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## 1. Introduction

The mission of University Hospitals Sussex – what we are striving to achieve – is to provide:

*‘excellent care every time’*

All our efforts to do this put the interests of our patients first and foremost, and are underpinned by our values which were selected by our staff, patients and public:

- ▶ Compassion
- ▶ Communication
- ▶ Teamwork
- ▶ Respect
- ▶ Professionalism
- ▶ Inclusion

'Patient experience' is what the process of receiving care feels like for the patient, their family and carers. It is a key element of quality, alongside providing clinical excellence and safer care. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care. The NHS Constitution established the principles and values of the NHS in England. The principles guide the NHS in everything it does and principle four states: 'The patient will be at the heart of everything the NHS does.'

The NHS has a long-standing commitment to offering high quality patient experience, as described in the NHS Patient Experience Framework and these values and commitments were re-iterated and strengthened in 2018 with the publication of the national Patient Experience Improvement Framework. This offered support to providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

This commitment is also central to the University Hospitals Sussex Patient First Improvement system, in particular the 'patients' pillar. The true north ambition for this pillar is for patients to have a great experience of care every time, as measured by friends and family test.

This annual report describes the progress against the true north ambition as well as the insights and performance of the trust on patient experience for 2022/23.

## 2. Strategic developments and improvements in patient experience

### 2.1 Patient experience as a pillar of quality

Good experience of care, treatment and support is an essential part of an excellent health and social care service. The NHS has coalesced around the definition of quality set out by Lord Darzi in 2008 that care provided by the NHS will be of a high quality if it is:

- ▶ Safe
- ▶ Clinically effective
- ▶ Delivering a high-quality patient experience.

Quality assurance is a vital component of the trust's quality governance system. This supports a consistent approach to sharing and learning, reducing unwarranted variation, enabling interventions for improvement, ensuring visibility and accountability of actions, encouraging openness about learning and risk, and triangulating information relating to performance, patient and staff feedback and direct observation.

Figure 1: Quality governance domains



The Trust has made an unprecedented investment in its infrastructure to support leadership and application of quality in all aspects of the trust's delivery, across the three national quality pillars of safety, effectiveness and patient experience alongside risk management and health and safety.

The application of patient experience as a domain of the trust's quality approach has been developed through the 'enhancing quality governance corporate project' as part of the Trust's strategy for 2022/23. Within the scope of the project in 2022/23 has been:

- ▶ Publication of a quality governance manual, which describes the Trust's vision, approach and expectations with regard to quality governance, including roles and responsibilities across clinical and corporate divisions
- ▶ Standardisation and maturity of quality governance practice within divisions
- ▶ Increasing maturity of risk management practice.

Figure 2: Quality Governance Manual published in March 2023

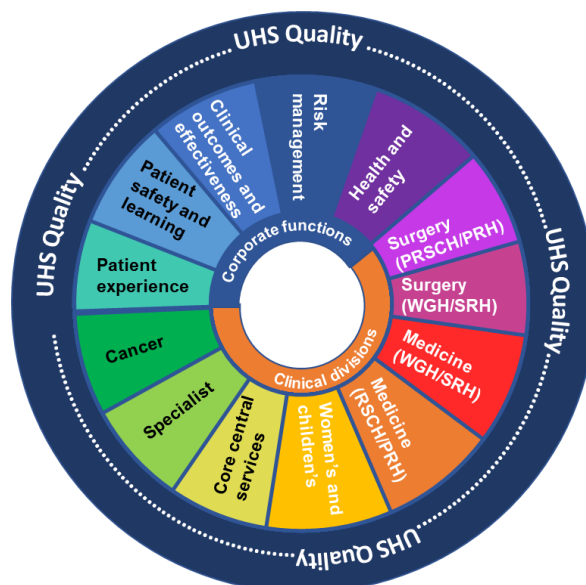


## 2.2 Improving how we deliver our patient experience functions

During 2022/23 improvements to the structures and processes within patient experience teams have been implemented. This includes:

- ▶ Following consultation and re-structuring of services integrated patient experience teams have delivered complaints in line with the new clinical operating model and PALS on a site basis. New team members have been appointed and an assistant director to lead on the patient experience strategy has been appointed.
- ▶ Frequent production of complaints and PALS data by trust and divisions has allowed progress, risks and issues to be closely tracked
- ▶ New standard work for complaints has been applied, following co-production with division of a 'new ways of working' document, prior to the publication of the quality governance manual.
- ▶ Integrated approach to patient safety through the serious incident review group with patient experience, safety and clinical effectiveness working in a triangulated way to implement the requirements of PSIRF (patient safety incident response framework)
- ▶ Recommissioning of a more responsive and agile friends and family test provider
- ▶ Implementing the new DCIQ reporting system for patient feedback, ready for implementation in 2023/24
- ▶ Refreshed Patient Experience and Engagement Group (PEEG) forming a core part of the trust's quality governance structures and to act as the programme board for the patient experience strategy

Figure 3: Patient Experience as a domain of an integrated UHSx approach to quality





## 2.3 Patient Experience Strategy

A key achievement in 2022/23 was the co-production and approval of the Trust's Patient Experience Strategy for 2022-2025, along with a summary strategy on a page.

Figure 4: Patient Experience Strategy on a Page



The Patient Experience Strategy for 2022-2025 sets out how, using Patient First as our long-term approach to transforming hospital services for the better, positive and sustainable change in patient experience will be achieved.

The strategy describes the national context for patient experience, how this aligns to the trust's ambitions and goals and how within the wider framework of quality governance a high-quality patient experience will be delivered. We describe how as an anchor institution and local partner in a multi-sector integrated care system for Sussex we can transform our engagement with local communities.

Our patients tell us that whilst most care is good there are opportunities for improvement. As such the strategy sets out how over the next three years the trust will enable:

- ▶ Better engagement with patients and carers – nothing about me without me
- ▶ Addressing inequalities – voice and influence for the least heard
- ▶ Promoting positive experiences – prevention and early intervention
- ▶ Learning and action on patient experience

The strategy sets out 15 commitments that the Trust has made, spanning the ambitions of the Trust's strategy including key performance on waiting times and in emergency departments, workforce and use of IT. These are measured by a range of metrics reported quarterly to the patient committee.



**Successes** throughout 2022/23 include:

- ▶ Improved positivity levels from patients using the emergency departments
- ▶ Increased response rates to patient surveys through friends and family test
- ▶ Increased focus and action on the voice of the less heard groups, including quarterly scanning of patient responses and active follow up where patients report discrimination or potential for action relating to a protected characteristic
- ▶ Increased participation in digital solutions that give patients a more active role in their care, including use of 'My Health and Care Record'
- ▶ Initiation of the 'Welcome Standards' project (customer service excellence) in response to patient feedback, including successful bid to charitable funds for a small, fixed term team to support the work



**Opportunities** for 2023/23 aligned to the strategy and across the scope of the executive portfolios include:

- ▶ New volunteers' strategy to better support and strategically align volunteering to priorities and patient experience needs
- ▶ Improving overall Trust performance on the key contributors to a less positive patient experience, including waiting in the emergency departments and referral to treatment time pathways
- ▶ Improving staff wellbeing.

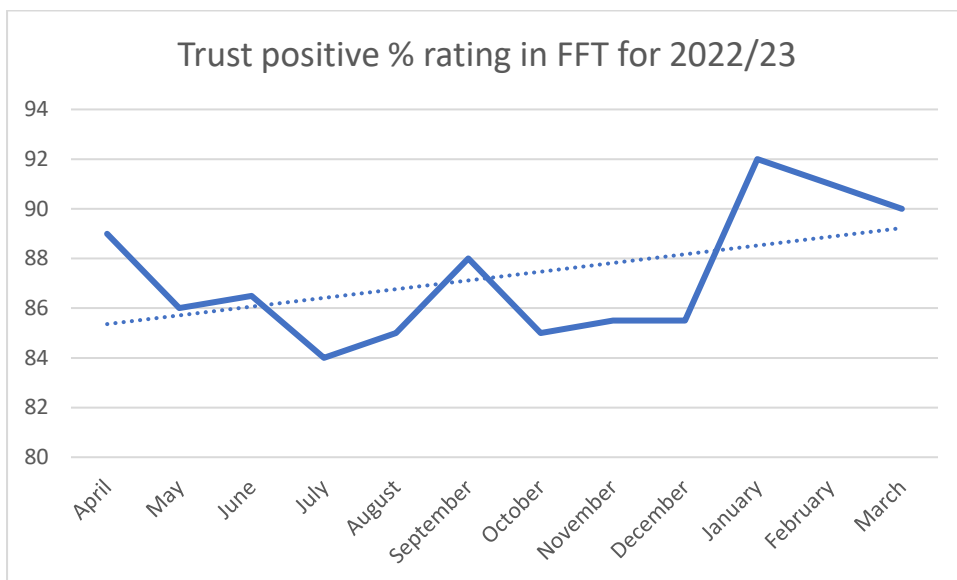
### 3. 'Patient' True and Breakthrough Objective

#### 3.1 True North

Throughout 2022/23 the average overall positive rating for the Trust using the Friends and Family Test (FFT) system was 88.3%. This is lower than the previous year (90%). Each month, the Trust receives over 12,000 survey responses with an average response rate of 24%.

During quarter 2 of 2022/23 patient experience was the most challenged with low FFT positive ratings coinciding with an increase in complaints. However, UHSx saw a substantial increase in positive ratings in January (also reflected in the national data) linked to positive public perception of industrial action.

Figure 5: Trust positive % ratings by month for 2022/23



For the first half of 2022/23 the true north target was the aim of 95% or more of patients rating their care as good or very good. However, this was not achieved as the overall trust percentage is confounded by the emergency departments responses which are lower than other touchpoints (nationally and locally). 44% of all FFT responses are from the emergency departments, which contribute 78% of all negative reviews.

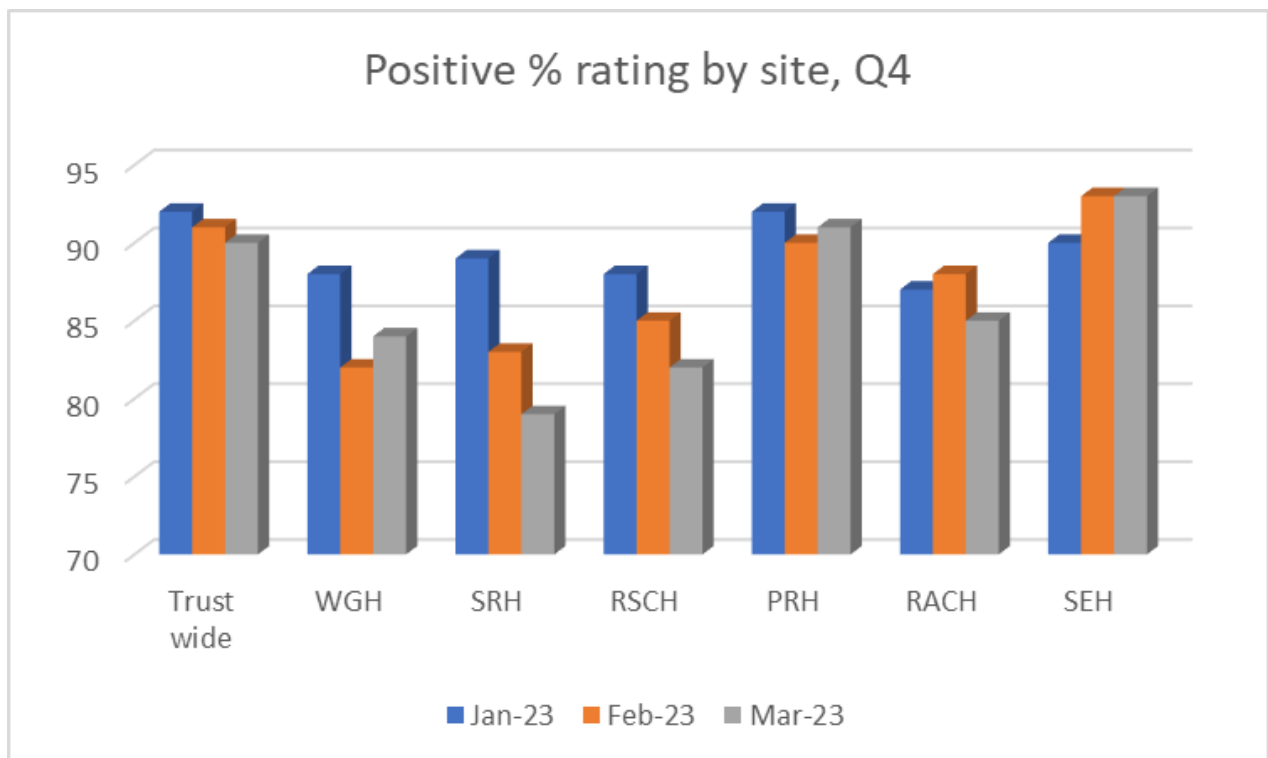
As such, when the trust strategy was reviewed the true north was amended to focus on trust performance in relation to national figures, initially aiming to be in the top quintile, but due to issues with reporting capabilities this has been reviewed and is subject to amendment.

