



# **Patient Experience Annual Report 2023/24**

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## Introduction

“Patient experience” is the process of what receiving care feels like for the patient, their family and carers. Throughout the patient journey, the trust listens and learns from feedback received, gathers information on patient experience from various sources and engages with patients, carers and external stakeholders to ensure that the services we provide are responsive to the needs of our population. This feedback provides a valuable insight into people’s experience of care and what matters to patients and the people important to them.

Every individual member of staff can impact upon patient experience. By listening to what matters most, and empowering staff at all levels of the organisation to have the capability and knowledge in a range of improvement methods, the trust aims to deliver patients the best possible experiences of care.

The trust receives considerably more feedback of positive experiences of care, however, it is important that we listen and learn from all experiences, encouraging people to share insights into where improvements can be made to enable us to make a positive difference to experiences and the care we provide.

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 and concern seriously and use them as an opportunity to improve quality and outcomes for our patients.

This report meets the requirements of the National Health Service Complaints (England) Regulations (2009) by providing an overview of the feedback we received during 2023/24 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).

## Achievements in 2023/24

Work in relation to patient experience has gone from strength to strength over the past year. Some of the highlights are as follows:

- 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
- Following a formal consultation with the patient experience team during 2023/24, each area now has their own dedicated band 6 Deputy Patient Experience Manager. This has been a positive change to enable dedicated leadership for each of the areas and increased the management team and this build resilience into the team structure.
- We have seen an increase in early resolution of complaints through our PALS, resulting in fewer formal complaints (inline with the NHS Complaints Standards)
- Reduction in the number of reopened complaints, providing us with confidence that complainants are satisfied with the complaint response provided
- The Deputy Patient Experience Manager (complaints) meets regularly with The Advocacy People (TAP) and the following feedback has been provided by them of their experience with us:
  - Prompt acknowledgement of complaints submitted
  - Regular unprompted updates for advocates and clients on the progress of complaints
  - Completion of the feedback loop by highlighting further outcomes that the trust could take to resolve the complaint
  - Generally prompt progression to resolution through follow-up actions

- Monthly production of patient experience data by division has allowed them to clearly identify issues and risks across these areas
- Parliamentary Health Service Ombudsman (PHSO) enquiries were about the same in 2023/24 when compared to 2022/23
- Reduction in reopened complaints
- Collaborative working with Healthwatch East Sussex

## Patient feedback

In 2023/24 we delivered

# 711,311

episodes of care \*  
and received

# 32,546



pieces of patient feedback:



88.3%

28748 were either positive or neutral comments (compliments/ plaudits and PALS advice/ assistance)

10.4%

3398 were associated with a PALS concern

1.2%

400 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

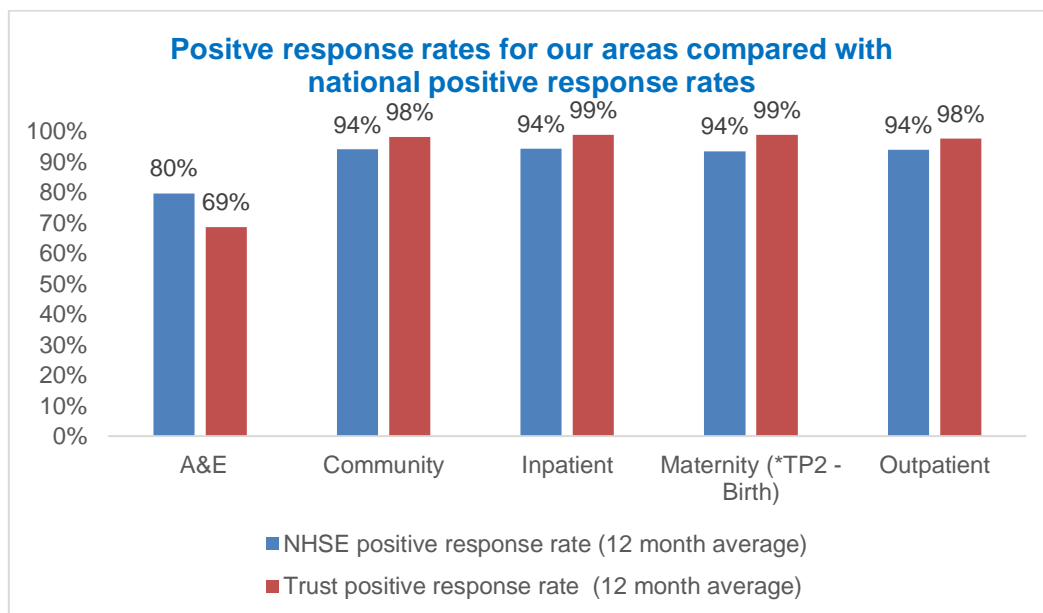
## Compliments

We received 25,872 compliments or plaudits in 2023/24, this is an increase of 5,914 (2022/23 = 19,958). Most of these plaudits (24,729) were received from positive comments and compliments expressed in the Friends and Family Test (FFT). 1,143 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.

