



# Patient Experience Annual Report

2016 – 2017



**Compiled by:**

**Katrina O'Shea – Matron Patient Experience**



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## Introduction

Patient experience matters. Systematic reviews have shown ‘consistent positive associations between patient experience, patient safety and clinical effectiveness for a wide range of disease areas, settings, outcome measures and study designs’<sup>1</sup>. In short, excellent patient experience is indicative of excellent care.

Our Trust is committed to listening and learning from our patients. During 2016/17 we received feedback from patients on their experience of being treated and cared for at the Trust, from a wide range of sources including Friends and Family Test feedback, national and local patient surveys, Patient Advice Liaison Service (PALS) enquiries and complaints<sup>2</sup>.

This feedback provides us with a rich picture of patient experience while also offering insight into what matters to patients on a micro level. Importantly, it allows us to develop plans for patient and public engagement and quality improvements.

Many people choose to become involved with the work of the Trust as volunteers and contribute many hours each year adding value and improving patient experience.

The Trust’s Director of Nursing and Patient Safety is the Executive Lead for patient experience. Their role includes ensuring compliance with Friends and Family Test (FFT) and national patient survey reporting, and also planning improvement activities in highlighted areas.

Patient experience is crucial for high-quality care. The NICE patient experience quality standard aims to ensure that patients have the best possible experience.<sup>3</sup> At Western Sussex Hospitals NHS Foundation Trust (WSHFT) we consider patient experience key in our overall Quality Strategy. We therefore place patient experience at the heart of our Trust’s continuous drive to improve the quality of our services through the Patient First Programme.

Patient experience was a cornerstone of our Trust’s CQC outstanding rating following the 2016 CQC inspection. The CQC explained it received ‘an unprecedented number of letters and emails from people who used the service prior to, during and after the inspection visit. The overwhelming

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<sup>1</sup> Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 2013;3:e001570. doi:10.1136/bmjopen-2012-001570

<sup>2</sup> Friends and Family Test is a national survey used to measure patient experience

<sup>3</sup> NICE



majority of these were very positive and told stories of staff going above and beyond the expected level of care. Staff we spoke with were exceptionally compassionate when talking about patients and we observed kindness not only towards patients but towards each other whilst on site'.<sup>4</sup>

Patient experience monthly reports are provided to operational teams and patient feedback is shared with our staff. Leaders of our clinical services use the feedback we receive from patients to shape quality improvement activities at ward level and see whether the improvements we are making improve patient experience over time. Our patient safety newsletter, survey narratives and complaints and compliments analyses are publicised along with our Friends and Family Test feedback and national patient survey results to feedback to staff how patients are experiencing the services and care we provide.

The Trust Board has oversight of patient experience through quarterly reports at public Trust Board meetings. Non-Executive Directors chair the Patient Experience and Feedback Committee that oversee the Patient experience feedback activities and patient experience improvement programmes within the Trust. Their role is to be assured that action on improving and responding to patient experience concerns are addressed. Membership of the Patient Experience and Engagement Committee includes representation from; Trust staff, Coastal West Sussex Clinical Commissioning Group, Trust Governors, and Health watch. This group routinely reviews patient experience improvement programme actions and progress, to ensure areas of poor patient experience are addressed.

This report provides an overview of the work that has taken place during 2016/17.

## Patient and Public Involvement

We earn the trust placed in us by offering the best patient experience. As a public service we are bound to our local community. As such, we encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.<sup>5</sup>

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<sup>4</sup> CQC report April 2016

<sup>5</sup> The NHS Constitution for England



Our stakeholders are important to the Trust; stakeholders help us to understand what matters to patients. Stakeholder opportunities during 2016/17 have seen engagement by the public, patients and Governors at events such as; CQC mock inspection of the Trust, quarterly stakeholder meetings, Learning Disability Peer Review, and forums supporting the development of the new West Sussex Eye Care I Southlands ophthalmology service. Local Stakeholder Forum meetings have given the opportunity for input into our Research and Innovation Strategy, our Quality Strategy and annual quality priority setting, as well as improvements to wayfinding within the hospitals. All of these events have supported ensuring that our services are designed to meet the needs of patients.

### Capturing Patient Experience -Why is it important?

Improving patient experience is at the heart of the Trust's vision and values, and is a central aspect of our Patient First Programme. Patient First is our long-term approach to transforming hospital services for the better by giving staff the skills to deliver continuous improvement and to put our patients first. We put the patient at the heart of every element of change. This means that capturing patient feedback is the primary stage in every decision made.

The opportunity to hear the voice of the patient through the Friends and Family test gives staff the opportunity to listen to the experience of patients and to make improvements. Feedback is responded to on a regular basis and immediate and longer term actions are taken to improve the experience for patients. Wards use the information to feedback within their area using the 'you said...we did' principle.

The Trust has invested heavily in staff training to improve the experience of patients through its customer care programme. This has included:

- Redesign of the mandatory training programme to ensure all staff are fully focussed on delivering great care. Our Health and Safety update now includes customer care and continuous improvement.
- Embedding the Western Sussex Way training programme, aimed at groups of staff to improve customer care,
- Sustaining the 'Ambassadors', who act as exemplars of best practice and guides to others,



- Employee of the month - this is awarded to staff or teams who are nominated by either staff or patients who recognise that someone has gone over and above in providing care or in delivering their role.

## Friends and Family Test

The Friends and Family Test is a national survey designed to give the public an easy way to express their feedback. Our trust utilises returned tests through a multitude of facets. Initially, FFT results help raise any issues patients may have with our service, often illuminating latent issues which are not raised through the formal complaints process. Negative feedback is swiftly analysed and provides us with an initial step for improvement.

Positive and neutral feedback provides a further prospect of quality improvement. Our access to Pansensic, following our contract with MES, allows staff to easily observe themes brought up in FFT returns. Pansensic's thematic analysis tool provides a rich source of the most commonly raised themes brought up by patients. This allows our patient experience analysts to inductively study themes and provide improvement recommendations veracious to patient desires.

FFT returns also allow for a comparison to be made with our Trust on a national scale. A high return and recommendation rate of FFT scores is indicative of a good service. Moreover, it allows members of the public to easily see how well their local hospital performs. Improving our FFT return and recommendation rate thus allows us to instil greater confidence in our Trust by our local community. We therefore attempt to become one of the top 20% of NHS Trusts in country for recommendation by patients responding to the Friends and Family Test.

## How do we monitor it?

From 1 April 2013, (for inpatients and A&E attendees), 1 October 2013 (for maternity) and April 2015 (for children, outpatient and day case areas) organisations providing acute NHS services have been required to implement the Friends and Family Test (FFT).

