particular Service. Professional feedback is also an important way for receiving suggestions on how services can improve.

In 2015/16 there were 16 instances of professional feedback, which is an increase on previous years. Rather than an indication that clinicians have raised more concerns with Solent NHS Trust it would appear to be because such concerns have previously been incorrectly recorded. Previously they had been logged as complaints. Through learning there is now a greater awareness amongst the Complaints Team that issues raised by clinicians should be dealt with as feedback and recorded appropriately.

Issues which have been raised during 2015/16 include how a member of Solent staff dealt with an incoming referral for the Primary Care MSK team and this concern identified that additional learning was required by the administration team. Another concerned how a Community Nursing team interacted with staff at a care home and this was addressed via the professional lead of the service.

7. PERFORMANCE TARGETS

The only nationally prescribed target applies to formal complaints which should be acknowledged within three working days. Although this does not include service concerns, MP queries or feedback, the PALs and Complaints team aim to meet this target across all complaints raised as they may be escalated at any point.

7.1 Acknowledgement

The Trust achieved a rate of 93% in relation to the three day target. The reasons for when this target was not achieved were due to staffing issues in the PALs and Complaints team or when the complaint was received by the service line directly and there was a delay in receipt by the PALs and Complaints Team.

7.2 Responses

There is no nationally set time frame for responding to a complaint. Solent NHS Trust has set itself a deadline of 30 working days to investigate and respond to the complainant. In 2015/16 this target was achieved in 40% of cases with 60% of complaints missing the 30 working day deadline. This is a disappointing result and will be subject to an improvement target for the coming year. When the target has not been met the PALs and Complaints Team have ensured communication with complainants to keep them fully informed that the response would breach the deadline. Breaches occur for a number of reasons including that the complaint is in depth and requires a more detailed investigation, the complaint due to its severity may be subject to the Significant Incident Requiring Investigation (SIRI) process, there may be delays in access to all the information required for the investigation of the complaint or delays related to staffing issues. In addition complaints may involve more than one organisation which makes achieving the response target more complex as each provider may have differing response targets. Solent NHS Trust is part of the NHS England Wessex Area Complaints Manager Forum and the protocol for managing joint responses is currently under review.

7.3 Plaudits

As part of the PALs function, the team receive, and record, plaudits and compliments. These may be received from patients, their family, or members of public, to express their thanks and appreciation for the care provided. These are usually made in writing and sent direct to the service where the person receiving the plaudit is based and then sent to the PALs and Complaints Team. During 2015/6 a new process for managing plaudits has been introduced to ensure a uniform approach. During 2015/16 a total of 1,008 plaudits were received for recording. Examples are:

- The Rapid Response Nursing Team who form part of the Adults Southampton Service were complimented by a family for their fast and professional service and the family expressed gratitude for the nursing care and the quality of equipment for the patient.
- A physiotherapy team were thanked very professional and helpful support and for the successful treatment received.
- The nurses and staff at Jubilee House, Portsmouth, received the following from the family of a patient 'Your passion, kindness and support was very much appreciated'.

- The Mental Health Recovery Team were thanked by a patient who wrote 'Words cannot express how grateful I am for all your hard work and support'.
- An expression of thanks received for the thoroughness of the investigation into a complaint and satisfaction with the way the complaint was dealt with.

8. COMPLAINTS REFERRED TO THE PHSO

In 2015/16 the PHSO either investigated, or commenced investigations, into 11 complaints. Of these three approaches from the PHSO were not then investigated further. They have investigated, or are in the process of investigating a further 7 complaints and although the PHSO commenced an investigation into one complaint this was later not pursued by the complainant and the case was closed.

The PHSO have concluded their investigation and issued their final report in to one complaint which related to care provided by the Adult Mental Health Service and a patient's discharge from the service. Whilst the discharge itself was not felt to be inappropriate the complaint was partially upheld as the information provided to the patient and their family was deemed insufficient. The service was asked to apologise for this and improve the information provided when patients' are discharged.

