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Patient Experience Strategy 2022-2025

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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

At the heart of the Trust’s ‘Patient First’ strategy is the aim for all patients to experience excellence care every time. Our patient feedback tells us that most of our patients get excellent care each time they use our services – more than 90% of patients report their care as good over very good (Friends and Family test, 2021). To improve this further our patient breakthrough objective focuses on aspects of patient experience which if improved, will make the greatest difference to the patient first ambition. This 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.

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 this 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

These ambitions will be achieved through the following commitments for change:

Commitment 1: Nothing about me without me

Commitment 2: We will increase response rates to patient surveys

Commitment 3: We will increase engagement through visible and accessible digital methods

Commitment 4: We will improve experience of discharge – home for lunch

Commitment 5: We will embrace technology to improve patient experience

Commitment 6: We will engage differently and better with less heard groups and communities

Commitment 7: We will improve how those with barriers to services navigate places and services

Commitment 8: We will improve staff wellbeing

Commitment 9: We will implement a new approach to concerns and complaints responses, ensuring the right response at the right time

Commitment 10: We will improve the experience of 'waiting' patients

Commitment 11: We will strengthen the role of volunteers in improving patient experience

Commitment 12: We will implement patient-led customer service excellence programme

Commitment 13: We will embed learning from patient experience to shape improvement

Commitment 14: We will listen to and learn from patients on key themes

Commitment 15: We will ensure there is accountability for patient experience that is assured through good quality governance

Through delivery against these commitments over the next three years we will ensure that our patients receive excellent care, and therefore have a positive experience every time.



Dr Maggie Davies

Chief Nursing Officer,
University Hospitals Sussex

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Non-executive Director and
Chair of the Patient
Committee, University
Hospitals Sussex



2. The Trust's Ambitions and Goals

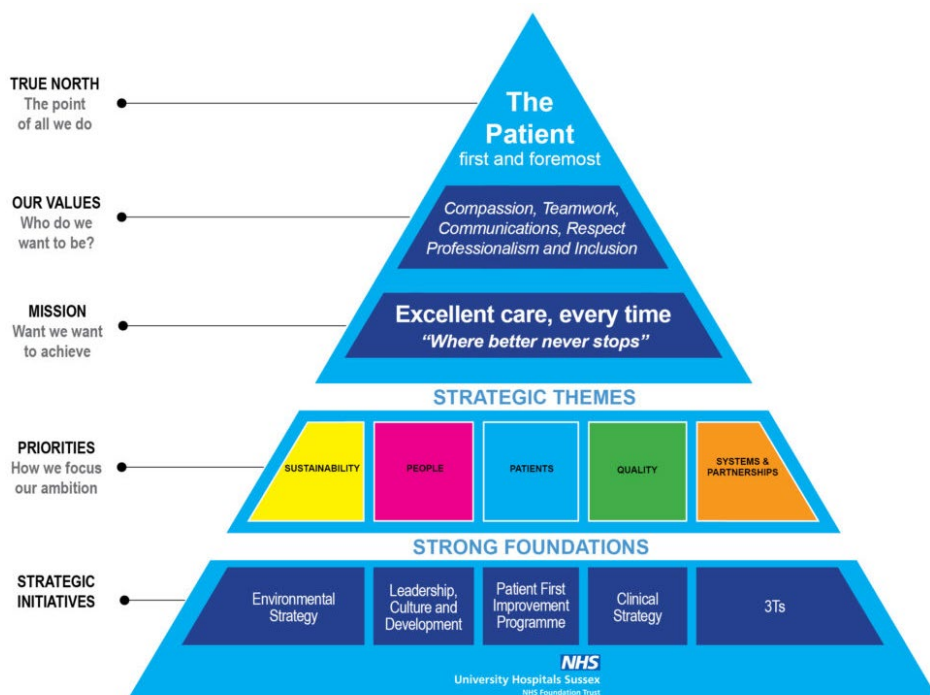
2.1 The Trust Strategy – Patient First

University Hospitals Sussex (UHS) employs nearly 20,000 people across five main hospital sites (seven hospitals) in Sussex, with an operating budget of more than £1 billion and serves a population of over £1million patients, including those benefiting from tertiary and specialised services across Sussex and parts of the south east.

Patient First is University Hospitals Sussex' long-term approach to transforming hospital services for the better. It's a process of continuous improvement that is all about giving frontline staff the freedom to identify opportunities for positive, sustainable change and the skills to make it happen. It starts with the purpose, mission and values of the Trust – with the core focus on the patients, striving to achieve an excellent care every time, and underpinned by the values of compassion; communication; teamwork; respect; professionalism and inclusion.

