



Patients in the Picture

Experiences of feeding back to the NHS

A report by Healthwatch Devon
July 2016

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About this report

This report has been produced by Healthwatch Devon - the independent consumer champion for health and social care in Devon, in line with our remit under s221 of the Local Government and Public Involvement in Health Act 2007.

The report is presented for consideration by:

- Health and social care commissioners and providers in the Northern, Eastern and Western Devon Clinical Commissioning Group area, and in the South Devon and Torbay Clinical Commissioning Group area
- Parish, District and County Councillors
- Patients, users of social care services and the general public.

Healthwatch Devon would like to thank everyone who took the time to respond to this survey, as well as the organisations and individuals who helped to promote the survey through their own networks and those who contributed supporting information to this report.

Registered Charity Number: 1155202 Healthwatch Devon CIO

Introduction

Two years ago, Right Honourable Anne Clwyd, a Member of Parliament and Professor Tricia Hart published a report called [“Putting Patients Back in the Picture”](#). It said that NHS feedback and complaints systems needed improvement. One of the problems highlighted in the report was that some people were afraid to complain. They feared that their care might get worse as a result. Others were not convinced that anyone would listen. They thought that all their effort would prove to be worth nothing.

We wanted to know whether, two years down the line, the Clwyd-Hart report had made any difference. We wanted to find out what work has been carried out by NHS Provider Trusts to improve feedback and complaints handling since The Clwyd-Hart report was published.

Our desired outcome is that the general public will feel more confident that local NHS Trusts are learning organisations, and that their feedback and complaints are seen as important and informative drivers for service improvement.

In addition to asking NHS Trusts in Devon what progress has been made following the recommendations made in the report, we also asked patients about their recent experiences of giving feedback and making complaints.

This report provides a brief snapshot of the current feedback and complaints handling journey, seen through the eyes of individual members of the public and the NHS. It provides a body of evidence that could prove to be valuable in understanding not only the factors which prevent people from giving their feedback, but also in highlighting what makes an individual's experience of the feedback and complaints process either a good one, or a not so good one.

Summary of Findings

Responses from Trusts

We are encouraged that the NHS Trusts that respond to our survey were able to provide evidence that they are acting on the recommendations of the Clwyd-Hart report. Actions included provision of information in accessible ways, and use of volunteers to hear from patients. We noted ways in which efforts are being made to stay in touch with complainants, and keep them informed as complaints are being resolved. The section in this report entitled “What NHS Providers in Devon told us” lists a series of good practice points.

Our main concern with the response from Trusts was that accredited training for complaints handlers seems lacking.

Responses from patients

People who want to give feedback are those who have had excellent service, and want to pay a compliment, and people who have had poor service and want to complain. Those who want to pay compliments should be encouraged to do so. Compliments need to be taken as seriously as complaints.

People who have had poor service may want to make that known - but not always by means of a formal complaint. A quick acknowledgement and, if need be, apology, can save both patients and NHS staff from having getting into stressful and time consuming formal complaints.

The very small minority of people who proceed to a formal complaint are those who have a genuine and heartfelt grievance. It is important that their concerns are addressed sensitively and professionally. So it is worrying to find that more than half of respondents to the question, "Were you satisfied with the way your complaint was handled?" answered "No".

Our findings indicate that that feedback and complaints is an area that NHS Trusts in Devon continue to think about and work on. The recommendations from the Clwyd-Hart report are understood and are being actively addressed, with clear examples of good practice.

At the same time, there is always room for improvement. Patient experience indicates that handling of both compliments and complaints could be better in some respects. Our recommendations, set out below, address these points.

Summary of Recommendations

1. Sharing good practice

Good practice highlighted by Trusts that have responded to this report should be shared via the Peninsula Staff and Patient Experience Network, and the Network should receive continuing support from Trust Boards and management.

2. Volunteers

We recommend consideration of joint training and networking events across the peninsula for volunteers helping with face to face support to patients.

3. Responsiveness

Based on comments from some respondents, we recommend a mystery shopping exercise to test the readiness of staff to welcome feedback and respond promptly.

4. Outcomes

We recommend regular sampling of complainants to test satisfaction with the outcome of complaints as opposed to their experience of the complaints process.

5. Training

We recommend discussion about the need for accredited training for complaints handlers.

Background: Why we ran the survey

National Context

[Putting Patients back in the Picture](#), the Clwyd-Hart Review into complaints handling, was published in October 2013. Some recommendations called for national implementation, however many recommendations were aimed at NHS Provider Trusts, to enable them to look towards improving local feedback mechanisms and complaints handling processes.

Research for HealthWatch England, cited in the Clwyd-Hart report, found that:

- 48% of people do not have the confidence that formal complaints are actually dealt with (rising to 60% among the 55+ age group);
- 54% of people who had a problem with health or social care in the past three years did nothing to report it;
- 49% of consumers surveyed have no trust in the system

Healthwatch England published their report [Suffering in Silence](#) in October 2014, setting out recommendations for change, based on consumer experiences of the complaints system. This report calls for a system that is “Simple, Compassionate and Responsive” The Department of Health Complaints Programme Board invited the Parliamentary and Health Service Ombudsman (PHSO) to lead the development of a user-led vision for good complaint handling across both the health and social care sectors, in partnership with Healthwatch England (HWE) and the Local Government Ombudsman (LGO). The November 2014 [My Expectations](#) document aims to: *“align the health and social care sector on what good looks like from the user perspective when raising concerns and complaints about health and social care. It also allows measurement of progress so that organisations can determine the action they need to take to improve.”*

Furthermore, The Parliamentary and Health Service Ombudsman recently published two reports that focus on the topic of complaints. [An Opportunity to Improve](#) is a thematic review looking at General Practice complaints handling across England. The review used intelligence gathered by the Care Quality Commission, NHS England and Healthwatch England to look at how well GP practices in England are handling concerns and complaints when things go wrong. Areas offering scope for improvement include:

- developing a listening culture
- being clear about what is expected of practices
- ensuring professional values
- apologies and being open and honest
- sharing learning from complaints

The Parliamentary and Health Service Ombudsman's [Breaking Down the Barriers](#) report looked at older people's experiences of complaining about health services. This identified the key barriers that older people face as follows:

- A lack information about how to complain and not knowing where to go
- They don't want to make a fuss and worry about what will happen if they do
- They feel that complaining would make little difference
- They can lack support to complain.

The Care Quality Commission has recently launched a national campaign to encourage more elderly people and their loved ones to feedback about the quality of health and social care they have received, which Healthwatch Devon is helping to promote.



Local Context

When people contact Healthwatch Devon for advice or support in relation to an experience of a health or social care services, they often tell us that they don't want to make a complaint for the following reasons:

- *I don't want to get anyone into trouble*
- *There is no point, nothing will change*
- *I'm too busy*
- *I am not feeling up to it*
- *It will be too upsetting*
- *I've got 'enough on my plate' at the moment*
- *I have tried but I didn't get anywhere*
- *I fear that it may jeopardise my care.*

When people say they do want to raise a complaint, they often tell us:

- *I don't want what happened to me to happen to anyone else*
- *I just want an apology*
- *I want them to acknowledge what they have done*
- *I want them to learn from my experience*

Ultimately, we want all service users to tell us:

'I felt confident to speak up, and making my complaint was simple. I felt listened to and understood. I felt that my complaint made a difference'.

Methodology

In order to collect feedback from the general public, we designed a simple survey, asking a few short questions about people's experiences of NHS feedback and complaints systems. We wanted to find out how well people felt their feedback was handled. We also wanted to test awareness of things like the Family and Friends test and online feedback platforms, such as Patient Opinion and NHS Choices. The survey that we designed, following engagement with our key service delivery partners - Living Options Devon, Be Involved Devon, Devon Carers Voice, Devon Senior Voice, Citizen's Advice Devon and Hikmat Devon - can be found at Appendix 1.

The online survey was promoted through the Healthwatch Devon network of individuals and organisations, through social media and e-bulletins. Hard copy surveys were sent to members and supporters of Healthwatch Devon who do not use digital communications. Our key service delivery partners (above) promoted the survey through their own networks of individuals and organisations.

The survey closed on Friday 27th November 2015. 205 responses were received. At the same time as we were promoting our survey to the public through the local Healthwatch network, we also engaged directly with the local NHS Provider Trusts through the local Patient Engagement Network, which brings together statutory and non-statutory patient experience leads from across the South West Peninsular. We took the recommendations from the Clwyd-Hart report that were aimed at service providers and presented these as a formal request for information to NHS Acute Hospital Trusts in Devon.

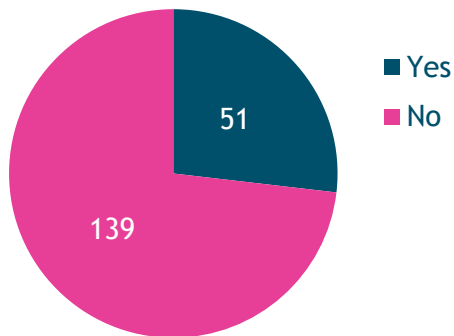
The questions we used can be found at Appendix 2 and the responses to the questions are set out in Appendix 3.

Survey Results

Question 1: Have you contacted an NHS healthcare service?

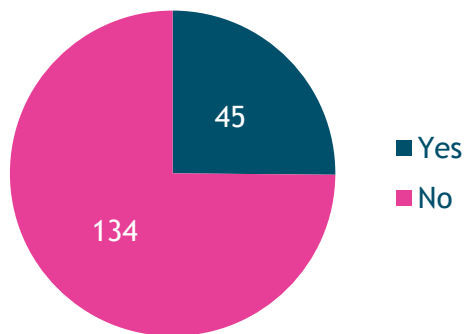
This question was split into three sections and the responses are illustrated in the pie charts below:

To provide positive feedback about the service



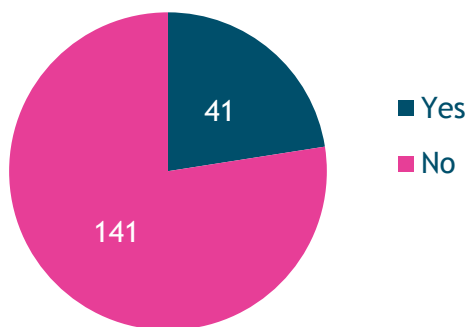
- 190 people responded in total
- Just over a quarter of respondents (26%) had contacted the service to provide positive feedback

To raise a concern about the service



- Slightly less, 179 people provided a response
- A quarter of those (25%) had contacted the service about a concern

To raise a complaint about the service

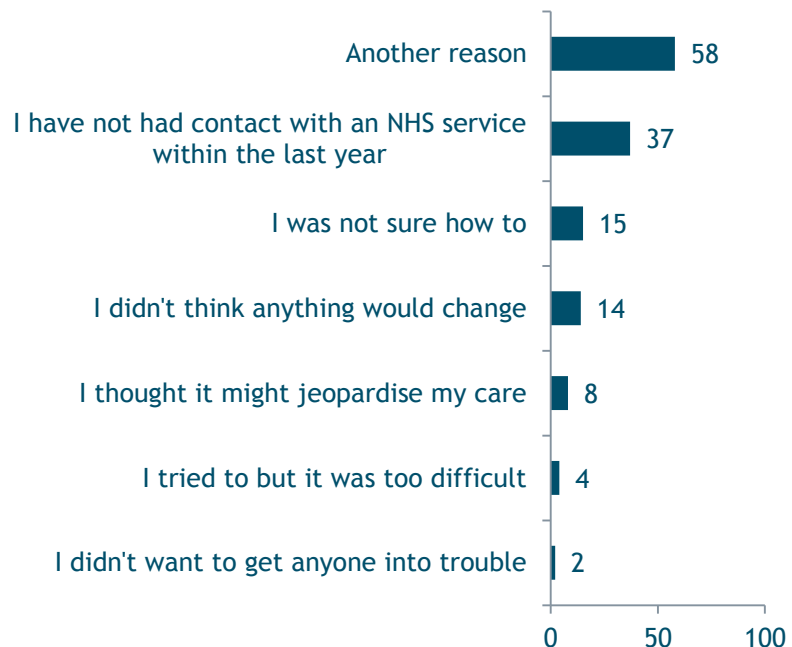


- 182 people provided a response
- Just below a quarter (23%) had contacted an NHS service to make a complaint.

Question 2: If you ticked 'no', you have not contacted an NHS service to give feedback, please explain your reason why?

Overall, of those who ticked 'No', 138 people provided a reason as to why they had not given feedback about their experience.

- Just over a quarter of respondents (27%) had not had any contact with an NHS service during the year
- A tenth of respondents (10%) were not sure how to and a further 10% didn't think anything would change



Just over a quarter of respondents (27%) gave the reason that they had not had contact with an NHS service. Nearly half of respondents (42%) gave 'another reason' as to why they had not provided feedback about an experience of an NHS service.

