

1. Headlines and key takeaways

- **Performance:** Based on available FFT data, the significant majority of patients (90.5% in Q1) are satisfied that they have a good or very good experience. This is comparable to Q4 2022/23 (91%) and a considerable increase on Q3 (average 86%), with positivity levels influenced by improvement in ED ratings commencing in January. This improvement was also seen in the national data for which the latest data is for February 23 (national positivity ratings increased from 73% in EDs in December 2022 to 83% in January and 80% in February).
- For UHS, 42,843 patients provided a review in Q1 (an increase on Q4 with 37,125) with an average response rate of 23%.
- The improved positivity ratings are in contrast to the number of complaints received which increased through Q4
- **Complaints and PALS:** 321 complaints were received in Q1 (up from 275 complaints in Q4 – a 17% increase) with the overall number of complaints increased slightly from Q4. however more complaints were closed than received. The overall pattern for PALS contacts is upwards over the last year and increase in enquiries relating to appointments, missed communications and difficulties getting hold of clinical specialty teams.
- **Insights:** Themes in negative patient feedback continue to relate to waiting (on site and for treatment), clinical treatment, communication and staff behaviours and discharge – these are the drivers behind the patient experience strategy 2022-25.
- Datix IQ feedback module implementation commenced on 1st July 2023 and will standardise and transform data reporting on complaints and PALS
- Specific patient engagement work has commenced on key developments for the trust, including length of stay and discharge, ED redevelopment at RSCH and for stage 2 of the 3Ts programme.
- A formal staff consultation has commenced to integrate the chaplaincy teams across the trust, and also to integrate bereavement teams
- **Surveys:** national maternity survey expected and national ED survey results to be published in July.
- **Risks: to patient experience:** patient satisfaction in EDs at WGH/ RACH; waiting time, communication. **For patient experience teams:** providing full service cover within budget/ establishment; complaints/ divisional team capacity versus demand and high caseloads; different systems in use on different sites; changes to process resulting in reduced efficiency of complaints management

| Complaints | Currently open | New April 23 | May 23 | June 23 | Total new | Key: ↑ Increased in positive direction since previous quarter ↑ Increased negatively since previous quarter ↓ Decreased negatively since last quarter ↓ Decreased positively since last quarter → Same as previous quarter | | | | | | | | | | | | | |
|---------------------------------------|-----------------------------|--------------|--------|---------|---------------------|--|---|---------------|--------------|--------------|------|-----|--------|-----------|-----|-----------|----------|-----|--|
| | 363↑ | 98 | 111 | 112 | 321↑ | | | | | | | | | | | | | | |
| PALS | | 869 | 1001 | 1068 | Total UHS Q4: 2938→ | | | | | | | | | | | | | | |
| FFT (average positive ratings for Q4) | ED positivity rates | | | | | | Divisional positivity rates | | | | | | | | | Maternity | | | |
| | W'g | SRH | RSCH | Alex | Eye | PRH | Med RSCH /PRH | Sur RSCH /PRH | Med WGH/ SRH | Sur WGH/ SRH | Spec | W&C | Cancer | CSS | WGH | SRH | RSCH | PRH | |
| | 85↑ | 80.5 ↑ | 80↓ | 91↑ | 92.5 ↑ | 87↓ | 94↓ | 93.5 → | 95.5 ↑ | 93.5 → | 94→ | 93↓ | 95↑ | 94.5 ↓ | 92↓ | 97↑ | 100 ↑ | 92↓ | |
| National average | 80% (Average February 2023) | | | | | | 95% inpatients 94% outpatients (Feb 23) | | | | | | | | | 93% | | | |

2. Themes: What we do well for many patients

In addition to thank you cards and direct contact with clinical and other teams, **32503** patients left a positive review about their care in Q1 (increased on Q4). 5% of patients left a negative review.

Patients who experience and report their positive experiences of care do so around a number of dominant themes:

- Treatment by staff, characterised by kindness, dedication, efficiency – including >20,000 patients who in addition to their survey left a narrative review praising the staff
- High quality care and treatments
- Clarity of explanation and involvement, including of waits and in decision making
- Attention to basic needs such as refreshments and supplies

| Top 10 Words | |
|--------------|-------|
| + Positive | |
| 1. Staff | 11126 |
| 2. Good | 5016 |
| 3. Time | 4032 |
| 4. Friendly | 3301 |
| 5. Excellent | 3202 |
| 6. Service | 3119 |
| 7. Thank | 2975 |
| 8. Helpful | 2905 |
| 9. Attitude | 2782 |
| 10. Care | 2531 |

| Top 10 Themes | |
|---------------------------|-----------|
| + Positive | |
| 1. Staff attitude | 20615 |
| 2. Implementation of care | |
| 3. Environment | 817810643 |
| 4. Waiting time | 6302 |
| 5. Patient Mood/Feeling | 6040 |
| 6. Communication | 5839 |
| 7. Clinical Treatment | 5107 |
| 8. Admission | 4334 |
| 9. Staffing levels | 1553 |
| 10. Catering | 498 |

‘All the people who looked after me were outstanding in terms of their care, understanding, sensitivity, professionalism, efficiency - the whole caboodle. Can’t think how the service could be improved. My experience was the best it could be, I think.’

Gastroenterology, Level 9, RSCH

‘Excellent service from start to finish. Lovely, kind staff who made me feel safe and well cared for. I was looked after by a wonderful midwife who organised all my treatment promptly and efficiently whilst ensuring I was as comfortable as possible. Top class, no improvements needed.’

