

To: Board of Directors

Date of Meeting: 26 July 2017

Agenda Item: 6b

Title
Patient Experience, PALS and Complaints Annual Report 2016/17
Responsible Executive Director
Nicola Ranger, Chief Nurse
Prepared by
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Status
Public
Summary of Proposal
The purpose of this report is to bring to the attention of the Board information relating to informal and formal concerns and patient experience feedback received by the Trust between the 1 April 2016 and the 31 March 2017.
Implications for Quality of Care
This report seeks to provide assurance that enquiries and concerns are managed in a timely manner and that lessons are identified, acted upon and disseminated across the organisation to ensure high quality patient experience
Link to Strategic Objectives/Board Assurance Framework
The report supports the Trust objectives of: excellent outcomes and great experience.
Financial Implications
-
Human Resource Implications
-
<b>Recommendation</b>
<b>The Board/Committee is asked to NOTE the report and AGREE any necessary actions</b>
Communication and Consultation
-
Appendices
None

**Report to the Board of Directors, 26<sup>th</sup> July 2017**  
**Patient Experience, PALS and Complaints Annual Report 2016/17**

**1. INTRODUCTION**

- 1.1. The purpose of this report is to bring to the attention of the Board information relating to informal and formal concerns and patient experience feedback received by the Trust between the 1 April 2016 and the 31 March 2017. This report seeks to provide assurance that enquiries and concerns are managed in a timely manner and that lessons are identified, acted upon and disseminated across the organisation.

**2. BSUH COMPLAINTS SERVICE**

- 2.1. The Trust's Complaints Service is mainly based at the Royal Sussex County Hospital (RSCH) site, with a PALS office at the Princess Royal Hospital (PRH). The team is comprised of:

- Head of Patient Experience, PALS and Complaints
- 4 x Complaints Managers
- 5 x Patient Advice and Liaison Advisers (PALS)
- 1 x Patient Experience Coordinator

- 2.2. The PALS and Complaints teams manage all patient experience feedback and informal and formal concerns about our services raised by patients and their representatives. Patient feedback is currently obtained from a variety of routes:

- The Patient Voice survey (a rolling patient experience survey offered to all BSUH inpatients and outpatients)
- Friends and Family Test (FFT)
- National Patient Surveys (Inpatient, Cancer, A&E, Children)
- NHS Choices website
- BSUH Patient Experience Panel
- Informal Concerns and PALS enquiries
- Formal Complaints

**3. LEARNING FROM COMPLAINTS**

- 3.1. The Complaints team provides monthly Directorate reports that includes details of all complaints received in month by specialty, cases under review by the Parliamentary and Health Service Ombudsman (PHSO), complaints that have been open for six months or more, themes raised as categorised by the trigger tool (see paragraph 6.1 below) and copies of all formal responses sent and details of lessons learnt arising from complaints investigations. This information supports the Directorates in the logging and monitoring of actions arising from complaints in their Safety and Quality Directorate Governance meetings. All identified actions are led by the Directorates and monitored at monthly Safety and Quality meetings.

- 3.2. **Appendix 1:** Examples of practice change as a result of complaints received 2016/17

**4. COMPLAINTS SUMMARY**

- 4.1. 1,413 complaints were received by the Trust between 1 April 2016 and 31 March 2017 which is the median average for the last 4 years.

- 4.2. Over the last 24 months (2015/16 – 2016/17) significant and sustained staffing issues affected the Complaint team's ability to close cases within timeframe, resulting in a significant backlog of complaints exceeding the agreed timescale for response.

- 4.3. In light of these issues, the Patient Experience, PALS and Complaints service was restructured in April 2017 to allow for a more innovative approach to the management of formal concerns raised about Trust services. This has allowed different ways of working and has enabled a timelier, more accessible and more flexible response to patient experience at our hospitals.
- 4.4. The restructure has increased the capacity of the PALS team by 40%. All formal concerns are now directed to the PALS team in the first instance who will seek to quickly resolve the issues raised wherever possible and appropriate. This means that PALS Advisers now take forward concerns that require more comprehensive investigation and would previously have been managed via the formal complaints process as an Early Resolution. PALS Advisers work closely with the specialties to ensure that such concerns are resolved swiftly and efficiently and without the need for a formal written response from the Chief Executive Officer (CEO) or her representative.
- 4.5. Early Resolutions represent a significant percentage of our workload and in 2016/17 there was a 33% increase in formal concerns being managed in this way. Approximately half of all formal complaints received by the Trust are now managed as an Early Resolution which includes a variety of interventions such as telephone feedback, meetings with clinical staff and listening to and gathering personal narratives for teaching, without the need for a formal written response from the CEO or her representative.
- 4.6. From April 2017, following the restructuring of the PALS and Complaints service, data reports will reflect these changes to practice. Formal and informal concerns will be reported separately with formal complaint data only including those complaints requiring a written response from the CEO. Early Resolution data will include all other concerns resolved locally by the PALS and Complaints teams and without the need for a formal written response.
- 4.7. The PALS service has seen an 18% increase in contacts in the years 2015/16 and 2016/17. In the three months following the restructure there has been a reduction in the number of formal complaints received by 45% compared to the same period in 2015/16.
- 4.8. It is important to note that, as envisaged, since the restructuring and expansion of the PALS team there has been a 70% reduction in the backlog of formal complaints exceeding the agreed timescale for response.
- 4.9. The changes described have already significantly and positively impacted on the service and response times are showing a steady improvement. The Trust is now responding to 62% of formal complaints within 40 working days and, whilst this remains below our local response target of 85%, we project that by 2017/18 year end this target will be consistently achieved.

