East Sussex Healthcare
NHS Trust

Patient Experience
ESHT: Annual Report 2024/25

KINDNESS

INCLUSIVITY

INTEGRITY

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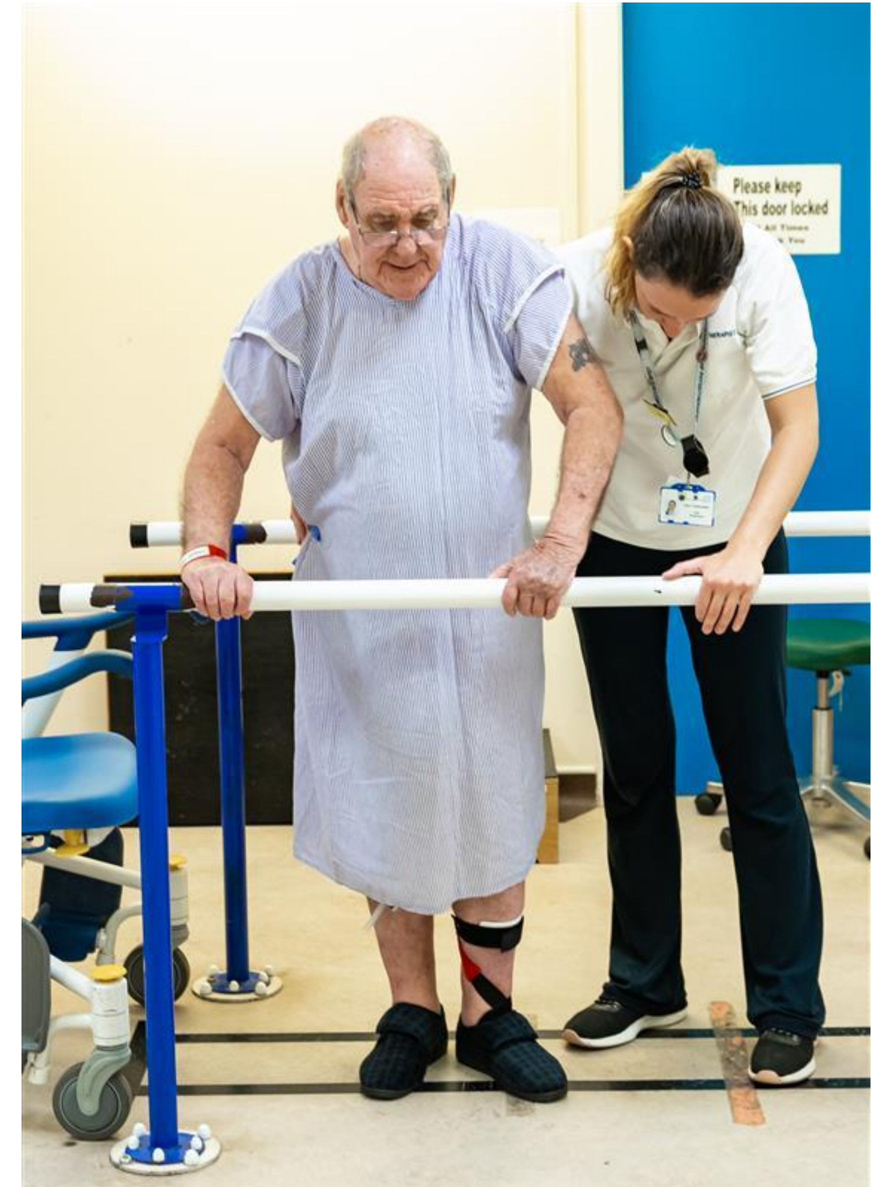


1. Introduction

1.1 East Sussex Healthcare NHS Trust (ESHT) is committed to listening and learning from feedback received, gathering information on patient experience from various sources and engaging with patients, carers and external stakeholders to ensure that the services we provide are responsive to the needs of our local 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.

This report will provide an overview of the feedback we received during 2024/25.

1.2 Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 the Trust have a statutory duty to record and report:

- The number of complaints received;
- The number that were well founded;
- The number referred to the Parliamentary and Health Service Ombudsman (PHSO);
- The subject matter of complaints;
- Action taken, or being taken, to improve services as a result of complaints received.

