

Patient Experience Report



Q3 2023/24



1. Headlines and key takeaways

- **Performance:** Based on available FFT data, the significant majority of patients (90.1% in Q3) are satisfied that they have a good or very good experience. This is comparable to Q1 and Q2 2023/24, however overall trajectory through 2023 is slightly downward. Positivity in EDs has overall been declining through 2023 but is above December 2022 levels. Inpatient experience is below national average and has been declining through 2023.
- For UHSx, 50,576 patients provided a review in Q3 with an average response rate of 21%.
- **Complaints:** 295 complaints were received in Q3, a significant reduction to Q2 (345) – this is often seen in the approach to Christmas. Currently, c55% of complaints are closed within 60 working days against a Trust target of 80%. This is due to complaints caseloads, delays in obtaining clinical responses, complexity of complaints, and delays in signing letters. More complaints were closed than were received in Q3.
- **PALS:** 2863 concerns were received by PALS with 244 plaudits.
- **Insights:** Themes in negative patient feedback continue to relate to waiting (on site and for treatment), clinical treatment (including missed diagnosis in EDs), inpatient care, communication and staff behaviours, and discharge – these are the drivers behind the patient experience strategy 2022-25 with further mitigations including the development of discharge hubs and the fundamentals of care programme to improve quality of care on the wards.
- Specific patient engagement work is in place on key developments for the trust, including ED redevelopment at RSCH, stage 2 of the 3Ts programme (the new cancer centre), cancer strategy and speciality reviews.
- Welcome standards programme and training is being rolled out with positive reviews and results.
- **Surveys:** no new national patient surveys have been received in Q3
- **Risks: to patient experience:** deteriorating patient satisfaction in; waiting times, inpatient care, EDs, communication, discharge; and public confidence. **For patient experience teams:** 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	October 2023	November 2023	December 2023	Total new	Key: ↑Increased in positive direction since previous quarter ↑Increased negatively since previous quarter ↓Decreased negatively since last quarter ↓Decreased positively since last quarter →Same as previous quarter																
	↓ 391	104	117	74	↓ 295																	
PALS		1020	1124	863	Total UHS Q3 →																	
FFT (average e% positive ratings for Q3)	ED positivity rates																		Maternity			
	WG H	SRH	RSC H	Alex	Eye	PRH	Med RSC H/P RH	Sur RSC H/P RH					Med WG H/S RH	Sur WG H/S RH	Spe c	W& C	Cance r	CS S	WGH	SR H	RS CH	PRH
	81 →	79 →	75 ↓	86 ↓	94 ↑	87 →	95 →	93 →					95 →	94 →	96 ↑	93 ↓	94 ↓	96 ↑	98 ↓	98 ↓	94 ↓	98 ↑
National average	79% (Average September 2023)						94% inpatients 94% outpatients (September 23)												94% (September 23)			

2. Themes: What we do well for many patients

In addition to thank you cards and direct contact with clinical and other teams, **45,450** patients left a positive review about their care in Q3. 5.7% of patients left a negative review.

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

- Treatment by staff, characterised by kindness, helpfulness, friendliness, dedication, efficiency – including >24,000 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

“the staff were very attentive and kept you up to date with what was going on!”

SRH Goodwood Lounge, SRH

“i texted 1 as it says 1 for very good and it was indeed very good! quick, caring and altogether excellent, thank you”

**Gynaecological
Oncology, Worthing**

“all the staff were kind, considerate and informative. made to feel at ease and cared for from cleaner to surgeon. this was definitely the best side of the nhs.... thank you!”
Ansty Ward, PRH

*Both your receptionist and the lady who scanned my daughter were absolutely lovely - friendly, warm & welcoming. They made the visit as easy as possible right from when I walked in. An absolute credit to your team & wonderful way to look after your patients. Thank you so much, very impressed! **Alex***

“excellent. they were kind thoughtful and very professional.”
**Emergency
Department,
RSCH**

Top 10 Words

+ Positive

1. Staff	12136
2. Good	6007
3. Time	5156
4. Friendly	4134
5. Service	3722
6. Excellent	3661
7. Helpful	3501
8. Seen	3071
9. Thank	2970
10. Attitude	2830