Each patient must be surveyed at discharge or within 48 hours of discharge and the standardised question format must be as follows:

*"How likely are you to recommend our ward (or department) to friends and family if they needed similar care or treatment?"*



The maternity areas ask this question of mothers at four key points of their maternity journey: antenatal care (at 36 weeks pregnancy), delivery, postnatal ward and community care.

There is also a requirement to support the gathering of feedback from groups who may have problems with providing feedback through traditional methods, e.g. patients with learning disabilities, dementia, visual and hearing impairment.

During 2015/16 we introduced a singular approach for survey collection, which allowed for results to be amalgamated in key areas across a range of surveys. This enabled us to more effectively analyse survey data across a broad range of results. Real-time patient experience survey system (RTPE) is used to capture the majority of our FFT feedback including: all outpatient and day case areas as well as SMS<sup>6</sup> feedback for our A&E departments.

During 2016/17 the 5 year contract for managing patient surveys was awarded to Softcat Membership Engagement Services (MES). The new contract saw a range of improvements; the most impactful change has been that all paper responses can now be scanned onto the software which has resulted in releasing time from the two staff that was manually entering data to be able to work more closely with the PAL's teams. The new survey pages have been redesigned so that they are as informative, clear and user friendly as possible in order to encourage respondents to answer. Our new supplier is also able to provide an analysis of patient's comments and categorise these into patient emotions so that teams can address issues that result in patients feeling frustrated.

### How do we report it?

Feedback, both from the Friends and Family Test and other patient experience measures, is routinely provided directly to wards and departments, both at aggregate level and to individual comments where appropriate. Key metrics are included in the Quality Scorecard provided to the Trust Board. Each ward displays the Friends and Family Test score for that ward for patients and staff to see. Softcat MES software enables managers to produce ward and department specific 'You said We did' posters, which give tailored feedback and improvement progress updates.

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<sup>6</sup> SMS, short message service, i.e. a 'text message'



## The Friends and Family Test -Specific goals for 2016/17

Our overall goal for 2016/17 was to increase FFT scores to a level that places us in the top 20% of NHS Trusts in the country for recommendation rates.

### A&E:

- To maintain our current excellent position in the top 20 NHS Trusts in terms of the FFT response rates. To achieve a top 30 position for recommendation

### Maternity:

- To improve our current very positive position aiming for a top 30 ranking for both FFT return rates and recommendation rates on both sites. It should be noted that the national FFT results for maternity only allow for comparison of the question asked at delivery.

### Inpatient:

- To achieve 40% FFT response rate for in-patients, 97% recommendation rate, and not to exceed 0.7% not recommend rate.

### Outpatient:

- To improve FFT response rate and achieve recommendation rates in line with national average of 92%.
- 

### Key achievements 2016/17 A&E:

The tables and graphs show a disappointing drop in A&E FFT performance. Both FFT response rate and recommend rate has reduced across both sites when compared to last year's results, with the FFT response rate for St Richard's A&E falling below the national average. We did not meet our goal of returning to the top 20% nationally for FFT recommendation. It must be noted however that our Trust still performs above the national average, and that the drop in the national average response from 87.42% to 86% is indicative of increasing pressures nationally.



**Friends and Family Test A&E recommend rate**

	2013/14	2014/15	2015/16	2016/17	National average (2016/17)	National (2016/17)	position
WSHFT	91.00%	90.60%	91.40%	89.55%	86%	58 <sup>th</sup> of 142 (41st centile)	
Worthing	90.00%	90.90%	92.77%	91.2%	86%	N/A	
St Richard's	91.30%	90.30%	88.68%	87.1%	86%	N/A	

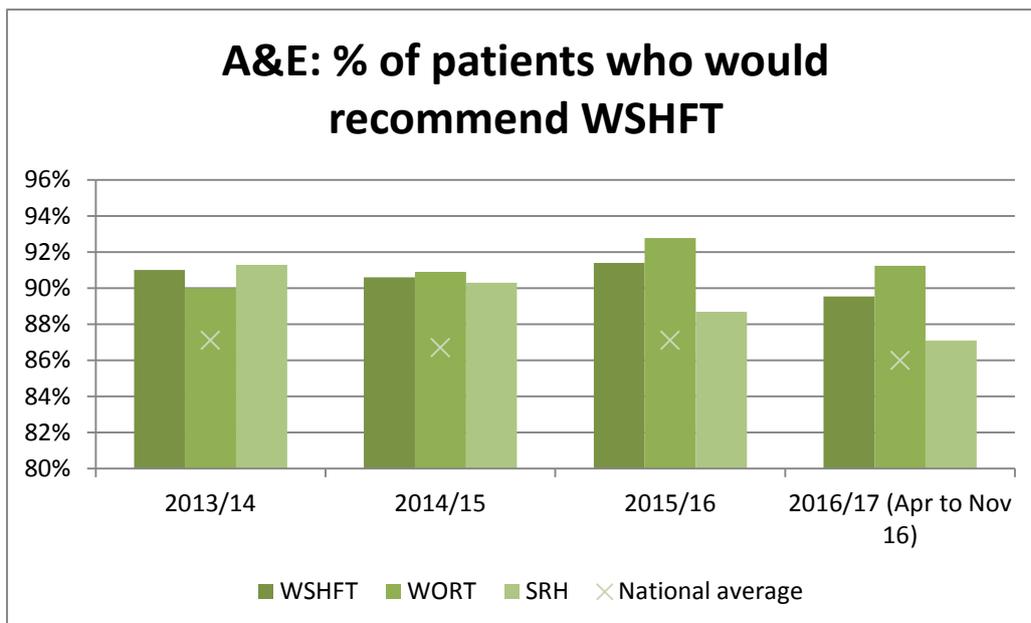
*N.B. 2016/17 National figures presented are Apr to Nov 2016 only.*

**Friends and Family Test A&E survey response rate**

	2013/14	2014/15	2015/16	2016/17	National average (2016/17)	National (2016/17)	position
WSHFT	18.90%	26.70%	17.80%	14%	13%	69 <sup>th</sup> of 142 (49th centile)	
Worthing	16.20%	27.50%	21.52%	15%	13%	N/A	
St Richard's	22.10%	25.90%	13.30%	12.7%	13%	N/A	

*N.B. 2016/17 National figures presented are Apr to Nov 2016 only.*

**Friends and Family Test - A&E % of patients who would recommend WSHFT**



*N.B. 2015/16 National figures presented are Apr to Nov 2016 only.*



## Inpatients

Our inpatients FFT recommendation score did not rank in the top 20% of NHS trusts nationally, nevertheless there are numerous improvements which have taken place. Our recommendation rates have recorded their highest ever scores to now exceed the national average. This improvement over last year saw our national position increase from 122<sup>nd</sup> of 179 (68<sup>th</sup> centile) to 97<sup>th</sup> of 175 (56<sup>th</sup> centile). This improvement was achieved in a year when the national inpatient recommend rate fell from 95.68% to 95.4%. Our inpatient FFT response rate saw even larger gains over last year, with our position improving from 94<sup>th</sup> of 178 (53<sup>rd</sup> centile) to 36<sup>th</sup> of 175 (21<sup>st</sup> centile). We failed to meet our desired 40% response rate across the Trust, with a rate of 36.7%. However Worthing Hospital achieved an impressive 44.7% which is an all-time high for our Trust. St Richard's score of 28.6% represents a more modest improvement on last year; nevertheless staff at both sites deserves congratulation for their hard work.

