



## Patient Experience Annual Report

2018 – 2019



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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.

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 2018/19 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 complaints<sup>2</sup>.

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 2018.

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.

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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

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 2018 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 2018, benefitting Patient Experience**

### **Progress of Always Events Improvement Project**

In March 2018, Ford Ward commenced a coaching programme with NHS England called Always Events®, the objective of this is to identify improvements based on the patient's perspective and experience. The team created a vision statement during their team away days: 'My family and I will be communicated with when there are changes in my condition'. The aim of the quality improvement work is to achieve 90% of patients/families will state they have been kept up to date about their condition and treatment.

The team on Ford Ward have recently introduced a communication aid which gives a general update of individual patient's care. The team is also reviewing the contents of a folder of information that is provided for patients and family with patients to see if the content is up to date and considered useful by the intended audience. These two changes will continue through PDSA cycles to understand what is preferred from the patient's and family's perspective.

The team on Ford Ward discussed at an away day what good communication feels like across the team and with families and have drafted a staff commitment regarding how they will always communicate with each other, patients and their relatives/carers:

- Treat everyone with warmth, understanding and compassion.
- Respect others and try to understand their perspective, always be non-judgemental and tolerant.
- Always be kind, helpful, caring and friendly with everyone.
- Always be honest, informative and seek advice from others if unsure, (i.e colleagues, patients and families).

This engagement opportunity was well received by the nursing team and there has been a reduction in negative feedback received on this ward following Ford Ward's team day. The ethos of Always Events will continue to be shared across the Trust in the future.

### **Changes Introduced to improve Security of Patient's Property**

A charitable donation of nearly £4,000 during Q3 from Pizazz (the staff Choir at St Richards Hospital) has been used to purchase secure property boxes for 55 clinical areas across the Trust. It is anticipated that a designated safe place will reduce the number of items that cannot be located after they have been taken for safe keeping.

Following the launch of the revised property policy in 2018 a new document for listing patient's valuables has also been trialled and implemented. This change to our documentation standard is hoped will increase compliance but it will also mean that patients can opt to have cash returned to them rather than a cheque which used to be the standard method for the returning money to all patients.

### **Accessible Information Standard**

The Accessible Information Standard aims to make sure that disabled people who are our patients, service users and their carers and parents have access to information that they can

understand and any communication support they need. This includes making sure people get information in different formats if they need it, such as large print, Braille, embossed, easy read, via email and visual/British Sign Language (BSL).

The Trust has an Accessible Information Policy 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. A wider communication cascade is required to raise the use of the EIDO leaflets so that patients reliably receive high quality, written information in a range of languages. A film is currently being edited that will illustrate the negative impact it has on patients when their communication needs are not recorded reliably on Sema, or managed by staff.

Training is being arranged for targeted staff that routinely book or welcome patients into clinics to increase the likelihood of a person's communication needs being routinely recorded when they have contact with the Trust. Broad training has also commenced via the Health and Safety mandatory training session to encourage staff to support patients if they recognise that they have communication needs.

The outcome of the business case for a software application called 'recite me' is awaited. This software will enable people to adapt the written information that is available on the Trust website, to 103 different languages and convert text to speech.

Another IT application called SNOMED will also prompt staff to record patient's communication needs on an annual basis when SEMA is upgraded with this functionality.

## **Extended Visiting Hours**

The visiting times across the Trust for all adult patients has increased to 10:00-22:00 throughout 2018. The decision, which applies to all adult inpatient areas, was informed by feedback from pilots on six wards where open visiting 24 hours a day was trialled for three months.

Benefits from extended hours include more opportunities for consultants and therapists to talk in person with relatives, who in turn will hopefully feel less rushed when trying to speak to the nurse in charge. Previously staff often received a sudden influx of enquiries at 3pm, just as visiting hours began.

The change enhances patient experience by the simple truth that patients enjoy visits and some will also benefit by their visitors assisting at mealtimes.

It is hoped car parking will also prove easier for visitors if demand is spread more throughout the day.

There has not been an increase in concerns or complaints from patients or their families since this increased access has been introduced.

## **PAT Dogs**

Pets and animals enhance the quality of life for many people, they can provide valuable companionship, stimulation and comfort. Following a trial last year a draft Animals and Pets in Hospital Policy has been written in order to address infection control concerns about the potential health risks of implementing therapeutic visits by PAT dogs. The policy also includes allowing patients' pet dogs and other suitable species of pet to be brought into the hospital environment for certain circumstances and was ratified in October 2018.

The process of recruiting PAT Dogs and their owners is being implemented by the Voluntary Services Managers. The scheme will result in PAT dogs and their owners being linked with a ward so that they can form a weekly visiting routine and develop therapeutic relationships with

the patients and clinical teams. Initial feedback is that the PAT Dogs are very popular and requests for visits are greater than can be provided during the early phases of implementation.

## Achievements in relation to the two Key Patient Experience Improvement Goals for 2018/19

- To align to our Patient First, true north metric for patient experience which will use our FFT scores and return rate. For 2018/19 we aim to achieve >97% satisfaction <0.7% not recommend rate and a return rate >40%. There has been significant progress and a marked improvement in performance. A&E had an internal target of >93% satisfaction <0.7% not recommend rate and a 20% return rate. All areas are engaging well in activities that will work towards achieving this objective.

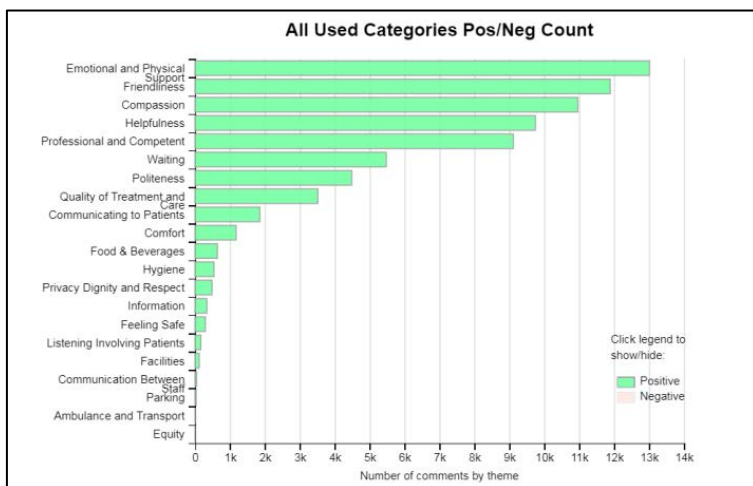
The goal for 2018 was that by the end of 2018/19 we would have no more than 60 complaints open and 60% of formal complaints would be responded to within 25 working days.

- At the time of reporting we have 80 complaints open.
- 61% of formal complaints are resolved within 25 working days at the end of March 2019 (previously 11.8% in at the end of June 2017).

## 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 software 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 for the year, allowing a clear analysis of areas to celebrate and those that require further exploration.