SRH Delivery Suite, Midwifery

‘I had exceptional service. I cant praise it highly enough. | There was nothing to improve on . I had exceptional service from the 111 call to my discharge 2 days later Thank you to all members of the teams that worked with me.’

WGH, Emergency Department

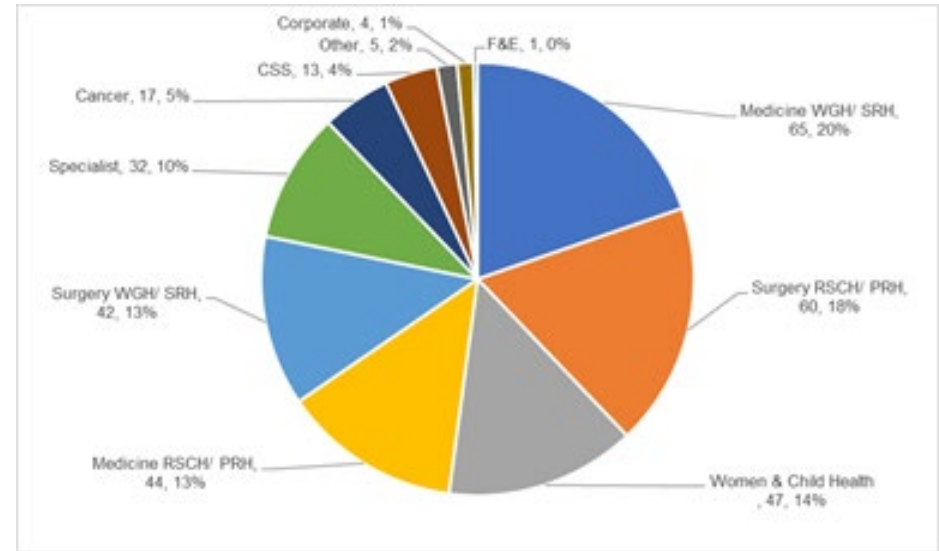
‘Excellent service. Xray was quick and the nurses in charge of my first lithotripsy session were fantastic, explaining the procedure very clearly, putting me at my ease’,

Ansty Ward PRH

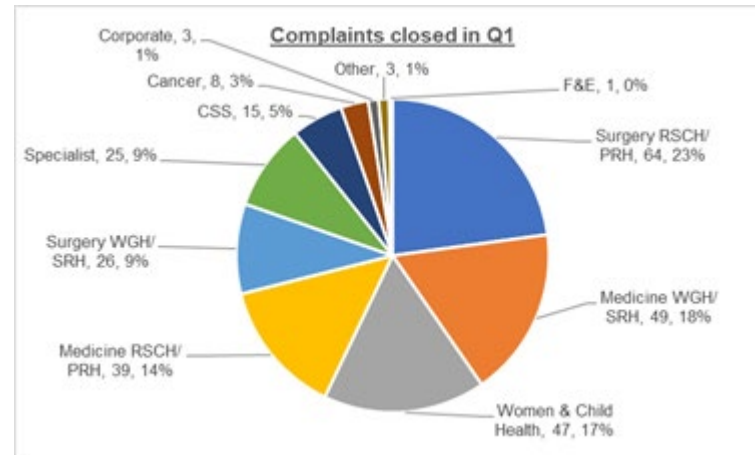
3. Complaints and PALS

- ▶ Numbers of enquiries and concerns received by PALS were maintained in Q1 with an overall upward trajectory for concerns received. PALS teams continue to work with clinical services when clusters of concerns are received to support early mitigating action, in particular relating to communication with patients. 26% of all contacts to PALS related to patients seeking information about appointments. The highest number of contacts were for medicine and surgery divisions.
- ▶ There was a 17% increase in the numbers of complaints received in Q1 on the previous quarter with the largest number of complaints received in Medicine WGH/SRH and Surgery RSCH/PRH. The largest number closed were in surgery RSCH/PRH.
- ▶ 30 complaints were reopened in Q1 which equates to 9%
- ▶ Divisional themes are included in slides 7-10
- ▶ Caseloads remain high and are increasing with staffing pressures in complaints and PALS exacerbating other risk factors including changes to letter signing processes, operational pressures and increasing complexity of complaints
- ▶ In line with national guidance, the new quality scorecard will track complaints against a 60 day target for responses.

Complaints opened in Q1



Complaints closed in Q1



4. Themes: Where patient experience could be improved

Across FFT, PALS, complaints and other engagement sources there are themes which present opportunities for action at scale. These are in relation to:

- **Waits** for interventions/appointments
- **Waits** on arrival for treatment and to be relocated – including pain management whilst waiting, strengthening communication to manage expectations and waits and concerns from patients who are boarded or moving to other sites
- Issues relating to **clinical treatment**
- Addressing **staff behaviours and engagement**
- **Discharge**
- Accessing appointments and contacting clinical teams
- Consultant Behaviour

Many of the above are influenced by flow, discharge and waits in EDs – as such the patient experience tracks the performance of the organisation against key performance indicators such as 4 hour waits, 12 hour waits and waits for surgery/ appointments.

