

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	28th September 2015
Board Sponsor:	Sherree Fagge, Chief Nurse
Paper Author:	Jane Carmody, Head of Patient Experience, PALS and Complaints Caroline Davies, Deputy Chief Nurse, Patient Experience
Subject:	Annual Patient Experience, PALS and Complaints Report 2014/15

Executive summary

1,305 complaints were received by the Trust between 1 April 2014 and 31 March 2015 which is the median average for the last 5 years.

The management of complaints regarding NHS care is, however, a rapidly evolving area and there has been a renewed focus on both raising and responding to concerns following high profile public enquiries (the Francis Report) and recent national complaints guidance (Clwyd/Hart Review, PHSO 'Designing Good Together').

Concerns raised have also become increasingly complex and, in 2013, a significant and sustained fall in the complaint team's ability to close cases within timeframe was identified and a growing backlog arose.

Following an independent diagnostic assessment of the BSUH complaints service (Veritas, May 2014) the complaints team capacity was increased by one substantive whole time equivalent post. This, together with a six month PALS Adviser secondment, has allowed a more innovative use of the PALS service in resolving informal concerns before they progress to a formal complaint.

These changes have had a significant impact on the service and response times are showing steady improvement. Our local response target of responding to 85% of complaints within 40 working days (48% in 2013/14) is now continuing to rise (77% January – May 2015).

Orthopaedic, Digestive Diseases and cardiology specialties continue to receive the highest number of complaints and PALS contacts. These relate, in the main, to waits for outpatient appointments and surgery dates, cancelled surgery and communication. Overall in 2014/2015, the Trust upheld 45% of complaints regarding surgical waits, 61% of complaints regarding waits for outpatient appointments and 73% of cancellations. 75% of complaints

received about poor communication were also upheld within this period.

Since October 2014 there have been significant changes to the work undertaken by the PALS team. PALS support is now routinely offered to the majority of patients and their representatives raising concerns. This ensures that, wherever possible, issues are dealt with quickly and effectively and without the need for the more protracted formal complaints process.

These changes have been made possible by the additional PALS secondment post. This extra resource allows for an immediate response to quickly solvable problems, including MP enquiries and to posts on public forums such as NHS Choices. The PALS team are also currently able to support the patient safety and complaints teams in facilitating local resolution meetings following complaints and Duty of Candour investigations.

The additional post is seconded until September 2015 and work is currently ongoing to secure funding for it to be made substantive.

Following publication of the Clwyd Review the Government has published its response to the Francis Inquiry: *'Hard Truths: The Journey to Putting Patients First the Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry'*.

In response to recommendations that Trust Chief Executives and Boards take personal responsibility for complaints handling our complaints process now ensures that all complaints regarding clinical treatment and care are copied to the Trust Chairman immediately upon receipt. The CEO is also alerted to any serious complaints received and these are routinely discussed at a monthly Serious Complaints Meeting, attended by the Chief of Safety and Quality, Deputy Chief Nurse, Patient Experience, Safeguarding Lead and Head of Patient Experience, PALS and Complaints. The review and recommendations arising from this meeting provide additional rigour and quality to the complaints management process.

Over one third of formal complaints received continue to be managed via Early Resolution. This means they are resolved by either a meeting or discussion with clinical staff and without the need for a formal written response from the CEO. In 2014/15 43% of complaints received were resolved in this way.

In 2013 the Parliamentary and Health Service Ombudsman (PHSO) advised that the threshold for investigating concerns will be lowered following recommendations from the Francis report. In 2014/15 13 complaints were accepted for formal investigation. Of these, four were partially upheld and one complaint fully upheld, requiring additional work to be undertaken to ensure that lessons have been learnt from the failings identified and the principles of remedy to be applied in respect of the complainant.

The PHSO report on complaints about acute trusts 2014/15 was published earlier this month. While caution should be used in interpreting the PHSO

data to compare performance between Trusts, it should be noted that the number of enquiries accepted for investigation by the PHSO reduced from the previous year.

This report also provides information on proactive Patient and Public Engagement initiatives including:

- The Patient Voice survey (the BSUH rolling patient experience survey offered to all BSUH inpatients and outpatients)
- Friends and Family Test (FFT)
- National Patient Surveys (Inpatient, Cancer, A&E)
- NHS Choices website
- BSUH Patient Experience Panel

Links to corporate objectives	<i>Great experience Excellent outcomes</i>
Identified risks and risk management actions	The ability of the Trust to respond appropriately to formal complaints has improved significantly following the introduction of additional resource, temporary and permanent, as recommended by an external review of the complaints service.
Resource implications	In order to maintain the service improvement funding needs to be approved for the temporary additional band 5 PALS post (currently filled by a 12 month secondment, ending September 2015) to be made substantive. The loss of this post will significantly impact on the Trusts ability to meet complaint timescales within NHS complaints regulations and will affect current FFT and Patient Voice provision.
Report history	Quality and Risk Committee July 2015
Appendices	None

Action required by the Board

The Board is asked to note the content of this report and, in line with statutory requirements, give approval for it to be published on the Trust public website

Report to the Board of Directors, 28th September 2015

Annual Patient Experience, PALS and Complaints Report 2014/15

1. Introduction/purpose

This report provides an overview of the Trust's Patient Experience, Patient Advice and Liaison Service (PALS) and complaint activity between the 1st April 2014 and the 31st March 2015.

The Trust considers this feedback as a valuable opportunity to learn from the experience of our patients and service users, contributing to a culture of continuous improvement.

This report provides detail on how patient and public feedback is obtained and responded to, including the management of concerns raised via the formal NHS Complaints procedure.

