NHS
University Hospitals Sussex
NHS Foundation Trust

Patient Experience Report

✓ **Q2 2023/24**

1. Headlines and key takeaways

NHS University Hospitals Sussex NHS Foundation Trust

- **Performance:** Based on available FFT data, most patients (90.7% in Q2) are satisfied that they have a good or very good experience. This is comparable to Q1 2023/24. However, in September a decline in patient reported experience in FFT was evident, and positivity in EDs (With the exception of PRH, RACH, SEH) has fallen below the national average and is on a downward trajectory.
- For UHS, 40,898 patients provided a review in Q2 with an average response rate of 21%.
- **Complaints and PALS**: 345 complaints were received in Q2, however fewer complaints were closed than were received. The complaints caseloads have increased due to maternity leave/ leave over the summer combined with reduced responsiveness from divisions exacerbated by industrial action, mobilisation challenges with the new datix system, changes to letter signing processes and reduced public confidence have resulted in an excessively high open case load. The overall pattern for PALS contacts is upwards over the last year and increase in enquiries relating to wait times, communications and difficulties contacting clinical specialty teams remains the same. Urgent mitigating action is being taken to recruit a complaints manager for maternity cover and to encourage concerns from inpatients to be dealt with more effectively at source through nurse-led ward rounds.
- **Insights:** Themes in negative patient feedback continue to relate to waiting (on site and for treatment), clinical treatment, communication and staff behaviours and discharge – these are the drivers behind the patient experience strategy 2022-25.
- Specific patient engagement work is in place on key developments for the trust, including length of stay and discharge, ED redevelopment at RSCH and extensively for stage 2 of the 3Ts programme (the new cancer centre).
- Chaplaincy and bereavement team consultations are complete and new structures are implemented
- The trust has been shortlisted in the 'Building Better Healthcare' awards for the LMB atrium which was shaped by patient and stakeholder engagement
- **Surveys**: national maternity survey and national inpatient survey results have been received and an improvement action tracker for divisions established
  Risks: to patient experience: deteriorating patient satisfaction in; waiting times, communication; and public confidence. **For patient experience teams**: escalating caseloads and excessive demand to capacity ratios; providing full-service cover within budget/ establishment; changes to reporting systems; changes to process resulting in reduced efficiency of complaints management

Complaints	Currently open	New July 23	Aug 23	Sep 23	Total new
	436 ↑	100	120	125	345 ↓
PALS		1018	1168	933	Total UHS Q2 3182 ↑

Key:
↑ Increased in positive direction since previous quarter
↑ Increased negatively since previous quarter
↓ Decreased negatively since last quarter
↓ Decreased positively since last quarter
→ Same as previous quarter

FFT (average positive ratings for Q4)	ED positivty rates						Divisional positivity rates								Maternity			
	WGH	SRH	RSCH	Alex	Eye	PRH	Med RSCH /PRH	Sur RSCH /PRH	Med WGH/ SRH	Sur WGH/ SRH	Spec	W&C	Cancer	CSS	WGH	SRH	RSCH	PRH
	81 ↓	79 ↓	81 ↑	93 ↑	90 ↓	87 →	**95** ↑	93 →	95 →	94 ↑	**95** ↑	**94** ↑	95 →	**95** ↑	94 ↑	100 ↑	95 ↓	94 ↓
National average	82% (Average July 2023)						95% inpatients 94% outpatients (July 23)								94% (July 23)			

2. Themes: What we do well for many patients

In addition to thank you cards and direct contact with clinical and other teams, **31,426** patients left a positive review about their care in Q2. 5% of patients left a negative review.

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

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

📈 Top 10 Words	
+ Positive	
1. Staff	12342
2. Good	6032
3. Time	5258
4. Friendly	4019
5. Excellent	3880
6. Service	3875
7. Helpful	3592
8. Thank	3310
9. Attitude	3052
10. Seen	3045

📈 Top 10 Themes	
+ Positive	
1. Staff attitude	24437
2. Implementation of care	12333
3. Environment	10017
4. Waiting time	7693
5. Communication	7187
6. Patient Mood/Feeling	6944
7. Clinical Treatment	5992
8. Admission	5472
9. Staffing levels	1826
10. Catering	557

"Every single member of staff was extremely kind and professional in making my experience as comfortable and successful as possible. Thank you all so much!"

Endoscopy Unit, RSCH

"Every single member of staff was amazing, considerate, and understanding for the entire procedure. My surgeon was incredibly confident, which was reassuring for my first op. I couldnt fault a thing"

Chanctonbury Suite, Worthing

"The staff at the infusion ward are amazing! So kind and caring! And always smiling and happy!"