9. LEARNING FROM COMPLAINTS

The Trust values the opportunity complaints bring to learn and share this learning across the organisation to effect improvement for the benefit of our service users and staff. During 2015/6 we have introduced a new complaints tracker to ensure monitoring and completion of actions agreed as a consequence of leaning from complaints. This tracker is shared on a weekly basis with the Chief Executive Officer, the Chief Operating Officers, the Medical Director, Chief Nurse and the Clinical and Operational Directors of each service line and Clinical Governance Leads. In addition, the tracker is reviewed on a monthly basis at the Quality Improvement and Risk Group and at monthly service line governance groups. We strive to demonstrate the changes that have been made as a result of the learning from complaints and to sustain the changes for long term improvement. The tables below provide examples of the themes that have arisen in complaints from each clinical service line and the action and learning that has taken place as a consequence:

9.1 Adults Portsmouth

Complaint theme	Actions taken
Missed community visits	Implementation of new system when reallocation of appointments is necessary. All patients are now telephoned and updated if their visit cannot go ahead. An apology is given for any distress and/ or inconvenience caused.
Staff attitude	Enhanced supervision has been commenced to ensure staff act professionally at all times, skills training on customer experience is being commenced in June 2016.
Staff not having the	Review of equipment staff require on visits to ensure relevant materials

relevant materials to undertake their role.	are available. Implementation of enhanced clinical supervision.
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9.2 Sexual Health

Complaint theme	Actions taken
Staff attitude	Customer care training delivered at educational sessions as well as raising with the individuals in supervision. Since the training there has been a reduction in number of complaints related to this theme.
Access to service	Service commenced a pilot of Same day Access clinic on one site and this is being monitored and reviewed to assist the service in reviewing current model as part of a quality improvement programme.
Laboratory results issues from outside provider	Investigation highlighted that the service were not being informed when there were issues of laboratory equipment failures resulting in inability to correctly message patients and inform them of their results. As a consequence of this a new pathway is in process of being developed with a route to raise operational issues and a route to raise clinical issues. Process will be implemented for all laboratories used by the service.

9.3 Primary Care

Complaint theme	Actions taken
Attitude of staff	Customer care training and individual staff performance reviews. Learning shared at staff level, within individual teams and at service line level within governance meetings wider team and themes addressed.
Appointment process	New process implemented within MSK service to reduce short term cancellation.
Patient perception / expectation of service	Service redesign is underway which will aim to improve the information available for service users, referrers and commissioners to help manage patient expectation of what is commissioned and what is not commissioned. New information has been made available for patients to ensure that they are fully informed and expectations of service users are appropriately managed.

9.4 Adult Mental Health

Complaint theme	Actions taken
Greeting of carers and families on ward	The way wards meet and greet carers and families on to the wards. Signs have gone up and carers and families are asked to wait in reception area until member of staff is either able to collect them or a member of staff has been identified to meet them on the ward.
Activities for patients on ward	Recruitment of an activities co-ordinator. Increased access to therapies and activities for inpatients from the Therapies team.
Information for families/ carers on wards	New Welcome information currently being organised following feedback in complaint. Information will be displayed highlighting key information for carers and family who are visiting the ward

9.5 Specialist Dental Services

Specialist Dental Services received 11 complaints in 2015/16, 8 of which were not upheld and were from patients at HMP establishments. The main theme was related to the unrealistic expectations of what dental treatment could be accessed via the NHS. The service identified that the patients did not understand how to access dental care and specifically what they could access.

Complaint theme	Actions taken
Patient expectations of treatments available from the NHS dental service	Production of information leaflet in accessible format provided to service users in the Prisons.