### Friends and Family Test Inpatient recommend rate

	2013/14	2014/15	2015/16	2016/17	National average (2016/17)	National (2016/17)	position
WSHFT	92.20%	92.40%	95.20%	95.84%	95.40%	97 <sup>th</sup> of 175 (56 <sup>th</sup> centile)	
Worthing	91.50%	92.10%	94.81%	95.7%	95.40%	N/A	
St Richard's	92.90%	92.70%	95.63%	95.8%	95.40%	N/A	

*N.B. 2016/17 National figures presented are Apr to Nov 2016 only.*

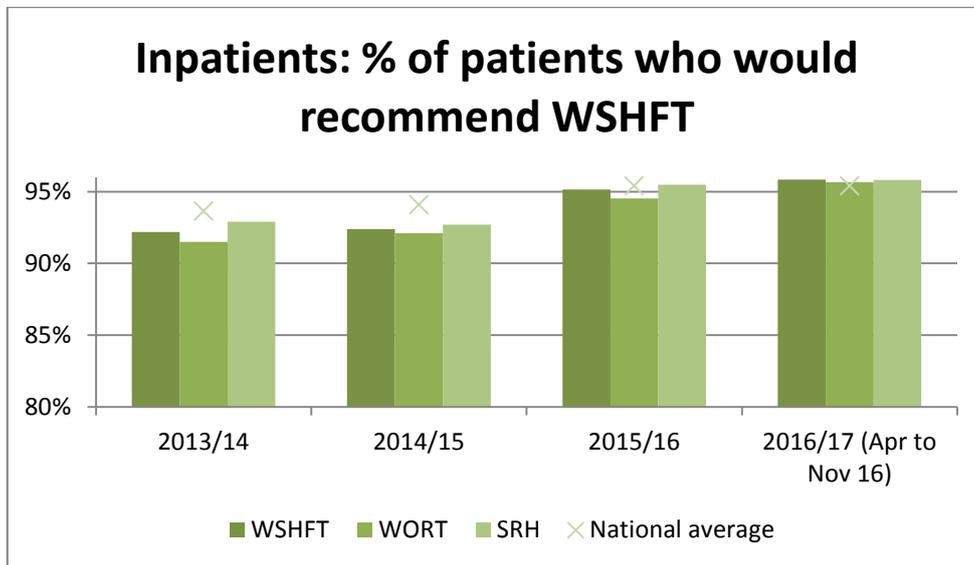
### Friends and Family Test Inpatient survey response rate

	2013/14	2014/15	2015/16	2016/17	National average (2016/17)	National (2016/17)	position
WSHFT	21.40%	30.70%	26.14%	36.7%	24.60%	36 <sup>th</sup> of 175 (21 <sup>st</sup> centile)	
Worthing	20.90%	30.80%	29.74%	44.7%	24.60%	N/A	
St Richard's	21.90%	30.60%	25.18%	28.6%	24.60%	N/A	

*N.B. 2016/17 National figures presented are Apr to Nov 2016 only.*



**Friends and Family Test – Inpatients % of patients who would recommend WSHFT**



*N.B. 2016/17 National figures presented are Apr to Nov 2016 only.*

**Maternity**

Our maternity FFT rates provide a complex picture. Our overall recommend rate has increased from 95.7% to 96.7% which is due to the improvements at St Richard’s Hospital from their low 94.8% score last year. This has pushed our overall recommend rate over the national average. Worthing Hospital however saw a reduction in recommendation, and our national position fell from 39<sup>th</sup> of 139 NHS trusts (28<sup>th</sup> centile) to 48<sup>th</sup> of 139 NHS trusts (36<sup>th</sup> Centile). This fall was mainly due to improvement seen in other Trusts, nevertheless our Trust seeks excellence, and to be an excellent Trust in relation to FFT further action is required in 2017/18 to improve our position. Our FFT response rate replicates improvements seen in our inpatient scores. St Richard’s Hospital maternity response rate improved from 11.49% to 30.9%, which helped increased our national position from 117<sup>th</sup> of 138 to (85<sup>th</sup> centile) to 62<sup>nd</sup> of 135 NHS trusts (46<sup>th</sup> centile). The increase still sees our Trust fall below national average; however we have gone from being one of the lowest scoring Trusts nationally to near average in the space of one year. Should we replicate the increases seen at St Richard’s Hospital at Worthing Hospital, our Trust will have one of the best maternity FFT rates nationally.



**Friends and Family Test Maternity Delivery recommend rate**

	2013/14 (from October 2013)	2014/15	2015/16	2016/17	National average (2016/17)	National (2016/17)	position
WSHFT	96.60%	97.00%	95.70%	96.7%	96.4%	48 <sup>th</sup> of 135 (36 <sup>th</sup> centile)	
Worthing	94.80%	94.70%	96.60%	94.8%	96.4%	N/A	
St Richard's	97.60%	98.50%	94.80%	97.4%	96.4%	N/A	

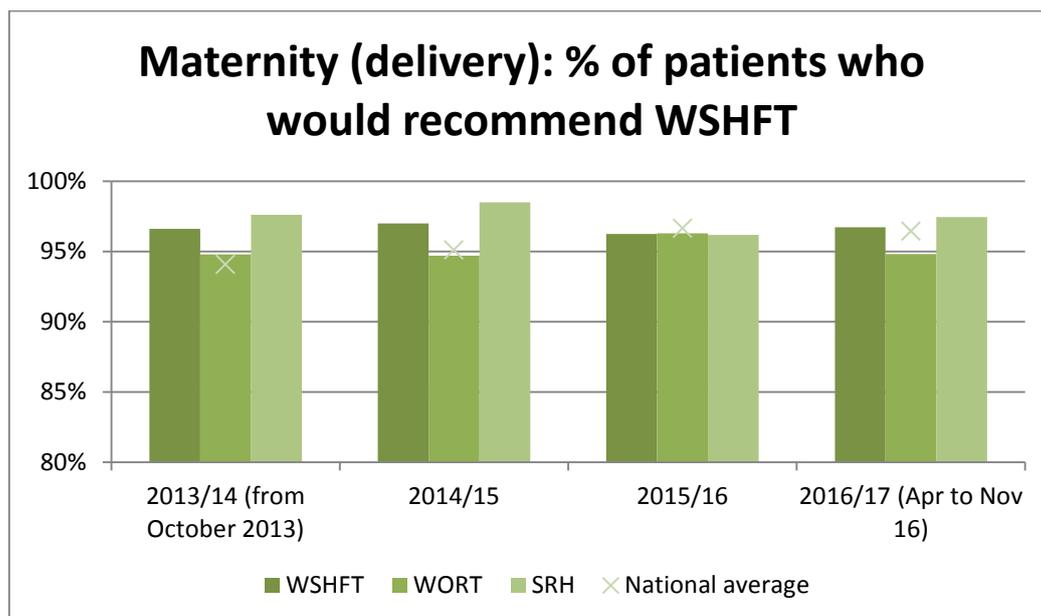
*N.B. 2016/17 National figures presented are Apr to Feb 2016 only.*