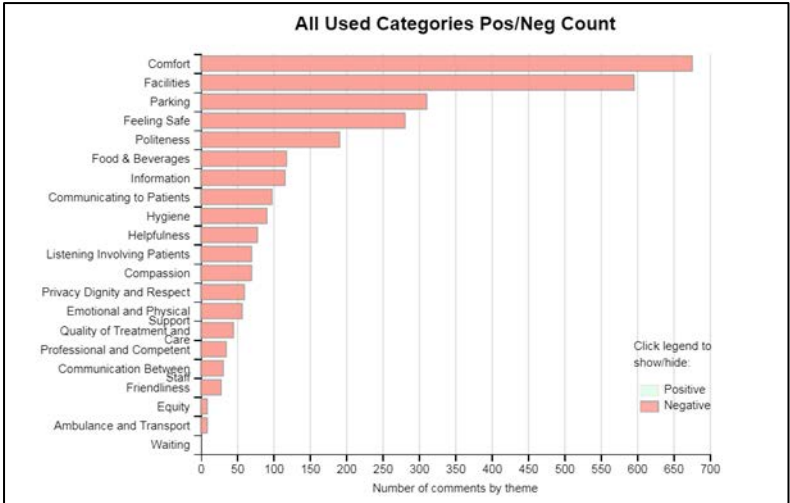


Physical and emotional support provided by friendly, helpful, compassionate and professional staffs are most valued by patients, the total comments received for each listed below:

- Emotional/Physical Support 13,016
- Friendliness 11,891
- Compassion 10,965
- Helpfulness 9,751
- Professional/competent 9,117

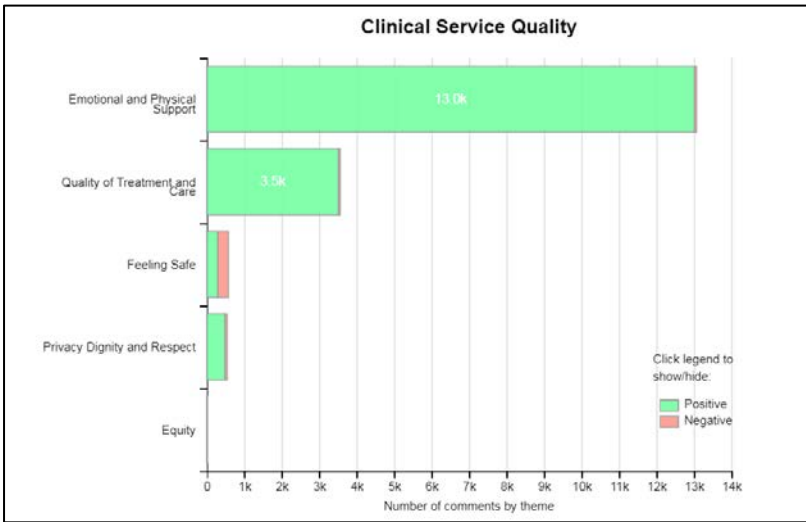
Comfort, facilities, parking and feeling safe are the areas of most concern for our patients, the numbers of comments received for each listed overleaf:





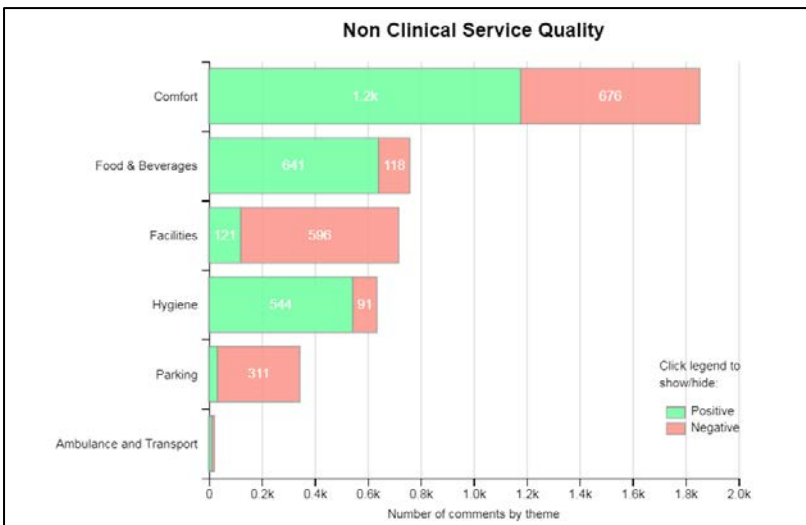
Comfort 676  
 Facilities 596  
 Parking 311  
 Feeling safe 281

This can be further analysed by clinical and non-clinical themes, as below:



Patient negative comments on feeling safe describe:

Upsetting verbal abuse from patients towards staff and other patients.  
 Rude, abusive and intimidating visitors  
 Feeling isolated or left alone.



Patient comments relating to comfort and facilities describe:

Being too hot or too cold in both outpatient and inpatient areas.  
 Crowded and cramped waiting areas.  
 Noise on the wards at night from other patients, monitors and staff.  
 Uncomfortable seating in maternity, outpatients clinics.

Parking comments relate to difficulty parking, lack of spaces and cost of parking.

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 SMS<sup>3</sup> feedback is utilised for patients that have been discharged from our A&E departments.

## 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 2018/19

Our overall goal for 2018/19 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 achieve an increase in response rates which places the Trust 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%.

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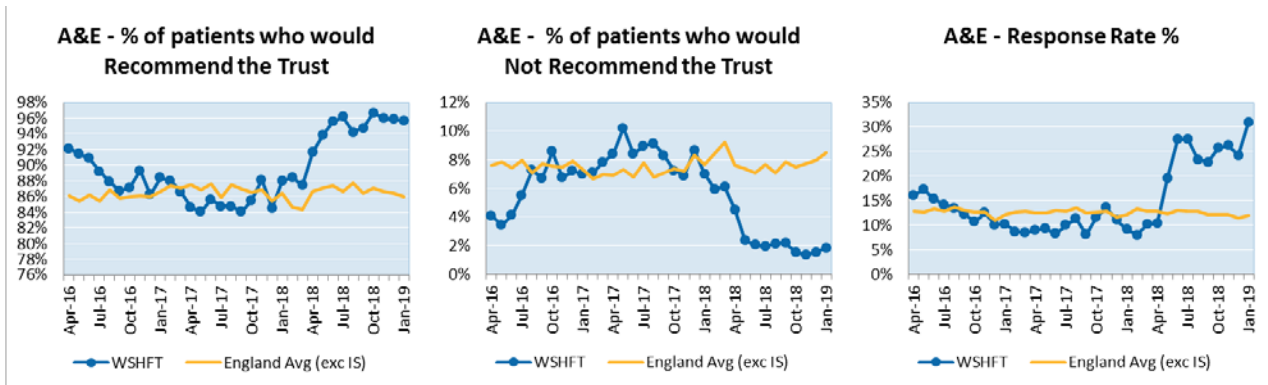
<sup>3</sup> SMS, short message service, i.e. a 'text message'



## FFT Performance 2018/19 A&E:

A&E FFT recommendation rate is 95% compared to a national average of 87%. This performance is just outside the top 10% of for 2018/19 year to date. The trust is currently ranked 10th out of 137 trusts (7th centile). We have achieved our goal of returning to the top 20% nationally for A&E FFT recommendation during 2018/19.

The Trusts A&E FFT response rate is 24% compared to national average of 12% during 2018/19.



*N.B. 2018/19 National figures presented are Apr 18 to Jan 19 only.*

### FFT A&E Recommend Rate:

	2014/15	2015/16	2016/17	2017/18	2018/19	National average 2018/19 *	National position 2018/19
WSHFT	90.60%	91.39%	89.01%	85.8%	95.3%	86.8%	10 out of 137 (7 <sup>th</sup> centile)
Worthing	90.90%	92.77%	90.5%	86.2%	96.2%	N/A	N/A
St Richards	90.30%	88.68%	86.7%	85.2%	91.3%	N/A	N/A

