



Sussex Community
NHS Foundation Trust

Annual Patient Experience Report 2020/2021

A decorative graphic at the bottom of the page featuring overlapping teal and green curved bands. In the center, there is a stylized heart shape formed by two overlapping loops, one teal and one green.

*Excellent care at the
heart of the community*

1. Introduction

This report details patient feedback received during the period 2020/2021 (via compliments, complaints, Patient Advice and Liaison Service (PALS), Parliamentary and Health Service Ombudsman and the Friends and Family Test (FFT). Analysis, including themes and trends, is included in each section.

Detail of the progression of the Trust’s Patient Experience Strategy is also included within this report

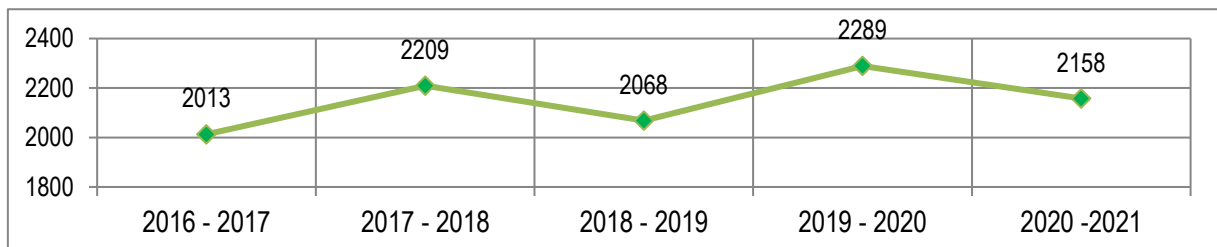
It should be noted that the COVID-19 Pandemic has significantly impacted each area of feedback during the last year. The complaints process was paused nationally during the period of March to June 2020 and levels of contact, particularly during the first wave of COVID19, were reduced. Further detail of the response provided by the Patient Experience Team during this challenging time is included within the report.

Patient Experience reports, developments and data are monitored and approved by the Patient Experience Group (PEG). The PEG reports to the Trust Wide Governance Group and Quality Improvement Committee.