Where respondents ticked 'another reason', these included;

- too busy / no time
- treatments still ongoing so not wanting it to affect this
- a lack of response
- everything was fine so they did not feel that it was necessary to provide feedback

"I had no exceptional experience, no concern and no complaint"

The following section will go on to describe in more detail what people told us as to why they had not given feedback about a recent NHS experience.

Some comments that were provided related specifically to an individual's actual experience of care and therefore were not relevant for this report, but will be passed to those who commission and provide NHS services through our [Speak Out](#) reporting process.

A perception that nothing would change

Several people described how disillusioned they felt about giving feedback. One said *I find all our words are lost on them*, another said *I cannot get an appointment when I need one. You have to ring and ring. I can't be bothered to complain as I know nothing will be done*. Whilst another explained they *always dread telephone call to x. Call not answered. When promised of looking into it, return call does not happen.*

The effect on future care

Two people explained their reasons for avoiding complaining. One who was in receipt of care said:

My main complaint from May 2014 - I have not done anything formal about it. My consultant knows I am not happy but I am leaving it until all of my surgical treatment has been completed by the surgeon. I have made several lesser complaints.

And another talked more broadly about the system as a whole;

I don't like to complain about the NHS because that is what the government would like us to do. It refuses to collect taxes to fund the NHS and would rather "health should only be for people who can afford it". Complaints about the NHS lead to the government saying that private health is a better thing.

The need to give feedback

Interestingly, the majority of those who had not contacted the NHS to give feedback suggested that they did not feel that it was necessary, for reasons such as *nothing to complain about* or *care was satisfactory*. It would seem that from the comments people made, where care had been to a satisfactory standard, they did not feel that there was a need to feed back.

Further comments of this nature include:

- *I am satisfied with the NHS*
- *I had no exceptional experience, no concern and no complaint*
- *I have had no cause to complain*
- *I have no complaint or concern about the service*
- *I have no concerns with the health service*
- *No complaints*
- *All services received have been adequate*
- *No complaint or concerns, hence my answer was "NO"*
- *No need*
- *No relevant concerns arose*

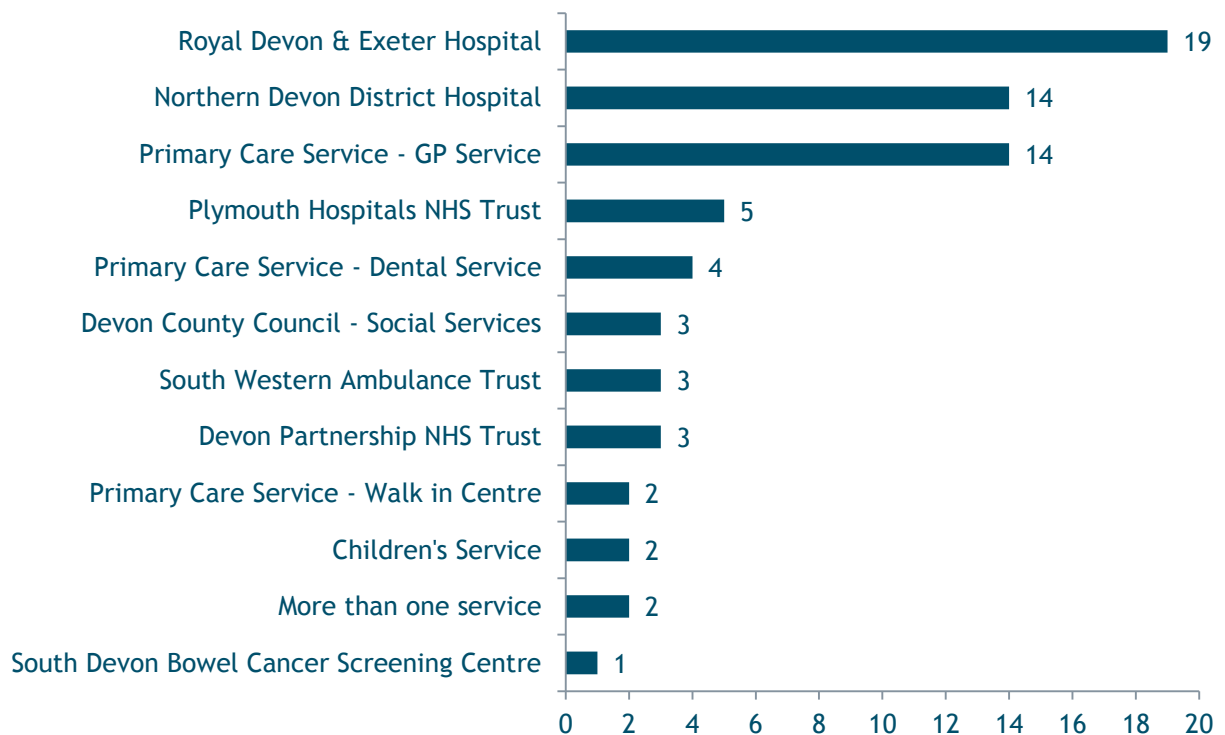
And where individuals told us they had a positive experience of the NHS, but had not given feedback they say:

- *Excellent service from my GP and hospital*
- *I am well pleased with my doctor*
- *I have nothing but praise for all branches of the health service*
- *I had no reason to contact NHS as I was completely satisfied with the service*
- *I have not had any reason to complain about the NHS within the last year*
- *Quite happy with my treatment*



Question 3: If you have contacted the NHS, please tell us the name of the service that you provided feedback to?

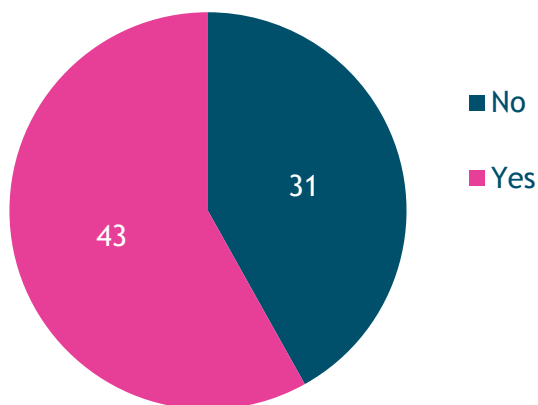
73 people responded to this question. The graph below illustrates the services that people have made contact with, to provide feedback.



Just over a quarter (26%) of people told us they had contacted the Royal Devon and Exeter NHS Foundation Trust to provide feedback.

A fifth (19%) had contacted Northern Devon Healthcare NHS Trust and a further fifth had contacted their local GP Service.

Question 4: Did you find the feedback, concerns or complaints process easy?



- 74 people responded to this question.
- More than half ticked 'yes' the process was easy.

Of those that ticked 'No', they did not find the process easy, emerging themes include:

- Complaint was unanswered
- Had to keep repeating story
- Difficulties reaching the right person
- Took too long
- Did not feel listened to

"I had to make several enquiries, phone call, and internet, to enquire the relevant contact"

"Everything had to be put in writing, my husband who was the subject of concern, has dyslexia so I had to write out the entire history of the problem and submit it to the hospital. I found this highly stressful."

"I have been through a few complaints processes and all are long, tiresome and futile."

"Too many layers to get to the person who can influence and correct mistakes."

"I asked to speak to the manager but it took me a long while to actually be put through to them."

"Hard finding where to complain"

"Difficulties getting a response and when I did, different people dealt with it, so I had to keep repeating the details to different people. Responses were unsatisfactory and I often had to wait many months for a reply."

"I had to ask what to do, staff reluctantly gave me feedback form, which felt too wishy washy and was meant to be anonymous."

"Heavily patronised. Couldn't understand the difference between systematic failures and an individuals' occasional mistake"

"I would panic"

"I rang up to say that a phone appt with my doctor had been missed. Despite it being an hour later, the receptionist said the doctor was very busy but would phone me by the end of the day. I rang back at 5.30, after waiting in all day, to find the doctor had gone home and would ring the next day. I asked to make a formal complaint, but was told that, even though the surgery was open another 1 1/2 hours, there was no one to complain to."

Difficulties reaching the right person

Several people commented on the difficulties they had experienced in reaching the 'right person' to whom their feedback should be made. One individual said;

I rang up to say that a phone appointment with my doctor had been missed. Despite it being an hour later, the receptionist said the doctor was very busy but would phone me by the end of the day. I rang back at 5.30, after waiting in all day, to find the doctor had gone home and would ring the next day. I asked to make a formal complaint, but was told that, even though the surgery was open for another 1 1/2 hours, there was no one to complain to and that I would have to wait for the doctor's call tomorrow.

Another told us they *had made several enquiries, phone call, internet, to enquire the relevant contact* and another said; *I asked to speak to the manager but it took me a long while to actually be put through to them.*

One person said that there were *too many layers to get to the person who can influence and correct mistakes.*

Others said that staff were too busy or *not really interested* to deal with their feedback there and then. One said *No one to speak to at the time except busy ward staff, kind but uninterested and uninformed*

Another person said; *I had to ask what to do, staff reluctantly gave me feedback form, which felt too wishy washy and was meant to be anonymous. Wish I had raised a formal complaint rather than feedback.*

Telling the story

Some people found the process of providing information about their experience difficult. One person found it *highly stressful*. They explained that;

Everything had to be put in writing, my husband who was the subject of concern, has dyslexia so I had to write out the entire history of the problem and submit it to the hospital. When it came to the arranged meeting, my clear and accurate explanation of the problem was "précised" in such a way that I found it to be less clear and even misleading. I was told that this was "procedure". I see no reason why our case for complaint should not be presented in my original statement.

Another *got confused and muddled trying to remember all that went wrong*. Some people simply said they found it hard to complain and that there was no information given to them to explain how to go about it.

Being responsive

Several people, having attempted to raise a complaint felt that they did not receive an adequate response and in some cases no response or acknowledgement whatsoever;

- *Complaint unanswered - appointment sent instead*
- *It was easy to complain over the phone but received no feedback*

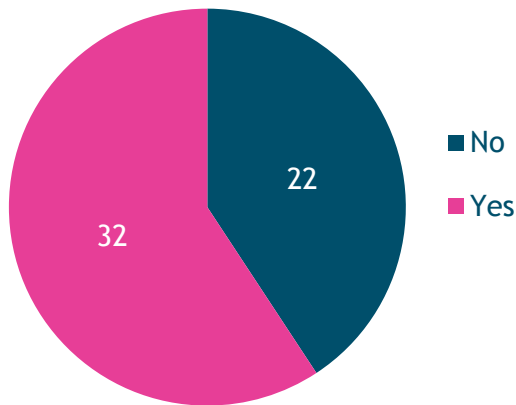
One person described how they felt:

I have been through a few complaints processes and all are long, tiresome and futile. I persisted with one for 9 years to get the truth. They all follow the same

procedure: 1) Complaint 2) denial 3) proof offered by complainant 4) apology. I am too tired at present and recovering from a serious incident which could have proved fatal. I want to be involved otherwise the system will not improve.

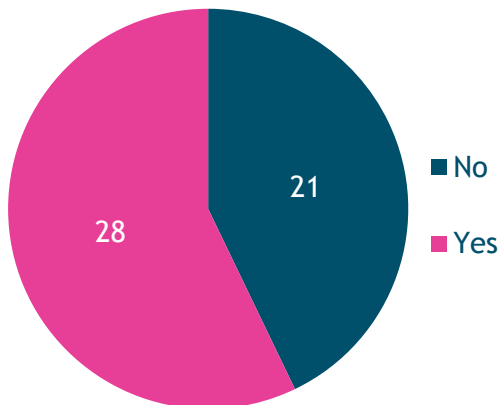
The following questions focussed specifically on complaints handling.

Question 5: Did you feel listened to and respected?



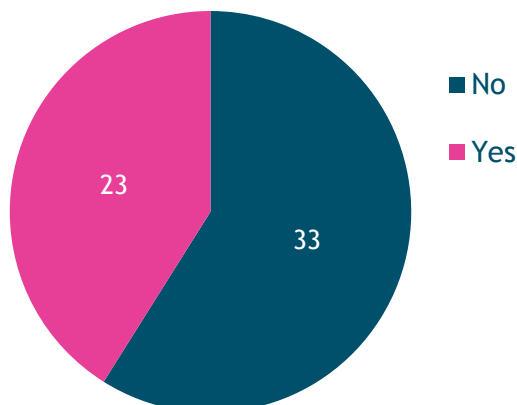
- 54 people responded to this question
- More than half (59%) of respondents ticked 'yes', they did feel listened to and respected.

Question 6: Were you provided with information or signposted to organisations that could help you with your complaint? For example, to SEAP



- 49 people responded to this question
- More than half of respondents (57%) ticked 'yes', they were signposted to further help.

Question 7: Were you satisfied with the way your complaint was handled?



- 56 people responded to this question
- More than half of respondents (59%) ticked 'no, they were not satisfied with the way that their complaint was handled.