*N.B. 2018/19 National average figures presented are Apr 18 to Jan 19 only.*

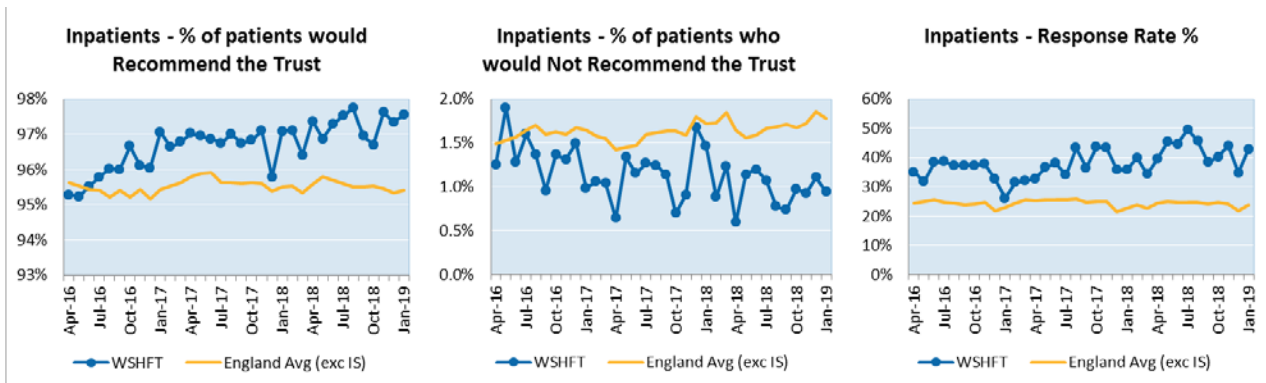
### FFT A&E Response Rate:

	2014/15	2015/16	2016/17	2017/18	2018/19	National average 2018/19 *	National position 2018/19
WSHFT	26.70%	17.8%	12.5%	9.9%	23.8%	12.4%	7 out of 137 (5 <sup>th</sup> centile)
Worthing	27.50%	21.5%	13.6%	10.1%	34.4%	N/A	N/A
St Richards	25.90%	13.3%	11.2%	9.7%	9.8%	N/A	N/A

*N.B. 2018/19 National average figures presented are Apr 18 to Jan 19 only.*

## FFT Performance 2018/19 Inpatients

Our Inpatients FFT recommend rate of 97% is ranked in the top 25% of trusts nationally and exceeds the national average of 95.5%. This improvement over last year saw our national position increase to 34th of 148 (23rd centile). Our inpatient FFT response rate reached 42.5% compared to a national average of 24%, resulting in our position improving to 12<sup>th</sup> of 148 (8<sup>th</sup> centile) and FFT Inpatients attaining a 40% response rate across the Trust which is an improvement on last year's performance.



### FFT Inpatient Recommend Rate:

	2014/15	2015/16	2016/17	2017/18	2018/19	National average 2018/19 *	National position 2018/19
WSHFT	92.40%	95.2%	96.1%	96.8%	97.3%	95.5%	34 out of 148 (23 <sup>rd</sup> centile)
Worthing	92.10%	94.5%	96.1%	97.0%	98.3%	NA	NA
St Richard's	92.70%	95.5%	95.9%	96.4%	96.5%	NA	NA

N.B. 2018/19 National figures presented are Apr 18 to Jan 19 only.

### FFT Inpatient Response Rate:

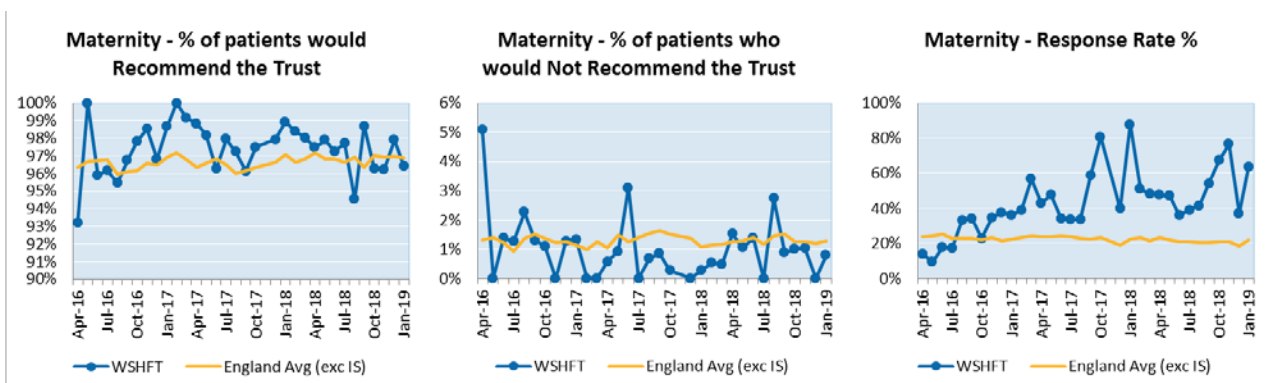
	2014/15	2015/16	2016/17	2017/18	2018/19	National average 2018/19 *	National position 2018/19
WSHFT	30.70%	25.8%	34.7%	37.8%	42.5%	24.2%	12 out of 148 (8 <sup>th</sup> centile)
Worthing	30.80%	29.5%	42.3%	36.5%	48.8%	NA	NA
St Richard's	30.60%	25.2%	26.9%	39.3%	38.5%	NA	NA

N.B. 2018/19 National figures presented are Apr 18 to Jan 19 only.

## FFT Performance 2018/19 Maternity

Our FFT birth response rate surpasses improvements seen in our inpatient scores. Maternity response rate has been maintained at 51% compared to the national average of 20.9 which helped increased our national position from 6th of 130 NHS trusts (5th centile).

Maternity recommendation rates are at 97% compared to a national average of 96.9% puts the trust 47 out of 130 NHS trusts (36<sup>th</sup> centile).



### FFT Maternity Delivery Response Rate:

	2014/15	2015/16	2016/17	2017/18	2018/19	National average 2018/19 *	National position 2018/19
WSHFT	29.10%	11.7%	29.1%	50.7%	50.8%	20.9%	6 out of 130 (5 <sup>th</sup> centile)
Worthing	25.40%	11.1%	24.4%	48.6%	48.9%	NA	NA
St Richard's	32.30%	12.3%	33.3%	52.7%	52.5%	NA	NA

N.B. 2018/19 National figures presented are Apr 18 to Jan 19 only.

### FFT Maternity Delivery Recommend Rate:

	2014/15	2015/16	2016/17	2017/18	2018/19	National average 2018/19 *	National position 2018/19
WSHFT	97.00%	96.2%	97.6%	97.8%	97.0%	96.9%	47 out of 130 (36 <sup>th</sup> centile)
Worthing	94.70%	96.3%	96.5%	97.2%	96.4%	NA	NA
St Richard's	98.50%	96.2%	98.4%	98.3%	97.4%	NA	NA

N.B. 2018/19 National figures presented are Apr 18 to Jan 19 only.

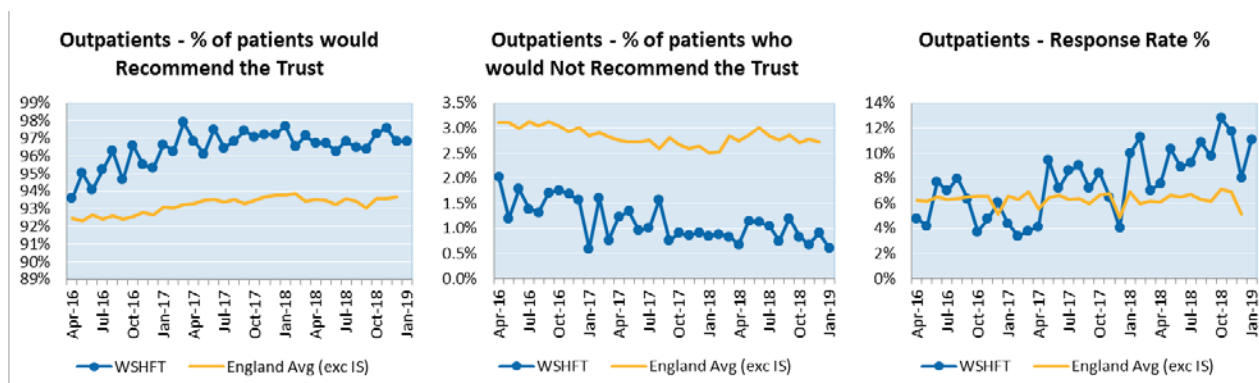
## FFT Performance 2018/19 Outpatients

It is very encouraging to see that our overall recommendation rate has been maintained Trustwide at 96.8%, just below the target of 97%. This is a significant achievement as the National Outpatient recommend rate is 93.5% for 2018/19.

