

# Patient Experience Report



Q1 2024/25



# 1. Headlines and key takeaways

- **Performance:** Based on available FFT data, the significant majority of patients (89 % in Q1) are satisfied that they have a good or very good experience. This is comparable to each quarter throughout 2023/24. Positivity in EDs is on a slightly downward trajectory. Inpatient experience is below national average and declined through 2023/24. Outpatients and maternity positivity remain above national average.
- For UHSx, 33,993 patients provided a review in Q1 with an average response rate of 23%.
- **Complaints:** 374 complaints were received in Q1, with a continued increase in complaints received over seven quarters. Currently, 184 complaints remain open beyond the 60 working days against a Trust target of 80% (three fewer than the previous quarter). This is due to complaints caseloads, delays in obtaining clinical responses, complexity of complaints, and delays in signing letters. Complaints received increased for every clinical division.
- **PALS:** 3,448 concerns were received by PALS (an increase on previous quarters) with 428 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 – work has been initiated to improve discharge letters.
- Specific patient engagement work is in place for stage 2 of the 3Ts programme (the new cancer centre).
- Process improvements in complaints have been initiated to enable early intervention, and resources to improve complaints team capacity have been identified and will be mobilised in Q2.
- PLACE audits are now taking place on all sites
- 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:** Inpatient Adult national patient survey results were received in Q1 – these are currently embargoed and will be released in full when there is national authorisation.
- **Risks: to patient experience:** deteriorating patient satisfaction with; waiting times, inpatient care, EDs, communication, discharge; and public confidence.

Complaints	Currently open	April '24	May '24	June '24	Total new	<u>Key:</u> ↑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
	↑416	132	125	116	374↑	
PALS		1202 (9% increase)	1130 (5% increase)	1116 (11%increase)	Total UHS Q1 3448↑	

FFT (average % positive ratings 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	P	
	77↓	83 ↑	75 ↑	*90→	90↓	83↓	84 ↑	95 ↓	83 →	93 ↓	95 ↑	94 ↑	96 ↑	97↓	91↓	97↑	93↓	94↓	
National average	79% (April 2024)						Inpatient 95% (April 2024) Outpatient 94% (April 2024)									93% (April 2024)			

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

In addition to thank you cards and direct contact with clinical and other teams, **30,417** patients left a positive review about their care in Q1. 6.3% 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 > 16,500 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	8080
2. Good	4064
3. Time	3554
4. Friendly	3290
5. Service	2907
6. Seen	2599
7. Excellent	2561
8. Professional	2203
9. Helpful	2193
10. Efficient	2133

### Top 10 Themes

#### + Positive

1. Staff attitude	1667
2. Implementation of care	886
3. Environment	648
4. Waiting time	570
5. Patient Mood/Feeling	487
6. Communication	447
7. Admission	440
8. Clinical Treatment	428
9. Staffing levels	133
10. Catering	39

*“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**

*“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, RACH 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

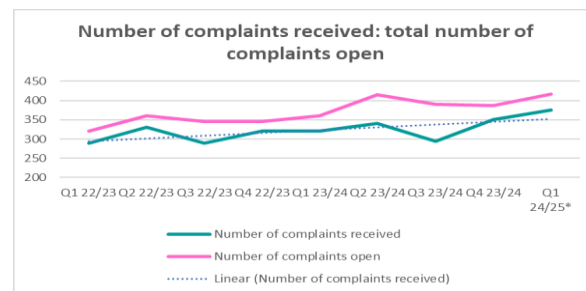
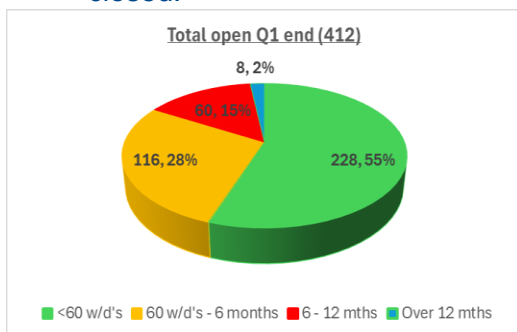
- ▶ Numbers of enquiries and concerns received by PALS increased in Q1 with an overall increasing trajectory – this represents the largest number of complaints received in a single quarter since the trust was formed in 2021.
- ▶ PALS contacts continue to increase and teams continue to work with clinical services when clusters of concerns are received to support early mitigating action, in particular relating to communication with patients by working with Hospital Directors of Nursing. The highest number of contacts were for Trust wide issues, The top three subjects for this quarter were:-
  - ▶ Appointment issues (including appt delays, cancellations, referral delays, waiting times)
  - ▶ Communication issues (patients / relatives not being contacted, letters/ results not being sent, specialities not returning calls)
  - ▶ Clinical issues (patients unhappy with care plans, attitude of staff, letter/ report/ discharge summary incorrect)
- ▶ 374 complaints were received in Q1, and 346 were closed.