An emergent theme relates to consultant behaviour, including rudeness, lateness, rushing and being unprepared

*My mum had a serious head injury from a fall. She was triaged in 45 mins but left in the waiting room for 8 hours. She then collapsed and needed urgent treatment. She had a bleed on the brain. Staff were great once she was seen but she was left too long. **SRH Emergency Floor,***

*‘Given treatment, I sat and waited two hours to be seen to say I needed to see the plastic surgeon. Not a problem, I had just waited two hours so I was happy to get my issue seen too. Then to wait a further 1hr30mins, for him to say I had an eye infection. That he would like to drain but just doesnt have the time, is madness. I had tried all other resources before trying to trek to A&E, self help, pharmacist, private doctor call. Who phoned the eye hospital to seek further advisory to come home with antibiotics is slightly disappointing. Unfortunately the NHS is under resourced and over stretched’ **SEH***

*‘I gave the answer due to the receptionists attitude (I get that she works long hours, and has to deal with unsavoury people, but still) and the waiting times’ **Worthing Emergency Department***

*‘Waiting room far too cramped, with people sitting on the floor. Waiting time over four hours with lack of information on what was happening. Doctor was very good’. **RSCH Emergency Department***

| — Negative | |
|----------------|-----|
| 1. Hours | 867 |
| 2. Waiting | 843 |
| 3. Time | 758 |
| 4. Staff | 698 |
| 5. Wait | 630 |
| 6. Doctor | 558 |
| 7. Seen | 483 |
| 8. Pain | 385 |
| 9. Appointment | 353 |
| 10. Nurse | 347 |

5. Patient Engagement in Service Improvements

- ▶ Bespoke engagement of patients in the development and planning of the RSCH ED redevelopment project commenced in May 2023 with a focus group organised in partnership with Healthwatch Brighton and Hove, participants included representation from trust governing body, Healthwatch volunteers, community organisations and clinicians representing a range of protected characteristics.



Reflections on the ambitions for the project

- Some poor experience of the current department – excitement about the potential for the project
- Inflation proofing the budget is a priority
- Language/ acronyms/ jargon is a barrier for patients
- Will the new space be large enough?

Observations from walkthrough of the ED

- Importance of high quality greeting and triage
- Ensuring sufficient workforce in the new department
- Incredible staff working in challenging conditions
- Most of the sickest patients are older
- Having clear patient pathways is key
- Lack of mobile phone reception makes patient communications difficult

Opportunities

- Accessibility
- Work with system partners to address some of the department's challenges that are not in its direct control (such as provision for mental health, and demand from patients who could be seen in primary care)
- Positive messaging – internal and external
- Colour coding for wayfinding
- Additional support services from partners, such as social prescribing
- Dementia friendly



5. Divisional dashboards

Cancer – Q1 23/24

22%

Response Rate



Positive: 95.34%

Negative: 1.42%

Ratings



Top 10 Words

+ Positive

1. Staff 231
2. Good 119
3. Time 115
4. Service 87
5. Friendly 87
6. Appointment 84
7. Excellent 80
8. Helpful 73
9. Thank 69
10. Attitude 68

- Negative

1. Appointment 13
2. Waiting 12
3. Time 10
4. Consultant 9
5. Seen 8
6. Doctor 6
7. Nurse 6
8. Good 5
9. Late 5
10. Seemed 5

'No waiting around. Everyone was very kind, and professional, explanations were very clear. At no point did I or my daughter feel that we were being hurried along. We were given time to think about things and ask questions. Thank you. A stressful situation made as calm as possible..' Breast Care Centre, Park Centre

| | |
|---------------------|--|
| New complaints | 17 |
| Open complaints | 21 |
| % closed in 25 days | 38% |
| Themes | Waiting, follow ups, communication about appointments, clinical care |

CSS– Q1 23/24

17%

Response Rate



Positive: 94.62%

Negative: 2.83%

Ratings



Top 10 Words

+ Positive

1. Staff 209
2. Good 196
3. Helpful 158
4. Time 155
5. Friendly 113
6. Appointment 105
7. Excellent 104
8. Service 102
9. Physio 83
10. Professional 83

- Negative

1. Appointment 24
2. Time 11
3. Waiting 10
4. Pain 8
5. Physio 8
6. Face 6
7. Phone 6
8. Wait 5
9. Communication 5
10. Staff 5

'The letter I received confirming my appt was clear with directions to the correct building, which was therefore easy to find. My appointment was on time, and very valuable. I was given another appt in six weeks. Great service - thank you!'

Physiotherapy, RSCH

| | |
|---------------------|---|
| New complaints | 13 |
| Open complaints | 6 |
| % closed in 25 days | 40% |
| Themes | Waiting on site, delays to appointments and pharmacy, comms |

C&W – Q1 23/24

15%

Response Rate



Positive: 94.92%

Negative: 2.91%

Ratings



Top 10 Words

+ Positive

| | |
|-------------|-----|
| 1. Staff | 336 |
| 2. Care | 200 |
| 3. Amazing | 130 |
| 4. Thank | 130 |
| 5. Kind | 117 |
| 6. Well | 99 |
| 7. Friendly | 99 |
| 8. Ward | 98 |
| 9. Good | 87 |
| 10. Feel | 86 |

- Negative

| | |
|--------------|----|
| 1. Staff | 14 |
| 2. Pain | 12 |
| 3. Surgery | 10 |
| 4. Hours | 9 |
| 5. Baby | 9 |
| 6. Stay | 8 |
| 7. Care | 7 |
| 8. Op | 7 |
| 9. Level | 6 |
| 10. Children | 6 |

'I only came in for a sleep study for my son, and the staff was fantastic. The staff there was so good especially with children on 1:1. Amazing care and a fantastic team! Thank you x.'