Patient feedback is currently obtained from a variety of routes:

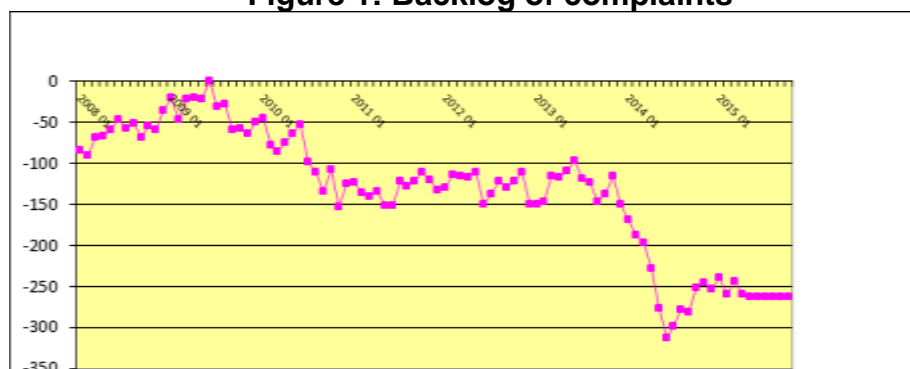
- The Patient Voice survey (a rolling patient experience survey offered to all BSUH inpatients and outpatients)
- Friends and Family Test (FFT)
- National Patient Surveys (Inpatient, Cancer, A&E)
- NHS Choices website
- BSUH Patient Experience Panel
- Informal Concerns and PALS enquiries
- Formal Complaints

2. Complaints Summary

A good response to concerns and complaints can deliver two things. It can ensure justice for patients and their families. It can also ensure that learning takes place and the quality of service improves so that the same mistakes do not happen again.

The Trust receives approximately 1,300 formal complaints per year, which we aim to respond to within a timescale of 40 working days. In May 2013 there was, however, a significant and sustained fall in the team's ability to close complaints within this timescale, resulting in an increasing backlog of cases.

Figure 1: Backlog of complaints



The management of complaints regarding NHS care is a rapidly evolving area and the backlog is believed to have grown in part, due to the increased complexity of complaints received and requiring more detailed investigation. There has also been a renewed focus on both raising and responding to concerns following high profile public enquiries (the Francis Report) and recent national complaints guidance (Clwyd/Hart Review, PHSO 'Designing Good Together') resulting in increased expectations in the immediacy of responses.

An independent diagnostic assessment of the BSUH complaints service, undertaken in May 2014 (Veritas) identified that, even without the accumulated backlog, the complaints caseload was not sustainable within the existing structure.

Following this review temporary complaint managers were employed to help address the backlog and capacity was subsequently increased by 1 WTE complaint investigation manager post, along with a six month secondment opportunity for a PALS Adviser. This allowed a more innovative use of the PALS service in resolving informal concerns before they progress to a formal complaint.

These changes have had a significant impact on the service and response times are continuing to improve.

Table 1: Complaints performance data

	Formal Complaints received	Early Resolutions	% closed by ER	Closed within agreed timescale	% closed within agreed timescale	No reopened	% reopened
2010/11	1,312	186	14%	866 (30 working days)	66%	61	5%
2011/12	1,274	356	28%	1083 (30 working days)	85%	126	9%
2012/13	1,344	569	43%	1,044 (30 working days)	78%	137	9%
2013/14	1,298	653	51%	841 (40 working days)	48%	154	11%
2014/15	1,305	564	43%	830 (40 working days)	64%	184	13%
Jan - May 2015	456	184	40%	233 (40 working days)	77%	100	18%

2.1 Categorisation of Complaints

Each complaint is assigned one or more triggers upon receipt. Analysis of complaint triggers is helpful in understanding why people complain. All complaints received are also categorised as either being upheld or not upheld against the triggers ascribed to them. This provides additional, valuable information regarding where service improvement is required.

Orthopaedic, Emergency Department and Digestive Diseases specialities have received the most complaints since October 2014 (This date is used for comparison with PALS contacts following changes in working practice).

Tables 2, 3, 4: top three specialties and triggers assigned

Specialty and Trigger	Total
Orthopaedics	181
Wait for outpatient appointment/surgery date	94
Communication	88
Clinical care	70

Specialty and Trigger	Total
Digestive Diseases	170
Wait for outpatient appointment/surgery date	92
communication	91
Clinical care	62

Specialty and Trigger	Total
Emergency Department	121
Clinical care	79
Communication	35
Attitude of staff	25

Between 1 April 2014 and 31 March 2015 3,403 triggers have been reported (each complaint may have one or more triggers) of which 1,410 have been upheld. Whilst complaints regarding clinical treatment and care are routinely amongst the top three reported triggers each month, to date only 19% have been upheld. A number of the lesser reported triggers do, however, identify significant areas for improvement: 37% of complaints about standards of nursing care were upheld and 61% of complaints about data protection issues have also been upheld.

Upheld complaints are resolved in accordance with the Parliamentary and Health Service Ombudsman's Principles for Remedy.

Table 5: Top 10 Complaints Upheld by Trigger

Trigger	Received	Upheld	Percentage
Communication	561	419	75
Clinical care/treatment	452	87	19
clinical treatment given	281	42	15
Wait for outpatient appointment	257	156	61
Attitude of staff	175	68	39
Elderly care - over 65	168	41	24
Diagnosis	166	38	23
Wait for surgery date	142	64	45
Administrative error/failings	130	110	85
Cancelled	107	78	73

2.2. Complaints 2nd stage review

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.

