

# Patient Experience Report



Q4 2023/24



# 1. Headlines and key takeaways

- **Performance:** Based on available FFT data, the significant majority of patients (89% in Q4) are satisfied that they have a good or very good experience. This is comparable to Q1, Q2 and Q3 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 and the national average. Inpatient experience is below national average and has been declining through 2023.
- For UHSx, 35,390 patients provided a review in Q4 with an average response rate of 24%.
- **Complaints:** 350 complaints were received in Q4, an 18.5% increase on Q3 and also above Q2. Currently, 187 complaints remain open beyond the 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. One more complaint was closed (n=351) than was received in Q3.
- **PALS:** 3,184 concerns were received by PALS (an increase on previous quarters) with 489 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 Patient Access Transformation, 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. Post training follow-up with teams is included as part of the values to behaviours culture work to prepare them for independent external validation and Customer Excellence kite mark .
- **Surveys:** Maternity national patient survey results were received in Q4.
- **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 | January '24 | February '24 | March '24      | Total new |
|------------|----------------|-------------|--------------|----------------|-----------|
|            | ↓387           | 89          | 126          | 135            | 350↑      |
| PALS       | 1098           | 1079        | 1007         | Total UHS Q4 ↑ |           |

| FFT<br>(average %<br>positive<br>ratings<br>for Q4) | ED positivity 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 |
|   | 80↓                 | 82↑ | 74↓  | 90↑  | 91↓ | 85↓ | 83↓                         | 95↑           | 83↓          | 94→          | 94↓  | 93→ | 95↑    | 98→ | 95↓                | 96↓ | 94→  | 97↓ |
| National average                                    | 78% (January 2024)  |     |      |      |     |     | 94% (January 2024)          |               |              |              |      |     |        |     | 93% (January 2024) |     |      |     |

**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

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

In addition to thank you cards and direct contact with clinical and other teams, **31,497** patients left a positive review about their care in Q4. 6.7% 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 > 17,000 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

*“all the staff were friendly and helpful, very kind and caring.*

**Sussex Eye Hospital**

*“not really anything that could have been done better was all very good”*

**Emergency Department, Worthing**

*“great triage, then sent to urgent care, excellent nurse, quick x-ray and results and excellent care all round”*

**Emergency Department, SRH**

| Top 10 Words    |      | Top 10 Themes             |       |
|-----------------|------|---------------------------|-------|
| + Positive      |      | + Positive                |       |
| 1. Staff        | 8616 | 1. Staff attitude         | 17239 |
| 2. Good         | 3999 | 2. Implementation of care | 9313  |
| 3. Time         | 3704 | 3. Environment            | 6890  |
| 4. Friendly     | 3402 | 4. Waiting time           | 6403  |
| 5. Service      | 2965 | 5. Patient Mood/Feeling   | 5120  |
| 6. Seen         | 2917 | 6. Admission              | 4823  |
| 7. Excellent    | 2646 | 7. Communication          | 4695  |
| 8. Helpful      | 2375 | 8. Clinical Treatment     | 4596  |
| 9. Professional | 2280 | 9. Staffing levels        | 1504  |
| 10. Efficient   | 2192 | 10. Catering              | 477   |

*“fantastic caring staff, seen quickly and given excellent care for my son despite being new years day and the staff being busy. never felt like anything was too much to ask”* **Emergency Department Alex**

*“the reception staff were professional and kind the clinicians were excellent the wait was a bit long and the waiting room was a bit scary - nice security guard though - he was reassuring..”*

**Emergency Department, RSCH**

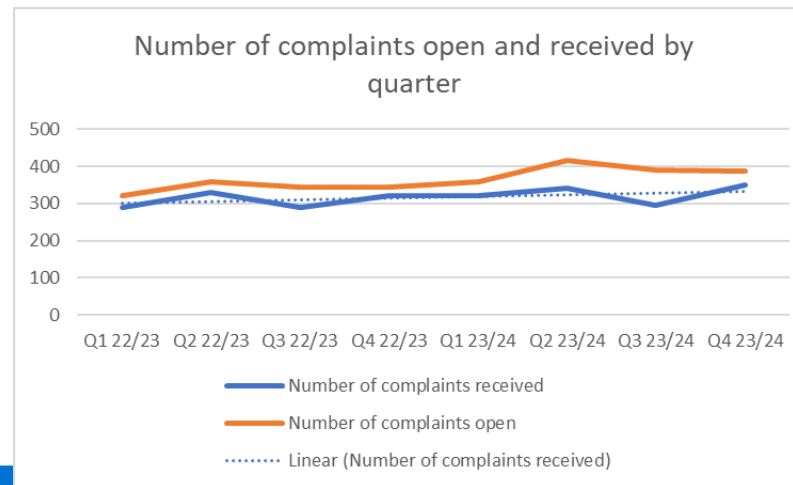
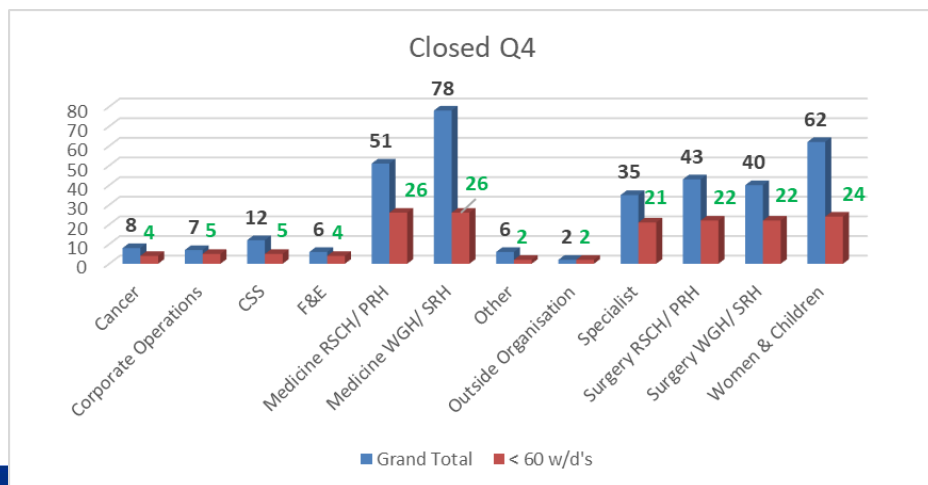
# 3. Complaints and PALS

- ▶ Numbers of enquiries and concerns received by PALS increased in Q4 with an overall increasing trajectory.
- ▶ 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 Departments, access to radiology for cancer patients, Neurology, dates for appointments and surgery, and discharges.
- ▶ 350 complaints were received in Q4, and one more complaint was closed (351) than were received. Currently 47% 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.