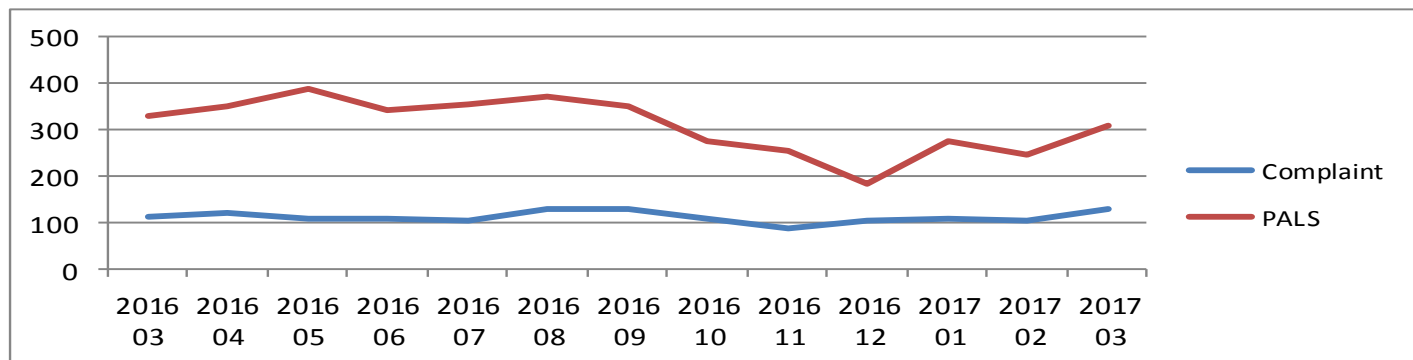
## 5. ACTIVITY

5.1. 2016/17 data reflects previous practice and patient complaints managed via the PALS team (Early Resolutions) are counted within Formal Complaints.

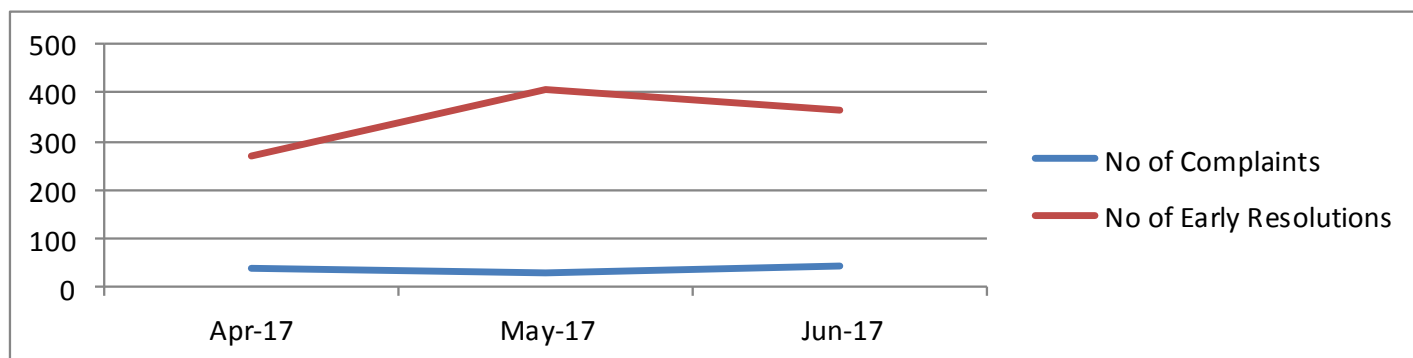
### 5.2. Table 1: Formal Complaints received by year

	Formal Complaints received	Early Resolutions	% closed by ER	Closed within 40 WD	% closed within 40 WD	No reopened	% reopened
2013/14	1,298	653	51%	841	48%	154	11%
2014/15	1,305	564	43%	830	64%	184	12%
2015/16	1,036	394	38%	684	66%	172	17%
2016/17	1,347	619	46%	690	63%	125	9%

**5.3. Graph 1: Informal concerns and formal complaints received March 2016 – March 2017**

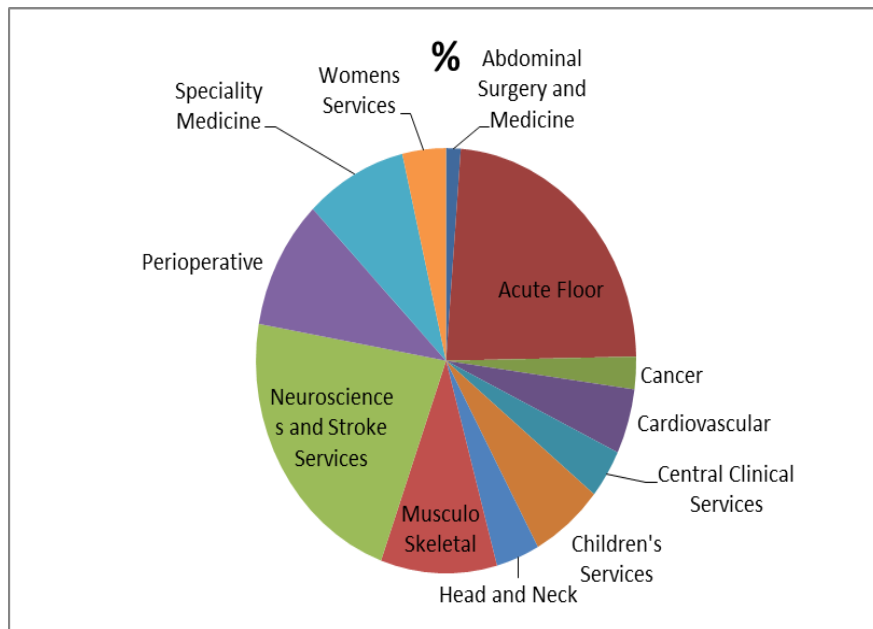


**5.4. Graph 2: First three months of 2017/18**



**5.5. Table 2 / Graph 3: Percentage of all patients raising informal concerns and formal complaints as a ratio of all BSUH activity**

By Directorate	%
Abdominal Surgery and Medicine	0.94%
Acute Floor	1.87%
Cancer	0.19%
Cardiovascular	0.38%
Central Clinical Services	0.25%
Children's Services	0.47%
Head and Neck	0.28%
Musculo Skeletal	0.84%
Neurosciences and Stroke Services	1.78%
Perioperative	0.82%
Specialty Medicine	0.74%
Women's Services	0.27%



**5.6. Appendix 2: Complaints and PALS contacts by Directorate December 2015 – March 2017**

**6. CATEGORISATION OF COMPLAINTS**

**6.1.** Each complaint received by the Trust is assigned a trigger according to the issues raised in the complaint to ensure that themes and trends are easily identified, reported and acted upon.