RAH level 9

| | |
|---------------------|--|
| New complaints | 47 |
| Open complaints | 55 |
| % closed in 25 days | 45% |
| Themes | pain management, attitude of consultant, comms, clinical treatment |

Specialist – Q4 22/23

24%

Response Rate



Positive: 94.63%

Negative: 2.51%

Ratings



Top 10 Words

+ Positive

| | |
|----------------|-----|
| 1. Staff | 574 |
| 2. Time | 365 |
| 3. Good | 364 |
| 4. Attitude | 241 |
| 5. Appointment | 233 |
| 6. Friendly | 224 |
| 7. Helpful | 223 |
| 8. Service | 209 |
| 9. Excellent | 187 |
| 10. Waiting | 154 |

- Negative

| | |
|----------------|----|
| 1. Appointment | 35 |
| 2. Waiting | 22 |
| 3. Time | 21 |
| 4. Staff | 17 |
| 5. Doctor | 17 |
| 6. Consultant | 14 |
| 7. Waited | 14 |
| 8. Still | 13 |
| 9. Good | 13 |
| 10. Left | 13 |

↑ My appointment was bang on time and both the members of the csrdio team were extremely professional friendly and made the whole visit a pleasure . Nothing could have improved my visit . Also as a bye note we were impressed with the car park charge of £1.30 Cardiology, SRH

| | |
|---------------------|--|
| New complaints | 32 |
| Open complaints | 45 |
| % closed in 25 days | 36% |
| Themes | Waiting, communication, clinical treatment, appointments |

Medicine RSCH/PRH – Q1 23/24

23%
Response Rate



Positive: 94.28%
Negative: 1.85%
Ratings



Top 10 Words

| + Positive | | - Negative | |
|----------------|-----|----------------|---|
| 1. Staff | 102 | 1. Call | 9 |
| 2. Time | 87 | 2. Appointment | 9 |
| 3. Appointment | 75 | 3. Waiting | 6 |
| 4. Good | 67 | 4. Receive | 6 |
| 5. Seen | 57 | 5. Staff | 5 |
| 6. Service | 56 | 6. Telephone | 5 |
| 7. Friendly | 55 | 7. Consultant | 5 |
| 8. Efficient | 50 | 8. Doctor | 5 |
| 9. Excellent | 44 | 9. Time | 4 |
| 10. Helpful | 44 | 10. Further | 4 |

'The staff were very welcoming and friendly from the desk to the doctors I was very well informed and didnt seem like they was rushing me.'

Endocrinology, PRH

**excludes ED*

| | |
|------------------------|---|
| New complaints | 44 |
| Open complaints | 44 |
| % closed in 25/40 days | 18/23% |
| Themes | Waiting, rushed appointments, organisation staff attitude |

Medicine SRH/WGH – Q1 23/24

23%
Response Rate



Positive: 95.40%
Negative: 2.17%
Ratings



Top 10 Words

| + Positive | | - Negative | |
|----------------|-----|----------------|----|
| 1. Staff | 260 | 1. Appointment | 16 |
| 2. Time | 231 | 2. Waiting | 14 |
| 3. Good | 215 | 3. Time | 10 |
| 4. Appointment | 155 | 4. Staff | 7 |
| 5. Excellent | 126 | 5. Doctor | 6 |
| 6. Helpful | 126 | 6. Nurse | 5 |
| 7. Friendly | 120 | 7. Consultant | 5 |
| 8. Service | 112 | 8. Life | 5 |
| 9. Attitude | 111 | 9. Hour | 4 |
| 10. Seen | 101 | 10. Results | 4 |

The hospital was very clean. I was seen promptly by a very professional nurse at my arranged appointment time. She explained everything very clearly. There was nothing to change that would have improved my experience. Superb service. Thank you

Chest studies, Worthing

**excludes ED*

| | |
|------------------------|---|
| New complaints | 65 |
| Open complaints | 60 |
| % closed in 25/40 days | 27/45% |
| Themes | Waiting, appointments, environment, clinical care |

Surgery RSCH/PRH – Q1 23/24

23%

Response Rate



Positive: 93.48%

Negative: 3.46%

Ratings



Top 10 Words

| + Positive | | - Negative | |
|----------------|-----|----------------|----|
| 1. Staff | 539 | 1. Appointment | 51 |
| 2. Good | 302 | 2. Time | 36 |
| 3. Time | 291 | 3. Waiting | 29 |
| 4. Friendly | 271 | 4. Wait | 16 |
| 5. Helpful | 221 | 5. Staff | 16 |
| 6. Appointment | 193 | 6. Minutes | 14 |
| 7. Service | 177 | 7. Consultant | 14 |
| 8. Excellent | 175 | 8. Doctor | 13 |
| 9. Seen | 161 | 9. Missing | 13 |
| 10. Efficient | 144 | 10. Surgery | 13 |

very good | Very thorough tests. Polite helpful staff and reassuring. Wait time was much better than I expected. Advised where to sit between tests and also given approximate wait times so always had some idea. Excellent. SEH

| | |
|------------------------|---|
| New complaints | 64 |
| Open complaints | 83 |
| % closed in 25/40 days | 23/30% |
| Themes | Consultant attitude, Waiting, type of appointment, communication, clinical care |

Surgery SRH/WGH – Q1 23/24

22%

Response Rate



Positive: 93.57%

Negative: 2.81%

Ratings



Top 10 Words

| + Positive | | - Negative | |
|----------------|-----|----------------|----|
| 1. Staff | 598 | 1. Appointment | 51 |
| 2. Time | 375 | 2. Time | 35 |
| 3. Good | 360 | 3. Wait | 28 |
| 4. Helpful | 239 | 4. Waiting | 24 |
| 5. Friendly | 238 | 5. Doctor | 23 |
| 6. Service | 222 | 6. Consultant | 17 |
| 7. Appointment | 221 | 7. Hour | 17 |
| 8. Attitude | 218 | 8. Seen | 15 |
| 9. Excellent | 199 | 9. Good | 15 |
| 10. Waiting | 185 | 10. Test | 15 |