2. Compliments

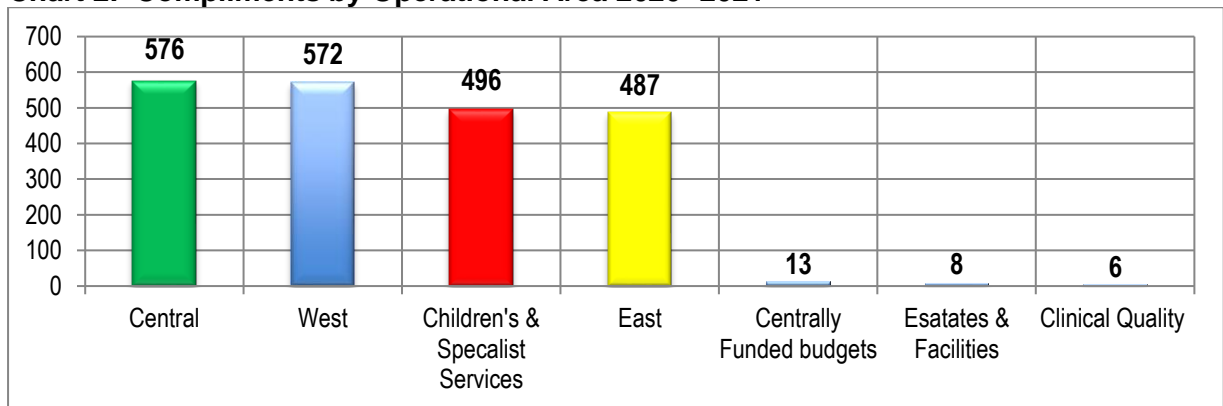
Compliment Data

Chart 1: Number of compliments received 2016-2021



Source Datix 16/04/21

Chart 2: Compliments by Operational Area 2020- 2021



Source Datix 16/04/21

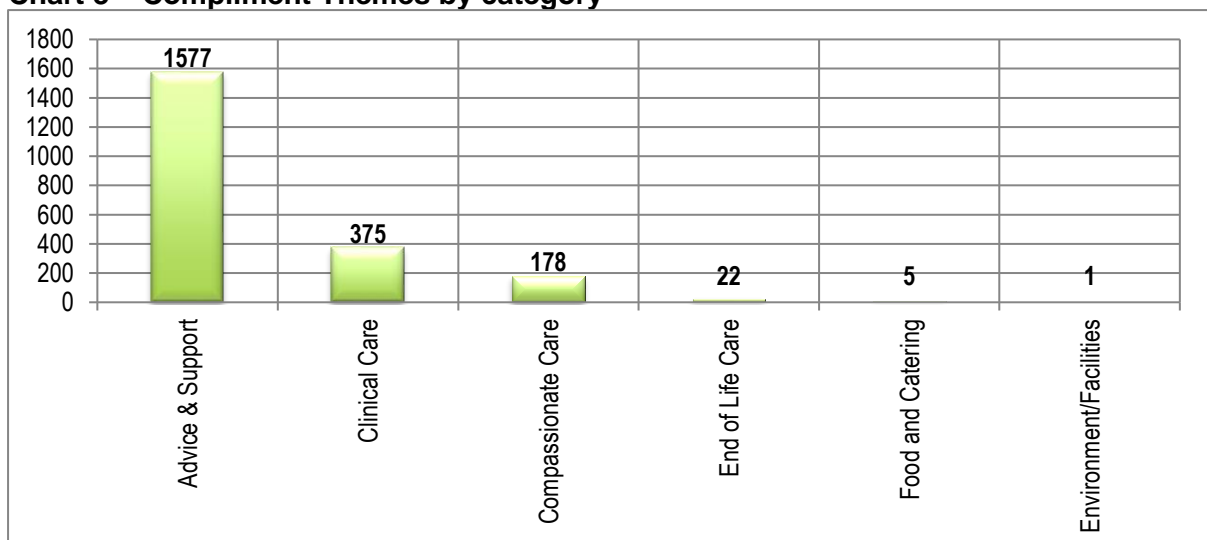
2158 compliments were recorded during the period 2020/2021 which is a slight reduction of 5.72% compared to 2289 compliments recorded during 2019/2020. April and May 2020 (during the first wave of COVID19) were the months with the lowest compliment total, on average 22% less than subsequent months.

Compliments received are also recorded by services in their 'Book of Good Stuff' and are regularly publicised on social media and the staff intranet and website.

Compliment Themes

When recording compliments, the recorder is asked to select the categories which the compliment relates to. With the majority of compliments these pertain to one or more categories. Chart 2 shows the percentage of the type of compliment categories cited in the recording.

Chart 3 – Compliment Themes by category



Source Datix 16/04/2021

Examples of compliments from each category

- **Clinical Care** – *To all the wonderful staff on Piper Ward, Thank you so much for the love and care you have shown to xxx, especially during these difficult times. Words cannot express our gratitude enough. All our love to you. (Piper Ward, Crawley Hospital)*
- **Advice and support** – *Thank you you have been a star. You have listened to every word I have spoken and supported me and guided me through some rough times. I really felt you understood and absolutely wanted to help and understand me. (Time to Talk Service)*
- **Compassionate Care** – *Thank you for looking after xxx the other day (boy who fell off the slide) You are all wonderful and your care is amazing. I thought you should know that, especially with what is happening in the world right now. Stay safe, and again, thank you. (Urgent Treatment Centre Crawley)*
- **Environment** – *Thank you all for all you have done for me during my stay at Arundel. Your kindness will not easily been forgotten. (Facilities staff Arundel Hospital)*
- **Catering** – *Thank you for the quality of the food and the excellence of the staff serving it –(Catering staff Bognor War Memorial Hospital)*
- **End of life care** – *Card from wife of deceased patient thanking nurses for their amazing help in giving her husband a dignified and beautiful end of life and offering her invaluable support. (Haywards Heath Primary Care Network)*

Word cloud of themes

Image 1: 2020-2021 compliments word cloud.

(The larger the word the more times it appeared in compliments)



Challenges for Compliments

Increasing the recording of compliments has continued to be challenging as operational services do not deem this as a priority. The Quality and Safety Departments Support Team are currently assisting with recording compliments.

3. Complaints

Number of Complaints

The Trust received 141 formal complaints during 2020/2021. This is a significant reduction of 37% compared to the previous year. As previously mentioned, the NHS complaints process was paused nationally during March- June 2020 in response to the pandemic, which impacted the overall number of complaints received.

The Trust continued to manage complaints relating to patient harm during this time and the Patient Experience Team kept in contact with complainants whose complaints were paused during this period.