The national average positive % rating for EDs was 75.5% in 2022/23. For UHSx the average was 80.5% (based on full available data from August 2022 to March 2023).

### 3.1.1 Site

Due to the implementation of the new patient administration system, Careflow, some data was unavailable for inpatient and outpatient areas in 2022, however full reporting capability has been available for Q4 by trust, site and division. The site receiving the highest % of positive ratings is the Sussex Eye Hospital (SEH) followed by Princess Royal Hospital (PRH). Lowest positive rating % is at Worthing Hospital (WGH) and St Richards Hospital (SRH).

Figure 6: Positive % rating by site for Q4



The numbers of negative responses at the RACH increased considerably around the time of the strep A outbreak when demand for paediatric emergency care increased substantially and waiting times were excessive as a result.

It is possible to generate and explore FFT response data for each of the trust's main sites (RSCH, PRH, WGH, RACH, SEH and SRH) across all touchpoints (emergency, maternity, inpatients and outpatients).

Figure 7: FFT positivity and response rates, and themes, by site for 2022/23

Site	Positivity rating	Response rate	Positive themes	Negative themes
PRH	88.5%	27%	Quality of staff, quality of service	Waiting, staffing levels
RSCH	88%	25%	Quality of staff, quality of care	Waiting, staffing levels, pain management
RACH	94%	15%	Quality of staff	Staff attitude
SEH	95.5%	35%	Quality of staff, quality of service	Waiting
WGH	81.5%	23%	Quality of staff, quality of care	Waiting, staffing levels, pain management
SRH	80%	22%	Quality of staff, quality of care	Waiting, staffing levels, pain management

### 3.1.2 Emergency Departments

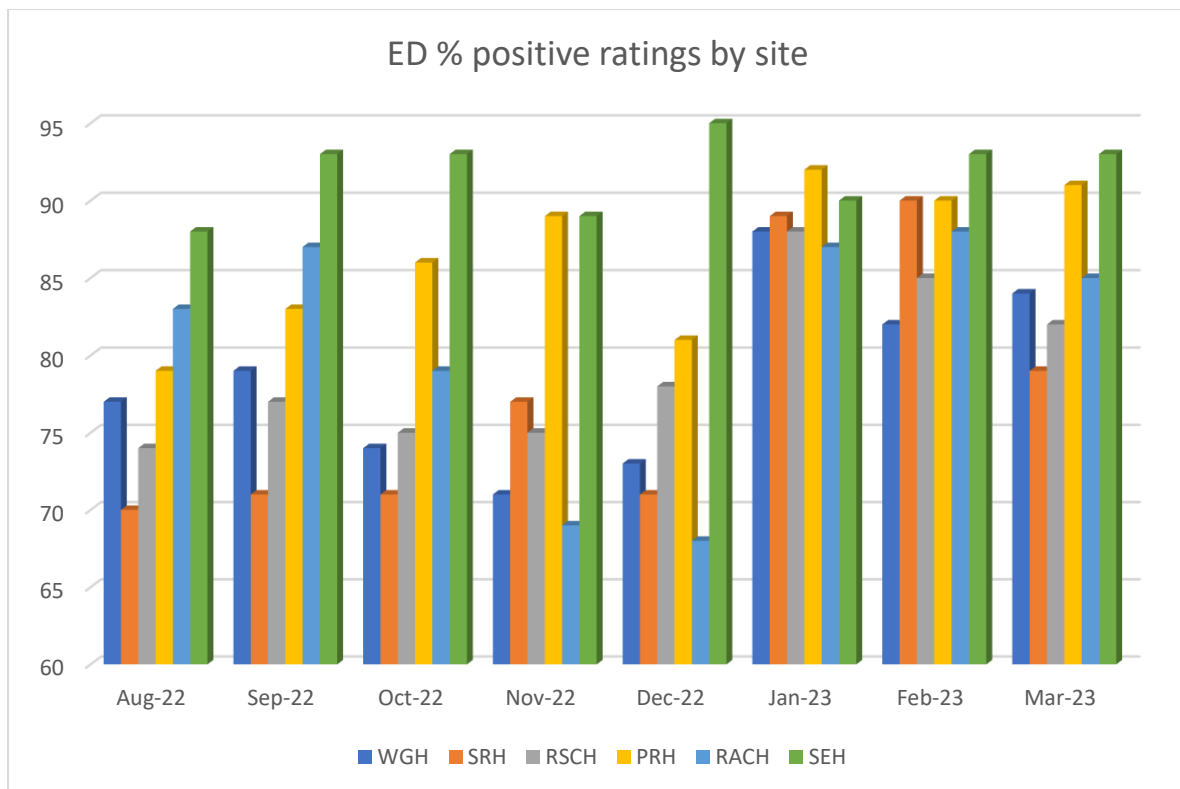
The emergency departments are most prone to fluctuation and are heavily weighted in overall trust figures by which the true north is appraised. Full comparative data for all ED sites using the integrated FFT system is available from August 2022.

The ratings are also variable by site, with most positive patient reported experience at SEH and PRH and lowest at SRH, WGH and Royal Sussex County Hospital (RSCH)

Patient reported positivity with emergency departments closely correlates with performance against key standards including four hour waits.

Favourability increased in January (for UHSx and nationally) which related to public reaction to industrial action by nurses. Whilst this has reduced slightly in February and March 2023 it did not return to the lower levels of positivity in later 2022.

**Figure 8: Positive % rating by ED sites for August 2022-March 2023**



National average positivity rating for EDs was 75.5% in 2022. There is a delay in production of national data, so 2022 averages are used for the purpose of this report. Overall UHSx average ED positivity ratings for 2022/23 was 80.5% with a 21% response rate. As such the trust was above the national average for 2022.

**Figure 9: Number of reviews by rating and month, 2022/23 (partial data April to July)**

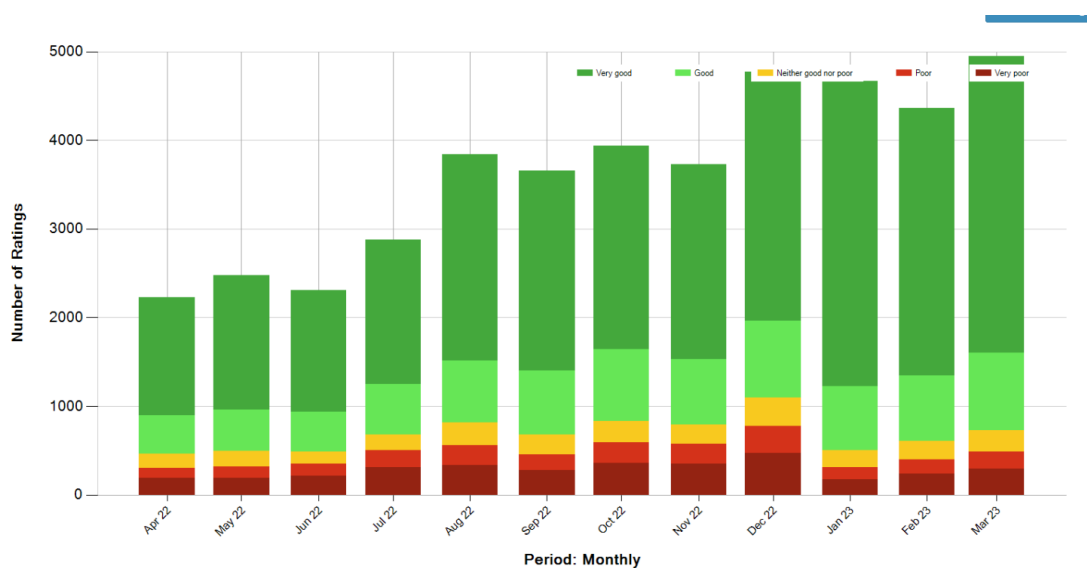


Figure 10: ED department positivity and response ratings by site for 2022/23

Site	Positivity rating	Response rate
PRH	88.5%	27%
RSCH	83%	22%
RACH	80.5%	16%
SEH	92.5%	27%
WGH	81.5%	23%
SRH	80%	22%

As demonstrated by the word prevalence analysis below, the most prevalent reason for providing a positive review was the quality of staffing and care along with efficiency of the service received. The most prevalent theme in negative responses by a large margin was waiting time to be seen in the emergency department.

Figure 11: Most prevalent words in positive and negative responses for EDs, 2022/23

The image shows a screenshot of a data visualization tool titled "Top 10 Words". It is divided into two columns: "Positive" (marked with a plus sign) and "Negative" (marked with a minus sign). Each column lists the top 10 most frequent words and their corresponding counts.

+ Positive		- Negative	
1. Staff	10421	1. Hours	2811
2. Good	4562	2. Waiting	2451
3. Seen	4001	3. Wait	2104
4. Time	3645	4. Time	1827
5. Service	3640	5. Staff	1748
6. Waiting	3341	6. Doctor	1549
7. Wait	3068	7. Seen	1378
8. Thank	3065	8. Pain	1173
9. Doctor	2898	9. Long	1092
10. Excellent	2832	10. Nurse	943



### 3.1.3 Maternity

Overall positive ratings were 94% throughout 2022/23 (national average 90-94% monthly). As such, the trust’s performance was in line or better than the national average for maternity services.