'The staff were friendly and accommodating and the facilities were very clean. The waiting time was shorter than expected. Overall the Outpatient Department exceeded our expectations and provided a great service. Urology, Worthing

| | |
|------------------------|---|
| New complaints | 26 |
| Open complaints | 45 |
| % closed in 25/40 days | 19/27% |
| Themes | Waiting, appointment type, communication, dr attitude |

6. Q1 2023/24 and Q2 2023/24 Priorities and Improvement - update

| Quarter 1 Priorities (Q4 report 2022/23) | Update on Q1 priorities | Q2 Priorities 2023/24 |
|--|--|---|
| <ul style="list-style-type: none"> Propose and implement new suite of metrics for complaints. Implement new standard work aligned to metrics for complaints Complete recruitment to patient experience establishment Launch DCIQ feedback module Complete annual report Undertake consultations for bereavement and chaplaincy services Undertake engagement for cancer centre (stage 2 3Ts) and engagement seminar for ED redevelopment Roll out welcome standards training | <ul style="list-style-type: none"> New suite of metrics proposed in line with national policy and these are to be included in the new Trust quality scorecard New complaints standard work implemented with defined dates set for writing responses upon receipt Patient experience teams recruited to full establishment DCIQ feedback module launched 1st July 2023 Annual report completed Staff consultations for bereavement and chaplaincy commenced 14th June Some welcome standards training undertaken, but progress not as hoped due to operational pressures and staffing issues | <ul style="list-style-type: none"> Length of stay and discharge patient engagement activity Implement and evolve new DCIQ module Arrange hierarchy for FFT reporting in line with changing structures and provision Implement new quality scorecard and metrics Risk management and communication regarding capacity and cover of key patient experience services Complete consultations and mobilise changes |

Patient Experience Strategy on a Page 2022-2025

What our patients say

More than 90% of UHS patients report receiving good or better care (Friends and family test, 2021)

UHS patient feedback consistently identifies the following themes which provide opportunities for improvement...

- 'Waiting'
- 'Communication'
- 'Staff attitudes and behaviour'

What we want to achieve and how we will achieve it → **Our True North = >95% experiences good or very good**

| Principles | Ambitions | Better engagement – nothing about me without me | Addressing inequalities – voice and influence for the least heard | Learning and action on patient experience |
|--|-----------|--|---|---|
| <ul style="list-style-type: none"> Data and insight led Patient centred Active listening Place-oriented Fairness and equality Solution focused Prevention/early action Accountable | | <ol style="list-style-type: none"> 1. Nothing about me without me 2. We will increase response rates to patient surveys 3. We will increase engagement through visible and accessible digital methods 4. We will improve experience of discharge – home for lunch 5. We will embrace technology to improve patient experience | <ol style="list-style-type: none"> 6. We will engage differently and better with less heard groups and communities 7. We will improve how those with barriers to services navigate places and services <p>Promoting positive experience – prevention and early intervention</p> <ol style="list-style-type: none"> 8. We will improve staff wellbeing 9. We will implement a new approach to concerns and complaints responses 10. We will improve the experience of 'waiting' patients | <ol style="list-style-type: none"> 13. We will embed learning from patient experience to shape improvement 14. We will listen to and learn from patients on key themes 15. We will ensure there is accountability for patient experience 11. We will strengthen the role of volunteers in improving patient experience 12. We will implement patient-led customer service excellence programme |

How we will know if we have made a difference

- ▶ FFT % -ve comments - waiting, comms
- ▶ Reduction concerns: discharge/ dates
- ▶ FFT take up
- ▶ SDM (to be confirmed)
- ▶ FFT satisfaction
- ▶ Complaints re-opened
- ▶ Complaints responses on time
- ▶ Internal patient information up to date
- ▶ PFIS unit with patient driver metric
- ▶ Influence on service developments – case studies
- ▶ Volunteers hours
- ▶ Discharge time median <12pm
- ▶ %recommending trust as a place to work



7. Patient Experience Strategy Metrics Reporting

| Outcome | Commitments | Narrative | Metrics/ performance | Progress | RAG |
|---|-------------|--|---|---|--------|
| A1 - fewer negative comments related to waiting | 1,3,8,13,14 | Actions include: <ul style="list-style-type: none"> • True norths for S&P (78 week waiters and ED seen within 4 hours); • Breakthrough objective for S&P (Median hour of discharge to be between 10 and 10:59am) • Duty of candour letter pilot in EDs • Redevelopment of ED | i. Number negative comments re waiting in FFT | 1444 (Q1) | Red |
| | | | ii. Patients waiting > 78 weeks (against plan) | 397 (May.23) | Yellow |
| | | | iii. Median hour of discharge (aim <12pm) | Trust % discharges < midday increased to 27% (May.23) | Red |
| | | | iv. Patients waiting >4 hours in ED. | 27.8% % (May.23) | Red |
| A2 – fewer negative comments relating to communications | 1,3,8,13,14 | Actions include: <ul style="list-style-type: none"> • Patient BO programme/ welcome standards • patient access transformation corporate project (fm Feb 23) letters | i. Number negative comments re communications in FFT | 970 (Q1) ↓ | Yellow |
| A3 – fewer negative comments relating to staff attitude | 1,3,8,13,14 | Actions include: <ul style="list-style-type: none"> • Welcome standards, including customer service training • Sharing of positive patient feedback to support staff wellbeing and motivation • Welcome standards being finalised | i. Number negative comments re staff attitude in FFT | 1765 (Q1) ↑ | Yellow |
| | | | ii. Number participating in customer service training | | Blue |
| B1 reduced percentage of concerns citing dates for appointments | 1,13,14 | • See A1 | i. % complaints citing dates for appointments (bench mark is 3.63% based on Q1-3) | 5.15% (Q1) | Red |
| | | | ii. % PALS citing dates for appointments (20.15% (Q2-3) bench mark) | 26% (Q1) | Red |
| B2 reduced percentage of concerns citing discharge | 1,4,13,14 | Actions include: <ul style="list-style-type: none"> • Breakthrough objective – reducing median hour of discharge – home for lunch • Implement electronic discharge planning and safer discharge | i. % complaints citing discharge 5% (Q1-3) bench mark | 4.54% (Q1) | Green |
| | | | ii. % PALS citing discharge 4% (Q1-3) bench mark | 3% (Q1) | |