The Parliamentary and Health Service Ombudsman'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 written response from the Chief Executive 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.

It is important to note that, from April 2013, the PHSO published her intention to undertake 'thousands rather than 100's of complaints each year' (Gavin McBurnie, Interim Director of Operations, March 2013) and in 2014/15 all of the 13 complaints meeting the PHSO acceptance criteria were fully investigated. This represents 0.5% of the total number of complaints received by the Trust in the same period.

2.3 PHSO Case study

The PHSO fully upheld a complaint that the Trust did not make adequate follow-up plans for man with heart condition who later died. This related to care provided in 2012.

Mr W had a history of endocarditis and went to the hospital's A&E department twice in one month. When staff discharged him on the second occasion, they told him to go to his GP for follow-up tests. This did not happen and he later died.

Mr W's partner complained that his partner, Mr W, had gone to hospital and had not been admitted. He said he went back around two weeks later and again was not admitted. Mr W's partner said that if Trust staff had admitted Mr W, he could have been treated and would not have died.

The PHSO found that the first assessment in A&E was not as thorough as it should have been. There were no failings identified in the assessments and care Mr W received on the second occasion, and none in the decision to discharge him. There were, however, failings in the discharge plan on the second occasion because staff did not make adequate arrangements to make sure that repeat blood tests were carried out, and they did not arrange a follow-up cardiology appointment.

The PHSO found that, whilst Mr W's death could not have been prevented, the failings meant that his partner would always be uncertain about this, which would have a long-lasting and upsetting effect on him.

In accordance with the PHSO Principles for Remedy we apologised to Mr W's partner for the failings, and agreed to draw up an action plan to explain how it would prevent a recurrence. This plan was shared with the Care Quality Commission. (Report on selected summaries of investigations by the Parliamentary and Health Service Ombudsman: October to November 2014 Summary 569).