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

- **Reducing waits** for interventions/appointments, including radiology for cancer patients
- **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**
- **Improved end of life care experience**
- **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. Healthwatch Brighton & Hove PLACE report 2023

'PLACE' report from Healthwatch Brighton and Hove has been received and findings incorporated into the improvement tracker. The volunteers visited the following areas in 2023/24, bringing insights from the patient perspective to inform service improvements:

- ▶ Maternity unit
- ▶ Cardiology
- ▶ Renal unit
- ▶ Food tasting
- ▶ ED
- ▶ Outpatients
- ▶ The eye hospital

The main observations included:

- ▶ Issues with the estate, including quality of floors and lighting, some of which will be resolved by 3Ts stage 2 and 3 and the acute floor reconfiguration. Estates issues are also included on divisional risk registers.
- ▶ Issues with storage and clutter – this a focus on fundamental standards of care audits.
- ▶ Mobile phone and wi-fi coverage is patchy in the new Louisa Martindale Building, including the new café area.
- ▶ The signage is very sparse in the Louisa Martindale Building and not patient-friendly
- ▶ The nursing staff encountered during visit were clearly very positive about their work and focussed upon improvement of all aspects of the patient experience. However, support for patients with feeding was an issue – this is being actioned by hospital directors of nursing through the new food and nutrition policy.
- ▶ The facilities in the Louisa Martindale Building were all brand new and state of the art, everything was clean and un-cluttered, and the patients all looked to be well looked after with plenty of space in facilities that preserved their dignity.
- ▶ Some volunteers reported that some of the PLACE visits seemed a little rushed at times and that they felt they did not have the time they needed to complete the PLACE forms

*The nursing staff encountered during visit were clearly very positive about their work and focused upon improvement of all aspects of the patient experience*

*Signage is very sparse in the LMB and not patient-friendly- it is reliant on colour schemes and themes, which is fine for staff working at the hospital or regular visitors but not for new visitors*

*The facilities in LMB were all brand new and state of the art, everything was clean and un-cluttered, and the patients all looked to be well looked after with plenty of space in facilities that preserved their dignity*

*Mobile 'phone and wi-fi coverage is very patchy in the new Louisa Martindale Building, including the new café area*

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# 5. Divisional dashboards Q4 -23\24

## Cancer – Q4 23/24



**Positive**

advice amazing appointment better care  
caring consultant doctor efficient everything excellent  
feel found friendly good great helpful  
informative informed listen lovely needed  
nurse nurses procedure  
professional questions reception seen  
service staff steph team thank time  
treated treatment vein waiting well  
wonderful working wrong

**Negative**

appointment

*“The service is exceptional. Staff are wonderful, nothing is too much trouble and everything is done with a smile. Donna the receptionist and every single nurse do all they can to make what is often a difficult visit as comfortable and pleasant as possible. They all deserve medals!”*

|                 |   |
|-----------------|---|
| New complaints  | 12  |
| Open complaints | 20 (50% over 60WD)  |
| Closed          | 8   |
| Themes          | Clinical care, waits, access to appointments, communication |

