



# 1. Headlines and key takeaways

- **Performance:** Based on available FFT data, most patients (91% in Q4) are satisfied that they have a good or better experience. This is a considerable increase on Q3 (average 86%), with positivity levels influenced by improvement in ED ratings commencing in January which was also seen in the national data for which the latest data is for January 23 (national positivity ratings increased from 73% in EDs in December 2022 to 83% in January 23%). It is believed this was influenced by the profile of, and public support for, industrial action.
- For UHS, 37,125 patients provided a review in Q4 with an average response rate of 24%.
- The improved positivity ratings contrast with the number of complaints received which increased through Q4
- **Complaints and PALS:** 321 complaints were received in Q4 with the overall number of complaints open maintained on Q3 despite an upward trajectory in the numbers of complaints received in Q4. The overall pattern for PALS contacts is upwards over the last year and increase in enquiries relating to appointments was seen in line with the new PAS and letter production system.
- **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.
- The patient breakthrough objective has been ceased from Q1 2023/24 however the work on customer service excellence via the Welcome Standards programme continues. A proposed revised metric for the patient true north which provides an agile means of reporting as been proposed.
- Datix IQ feedback module implementation is imminent and when live and functional, the system will transform data reporting on complaints and PALS
- A patient experience workstream under the 3Ts programme has been established including development of the heritage space
- Specific patient engagement work has commenced on key developments for the trust, including ED redevelopment at RSCH and for stage 2 of the 3Ts programme.
- **Surveys:** national maternity survey due spring 23.
- **Risks: to patient experience:** patient satisfaction in EDs at WGH/ RACH; waiting time. **For patient experience teams:** complaints/ divisional team capacity versus demand and high caseloads; different systems in use on different sites;

Complaints		Currently open		New January 23		February 23		New March 23		Closed in 25 days								
		352➔		98		111		112		20%								
<b>PALS</b>				996		857		1123		Total UHS Q4: 2966								
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
	84↑	83↑	85↑	86↑	92↑	91↑	96	94	94	94	95	95	94	96	98↑	95↑	99↑	95➔
National average	75.5% (Average 2022)						93% inpatients 94% outpatients (Jan 23)						95%					

# 2. Themes: What we do well for many patients

In addition to thank you cards and direct contact with clinical and other teams, **28613** patients left a positive review about their care in Q4 (increased on Q3). 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 >18,000 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

***‘Everything was great. The transport was well organised and on time. The reception was good and gave clear directions to the ward. The ward was organised and day room warm. The nurses help me relax while waiting and lessened my anxiety. I was particularly grateful for mandy(I think) and the nurse who held my hand. The who experience was excellent. So well explained, and organised and kind.’***

**Patient review, Ophthalmology, Pickford Ward SRH, February 2023**

***‘went for a colonoscopy and was apprehensive. The nurses could not have been kinder or more professional. I understood what was going on and had everything explained to me all the way through the procedure. Dr Husain put me at ease - all in all a good experience. Thank you Worthing Hospital! Endoscopy Worthing Hospital February 2023***

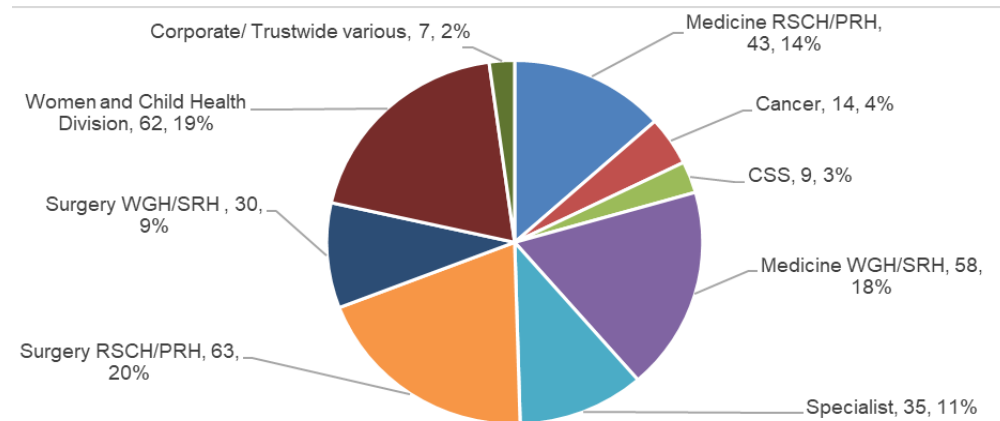
***The nursing staff were very good and the procedure was carried out well. Thank you, Cardiology, Millenium Wing, RSCH January 2023***