Question 7a: If you were not satisfied, can you explain why?

33 people provided a response as to why they were not satisfied. The main reasons include:

- That their complaints were not responded to sufficiently
- That insufficient action was taken
- That nothing had changed and the service had not improved
- That their complaint was passed from service to service
- That actions set out were not followed through

“We outlined things which we were told by nurses working on the wards which were contrary to information we had given to the hospital and were told by PALS that the hospital had no record of the things we knew had happened”

“After several weeks I had a reply to say it was not X but Y who were responsible”

My complaint was looked into but I do not feel that any real improvement was implemented. This service did not improve.

Sometimes I felt listened to and satisfied but at other times I didn't. I felt that sometimes I was treated as stupid or forgetful because of my brain injury, but this is not the case.

“A meeting with customer services and the pharmacy department was arranged swiftly. We did feel a huge degree of trepidation as we had not been led to expect a face to face meeting. The actual meeting was fine. We were listened to and were able to state our case and, it appeared, that our concerns were taken seriously and measures were being taken to prevent a recurrence of the problem. The staff and management were hugely apologetic and we were assured that we would get a transcript of the actual meeting and would be kept up to speed on the changes which our concern had triggered. We left the meeting feeling reassured and relieved. Unfortunately we have, after about three months, heard absolutely nothing.....no transcript and no reports on the follow up which we were promised would be forthcoming.”

Some people expressed concern that they had shared their concerns, nothing had changed and that their complaint had not been acted on. One said there was *just no follow through*. Another told us their complaint was *looked into but I do not feel that any real improvement was implemented. This service did not improve.*

One person explained:

When I made a complaint, I wrote it all out with names, dates and times. I was then asked to re-write it without names, but could the sister on the ward keep the original which I agreed to. I was informed complaints had been made before about this person and was assured the person would no longer be doing the work on the ward it was inappropriate. Therefore imagine my surprise when 4 months later when I was back on the ward, the person was still there.

Another person describes their experience, which did not end with a satisfactory outcome - to their knowledge:

The meeting with customer services and the pharmacy department was arranged swiftly. We did feel a huge degree of trepidation as we had not been led to expect a face to face meeting. The actual meeting was fine. We were listened to and were able to state our case and, it appeared, that our concerns were taken seriously and measures were being taken to prevent a reoccurrence of the problem. The staff and management were hugely apologetic and we were assured that we would get a transcript of the actual meeting and would be kept up to speed on the changes which our concern had triggered. We left the meeting feeling reassured and relieved. Unfortunately we have, after about three months, heard absolutely nothing.....no transcript and no reports on the follow up which we were promised would be forthcoming.

Other people too reported they had not received any response to their complaint so were none the wiser as to whether any action had been taken.

Question 8: Do you have any suggestions for how the feedback, concerns or complaints process could be improved?

39 people responded to this question, with the most common themes emerging as:

- Demonstrate how feedback has been acted on
- Listen and respond in a timely manner
- Keep people informed as to where their feedback has gone
- Promote services that provide advice and support, such as PALS and independent organisations and signpost people to services that can help
- Be open and honest
- Try to resolve issues when they emerge
- Apologise and own up to mistakes.

“Acknowledgement of compliment would be a professional way of handling positive comments”

“PALS at hospital need to have more influence or be able to co-ordinate complaints better. Wards and departments need a better line of sight for complaints and how they are handled, i.e. who to refer to in department/ward, where do they go, who rings the patient etc.”

“No one explained how such a mistake could have been made. And what safeguards are now in place to ensure no recurrence”

“Open page for all to access live info and see live answers and resolutions”

“Please listen and take us seriously. Don't treat us as stupid.”

“Information on the ward to who might help (a pathway)”

“Face to face contact when the problem arises, rather than having to write in after the event. On the spot staff unwilling to engage in meaningful conversation because they are “too busy””

Suggestions for improvement

Many people gave useful suggestions based on their own experiences as to how the feedback and complaints service could be improved. One individual who had been waiting in all day for a call back from the GP said:

Make sure there is someone responsible for dealing with complaints in the surgery during all opening hours. Often a problem can be smoothed over rather than escalating. Make sure that doctors give the same priority to phone appointments as physical appointments. It is unacceptable to expect a patient to remain by the phone all day.

Some respondents stated that if the quality of care was to a good standard, there would be no need to complain.

Some thought that reception and ward staff should be more forthcoming with information about giving feedback and complaints. At the same time others suggested that ward staff could be more receptive and less defensive towards receiving feedback.

One said; *Wards and departments need a better line of sight for complaints and how they are handled, i.e. who to refer to in department/ward, where do they go, who rings the patient etc.* And another said; *nursing training is classroom heavy, very little patient interaction and learning, i.e. soft skills/service training - for instance inclusion of family and carers.*

Several people suggested that complaints should be dealt with in a timelier manner, rather than some time after the event.

Some people also suggested that more positive feedback needs to be encouraged. One person said; *Acknowledgement of compliment would be a professional way of handling positive comments.* Another made the point that they wanted to leave positive feedback about their experience but had to use a complaint form and mark it 'not a complaint' as there was no way that they could see to providing a compliment.

Questions 9 to 14 asked respondents to tick yes or no to indicate their awareness of:

- The Patient Advice and Liaison Service
- The NHS Friends and Family Test
- Patient Opinion
- NHS Choices
- Healthwatch
- SEAP

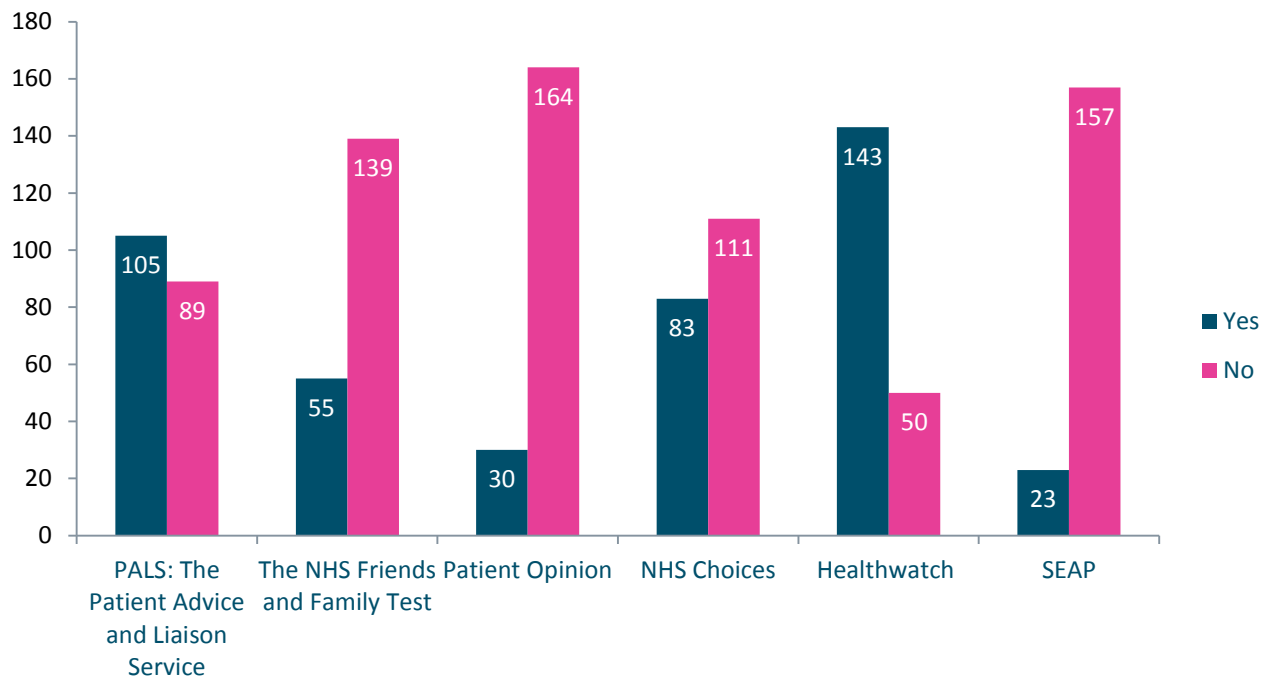
A brief description of each was provided alongside the question in the survey. (See Appendix 1)

Of those who responded, the names that appear to be less known include; The NHS Friends and Family Test, Patient Opinion and SEAP.

The names that seem most familiar to respondents include; PALS and Healthwatch.

Questions 9 to 14: Please could you tell us if you are aware of the following?

The following graph illustrates how people responded to each question.



Comments people made in relation to Questions 9 to 14 include:

“I am surprised at how many services there and yet I only know of two”

“I am disappointed that three of the six organisations have not previously come to my attention. The percentages on these questions will be important. Am I “hard-to-reach”? Do I fail to read the many e-mails that I get on health-related matters? What channels are used to improve awareness?”

“Clearly, the above services are NOT widely advertised and promoted within the community at large.”

“I am uneasy about NHS Choices. It is much better to have effective local arrangements and services can be undermined on-line by one out of many thousands of users; of what legal settings have defined as vexatious litigants; people whom no one can satisfy”

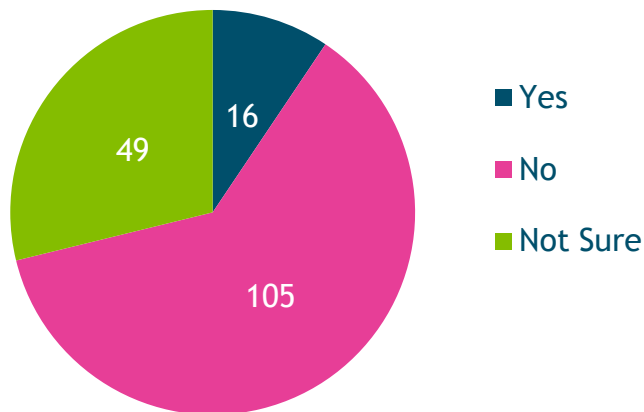
“To email my THANKS for service I had to use the complaints site and head it ‘NOT a complaint!’”

Further Evidence

We carried out a poll on our website which was live for one month between 2nd February 2016 and 2nd March 2016. The poll asked;

Are you confident that public feedback is heard and acted on by the NHS?

170 people voted. This snapshot poll reveals that nearly two thirds of respondents did not feel confident and a further 29%, nearly a third 'not sure' if they felt confident that public feedback is heard and acted on by the NHS.



What NHS Providers in Devon told us

Appendix 2 shows how we approached NHS Trusts in Devon to ask how they had acted on the recommendations from the Clwyd-Hart report, "Putting Patients back in the Picture".

The recommendations from the report were extensive, and it is possible that not all would have applied to every Trust in Devon. We were therefore clear that we did not necessarily expect to see actions against every single recommendation. We also wanted to be clear that the aim of the exercise was to identify good practice - we were not approaching Trusts in the role of regulator or inspector. For these reasons, we stated that we would not request explanations for, or be critical of, "No" responses.

We contacted five Trusts:

- Royal Devon and Exeter NHS Foundation Trust
- Northern Devon Healthcare NHS Trust
- Torbay and South Devon NHS Foundation Trust
- Plymouth Hospitals NHS Trust
- Devon Partnership NHS Trust

We were pleased to get responses to our survey from all trusts except Plymouth Hospitals Trust (PHT) during the period of engagement, however PHT did provide a most informative response to the report and recommendations we made. (See Appendix 5)

Detailed responses from the Trusts that replied to the survey are set out in Appendix 3. Our summarised findings are as follows:

Trusts were able to provide information in respect of every single one of the recommendations from "Putting Patients Back in the Picture". Most of the information, while working within the limitations of the response template, was detailed. It was very encouraging to see the time and effort that Trusts had put in to explaining the work they are undertaking against each of the Clwyd-Hart recommendations.

There are similarities and overlaps in the approaches taken by Trusts - particularly in respect of somewhat routine matters such as providing information to patients. In other matters, there are differences and local variations. We see this as a good thing - innovation, and development of service quality depends on Trusts being able to act on their own initiative and respond to local circumstances.

We were particularly encouraged to see extensive use of volunteers to help with basic information giving, getting feedback on the patient experience, and acting as "chaperones". Written communication with patients is essential, but face to face communication can further help to allay anxieties, and improve patient experience.