There are five strategic themes, with which we align our work, to make sure we are focused on our True North of constantly improving standards of care:

- ▶ Sustainability
- ▶ Our people
- ▶ The patient
- ▶ Quality
- ▶ Systems and partnerships



2.2 True North ambition and the patient breakthrough objective

This patient experience strategy sits at the heart of the patient first ambition, and its 'patients' strategic theme. The trust's ambition is for all patients to have a positive experience of the care they receive, with a particular goal – our true north ambition - of at least 95% of patients responding to the Friends and Family test having a good or better experience. Our breakthrough objective, described further later in this document, creates the unifying driver for the trust's improvement in patient experience by improving the quality of our services and engagement in a targeted way that will most effectively 'shift the dial' on achieving the true north ambition.

More than 90% of patients using our services would recommend them. Behind this patient satisfaction lies the work of thousands of people within scores of services that are central to securing excellent patient care. This includes those working behind the scenes – the procurement teams making sure the right equipment is in the right places at the right time; the finance teams ensuring resources are deployed to patient services; estates teams keeping the places where patients go clean and functional; human resource teams securing and supporting the workforce; administrators; booking teams; transport and many others.

This data, and insights generated from the thousands of patient feedback contacts we have each month have informed this strategy, to ensure that the patient voice provides the foundations for our improvement plans.

3. The National Context for Patient Experience

3.1 Patient Experience: the NHS Commitment

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.

Underpinning a high-quality patient experience is mature and impactful engagement and participation with patients and their representatives, as defined by the NHS ‘Ladder of Engagement and Participation’.

The ‘Ladder of Engagement and Participation’

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The ‘Ladder of Engagement and Participation’ is a widely recognised model for understanding different forms and degrees of patient and public involvement, (based on the work of Sherry Arnstein⁷). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

Devolving	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups.
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens’ panels and focus groups.
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.



3.2 A new Role for Patient Experience: Anchor Institutions

More recently in the NHS Plan 2021, the role of Trusts as anchor institutions has been described, which sets out the new direction for the relationship between the NHS and the patients and communities it services through partners at different population levels – as systems, places and neighbourhoods. As an anchor institution, partner in the new Integrated Care System and as an ambitious Trust, understanding and responding to population health, public health drivers and health inequalities is critical to new ways of working for University Hospitals Sussex. We need to respond to the NHS Plan 2021, including the following priorities:

- ▶ The NHS will continue to contribute towards levelling-up, through its work to tackle health inequalities
- ▶ The NHS will better embrace technology to improve patient experience
- ▶ The NHS will invest in prevention to improve health outcomes'

This strategy sets out some of the ways in which UHS will deliver against these ambitions.

4. Patient Experience and Engagement in the Sussex System

The Sussex Integrated Care System (ICS) places experience and engagement at the heart of its ambitions as a system across Sussex that aims to ensure better health and care for all now and in the future. Our ambition is for every person living in Sussex to have the opportunity to access high quality and appropriate health and care services in a timely way, and be supported to achieve the best health and wellbeing outcomes possible.

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Specifically, the system has the following aims:

- ▶ People to live for longer in good health
- ▶ To reduce the gap in healthy life expectancy between people living in the most and least disadvantaged communities
- ▶ People's experience of using services to be better
- ▶ People and communities to be supported to increase their resilience and develop community focussed wellbeing initiatives
- ▶ Staff to feel supported and work in a way that makes the most of their dedication, skills and professionalism.
- ▶ To make the best use of resources- staff, buildings and money- available to us.



This strategy sets out the goals, principles, approaches, methods, governance and reporting structure, and immediate priorities for how we will work with people and communities as we transition into the new ways of working across the ICS, and beyond. We will work with partners across the ICS on the shared strategic approaches, driving a system shaped by insight from our people and communities, using asset-based working and removing barriers to empowerment, and working collaboratively to use insight and involvement to reduce health inequalities.

5. Enabling a High-Quality Patient Experience

Good experience of care, treatment and support is increasingly seen as 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.

Patient involvement is crucial to the delivery of safe, high quality and effective healthcare: at the front line, the interface between patient and clinician and at trust level. The aim of this strategy is not for patients and carers to be the passive recipients of care, but consistent with the values of Patient First to secure authentic partnership with patients – in their own care and in the processes of designing and delivering outstanding healthcare.

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.