Top 10 Words	
+ Positive	
1. Staff	10259
2. Good	4417
3. Time	3447
4. Service	2930
5. Excellent	2908
6. Thank	2875
7. Friendly	2844
8. Care	2589
9. Helpful	2550
10. Attitude	2445

Top 10 Themes	
+ Positive	
1. Staff attitude	18524
2. Implementation of care	
3. Environment	7429 <sup>9826</sup>
4. Waiting time	5665
5. Patient Mood/Feeling	5463
6. Communication	5404
7. Clinical Treatment	4788
8. Admission	4056
9. Staffing levels	1743
10. Catering	492

# 3. Complaints and PALS

- ▶ Numbers of enquiries and concerns received by PALS increased in Q4 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.
- ▶ Since January 2023 the overall trajectory for numbers of complaints received has been upwards and 321 new complaints were received in Q4. However, the number of open complaints has been maintained and there are fewer complaints open in surgery RSCH/ PRH which has the highest number of open and older complaints of all the divisions.
- ▶ The highest number of complaints received are for surgery RSCH/PRH, Women’s and children’s and medicine WGH/SRH
- ▶ A suite of metrics to appraise complaints performance has been proposed to replace the previous target of 65% of complaints closed within 25 days which the trust has not met since merger due to caseloads, operational pressures and volume of complaints. The proposed metrics include:
  - ▶ % closed in 40 days (peer standard)
  - ▶ Total open by division/ trust
  - ▶ New and closed by division and trust



Division (new:closed)	Jan	Feb	Mar	Grand Total
<b>Medicine RSCH/PRH</b>	12:16	24:8	7:19	<b>43:43</b>
<b>Cancer</b>	5:5	1:2	8:4	<b>14:11</b>
<b>CSS</b>	3:5	3:3	3:2	<b>9:10</b>
<b>Medicine WGH/SRH</b>	13:29	23:15	22:19	<b>58:63</b>
<b>Specialist</b>	13:5	8:10	14:16	<b>35:31</b>
<b>Surgery RSCH/PRH</b>	21:16	21:25	21:16	<b>63:57</b>
<b>Surgery WGH/SRH</b>	13:7	8:9	9:10	<b>30:26</b>
<b>Women and Child Health Division</b>	16:12	21:21	25:21	<b>62:54</b>
<b>Corporate/ Trust wide various</b>	2:1	2:2	3:1	<b>7:4</b>
<b>Grand Total</b>	<b>98</b>	<b>111</b>	<b>112</b>	<b>321</b>

# 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**
- Accessing appointments and contacting clinical teams

Most of the above are influenced by issues of maintaining flow and supporting effective discharge to reduce 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. In response to PALS feedback some improvements have been made in patient contact systems in some specialties.

The greatest number of complaints are received in medicine SRH/WGH followed by surgery RSCH/PRH.

*I waited for 9 hours for an ultra sound. Staff were obviously stretched to breaking point which meant there was no one to give regular updates on what was happening. I felt that when I was discharged they just wanted me out of there even though my issue hadnt been resolved.. Worthing Emergency Floor, February 2023*

*As I have had two major heart operations which the hospital know about and I was admitted because I had severe pains in my left arm Witch worried me why did I have to wait up to eight hours before a doctor saw me I am not that sort of person to complain but surely it is important to see people who have heart conditions. SRH A&E patient, March 23*

*There was a 6 hours waiting time to be seen even though I had an appointment, the A&E was understaffed, staff were overwhelmed and the waiting room had was full of patients, left waiting in pain and untreated. I came home without being seen and wasted my time and money (taxi fares).. RSCH A&E patient, January 2023*

## — Negative

1. Hours	757
2. Waiting	723
3. Time	646
4. Staff	616
5. Wait	506
6. Doctor	493
7. Pain	375
8. Seen	372
9. Nurse	307
10. Long	278