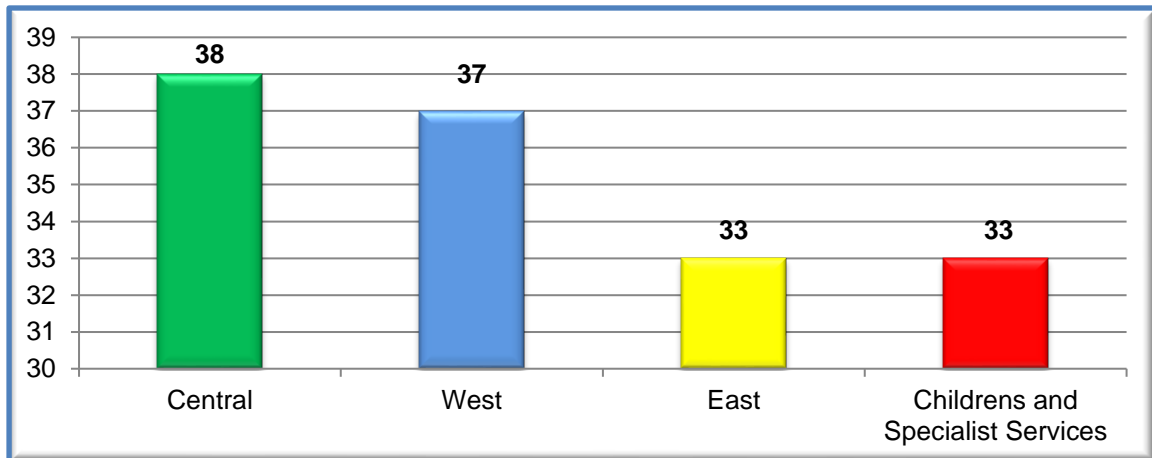
As part of the Patient Experience Strategy we are working to improve and monitor the accessibility of our complaints service. Patient Experience staff have completed training to support them with asking for and recording Equality Monitoring information, to help evidence areas where improvements in accessibility may be required.

Staff have contributed to the Parliamentary and Health Service Ombudsman development of NHS Complaints Standards which are due to be rolled out nationally in 2022. We have also asked to be considered as a pilot site by the Ombudsman during 2021/2022.

Complaints by Operational Area 2020/2021

Complaints are reported on by operational area and detail of each complaint is shared monthly at Area Team meetings.

Chart 4 – Complaints by Area

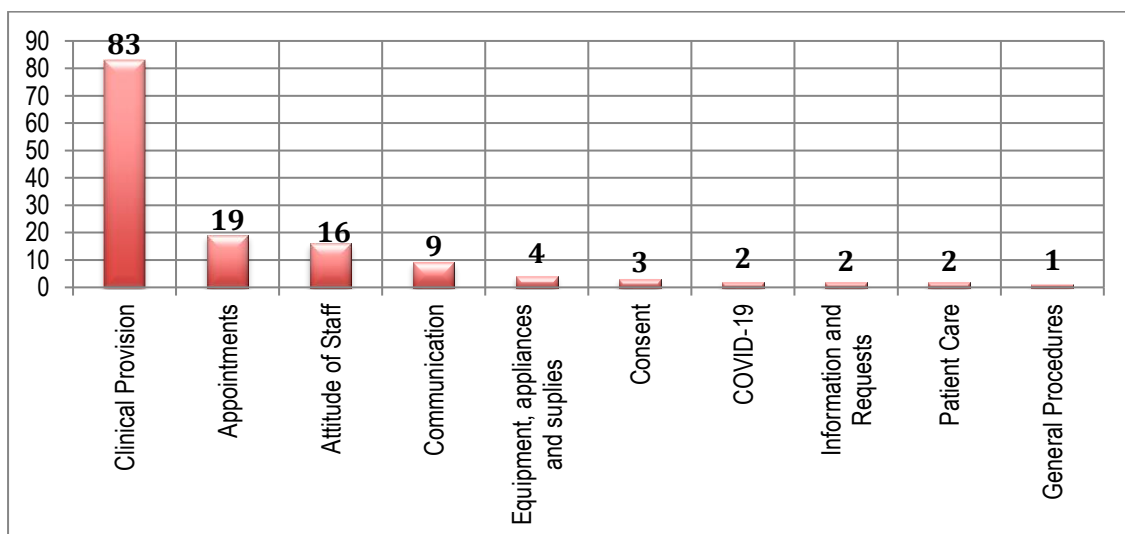


Source: Datix 16/04/2021

Complaint Themes

Each complaint is categorised into a main and sub category relating to the concern raised. Categories are aligned to national reporting and help to assist in identifying themes.

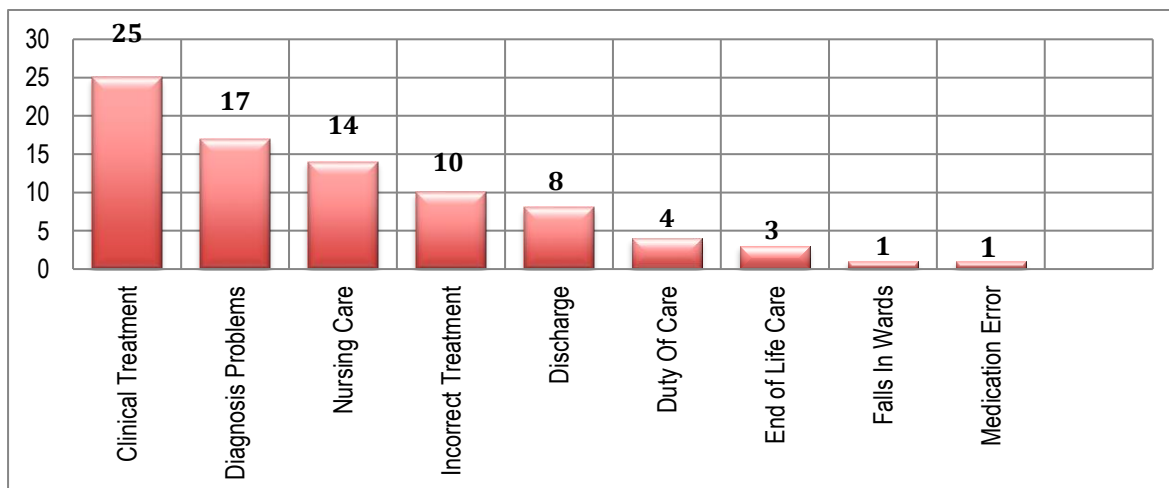
Chart 5 - Main Category of complaint breakdown