**Plumpton Ward, Hurstwood Park**

"Everyone was fantastic, kind and very supportive. Treatment was also above expectations. I am 65 and treated as a person"
Emergency Department, St Richard's

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3. Complaints and PALS

► Numbers of enquiries and concerns received by PALS were increased in Q2 with an overall upward trajectory for concerns received. PALS teams continue to work with clinical services when clusters of concerns are received to support early mitigating action, in particular relating to communication with patients. 28% of all contacts to PALS related to communications issues. The highest number of contacts were for Trust wide issues, Emergency Department at WGH/SRH, Cardiology and Gynaecology.

► 345 complaints were received in Q2, however fewer complaints were closed than were received. The complaints caseloads have increased due to maternity leave/ leave over the summer combined with reduced responsiveness from divisions exacerbated by industrial action, mobilisation challenges with the new datix system, changes to letter signing processes and reduced public confidence have resulted in an excessively high open case load. The overall pattern for PALS contacts is upwards over the last year and increase in enquiries relating to wait times, communications and difficulties contacting clinical specialty teams remains the same. Urgent mitigating action is being taken to recruit a complaints manager for maternity cover and to encourage concerns from inpatients to be dealt with more effectively at source through nurse-led ward rounds, however caseloads and pressures are expected to remain at an exceptionally high level.

► There is variation in closure rates and ratios of new to closed between divisions (see below). However, due to the new datix feedback module it has not been possible to report against the trust timescales for responding to complaints. As such, all complaints, PALS and plaudits will be instead entered into the legacy systems until the issues with DCIQ are resolved.

Q2 Complaints - New - Closed

■ New   ■ Closed
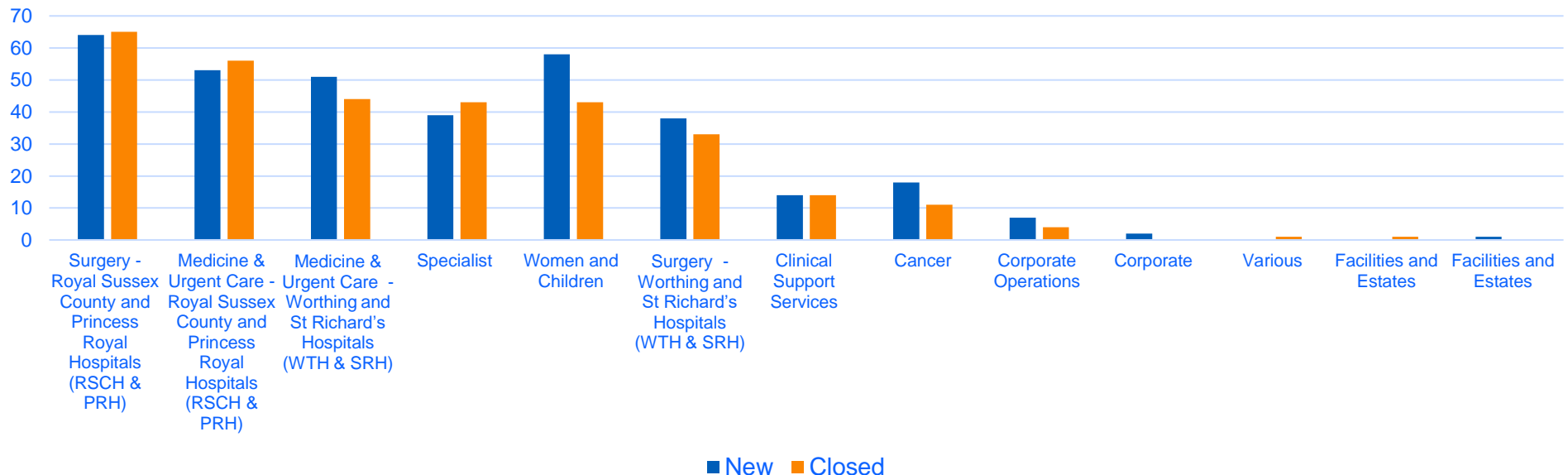
4. Themes: Where patient experience could be improved

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

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

Many of the above are influenced by flow, discharge and waits in EDs – as such the patient experience tracks the performance of the organisation against key performance indicators. Metrics relating to key contributors to patient experience are reporting via the patient experience strategy with risks noted regarding 4-hour ED waits, median hour of discharge, and waiting for appointments.

— Negative

1. Staff attitude	2126
2. Waiting time	1808
3. Environment	1671
4. Communication	1390
5. Implementation of care	1331
6. Clinical Treatment	1212
7. Patient Mood/Feeling	1122
8. Admission	1028
9. Staffing levels	476
10. Catering	192

"Nearly 24 hours on a bed in a corridor in A&E with no indication as to what the next move would be. There was no reassurance of what the next steps were by the staff. No area private enough for doctors or consultants to consult. I knew every patient's medical history as they do my medical history".
AAU, RSCH

"They were very under-staffed .and having asked for pain relief it was not given for nearly 2 hours later.probably not the fault of the staff they do the best they can
Twineham Ward, PRH

"I waited for 9hrs for a booked appointment. I was nil by mouth, I was tired, hungry, thirsty, my veins had literally disappeared by the time I got to theatre took several attempts in various places to get a cannula in successfully"
Pagham Suite, St Richard's

The waiting times are ridiculous, especially with children. The area was too hot and children waiting for nearly 3 hours without food etc is unacceptable for adults let alone children. The environment you're forced to sit in is not nice, run down and cramped.