Top 10 Themes

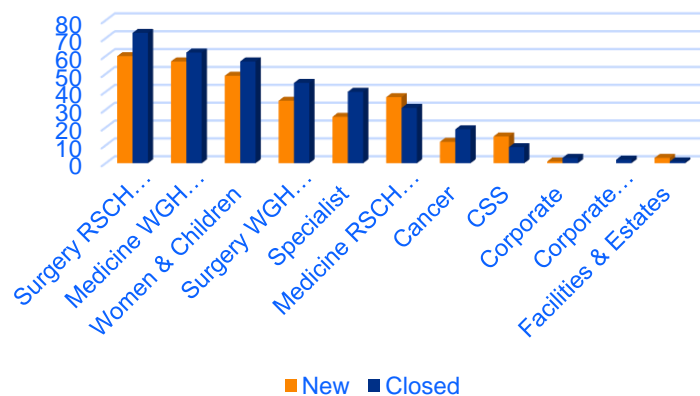
+ Positive

1. Staff attitude	24064
2. Implementation of care	
3. Environment	11979
4. Waiting time	7509 ⁹⁷⁷⁹
5. Communication	7034
6. Patient Mood/Feeling	
7. Clinical Treatment	6760
8. Admission	5508 ⁵⁷³⁰
9. Staffing levels	1783
10. Catering	523

3. Complaints and PALS

- ▶ Numbers of enquiries and concerns received by PALS reduced in Q3 despite 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. The highest number of contacts were for Trust wide issues, Emergency Department at SRH, Neurology, dates for appointments and surgery, and discharges.
- ▶ 295 complaints were received in Q3, and more complaints were closed (343) than were received. Currently 55% of complaints are closed in 60 working days against a trust target of 80%. This is due to complaints caseloads, delays in obtaining clinical responses, complexity of complaints, and delays in signing letters.

New/Reopen and Closed complaints
Q3



"i waited for over 6 hrs with no update and no one checking in, on me. a simple hourly update as to what the score was and if seeing an anyone was going to be so long a time, a choice to come back another time"

Same Day Emergency Care Unit, PRH

*I found the doctor unsympathetic and disinterested and felt myself to be dismissed as quickly as possible. It was an embarrassing experience which made me feel upset for the rest of the day... **Gynae, SRH***

Opportunities for improvement to enhance patient experience across FFT, PALS, complaints and other engagement are:

- **Reducing waits** for interventions/appointments
- **Reducing 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**, including reducing cases where diagnosis is missed in ED
- **Communication** about treatment plans and follow ups
- Addressing **staff behaviours and engagement, including doctors, nurses and receptions**
- **Improving coordination, timing and planning of discharge**
- Accessing appointments and contacting clinical teams

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.

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

Bespoke engagement of patients in the design and planning of the new specialist Cancer Centre for the region. Based on feedback from the first engagement workshop a second one took place on 13th October 2023 in partnership with Healthwatch Brighton and Hove and MacMillan, participants included patients, Healthwatch volunteers, community organisations, Cancer Alliance, Sussex Cancer Fund, NHS staff including clinicians representing a range of protected characteristics.

At the October workshop participants visited the following areas that are comparable to the main patient areas planned within the new Sussex Cancer Centre:

- Entrance and waiting areas
- Day Unit treatment area
- Inpatient bedrooms

Feedback and comments focused around:

How to make a clinical area feel:

- Reassuring
- Comfortable
- Peaceful
- Personal

The value of:

- A feeling of privacy
- Opportunity for social interaction
- Clear visibility of staff
- Clear views to outside

A living report capturing feedback from both workshops is being used to inform service improvements

Workshop 13th October 2023



“You don’t want [the Cancer Centre] to look like what it is.”

Patient (when viewing the Sanctuary)

5. Divisional dashboards

Cancer – Q3 23/24



Top 10 Words

+ Positive

1. Staff	366
2. Good	206
3. Time	198
4. Friendly	138
5. Helpful	129
6. Service	125
7. Attitude	122
8. Appointment	121
9. Thank	120
10. Excellent	115

- Negative

1. Appointment	32
2. Time	25
3. Wait	15
4. Consultant	14
5. Waiting	13
6. Doctor	11
7. Staff	11
8. Long	9
9. Minutes	8
10. Phone	8

"i gave a 1 for very good as the service was great, the staff were lovely and i really appreciated the fact that you all went in on a Sunday".
Breast Care Park Centre