| Outcome | Commitments | Narrative | Metrics/ performance | Progress | RA G |
|--|-------------------------|---|--|----------|--------|
| C1. FFT response levels | 1,2,3,6,7 | <p>Actions include:</p> <ul style="list-style-type: none"> New FFT provider commissioned and is using SMS and IVM (interactive voice messaging) for patients without access to a mobile phone. In all touchpoints/ sites response rates are increasing with the new provider TARGET: >33% Benchmark: 24% November 22 | i. FFT: response rates – ED | 22% (Q1) | Yellow |
| | | | ii. FFT: response rates – maternity | 23% (Q1) | Yellow |
| | | | iii. FFT: response rates – inpatients | 26% (Q1) | Yellow |
| | | | iv. FFT: response rates – outpatients | 21% (Q1) | Yellow |
| | | | v. FFT: response rates – Surgery RSCH/PRH | 23% (Q1) | Yellow |
| | | | vi. FFT: response rates – Medicine RSCH/PRH | 23% (Q1) | Yellow |
| | | | vii. FFT: response rates – Medicine WGH/SRH | 23% (Q1) | Yellow |
| | | | viii. FFT: response rates – Surgery WGH/SRH | 22% (Q1) | Yellow |
| | | | ix. FFT: response rates – Women’s and children’s | 15% (Q1) | Red |
| | | | x. FFT: response rates – CSS | 17% (Q1) | Red |
| | | | xi. FFT: response rates – Specialist | 30% (Q1) | Yellow |
| | | | xii. FFT: response rates – Cancer | 22% (Q1) | Yellow |
| D. FFT positive ratings (95% or above) | 1,2,3,6,7, 10, 11,13,14 | <p>Actions include:</p> <ul style="list-style-type: none"> Implementation of the trust strategy, including those detailed in section A above Divisional governance and improvement initiatives | i. FFT: positive rates – Surgery RSCH/PRH | 93% (Q1) | Yellow |
| | | | ii. FFT: positive rates – Medicine RSCH/PRH | 94% (Q1) | Green |
| | | | vii. FFT: positive rates – Medicine WGH/SRH | 95% (Q1) | Yellow |
| | | | viii. FFT: positive rates – Surgery WGH/SRH | 94% (Q1) | Yellow |
| | | | ix. FFT: positive rates – Women’s and children’s | 93% (Q1) | Yellow |
| | | | x. FFT: positive rates – CSS | 94% (Q1) | Yellow |
| | | | xi. FFT: positive rates – Specialist | 94% (Q1) | Yellow |
| | | | xii. FFT: positive rates – Cancer | 95% (Q1) | Yellow |



| Outcome | Commitments | Narrative | Metrics/ performance | Progress | RAG |
|--|--------------|---|--|------------|--------|
| E. Reduce number of complaints re-opened | 4,9,13,15 | <p>Actions include:</p> <ul style="list-style-type: none"> New complaints process and quality assurance implemented | Number of complaints re-opened (annual) – 153 for 2022-23 (benchmark 21-22 = 108) | 30 (9.09%) | Green |
| F. % of patients receiving a first formal response within 25 days (Benchmark q2 22/23 – 35%) | 9,15 | <p>Actions include:</p> <ul style="list-style-type: none"> New complaints process and quality assurance implemented <p>25 days very challenging target given complaints volume, operational pressures and new quality assurance processes. New complaints metrics proposed</p> | % complaints with a formal response in 25 days | 26% | Red |
| G. number of PFIS units selecting patient experience as a driver metric | 9,13,14,15 | <p>Actions include:</p> <ul style="list-style-type: none"> Divisional catch ball sessions and SDRs to assign watch and driver metrics. | All 9 divisions have the True North as a watch metric and 5 division have it as a driver for the break through objective | | Green |
| H. the needs of potential and existing patients whose voices are currently less heard will have demonstrably led to improvements in services | 3,8,11,12,15 | <p>Actions include:</p> <ul style="list-style-type: none"> Working with the system on targeted engagement Using FFT to undertake inequalities focused reports Working with the Equalities Team – new EDI head in post Applying an equalities lens to the Patient First Improvement System | | | Yellow |
| I. Number of volunteering hours increases | 8,11,15 | Volunteer Strategy in development – due 2023 | Metrics TBD | | Blue |

