

Patient Experience Annual Report 2015 – 2016



Compiled by:

Amanda Parker – Director of Nursing

Lisa Ekinsmyth – Matron Patient Experience

Tracey Nevell – Manager Complaints and PALS

INTRODUCTION

The Trust is committed to listening and learning from our patients. During 2015/16 we received feedback from our patients on their experience of being treated and cared for at the Trust from a wide range of sources including Friends and Family test feedback, national and local surveys, PALS enquiries and complaints. Engagement with stakeholders including our Governors, Healthwatch and the Coastal West Sussex Clinical Commissioning Group also provided information on the experience of our patients.

This feedback provides us with a rich picture of patient experience, providing insight into what matters to patients. It provides us with direction on how we can improve and the information helps inform priorities for patient and public engagement and quality priorities.

Many people choose to become involved with the work of the Trust as volunteers and contribute many hours each year adding value and improving our patients' experiences.

The Trust's Director of Nursing and Patient Safety is the executive lead for patient experience, which includes responsibility for ensuring compliance with the Friends and Family reporting and national surveying of patients and demonstrating that we have used patient feedback to improve experience for patients.

Patient experience is a key strand of our quality strategy therefore placing it at the heart of the Trust's continuous drive to improve the quality of services we provide.

Monthly reports are provided to operational teams and patient stories are shared to staff via a patient safety newsletter. Narrative feedback from surveys, complaints and compliments are also shared with staff. We publish our Friends and Family Test results, national survey feedback and review Patient Opinion and NHS Choices feedback.

This report provides an overview of the work that has taken place during 2015/16.

PATIENT AND PUBLIC INVOLVEMENT

The views of our stakeholders are important to the Trust and they support us in understanding what is important to patients. Stakeholder opportunities during 2015/16 have seen engagement with the public, patients and governors at events such as; our Better Births event, CQC mock inspections and the Southlands ophthalmology development. In addition, the Trust has held drop in sessions for patients, relatives and advocates regarding changes to the MSK service to ascertain what users

would want from that service. Local stakeholder meetings have given the opportunity for input into our Research and Innovation Strategy, our Quality Strategy and wayfinding within the hospitals. All of these events have supported the Trust in ensuring that our services are designed to meet the needs of patients.

The Trust board has oversight of patient experience through quarterly reports at our public board meetings. Three non-executive directors attend (one of whom chairs) the Patient Experience and Feedback Committee that liaises closely with the activities of the Patient Experience and Engagement Committee. Their role is to be assured that action on improving and responding to patient experience concerns are addressed.

During 2015/16 the public had the opportunity to express their views of the Trust and the care they had received to the Care Quality Commission (CQC). This informed the comprehensive inspection of the Trust that was undertaken in December 2015. Feedback within the Trust's report from the CQC stated: "We had an unprecedented number of letters and emails from people who use the service prior to, during and after the inspection visit. The overwhelming majority of these were very positive and told stories of staff going above and beyond the expected level of care."

Membership of the Patient Experience and Engagement Committee includes representation from; the Trust, Coastal West Sussex CCG, Trust Governors, Healthwatch, Sussex Community NHSFT and Sussex Partnership NHSFT. This group routinely reviews actions and their progress along with any impact on improving or addressing patient experience issues.

PATIENT EXPERIENCE

Capturing Patient Experience

Why is it important?

Improving the experience of our patients is at the heart of the Trust's vision and values, and is a central aspect of our Patient First programme. The Patient First programme is a long-term programme which has as its aim a transformation in the way we deliver services to patients. Patient First is based on standardisation, system redesign and the improvement of patient pathways to eliminate waste and improve quality.

The opportunity to hear the voice of the patient through the Friends and Family test gives staff the opportunity to listen to patients' experiences and to make improvements. The Friends and Family test was introduced across the NHS in 2013 to help service providers and commissioners understand

whether patients are happy with the service provided. Feedback is responded to on a regular basis and immediate and longer-term actions taken to improve the experience for patients. Wards use the information to feedback within their area using the 'you said...we did' principle. Examples of immediate action taken from Friends and Family Test feedback during 2015/16 include: making newspapers available in Accident and Emergency Departments (A&E); providing clocks in areas so people are aware of the time; additional information leaflets in A&E; refreshments in areas where people were waiting such as A&E and Outpatients Departments; increasing our volunteers; addressing noisy doors and temperature concerns; changes to our night time settling routine and ensuring that there is food available on the wards outside of normal mealtimes for patients.

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

- Induction and recruitment have been radically redesigned to ensure all staff are fully focused on delivering great care. This extends to the Induction Day and implementation of a Welcome Day,
- Successful pilot for delivery of Western Sussex Way training programme, aimed at groups of staff to improve customer care,
- More than 96 staff have become 'ambassadors', to act as exemplars of best practice and guides to others,
- Employee of the month - this is awarded to staff or teams who are nominated by either colleagues or patients who recognise that someone has gone above and beyond in their role.

Friends and Family Test

GOAL: To achieve a score that places us in the top 20% of NHS Trusts in country for recommendation by patients responding to the Friends and Family Test.

How do we monitor it?

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

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

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

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

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

Our aim for 2015/16 was to increase the return rate and to be above the national average scores across all areas. It should be noted that the national results for maternity only allow for comparison of the question asked at delivery.