Figure 12: Number of maternity responses by rating and month for 2022/23

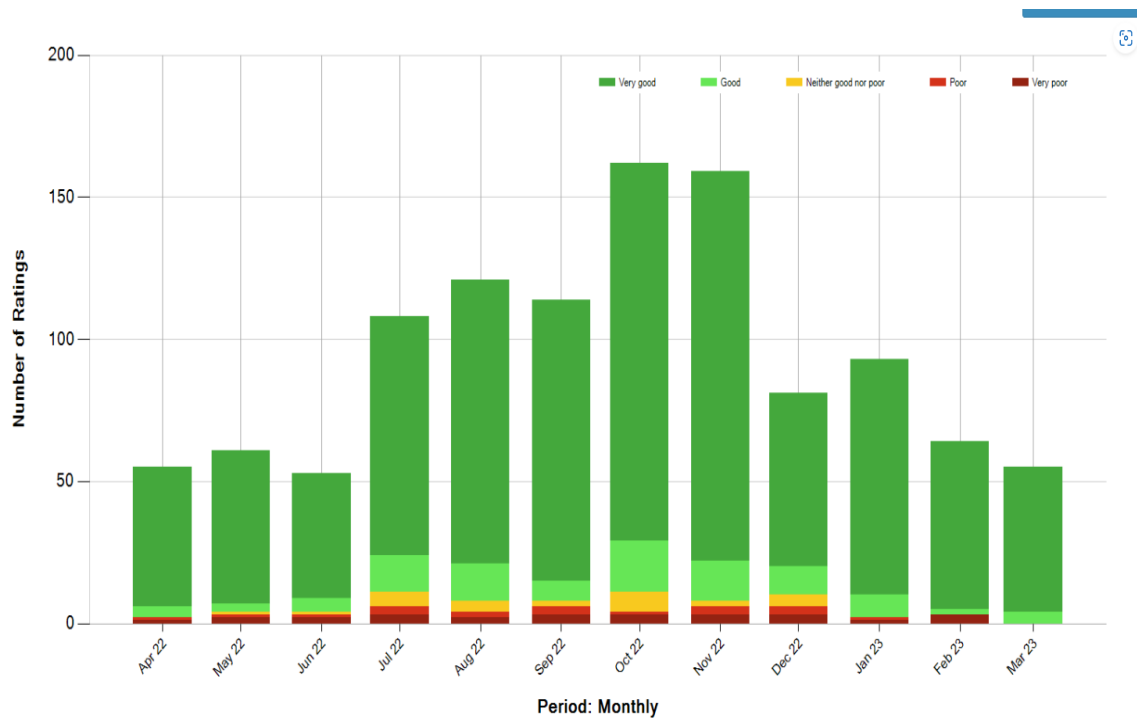


Figure 13: Maternity positivity and response rates by site, 2022/23

Site	Positive responses %	Response rate %
PRH	93	24
RSCH	96	21
SRH	94	27
WGH	90	31

The most prevalent reasons cited for a positive review of maternity services were quality of staffing and quality of care. The most prevalent reasons for a negative review related to concerns about the care provided and perceptions about staffing levels.

Figure 14: Most prevalent words by positive and negative reviews, 2022/23

Top 10 Words			
+ Positive		- Negative	
1. Staff	265	1. Birth	29
2. Care	242	2. Care	23
3. Amazing	195	3. Ward	17
4. Good	161	4. Staff	16
5. Birth	149	5. Labour	15
6. Midwives	132	6. Time	14
7. Experience	131	7. Midwife	13
8. Baby	118	8. Baby	13
9. Thank	109	9. Pain	11
10. Ward	103	10. Section	11

Examples of patient feedback were as follows:

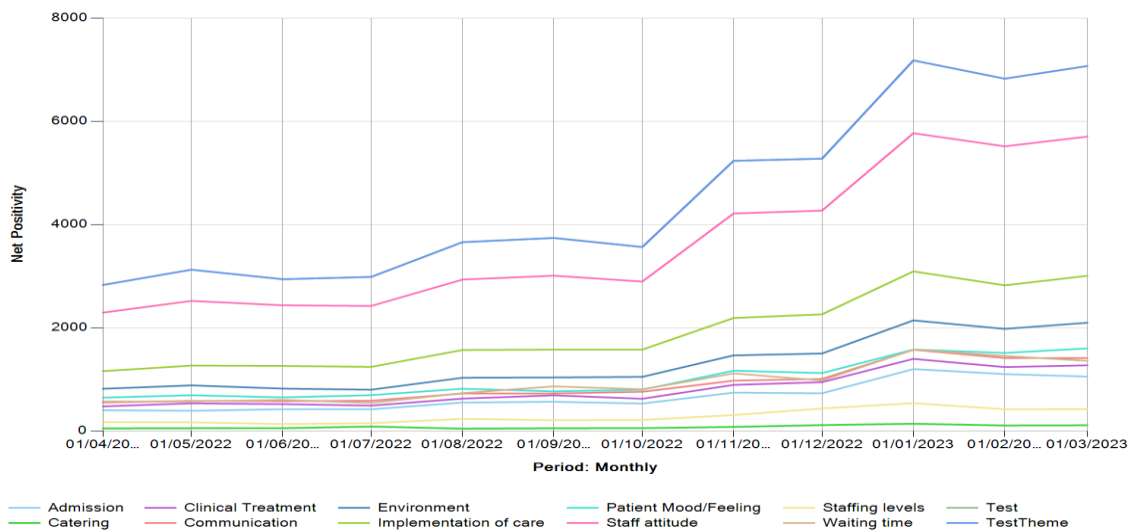
- The staff were fantastic, polite, genuine and hugely informative. I felt well Informed at every stage of my birthing experience of who was going to be involved and what was going to happen. We were always told and introduced to staff who were taken over shifts. And anything we werent sure about was quickly supported. Thankyou for a perfect birth experience. RSCH Apr 22*
- Overall, up to and including the C-section, the service was good and the staff great. It was the service thereafter which was a huge letdown. I was taken into recovery at around 17:00 and told I would be moved to a ward at 19:00.....this did did not happen until 23:50! I asked for the overall measurement of my newborn whilst being wheeled to recovery, which I was told that they would do this for me....this did not happen at all, despite asking on 2-3 occasions. I asked at around 20:30, after no updates were given as to when I'd be moved to a ward. RSCH May 22*

- *The midwives and care team have all been amazing both with myself and my new baby boy. However, on our delivery and discharge days the Ward was severely understaffed which led to me having to wait a long time in pain before being able to go to the labour Ward, me not receiving my meds in recovery and us having to be readmitted. All the staff on shift however were doing their best with limited resources.* PRH July 22
- *For the women who have babies in neonatal care, in my opinion I believe if they are staying in on a shared ward they should be put together in the same room. It broke my heart to have to share a room with women whos babies was sleeping beside them and it being a constant reminder that yours was in special care. One night there was four newborns in the room, every time they cried, I held on a little tighter to my knitted square from my sons incubator. It was really hard.* Worthing, October 22
- *All staff were amazing and friendly, completely put my mind at rest. I had to have an emergency caesarean and all the theatre team were amazing. Can't fault anyone that I had the pleasure of being treated by. 10/10 service from start to finish.* SRH August 22

### 3.1.4 Themes and insights

Across all trust responses the dominant reason for providing a positive response was the quality of the staff and care, with the dominant reason for a negative response relating to waiting times, followed by staff attitude, communication and clinical care.

Figure 15: Net positivity in FFT feedback by theme, 2022/23



Feedback from patients – examples:

- *'The service from the nurses and Drs was fantastic, friendly, thorough and not rushed. The waiting room was extremely busy and hot with not much space to sit or stand and seemed understaffed. It was quite distressing being in such close contact with so many poorly children with no space to move away and keep our distance.'*  
SRH ED Dec 22
- *'All the nurses and doctors were doing their best however they were clearly understaffed and needed more help in order to see people quicker and put them in suitable rooms Plus there werent enough rooms for everyone I had to be very sick in the waiting room - not anyones fault just the place needs more rooms but this isnt due to anyone in the hospital | But I am aware they were trying their very best.'*  
RSCH Apr 22

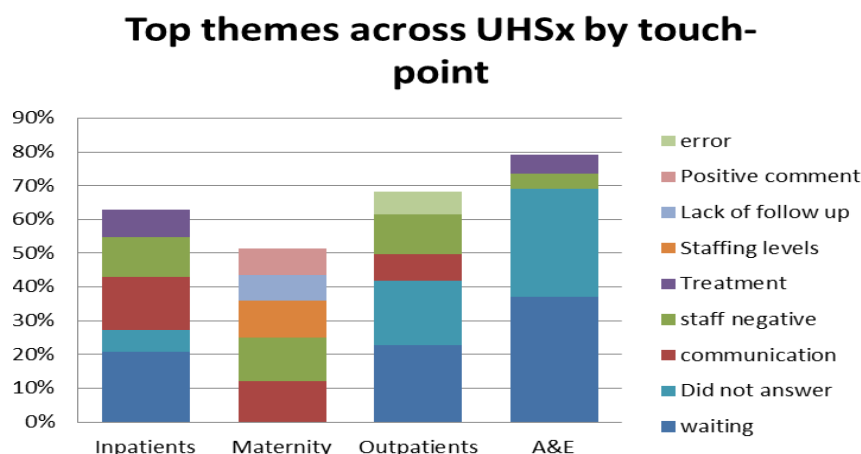
These thematic insights informed the patient breakthrough objective for 2022/23.

### 3.2 Breakthrough objective

The breakthrough objective seeks to take an 'inch wide mile deep' focus on a key contributor to the true north which if improved would be most effective in shifting the dial towards achievement of the true north ambition. To aid understanding of the contributors to lower satisfaction, more detailed analysis of patient experience data was undertaken to inform the breakthrough objective using previous data as a benchmark as part of the 'measure' phase.

Those themes include waiting (on site for FFT and for appointments/ surgery in complaints and concerns) with waiting time, and information regarding waiting times, most prevalent in concerns; communication; staff attitudes and behaviour; clinical treatment; and delays in results

Figure 16: Themes from FFT feedback by touchpoint



For patient, the key contributor to a negative experience as reported through FFT is waiting time in the emergency departments. However, as this is also the true north ambition for the Strategy and Partnership domain, the second most prevalent contributor was the focus for the patient breakthrough objective. This was negative reviews including staff attitude.

A full analysis of data from September to December 2022 was undertaken to inform this, including by touchpoint, response rates and themes. As demonstrated by figure 17, the largest number of reviews of any touchpoint is the emergency departments which also generate the largest number of negative reviews.

	Positive	Negative	Total*	Percent Positive	Percent Negative
Maternity - FFT	409	20	429	95.34%	4.66%
Emergency Department - FFT	8,253	1,682	9,935	83.07%	16.93%
Inpatients - FFT	7,225	394	7,619	94.83%	5.17%
Outpatients - FFT	4,924	145	5,069	97.14%	2.86%