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

- **Reducing waits** for interventions/appointments
- **Reducing waits and delays** 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
- Preventing **appointment cancellations and issues**
- 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**

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.

Discharge improvement review has commenced.



	<60 w/d's	60 w/d's - 6 months	6 - 12 mths	Over 12 mths	Grand Total
<b>Tustwide Total</b>	<b>228</b>	<b>116</b>	<b>60</b>	<b>8</b>	<b>412</b>
Medicine - WGH SRH	55	28	11	2	96
Surgery - RSCH PRH	38	23	21	2	84
Women and Children	42	15	5		62
Medicine - RSCH PRH	38	15	1	1	55
Specialist	21	16	10	1	48
Surgery - WGH SRH	16	8	8	1	33
Cancer	10	8	2		20
CSS	5	3	2	1	11
F & E	2				2
Corporate	1				1



# 5. New Cancer Centre Engagement Event 31 May 2024- Retail Offer

A further patient engagement session took place to inform the 3Ts programme



## Concerns regarding the existing retail offer in the Cancer Centre

- ▶ Lack of awareness surrounding RVS Stall
- ▶ It is not obvious if the coffee machine has recently been cleaned and is not user friendly.

## What would you like to see in terms of retail offer?

- ▶ Patients like what the Horizon centre offers and would like to see something similar in the new cancer centre in terms of food provision and setting.
- ▶ A seating area with tables to be able to accommodate sitting and eating food comfortably.
- ▶ Hygiene is a big factor for them, especially patients under chemotherapy treatment. Therefore, a robust and evident hygiene regime is a high priority.
- ▶ No big brands such as Starbucks or Costa

## Concerns regarding a potentially larger offer in the new Cancer Centre

- ▶ Public coming in to use communal seated area after purchasing food who may not be mindful of the needs of oncology patients (i.e. hygiene)
- ▶ If the retail offer is 'too appealing' this will attract increased footfall, which may overcrowd the centre and cause anxieties for oncology patients/make them not want to use the space. To avoid this, the retail offer should be in line with current offerings to ensure standardisation and even footfall across the trust retail offers.

What food and drink are you hoping will be available?

- ▶ Fruit & healthy snacks
- ▶ Sandwiches/baguettes, soup
- ▶ Smaller portions with bigger variety
- ▶ Texture of food is important, as well as taste.
- ▶ Smoothies advertised with healthy ingredients was a very popular idea.
- ▶ Gluten free and Vegan options

What does a 'healthy snack' look like to patients?

- ▶ Salad, Granola/healthy cereals
- ▶ Useful to link in with oncology dieticians to promote foods which are recommended for oncology patients/diets, which patients strongly agreed with.

Do you value quality over affordability or would you rather cheaper options at the cost of lesser quality products?

- ▶ Consensus was that patients value quality of the food offered.
- ▶ Meal deals offered to enable users to access good quality products with discounted price to increase affordability. For example: something like free hot drink with a baguette
- ▶ Staff discounts available
- ▶ Reusable cup discount – pushes sustainability as well as offering discount.

What are you looking for in terms of opening hours?

