



Patient Experience Annual Report

2017 – 2018



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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’¹. In short, excellent patient experience is indicative of excellent care.

At the heart of the Trust’s strategy is the commitment to create a culture where patients really are at the heart of everything we do and that a patient centred way of working is embedded across the Trust.

During 2017/18 we received feedback from patients, from a wide range of sources including Friends and Family Test feedback, national and real-time patient surveys, Patient Advice Liaison Service (PALS) enquiries and complaints².

This feedback provides us with a rich picture of patient experience while also offering insight into what matters to patients. We want to be an organisation that truly listens, learns, changes and improves whilst being open and transparent, sharing the learning widely.

Improving patient experience is at the heart of the Trust’s vision and values, and 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.

The purpose of this report is to provide a review of the Patient Experience data collected through the Friends and Family Test (FFT), the real time survey system, National Surveys as well as themes from PALS enquiries and formal complaints received within Western Sussex Hospitals NHS Trust during 2017.

Patient experience monthly reports are provided to operational teams and patient comments are automatically 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.

The Trust Board has oversight of patient experience through quarterly reports at public Trust Board meetings. The Chief Nurse is the Executive Lead for patient experience. 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.

We know from existing feedback there are many examples of excellent care and experience being delivered by our staff and the overwhelming majority of patient’s comments are very positive. Staff are frequently described of as kind not only towards patients but also towards each other and go above and beyond the expected level of care.

¹ 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

² Friends and Family Test is a national survey used to measure patient experience

However there are occasions where we know we do not get things right for every patient every time. Our Patient Experience Strategy has been developed during 2017 using feedback from our patients to help drive improvements. It sets out how we will improve, sustain and develop essential aspects of care and how we will measure progress. Full details of the seven ambitions within the strategy are included at the end of this report

Local Improvements Implemented during 2017, benefitting Patient Experience

Carers Policy

The Dementia Matron has implemented a Carers policy in June 2017 in line with John's Campaign, which comes from a vision to ensure that any carer who is visiting their loved ones is welcomed and feels valued in our Trust. Implementing this policy on welcoming active carers of people with high level care needs will aid recovery, improve the patient experience and assist in provision of care according to patient's needs and not restricted by regimented visiting hours.

The benefits of the carers policy are:

- Ward staff can phone the kitchen up to 15 minutes before a meal is served and request a free meal is provided to a carer so that they can dine with their loved one on the ward.
- If the visitor shows their carers passport at to the main reception at Chichester or the car parking warden hut at Worthing they will be given free car parking as they exit.
- Open visiting is also available and the palliative team are currently auditing how many recliner chairs and single put up beds are available to ensure that the carer's comfort can be reliably provided.

Extended Visiting Hours

A pilot of open visiting for all relatives took place in October, November and Dec 2016 and mixed feedback was received. This was discussed at various committees and a decision was reached to change the visiting times across the Trust for all adult patients to 10:00-22:00 from 01 December 2017. A communication cascade including posters and banners promoting this change was arranged to support the launch.

Pilot PAT Dogs

A pilot introducing PAT dogs commenced at St Richards Hospital on Howard Ward and Donald Wilson House in December 2017 and is planned to be extended to include elderly care wards. A space is being identified where the dogs can be located on site, to allow for patients to be escorted away from ward areas in order to meet the dogs. The Trust Infection Control Committee will continue to monitor this trial and it is anticipated that the service will be extended to include Worthing Hospital.

Achievements in relation to the 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%. There has been significant progress and a marked improvement in performance. Maternity birth touchpoint has achieved true north during March 2018. All areas are engaging well in activities that will work towards achieving this objective.

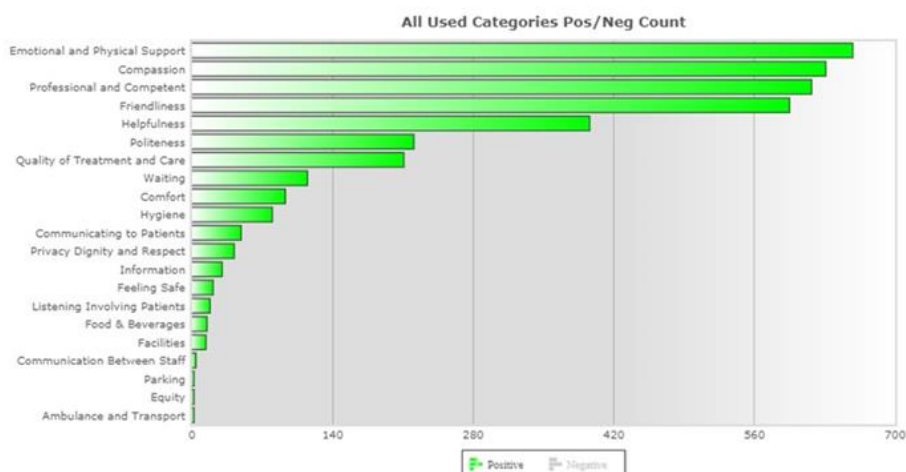
2. The goal for 2017 was that by the end of 2017/18 we would have no more than 60 complaints open and this has been achieved. On average we currently receive 35-40 complaints per month and have approximately 60 open formal complaints.
 - 63% of formal complaints are resolved within 25 working days at the end of March 2018 (previously 11.8% in at the end of June 2017).
 - Closure of formal complaints in a shorter timeframe; 89% in 60 days for January to March 2018 (latest data available) (compared to 30% in April to June 2017).
3. An operational group is meeting monthly to ensure that there is a clear process for staff to identify, record, flag, share and provide communication support to patients, carer and parents who may have a disability, impairment or sensory loss. An action plan has been created to measure our progress of implementation of the Accessible Information Standard across the Trust. This will be 75% achieved in June 2018 when an IT application called SNOMED is introduced, as this will prompt staff to record patient's communication needs so that they can be met.

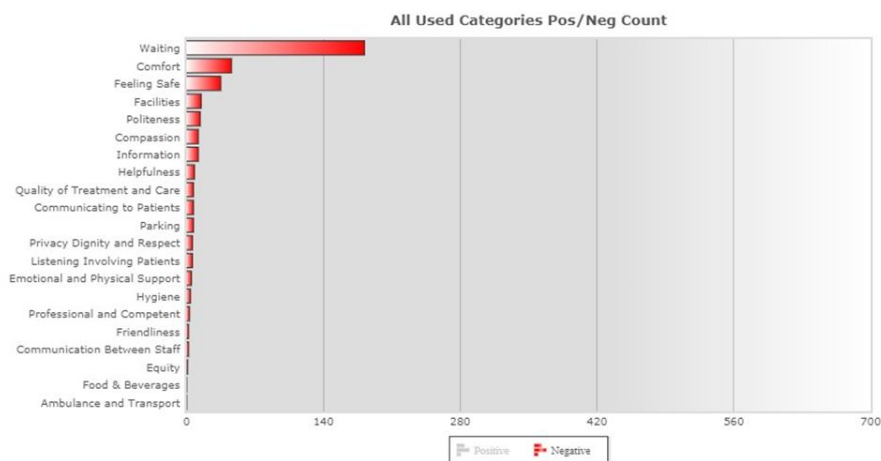
Friends and Family Test

The Friends and Family Test (FFT) 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. The tables below separate the positive and negative themes allowing a clear analysis of areas to celebrate and those that require further exploration.

As detailed below, compassionate, physical and emotional support provided by friendly, helpful and professional staff is most valued by patients.





As can be seen waiting time is the greatest cause of negative experience. Further analysis shows that this includes waiting for appointments, waiting in the discharge lounge for transport and waiting for medication to go home. Patients have fed back that they find it hard waiting for their day surgery to occur after booking in at 07:15 as they become more anxious as well as waiting to see a doctor when they attend as an emergency. Response to call bells on inpatient wards has also been described at times as long as 10-15 minutes or more when staff are busy and this is a concern for those patients that are calling to request assistance to access a toilet.