2. Patient Feedback

In 2024/25

we delivered

839,867

episodes of care*

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

and received

91,907

pieces of patient feedback

95.5% Were either positive or neutral comments (compliments/ plaudits and pals advice/ assistance)

4% Were associated with a PALS concern

0.5% Were categorised as a formal complaint

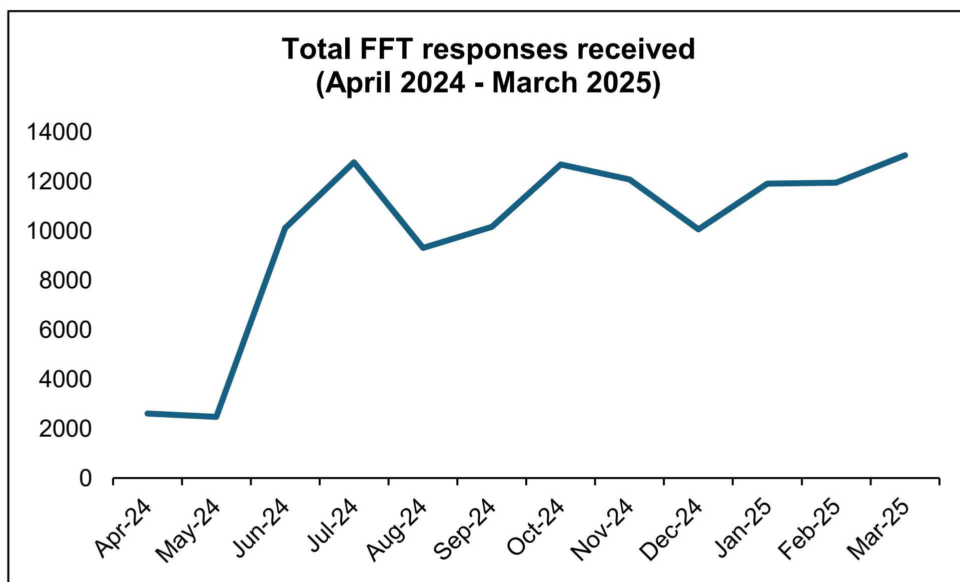
3. Friends and Family Test

The Trust's Positive FFT Response Score for 2024/25 was 92.94%

3.1 The Friends and Family Test (FFT) asks people who have accessed services Trust to provide feedback on how satisfied they were with their experience of the service they accessed. The 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".

3.2 A total of **119,121** FFT's were completed in 2024/25, which is a significant increase when compared to 2023/24 (28,525). In June 2024 Healthcare Communications was appointed as the new contractor for FFT to deliver a digital solution for FFT, to include FFT by text (SMS), an interactive voice message service (IVM), and improved online surveys, with the aim of improving the volume of FFT responses being receive and provide greater assurances on the satisfaction of care standards.

Since the launch of the SMS, IVM and online surveys, FFT responses have significantly increased and reduced reliance on paper feedback forms, although these are still available.



3.3 The FFT provides two free-text boxes which allows people to add any comments they have about the reason for their score, including observations or experiences we may be able to improve upon, and to convey messages of thanks and appreciation to teams or named staff. The FFT software analyses these comments and creates positive and negative themes. The following sets out the top five positive and negative themes from across the Trust with the number of comments made in brackets:

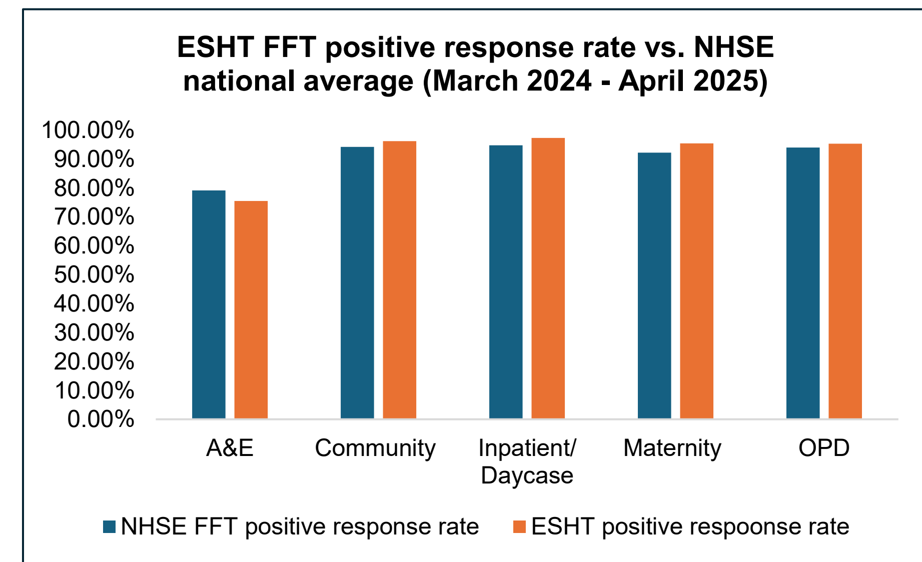
Top 5 Positive Themes

- ✓ Staff Attitude (56,918)
- ✓ Implementation of Care (31,329)
- ✓ Environment (19,278)
- ✓ Communication (16,281)
- ✓ Patient Mood/Feeling (14,944)

Top 5 Negative Themes

- x Staff Attitude (3,539)
- x Environment (2,755)
- x Waiting Time (2,604)
- x Communication (2,292)
- x Implementation of Care (2,184)

3.4 The table 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.



4. Compliments

4.1 We received **84,410** compliments/plaudits in 2024/25; this is a significant increase when compared to 2023/24 (25,872).

The increase in compliments/plaudits is attributed to the digital FFT, as most of these plaudits (83,366) were received from positive comments and compliments expressed in the FFT. 1,044 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.

5. NHS Website and Healthwatch Feedback Centre

5.1 In total **83** comments were provided on these platforms, 63 positive and 20 negative comments.

Positive comments include patients thanking staff for the care they received (various locations), and negative comments include waiting times, specifically in Emergency Departments.

All feedback received on these platforms are responded to; if positive feedback is provided, we thank the author and share the feedback with the clinical area and if negative feedback is received, we publish an apology and encourage the patient, carer or relative to contact the Patient Experience Team to discuss this further.

6. Healthwatch East Sussex Activity 2024/25

healthwatch East Sussex

6.1 Throughout 2024/25 ESHT has met regularly with Healthwatch (HW), to plan and deliver collaborative working. These meetings have also enabled the Trust to be sighted on any areas of concern raised by the public or stakeholder to HW at the earliest opportunity.

In addition to the formal Enter and View Events listed below, HW volunteers supported Patient Led Assessments of the Care Environment (PLACE) across ESHT, supporting the Trust to understand the experiences of patients accessing their estate and develop recommendations around access, signage, cleanliness, and food.

6.2 Five Enter and View Events took place during 2024/25, where possible areas have implemented the recommendations suggested by HW.

A review of paediatric emergency services at Eastbourne Distract General Hospital; (EDGH) this piece of engagement was undertaken following a change in the way emergency paediatric services were delivered at Eastbourne. HW volunteers found that the creation of a separate paediatric emergency area created a calm, safe environment.

Urgent Community Response Team; the aim was to gain insight into patient experience of this service. Overall, most of the patients were happy with the care they received. HW identified that better communication was needed regarding ongoing care, not all patients had the contact details of the team looking after them, to better assess communication needs at the beginning of the patient journey.

Paediatric outpatient services, EDGH; The aim of this event was to gain insight into the patient/ family experience. HW felt this was a calm and organised environment. HW identified that there could be more information displayed regarding the different roles and uniforms of staff in the area. Treatment rooms were noisy due to the waiting area being next door and often busy. Consideration for neurodiverse patients and how the noise may impact their experience. Better signage to the department. There was no information available regarding how to provide feedback (positive or negative).

Pathways to Emergency Department (E;), this piece of work was undertaken in July and October 2024 to understand why patients visited the ED, 400 user feedback was gathered during this event. Findings were similar on both occasions HW visited the department; patients perceived lack of primary care capacity meant they attended ED (GP, dentist, pharmacy). NHS 111 referred the patient to ED (this was a higher proportion was EDGH than Conquest Hospital).

Overview of hospital discharges (including Discharge Lounge and D2A Beds); this piece of work incorporated, ESHT, ICB and East Sussex County Council. HW identified the following actions for ESHT; communication with patients regarding the discharge process could be better. Recommendations included nursing assessments should be completed at the time of discharge and ESHT could utilise Care for the Carers when planning discharge from hospital.

6.3 Feedback from Healthwatch East Sussex *"Healthwatch East Sussex has greatly valued the collaborative approach adopted by ESHT and the importance placed by the Trust on gathering feedback and experiences from patients, including that shared by HW, and using this to inform service development and change.*

We've regularly met senior Trust staff to share what we've heard and receive updates on services, as well as to obtain responses to specific queries raised on behalf of patients, carers, and the public. This has enabled us to provide critical friend feedback on where services are working well and what changes or improvements may be valuable.