We have fulfilled our commitment to putting in place a programme to streamline our survey and reporting approaches, ensuring that the Friends and Family Test is embedded in all appropriate feedback collection mechanisms.

We now use the meridian real-time patient experience survey system (RTPE) to capture the majority of our FFT feedback including: SMS¹ feedback for our A&E departments, dementia team post discharge phone calls, all outpatient and day case areas. We still have a dual approach for our inpatient wards; however by April 2016 all feedback will be captured through one survey system. This will allow us to amalgamate results in key areas across a range of surveys.

How do we report it?

Feedback, both from the Friends and Family Test and other patient experience measures, is routinely provided directly to wards and departments, both at aggregate level and individual comments where appropriate. Aggregate measures are reviewed at ward, site, and divisional level and key metrics included in the Quality Scorecard provided to the Trust Board. Each ward is encouraged to publically display the Friends and Family Test score for that ward for patients to see.

¹ SMS, short message service, i.e. a ‘text message’

Where are we now?

The Friends and Family Test

Specific goals for 2015/16

A&E: to maintain our current excellent position in the top 20 in terms of the response rates. To achieve top 30 position for recommendation.

Maternity: to improve our current very positive position, aiming for excellent with top 30 ranking for both return rates and satisfaction on both sites. It should be noted that the national results for maternity only allow for comparison of the question asked at delivery.

Inpatient: to improve return rates and achieve a recommendation score in line with the national average.

Outpatient: to improve response numbers and achieve satisfaction rates in line with national average.

Key achievements 2015/16

A&E: The tables and graphs show that A&E performs above the national average for both response rates and satisfaction. We did not meet our own objective of maintaining the top 20 position for return rate, and whilst we did see an improvement we did not achieve the top 30 position for recommendation. It is of note that St Richard's A&E department, whilst remaining above the national average, has seen a drop on both response and return rate compared to last year – this has been compensated by Worthing's significant gains.

Friends and Family Test A&E recommend rate

	2013/14	2014/15	2015/16	National average (2015/16)	National position (2015/16)
WSHFT	91.00%	90.60%	91.40%	87.42%	54 th of 145 (37th centile)
Worthing	90.00%	90.90%	92.77%	87.42%	N/A
St Richard's	91.30%	90.30%	88.68%	87.42%	N/A

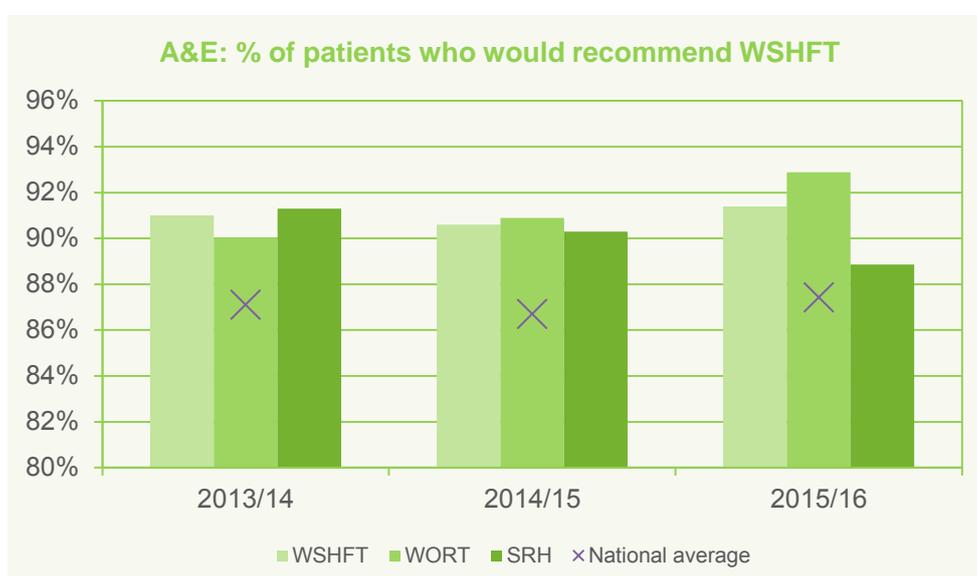
N.B. 2015/16 National figures presented are Apr to Feb 2016 only.

Friends and Family Test A&E survey response rate

	2013/14	2014/15	2015/16	National average (2015/16)	National (2015/16)	position
WSHFT	18.90%	26.70%	17.80%	13.92%	48 th of 145	(33 rd centile)
Worthing	16.20%	27.50%	21.52%	13.92%	N/A	
St Richard's	22.10%	25.90%	13.30%	13.92%	N/A	

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

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



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

Inpatients

While the Trust is currently exceeding the minimum response rate requirement for inpatients (currently 30%), further work is required if we are to achieve our ambition for excellence.

We had delivered a significant increase in response rates in 2014/15 but this reduced in 2015/16 (along with the national picture). We have, however, improved our position from 123rd of 157 (78th centile) organisations to 94th of 176 (53rd centile) organisations. One factor which contributed to this level of performance is that from May this year the results from day cases were included within the inpatient scores.

Although this led to a significant drop in response rates initially, it has improved as the year has progressed. We still have some way to go to deliver our target of being in line with the national average for all our Trust sites (in particular for St. Richard’s Hospital), although we have achieved this for the second part of the year. Our recommendation score, whilst improved compared to our performance nationally last year, still remains below the national average. It must be acknowledged that the national figures compare us to a number of specialist centres, however there are district general hospitals who achieve well above the national average. We want to be an excellent Trust and therefore we aim to set a clear plan to improve our current below average position.