We would single out the following as particular examples of good practice:

- *Publicly displayed posters that explain how the Trust can provide translation and interpretation services and patients' cultural wishes are assessed and documented on admission.*

- *Adherence to these principles [of partnership and shared decision making with patients] are monitored and measured on a monthly basis using a Matron's Walk round tool, with any concerns addressed at the time with the ward leader.*
- *Volunteers and staff who are as independent as possible from the patients care assist patients to complete the Friends and Family Questionnaire where they are unable to do this themselves and have no family/friends to assist.*
- *The PALS service has a prominent 'shop window' in the main foyer of the acute hospital.*
- *Working with Us Panel (a group of volunteers with a special interest in patient experience) visit patients on discharge to evaluate the patient experience. If there are concerns raised this is fed back to the ward staff or senior Trust staff and acted upon quickly.*
- *Chaplaincy volunteers are trained to listen to patients and undertake a 9 week training programme.*
- *We use chaperone volunteers to identify and help the more frail patients to their appointment*
- *Lessons learnt and actions arising from [complaints] investigation are placed on an action plan, which is shared with the complainant and monitored until delivered.*
- *We now routinely offer local resolution meetings as an alternative to a written response*

A potential weakness in the responses relates to the recommendation on "accredited training for people who investigate and respond to complaints." Two out of the three Trusts seemed unable to answer this point very clearly. One made reference to the fact that "NHS accredited training is being developed nationally" - however, this has not stopped another Trust from going ahead and offering an accredited Complaint Handling/Investigating external course to its staff.

Last but not least, we were pleased to see references to continuing planning and development of ways to improve communications with patients. Examples included "The Trust is currently identifying planning the changes that are required as part of the new Accessibility Standards [for information giving]", and "There is a plan to further develop Locality Multidisciplinary Teams (LMATs) in due course where those local complex care teams will include voluntary services as core members".

Findings

The Clwyd-Hart report, "Putting Patients Back in the Picture" was published in October 2013. It made two key points: that NHS feedback and complaints systems are too complicated, and that patients and relatives are deterred from giving feedback through a sense of intimidation, or a sense that nothing will change.

Similar points were made in Healthwatch England's "Suffering in Silence" report, published a year later, in October 2014. And a snapshot poll conducted by Healthwatch Devon in March 2016, revealed that nearly two thirds of respondents did not feel confident and a further third were 'not sure' that public feedback is heard and acted on by the NHS. We ran this survey because we wanted to see whether, in Devon, NHS Trusts were responding to these concerns - on the basis of their own self-assessment, and from the point of view of patients.

Responses from Trusts

We are encouraged that NHS Trusts responded fully to our questionnaire, and were able to provide evidence that they are acting on the recommendations of the Clwyd-Hart report. Actions include provision of information in accessible ways, including posters, and translation services. Use of volunteers was mentioned, as a means of hearing from patients and encouraging feedback. We also noted ways in which efforts are being made to stay in touch with complainants, and keep them informed as complaints are being resolved. The section in this report entitled "What NHS Providers in Devon told us" lists a series of good practice points.

Our main concern with the response from Trusts was that accredited training for complaints handlers seems lacking.

Responses from patients

We believe that it is worth noting ("The need to give feedback", page 9) that many patients did not see a need to comment on the service they had received because it was satisfactory or good. It is important to bear in mind that the vast majority of health service users get good service, and, to some extent, take that for granted. For them, feedback systems - including Healthwatch - simply seem irrelevant.

People who want to give feedback are those who have had excellent service, and want to pay a compliment, and people who have had poor service and want to complain. Those who want to pay compliments should of course be encouraged to do so. Positive feedback can be a morale booster for staff, and helps to show "what good looks like" from the point of view of the patient. So compliments need to be taken as seriously as complaints. It is a bit of a shot in the foot to get a comment like this one:
Acknowledgement of compliment would be a professional way of handling positive comments.

People who have had poor service may want to make that known - but not always by means of a formal complaint. One person noted that: *Often a problem can be smoothed over rather than escalating.* A quick acknowledgement and, if need be, apology, can save both patients and NHS staff from having to get into stressful and time consuming formal complaints.

The very small minority of people who proceed to a formal complaint are those who have a genuine and heartfelt grievance. It is important that their concerns are addressed sensitively and professionally. So it is worrying to find that more than half of respondents to the question, "Were you satisfied with the way your complaint was handled?" answered "No".

In conclusion, we can say that feedback and complaints is an area that NHS Trusts in Devon continue to think about and work on. The recommendations from the Clwyd-Hart report are understood and are being actively addressed, with clear examples of good practice.

At the same time, this is an area of Trust activity that - exactly as with clinical matters - offers continuous room for improvement. Patient experience indicates that handling of both compliments and complaints could be better in some respects. Our recommendations, set out below, address these points.

Recommendations

1. Sharing good practice

There are a number of examples of good practice highlighted by Trusts that have responded to this report. It is recommended that these be shared via the Peninsula Staff and Patient Experience Network, and that the Network should receive continuing support from Trust Boards and management as a means of sharing knowledge and skills among patient experience leads across the South West Peninsula.

2. Volunteers

It is good to see use of volunteers to offer face to face support to patients, and to explain feedback and complaints processes. We recommend consideration of joint training and networking events across the peninsula for volunteers in these roles.

3. Responsiveness

Some respondents said that staff were too busy or *not really interested* to deal with their feedback there and then, or that feedback forms were *reluctantly* given out. We recommend a mystery shopping exercise to test the readiness of staff to welcome feedback and respond promptly.

4. Outcomes

More than half of respondents to the question, "Did you feel listened to and respected?" said "Yes", but more than half of respondents to the question, "Were you satisfied with the way your complaint was handled?" answered "No". We recommend regular sampling of complainants to test satisfaction with the outcome of complaints as opposed to their experience of the complaints process.

5. Training

We recommend discussion (perhaps via the Peninsula Staff and Patient Experience Network) about the need for accredited training for complaints handlers, including whether training could be bought in and run jointly across the Peninsula.

Appendix 1

Keeping Patients in the Picture

A survey for the public about their experiences of sharing feedback with a local health service

If someone wants to provide feedback or raise concerns about a local healthcare service, they should be able to do so simply, quickly and feel reassured that their feedback has been heard.

Healthwatch Devon is currently looking into the way the NHS handles feedback and concerns locally. In order to do this, we want to hear from people who have provided feedback to a hospital, GP Practice or any other health service about their experience.

If you have provided feedback, raised a concern or made a complaint within the last year or so about an NHS service, we would appreciate it if you could spare a few minutes to complete this survey so that we can find out whether you feel that your feedback was handled effectively, or if you think there could be room for improvement.

If you have raised a complaint, we want to find out about how the process worked for you, rather than the outcome of your complaint. Individual responses to this survey will be treated as confidential. All feedback will be anonymised and shared with those who plan and provide NHS Services, alongside our final report.

This survey is available in other formats. Please contact us if this is a requirement.

Closing date for completed surveys to be received is Friday 27th November 2015.

-
1. Within the last year or so, have you contacted an NHS healthcare service for any of the following reasons?

(Please circle)

To provide positive feedback about the service	Yes	No
To raise a concern about the service	Yes	No
To make a complaint about the service	Yes	No

2. If you ticked no, please select your reason why below:

(Please tick)

- I have not had contact with an NHS service within the last year

- I was not sure how to
- I tried to but it was too difficult
- I thought that it may jeopardise my treatment or care
- I didn't think anything would change
- I didn't want to get anyone into trouble
- Another reason

2a. Please provide further information to explain your reason if you need to.

3. If you ticked yes, that you have contacted an NHS Service to provide feedback, please tell us the name of the NHS Service that you provided feedback about:

Service Name _____ Department _____

4. Did you find the feedback, concerns or complaints process easy? Yes
No

4a. If not, can you explain why?

Complaints Handling

If you made a complaint;

5. Did you feel listened to and respected? Yes No

6. Were you provided with information or signposted to organisations that could to help you with your complaint? Yes No
 (For example, to SEAP)

7. Were you satisfied with the way your complaint was handled? Yes No

7a. If not, can you explain why?

8. If you have any suggestions for how the feedback, concerns or complaints process could be improved, please provide details below.

9. Please could you tell us if you are aware of the following? (please circle)

9a. PALS Yes No

The Patient Advice and Liaison Service (PALS) provide confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

9b. The NHS Friends and Family Test Yes No

The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

9c. Patient Opinion Yes No

Patient Opinion is an independent feedback service that aims to promote honest and meaningful conversations between patients and health services. It believes that telling your story can help make health services better.

9d. NHS Choices Yes No

NHS Choices (www.nhs.uk) is the UK's biggest health website. It provides a comprehensive health information service to help put you in control of your healthcare.

9e. Healthwatch Yes No

Healthwatch is the consumer champion for both health and social care. It exists in two distinct forms - local Healthwatch, at local level, and Healthwatch England, at national level.

9f. SEAP Yes No

SEAP is a partner of the Devon Advocacy Consortium which provides independent, professional advocacy services. SEAP provide independent advocacy services to help resolve issues or concerns you may have about your health and wellbeing or your health and social care services.

10. If you have any further comment to make, please do so below:

How did you hear about this survey?

What is the first part of your postcode?

Would you like to register to receive further information from Healthwatch Devon?

If yes, tick here

If yes, please provide your name and contact details below.

Name

Email address

Postal Address

Please circle your preferred method of contact: By email By post

We will only use this information to keep you informed of Healthwatch Devon news, activities and events. Any personal information you do provide will be treated as strictly confidential and in accordance with the Data Protection Act 1998.

Postal surveys should be returned to us by freepost to:

Healthwatch Devon, Freepost RTEK-TZZT-RXAL, First Floor, 3 & 4 Cranmere Court, Lustleigh Close, Matford Business Park, Exeter, EX2 8PW.

Or alternatively, you can share your response with us by telephone at: **0800 250 0640.**

You can also complete the survey online at:
www.healthwatchdevon.co.uk/patientsinthepicture

Or by email to info@healthwatchdevon.co.uk

Thank you for your time. Your feedback is important to us in helping us to understand what works well and where services could be improved.

We would like to ask a few more questions about you.

This part of the survey is optional.

Please circle your answers

Age (please circle):

17 and under 18-24 25-49 50-64 65-79 80+ Prefer not to say

Gender: Male Female Transgender Non binary Prefer not to say

If you define your gender differently to above, please tell us here:

Sexual Orientation: Heterosexual/straight Bisexual Gay
Woman/Lesbian

Gay Man/Homosexual Prefer not to say

Ethnicity:

Asian or Asian British Bangladeshi Indian Pakistani

Any other Asian background

Black and White Caribbean Black and White African Asian and White

Any other mixed background

Black or Black British

African Caribbean

Any other Black background

White

British English Irish Scottish Welsh

Any other White background

Chinese Other ethnic group

Prefer not to say

Do you have a disability? Yes No

If yes, please describe the nature of your disability:

Appendix 2

Survey template used to submit questions to NHS Hospital Trusts in Devon

We have taken the recommendations from the Clwyd-Hart Review, which were aimed specifically at NHS Provider Trusts and set them out as questions below to you, so that we can find out what steps have been taken to address the recommendations within the NHS provider Trust that you are responding on behalf of.

We do not expect actions against every single recommendation, and will not request explanations for, or be critical of, "No" responses. The aim of the exercise is to learn what actions have been taken, and to identify good practice.

Please complete this survey by Friday 30th October 2015.

What is the name of the Trust that you are responding on behalf of?	
Your Name	
Your position at the Trust	
Your email address	
<p>We would like to know if the Trust that you are responding on behalf of has either reviewed or improved the following aspects of care <u>since</u> publication of Putting Patients Back in the Picture (October 2013)?</p> <p>Please respond to each of the recommendations set out in the following pages. Please explain any work that has been undertaken by the Trust and if possible, describe the impact this has had on service delivery and the experience of patients. We do not expect actions against every single recommendation. The aim of this exercise is to learn what actions have been taken, and to identify good practice.</p>	
1. Improving the quality of care	Please use the boxes below to describe what the Trust has achieved in relation to each recommendation
Basic information is available on the ward for patients, e.g. who is who on the ward and what they do; meal times and visiting times; etc. Differences in language, culture and vulnerability are taken account of.	

<p>Patients are helped to understand their care and treatment. Diagnoses and treatments are discussed with the patient, plus relatives or carers as appropriate.</p>	
<p>Patients can give feedback on the ward e.g. by putting pen and paper by the bedside and making sure patients know who to speak to if they have a concern.</p>	
<p>Hospitals actively encourage volunteers - particularly where patients are vulnerable or alone, when they might find it difficult to raise a concern. Volunteers are trained.</p>	
<p>Patient services are well sign-posted and promoted in the hospital.</p>	
<p>2. Improvements in the way complaints are handled</p>	<p>Please use the boxes below to describe what the Trust has achieved in relation to each recommendation</p>
<p>Appropriate professional behaviour is applied to the handling of complaints, e.g. honesty, openness and a willingness to work with the patient to rectify the problem.</p>	
<p>Staff record complaints and the action that has been taken and check with the patient that it meets with their expectation.</p>	
<p>Staff are adequately trained, supervised and supported to deal with complaints effectively.</p>	
<p>There is NHS accredited training for people who investigate and respond to complaints.</p>	
<p>Both positive and negative feedback is encouraged. Complaints are welcomed as necessary for continuous service</p>	

improvement.	
The Chief Executive takes personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings.	
There is Board-led scrutiny of complaints, e.g. reports on complaints and the action taken. Reports are available to the Chief Inspector of Hospitals.	
We abide by our legislative duty to offer complainants a conversation at the start of the complaints process to agree on the way in which the complaint is to be handled and the timescales involved.	
Where complaints span organisational boundaries, we adhere to our statutory duty to co-operate so that we can handle the complaint effectively.	
There are arrangements for sharing good practice on complaints handling between hospitals.	
3. Greater perceived and actual independence in the complaints process.	Please use the boxes below to describe what the Trust has achieved in relation to each recommendation
We offer a truly independent investigation where serious incidents have occurred.	

We ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant.	
Patient services and patient complaints support are separate so patients do not feel they have to go through PALS first before they make a complaint.	
Patients, patient representatives and local communities and local HealthWatch organisations are fully involved in the development and monitoring of complaints systems in hospitals.	
Board level scrutiny of complaints regularly involves lay representatives.	
4. Whistle-blowing	Please use the box below to describe what the Trust has achieved in relation to this recommendation
A board member with responsibility for whistle-blowing is accessible to staff on a regular basis.	

Thank you for completing our survey.

The information that you have provided will help us to understand how feedback and complaints are handled and how the recommendations made in the Clwyd-Hart report have been addressed by the Trust.

We will use the information provided by you, added to the experiences we collect from patients and the public, to build a picture of what works well in Devon and to share best practice. We will report our findings to you and the other Acute Trusts in Devon who are involved in this work for a response. We will share the final report and responses with service commissioners, service regulators and Healthwatch England and the public.

Our desired outcome is that the general public will feel confident that local NHS Provider Trusts are learning organisations and that their feedback and complaints are seen as an important driver for service improvement.

Appendix 3

Responses from the Provider Trusts in Devon

Royal Devon and Exeter NHS Foundation Trust

1. Improving the quality of care	Royal Devon and Exeter NHS Foundation Trust response
<p>Basic information is available on the ward for patients, e.g. who is who on the ward and what they do; meal times and visiting times; etc. Differences in language, culture and vulnerability are taken account of.</p>	<p>The Trust has information on visiting times, picture boards of staff on the ward, information on support for dementia patients, information on hygiene, how to raise concerns, food and drink, spiritual care. General information relevant to the patient's admission is also available in a folder at the bedside for each patient.</p>
<p>Patients are helped to understand their care and treatment. Diagnoses and treatments are discussed with the patient, plus relatives or carers as appropriate.</p>	<p>No further action has been taken as this is part of normal practice where patients are provided with information leaflets which include details of their treatment, risks, benefits and any alternatives to treatment to enable them to make an informed decision about their care and enable them to discuss this with their carers, friends and family. Patients also have personalised care planning.</p>
<p>Patients can give feedback on the ward e.g. by putting pen and paper by the bedside and making sure patients know who to speak to if they have a concern.</p>	<p>Patients can feedback on the ward using a variety of methods, ie. patient feedback comment cards, friends and family test (available in different formats), 'What went well, even better if' comment cards, PALS leaflet - 'We're here to help'.</p>
<p>Hospitals actively encourage volunteers - particularly where patients are vulnerable or alone, when they might find it difficult to raise a concern. Volunteers are trained.</p>	<p>Volunteers are actively used in the Trust. Chaplaincy volunteers are trained to listen to patients and undertake a 9 week training programme.</p>

Patient services are well sign-posted and promoted in the hospital.	Posters and leaflets are displayed throughout the Trust to promote the Patient Advice and Liaison Service. Information is available on the Trust's internal and external websites and also on the back of every patient information leaflet.
2. Improvements in the way complaints are handled	Royal Devon and Exeter NHS Foundation Trust response
Appropriate professional behaviour is applied to the handling of complaints, e.g. honesty, openness and a willingness to work with the patient to rectify the problem.	The Trust's Values and Behaviours are used as a standard for all services throughout the Trust and especially with regard to the handling of complaints. This is included in complaint training.
Staff record complaints and the action that has been taken and check with the patient that it meets with their expectation.	Staff record complaints on the Trust's Risk Management software programme, Datix and make contact with the patient to ascertain the expected outcomes at the outset. A satisfaction survey is also sent out with every complaint response.
Staff are adequately trained, supervised and supported to deal with complaints effectively.	Training is available for staff and all staff are supported to deal with complaints effectively. Each division has a complaint lead and the Assistant Director of Nursing will provide support for staff within the Division when dealing with complaints.
There is NHS accredited training for people who investigate and respond to complaints.	NHS accredited training is being developed nationally but the Trust does offer local training to staff on complaint handling and customer service.
Both positive and negative feedback is encouraged. Complaints are welcomed as necessary for continuous service improvement.	Positive and negative feedback is encouraged throughout the Trust with the use of posters and leaflets and the information is used on an on-going basis to improve services. Examples of this include 'Demonstrating Differences' which are flagged through the performance route to the Board.

<p>The Chief Executive takes personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings.</p>	<p>This is normal practice within this Trust and the Chief Executive responds to all complaints.</p>
<p>There is Board-led scrutiny of complaints, e.g. reports on complaints and the action taken. Reports are available to the Chief Inspector of Hospitals.</p>	<p>The Board receives an annual report on complaints activity and monthly reports through the Trust's Integrated Performance Reports. All reports are available to the Trust's inspecting bodies. The Patient Experience Committee has membership which includes governors and Non-Executive Directors where there is scrutiny of the performance and the learning from complaints</p>
<p>We abide by our legislative duty to offer complainants a conversation at the start of the complaints process to agree on the way in which the complaint is to be handled and the timescales involved.</p>	<p>The Trust's Policy and Procedure for the management of complaints, concerns, comments and compliments includes a process where complainants are contacted following their initial approach to the Trust to agree upon the way the complaint is to be handled and timescales.</p>
<p>Where complaints span organisational boundaries, we adhere to our statutory duty to co-operate so that we can handle the complaint effectively.</p>	<p>This is part of normal practice and we agree which organisation will lead the process and work collaboratively to resolve the issue for the complainant.</p>
<p>There are arrangements for sharing good practice on complaints handling between hospitals.</p>	<p>The Trust's Patient Experience Manager is part of the regional Patient Experience Network and also the National Complaint Managers Forum where good practice is shared.</p>

3. Greater perceived and actual independence in the complaints process.	Royal Devon and Exeter NHS Foundation Trust response
We offer a truly independent investigation where serious incidents have occurred.	Serious incidents are reviewed under the Trust's Incident Reporting process - the lead investigator will be selected to ensure independence and has undergone the required training.
We ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant.	Complainants are directed to IHCA for advocacy support. Please see above in addition in specific circumstances a second or independent opinion is sought.
Patient services and patient complaints support are separate so patients do not feel they have to go through PALS first before they make a complaint.	All cases are triaged through PALS but complainants are able to decide whether their case should be handled as a formal complaint or concern and the support for each is separate. The Patient Experience Manager attended a national conference where the adherence to this recommendation was debated as it is not an agreed requirement.
Patients, patient representatives and local communities and local HealthWatch organisations are fully involved in the development and monitoring of complaints systems in hospitals.	The Trust regularly meets with Healthwatch and receives feedback on its services to inform service improvement. Governors and non-executive directors sit on the Trust's Patient Experience Committee where complaint systems are monitored.
Board level scrutiny of complaints regularly involves lay representatives.	The Patient Experience Committee has non-executive directors and governors who scrutinise complaints.

4. Whistle-blowing	Royal Devon and Exeter NHS Foundation Trust response
A board member with responsibility for whistle-blowing is accessible to staff on a regular basis.	Within our Whistleblowing Policy there are several named Board Members that are accessible to staff on a regular basis.

Northern Devon Healthcare NHS Trust

1. Improving the quality of care	Northern Devon Healthcare NHS Trust response
Basic information is available on the ward for patients, e.g. who is who on the ward and what they do; meal times and visiting times; etc. Differences in language, culture and vulnerability are taken account of.	<p>All wards have information publicly available (on the walls or in the bedside folders) in relation to who works on the ward, what their roles are, who is on shift that day, information in relation to meal times and visiting hours, etc. Bedside booklets are available and include information about the ward, hospital, and Trust.</p> <p>There are publically displayed posters that explain how the Trust can provide translation and interpretation services and patients' cultural wishes are assessed and documented on admission.</p> <p>The Trust is currently identifying planning the changes that are required as part of the new Accessibility Standards</p>
Patients are helped to understand their care and treatment. Diagnoses and treatments are discussed with the patient, plus relatives or carers as appropriate.	Assessments and care plans are developed in partnership with patients and, where appropriate, their relatives and carers. The plan of care, treatments, and interventions are fully explained to patients and decisions about treatments are made with the patient. Adherence to these principles are monitored and measured on a monthly basis using a Matron's Walkround tool, with any concerns addressed at the time with the ward leader.
Patients can give feedback on the ward e.g. by putting pen and paper by the bedside and	We have trained volunteers to collect real-time patient experience feedback on the wards at NDDH. At this point, we also ask patients for their suggestions on how we would

<p>making sure patients know who to speak to if they have a concern.</p>	<p>improve the service. This feedback is given to the wards within 2-4 hours of the feedback having been received.</p> <p>Patients can also give feedback through the ‘paper and pen’ based Friends and Family Test comment cards (available in different formats).</p> <p>We do not have a ‘paper and pen’ system in place on wards specifically for raising complaints, but patients are aware, through provision of leaflets, how to raise a concern and to whom concerns should be made. Additionally, the PALS service has a prominent ‘shop window’ in the main foyer of the acute hospital and our PALS team would visit patients on the ward to discuss and note any concerns they may have if they either contacted the service directly or made a staff member aware that they were unhappy with a particular issue.</p>
<p>Hospitals actively encourage volunteers - particularly where patients are vulnerable or alone, when they might find it difficult to raise a concern. Volunteers are trained.</p>	<p>We have numerous volunteer opportunities available at the Trust which are advertised on the Trust website and using our local CVS.</p> <p>We use a significant number of volunteers on our patient experience survey program. Volunteers visit all of our inpatient wards (including our postnatal maternity ward) and complete the patient experience survey with patients. Volunteers spend time with the patients and encourage them to feedback about their experiences. All new patient experience survey volunteers are given training including a session with their line manager and at least two sessions of shadowing another more experienced volunteer. Examples of feedback we have received and how we have made improvements to services as a result of this feedback can be found here: Patient Experience</p> <p>Other volunteer roles include: activity coordinator roles on our dementia ward where patients spend time with patients and feedback any concerns that patients are having.</p> <p>Our volunteer policy sets out the management, standards and training we provide and expect of our volunteers.</p>
<p>Patient services are well sign-posted and promoted in the hospital.</p>	<p>There is good signage throughout the hospital, and a helpdesk is situated close the main entrance.</p> <p>Peak days of outpatient activity at NDDH are Tuesdays and Thursdays: we use chaperone volunteers to identify and help the more frail patients to their appointment</p>

2. Improvements in the way complaints are handled	Northern Devon Healthcare NHS Trust response
Appropriate professional behaviour is applied to the handling of complaints, e.g. honesty, openness and a willingness to work with the patient to rectify the problem.	The Customer Relations department delivers a customer-centred service, focussed on creating an open discussion with patients and their carer throughout the investigation procedure, in an open and honest way with one point of contact.
Staff record complaints and the action that has been taken and check with the patient that it meets with their expectation.	The Customer Relations department has streamlined the complaints system by firstly agreeing the issues for resolution and expected outcomes. Lessons learnt and actions arising from the investigation are placed on an action plan, which is shared with the complainant and monitored until delivered.
Staff are adequately trained, supervised and supported to deal with complaints effectively.	<p>The Customer Relations manager delivers bespoke training to all staff involved in complaints. Complaint investigators attended an external Professional Training day in Complaints Handling and Investigations in 2014.</p> <p>As we now routinely offer local resolution meetings as an alternative to a written response staff are fully briefed and coached to take part in the meetings, through effective engagement of staff.</p>
There is NHS accredited training for people who investigate and respond to complaints.	<p>Complaint investigators attended an external Professional Training day in Complaints Handling and Investigations in 2014. Root-cause analysis training is also available for all NHS staff who undertake investigations into complaints and incidents</p> <p>A further 3 days CPD accredited Complaint Handling/Investigating external course is currently being offered to complaint investigators.</p> <p>Additionally, the Trust has trained in excess of 80 members of staff in root cause analysis, via an external provider.</p>