## Clinical Support Services (CSS) – Q4 23/24



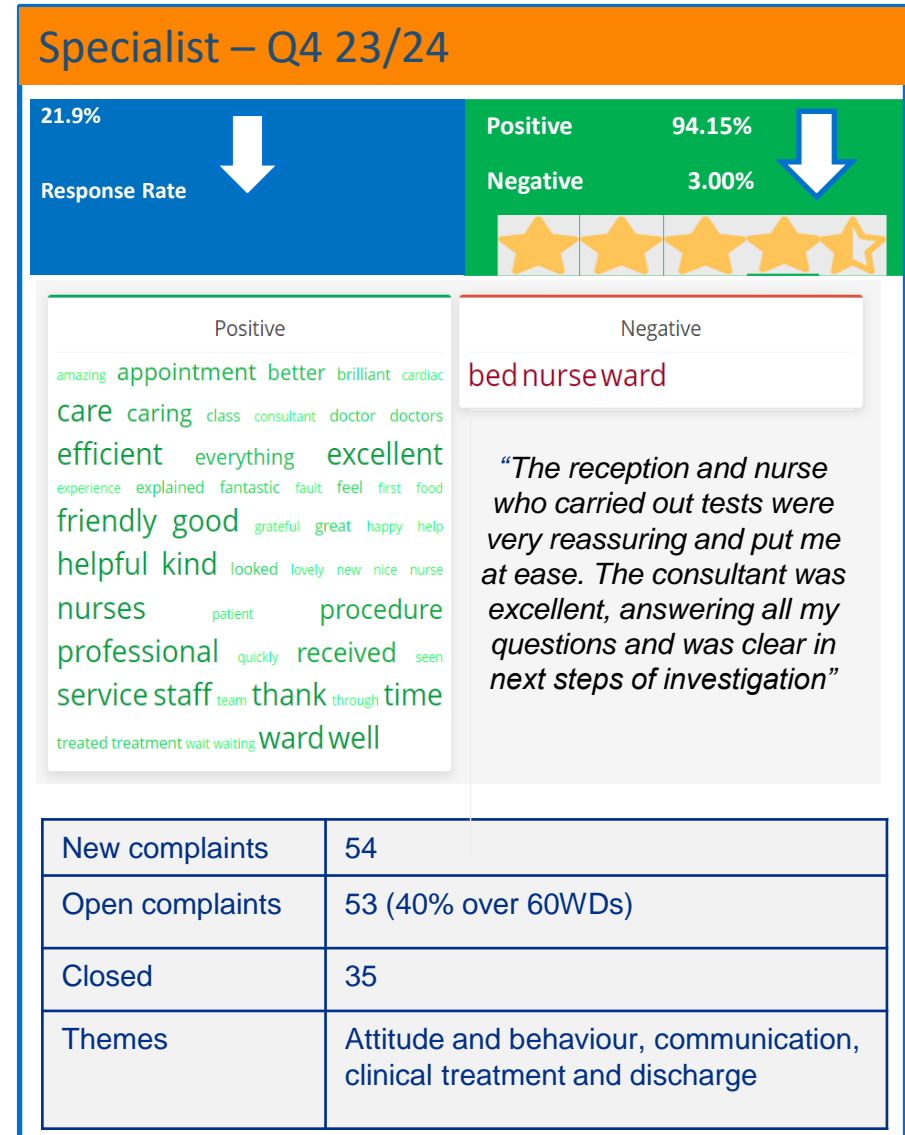
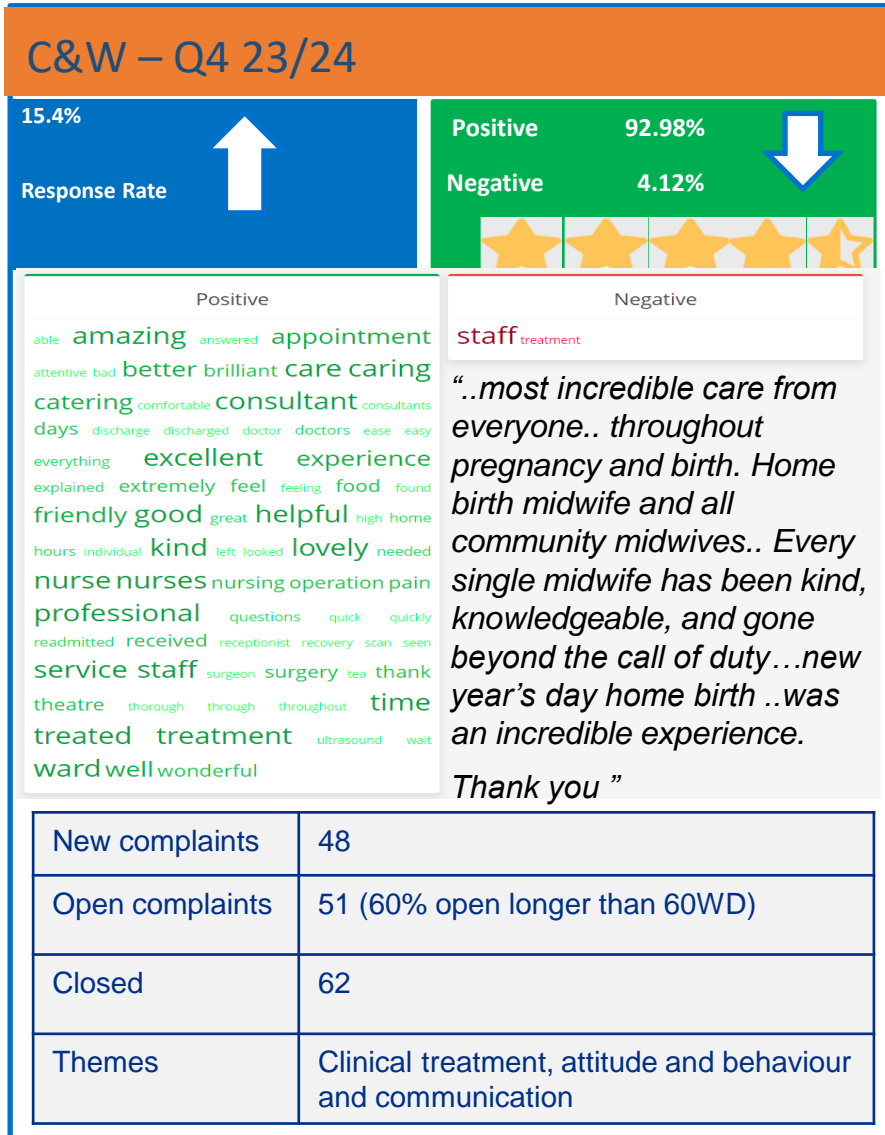
Top 10 Words

| + Positive      |      | - Negative      |    |
|-----------------|------|-----------------|----|
| 1. Staff        | 1209 | 1. Blood        | 46 |
| 2. Friendly     | 985  | 2. Time         | 23 |
| 3. Time         | 914  | 3. Phlebotomist | 18 |
| 4. Seen         | 820  | 4. Nurse        | 17 |
| 5. Blood        | 784  | 5. Staff        | 15 |
| 6. Efficient    | 685  | 6. Test         | 15 |
| 7. Professional | 651  | 7. Appointment  | 14 |
| 8. Appointment  | 643  | 8. Form         | 13 |
| 9. Service      | 615  | 9. Reception    | 12 |
| 10. Quick       | 457  | 10. Waiting     | 12 |