Friends and Family Test Inpatient recommend rate

	2013/14	2014/15	2015/16	National average (2015/16)	National (2015/16)	position
WSHFT	92.20%	92.40%	95.20%	95.68%	122 nd of 179	(68 th centile)
Worthing	91.50%	92.10%	94.81%	95.68%	N/A	
St Richard’s	92.90%	92.70%	95.63%	95.68%	N/A	

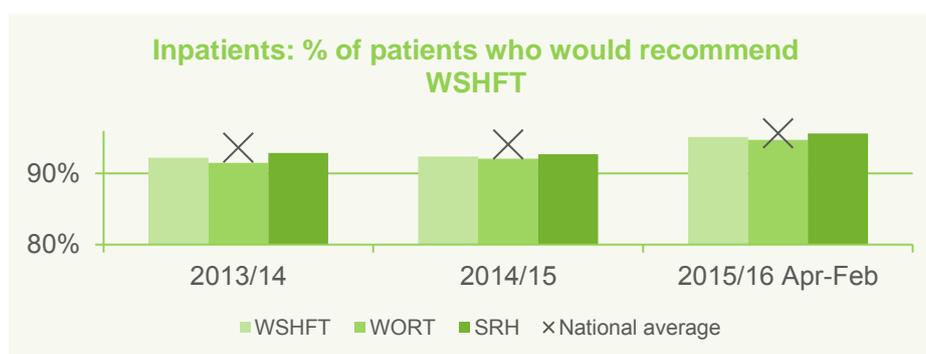
N.B. 2015/16 National figures presented are Apr to Feb 2016 only.

Friends and Family Test Inpatient survey response rate

	2013/14	2014/15	2015/16	National average (2015/16)	National (2015/16)	position
WSHFT	21.40%	30.70%	26.14%	25.54%	94 th of 178	(53 rd centile)
Worthing	20.90%	30.80%	29.74%	25.54%	N/A	
St Richard’s	21.90%	30.60%	25.18%	25.54%	N/A	

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

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



Maternity

The maternity results for both sites have reduced compared to 2014/15, and for satisfaction are now just below the national figures for 2015/16. It is of concern that the response rate is extremely low compared to the national picture; this will be a focus for 2016/17.

Friends and Family Test Maternity Delivery recommend rate

	2013/14 (from October 2013)	2014/15	2015/16	National average (2015/16)	National (2015/16)	position
WSHFT	96.60%	97.00%	95.70%	96.66%	39 th of 139	(28 th centile)
Worthing	94.80%	94.70%	96.60%	96.66%	N/A	
St Richard's	97.60%	98.50%	94.80%	96.66%	N/A	

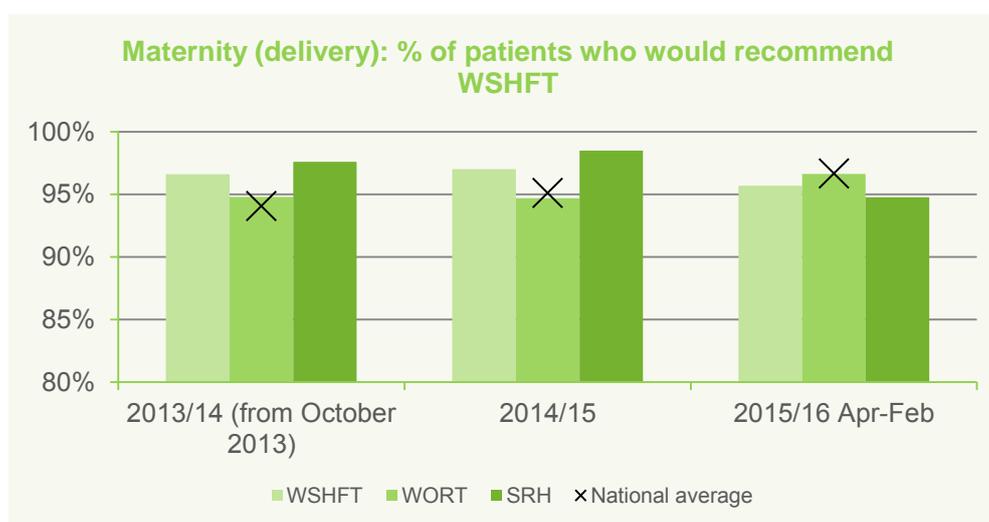
N.B. 2015/16 National figures presented are Apr to Feb 2016 only.

