



Patient Experience Annual Report 2022/23

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Introduction

We are committed to ensuring there is a continuous improvement in the experiences of our patients, their family and carers and of the quality of care that we provide.

To support this we gather information on patient experience from various sources and work with patients, carers and external stakeholders to ensure that the services we provide are responsive to the needs of our population.

This report meets the requirements of the National Health Service Complaints (England) Regulations (2009) by providing an overview of the feedback we received during 2022/23 and provides an analysis of the complaints received. Alongside this we have included an overview of concerns raised with the Patient Advice and Liaison Service (PALS).

Given the relatively small number of complaints, the breakdowns contained in this report do not indicate that we have cause for concern. However, we take every complaint seriously and use them as an opportunity to improve access, quality and outcomes for our patients.

1. Patient feedback

In 2022/23 we delivered

673,477

episodes of care *
and received

29,128



pieces of patient feedback:



79.75%

23,228 were either positive or neutral (compliment/plaudit or request for information/assistance)

18.75%

5,464 of contacts were associated with a PALS concern (informal) or comment or Friends and Family Test

1.5%

436 of contacts categorised as a formal complaint

*

Episodes of care could be an outpatient appointment, attendance at an Emergency Department (ED) or an inpatient episode of care

2. Compliments

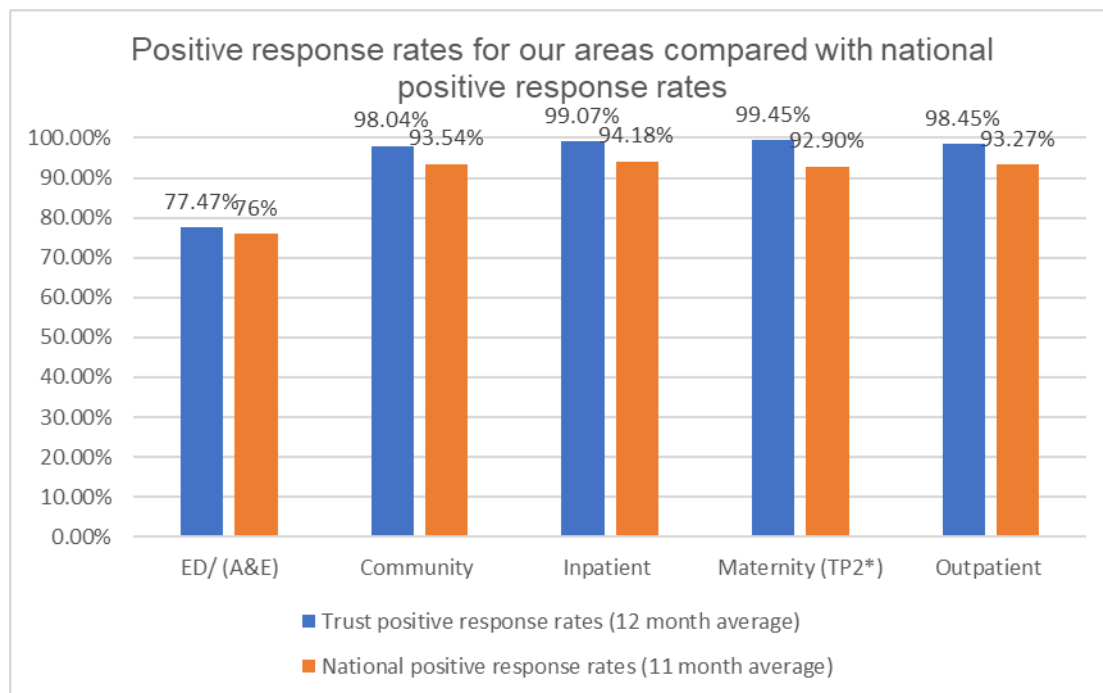
We received 19,957 compliments or plaudits in 2022/23. Most of these plaudits (18,807) came from positive comments and compliments expressed in the Friends and Family Test. 1,150 plaudits were received from various other expressions of gratitude including thank-you cards and positive reviews posted to the NHS website and Healthwatch Feedback Centre.

Feedback received via the patient experience team is shared with the colleagues involved and recorded on the relevant system.

3. Friends and Family Test (FFT)

The Friends and Family Test asks “overall, how was your experience of our service?” and invites further feedback on the response with “please can you tell us why you gave your answer”. Table 1 below shows that for all service areas, our positive response rate far exceeded the national average positive response rate.

Table 1: Positive response rates for our areas compared with the national positive response rate (at the time of writing this report only 11 months of national data was available).



*TP2 refers to care at labour/birth.