## Friends and Family Test (FFT)

The Friends and Family Test asks people who have accessed services within the trust to provide feedback on how satisfied they are with their experience of the service. FFT 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”. A total of 28,525 FFT’s were completed and returned during 2023/24 (2022/23 = 20,765). The chart below shows that for all service areas except for the Emergency Departments (shown as A&E), our positive response rate exceeded the national average positive response rate.



\*TP2 refers to care at labour/birth.

Whilst the national reporting of the response rate ceased from 1 April 2020, the trust response rate continues to be monitored closely to provide assurance that patients are being provided with an opportunity to provide feedback. FFT surveys are completed on paper, collected and data is entered onto a system.

The trust has recently (June 2024) appointed a new contractor for FFT- Healthcare Communications. The aim is to significantly improve the volume of FFT responses providing greater assurances on the responses received. There will be reduced reliance on paper feedback forms, although these will still be available, and an increased volume of SMS conversational messaging and weblinks to encourage FFT feedback through the electronic route. Increasing the response rate will provide the trust with greater assurance of the feedback received.

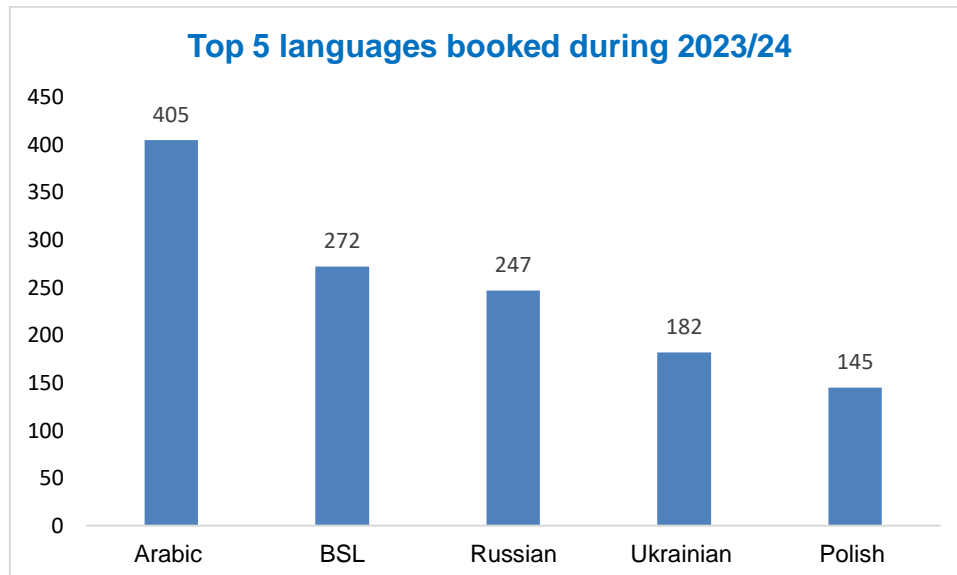
## Translation and Interpreting Service (T&I)

The service has provided support to people on 4494 occasions, and in over 65 languages during 2023/24. The service meets the needs of non-English speakers and British Sign Language users, through face-to-face, telephone and video, to ensure 24-hour access, seven days a week.

At the start of 2023/24 we moved away from a central team booking T&I services, enabling the booking teams and clinical teams to make these arrangements directly with providers via a weblink on the extranet, which has streamlined the process.

Written translation accounts for 3.7% of activity (specifically translation and interpreting activity), we need to understand further if this should be higher- if a face-to-face interpreter (=8.36% of activity) is booked, and if there a need for the written information to be available in a different language.

Requests for support in other formats, such as Braille have also been met. The top five languages requested are shown below:



## Reviews posted on the NHS website

In total 88 comments were posted on the NHS website (72= 4 and 5 star vs. 16= 1,2 and 3 star). All feedback received on this platform is responded to by the Deputy Patient Experience Manager, if positive feedback is provided, we thank and share the feedback with the clinical area and if negative feedback is received, we encourage the patient, carer or relative to contact the patient experience team to discuss this further; Below are three examples of positive feedback received:

“From the first appointment for investigations, admission for surgery and care as an inpatient and follow up consultation - could not fault the care given by the staff who were very understanding during a very anxious time for myself and my family.”

“My mum was admitted to SAU in February. The nurses & Drs were wonderful and caring. I had travelled over from Spain and didn't know what to expect but my mum was treated with respect and dignity at the end of her life. They not only cared for my mother, but my well being too.”