Trust staff have diligently provided responses to all Feedback left about ESHT services on the Healthwatch East Sussex Feedback Centre, so users are clear these have been heard and what the Trust is doing in response to this feedback.

We look forward to working with the Trust in 2025/26 to continue to put patients at the heart of services and decisions, especially in light of the changing health and health landscape".

7. Interpreting Service

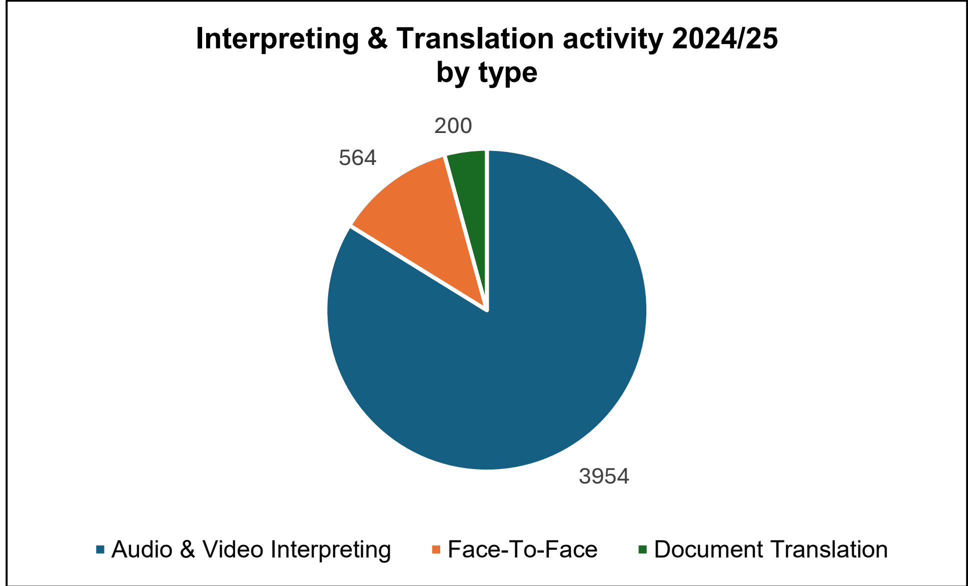
7.1 The Trust has a duty under the Equality Act (2010) to "***…make reasonable adjustments to ensure our services are fair and equal for all people including providing interpreters…***". Additionally, the Accessible Information Standard (2016) applies to all people who use a service and have information or communication needs and covers the needs of those who are deaf, blind, deafblind or who have a learning disability. This includes interpretation or translation for people whose first language is British Sign Language (BSL).

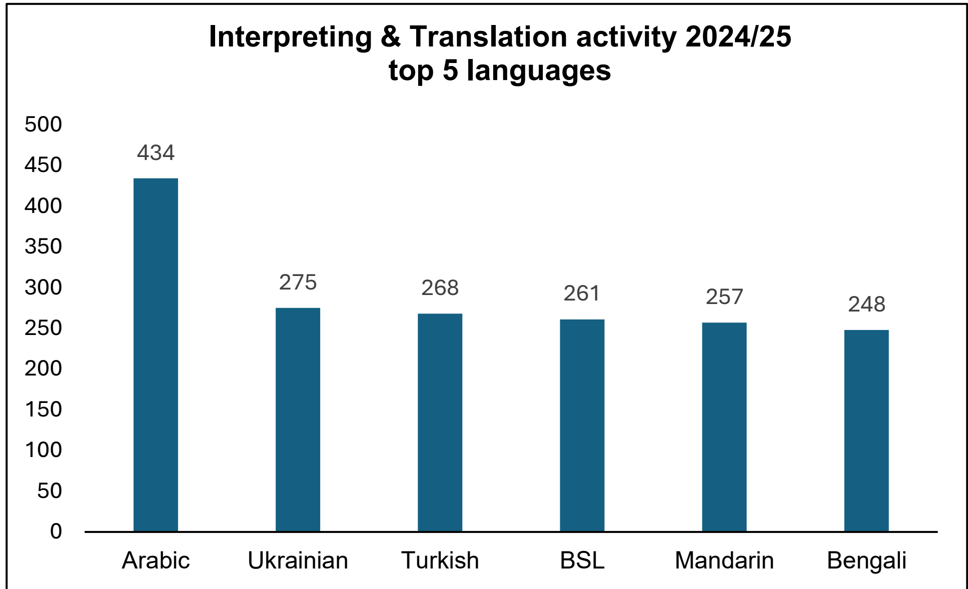
To meet these duties staff can access four face-to-face (F2F) interpreting providers and two interpreting apps to ensure 24-hour access, seven days a week. Furthermore, staff can request the translation of clinical documents via the Interpreting Service. In 2024/25 these interpreting streams were requested or accessed to support people on **4,718** occasions, and in over 60 languages. Requests for support in other formats such as Braille and large font have also been met.