The local adult inpatient FFT asks a further seven questions about the patient or carer experience while on a ward. The vast majority of respondents said they were always treated with kindness (95%) and that colleagues “responded appropriately to any questions or concerns raised” (93%). All questions are monitored to identify where changes can be made to improve patient experience. The three lowest scoring questions for 2022/23 relate to our discharge process, the responses to these questions will continue to be monitored and used to contribute towards the ongoing work to improve the discharge process specifically around training provided to colleagues.

4. Reviews posted on the NHS website

In total 78 (4 and 5 star) comments were posted on the NHS website; this is an increase of 28 compared to 2021/22 (50). Below are three examples of feedback received:

“My Dad has recently been nursed on the ward - the team were truly amazing, and everyone treated both my Dad and his family with care and dignity at all times - they were brilliant.”

“I have to visit this service yearly for ophthalmology check-ups, the service has always been great. The staff are really friendly and helpful, offering advice where they can.”

“This was my second visit to this hospital in as many months and I can't praise the staff and service highly enough. From the consultant, nurses and assistants through to the cleaner, who helpfully pointed me in the right direction. Thank you all.”

5. Reviews posted on Healthwatch Feedback Centre

In total 14 reviews were posted on the Healthwatch Feedback Centre. Below are three examples of feedback received:

“My husband was admitted by ambulance with shortness of breath and a high temperature. He was treated extremely well: had bloods done, given oxygen, swabbed for flu/covid, given a nebulizer, and IV antibiotics. He was found a bed within a few hours of arriving at A&E.”

“When I finally saw a doctor the response was excellent.”

“Thank you for dealing promptly and effectively with our son's shoulder dislocation. He was seen immediately and dealt with in timely and efficient manner.”

6. National Survey Updates

The NHS Patient Survey programme was established to support patients and the public to have a say about the quality of NHS services and how they are developed. By asking organisations to carry out patient surveys in a consistent and systematic way, it is possible to build up a detailed picture of patient experience across the country. This approach not only allows organisations to compare their performance with others but, by repeating the same type of survey on a regular basis, allows us to monitor progress and improvement over time.

Between April 2022 and March 2023, the following surveys have been reported on:

- National Inpatient Survey (2021 survey). Overall, the findings from this survey were positive for our trust. Our response rate was 43.4% (above the national response rate of 39.5%) and above the local FFT survey response rate for November 2021 which was 23.06%. Therefore, this survey provides us with greater reassurance of the experiences of our patients. There are 48 questions in ten sections in the national inpatient survey. Section scores benchmark us against all other trusts

participating in the 2021 survey. For most sections our results were similar to those of other trusts. There were two sections where our feedback was considered to be better or somewhat better than other trusts. These sections were admission to hospital (“somewhat better”) and feedback on care (“better”).

- National Maternity (2022 survey). Our response rate was 49% (above the national response rate of 48%), and the average mean rating score was 78.5% which is almost identical to the 2021 survey. We scored in the top 20% of trusts on ten questions and in the bottom 20% of trusts on seven questions. One question (were you involved in the decision to be induced) showed at least a 10% improvement on the 2021 score, and for two questions the score was worse by 10% or more (on the day you left hospital was your discharge delayed for any reason, and, thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?).

7. Complaints received in 2022/23

During 2022/23 we met the local target of 100% (436) of all complaints acknowledged within 72 working hours. Overall, very few patients or relatives complained about their care or experiences with us. In 2022/23 the total number of complaints received decreased by 29 compared with 2021/22. Table 2 and appendix A further indicate that the proportion of complaints by volume of activity overall has remained consistently low across a 3-year period.

Table 2 sets out complaints received as a ratio of all clinical activity and as a ratio of inpatient activity.

Table 2: Complaints received compared to clinical activity

Activity	2020/21	2021/22	2022/23
Admitted patient care-elective	38,158	50,129	51,023
Admitted patient care-non-elective (emergency)	44,773	50,766	45,870
Admitted patient care-non-elective (non-emergency)	6,251	6,363	6,307
ED attendances	116,213	150,866	152,087
Outpatient attendances	357,535	425,319	418,190
TOTAL ACTIVITY	562,930	683,433	673,477
Number of complaints received	365	465	436
Complaints as a % of all activity	0.06%	0.07%	0.06%
Complaints as a % of all admitted patient care	0.41%	0.43%	0.42%

- See appendix A for complaints received by month.
- See appendix B for complaints received by mode of receipt.

8. Complaint themes

In 2022/23, we coded complaints to 21 primary complaint subjects, which reflects our move to the nationally recognised KO41a subject coding. Table 3 below sets out the five most identified primary complaint subjects. Due to the change in subject coding, it is not possible to compare 2022/23 subject codes to previous years.