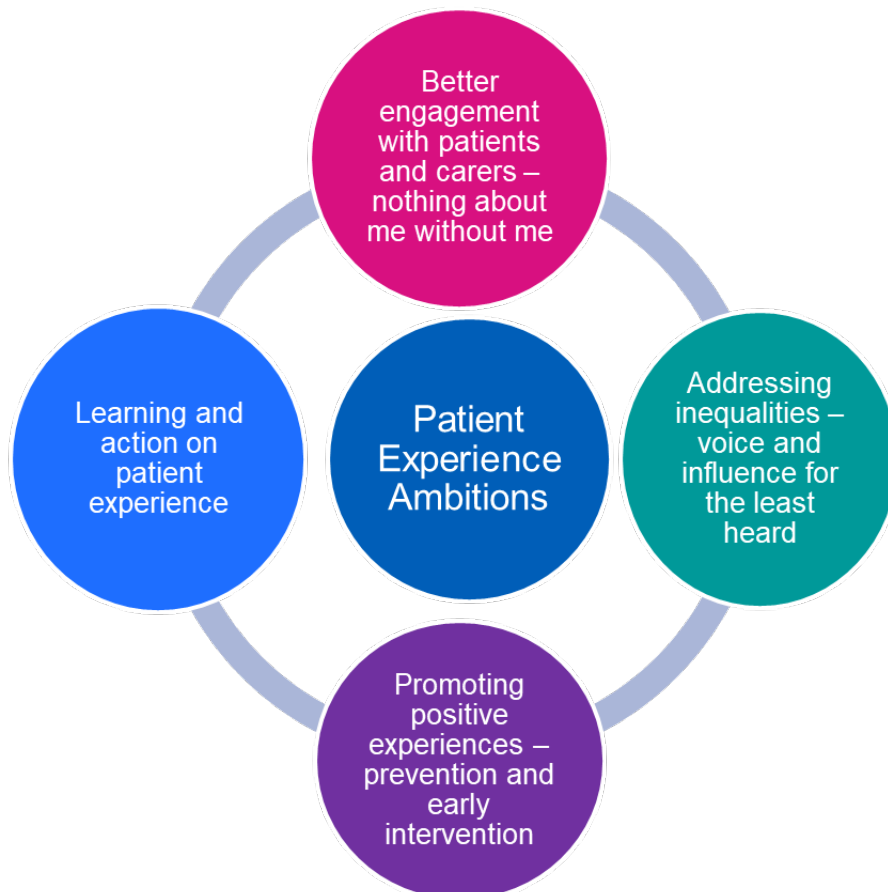


The Trust has made an unprecedented investment in its infrastructure to support leadership and application of quality in all aspects of the trust's delivery, across the three quality pillars of safety, effectiveness and patient experience. This includes:

- ▶ Creation of three new corporate director posts for each of the quality pillars
- ▶ Creation of integrated, trust-wide quality teams
- ▶ Embedded quality at all levels in the new trust clinical operating model
- ▶ Strengthened quality governance through a robust structure of reporting and accountability from the front-line to the trust board.

The effectiveness of this strategy is inter-related with the maturity of the trust's quality governance system, with learning from incidents, complaints, equality and inclusion insights and clinical outcomes jointly influencing and shaping improvement. Consistent with these strategic drivers and changes, and along with what our patients tell us (see section 6) this strategy sets out the following objectives, which are underpinned by the commitments set out in the following sections:

- ▶ 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



6. Patient Experience Principles

This strategy is founded on the following principles:

Data and Insight-led

The priorities set out in this strategy are underpinned by the evidence provided by our patients through their feedback and engagement with the Trust. Following the intelligence ensures that we make best use of our resources to focus our energies on the changes which can make the greatest difference to our patients and their families and carers.

Patient-centred

Our engagement with patients, citizens, families and carers will be compassionate, kind, responsive and will be appropriate to the needs of each individual.

Active listening

Our reach and engagement will be wide, and our ears will be open, minimising bias to ensure focus is on understanding what our communities are telling us, and that we respond, act and change in response to this learning.

Place-oriented

We will ensure our services respect the places and communities with which our patients identify, recognising that across a large trust, what works in one hospital may not be appropriate for the communities served by another.

Fairness and equality

The actions taken in consideration and implementation of this strategy will be underpinned by understanding of population needs, how inequalities in health and access to services can influence inequity in outcomes, and with the aim of levelling up the experience of patients across our communities.

Prevention and early intervention

By providing the right response at the right time we can support a better patient experience, act early to prevent concerns escalating and support improved health outcomes for local people.

Accountability

Our progress and performance in delivering a high-quality patient experience will permeate the trust's governance and oversight to ensure an excellent experience is at the heart of everything we do.

7. What Our Patients Tell Us

7.1 How our patients share their experience

University Hospitals Sussex' patients share their voice with us thousands of times each month. This includes responding to Friends and Family Test (FFT) surveys, responding to national surveys (such as for maternity services and inpatients services), by raising concerns and complaints, through compliments, in conversations with Trust staff and through contacts with the Trust via social media.

Patient voice influences the way in the trust delivers its services in many ways:

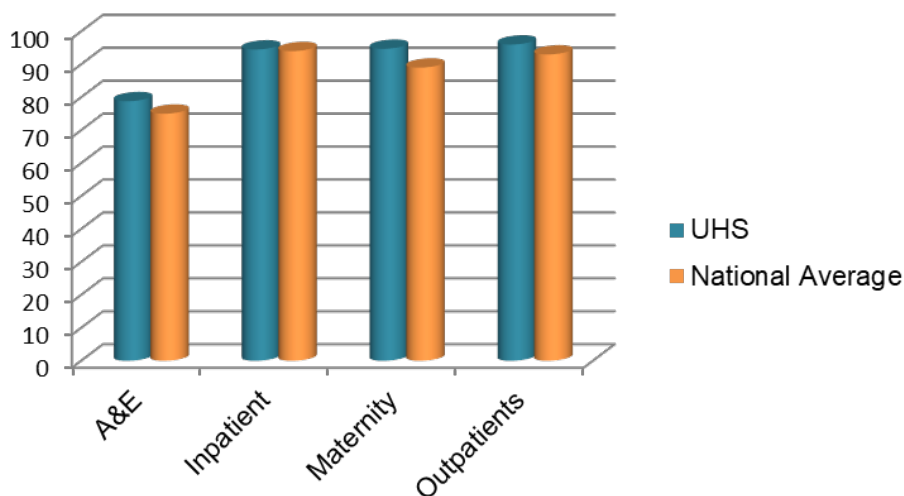
- ▶ Use of data from patient experience as 'the customer voice' in all development work on service improvement – at scale and in each service
- ▶ Patient stories, where learning is pertinent, in particular when learning traverses experience, safety and clinical outcomes
- ▶ Through governors to ensure a link between the members of the NHS Foundation Trust, the wider community and those who run the hospital.
- ▶ Healthwatch reports and involvement
- ▶ Engagement in specific developments
- ▶ Individual influence through personal care planning between clinicians and patients



7.2 What patients tell us about their experiences

Although national public satisfaction with the NHS is reported to be at its lowest level since 1997, more than 90% of UHS patients report having a good or better experience of care. Whilst this is lower than our local ambition of at least 95% reporting an excellent experience, it is higher than the national average across all of the patient 'touch points' used in the survey, which are Accident and Emergency (A&E), maternity, inpatients and outpatients services.

Average FFT approval rates (end of 2021)



However, there is more that can be done to improve the experience of our patients. Consistently, our local FFT data tells us that patients are most concerned about waiting, communication (including about clinical treatment) and staff behaviours, whilst complaints data cites clinical treatment, dates for appointments, discharge, staff behaviour and communication as the most prevalent sources of concern. These priorities shape the ambitions described in this strategy.

Further to this, patient feedback is stratified by services, sites, wards and feedback mechanisms to provide greater detail that can shape the on-going improvement work by the Trust's services using patient first improvement methodology (see section 8.3).

Take up of surveys, in particular the FFT, is too low in some services and levels of satisfaction can vary between wards and departments – this requires improvement. There is also more that can be done to strengthen the feedback from people and groups that may be less heard or face inequalities in health. This strategy sets out how the Trust will respond to these opportunities for improvement in the following sections.

8. Our Ambitions for Patient Experience – Measuring Success

The strategy ambitions will be achieved through the delivery of a detailed overarching action plan, identified clear milestones and lines of accountability. Overall progress on the delivery of the strategy is monitored by the Trust's Patient Experience and Engagement Group. Exceptions are reported at the Trust's Quality Governance Steering Group, with progress reports presented at all relevant Trust Group meetings (see section 11).

Whilst patient reported FFT satisfaction levels are the primary metric for the 'True North' ambition of all patients having an excellent of the care they receive, the success of the strategy will be tracked by the progress of the Trust, and its services, against a range of metrics and measures which provide a valuable proxy for improved patient experience. Stratification of this data will inform the deployment of 'breakthrough objectives' where focused work can shift the dial on key drivers of patient experience improvement.

Whilst we will not measure the number of complaints as a measure of our improvement – openness and accessible means to complain are standards of quality and provide invaluable patient feedback – we can use a range of measurables to appraise the impact of the actions described in this strategy. In some cases this will be appropriately stratified to understand the differing experiences of adult and child patients.

- ▶ **Outcome A:** Thematic analysis of patient feedback from surveys, website, social media and other sources will demonstrate improved experience. In FFT responses there will be fewer negative comments related to waiting, communication and staff behaviour. The data will demonstrate that as a proportion of overall concerns (in concerns and comments within FFT narrative responses), those relating to these key improvement areas will reduce by 25%. Within individual service areas prioritised for focused improvement work, improvement trajectories will be set.
- ▶ **Outcome B:** By 2025 the percentage of concerns citing dates for appointments and discharge will have reduced by 25%.
- ▶ **Outcome C:** By 2025, friends and family test response levels will exceed 33% for A&E, inpatient services, outpatient services and women's and children's services. The percentage of patients responding to FFTs is low across all touchpoints, meaning we lose a vast amount of information from patients accessing our services, which can help shape and transform our services. The west side of the trust response rate is significantly lower (11-19.5%) than the east (19-32%).