Current RVS snack bar is open limited hours (roughly 4-5 hours a day Monday – Friday) – not enough. The current unit does have patients on site into the evenings as well as some ad hoc Saturdays which will continue in the new cancer centre. Therefore, food and drink options at this time would be great.

# 6. PLACE (Patient-led assessment of the clinical environment)

## National PLACE audit

- ▶ The PLACE programme is an annual assessment of the non-clinical aspects of the patient environment for sites offering in-patient care
- ▶ 1,069 valid assessments were gathered nationally during the required September-December 2023 assessment period
- ▶ These assessments were carried out by patient assessors in teams which consist, additionally, of care providers, governors, the IPC and facilities staff
- ▶ On the assessment days the teams visit the various areas of the hospital and unit, observe and score
- ▶ Data for the organisational average scoring was returned for RSCH, WGH, RACH, PRH, SRH as providers of in-patient facilities

Domain	UHSussex Scores 2023	National Average Scores	Peers - Acute/Teaching
Cleanliness	97.72%	98.10%	98.34%
Food and Hydration	94.75%	90.86%	91.08%
Organisational Food	99.99%	91.17%	91.57%
Ward Food	92.70%	90.98%	91.17%
Privacy, Dignity & Wellbeing	87.38%	87.49%	85.14%
Condition, Appearance & Maintenance	92.72%	95.91%	96.45%
Dementia	78.61%	82.54%	81.49%
Disability	82.43%	84.25%	82.68%

## Themes in areas of high compliance:

- ▶ Food and hydration - the 10 key characteristics of good nutritional care, and British Dietetic Association's Nutrition and Hydration Digest
- ▶ Organisational food – the Trust offers a 24hr food service for patients, food is available in the Discharge lounge, and there is more than 5 choices at all mealtimes, including finger foods. Patients receive the recommended food experience during their stay which is recognised by scoring highly in this section;
- ▶ Ward food – the ward food was given the highest scores available for taste, temperature, and texture. Healthwatch particularly enjoyed the vegetarian curry during the tasting at WGH and SRH.
- ▶ Meal time matters has been implemented in some areas of RSCH and PRH, and this is reflected in the positive impact on the food scores.
- ▶ All the Trust site scores for the three food categories are above the national average scores.

## Themes in areas which scored below national average

- ▶ Cleanliness – floors, door frames, window frames, etc. Floors which were beyond repair impacted on the cleanliness and condition of the environment, although several areas in SRH have been resolved since. New builds in RSCH will continue to have a positive effect where other buildings are old and beyond Estates general maintenance and need complete Capital projects, such as TKT and Millennium.
- ▶ Privacy, dignity & wellbeing – lack of Changing Places toilets (Worthing has just opened in the last 2 months), lack of facilities for parents/guardians/carers to stay overnight (min. reclining chair), lack of private rooms for discussions, lack of separate treatment rooms on wards, and access to television.
- ▶ Condition, appearance & maintenance – this metric ties in with the cleanliness metric. Most of the hospital sites scores improved between 2022 and 2023 inspections, however Worthing score did decrease in this period mainly due to damaged flooring and ceiling tiles, and internal decoration being tired and worn;
- ▶ Dementia & disability - lack of dementia friendly clocks and correct date being visible in all patient areas, use of colour coding i.e. all toilet doors yellow, staff specific signs

## Local PLACE audits and recommendations, March and April 2024

Month	Hospital	Ward/Dep/Area	Actions Identified	Actions Completed	% Actions Completed
March	WOR	Eartham	18	13	56
		Erringham	25	10	
		Bramber	19	13	
		Delivery Suite	10	4	
	SRH	Lavant	27	10	48
		Ashling	29	15	
		Physiotherapy	17	13	
		Occupational Health	31	14	
		Munro	17	5	
		DSU	19	10	
	PRH	Balcombe	16	11	53
		Physiotherapy	16	11	
		Oncology	8	1	
		Lindfield	18	12	
		Urology	4	3	
		SOTC - Newick	10	3	
		SCC - OPD	3	0	
		SCC - Radiotherapy	2	0	
	RSCH	7A - Cardiac Intensive Care Unit	10	5	44
		6A Millennium (9A Digestive)	9	4	
		OPD RSCH	10	3	
		SCC- OPD	3	2	