Table 3: Top five primary complaint subjects

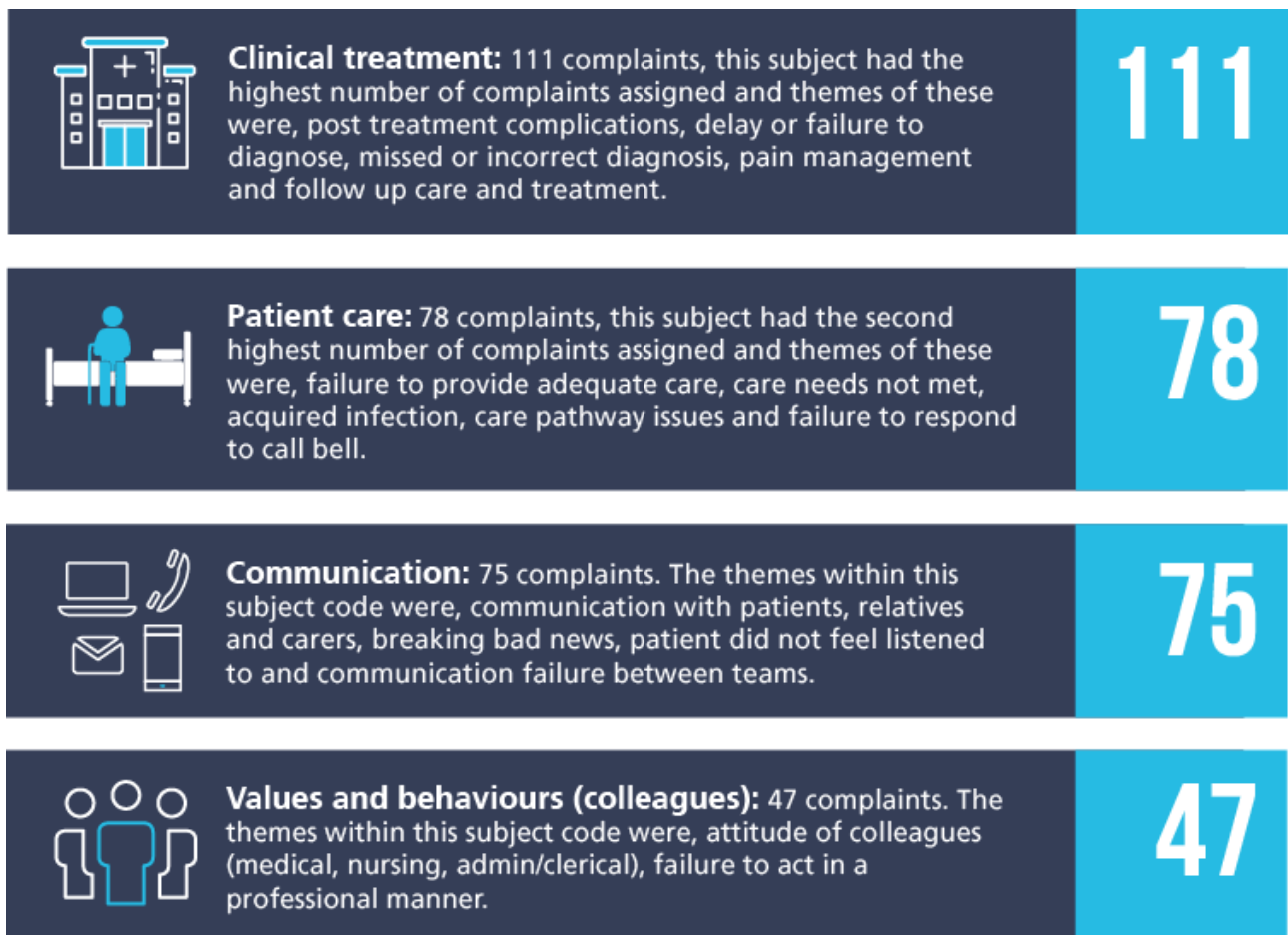
Primary complaint subject	Count	% of all complaints
Clinical treatment	111	25%
Patient care	78	18%
Communication	75	17%

Values and behaviours (colleagues)	47	11%
Admissions and discharges	38	9%

The top five complaint subjects account for 80% of all complaints received in 2022/23.

Appendix C details the cause of complaint by division. As might be expected given the nature of these service areas, medicine and urgent care, and diagnostics, anaesthetics and surgery had the highest number of complaints, clustered in areas such as clinical treatment, communication, values and behaviours and patient care.