Source: Datix 16/04/2021

The 83 Clinical provision category covers a broad range of issues. National data (KO41) is collected under this broad category. For internal use, to enable more accurate trend analysis, sub categories are used in line with our incident reporting categories. This enables us to identify areas that have high numbers of incidents and complaints and provide targeted support.

Chart 6 - Sub Category of 'Clinical provision' complaints for 2020 – 2021



Source: Datix 16/04/2021

Complaint Outcomes

142 complaints were closed during 2020/2021.

Following investigation, complaints will be determined to have been upheld, partially upheld or not upheld.

Table 1 – Outcome of complaints

No. Of Complaints Closed in 2020-2021		Outcome				
		Upheld	Partly Upheld	Not Upheld	Withdrawn	No Consent
2020-21	142	17 (12%)	59 (42%)	52 (36%)	8 (6%)	6 (4%)

Source: Datix 16/04/2021

Learning from Complaints

The Trust seeks to make improvements based on the identified learning from complaints, incidents, claims and PALS contacts. Complaints are discussed at the Area Management Team Meetings and Quarterly reports are produced for the Trust-wide Clinical Governance Group and Quality Improvement Committee. Learning is shared across the trust. Examples of learning from complaints in 2020/2021 include:

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- The Time to Talk service is keeping in touch with patients on waiting lists by text message to reduce anxiety relating to waiting times.
- Phlebotomy service has developed and displayed posters with information on how to contact the service via email. They have also ensured all calls to the service are now received via a landline telephone number following concerns raised about difficulties contact the service.
- Uckfield Minor Injuries Unit now has an intercom installed to enable staff to communicate with patients/families in situations when access is restricted.
- Dental services will ensure future consent forms are translated into native language when necessary.

Review of SCFT Complaints Process against CQC Fundamental Standards

The CQC fundamental standards are the standards Trust's must adhere to, to ensure quality, safe care for their patients. There is a specific fundamental standard which relates to complaints (regulation 16 of the Health and Social Care Act 2014) which states:-

“You must be able to complain about your care and treatment. The provider of your care must have a system in place so they can handle and respond to your complaint. They must investigate it thoroughly and take action if problems are identified.”

During 2020/2021 the Trust's complaints process has been reviewed in line with the standard and the Trust is assured that the embedded systems, policy and processes related to the handling of complaints in SCFT remain fully compliant with the required standard.

Complaint Audit

To ensure consistent quality and standard of complaint responses an audit was carried out in December 2020. Overall findings of the audit were positive with complaint responses noted to be of good standard. Actions arising from the Audit are detailed in the table below.

	Area For Development	Expected Outcome	Completion Date
1	Update/develop toolkit – Instructions for use by investigator and Patient Experience Advisors, ensure full completion – consider Root Cause Analysis (RCA) formula	Investigations will be more robust and include explicit actions and learning allocated to appropriate level of staff	01/04/2021
2	Ensure Patient Experience Team have correct formatting settings for Microsoft word	Letters of response will be formatted as well as checked for grammar and spelling to ensure correct spacing of words.	01/04/2021
3	Complaints survey to be delivered verbally by Patient Experience Team	Increase level of response to complaints survey ensuring high quality complaints process	01/04/2021

4	Ensure contact is made with complainant before formal acknowledgement of complaint and that investigator is encouraged to make contact	Complainants will feel a personal service is being provided and will feel listened too; this can be reflected in response to complaint.	01/04/2021
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4. Parliamentary Health Service Ombudsman (PHSO)

Summary and outcomes of PHSO cases

6 cases were referred to the PHSO during 2020/2021, details are included in the table 3. 3 cases are currently under review where the PHSO considers if they should carry out their own investigation. 1 case is currently under investigation by the PHSO and 2 cases have concluded as not upheld with no further actions required by SCFT.