Table 6: Complaints referred to the PHSO by Specialty 2009 – present time

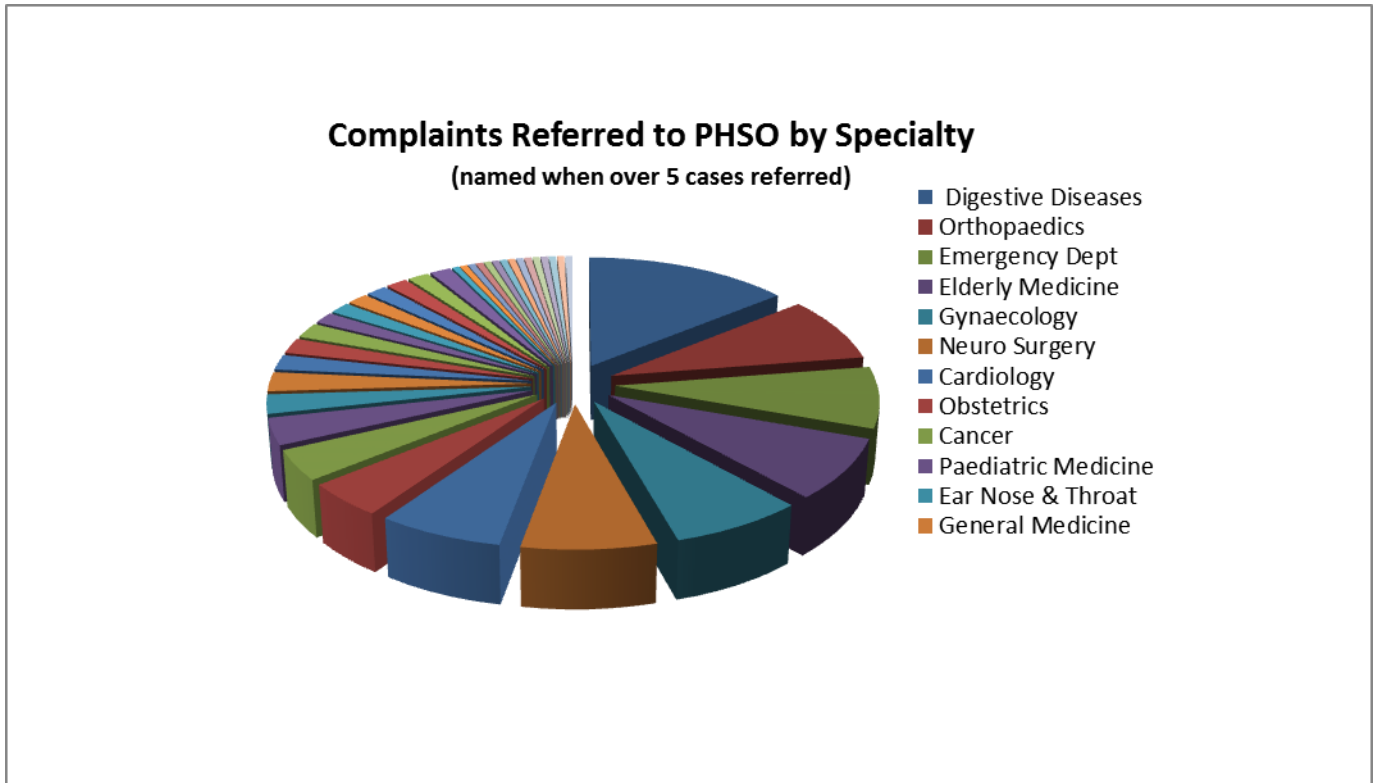


Table 7: Outcome of cases referred to PHSO 2009 – present time

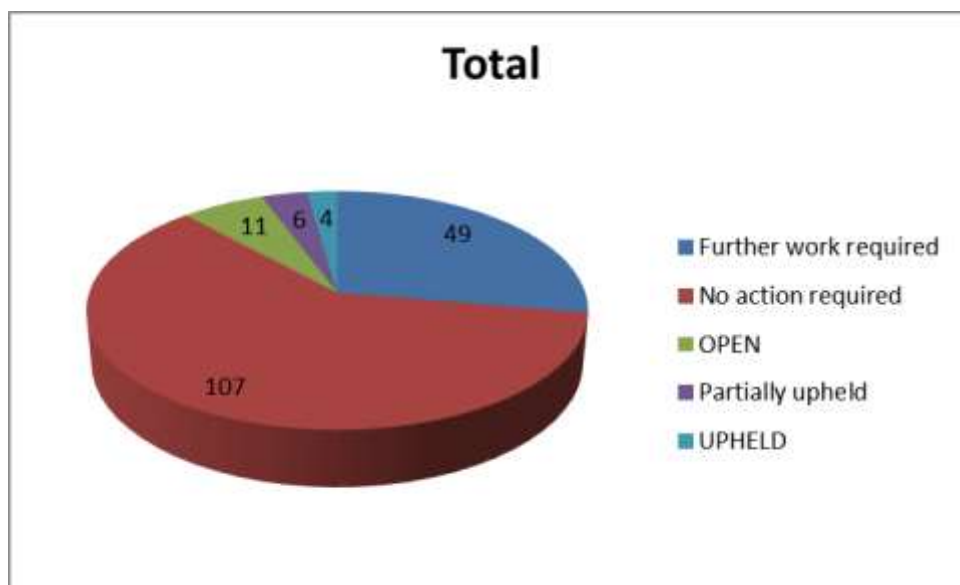


Table 8: Outcomes of cases referred to PHSO by Specialty 2009 – present time

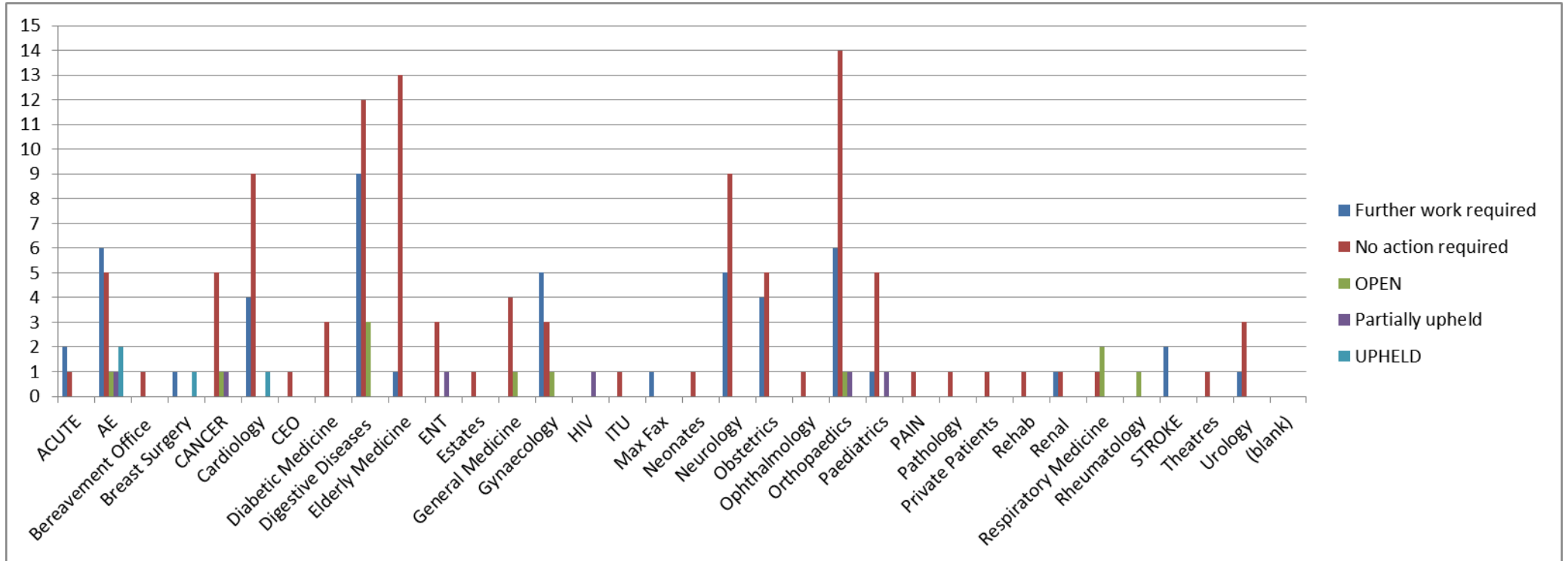


Table 9: Outcome of complaints referred to PHSO, 2009 – present time

	2009 – 10	2010 - 11	2011 - 2012	2012 - 13	2013/14	2014/15 Available data to date
Complaints received by PHSO requesting 2nd stage review	78 (6% of all BSUH complaints received)	80 (6% of all BSUH complaints received)	87 (7% of all BSUH complaints received)	83 (6% of all BSUH complaints received)	81 (6% of all BSUH complaints received)	Information not available at the time of submitting report
Complaints accepted by PHSO for initial review	31 40% of complaints referred to PHSO were accepted for initial review	30 38% of complaints referred to PHSO were accepted for initial review	43 49% of complaints referred to PHSO were accepted for initial review	28 34% of complaints referred to PHSO were accepted for initial review	24 30% of complaints received were accepted by the PHSO for investigation	13
Percentage of all BSUH complaints received accepted for PHSO initial review	2.5%	2.2%	3.4%	2%	1.9%	1%
Complaints resolved through PHSO intervention	11 (35%) Further Local Resolution required	8 (27%) Further Local Resolution required	11 (26%) Further Local Resolution required	12 (43%) Further Local Resolution required	6 (25%) Further Local Resolution required	1 Further Local Resolution required
complaints accepted for initial review progressed to formal investigation	11 (35%)	8 (27%)	5 (12%)	1 (4%)	4 (17%)	13 *All complaints meeting the PHSO acceptance criteria are now investigated
Investigated complaints partly upheld					2	4
Investigated complaints fully upheld	1	0	0	0	1	1
Percentage of all BSUH complaints received requiring further work/partially or fully upheld	1.9%	1.2%	1.3%	1%	1%	0.5% to date

2.4. Complainants Feedback

It is very difficult to assess whether the complaints process is patient-led without analysing constructive feedback from the complainants. ‘Designing Good Together’ makes clear the importance and value of hearing complainants experience of the complaints process and in April of this year the Patients Association commenced an on-going independent survey of our complaints handling, the results of which will be included in future board reports.

2.5 Healthwatch Peer Review Panel

A recommendation of the Francis Report was that local health watchdogs should have access to detailed information about complaints. Over the last 12 months Healthwatch volunteers have undertaken a quarterly review of anonymised complaints, providing feedback to the Trust on the standard and quality of the complaint handling, including the investigation and response. The feedback obtained is used to inform future complaints practice and the Healthwatch volunteers will report to the Patient Experience panel at a future date.

3. Patient Advice and Liaison (PALS) Summary

The Clwyd report recommended that patient and advice liaison services should be re-branded and reviewed so that it is adequately resourced in every hospital and it is made clearer what the service offers to patients.

Since October 2014 there have been significant changes to the work undertaken by the BSUH PALS team. PALS support is now routinely offered, at the outset, to the majority of patients and their representatives raising concerns. This ensures that, wherever possible, issues are dealt with quickly and effectively and without the need for the more protracted formal complaints process.

These changes have, in part, been made possible by the piloting of an additional PALS post, attached to the complaints team. The additional resource allows for an immediate response to quickly solvable problems, including MP enquiries and responses to posts on public forums such as NHS Choices. The PALS team are also currently able to support the patient safety and complaints teams in facilitating local resolution meetings following complaints and Duty of Candour investigations.