**Figure 17: Positive and negative reviews by touchpoint in the breakthrough analysis**

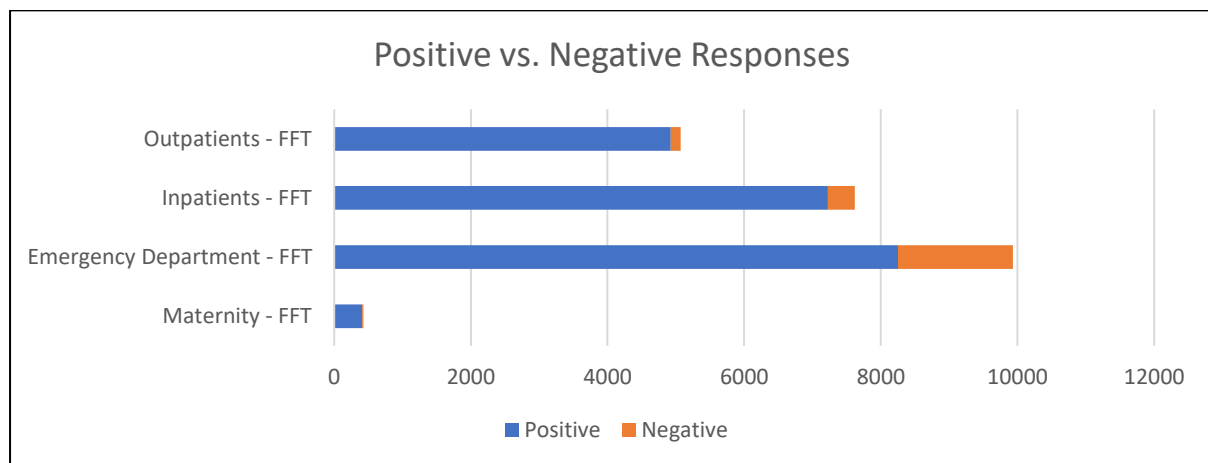
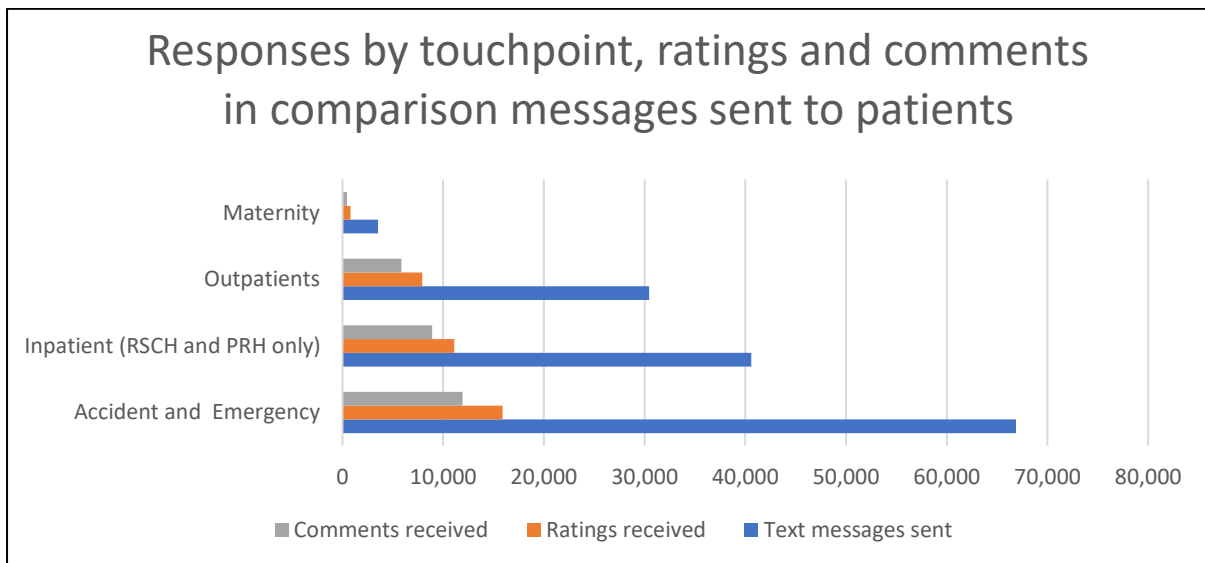


Figure 18 demonstrates that the largest number of surveys are sent to the emergency departments of all the touchpoints, followed by inpatients. As such, the emergency departments provide the greatest opportunity to influence the true north metric.

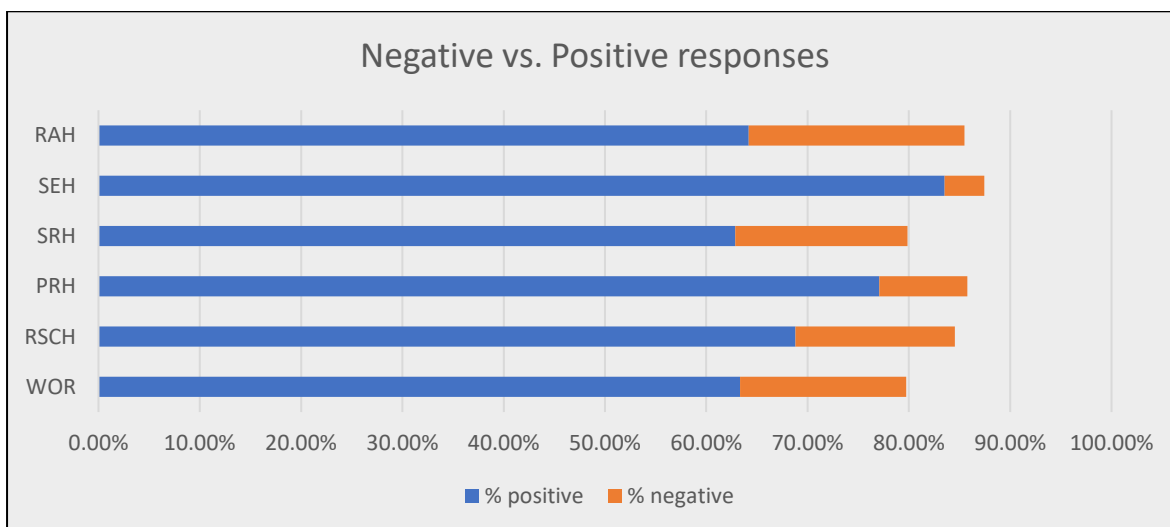
Figure 18: Response rates by touchpoint in the breakthrough analysis



Within the touchpoints there is variability by site. The Royal Alexandra Children’s Hospitals (RAH) had the largest proportion of negative responses in the period analysed however this was an outlier period due to increased demand caused by the strep A outbreak. Worthing, SRH and RSCH had the highest proportion of negative reviews otherwise.

Figure 19: Negative vs positive responses by site for breakthrough analysis

Site	0 - No rating	1 - Very Good	2 - Good	3 - Neither good nor poor	4 - Poor	5 - Very Poor	6 - Don't know	Total
WOR	379	1441	433	183	192	293	38	2959
RSCH	242	1547	480	174	181	282	40	2946
PRH	183	1293	410	113	100	92	18	2209
SRH	236	907	325	128	117	216	31	1960
SEH	101	776	141	34	23	20	3	1098
RAH	29	365	135	66	67	99	18	779



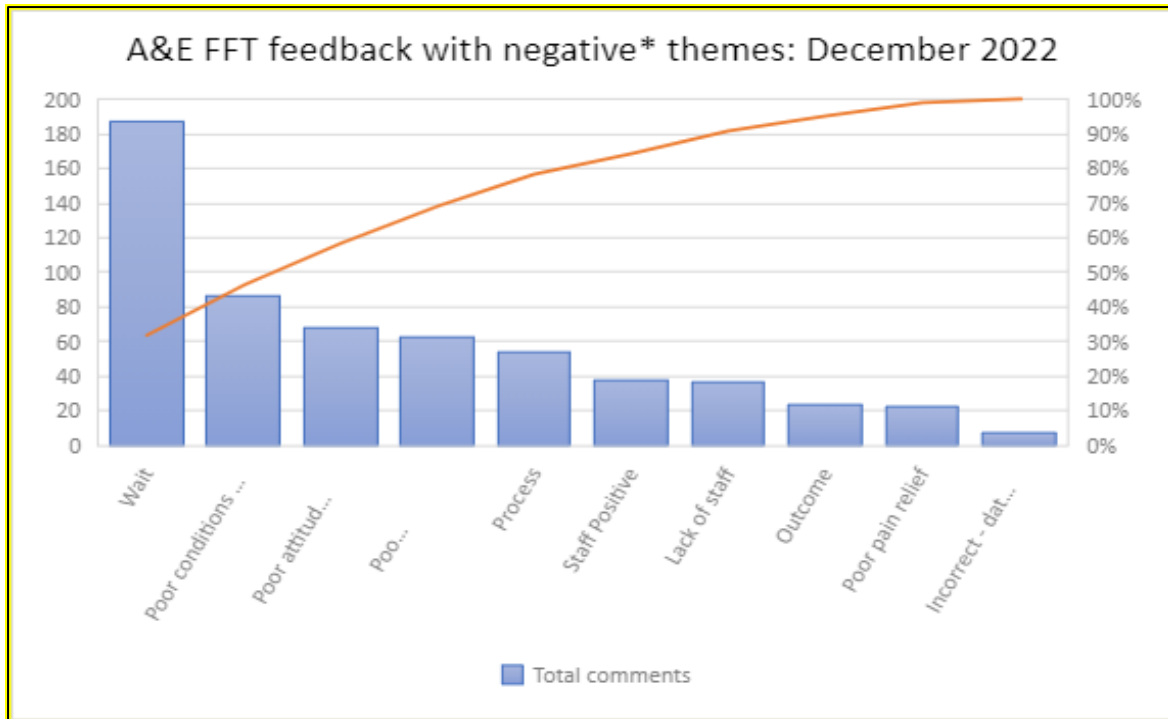


The data was also subjected to a manual thematic analysis

Figure 20: A&E manual thematic analysis for breakthrough objective

**A&E FFT feedback with negative\* themes: December 2022**

Response Theme	Theme 1	Theme 2	Theme 3	Total comments	%
Wait	177	9	1	187	31.9%
Poor conditions / space	48	33	5	86	14.7%
Poor attitude/rudeness	59	8	1	68	11.6%
Poor communication/explanation	45	16	2	63	10.8%
Process	48	5	1	54	9.2%
Staff Positive	14	23	1	38	6.5%
Lack of staff	26	10	1	37	6.3%
Outcome	20	3	1	24	4.1%
Poor pain relief	15	6	1	22	3.8%
Incorrect - data validation	7	0	0	7	1.2%
				586	100.0%



The analysis concluded that A&E negative ratings contribute 75.5% of all negative ratings (4<sup>th</sup> Sept – 31<sup>st</sup> Dec 2022). Staff attitude cited in negative A&E comments as a % of total FFT ratings was only 0.5%. Therefore, it is highly unlikely that we will turn the dial on True North by working on staff attitude, even in A&E – the top contributing touchpoint to negative ratings. As such, the decision was taken to cease the patient breakthrough objective recognising that the key contributor is addressed elsewhere in the trust strategy.

However, the ambition of the breakthrough – to contribute to an excellent experience of care – has continued in line with the ambitions of the patient experience strategy, through the Welcome Standards programme.

### **3.3 Welcome Standards**

Excellent care every time with the patient first is the mission of University Hospitals Sussex, and for the 'patient' domain of the trust strategy, this is measured by feedback from the friends and family test (FFT) system.

Our patient feedback shows how significant the way we welcome and engage with patients is to their experience. As such, ensuring this is of the highest quality is at the heart of the Patient Experience Strategy. Reception colleagues play a vital role in this, too, as indicated in the following quote from a patient (via our Family & Family Test):

*“Pleasant and helpful reception staff. Surgeon was conversant with my past medical history. Conscious of my situation and generally helpful and polite. Hospital transport drivers were also very competent and helpful. Altogether a very satisfactory appointment”*

The implementation of the Welcome Standards is a new and creative approach to improve patient experience, going beyond business-as-usual care and service by connecting differently with our patients and their representatives with an emphasis on the process of greeting patients and visitors, in line with trust values. It includes a validated standard or 'kitemark' for services, with the aim of socialisation as part of the onboarding process for employees and volunteers at the Trust, spanning pre-application and induction. There are opportunities to further embed the standards such as through supervision, appraisal, and personal and team development events.

At the heart of the Welcome Standards is the patient voice and tackling the priorities for improving patient experience, as defined by the Trust's patients and their representatives.

The standards were informed by tens of thousands of reviews from patients, patient charter standards from Healthwatch and best practice from the private sector customer service excellence standards, as well as colleagues from Comms and Patient Experience. The Standards are applied using the head – theory of customer excellence; the heart – staff commitment and values; and hands – theory in practice.

The standards are set out against each of our six values with descriptors for the standards within each value.