“I was having a CT scan with an injection beforehand. After the scan I became unwell and the lovely staff were so kind, so reassuring. They held me and helped me onto a bed until I felt better. Their kindness restored my faith in people and really helped me to feel better.”

## Reviews posted on Healthwatch Feedback Centre

In total 29 reviews were posted on the Healthwatch Feedback Centre, of these 11 were positive. These are responded to in the same way as feedback left on the NHS website; Below are three examples of feedback received:

“I was seen very quickly in triage. A doctor saw me within a few minutes. Blood tests taken and sent for a scan.”

“Excellent service from receptionist /nurse and the dentist they were all polite and very good at their respective jobs sorted my problem out. A very big thank you.”

“All staff, whatever seniority, were attentive, professional and friendly. I am not in a position to judge their medical competence but a week after surgery I am already feeling much better and entirely satisfied.”



## 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 2023 and March 2024, the following surveys have been reported on:

- Inpatient Survey (2022 survey)
- Urgent and Emergency Care (2022 survey)
- Maternity Survey (2023 survey)

Survey results have been shared widely and discussed at Patient Safety and Quality Group. Urgent Care have created an action plan to address concerns raised and the Adult Inpatient Survey has been shared with all adult inpatient areas.

**Inpatient Survey (2022 survey).** Overall, the findings from this survey were positive. Our response rate was 43%. The average score was 75.1% which is comparable with the 2021 survey which was 75.6%. When comparing our results, there is a reduction in 10 questions scoring worse by 5% (2020= 12 questions vs. 2022= 2 questions).

The two questions which scored worse by 5% (and featured in the bottom 20% of trusts in the national comparison) or more were:

- Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital? (2021 score= 81.4%, 2022 score=67.5%)
- Q34. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital? (2021 score = 71.7%, 2022 score= 58.3%)

**Urgent and Emergency Care (2022 survey).** Two separate questionnaires were used, one for Type 1 (major ED) and one Type 3 (Urgent and Emergency Care (UEC)).

Our response rate for the Type 1 survey was 29% (268 responders, national average response rate =23%), a decrease of 11% vs. the 2020 UEC Type 1 survey. The average score for this survey was 68.7% (decrease of 8.2% from the 2020 survey). When comparing our results, there is a reduction by two questions scoring better by 5% or more and an increase of 18 questions scoring worse by 5% or more when compared to the 2020 survey. Four questions have been changed/ amended and five questions have been added to this survey.

	2020	2022
<b>Better by 5% or more</b>	3 questions	1 question
<b>Less than 5% change</b>	27 questions	9 questions
<b>Worse by 5% or more</b>	1 question	19 questions

Our response rate for the Type 3 survey was 24% (135 responders, national average response rate =22%), a decrease of 10% vs. the 2020 UEC Type 3 survey. The average score was 76.4% (decrease of 5.8% from 2020 survey). It is not possible to compare 2022 with 2020 as the measure in 2020 for better, less or worse than 10% and now the measure is 5%.

	2020	2022
<b>Better by 5% or more</b>	N/A	2 questions
<b>Less than 5% change</b>	N/A	7 questions
<b>Worse by 5% or more</b>	N/A	16 questions

**Maternity Survey (2023).** Overall, the findings from this survey were positive. The trust scored in the top 20% of trusts on 39 out of 62 questions and in the bottom 20% of trusts on 2 out of 62 questions, these were:

- 'Were you involved in the decision to be induced'
- 'Were you (and/or your partner or companion) left alone by midwives or doctors at a time when it worried you' 'yes during early labour'

Overall, the report shows the position of the trust out of 120 providers:

- 3rd best for 'staff caring for you'
- 7th best for 'care at home after birth'
- 8th best score for start of care (antenatal)
- 15th best for antenatal check ups
- 24th for Feeding you baby
- 28th best for 'care in the ward after birth'
- 38th best for 'during pregnancy' (this is in the top half)
- 46th best for labour and birth (above the middle)

Progress against the 2023 action plan will be reviewed at the monthly internal divisional governance meeting

### Healthwatch East Sussex Activity 2023/24

Regular meetings take place with Healthwatch East Sussex, to plan and deliver collaborative working. This also enables the trust to be sighted on any areas of concern raised by the public to Healthwatch at the earliest opportunity.

Throughout 2023/24 regular enter and view events took place, these were carried out in our Emergency Departments (ED), Paediatric areas and Community Diagnostic Centre. Suggested recommendation made by Healthwatch have been shared with the relevant areas to action.