Friends and Family Test Maternity Delivery survey response rate

	2013/14 (from October 2013)	2014/15	2015/16	National average (2015/16)	National (2015/16)	position
WSHFT	17.00%	29.10%	11.42%	22.85%	117 th of 138	(85 th centile)
Worthing	13.60%	25.40%	11.35%	22.85%	N/A	
St Richard's	20.40%	32.30%	11.49%	22.85%	N/A	

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

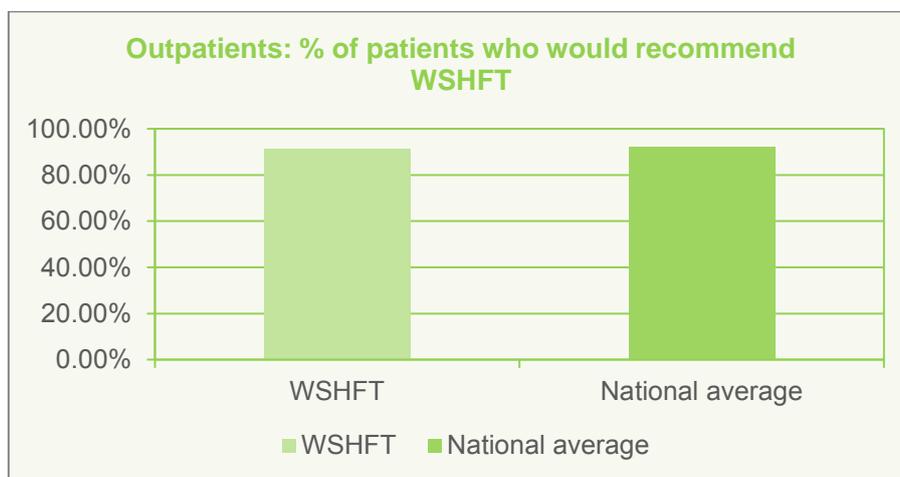
Friends and Family Test – Maternity Delivery percentage of patients who would recommend WSHFT



Out Patients

The number of surveys completed for outpatients in 2014/15 was not as high as we would have liked with only 785 returns – this was therefore a key priority for improvement during 2015/16. It is pleasing that between April 2015 and March 2016, 10,699 Friends and Family surveys were completed across outpatient clinics, with overall recommendation of 91.6%. Whilst it is very encouraging to see such an increase in engagement in outpatient areas we still have some work to do to deliver our aim of excellence. Our recommendation rate is currently slightly below the national average of 92.3% (data to February 2016).

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



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

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

National Surveys

During 2015/16 we have taken part in three key national surveys, the National Inpatient survey, the national maternity survey and the national cancer survey.

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 was 54.4% The full report for 2015/16 will not be released until June 2016 and so 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 2015/16 show that we are performing within the expected range for the majority of areas. We have scored highly in the following areas:

- Cleanliness of wards, including toilets and bathrooms
- Nursing staff answering questions in a clear and understandable way
- Treating patients with respect and dignity
- Patients feeling well looked after by staff
- Discussion of need for adaptations/equipment for discharge.

We have also shown significant improvement of five points or more in the following areas:

- Do you think staff did all they could to help control your pain?
- From the time you arrived, did you feel it was a long wait to get a bed on a ward?
- Were you given clear written/printed information on medicines?
- Were the side-effects of medicines to watch for when home explained?

Where we need to do better:

It is particularly pleasing that we have shown significant improvement in the two questions relating to medication as these were identified as key areas for improvement following the previous year's survey. We know that we still have much to do in this area and the question 'Was the purpose of medicines to take home explained understandably?' was low scoring compared to other organisations. Other areas identified in this survey for improvement include:

- Were hand-wash gels available for patients and visitors to use?
- Prior to your operation, did the anaesthetist explain understandably how they would control any pain?
- Before leaving, were you given written or printed discharge information?
- Was the purpose of medicines to take home explained understandably?
- Did doctors/nurses give family/friend all information needed to help care for you?

The only area where we have shown a significant drop (five points or more) in score is the question relating to explanation by an anaesthetist about how pain would be managed: we saw a nine point drop in satisfaction.

National Maternity Survey

The Trust took part in the National Maternity Survey of Women's Experience in 2015. The survey was conducted for women who gave birth during February 2015. Our response rate of 53% was higher than the national average of 41%. The report has been reviewed by the division and discussed at governance meetings. Of particular note is the 10 point increase in satisfaction with access to services in labour. This follows the introduction of a telephone triage system.

The Trust scored "better than most other Trusts " (ie the top 20%) for the following questions:

- During your labour, were you able to move around and choose the position that made you most comfortable?(8.8/10)
- Feeling that their partner who was involved in their care was able to stay with them as much as possible.(9.6/10)

For all other areas the Trust scored "about the same" as most other organisations.

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

Real Time Surveys

The Trust supplements the information from the Friends and Family Test with a more detailed inpatient survey carried out by patients on hand-held tablets. The difference in care across the days of the week is something that is often highlighted in the national press. There are national standards about this issue (the Keogh standards) one of which is to ensure that patient experience is reviewed dependant on the day and time of admission. In 2015 we put in place an adjustment to the inpatient real-time survey that allows us to do this.

We have also put in place TV screens in every ward during the past year which displays results for our patient satisfaction, both in hours and out of hours. Ward and departmental leads receive

detailed feedback each month, including every patient comment and question score, which enables them to celebrate excellence with their teams and to set local improvement goals for areas identified as being of concern. The ward accreditation scheme which commenced this year requires all areas to show that they are using the patient feedback to make positive changes to improve patient experience.

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

Overall from April 2015 to March 2016, 22,692 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 3,914 responses to the adult inpatient real-time survey during this period.