New complaints	12
Open complaints	16
Closed	19
Themes	Appointments and waiting, delayed pathways, end of life care, communication

CSS– Q3 23/24



Top 10 Words

+ Positive

1. Staff	511
2. Time	360
3. Friendly	348
4. Good	337
5. Appointment	280
6. Service	277
7. Helpful	272
8. Seen	220
9. Professional	208
10. Excellent	200

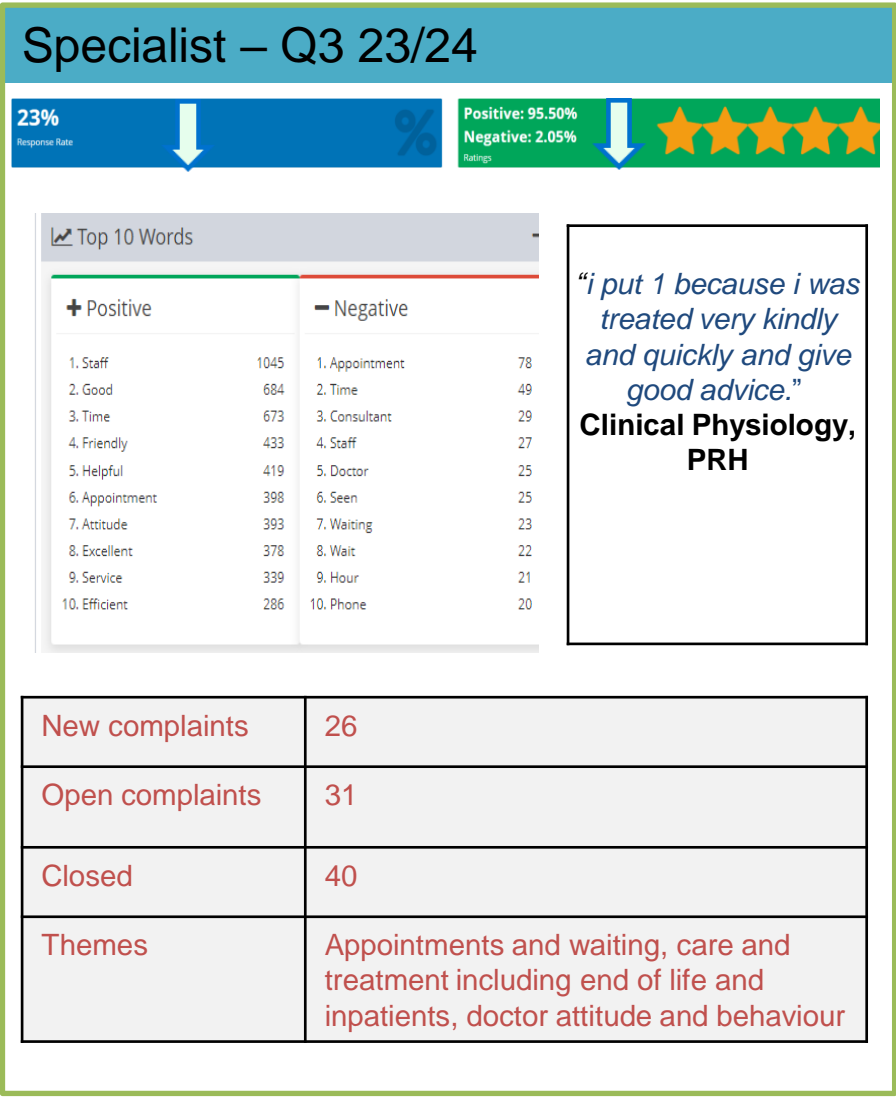
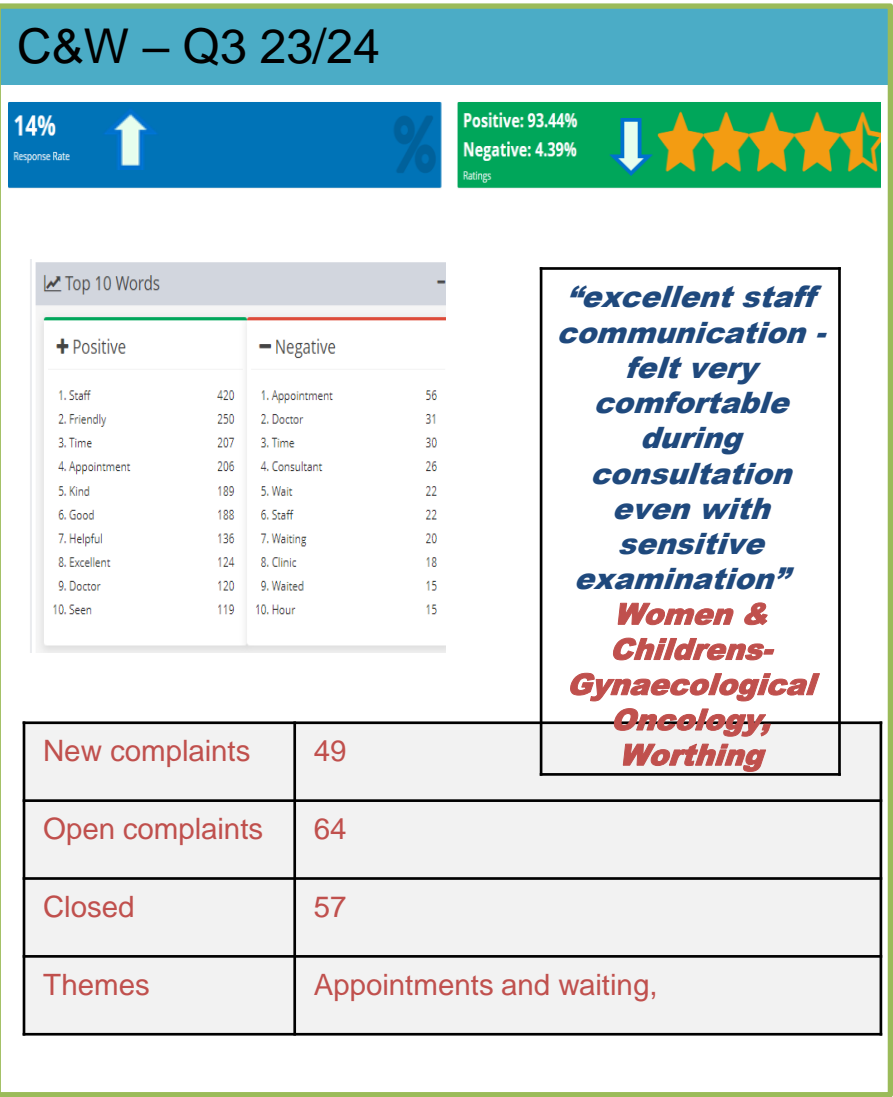
- Negative