<p>Both positive and negative feedback is encouraged. Complaints are welcomed as necessary for continuous service improvement.</p>	<p>The Trust welcomes all feedback, and captures and monitors data and intelligence to improve the patient experience and to reduce repeat complaints. Negative and positive feedback is used to inform wider service improvements, and is gathered in many ways and is easy accessible via letters, electronic feedback, and through the media through the web.</p>
<p>The Chief Executive takes personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings.</p>	<p>The Chief executive takes corporate responsibility for quality of care and the management and monitoring of complaints. The Chief Executive may attend resolution meetings to personally apologise when failings have been identified. The Chief Executive takes full responsibility for signing off all formal complaints.</p>
<p>There is Board-led scrutiny of complaints, e.g. reports on complaints and the action taken. Reports are available to the Chief Inspector of Hospitals.</p>	<p>A bi-monthly report on complaints is submitted to the Trust Board, and is also produced for our Clinical Commissioning Group via the Integrated Performance Assurance Meeting.</p>
<p>We abide by our legislative duty to offer complainants a conversation at the start of the complaints process to agree on the way in which the complaint is to be handled and the timescales involved.</p>	<p>The Customer Relations department ensures every complainant is spoken with personally by a senior member of the team within 3 working days of receiving the complaint (where contact details are available). A resolution meeting is routinely offered (where appropriate) and issues for resolution and a timescale for response are agreed.</p>
<p>Where complaints span organisational boundaries, we adhere to our statutory duty to co-operate so that we can handle the complaint effectively.</p>	<p>The Customer Relations manager will agree with other organisations which Trust will lead on the complaint response, where the issues cross different organisations, to ensure the complainant will receive a cohesive response with one point of contact.</p>
<p>There are arrangements for sharing good practice on complaints handling between hospitals.</p>	<p>Northern Devon Healthcare Trust was shortlisted last year at the Patient Experience Network National Awards (PENNA) and gained runner up for their work “Achieving Resolution at the Earliest Possible Stage”</p> <p>The successful early resolution of complaints via verbal acknowledgement of all</p>

	<p>complaints and the routine offering of local resolution meetings as an alternative to a written response has been fully embedded within the organisation through effective engagement of staff, and was recognised at the most recent National Patient Experience Network Awards (PENNA), in which we were runners up in our category.</p> <p>The Customer Relations Manager has delivered several presentations to neighbouring Trusts complaints managers in the South West Peninsular, and more recently at national conferences.</p>
3. Greater perceived and actual independence in the complaints process.	Northern Devon Healthcare NHS Trust response
We offer a truly independent investigation where serious incidents have occurred.	<p>Serious incident investigations are carried out by senior members of staff and every serious incident investigation is undertaken by two operational leads, overseen by an Executive Director. Investigations include a round table review, which are robust in their identification of learning rather than apportioning blame.</p> <p>Draft reports are shared with all those involved in the incident to ensure they are reflective of the timeline of events, learning, and actions agreed. Draft reports are reviewed and approved by the Quality Assurance Committee - this provides a further objective review of the quality of the investigation.</p> <p>The Trust has clear protocols and policies in relation Duty of Candour and there is open and transparent dialogue with the patient, their families and carers when things go wrong.</p>
We ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant.	All complainants are given details of NHS independent free complaint advocacy at the initial stage of raising a complaint.
Patient services and patient complaints support are separate so patients do not feel they have to go through PALS first before they make a complaint.	Patients wishing to raise a concern or formal complaint are able to raise their concerns directly with the Customer Relations complaints team without having to progress through PALS as a first stage. This ensures they have full access to the Parliamentary Health Service Ombudsman as an independent and un-biased review, as is their right in line with the 2009 complaints regulations.

Patients, patient representatives and local communities and local HealthWatch organisations are fully involved in the development and monitoring of complaints systems in hospitals.	A quarterly report is produced by the Customer Relations Manager for the Trusts Learning from the patient Experience Group (LPEG). This report is shared with the Patient Public Involvement group (PPI) where patient representative, local communities and Health watch are involved and able to make comments on the report.
Board level scrutiny of complaints regularly involves lay representatives.	A member of the Senior Voice for Devon receives the agenda and minutes of the Board meeting. The member regularly attends the open Board meetings, and has the opportunity to make comments and add to the agenda in advance.
4. Whistle-blowing	Northern Devon Healthcare NHS Trust response
A board member with responsibility for whistle-blowing is accessible to staff on a regular basis.	There is a named lead Executive Director for whistleblowing, who is accessible to staff. There is also a named Non-Executive Director Lead for whistleblowing.

Torbay and South Devon NHS Foundation Trust

1. Improving the quality of care	Torbay and South Devon NHS Foundation Trust response
Basic information is available on the ward for patients, e.g. who is who on the ward and what they do; meal times and visiting times; etc. Differences in language, culture and vulnerability are taken account of.	The Matrons have designed and ordered large information boards that will display who is on the ward, what they do, meal times and visiting times. Friends and Family and internal patient experience data is displayed on the wards. Staff receive annual mandatory equality & diversity training and safeguarding.
Patients are helped to understand their care	Surgical patients are given written information in pre-assessment about coming into

<p>and treatment. Diagnoses and treatments are discussed with the patient, plus relatives or carers as appropriate.</p>	<p>hospital and the enhanced recovery programme, discharge packs with information including what to expect when you go home and specific condition related information.</p> <p>Cancer patients have hand held records/care plans</p> <p>The National Inpatient survey scores the Trust highly in this area</p>
<p>Patients can give feedback on the ward e.g. by putting pen and paper by the bedside and making sure patients know who to speak to if they have a concern.</p>	<p>Friends and Family questions are being used.</p> <p>Volunteers and staff who are as independent as possible from the patients care assist patients to complete the Friends and Family Questionnaire where they are unable to do this themselves and have no family/friends to assist.</p> <p>Working with Us Panel (a group of volunteers with a special interest in patient experience) visit patients on discharge to evaluate the patient experience. If there are concerns raised this is fed back to the ward staff or senior Trust staff and acted upon quickly.</p> <p>Feedback is encouraged and the Senior sisters on the wards discuss and speak with patients and families any concerns</p> <p>What to do if you are unhappy - written information provided</p> <p>Comments board on children's unit and Radiology outpatients</p> <p>Maternity Voices (previously MSLC) where feedback and engagement is sought</p> <p>On discharge from all the community hospitals, there is a standard process where all patients who are discharged home will be contacted within 48 hours by the respective community hospital. This is a way of checking that each patient has re-settled safely and it also is a method of ensuring that patients are not readmitted unnecessarily to hospital either. It tries to ensure that each patient has no outstanding issues and that their transition home has gone as smoothly as possible. If there are any outstanding issues, staff will try to resolve these immediately. If this is not possible, then these issues are escalated to appropriate staff e.g. the Matron, the Community Nursing team, the patient's GP or perhaps to the patient's relative too if this is deemed appropriate. If the patient remains dissatisfied, the patient would be asked if they would like to discuss their concerns with the Feedback and Engagement Team.</p>
<p>Hospitals actively encourage volunteers - particularly where patients are vulnerable or alone, when they might find it difficult to raise</p>	<p>Working with us panel</p> <p>Meal time companions</p>

<p>a concern. Volunteers are trained.</p>	<p>League of Friends and lay chaplaincy team</p> <p>There are some great links with many voluntary services in some areas in the community, where voluntary sector members are integral members of the multi-disciplinary team e.g. Volunteering in Health/Totnes & Dartmouth Caring. These volunteers are actively involved in facilitating patient transition from the community hospitals to home as well as providing ongoing support and care for those patients too.</p> <p>There is a plan to further develop Locality Multidisciplinary Teams (LMATs) in due course where those local complex care teams will include voluntary services as core members.</p>
<p>Patient services are well sign-posted and promoted in the hospital.</p>	<p>Patient services are signposted in the hospital and accessible on the website</p>
<p>2. Improvements in the way complaints are handled</p>	<p>Torbay and South Devon NHS Foundation Trust response</p>
<p>Appropriate professional behaviour is applied to the handling of complaints, e.g. honesty, openness and a willingness to work with the patient to rectify the problem.</p>	<p>Complaints policy reviewed and ratified in 2014</p> <p>Early meetings or conversations are encouraged to aid understanding of the situation</p> <p>Duty of Candour is an embedded aspect of the complaints process.</p> <p>Local complaints resolution meetings are routinely offered,</p> <p>PALS are actively involved. SEAP are actively involved with health complaints.</p>
<p>Staff record complaints and the action that has been taken and check with the patient that it meets with their expectation.</p>	<p>Yes</p>
<p>Staff are adequately trained, supervised and supported to deal with complaints effectively.</p>	<p>Yes, but more training always welcome, Training to Senior Sisters and team leaders has been given by The Samaritans</p> <p>“Take a Quarter” training at ward level- this is led by the Pals team who support staff to actively try to understand and resolve any issues that may arrive at the time.</p>

	The Feedback and Engagement Team for community services actively support Community Hospital Matrons and have recently devised a new 5 step complaints process to support investigators. The Feedback and Engagement Team will meet with Community Hospital Matrons in their own locality to provide support if requested and also attend the Hospital Matron's monthly meeting as required.
There is NHS accredited training for people who investigate and respond to complaints.	We are exploring the feasibility of further training.
Both positive and negative feedback is encouraged. Complaints are welcomed as necessary for continuous service improvement.	Yes, shared at team meetings, Trust Management meetings and Board meetings
The Chief Executive takes personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings.	Yes
There is Board-led scrutiny of complaints, e.g. reports on complaints and the action taken. Reports are available to the Chief Inspector of Hospitals.	Yes
	yes

<p>We abide by our legislative duty to offer complainants a conversation at the start of the complaints process to agree on the way in which the complaint is to be handled and the timescales involved.</p>	
<p>Where complaints span organisational boundaries, we adhere to our statutory duty to co-operate so that we can handle the complaint effectively.</p>	<p>Yes We also have effective working relationships with other local providers and this ensures that joint responses to complaints meet the agreed timescales and complainants are clear about the processes for joint responses.</p>
<p>There are arrangements for sharing good practice on complaints handling between hospitals.</p>	<p>Yes- Learning from complaints and incidents is a standard agenda item on the Community Hospital Matrons Meetings and there are monthly reports where learning is shared between community hospital Matrons. These learning arrangements will be further reviewed in the light of the ICO.</p>
<p>3. Greater perceived and actual independence in the complaints process.</p>	<p>Torbay and South Devon NHS Foundation Trust response</p>
<p>We offer a truly independent investigation where serious incidents have occurred.</p>	<p>In discussion with the complainant this can be arranged with a reciprocal arrangement with another hospital. The PHSO also conduct independent reviews. The LGO conduct independent reviews of Social Care complaints where required.</p>
<p>We ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant.</p>	<p>Encourage patients to utilise SEAP. All complainants are provided with advocacy information as standard.</p>
<p>Patient services and patient complaints support are separate so patients do not feel</p>	<p>Yes</p>

they have to go through PALS first before they make a complaint.	
Patients, patient representatives and local communities and local HealthWatch organisations are fully involved in the development and monitoring of complaints systems in hospitals.	Patient representation at the Trust “Learning from Complaints” group Healthwatch invited to attend the Trust Patient and Community Partnerships workstream which reports directly to the Trust Board. As part of this group they have access to the acute site complaints dashboard and reports.
Board level scrutiny of complaints regularly involves lay representatives.	Governors attend Trust Board Meetings
4. Whistle-blowing	Torbay and South Devon NHS Foundation Trust response
A board member with responsibility for whistle-blowing is accessible to staff on a regular basis.	Yes and in addition a NED has responsibility for whistle-blowing

Devon Partnership NHS Trust

1. Improving the quality of care	Devon Partnership NHS Trust response
Basic information is available on the ward for patients, e.g. who is who on the ward and what they do; meal times and visiting times; etc. Differences in language, culture and vulnerability are taken account of.	Each ward has patient information packs / booklets available which provide details of the ward, support services and can be made available as needed to reflect individual needs.
Patients are helped to understand their care and treatment. Diagnoses and treatments are discussed with the patient, plus relatives or	This is an integral part of the care planning / care provision in our services.

carers as appropriate.	
Patients can give feedback on the ward e.g. by putting pen and paper by the bedside and making sure patients know who to speak to if they have a concern.	<p>All wards should have information available for patients and their carers / relatives that describe how they can raise any concerns or provide more general feedback about their experiences. Over the last year we have been promoting the use of ‘you said we did’, and wards are encouraged to provide feedback publically about how they have responded to feedback. Some wards have developed service user meetings to allow more general discussion and feedback.</p> <p>We are also piloting the use of feedback ‘kiosks’ across services as well as ‘tablet/IPADs’ to allow people using our services to provide ‘real time’ feedback that is available locally to the service as well as centrally for wider learning and improvements.</p> <p>Other developments over the last 12 months have included adopting the ‘hello my name is’ initiative and ‘see something... say something’ which have been implemented to improve the experience of our services.</p>
Hospitals actively encourage volunteers - particularly where patients are vulnerable or alone, when they might find it difficult to raise a concern. Volunteers are trained.	The trust does actively recruit volunteers; this is less well developed for support on the wards but is an area which we hope to improve. Some services are looking specifically at how they could use volunteers to support getting feedback about services.
Patient services are well sign-posted and promoted in the hospital.	We do provide information that signposts to our PALs services, how to provide feedback including using our survey, this includes posters, leaflets, public website and ward handbooks.
2. Improvements in the way complaints are handled	Devon Partnership NHS Trust response
Appropriate professional behaviour is applied to the handling of complaints, e.g. honesty, openness and a willingness to work with the patient to rectify the problem.	The trust has invested in a training programme for anyone that is asked to investigate complaints as detailed below and this includes expectations in relation to openness and ensuring we engage with service users appropriately. We have also been piloting a small central team for investigating complaints; this team has enabled us to improve the quality, timeliness and level of engagement with complaints investigations.
Staff record complaints and the action that has	All complaint response are centrally recorded, each will have an agreed complaints