In addition to a primary complaint subject, all complaints are coded with a secondary complaint subject that represents the most significant element of that complaint. Secondary categories of the top primary complaint subjects are set out below.



9. Complaints compliance

The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) set out the rights of complainants to have their complaint investigated and formally responded to in an appropriate and timely timescale. We met the national requirement to formally acknowledge each complaint within 72 working hours.

In addition, we have set ourselves two locally agreed timescales by which we aim to formally respond to complaints. These are:

- 35 working days for non-complex complaints
- 50 working days for complex complaints

The overall response rate for 2022/23 increased by 11% (to 37%) compared to 2021/22 (26%), which can be attributed to streamlined process and allocating resources appropriately.

Table 4 below sets out complaints compliance for each metric and compares this to figures from 2022/23.

Table 4: Complaints compliance

Metric	2021/22		2022/23	
72 working hours acknowledgement	100%		100%	
Total complaints closed	583		530	
	In time	%	In time	%
35 working days	133/510	26%	180/470	38%
50 working days	16/73	22%	14/60	23%
All complaints	149/583	26%	194/530	37%

- See appendix D for complaints compliance for the period April 2021 to March 2023 by month.
- See appendix E for complaints compliance by division for 2022/23.

10. Learning from complaints

We see every complaint as an opportunity to improve our services and where appropriate identify learning/ actions to improve the services we provide.

Complaint	Learning/action identified
The patient presented to the ED following a traumatic accident in which they sustained dental damage and raised concern that the correct action was not taken to ensure their teeth could be reimplanted.	As a result of complaint, International Association of Dental Traumatology's Dental Trauma Guidelines were shared with the ED clinicians, who were also invited to be part of a national study, which will provide further learning in the management of dental trauma.
Bereavement case whereby the patient's family felt their loved one received a poor standard of care at the end of their life and nursing staff were dismissive of concerns raised.	As a result of complaint, additional palliative care training for nursing colleagues was arranged. Future complaints for this ward relating to this theme will be monitored.
Bereavement case where the patient was discharged in a hospital gown and with a cannula still in situ.	As a result of patient's experience, the ward developed a discharge checklist to aid nursing colleagues with the completion of all tasks involved in a patient's discharge. A task was added to this discharge checklist that prompts if a patient is being discharged in their own clothes and cannula removal, to ensure this does not happen again. Complaints related to discharge will continue to be monitored and shared with the operational team who are leading the improvement work on the discharge process.
This was a case where a patient's private MRI images were not requested in time, which resulted in their surgery being cancelled on the day.	The process for requesting images for the pre-assessment and chasing of MRI/CT scoring for spinal patients was reviewed to ensure that these are available in time for a planned surgery. It was agreed that at a patient's pre-assessment, colleagues would check scans are in place for surgery and inform the surgeon/secretary if not.

A patient was sent a text message advising there was a 48 week wait for an ENT appointment. The patient was referred by GP on an urgent basis, however, the text message did not specify this was the average waiting time for routine appointments only.	Due to the text message being the same for routine and urgent appointments, this message has been amended to reflect the waiting time provided is for routine appointments only to avoid future confusion.
A patient's low potassium levels evidenced by their blood results, were not communicated to either the patient or their surgeon prior to the planned surgery, which resulted in cancellation of surgery.	The anaesthetics team provided an additional teaching session around blood results for the pre-assessment nursing team, to share their knowledge and make improvements.
A patient's hearing aids were not charged during admission, which were essential for their balance, and had been communicated to colleagues several times. The patient went on to have a further two falls during their admission.	Signage was created to be placed above a patient's headboard to remind colleagues regarding hearing aids.

11. Reopened complaints

A reopened complaint is when a complainant is dissatisfied and or have further questions as a result of the first complaint response. In 2022/23, 84 complaints were reopened, which is an increase of seven compared to 77 in 2021/22. Many of the reopened cases related to complainants unhappy with our response and/or further questions raised because of the initial complaint response or requesting a local resolution meeting. Table 5 sets out the number of complaints reopened for each division.

Table 5: Reopened complaints by division

Division	Count 2021/22	Count 2022/23
Community Health and Integrated Care	4	4
Core Services	2	4
Corporate Services- Finance	1	1
Diagnostics, Anaesthetics and Surgery	15	17
Medicine and Urgent Care	44	54
Women, Children and Sexual Health	7	3
Multiple divisions	4	0
Estates and Facilities	0	1
Total	77	84

Medicine and urgent care accounted for 51% of all complaints received in 2022/23. This division represents care areas with the highest numbers of patient activity – for example it includes our emergency departments – and it is therefore to be expected that this is also the division with the highest number of reopened complaints. There is a plan in 2023/24 to separate medicine and urgent care into separate divisions.