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

Survey	% satisfaction	Numbers of Surveys completed
Adult Inpatient Survey	84%	3914
Outpatient Survey	77%	615
Children's Inpatient Survey	94%	404
Neonatal Unit Survey	94%	236
Endoscopy Patient Experience Survey	93%	232
Emergency Floor survey	85%	204
End of Life Care Survey	77%	195
Maternity Inpatient Survey	93%	153
Carers Questionnaire	82%	136
Carers Discharge Survey	74%	122
Noise at Night Trust Patient Experience Survey	60%	119
Discharge Satisfaction Survey (Lavant Leapers project)	68%	88
Outpatient Treatment Survey Fernhurst Clinic	93%	74
Medication Survey	60%	62
Adult Outpatient Survey Fernhurst Centre	87%	24

National Cancer Survey

The Trust has participated in the National Cancer Survey with data taken from patients attending for treatment between May and July 2015. The report will not be released until the autumn however we do know that the response rate was very high at 70%.

Other Forms of Feedback

Sit and See

We have also continued to expand our Care and Compassion programme (called 'sit and see'). This involves staff and volunteers, who have received training in use of an assessment tool, visiting ward areas and observing patient - visitor and staff interactions and scoring every interaction as positive, passive or poor. The observations celebrate the small acts that we can do that make a difference to our patients. We have conducted 59 ward / department visits and trained 21 members of staff and governors since April 2015, taking the Trust total observers to 76. The Director of Nursing sends out a letter of congratulations to any staff member who has been noted as acting in a particularly compassionate manner.

NHS Choices and Patient Opinion

Patients have the opportunity to provide feedback through public forums such as NHS Choices and Patient Opinion, we respond to some of this feedback however not to all. During 2016/17 we aim to be more responsive to this feedback. Comments left are in the main positive but limited. NHS Choices has the Trust at a current rating of 2.5 stars. One comment example is;

'Massive "Thank you!" to all the staff in the Paghams suite who took care of me when I was in for a procedure earlier this month. I received outstanding care and service which made the whole experience so much more comfortable and easy.'

Patient Opinion has one comment; *'What I observed was disappointing.'* According to the website the Trust had responded to this but this was not visible, so a further opportunity to ensure that we are responding and acting on concerns raised by the public.

Learning Disability Peer Review

We conducted an external learning disability review in September 2015 following on from the previous year's successful review. This involved members of Sussex Community NHS Foundation Trust together with service users with learning disabilities visiting wards and departments on both sites and reviewing our compliance against key standards. Themes from the previous visit including

understanding of mental capacity, lack of picture menus, challenges with signage and way finding were a central focus of this year's review. We received praise from the team who recognised the progress made with improving our staff's knowledge of the Mental Capacity Act. They were impressed with our new toilet signs and the dedication of staff to making adjustments for patients with learning disability. The new picture menus, although evident, were noted as not being well used; a lack of easy read patient information was also noted. Whilst there have been improvements to our signage there were concerns that there is still much to do. The Learning Disability Steering Group have used this feedback to formulate a full action plan for the coming year.

Volunteers



We have a volunteer manager working at each of the two main hospitals sites supporting a wide range of volunteering activities. The volunteer manager at Worthing also provides the recruitment and support for volunteers at Southlands hospital, they support 692 volunteers. We acknowledged our volunteers commitment with buffet lunch and afternoon tea events during the year. There are a further 298 volunteers who support hospital radio and other activities across the trust providing a valuable service to our patients.

There are a variety of opportunities within most departments broadly divided as clinical and non-clinical. We also have some very specific volunteer activities of which we are very proud, working with specialist teams such as the therapeutic volunteers (providing massage and hand care), cardiac rehabilitation buddies, Knowing Me volunteers (supporting dementia therapeutic activities),

chaplains, and hospital radio. We work with the League of Friends who provide the hospital shop and trolley services, the royal volunteer service who run cafes on the sites and have recently joined forces with the Samaritans to provide regular support in our A/E waiting rooms.

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

The Nesta Young People's project that was funded by the Department of Health has enabled us to extend to more wards and to cover supper times as well as the lunch time period. We have successfully recruited 168 young people since the start of the project, the majority of whom volunteer as dining companions. We have enhanced our links with local schools and colleges and have attended careers events to raise the awareness of the opportunities that are available in our Trust, both for volunteering and as potential career choice

Through the Nesta project we also worked closely with our West Sussex County Council colleagues to provide taster activities for young people who might not otherwise have thought of volunteering or who may not have the confidence to approach such a large organisation themselves. We provided a range of opportunities including:

- a large group visiting the Trust as part of their NCS programme, - infection control activity, way finding, visits to pathology, clinical skills lab
- presentations about the hospital with practical activities on sites outside the Trust, infection control activity, hospital values activity
- young people attending to shadow staff members, way finding, patient experience surveys, clinical staff
- focused small group taster activities, department visits, patient experience surveys, way finding activities

The success of the Nesta programme has inspired us to review the opportunities that volunteering presents for enhancing our patient experience and in building important links with our local community. In the coming year a project is planned to deliver a full review of the volunteering. The aim of this project will be to widening the scope of volunteering in the Trust whilst ensuring that we have the infrastructure to support our ambitions

Volunteers from across the hospital were also keen to tell us about how much they enjoyed working at the hospital. They told us they were supported and accepted as a part of the hospital team. Those working in clinical areas described a sense of belonging and felt their work helping people to eat and drink or occupying elderly patients was valued. (CQC Inspection Dec'15)

Patient Information

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

PALS and COMPLAINTS SERVICE

The Customer Relations team (Patient Advice and Liaison Service (PALS) 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.