Emergency Floor, Worthing

5. Patient Engagement in Service Improvements- New Specialist Cancer Service

NHS University Hospitals Sussex NHS Foundation Trust

Bespoke engagement of patients in the design and planning of the new specialist Cancer Centre for the region. An engagement workshop organised in partnership with Healthwatch Brighton and Hove and MacMillan, participants included representation from trust governing body, Healthwatch volunteers, community organisations, NHS staff including clinicians representing a range of protected characteristics. A summary of feedback is set out below:

Workshop 11th September 2023

General

➢ Priority parking and pick-up

➢ inclusion e.g. cultural needs, female privacy

➢ noise management

➢ access to horizon building

➢ views and natural light welcomed.

➢ Careful naming of spaces makes all the difference

➢ Use of warm, welcoming, cosy and non-clinical colours and spaces with appropriate lighting are encouraged, along with suitable seating

➢ Doors to single rooms with glass should protect privacy whilst promoting safe observation

Service offer considerations

➢ How will the needs of patients with rarer cancers be met?

➢ Will there more treatment offered for more specialisms on site?

➢ Cancer services for children will be delivered at the Royal Alexandra Children's Hospital

➢ Will services currently delivered at the Park Centre transfer? Radiology will, but other breast services will remain at the Park Centre

➢ How will the new centre connect to other cancer services across the trust, such as those at St Richards and Worthing?
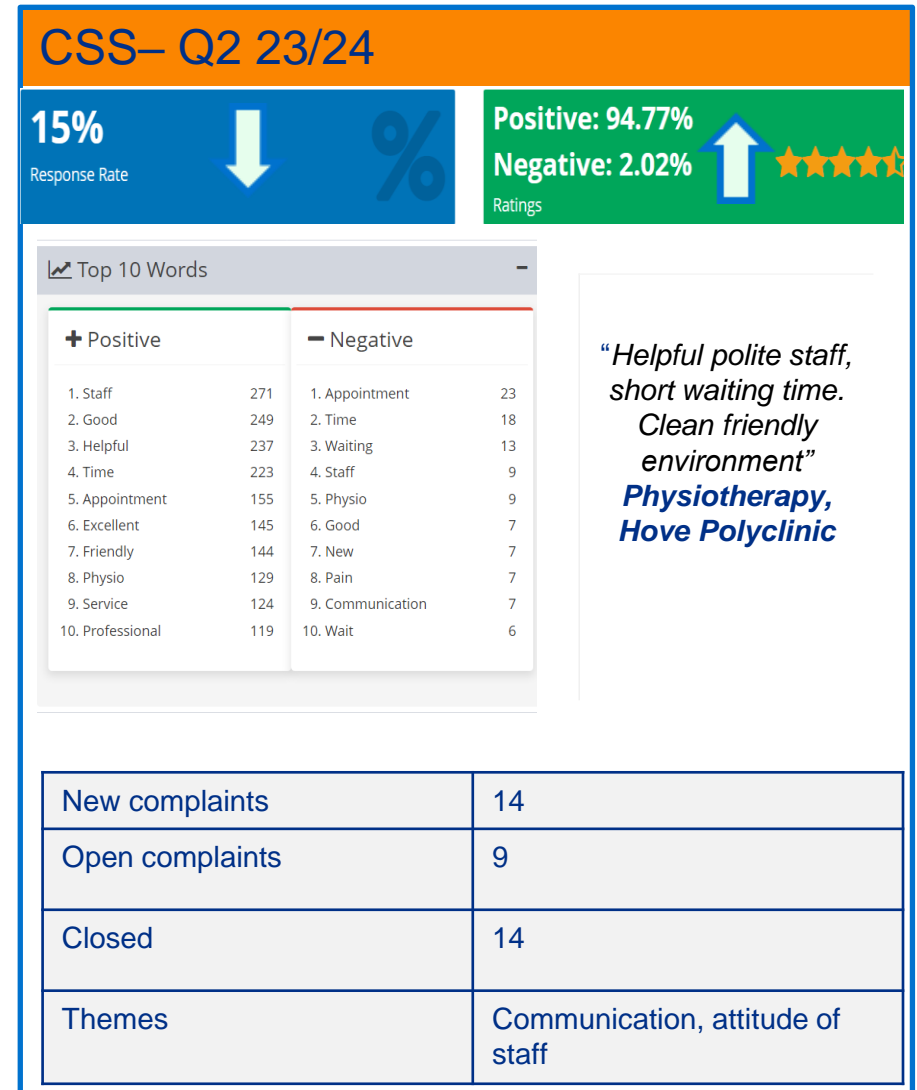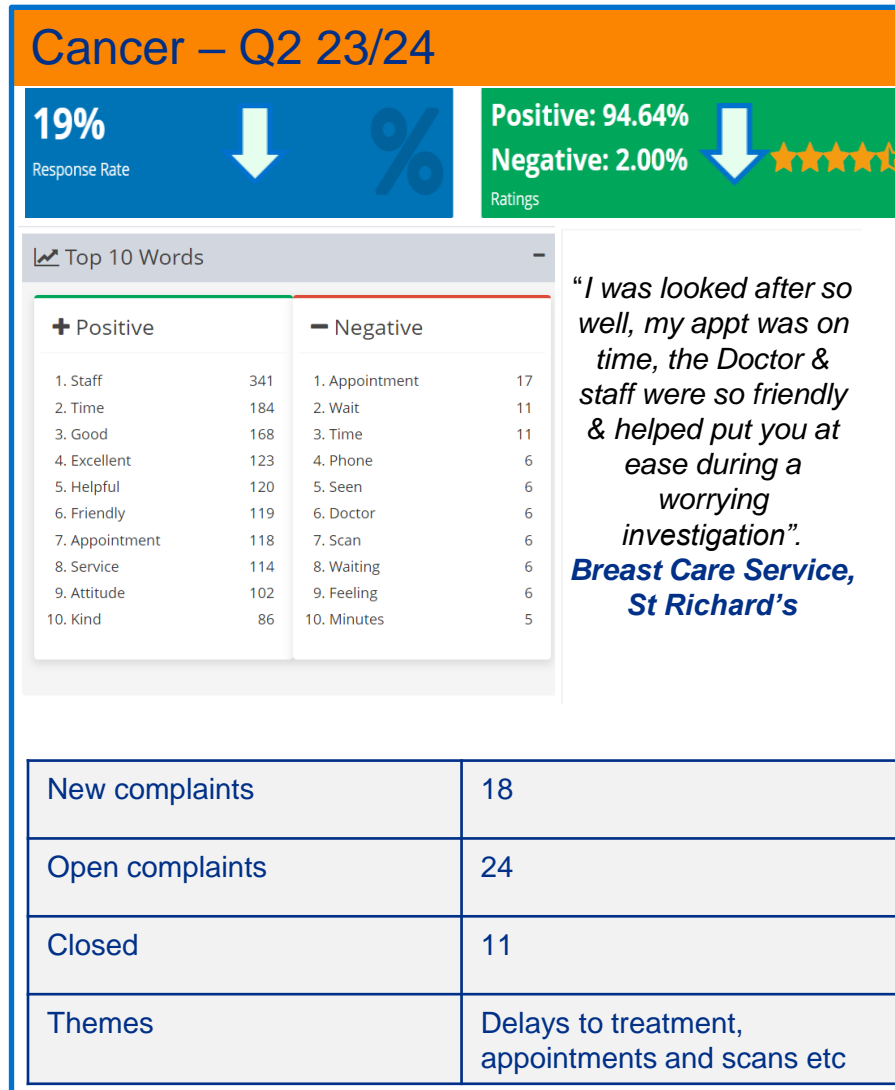
Other