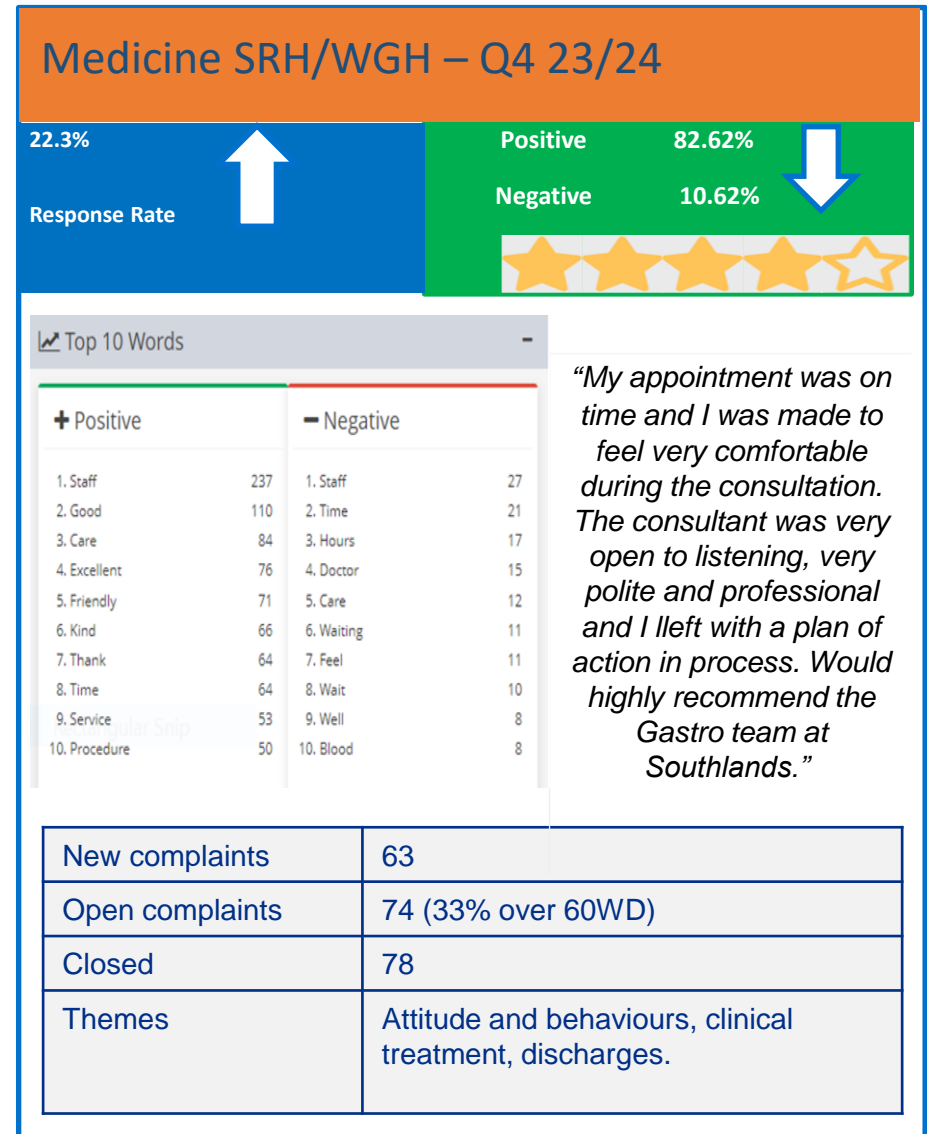
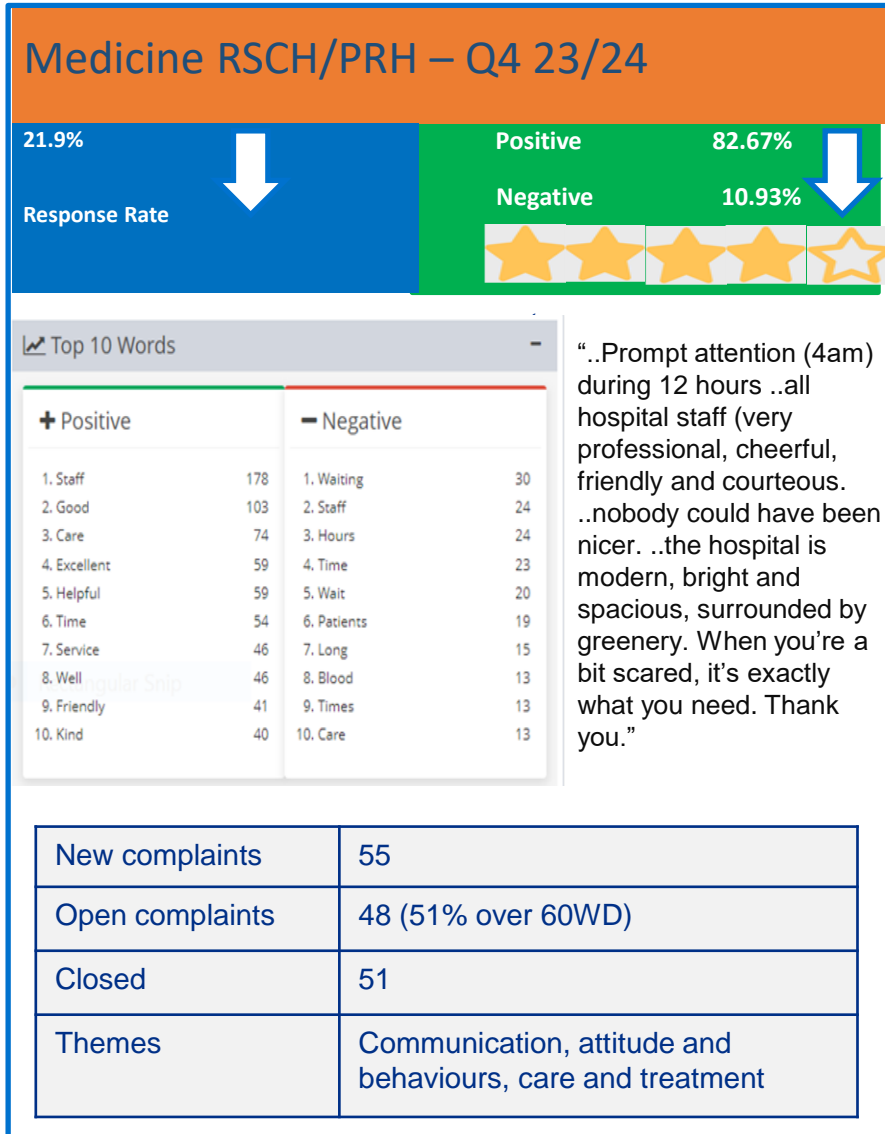
*“..the person who drew “I was seen quite quickly. Friendly, clear, informative. Detailed analysis and a helpful treatment plan. Very impressed.”*

|                 |  |
|-----------------|--|
| New complaints  | 9  |
| Open complaints | 14 (42% over 60WD)                               |
| Closed          | 12   |
| Themes          | Results, access to radiology, clinical treatment |