- ▶ **Outcome D:** By 2025 friends and family test responses will demonstrate that 95% or more of the trust's patients have a good or better experience of care, with satisfaction levels exceeding national averages. Currently (based on 2021-22 data) the Trust averages 91%, with satisfaction levels below national averages in some touch points.
- ▶ **Outcome E:** By 2025 there will be a 25% reduction in cases where concerns are escalated or re-opened. Currently there are approximately 108 cases escalated or re-opened each year (based on data from August 2021-February 2022). By 2025 we would expect no more than 81 cases to be re-opened each year.
- ▶ **Outcome F:** By 2025 the median average % of patients receiving a first formal response within 25 days will exceed 65% in all touch points.
- ▶ **Outcome G:** By 2025, the number of PFIS units selecting patient experience as a driver metric will have increased to 20% of all PFIS units from a benchmark of 432 for East and 2/5 for West.
- ▶ **Outcome H:** By 2025 the needs of potential and existing patients whose voices are currently less heard will have demonstrably led to improvements in services. This will be demonstrated by case studies.
- ▶ **Outcome I:** Number of volunteering hours will increase from March 2021 benchmark with the detailed metrics and trajectories developed in line with the development of the programme plan.
- ▶ **Outcome J:** Median time for discharge is before 12pm by the end of 2022
- ▶ **Outcome K:** an outcome relating to application of shared decision making will be agreed once the Trust's approach is developed as part of the delivery programme developed in response to this strategy.
- ▶ **Outcome L:** The percentage of staff recommending the trust as a place to work will increase from 2021 baseline.
- ▶ **Outcome M:** By 2025, all 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). There will be greater use of video and audio materials for patient education, with captioning and British Sign Language translation where appropriate.

Delivery of the benefits will be achieved through the commitments described in the following sections.

8.1 Delivery of the benefits

	A: FFT % -ve comments re	B: reduction concerns.	C: FFT take up	D: FFT satisfaction	E: complaints re-opened	F: Complaints responses in	G: PFIS unit with patient	H: influence on service	I: Volunteers hours	J: Discharge time median	K: SDM (to be confirmed)	L: %recommending	M: internal patient
Commitment 1: Nothing about me without me													
Commitment 2: We will increase response rates to patient surveys (outcome B)													
Commitment 3: We will increase engagement through visible and accessible digital methods													
Commitment 4: Improve experience of discharge – home for lunch													
Commitment 5: We will embrace technology to improve patient experience													
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9. Better engagement with patients – nothing about me without me

Better engagement with the patients and communities served by the Trust, at individual, service and trust-wide levels is critical to enabling services to be more responsive, better tailored and to be underpinned by stronger data intelligence to inform decision making. The following commitments set out how this will be achieved.

Commitment 1: Nothing about me without me

Personalised care represents a new relationship between people, professionals and the system. It happens when we make the most of the expertise, capacity and potential of people, families and communities. The NHS has committed to universal personalised care as ‘business as usual’ for 2.5 million people by 2024. Within this commitment are whole-population approaches to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes.

As a partner within the Sussex Integrated Care System, the trust will:

- ▶ Collaborate with system partners in development and implementation of a proactive and universal offer of support to people with long-term physical and mental health conditions to build knowledge, skills and confidence and to live well with their health condition, enabling supported self-management for patients
- ▶ Apply shared decision making (SDM) to ensure patients are supported to make the right decision for them through collaboration with their clinician regarding their treatment – this will support personalised care and support planning by bringing together clinician’s expertise, evidence and understanding of risks and benefits with what the patient knows best – their preferences, circumstances goals and beliefs.
- ▶ Improve the quality and accessibility of health information, complying with the accessible information standard to ensure that disabled people receive information in formats that they can understand and they receive appropriate communications support to help them.
- ▶ Support implementation of personal health budgets

Commitment 2: We will increase response rates to patient surveys

Increasing response rates to surveys, in particular the FFT will enable better representation and validity of insights. The average FFT take up rates for July 2021 to January 2022 was 19%. As such, the patient experience team will:

- ▶ Procure a new, integrated survey provider for FFT
- ▶ Provide wards and departments with regular FFT data for their services, and will support clinical departments to use the patient first infrastructure, including improvement huddles and strategic development review meetings, to improve take up of surveys
- ▶ Widely promote surveys, including national surveys

Commitment 3: We will increase engagement through visible and accessible digital methods

New patient experience structures across the Trust will be made easier to access and more visible with patient liaison officers located in the places where patients are.

To facilitate more active digital engagement, including via the trust website and social media, a single 'front door' for providing feedback and raising concerns will be established with a clear and accessible 'identity' for patient engagement. Platforms for digital engagement using surveys, social media and web-based tools will be used.

Commitment 4: We will improve discharge – 'home for lunch'

Working with partners across the integrated care system and within the Trust's services the efficiency and quality of the discharge process will be improved to enable more patients who are medically ready for discharge to be safely returned to their place of residence earlier in the day. This will increase the quality of experience for patients leaving the hospital, and for those patients arriving who require an inpatient bed for their care.

Commitment 5: We will embrace technology to improve patient experience

The NHS Long Term Plan places technology at the heart of improving patient experience and sets out the need for digitally enabled care to become "mainstream" across the NHS, including:

- A flexible and digitally-experienced workforce supported by enhanced and flexible IT platforms, operating to “open standards” which facilitate joining-up of services and data.
- Fully digital personal health records which streamline the process of sharing and maintaining information between patients and their clinicians.
- Shared best-practice to reduce duplication, enable sharing of solutions between organisations, and improve inter-operability.
- Technology-enabled re-design of clinical pathways to support better patient experience and outcomes.
- Our digital strategy will support University Hospitals Sussex to play a full part in the improvement and transformation work of Sussex Health and Care Partnership ICS, and other ICSs across England.