Table 3 – PHSO cases 2020/2021		
Team Involved	Current stage	Outcome
Clinical Assessment Unit, Crawley Hospital	Investigation concluded	Not Upheld
Urgent Treatment Centre Crawley	Investigation concluded	Not Upheld
Macmillan Team	Under review	Under review
Urgent Treatment Centre Crawley	Under review	Under review
Urgent Treatment Centre Lewes	Under review	Under review
Horizon Unit	Under investigation	Under review

5. Patient Advice and Liaison Service (PALS)

PALS Data

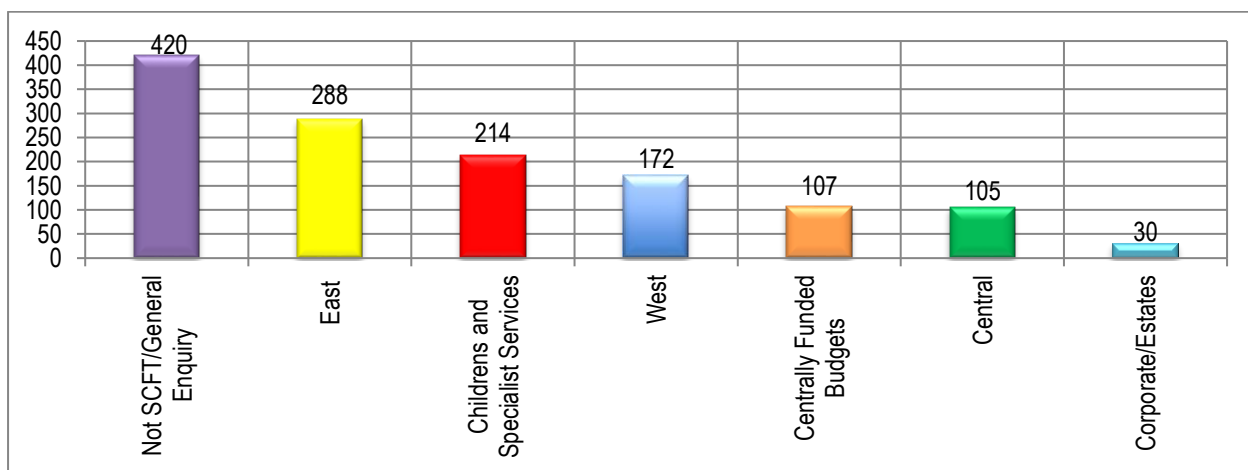
PALS is an extremely valuable service where patients, families and their relatives or carers can contact us to resolve concerns or ask for information. The number of PALS contacts continues to grow year on year, and we are pleased to be able to offer a service which enables a supportive and early resolution to concerns or issues raised.

The Patient Experience Team often works in liaison with operational teams to ensure any potential changes to services the Trust provides, are considered with a Patient Focus and to enable any information to be readily shared with patients and families who contact us.

In 2020/2021 **1336** PALS contacts were received which is an increase of 8% from the previous year. Of these contacts **420** contacts were signposted to other organisations. **916** contacts related directly to Trust services.

The PALS service is represented at Trust AGM and corporate events. Members of the PALS/Patient Experience Team regularly visit inpatient units to ensure feedback is recorded and shared for appropriate action.

Chart 7 PALS contacts by Operational Area



Source: Datix 16/04/2021

PALs Trends

As with complaints PALS contacts are assigned a category and sub category relating to the issue raised. Appointments were the most frequent reason for contact during this period (268). This category includes enquiries made relating to access to appointments and the cancelling of appointments.

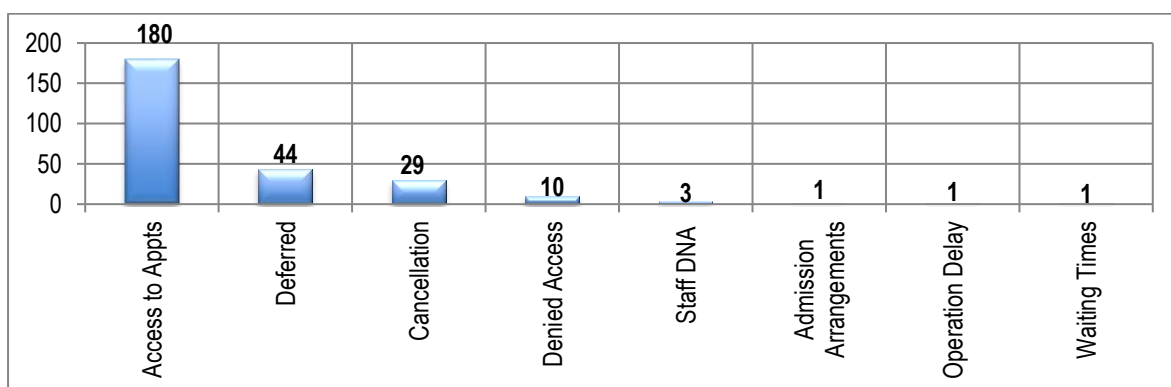
Table 4: Number Of SCFT PALS Contact By Category

PALS Category	No. Of Contacts	PALS Category	No. Of Contacts
Appointments	269	Access to Treatment or Drugs	3
Communication	242	Patient Care	3
Clinical Provision	185	Lost Property	2
Equipment, appliances and supplies	63	Consent	2
Attitude of Staff	62	Discrimination	2
Information and Requests	62	Admissions and Discharges	1
General Procedures	7	Customer Care	1
COVID-19	6	Buildings, Land and Plant	1
Estates and Facilities	5	Total SCFT PALs Contacts	916

Of the 269 PALS contacts relating to ‘appointments’ 180 relate to sub category of ‘Access to Appointments’. Of these 71 related to the Diabetes Care for You (DCFY) team. The DCFY team had worked in Liaison with the Patient Experience Team to support patients in accessing the Diabetes Podiatry service as part of the service reset following the first COVID-19 response.