The comfort category incorporates the delay some of our patients experience when they require emergency access to a bed. At busy times patients can wait for some hours on a chair or trolley, unfortunately at times of peak demand we receive feedback that the supply of pillows and blankets can be problematic out of core hours. A few of our patients on wards have commented that they have found our beds to be uncomfortable. Several references have been made indicating that the waiting room chairs in both A&E departments and Pagham Suite are uncomfortable if sat on for several hours.

Further analysis of comments collected under the category 'feeling safe' describe patients feeling worried about other confused patients behaviour, particularly at night and a few comments have referenced concerns that there seems to be a shortage of night staff. Patients have felt particularly worried if they are unable to reach their call bell and have expressed there have been occasions when they have waited a long time to receive a response.

Of the few comments made in the politeness category these relate to patients describing staff as discourteous or abrupt. Patients have also expressed concern because other patients have been rude to staff.

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 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.

Cards are used to capture the majority of our FFT feedback including: all outpatient and day case areas although SMS³ feedback is utilised for patients that have been discharged from our A&E departments.

Since January 2017 the Trust has benefitted from software that is able to provide an analysis of patient’s comments and categorise these into patient emotions so that reports are more detailed and result in staff understanding which issues can be addressed to deliver an improvement in patient experience.

How Do We Report It?

Patient feedback, both from FFT and real time patient experience (RTPE) surveys are routinely provided directly to ward and department managers on a monthly basis which include individual comments. Key metrics are included in the Quality Scorecard provided to the Trust Board. Each ward displays the FFT score for that ward for patients and staff to see.

FFT - Specific Goals for 2017/18

Our overall goal for 2017/18 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.

³ SMS, short message service, i.e. a ‘text message’

Outpatient:

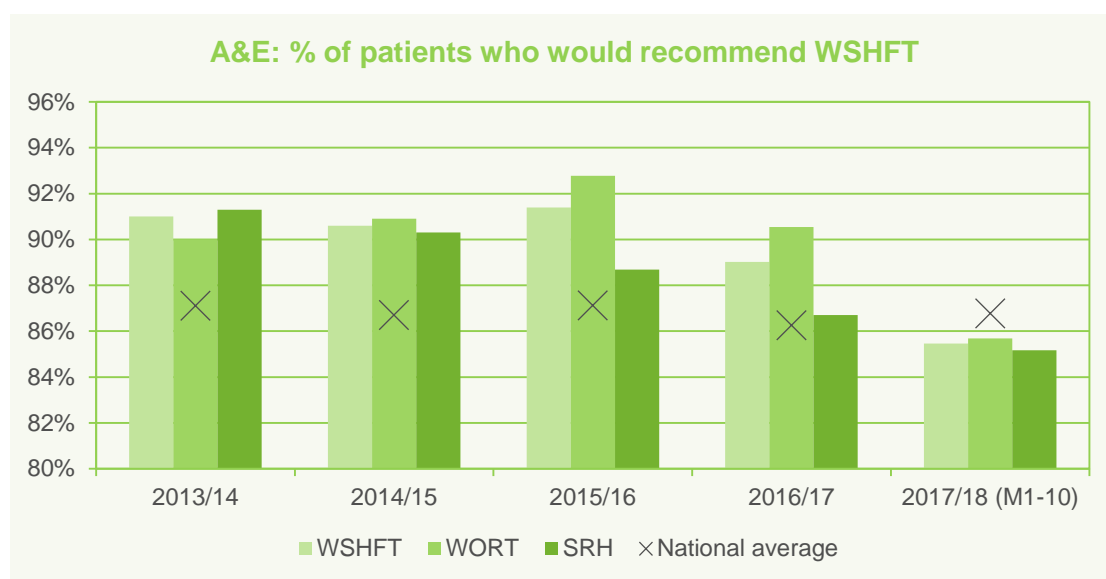
- To improve FFT response rate and achieve recommendation rates in line with national average of 92%.

FFT Performance 2017/18 A&E:

In 2017/18, for the first time, the A&E FFT performance has fallen below the national average. The trust is currently ranked 76th out of 139 trusts. In 2015/16, the trust was 49th.

Performance for this indicator has been falling since 2015/16. Nationally, performance since 2013/14 has remained fairly static. However, WSHFT has seen a 6% decrease over the same period.

We did not meet our goal of returning to the top 20% nationally for FFT recommendation.



FFT A&E Recommend Rate:

	2013/14	2014/15	2015/16	2016/17	2017/18 (Apr-17 to Jan-18)	National average 2017/18 (National position 2017/18
WSHFT	91.00%	90.60%	91.39%	89.01%	85.45%	86.8%	84 of 137 (62nd centile)
Worthing	90.00%	90.90%	92.77%	90.5%	85.7%	86.8%	NA
St Richards	91.30%	90.30%	88.68%	86.7%	85.2%	86.8%	NA

N.B. 2017/18 National average figures presented are Apr 17 to Jan 18 only.

FFT A&E Response Rate:

	2013/14	2014/15	2015/16	2016/17	2017/18 (Apr-17 to Jan-18)	National average 2017/18	National position 2017/18
WSHFT	18.90%	26.70%	17.8%	12.5%	10.1%	12.6%	79th of 137 (58th centile)
Worthing	16.20%	27.50%	21.5%	13.6%	10.1%	12.6%	NA
St Richards	22.10%	25.90%	13.3%	11.2%	10.1%	12.6%	NA

N.B. 2017/18 National average figures presented are Apr 17 to Jan 18 only.

FFT Performance 2017/18 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 to 60th of 150 (40th centile). Our inpatient FFT response rate saw even larger gains over last year, with our position improving from 36th of 175 (21st centile) to 20th of 150 (14th centile).

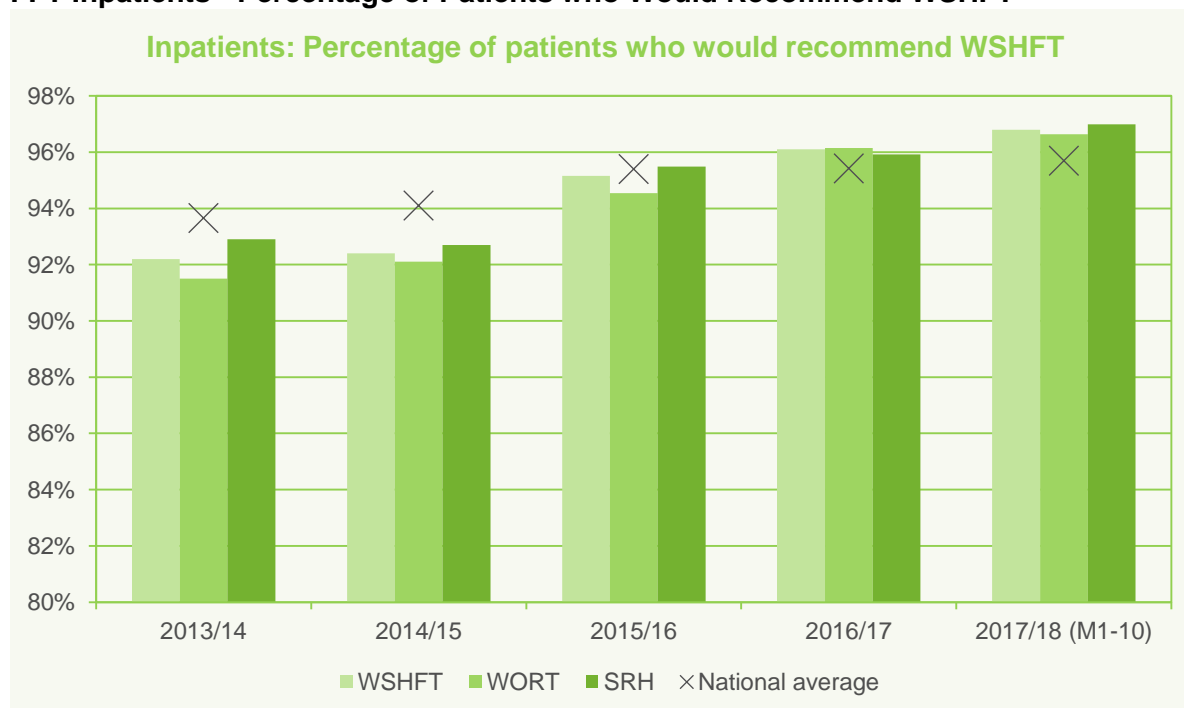
With a response rate averaging at 39% we have not achieved our objective to attain a 40% response rate across the Trust, nevertheless this represents a more modest improvement on last year.