1. Appointment	27
2. Time	17
3. Physio	12
4. Pain	12
5. Waiting	11
6. Staff	10
7. Late	9
8. Seen	8
9. Call	7
10. Better	7

"waiting time was minimal and the pre-assessment nurse friendly and informative."
Interventional Radiology SRH

New complaints	15
Open complaints	15
Closed	9
Themes	Appointments and waiting, medication issues, access to scan results

Divisional dashboards



Divisional dashboards

Medicine RSCH/PRH – Q3 23/24



Top 10 Words

+ Positive

1. Staff	212
2. Time	172
3. Good	156
4. Appointment	123
5. Friendly	115
6. Service	110
7. Efficient	100
8. Helpful	99
9. Excellent	82
10. Seen	80

- Negative

1. Appointment	15
2. Time	12
3. Consultant	8
4. Staff	6
5. Waiting	6
6. Hour	5
7. Dismissive	5
8. Blood	5
9. Tests	5
10. Nurse	5

"excellent experience from a very helpful reception staff member through to a wonderful consultant who is knowledgeable, clear with explanation, empathic and allows me to feel supported, able to discuss progress, treatment etc without fear or judgement!"

Chest Medicine (Respiratory)
Hove Polyclinic

New complaints	31
Open complaints	48
Closed	31
Themes	Appointments and waiting, care and treatment including inpatient care, discharge, pain management

Medicine SRH/WGH – Q3 23/24



Top 10 Words

+ Positive

1. Staff	356
2. Time	292
3. Good	272
4. Appointment	177
5. Helpful	177
6. Service	171
7. Friendly	165
8. Excellent	153
9. Seen	127
10. Attitude	114

- Negative

1. Time	18
2. Appointment	18
3. Waiting	13
4. Call	10
5. Blood	9
6. Consultant	8
7. Hour	8
8. Good	8
9. Face	8
10. Phone	8

"i was swiftly seen by the doctor and he explained very well the result of my ultrasound and what kind of treatment to follow. i had to do some blood test afterwards and that too went smoothly. all the member of staff i met were polite and efficient. excellent service."