**Friends and Family Test Maternity Delivery survey response rate**

	2013/14 (from October 2013)	2014/15	2015/16	2016/17	National average (2016/17)	National (2015/16)	position
WSHFT	17.00%	29.10%	11.42%	22.8%	23.3%	62 <sup>nd</sup> of 135 (46 <sup>th</sup> centile)	
Worthing	13.60%	25.40%	11.35%	13.6%	23.3%	N/A	
St Richard's	20.40%	32.30%	11.49%	30.9%	23.3%	N/A	

*N.B. 2016/17 National figures presented are Apr to Nov 2016 only.*

**Friends and Family Test – Percentage of Maternity patients who would recommend WSHFT**



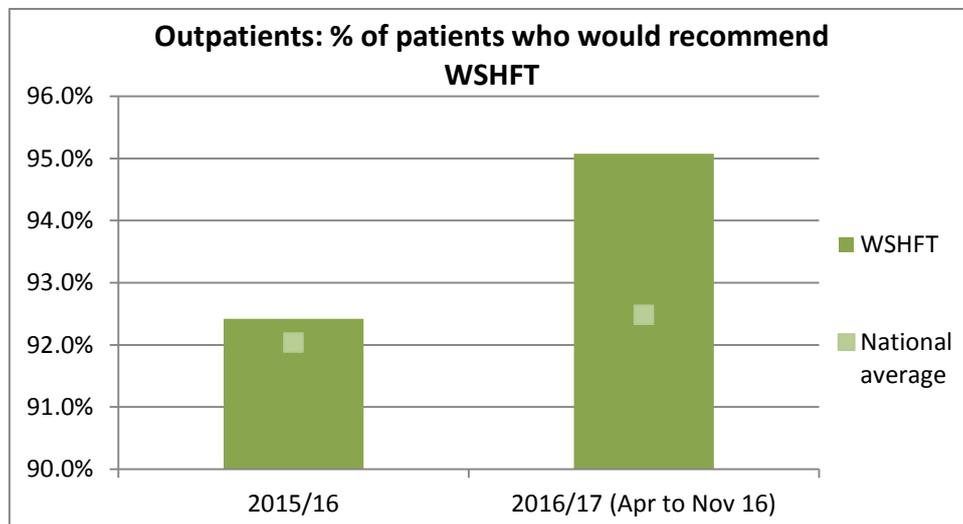
*N.B. 2016/17 National figures presented are Apr to Nov 2016 only.*



## Outpatients

The number of Friends and Family surveys completed for outpatients in 2016/17 has decreased to only 2429 returns. It is very encouraging to see that our overall recommendation rate has increased to 95.1% and has now overtaken the national average. We still have to improve staff engagement in outpatient areas to ensure that more patients are surveyed in order to deliver our aim of excellence.

### Friends and Family Test – Outpatients percentage of patients who would recommend WSHFT



*N.B. 2016/17 National figures presented are Apr to Nov 2016 only.*

We also use the information we gather from a range of other methods to inform us of patient experience, this helps us understand where we can make improvements and does allow us to monitor the progress towards our goals.

## National Surveys

During 2016 we have participated in five key national surveys conducted on behalf of the Care Quality Commission (CQC); the National Inpatient survey, the National Cancer Survey, the Emergency Department Survey, the National Maternity Survey, and Children and Young People's Inpatients and Day Case Survey. The In Patient Survey results will be published results in June 2017, 2016 Emergency Department Survey results will be available July/August 2017, 2016 Children and Young Patients Survey will be released October 2017 and 2017 Maternity Survey - December 2017.



## National Inpatient Survey

The National Inpatient Survey conducted on behalf of the CQC provides a detailed picture of how patients view us across a number of dimensions. It includes measures that relate strongly to the care and compassion shown by individual staff and the organisation as a whole. This survey is a snap shot at one point in time conducted in one month, August, with the results being reviewed by the Trust Quality Board to support the planning of our improvement goals. The Trust response rate in 2016 was 50% and this is reduction on the 54.4% of responses received the previous year 2015.

The full report for 2016/17 will not be released until June 2017 and it is not currently possible to fully review our performance in comparison with the national picture.

Review of the results at a purely Trust level (in comparison with last year) for 2016/17 show that we are performing within the expected range for the majority of areas. We have scored highly in the following areas:

- Cleanliness of wards, including toilets and bathrooms
- Single sex washing and toilet facilities
- Nursing staff answering questions in a clear and understandable way
- Did you feel threatened during your stay in hospital by other patients or visitors
- Had the specialist been given all of the necessary information about your condition or illness?

We have also shown significant improvement in the following area:

- Did you get enough help from staff to eat your meals?

It is particularly pleasing that we have shown significant improvement in the question relating to mealtime assistance as this was a key area for improvement during 2016/17.

Areas identified in this survey for improvement include:

- Waiting for a bed
- Was your admission date changed by the hospital?
- Provision of information and explanations
- Involved in care decisions and discharge planning
- Pain management
- Confidence in decisions about care
- Response to call bells



The areas where we have shown a statistically significant decrease in score since 2015 for the following questions:

- While you were in the A&E Department, how much information about your condition or treatment was given to you?
- Was your admission date changed by the hospital?
- Did you feel that you had to wait a long time to get to a bed on a ward?
- When you had important questions to ask a nurse, did you get answers that you could understand?
- In your opinion, did the members of staff caring for you work well together?
- Were you given enough notice about when you were going to be discharged?

Other low scoring questions are:

- Were you told how to take your medication in a way you could understand?
- Were you given clear written or printed information about your medicines?
- Were you ever bothered by noise at night from other patients?

### National Cancer Survey

The Trust has participated in the National Cancer Survey with data taken from patient attending for treatment between May and July 2016. The previous report identified that the one of the most important factors affecting cancer patients' experience is the presence of a named Clinical Nurse Specialist. If this is in place, virtually every other question in the survey is scored more highly.