Figure 21: Welcome Standards Framework

A. Communication		Not achieved	Partially achieved	Mostly achieved	Fully achieved	N/A	Evidence
Standards							
1. Our patients are given a choice about how they are communicated with, including via digital (PKB) and on paper, and how to track any referrals online							
2. Our communications to patients are accurate							
3. Patients are offered a choice of appointment time							
4. Our patients receive regular updates about their care in a timely way							
5. Our patients have information about waiting times to be seen							
6. Our patients have a contact number to reach us for information when they need it							
7. Our patients are provided with information to support them with their condition or while they wait							

B. Compassion		Not achieved	Partially achieved	Mostly achieved	Fully achieved	N/A	Evidence
Standards							
1. We provide a warm and calming welcome							
2. We reassure patients of our commitment to providing the best possible care every time							
3. We make a personal connection and respond to patient needs							
4. We are aware of the wider context in which our patients are living and their broader support needs							
5. We have private areas for discussing sensitive issues and news							

C. Teamwork		Not achieved	Partially achieved	Mostly achieved	Fully achieved	N/A	Evidence
Standards							
1. We work together and hold improvement huddles to improve services							
2. We aim to address problems and complaints at the earliest opportunity to increase satisfaction							
3. We use patient feedback to learn and improve our services							
4. We work together to ensure we are aware of and share up-to-date information within and across teams to improve patient care							

D. Inclusion		Not achieved	Partially achieved	Mostly achieved	Fully achieved	N/A
Standards						
1. We actively seek the views of our patients (more than 25% of patients respond to our FFT patient surveys)						
2. We actively consider how we improve access and outcomes for patients with protected characteristics						
3. We ensure our communication and engagement is appropriate to the communication needs of the patient, in line with the accessible information standard (see UHSx policy)						
4. We actively seek to make our environment inclusive						

E. Respect		Not achieved	Partially achieved	Mostly achieved	Fully achieved	N/A	Evidence
Standards							
1. We are honest with our patients							
2. We refer to patients according to their preferred names and pronouns							
3. We wear staff name badges and introduce ourselves by name and role							

F. Professionalism		Not achieved	Partially achieved	Mostly achieved	Fully achieved	N/A	Evidence
Standards							
1. We invest in developing the skills, capabilities and behaviours to improve communication and service skills							

There are three components to the Welcome Standards:

- i. Training – this has been developed and a pilot was delivered in March for colleagues (including volunteers) undertaking reception and greeting roles in preparation for the opening of the new Louisa Martindale Building
- ii. Self-evaluation against the standards
- iii. Validation

Teams undergo training to understand the standards and then self-evaluate their service against the criteria. For any standards not met staff would review the guidance and take further actions. When the standards are met the service will undergo a validation process and receive a kitemark to display.

By the end of 2022/23 a team had been recruited and inducted to deliver the Welcome Standards programme, the training was co-designed, and it was piloted with the reception teams and volunteers in the Louisa Martindale Building. The training was well evaluated and informs the roll out of the programme into 2023/24.

## 4. Complaints and Concerns

### 4.1 Complaints process and standards

For those wishing to make a complaint about their care, NHS Model Complaints Handling Policy 2021, co-authored by the PHSO, does not define a timescale within which complaints should be completed. Rather it describes a set of quality standards with which to comply:

'We believe at the heart of an effective complaint handling system are four core pillars, which these Standards are based on:

- ▶ welcoming complaints in a positive way and recognising them as valuable insight for organisations
- ▶ supporting a thorough and fair approach that accurately reflects the experiences of everyone involved
- ▶ encouraging fair and accountable responses that provide open and honest answers as soon as possible
- ▶ promoting a learning culture by supporting organisations to see complaints as opportunities to improve services.

The Complaint Standards align with all the legal requirements arising from the NHS Complaint Regulations and other subsequent regulations that relate to complaint handling.'

The NHSE complaints policy requires that complaints are acknowledged within 3 days. The policy does not set a timescale for a response rather it describes the processes and quality approaches that will be taken. However, it sets out that if NHS England has not provided a response within six months, they will write to the complainant to explain the reasons for the delay and outline when they can expect to receive the response. At the same time they will notify the complainant of their right to approach the PHSO without waiting for local resolution to be completed.

The trust complies with these standards by:

- ▶ Welcoming complaints in a positive way
- ▶ Acknowledging complaints within three working days
- ▶ Being thorough and fair
- ▶ Giving fair and accountable responses



Throughout 2022/23 the creation of an integrated trust-wide complaints team has enabled an increased focus on the quality of complaints responses in line with the national standard. New standard work for complaints, working with clinical teams has been embedded and a new policy on responding to concerns and complaints was approved this year.

The trust also has its own target for complaints – to provide a formal response within 25 working days in 65% or more of cases. However, in line with national policy and standards which require a focus on high quality responses, the Trust approach in 2022/23 has been on ensuring that the quality standards are met. These require clear and open responses to complaints, with the requirement to acknowledge complaints within 3 working days and to respond within six months, or to agree a longer timeframe with the family, to ensure the opportunities to learn from complaints are optimised. 28% of cases were provided with a formal response in 25 days but 99% of complaints were acknowledged within three working days. The Trust will seek to align its complaints reporting with national policy standards in the next year.

The number of complaints and concerns received by the trust increased throughout 2022/23, from an average of under 900 a month in quarter 1 and 2 to just under 1400 in quarter 4. Recognising that there is a national precedent for an increased emphasis on the quality of complaints responses, the local target will be considered in 2023/24.

## 4.2 Complaints and concerns data and themes

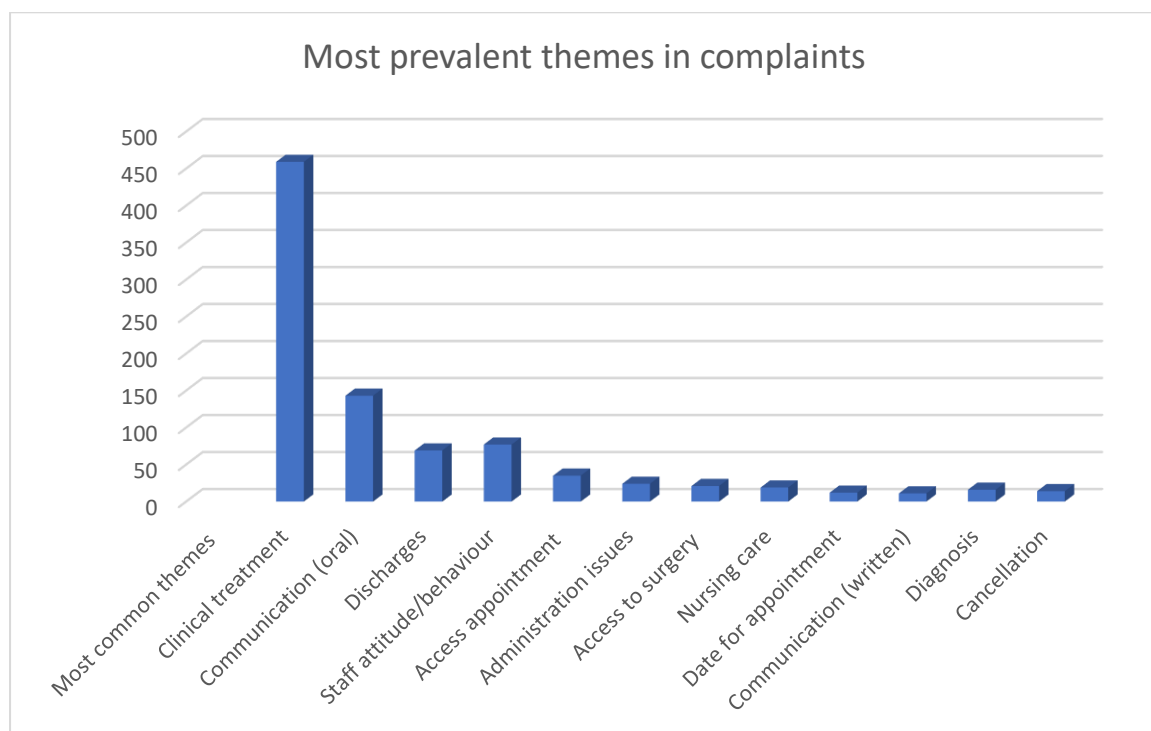
Throughout 2022/23, the Trust received 1,100 new complaints and 247 complaints were reopened. The division which received the largest number of complaints was medicine WGH and SRH.

Figure 22: Number of new and re-opened complaints by division

	Grand Total	Total new	Total reopened	2022 reopen	2023 reopen
<b>Surgery RSCH PRH</b>	<b>258</b>	199	59	35	24
<b>Medicine WGH SRH</b>	<b>253</b>	219	34	23	11
<b>Women &amp; Children</b>	<b>227</b>	191	36	20	16
<b>Medicine RSCH PRH</b>	<b>217</b>	181	36	26	10
<b>Specialist</b>	<b>131</b>	96	35	16	19
<b>Surgery WGH SRH</b>	<b>131</b>	112	19	13	6
<b>Cancer</b>	<b>48</b>	37	11	8	3
<b>CSS</b>	<b>45</b>	37	8	6	2
<b>Other</b>	<b>17</b>	15	2	1	1
<b>Corporate</b>	<b>13</b>	6	7	4	3
<b>Facilities &amp; Estates</b>	<b>7</b>	7	0		
<b>Grand Total</b>	<b>1347</b>	<b>1100</b>	<b>247</b>	<b>152</b>	<b>95</b>

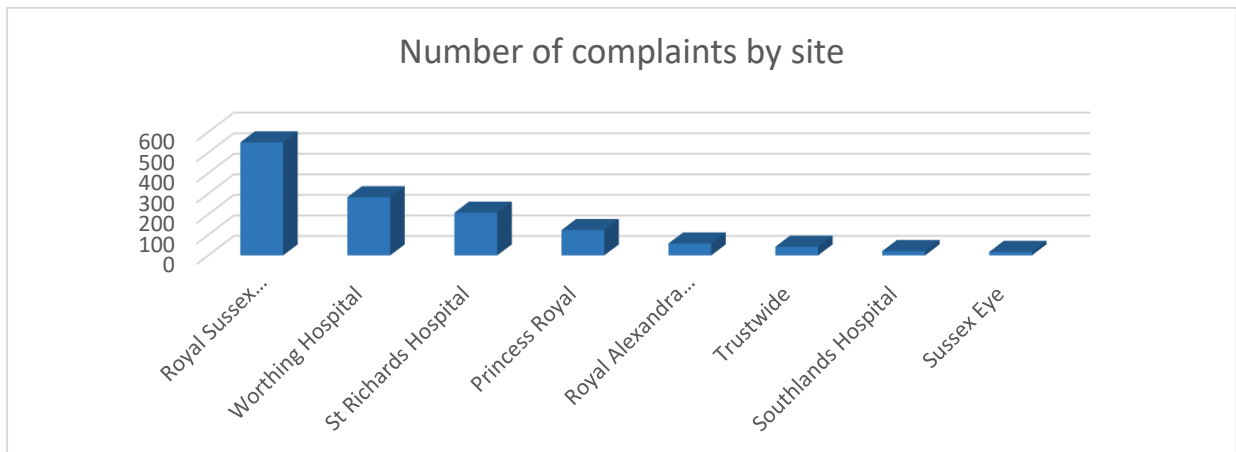
The most prevalent theme in complaints was clinical treatment followed by communication, discharge and staff attitudes and behaviour.