**The Emergency Departments and Urgent Treatment Centres**, enter and view event was held in August 2023. Healthwatch focused on several themes:

- The pathways and services people had used before they ended up at the Urgent Treatment Centre (UTC)/ED
- Patients experiences of "checking in" into the departments using the electronic check in service
- What could be done to improve patients overall experience of using the departments

The following recommendations were made:

- Relationships with other services, such as South East Coast Ambulance Service NHS Trust (SECAMB) and NHS 111, so people's expectations on which services to use and when are clearly managed
- Suggested changes to the 'check-in' process for people arriving at UTCs and EDs, so that this is clear, simple and intuitive, but also accessible to all, plus having staff available to provide support

- A better system for calling patients to be seen, which provides confidentiality, but supports those with hearing impairments, language barriers or other needs
- Improved communications to allow UTC and ED visitors to move around, use toilets and obtain refreshments, but not lose their place in the waiting list
- Better facilities, such as more choice of food and drink and toilets which were clean, safe, and easily accessible, should be made available
- Improved signage to guide check-in, differentiate between UTC and ED waiting areas, and support the patient journey

**A Paediatric** enter and view event was held in October 2023, this also included the “15 step challenge”. HWES made recommendations for improvements focused on:

- Updating the décor in the paediatric department to make it more appealing and appropriate for a wider age range
- Ensuring that there are enough activities and entertainment options available for older children and teenagers
- Having more staff available in the department so that patients can be given the best possible care
- Ensuring that there are enough trained staff able to offer young people appropriate and robust support for their mental health needs

**The Bexhill Community Diagnostic Centre (CDC)**, enter and view was completed in February 2024, this also included the “15 step challenge”. Overall levels of satisfaction amongst users of Bexhill Community Diagnostic Centre were high, with 85% of patients to the online survey either very satisfied/satisfied with their overall experience of their diagnostic test or scan. The following recommendations were made:

- Consideration of the accessibility at Bexhill CDC, including the provision of disabled parking and taxi/NEPTS drop off points, as well wider linkages to public transport services. This learning should also be applied to the future creation of other CDC sites
- Improved information about the location of Bexhill CDC to address the issue of patients confusing it with Bexhill Hospital, potentially utilising the positive feedback of patients using the Bexhill CDC service, and the positive attributes of the site
- Improved signage and signposting in the Bexhill CDC reception area, and consideration of the installation of a patient information board and electronic patient feedback centre
- Exploration by health and care commissioners of how being offered a choice of date and time for appointments could potentially apply to the delivery of other health services
- Consideration of how CDC staff and other health professional communicate the next steps and follow up after patients’ diagnostic visit, including who is responsible for subsequent clinical decision making

In March 2024, the three local Healthwatch’s in Sussex sought the experiences of PALS service users. 94 people from across Sussex shared their views, some of which were our patients. Some feedback expressed the need for longer opening hours and to provide quicker responses. The response rate for the survey was small and not all responses relate to our trust. Therefore during 2024/25 we will aim to obtain feedback from our PALS contacts to better understand the feedback made to Healthwatch.

## Complaints 2023/24

Overall, very few patients or relatives complained about their care or experiences with us.

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

In January 2023 we reviewed and updated the pathway for raising a complaint in line with The NHS Complaints Standards which emphasises early resolution. The complainant now raises their complaint or concern via the patient experience team who seek to resolve the complaint or concern informally (if appropriate and the complainant agrees). We believe this change in pathway has contributed towards the decrease in the number of formal complaints received.

In 2023/24 the total number of complaints received decreased by 36 (=400) compared with 2022/23 (=436), this is the second decrease in the number of complaints received (2021/22 = 465).

The table below sets out complaints received as a ratio of all clinical activity and as a ratio of inpatient activity.

Activity	2021/22	2022/23	2023/24
Day case and Elective Inpatients	50,133	51,039	55,954
Non-elective	57,128	52,245	57,064
ED attendances	150,861	152,068	159,918
Outpatient attendances	425,328	419,032	438,375
<b>TOTAL ACTIVITY</b>	<b>683,450</b>	<b>674,384</b>	<b>711,311</b>
Number of complaints received	465	436	400
Complaints as a % of all activity	0.07%	0.06%	0.06%

### Complaint themes

In 2023/24, we coded complaints to 21 primary complaint subjects, against the nationally recognised KO41a subject coding. The table below sets out the five most identified primary complaint subjects.

Primary complaint subject	2022/23 Count/ % of all complaints	2023/24 Count/ % of all complaints
Clinical treatment	111/ 25%	110/28%
Patient care	78/ 18%	93/23%
Communication	75/ 17%	66/17%
Values and behaviours (colleagues)	47/ 11%	44/11%
Admissions and discharges	38/ 9%	13/3%

The top five complaint subjects account for 82% of all complaints received in 2023/24.

Appendix C details the subject of complaint by division. As might be expected given the nature of these service areas, Medicine, 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.