➢ The new facilities should attract staff to work in the new centre

➢ Learning from stage 1 to be applied to stage 2

➢ Consideration of removable screening in the bunkers

Follow-up workshop 13th October 2023

5. Divisional dashboards

Cancer – Q2 23/24

19% Response Rate

Positive: 94.64%
Negative: 2.00%
Ratings

Top 10 Words

+ Positive		− Negative	
1. Staff	341	1. Appointment	17
2. Time	184	2. Wait	11
3. Good	168	3. Time	11
4. Excellent	123	4. Phone	6
5. Helpful	120	5. Seen	6
6. Friendly	119	6. Doctor	6
7. Appointment	118	7. Scan	6
8. Service	114	8. Waiting	6
9. Attitude	102	9. Feeling	6
10. Kind	86	10. Minutes	5

"I was looked after so well, my appt was on time, the Doctor & staff were so friendly & helped put you at ease during a worrying investigation".
Breast Care Service, St Richard's

New complaints	18
Open complaints	24
Closed	11
Themes	Delays to treatment, appointments and scans etc

CSS– Q2 23/24

15% Response Rate

Positive: 94.77%
Negative: 2.02%
Ratings

Top 10 Words

+ Positive		− Negative	
1. Staff	271	1. Appointment	23
2. Good	249	2. Time	18
3. Helpful	237	3. Waiting	13
4. Time	223	4. Staff	9
5. Appointment	155	5. Physio	9
6. Excellent	145	6. Good	7
7. Friendly	144	7. New	7
8. Physio	129	8. Pain	7
9. Service	124	9. Communication	7
10. Professional	119	10. Wait	6

"Helpful polite staff, short waiting time. Clean friendly environment"
Physiotherapy, Hove Polyclinic

New complaints	14
Open complaints	9
Closed	14
Themes	Communication, attitude of staff