45 contacts related to service users requesting access to appointments for the Time to Talk service, the majority were provided with contact details and resolved.

Chart 8: Sub Category of the 268 PALS contacts in relation to ‘Appointments’.



Source: Datix 16/04/2021

PALS Outcomes

At the time of the report 914 of the 916 PALS contacts relating to SCFT were resolved successfully with the majority being resolved directly by the service involved (553). All non-SCFT contacts were signposted with the team often making contact with other organisations to help provide a person centered approach.

Table 5 – Outcomes of PALS contacts closed this year

Outcome Of Closed PALS By Number and Percentage								Total
Information Provided	Signposted	Feedback Accepted	Withdrawn/Consent not received	Escalated to Complaint	Resolved By PALS Team	Resolved By Service	Unspecified/Ongoing	
133 (14%)	121 (13%)	50 (5%)	10 (1%)	19 (2%)	45 (5%)	553 (60%)	2 (>1%)	619

Source: Datix 16/04/2021

Future developments/Solutions

Other methods of contacting PALS have been established including text messaging, PALS surgeries in building based services (which will resume after the pandemic), telephone, email or contact through the SCFT website. The Sussex-wide PALS forum, established and hosted by SCFT will continue to encourage enhanced awareness of other local Trusts PALS services to help reduce non-SCFT related contact.

6. Support Calls/Video Calls & Messaging Service

During 2020/2021 the Patient Experience Team has supported the Trust's response to the COVID19 pandemic by developing services to ensure patients and their families remain informed, in contact and safe. In total **1534** contacts were made by the team.

Video calls

The Trust sourced Ipads for all of our inpatient wards at the start of the first wave of COVID19, to enable patients and families to stay in touch with their loved ones whilst visiting was restricted. The Patient Experience team worked together with the Trust's Digital Transformation team to distribute and develop instructions guides for staff and patients in the use of the iPad.

The service has been promoted through our website, social media and by operational staff in contact with families.

The Patient Experience team has directly supported **322** video calls with many more being initiated by ward staff and our amazing volunteer service. Feedback has been extremely positive from all involved. One example of this has been from a family in France who were able to say goodbye to their loved one before they sadly passed away.

The Video call service will remain in place as a valuable asset in providing compassionate, holistic care for our patients.

Messaging Service

The Patient Experience Team also developed a messaging service to enable families to send emails, photos and videos for patients as a further way of keeping in touch.

Emails received were transferred to a cheerful template and shared with the patient so they could keep a little reminder of home. Videos of grandchildren and photos of pets are just some of the **179** lovely messages received and passed on to our patients.

The messaging service was promoted together with the video call service and is still in use.

Support Calls

1033 support calls have been made to our vulnerable community nursing patients by the Patient Experience team during 2020/2021. The calls were made to make contact with a

patient who may not currently be receiving services or visits, to discuss wellbeing and support mechanisms. Any issues that arose from the calls were escalated back to the community nursing team lead for further action.

The support calls were on the whole gratefully received by all concerned but especially by those who had were anxious or lonely. The team was able to signpost to partner agencies if necessary such as the local council community hubs for help with food or shopping or Age Concern advice line or befriending service.

Ward and Service Visits

The Patient Experience Team has visited wards and services in each of our operational areas during 2020/201. Whilst there have been times when visits have not been possible due to the pandemic, we recognise the importance of gathering patient feedback by speaking face to face with our patients and service users.

Any issues raised with the team are immediately escalated to relevant staff and the information gathered has helped to inform review of services and improve overall patient experience.

Feedback received and actioned has included simple menu suggestions, with some patients asking for availability of sandwiches without mayonnaise and strategies in place to improve call bell answer time.

You Said We Did

We want our patients to know that their feedback makes a real difference so have developed the use of our 'You Said We Did' publications in service areas. Staff are encouraged to display posters which include the feedback and the action taken to address and improve services or to highlight positive service delivery when compliments are received.

7. Friends and Family Test (FFT)

In April 2020 the SCFT friends and family test was postponed, in line with the national guidance for the NHS response to the COVID-19 pandemic. FFT was reinstated in December 2020 where new methods of collection have been developed and promoted. FFT is now collected digitally as well as by card/paper methods with SCFT services providing smart survey options which can be accessed by an email link or QR code scanning access for smart phone users.