## 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 and respond to all complaints within six months.

Most trusts identify locally agreed timescales for responding to complaints. In November 2023 we reviewed our previous approach and adjusted to one KPI of 60 working days. Our adjustment to 60 working days as a single measure is not inconsistent with other trusts and reflects operational pressures, enabling divisions to complete thorough investigations that respond fully to issues raised.

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

Metric	2022/23		2023/24	
72 working hours acknowledgement	100%		100%	
Total complaints closed	530		438	
	In time	%	In time	%
35 working days	180/470	38%	152/301	50%
50 working days	14/60	23%	14/57	25%
60 working days	N/A	N/A	55/80	69%

- See appendix D for complaints compliance for the period April 2022 to March 2024 by month
- See appendix E for complaints compliance by division for 2023/24

## 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. Appendix F details the learning identified as a result of a complaint or PHSO outcome.

## Reopened complaints

A reopened complaint is when a complainant is dissatisfied and or have further questions as a result of the first complaint response or requesting a local resolution meeting. In 2023/24, 61 complaints were reopened, which is a decrease of 27 compared to 88 in 2022/23. Three reopened complaints in 2023/24 were reopened as consent/ appropriate authorisation was received to respond to the complaint.

The reduction in reopened complaints is a good indicator that complainants are satisfied with the responses provided by the trust as part of the complaints process. The table below shows the reopened complaints by division:

Division	Count 2022/23	Count 2023/24
Community Health and Integrated Care	4	3
Core Services	3	2
Corporate Services- Finance	1	0
Diagnostics, Anaesthetics and Surgery (DAS)	18	21
Medicine and Urgent Care (division split April 2023)	59	N/A
Medicine	N/A	8
Urgent Care	N/A	19

Women, Children and Sexual Health	3	7
Estates and Facilities	0	1
Total	88	61

DAS accounted for 24% of all new complaints received in 2023/24 and accounted for 34% of reopened complaints during 2023/24. Urgent Care accounted for 34% of all new complaints received during 2023/24 and 31% of reopened complaints during 2023/24. Urgent Care accounts for a high volume of patient activity (Emergency Departments) and it is therefore to be expected that this is also the division with a higher number of new and reopened complaints.

## Outcomes

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 (outcome codes are upheld, partially upheld and no upheld).

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 table below sets out complaints closed (new complaints received and reopened complaints) by outcome in terms of numerical and percentage values:

Outcome	Count	%
Investigation completed, apologies required, and actions/learning identified (upheld)	197	45%
Investigation completed, apologies required but no actions or learning identified (partially upheld)	187	43%
Investigation completed, no actions or learning identified (not upheld)	46	11%
Other*	8	2%
<b>Totals</b>	<b>438**</b>	

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

\*\*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.

## 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.

The trust received 20 new case enquiries from the PHSO, which is about the same as 2022/23 (=22). The table below set out the PHSO activity 2022/23 vs. 2023/24:

Contact type	2022/23	2023/24
New case enquiries	22	20
Outcome – upheld	1	0
Outcome- partially upheld	1	4*
Outcome – Not upheld	1	2
Outcome – Not investigating further	2	18
Outcome – Referred back for local resolution	2	4

\*See appendix F for details concerning partially upheld and learning identified

## 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 below sets out PALS activity for 2023/24 and is shown in comparison with activity for 2022/23:

Contact type	2022/23		2023/24	
	Count	%	Count	%
Advice, assistance and information	3271	54%	2876	46%
Concern/issue	2833	46%	3398	54%
Totals	6104		6274	

Whilst PALS contacts in 2023/24 increased by 170 contacts, the proportion of contacts by type noted a change with an increase in cases being assigned to a concern/ issue (historically evenly split between concerns and advice). This can be attributed to the change in how patients raise a formal complaint, which is via the patient experience team to enable early resolution in line with the NHS Complaints Standards.

We are pleased to note that only 1% (67) of PALS concerns were escalated to the complaints team.

- See appendix G for an overview of PALS contacts received by month
- See appendix H 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. The table below sets out the five most identified primary subjects for concerns raised with PALS in 2023/24:

Primary subject for PALS concerns categories	Count	% of all concerns
Communication	953	28%
Appointments	764	22%
Clinical Treatment	434	13%
Patient care	345	10%
Values and Behaviours (staff)	303	9%

## Looking forward – actions for 2024/25

The patient experience team will continue to develop work to enhance patient and relatives encounters with the trust.