- The Customer Relations team has dealt with 12,595 patients, relatives, visitors, carers and other service users during the year.
- In 36% of cases, we helped put things right via our PALS service within one working day.
- 59% of enquiries were on the spot general advice and information requests.
- 5% of all enquiries required a formal investigation under the NHS Complaints Procedure.
- None of the formal complaints received in 2015/16 have yet been referred to the Parliamentary Health Service Ombudsman (PHSO) for independent review by the complainant. However there were 28 cases referred to the PHSO relating to complaints made in previous years. Of these 25% have not been upheld, 46% are still under review and 29% were upheld.

Plaudits, Positive Outcomes and Lessons Learnt

The team, Chief Executive's Office and wards and departments frequently receive plaudits from patients. They are recorded as a range of gestures; letters, cards, e-mails, telephone calls, donations, cakes, sweets and biscuits. The overall themes from these many hundreds of acknowledgements are

related to values and behaviour of staff being kind, friendly, caring and professional. The excellent care received is often referred to in many of the plaudits.

We are aware that the number of issues around appointments has risen over the recent years, some of this is related to a significant increase in specialties such as ophthalmology where the criteria for referral has changed and our capacity to see patients has not grown at the same rate. The stream of work within our transformation project in ophthalmology which began in 2014/15 which includes outpatient appointments has seen the number of complaints and concerns gradually decrease during 2015/16.

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

Following a complaint made about confusion over the plans for a patient's follow up in cardiology, changes have been made to the format of the appointment letter with the nurse led cardiac clinic.

A supply of leaflets has been provided on the ward regarding gynaecology physiotherapy.

A more robust system has been put in place for patients discharged on new anticoagulation medication to indicate that a formal referral to the anticoagulation service needs to be made.

A 'Do Not Move Policy' has been introduced which will ensure that the sickest patients and those nearing the final stages of their life are only moved once all other options have been carefully considered.

The antenatal clinic has changed the clinic letter template to include an address and explanation as to why treatment is required. In addition, the letters will now be sent electronically to GP's to improve the new process.

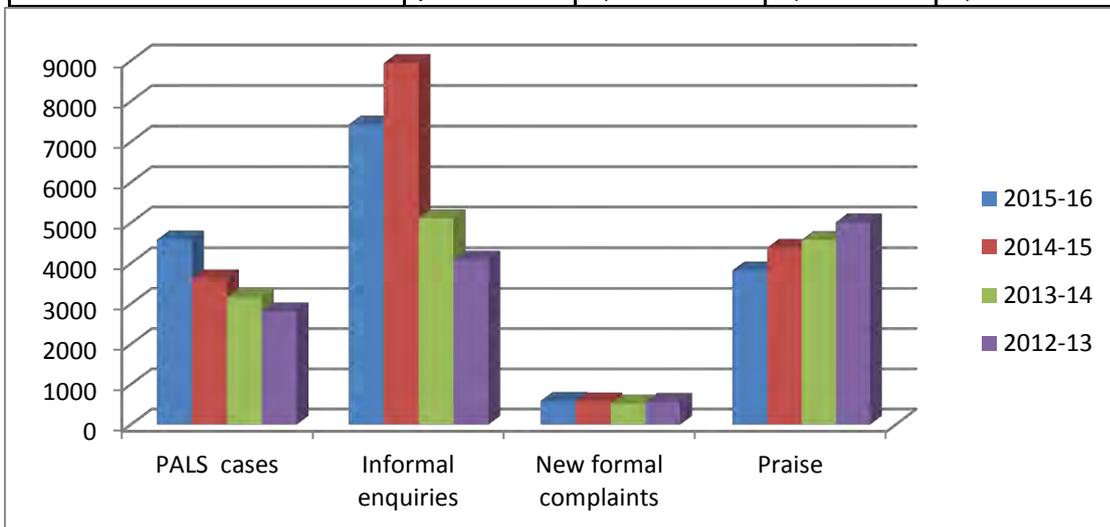
We are preparing junior doctors for difficult conversations such as delivering significant news and discussion regarding DNAR and introducing structured teaching in the form of medical simulation for exactly these circumstances.



The Patient Experience & 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 2015-16 to ensure that the complaints process is managed fairly and effectively and in accordance with policy and procedure.

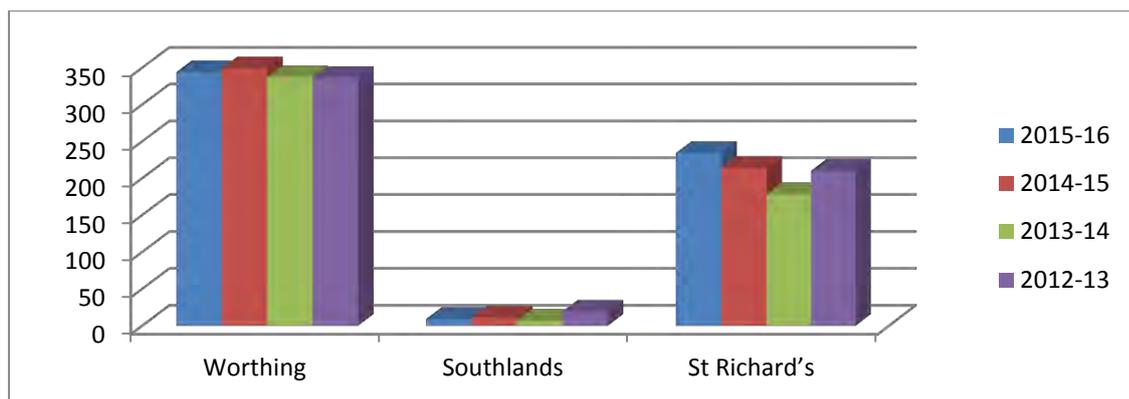
Type of cases

	2015-16	2014-15	2013-14	2012-13
PALS cases	4582	3,627	3,149	2,807
Informal enquiries	7426	8,939	5,110	4,089
New formal complaints	587	574	522	565
Praise	3,823	4,385	4,574	5,010