- 6.2.** All complaints received are also categorised as either being upheld or not upheld against the triggers ascribed to them which provides additional, valuable information regarding where service improvement is required.
- 6.3.** Between 1 April 2016 and 31 March 2017 2,443 triggers have been reported of which 870 (36%) have been upheld. Whilst complaints regarding clinical treatment and care are routinely amongst the top three reported triggers (318 in 2016/17) only 12% of these have been upheld to date. A number of the lesser reported triggers do, however, identify significant areas for improvement. In 2016/17 40% of complaints about patient pathway issues and 61% of complaints about administration errors were also upheld.
- 6.4.** Abdominal, Musculoskeletal and Neurosciences & Stroke Services have received the most complaints in 2016/17.
- 6.5.** **Table 3:** Highest number of complaints received and Trigger

Abdominal Surgery and Medicine	Musculoskeletal Services	Neurosciences and Stroke Services
Communication	Communication	Wait for outpatient appointment
Wait for surgery date	Clinical care/treatment	Communication
Clinical care/treatment	Wait for outpatient appointment	Cancelled
Wait for outpatient appointment	Wait for surgery date	Wait for surgery date

- 6.6.** **Table 4:** Top 10 Complaints Upheld by Trigger

	Trigger	Upheld
Communication	435	279
Wait for OP appointment	338	88
Wait for surgery date	168	48
Cancellation	142	46
Any complaints relating to care of the elderly upheld	119	44
Administrative failings/errors	117	38
Clinical care/treatment	108	36
Attitude of staff	97	33
Nursing care	87	24
Patient pathway failures	76	19

- 6.7.** Complaints about staff attitude that involve a difference in recollection and opinion, and where there is no witness to clarify the nature of the interaction, are recorded as not upheld. We recognise that this has the potential to lead to under reporting of such incidents and, to help mitigate this risk, the incident is shared with the staff member's Line Manager in order that any future concerns raised are quickly identified and can be used to inform one to one reflective meetings and the appraisal process.

## **7. TRIGGER THEME – Staff Attitude**

- 7.1.** Organisational culture and staff attitude are vital to the delivery of good care and the 2016 National Adult Inpatient Survey found that 85% of patients surveyed felt they were treated with dignity and respect by our staff.

7.2. However, the trigger 'Staff Attitude' was cited in 9% of all complaints received by the Trust with the highest percentage being seen in:

- 21% Obstetrics (PRH 11% RSCH 10%)
- 20% RSCH Intensive Care Unit
- 20% Cancer Services
- 18% Emergency Department (PRH 5% RSCH 13%)

7.3. 83% of complaints about staff attitude were resolved via Early Resolution either through a telephone conversation between the Complaints Investigation Manager/PALS Adviser, a meeting with clinical staff or by a letter directly from the clinician involved. Complaints about named clinical staff are recorded on Datix and reported via MAARS to help inform the medical appraisal process. In instances where there are repeated concerns raised about a named individual this will be escalated by the Head of Patient Experience, PALS and Complaints to the appropriate line manager.

7.4. In order to support staff learning and personal development from such feedback the Complaints team recommends that specialties ensure that a reflective meeting is routinely held with the staff member involved. It is also recommended that the staff member writes a reflection on the events described to form part of their appraisal and that evidence of this is provided to ensure accountability at all levels.

7.5. **Table 5:** Complaints about staff attitude by Directorate

Complaints about staff attitude received 1 April 2016 - 30 March 2017														
	04/16	05/16	06/16	07/16	08/16	09/16	10/16	11/16	12/16	01/17	02/17	03/17	Total	% of total complaints received
Acute Floor	2	7	1	3	2	1	4	5	3	2	1	1	32	13%
Women's Services	0	2	2	3	2	0	2	4	4	4	0	0	23	14%
Speciality Medicine	0	2	2	1	2	3	4	0	2	0	2	1	19	9%
Musculo Skeletal	3	0	0	3	2	3	1	0	1	4	0	0	17	9%
Head and Neck	2	2	2	2	2	1	0	1	0	1	2	1	16	13%
Neurosciences and Stroke Services	0	1	0	1	1	2	0	3	1	0	3	0	12	6%
Central Clinical Services	2	0	1	2	0	2	0	0	0	1	1	1	10	14%
Cardiovascular	1	0	2	1	0	1	0	1	1	0	0	2	9	6%
Children's Services	0	4	0	1	0	2	0	0	0	0	0	2	9	12%
Abdominal Surgery and Medicine	0	0	0	0	2	1	1	1	1	2	0	0	8	3%
Cancer	2	1	2	0	0	1	0	0	0	0	1	1	8	15%

7.6. **Appendix 3:** Complaints about staff attitude by Directorate and Specialty

**8. SECOND STAGE REVIEW OF THE NHS COMPLAINTS PROCESS - The Parliamentary and Health Service Ombudsman**

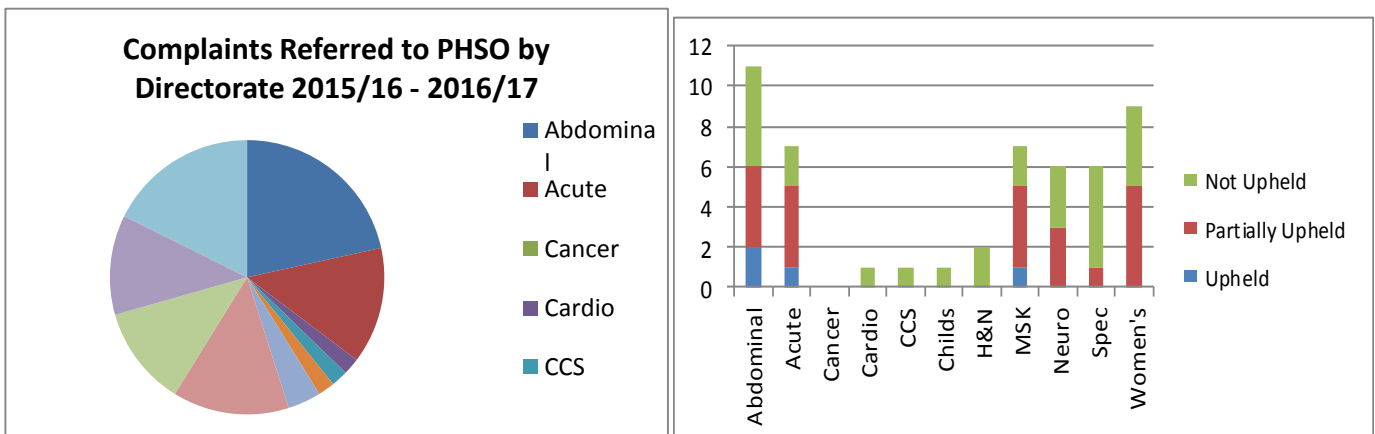
- 8.1. The Parliamentary and Health Service Ombudsman (PHSO) represents the second and final stage of the NHS complaints process. The Trust continues to work directly with PHSO to satisfactorily resolve complaints.
- 8.2. The PHSO's Principles for Remedy are central to the Trust's management of complaints. We always try to speak directly with anyone who is unhappy with the care either they or their family members have received and hope to agree with them how best to resolve their concerns. Once the issues of the complaint have been thoroughly investigated patients and/or their representatives will receive a verbal or written response from the CEO or, if they prefer, will be invited to meet with senior medical and nursing staff to discuss their experiences in person. If, despite all our efforts, complainants remain unhappy with our response to their concerns they can request an independent review of their complaint by the Ombudsman.
- 8.3. In 2016/17 seventeen complaints were accepted for second stage review by the PHSO. This represents 1.2% of all complaints received by the Trust in year. Of these, four complaints were partially upheld and two fully upheld, requiring additional work to be undertaken to ensure that lessons have been learnt and that the PHSO Principles of Remedy have been applied as appropriate.
- 8.4. All partially upheld and upheld PHSO investigations are reported in the Patient Experience Quarterly Board Report and are detailed in the Divisional monthly reports for action.
- 8.5. It is of note that the PHSO is increasingly recommending financial remedy and in 2016/17 £3,034.76 has been awarded for identified service failings.