FFT Inpatient Recommend Rate:

	2013/14	2014/15	2015/16	2016/17	2017/18 (Apr-17 to Jan-18)	National average 2017/18	National position 2017/18
WSHFT	92.20%	92.40%	95.2%	96.10%	96.80%	95.70%	60th of 150 (40 th centile)
Worthing	91.50%	92.10%	94.5%	96.1%	96.6%	95.70%	NA
St Richard's	92.90%	92.70%	95.5%	95.9%	97.0%	95.70%	NA

N.B. 2017/18 National figures presented are Apr 17 to Jan 2018 only.

FFT Inpatients - Percentage of Patients who Would Recommend WSHFT



FFT Inpatient Response Rate:

	2013/14	2014/15	2015/16	2016/17	2017/18 (Apr-17 to Jan-18)	National average 2017/18 (National position 2017/18
WSHFT	21.40%	30.70%	25.8%	34.7%	39.2%	24.65%	20th of 150 (14th centile)
Worthing	20.90%	30.80%	29.5%	42.3%	38.6%	24.65%	NA
St Richard's	21.90%	30.60%	25.2%	26.9%	39.7%	24.65%	NA

N.B. 2017/18 National figures presented are Apr 17 to Jan 2018 only.

FFT Performance 2018/18 Maternity

Our FFT birth response rate surpasses improvements seen in our inpatient scores. Maternity response rate improved from 29% to 51% during 17/18, which helped increased our national position from 62nd of 135 NHS trusts (46th centile) to 5th of 130 (4th centile). The increase means that our Trust achieves satisfaction rates 1% above the national average.

FFT Maternity Delivery Response Rate:

	2013/14 (from Oct 2013)	2014/15	2015/16	2016/17	2017/18 (Apr-17 to Jan-18)	National average 2017/18	National position 2017/18
WSHFT	17.00%	29.10%	11.7%	29.1%	51.0%	22.9%	5th of 130 (4th centile)
Worthing	13.60%	25.40%	11.1%	24.4%	50.1%	22.9%	NA
St Richard's	20.40%	32.30%	12.3%	33.3%	52.0%	22.9%	NA

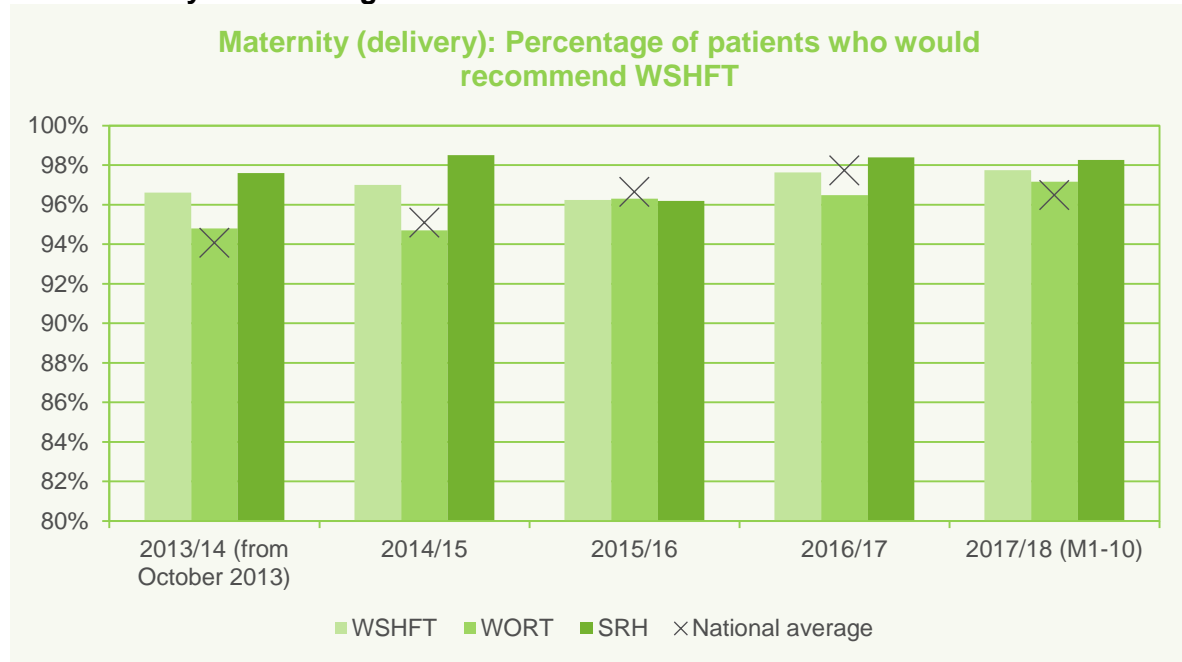
N.B. 2017/18 National figures presented are Apr 17 to Jan 2018 only.

FFT Maternity Delivery Recommend Rate:

	2013/14 (from Oct 2013)	2014/15	2015/16	2016/17	2017/18 (Apr-17 to Jan-18)	National average 2017/18	National position 2017/18
WSHFT	96.60%	97.00%	96.2%	97.6%	97.7%	96.5%	33rd of 130 (25th centile)
Worthing	94.80%	94.70%	96.3%	96.5%	97.2%	96.5%	NA
St Richard's	97.60%	98.50%	96.2%	98.4%	98.3%	96.5%	NA

N.B. 2017/18 National figures presented are Apr 17 to Jan 2018 only.

FFT Maternity – Percentage of Patients who Would Recommend WSHFT

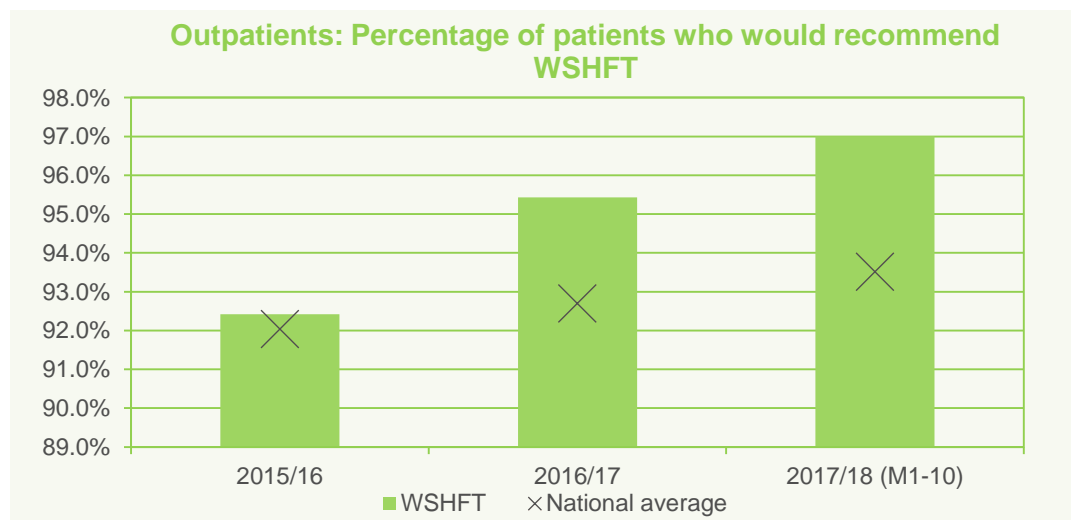


N.B. 2017/18 National figures presented are Apr 17 to Jan 2018 only.