# 5. Divisional dashboards

## Cancer – Q4 22/23

**25%**  
Response Rate

**Positive: 93.98%**  
**Negative: 2.91%**

Ratings

**Top 10 Words**

+ Positive		- Negative	
1. Staff	135	1. Appointment	6
2. Time	70	2. Wait	5
3. Good	62	3. Waiting	5
4. Service	57	4. Time	4
5. Appointment	53	5. Hour	4
6. Excellent	52	6. Long	3
7. Friendly	52	7. Nurse	3
8. Helpful	44	8. Minute	2
9. Efficient	40	9. Doctors	2
10. Thank	38	10. Seen	2

‘There was a lengthy wait but I fully understand we all have a lot of questions and are generally very anxious. The Dr I saw yesterday was absolutely lovely. Extremely kind, answered all my questions, laughed and cried with me! Alana was her usual good-humoured helpful self. Fantastic staff in the Oncology unit..’ RSCH patient Jan 23

New complaints	14
Open complaints	13
% closed in 25 days	27%
Themes	Waiting, follow ups, communication about diagnosis, clinical care

## CCS – Q4 22/23

**19%**  
Response Rate

**Positive: 95.80%**  
**Negative: 1.82%**

Ratings

**Top 10 Words**

+ Positive		- Negative	
1. Staff	157	1. Found	5
2. Good	150	2. Appointment	4
3. Helpful	123	3. Face	4
4. Time	106	4. Good	3
5. Service	100	5. Difficult	3
6. Appointment	99	6. Sorry	3
7. Friendly	88	7. Still	3
8. Excellent	84	8. Pain	3
9. Professional	66	9. Experience	3
10. Physio	63	10. Kind	3

‘I was referred to the physio department at Worthing hospital and saw a lovely physiotherapist named Asta. She was superb in listening to my concerns, reassuring me about my back problem and offering very helpful advice on how to manage my bad back. I cant thank her enough or rate her highly enough..’ Worthing physio, Jan 23

New complaints	9
Open complaints	8
% closed in 25 days	20%
Themes	Waiting time, treatment, types of appointment

## C&W – Q4 22/23

16%  
Response Rate



Positive: 95.08%

Negative: 2.85%

Ratings



### Top 10 Words

#### + Positive

1. Staff	219
2. Time	147
3. Appointment	114
4. Good	113
5. Friendly	104
6. Helpful	102
7. Service	82
8. Doctor	73
9. Kind	71
10. Seen	63

#### - Negative

1. Appointment	23
2. Time	17
3. Son	10
4. Consultant	7
5. Surgery	7
6. Left	7
7. Hours	6
8. Good	6
9. Staff	6
10. Pain	6

*'Appointment was on time. Nurse Nicky was extremely patient and kind toward our son. Explained everything very clearly on how the day/ operation would go. Was super impressed from start to finish. Thank you..'*  
RACH, Jan 23

New complaints	62
Open complaints	57
% closed in 25 days	37%
Themes	Staffing levels, pain management, attitude of consultant, communication

## Specialist – Q4 22/23

28%  
Response Rate



Positive: 95.43%

Negative: 1.99%

Ratings



### Top 10 Words

#### + Positive

1. Staff	321
2. Good	231
3. Time	226
4. Helpful	152
5. Friendly	148
6. Appointment	125
7. Attitude	123
8. Service	108
9. Efficient	107
10. Excellent	106

#### - Negative

1. Appointment	17
2. Time	15
3. Waiting	11
4. Nurse	10
5. Consultant	9
6. Wait	8
7. Staff	7
8. Doctor	7
9. Good	6
10. Hour	6

*'Welcoming and well set out Clinic. Organisation was great and we barely had to wait between the 3 different people we needed to see.'*

Cardiac surgery,  
Hove Polyclinic, Jan 23

New complaints	33
Open complaints	35
% closed in 25 days	26%
Themes	Waiting, communication

## Medicine RSCH/PRH – Q4 22/23

27%  
Response Rate



Positive: 95.82%  
Negative: 1.93%



Ratings

### Top 10 Words

#### + Positive

1. Staff	61
2. Time	40
3. Appointment	34
4. Good	31
5. Efficient	28
6. Friendly	28
7. Excellent	27
8. Seen	25
9. Service	22
10. Helpful	21