The additional post is seconded until September 2015 and funding for this is being reviewed.

As a result of the much closer working relationship between the PALS and Complaints teams, together with recent changes to the recording of PALS activity, it is difficult to use historical data as a comparator. Going forward, all complaints and PALS activity is now recorded on a single, shared database and will be included in all future reports.

Since the described changes to PALS practice from October 2014 the team have managed 2450 patient concerns. Of these, 110 would have previously been managed by the complaints team. This means that, since October 2014, 13% of the 844 formal complaints received by the Trust were managed by the PALS and complaint coordinator teams.

Tables 7,8,9: Top three Directorates for PALS activity Since October 2014

Specialty and Trigger	Total
Orthopaedics	217
Wait for outpatient appointment/surgery date	126
Communication	31
Cancelled appointment/surgery	23

Specialty and Trigger	Total
Digestive Diseases	138
Wait for outpatient appointment/surgery date	95
Cancelled appointment/surgery	18
Communication	28

Specialty and Trigger	Total
Cardiology	60
Wait for outpatient appointment/surgery	29
Administrative error/failings	11
Communication	10

3.2. PALS Case Study

The PALS team was contacted by an oncology patient in March 2015. She had been given an appointment at the Royal Marsden Hospital in one weeks' time and needed an urgent CT scan to be arranged before then.

The PALS adviser contacted the CT department immediately and booked the first available appointment. Unfortunately, this was not until the day before the appointment at the Marsden Hospital. The PALS adviser then arranged to call the radiology department on the morning of the scan to ensure that it was urgently reported and sent straight away. The PALS adviser also spoke to the PACS team (responsible for transferring the information between hospitals) to ensure that no delay was encountered. The PALS adviser spoke with the patient to keep her updated and her anxiety to a minimum regarding these arrangements. Happily, the patient and her scan results were reunited at the appointment to ensure that her treatment could go ahead as planned.

3.3. Friends and Family Test (FFT)

Since April 2013, patients have been asked whether they would recommend the inpatient adult hospital ward (this is asked as part of the longer patient voice survey), maternity service or the A&E department they were treated in to their friends and family, if they needed similar care or treatment. This means patients in these wards and departments are able to give feedback on the quality of the care they receive, giving us a better understanding of the needs of our patients and enabling improvements. These results are then published monthly by NHS England.

3.4. Maternity FFT

FFT is asked at four points during a woman's journey through the maternity services: antenatal care, delivery, postnatal care and postnatal community care.

In 2014/15 BSUH has a response rate of 25.4% compared to a national average of 22.5% with a higher percentage of women recommending BSUH services at all points when they were surveyed (see below).

Table 10: Percentage of women who would recommend BSUH maternity services

	BSUH	National average
Antenatal	96.9	96.6
Birth	98.3	95.8
Postnatal ward	97.3	92.2
Postnatal community	97.0	96.6

3.5. Accident and Emergency FFT

BSUH has struggled with the response rate in all of the A&E departments, despite employing an external contractor to assist with data collection and analysis. In 2014/15 the response rate for BSUH was 9.1% compared to the national average of 19.9%, with particularly poor return rates from the Princess Royal and Sussex Eye Hospitals.