Endocrinology, SRH

New complaints	57
Open complaints	89
Closed	62
Themes	Waiting, missed diagnosis, inpatient care, discharge, staff attitude

Divisional dashboards

Surgery RSCH/PRH – Q3 23/24

21%

Response Rate



Positive: 92.74%

Negative: 3.62%

Ratings



Top 10 Words

+ Positive

1. Staff	776
2. Good	527
3. Time	522
4. Friendly	393
5. Appointment	338
6. Service	319
7. Excellent	301
8. Helpful	294
9. Efficient	244
10. Waiting	233

- Negative

1. Appointment	96
2. Time	79
3. Waiting	52
4. Consultant	49
5. Wait	47
6. Staff	43
7. Doctor	37
8. Minutes	35
9. Waited	33
10. Long	31

“staff attitude - the hospital was a very pleasant experience. the staff were very good and very efficient. i'm more than happy. thank you very much.” **Trauma & Orthopaedics , RSCH**

New complaints	60
Open complaints	73
Closed	73
Themes	Appointments and waiting, cancellations, care and treatment, abdominal surgery, MSK

Surgery SRH/WGH – Q3 23/24

21%

Response Rate



Positive: 93.54%

Negative: 2.80%

Ratings



Top 10 Words

+ Positive

1. Staff	1086
2. Good	686
3. Time	660
4. Appointment	463
5. Friendly	449
6. Helpful	437
7. Service	404
8. Attitude	369
9. Excellent	341
10. Seen	336

- Negative

1. Appointment	96
2. Time	92
3. Wait	51
4. Waiting	48
5. Hour	34
6. Seen	30
7. Staff	30
8. Doctor	29
9. Consultant	27
10. Waited	26

“i was seen within a few minutes of my appointment time, the doctor was most informative about my condition and the relevant treatment that would be required once he had received the results of the biopsies that were taken last week, i could not have wished for a more speedy sequence of events”
Maxillo-Facial Surgery, St Richard's

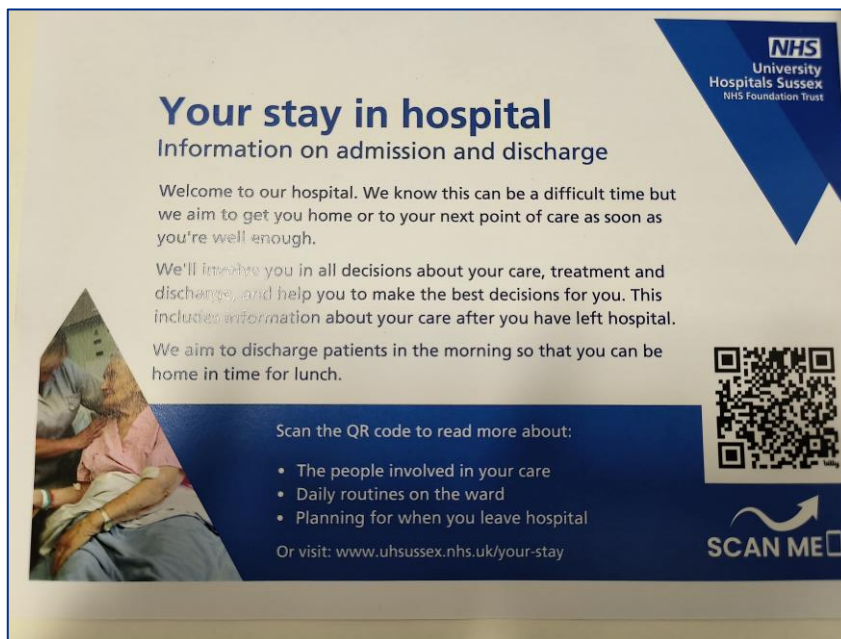
New complaints	35
Open complaints	45
Closed	45
Themes	Appointments and waiting, surgical care, communication, outcomes, discharge, end of life care