#### - Negative

1. Cream	4
2. Staff	3
3. Outside	2
4. Appointment	2
5. Patients	2
6. Doctor	2
7. Think	2
8. May	2
9. Efudix	2
10. Use	2

‘ was there on time checked in and seen immediately by the specialist with plenty of time for discussion of my medical problem. Just sad when I was told people hadnt turned up for their appointment! Many thanks to you and all the NHS.’  
Allergy Service, RSCH, Jan 23

\*excludes ED

New complaints	43
Open complaints	49
% closed in 25 days	14%
Themes	Waiting, staff attitude, staffing

## Medicine SRH/WGH – Q4 22/23

29%  
Response Rate



Positive: 94.25%  
Negative: 2.30%



Ratings

### Top 10 Words

#### + Positive

1. Staff	255
2. Time	223
3. Good	188
4. Appointment	136
5. Service	126
6. Helpful	115
7. Seen	102
8. Attitude	101
9. Friendly	99
10. Excellent	82

#### - Negative

1. Appointment	17
2. Time	16
3. Test	8
4. Sleep	8
5. Waiting	7
6. Blood	7
7. Telephone	7
8. Good	6
9. Waited	5
10. Results	5

\*excludes ED

very good | Understand hospital(s) are busy this winter but was not kept waiting too long. Examination was quick and immediate feedback on the results was given. Thank you..  
SRH gastro patient  
Jan 23

New complaints	58
Open complaints	54
% closed in 25/40 days	24%
Themes	Waiting, staff attitude, staffing, noise at night



## Surgery RSCH/PRH – Q4 22/23

26%

Response Rate



Positive: 93.87%

Negative: 2.94%

Ratings



### Top 10 Words

#### + Positive

1. Staff	351
2. Time	223
3. Good	187
4. Friendly	161
5. Appointment	153
6. Helpful	135
7. Service	120
8. Seen	117
9. Efficient	110
10. Excellent	106

#### - Negative

1. Appointment	39
2. Time	27
3. Waiting	22
4. Doctor	15
5. Seen	12
6. Call	12
7. Hour	11
8. Consultant	11
9. Wait	10
10. People	10

*From receptionist to treatment the whole system is well run with no problems .I dont feel like Im rushed in and out again and the staff are great . Mr Edmondson is always polite ,cheerful and professional & administers the injections to my knees with no discomfort or pain to me . A good experience all round . SOTC patient, Jan 23*

New complaints	63
Open complaints	95
% closed in 25/40 days	19%
Themes	Waiting, type of appointment, communication

## Surgery SRH/WGH – Q3 22/23

26%

Response Rate



Positive: 94.22%

Negative: 2.71%

Ratings



### Top 10 Words

#### + Positive

1. Staff	383
2. Time	238
3. Good	236
4. Friendly	146
5. Helpful	146
6. Service	138
7. Attitude	131
8. Excellent	127
9. Appointment	120
10. Efficient	115

#### - Negative

1. Appointment	30
2. Doctor	22
3. Time	21
4. Call	15
5. Waiting	14
6. Staff	12
7. Hour	10
8. Seen	10
9. Minutes	8
10. Waited	8

*'Face to face appointment was cancelled in favour of phone call doctor was not aware of my medical history it was very unsatisfactory.'*

T&O, SRH Jan 23

New complaints	30
Open complaints	33
% closed in 25/40 days	15%
Themes	Waiting, appointment type, communication, dr attitude