**8.6. Table 6: Formal Complaints referred to the PHSO**

	2013/14	2014/15	2015/16	2016/17
Declined/ Not Upheld	12 (57.1%**)	7 (53.8%**)	16 (48.4%**)	10 (58.8%**)
Upheld	2 (9.5%**)	1 (7.7%**)	2 (6.0%**)	2 (11.8%**)
Partially Upheld	7 (33.3%**)	5 (38.5%**)	15 (45.4%**)	4 (23.5%**)
Decision Awaited	0 (0.0%**)	0 (0.0%**)	0 (0.0%**)	1 (5.9%**)
Totals:	21 (1.5%*)	13 (0.9%*)	33 (2.8%*)	17 (1.2%*)

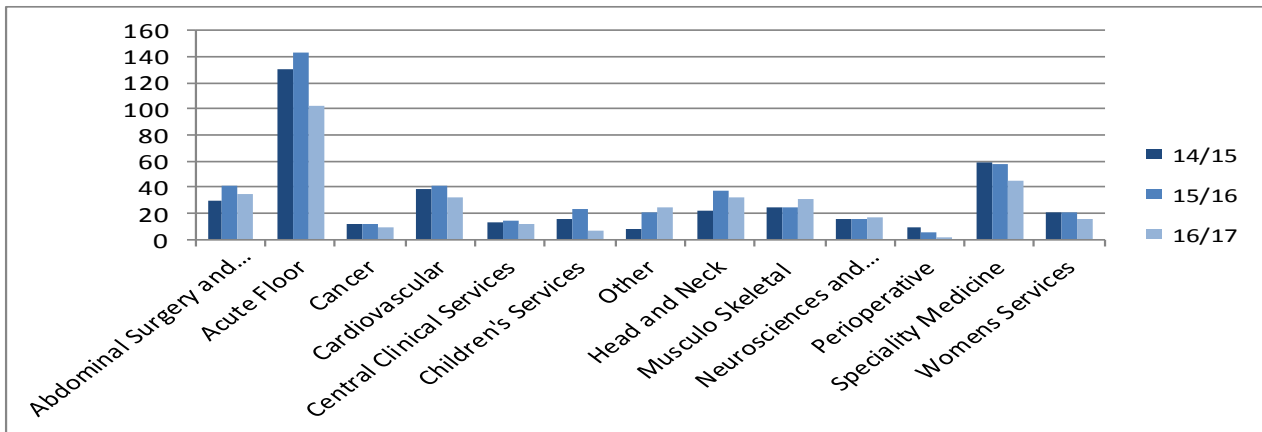
\* Percentage is of all BSUH formal complaints received  
 \*\* Percentage is of total number of cases referred to the PHSO in that period

**8.7. Graph 4/Graph 5: Complaints referred to the PHSO by Specialty 2009 – present time**



## 9. PLAUDITS

- 9.1. Many patients, their families and visitors to the Trust take the time to give thanks for the care they or their loved one has received. It is just as important for our staff to know when they have done things well and there is valuable learning from the positive feedback received.
- 9.2. All plaudits are logged on our central complaints system, shared with the CEO and the teams involved, and are appropriately acknowledged by the Patient Experience Team or the CEO.
- 9.3. **Table 7:** Plaudits received by Directorate and Year received



### 9.4. Examples of Plaudits received

**AMU** - *"We are so grateful for the care, compassion and sensitivity you showed to our dad and to us. It was a harrowing day and yet we look back with the knowledge and certainty that he was in the hands of amazing people who really care."*

**Renal** - *"after an apprehensive stay on the kidney ward recently I must say all staff from porters to consultants could not have done more or worked harder to make my stay more comfortable. They were tireless in their effort. So grateful."*

**RSCH ED** - *"The hospital was extremely busy and the staff were so hard working but treated all patients and families with such compassion. I thought they were truly inspirational, a credit to the NHS and a credit to the hospital."*

**Cardiac** - *I unfortunately suffered a heart attack and was taken to your Cardiac Unit by ambulance. From the moment I arrived the treatment I received can only be described as outstanding! Although many of your dedicated professionals were involved in my treatment, I would particularly like to thank the nurses in the Cardiac Unit for their care and attention after my stent was fitted. They all deserve a medal as nothing was too much trouble and they managed to reassure me at a time when, to be honest, I was at a very low point. Please keep up the good work you do, it is very much appreciated and, once again, thank you all for fixing me."*

**Support services** - *"The portering staff are a credit to the hospital and the unsung heroes of the Trust - I must congratulate you on your porter staff. We have found them to be the most caring, compassionate and professional individuals in the hospital who dealt with my mother on a very bad day and were most careful and empathetic to her needs transporting her with a spinal injury with the utmost consideration and respect for her dignity. I believe they do a fabulous job - thank you to all the porters."*



## **10. PATIENT AND PUBLIC ENGAGEMENT**

### **10.1. Patient Experience Panel (PEP)**

The Trust runs two Patient Experience Panels, one for the RSCH site and one for PRH. The Panels meet on a quarterly basis, in turn, so that along with the Patient Experience Committee, there is a meeting focussed on some aspect of patient experience every month. The Panels are the key vehicle for patient representation / participation, and the Committee is a formal, business/assurance Committee comprised mainly of Trust staff, but including Healthwatch representatives.