9.6 Adults Southampton

Complaint theme	Actions taken
Appointments	E-referrals – patient concerns and complaints relating to the process of automatic reminders when they felt that had made an appointment. Changes made to information given to patients and the process. No further complaints since this has been initiated.
Answering phone calls	Implementation of dedicated administration support Monday to Friday 9-5 to answer calls rather than just pick up messages.
Clinical care	Staff training and awareness in relation to persistent pain as a symptom of an undiagnosed fracture

9.7 Children's and Families

Complaint theme	Actions taken
Communication/attitude of staff	Staff reminded to avoid being subjective, be factual; make sure child & parent understands clearly context of examination. Patient First training provided for staff and in process of being rolled out across service line
Breach of Confidentiality related to Information Governance breaches where information regarding child/young person shared inappropriately with third party	Trust policy revised to ensure it is explicit regarding not leaving PID on voicemails. Information Governance 'pop up' sessions provided for staff with real examples of cases discussed. Complaint shared with staff at team meetings to ensure aware not to breach confidentiality Regular reminders and updates provided in monthly staff newsletter

10 ACTIONS TAKEN TO SUPPORT THE COMPLAINTS HANDLING PROCESS AND CONTINUOUS IMPROVEMENT:

- Investigation training provided by the risk team has been adapted to ensure that investigations in relation to complaints are carried out using the same root cause analysis methodology and that investigations are proportionate to the issue being investigated and fair.
- Early contact with complainants has been promoted across the services to ensure the issues of concern are fully understood and to encourage early local resolution wherever possible and if agreed by the complainant.
- A new process for managing concerns has been implemented with escalation points to ensure timeframes are adhered to.
- The complaints training has been reviewed and adapted in line with the new Concerns and Complaints Handling Policy and toolkit.
- A new complaints fact sheet has been produced and distributed to all clinical locations.
- The Board encourages services to bring patient stories to Board that are related to complaints to demonstrate learning and lessons learned.
- A new complaints handling feedback survey based on the PHSO 'I' statements has been developed and will be introduced from May 2016
- Complaints data is used to inform Board to Floor walkabouts.

11 IMPROVEMENTS PLANNED FOR TRUST WIDE COMPLAINT HANDLING 2016/7

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 the framework for our improvement work.

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



Considering a complaint

- Ensure service users and their family and carers are aware of how to give feedback including making a complaint when they first start to use the service.
- Raise awareness and understanding of Advocacy support with staff and service users.

Making a complaint

- Provide a rolling programme of training for staff in handling concerns and complaints effectively
- Review accessibility for making a complaint

Staying informed

- Continue to encourage early contact for each complaint and concern received
- Provide guidance for staff on holding effective local resolution meetings

Receiving outcomes

- Increase the percentage of people who receive a response within 30 working days and understand reasons when this is not achieved
- Evidence our 'HEART' values in our responses to complaints
- Evidence learning and actions taken for improvement
- Provide training and support for staff to ensure effectiveness and independence of investigations

Reflecting on experience

- Introduce the new complaints handling feedback survey and increase the number of responses to the survey

- Analyse complaints logged for staff attitude to improve understanding and monitor outcomes in relation to customer care training effectiveness

12 Appendix : Definitions of terms

Formal Complaint: when the patient, or someone acting on their behalf, is dissatisfied with the care or treatment provided and requires a written response signed by the Chief Executive following an investigation into the issues raised.

MP Query: a complaint that is made by a Member of Parliament on behalf of one of their constituents. The response process is the same as a formal complaint with a written response signed by the Chief Executive being sent following an investigation.

Professional Feedback: a concern raised by a clinical professional about a Solent NHS Trust Service. The response is typically provided by the service directly.

Service Concern: when the patient, or someone acting on their behalf, is dissatisfied with the care or treatment provided but prefers to allow the service to resolve at the local level rather than by the formal complaint process.

Advice and Signposting: When a patient, carer or member of the public makes a general enquiry, for example, the contact details for a particular service.

Plaudit: when a patient, family member, carer or representative thanks a member of staff for the treatment received.

Upheld: is the term used to identify where a failure in service delivery has been identified and actions required to rectify this problem.

Partially Upheld: a complaint involving a number of issues and the investigation identifies some failings as having occurred.

Not Upheld: Once an investigation is complete, if there are no service improvements required as a result of the concerns raised then the term “not upheld” is applied.