The chart opposite breaks down interpreting activity by the various methods available, with activity by audio or video apps accounting for 84%. F2F interpreting accounts for 12% of activity, with 33% of this being represented by BSL interpreting. However, translation of clinical documents only accounts for 4% of all interpreting activity; given the volume of audio, video and F2F interpreting, this suggests staff may not be considering the need to arrange for clinical documents such as clinic outcome/follow-up correspondence to be translated to match the language provided during a clinical appointment.

Although there is a wealth of information on the extranet about how to access and/or book interpreting services, drop-in sessions and both public and targets information webinars on Microsoft Teams were run during 2024/25, and additional webinars are all already booked for 2025/26 to demonstrate to staff how to access and/or book an interpreting service.

In terms of the top five languages requested the second chart opposite sets these out; these figures reflect language interpretation through all available methods. Arabic was the top language in 2024/25, accounting for 9% of all interpreting activity.





8. National Survey (publications during 2024/25)

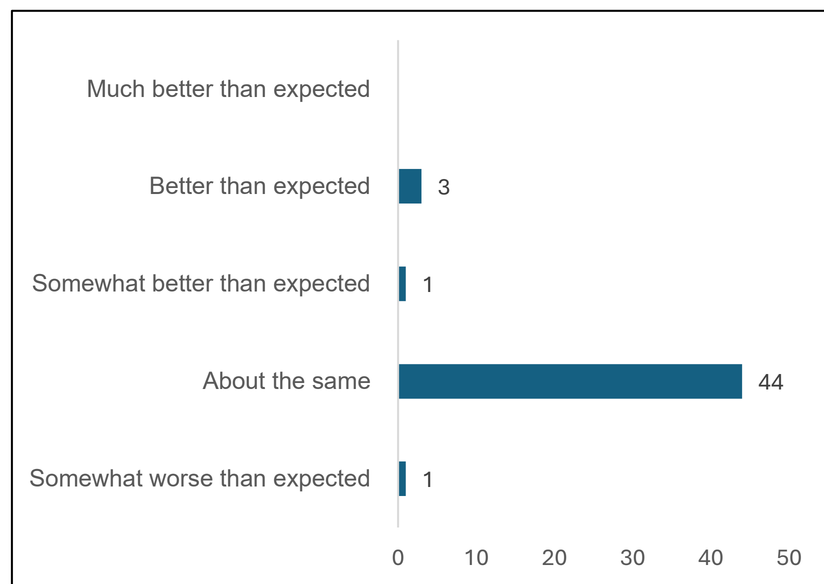
8.1 During 2024/25, four National Surveys were published, relating to care in the previous year; Adult Inpatient, Urgent and Emergency Care, Maternity and Cancer Patient Experience Survey. These reports were shared widely with Divisional Directors of Operations, Assistant Directors of Nursing and at Patient Safety and Quality Group. It is worth noting that these surveys do not reflect a qualitative assessment of the patient's experience of their interaction neither do they encompass the support provided to them, how they felt following their interaction with staff, the information they were provided with and communication overall.

8.2 Adult Inpatient This survey relates to adult patients discharged in November 2023 following an inpatient episode (overnight stay), we cannot identify inpatient areas or dates that the feedback relates to. Our response rate for this survey was 42.65%.

There was no statistical change when comparing last year's results.