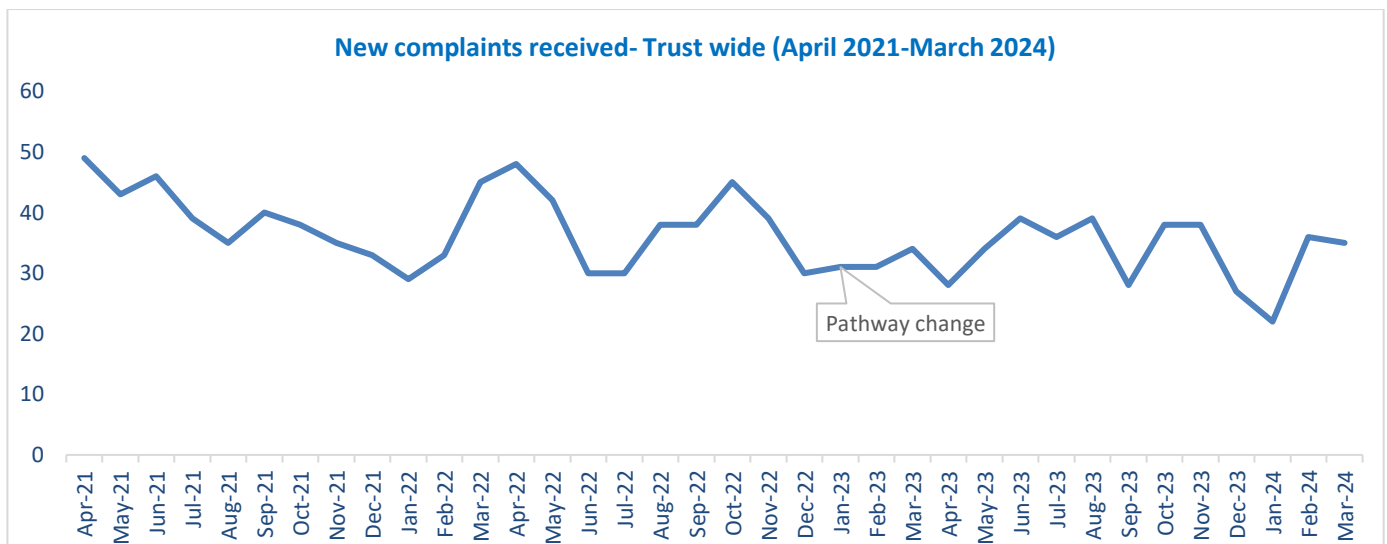
Over the course of 2024/25 patient experience will:

1. Continue to review 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 implementation of the Patient Engagement Framework
3. Launch Healthcare Communications digital solution for FFT collection
4. Continue to support divisions with data to allow them to have local ownership and embedding learning from all patient experience
5. Incorporate the Translation and Interpreting data trust wide and by division within the regular patient experience reporting
6. Consider what written information needs to be translated (clinic letters, leaflets etc) following a care episode
7. Continue to work with Healthwatch East Sussex collaboratively
8. Gain feedback on the complaints and PALS services provided





## Appendix A: Complaints received (by month April 2021-March 2024)



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

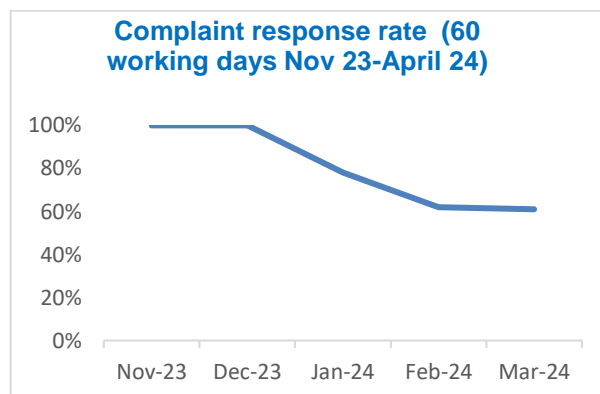
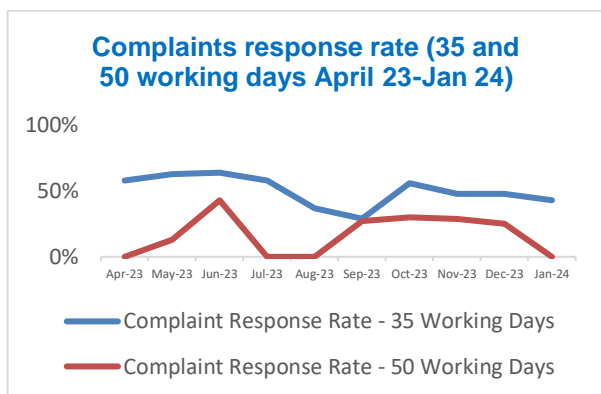
The trust receives complaints in several different ways. The table below shows the number of complaints received for each method of receipt.