Month	Hospital	Ward/Dep/Area	Actions Identified	Actions Completed	% Actions Completed
April	WOR	Coombes	11	5	46
		Emergency Floor	26	13	
		Beckett	14	6	
		Botolphs	16	9	
		Clapham	9	4	
		Broadwater	11	3	
	SRH	Day Hospital - Sexual Health Dept	10	3	41
		Day Hospital - Pathology Dept	14	6	
		Day Hospital - Nuclear Medicine	4	1	
		Diabetes Centre	14	5	
		Delivery Suite	21	9	
		Tangmere	15	8	
	PRH	Midwives	2	0	43
		Hurstwood	4	3	
		SCBU	17	8	
		CDS	15	4	
		A&E - CDU	6	4	
	RSCH	TMBU	13	5	38
		Dialysis Unit - SKC L8	19	8	
		Delivery Suite L13	12	4	
		L11 West	6	3	
		L11 East - Gynae	5	1	

## 7. Healthwatch West Sussex visit to SRH - April

Each area was appraised using the '15 steps challenge' – with actions identified by clinical leads to ensure improvement, monitored via the patient experience and engagement group

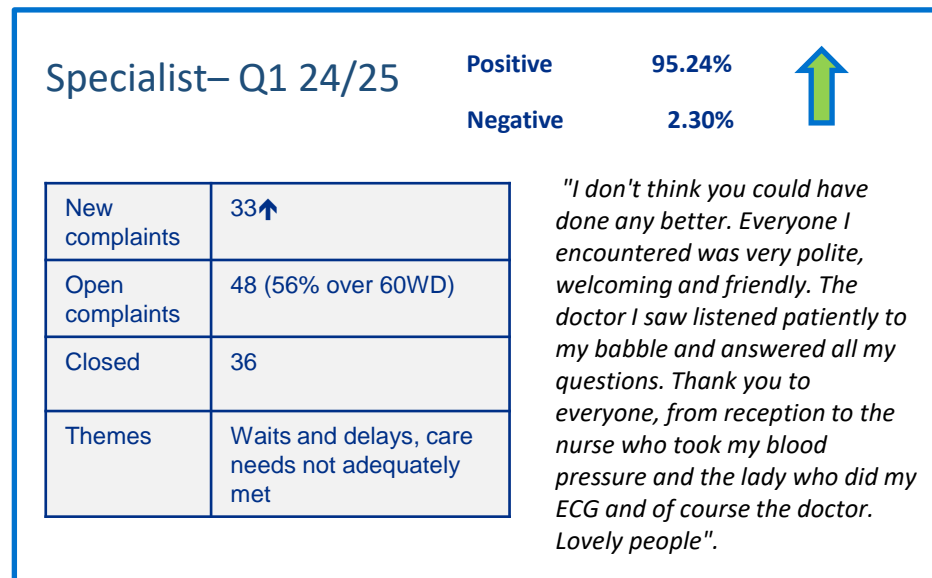
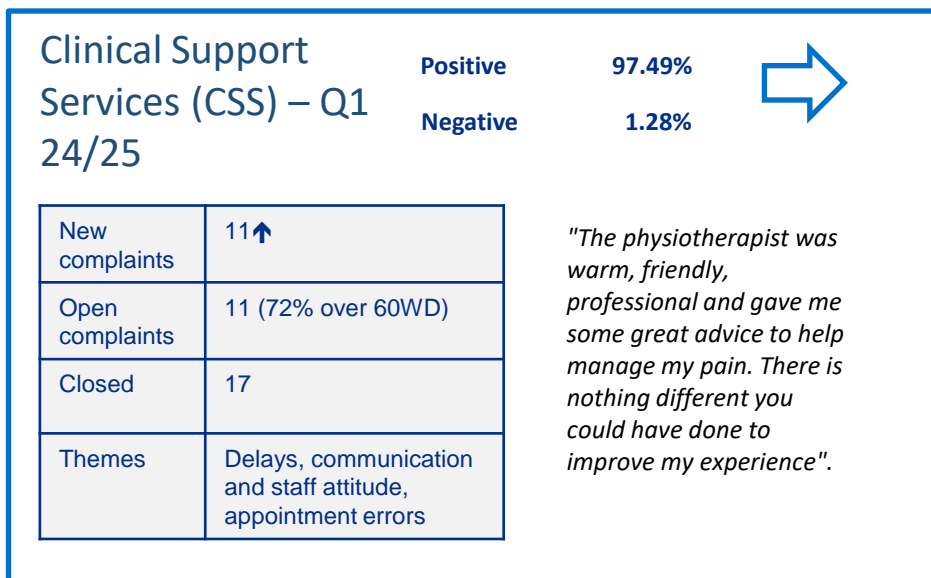
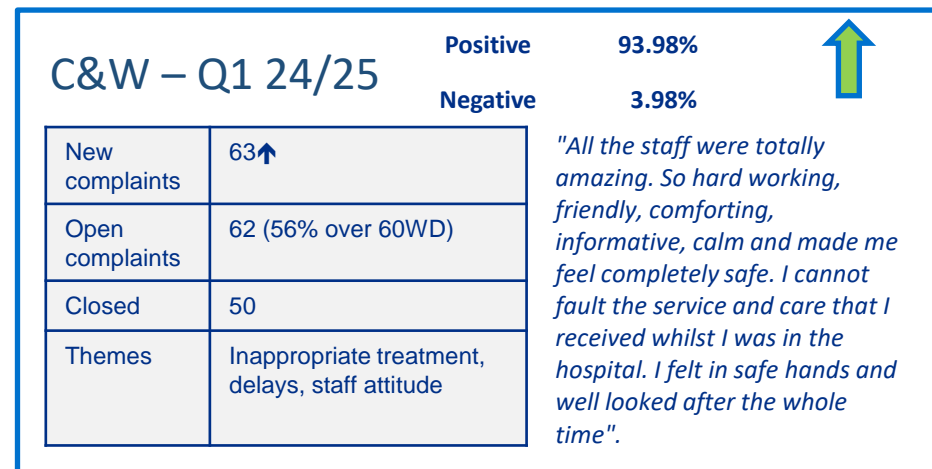
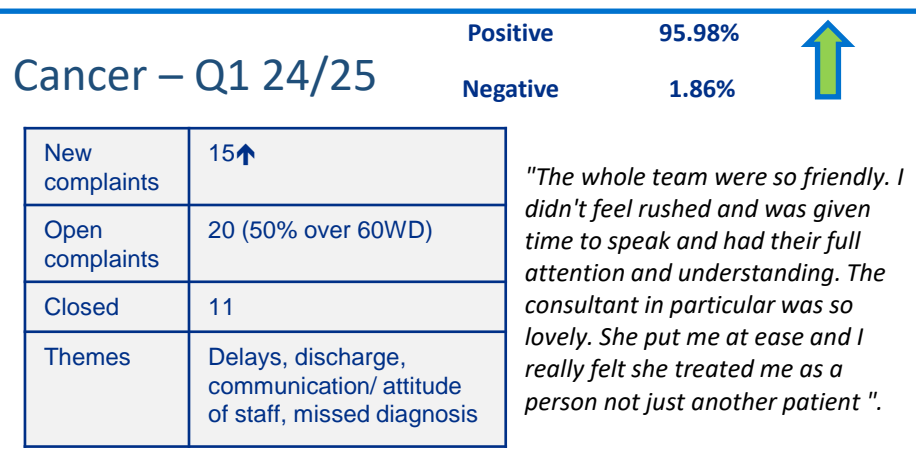
Area visited	Score	What went well	What could be better
Main outpatient department	8/10	<ul style="list-style-type: none"> <li>• Warm and welcoming, comfortable</li> <li>• Variety of seating</li> </ul>	<ul style="list-style-type: none"> <li>• Decoration</li> <li>• Call bells in the toilets</li> <li>• Damaged and stained ceiling tiles</li> </ul>