C&W – Q2 23/24

11% Response Rate ⬇

Positive: 98.81%
Negative: 1.19% ⬆ ★★★★★
Ratings

Top 10 Words

+ Positive

1. Midwife	11
2. Staff	9
3. Reassuring	8
4. Seen	7
5. Well	7
6. Feel	6
7. Friendly	6
8. Team	6
9. Delivery	5
10. Nice	5

− Negative

"Absolutely amazing service from the lovely midwives in the day assessment unit and doctors in the delivery suite. Really grateful to them and the service they provide" **Delivery Suite, Worthing**

New complaints	58
Open complaints	75
Closed	43
Themes	Communication, delays to treatment\appointments, care needs not met

Specialist – Q2 23/24

31% Response Rate ⬆

Positive: 98.18%
Negative: 1.82% ⬆ ★★★★★
Ratings

Top 10 Words

+ Positive

1. Staff	22
2. Friendly	10
3. Good	10
4. Time	8
5. Excellent	7
6. Everything	6
7. Thank	6
8. Well	6
9. Efficient	6
10. Team	5

− Negative

"The receptionist was very friendly and helpful, I was seen quickly, and I can't think of anything that could have improved my experience" **Cardiology Outpatient Clinic, PRH**

New complaints	39
Open complaints	51
Closed	43
Themes	Communication, wait times and delays

Medicine RSCH/PRH – Q2 23/24

23% Response Rate

Positive: 95.13%
Negative: 2.56%
Ratings

Top 10 Words

+ Positive		− Negative	
1. Staff	203	1. Appointment	28
2. Time	170	2. Consultant	10
3. Good	147	3. Time	9
4. Appointment	128	4. Phone	8
5. Friendly	102	5. Telephone	8
6. Service	98	6. Blood	8
7. Helpful	90	7. Minutes	7
8. Seen	87	8. Results	6
9. Efficient	86	9. Wait	6
10. Excellent	83	10. Test	6

"Despite being very hard pushed, every staff member was sympathetic and professional and apologised for any delays! Very well done everyone!"
Ambulatory Care Unit, RSCH

*excludes ED

New complaints	53
Open complaints	48
Closed	56
Themes	Care needs not met, delays to treatment, failure to diagnose

Medicine SRH/WGH – Q2 23/24

20% Response Rate

Positive: 94.97%
Negative: 2.06%
Ratings

Top 10 Words

+ Positive		− Negative	
1. Staff	381	1. Appointment	23
2. Time	289	2. Time	18
3. Good	261	3. Wait	13
4. Appointment	208	4. Consultant	10
5. Service	170	5. Waiting	9
6. Helpful	161	6. Staff	9
7. Excellent	150	7. Patient	8
8. Friendly	142	8. Minutes	8
9. Seen	141	9. Doctor	7
10. Attitude	141	10. Call	6

"Perfect and professional from start to finish. The staff were so kind and caring as I was feeling nervous and tearful"
Endoscopy Unit, Worthing

*excludes ED

New complaints	51
Open complaints	74
Closed in 25/40 days	44
Themes	Care needs not met, delays to treatment, inappropriate treatment

Surgery RSCH/PRH – Q2 23/24

22% Response Rate ⬇

Positive: 93.43%
Negative: 3.34%
Ratings ⬇ ⭐⭐⭐⭐½

Top 10 Words

+ Positive		− Negative	
1. Staff	847	1. Appointment	93
2. Time	541	2. Time	47
3. Good	515	3. Waiting	43
4. Friendly	441	4. Wait	36
5. Helpful	335	5. Seen	33
6. Appointment	328	6. Staff	28
7. Excellent	310	7. Hour	28
8. Service	309	8. Consultant	27
9. Efficient	290	9. Long	24
10. Seen	268	10. Hours	23

"The doctors and nurses were amazing, helped me with my pain and sent me home with different medication to control my pain at home" Albion Ward, RSCH

New complaints	64
Open complaints	87
Closed	65
Themes	Communication\attitude, delays to appointments, wait list, cancellations

Surgery SRH/WGH – Q2 23/24

21% Response Rate ⬇

Positive: 93.49%
Negative: 2.87%
Ratings ⬇ ⭐⭐⭐⭐½

Top 10 Words

+ Positive		− Negative	
1. Staff	1142	1. Appointment	90
2. Good	748	2. Time	79
3. Time	696	3. Waiting	60
4. Friendly	466	4. Wait	40
5. Service	459	5. Doctor	34
6. Excellent	422	6. Call	31
7. Helpful	419	7. Hour	30
8. Appointment	412	8. Questions	28
9. Attitude	398	9. Consultant	27
10. Seen	344	10. Seen	27

"I was very well looked after by all the team. They all made me feel more relaxed and ready for the procedure by explaining every step" Fontwell Suite, St Richard's

New complaints	38
Open complaints	55
Closed	33
Themes	Communication, delays to appointment/ treatment