Comparison with other trusts

The number of questions at which our trust has performed better, worse, or about the same compared with all other trusts:

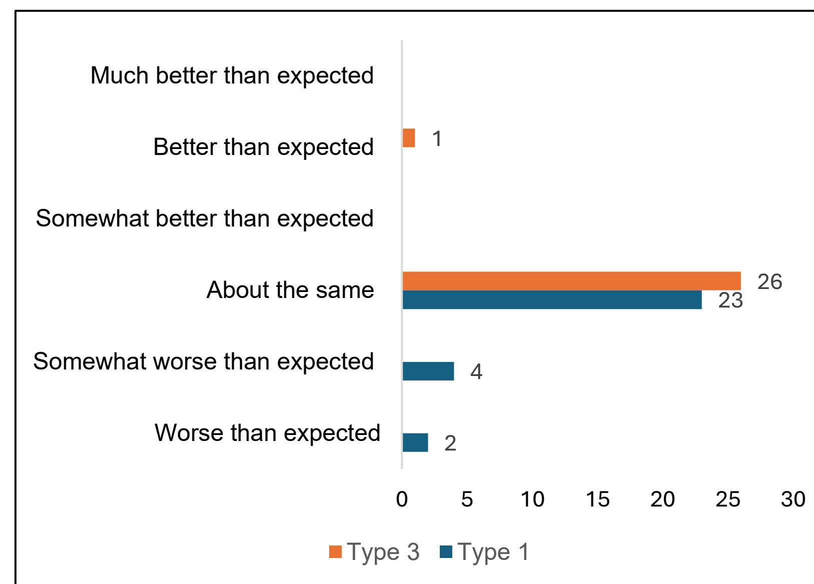


8.3 Urgent and Emergency Care This survey is split by type 1 and type 3 attendances and was applicable to patients who attended the department in February 2024. The Assistant Director of Nursing for Urgent Care developed an action plan in response to the survey results.

Scores are no longer comparable to previous surveys as the focus/format of the questions has changed and so trends over time cannot be reported on this year.

Comparison with other trusts

The number of questions at which our trust has performed better, worse, or about the same compared with all other trusts:



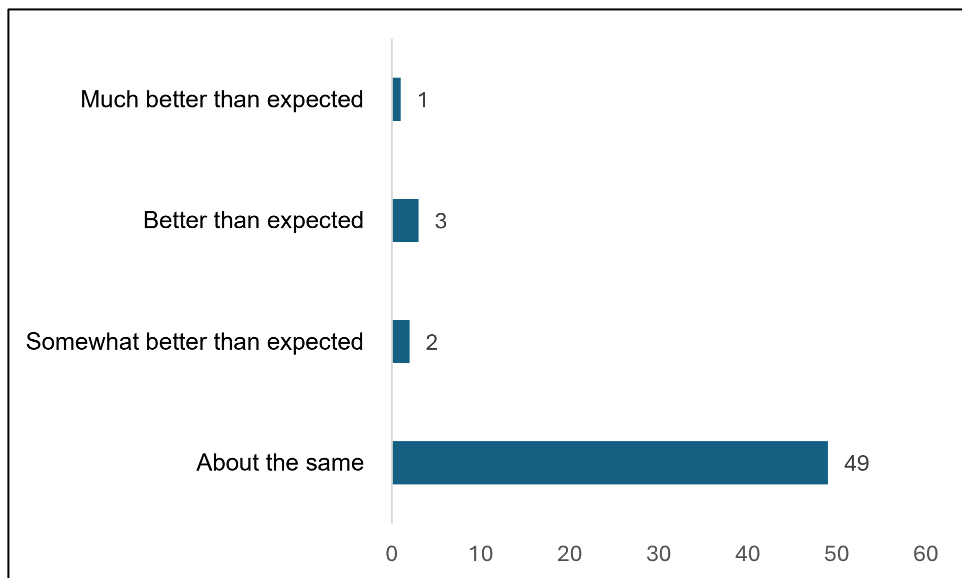
Themes of those questions categorised as "somewhat worse than expected" or "worse then expected" were:

- Communication (listening, written and verbal)
- Pain control
- Discharge information, where to access further treatment if needed

8. National Survey (publications during 2024/25)

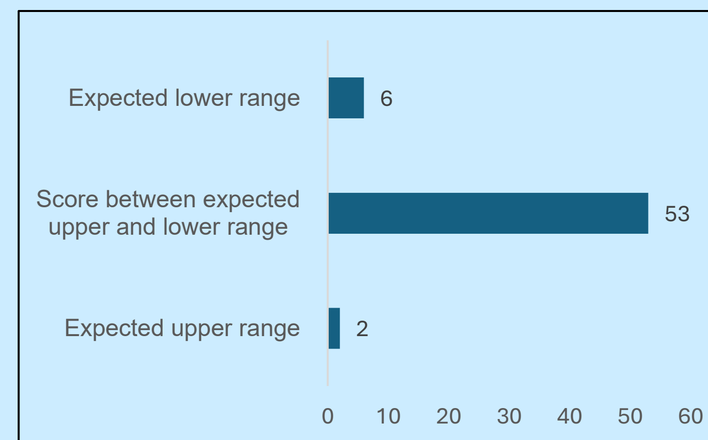
8.4 Maternity This survey was applicable to women who received maternity care in January and February 2024, our response rate was 44.7%. The Director of Maternity Services developed an action plan in response to the survey results.