An overview of positive and negative themes reveals patients dissatisfaction relates to:

- Parking dissatisfaction continues to be due to the lack of general spaces at Worthing and St Richard's.
- Comfort issues raised were due high temperatures on Bosham Ward, the noise of the MRI scanner and the waiting area in Breast Symptomatic at St Richard's being dark.
- Facilities comments included not enough seating in Eye Care at Southlands and no one to welcome you to Rheumatology Clinic at Southlands.

There is an opportunity to improve the consistent use of parking concessions overall across the Trust. This will be progressed with Estates & Facilities in the coming months. It is hoped that the implementation of the Trust Green Travel Plan will also alleviate some of the parking challenges faced during the daytime for patients and their families.



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 2018 we have participated in three key national surveys conducted on behalf of the Care Quality Commission (CQC); the Cancer Inpatient Survey, the National Maternity Survey and the National Inpatient Survey. The full In Patient Survey report will be published later in 2019 and the highlights of these results are provided below.

## National Inpatient Survey 2018

The National Inpatient Survey results have been delayed by the Survey Co-ordination Centre because there appears to have been changes to the results this year compared to the previous year.

At the time of reporting the trust has received headline information which reveals that: Whilst comments about staff, care and treatment and the pathway of care were more positive than negative, comments about aspects of the hospital environment and facilities were largely negative.

Over half the comments about the pathway of care were positive. Comments about the hospital stay itself were largely positive. The discharge process/information received most of the negative comments in this area.

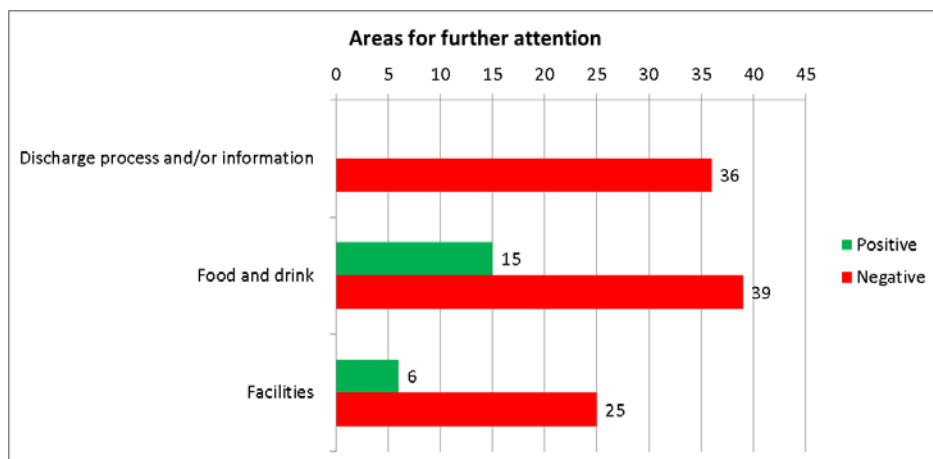
Over half the comments about care and treatment were positive. A quarter of the negative comments in this area related to communication.

Over three quarters of the comments about staff were positive. 20% of comments about doctors were negative. 93% of comments about nurses and all comments about therapists were positive. It is worth noting that half of the negative comments about staff were about staff shortages.

Almost three quarters of comments about the hospital environment and facilities were negative. 72% of comments about food and drink were negative. 81% of general comments about facilities were negative.

Particular areas for further attention highlighted in the analysis of the comments were:

- The discharge process and information
- Food and drink
- Facilities



## National Cancer Patient Experience Survey 2017 Results

The patients included in the sample were all aged over 16 and had relevant cancer ICD 10 codes in the first diagnosis field of their patient records. Deceased checks were undertaken up to three times during sampling. The questions were unchanged compared to the 2016 survey. The survey was commissioned and managed by NHS England during 2017 and the Trust achieved a 70% response rate, (621 patients) which is more than the national average of 63%.

The age and gender distribution of the respondents for the Trust was as follows:

	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
Male	2	0	2	13	30	103	88	17	<b>254</b>
Female	0	2	6	52	79	133	75	20	<b>367</b>
<b>Total</b>	<b>2</b>	<b>2</b>	<b>8</b>	<b>65</b>	<b>109</b>	<b>235</b>	<b>163</b>	<b>37</b>	<b>621</b>

Questions which scored better than expected were:

- 88% Groups of doctors or nurses did not talk in front of patient as if they were not there.
- 86% Staff explained how operation had gone in an understandable way.

Every other question was scored within the expected range for our Trust.

Comparisons by tumour type is provided for the Trust, and an action plan will be created to deliver opportunities for improvement. The numbers of patients responding from each tumour group is shown below:

Tumour Group	Number of Respondents
Brain/CNS	0
Breast	161
Gynaecological	39
Colorectal	97
Lung	25
Skin	4
Haematological	151
Upper Gastroenterological	26
Other	44
Urological	30
Prostate	31
Sarcoma	2
Head & Neck	11

The average rating given by respondents when asked to rate their cancer care provided at WSHFT on a scale of 0, (very poor) to 10, (very good) was 8.8.

- 94% said that the hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital.
- 91% said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment.
- 87% said that overall, they were always treated with dignity and respect while they were in hospital.
- 86% said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist.
- 79% said that they were definitely involved as much as they wanted to be in decisions about their care or treatment.

- 59% said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment.

## National Maternity Patient Experience Survey 2018 Results

During the summer of 2018, a questionnaire was sent to all women aged 16 years or older who gave birth in February 2018. Exclusions to this survey included women whose baby had died during or since delivery, women who had a stillbirth, women who were in hospital or whose baby was in hospital at the time the sample was drawn, women who had a concealed pregnancy, women whose baby was taken into care (foster care or adopted)..

The Trusts rating overall was graded as 'About the same' which indicates that the trust is performing about the same as most other trusts that took part in the survey.

### Overall scores for Labour and Birth = 9.3 out of 10

High scores were given for questions relating to skin to skin contact with the baby shortly after birth; 9.6 out of 10 and partners being involved as much as they wanted to be 9.8 out of 10.

### Staff = 9 out of 10

A high score, 9.6 out of 10 was reached for being **spoken to** during labour and birth, in a way they could understand.

The Head of Midwifery has commenced improvement work to increase women's opportunity to move around and choose the most comfortable position during labour. This was rated as about the same and scored 8.5 out of 10.

### Care in Hospital After Birth = 7.9 out of 10

The highest scoring question in this section was in relation to the cleanliness of the hospital which was scored at 9.4 out of 10.

The lowest scoring question was about discharge from hospital being **delayed and** this was scored as 4.5 out of 10 which was about the same when compared to other Trusts

### Questions which scored better than other Trusts were:

- Staff introducing themselves before treatment or examination
- Being treated with kindness and understanding by staff after the birth.

### Key findings from the Maternity Survey 2018 for England

There had been small improvements across most questions from 2013 to 2017, very few questions showed this trend continuing between 2017 and 2018, with some questions showing a decline.

This includes women's experiences of:

- Being given enough information about emotional changes which may be experienced after giving birth
- Being given enough information about their physical recovery after giving birth
- Being visited by a midwife at home after giving birth
- Seeing a midwife often enough at home after giving birth
- Staff awareness of the mother and baby's medical history

The next National Maternity Survey sample will be drawn in March 2019



## 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 scores for all their surveys, which enables them to celebrate excellence with their teams and to set local improvement goals where areas are identified as being of concern.

Overall from April 2018 to March 2019, 6,734 surveys have been completed by patients in many different areas including inpatient wards, outpatients, paediatrics and a number of specialist services an increase of 6.8% on the previous year.

