

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	30th November 2015
Board Sponsor:	Sherree Fagge, Chief Nurse
Paper Author:	Jane Carmody, Head of Patient Experience, PALS & Complaints Caroline Davies, Deputy Chief Nurse, Patient Experience
Subject:	Patient Experience, PALS and Complaints Report

Executive summary

Improvements continue to be seen in the Trust's ability to respond to complaints within the agreed timescale with 72% of complaints being responded to within the agreed timescale YTD in comparison with 54% having been achieved in the same period the previous year.

The Emergency Department, Orthopaedic, and Digestive Diseases specialities have received the most complaints since April 2015. Orthopaedics, Digestive Diseases and Cardiac specialties have received the most PALS contacts with the most reported issue being the wait for outpatient appointments and surgery.

There has been a sustained improvement in the Friends and Family Test (FFT) return rate and performance in September was slightly higher than the national average.

Links to corporate objectives	The report concerns the objectives of <i>great experience and excellent outcomes</i>
Identified risks and risk management actions	The report describes those areas which have received the highest numbers of complaints, together with the highest categories of complaints
Resource implications	The report details cases where financial remedy has been made to patients
Report history	Quality and Risk Committee, 19 th November
Appendices	Patient Association Survey Results Quarter 2 2015

Action required by the Committee

The Board is asked to discuss and note the report.

Report to the Board of Directors, 30th November 2015 Patient Experience, PALS and Complaints Report

There has been a significant improvement in the number of complaints closed within the 40 days with a 15% increase on the previous year's performance at this month. This is considered to be a result of the increased resource to the team at the beginning of this financial year.

Table 1: Complaints performance data

Month	Complaints received	PALS contacts	Plaudits	No of Early Resolutions	% Closed via Early Resolution	No Closed Within 40 Days	% Closed within 40 Days	No Reopened	% Reopened
Apr-15	83	264	57	32	38.55%	59	60.20%	15	15.3%
May-15	74	233	45	32	43.24%	51	54.26%	20	21.28%
Jun-15	68	280	56	18	26.47%	62	76.54%	13	16.05%
Jul-15	99	365	37	50	50.51%	69	62.16%	12	10.81%
Aug-15	76	255	101	42	55.26%	47	54.65%	10	11.63%
Sep-15	119	429	66	36	30.25%	Not yet available	0.00%	7	5.56%
Oct-15	103	371	38	24	23.30%	Not yet available	0.00%	16	13.45%
YTD	622	2197	400	234	37.62%	288	72.00%	93	13.01%

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.

Emergency Department, Orthopaedic, and Digestive Diseases specialities have received the most complaints since April 2015. Orthopaedics, Digestive Diseases and Cardiac specialties have received the most PALS contacts. This is consistent with previous months and the most reported issue continues to be waits for outpatient appointments and surgery.

Between April to October 2015 the PALS team have managed 326 additional informal concerns which is a 15% increase in comparison to the same period last year.

The majority of these concerns would previously have been managed as formal complaints and, we believe, at least partly, account for the reduction in formal complaints received in year to date.

Table 2: Emergency Department

PRH/RSCH	April - October 2015
Number of complaints received	87
Trigger	
Triage (initial assessment)	58
Diagnosis	34
Clinical care	21

Table 3: Orthopaedics

	April - October 2015		April - October 2015
Number of complaints received	73	Number of PALS contacts	304
Trigger		Trigger	
Wait for OPA/surgery	21	Wait for OPA/surgery	148
Communication	20	Communication	47
Clinical care	13	Cancellations	30

The Directorate Lead Nurse and Directorate Manager for MSK Services meet with the complaints team on a weekly basis to provide regular updates regarding open complaints and PALS concerns.

Table 4: Digestive Diseases Unit

	April - October 2015		April - October 2015
Number of complaints received	78	Number of PALS contacts	336
Trigger		Trigger	
Wait for OPA/surgery	36	Wait for OPA/surgery	173
Communication	28	Communication	45
Clinical care	20	Cancellations	44
		Administration	29

The Directorate Manager for DDU Services meets with the complaints team on a fortnightly basis to provide regular updates regarding open complaints and PALS concerns.

There are significant concerns regarding waits for abdominal surgery and the Trust is currently in discussions with the CCG regarding how concerns from this patient group should be managed.

Table 5: Cardiac

	April - October 2015
Number of PALS contacts	116
Trigger	
Wait for OPA/surgery	38
Communication	30
Cancellations	50
Delays in obtaining results	13

Table 6: Neurosurgery (now reported separately from T&O)

	April - October 2015
Number of PALS contacts	115
Trigger	
Wait for OPA/surgery	61
Cancellations	16
Communication	15

Complaint and PALS Triggers

Between 1 April 2015 and October 2015 1,166 triggers have been reported (each complaint may have one or more triggers) of which 502 have been upheld to date.

Whilst complaints regarding clinical treatment and care are routinely amongst the top three reported triggers each month, currently only 15% have been upheld to date. A number of the lesser reported triggers do, however, identify significant areas for improvement:

We have received in year 24 complaints regarding administrative errors and failings, all of which have been upheld.

Table 7: Administrative failings

Specialty	Number received
DDU	5
Cardiology	4
Booking Hub	5
Orthopaedics	4
Haematology	2
Obstetrics	2
Renal	2
Audiology	1

Common themes include delays to scan results (of which 4 of the upheld cardiac complaints relate to), inaccurate letters being sent and delay in sending clinic letters.