### **10.2. The role of the PEP is to:**

- Advise the Trust on issues of concern to local people/ patients
- Form patient/representative led working groups to help develop priorities for action and ensure regular feedback on outcomes of actions
- Help develop Trust strategies, appraise information for the public developed by the Trust and help determine priorities for patient engagement
- Consider service changes and proposals for local NHS services and participate in a range of schemes to gather patient/ carer intelligence on Trust services including surveys, walkabouts, fly on the wall observations and ward visits

### **10.3. The Panels have a maximum of 8 patient/carer representatives who have demonstrable links to allow feedback to other parts of the community and each meeting is themed to concentrate on a specific topic.**

### **10.4. The PEP reports to the Patient Experience Committee as a sub-Committee of the Board's Quality & Performance Committee.**

### **10.5. The Patient Experience Committee meets on a quarterly basis to:**

- Review performance in connection with the complaints procedure
- Monitor trends in complaints and feedback
- Ensure the effective implementation of action plans arising from individual complaints or themes arising from a number of complaints
- Share and promote good practice in connection with patient experience

## **11. NHS Choices**

NHS Choices is a website where patients and the public can comment on any NHS service. Positive and negative comments are posted, usually anonymously, and the site is monitored by the Care Quality Commission (CQC). The CQC monitors issues and concerns raised and the responses from the service provider. Patients are able to provide feedback on the care they have received at our hospitals via the NHS Choices website. This is reviewed several times a week by the Patient Experience Co-Ordinator and all posts are responded to, both thanking plaudits and sharing them with the staff teams involved or inviting further contact from those patients reporting a poor experience.

## **12. Healthwatch Peer Review Panel**

Since 2014, following a recommendation of the Francis Report, the Patient Experience Team have allowed access to anonymised information about complaints with the local health watchdog, Healthwatch Brighton & Hove. During this time Healthwatch volunteers have undertaken a quarterly review of anonymised complaints, providing feedback to the Trust on the standard and quality of the response which is used to inform future complaints practice.

**13. Friends and Family Test (FFT)**

- 13.1. Since April 2013, patients have been asked whether they would recommend the hospital ward they were discharged from or the A&E department they were treated in to their friends and family, if they needed similar care or treatment. This allows patients to give feedback on the quality of the care they receive and provides an opportunity for the Trust to better understand the needs of our patients and enabling improvements.
- 13.2. Since 2013 Inpatient and Outpatient FFT data has been collected internally and has been run collaboratively by the Patient Experience and Patient Safety team without any dedicated resource. The Trust employs an external contractor, who is the market leader in providing acute Trusts with FFT services, to collect and analyse FFT data in our ED and maternity services. The data is then provided to the Trust's Central Information Unit for the reporting of the monthly return to NHS England.
- 13.3. Inpatient and Outpatient FFT data is reported to every ward on a monthly basis including feedback from the Patient Voice survey plus free text comments on what the hospital can do to improve care as part of the Nursing Metrics programme.
- 13.4. The ED and maternity departments are provided with a live dashboard of their results, accessible online, detailing comments and voice recordings, gathered through paper surveys, voicemail and a texting service.
- 13.5. FFT data is not, currently, accessible to patients via the Trust's website and there remains a challenge to the Trust in converting its understanding of what is driving the FFT score into tangible actions.
- 13.6. The Patient Experience team requests that consideration is given to introducing a single system for the gathering of FFT data across Trust wards and services. This would allow a clear and consistent approach to the collection and analysis of FFT data which can then be used to inform the patient experience agenda within the Trust.
- 13.7. **Table: 8 Inpatient and Emergency Department response rates 2016/17 and % measures of all services surveyed**

	% Response Rate		Inpatient Percentage Measures		A&E Percentage Measures		Outpatients Percentage Measures		Maternity Percentage Measures	
	A&E	Inpatient	Recommend %	Not Recommend %	Recommend %	Not Recommend %	Recommend %	Not Recommend %	Recommend %	Not Recommend %
2016-17	18.4%	12.4%	95.3%	1.6%	87.8%	7.2%	93.4%	2.7%	93.8%	4.0%

13.8. Currently Trusts are only required to report ED and Inpatient FFT response rates to the DoH. Internal targets should, however, be introduced for all services to ensure validity of the data and for performance management purposes.

**13.9. Emergency Department FFT**

Since commissioning the external contractor there has been a significant and sustained improvement in ED FFT data and in 2016/17 the response rate for BSUH was 18.4% compared to the national average of 12.7%.

**13.10. Key themes of dissatisfaction are waiting times, lack of information about waiting times and the comfort of the chairs in the Urgent Care Centre (UCC) at RSCH. This feedback** has been used as part of the UCC improvement plan, which includes new room configuration to make the staff more visible, new chairs and television screens displaying accurate waiting times.

#### **14. Patient Voice**

**14.1.** The Parliamentary report 'A Review of the NHS Hospitals Complaints System - Putting Patients Back in the Picture' (Clwyd Report, October 2013) considered the handling of concerns and complaints in NHS hospitals. One of the key recommendations was that Trusts should provide patients with an easy way of feeding back comments and concerns about their care on the ward, including simple steps such as putting a pen and paper by the bedside and making sure patients know who to speak to if they have a concern.

**14.2.** The Patient Voice survey is made available to all inpatients upon discharge from our wards and asks a number of questions relating to the care they have received. The questions asked compare to the national patient surveys and provide a monthly snapshot of our patients' experience throughout the adult inpatient wards.

**14.3.** Patient Voice feedback is shared with all ward managers, matrons, directorate lead nurses, the Deputy Chief Nurse for Patient Experience and the Chief Nurse via the monthly Safety and Quality Nursing Metrics report. This provides Patient Voice data and narrative, details of complaints and PALS contacts received; Patient Safety incidents, the Safety Thermometer, pressure damage, c-difficile infection rates and falls data. The information is also shared via the Staff Handbook (a quality and safety folder available to staff) on all wards. This also forms part of the agenda for directorate safety and quality meetings.