The trust successfully implemented the new FFT national guidance. The main change is with the way the question is phrased to make it easier for people to complete. This changed from '**How likely are you to recommend this service?**' – To '**Overall what was your experience of this service?**'. The other significant change, with the new guidance is that people who access the service can feedback as many times as they want to, when they want to, throughout their care. Previously this was limited to 6 monthly for long term patients or at the point of discharge.

Feedback Received.

This report details the results (in table 7) from the FFT carried out in 2020 – 21, for the months of December 20 – March 21. At the time of this report we had yet had confirmation from services regarding actions taken as a result of the FFT feedback. Overwhelmingly the comments we receive through the FFT are positive and complimentary. However we do give participants the opportunity to answer the question *'How could we have done better?'* Some of the responses regarding impact of COVID are captured below in table 6. FFT is anonymous but all participants are advised of the PALs route if they would like a response.

Have to wait outside the main door for someone to let you in. It's sheltered but feels quite exposed if weather is bad.	Better and clearer signage to find way into the minor injury unit there are now so many signs some existing and some new because of COVID-19 its all too much that I walked all-around the hospital to find it people also did not know where to send me also confused about way in walking around was not great when you have a foot injury. The doors to entrance have so much pieces of paper on them and if your eyesight not great without glasses it was not easy.
Normally hospital car park is paying but due to COVID it was free. Would be good if appointment letter said no need to approach meter machine due to COVID.	
COVID regulations were good but clearer signage would be useful.	
Did not appreciate having to wear a mask.	Took a while for team to contact with me via text/email only although I requested this from the beginning. Telephone number provided to contact team didn't always work: once told number had been discontinued; other times messages weren't passed on, e.g. phoned to say that we had a possible COVID case and best for Health Visitor not to visit but they still turned up as this wasn't passed on.
The signposting of which door to use for entry could have been clearer but COVID restrictions make everything more complicated at the moment.	
COVID-19 19 restrictions meant that I could not receive as much physio support as I would have wished.	

Service Area (As defined By NHS England)	Table 7 Monthly Response To the FFT question 'Overall what was your experience of our service?'																															
	Very Good				Good				Neither Good Or Poor				Poor				Very Poor				Don't Know				Total No. Of completed FFT per month							
Reporting Month	Dec 20	Jan 21	Feb 21	Mar 21	Dec 20	Jan 21	Feb 21	Mar 21	Dec 20	Jan 21	Feb 21	Mar 21	Dec 20	Jan 21	Feb 21	Mar 21	Dec 20	Jan 21	Feb 21	Mar 21	Dec 20	Jan 21	Feb 21	Mar 21	Dec 20	Jan 21	Feb 21	Mar 21	Dec 20	Jan 21	Feb 21	Mar 21
Community Inpatients	127	21	68	48	29	5	28	11	4	1	1	2	1	0	0	0	0	0	1	1	3	0	1	0	164	27	99	62				
Community Nursing	70	50	50	34	8	14	4	5	2	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	81	66	55	40				
Rehabilitation & Therapy	91	101	30	45	27	17	6	5	2	3	1	1	0	0	1	0	0	1	0	0	0	0	0	0	120	122	38	51				
Specialist	66	362	344	421	13	27	23	33	1	0	2	5	0	0	1	6	0	1	1	0	0	1	1	1	80	391	372	466				
Children & Family	33	60	55	65	4	25	17	13	0	6	5	4	0	2	3	7	0	0	0	0	0	0	0	0	37	93	80	89				
Other	406	132	68	43	68	17	11	13	7	2	4	3	7	0	2	1	1	0	0	0	0	2	0	0	489	153	85	60				
Total No.	793	726	615	656	149	105	89	80	16	14	14	16	9	2	7	14	9	2	2	1	3	3	2	1	971	852	729	768				
Percentages (rounded)	81.7%	85.2%	77.8%	85.4%	15.3%	12.3%	11.2%	10.4%	1.6%	1.6%	1.8%	2%	0.9%	0.2%	0.9%	1.8%	0.9%	0.2%	0.2%	0.1%	0.3%	0.3%	0.2%	0.1%								

8. Duty Of Candour

SCFT is committed to promoting an open and transparent culture and this includes open communication with patients or family members/carers and our staff when an incident occurs, which causes harm.

When things go wrong in healthcare provision, saying sorry meaningfully is vital for everyone involved; the patient, their family, carers and the staff. Saying sorry is always the moral and right thing to do, it is not an admission of liability it is an act of compassion and an acknowledgment that something could have gone better. It is also the first step to learning from what has happened and improving patient safety by finding out how to prevent it from recurring.