To achieve this the Trust’s new Digital Strategy is aligned to the ICS Design Framework, published in June 2021, including having a shared digital and data transformation plan connected with the broader vision for ICS development.

Patients’ digital health information will be easy to access, shared appropriately across services and will support them, and their carers, to be more in control of their own health and wellbeing. Service improvement activities will be driven by robust intelligence and insight at every level from “Ward to Board”. Alongside the face-to-face contacts that remain important to many people and for many conditions, people will be able to use technology to access and interact with health and care services seamlessly. We will ensure these technologies work for everyone, from the most digitally literate to the most technology averse and reflect the needs of people trying to stay healthy as well as those with complex conditions. This will include apps, electronic care records and information to inform decisions about care in line with best practice and emerging technologies.

Specifically, through implementation of the Trust’s new digital strategy, patient experience will be enhanced through the following:

- **Development of the Patient Portal.** Developed with “Patients Know Best”, it brings together multiple systems to enable individuals and their carers to access online their letters, appointments, tests results and virtual clinics; critically, putting patients in control of who can access their data. Linked to the NHS App, over 120,000 people are now signed up. However, this will be developed further, including with other health and care professionals, to support individuals in managing their own health and wellbeing and will provide access to locally produced patient education materials.
- **Online booking and service access.** The ability to book COVID-19 vaccinations online, and increasingly to access services such as consultations, follow-ups and prescriptions electronically, reflects an increasing expectation from a growing section of our population of services which are available round-the-clock and accessible from home. To support this the Trust is committing to our clinical and operational processes being fully digitised by 2024, whilst manage the balance between convenience and ensuring all patients get the right care for them inclusively.

- **Recognising digital health is not for everyone.** We need to keep talking to patients in the way which is most appropriate to them and even with the support of friends, relatives and carers, digital health is not necessarily the right option for everyone. By bringing together the information the Trust holds electronically, including across different care settings and specialties, all patients will be supported to receive care that is structured around them, minimising the need for people to tell their story, multiple times, where information silos between organisations are removed, joining up patient information and data, and improving the experience and outcomes of care.
- **Data governance.** The Digital Strategy will ensure that there is appropriate governance around data being shared between University Hospitals Sussex and patients – being clear about who “owns” what so that patients can feel in control of their data, whilst adhering to the necessary data governance arrangements.

10. Addressing Inequalities – Voice and Influence for the Least Heard

Commitment 6: We will engage differently and better with less heard groups and communities

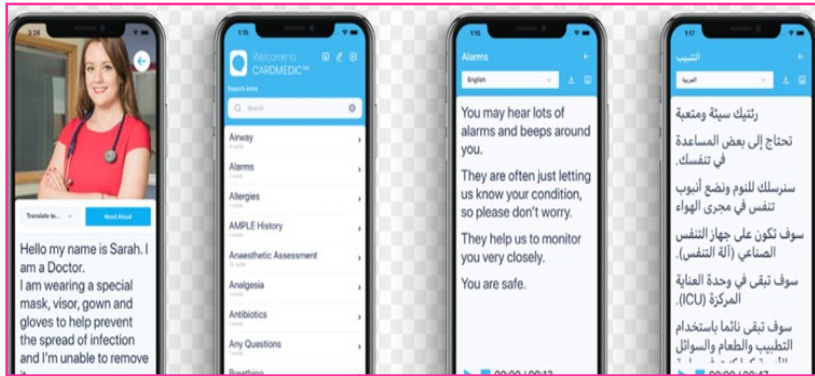
By working differently with community leaders, NHS and other public sector partners, the voluntary sectors, Healthwatches and representative groups in the 'places' covered by the Trust, the Trust will have access to new and different voices to better understand the needs of local communities, in particular those for whom inequalities in health outcomes are evident. This includes those with protected characteristics under the Equality Act (2010) – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation - and other forms of potential disadvantage, such as socio economic status.

Such community-based collaborations and partnerships provides background knowledge and insights into the nature of the community served by the trust; enables the trust as part of the integrated care system to have a role in tackling social or economic disadvantage and the promotion of health equity; and enables the community can participate in design of new health initiatives. There is growing evidence that such engagement delivers improvements, such as more responsive services, improved outcomes, patient experience, shared decision-making and self-care.

Commitment 7: We will improve how those with barriers to services, such as physical, neurological and mental disabilities or language barriers navigate places and services

In particular within new trust developments, such as the '3Ts' building on the Royal County Sussex Hospital site, strengthened information, facilities and way finding for patients including those with barriers to access will be enabled. Tools and support, such as translation and interpretation services will be well advertised and there will be increased use of 'CardMedic'* to overcome communication barriers.

***Card medic** is a web-based application that can be used on PCs, tablets and mobile phones to aid communication



Furthermore, the trust will use the patient first improvement system – its training, coaching, tools and methods – to apply an inclusion lens to all aspects of improvement, including the addition of a patient experience and inclusion module within training, and a focus on key inclusion priorities as divisional driver initiatives.