FFT Performance 2017/18 Outpatients

It is very encouraging to see that our overall recommendation rate has increased to 97% which exceeds the national average (93.5%). Our outpatients departments recommendation rate was recognised and celebrated by the Secretary of State during 2017/18.

FFT Outpatients - Percentage of Patients who Would Recommend WSHFT



N.B. 2017/18 National figures presented are Apr 17 to Jan 2018 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 2017 we have participated in four key national surveys conducted on behalf of the Care Quality Commission (CQC); the National Inpatient Survey, the Emergency Department Survey, the National Maternity Survey, and Children and Young People's Inpatients and Day Case Survey. The full In Patient Survey report will be published in June 2018 and the highlights of these results are provided below.

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 report summarises the results of the National Inpatient Survey of patients seen in July 2017.

- With 581 surveys returned completed, the Trust had a response rate of 49.4%.
- The Trust scored an average score of 77% which is higher than in 2016.
- The Trust scored in the top 20% of Trusts on 15 questions and the bottom 20% of Trusts on 1 question.
- Compared with the 2016 survey, the Trust showed a 5% or greater improvement on 13 question scores.

The full report for 2017/18 will not be released until June 2018 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 2017/18 show that we are performing within the expected range for the majority of areas. We have scored highly in the following areas:

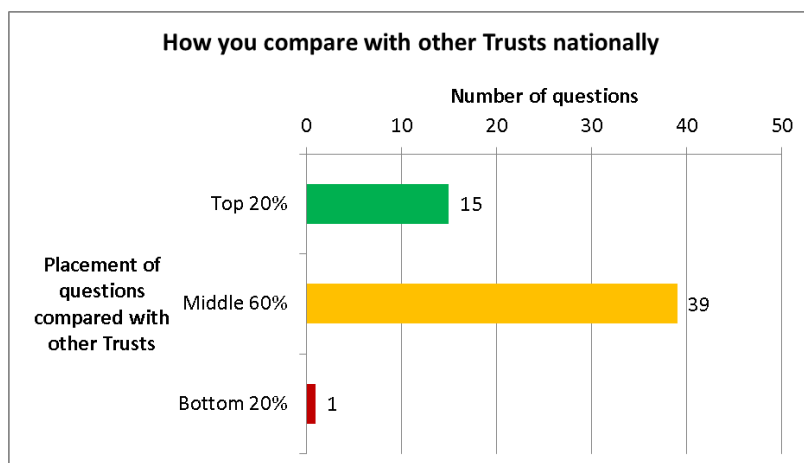
- Provision of information in A&E
- Waiting for a bed
- Room/ward cleanliness and privacy
- Practical and emotional support from staff
- Hospital food quality
- Confidence in nurses and teamworking
- Staff communications/information giving

The one area statistically identified in this survey that requires improvement is managing noise at night from other patients.

This data is collected from the CQC Inpatient Survey which is conducted every year. Respondents are asked the question: "Were you involved as much as you wanted to be in decisions about your care and treatment?" The option responses are "Yes, definitely", "Yes, to some extent" or "No". Results are then calculated by converting each respondent's answer to a question into a score (from 0 to 10), then averaging these to arrive at a single score for the trust, for each question. The higher the score, the better a trust is performing.

The trust's position/score is 8.9 in 2017 and this has remained between 8.9 and 9 over last 5 years. Nationally in top 3rd of table, although no national comparison is given. A very crude estimated national average is around the 8.85 mark. The full report for 2017/18 will not be released until June 2018 and it is not currently possible to fully review our performance in comparison with the national picture. However, benchmark comparison puts

the trust at 49th out of 149 Trusts in 2016. The minimum score being 8.15, and the maximum being 9.52.



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

There are 4 questions where WSHT have received lower scores compared with most other Trusts in the survey:

- Offering a choice of admission dates where possible to 0-7 year olds 2.8 compared to a range of 1.6 to 6.
- Allowing access to parents and carers to be able to prepare food themselves if they wanted to. Scored 5.8 compared to a range 2.1 - 8.0.
- Staff playing or completing activities with the child/young person aged between 8 -11 years of age scored 3.5 compared to a range of 2.5 - 6.6.
- Involving children aged 8-15 years of age in decisions about their care and treatment scored 5.8 compared to a range of 5.4 - 7.9.

There are 4 questions where WSHT result is better compared with most other Trusts in the survey:

- Did the hospital change your child's admission date at all aged 0-7 years of age
- Having enough things to do in hospital for children aged 0-15 years of age
- Staff introducing themselves to children aged between 0-7 years of age
- Staff explaining procedures and operations beforehand to children aged between 8-15 years of age

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. There was one question that our score dropped by a statistically significant amount:

- Q9. Sometimes, people will first talk to a nurse or doctor and be examined later. From the time you arrived, how long did you wait before being examined by a doctor or nurse?

Waiting times are a continuous area for improvement for hospitals globally. Nevertheless it is disappointing that our Trust has fallen back on the previous improvements we have made. FFT comments reveal that staff attitude is an influencing factor in the patients overall experience when they have suffered a long wait. They show that many patients who suffer a

long wait are still willing to give us positive feedback if we have displayed positive staff attitude. However many patients who complained about waiting times were upset that they did not receive any communication as to how long the wait would be or why they were waiting. Poor communication exasperates long waiting times. Improving our communication about the expected waiting time, and inform our patients that there is a triage system in place would help to provide a more positive patient experience.

Creating a pleasant environment makes the difference for patients. Patients regularly comment on the cleanliness, chairs, drink and snack machines, and the overall feeling of welcome a good environment can bring. Many patients struggle with anxiety, claustrophobia and other mental health concerns. For them to wait several hours in an unpleasant environment can be very difficult and traumatising. It would be beneficial to look for ways in which we can improve our environment as many comments received from patients waiting in A&E in December stated that the reception area was cold and the seating was uncomfortable.

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 were published in January 2018 and statistically relevant improvements were achieved in 5 questions across the maternity pathway (antenatal, birth and post natal care). Generally the other questions were categorised as 'about the same' and it is reassuring to know that patient satisfaction has not deteriorated since the previous National Maternity Survey was collected by the CQC in 2015. Improved Questions:

Ante Natal

- During your antenatal check-ups, did the midwives listen to you?

Post Natal

Results had significantly improved against the following questions:

- Were your decisions about how you wanted to feed your baby respected by midwives?
- Were you given enough information about any emotional changes you might experience after the birth?
- Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?
- Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP?

One opportunity for improvement was identified as increasing facilities within the environment so that women during labour are able to move around and choose a position that increases their comfort.

Real Time Surveys

The Trust supplements the information received from the Friends and Family Test with a more detailed inpatient survey carried out by patients on hand-held tablets. Ward and departmental leads receive patient comments 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.

A heat map displaying the responses given to our monthly inpatient survey reveals that our lowest performing areas are noise at night, discussions about discharge, and experience of food. These 3 themes are consistent and also triangulate with the opportunities for improvement identified via the National Inpatient Survey 2017. Action plans are being developed with teams to improve these areas of low satisfaction. Contributing factors

leading to the creation of noise at night are described as confused patients calling out, other patients snoring or talking, bleeping equipment, squeaky trolley wheels, air pumps as well as staff talking.