### Breakdown of the Number of Local Surveys Undertaken:

Name of Survey	2017-18		2018-19	
	Satisfaction	Surveys completed	Satisfaction	Surveys completed
Adult Inpatient	93%	3,912	94%	3,797
PHIN (private patients inc. FFT)	98%	237	90%	122
Children's Inpatient	99%	608	98%	519
Neonatal Unit	98%	249	99%	203
Endoscopy Unit	93%	276	95%	228
Emergency Floor	95%	77	93%	86
End of Life Care	91%	88	94%	34
Antenatal	100%	41	96%	49
Birth and Postnatal Inpatient	96%	55	93%	30
Postnatal Community	100%	5	100%	3
Adult Outpatient - Fernhurst Clinic	88%	17	100%	1
Outpatient Fernhurst Centre	100%	1	94%	33
Gynaecology Outpatient Clinic	89%	347	81%	1,210
Therapies Outpatient	99%	97	100%	49
Diabetic Eye Screening	95%	260	98%	176
Cardiac Rehabilitation	N/A	N/A	99%	189
Neonatal Outpatients	N/A	N/A	100%	5
<b>Total Surveys</b>		6,270		6,734

In addition, there were 3,786 responses to the adult inpatient RTPE survey during this period, a 3.2% reduction on the previous year.

The heat map overleaf displaying the responses given to our monthly RTPE inpatient survey reveals that our lowest performing areas are noise at night, discussions about discharge, and experience of food. These 3 themes are consistent with the previous year and also triangulate with the opportunities for improvement identified via the National Inpatient Survey 2018.

Noise at night has been identified as a breakthrough objective for 2019/20. More detailed analysis of the patients comments reveal that the noise disturbance comes from a myriad of sources: confused patients, staff conversations/activity of clinical area, routine alarms from a variety of equipment including staff bleeps, ward phones, infusion pumps, cardiac monitors etc. An improvement project will commence identifying areas for focus in the coming year.

Division	Number of Responses	FFT Recommend											
		Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19
Corporate	219	100	100	100	89	100	94	86	100	97	100	100	100
Medicine	1877	94	92	93	95	95	94	93	94	96	96	96	93
Surgery	1690	95	96	97	96	95	96	95	96	97	96	98	95
<b>Overall</b>		95	94	95	95	95	95	94	95	96	96	97	94
Number of Responses		337	292	281	338	332	375	368	254	228	296	340	

Welcome & Kindness													
Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19		
97	100	98	99	100	90	95	98	96	94	96	100		
93	95	95	94	95	93	94	94	94	96	95	95		
94	97	98	96	95	96	95	96	96	94	94	94		
94	96	96	95	95	95	94	95	96	95	95	95		
336	293	282	337	331	333	374	368	256	228	297	341		

Cleanliness													
Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19		
97	93	96	93	93	89	95	96	93	88	89	93		
91	91	91	90	90	93	92	90	88	92	89	92		
91	92	93	91	88	88	89	92	91	91	90	89		
91	92	92	91	89	90	91	91	90	91	89	91		
337	292	282	335	332	334	373	368	255	228	297	341		

Division	Number of Responses	Food											
		Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19
Corporate	219	75	75	80	71	79	74	72	81	74	69	69	73
Medicine	1877	72	73	74	73	74	75	78	73	71	75	71	75
Surgery	1690	74	76	79	75	70	68	74	73	72	72	74	75
<b>Overall</b>		72	74	76	74	73	71	75	73	72	73	72	75
Number of Responses		337	290	279	333	330	332	371	365	252	226	296	339

Assistance with Meals													
Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19		
100	92	94	100	100	91	89	100	90	100	97	83		
83	91	91	86	93	77	88	82	91	92	88	94		
90	90	93	92	86	89	90	90	91	85	89	91		
86	91	92	89	91	84	89	87	91	88	90	91		
334	292	282	334	331	333	375	368	254	228	297	340		

Noise at Night													
Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19		
64	50	79	88	64	59	64	58	70	75	88	79		
56	53	58	61	57	55	55	64	47	59	55	58		
58	64	65	59	59	64	64	65	59	53	56	54		
57	58	62	61	59	60	61	64	55	56	57	57		
328	289	279	331	328	332	373	365	256	228	296	337		

Division	Number of Responses	Call Button Response											
		Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19
Corporate	219	91	100	100	95	88	77	80	94	90	75	95	85
Medicine	1877	79	88	87	80	84	86	84	82	83	77	85	84
Surgery	1690	83	81	92	86	91	89	88	86	87	84	87	85
<b>Overall</b>		80	86	90	83	87	87	86	84	85	81	86	85
Number of Responses		330	290	282	333	331	329	371	363	256	227	294	336

Medication Explanation													
Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19		
93	100	92	100	95	88	89	95	91	88	88	100		
83	83	86	82	86	81	79	85	82	85	88	84		
95	90	93	92	86	94	89	93	91	90	91	90		
87	86	89	87	86	88	85	89	87	88	89	88		
334	289	278	329	330	331	372	364	255	228	294	338		

Pain Control													
Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19		
94	100	93	100	92	92	90	100	92	75	91	93		
92	85	86	85	90	90	88	85	87	91	88	80		
93	92	98	91	91	95	91	96	91	94	91	93		
92	88	91	89	91	93	90	91	89	92	90	87		
333	292	280	333	330	331	375	364	254	228	296	340		

Division	Number of Responses	Care Decisions											
		Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19
Corporate	219	87	94	86	87	95	82	88	91	88	75	88	93
Medicine	1877	77	80	79	76	80	80	80	78	78	83	82	
Surgery	1690	83	86	91	82	78	88	86	87	88	83	81	81
<b>Overall</b>		79	82	84	79	80	85	84	83	84	81	82	82
Number of Responses		336	291	282	335	331	330	373	365	255	227	296	339

Discharge Planning													
Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19		
80	81	96	82	75	82	69	77	82	63	71	80		
50	44	42	45	44	43	46	40	46	38	41	45		
53	52	63	56	53	53	50	56	52	50	57	49		
53	48	53	52	50	50	51	49	54	45	50	49		
336	290	282	333	330	329	374	365	256	227	295	338		

Communication													
Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19		
-	-	96	94	89	83	89	100	92	63	89	97		
-	86	87	87	87	90	91	90	90	85	92	91		
-	88	95	89	89	91	90	89	91	88	89	91		
-	87	91	88	88	90	90	90	91	86	91	91		
0	56	271	326	320	326	367	356	253	221	293	338		

Division	Number of Responses	Privacy											
		Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19
Corporate	219	89	88	96	96	88	86	86	96	86	75	88	90
Medicine	1877	82	81	85	84	84	84	83	84	84	88	85	84
Surgery	1690	85	88	88	84	80	83	82	85	84	83	86	84
<b>Overall</b>		83	84	87	84	83	83	83	85	84	85	85	85
Number of Responses		334	290	279	334	330	332	372	365	254	226	295	339

Safe & Confident													
Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19		
100	100	83	97	98	92	92	100	94	75	92	93		
95	96	94	94	96	97	96	97	93	97	99	95		
96	99	99	97	95	97	96	97	97	96	95	94		
96	97	96	95	96	97	96	97	95	96	97	94		
335	289	278	335	329	332	374	363	254	228	296	337		