13. Parliamentary and Health Service Ombudsman (PHSO)

The PHSO make final decisions on complaints that have not been resolved locally by an NHS provider. They are an independent body and can therefore adjudicate impartially in the interest of both parties.

We received 22 new case enquiries from the PHSO, which is a significant increase compared to 2021/22. The increase was anticipated due to the PHSO commencing work on the backlog of cases created during the pandemic.

We also received six notices of intention to investigate cases and five case outcomes, from the PHSO the details of which can be found in appendix F.

- See appendix G for PHSO activity 2021/22 compared to 2022/23.

14. Upheld complaints

Regulation 17, Section (b), of the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), states that the trust is required to record an outcome for each complaint.

We treat all complaints as important and take the opportunity to provide an apology to the complainants for their experience of care and use the complaint as a learning opportunity to improve the services we provide. The outcome codes we use are a variant of those used by regulatory bodies including NHS England and the PHSO. The following table (7) sets out complaints closed (new complaints received and reopened complaints) by outcome in terms of numerical and percentage values:

Table 7: Complaint outcomes

Outcome	Count	%
Investigation completed, apologies required and actions/learning identified (upheld)	171	36%
Investigation completed, apologies required but no actions or learning identified (partially upheld)	234	52%
Investigation completed, no actions or learning identified (not upheld)	4	1%
Other*	51	11%
Totals	469	

*these are complaints that did not require investigation or were withdrawn

Please note the number of complaint outcomes differ to the total number of complaints closed as cases reopened and closed again cannot be allocated a second outcome code.

15. Healthwatch East Sussex Complaints Review 2023

Healthwatch East Sussex reviewed 25 randomly selected new and reopened complaints received by medicine and urgent care. Volunteer reviewers felt that we were providing a robust and fair complaint service which operated in a timely manner and communicated with complainants in a sympathetic and understanding manner.

The review demonstrated a positive collaboration between us and Healthwatch East Sussex which will support our objective to continue to work in partnership to improve the services for our patients.

Further reviews will take place during 2023/24.

16. Patient Advice and Liaison Service (PALS)

The role of PALS is to provide advice and information or deal with any concerns or issues that can be handled and resolved quickly and locally without the need for a formal complaint.

Table 8 (page 13) sets out PALS activity for 2022/23 and is shown in comparison with activity for 2021/22.

Table 8: PALS activity 2021/22 versus 2022/23

Contact type	2021/22		2022/23	
	Count	%	Count	%
Advice, assistance and information	4503	61%	3271	54%
Compliment	90	0.9%	0	0%
Concern/issue	2725	38%	2833	46%
Suggestion/comment	13	0.1%	0	0%
Totals	7331		6104	

While contacts with PALS in 2022/23 decreased by 17% on 2021/22, the proportion of contacts by type noted a change with an increase in cases being assigned to a concern/issue. During 2022/23 PALS team no longer recorded compliments on the system (Datix) used to record PALS contacts. Plaudits are now logged directly onto InPhase which is the system used to record patient surveys and audits.

As part of our work to increase early resolution and respond to concerns quickly and efficiently at a local level, we are pleased to note that only 1% (65) of PALS concerns were escalated to the complaints team.

- See appendix H for an overview of PALS contacts received by month.
- See appendix I for the distribution of PALS contacts that raised a concern or issue by division.

As with complaints, PALS coded contacts to 21 different primary complaint subjects, which reflects our move to the nationally recognised KO41a subject coding. Table 9 below sets out the five most identified primary subjects for concerns raised with PALS in 2022/23.

Table 9: Top five primary contact subjects (PALS concerns)

Primary contact subject	Count	% of all concerns
Appointments	763	27%
Communication	754	27%
Patient care	359	13%
Clinic	240	8%
Values	236	8%
Proportion of all complaints in top five categories	2,352/2,833	83%

During quarter four of 2022/2023 the complaints and PALS teams were amalgamated into one team (patient experience), making PALS the first port of call for patients/carers to raise concerns or complaints. The purpose of this was to implement early resolution in line with the NHS Complaints Standards. Often patients and carers are not aware of the role of our PALS team and raise a formal complaint to handle their concern. During quarter four of 2022/23 we saw a decrease in the number of formal complaints raised as a result of this change.