Table 8: Top 8 Complaints Upheld by Trigger

Trigger	Received	Upheld	Percentage Upheld
Communication	153	110	72
Clinical care/treatment	125	19	15
Wait for outpatient appointment/surgery	123	59	48
Attitude of staff	67	31	42
Diagnosis	76	16	21
Administrative error/failings	24	24	100
Cancelled	32	15	47
A&E triage (wait time in ED)	64	15	23

PHSO - 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.

One of the Parliamentary and Health Service Ombudsman's Principles for Remedy is *Putting Things Right*. This recommends that, where maladministration or poor service has led to injustice or hardship, public bodies should try to offer a remedy that returns the complainant to the position they would have been in otherwise. If that is not possible, the remedy should compensate them appropriately. The Ombudsman notes that remedies should also be offered, where appropriate, to others who have suffered injustice or hardship as a result of the same maladministration or poor service.

To date in 2015 the Trust has been asked to compensate six patients for their experience at our hospitals. The Trust has made a payment in four of these cases, totalling £4,185.00.

Table 9: PHSO Payments

Datix 12192	Failure to follow best practice guidance for the management of AAA - this did not impact on the outcome of the patient but payment requested for emotional distress caused to relatives	£1,500
Datix 14099	Loss of earning due to delays in treatment pathway	£1835
Datix 15825	Goodwill gesture in light of shortcomings identified in discharge arrangements	£350
Datix 15139	Compensation in light of delays in	£500

	complaints handling	
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The Ombudsman issues a draft report, outlining her office’s recommendations prior to the final document being published. Where appropriate, the Trust challenges the findings of the report and, on two occasions, decisions regarding compensation payments have been overturned.

Table 10: PHSO compensation declined

Datix 16857	The PHSO requested that the complaint be resolved via compensation, even though this was not requested by the complainant in their original complaint. The Trust requested that the rationale for the payment be detailed in writing by the PHSO in accordance with the Principles for Remedy. The Trust was subsequently advised that the Ombudsman would not be investigating the case.
Datix 13199	The PHSO upheld the complaint and requested that the Trust accept the findings of the draft report and support the complainant in the litigation process. The Trust advised that it would be counter intuitive to accept the report’s findings prior to litigation and the PHSO therefore concluded their investigation and referred the complainant to the legal process.

Learning from PALS and Complaints

Following patient concerns raised via both PALS and complaints regarding the length of wait for elective surgery the Trust’s MRSA policy has been updated. The policy now states that previous known MRSA positive patients can be admitted to the Sussex Orthopaedic Treatment Centre and Albourne ward once they have had three consecutive negative MRSA screens at least one week apart and 48 hours following MRSA suppression therapy.

Patients are now admitted to a single room and re-screened on admission. If the screen is negative on admission then a risk assessment approach can be utilised as to where the patient then be placed on the ward. This means that patients do not need to be placed at the end of the operating session.

Complaints Survey Q2 2015/16 - NHS Benchmarking Networks and the Patient’s Association.

BSUH have subscribed to understanding how patients feel about their complaints handling and each complainant is sent a Patient Association questionnaire 10 weeks after their complaint is closed.

In Quarter 2, 42 surveys were returned by BSUH. Whilst there is more work that can be undertaken the results were generally positive for BSUH, on most criteria patients felt that their complaints handling was better than the average. Work is being taken forward on making it easier to complain and explaining the timescales and processes to the complainant. (appendix 1)

Friends and Family Test (FFT)

BSUH are now receiving approximately 2000 responses to the Friends and Family Test across the Trust and this is driving changes in practice.

Table 11: NHS England national FFT results for September:

A&E	Recommending (%)	Not recommending (%)	Return rate (%)
BSUH	89	6	22.5 2 nd highest return in KSS
National average	88	6	14.1
RSCH	84	9	23.1
PRH	90	5	21.9
SEH	93	4	26.9
CED	98	1	19.2

There has been a sustained improvement since Healthcare Communications have been commissioned to provide the FFT services.

The system allows results to be provided to managers on a daily basis via an interactive dashboard. The feedback is being used to improve practice including initiatives such as the 'Hello my Name is...' campaign in Children's A&E and sharing both positive and negative comments at the weekly staff meeting in RSCH A&E. Healthcare Communications are commissioned provide this service until the end of the financial year, whilst proposals for this to be rolled out across the Trust next year are included in the 2016/17 business planning.

Inpatients	Recommending (%)	Not recommending (%)	Return rate (%)
BSUH	94	2	12.6 This has deteriorated since day units and Children's have been included in the inpatient numbers - the adult inpatient wards continue to return 25 - 30%
National average	95	2	24.5

FFT inpatient data is still collected internally. Our ability to do this is challenged due to the PALS team having released a vacancy as a CIP. An IT tool is being developed to support this going forward.

FFT is now rolled out in all outpatient areas and returns in areas such as dermatology, PRH day case unit and the angio suite have been very high and these results are being used actively to address issues raised by patients.

The children's hospital and the other day case units are not returning a high number of responses and the Deputy Chief Nurse is working with the Directorate

lead Nurses of these areas to improve their response rate and demonstrate the value of patient feedback in developing services.

Inpatients	Recommending	Not recommending	Return rate
BSUH	98	1	NA
National average	95	2	NA

Case Study in the value of Cumulative Friends and Family Comments

As part of the overview of Digestive Diseases, the Deputy Chief Nurse undertook an analysis of the Friends and Family Comments over the past 2 years on ward Level 9A. These were overwhelmingly positive, however, there were some negative comments about staff.

Patients are particularly concerned about; ward rounds involving too many doctors, communication and lack of continuity of care by doctors. This was shared with the directorate team and is now a standing agenda item on all their governance meetings.

Number of Negative Comments:

Nurses	5
Team	7
Doctors	37

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November 2015