The percentage of patients recommending BSUH was 77.7% for this period, the national average being 86.6%.

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.

In June 2015 a pilot ran in all four A&E departments with a new external provider, who is the market leader in providing acute Trusts with FFT services. The departments are now provided with a live dashboard of their results, comments and voice recordings, gathered through paper surveys, voicemail and a texting service.

The response rates have subsequently increased to above the national average, as have the satisfaction scores, most likely due to a more representative sample of patients responding (see below).

Table 11: A&E FFT Results June 2015

	Response Rate	% recommending
PRH	25%	89%
RSCH	22%	83%
Children's ED	45% (approx.)	98%
Sussex Eye	25%	90%
Trust	28%	88%

The company will provide this service for June and July 2015, whilst a business case is being developed to use their services in all the new areas required to collect FFT.

Since April 2015, these include all outpatient departments, children's wards and departments, and day case areas (including cardiac, dialysis, endoscopy and radiology). There is a discussion regarding dedicated patient experience resource underway to decide on how to collect and analyse the increased numbers of returns.

3.6. Inpatient FFT

In Q4 of 2014/15 the response rate for BSUH was consistently above 30%. This has fallen in the first quarter of 2015/16 as a result of the day case areas and children's wards now being included and, as described above, further work is required to ensure there are adequate resources to collect the data. Whilst all areas are putting in mechanisms to collect, this currently remains ad hoc. The returns in the established adult inpatient wards remain stable at approximately 30%.

Tables 12, 13: Inpatient FFT Results for 2014/15

FFT	Response Rate	Highest	Lowest
National	37.2	71.3	21.0
BSUH	26.6		

FFT	% Recommending	Highest	Lowest
National	94.2	99.6	78.5
BSUH	92.7		

4 Patient Voice

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.***

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.

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.

Patient Voice feedback is shared with patients via ward posters which are updated bi monthly. Actions taken in response to the feedback received are also shared via the 'you said – we did' project:

Table 14: *You said – We did* actions

<i>You said.....</i>	<i>We did</i>
<i>the quality and choice of food could be improved</i>	From 31 July 2015 catering services will be brought back 'in house' allowing us to respond quickly to the needs of our patients
<i>Noise continues to be a problem at night</i>	Launch of Sssh campaign across the Trust. Ear plugs ordered for patient use and soft close bins purchased
<i>A written explanation of a trial without catheter would be helpful</i>	The Urology Specialist Nurses have produced a Trial Without Catheter leaflet which will be given to all patients before their catheters are removed

There have been a number of Trust wide projects based on feedback from patient voice including; a noise at night project, changes to visiting time and standardisation of bathrooms and shower rooms. In addition, wards have implemented area specific changes, such as having more clocks available for patients, more comfortable chairs and provision of games and books to help prevent boredom.

The comments are overwhelmingly positive and many of the wards display these for the staff and share them individually. Reinforcing good practice is motivating and has a positive impact on both quality and safety.

Some examples from May 2015, which demonstrate the importance of all members of the hospital staff:

Aren't the staff lovely! Ward manager Natalie really made me smile - she is just so kind. All her nurses follow her lead by being just as wonderful. Thank you Twineham ward for making me better

The friendly staff and the way each stage of my surgery has been delivered with involvement from myself so felt very involved with my care plan.

Sussex Orthopaedic Treatment Centre

Everybody has helped. Porter, passing physio, care assistants, charge nurse, ward clerk very kind and thoughtful - made all the difference to a frightening situation

Level 7A ward

The staff were always very kind and respectful everything about my care was explained clearly to me at all times. At a time when I was feeling vulnerable I have never felt so secure and safe in a hospital ward. Thank you so much to all the staff who looked after me.

Hurstwood Park Medical Ward

The Deputy Chief Nurse for Patient Experience analyses the results and comments each month, taking immediate action on any concerning comments or emerging themes.

5. National Patient Surveys

Four national surveys were run in 2014 of inpatients, cancer, A&E and children’s services. These are sent to a random sample of patients using these services during a particular month in 2014, following their discharge from this service. The results of the surveys have been published in the last three months and action plans are being developed to address all areas where BSUH performs less well than the national average or where general improvements are required.

Inpatient Survey

Results were collected for inpatients in August 2014, the response rate was 47% compared to 45% nationally. Compared to 2013 the scores worsened significantly in NO areas and improved significantly in one area:

Lower score the better	2013	2014
Discharge: Staff did not discuss need for further health or social care services	19%	11%

This reflects good discharge planning by the MDT, however other areas of discharge planning, particularly information about medications was below the average, although not significantly.

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

Lower score the better	Trust	Average
Not offered a choice of food	16%	21%
Sometimes, rarely or never enough nurses on duty	34%	40%
More than 5 minutes to answer a call bell	11%	18%
Discharge was delayed	37%	42%

There are a number of questions in which BSUH scored better than the national average including their include experience in A&E; where 20% of our patients said they were not given enough privacy and that not enough/too much information given

against a national score of 23%. Such results reflect the importance given to the quality of care provided, despite the operational pressures.

BSUH scored significantly worse on seven questions:

Lower score the better	Trust	Average
1. Should have been admitted sooner for a planned admission	37%	25%
2. Shared sleeping area with the opposite sex	17%	8%
3. Using bath and shower area with patients of the opposite sex	20%	12%
4. Food is fair or poor	55%	42%
5. Surgery not told what to expect to feel after an operation or procedure	52%	41%
6. Not asked to give views on quality of care	75%	68%
7. Did not receive any information on how to complain	64%	57%

An action plan has been developed and will be monitored at the Executive Safety and Quality Committee.