| Outcome | Commitments | Narrative | Metrics/ performance | Progress | RAG |
|---|-------------|--|--|---|--|
| J. Shared decision making and digital engagement – my health and care record registrations | 6,7,15 | <p>Actions include:</p> <ul style="list-style-type: none"> • Digital strategy • Roll out of PKB (my health and care record) include enhancing content available to patients • Promotion through staff and patient engagement • Ensuring divisions offer patients digital methods of communication and management such as messaging and PIFU | <p>Number of specialities and patients registered via this tool for proactive remote patient management (the rationale here is that with/without PIFU it's valid and valuable – the benefit it reduction in F2F appts, early intervention, better patient. experience and outcomes, potential reduction in DNA rates, prevention/avoidance of unplanned admissions)</p> <p>Update awaited from project team</p> | <p>Current registration of patients is 141,993 i.e. 10% of adult(16+ years old) population in Sussex. National figures are 362,374 (25%)</p> |  |
| K. 'Staff voice that counts' Staff are confidence that the organisation would address their concerns when raised. | 8, 12,13,15 | <p>Actions include:</p> <ul style="list-style-type: none"> • Culture workstream: focus groups have taken place across hospital sites. Board interview questions have been drafted. • Protected characteristics: There is assurance that after a review of the survey results at a staff group level and at a protected characteristic level, that no additional themes that were raised were not included in divisional plans. • Divisional plans: some excellent progress has been seen in some divisions against improvement plans especially in Surgery RSCH/PRH • Focus groups: In the region of 700 colleagues attended focus/workshops across all division in scope with more sessions planned | <p>Pulse survey 58.4% responded positively against a target of 50% (compared to 42.2 in 2021). Although this is a reduction of 1.4% it is still above target.</p> <p>The Trust has a 2023-24 target to increase that to 50% (to be above the national average of 47.9%)</p> | |  |



Sussex Trust



| Outcome | Commitments | Narrative | Metrics/ performance | Progress | RAG |
|--|---------------|---|--|--|------------|
| <p>L. internally produced patient education materials will receive patient input, will be up-to-date, and will be available in print or via the Trust website (conforming with the accessible information standard).</p> | <p>6,7,15</p> | <p>Actions include: The business case for additional staffing to extend the Carer and Patient Information Group (CPIG) policy and process across the whole of UHSussex has been approved:</p> <p>Recruited an additional patient education knowledge specialist based in Chichester. He is helping us to build on the work already carried out across Worthing and Chichester, working with several teams to put their patient education materials through the CPIG governance process and adding them to the Trust website.</p> <p>Currently recruiting further posts to the team and once they are in place this will enable staffing of the new health information point in the LMB.</p> | <p>Working with colleagues on the UHSussex Length of Stay project – one outcome of which should be a postcard to give to patients on admission about discharge arrangements.</p> | <p>659 patient education leaflets are now available on the Trust website in both PDF and accessible formats. Over 100 of them are UHSussex wide leaflets or those used in Worthing and Chichester.</p> | <p>RAG</p> |

8. Risk register: patient experience functions

| Risk ID | Risk Title | Risk Description | Date Opened | Initial Rating | Current rating | reviewed | All controls in place | Selected service | Selected Location |
|---------|--|--|-------------|----------------|----------------|----------|---|-------------------------------|-------------------|
| 1 | Complaints team capacity | The number of complaints managers falls short of that necessary to respond to the complaints being received. The risk is that complaints responses are significantly delayed or impacted, or the quality reduced | 10.05.22 | 16 | 16 | 06.07.23 | recruitment undertaken, caseloads remain high, revised metrics proposed however increased complaints received and increased complexity resulting in quality impacts | Patient experience | All sites |
| 2 | PALS team capacity | Despite being near establishment, the PALS team is lean and full cover is not possible on all sites during office hours. Along with increased demand there is a risk that patients don't receive timely responses to their enquiries | 16.04.22 | 12 | 12 | 06.07.23 | Staff recruited, however increased demand and lean staffing results in some contacts not being responded to in a timely way | Patient experience | All sites |
| 3 | BI and data | Use of different datix systems on two former trusts and limited reporting capability combined with the team not receiving BI support risks the reliability and availability of data for key reports | 05.01.22 | 9 | 6 | 06.07.23 | DCIQ module being implemented and power BI being mobilised | Patient experience | All sites |
| 4 | Quality and timeliness of complaints letters | Differences in preference on letter style between executives and clinical leaders, along with non-compliance with NHS standard/ PHSO guidelines and feedback from patients risks inefficiency and dissatisfaction/ re-opens | 27.09.22 | 9 | 9 | 06.07.23 | The risk has increased due to senior staffing changes and changes to signatories | Patient experience | All sites |
| 5 | FFT data | Inpatient areas cannot report collectively by site | 11.4.23 | 6 | 6 | 06.07.23 | Being reviewed to explore potential for power BI to assist, hierarchies amended in envoy | Patient experience | All sites |
| 6 | DCIQ feedback module | Risk that the module is not implemented and fully operational in a timely way, resource requirements of transfer and access to archives not fully functional | 18 10 22 | 9 | 6 | 06.07.23 | Being managed through Datix steering group | Patient experience | All sites |
| 11 | Bereavement structure, capacity and practice | Vacancies in bereavement SRH/WGH being filled but expectation of integrating with RSCH/PRH where there are significant capacity and practice issues risks overall compliance with key bereavement functions | 19 12 22 | 9 | 12 | 06.07.23 | Consultation being progressed with parameters established however increased demand, in particular at Worthing, impacting on statutory timescales for death certificates | Bereavement | All sites |
| 12 | Chaplaincy | Increased demand from staff/patients for support reporting due to exhaustion and patient expectations/ behaviour | 19 12 22 | 9 | 9 | 06.07.23 | Significant staffing gaps remain however recruitment should mitigate some of this. | Chaplaincy | All sites |
| 13 | Increase in verbal abuse and aggression from | All services experiencing an increase in verbal abuse and aggression from patients, including those with mental illness, resulting in impact on staff wellbeing | 19 12 22 | 12 | 12 | 11.4.23 | People BO on staff wellbeing; increasing levels of abuse | All patient experience | All sites |
| 14 | Divisional operational pressures | Operational pressures on clinical teams resulting in reduced timeliness of response to complaints | 9 1 23 | 9 | 9 | 11.4.23 | Complaints reps attending divisional meetings to support where possible | Divisions/ patient experience | All sites |
| 15 | Chaplaincy capacity at RSCH/PRH | Significant staffing gaps in chaplaincy risk compliance with expected service offer | 11 4 23 | 9 | 9 | 06.07.23 | Recruitment being re-attempted. Worker permits risk remains. | Chaplaincy | RSCH/PRH |