<p>been taken and check with the patient that it meets with their expectation.</p>	<p>resolution plan that details the expectations of the complainant. The investigating officer will endeavour to provide a response that meets these expectations but this is not always possible, and in cases where this isn't achieved we will explain what further action can be taken either by the trust or if necessary onward referral to the health service ombudsman.</p> <p>We do actively seek feedback from complainants about their experience of the complainants process itself and use a service evaluation questionnaire, although response rates are generally low.</p>
<p>Staff are adequately trained, supervised and supported to deal with complaints effectively.</p>	<p>As part of the quality improvement work for complaints management the Trust has invested in a comprehensive training programme which has seen over 100 staff who may be involved in investigating complaints complete complaints investigation training. There have been two separate programmes, one in 2013/14 and a second in 2015.</p> <p>The first programme focused on:</p> <ul style="list-style-type: none"> • planning the investigation • interviewing skills • risk assessing the complaint • formulating conclusions <p>The second programme focussed more specifically on the expectations of the Trust and included the following:</p> <ul style="list-style-type: none"> • timeliness of contact • complaints resolution planning • process for joint agency / RCA (Root Cause Analysis) investigations • response writing • communication expectations • NHS Complaints Regulations <p>Special focus was given during the training to emphasise the importance of regular communication with complainants. The guidelines in the training stated that communication should be at least fortnightly unless otherwise agreed with the complainant.</p> <p>It was also agreed with the Directorates that any new complaints would only be investigated by staff that had completed the training course.</p>

<p>There is NHS accredited training for people who investigate and respond to complaints.</p>	<p>Please see the response to the question above.</p>
<p>Both positive and negative feedback is encouraged. Complaints are welcomed as necessary for continuous service improvement.</p>	<p>We actively encourage all feedback and have seen an increase in the levels of positive feedback, an increase in the numbers of concerns that are dealt with before becoming a complaint i.e. early resolution through PALs as well as a reduction in the numbers of complaints received.</p> <p>We promote the use of feedback to improve services through our learning from experience groups as well as service level forums.</p> <p>All teams are encouraged to send any positive feedback to our patient experience team so these can be recorded and shared.</p> <p>We routinely share a 'patient experience' at our Quality and Safety committee and meetings with commissioners.</p>
<p>The Chief Executive takes personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings.</p>	<p>All complaints are subject to a quality assurance process that includes review and sign off of each complaint by the Senior Manager in the service the complaint relates to and an Executive Director and/or the Chief Executive; this ensures that complaint responses can be sent as soon as they are completed and are considered at the most senior level in the trust.</p> <p>The Chief Executive has actively encouraged meetings with service users and their families where this is appropriate either with herself or other executive lead.</p>
<p>There is Board-led scrutiny of complaints, e.g. reports on complaints and the action taken. Reports are available to the Chief Inspector of Hospitals.</p>	<p>The Board receives an integrated Experience, Safety and Risk report which includes complaints, compliments and other feedback including the friends and family test.</p> <p>This report is also submitted to our commissioner and is published on the Trusts website.</p>
<p>We abide by our legislative duty to offer complainants a conversation at the start of the complaints process to agree on the way in which the complaint is to be handled and the timescales involved.</p>	<p>This is a standard requirement for all investigations and investigating officers are expected to make contact and arrange to discuss the complaint and agree the plan including timescales.</p>
<p>Where complaints span organisational</p>	<p>The trust has an agreed protocol covering joint agency working as part of its complaints</p>

<p>boundaries, we adhere to our statutory duty to co-operate so that we can handle the complaint effectively.</p>	<p>policy, daily triaging of complaints by our Complaints and Litigation Lead takes place including a review of whether the complaint covers more than one Trust or agency. If the complaint does cover more than one Trust or agency, consent will be sought from the complainant to share the complaint with them.</p> <p>Once consent has been received the Patient Experience Team will contact the relevant Trust(s) or agencies and arrange a review of the complaint to determine who will be the lead for investigating it. This is usually the Trust or agency with the biggest part of the complaint to investigate.</p> <p>Once agreement has been made as to who will be the lead for the complaint, they will be responsible for the management of the complaint and all contact with the complainant. As part of the initial contact, the complainant will be asked whether they want a joint response or a separate response from each Trust or agency. If a joint response is requested then the investigation lead is responsible for coordinating this response and ensuring it is sent in a timely way.</p> <p>The Trust recognises that in order for this process to work it will require clear communication with the complainant and between the relevant Trust(s) or agencies.</p>
<p>There are arrangements for sharing good practice on complaints handling between hospitals.</p>	<p>Members of the Trusts Patient Experience team participate in the local network meetings which provide the opportunity to share learning and best practice.</p>
<p>3. Greater perceived and actual independence in the complaints process.</p>	<p>Devon Partnership NHS Trust response</p>
<p>We offer a truly independent investigation where serious incidents have occurred.</p>	<p>Any complaints that are assessed as meeting the same threshold as a serious incident requiring investigation are reported as a serious incident and are subject to investigation by a member of the Trusts Root Cause Analysis Team.</p> <p>Our complaints policy and process now specifically addresses the need to consider complaints that would be reportable as a serious incident; any complaint that meets the threshold of a serious incident will be investigated as a Root Cause Analysis review, this will normally be undertaken by one of our central Root Cause Analysis facilitators who are</p>

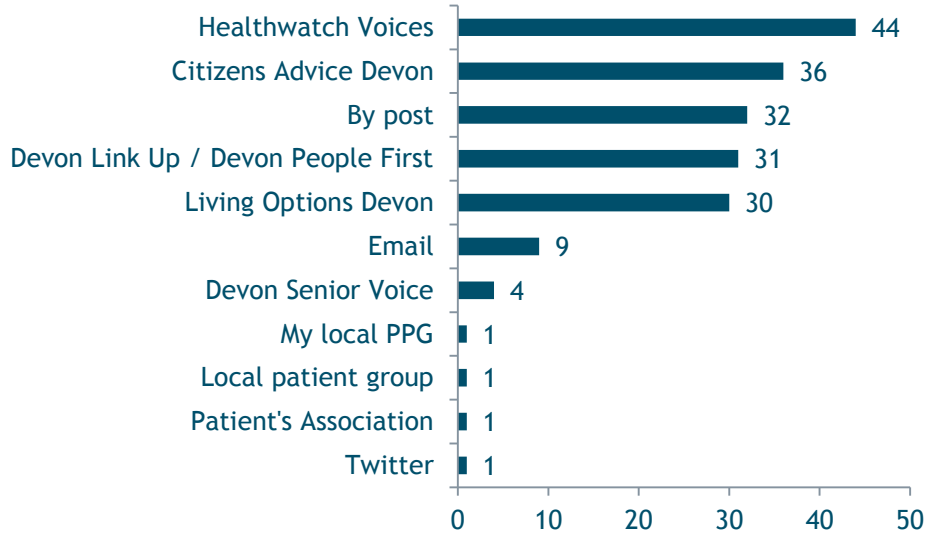
	<p>independent of any of the clinical services. Alternatively the Trust will commission an external investigator where there is agree to be a more appropriate approach.</p> <p>Once completed the response to the complaint will be prepared by the relevant service that will have been provided with the report from the Root Cause Analysis review.</p> <p>All completed Root Cause Analysis reviews are subject to the review and sign off by the Director or Deputy of Nursing as part of the process. They are also externally reportable to the Commissioner who has to review and sign them off along with any actions agreed as part of the review.</p>
We ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant.	Every acknowledgement letter includes details of the advocacy service which is independent of the Trust. Our PALs team will actively encourage the use of advocacy services where further support may be needed for the complainant.
Patient services and patient complaints support are separate so patients do not feel they have to go through PALS first before they make a complaint.	We have an integrated Patient Experience Team which includes both PALs and complaints, this allows the PALs team to try and offer resolution in a more timely way and facilitate contact between service users and the services so that concerns can be resolved without going through the complaints process, they will not prevent complaints progressing if that is what the service users wants to do.
Patients, patient representatives and local communities and local HealthWatch organisations are fully involved in the development and monitoring of complaints systems in hospitals.	We have service user representation on our Learning from Experience Group, we have also engaged with a service user directly in the review of our complaints process in collaboration with the South West Academic Health Science Network.
Board level scrutiny of complaints regularly involves lay representatives	<p>Our Board receives reports from our Quality and Safety Committee in relation to Experience, Safety and Risk, the Board includes (Shadow) FT governors who provide additional scrutiny.</p> <p>We also have representation from (Shadow) FT governors on our Learning from Experience Group.</p>
4. Whistle-blowing	Devon Partnership NHS Trust response
A board member with responsibility for whistle-blowing is accessible to staff on a	The trust has a Non-Executive Director with responsibility for being our Freedom to Speak

regular basis.

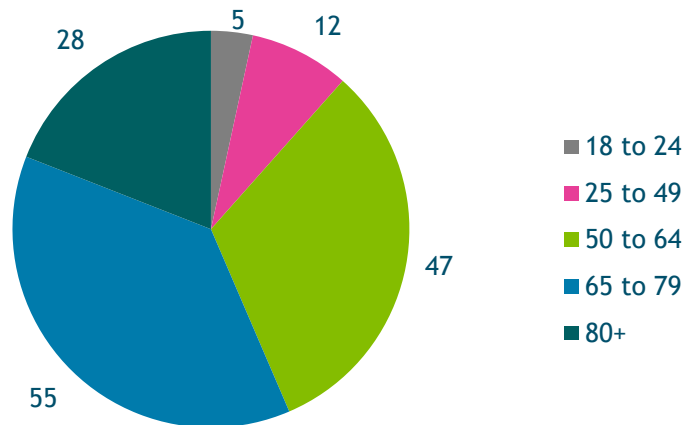
up Guardian, this is detailed on our Whistleblowing policy and guidance.

Appendix 4 - Demographic Information

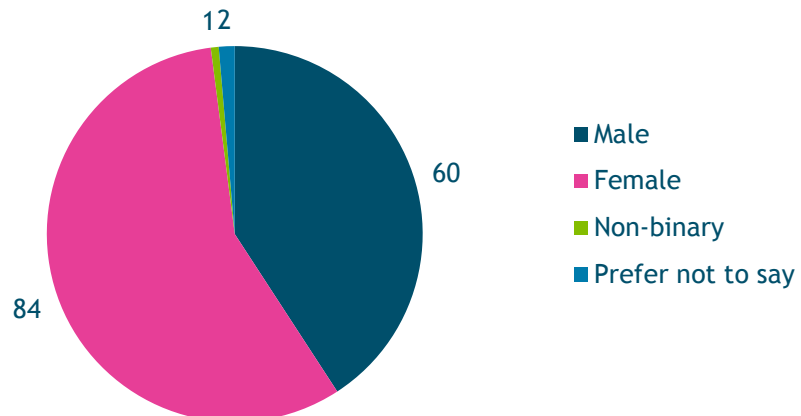
How did you hear about this survey?



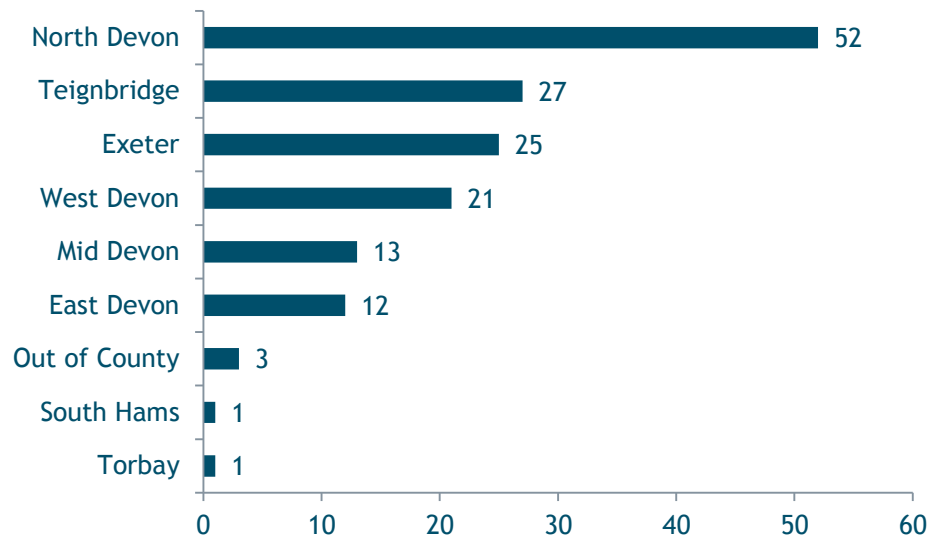
Age of respondents



Gender of respondents



Respondent locality



Appendix 5

Responses to the Report from Commissioners and NHS Provider Trusts

North, East and West Devon Clinical Commissioning Group

We read your Patients in the Picture report with interest. It provides some useful insight into the practices of the providers we commission and some useful learning for our own staff, in particular our Patient Advice and Complaints Team. For the most part, the report focusses on the activities of the provider organisations and so we feel that most of the recommendations are more relevant for them. However, three of the recommendations 'Sharing Good Practice', 'Training' and 'Volunteers' are of relevance.