11. Promoting Positive Experiences - Prevention and Early Intervention

Commitment 8: We will improve staff wellbeing

Staff wellbeing impacts directly on the quality of patient care and experience. A lack of staff engagement can potentially result in a higher turnover of staff, absence, increase in incidents and reduced productivity and motivation and we know many people are mentally and physically exhausted from the demands of responding to the pandemic.

As such, the trust will prioritise taking positive action on health and wellbeing, addressing staffing issues, making wellbeing events more accessible, upskilling leaders to support colleagues with mental health and anxiety issues, increasing the visibility of leadership and develop staff communication. As a result, the trust will see an increase in staff recommending the trust as a place to work.

Commitment 9: We will implement a new approach to concerns and complaints responses, ensuring the right response at the right time

Although more than 90% of patient report a positive experience of their care with the trust, not all those using our services have a good or better experience. Currently the trust receives between 150 and 350 new concerns or complaints each week, and their negative experience can be further exacerbated when their concerns are not handled appropriately or in a timely way.

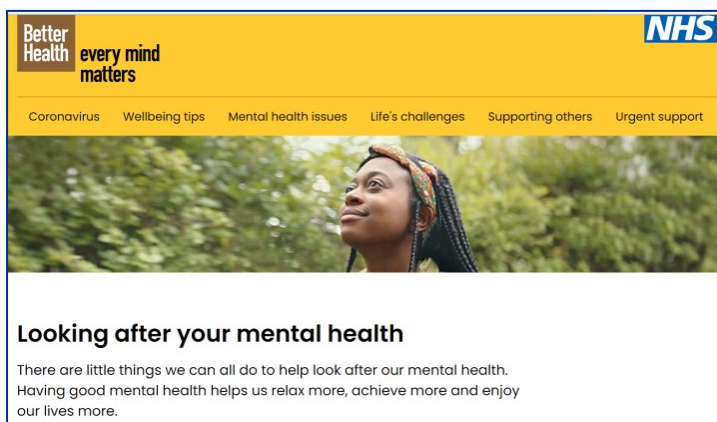
As such, the improvement programme proposes to implement a new approach to concerns and complaints responses, ensuring the right response at the right time, from initial receipt of a concern, to its review and triage, to how it is actioned and closed. As part of this, the transformational capacity will implement a programme to support the shift in practice in responding to concerns across clinical services through a training and transformation initiative. The approach and timescales for complaints responses will also be aligned across the system.

We will also seek to deploy patient liaison and support functions in the places where patients are, to provide an on-site source of information and response when patients have concerns or questions.

Commitment 10: We will improve the experience of ‘waiting’ patients

Patient experience data tells us that more than 90% of patients have a good or very good experience of inpatient, outpatient and maternity services. The lowest levels of satisfaction with our services as reported by FFT are with emergency departments, and when the data are stratified the most prevalent theme in negative feedback relates to waiting.

As such, the trust will prioritise reducing waiting times for elective patients and improving communication with those waiting to improve the experience of communication during the wait.



As part of increasingly personalised care (see section 8) using the ‘MyPlannedCare’ platform, approaches such as ‘pre-hab’ (pre-habilitation) in cancer pathways and by linking with system based partners and services, support will be offered for patients waiting for surgery, to improve their waiting experience and their readiness for surgery.

The ‘My Planned Care’ platform links patients waiting for surgery with sources of support for their mental, physical, social and economic wellbeing

Commitment 11: We will strengthen the role of volunteers in improving patient experience

Volunteers provide an invaluable role in delivery of a positive patient experience, including providing front line support with way-finding, improving the physical environments in our hospitals and running patient facilities such as retail venues. During the pandemic the number of active volunteers decreased substantially. To ensure that this much valued resource is most appropriately rebuilt, developed and deployed, a full review of volunteering within the Trust has been undertaken and the outcomes of this review will be implemented over the next two years. This will result in increased volunteer hours delivered in support of the Trust.

Commitment 12: We will implement patient-led customer service excellence programme

In line with the Trust's Patient First values, all contacts with our services should be compassionate, encompass practical problem solving, be flexible and offer excellent customer service.

Working with the hospitals' charities, a team of volunteer patient representatives will be recruited, in particular those who are representative of the population served by the trust and able to provide insight into the health inequalities faced by local citizens. Using the data and evidence, along with their own experience, a set of standards for customer/ patient experience will be developed, against which all elements of the trusts engagement with patients and carers can be appraised to determine whether the standard is met. Customer service standards will also be incorporated within the trusts education programmes for patient facing staff.

The volunteers would then undertake the validation of trust services against the standards they have identified. This will be co-produced with patients and their representatives and rolled out across the trust's services following the data to inform the priority touch points.

12. Learning and action

Commitment 13: We will embed learning from patient experience to shape improvement

Using the new patient experience module on Datix, divisions will be receive feedback notifications to shape their improvement activity. Furthermore, patient experience teams working with the business intelligence unit will produce regular patient insight data packs for clinical divisions to utilise in their improvement planning, using the Patient First Improvement System methodology.