Figure 23: Themes in complaints



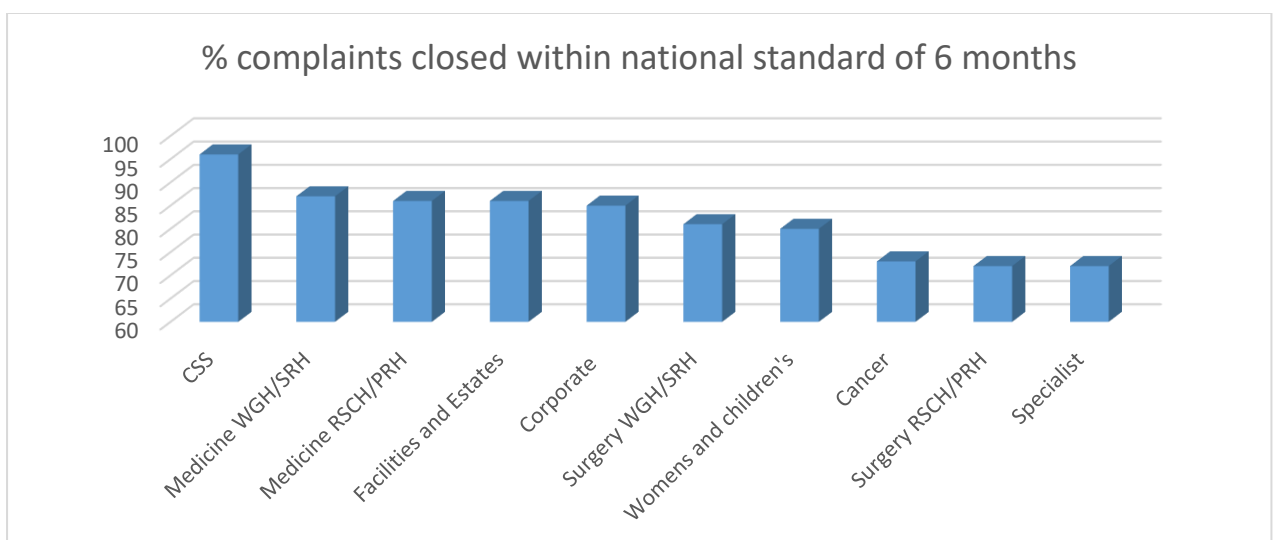
All clinical divisions have quality and safety meetings in which insights from complaints and opportunities for improvement are identified and overseen. The number of complaints varies by site but is largely consistent with a proportionate number of complaints in relation to volume of patients.

**Figure 23: Number of complaints by site**



The most prevalent reasons for a longer response time to complaints are delays in clinical responses, complaints team caseloads. Delays in clinical responses to complaints vary by division. Despite receiving the highest number of complaints, the medicine WGH/SRH division has the most timely responses.

**Figure 24: % complaints closed within national timescale by division**



## 5. National patient surveys

### 5.1 Maternity Survey 2022

The maternity patient survey runs every year and all eligible organisations in England are required to conduct the survey.

The 2022 maternity survey involved 121 NHS trusts in England. All NHS trusts providing maternity services that had at least 300 live births were eligible to take part in the survey. Women aged 16 years or over who had a live birth between 1st and 28th February 2022 (and January if a trust did not have a minimum of 300 eligible births in February) were invited to take part in the survey. Fieldwork took place between April and August 2022

The response rate for University Hospitals Sussex NHS Foundation Trust was 49.7% with the following demographic profile:

Figure 25: Demographic profile of respondents

Characteristic	Percent
Total respondents	327
Response rate	49.7
<b>Parity</b>	
Primiparous	48.0
Multiparous	52.0
<b>Age</b>	
16-18	0.0
19-24	3.7
25-29	18.3
30-34	35.9
35+	42.1
<b>Ethnicity</b>	
White	92.3
Multiple ethnic groups	1.2
Asian or Asian British	3.1
Black or Black British	1.2
Arab or other ethnic group	0.3
Not known	1.9

The trust's results were much better than most trusts for 1 question, were better than most trusts for 3 questions and somewhat better than most trusts for 4 questions. The trust's results were not worse than for most trusts for any questions.

Figure 26: questions in which UHSx performed better than most

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
B3. Were you offered a choice about where to have your baby?	272	4.5	Better	4.1	

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
C14. Did the staff treating and examining you introduce themselves?	317	9.4	Somewhat better	9.3	
C16. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	322	8.0		8.5	
C17. If you raised a concern during labour and birth, did you feel that it was taken seriously?	199	8.7	Much better	7.9	
C18. During labour and birth, were you able to get a member of staff to help you when you needed it?	312	9.0	Somewhat better	9.1	
C19. Thinking about your care during labour and birth, were you spoken to in a way you could understand?	322	9.5	Somewhat better	9.4	
C20. Thinking about your care during labour and birth, were you involved in decisions about your care?	314	9.0	Better	8.9	
C21. Thinking about your care during labour and birth, were you treated with respect and dignity?	323	9.5	Better	9.5	

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
F12. Were you given information about any changes you might experience to your mental health after having your baby?	300	7.3		7.7	
F13. Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?	273	8.7	Somewhat better	8.1	

In the following questions, results were less positive than in 2021:

- During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?
- During your antenatal check-ups, did your midwives listen to you?
- During your pregnancy, if you contacted a midwifery team, were you given the help you needed?
- Were you involved in the decision to be induced?
- If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?
- Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?
- After your baby was born, did you have the opportunity to ask questions about your labour and the birth?
- On the day you left hospital, was your discharge delayed for any reason?
- Thinking about your stay in hospital, how clean was the hospital room or ward you were in?
- Were your decisions about how you wanted to feed your baby respected by midwives?
- Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?
- Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?
- Did a midwife or health visitor ask you about your mental health?
- If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?

The maternity services team continue to respond to patient feedback as part of their programme of improvement work. This includes:

- i. Listening events - these events cover student midwives, bands 2-6 and the labour ward co-ordinators have had their own listening event with band 7s
- ii. Hosted a homebirth event following the suspension of homebirths
- iii. Monthly safety event chaired by a non-executive director. Topics that are frequently discussed are staffing, safety, culture and staff general well-being. The events are very well attended by all staff including obstetricians and anaesthetic staff.

- iv. Since December the service have been recruiting international midwives and so far have recruited 11 midwives predominantly from Africa with further interviews lined up.
- v. RGN's have been recruited to on the East and preceptorship roles to support our newly qualified midwives. The service has an "Always open" advert for midwives which continues to attract staff with the Golden Hello and refer a friend, and a recruitment event for newly qualified midwives is being planned.
- vi. Co-production work continues with the Maternity Voices Partnership and plans moving forward are for a cross site discharge video and process. The results of the survey will be shared with the MVP to identify further actions from the patient feedback
- vii. Joint work with Healthwatch Brighton and Hove on a maternal mental health pilot project funded by Healthwatch England

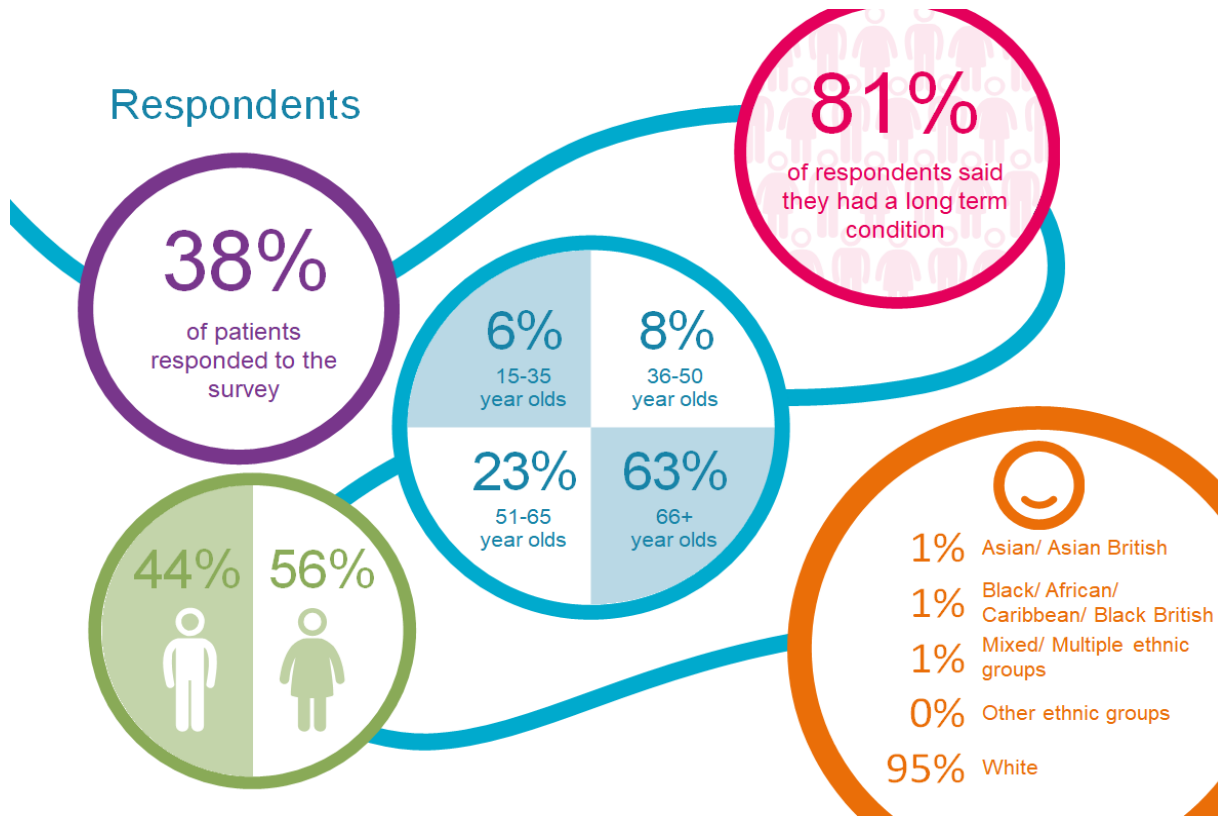
## 5.2 Adult inpatient survey 2021

The Adult Inpatient Survey runs every year and all eligible organisations in England are required to conduct the survey. The adult inpatient survey 2021 used eligible patients that were discharged from hospital during November 2021 and the results were received in 2022/23. NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services. The NPSP is commissioned by the CQC.

A total of 62 questions were asked in the 2021 survey, of these 45 can be positively scored, with 41 of these which can be historically compared. The results include every question where the organisation received at least 30 responses (the minimum required). This report summarises the findings from the Adult Inpatient Survey 2021 for University Hospitals Sussex, the results of which were released in September 2022. There were 879 respondents (38%) to the survey and the average response rate nationally was 39%. The summary of the findings are shown below:

Figure 27: Survey findings summary

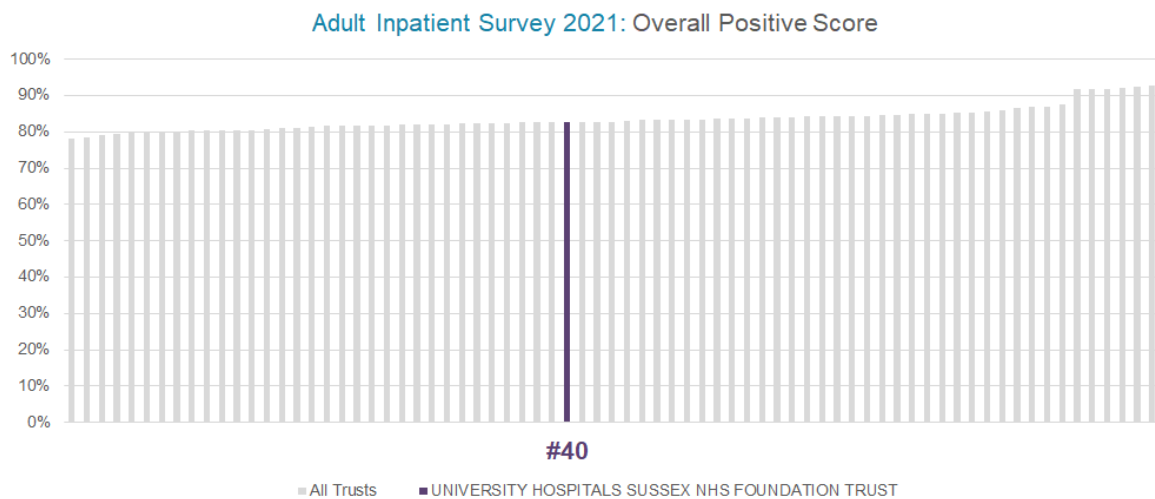
<b>2500</b> Invited to complete the survey	<b>2304</b> Eligible at the end of survey	<b>38%</b> Completed the survey (879)	<b>39%</b> Average response rate for similar organisations	<b>43%</b> Your previous response rate
<p><b>82%</b> Q48. Rated overall experience as 7/10 or more</p> <p><b>98%</b> Q47. Treated with respect and dignity overall</p> <p><b>97%</b> Q17. Had confidence and trust in the doctors</p>	<p>Historical comparison*</p> <ul style="list-style-type: none"> <li>■ Significantly better</li> <li>■ Significantly worse</li> <li>■ No significant difference</li> </ul>		<p>Comparison with average*</p> <ul style="list-style-type: none"> <li>■ Significantly better</li> <li>■ Significantly worse</li> <li>■ No significant difference</li> </ul>	



The overall positive score for University Hospitals Sussex is around the national median, with the overall position of the trust compared to the other NHS trusts in England is shown below:



**Figure 28: Trust overall positive score**



The trust performed well on the following questions:

82%	Q48. Rated overall experience as 7/10 or more
98%	Q47. Treated with respect and dignity overall
97%	Q17. Had confidence and trust in the doctors

Q48 – Overall, how positive was your experience while you were in hospital?