6. Q3 2023/24 and Q4 2023/24 Priorities and Improvement - update

Quarter 3 Priorities (Q2 report 2023/24)	Update on Q3 priorities	Q4 Priorities 2023/24
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Enacted mitigations within budget to improve deteriorating complaints position and improved efficiency of new signing process • New bereavement teams process in place and efficiency and co-working with mortuaries improved • Hosted further patient engagement workshops for the stage 2 cancer centre • Re-convened the patient panel supporting RSCH ED redevelopment and identified next steps for patient engagement • Supported health inequalities strategic oversight group and reporting with a growing coalition of partners • Complete training of ED receptions and main receptions through Welcome Standards programme including volunteers • New FFT hierarchies in place improving reporting at site and ward level • Produced new admissions postcard and patient information 	<ul style="list-style-type: none"> • Continue to enact all possible efficiencies in complaints process • Commence validation of Welcome Standards programme working with Healthwatch • Complete QSIP compliance and assurance framework and refresh Trust quality governance manual • Support divisional focus on improvement • Roll out patient admission postcard and above bed boards with 'all about me' information • Implement and report patient surveys • Enable patient voice in shaping specialty reviews and cancer strategy

7. New admission postcard and online information

- ▶ A new patient information postcard has been developed, co-designed with patients, linked to the 'Improving length of stay' corporate project
- ▶ With the aim of providing critical information and supporting efficient and timely discharge, the postcard includes estimated date of discharge, ward information and additional information
- ▶ In response to patient feedback, a QR code takes the patient or their representative to a designated online page providing information about the stay. Providing additional information online reduces the number of documents presented to patients on admission.



The back of the postcard features the NHS logo and 'University Hospitals Sussex NHS Foundation Trust' in the top right corner. The heading is 'Important information' with the instruction 'To be completed for you by your medical team.' The form fields are: 'Patient name: _____', 'Ward: _____', 'Ward telephone number: _____', 'Visiting times: _____', 'Nurse in charge of your care: _____', 'Anticipated date of discharge: _____', and 'Additional notes: _____' with three lines for writing. At the bottom, it says 'Our values...' followed by 'Compassion & communication', 'Inclusion & respect', and 'Teamwork & professionalism'. A small photo of a patient in bed is in the bottom right corner.

Patient Experience Strategy on a Page 2022-2025

What our patients say



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

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



'Waiting'

'Communication'

'Staff attitudes and behaviour'

What we want to achieve and how we will achieve it



















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

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

8. Patient Experience Strategy Metrics Reporting

Outcome	Commitments	Narrative	Metrics/ performance	Progress	RAG
A1 - fewer negative comments related to waiting	1,3,8,13,14	Actions include: <ul style="list-style-type: none"> • True norths for S&P (65 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 • Revelopment of ED 	i. Number negative comments re waiting in FFT	1824 (Q3) 	
			ii. Patients waiting no more than 65 weeks by March 2024		
			iii. Median hour of discharge (aim <12pm)	Trust % discharges < midday decreased to 23% (Oct.23)	
			iv. Patients waiting >4 hours in ED.	31% (Oct 23)	
A2 – fewer negative comments relating to communications	1,3,8,13,14	Actions include: <ul style="list-style-type: none"> • Patient BO programme/ welcome standards • patient access transformation corporate project commenced 	i. Number negative comments re communications in FFT	1229 (Q3) 	
A3 – fewer negative comments relating to staff attitude	1,3,8,13,14	Actions include: <ul style="list-style-type: none"> • Welcome standards, including customer service training • Sharing of positive patient feedback to support staff wellbeing and motivation • Welcome standards –independent validation contract signed 	i. Number negative comments re staff attitude in FFT	2220 (Q3) 	
			ii. Number participating in customer service training	Training for staff and volunteers at 3 of the 4 ED completed on schedule	
B1 reduced percentage of concerns citing dates for appointments	1,13,14	<ul style="list-style-type: none"> • See A1 	i. % complaints citing dates for appointments (bench mark is 3.63% based on Q1-3)	4.7% (Q3) 	
			ii. % PALS citing dates for appointments (20.15% (Q2-3) bench mark)	23% (Q3) 	
B2 reduced percentage of concerns citing discharge	1,4,13,14	Actions include: <ul style="list-style-type: none"> • Breakthrough objective – reducing median hour of discharge – home for lunch • Implement electronic discharge planning and safer discharge 	i. % complaints citing discharge 5% (Q1-3) bench mark	3.7% (Q3) 	
			ii. % PALS citing discharge 4% (Q1-3) bench mark	3.5% (Q3) 	