# 7. Q4 2022/23 and Q1 2023/24 Priorities and Improvement - update

Quarter 4 priorities	Update on Q4 priorities	Q1 priorities 2023/24
<ul style="list-style-type: none"> <li>Finalise Welcome Standards and embed new staff funded by charities</li> <li>Socialise draft Welcome Standards with PEEG and other fora</li> <li>Quality governance corporate project, including new reporting framework and quality governance manual</li> <li>Launch patient experience strategy programme board</li> <li>Commence full FFT reporting by division and for all touchpoints on all sites</li> <li>Confirm complaints letter signing process</li> <li>Bereavement integration consultation</li> <li>Chaplaincy integration and restructure consultation</li> <li>Plan for Heritage Space in Louisa Martindale Building</li> <li>Implement breakthrough objective</li> </ul>	<ul style="list-style-type: none"> <li>Welcome standards in final draft, circulated for comments with patient experience groups and first training taken place with staff and volunteers</li> <li>Quality governance manual finalised and launched</li> <li>PEEG now acting as the patient experience strategy programme board</li> <li>FFT reporting now in place and actively utilised and reported</li> <li>Complaints letter signing agreed but now subject to further change due to changes in staffing</li> <li>Staff consultations progressed but not initiated due to delays in job evaluation process</li> <li>3Ts steering group received plans for heritage space</li> </ul>	<ul style="list-style-type: none"> <li>Propose and implement new suite of metrics for complaints.</li> <li>Implement new standard work aligned to metrics for complaints</li> <li>Complete recruitment to patient experience establishment</li> <li>Launch DCIQ feedback module</li> <li>Complete annual report</li> <li>Undertake consultations for bereavement and chaplaincy services</li> <li>Undertake engagement for cancer centre (stage 2 3Ts) and engagement seminar for ED redevelopment</li> <li>Roll out welcome standards training</li> </ul>



# 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"> <li>Data and insight led</li> <li>Patient centred</li> <li>Active listening</li> <li>Place-oriented</li> <li>Fairness and equality</li> <li>Solution focused</li> <li>Prevention/early action</li> <li>Accountable</li> </ul>		<ol style="list-style-type: none"> <li>Nothing about me without me</li> <li>We will increase response rates to patient surveys</li> <li>We will increase engagement through visible and accessible digital methods</li> <li>We will improve experience of discharge – home for lunch</li> <li>We will embrace technology to improve patient experience</li> </ol>	<ol style="list-style-type: none"> <li>We will engage differently and better with less heard groups and communities</li> <li>We will improve how those with barriers to services navigate places and services</li> </ol> <p><b>Promoting positive experience – prevention and early intervention</b></p> <ol style="list-style-type: none"> <li>We will improve staff wellbeing</li> <li>We will implement a new approach to concerns and complaints responses</li> <li>We will improve the experience of 'waiting' patients</li> </ol>	<ol style="list-style-type: none"> <li>We will embed learning from patient experience to shape improvement</li> <li>We will listen to and learn from patients on key themes</li> <li>We will ensure there is accountability for patient experience</li> <li>We will strengthen the role of volunteers in improving patient experience</li> <li>We will implement patient-led customer service excellence programme</li> </ol>

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

# 8. Patient Experience Strategy Metrics Reporting

Outcome	Commitments	Narrative	Metrics/ performance	Progress	RAG
A1 - fewer negative comments related to waiting	1,3,8,13,14	<p>Actions include:</p> <ul style="list-style-type: none"> <li>• True norths for S&amp;P (78 week waiters and ED seen within 4 hours);</li> <li>• Breakthrough objective for S&amp;P (Median hour of discharge to be between 10 and 10:59am)</li> <li>• Duty of candour letter pilot in EDs</li> <li>• Redevelopment of ED</li> </ul>	<p>i. Number negative comments re waiting in FFT            ii. Patients waiting &gt; 78 weeks (against plan)            iii. Median hour of discharge (aim &lt;12pm)            iv. Patients waiting &gt;4 hours in ED.</p>	<p>1283 (Q4)            575 (5.Mar.23)            Trust % discharges &lt; midday increased to 25% (Feb.23)            31% (Feb.23)</p>	<p>Green            Yellow            Red            Red</p>
A2 – fewer negative comments relating to communications	1,3,8,13,14	<p>Actions include:</p> <ul style="list-style-type: none"> <li>• Patient BO programme/ welcome standards</li> <li>• patient access transformation corporate project (fm Feb 23) letters</li> </ul>	<p>i. Number negative comments re communications in FFT</p>	<p>1010 (Q4) ↓</p>	<p>Yellow</p>
A3 – fewer negative comments relating to staff attitude	1,3,8,13,14	<p>Actions include:</p> <ul style="list-style-type: none"> <li>• Welcome standards, including customer service training</li> <li>• Sharing of positive patient feedback to support staff wellbeing and motivation</li> <li>• Welcome standards being finalised</li> </ul>	<p>i. Number negative comments re staff attitude in FFT            ii. Number participating in customer service training</p>	<p>1544 (Q4) ↓</p>	<p>Yellow            Blue</p>
B1 reduced percentage of concerns citing dates for appointments	1,13,14	<ul style="list-style-type: none"> <li>• See A1</li> </ul>	<p>i. % complaints citing dates for appointments (benchmark is 3.63% based on Q1-3)            ii. % PALS citing dates for appointments (20.15% (Q2-3) benchmark)</p>	<p>5.4% (Q4)            21.7% (Q4)</p>	<p>Red            Yellow</p>
B2 reduced percentage of concerns citing discharge	1,4,13,14	<p>Actions include:</p> <ul style="list-style-type: none"> <li>• Breakthrough objective – reducing median hour of discharge – home for lunch</li> <li>• Implement electronic discharge planning and safer discharge</li> </ul>	<p>i. % complaints citing discharge 5% (Q1-3) benchmark            ii. % PALS citing discharge 4% (Q1-3) benchmark</p>	<p>4.3% (Q4)            2.7% (Q4)</p>	<p>Green</p>