#### **15. National Patient Surveys**

**15.1.** The Trust commissioned Picker to run four national patient surveys in 2016/17: the Adult Inpatient Survey, Emergency Department Survey, Children's and Young People's Services and Maternity Services.

**15.2.** Four key quality indicators have been identified from these surveys requiring urgent improvement: communication - at pre-operative assessment and the ability for patients to speak with someone on the ward; discharge - not enough information provided, patients are not always involved enough in decision making, and delays in the discharge process; Food - improvement in quality, help at meal times initiatives and protected meal times and mixed sex bathrooms.

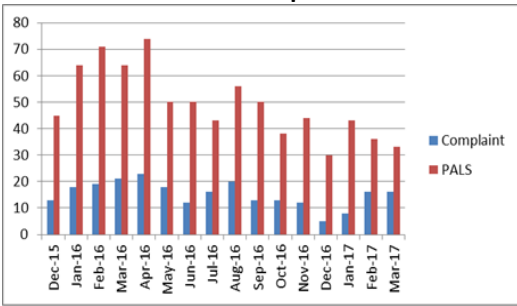
#### **15.3. Appendix 4: National Patient Survey data**

**Appendix 1: Examples of practice change as a result of complaints received 2016/17**

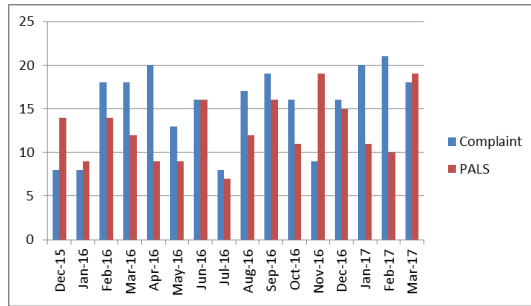
<b>ID</b>	<b>Concern</b>	<b>Outcome</b>	<b>Directorate</b>
21999	Delay in reporting MRI and lack of clarity regarding the process for obtaining results	The MRI reporting process has been refreshed. All clinical and ward staff now use a centralised imaging results email address allowing clarity and more timely access to patient information.	Central Clinical Services
23111	Delayed subsistence payments to organ donors	BSUH is now working closely with NHS South East Coast to ensure that patient claims for expenses when donating an organ are processed in a timely manner.	Cardiovascular and Renal Services
23583	Poor communication regarding a dementia patient's delay to surgery	As a result of this complaint the Theatre team has introduced a communication process to ensure that they are made aware of the specific needs of MSK patients (eg, dementia) to improve the patient's pathway	Musculoskeletal (MSK) Fracture Clinic
20499	Poor communication resulting in failure to progress onward referral for Video-assisted Thoracoscopic surgery (VATS)	This procedure is now undertaken within BSUH services	Cardiovascular
19696	A delay in the time taken to confirm the nature of a malignancy and the pathway between being seen at the chest clinic and starting treatment	Part of this delay was due to the patient having to attend Guys and St Thomas' Hospital to undertake an EBUS procedure (biopsy of the lungs via ultrasound scan). BSUH now operates an EBUS service.	Cancer Services
26615	Neonatal femoral arterial line requiring vascular management	On those occasions where a femoral arterial line is unavoidable the Consultant Paediatrician will now discuss and agree with the Consultant Anaesthetist the most appropriate site and a plan will be made for the limbs to be inspected regularly for signs of complication	Children's Services
24586	Missed neck fracture	Scanning protocols amended to ensure that patients over the age of 65 and presenting with a significant head injury will routinely receive both a CT brain scan and a CT neck scan in the ED	Acute Floor
21463	Delay in operating, failure to give broad spectrum of drugs for sepsis and poor communication with family about deteriorating condition	This complaint was investigated by the Patient Safety team as a Serious Incident. Improvements have since been made at each stage of the emergency laparotomy process and outcome results have significantly improved. Since the implementation of the action plan resulting from the SI investigation risk adjusted mortality rates for this procedure have decreased from 11% to less than 3% since September 2014 and the average length of stay in hospital for this patient group has also decreased by six days	Abdominal Surgery
22282	Failed mammography and poor communication with patient who has dementia	Staff guidelines and patient information developed to help women, carers and staff establish whether a mammogram is technically possible.	Cancer Service