6. Q2 2023/24 and Q3 2023/24 Priorities and Improvement - update

Quarter 2 Priorities (Q1 report 2023/24)	Update on Q2 priorities	Q3 Priorities 2023/24
• Length of stay and discharge patient engagement activity • Implement and evolve new DCIQ module • Arrange hierarchy for FFT reporting in line with changing structures and provision • Implement new quality scorecard and metrics • Risk management and communication regarding capacity and cover of key patient experience services • Complete consultations and mobilise changes	• Patient engagement activity undertaken to shape length of stay and discharge with patient reps, local organisations and Healthwatch • Patient engagement workshops for 3Ts stage 2 undertaken with cancer patients, Healthwatch, Macmillan and cancer network. New patient experience work stream for stage 2 has been established • User acceptance testing for FFT hierarchy undertaken • Implemented new DCIQ feedback module, however reverted to legacy systems due to issues with new module on a temporary basis • Risks escalated and proposed investment requirement submitted to enable statutory services (complaints, PALS, bereavement) to comply with required standards • Consultations completed and mobilised for bereavement and chaplaincy	• Enact mitigations within budget to improve deteriorating complaints position • Modernise operational delivery for new bereavement teams • Mobilise patient experience workstream for stage 2 and host further patient engagement workshops for the cancer centre • Re-convene the patient panel supporting RSCH ED redevelopment • Support health inequalities strategic oversight group and reporting • Complete training of all ED receptions and main receptions through Welcome Standards programme • Report maternity survey outcomes

Welcome Standards Programme

► Evidence based programme to improve patient experience through great customer service, framed around the Trust values

► Following the pilot programme in the spring, training is underway for all main receptions and ED receptions

► Validation will be undertaken by Healthwatch

► Benchmark data was identified from analysis of all patient feedback received from friends and family test surveys in the month of May 2023, prior to opening. A comments search was undertaken, with all comments including 'reception' (to also include the term 'receptionists') and all results were subject to a thematic analysis. The following was identified:

► 35% of comments about 'reception' at RSCH were neutral or negative (n=8)

► 65% of comments about 'reception' at RSCH were positive (n=15)

The same analysis was completed post implementation using data from the 30 days from 15th June to 14th July 2023. The following results were identified:

► Only 8% comments about 'reception' at RSCH were neutral or negative (n=4)

► 92% of comments about 'reception' at RSCH were positive (n=47)

Patient Experience Strategy on a Page 2022-2025

NHS University Hospitals Sussex NHS Foundation Trust

What our patients say

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

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

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

What we want to achieve and how we will achieve it

Our True North = >95% experiences good or very good

Principles / Ambitions

Principles:
- Data and insight led
- Patient centred
- Active listening
- Place-oriented
- Fairness and equality
- Solution focused
- Prevention/ early action
- Accountable

Better engagement – nothing about me without me

1. Nothing about me without me

2. We will increase response rates to patient surveys

3. We will increase engagement through visible and accessible digital methods

4. We will improve experience of discharge – home for lunch

5. We will embrace technology to improve patient experience

Addressing inequalities – voice and influence for the least heard

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

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

Promoting positive experience – prevention and early intervention

8. We will improve staff wellbeing

9. We will implement a new approach to concerns and complaints responses

10. We will improve the experience of 'waiting' patients

Learning and action on patient experience

13. We will embed learning from patient experience to shape improvement

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

15. We will ensure there is accountability for patient experience

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

12. We will implement patient-led customer service excellence programme

How we will know if we have made a difference

- FFT % -ve comments - waiting, comms
- Reduction concerns: discharge/ dates
- FFT take up
- SDM (to be confirmed

- FFT satisfaction
- Complaints re-opened
- Complaints responses on time
- Internal patient information up to date

- PFIS unit with patient driver metric
- Influence on service developments – case studies
- Volunteers' hours
- Discharge time median <12pm
- %recommending trust as a place to work

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7. Patient Experience Strategy Metrics Reporting