The most important insight that has informed the strategy is information received from patients, families, carers and the public over the last 12 months. Themes from all the different sources of patient feedback such as surveys, free text comments, plaudits, complaints and concerns have been reviewed and have informed this document. Due to the diversity of services in University Hospitals Sussex there are different themes that emerge from different specialties and services. Therefore, a priority for this strategy is that each clinical area will be empowered to act on this feedback, for all patients, through:

- ▶ Receipt of divisional quality data packs with key measures of patient experience included
- ▶ Improvement huddles responding live to emerging feedback from patients
- ▶ Development of ward and service 'A3' thinking to shape improvement plans based on patient feedback
- ▶ Divisional strategy development reviews
- ▶ Quality summits and peer reviews
- ▶ Taking an equality and diversity perspective on feedback and the responses to it to consider how service changes and improvements will impact on different population groups, including those with protected characteristics.

The trust will also take and implement learning from research and external good practice. This will include patient information all aspects of clinical care, including interventions to improve patient experience.

Furthermore, feedback from patients will – in line with the ambitions described in commitment 12 – form part of the process of staff management and appraisal, so that positive experiences of patients are noted and acknowledged and where changes in attitude, conduct and practice can improve patient experience through individual development this is included.

Commitment 14: We will listen to and learn from patients on key themes

Thematic patient panels and listening lunches between patients and clinicians will further facilitate deep understanding and listening to inform improvement activity, along with a ‘dragons’ den’ style patient panel acting as gatekeepers of an innovation pot to facilitate improvements in response to patient feedback.

We will continue to embrace our constructive relationships with local Healthwatch bodies, harnessing the learning from their engagement through the patient experience and engagement group. The role of governors will continue to be critical to the governance of the trust, reflecting the needs and views of our communities and places in the trust’s operations and decision making, and in holding the trust to account.

We also know that good environments matter and that every NHS patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced

Commitment 15: We will ensure there is accountability for patient experience that is assured through good quality governance

In line with the trust’s accountability framework which will be published in 2022, this strategy sets out our commitments and ambitions over the next three years and our journey will be monitored through the Trust’s governance. Peer reviews and quality summits with clinical and corporate divisions working together will inform the extent to which patient experience insights are driving improvements in care, informing strategic decisions and preventing future concerns arising, and will ensure learning is aligned with insights related to patient safety and clinical effectiveness. Key metrics will be reported monthly as part of the trust’s quality scorecard, and results from patient surveys will form a core part of reporting into the trust’s governing structures.

Responsibility for patient experience rests in all units of the trust’s operations.

Teams	<ul style="list-style-type: none">• Access FFT data, consider and respond• Receive concerns and feedback from PALS and respond through improvement and safety huddles• Ensure staff are PFIS trained and use patient experience insights in improvement activity
Services	<ul style="list-style-type: none">• Access FFT data, consider and respond

	<ul style="list-style-type: none"> • Receive concerns and feedback from PALS and respond through improvement and safety huddles and A3 thinking • Ensure staff are PFIS trained and use patient experience insights in improvement activity • Respond in line with trust timescales when complaints are received
Divisions	<ul style="list-style-type: none"> • Access FFT data, consider and respond • Receive concerns and feedback from PALS and respond through improvement and safety huddles and A3 thinking • Ensure staff are PFIS trained and use patient experience insights in improvement activity • Respond in line with trust timescales when complaints are received • Ensure improvement action is taken and learning is reported through trust governance

The trust's governance structure will ensure the strategy is accountable and that patient experience is triangulated with patient safety and clinical effectiveness dimensions through the following bodies:

- ▶ Trust Board
- ▶ Patient and Quality Committees
- ▶ Quality Governance Steering Group
- ▶ Patient Experience and Engagement Group (PEEG)
- ▶ Triangulation group and the serious incident review group

PEEG, which will directly oversee the implementation of this strategy, ensures that patient experience and engagement is encompassed and embedded across the Trust. This includes delivery of the following functions:

- ▶ Collation of understanding, insight and knowledge about patient experience across the Trust's services, including performance information and best practice
- ▶ Identifying, defining and tracking progress of key improvement actions emerging from patient experience insights, triangulated with insights from patient safety and clinical effectiveness, keeping quality at the heart of the patient experience
- ▶ Ensuring that patients' voice is heard and influences impactful, positive change to service planning and delivery and Trust policies, including action to hear the voice of those at risk of health inequalities and poorer health outcomes
- ▶ Provision of assurance that there is ongoing evidence that all delivered services are patient-focused and supported by adequate and appropriate patient experience and engagement structures and processes

- ▶ Supporting the development and overseeing the implementation of the Trust's patient experience strategy.

It also receives reports and provides a role in the quality governance and assurance of key work programmes critical to the quality of the trust's core business. This strategy should be read in conjunction with the trust's accountability framework.