# Appendix 2: Complaints and PALS contacts by Directorate December 2015 – March 2017

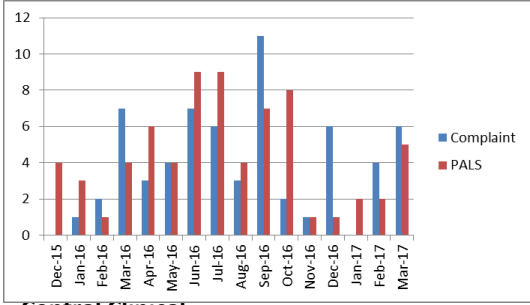
## Abdominal Services Complaints & PALS



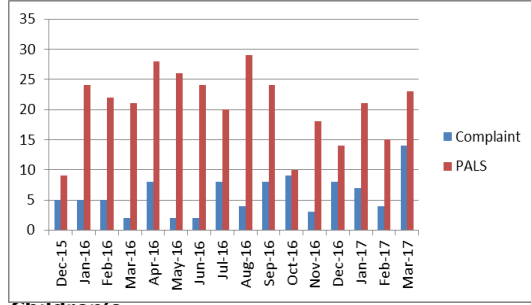
## Acute



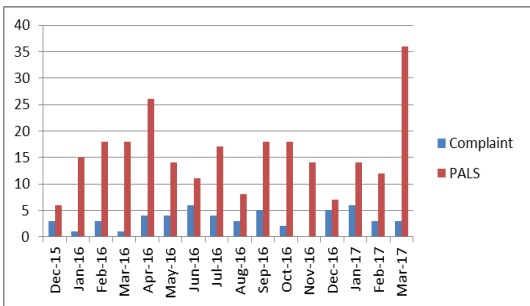
## Cancer



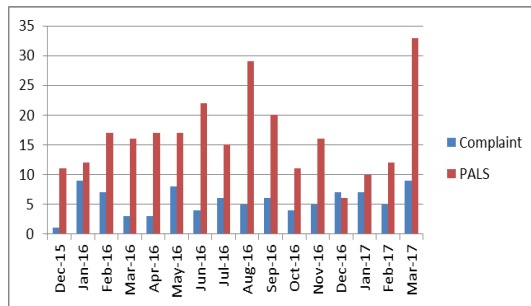
## Cardio



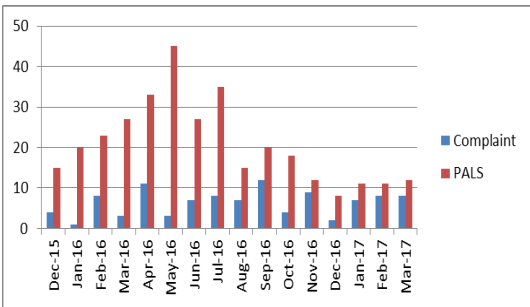
## Central Clinical



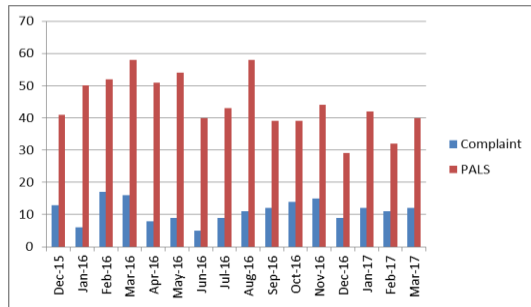
## Children's



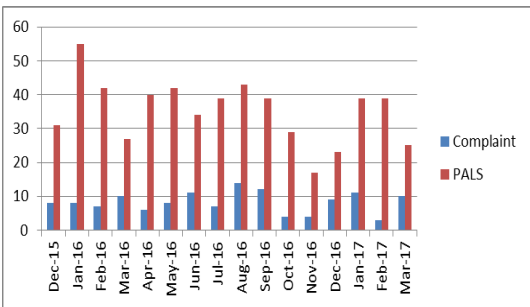
## Head & Neck



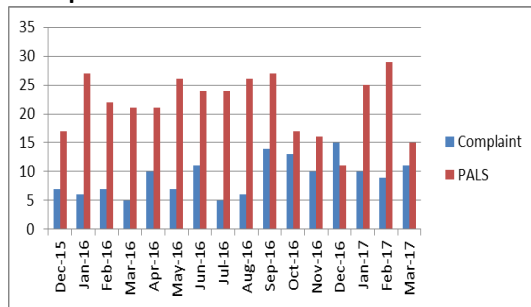
## MSK



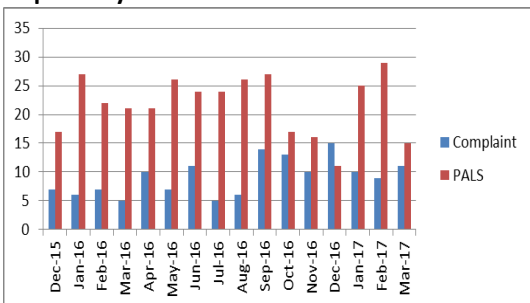
## Neuro



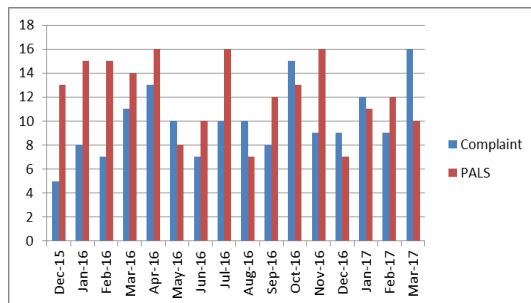
## Perioperative



## Speciality



## Women's



### Appendix 3: Complaints citing staff attitude by Directorate and Specialty

Acute Floor Directorate: Complaints about Attitude														
	201604	201605	201606	201607	201608	201609	201610	201611	201612	201701	201702	201703	Total	% of total complaints received
Emergency Departments	2	6	1	2	1	1	3	4	3	2	1	1	27	18%
Acute Medicine	0	0	0	1	1	0	0	0	0	0	0	0	2	6%
Intensive Care Unit	0	0	0	0	0	0	1	1	0	0	0	0	2	20%
Urgent Care	0	1	0	0	0	0	0	0	0	0	0	0	1	100%

Head & Neck Directorate: Complaints about Attitude														
	201604	201605	201606	201607	201608	201609	201610	201611	201612	201701	201702	201703	Total	% of total complaints received
Audiology	0	0	1	0	0	0	0	0	0	0	0	0	1	33%
Dental Surgery	0	0	0	0	0	0	0	0	0	1	0	0	1	50%
Ear Nose & Throat	0	2	0	2	1	0	1	0	1	0	0	2	9	56%
Ophthalmology	2	0	1	0	0	1	0	1	0	0	2	0	7	18%
Maxillofacial/ Oral Surgery	0	0	0	0	1	0	0	0	1	0	0	0	2	11%

Women's Service Directorate: Complaints about Attitude														
	201604	201605	201606	201607	201608	201609	201610	201611	201612	201701	201702	201703	Total	% of total complaints received
Breast Surgery	0	0	1	0	0	0	0	0	0	0	0	0	1	25%
Colposcopy	0	0	1	0	0	0	0	0	0	0	0	0	1	100%
Community Midwifery	0	0	0	0	0	0	0	0	1	0	0	0	1	25%
Gynaecology	0	1	0	1	0	0	0	0	1	1	0	0	4	13%
Obstetrics	0	1	0	2	2	0	1	4	2	3	0	0	15	21%

Neurosciences and Stroke Directorate: Complaints about Attitude														
	2016 04	2016 05	2016 06	2016 07	2016 08	2016 09	2016 10	2016 11	2016 12	2017 01	2017 02	2017 03	Total	% of total complaints received
Neuro Medicine	0	0	0	0	0	1	0	0	0	0	1	0	2	29%
Neuro Out Patients	0	0	0	1	0	0	0	0	1	0	1	0	3	9%
Neurophysiology	0	0	0	0	0	0	0	1	0	0	0	0	1	100%
Neuro Surgery	0	1	0	0	1	1	0	2	0	0	0	0	5	12%
Rehabilitation	0	0	0	0	0	0	0	0	0	0	1	0	1	17%

Neurosciences and Stroke Directorate: Complaints about Attitude														
	2016 04	2016 05	2016 06	2016 07	2016 08	2016 09	2016 10	2016 11	2016 12	2017 01	2017 02	2017 03	Total	% of total complaints received
Paediatric A and E	0	1	0	0	0	0	0	0	0	0	0	1	2	15%
Paediatric Medicine	0	1	0	0	0	1	0	0	0	0	0	0	2	17%
Paediatrics Outpatients	0	2	0	1	0	1	0	0	0	0	0	1	4	24%

Cancer Directorate: Complaints about Attitude														
	2016 04	2016 05	2016 06	2016 07	2016 08	2016 09	2016 10	2016 11	2016 12	2017 01	2017 02	2017 03	Total	% of total complaints received
Cancer	1	1	1	0	0	1	0	0	0	0	0	1	5	20%
Haematology Medicine	1	0	0	0	0	0	0	0	0	0	0	0	1	14%
Breast Screening	0	0	1	0	0	0	0	0	0	0	0	0	1	50%

#### 15.4. Inpatient

15.5. The response rate in 2016 was 41% compared to 48% for 2015, a decrease in response rates were seen across other Trusts involved in the survey.