# Divisional dashboards Q4 -23\24

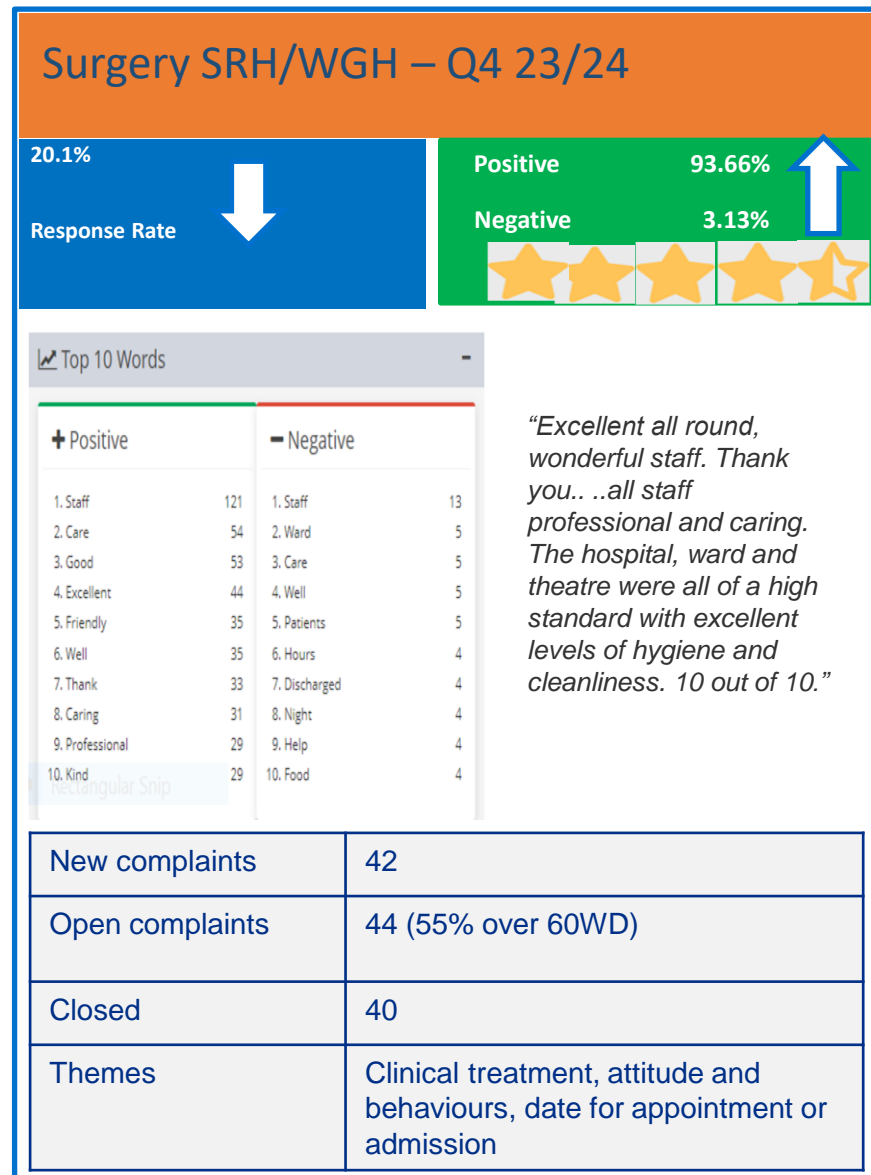
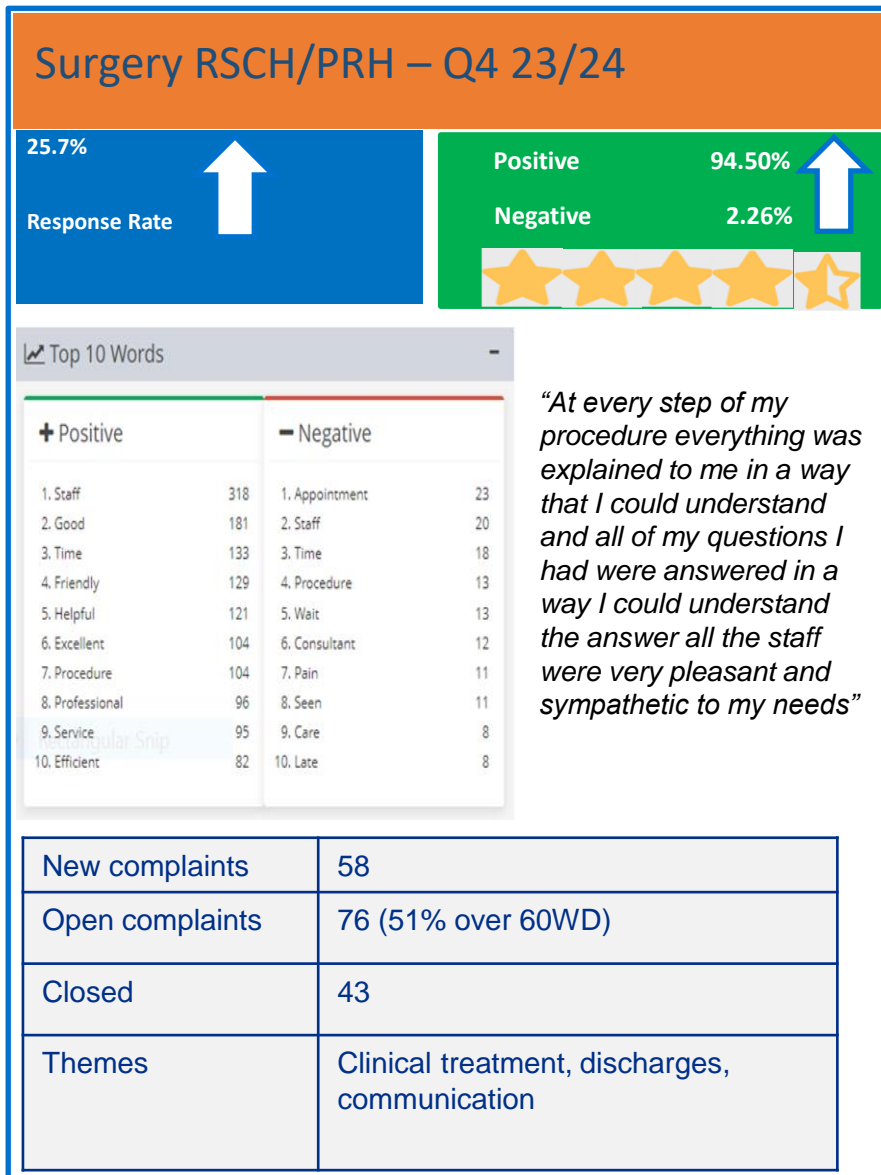