Phlebotomy	5/10	<ul style="list-style-type: none"> <li>• Caring interactions by staff</li> <li>• Ambience and space in the waiting area</li> </ul>	<ul style="list-style-type: none"> <li>• Entrance needs a push button</li> <li>• Poor condition, missing ceiling tiles</li> <li>• Sharps bins and bins insecure</li> </ul>
Radiology	3/10	<ul style="list-style-type: none"> <li>• Good patient information</li> <li>• Variety of seating options</li> <li>• Caring patient centred-staff</li> </ul>	<ul style="list-style-type: none"> <li>• Equipment and environment</li> <li>• Signage</li> <li>• Challenge finding one of the scanners</li> </ul>
Fishbourne ward	9/10	<ul style="list-style-type: none"> <li>• Clinical staff, proactive open approach</li> </ul>	<ul style="list-style-type: none"> <li>• Macerator not working</li> </ul>
Birdham	5/10	<ul style="list-style-type: none"> <li>• Clinical staff, proactive open approach</li> </ul>	<ul style="list-style-type: none"> <li>• Housekeeping</li> <li>• Equipment storage/ cluttered corridors</li> </ul>
Aldwick	7/10	<ul style="list-style-type: none"> <li>• Clinical staff, proactive open approach</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical ward caring for some medical patients – delays with patient care and attendance from medical colleagues</li> </ul>