6. Cancer Survey

2014 was the 4th National Cancer Patient Experience Survey. Results for inpatient care are as expected or above the national average. Areas of concern include: information giving and access to Clinical Nurse Specialists (CNS). The results vary across tumour groups and are partially dependent on the number of CNS' available. The cancer directorate have analysed these results and have decided to address the issues by setting up patient led groups, supported by the CNS', to firmly establish what information is useful and how best to deliver the required changes. This is underpinned by a comprehensive action plan. The opening of the Macmillan Centre in late 2015 is an opportunity to ensure that patients are receiving the most appropriate information and support.

6.1 A&E Survey

The results were collected in January, February and March 2014 and our response rate was 35% compared to 34% nationally. Compared to 2013 BSUH scores worsened significantly in NO areas and had improved significantly in three areas:

Lower score the better	2012	2014
Had to wait more than 2 hours to be examined	12%	7%
Staff contradict each other	26%	17%
Felt bothered or threatened by other patients	17%	8%

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

Lower score the better	Trust	Average
Had to wait more than 2 hours to be examined	7%	12%
Unable to get suitable refreshments	22%	30%

BSUH scored significantly worse in two questions:

Lower score the better	Trust	Average
Waited for more than 15 minutes before speaking to a doctor or nurse	63%	57%
Waited more than 15 minutes to get pain relief	47%	33%

The Acute Floor Directorate are using these results as part of the urgent care plan to improve processes within the Emergency Department.

8. Children's Survey

This is a voluntary survey and results were gathered in Autumn 2014. The results for displayed in red are for children and young people (8 -15 years), who are able to respond for themselves whereas the text in blue represents parental responses for 0-7 year olds.

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

Lower score the better	Trust	Average
Hospital changed admission date at least once	12%	19%
Parents did not have access to hot drink facilities in the hospital	6%	13%
Staff did not do everything they could to help ease their child's pain	18%	25%
Children were not told what would be done during the operation	2%	9%
Young person not always given advice on how to look after themselves when they are at home	14%	26%
Parent felt that child was not always looked after well	12%	18%
Child rated their experience as 7/10 or less	6%	13%

BSUH scored significantly worse in one questions:

Lower score the better	Trust	Average
Things for child to play with on the ward were not fully appropriate	43%	30%

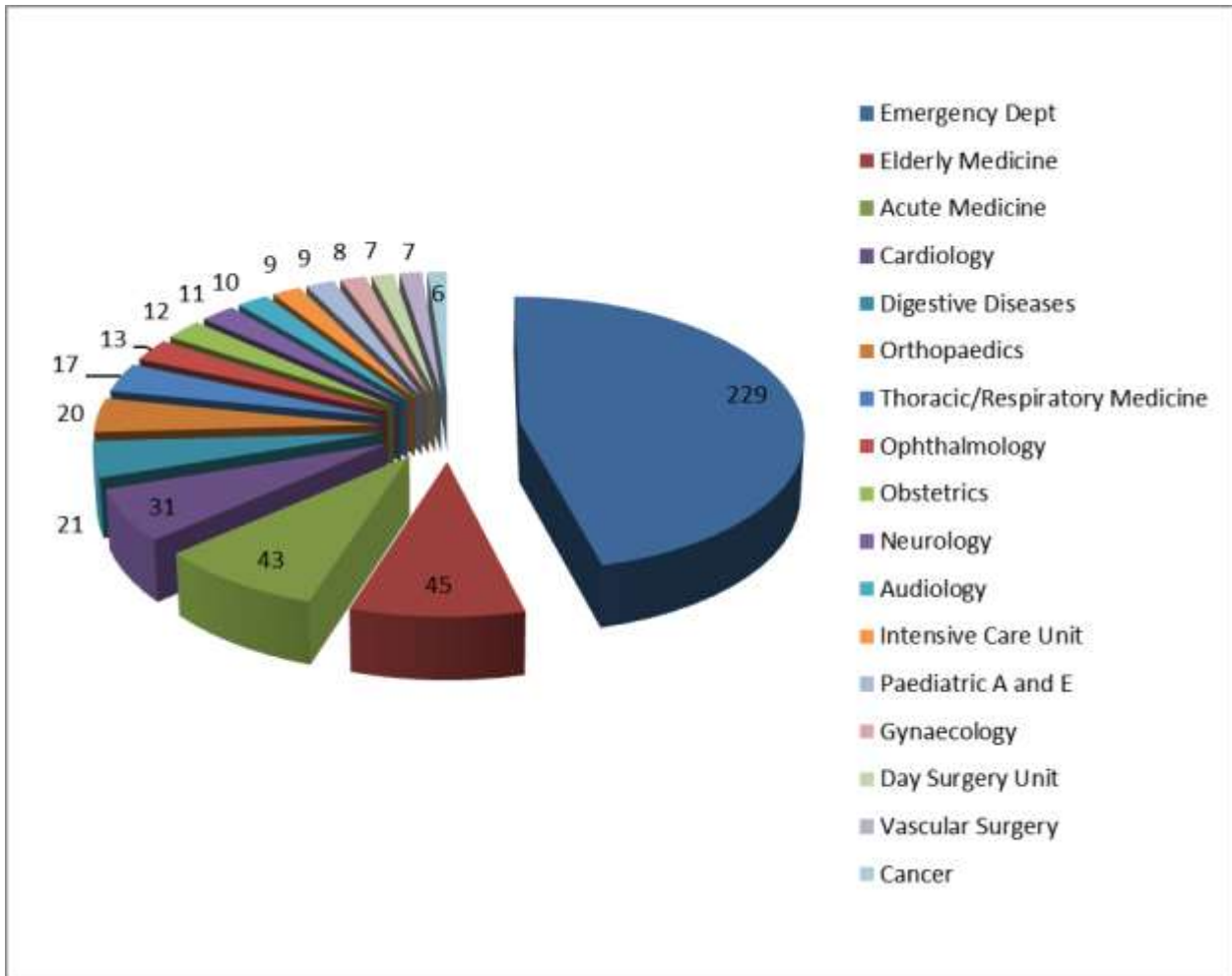
This survey was published on 01/07/15, the children's directorate are considering the results.