# Divisional dashboards Q4 -23\24





# Divisional dashboards



# 6. Q4 2023/24 and Q1 2024/25 Priorities and Improvement - update

| Quarter 4 Priorities (Q3 report 2023/24)   | Update on Q4 priorities   | Q1 Priorities 2024/25  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Continue to enact all possible efficiencies in complaints process</li> <li>• Commence validation of Welcome Standards programme working with Healthwatch</li> <li>• Complete QSIP compliance and assurance framework and refresh Trust quality governance manual</li> <li>• Support divisional focus on improvement</li> <li>• Roll out patient admission postcard and above bed boards with 'all about me' information</li> <li>• Implement and report patient surveys</li> <li>• Enable patient voice in shaping specialty reviews and cancer strategy</li> </ul> | <ul style="list-style-type: none"> <li>• Enacted mitigations within budget to improve deteriorating complaints position and improved efficiency of new signing process, however demand continues to outweigh capacity</li> <li>• Post training support designed for teams in readiness for scheduled Mystery Shop visits as part of validation of Welcome Standards programme with Healthwatch</li> <li>• New bereavement teams process in place and efficiency and co-working with mortuaries improved</li> <li>• QSIP compliance work evolved</li> <li>• Final versions of above bed boards agreed and pilot to progress</li> <li>• Welcome Standards training of ED receptions delayed due to winter pressures and doctors strikes</li> <li>• FFT training delivered to divisional teams.</li> <li>• Introduction of integrated trust-wide improvement tracker to support divisional learning from patient feedback and complaints (national surveys, Health Watch, FFT, Complaints and PALS)</li> </ul> | <ul style="list-style-type: none"> <li>• Deliver post Welcome Standards training support workshops</li> <li>• Produce Z-card information leaflet for family and friend carer to sign-post them to support from system partners</li> <li>• Preparation for upcoming national surveys (inpatient and maternity)</li> <li>• Launch quality governance manual</li> <li>• Stage 2 patient experience work stream</li> <li>• Ongoing co-working with Healthwatch</li> <li>• Learning and action from staff survey</li> </ul> |

# 7. Patient Access Transformation Corporate Project

## Aim

To reduce waste and provide standard robust processes trust wide to improve patient experience, safety, maximise and provide assurance on waiting times for elective care patients – this is in line with patient experience strategy objective to listen and learn from patients on key themes .

## We will

- ▶ use a standard system (NHS e-RS system) to accept referrals and ensure appropriate triage including advice and refer.
- ▶ use digital automation (Blue Prism Process Automation) to improve our administrative referral processing time.
- ▶ confirm a standard approach to booking of our patients which adheres to our access policy
- ▶ create and confirm service standard for: 1. Time from referral to allocated clinician 2. Time from clinician decision to booked appointment
- ▶ ensure we have a single approach to validating our waiting lists with the aim ensuring all patients are validated within the last 12 weeks as per NHS E requirements.
- ▶ introduce the Netcall system to support a standard approach to communications with regards to planned care appointments to improve attendance rates.
- ▶ introduce e-perioperative assessment (e-POA) trust wide to improve access to surgery by ensuring timely pre-assessment.

## Key Successes to date

- ▶ Introduction Netcall - Phase 1 of 3 completed with patient text reminders now live.
- ▶ Introduction of Digital Automation (Blue Prism) – Now live in several specialties and has halved the referral processing time from 12 minutes down to 6 minutes per referral in those specialties.
- ▶ Introduction of standard referral system (e-RS) - 60% of trust specialties now using a single system for triage, plan agreed to reach 80% by the end of June.
- ▶ Project level performance data now available with trust wide electronic dashboard available from April.
- ▶ Patient & GP referral internet pages now live:
  - ▶ [Waiting times - University Hospitals Sussex NHS Foundation Trust \(uhsussex.nhs.uk\)](https://uhsussex.nhs.uk)
  - ▶ [Information for GPs and clinicians - University Hospitals Sussex NHS Foundation Trust \(uhsussex.nhs.uk\)](https://uhsussex.nhs.uk)

# 8. Dementia Patient Leaflet

A person who has dementia, delirium or other communication difficulties can find changes, like moving to an unfamiliar place or meeting new people who contribute to their care, unsettling or distressing. This is me can help to reduce this distress. It helps health and social care professionals build a better understanding of who the person really is, which can help them deliver care that is tailored to the person’s needs.

Approved at the Patient Experience and Engagement Group (PEEG), the new approach is being rolled out Trust-wide, in line with patient experience strategy aim 7 (reducing barriers).

[this\\_is\\_me\\_1553.pdf \(alzheimers.org.uk\)](http://this_is_me_1553.pdf(alzheimers.org.uk))



## Benefits of THIS IS ME

- ▶ Consistent approach across UHSussex
- ▶ Accredited by the RCN and Alzheimer's UK. Updated from feedback via key stakeholders annually.
- ▶ Family / carers are able to download and update as needed . Easily accessible
- ▶ There is a drive across Sussex to ensure that the THIS IS ME is completed at diagnosis in the memory assessment clinics.
- ▶ GP surgeries are also looking to upload the THIS IS ME onto plexus. (Shared information platform)

# Patient Experience Strategy on a Page 2022-2025

What our patients say

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

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

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

What we want to achieve and how we will achieve it → **Our True North = >95% experiences good or very good**

| Principles ↓   | Ambitions →  | Better engagement – nothing about me without me   | Addressing inequalities – voice and influence for the least heard   | Learning and action on patient experience |
|--|--|---|---|---|
| <ul style="list-style-type: none"> <li> Data and insight led</li> <li> Patient centred</li> <li> Active listening</li> <li> Place-oriented</li> <li> Fairness and equality</li> <li> Solution focused</li> <li> Prevention/early action</li> <li> Accountable</li> </ul> | <ol style="list-style-type: none"> <li>1. Nothing about me without me</li> <li>2. We will increase response rates to patient surveys</li> <li>3. We will increase engagement through visible and accessible digital methods</li> <li>4. We will improve experience of discharge – home for lunch</li> <li>5. We will embrace technology to improve patient experience</li> </ol> | <ol style="list-style-type: none"> <li>6. We will engage differently and better with less heard groups and communities</li> <li>7. We will improve how those with barriers to services navigate places and services</li> </ol> <p><b>Promoting positive experience – prevention and early intervention</b></p> <ol style="list-style-type: none"> <li>8. We will improve staff wellbeing</li> <li>9. We will implement a new approach to concerns and complaints responses</li> <li>10. We will improve the experience of 'waiting' patients</li> </ol> | <ol style="list-style-type: none"> <li>13. We will embed learning from patient experience to shape improvement</li> <li>14. We will listen to and learn from patients on key themes</li> <li>15. We will ensure there is accountability for patient experience</li> </ol> |   |