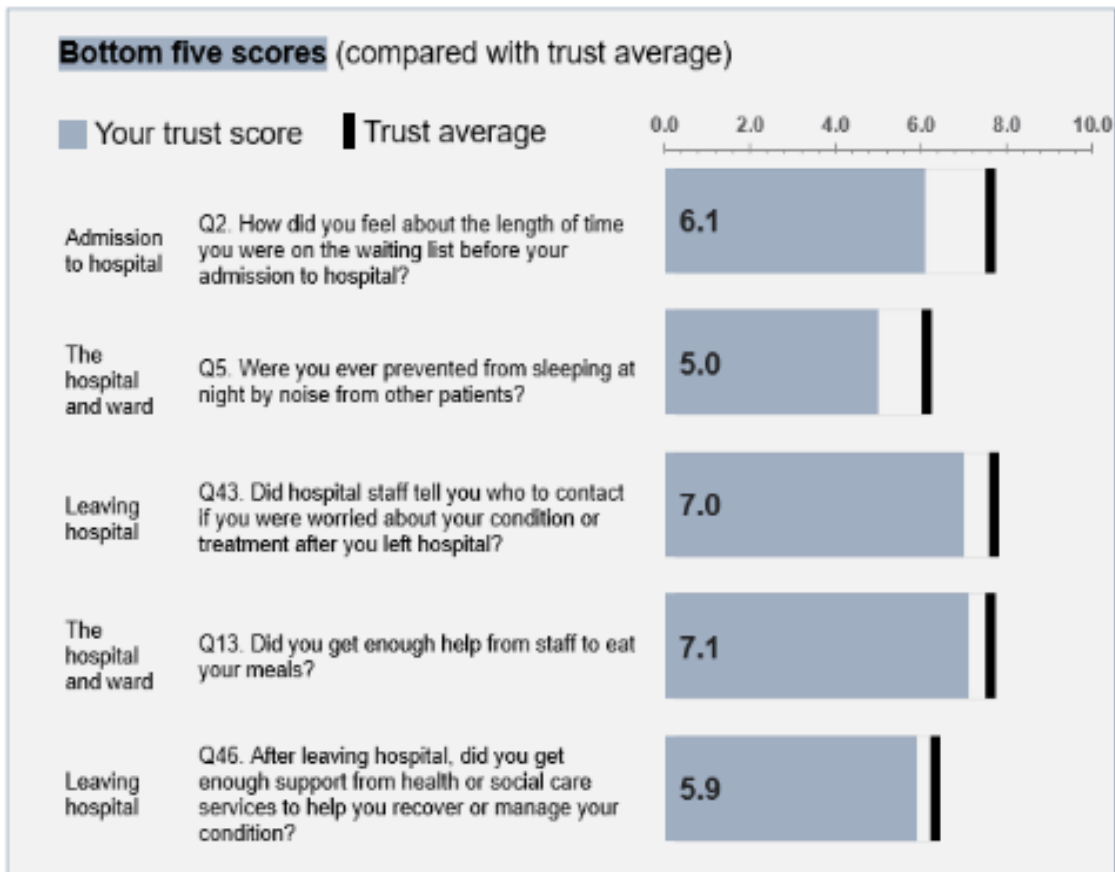
Q47 – Overall, did you feel you were treated with respect and dignity whilst you were in the hospital?

Q17 – Did you have confidence and trust in the doctors treating you?

A further deep dive was completed into the questions which the trust did best and worst against in comparison to other trusts. These questions and scores against other trusts are shown below:

Figure 29: Best and worst scoring questions





On 46 questions the trust has performed about the same as other NHS trusts, however, for one question it scored worse than expected. The trust scored worse than expected in the admission to hospital section. When looking into the questions in this section, the trust scored poorly on:

- *How did you feel about the length of time you were on the waiting list before your admission to hospital?* Scoring 6.1 and the national trust average score was 7.5.

However, the trust scored about the same 6.7 against a national average of 6.8 on the question:

- *How long do you feel you had to wait to get a bed on a ward after you arrived at the hospital?*

The rest of the sections which had questions the trust scored about the same as the trust average nationally.

Where UHS patient experience has been the best is:

- ✓ Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed
- ✓ Changing wards during the night: staff explaining the reason for patients needing to change wards during the night
- ✓ Including patients: patients feeling included in nurses' conversations about their care
- ✓ Answers to questions: nurses answering patients questions in a way they could understand
- ✓ Expectations after the operation or procedure: patients being given an explanation from staff, before their operation or procedure, of how they might feel afterwards

Where UHS patient experience could improve:

- Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital
- Noise from other patients: patients not being bothered by noise at night from other patients
- Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- Help with eating: patients being given enough help from staff to eat meals, if needed
- Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital

The lowest scoring site within UHS was most commonly PRH, however, this site did have the fewest responses in comparison to the other sites and some questions it had <30 responses meaning no score was recorded.

Due to the merger, there is no previous data to compare the results with and as such the results of this survey are the benchmark for future reports.

Although the survey was undertaken a year ago, the identified improvement opportunities remain current, with the following actions undertaken in response:

- ▶ **Waiting for admission:** the new trust systems and partnerships 'true north' will delivery timely, appropriate access to high quality planned, cancer and acute care as part of the local NHS system. The Trust succeeded in meeting its waiting time target of no patient waiting more than 78 weeks by March 2023 in the significant majority of cases.

- ▶ **Discharge, including information on leaving the hospital and support from health and care services:** discharge information for patients has been produced, early discharge discussions are being implemented as part of the access to acute care programme and system working on discharge is supporting improvements to post discharge support – this is a priority for 2023/34
- ▶ **Help with eating:** Also raised by local Healthwatch, with actions agreed via the patient experience and engagement group, this has been a priority with a trust-wide food and nutrition policy to be agreed in early 2023/24
- ▶ **Noise at night:** this was be escalated for action via the operational management group and is being addressed via hospital site plans to reduce bed transfers.

## **6. Patient engagement**

Patient engagement has remained a priority through 2022/23 with the voice of patients embedded in improvement work. This includes the following examples:

### **6.1 Patient communication**

Healthwatch Brighton and Hove produced a 'communication charter' based on feedback from patients about their experiences of outpatients. The priorities in the communication charter have been embedded in the Trust's Welcome Standards, placing local patient voice front and centre of the approach to greeting patients.

### **6.2 PLACE**

Following the pandemic, PLACE (patient led assessment of the clinical environment) audits have recommenced, with trust governors participating in audits of wards and other clinical areas, providing a patient representative voice in improving facilities and estates on the hospital sites.

### **6.3 Patient experience and engagement group**

This bi-monthly meeting involves partners from West Sussex Healthwatch and Healthwatch Brighton and Hove, providing critical friendship and patient insight to improvement programmes including carer and patient information, dementia, carers and food and nutrition. It also enables insights from Healthwatch engagement to underpin the deployment of the patient experience strategy.

### **6.4 Maternity Voices Partnership**

MVP is a partnership between the Trust and the commission. The Chair's role is to seek out the service user experience of maternity services. Progress in 2022/23 included work on the perinatal equity agenda with a focus on inequality in outcome and experience for people from black, Asian and mixed ethnic backgrounds and those living in the most deprived areas.

## 1. 6.5 Healthwatch reports

In early 2022 Healthwatch Brighton and Hove published a report about the emergency department at the RSCH. They identified improvement opportunities relating to environmental issues in the department including overcrowding, lack of privacy, long waits, communications and staffing. The report has shaped the ED redevelopment programme which commenced in 2022/23 and continues through 2023/24, with close involvement of Healthwatch in the work. High praise for medical staff and treatment once seen.

## 6.6 Design of the Louisa Martindale Building

A public engagement exercise was undertaken to identify a name for the new building developed under stage 1 of the 3Ts programme, resulting in the name 'Louisa Martindale Building'. Patients' representatives were also involved in scoping and designing the main atrium space in the new building, ensuring it meets the needs of all patients, visitors and staff.





## 7. Less heard groups and patients

Each quarter the patient committee receive a review of patient feedback on particular protected characteristics or inequalities concern so that specific actions required can be identified.

For example, in January 2023, the committee received a report focused on patients with autism (ASD- autism spectrum disorder) and disabilities using insights from patient feedback. Positive feedback related to the care from the staff, their skill and sensitivity.

Figure 30: Positive feedback from patients with autism



Negative feedback focused on the challenge of waiting for patients with ASD or the parents of children with ASD, including the nature of the waiting environment in A&Es and its impact on people with ASD

Figure 31: Negative feedback from patients with autism





Actions taken include:

- ▶ Inclusion criteria within the new 'welcome standards'
- ▶ A focus on inequalities in the 'voice of the customer' elements of the patient first improvement training
- ▶ Enabling access to patient feedback for all trust services so that inequalities issues raised by patients can receive a local response and improvements implemented
- ▶ Close working with Healthwatch to identify emergent concerns in communities
- ▶ Specific inequalities considerations built into the engagement method for service pathway redesign
- ▶ New accessible information policy
- ▶ Accessible patient information leaflets on trust website
- ▶ System working on engagement to ensure the voice of less heard groups is sought and has influence

Further trust-wide developments on addressing inequalities in health outcomes and access is a priority for 2023/24.

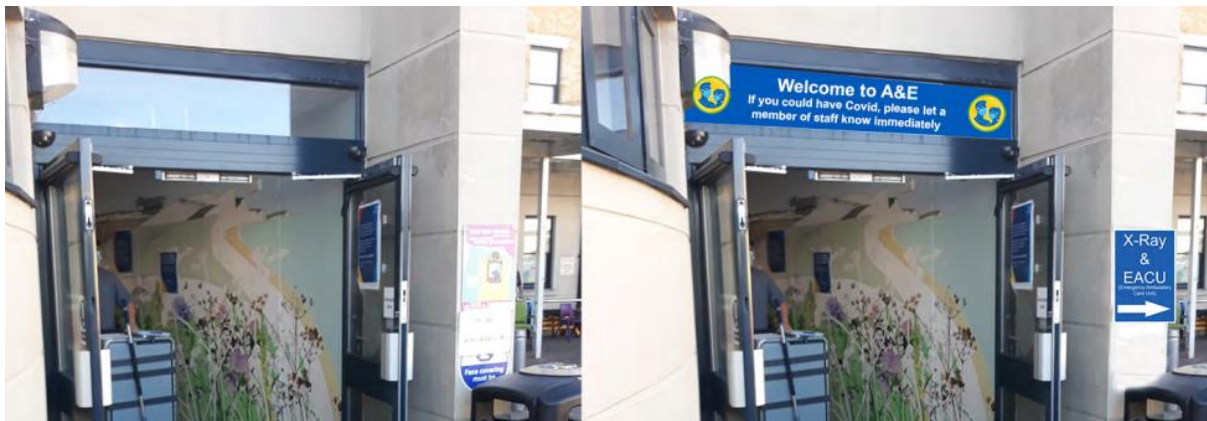
## 8. Learning and action from patient feedback: You said, we did

Learning and improvement from concerns and complaints occurs at trust-wide, divisional and service or ward level, with the patient first improvement system (PFIS) methods supporting the voice of the customer in influencing improvement. Examples of improvements and changes made as a result of patient feedback included throughout the report and some further examples are included below.