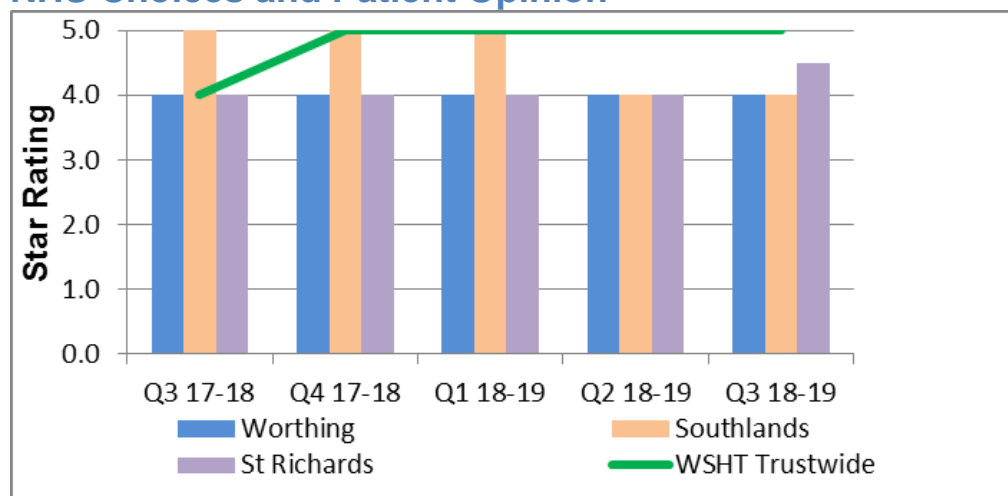
Respect & Dignity													
Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19		
97	100	100	100	98	92	92	100	97	100	92	97		
94	96	95	96	97	97	96	98	98	96	98	98		
96	97	99	97	97	99	96	98	98	98	99	97		
95	97	97	97	97	97	95	98	98	97	98	97		
333	287	281	337	328	330	373	365	253	227	296	340		

## Other Forms of Feedback: Peer Review

A change in methodology for capturing care in action was implemented in April 2018 called peer review; this process has engaged staff, volunteers and Governors to undertake internal audit across the Trust on a monthly basis. Staff use a template to assess the services accurately and consistently. Feedback is discussed regarding the specific services based on the documentation and evidence provided, and the observations and interviews/discussions experienced on the day of the visit.

Adopting this approach will ensure that the principles and practice employed by the CQC when inspecting is embedded directly into service delivery and clinical practice. The focus to this approach is one which uses the CQC Fundamental Standards that support and populate the 5 key questions and key lines of enquiry (Safe, Effective, Caring, Responsive and Well-led) to provide the assurance that the fundamental regulations are embedded.

## NHS Choices and Patient Opinion



Patients have the opportunity to provide feedback through public forums such as NHS Choices and Patient Opinion, the PALs team respond to most of this feedback within 48 hours. NHS Choices has the Trust at a current rating of 4 stars. The graph above displays the data for the last year, including the previous Q3 2017/18. All sites have received a 4 star rating consistently throughout the period.

An example of a positive comment that was left December 2018 is included below:

“Had Day Surgery operation today, the staff were brilliant from beginning to end felt relaxed throughout. No wonder it is outstanding this is due to its outstanding staff thank you to you all from the surgeon down to the receptionist you are a credit to the NHS”

## 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 2018 a volunteering strategy has been launched with the aim to widen the scope of volunteering in the Trust whilst ensuring that we have the infrastructure to support our ambitions. The induction process is going to be much quicker and simpler for members of our community who approach the trust and want to volunteer.

## 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:	95	112	108	101	416
No of closed cases:	105	112	95	121	433
No closed in 25 days (%)	57%	84%	51%	51%	61%
No closed in 26-60 days (%)	34%	14%	47%	53%	37%
Re-opened cases	12	20	24	16	72

## 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 Kaizen team are facilitating an outpatient improvement project 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:

Daughter raised concerns that her Father's Do not attempt resuscitation order had not been discussed with her

- DNAR process discussed at daily safety huddles, training held on 14 November for junior doctors and audit to be undertaken.

Patient was told 20-24 week waiting time for urgent spinal triage cases

- Extra funding was provided to create an additional clinic

Immunotherapy not prescribed for 5 days following emergency admission

- A training session within the rolling programme at junior doctors induction.

Issues relate to prescription of eye drops,

- Actions including recognition of eye conditions and the importance of giving eye drops, particularly for glaucoma at nursing training days. The ward is looking to start a relative clinic to ensure better communication.

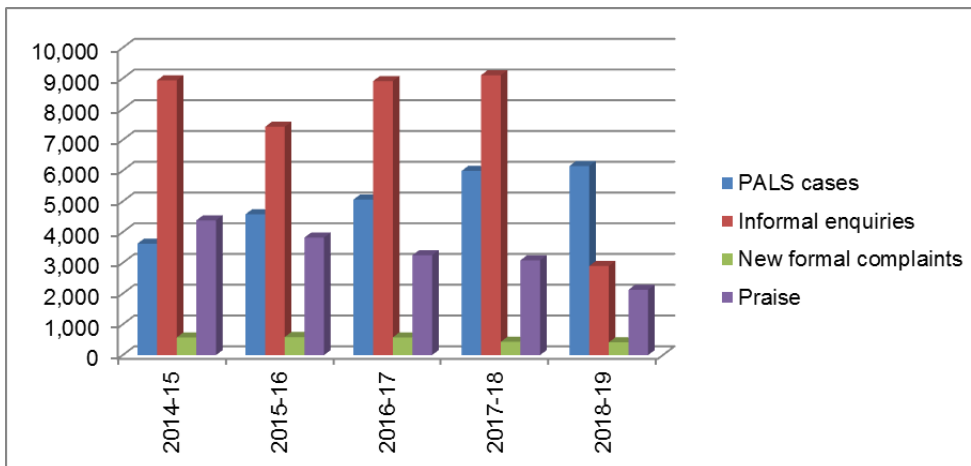
There was a delay in surgical review of patient as the on call team were with a trauma case.

- Apologies given for delay in giving pain relief while patient was in A&E. It is hoped that the extension of EPMA into A&E will resolve this situation as the doctors will be able to prescribe remotely. A multidisciplinary group are focussing on improving patients experience in relation to pain management across the Trust

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.

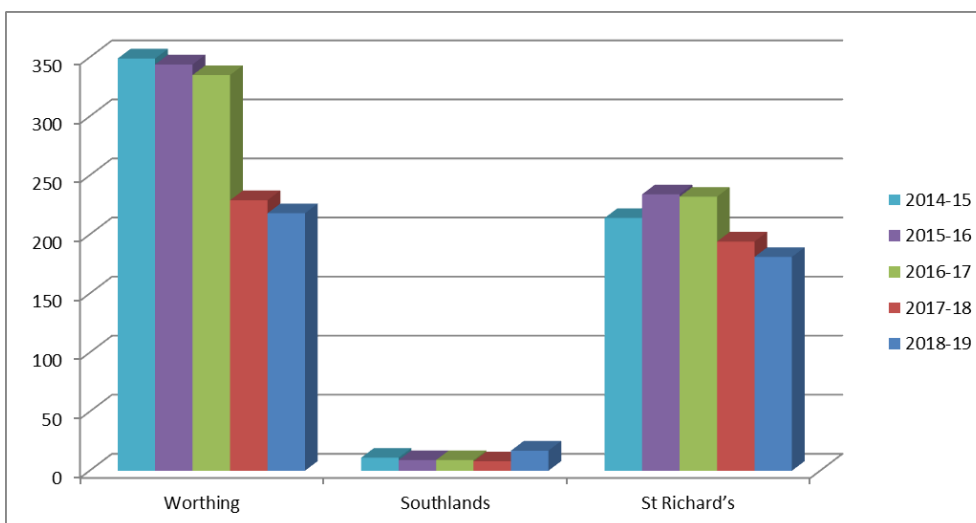
## Type of Cases

	2014-15	2015-16	2016-17	2017-18	2018-19
PALS cases	3,627	4,582	5,061	5,990	6,152
Informal enquiries	8,939	7,426	8,914	9,106	2,897
New formal complaints	574	587	576	431	416
Praise	4,385	3,823	3,246	3,084	2,123
<b>Total</b>	<b>17,525</b>	<b>16,418</b>	<b>17,797</b>	<b>18,611</b>	<b>11,588</b>