17. Achievements in 2022/23

This report identifies the relatively small amount of negative feedback received from various sources, which indicates that we do not have cause for concern as an organisation. There have been many areas of achievements within patient experience during 2022/23, these are listed below:

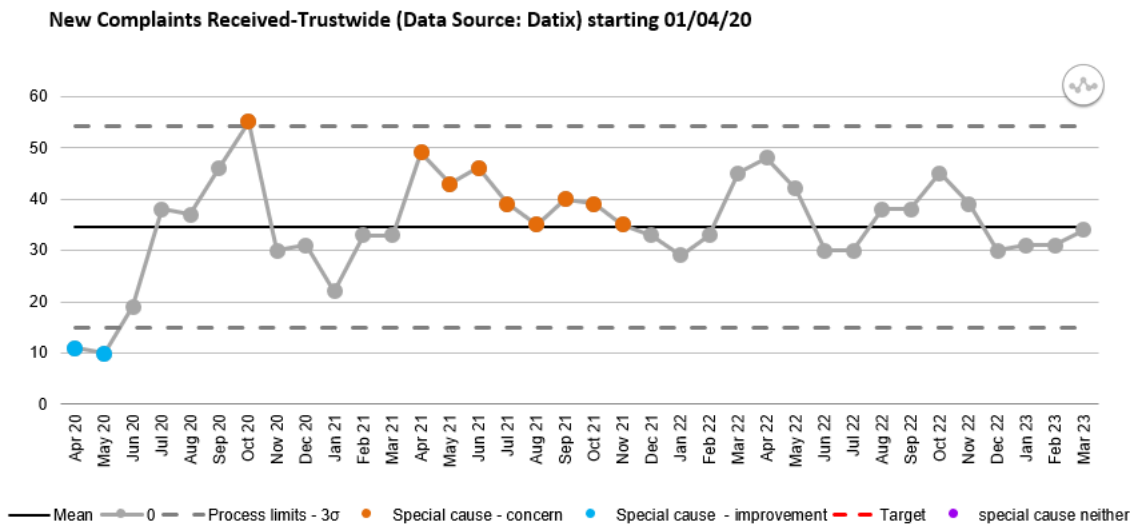
- The patient experience team now functions as one team, giving patients, carers and relatives a streamlined route of communication into our organisation.
- The complaints team have moved to DatixWeb (online reporting module for complaints and PALS contacts) for recording complaints and PALS contacts.
- The Standard Operating Procedure and Policy have been reviewed, which has streamlined processes and resulted in improvements to areas such as complaints response rates.
- We took part in a complaints review with Healthwatch, which was a positive experience and identified areas of good practice.

18. Looking forward – actions for 2022/23

Over the course of 2023/24 the team will:

1. Continue to review our approaches and processes to make sure that we are systematically seeking input from patients as part of a quality improvement approach, ensuring that information from PALS and complaints is included in this as actionable insight.
2. Contribute towards the development of the Patient Engagement Framework.
3. Explore alternative options for collecting FFT feedback and alternative methods of collecting FFT feedback.
4. Continue to work with our partners in the Integrated Care Board to implement statutory guidance on working with people and communities, including recognising and utilising complaints, PALS contacts and patient surveys as a valuable source or insight.
5. Look at alternative ways to share feedback, learning from positive and negative experiences as part of the overall improvement culture. This will include supporting the deputy director of nursing with “learning summits”.
6. Support divisions with data to allow them to have local ownership and embedding learning from all patient experience.
7. Incorporate the translation and interpreting team within the patient experience team.
8. Review the provision and processes for translation and interpreting.
9. Work with Healthwatch East Sussex to review complaints processes.

Appendix A: Complaints received (by month 1.4.20-31.3.23)



The deviation outside of the lower process limit represents the onset of COVID-19 and its impact on complaints being received. It is worth noting that some complaints received relate to care provided more than six or 12 months prior to making the complaint (and not the month the complaint was raised) but meet the timescales for handling in accordance with the National Health Service Complaints (England) Regulations (2009).