### 8.1 You said, we did: reducing waiting in emergency departments

Waiting for treatment was consistently identified as the most prevalent reason cited by patients for a negative experience. The trust's strategy relaunched in 2022 placing timely access to care at the forefront of its ambitions, including through the true north and breakthrough ambitions for strategy and partnerships. Reducing waiting through increased adherence to the four-hour standard in accident and emergency departments resulted in improved reported patient experience on all sites in the final quarter of 2022/23. Signage was also improved in the departments, using easy read and icons to ensure accessibility.

Figure 32: Before and after signage example in the emergency department



### 8.2 You said, we did: children's services

Staff in the Royal Alexandra Childrens hospital have continued to engage their patients using a variety of methods, including 'bed boards', surveys and engagement activities such as transition Groups for young people with diabetes going into year 7 (secondary school) and into adult services, forest school activities and education sessions.

Improvements have included Clinic letters written to the child and young person not to the GP and parents and delivery of wellbeing days for patients and families.

Figure 33: Bed boards

The whiteboard is divided into several sections:

- Top Left:** Patient information fields for 'Day is:', 'Nurse:', 'Consultant:', 'Team Members:', 'Ward Round starts from 09:30', 'My tests and procedures:', and 'Plan for today:'.
- Top Right:** 'Children's Services' logo and 'Rockinghorse Sussex Giving for Sussex Children' logo.
- Center:** 'Welcome to Level 9' title.
- Left Column (under 'All about me'):** 'I prefer to be known as:', 'Staying in hospital with me is:', 'The important people in my life are:', and 'To help me in hospital I would like: (Communication needs, books, arts and crafts, games, video games, puzzles, toys, cuddles, music)'. Below this is a 'Meal times' section and 'I will get to go home:' with three colored circles (red, yellow, green) and their meanings.
- Right Column (under 'Please answer my questions:'):** 'Today I Feel...' section with a grid of 12 emotion emojis and their corresponding labels: Happy, Angry, Upset, Silly, Nervous, Surprised, Frustrated, Hungry, Affectionate, Sleepy, Thoughtful, and Sick.

Figure 34: Children's experience survey

The survey form includes the following elements:

- Header:** 'Children and Young People's Friends and Family Questionnaire' and a box for 'Ward/Service Name' containing 'L9'.
- Quote:** A speech bubble from a monkey mascot saying: 'I would say this is a good service/ team for my friends, family and other children to be looked after by, if they needed similar treatment or care to me.'
- Likert Scale:** A row of six boxes for agreement levels: 'I agree a lot', 'I agree a bit', 'I am undecided', 'I disagree a bit', 'I disagree a lot', and 'I don't know'. Below each box is a monkey face with a corresponding expression.
- Drawing Area:** A section titled 'Draw us a picture of when they visited you or your visit.' containing a drawing of a child and a nurse, with handwritten text: 'Yay I love my nurse'.
- Footer:** 'Please Turn Over to Finish the Survey' with an arrow pointing right.

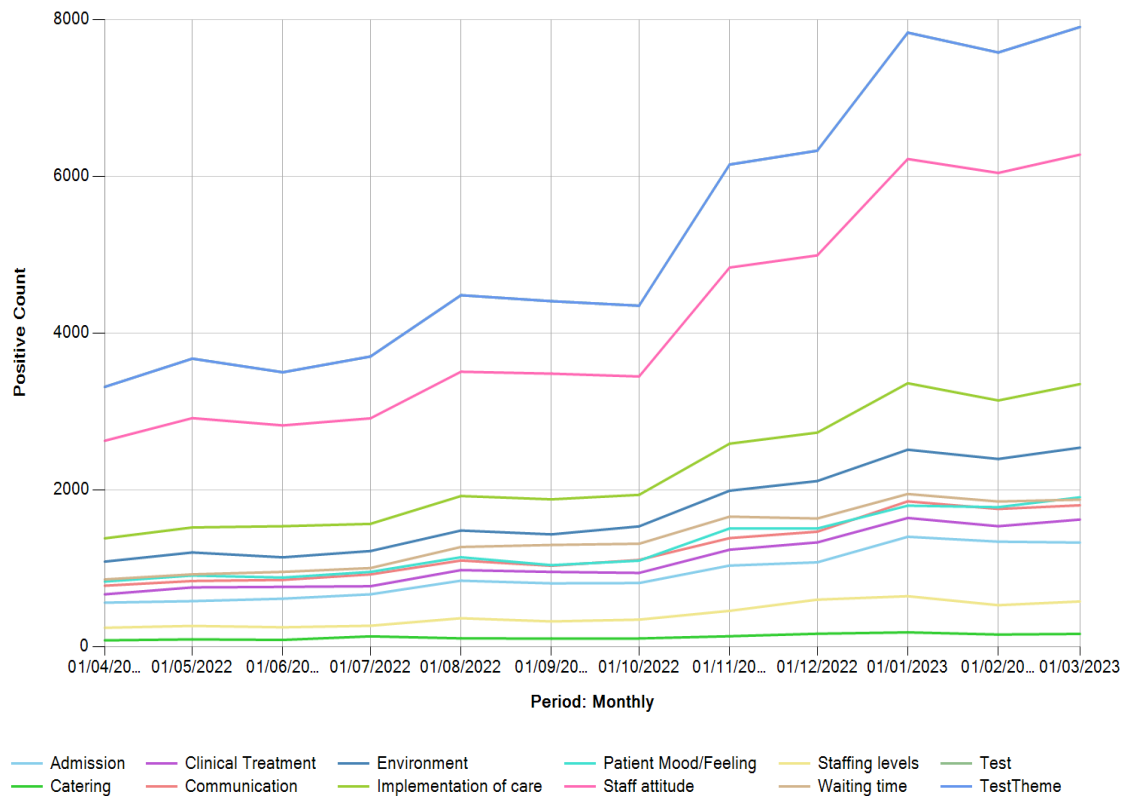
### **8.3 You said, we did: supporting dementia patients**

Communication with dementia patients and their families was raised in several complaints in 2021/22 with action taken in 2022/23 in response. The dementia team have delivered specialist communication training (CAIT) to 158 staff across all bands, divisions and NHS staff groups. As a result, several wards have been benchmarked for key performance measures to include reductions in violence and aggression and security incidents. A carers' passport has also been developed to support families of dementia patients, and other family friend carers.

## 9. Compliments and plaudits

The trust receives approximately seven times as many positive reviews as negative, reflecting the positive experience of the care they receive from University Hospitals Sussex. Most of these are received through routine patient surveys distributed via the friends and family test. This shows the number of positive reviews increased throughout the year.

Figure 35: number of positive reviews by theme



For the patients who left a positive review, the main themes demonstrated by the word cloud in figure 36 – with staff being the main reason given for a positive experience, followed by timeliness and the quality of clinical care.

Patients also provide plaudits via letter and email to the trust, via social media and through online platforms.

Figure 36: Most prevalent words in positive reviews

able **absolutely** **advice** **amazing** ambulance answer  
answered anxious **appointment** appreciate appreciated  
arrival **arrived** assessment attended **attention** **attentive**  
**attitude** available away baby bad bed **best** **better** between  
blood booked **brilliant** **busy** call calm car **care** **cared**  
**caring** carried check checked cheerful child children **class**  
**clean** clear clinic **comfortable** **communication**  
compassion **compassionate** competent completely concerned **concerns** condition  
confidence **considerate** considering **consultant** consultation  
contact courteous **daughter** days **dealt** delay **department**  
**despite** diagnosis different difficult discharge discharged **doctor**  
**doctors** during early **ease** easy **efficient**  
**efficiently** emergency end **enough** ent environment **especially**  
everybody **everything** examination **excellent** exceptional  
expected **experience** explain **explained** explanation  
**extremely** eye face fact **fantastic** fast **fault** **feel** feeling  
fine finish **first** floor follow food found **friendly** fully give  
**good** grateful **great** hands happen **happy** hard  
health heart **help** **helped** **helpful** high home hour  
**hours** immediately **impressed** improved improvement incredible  
incredibly **information** **informative** **informed** initial injury  
involved issue **kind** **kindness** knowledgeable lack lady late later  
leave **left** letter level levels life listen **listened** little long look  
**looked** lovely making manner march **medical** medication  
member met **minutes** moment morning moved name **need**  
**needed** needs nhs nice night number **nurse**  
**nurses** nursing obviously old operation organised outstanding  
overall **pain** park parking particularly **patient** **patients**  
**people** perfect person pharmacy phone place plan **pleasant**  
please pleased point **polite** poor positive possible praise pressure  
**problem** problems **procedure** process **professional**  
**prompt** promptly provided **questions** quick quickly  
**reassured** **reassuring** receive **received**  
**reception** **receptionist** recovery relaxed required respect  
respectful results richards right running rushed **safe** satisfied scan score  
second seeing seemed **seen** **service** short sit smoothly  
someone **son** sorry special speedy **staff** staffing **start** stay still  
**straight** superb **supportive** sure surgeon **surgery** tea **team**  
test **tests** **thank** **thanks** thankyou thats theatre **things**  
**think** thorough thought three through throughout  
**time** times top **treated** **treatment** triage triaged  
trouble trying **understand** **understanding** unit use **visit** **wait**  
waited **waiting** **ward** warm week welcome welcoming **well**  
**wonderful** **work** worked working worthing yesterday

Figure 37: example of a thank you card received by a clinical team in 2022/23



To Sophie Beth &  
everyone who looked  
after Jo Morrison -

Thank you for all the  
love & support you  
gave her & us -  
her family -

Many thanks x

## 10. Summary and Next Steps

As with the previous year, 2022/23 was a challenging year for the trust in delivering great care every time, following the pandemic and its impact on demand for healthcare. However, despite the ongoing issues with waiting for elective care and in emergency departments, the year saw some improvements in reported patient experience, in particular through the friends and family test surveys, with improved reported experience correlating with improved performance and waiting times in ED.

Overall complaints and concerns were slightly higher than previous years however the teams responding to these became more stable and relationships with clinical teams following the establishment of the Trust's new clinical operating model have matured. There are many successes to share. The ways in which patient experience is managed and responded have been strengthened within an increasingly clear and effective structure of quality governance. A new system for friends and family test surveys was commissioned and implemented providing increasingly agile data to support the patient voice in service improvement. The patient experience strategy was launched and is being enacted, and relationships with Healthwatch have continued to embed with clear benefits for patients demonstrated.

There is also much to look forward to in 2023/24. This includes:

- ▶ The launch of the Datix feedback module will transform how patient experience data is captured from complaints and PALS.
- ▶ Transition to the Louisa Martindale Building for PALS on the RSCH site
- ▶ Enabling the patient voice to shape major programmes such as the ED redevelopment and stage 2 of the 3Ts programme
- ▶ Roll out of the welcome standards
- ▶ Development of the heritage project