Overall from April 2017 to March 2018, 6,066 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 3,912 responses to the adult inpatient RTPE survey during this period.

Triangulating our RTPE survey results with PALs concerns and complaints has shown that our non-elective areas, (both A&E and Emergency Floor's) and wards with patients experiencing a longer length of stay due to orthopaedic or elderly rehabilitation incur more frequent occurrences of patient dissatisfaction.

Breakdown of the Number of Local Surveys Undertaken:

Name of Survey	2016-17		2017-18	
	% Satisfaction	Numbers of Surveys completed	% Satisfaction	Numbers of Surveys completed
Adult Inpatient	80%	3,746	93%	3,912
PHIN	N/A	N/A	98%	237
Outpatient	72%	20	-	-
Children's Inpatient	92%	469	99%	608
Neonatal Unit	95%	243	98%	249
Paediatric Oncology	100%	4	100%	6
Paediatric Neurology Outpatients	N/A	N/A	84%	45
Endoscopy Unit	92%	282	93%	276
Emergency Floor	83%	202	95%	77
End of Life Care	71%	70	91%	88
Acute Oncology	N/A	N/A	67%	3
Antenatal	95%	271	100%	41
Birth and Postnatal Inpatient Survey	97%	1,131	96%	55
Postnatal Community	99%	276	100%	5
Carers Questionnaire	91%	84	-	-
Carers Discharge	86%	56	100%	2
Adult Outpatient - Fernhurst Clinic	92%	72	88%	17
Outpatient Fernhurst Centre	83%	28	100%	1
Gynaecology Outpatient Clinic	N/A	N/A	89%	347
Therapies Outpatient	98%	1,495	99%	97
Therapies Inpatient	90%	426	-	-

Other Forms of Feedback

A change in methodology for capturing care in action will be implemented in April 2018 called peer review; this process will address the frequency in which staff, volunteers and Governors are asked to undertake internal audit across the Trust.

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 2017 is below:

- The whole of my experience with the various consultants and physiotherapists liaising closely took away any worries and fears. I would like to thank all of you from the bottom of my heart from the bookings clerk to the consultants.

A change in process has been implemented during 2017 so that we can provide assurance that any comment posted onto NHS choices website will be responded to within 48 hours.

Learning Disability Peer Review

The last external learning disability review took place in September 2016 and it is due to be repeated as part of the Peer Review process during September 2018.

Volunteers

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.

There are a variety of volunteering 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.

In 2017 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 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	Q2	Q3	Q4	Total
No of new complaints:	114	118	103	96	431
No acknowledged within 3 working days (%)	-	-	-	-	98%
No of closed cases:	153	139	115	103	510
No closed in 25 days (%)	12%	28%	57%	52%	37%
No closed in 26-60 days (%)	30%	56%	33%	36%	39%
Re-opened cases	17	19	23	16	75

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 patient experience strategy was launched in 2018 which will drive improvements in patient experience themes. In addition the Trust has implemented a number of further improvements as a result of PALS enquiries and formal complaints throughout the year:

Patient was moved from ward to ward several times over a month's inpatient stay.

- A new procedure has been developed for transfers to rehabilitation centres in collaboration with the local community trust.

Concerns raised about tracheostomy care

- Further training in tracheostomy care provided for inexperienced staff.

Contradictory information about medications on discharge summary, compared to MAR sheet.

- A different process has been implemented. The correct TTO was sent electronically to the GP.
- The learning resulted in routine checking of the discharge summary and the MAR sheets prior to a patient's discharge.

Daughter felt support was lacking whilst she waited for her confused mother in A&E corridor to be admitted to ward.

- Doors into A&E now have swipe access and a nurse is allocated to provide care for patients in the corridor.
- A new dementia programme and mandatory training session has been created and delivered to A&E teams.

Patient unhappy with delay in cancer treatment. Concerns with the lack of co-ordination between the two sites.

- Issues found with coordination between the two sites due to the hospitals historically having different oncology providers and being members of different cancer networks.
- A quicker process of checking of letters has been implemented.

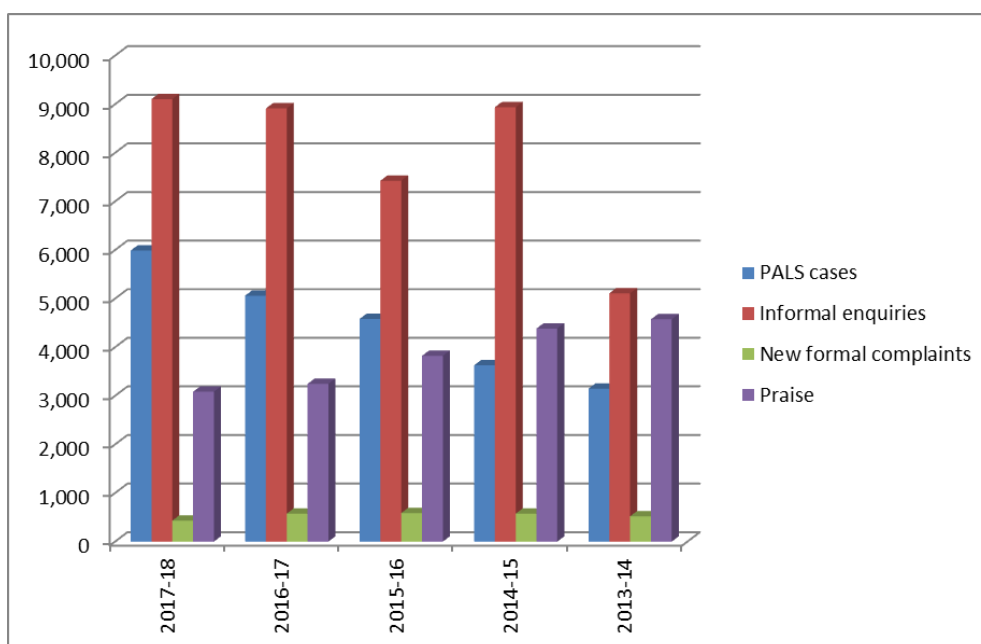
Complaint received about virtual fracture clinic pathway

- A change in the referral management from consultant to physiotherapist has been implemented.

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 2017-18 to ensure that the complaints process is managed fairly and effectively and in accordance with policy and procedure.

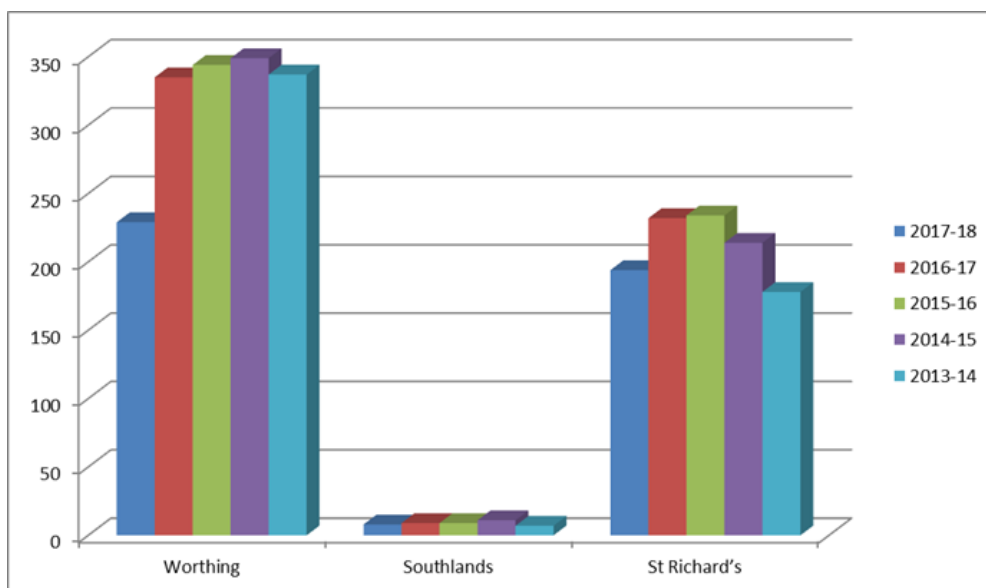
Type of Cases

	2017-18	2016-17	2015-16	2014-15	2013-14
PALS cases	5,990	5,061	4,582	3,627	3,149
Informal enquiries	9,106	8,914	7,426	8,939	5,110
New formal complaints	431	576	587	574	522
Praise	3,084	3,246	3,823	4,385	4,574