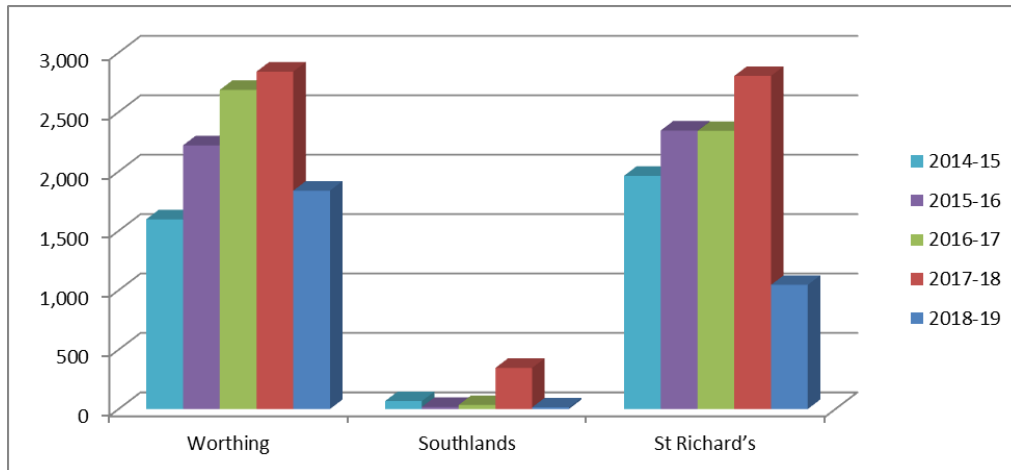
## Formal Complaints Received by Site

	2014-15	2015-16	2016-17	2017-18	2018-19
Worthing	349	344	335	229	218
Southlands	11	9	9	8	17
St Richard's	214	234	232	194	181
<b>Total</b>	<b>574</b>	<b>587</b>	<b>576</b>	<b>431</b>	<b>416</b>



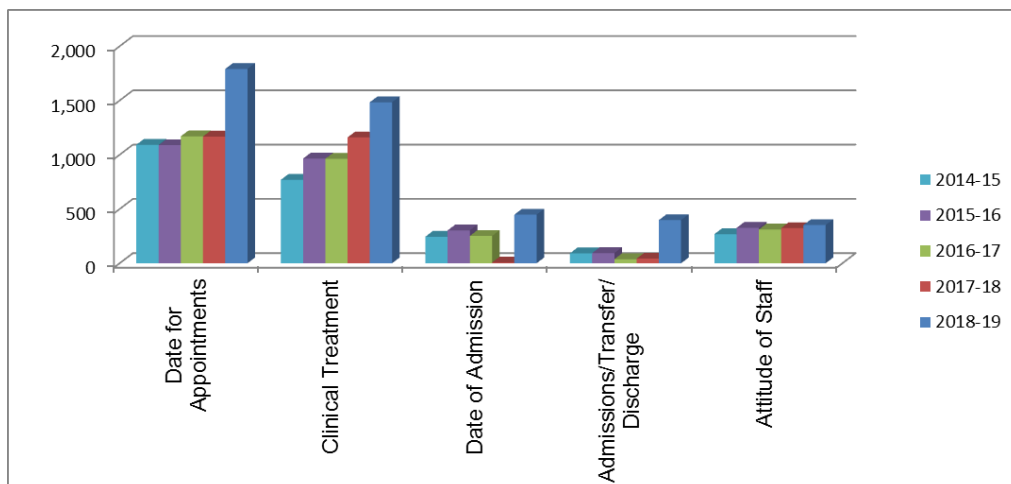
## PALS Enquiries Received by Site

	2014-15	2015-16	2016-17	2017-18	2018-19
Worthing	1,597	2,219	2,686	2,840	1,838
Southlands	67	18	34	346	14
St Richard's	1,963	2,345	2,341	2,804	1,045
<b>Total</b>	<b>3,627</b>	<b>4,582</b>	<b>5,061</b>	<b>5,990</b>	<b>2,897</b>



## Top 5 PALS Enquiries Received by Category

	2014-15	2016-17	2015-16	2017-18	2018-19
Date for appointment	1,092	1,170	1,088	1,168	1,791
Clinical treatment	769	963	965	1,160	1,484
Attitude of staff	269	312	327	324	352
Date of admission	245	252	303	7	448
Admission/transfer/discharge	92	38	94	43	398





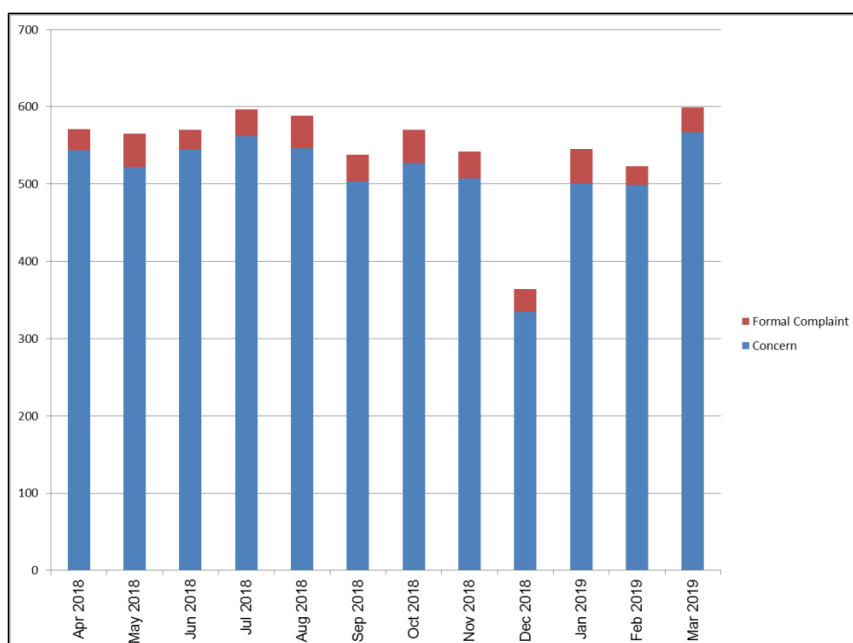
## Formal Complaints Compared with Hospital Activity

	2014-15	2015-16	2016-17	2017-18	2018-19
Relating to inpatient care	243	247	263	195	177
Rate per 1000 bed days	0.75	0.75	0.76	0.57	0.53
Relating to outpatient appointments	226	261	221	142	153
Rate per 10,000 new appointments	10.50	11.40	9.29	4.92	6.94
Relating to A&E	105	79	94	84	73
Rate per 1,000 A&E attendances	0.78	0.58	0.68	0.60	0.50

## 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 35 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 2018	544	27	571
May 2018	522	43	565
Jun 2018	545	25	570
Jul 2018	562	35	597
Aug 2018	546	42	588
Sep 2018	503	35	538
Oct 2018	527	43	570

	Concern	Formal Complaint	Total
Nov 2018	507	35	542
Dec 2018	334	30	364
Jan 2019	501	44	545
Feb 2019	499	24	523
Mar 2019	567	32	599
<b>Total</b>	<b>6,157</b>	<b>415</b>	<b>6,572</b>

A majority of the complaints received are due to poor coordination of clinical treatment. This can be broken down by more helpful sub-subjects to describe the issues patients are complaining about. Generally patients complain about the co-ordination of treatment which is most commonly affected by the number of times that appointments are re-scheduled and this features most frequently within PALS concerns. Formal complaints cite this as a cause of negative experience too, but often these describe frustration caused by the number of steps experienced within our pathways before they can receive a diagnosis that addresses their symptoms.

Nursing shortages and wrong diagnosis also features within this category and is a contributory factor found within this category which is shared with specialty managers to ensure learning from complaints.