In Aldwick Ward we saw a great initiative for staff – 'Coffee and Cake Drop In'. We were told that this was initiated by divisional leadership for staff, in response to a recent staff survey. We felt this was a very positive initiative

Ceiling tiles were stained and some were missing completely, making the environment feel uncared for, which could negatively impact patient experience and confidence in what is actually a good quality service – as we observed



# 5. Divisional dashboards



# 5. Divisional dashboards

## Medicine RSCH/PRH – Q1 24/25

Positive 84.44% ↑  
Negative 9.55%

New complaints	63↑
Open complaints	55 (31% over 60WD)
Closed	53
Themes	Delays, failure to diagnose, communication, premature discharge

"The whole team were kind, effective, efficient and knowledgeable. I was listened to and dealt with promptly and felt physically better within a short time of receiving treatment. I also felt safe with the team. The consultant leading the team was an excellent communicator as leader. I would also like to ensure the lady on reception and the lady serving refreshments are recognised for their kindness and efficiency too."

## Surgery RSCH/PRH – Q1 24/25

Positive 94.22% ↓  
Negative 3.32%

New complaints	67↑
Open complaints	84 (55% over 60WD)
Closed	67
Themes	Clinical care, waits, access to appointments, communication

"The care I received was excellent without exception. The nursing staff were lovely, attentive and informative. Also helped put me at ease as I was somewhat anxious about the procedure. The surgeon was also charming and informative. The procedure went smoothly. Everybody did a great job and I give my heartfelt thanks to all".

## Medicine SWS – Q1 24/25

Positive 82.53% ↑  
Negative 10.81%

New complaints	88↑
Open complaints	96 (42% over 60WD)
Closed	72
Themes	Clinical treatment, delays, discharge, staff attitude/ communication, care needs not adequately met

"Due to the staffing levels in A&E, I feel that the attitude and communication of the staff was fantastic. They were working flat out to serve people at all times, yet they were polite and very professional. I take my hat off to them for working under such poor conditions, such at a low level. They were run ragged. Staff and nurses were being borrowed from other departments to cover, so people didn't have a long waiting time. Okay, 3 hours is quite a long time, but I've been in longer waiting queues than that".