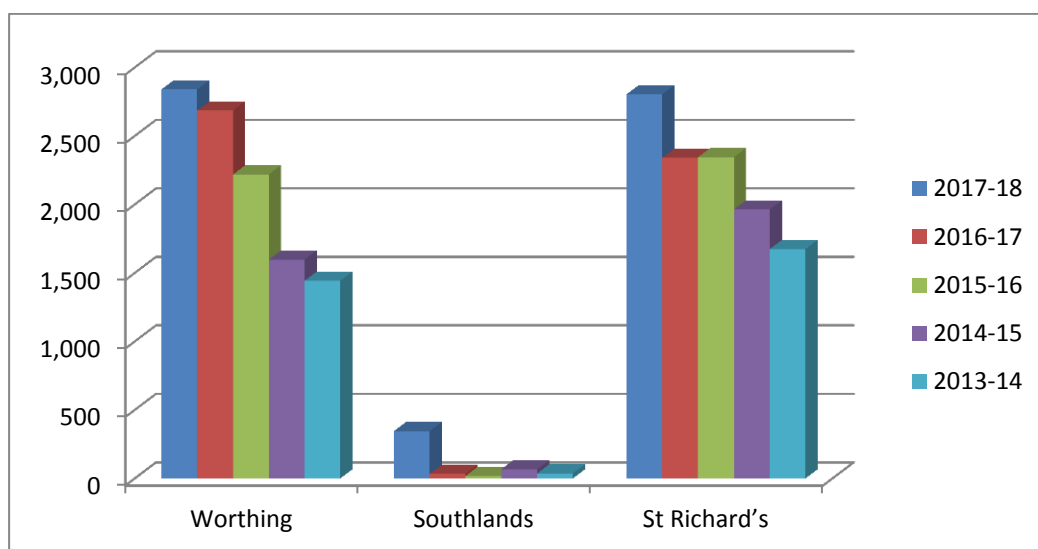
Formal Complaints Received by Site

	2017-18	2016-17	2015-16	2014-15	2013-14
Worthing	229	335	344	349	337
Southlands	8	9	9	11	7
St Richard's	194	232	234	214	178
Total	431	576	587	574	522



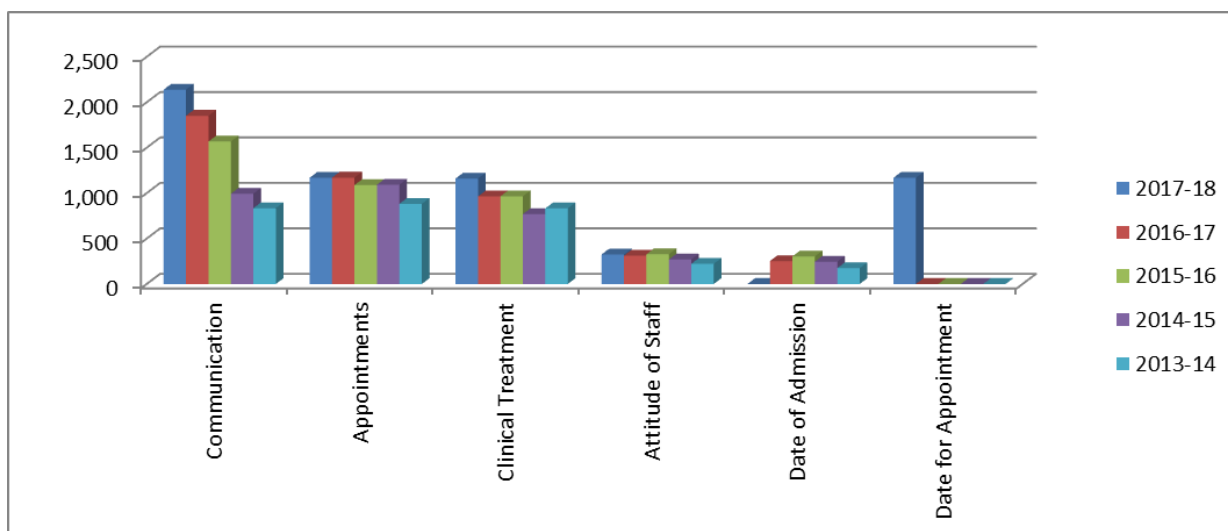
PALS Enquiries Received by Site

	2017-18	2016-17	2015-16	2014-15	2013-14
Worthing	2,840	2,686	2,219	1,597	1,443
Southlands	346	34	18	67	36
St Richard's	2,804	2,341	2,345	1,963	1,674
Total	5,990	5,061	4,582	3,627	3,153



Top 5 Enquiries (PALS & Complaints) Received by Category

	2017-18	2016-17	2015-16	2014-15	2013-14
Communication	2,138	1,851	1,568	993	834
Appointments	1,168	1,170	1,088	1,092	882
Clinical Treatment	1,160	963	965	769	832
Attitude of Staff	324	312	327	269	222
Date of Admission	0	252	303	245	174
Date for Appointment	1,168	0	0	0	0



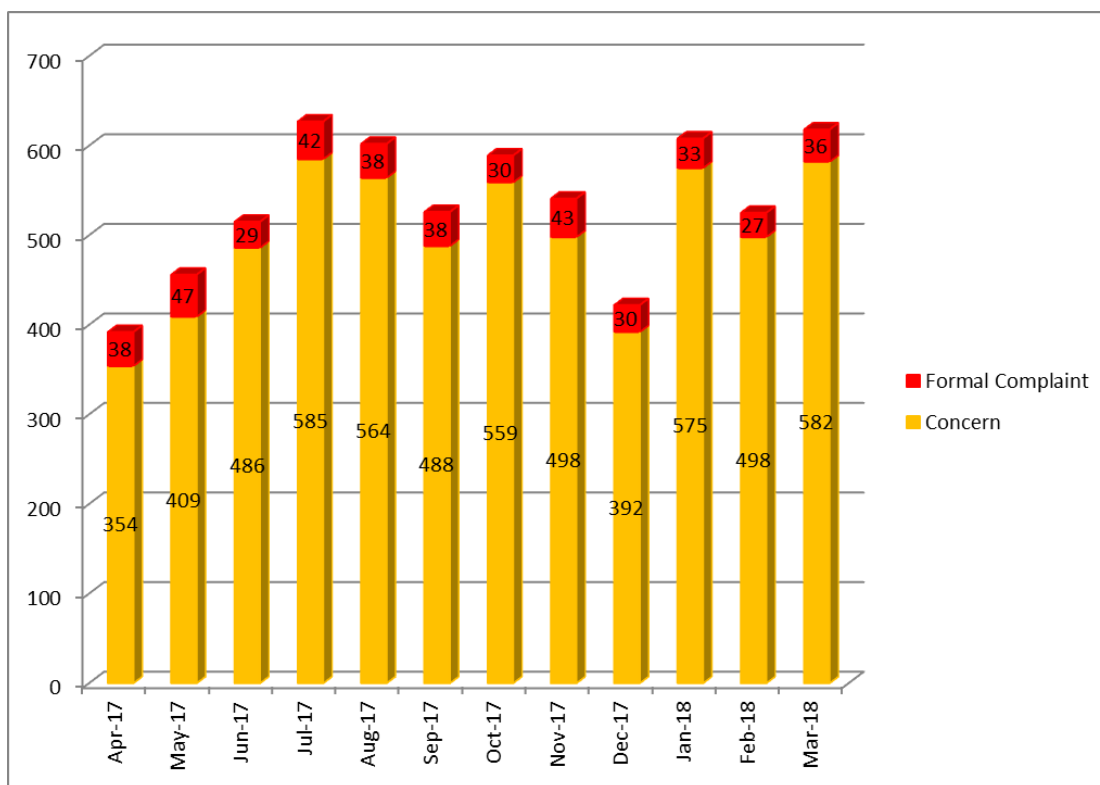
Formal Complaints Compared with Hospital Activity