Patient Experience Performance Metrics

Outcome	Commitments	Narrative	Metrics/ performance	Progress	RAG
C1. FFT response levels	1,2,3,6,7	Actions include: <ul style="list-style-type: none"> New FFT provider commissioned and is using SMS and IVM (interactive voice messaging) for patients without access to a mobile phone. In all touchpoints/ sites response rates are increasing with the new provider TARGET: >33% Benchmark: 24% November 22 	i. FFT: response rates – ED	21% (Q3)	
			ii. FFT: response rates – maternity	23% (Q3)	
			iii. FFT: response rates – inpatients	22% (Q3)	
			iv. FFT: response rates – outpatients	20% (Q3)	
			v. FFT: response rates – Surgery RSCH/PRH	21% (Q3)	
			vi. FFT: response rates – Medicine RSCH/PRH	22% (Q3)	
			vii. FFT: response rates – Medicine WGH/SRH	20% (Q3)	
			viii. FFT: response rates – Surgery WGH/SRH	21% (Q3)	
			ix. FFT: response rates – Women's and children's	14% (Q3)	
			x. FFT: response rates – CSS	21% (Q3)	
			xi. FFT: response rates – Specialist	23% (Q3)	
			xii. FFT: response rates – Cancer	19% (Q3)	
D. FFT positive ratings (95% or above)	1,2,3,6,7, 10, 11,13,14	Actions include: <ul style="list-style-type: none"> Implementation of the trust strategy, including those detailed in section A above Divisional governance and improvement initiatives 	i. FFT: positive rates – Surgery RSCH/PRH	93% (Q3)	
			ii. FFT: positive rates – Medicine RSCH/PRH	95% (Q3)	
			vii. FFT: positive rates – Medicine WGH/SRH	95% (Q3)	
			viii. FFT: positive rates – Surgery WGH/SRH	94% (Q3)	
			ix. FFT: positive rates – Women's and children's	93% (Q3)	
			x. FFT: positive rates – CSS	96% (Q3)	
			xi. FFT: positive rates – Specialist	96% (Q3)	
			xii. FFT: positive rates – Cancer	94% (Q3)	

Patient Experience Performance Metrics

Outcome	Commitments	Narrative	Metrics/ performance	Progress	RAG
E. Reduce number of complaints re-opened	4,9,13,15	Actions include: <ul style="list-style-type: none"> New complaints process and quality assurance implemented 	Number of complaints re-opened (annual) – 153 for 2022-23 (benchmark 21-22 = 108)	22 (6.37%)	
F. % of patients receiving a first formal response < 60 days	9,15	Actions include: <ul style="list-style-type: none"> New complaints process and quality assurance implemented New complaints metric set at 60 days 	Complaints closed <60 working days for Q3 was 53%	New metric	
G. number of PFIS units selecting patient experience as a driver metric	9,13,14,15	Actions include: <ul style="list-style-type: none"> Divisional catch ball sessions and SDRs to assign watch and driver metrics. 	All 9 divisions have the True North as a watch metric and 5 division have it as a driver for the 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: <ul style="list-style-type: none"> Working with the system on targeted engagement Using FFT to undertake inequalities focused reports Working with the Equalities Team – new EDI head in post Applying an equalities lens to the Patient First Improvement System 	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		