### Emergency Department Survey

The National Emergency Department Survey results are due to be published in July 2017. The response rate for 2016 has been measured as 25.6% this is a reduction from the previous response rate of 40.5% in 2015.

### National Maternity Survey

The Trust took part in the National Maternity Survey of Women that have had a birth experience during February 2017. The results are expected to be published in December 2017.



The Women and Children's Health division is also using social media to improve engagement with their service users. Patient support groups are hosted from the Trust Facebook pages facilitated by specialists leads, these include a weight management in pregnancy group, a young parents group, diabetes in pregnancy group and a maternity expert group.

### Children and Young People's Inpatients and Day Case Survey

The sample period was between November and December 2016. CQC reporting is likely to take place in December 2017

### Real Time Surveys

The Trust supplements the information from Friends and Family with a more detailed inpatient survey carried out by patients on hand-held tablets. Ward and departmental leads receive detailed feedback each month, including every patient comment and question score, which enables them to celebrate excellence with their teams and to set local improvement goals for areas identified as being of concern.

There are also a number of more specific surveys looking at experience of patients in particular services and departments. There is also a carer's survey which asks carers about the experience of their family member and also includes a number of questions directed specifically to help us understand whether we are providing support to meet their needs as carers.

Overall from April 2016 to March 2017, 6,403 surveys have been completed by patients in many different areas including inpatient wards, outpatients, children's and a number of specialist services. There were some 3,091 responses to the adult inpatient real-time survey during this period.



**Table below - Breakdown of local survey information using the real-time patient experience system**

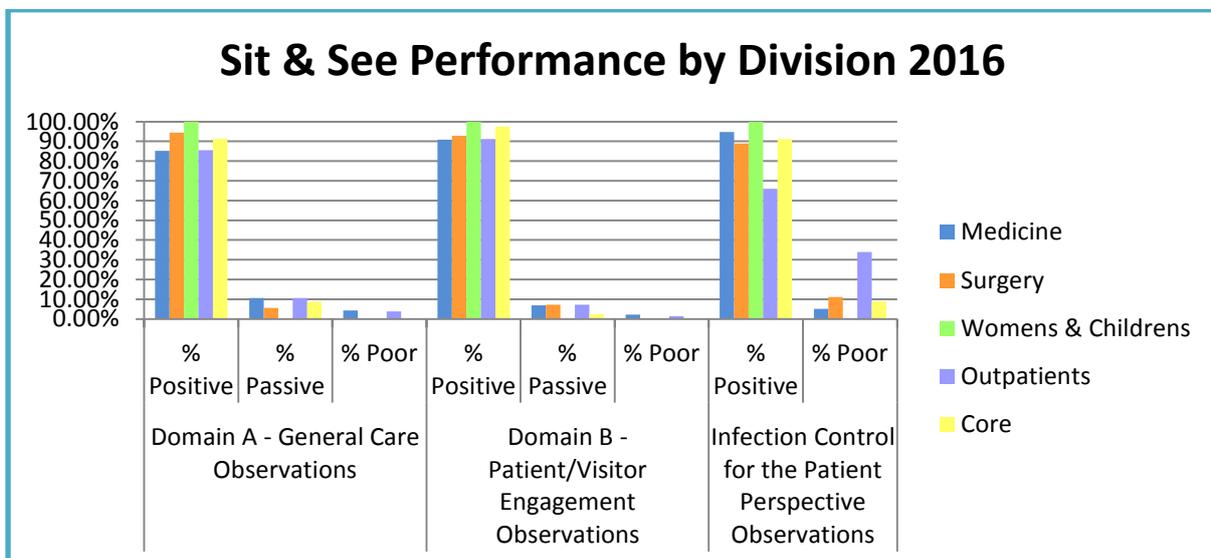
Name of Survey	% Satisfaction	Numbers of Surveys completed
Adult Inpatient Survey	80%	3746
Outpatient Survey	72%	20
Children's Inpatient Survey	92%	469
Neonatal Unit Survey	95%	243
Endoscopy Patient Experience Survey	92%	282
Emergency Floor survey	83%	202
End of Life Care Survey	71%	70
Maternity Inpatient Survey	97%	1131
Carers Questionnaire	91%	84
Carers Discharge Survey	86%	56
Outpatient Treatment Survey Fernhurst Clinic	92%	72
Adult Outpatient Survey Fernhurst Centre	83%	28



## Other Forms of Feedback

### Sit and See

Care and Compassion is monitored by using an observational tool called 'Sit and See'. This involves staff and volunteers, who have received training in use of an observational audit tool, visiting ward areas and observing staff caring and interacting with patients. Staff and volunteers form teams of two and score every interaction as positive, passive, or poor. The observations capture the small acts that we can do that make a difference to our patients. The Director of Nursing sends out a letter of congratulations to any staff member who has been noted as acting in a particularly compassionate manner. The table below shows the results by division have been extremely positive. Timings of observations have fluctuated across the day from 8am, mid-morning and late afternoon across in-patient areas.



A change in methodology for capturing whether care is compassionate will be implemented in April 2017. This new approach will address the frequency in which staff, volunteers and Governors are asked to undertake internal audit across the Trust. Patient experience questions have been embedded into the existing PLACE audit standard to provide assurance on the quality of the environment and patient experience. An action plan is routinely generated following PLACE audits which will provide a record of actions taken to improve patient experience.



## NHS Choices and Patient Opinion

Patients have the opportunity to provide feedback through public forums such as NHS Choices and Patient Opinion, the communications team respond to most of this feedback. NHS Choices has the Trust at a current rating of 4 stars. An example of a positive comment that was left in Dec 2016 is below:

*A&E Worthing "My wife & I would like to thank all the doctors and nurses who looked after me at 1 am this morning. Your doctors and nurses were so calm and professional and very soon had me under control, after cutting my clothes off, cleaning me up and washing my blood streaked hair, giving us tea and biscuits all so calmly done. Followed by an e.c.g, 2 blood tests, a chest X ray, plus plus plus, I could not have been looked after better".*

It was observed in last year's report that there were a limited number of comments left. Unfortunately this seems not to have improved with only 5 comments left since April 2016 on the Western Sussex Hospitals NHS Foundation Trust web page. Conversely, the individual web pages St Richard's, Worthing, and Southlands hospitals web pages are subject to much higher activity.

## Learning Disability Peer Review

We conducted an external learning disability review in September 2016. This involved members of Sussex Community NHS Foundation Trust together with service users with learning disabilities visiting wards and departments across the Trust and reviewing our compliance against key standards. Our Trust was found to have implemented all the essential resources and support aids required. It was thus concluded that over the next year the Trust would look at working to ensure the current practices are embedded and resources used regularly to support people with learning disabilities.