The CCG and its partners have one main mechanism for sharing good practice and addressing training needs and this is the Patient Experience Network (PEN) which is peninsula wide. The PEN membership includes members from the CCGs' Patient Advice and Complaints Team's. One of the main remits of the network is to provide a forum for sharing good practice and developing the support infrastructure for complaints managers including training.

As a group the PEN has had several conversations about arranging accredited training for all Complaint Managers to attend across the Peninsula. At the moment, there are no plans to broaden this discussion to include volunteers.

South Devon and Torbay Clinical Commissioning Group

Thank you for sharing this report with us and for giving us the opportunity to respond to the report. We are grateful to Healthwatch Devon for their continued focus on this important area.

The recommendations made in the Clwyd-Hart report were substantial and had the potential to transform the way people feedback to the NHS. However, we feel strongly that the report did not go far enough, focussing predominantly on acute hospital services, and missing out many other services, which prevented the ability to really drive the recommendations across the 'system'.

We are keen to ensure that learning across the system takes place, which is why we believe that the Clwyd-Hart report should not be used in isolation.

We are pleased that your report has demonstrated the commitment to improving the opportunities for people to feedback and also recognised the good work done locally to implement the recommendations from the Clwyd-Hart report. We really believe that our local services offers people the opportunity to feedback in many ways and that the responses to feedback are improving. We do appreciate that there is more work to do.

Many of the aspects highlighted in your report are impacted upon because the legislation that governs how complaints about the NHS should be handled; the Local Authority Social

Services and National Health Service Complaints (England) Regulations 2009 do not go far enough to ensure that organisations are responsive and really learn from complaints. In addition to this, the legislation makes no provision for informal concerns and how they should be handled, this leads to inconsistency and a difference in approach to how NHS organisations deal with complaints. We have been advocating for an update and change to this legislation for some time and would call on Healthwatch to support us with this at a national level.

We wanted to respond to the each of the recommendations highlighted in your report.

Recommendation 1 - Sharing Good Practice

We agree with this recommendation. South Devon and Torbay CCG is responsible for the management of the Peninsula Patient and Staff Experience Network and your report and the examples of good practice contained therein will be shared with the group and where appropriate, we will ask that the good practice is noted through the formal contract or quality assurance routes with the trusts highlighted.

The end of your report highlights good practices from local organisations; it would be useful to understand which organisations these are.

Recommendation 2 - Volunteers

We support this recommendation. As you may be aware the CCG recently recruited several Patient Leaders who are volunteers and are involved in boards and committees at a CCG strategic level. They have undergone specific training to support them with this. We are also actively seeking volunteers to be involved with the Peninsula Patient and Staff Experience Network and are pleased that we are beginning to have representation from a number of voluntary sector organisations. I recently delivered some training to Healthwatch Devon volunteers and we would very much like to continue this. We believe that volunteers within the NHS should support organisations to gain feedback, seek improvement and assurance and help with health promotion.

We continue to support our Patient Participation Groups; we also support individual members, through their Chairs, to be a local signposting resource. They are people who are noticed in their community as someone who is a bit more informed about the health service and people often bring their issues to them and ask for advice. We regularly enable opportunities to hear these kinds of issues (via locality PPG forums and locality representatives meetings) and we provide information and advice to the PPG member so they can further advise to facilitate resolution of the issue in the most effective way.

Recommendation 3 - Responsiveness

We support the recommendation of mystery shopping exercises and would be keen to work with Healthwatch Devon to explore this in more detail.

Recommendation 4 - Outcomes

We support this recommendation. The CCG routinely speaks to all complainants once their complaint has been investigated to ensure that they are satisfied with the response. We are also looking to introduce a similar process for people who provide informal feedback.

Although we have a low response rate, those that do respond are satisfied with the process. We note that there will always be occasions however where a complainant does not feel, despite best efforts, that their concerns have been addressed satisfactorily.

Recommendation 5 - Training

Your report highlights a pertinent issue in that there is lack of accredited training for complaints handlers. We would agree with this observation. We find that training that does exist is inconsistent, expensive and does not always explore the intricacies of the NHS complaints processes. The CCG has delivered a series of training on complaints and customer service to GP surgeries and other organisations, but this has not been formal accredited training. We feel that formal accredited training should be a national offer from NHS England and the Department of Health so as to be consistent. We have advocated for this for a long time. We would support Healthwatch in raising this at a national level.

Your report highlights some of the conclusions made within the Healthwatch England report in October 2014 entitled *Suffering in Silence*. We believe that things have improved since that report but would draw your attention to our response to that report at the time (enclosed), which we feel is relevant to this report.

Devon County Council

As commissioners of social care service, Devon County Council welcomes any work which gives us more insight into the effectiveness of the way in which complaints, compliments and representations are handled, so it can help to inform ongoing work to improve the accessibility and effectiveness of the ways in which we hear the voices of those who use our services.

Northern Devon Healthcare NHS Trust

Northern Devon Healthcare NHS Trust welcomes this report and the insight it provides into people's experience of the current feedback and complaints-handling journey.

Thank you for the opportunity to respond to the five recommendations as detailed below.

1. Sharing good practice

There are a number of examples of good practice highlighted by trusts that have responded to this report. It is recommended that these be shared via the Peninsula Staff and Patient Experience Network, and that the Network should receive continuing support from Trust Boards and management as a means of sharing knowledge and skills among patient experience leads across the South West Peninsula.

NDHT response: We recognise the importance of sharing best practice and regularly attend the meetings held within the Peninsula. More recently our customer relations manager has shared and presented our best practice for early complaints resolution to the Network

which has resulted in follow up contact with trusts who wished to implement a similar process.

2. Volunteers

It is good to see use of volunteers to offer face to face support to patients, and to explain feedback and complaints processes. We recommend consideration of joint training and networking events across the peninsula for volunteers in these roles.

NDHT response: We are in the process of refreshing our volunteer strategy to ensure that we open up our services and enhance the experience of care. We currently have 120 volunteers across our acute and community services, all dedicated to enhancing the experience of care for our patients. These volunteers already link in with our Patient Advice and Liaison Service (PALS) and complaints team where necessary but we would be supportive of enhancing these links with a Healthwatch-led training event.

3. Responsiveness

Some respondents said that staff were too busy or not really interested to deal with their feedback there and then, or that feedback forms were reluctantly given out. We recommend a mystery shopping exercise to test the readiness of staff to welcome feedback and respond promptly.

NDHT response: We will discuss this outcome and recommendation within our Board sub-committee, the Learning from Patient Experience Group, which has representation from each of our directorates, lead clinicians from across the Trust and patient representation, to evaluate how we could test the readiness of staff on this score. We have used mystery shopping to good effect across the Trust on previous occasions to target particular services and this is one of many data capture tools we could consider.

4. Outcomes

More than half of respondents to the question, "Did you feel listened to and respected?" said "Yes", but more than half of respondents to the question, "Were you satisfied with the way your complaint was handled?" answered "No". We recommend regular sampling of complainants to test satisfaction with the outcome of complaints as opposed to their experience of the complaints process.

NDHT response: We recognise the importance of ensuring complainants feel happy with their experience when making a complaint and we are currently reviewing our process for seeking views of our complaint handling. We will incorporate the recommendations from this report into our review.

5. Training

We recommend discussion (perhaps via the Peninsula Staff and Patient Experience Network) about the need for accredited training for complaints handlers, including whether training could be bought in and run jointly across the Peninsula.

NDHT response: We would be supportive of this approach and our customer relations manager was recently involved in accredited training with customer relations colleagues

within Devon County Council. We shared information on this course with the Peninsula Network Group and understand it is currently being reviewed.

Northern Devon Healthcare NHS Trust is currently refreshing its patient experience and volunteering strategies. We constantly strive to improve the experience of our care and will embed these recommendations into our future strategies and plans.

Plymouth Hospitals NHS Trust

1. Sharing good practice

Representatives from the Trust attend both the Cornwall and Devon Network meetings where specific topics relating to patient experience are discussed. In recent months we have shared good practice relating to local resolution meetings, patient experience reporting formats and we have also developed a joint working protocol for complaints which relate to more than one organisation.

The Trust continues to support the engagement with these Patient Experience Networks and contributes to the matters discussed during these meetings. Engagement with these networks is also reported to the Trust's Patient Experience Committee.

2. Volunteers

The Trust does not currently use our volunteer workforce to support patients when they wish to provide feedback or raise a concern. Information regarding these processes are provided by staff of the wards including Matrons, the Patient Advice and Liaison Team and the Complaints Team.

If patients require face to face support from someone who is independent to the Trust, we offer the services of SEAP Advocacy (Support, Empower, Advocate and Promote) that specifically support those who wish to raise concerns or make a complaint about a health organisation.

Our volunteer workforce is used to conduct survey programmes throughout the Trust and receive the appropriate training to undertake this task. The Trust will explore the options of using volunteers to support patients and relatives wish to raise concerns.

3. Responsiveness

The Trust recognises that staff can often appear too busy to deal with patient and relative concerns. Our staff are open to feedback and welcome the opportunity to be honest about the matters raised and will address any areas of concern. There are posters outside of each ward and clinical area signposting patients and relatives to those they should contact and further details are also included in the bedside booklets.

In the past 12 months, the Trust has made some significant changes to ensure patients and relatives have easy access and regular opportunities to raise concerns or compliments. These include an additional PALS drop-in centre located on the main concourse on level 6

with extended opening hours on one evening a week and a Saturday afternoon. Because this has been so successful the Trust will be developing the service into a welcome and information centre. In addition, PALS drop-in clinics on the wards and in clinical areas will be trialled within the next three months to improve accessibility to this service.

Regular 'Tea with Matron' sessions in ward areas are held to give patients, relatives and carers the opportunity to provide timely feedback. The initiative has also promoted the visibility of our Matrons in their clinical areas, and this has been very well received by the patients that have taken part.

The focus during the next twelve months will be to promote the benefits of immediate resolution at the time concerns are raised. This will leave patients and relatives feeling that the issues have been taken seriously and they have been listened to. In addition, patients and relatives will not feel they have to rely on a formal process to obtain the answers they are looking for.

A mystery shopper programme has been developed and will be introduced imminently once recruitment of mystery shoppers has been completed. In response to this report, a specific piece of work focusing on staff readiness to receive feedback and respond appropriately will be carried with the mystery shoppers. The findings will be shared with the Patient Experience Committee and best practice shared with the Devon and Cornwall Patient Experience Networks.

4. Outcomes

The Trust invites all complainants to complete a satisfaction survey once they have received a response to the concerns they have raised. Two of the questions asked in this survey ask if the complainants concerns were fully addressed and whether they felt the action taken by the Trust was appropriate. Results from this survey are monitored on a quarterly basis by the Complaints Manager.

Unfortunately, there has been very limited feedback with only a handful of complainants having completed the survey therefore other means of seeking feedback regarding the complaints process and outcomes are being considered. This includes complainant workshops, interviews and the introduction of an independent complainant panel.

5. Training

In the past 3 months the Trust has explored the possibilities of providing accredited training to all complaint handlers and complaint investigation leads. A bid for educational funding has been made for the Complaints Manager and Matron for Clinical Standards to attend the accredited training and if this is successful a local training programme will be developed for Trust staff. This will be delivered on a quarterly basis.

Torbay and South Devon NHS Foundation Trust

1. Sharing good practice: we fully support the sharing of good practice at the relevant peninsula and national networks and will continue to be active in these forums

2. Volunteers: we currently involve our volunteers in training with staff for the “Observation of Care” programme and would be happy to support our volunteers in any joint training supported by the Peninsula network
3. Responsiveness: we would be interested to hear more about a mystery shopping exercise and would be pleased to discuss this with you further
4. Outcomes: surveys of complainants are part of the remit of the Feedback and Engagement team. This is part of the 2016-17 work plan
5. Training: Accredited training for complaint handlers is currently being reviewed by the Deputy Director of Nursing (Quality, Safety and Experience).