Patient Experience Performance Metrics

Outcome	Commitments	Narrative	Metrics/ performance	Progress	RAG
J. Shared decision making and digital engagement – my health and care record registrations	6,7,15	<p>Actions include:</p> <ul style="list-style-type: none"> 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	<p>National Staff survey Ongoing work continues to encourage low response rate cost centres to complete the national survey ahead of the closure on 24th November</p> <p>Divisional Action plans 155 actions directly relating to the BTO across divisions of which 104 have been implemented and 40 started and on track</p> <p>CSS: All listening events are now complete with more planned for the new year. Nominations received for Divisional Employee of the Months, winners to be announced in November</p> <p>Medicine RSCH/PRH: HWB support in ED – local counselling, well-being drop-ins for HCAs/all. Setting up of the Communications Working Group by the Chief to support listening and acting on feedback to drive improvement.</p> <p>Cancer The first Cancer Divisional Newsletter issued was issued 30th October 2023</p> <p>Surgery RSCH/PRH: A Divisional Communication Plan has been agreed, which will include a bi-monthly Teams Briefing led by the Triumvirate Management Team; a Quarterly Newsletter, which will provide key messages in a more informal style; and increased communication and interaction between senior leaders and staff via Gembas, Huddles and Team Meetings.</p> <p>Surgery WGH/SRH: First coffee and cake mornings have been scheduled for all 3 sites</p> <p>F&E 3 cohorts through the Leadership academy and the Directors going out regularly talking and listening to staff – well received.</p> <p>Medicine WGH/SRH – Regular face to face listening events held by Triumvirate for all colleagues within the division are now booked in the diary</p>	<p>Pulse survey:Upgrade of IRIS caused survey tool responses not to be date stamped making it difficult to extract the relevant data/responses. This is currently with the supplier to see if they can import the data back into IRIS or alternatives to produce figures.</p> <p>National Staff Survey:49% completion rate as of 21st November (8313 substantive staff)</p> <p>Trust wide intranet changes: Working at UHSx page (People directorate) : 3310 (Most visited page in week 2 of launch of new site) Policies page: 529 visits,Wellbeing : 510 visits Managers resources: 476</p> <p>Guardian Service: new Service have had 28 referrals in October which is a decrease of 3 referrals from September. There has been 79 referrals since its launch on 7th August</p> <p>Speaking up resources: Raising concerns/speaking up pathways : 88 visits in October *Change to the google analytics so it's no longer possible to identify number of visits to each intranet site</p> <p>Closure of People BTO proposal for Dec 23. The exit plan to be shared with the Exec Sponsor and SRO</p>		

Patient Experience Performance Metrics

Outcome	Commitments	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	<p>Actions include:</p> <p>The Health Information Point in the Louisa Martindale Building opened in November 2023. It is currently staffed Monday to Friday 1pm to 5pm by patient education knowledge specialists. The opening hours will be extended in January to 10am to 5pm. 22 enquiries were received in November – 16 were health related and 6 were directional. This was a soft launch - further promotion of it is planned for the new year.</p>	The audit of patient education materials across UHSussex was begun in November, starting with Respiratory. A report will be sent to each department following their audit	<p>There are 700 leaflets on the Trust website and 100% of those meet the web accessibility requirements. 70% of known leaflets have been reviewed within the last three years.</p> <p>.</p>	

8. Risk register: patient experience functions

Risk ID	Risk Title	Risk Description	Date Opened	Initial Rating	Current rating	reviewed	All controls in place	Selected service	Selected Location
1	Complaints team capacity	The number of complaints managers falls short of that necessary to respond to the complaints being received 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	8 1 24	recruitment undertaken, caseloads remain high, revised metrics proposed however increased complaints received and increased complexity resulting in quality impacts. Efficiencies in process implemented	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	8 1 24	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	PALS. Use of different data systems on two former trusts and limited reporting capability combined with the team not receiving BI support risks the reliability and availability of data for key reports	05.01.22	9	6	8 1 24	DCIQ module being implemented/ improved in line with incidents go live and power BI being mobilised. Pilot to commence with plaudits Jan 24	Patient experience	All sites
11	Bereavement structure, capacity and practice	Bereavement staffing establishment does not provide sufficient capacity to provide a full service on all sites, with a risk to adherence with statutory timescales for death certificates	19 12 22	9	12	8 1 24	increased demand, in particular at Worthing, impacting on statutory timescales for death certificates. Capacity over winter at SRH dependent on ank support	Bereavement	All sites
12	PALS and complaints	Increased demand from staff/patients for support due to decreasing public confidence linked to media coverage and police enquiry	4 12 23	9	9	8 1 24	Script for responses applied	Patient experience	All sites
13	Increase in verbal abuse and aggression from	All services experiencing an increase in verbal abuse and aggression from patients, including those with mental illness, resulting in impact on staff wellbeing	19 12 22	12	12	8 1 24	People BO on staff wellbeing; increasing levels of abuse, additional security measure shad to be undertaken to protect PALS staff	All patient experience	All sites
14	Divisional operational pressures	Operational pressures on clinical teams resulting in reduced timeliness of response to complaints	9 1 23	9	9	8 1 24	Complaints reps attending divisional meetings to support where possible	Divisions/ patient experience	All sites