## Volunteers

We have a Volunteer Manager working at each of the two main hospitals sites supporting a wide range of volunteering activities. The Volunteer Manager at Worthing Hospital also provides the recruitment and support for volunteers at Southlands Hospital.

There are a variety of opportunities within most departments broadly divided as clinical and non-clinical. We also have some very specific volunteer activities of which we are very proud, working



with specialist teams such as the therapeutic volunteers(providing massage and hand care),cardiac rehabilitation buddies, Knowing Me volunteers (supporting dementia therapeutic activities), chaplaincy, and hospital radio. We work with the League of Friends who provides a hospital café, shop and trolley services, and have recently joined forces with the Samaritans to provide regular support in our A&E waiting rooms.

The strong focus for clinical volunteering this year has been to provide dining companion support where staff and public volunteers provide assistance to patients at mealtimes. Staff volunteers receive additional training and are able to assist with feeding and drinks as well as providing conversation and companionship to make the mealtime experience a much more social occasion.

In 2015/16 the Trust participated in a Nesta innovation programme to promote and increase the number of young people volunteering within the Trust. The success of this programme has inspired us to review the opportunities that volunteering presents for enhancing our patient experience and in building important links with our local community. In 2016 a full review of the volunteering service has been undertaken with the aim to widen the scope of volunteering in the Trust whilst ensuring that we have the infrastructure to support our ambitions

## Patient Information

We aim to provide patients with information relevant to their condition or treatment along with information about the Trust. We purchase the proEIDO enhanced patient information leaflet package so that we have a broad range of easy read information leaflets for a range of procedures/conditions that is readily available for our patients.

We also seek to consistently meet the new Assessable Information Standard introduced by the CQC. Meeting this standard will improve the access to our services, how people experience our services, and the outcome which patients receive. WSHFT is for all members of the public and our improvements to information services will eradicate any latent issues to those with communication difficulties.

## PALS and Complaints Service

The Customer Relations Team (Patient Advice and Liaison Service and complaints team) provide advice on how and where to complain, investigate matters of concern and help facilitate a resolution



when things have gone wrong. PALS carry out signposting, provide information, advice or reassurance and manage issues that can be resolved quickly, assisting patients/relatives who need time to discuss concerns and operate a triage service for telephone and face to face enquiries. The complaints team investigate more complex and serious concerns that require a formal investigation about past events.

### Formal complaints performance

Performance metrics	Q1 2016-17	Q2 2016-17	Q3 2016-7	Q4 2016-17
<b>No of new complaints:</b>	171	151	134	130
<b>No acknowledged within 3 working days (%)</b>	171 (100%)	135 (89%)	129 (96%)	130 (100%)
<b>No of closed cases:</b>	177	185	140	134
<b>No closed in 25 days (%)</b>	34 (19%)	26 (17%)	19 (14%)	19 (15%)
<b>No closed in 26-60 days (%)</b>	70 (40%)	74 (49%)	64 (47%)	60 (59%)
<b>No closed in 61+ days</b>	73	85	65	55
<b>Re-opened cases</b>	26	32	18	26

### Lessons learnt

We are aware that the number of issues around appointments has risen over the recent years, some of this is related to a significant increase in specialties such as ophthalmology where the criteria for referral has changed and our capacity to see patients has not grown at the same rate. The stream of work within our transformation project in ophthalmology which began in 2014/15 includes an outpatient appointments improvement focus and has seen the number of complaints and concerns gradually decrease during 2016/17.

In addition the Trust has implemented a number of further improvements as a result of PALS enquiries and formal complaints throughout the year:



Following a complaint made when a patient was wrongly informed they had malignant cancer. The referral pathway has since been changed in which all referrals to the Multidisciplinary team (MDT) are made through the MDT coordinator.

A leaflet has been designed delivering advice on pain management post surgery.

All patients awaiting an endoscopy are trigged by a consultant to ensure that if they are taking regular medication the patient is given good notice to cease, if required, for the endoscopy procedure.

Training was arranged for administrative staff when a cataract procedure was delayed in error.

Introduced electronic prescribing system within the outpatient setting to remove the ambiguity that handwritten prescriptions pose.

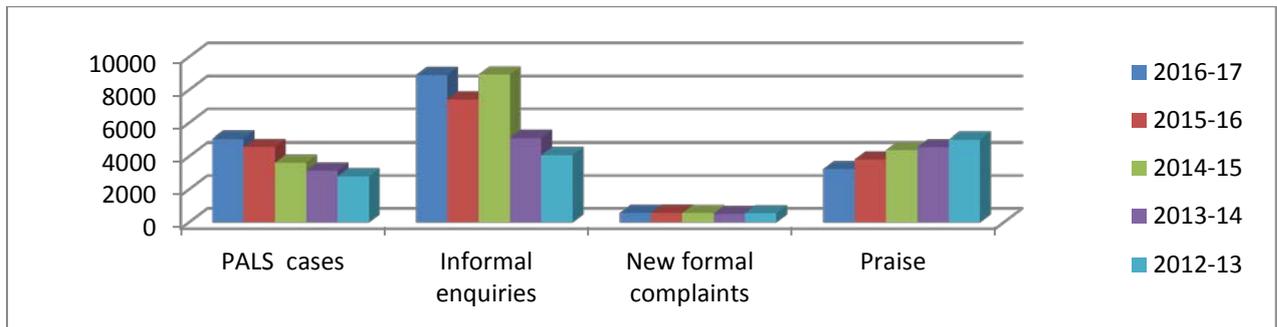
Introduction of a One Stop Urology clinic to improve patients contact with Urology Consultants.

The Patient Experience and Feedback Committee meets on behalf of the Trust Board four times a year to discuss the PALS enquiries and formal complaints received in detail, reviewing any patterns and themes emerging. The committee audited a selection of formal complaints received in 2016-17 to ensure that the complaints process is managed fairly and effectively and in accordance with policy and procedure.