Method of receipt of complaints received	Count	%
Email	97	24%
Complaints form	132	33%
Letter	101	25%
Referred from PALS	67	17%
Phone call	3	1%
<b>Totals</b>	<b>400</b>	

## Appendix C: Primary complaint subject by division

	Corporate - Finance	Core Services Division	Corporate - Nursing and Governance	Diagnostics, Anaesthetics and Surgery	Estates and Facilities	Medicine	Community Health and Integrated Care Division	Corporate - Chief of Staff	Sussex Premier Health	Urgent Care and Frailty	Women, Children's and Sexual Health	Total
Access to Treatment or Drugs	0	1	0	1	0	1	2	0	0	1	1	7
Admissions and Discharges	0	0	0	2	0	3	0	0	0	8	0	13
Trust Admin/Policies/Procedures	1	1	0	0	0	1	0	0	0	2	0	5
Appointments	0	1	0	8	0	0	1	0	0	0	0	10
Clinical Treatment	0	6	0	32	1	22	5	0	5	28	11	110
Commissioning	0	0	0	0	0	0	0	0	0	0	1	1
Communications	0	2	0	18	0	18	3	0	2	13	10	66
Consent	0	0	0	2	0	2	0	0	0	1	0	5
End of life care	0	0	0	0	0	3	0	0	0	6	0	9
Facilities	0	0	0	0	1	1	0	0	0	2	1	5
Other	0	0	0	0	0	0	0	1	0	0	0	1
Patient Care	0	0	0	15	0	22	8	0	1	35	12	93
Prescribing	0	0	0	4	0	3	0	0	0	9	0	16
Privacy, Dignity and Well-being	0	0	0	1	0	0	0	0	0	0	2	3
Values and Behaviours (Staff)	0	1	1	5	1	4	4	0	1	18	9	44
Waiting Times	0	0	0	5	0	0	2	0	0	5	0	12
<b>Totals:</b>	<b>1</b>	<b>12</b>	<b>1</b>	<b>93</b>	<b>3</b>	<b>80</b>	<b>25</b>	<b>1</b>	<b>9</b>	<b>128</b>	<b>47</b>	<b>400</b>

## Appendix D: Complaints response rate compliance for the period April 2022- March 2024 by month



## Appendix E: Complaints compliance by division for 2023/24

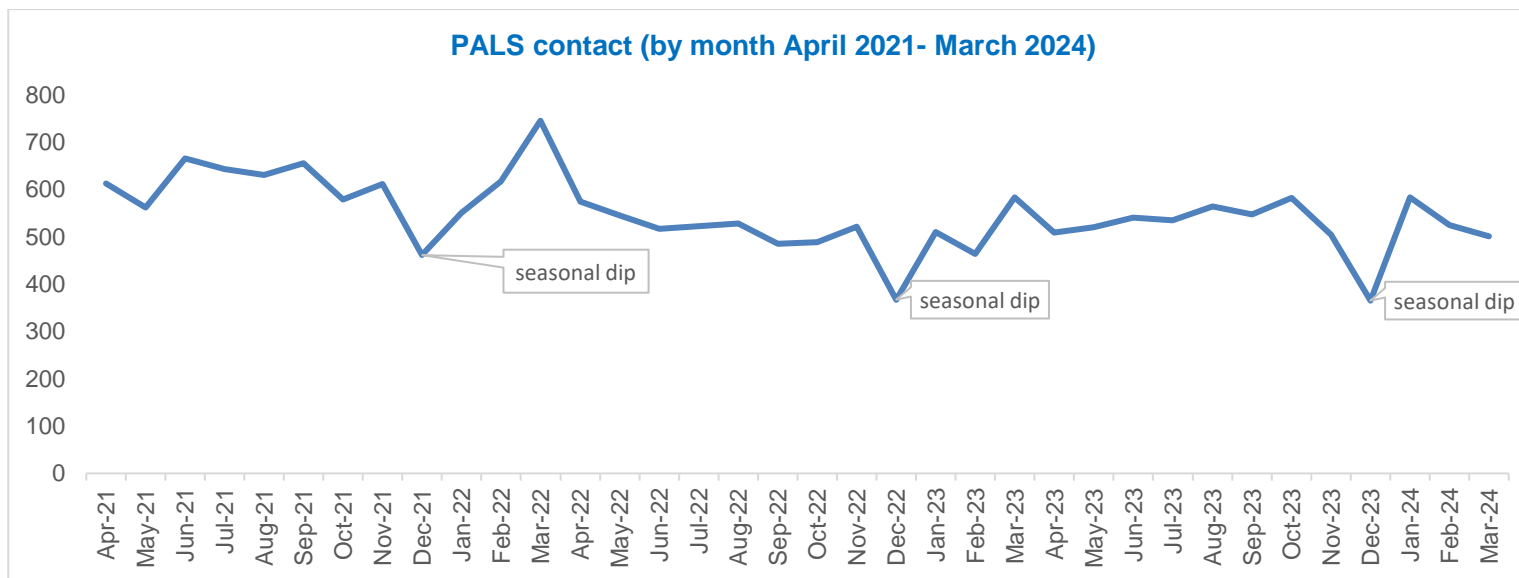
Division	35 working days		50 working days		60 working days	
	In time	%	In time	%	In time	%
Community Health and Integrated Care	9/15	60%	1/3	33%	7/7	100%
Core Services	6/12	50%	1/1	100%	1/1	100%
Corporate Services	4/4	100%				
Diagnostics, Anaesthetics and Surgery	36/73	49%	5/16	31%	8/14	57%
Estates and Facilities	1/2	50%			1/1	100%
Medicine	21/49	43%	1/10	10%	13/21	62%
Sussex Premier Health	9/12	75%			1/1	100%
Urgent Care	51/100	51%	5/23	22%	16/23	70%
Women, Children and Sexual Health	15/34	44%	1/4	25%	8/12	67%
<b>All complaints</b>	<b>152/301</b>	<b>50%</b>	<b>14/57</b>	<b>25%</b>	<b>55/80</b>	<b>69%</b>