## Reducing Complaints and Improving the Timeliness of Complaint Responses

The responsiveness to complaint responses during 2018 across the three largest divisions is shown below:

Division	% in 25 days			
	Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19
Women & Children	64%	80%	96%	100%
Medicine	65%	83%	68%	47%
Surgery	36%	83%	50%	60%

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 have seen a reduction of the percentage of complaints closed within 25 working days during Q3 and Q4 of 2018/19 to 51%. This deterioration in performance has occurred due to the challenges faced when trying to gather responses from clinical staff and this is compounded further if a complaint concerns cross-divisional care. The Strategy Deployment Review (SDR) process has significantly raised the importance of reducing delays to formal complaints with senior divisional managers and it is felt that engagement of more clinical leaders would be beneficial to reduce delays further.

The number of formal complaints that have reopened has increased compared to previous performance measured in 2017-18. 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

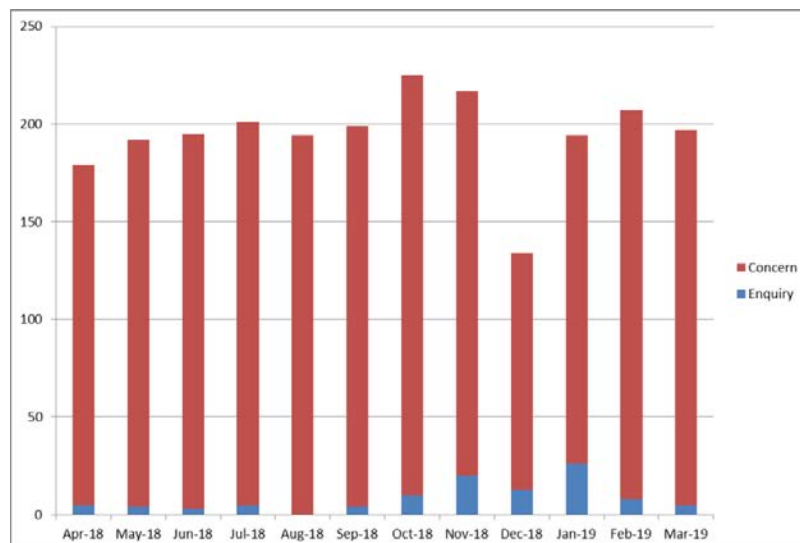
response. The table below shows the number of cases that have re-opened since the response rate target has been in effect.

	Re-open rate
Q1 18-19	17%
Q2 18-19	19%
Q3 18-19	24%
Q4 18-19	16%

The number of PALS enquiries and general information requests has increased significantly year on year. The PALS team will not log the enquiries in 2019 unless the enquiry highlights an opportunity for the Trust to implement an improvement. This change in recording activity is being introduced to save the team time and ensure they are able to respond to contacts within the 1 working day timeframe.

The number of appointment related complaints and PALS concerns have similarly increased and the Trust is currently working to reduce the level of dissatisfaction and improve processes.

Appointments is the most common reason for patients and their families raising a concern or an informal enquiry with our PAL's service. 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 3<sup>rd</sup> 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 overleaf shows how the PALS concerns linked to Southlands Hospital has remained relatively constant since the Ophthalmology Eye Care Unit opened there.

	Worthing	St Richard's	Southlands	Total
Apr 2018	266	258	20	544
May 2018	261	240	21	522
Jun 2018	275	242	28	545
Jul 2018	283	255	24	562
Aug 2018	276	255	15	546
Sep 2018	241	246	16	503
Oct 2018	234	263	30	527
Nov 2018	223	256	28	507
Dec 2018	152	159	23	334
Jan 2019	224	260	17	501
Feb 2019	242	234	23	499
Mar 2019	281	273	13	567
<b>Total</b>	<b>2,958</b>	<b>2,941</b>	<b>258</b>	<b>6,157</b>

### 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 2018/19.

Number of Cases	Q1 2018-19	Q2 2018-19	Q3 2018-19	Q4 2018-19	Totals
Outstanding previous Quarter	5	5	8	7	<b>25</b>
New Referrals	1	3	1	4	<b>9</b>
Closed	1	-	2	4	<b>7</b>
Upheld	-	-	-	1	<b>1</b>
Partly Upheld	-	-	-	2	<b>2</b>
Not Upheld	4	-	2	2	<b>8</b>
<b>Total Open</b>	<b>5</b>	<b>8</b>	<b>7</b>	<b>3</b>	<b>23</b>

A total of eight complaints investigated by the PHSO have not been upheld during 2018/19.

One case was upheld. The changes that have been implemented in relation to this case are that when a patient has a complex pathway post-operatively the operating surgeon should lead on their care and any discussions related to complex management plans should be discussed in a benign gynaecology MDT meeting. The Gynaecology lead will create a patient information leaflet which compares different types of hysterectomies and describes the risks and benefits as well as alternatives for patients. Junior doctors are to escalate any readmissions following a surgical procedure to the consultant on call for review and also inform the operating consultant of their patient's attendance and the management plan.

Two cases were partly upheld:

- 1) The PHSO report stated that the Trust should have informed the patient of the changes to the procedure on their knee as soon as they recovered from the anaesthetic or on the ward round. The Trust are ensuring doctors give patients the opportunity to view their own X-Rays post procedure so that patients are reliably informed if surgery has changed during a procedure. The Trust is creating an action plan to improve the communication issues that occurred in this case.
- 2) The PHSO found failings in record keeping, lack of consent discussion, delaying the surgery and in its complaint handling. The Trust has apologised for the distress caused to the complainant and compensation of £2,750 has been offered. A full action plan will be shared by June 2019.

	2014-15	2015-16	2016-17	2017-18	2018-19
New cases referred in year*	17	28	14	9	9
Declined/not upheld	13	14	7	8	8
Further local resolution taken by the Trust	-	-	1	-	-
Upheld/recommendations (partially or in full)	4	14	2	3	3
Decision awaited	-	-	4	5	6

\*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.

## Our Goals for 2019/20

### To Embed 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.

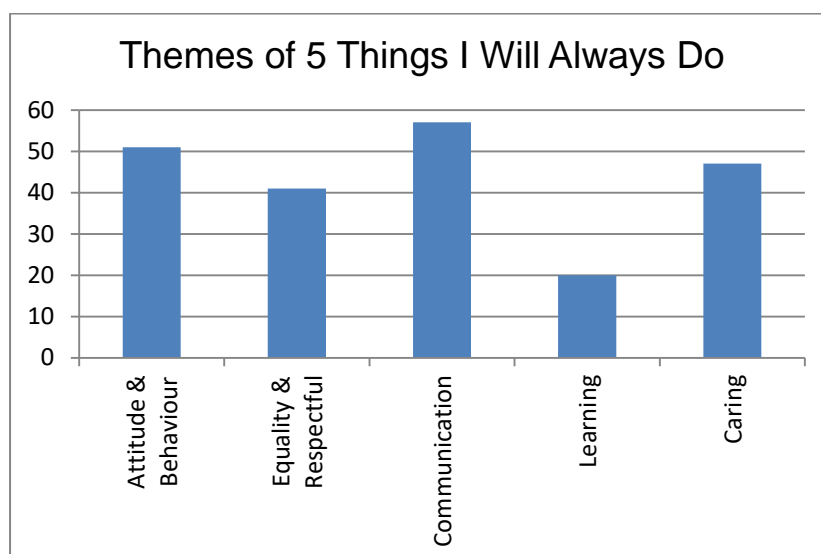
**7. Actively listen to ensure we learn from patient feedback and make improvements where necessary.**

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.

The annual staff conference held in October 2018 focussed on Patient Experience and over 600 staff from a cross section of roles attended. Pledges were made by those that attended about the actions they will take to ensure that patients have the best experience of our care Which have been ranked as the top 5 subjects below:





It is hoped that a staff charter will be produced to remind everyone of the importance of really listening to what matters most to patients and remaining empathic to the situations that occur.

### **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.