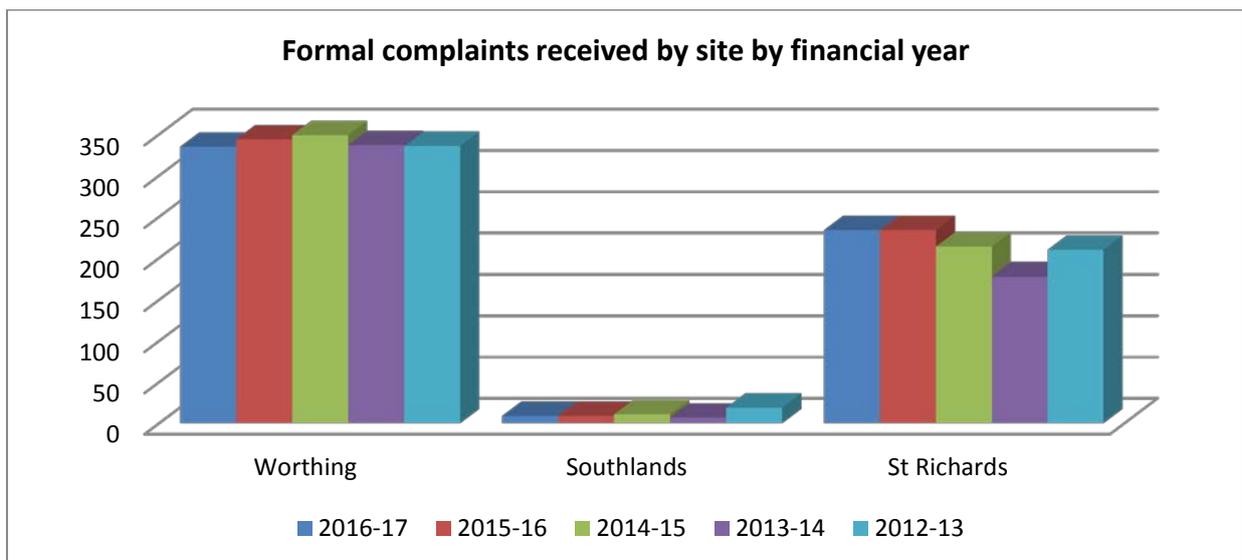
### Type of cases

	2016-17	2015-16	2014-15	2013-14	2012-13
PALS cases	5,061	4,582	3,627	3,149	2,807
Informal enquiries	8,914	7,426	8,939	5,110	4,089
New formal complaints	576	587	574	522	565
Praise	3,246	3,823	4,385	4,574	5,010



### Formal complaints received by site

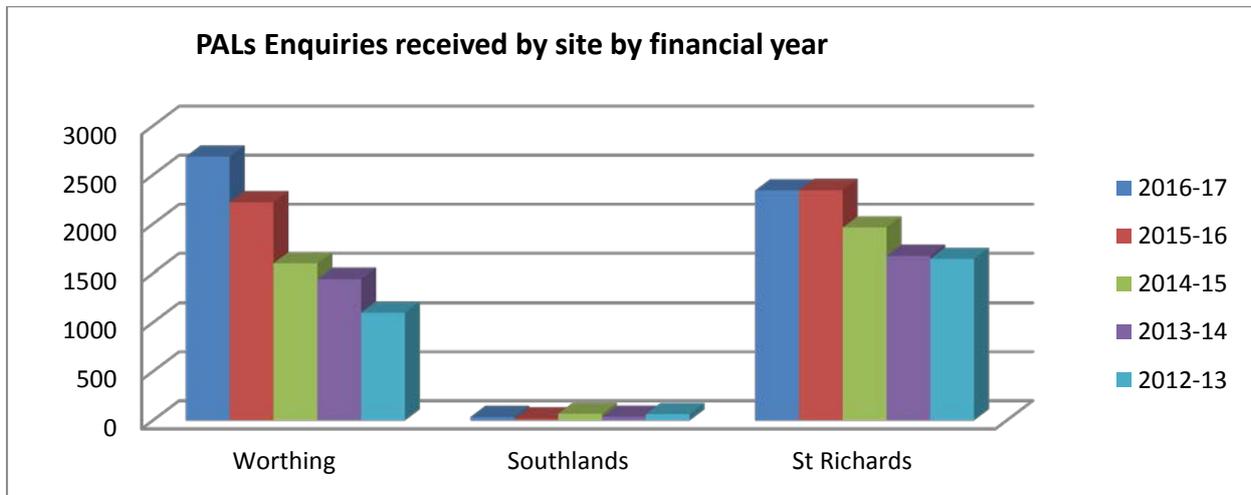
	2016-17	2015-16	2014-15	2013-14	2012-13
Worthing	335	344	349	337	336
Southlands	9	9	11	7	19
St Richard's	232	234	214	178	210
Total	576	587	574	522	565





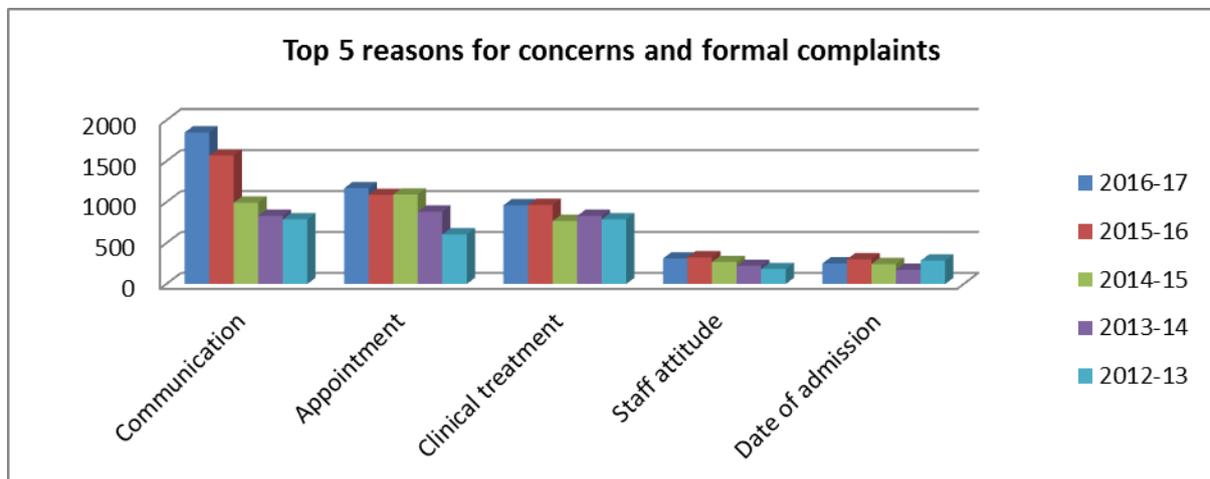
PALS Enquiries received by site

	2016-17	2015-16	2014-15	2013-14	2012-13
Worthing	2,686	2,219	1,597	1,443	1,100
Southlands	34	18	67	36	63
St Richard's	2,341	2,345	1,963	1,674	1,643
Total	5,061	4,582	3,627	3,153	2,808



Top 5 enquiries (PALS & complaints) received by category

	2016-17	2015-16	2014-15	2013-14	2012-13
Communication	1851	1568	993	834	789
Appointments	1170	1088	1092	882	605
Clinical Treatment	963	965	769	832	791
Attitude of Staff	312	327	269	222	183
Date of Admission	252	303	245	174	285





## Formal complaints compared with hospital activity

	2016-17	2015-16	2014-15	2013-14	2012-13
Complaints relating to inpatient care	263	247	243	233	282
<b>Rate per 1000 bed days</b>	<b>0.76</b>	<b>0.75</b>	<b>0.75</b>	<b>0.74</b>	<b>0.89</b>
Complaints relating to outpatient appointments	221	261	226	197	205
<b>Rate per 10,000 new appointments</b>	<b>9.29</b>	<b>11.40</b>	<b>10.50</b>	<b>10.06</b>	<b>10.87</b>
Complaints relating to A&E	94	79	105	92	78
<b>Rate per 1000 A&amp;E attendances</b>	<b>0.68</b>	<b>0.58</b>	<b>0.78</b>	<b>0.69</b>	<b>0.59</b>

## Complaints and PALS Improvement

There is an increasing focus on listening to, acting upon and learning from feedback from service users because of the importance placed on our values of prioritising the patient voice. This includes ensuring that feedback from the Friends and Family Test, from audits and surveys, and from complaints feeds into learning and quality assurance and improvement processes.