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Outcome	Commit-ments	Narrative	Metrics/ performance	Progress	RAG
A1 - fewer negative comments related to waiting	1,3,8,13,14	Actions include: • True norths for S&P (78-week waiters and ED seen within 4 hours); • Breakthrough objective for S&P (Median hour of discharge to be between 10 and 10:59am) • Duty of candour letter pilot in EDs • Redevelopment of ED	i. Number negative comments re waiting in FFT	1779 (Q2)	🟥
			ii. Patients waiting > 78 weeks (against plan)	464 (Aug.23)	🟧
			iii. Median hour of discharge (aim <12pm)	Trust % discharges < midday increased to 26% (Aug.23)	🟥
			iv. Patients waiting >4 hours in ED.	30% (Aug.23)	🟥
A2 – fewer negative comments relating to communications	1,3,8,13,14	Actions include: • Patient BO programme/ welcome standards • patient access transformation corporate project (fm Feb 23) letters	i. Number negative comments re communications in FFT	1189 (Q2) ⬆	🟧
A3 – fewer negative comments relating to staff attitude	1,3,8,13,14	Actions include: • Welcome standards, including customer service training • Sharing of positive patient feedback to support staff wellbeing and motivation • Welcome standards being finalised	i. Number negative comments re staff attitude in FFT	2168 (Q2) ⬆	🟧
			ii. Number participating in customer service training	On target to compete training for staff and volunteers at 3 of the 4 ED sites by 31st Oct	🟧
B1 reduced percentage of concerns citing dates for appointments	1,13,14	• See A1	i. % complaints citing dates for appointments (benchmark is 3.63% based on Q1-3)	10% (Q2)	🟥
			ii. % PALS citing dates for appointments (20.15% (Q2-3) benchmark)	23% (Q2)	🟥
B2 reduced percentage of concerns citing discharge	1,4,13,14	Actions include: • Breakthrough objective – reducing median hour of discharge – home for lunch • Implement electronic discharge planning and safer discharge	i. % complaints citing discharge 5% (Q1-3) benchmark	5% (Q2)	🟩
			ii % PALS citing discharge 4% (Q1-3) benchmark	4.6% (Q2)	🟧

Outcome	Commitments	Narrative	Metrics/ performance	Progress	RAG
C1. FFT response levels	1,2,3,6,7	Actions include: • New FFT provider commissioned and is using SMS and IVM (interactive voice messaging) for patients without access to a mobile phone. • In all touchpoints/ sites response rates are increasing with the new provider • TARGET: >33% • Benchmark: 24% November 22	i. FFT: response rates – ED	22% (Q2)	🟧
			ii. FFT: response rates – maternity	22% (Q2)	🟧
			iii. FFT: response rates – inpatients	25% (Q2)	🟧
			iv. FFT: response rates – outpatients	20% (Q2)	🟧
			v. FFT: response rates – Surgery RSCH/PRH	22% (Q2)	🟧
			vi. FFT: response rates – Medicine RSCH/PRH	23% (Q2)	🟧
			vii. FFT: response rates – Medicine WGH/SRH	20% (Q2)	🟧
			viii. FFT: response rates – Surgery WGH/SRH	21% (Q2)	🟧
			ix. FFT: response rates – Women's and children's	11% (Q2)	🟥
			x. FFT: response rates – CSS	15% (Q2)	🟥
			xi. FFT: response rates – Specialist	31% (Q2)	🟩
			xii. FFT: response rates – Cancer	19% (Q2)	🟧
D. FFT positive ratings (95% or above)	1,2,3,6,7, 10, 11,13,14	Actions include: • Implementation of the trust strategy, including those detailed in section A above • Divisional governance and improvement initiatives	i. FFT: positive rates – Surgery RSCH/PRH	93% (Q2)	🟧
			ii. FFT: positive rates – Medicine RSCH/PRH	95% (Q2)	🟩
			vii. FFT: positive rates – Medicine WGH/SRH	95% (Q2)	🟩
			viii. FFT: positive rates – Surgery WGH/SRH	93% (Q2)	🟧
			ix. FFT: positive rates – Women's and children's	99% (Q2)	🟩
			x. FFT: positive rates – CSS	95% (Q2)	🟩
			xi. FFT: positive rates – Specialist	98% (Q2)	🟩
			xii. FFT: positive rates – Cancer	95% (Q2)	🟩

Outcome	Commit-ments	Narrative	Metrics/ performance	Progress	RAG
E. Reduce number of complaints re-opened	4,9,13,15	Actions include: • New complaints process and quality assurance implemented	Number of complaints re-opened (annual) – 153 for 2022-23 (benchmark 21-22 = 108)	22 (6.37%)	🟩
F. % of patients receiving a first formal response within 25 days (Benchmark q2 22/23 – 35%)	9,15	Actions include: • New complaints process and quality assurance implemented 25 days very challenging target given complaints volume, operational pressures and new quality assurance processes. New complaints metrics proposed	Information not available from DCIQ	n/A	🟥
G. number of PFIS units selecting patient experience as a driver metric	9,13,14,15	Actions include: • Divisional catch ball sessions and SDRs to assign watch and driver metrics.	All 9 divisions have the True North as a watch metric and 5 division have it as a driver for the breakthrough objective		🟩
H. the needs of potential and existing patients whose voices are currently less heard will have demonstrably led to improvements in services	3,8,11,12,15	Actions include: • Working with the system on targeted engagement • Using FFT to undertake inequalities focused reports • Working with the Equalities Team – new EDI head in post • Applying an equalities lens to the Patient First Improvement System	Less heard groups are routinely engaged in improvement activities, including on LoS, ED re-development and stage 2 Voice of less heard patients reflected in Welcome Standards training		🟨
I. Number of volunteering hours increases	8,11,15	Volunteer Strategy in development – due 2023	Metrics TBD		🟦