Appendix B: Complaints received by mode of receipt

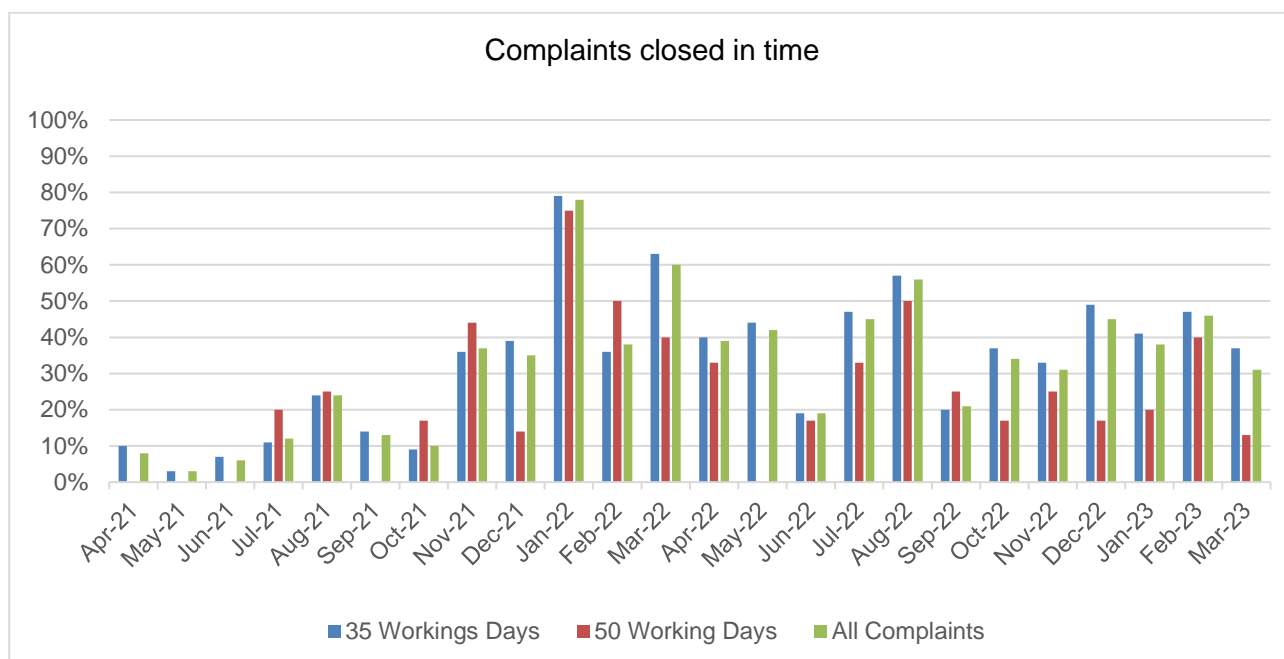
The trust receives complaints in several different ways. The table below shows the number of complaints received for each method of receipt.

Method of receipt of complaints received	Count	%
Email	182	42%
Complaints form	136	31%
Letter	80	18%
Referred from PALS	35	8%
Phone call	3	1%
Totals	436	

Appendix C: Primary complaint subject by division

	Corporate - Corporate Affairs	Corporate - Finance	Core Services Division	Corporate - Nursing and Governance	Diagnostics, Anaesthetics and Surgery	Estates and Facilities	Medicine and Urgent Care	Community Health and Integrated Care	Corporate - Chief of Staff	Sussex Premier Health	Women, Children and Sexual Health	Total
Access to treatment or drugs	0	0	2	0	7	0	7	1	0	0	1	18
Admissions and discharges	0	0	0	0	9	0	26	2	0	0	1	38
Trust admin/policies/procedures	0	0	2	0	3	0	2	0	0	0	1	8
Appointments	0	0	1	0	6	0	3	1	0	0	5	16
Clinical treatment	0	0	5	0	31	0	53	0	0	5	17	111
Commissioning	0	0	0	0	0	0	1	0	0	0	1	2
Communications	0	4	2	0	25	0	33	1	0	1	9	75
Consent	0	0	0	0	0	0	2	0	0	0	2	4
End of life care	0	0	0	0	0	0	6	0	0	0	0	6
Facilities	0	0	0	0	0	1	1	0	0	0	0	2
Patient care	0	0	1	1	9	0	49	6	0	2	10	78
Prescribing	0	0	0	0	0	0	6	0	0	0	1	7
Privacy, dignity and wellbeing	1	1	2	0	3	0	6	0	0	0	1	14
Values and behaviours (colleagues)	0	0	2	0	13	0	20	3	1	4	4	47
Waiting times	0	0	0	0	2	0	7	0	0	0	1	10
Totals:	1	5	17	1	108	1	222	14	1	12	54	436

Appendix D: Complaints response rate compliance for the period 1.4.2020 to 31.3.2022 by month



Appendix E: Complaints compliance by division for 2022/23 (see comments at appendices B and D)

Division	35 working days		50 working days		All complaints	
	In time	%	In time	%	In time	%
Community Health and Integrated Care	8/16	50%	0/1	0%	8/17	47%
Core Services	9/20	45%	2/2	100%	11/22	50%
Corporate Services	4/11	36%	N/A	N/A	4/11	36%
Diagnostics, Anaesthetics and Surgery	41/112	37%	7/19	37%	48/131	37%
Estates and Facilities	1/1	100%	N/A	N/A	1/1	100%
Medicine and Urgent Care	97/256	38%	4/32	13%	101/288	35%
Sussex Premier Health	6/7	86%	N/A	N/A	6/7	86%
Women, Children and Sexual Health	14/47	30%	1/6	17%	15/53	28%
All complaints	180/470	38%	14/60	23%	194/530	37%