Outcome	Commitments	Narrative	Metrics/ performance	Progress	RAG
C1. FFT response levels	1,2,3,6,7	<p>Actions include:</p> <ul style="list-style-type: none"> <li>New FFT provider commissioned and is using SMS and IVM (interactive voice messaging) for patients without access to a mobile phone.</li> <li>In all touchpoints/ sites response rates are increasing with the new provider</li> <li>TARGET: &gt;33%</li> <li>Benchmark: 24% November 22</li> </ul>	i. FFT: response rates – ED	23% (Q4)	Yellow
			ii. FFT: response rates – maternity	23% (Q4)	Yellow
			iii. FFT: response rates – inpatients	26% (Q4)	Yellow
			iv. FFT: response rates – outpatients	24% (Q4)	Yellow
			v. FFT: response rates – Surgery RSCH/PRH	26% (Q4)	Yellow
			vi. FFT: response rates – Medicine RSCH/PRH	27% (Q4)	Yellow
			vii. FFT: response rates – Medicine WGH/SRH	29% (Q4)	Yellow
			viii. FFT: response rates – Surgery WGH/SRH	26% (Q4)	Yellow
			ix. FFT: response rates – Women’s and children’s	15% (Q4)	Red
			x. FFT: response rates – CCS	24% (Q4)	Yellow
			xi. FFT: response rates – Specialist	31% (Q4)	Yellow
			xii. FFT: response rates – Cancer	25% (Q4)	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"> <li>Implementation of the trust strategy, including those detailed in section A above</li> <li>Divisional governance and improvement initiatives</li> </ul>	i. FFT: positive rates – Surgery RSCH/PRH	94% (Q4)	Yellow
			ii. FFT: positive rates – Medicine RSCH/PRH	96% (Q4)	Green
			vii. FFT: positive rates – Medicine WGH/SRH	94% (Q4)	Yellow
			viii. FFT: positive rates – Surgery WGH/SRH	94% (Q4)	Yellow
			ix. FFT: positive rates – Women’s and children’s	94% (Q4)	Yellow
			x. FFT: positive rates – CCS	96% (Q4)	Green
			xi. FFT: positive rates – Specialist	94% (Q4)	Yellow
			xii. FFT: positive rates – Cancer	94% (Q4)	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"> <li>New complaints process and quality assurance implemented</li> </ul>	Number of complaints re-opened (annual) – 153 for 2022-23 (benchmark 21-22 = 108)	13% (2022-23)	
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"> <li>New complaints process and quality assurance implemented</li> </ul> <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	23.3%	
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"> <li>Divisional catch ball sessions and SDRs to assign watch and driver metrics.</li> </ul>	All 9 divisions have the True North as a watch metric and 5 division have it as a driver for the break through objective		
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"> <li>Working with the system on targeted engagement</li> <li>Using FFT to undertake inequalities focused reports</li> <li>Working with the Equalities Team – new EDI head in post</li> <li>Applying an equalities lens to the Patient First Improvement System</li> </ul>			
I. Number of volunteering hours increases	8,11,15	Volunteer Strategy in development – due 2023	Metrics TBD		