Outcome	Commit-ments	Narrative	Metrics/ performance	Progress	RAG
J. Shared decision making and digital engagement – my health and care record registrations	6,7,15	Actions include: • Digital strategy • Roll out of PKB (my health and care record) include enhancing content available to patients • Promotion through staff and patient engagement • Ensuring divisions offer patients digital methods of communication and management such as messaging and PIFU	Number of specialities and patients registered via this tool for proactive remote patient management (the rationale here is that with/without PIFU it's valid and valuable – the benefit it reduction in F2F appts, early intervention, better patient. experience and outcomes, potential reduction in DNA rates, prevention/avoidance of unplanned admissions)	Current registration of patients is 31% (434,657) of adult(16+ years old)) population in Sussex. National figures is 25%	
K. 'Staff voice that counts' Staff are confidence that the organisation would address their concerns when raised.	8, 12,13,15	Actions include: • **Culture workstream**: Culture diagnostic complete. Feedback and recommendations are being shared.. • **Flexible working**: Final draft of the Flexible Retirement Guidance has been completed and is under review for feedback. • Policy and toolkit for Agile Working is under development. • **Appraisal:** Appraisal form is being refreshed and will go onto IRIS. Workshop undertaken on 3 August to pilot form. • **Violence Prevention and Reduction**: supplementary policy to the Combined Physical Prevention, and Management of Violence Security Policy('Security Policy') is in development and will be integrated into the Security Policy refresh beginning Autumn 2023 • **Staff Engagement:** "You sad, we did" posters have been completed by divisions and shared. Staff conference has been scheduled for 12th & 13th October; tickets have been issued to divisions to allocate to staff • **Guardian Service:** New Guardian Service received 26 referrals since their launch on 7th August 2023	Pulse Survey The Trust is above target for 12 months in succession. 53.8% responded positively against a target of 50% (compared to 42.2 % in 2021). Although this is a reduction of 2.89% on the previous month, it is above target. Annual survey launched 18th September and will run until 24th November. Bank staff are included again this year. 2 schemes have been agreed as incentives. Support provided to divisions to promote the survey amongst staff and support with completion.		

Outcome	Commit-ments	Narrative	Metrics/ performance	Progress	RAG
L. internally produced patient education materials will receive patient input, will be up-to-date, and will be available in print or via the Trust website (conforming with the accessible information standard).	6,7,15	Actions include: The business case for additional staffing to The patient education team now have a complete team having recruited an Assistant Librarian (Patient Education) and an additional part time Patient Education Knowledge Specialist. Team working towards opening the new Health Information Point in the LMB soon and will aim to staff it Monday to Friday 9am – 5pm.	Digital OPD project – the digital OPD project team are looking at about 600 OPD letters across the Trust to standardise them. They will be linking in to ensure that patient education leaflets go out with the letters either on paper or online. It should also help to identify areas where there are gaps in provision.	There are approximately 700 patient information leaflets on the website in accessible format. Work starting with authors whose leaflets are due for review and hope to put a more rigorous process in place now that there is extra capacity. .	

8. Risk register: patient experience functions

Risk ID	Risk Title	Risk Description	Date Opened	Initial Rating	Current rating	reviewed	All controls in place	Selected service	Selected Location
1	Complaints team capacity	The number of complaints managers falls short of that necessary to respond to the complaints being received and operational pressures are reducing responsiveness. The risk is that complaints responses are significantly delayed or impacted, or the quality reduced	10.05.22	16	16	11.10.23	Issue is worsening recruitment undertaken, caseloads remain high, revised metrics proposed however increased complaints received and increased complexity resulting in quality impacts	Patient experience	All sites
2	PALS team capacity	Despite being near establishment, the PALS team is lean and full cover is not possible on all sites during office hours. Along with increased demand there is a risk that patients don't receive timely responses to their enquiries	16.04.22	12	12	11.10.23	Staff recruited, however increased demand and lean staffing results in some contacts not being responded to in a timely way	Patient experience	All sites
3	BI and data	New DCIQ module not currently usable for recording and reporting of complaints and PALS. Use of different datix systems on two former trusts and limited reporting capability combined with the team not receiving BI support risks the reliability and availability of data for key reports	05.01.22	9	9	06.07.23	DCIQ module being implemented/ improved in line with incidents go live and power BI being mobilised	Patient experience	All sites
4	Quality and timeliness of complaints letters	Implementing new processes for signing risks inefficiency and dissatisfaction/ re-opens in the short term	27.09.22	9	6	06.07.23	The risk has increased due to senior staffing changes and changes to signatories	Patient experience	All sites
11	Bereavement structure, capacity and practice	Vacancies in bereavement SRH/WGH being filled but expectation of integrating with RSCH/PRH where there are significant capacity and practice issues risks overall compliance with key bereavement functions	19 12 22	9	12	06.07.23	increased demand, in particular at Worthing, impacting on statutory timescales for death certificates. Paper submitted seeking investment	Bereavement	All sites