The Trust is carrying out a number of actions to standardise ways of working, to ensure expectation and responsibility for complaints at divisional level is clearer and to improve timeliness and quality of response thereby improving overall patient satisfaction and experience. These actions have included:

- More detailed scrutiny of compliance with timescales for responding to complaints through detailed reporting to divisions and the Trust Board.
- Upgrading the Datix risk management complaints module to allow divisional access to performance data and caseloads. This has improved and streamlined reporting and visibility.
- Corporate monitoring of action plans that demonstrate learning from complaints.

A majority of the complaints received are due to poor communication. Although there has been training in the past this has not tackled the recurring problem of communication complaints.

The top five reasons patients complain about oral communication are:

1. Lack of clear explanation patient's state they were uninformed of what to expect.
2. The manner in which the message is conveyed.
3. Poor co-ordination of medical treatment.



4. Patients not being verbally told things (e.g. risks, options and timeframes of treatment).
5. Treatment didn't have expected outcome.

Additional staff training is needed to address these negative themes around communication and deliver continuous improvement. The specific audience for additional training will be the middle grade managers and Consultants. This is because our managers need to role model the best communication habits in order to support and develop junior members of staff.

Workshops will be designed in a dynamic and thought-provoking way that will challenge participants to look at their own communication style, reflect on the effectiveness of their interactions and plan for changes that can be implemented back in the workplace. This approach is intended to raise staff's self-awareness of their communication style and improve the impact and effectiveness of their communication.

Patients also frequently comment upon the lack or real time updates of

1. Appointment delays
2. Discharge dates
3. A&E waiting times

Actions are required to provide information about waiting times, delays and discharge dates so that this much required information is provided consistently to patients and their families.

### Reducing complaints and improving the timeliness of complaint responses

A new complaints process has been implemented within the medicine and surgery divisions during 2016 to improve our responsiveness. A Care Group Manager (CGM) or a Matron now calls the complainant within 48 hours of receiving the complaint. 25% of formal complaints have been resolved informally during the phone conversation.

The impact is shown below:

- Quicker resolution and satisfaction of issues that historically took months to close down
- 25% reduction in formal complaints
- Improved working relationships between division and complaints team



- Streamlined process as a result of all complaints now going to two people in division instead of all involved as it did previously. The Care Group Manager and matron assign the complaint directly to those with authority to rectify issues.

The number of PALS enquiries and general information requests has increased significantly year on year and this will be reviewed to look at extending the training available to promote problem solving at ward/departmental level to help address issues or concerns on the spot.

The number of appointment related complaints and PALS enquiries has similarly increased and the Trust is currently working on its action plan regarding triage of referrals and Referral to Treatment (RTT) pathway to try and reduce the level of dissatisfaction and improve processes.

### Parliamentary Health Service Ombudsman (PHSO)

The table below shows the number of formal complaints that were referred by the complainant to the Parliamentary Health Service Ombudsman (PHSO) during 2016/17. During this time 7 cases were not upheld and a decision is awaited on a further 4 cases that have been referred to the PHSO.

	2014-15	2015-16	2016-17
Number of new cases referred in year*	17	28	14 YTD
Declined/not upheld	13	14	7 YTD
Further local resolution taken by the Trust	-	-	1 YTD
Upheld/recommendations (partially or in full)	4	14	2 YTD
Decision awaited	-	-	4

*\*\*The number of new complaints referred to us by the Parliamentary Health Service Ombudsman within the given year. Due to the time taken for cases to be referred and reviewed by the Parliamentary Health Service Ombudsman these cases may relate to complaints made to the Trust in an earlier year and not always have a resolution within the same year.*

During 2016-17 the Trust has had two of its cases from 2015 partially upheld by the Public Health Service Ombudsman.

1. For the first case it was found that the Trust failed to log and action the call when a patient was on her way to hospital in labour. This had a negative impact on her which the PHSO consider the Trust has already taken appropriate action to resolve. They also found failings



in relation to the complaint handling with regard to timeliness of response and not keeping the complainant regularly updated. The Trust has created an action plan to resolve the impact this had on the patient.

2. The Ombudsman identified two failings in the patient's care. Unnecessary pain experienced for one day due to the delay in admitting the patient to the Trust. There was a delay in diagnosis and treatment of sepsis. There was also a failure to provide a rolling frame, a breakdown in communication between departments and untailored risk assessments which all contributed to the patient falling. The Trust accepts that this could have been avoided thus preventing a fracture, causing significant pain requiring surgery the same day. Compensation of £500 to reflect the injustice and an action plan to address the learning was recommended and put in place.

## Our Goals for 2017/18

Patient Experience is a key part of our Quality Strategy, each year we set a number of quality improvement programmes that will help us to deliver our strategic goals. In the past we have focussed on a wide variety of areas but have seen a small impact. We therefore now focus on a smaller number of goals but focus them on ward to board so all staff are driving improvements in patient experience. We have identified three key patient experience improvement goals for 2017/18

1. To align to our Patient First, true north metric for patient experience which will use our FFT scores and return rate. For 2017/18 we aim to achieve >97% satisfaction <0.7% and a return rate >40%. This is a goal that will be an expectation for all areas to work towards.
2. To reduce the number of open complaints we have. A reduction in open formal complaints will mean that we are responding in a timelier manner to patients. On average we currently receive 40-50 complaints per month but have in the region of 150 open complaints. With a closure target of 25 days for most complaints this shows we are not processing complaints in a timely manner. The goal is that by the end of 2017/18 we will have no more than 60 complaints open.
3. Develop an action plan to ensure that the Accessible Information Standard is met across the Trust. This will ensure that there is a clear approach for staff to identifying, recording,



flagging, sharing and providing communication support to patients, carer and parents who may have a disability, impairment or sensory loss.