# Table showing patient experience metrics

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"> <li>• Digital strategy</li> <li>• Roll out of PKB (my health and care record) include enhancing content available to patients</li> <li>• Promotion through staff and patient engagement</li> <li>• Ensuring divisions offer patients digital methods of communication and management such as messaging and PIFU</li> </ul>	<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>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 confident that the organisation would address their concerns when raised.	8, 12,13,15	<p>Actions include:</p> <ul style="list-style-type: none"> <li>• Initial focus groups held with physiotherapy, Level 9a, AAU and EACU, Housekeeping and Elderly Speciality Medicine. Themes captured</li> <li>• Divisional focus groups have commenced and plans in place to for CCS, Medicine, Surgery and F&amp;E.</li> <li>• Divisional SDRs now have data to produce their improvement plans</li> <li>• Interactive 'Speaking Up Pathways' document and four supporting tool kits launched</li> <li>• Corporate work will include engagement opportunities planned across hospital sites and with Staff Side and Staff Networks to feed into the overall improvement plan</li> </ul>	<p>40.6% staff (compared to 42.2% in 2021) 'felt confident that if they spoke up about something that concerned them that the organisation would address their concern.'</p> <p>The Trust has a 2023-24 target to increase that to 50% (to be above the national average of 47.9%)</p>		

Outcome	Commitments	Narrative	Metrics/ performance	Progress	RAG
		<p>Actions include:</p> <ul style="list-style-type: none"> <li>• communication with leads and teams</li> <li>• Security</li> </ul> <p>Improved communication from leads  More visibility of the leads  Security officers been included in Schwartz rounds  Team leader meetings with managers  Meetings with all of the security teams  Newsletters</p>			<div style="background-color: red; width: 100%; height: 100%;"></div>
<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:</p> <p>Charity funding application made to expand the patient education service across merged organisation. to level up provision of patient education support in the West of the organisation, increase ability to support patients and focus on those with protected characteristics and staff a patient education point planned for the main foyer in Phase 1 of 3Ts</p>	<p>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>Recruitment will start very soon. Discussions held with recruitment, Macmillan Horizon Centre and PALs to agree effective sharing. and working together once the health information point is open.</p> <p>As well as the ED, work is underway with several departments in Worthing and Chichester in creating leaflets to use across the whole Trust.</p> <p>All internally-produced patient education material in accessible and PDF formats, and quality assured through agreed process (incl. Carer Patient Information Group)</p> <p>Meetings held with Patient Knows Best team (My Health and Care Record) to ensure that the links to the patient information leaflets are up to date regarding the new UHSussex website.</p> <p>Agenda templates for Divisional governance meetings will include update of patient leaflets</p>	<p>580 leaflets have been migrated to the integrated trust website Although mainly legacy east leaflets, just over 50 of these are UHSussex wide leaflets or those used in Worthing and Chichester.</p> <p>Leaflets</p>	<div style="background-color: yellow; width: 100%; height: 100%;"></div>



# 9. Risk register: patient experience functions

Risk ID	Risk Title	Risk Description	Date Opened	Initial Rating	Current rating	review d	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, exacerbated by sickness. The risk is that complaints responses are significantly delayed or impacted	10.05.22	16	12	11.4.23	recruitment undertaken, caseloads remain high, revised metrics proposed	Patient experience	All sites
2	PALS team capacity	Following consultation and changes to the PALS team several vacancies and increased demand risked patients not receiving responses to their enquiries	16.04.22	12	6	11.4.23	Staff recruited, overall PALS contacts well managed despite lean staffing	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	9	11.4.23	DCIQ module being implemented	Patient experience	All sites
4	Quality 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	6	11.4.23	Standard approach agreed, although changes in personnel require further action	Patient experience	All sites
5	FFT data	Inpatient areas cannot report collectively by site	11.4.23	6	6		Being review to explore potential for power BI to assist	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	9	11.4.23	Being managed through Datix steering group	Patient experience	All sites
10	Clinical effectiveness	Vacancies and lack of maturity in clinical outcomes and effectiveness impacting on patient experience/ quality interface and corporate project	19 12 22	9	6	11.4.23	quality governance corporate project, new director of clinical effectiveness in post	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	9	11.4.23	Consultation being progressed with parameters established	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	11.4.23		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		Recruitment being re-attempted. Worker permits risk remains.	Chaplaincy	RSCH/PRH

# 10. 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 Q3

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 DDD Dep DDO and Chel/CCDs, 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 RATIEDIT 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 (851)	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