In addition to being a moral and right thing to do, saying sorry is a professional, statutory and regulatory requirement. It is a professional responsibility for all healthcare professionals to be honest with patients when things go wrong. This is incorporated into professional codes of conduct by the registering bodies (GMC, NMC, HCPC). It is also a contractual requirement for NHS organisations incorporated by commissioners into the standard NHS contract. In addition to these obligations, in 2013 a statutory requirement was laid down in the Health and Social Care Act 2008 (Regulated Activities) Regulation 20.

In 2020 – 2021 there were **45** patient safety incidents, which resulted in significant harm to patients requiring the application of the regulated statutory Duty of Candour process.

Table 8 identifies those which met the NHS Serious Incident (SI) criteria* (17) those which have been or are undergoing Internal Root Cause Analysis (RCA) investigation** (16) and those which did not require a high level of investigation (11).

Operational Area	Number Declared as Serious Incident?		Number Of Root cause Analysis	Number awaiting decision	Total
	Yes	No			
Central Area	5	1	7	0	13
East Area	4	4	1	0	9
West Area	3	5	5	1	14
Children's & Specialist Services	0	1	2	0	3
Clinical Quality	3	0	0	0	3
Centrally Funded Budgets	2	0	1	0	3
Total	17	11	16	1	45

There are 3 stages to Duty of Candour.

- **Stage 1** – Verbal notification to a patient that something has gone wrong.
- **Stage 2** – Written notification to the patient.
- **Stage 3** – The findings of the investigation shared with the patient.

Where all three steps have not been completed this has been due to the identification of the incident being identified due to processes other than incident reporting, such as safeguarding or due to the patient or their representative declining feedback. There is one incident in which the third stage of feedback needs to be confirmed by the service.

Table 9 : Duty of Candour Stages Completed in 2020 - 2021

	Serious Incidents (17)			Internal RCA (16)			Local Investigations (11)		
	Stage 1	Stage 2	Stage 3	Stage 1	Stage 2	Stage 3	Stage 1	Stage 2	Stage 3
Completed	16	14	7	15	11	5	10	5	4
Not completed	1	1		1			1	4	1
In progress		2	6			4		2	6
Patient Declined			3		4	6			
Met through complaint			1		1	1			
Total	17			16			11		

There were 13 occasions where the patient/or their representative declined to engage with one of the 3 stages of duty of candour.

There are 9 occasions where one of the 3 stages of Duty of Candour was not completed these are due to:

- A patient declining advice, equipment and hospitalisation.
- Formal complaints process in train which satisfy the duty of candour requirements.
- Details of the patient were not known to provide verbal notification. This was raised by another NHS Trust who has not responded to requests for information.
- A situation where a safeguarding raised was raised and the significant harm was not due to SCFT, so duty of candour was not applicable.
- Patient not informed of safeguarding enquiry, the patient's next of kin responded and declined further feedback.
- Where the patient safety team are still awaiting confirmation/review of the incident.

A detailed review of all Duty of Candour incidents will be reported through the patient safety annual report.

* A **Serious Incident** is an incident where one or more patients, staff members, visitors or members of the public experience serious or permanent harm, alleged abuse or a service provision is threatened. There are a variety of terms used which provide similar definitions of a Serious Incident, including a serious clinical event, major clinical incident or event, and major, serious, adverse or untoward, event or incident.

SCFT uses the term Serious Incident to cover all of these terms and defines it as an incident that occurred in relation to NHS funded care resulting in one of the following:

- Unexpected or avoidable death;
- Serious harm;
- Major surgical / medical intervention;
- Permanent physical harm or prolonged pain;
- Psychological harm;
- Any scenario which prevents SCFT's ability to deliver healthcare services;
- Allegations of abuse;
- Adverse media coverage;
- Information Governance Incidents requiring reporting to the Information Commissioners Office, and;
- Any Never Event.

** A **Root Cause Analysis (RCA)** is a systematic review technique that looks beyond the individuals concerned and seeks to understand the underlying causes and environmental context in which the incident happened.

9. Patient Experience Strategy

Patient and Carer Experience and Involvement Strategy 2020-2022) has now been approved by the Patient Experience group and Trust wide Governance Group. It has also been presented to the Quality Improvement committee.

Patient experience is one of the Trust Strategic goals and forms part of the Quality Improvement Plan alongside Population Health and Quality Improvement. The aim of the Quality Improvement Plan is to support these three themes to work together and support continuous improvement.

A report on the process of the implementation plan will be presented each Quarter to the Patient Experience Group.

10. Conclusion

2020/2021 has been a challenging year for our patients and our staff however we are pleased to report that we have successfully adapted and developed our services during this time, to ensure the patient's voice is heard in all we do.

This report shows some of the many ways we receive feedback from our patients and service users, and what we have done as a result. It details over **9000** separate contacts that the Patient Experience Team have been involved in and recorded, but we know that this is just the tip of the iceberg in relation to the feedback received everyday by our staff.

The continued development of our Patient and Carer Experience and Involvement Strategy will help us to gather more of this valuable information and involve our patients in the improvement of our services by listening to what matters to them.