9. Plaudits

Many patients 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.

All plaudits are shared with the chief executive and the teams involved and a selection are shared via our public website in Patient Praise – a scrapbook of some of the thanks we have received.

Table x: Plaudits received by specialty 2014/15



Dear staff,

A belated thank you for caring for my wife. Not only did you do everything to ease her last days but you made her feel as if she was not just one of a number of sick people to be looked after, but a valued individual. Given the hard work and long hours we witnessed you work we know that isn't an easy thing to achieve. My daughter and I met some very special, dedicated people and we were welcomed, helped and supported no matter what the hour.

We won't forget you or the incredible work you do.

Please remember at the end of a long and difficult day at work that the things you do matter. It not only helps people like my family but enables them to simply carry on. And those people you help look at you with immense admiration and disbelief at your efforts.

Inadequate but heartfelt thanks to you all.

Email: Dear staff,

I have to thank the staff for extending my life expectancy. Without them, from cleaners to consultancy doctors, I would not be here today. Their dedication, knowledge and care is second to none. My gratitude is not enough for the way they really care, the compassion has no boundaries, and their know-how is simply miraculous. Thank you Brighton and Sussex hospital and thank you a thousand times.

10. 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. The CQC monitors issues and concerns raised and the responses from the service provider.

Patients are now able to provide feedback on the care they have received at our hospitals via the NHS Choices website. This is reviewed daily by the PALS manager and all posts are now responded to, both thanking plaudits and sharing them with the staff teams involved or inviting further contact from those patients reporting a poor experience.

Following an injury abroad I returned home and had to attend A&E for assessment, this led me to an admission and to two operations. From first contact to discharge I would like to commend the staff from cleaners to consultants on the exemplary care I received. Although it is clear that resources are extremely stretched the time and care I received was fantastic. The nursing staff both A&E and on the ward worked continually without complaint and with the same high standard of care. The theatre staff and surgeons took great care and showed such respect and ensured that I was fully informed, this made a very stressful experience much easier. My only comment would be to some of the patients I came across and their need to realise that this is a hospital and not a hotel. When you have an illness you want good care, compassion and understanding. This hospital provided all of these.

I received brilliant care and attention from qualified nurses and HCA, they do 12 hour shifts but do not get paid for any of their breaks. Clean sheets have too many stains on them, blankets too many holes in them, shortage of pillows, poor food, charges for TV and wifi too high and they don't always work, high charges for parking and having to go, sometime in bad weather is very uncomfortable and undignified outside the hospital for procedures. All the staff do a wonderful job with limited resources, very kind and helpful and certainly deserve their pay and more on top for their dedication to their patients and jobs

11. Patient and Public Engagement

11.1. Patient Experience Panel (PEP)

Following consultation with Healthwatch, voluntary groups and Trust staff, the Patient Experience Panel was restructured in 2015 to be more relevant to service users and their representatives and to Trust staff. The PEP is now themed, so each meeting concentrates on a specific topic. As an example, in May the topic was 'Outpatients', with presentations from the Booking Hub and 3T's project.

Following this meeting, patient representatives and BSUH outpatients' staff have formed a working group to identify the five top priorities and develop proposals for actions to be taken by BSUH, these action plans will then be monitored through the PEP. In addition, some patient representatives have joined the Equality and Diversity team and Estates, to undertake a disability audit of car parking at PRH. In addition, Healthwatch have offered to work with 3T's to 'walk the site' and advise from a patient perspective during the years that the build causes disruption at RSCH.

11.2. Healthwatch

Brighton and Hove Healthwatch have carried out an Enter and View visit, to the three Care of the Elderly Wards and the Acute Medical Unit in 2014. The Health and Social Care Act allows Healthwatch volunteers to observe service delivery and talk to service users, their families and carers. The report provided basis for some actions and joint working with the discharge team to understand their constraints. It also highlighted some examples of good practice in the care of older people.

Healthwatch are currently planning an Enter and View of the A&E Department at the RSCH, which will take place later in 2015.

11.3. CURE the NHS

Close working relationships have been developed with the local branch of CURE the NHS, who undertake regular site visits and interview patients about their experiences, raising concerns with the Executive team. They are also very involved in working with the Nutrition and Hydration Committee to improve hospital food.

11.4. The Patients Association

For the past three years we have had ten days a year of consultancy from the Patients Association and they have run projects that examine an aspect of patient experience from the patient or carers perspective, providing comprehensive reports. These have been highly influential in changing practice. In 2013 they examined Care of People with Dementia, in 2014 Medication Information on Discharge and this year, they have just started a project to explore the Experience of People Attending Outpatients.

12. Conclusion/action required by the Board

The Board is asked to note the content of this report and, in line with statutory requirements, give approval for it to be published on the Trust public website.

Jane Carmody
Head of Patient Experience, PALS and Complaints
September 2015