## Appendix F: Learning identified from complaints (including PHSO outcomes)

Month	Division	Action
May-23	WCSH	Play leader to deliver some sessions and competency document on communicating with children, both with and without disabilities.
Jul-23	Urgent Care	Ward practice educator will be undertaking a training session with staff regarding pain management.
Aug-23	DAS	Shared action with paediatrics, this is to update information sheet for orchidopexy surgery.
	Urgent Care	Reception manager to create a process regarding lost property found/handed in to the ED reception.
	WCSH	Maternal medicine midwife has been recruited who will triage all consultant led care referrals.
Sept-23	DAS	Following PHSO review – A 7-minute video infomercial to be created regarding the key elements of the ReSPECT process for staff to access.
	DAS	Following PHSO review – Pathway devised to manage patients who present with sigmoid volvulus.
	CHIC	Review of the capacity of the demand within the Integrated Night Service team is being undertaken to ensure the service can respond to all patients in need at night and update call is being introduced.
Oct-23	Medicine	In Dermatology, a dedicated telephone helpline has been introduced for the wound dressing nurse and a regular weekly wound dressing clinic has also been established for patients undergoing complex surgery or who have post operative complications.
	Urgent Care	A teaching session to be arranged for torticollis in children.
Nov-23	Medicine	A patient information leaflet is being produced providing advice regarding the six intermediate care facilities in East Sussex detailing what they can offer.
Dec-23	Urgent Care	Building work commenced to upgrade the Nurse call system within the ED to ensure all patient areas have both emergency and nurse call functions
	CSD	Due to a long-standing issue with caller withheld numbers from the trust, it was agreed that as the Appointments Team make a high numbers of calls to patients, all main telephone extensions will now display the main Appointments line as being the identifying number.
Jan-24	DAS	New patient information leaflet being devised for carpal tunnel treatment.
	WCSH	The company who provides iron infusion medication now attends the trust on a six-monthly basis to update existing staff and train new staff in the safe administration of this. The Midwifery Team have also been reminded to ensure they provide the patient information leaflet in relation to an iron infusion, which outlines the possible side effects that can occur.
	Urgent Care	Training to be arranged for Emergency Department staff on recognising and promptly treating shingles.

Feb-24	DAS	The Ophthalmology team are creating a patient information leaflet about the side effects and contraindications of Acetazolamide.
	WCSH	EMU devising written information regarding ambulance transfer times so that patients having an EMU or home birth are better informed should an ambulance be needed at any time during the birth.
Mar-24	Urgent Care	Nursing staff in ED receiving refresher training on how to fit a sling to a patient's injured arm/shoulder. This will also be incorporated into the departmental induction for new doctors, as well as communicated to all current ED doctors.

## Appendix G: PALS contacts received (by month April 2021- March 2024)



## Appendix H: Distribution of PALS contacts that raised a concern or issue, data by division

<b>All Divisions</b>	1
<b>Corporate - Chief Operating Officer</b>	24
<b>Corporate - Chief Executive</b>	2
<b>Corporate - Finance</b>	5
<b>Corporate - Human Resources</b>	4
<b>Core Services Division</b>	166
<b>Corporate - Chief Medical Director</b>	2
<b>Corporate - Nursing and Governance</b>	6
<b>Diagnostics, Anaesthetics and Surgery</b>	772
<b>Estates and Facilities</b>	56
<b>Medicine</b>	1039
<b>Community Health and Integrated Care Division (prev Out of Hospital)</b>	141
<b>Corporate - Chief of Staff</b>	9
<b>Non ESHT organisations</b>	73
<b>Sussex Premier Health</b>	42
<b>Urgent Care</b>	574
<b>Women, Childrens and Sexual Health</b>	482
<b>Totals:</b>	3398