9. Risk register: trust risks to the patient experience

Updated risk register reporting from the risk module was not available at time of writing so this is unchanged from Q4

| Risk Title | Risk Description | Risk Register | Type | Subtype | Date Opened | Initial Rating | Current Rating | Target Rating | Risk Owner | Date Next Review Due | All Controls in Place Title | All Controls in Place Summary |
|---|---|-------------------------------------|--------|---------|-------------|----------------|----------------|---------------|-------------------|----------------------|---|---|
| 1527: There is a risk of compromised, unsafe and inadequate care when patients are in the ED corridor | Insufficient flow in the hospital leads to patients being held in the ED corridor. In addition this has been exacerbated during the Covid pandemic due to the requirement for red and green pathways resulting in a reduction in ED cubicle space. | Medicine & Urgent Care (RSCH & PRH) | Safety | Patient | 07/11/2013 | 20 | 25 | 4 | Mr Craig Marsh | 10/01/2023 | | |
| Patient safety risk due to inability to provide consistent nursing & medical cover for escalation/outliers and ED depts. - 1887 | Nursing and medical cover across DoME and Medicine on both sites are extremely lean and both are on the risk register as separate entities due to ability to maintain safe care due to shortfalls | Medicine & Urgent Care (WTH & SRH) | Safety | Patient | 05/08/2021 | 12 | 20 | 6 | Mr Stephen Kriese | 31/01/2023 | Daily Staffing Review Of Medical and Nursing Staffing to Support Capacity. Continual review of patients | Additional medical junior post in place - temporary locum Consultant rota for cover for oversight of medical or DoME patients accordingly, slight over recruitment of HCAs on both wards with additional RN and HCA shifts put out to bank/agency daily for escalation for both areas Patient selection for these beds - criteria of those suitable for escalation known across all wards - wards to identify 2 patients on board rounds who could move to escalation areas if needed Focus on MRD and process clearly defined across trust, working with community partners to try to reduce numbers of patients who are MRD and improve capacity to reduce reliance for use of these beds. Outlier management - consultant teams paired to specific surgical wards to support consistent daily reviews Daily review of nurse staffing levels across all wards by matrons (OOH site team) with staff moved to optimise all areas to as safe as possible Daily review of medical staffing by DDO/Dep DDO and Chief/CCOs, Long-length of stay patients are reviewed on a weekly basis. |
| Crowding in ED's leading to poor patient experience (1964) | Owing to the high level of attendances we have experienced in both departments since June 2021, crowding has become a major risk for both ED's, leading to extended waiting times and poor patient experience as well as affect to flow. Harm coming to patients because of delayed handover, triage, assessment and treatment. Focus and concentration of staff is compromised. Increased risk of patients being inappropriately sent home as decision to admit is affected. | Medicine & Urgent Care (WTH & SRH) | Safety | Patient | 18/11/2021 | 8 | 20 | 2 | Mrs Julie Thomas | 31/01/2023 | Additional nurse resource, Information for patients, Early discharge work, Corporate bed plan project, Full capacity protocol | Additional resourcing for 2 x triage nurses in both EDs for patients who self present and RAT/EDIT process established in both departments for ambulance presentations, which allow early assessment of all patients presenting to the departments in order that patients are seen in order of clinical priority and those which are time critical such as sepsis/stroke/chest pain etc receive timely interventions to promote mortality, Screens showing waiting times being installed which will help patients make informed decisions about their attendance, Identifying 10 patient each site to be discharged from wards by 10am to create early movement from ED to EF and EF to wards, Bed capacity and ward bed plan in discussion with execs, Full capacity protocol and boarding when the department is deemed unsafe. |
| High levels of nursing and HCA vacancies, inability to cover sickness and escalation (651) | Consistently there are high levels of trained nurse vacancies across the wards. | Medicine & Urgent Care (WTH & SRH) | Safety | Patient | 05/11/2014 | 16 | 20 | 4 | Mrs Julie Thomas | 31/01/2023 | Use of bank and agency | Use of temporary staff to cover as much as possible |
| 2088: Risk of reduced staff wellbeing and stress due to high number of patients and environmental factors in ED | Staff experience and morale is being adversely affected when working in the ED at RSCH. Staff are experiencing increased stress and anxiety due to staffing vacancies, environmental pressures and the continued use of the ED corridor. | Medicine & Urgent Care (RSCH & PRH) | Safety | Patient | 11/07/2018 | 12 | 20 | 2 | Mr Craig Marsh | 31/01/2023 | Risk of reduced staff wellbeing and stress due to high number of patients and environmental factors in ED | Nursing template gaps reviewed prospectively and unfilled shifts escalated to bank/agency, Early escalation: Specialities actively pull their patients from ED, Referrals to HELPOH services as required, Senior nurse present on floor, Consideration of boarding patients |