15.6. The survey highlighted several areas as being positive aspects of the patient experience, these include:

- Overall: 85% rated care 7+ out of 10
- Overall: treated with respect and dignity 85%
- Doctors: always had confidence and trust 83%
- Hospital: room or ward was very/fairly clean 97%
- Hospital: toilets and bathrooms were very/fairly clean 96%
- Care: always enough privacy when being examined or treated 91%

**15.7.** BSUH scored significantly better than the national average in five questions:

Lower score the better	Trust	Average
Nurses: did not always have confidence in and trust	18%	21%
Nurses: did not always know which nurse was in charge of care	43%	51%
Care: more than 5 minutes to answer call button	13%	18%
Discharge: delayed 1 hour or more	79%	85%
Overall: did not always feel well looked after by staff	16%	20%

**15.8.** BSUH scored significantly worse than the national average on eight questions:

Lower score the better	Trust	Average
Planned Admission: should have been admitted sooner	37%	25%
Hospital: shared sleeping area with opposite sex	11%	7%
Hospital: patients in more than one ward, sharing sleeping area with opposite sex	13%	5%
Hospital: patients using bath or shower area who shared it with the opposite sex	21%	12%
Hospital: food was fair or poor	52%	39%
Surgery: what would be done during operation not fully explained	30%	23%
Discharge: did not feel involved in decisions about discharge from hospital	51%	43%
Discharge: not given notice about when discharge would be	50%	44%

**15.9** An action plan is currently being developed and will be monitored at the Executive Safety and Quality Committee. The key quality improvement areas have been identified as;

- Communication; at pre-operative assessment and the ability to speak with someone on the ward
- Discharge; not enough information provided, patients are not always involved enough in decision making, and delays in discharges
- Food; improvement in quality, help at meal times initiatives and protected meal times
- Mixed sex bathrooms

### 15.10 Emergency Department

The response rate was 30% compared to 26% nationally. The survey highlighted several areas as being positive aspects of the patient experience, these include:

- Overall: 81% rated care 7+ out of 10
- Overall: treated with respect and dignity 82%
- Doctors: always had confidence and trust 77%
- Hospital: room or ward was very/fairly clean 93%
- Hospital: toilets and bathrooms were very/fairly clean 81%
- Care: always enough privacy when being examined or treated 85%

BSUH scored significantly better than the national average in two questions:

Lower score the better	Trust	Average
Waiting: waited more than 15 minutes before speaking to doctor or nurse	55%	61%
Tests: did not receive test results before leaving Emergency Department	13%	19%

BSUH scored significantly worse than the national average on one question:

Lower score the better	Trust	Average
Hospital: felt threatened by other patients or visitors	11%	7%

An action plan is currently being developed and will be monitored at the Executive Safety and Quality Committee. The Emergency Department is currently undergoing extensive redevelopment following recommendations from the Care Quality Commissioners (CQC) report, published August 2016.



## 15.11 Children and Young People

The Trusts response rate for the results collected in March 2017 was 33% compared to 26% nationally. The survey highlighted several areas as being positive aspects of the patient and parents experience, these include:

- Overall: 92% of parents rated care 7 or more out of 10.
- Hospital staff: 88% of parents always had confidence and trust in the members of staff treating their child (0-15 years).
- Overall: 93% of parents stated they were always treated with dignity and respect by the people looking after their child (0-7 years).

BSUH scored significantly better than the national average in thirty one questions:

Lower score the better	Trust	Average
Planned admissions: not given choice of admission date	45%	56%
Staff did not play with child but parent would have liked this	17%	24%
New members of staff did not always introduce themselves to parent	15%	20%
Staff did not always provide clear information to parent about their child's care and treatment	10%	16%
Staff did not fully talk to child about how they were going to care for them*	7%	13%
Child felt staff did not always communicate with child in a way that they could understand*	23%	30%
Staff did not agree a plan with parent for their child's care	5%	8%
Parents did not always have confidence and trust in staff members treating child	15%	20%
Staff did not give parents enough information to be involved in decisions about care or treatment	18%	23%
Staff did not keep parent fully informed about what was happening whilst child was in hospital	22%	28%
Parents were not always able to ask staff questions about their child's care	16%	20%
Children did not feel able to ask staff questions*	2%	5%
Staff gave conflicting information	27%	33%
Staff were not fully aware of child's medical history	29%	35%
Staff did not fully know how to care for child's individual or special needs	17%	24%
Parent felt child not always given enough privacy when receiving care and treatment	11%	17%
Staff were not always available when child needed attention	27%	34%
Staff caring for child did not always work well together	16%	23%
Parent did not have access to hot drinks facilities in the hospital	7%	15%
Parents not able to prepare food in the hospital but wanted to	45%	62%
Staff did not do everything they could to help ease their child's pain	15%	26%
Staff did not fully explain to parent what would be done during the operation/procedure	5%	9%
Staff did not distract the children from procedures or operations when this was necessary	23%	35%
Staff did not fully explain to parent how the operation or procedure had gone	15%	21%
Child not always given advice on how to look after themselves when they went home	14%	20%
Parent did not receive written information but would have liked it	15%	20%
Parent felt that they were not always listened to	14%	25%
Parent felt that staff were not always friendly	9%	18%
Parent felt that child was not always looked after well by staff	10%	17%
Parent did not always feel well looked after by staff	26%	33%
Parent did not always feel treated with respect and dignity by staff	7%	15%

\* child and young person data rather than parent data

BSUH did not score significantly worse on any question. An action plan is currently being developed and will be monitored at the Executive Safety and Quality Committee.