## Surgery SWS – Q1 24/25

Positive 92.54% ↓  
Negative 3.66%

New complaints	28↑
Open complaints	33 (52% over 60WD)
Closed	36
Themes	Delays, communication, care needs not adequately met, appointment cancellations

"The complete experience, from Reception to Release was exceptional. The complete Surgical Team were professional, informative and set a very relaxed atmosphere throughout. Thank you". **Eye Care Unit, SLD**

# 6. Q1 and Q2 2024/25 Priorities and Improvement update

Quarter 1 Priorities (Q4 report 2024/25)	Update on Q1 priorities	Q2 Priorities 2024/25
<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>	<ul style="list-style-type: none"> <li>• First Mystery Shop visits for main receptions at WGH and SRH scheduled as part of validation of Welcome Standards programme with Healthwatch</li> <li>• PALS information leaflet Z cards now with clinical media team for final design</li> <li>• Embargoed inpatient surveys results received, and other CQC surveys distributed</li> <li>• Quality governance manual now drafted – this has delayed due to inclusion of new areas, such as fundamental standards of care and clinical assurance reviews</li> <li>• Further enter and view visits from Healthwatch</li> <li>• Engagement of patients on retail and commercial offer for stage 2 completed</li> <li>• Resources identified to improve complaints capacity</li> <li>• Staff survey actions identified and implemented</li> <li>• Enhanced process for early intervention in concerns working with hospital directors of nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver more post Welcome Standards training support workshops</li> <li>• Planning further engagements for Stage 2 patient experience work stream</li> <li>• Planning for introducing welcome standards into business as usual staff training</li> <li>• Ongoing co-working with Healthwatch including further enter and views</li> <li>• Mobilising new resources for complaints</li> <li>• Discharge improvements</li> <li>• Reduce number of longest open complaints</li> <li>• Contract negotiations with FFT provider</li> </ul>

# 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
		<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> <li>11. We will strengthen the role of volunteers in improving patient experience</li> <li>12. We will implement patient-led customer service excellence programme</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>• Redevelopment of ED</li> </ul>	i. Number negative comments re waiting in FFT	1064 (Q1) 	
			ii. Patients waiting no more than 65 weeks by March 2024		
			iii. Median hour of discharge (aim <12pm)	Trust % discharges < midday 25% (May)	
			iv. Patients waiting >4 hours in ED against target of 22%.	31% (Q1) 	
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 progressing</li> </ul>	i. Number negative comments re communications in FFT	783 (Q1) 	
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	1232 (Q4) 	
			ii. Number participating in customer service training	Post Welcome Standards Training workshops designed as part of culture work at the Trust	
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 in 2022/3)	7% (Q1) 	
			ii. % PALS citing dates for appointments (24% (Q4) bench mark)	26% (Q1) 	
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 in 2022/3) bench mark	5% (Q1) 	
			ii. % PALS citing discharge 3.5% (Q3 in 2022/3) bench mark	1% (Q1) 	



Outcome	Commitments	Narrative	Metrics/ performance	Progress	RAG
C1. FFT response levels	1,2,3,6,7	Actions include: <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	20% (Q1)	
			ii. FFT: response rates – maternity	18% (Q1)	
			iii. FFT: response rates – inpatients	25% (Q1)	
			iv. FFT: response rates – outpatients	25% (Q1)	
			v. FFT: response rates – Surgery RSCH/PRH	24% (Q1)	
			vi. FFT: response rates – Medicine RSCH/PRH	21% (Q1)	
			vii. FFT: response rates – Medicine WGH/SRH	21% (Q1)	
			viii. FFT: response rates – Surgery WGH/SRH	19% (Q1)	
			ix. FFT: response rates – Women's and children's	16% (Q1)	
			x. FFT: response rates – CSS	76% (Q1)	
			xi. FFT: response rates – Specialist	21% (Q1)	
			xii. FFT: response rates – Cancer	15% (Q1)	
D. FFT positive ratings (95% or above)	1,2,3,6,7, 10, 11,13,14	Actions include: <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	94% (Q1)	
			ii. FFT: positive rates – Medicine RSCH/PRH	84% (Q1)	
			vii. FFT: positive rates – Medicine WGH/SRH	83% (Q1)	
			viii. FFT: positive rates – Surgery WGH/SRH	93% (Q1)	
			ix. FFT: positive rates – Women's and children's	94% (Q1)	
			x. FFT: positive rates – CSS	97% (Q1)	
			xi. FFT: positive rates – Specialist	95% (Q1)	
			xii. FFT: positive rates – Cancer	96% (Q1)	