	2017-18	2016-17	2015-16	2014-15	2013-14
Complaints relating to inpatient care	195	263	247	243	233
Rate per 1000 bed days	0.57	0.76	0.75	0.75	0.74
Complaints relating to outpatient appointments	142	221	261	226	197
Rate per 10,000 new appointments	4.92	9.29	11.40	10.50	10.06
Complaints relating to A&E	84	94	79	105	92
Rate per 1,000 A&E attendances	0.60	0.68	0.58	0.78	0.69

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 number of formal complaints has continued to reduce from an average of 50 per month to 39 over the last 12 months. This sustained reduction is thought to be as a direct result of senior managers telephoning the complainant and demonstrating an open approach to providing a quick resolution.



	Concern	Formal Complaint	Total
Apr 2017	354	38	392
May 2017	409	47	456
Jun 2017	486	29	515
Jul 2017	585	42	627
Aug 2017	564	38	602
Sep 2017	488	38	526
Oct 2017	559	30	589
Nov 2017	498	43	541
Dec 2017	392	30	422
Jan 2018	575	33	608
Feb 2018	498	27	525
Mar 2018	582	36	618
Total	5990	431	6421

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.

During 2017, additional staff training has been provided through the Health and Safety mandatory training as well as the opportunity to attend a study day in March 2018 involving actors who will demonstrate that how staff communicate directly impacts upon how patients feel about their care overall. Well recognised scenarios will be recreated to challenge perceptions, improve understanding and create recognition and empathy in a 'safe', positive learning environment.

Reducing Complaints and Improving the Timeliness of Complaint Responses

There has been a significant improvement in the formal complaint responses within 25 working days and in Q2 over half (57%) of the complaints closed, met this target compared to 28% in the previous quarter. It is also of note that the number closed within 60 days reached 90%.

The responsiveness to complaint responses during 2017 across the three largest divisions is shown below:

Division	% in 25 days			% in 26-60 days		
	Q2 17-18	Q3 17-18	Q4 17-18	Q2 17-18	Q3 17-18	Q4 17-18
Women & Children	14%	63%	62%	60%	28%	25%
Medicine	20%	50%	52%	55%	33%	41%
Surgery	34%	70%	38%	61%	25%	46%
Core	86%	50%	100%	14%	57%	0%

The Divisional scorecards now capture the percentage of complaints that are responded to within 25 days. The Executive Team have also set a breakthrough objective to reduce the number of complaints received due to clinical treatment. Performance against this objective will be managed via strategy deployment throughout the financial year.

We were working towards achieving 60% of complaints closed within 25 days by the end of December 2017 and the trust reached 57%. This improvement in performance has been achieved by introducing a whiteboard meeting on each site that provides an opportunity for the complaints team to discuss progress with each divisional representative and prioritise actions to deliver a response within 25 working days. The Strategy Deployment Review (SDR) process has also significantly raised the importance of reducing delays to formal complaints with senior divisional managers.

The number of formal complaints that have reopened has increased compared to previous performance measured in 2016-17. This rate will continue to be monitored as a measure of how successful local resolution has been, especially with a focus on responding quicker to complaints with a first response, looking at the reasons for re-open. This trend may reflect that we could improve our understanding of what the complainant is seeking to resolve from the complaint process before we offer the option of a local resolution meeting or a written response. The table below shows the increase in the number of cases that have re-opened since the response rate has increased.

	Re-open rate %
Q1 17-18	10%
Q2 17-18	15%
Q3 17-18	20%
Q4 17-18	16%

The number of PALS enquiries and general information requests has also increased significantly year on year.

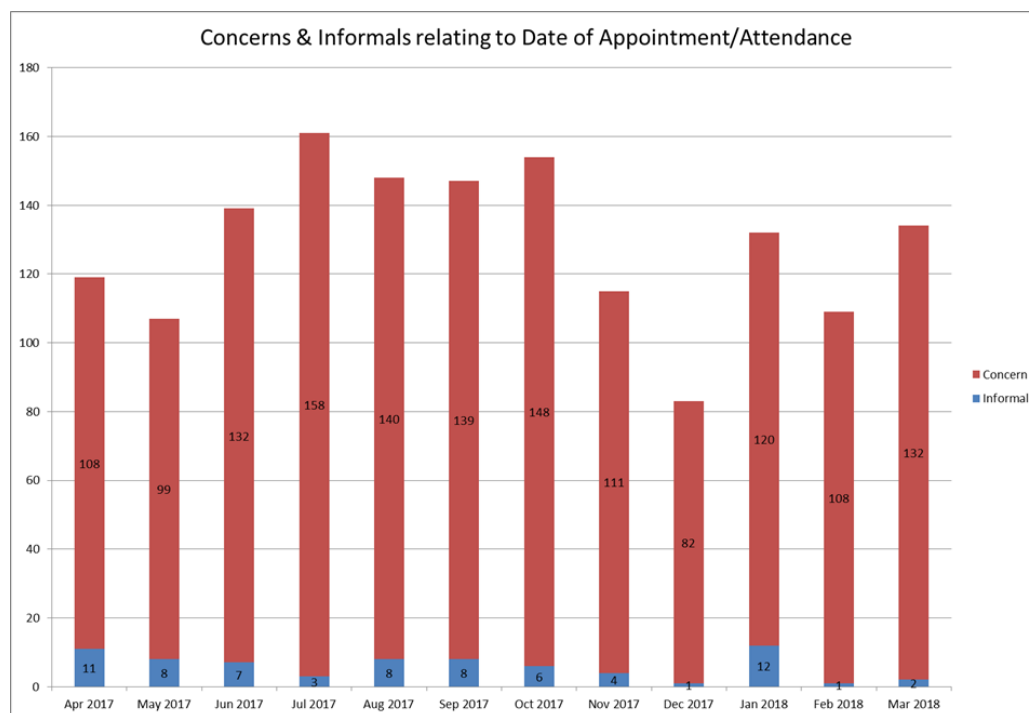
The number of appointment related complaints and PALS enquiries has similarly increased and the Trust is currently working to reduce the level of dissatisfaction and improve processes. Clinical treatment remains the most common reason for a making a formal

complaint, when this subject is looked at in more detail it relates to the co-ordination of medical treatment.

Oral communication remains the most common reason for patients and their families raising a concern or an informal enquiry with our PAL's service. In March 2018 the trust commissioned two half day drama-based training sessions for any staff to explore how to deal with difficult subjects, sensitively and sensibly, to enable positive change in the workplace. Feedback was extremely positive as can be seen below and it is hoped that this style of communication can be repeated again in the future.