How we will know if we have made a difference

- ▶ FFT % -ve comments - waiting, comms
- ▶ Reduction concerns: discharge/ dates
- ▶ FFT take up
- ▶ SDM (to be confirmed)
- ▶ FFT satisfaction
- ▶ Complaints re-opened
- ▶ Complaints responses on time
- ▶ Internal patient information up to date
- ▶ PFIS unit with patient driver metric
- ▶ Influence on service developments – case studies
- ▶ Volunteers hours
- ▶ Discharge time median <12pm
- ▶ %recommending trust as a place to work



# 8. Patient Experience Strategy Metrics Reporting

| Outcome   | Commitments | Narrative  | Metrics/ performance  | Progress  | RAG         |
|---|-------------|--|---|---|-------------|
| A1 - fewer negative comments related to waiting                 | 1,3,8,13,14 | Actions include: <ul style="list-style-type: none"> <li>• True norths for S&amp;P (65 week waiters and ED seen within 4 hours);</li> <li>• Breakthrough objective for S&amp;P (Median hour of discharge to be between 10 and 10:59am)</li> <li>• Duty of candour letter pilot in EDs</li> <li>• Revelopment of ED</li> </ul> | i. Number negative comments re waiting in FFT                                     | 1617 (Q4)   | Orange      |
|   |             |  | ii. Patients waiting no more than 65 weeks by March 2024                          |   | Yellow      |
|   |             |  | iii. Median hour of discharge (aim <12pm)   | Trust % discharges < midday remained static at 23% (Jan 24)                             | Red         |
|   |             |  | iv. Patients waiting >4 hours in ED against target of 24%.                        | 32% (Q4)  | Red         |
| A2 – fewer negative comments relating to communications         | 1,3,8,13,14 | Actions include: <ul style="list-style-type: none"> <li>• Patient BO programme/ welcome standards</li> <li>• patient access transformation corporate project progresing</li> </ul>   | i. Number negative comments re communications in FFT                              | 937 (Q4)  | Yellow      |
| A3 – fewer negative comments relating to staff attitude         | 1,3,8,13,14 | Actions include: <ul style="list-style-type: none"> <li>• Welcome standards, including customer service training</li> <li>• Sharing of positive patient feedback to support staff wellbeing and motivation</li> <li>• Welcome standards –independent validation contract signed</li> </ul>                                   | i. Number negative comments re staff attitude in FFT                              | 1796 (Q4)   | Yellow      |
|   |             |  | ii. Number participating in customer service training                             | Post Welcome Standards Training workshops designed as part of culture work at the Trust | Green       |
| B1 reduced percentage of concerns citing dates for appointments | 1,13,14     | <ul style="list-style-type: none"> <li>• See A1</li> </ul>   | i. % complaints citing dates for appointments (bench mark is 3.63% based on Q1-3) | 4% (Q4)   | Yellow      |
|   |             |  | ii. % PALS citing dates for appointments (23% (Q3) bench mark)                    | 24% (Q4)  | Red         |
| B2 reduced percentage of concerns citing discharge              | 1,4,13,14   | Actions include: <ul style="list-style-type: none"> <li>• Breakthrough objective – reducing median hour of discharge – home for lunch</li> <li>• Implement electronic discharge planning and safer discharge</li> </ul>  | i. % complaints citing discharge 5% (Q1-3) bench mark                             | 5% (Q3)   | Light Green |
|   |             |  | ii. % PALS citing discharge 3.5% (Q3) bench mark                                  | 1% (Q4)   | Light Green |

| Outcome                                | Commitments             | Narrative   | Metrics/ performance                             | Progress | RAG        |
|--|-------------------------|---|--|----------|------------|
| C1. FFT response levels                | 1,2,3,6,7               | <p>Actions include:</p> <ul style="list-style-type: none"> <li>New FFT provider commissioned and is using SMS and IVM (interactive voice messaging) for patients without access to a mobile phone.</li> <li>In all touchpoints/ sites response rates are increasing with the new provider</li> <li>TARGET: &gt;33%</li> <li>Benchmark: 24% November 22</li> </ul> | i. FFT: response rates – ED                      | 24% (Q4) | Green      |
|  |                         |   | ii. FFT: response rates – maternity              | 21% (Q4) | Yellow     |
|  |                         |   | iii. FFT: response rates – inpatients            | 25% (Q4) | Green      |
|  |                         |   | iv. FFT: response rates – outpatients            | 29% (Q4) | Green      |
|  |                         |   | v. FFT: response rates – Surgery RSCH/PRH        | 26% (Q4) | Dark Green |
|  |                         |   | vi. FFT: response rates – Medicine RSCH/PRH      | 22% (Q4) | Yellow     |
|  |                         |   | vii. FFT: response rates – Medicine WGH/SRH      | 22% (Q4) | Yellow     |
|  |                         |   | viii. FFT: response rates – Surgery WGH/SRH      | 20% (Q4) | Yellow     |
|  |                         |   | ix. FFT: response rates – Women’s and children’s | 15% (Q4) | Red        |
|  |                         |   | x. FFT: response rates – CSS                     | 97% (Q4) | Green      |
|  |                         |   | xi. FFT: response rates – Specialist             | 22% (Q4) | Yellow     |
|  |                         |   | xii. FFT: response rates – Cancer                | 17% (Q4) | Yellow     |
| D. FFT positive ratings (95% or above) | 1,2,3,6,7, 10, 11,13,14 | <p>Actions include:</p> <ul style="list-style-type: none"> <li>Implementation of the trust strategy, including those detailed in section A above</li> <li>Divisional governance and improvement initiatives</li> </ul>  | i. FFT: positive rates – Surgery RSCH/PRH        | 95% (Q4) | Green      |
|  |                         |   | ii. FFT: positive rates – Medicine RSCH/PRH      | 83% (Q4) | Orange     |
|  |                         |   | vii. FFT: positive rates – Medicine WGH/SRH      | 83% (Q4) | Orange     |
|  |                         |   | viii. FFT: positive rates – Surgery WGH/SRH      | 94% (Q4) | Yellow     |
|  |                         |   | ix. FFT: positive rates – Women’s and children’s | 93% (Q4) | Yellow     |
|  |                         |   | x. FFT: positive rates – CSS                     | 98% (Q4) | Green      |
|  |                         |   | xi. FFT: positive rates – Specialist             | 94% (Q4) | Yellow     |
|  |                         |   | xii. FFT: positive rates – Cancer                | 95% (Q4) | Dark Green |