Appendix F: Parliamentary and Health Service Ombudsman case outcomes (see comments at appendices B and D)

Details of outcome
There were three cases where the Parliamentary and Health Service Ombudsman (PHSO) advised they would not be looking into the case.
Two cases the PHSO referred to the trust for further local resolution.
The PHSO advised they would be partly upholding the case in favour of the complainant as they identified a failing in the trust's record keeping, as the patient's prescription chart is missing and therefore they cannot be sure if the patient received the optimum treatment for bowel ischaemia. The trust were directed to i) issue a letter of apology to the complainant for the failures identified by the PHSO, ii) develop and share an action plan to address the failings in terms of record keeping. The PHSO however do not consider that this failing contributed or caused the patient's death.
The PHSO advised they would be upholding a case in favour of the complainant as they identified a failure by the Integrated Night Service in the decision not to attend to the patient on 16 July 2020, which led to the patient suffering an undignified death. The trust were directed to develop and share an action plan addressing the failing they have identified.

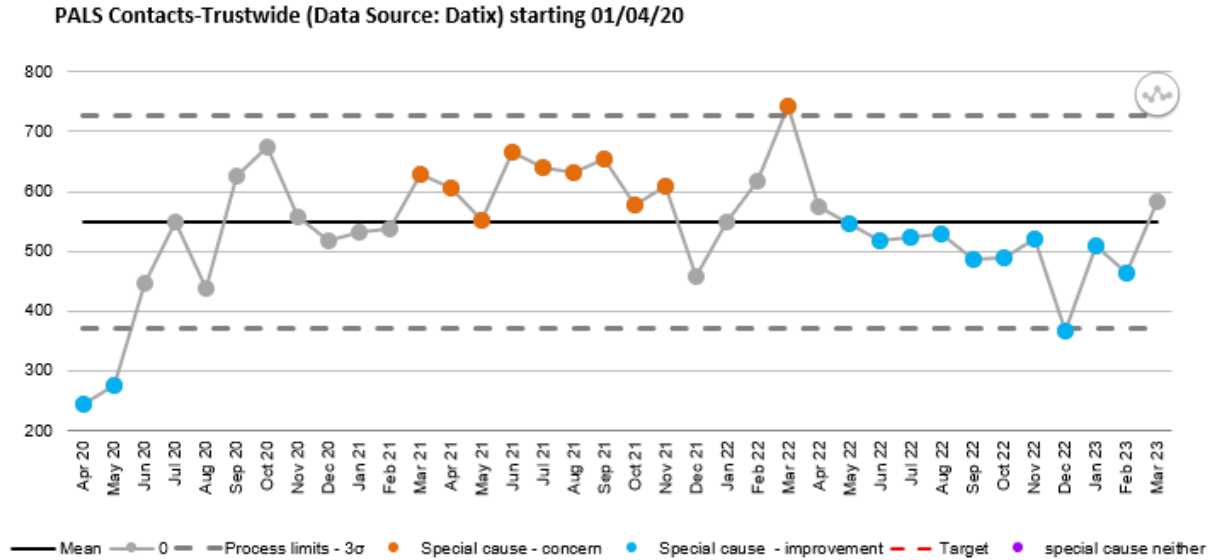
Appendix G: Parliamentary and Health Service Ombudsman activity 2021/22 v 2022/23

Parliamentary and Health Service Ombudsman activity 2021/22 v 2022/23

Contact type	2021/22	2022/23
New case enquiries	8	10
Note of intent to investigate	1	6
Outcome – upheld	1	2
Outcome – Not upheld	2	0
Outcome – Not investigating further	1	3
Outcome – Referred back for local resolution	0	2

Appendix H: Overview of PALS contacts received by month (1.4.20-31.3.23) (see comments at appendices B and D)

As with the complaints chart, the deviation outside of the lower process limit represents the onset of COVID-19 and its impact on contacts with PALS.



Appendix I: Distribution of PALS contacts that raised a concern or issue, data by division (see comments in appendices B and D by division)

Division	Count
All divisions	1
Corporate - Chief Executive	11
Corporate - Corporate Affairs	3
Corporate - Finance	11
Corporate - Human Resources	6
Core Services	133
Corporate - Nursing and Governance	5
Diagnostics, Anaesthetics and Surgery	779
Estates and Facilities	33
Medicine/Urgent Care	1,330
Community Health and Integrated Care	79
Corporate - Operational	5
Non trust organisations	34
Women, Children and Sexual Health	389
Sussex Premier Health	14
Total	2,833