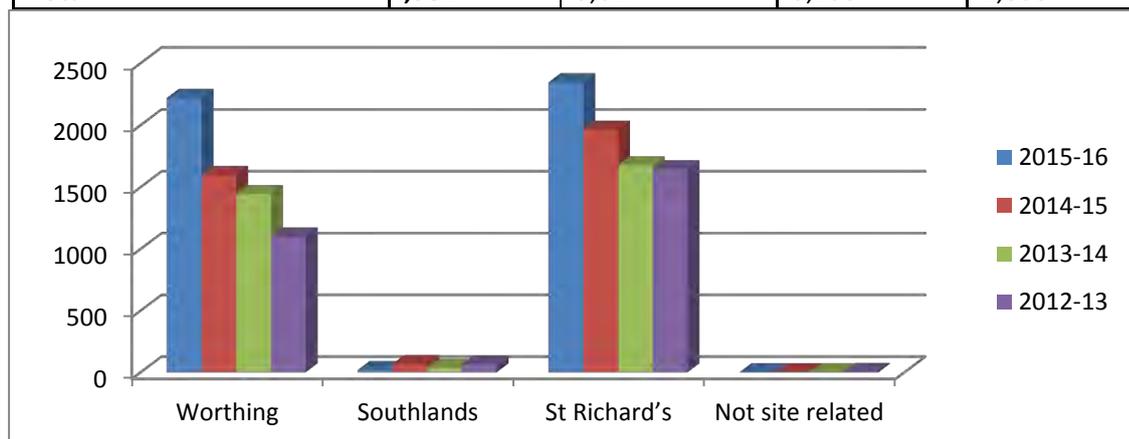
Formal complaints received by site

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



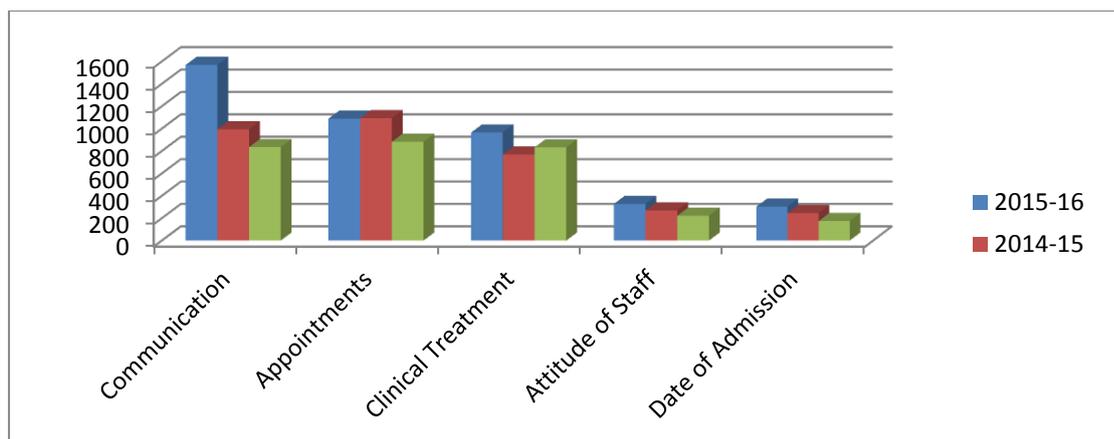
PALS Enquiries received by site

	2015-16	2014-15	2013-14	2012-13
Worthing	2219	1,597	1,443	1,100
Southlands	18	67	36	63
St Richard's	2345	1,963	1,674	1,643
Not site related	-	-	-	2
Total	4,582	3,627	3,153	2,808



Top 5 Enquiries (PALS & complaints) received by category

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



Formal complaints referred to the Parliamentary Health Service Ombudsman

	2015-16	2014-15	2013-14	2012-13	2011-12
Declined/not upheld	7	5	13	12	13
Further local resolution taken by the Trust	-	-	2	4	1
Upheld/recommendations (partially or in full)	8	2	2	-	1
Decision awaited	13	10	-	-	-
Total	28	17	17	16	15

Formal complaints performance

	2015-16
Opened cases: acknowledgement within 3 working days	563 (96%)
Closed cases (response sent to patient)	646
Closed cases: response sent within 25 working days	88 (14%)
Closed cases: upheld - partially or in full (complaint supported after investigation)	448 (69%)
Closed cases: not upheld (complaint unsupported after investigation)	198 (31%)

Formal complaints compared with hospital activity

	2015-16	2014-15	2013-14	2012-13
Complaints relating to inpatient care	247	243	233	282
Rate per 1000 bed days	0.75	0.75	0.74	0.89
Complaints relating to outpatient appointments	261	226	197	205
Rate per 10,000 new appointments	11.40	10.50	10.06	10.87
Complaints relating to A&E	79	105	92	78
Rate per 1000 A&E attendances	0.58	0.78	0.69	0.59

Complaints & PALS

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.