| Outcome  | Commitments  | Narrative   | Metrics/ performance  | Progress   | RAG    |
|--|--------------|---|---|------------|--------|
| E. Reduce number of complaints re-opened   | 4,9,13,15    | <p>Actions include:</p> <ul style="list-style-type: none"> <li>New complaints process and quality assurance implemented</li> </ul>  | Number of complaints re-opened (annual) – 153 for 2022-23 (benchmark 21-22 = 108)   | 32 (9%) Q4 | Green  |
| F. % of patients receiving a first formal response < 60 days   | 9,15         | <p>Actions include:</p> <ul style="list-style-type: none"> <li>New complaints process and quality assurance implemented</li> <li>New complaints metric set at 60 days</li> </ul>  | Complaints closed <60 working days for Q4 was 47%   | 47%        | Red    |
| G. number of PFIS units selecting patient experience as a driver metric  | 9,13,14,15   | <p>Actions include:</p> <ul style="list-style-type: none"> <li>Divisional catch ball sessions and SDRs to assign watch and driver metrics.</li> </ul>   | All 9 divisions have the True North as a watch metric and 5 division have it as a driver for the breakthrough objective   |            | Green  |
| H. the needs of potential and existing patients whose voices are currently less heard will have demonstrably led to improvements in services | 3,8,11,12,15 | <p>Actions include:</p> <ul style="list-style-type: none"> <li>Working with the system on targeted engagement</li> <li>Using FFT to undertake inequalities focused reports</li> <li>Working with the Equalities Team – new EDI head in post</li> <li>Applying an equalities lens to the Patient First Improvement System</li> </ul> | <p>Less heard groups are routinely engaged in improvement activities, including on LoS, ED re-development and stage 2</p> <p>Voice of less heard patients reflected in Welcome Standards training</p> |            | Yellow |
| I. Number of volunteering hours increases  | 8,11,15      | Volunteer Strategy in development – due 2023  | Metrics TBD   |            | Blue   |

| Outcome   | Commitments | Narrative  | Metrics/ performance  | Progress   | RAG |
|---|-------------|--|---|--|-----|
| J. Shared decision making and digital engagement – my health and care record registrations                        | 6,7,15      | <p>Actions include:</p> <ul style="list-style-type: none"> <li>• Digital strategy</li> <li>• Roll out of PKB (my health and care record) include enhancing content available to patients</li> <li>• Promotion through staff and patient engagement</li> <li>• Ensuring divisions offer patients digital methods of communication and management such as messaging and PIFU</li> </ul>  | Rollout of PKB content is on indefinite hold  | Current registration of PKB registration pan Sussex now exceed .5 million. |     |
| K. 'Staff voice that counts' Staff are confidence that the organisation would address their concerns when raised. | 8, 12,13,15 | <p>Disability Awareness Conference took place on 1 March 2024 at RSCH</p> <p>Introduction of a Women's Network and a Carers Networks with meeting dates scheduled in March</p> <p>Patient First STAR Awards closed 10 March with 1,461 teams and colleagues nominated</p> <p>People Manager Training – workshops have been arranged to gather feedback on the 12 draft modules.</p> <p>Culture – Workshops have been taking place with support services with the Chief Culture &amp; Organisation Development Officer to explore risks using a culture lens. These workshops will expand to include all staff and leaders.</p> | <p>Trust Pulse engagement score has increased to 7.1 in January from 6.8</p> <p>There were 762 respondents this month, an increase of 289 compared to last month</p> <p>NHS National Staff Survey results have been received and are available via PowerBI 8,453 colleagues (50%) participated in our substantive staff survey</p> <p>Staff Engagement has increased from 6.54 in 2022 to 6.66 in 2023</p> <p>We have improved in all People Promises and Themes since 2022 with significantly higher scores achieved in 8 out of 9 categories.</p> <p>HRBPs are working with Divisions to develop posters and communications to be shared with staff detailing the Divisional results and next steps</p> |  |     |

# Performance Metrics

| Outcome  | Commitments   | Narrative   | Metrics/ performance  | Progress  | RAG |
|--|---------------|---|---|---|-----|
| <p>L. internally produced patient education materials will receive patient input, will be up-to-date, and will be available in print or via the Trust website (conforming with the accessible information standard).</p> | <p>6,7,15</p> | <p>Actions include:<br/>We have extended the opening hours at the Health Information Point, LMB and are now open Monday to Friday 10am to 5pm. Since opening in November we have received 75 enquiries with the majority being health related. We are starting to promote it more widely to staff across the Trust and a piece recently went out in the Trust's newsletter.</p> <p>The patient education team is now offering training sessions on health literacy. These sessions cover why some people struggle to understand health information, why this is a problem for them and for the NHS, and what staff can do to support them. The sessions can be run for individuals or groups and can be tailor made. The pharmacy department have recently received the training.</p> | <p>We are continuing with the audit of patient education materials across UHSussex and have completed the respiratory, urology and neurology departments. This enables us to engage with departments in their use of internal and external materials and is also helping to further promote the services of the patient education team.</p> | <p>There are 725 leaflets currently on the Trust website and 100% of those meet the web accessibility requirements.</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             | 9 4 24   | recruitment undertaken, caseloads remain high, revised metrics proposed however increased complaints received and increased complexity resulting in quality impacts. Efficiencies in process implemented however trajectory remains upward | 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             | 9 4 24   | Staff recruited, however increased demand and lean staffing results in some contacts not being responded to in a timely way and patient feedback suggests dissatisfaction with the availability of the service                             | 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              | 9 4 24   | DCIQ module being implemented/ improved in line with incidents go live and power BI being mobilised. Recommended with module Apr 24 however issues with reporting remain - negotiations ongoing with DCIQ teams                            | 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             | 9 4 24   | increased demand, in particular at Worthing, impacting on statutory timescales for death certificates. Capacity over winter at SRH dependent on bank support which is no longer affordable within establishment budget                     | 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              | 9 4 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             | 9 4 24   | People BO on staff wellbeing; increasing levels of abuse, additional security measure should be undertaken to protect PALS staff - new security cameras at Brighton  | 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              | 12             | 9 4 24   | Complaints reps attending divisional meetings to support where possible  | Divisions/ patient experience | All sites         |