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"> <li>New complaints process and quality assurance implemented</li> </ul>	Number of complaints re-opened (annual) – 153 for 2022-23 (benchmark 21-22 = 108)	20 (5%) Q1	
F. % of patients receiving a first formal response < 60 days	9,15	Actions include: <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 Q1 was 50%	50%	
G. number of PFIS units selecting patient experience as a driver metric	9,13,14,15	Actions include: <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		
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"> <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>	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	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	<ul style="list-style-type: none"> <li>• Staff focus groups have been completed across Divisions with a target to finalise local NSS Action Plans by 30 June 24.</li> <li>• C&amp;W's piloting stay interviews and planning face to face staff drop in sessions with Quad.</li> <li>• CSS holding bi-weekly all divisional staff briefings via Teams, and listening events</li> <li>• Medicine East have held listening events and focussing on addressing reported sickness/stress issues (highest contributor reported is caring for patients with mental health issues)</li> <li>• Cancer have had 150 staff join their new monthly team meetings and feedback is good. Currently focussing on radiotherapy with a listening event</li> <li>• Surgery West are embedding staff engagement in BAU managerial agenda; have launched "You Matter" a quarterly newsletter and planning "Our Staff Matter" directorate posters</li> <li>• Specialist are focusing on Gemba visits and feeding back to staff on actions taken</li> </ul>	<p>The current Trust Pulse engagement score is 7.26 (increase from 7.12 in April). This remains above the Trusts National Staff Survey (NSS) result of 6.6 and the National Average of 6.9.</p> <ul style="list-style-type: none"> <li>• There were 690 respondents in May, a decrease of 69 compared to last month</li> <li>• 6 Divisions improved compared to April (Surgery RSCH/PRH, Surgery WGH/SRH, Medicine RSCH/PRH, Medicine WGH/SRH, Corporate and Womens and Childrens). All remaining Divisions declined, Cancer is the lowest scoring Division with an engagement score of 6.3, but worth noting only had 23 respondents for May.</li> </ul>		

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>From April – June 62 enquiries received at the Health Information Point. Currently delivering posters and leaflets to RSCH wards to display in patient facing areas.</p> <p>Online and face to face health literacy training sessions are being offered to Trust staff. Plans to attend the ICS Digital Inclusion Strategy workshop in July and helping patients with their health literacy will form part of that.</p>	<p>Continuing with the audit of the patient education resources across UHSussex and this quarter have been working with the imaging and elderly care departments.</p> <p>We are working with UHSussex charity and Action Deafness to create some British Sign Language videos for patient information to increase accessibility.</p>	There are 748 leaflets currently on the Trust website and 100% of those meet the web accessibility standards.	

# 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 7 24	Some investment agreed, Efficiencies in process implemented however trajectory remains upward and investment will counter increase returning to 23/24 levels of performance, but a backlog will remain	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 7 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 7 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 - a consultant is supporting	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 and compliance with HTA	19 12 22	9	12	9 7 24	increased demand and staff sickness impacting on office cover and statutory timescales for death certificates. bank support 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 7 24	Script for responses applied	Patient experience	All sites
	PALS and complaints - mental ill health	There is a risk that patients with mental illness contacting our services do not get the necessary help as the team are not a crisis service	22 4 24	12	12	9 7 24	Link to Andy Nuthall on how a process can be implemented that better supports the patients, and supports the staff dealing with suicidal patients	Patient experience	All sites
13	Increase in verbal abuse and aggression from patients	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 7 24	People BO on staff wellbeing; increasing levels of abuse, additional security measure should to be undertaken to protect PALS staff - new security cameras at Brighton	All patient experience	All sites
14	Chaplaincy capacity risks attending to end of life patients	Full chaplaincy cover not available on all sites due to vacancies which risks patients not receiving spiritual care at end of life and exhaustion of staff providing 7/7 on call	9 7 24	12	12		Vacancy being appointed to		
15	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