Customer contact in general, and in particular, complaints management has received recent attention from ministers, the media and the public, and major reports (e.g. Clwyd-Hart, Berwick and Francis) have shaped policy across government and the health sector. Recent reports from Healthwatch and the Care Quality Commission (CQC) have collectively and consistently raised concerns about the quality, accessibility and outcome of the complaints process.

This trust has therefore undertaken an internal multidisciplinary review of its complaints management process over the last year to ensure that it is user led, meets all national and local requirements as well as the Trust's own Patient First Programme. A number of resources have informed this work including:

- The NHS England Toolkit for the Assurance of Good Complaints Handling for Acute and Community Care.
- The Trust's internal auditors report on complaints handling carried out in January 2016.
- Review of the Trust's risk management database, specifically, the effectiveness of the complaints module to improve documentation flow and visibility of performance data.
- Results of complaints surveys sent following closure of each complaint to seek feedback on service users' experiences of making a complaint.

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

- More detailed scrutiny of compliance with timescales for responding to complaints through detailed reporting to divisions and the board.
- Upgrading the Datix risk management complaints module to allow divisional access to performance data and caseloads. This will improve and streamline reporting and visibility.
- Identification and corporate monitoring of action plans that demonstrate learning from complaints through Datix.

- Changes to the internal process at divisional level to introduce gatekeeping of complaints by the operational managers and matrons that will ensure appropriate investigations are carried out and monitored for governance purposes. It is intended that the introduction of this process will also improve the response to PALS enquiries.
- Introduction of training for key staff in complaints investigation and handling.

The Customer Relations team have played a significant part in the Trust's Patient First Programme throughout the year. They have assisted in delivering customer care training to departments and have actively supported the staff Ambassador programme to encourage and promote the values of the Trust in improving quality of patient experience.

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

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

During 2015-16 the Trust has had 8 of its cases from previous years upheld by the Health Service Ombudsman. In 5 of these cases, compensation to address service failures has been awarded to the total value of £2,700. Some of the actions taken as a result of these cases include:

How we Compare

The Health and Social Care Information Centre now collect data quarterly for complaints and on their website they have published 3 out of the 4 quarters for 15/16. We have only just been asked to submit returns for Q4. They make it clear that this is experimental data as the collection criteria changed last April and that trusts need to be careful about how this is analysed given that each trust logs and manages its complaints/PALS differently and the returns are new. The figures attached for WSHFT suggest that we have fewer complaints but are the worst at closing down our complaints, this supports our own analysis of our management of complaints.

The attached gives a breakdown with some of our neighbouring trusts. There is a wide range of data we have to report on including subjects, profession and specialties but they do not break down this data by trust, they only give one figure for the whole of NHS England. Response times are not collected.

Health and Social Care Information Centre (HSCIC) - Written Complaints in NHS England 2015/16 (KO41a)

Organisation	New complaints			Total no	Resolved complaints <i>(closed in reporting quarter regardless of date of receipt)</i>			Upheld			Partially upheld			Not upheld		
	Q1	Q2	Q3		Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3
Royal Surrey	117	98	84	299	107	116	82	52	39	17	16	44	41	39	33	24
WSHT	135	159	159	453	28	37	51	11	17	20	8	10	10	9	10	21
Portsmouth	129	173	160	462	94	141	105	19	17	19	35	60	24	40	64	62
Frimley Park	192	208	150	550	226	183	106	43	47	29	127	85	36	56	51	41
East Sussex	153	212	159	524	174	199	235	129	135	68	-	-	36	45	64	131
Brighton	221	297	258	776	234	345	269	19	60	24	35	64	62	40	35	56

GOALS 2016/17

Patient experience goals for 2016/17, we have identified three key goals:

- To improve our friends and family test recommendation score
- Reduce the number of open complaints
- Engage and respond to comments on line (NHS Choices, Patient Opinion)

Our key measure has been identified to align to our Patient First programme priority (true north metric) for patient experience which will use our FFT scores and return rate. Our aspiration for all FFT returns to achieve >98% satisfaction, 0% dissatisfaction and a return rate >50% over the next 2 years. For 16/17 we aim to achieve >97% satisfaction <0.7% and a return rate >40%. This is a goal that will be an expectation of all areas to work towards.

Our second goal is to reduce the number of open complaints we have. A reduction in these will mean we are responding in a timelier manner to patients. On average we currently receive 40-50 complaints per month but have in the region of 175 open complaints. With a closure target of 25 days for most complaints this shows we are not processing complaints in a timely manner. The goal is that by the end of 16/17 we will have on average no more than 75 complaints open.

Our third goal is to engage more with the feedback left within online forums such as NHS Choices and Patient Opinion, this will ensure that all feedback is utilised effectively and users of our services can be confident we act on their concerns.

I received a response to my complaint letter today and very much appreciate the time and effort that has been put in, not only to appease my concerns but also showing your commitment to improving practise. I felt the letter was thorough in response and that all my comments were researched and taken seriously. Please pass on my thanks to all the staff involved (letter to Chief Executive - February 2016).