- “The whole session was fabulous – far exceeded my expectations and very thought provoking.”
- “The fact that the content was based on the real experiences within our Trust was the thing which gave it the most powerful impact – this is not somewhere else, we are great but we do still get it wrong at times so it is very humbling to be made to face this reality and take some time to really explore how we as individuals really can influence the experience of our colleagues and patients /families using our service. We can all do our little bit. The content was nothing new but the way it was presented ensured that no one could realistically ignore the message.”

The graph below shows that there has been an increase in the number of contacts made to PALS in relation to outpatient services. Further analysis of outpatient data reveals that the primary cause for concern is linked to the patient's perception that there is an unacceptable wait for an appointment, this data suggests that patients are not aware of the estimated waiting time they are likely to encounter when referred for hospital outpatient appointment.



Cancellation of appointments is the second most common reason for seeking assistance from PALs in relation to the appointment process whilst repetitive re-booking of appointments is logged as the 3rd most common cause of dissatisfaction. This is due to approximately 1,000 patients' appointments being moved each month which leads to short notice cancellations and subsequent clinic additions.

The services which are linked most often to PALs concerns related to waiting for and cancellation of appointments, are ophthalmology and trauma and orthopaedics. The number of PALs concerns raised about appointments is monitored via the Trust scorecard. It is anticipated that this figure could reduce as text reminders have been introduced and capacity planning is ongoing for ophthalmology as follow up appointments continue to be a challenge within this specialty.

The table below shows how the PALS concerns linked to Southlands has increased significantly since June 2017. Further review of the records reveals that 70% are linked to the Ophthalmology Eye Care Unit now based at Southlands Hospital.

	Worthing	St Richard's	Southlands	Total
Apr 2017	150	198	6	354
May 2017	194	206	9	409
Jun 2017	238	240	8	486
Jul 2017	238	294	53	585
Aug 2017	260	269	35	564
Sep 2017	223	223	42	488
Oct 2017	283	237	39	559
Nov 2017	270	200	28	498
Dec 2017	187	186	19	392
Jan 2018	305	240	30	575
Feb 2018	229	231	38	498
Mar 2018	263	280	39	582
Total	2840	2804	346	5990

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 2017/18. During this time, almost three quarters of all cases closed (73%) were not upheld and a decision is awaited on a further 5 cases. In the two cases upheld, a total of £2,000 was awarded as compensation to address service failures. There has been a significant reduction in the number of cases referred to the Ombudsman. There are now only five cases open.

Number of Cases	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18	Totals
Outstanding previous Quarter	7	4	8	4	-
New Referrals	2	5	-	2	9
Closed	5	1	4	1	11
Upheld	-	-	1	-	1
Partly Upheld	2	-	-	-	2
Not Upheld	3	1	3	1	8
Total Open	4	8	4	5	5

	2017-18	2016-17	2015-16	2014-15
Number of new cases referred in year*	9	14	28	17
Declined/not upheld	8	7	14	13
Further local resolution taken by the Trust	-	1	-	-
Upheld/recommendations (partially or in full)	3	2	14	4
Decision awaited	5	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.

Upheld Cases

First received	Description	Ombudsman outcome narrative	Division (primary)
04/08/15	Various concerns regarding difficult diagnostic pathway and delay in appointments when requested by consultant. Complainant says that decision to administer Chemo a wrong one and has some issues around nursing care.	The family were awarded £1,500 to recognise the serious impact/emotional distress and an action plan put in place to learn lessons. The Ombudsman found failings in relation to administrative errors, lack of informed consent for chemo, nutritional support, oral hygiene, psychological needs and complaints handling process.	Core
18/04/16	Patient suffered with infection after having metal pin inserted to their leg after break. Feels that follow up treatment to infection was lacking and had to go to QVH and BSUH for further treatment.	Trust challenged elements of the report. However the Ombudsman's decision remained partially upheld. They found failings in relation to weight bearing advice given at discharge as the most recent x-ray had shown no evidence of bone healing. The Trust has apologised and provided an action plan to address these failings.	Surgery
07/09/15	Between July 2014 and May 2015, Worthing Hospital failed to diagnose and treat patient's heart problem. Subsequent diagnosis took place at Southampton General hospital. The cardiology team failed to diagnose bradycardia between July 2014 and May 2015 despite the patient having attended (A&E) a few times with acute symptoms.	£500 compensation awarded to reflect the impact of this delay on the patient's wellbeing and action plan put in place to learn lessons. The Ombudsman partially upheld the complaint because the Trust failed to offer a pacemaker from November 2014 onwards resulting in a reduced quality of life for approximately six months.	Medicine

Our Goals for 2018/19

To Implement the Patient Experience Strategy (Contains Seven Ambitions)

1. Make Feedback 'business as usual'

In order to improve patient experience we need to ensure that we gather feedback from sufficient people to know that this is reliable. We also need to ensure our systems support prompt review of comments such that they can inform our improvement work. Develop staff that embrace feedback as a way of improving care.

2. Improve Timely response to concerns and complaints

Our first aim is to try to ensure that patients/carers concerns are dealt with in the moment, so that they can be resolved. However, if people have had a poor experience it is essential that they are supported to raise their concerns and that these concerns are responded to in a timely manner. Currently this is not the case; we have undertaken a full review our complaints system to put in place processes that will address the backlog of complaints and ensure smooth and efficient future system. We have also put in place a robust system to respond to concerns raised via social media.

3. We want patients to receive a coordinated approach to their care across the Trust.

The most common reason for complaints are concerns about clinical treatment. Additional analysis shows that this is due, in the main, to coordination of care. Further work is underway to understand the range of contributing factors more clearly to support direction of improvement work. It is important that we measure whether patients know the name of their Consultant and who is co-ordinating their care and can talk to staff about their treatment before they are discharged.

4. Improve overall experience of the discharge process from our care.

Our national inpatient survey and real-time patient feedback survey indicate that we have much to do to improve how we work with patients and their families to ensure safe and positive discharge experience. We realise that some of our patient discharge processes can be complex and recognise that we need to improve the discharge home experience for all of our patients.

5. Improve communication so that all patients have access to the information they need.

Communication is a key theme, generating significant number of concerns via PALS system and also a prime contributing factor across a range of areas of poor experience. Our data also tells us that when we get this right this has a considerable positive impact on people's confidence and overall experience of care. This work will incorporate how we enable people with additional communication needs to be informed and supported throughout their journey.

6. Safe Staff & Workforce Culture.

Review of our FFT comments shows that when patients experience friendly, compassionate and professional care this has overwhelmingly positive effect on their experience. Through our customer care work programme we will promote the importance of these values, help staff recognise the contribution they make to patient experience and develop leaders who are confident to challenge poor behaviour. We also continue to grow our volunteer workforce who we recognise have a powerful positive impact on patient experience.

7. Actively listen to ensure we learn from patient feedback and make improvements where necessary.

We recognise that whilst we have a number of feedback sources, there are currently limited opportunities for more detailed engagement. We plan to put in place a programme of 'listening' events to help us explore with patients and families areas of concern. This ambition also includes work that we are doing to ensure that we deliver the best possible level of fundamental care. Our current feedback tells us that we need to make improvements in how we care for patients at night, delivering timely and effective management of pain; timely response to call bells, assistance to those that need it at mealtimes and involvement of patients in decisions about their care and discharge from our care.

Delivering the Ambitions

Senior nursing and clinical staff are working with the patient experience team in focussed working groups to develop the ambitions and actions required to deliver goals. Baseline measures have been identified for each ambition so that impact can be identified.

Monitoring Progress

Progress toward goals will be monitored by the Nursing and Midwifery Board and the Patient Experience and Engagement Committee with overall scrutiny at Patient Experience and Feedback Committee.