Comparison with other trusts
The number of questions at which our trust has performed better and no questions where we performed worse than others, or about the same compared with all other trusts:



8.5 National Cancer Patient Experience Survey. The sample for this survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2023. Our response rate was 60%, which is above the national average (52%).

This survey provides a breakdown of results by primary cancer site (some sites ESHT do not treat). This survey calculated expected range of scores, this expected range is the expected range of scores expected for organisations of a given sample size to lie within.



Lower scoring questions which may have contributed to the reason why patients gave this overall score were:

- Patients found it very or quite easy to contact their main person?
- Beforehand patient completely had enough understandable information about radiotherapy
- Beforehand patient completely had enough understandable information about their response to chemotherapy
- Beforehand patient completely had enough understandable information about their response to radiotherapy
- Patient had a review of their cancer care by GP
- Cancer research opportunities were discussed with the patient

ESHT is unable to influence the score relating to Radiotherapy and care provided by GP

9. Complaints

9.1 During 2024/25 the Trust received **426** formal complaints (this is an increase on 2023/24 = 400).

9.2 The NHS (Complaints) Regulations 2009 state that complaints should be formally acknowledged within three working days. During 2024/25 **100%** of complaints were acknowledged with three working days.

9.3 All new complaints are risk rated:

34 were "**High**" and of these 7 were closed and PSIRF implemented

259 were "**Moderate**" where aspects of clinical care appear suboptimal

133 were "**Low**" where quality of care does not form part of the complaint

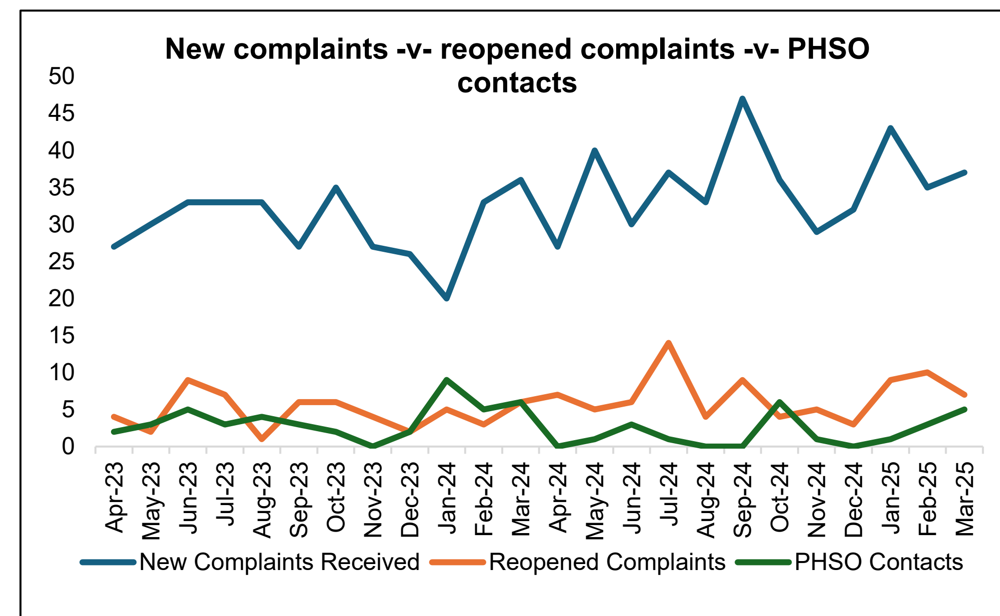
9.4 The top 3 complaint themes were; clinical treatment, patient care and communication. The chart opposite shows the top three complaint themes over a two-year period. It is worth noting that the categories are identified at the beginning of a complaint and are taken from the complainant's perception of care/treatment received. "Communication" includes verbal and written interactions with patients and carers.

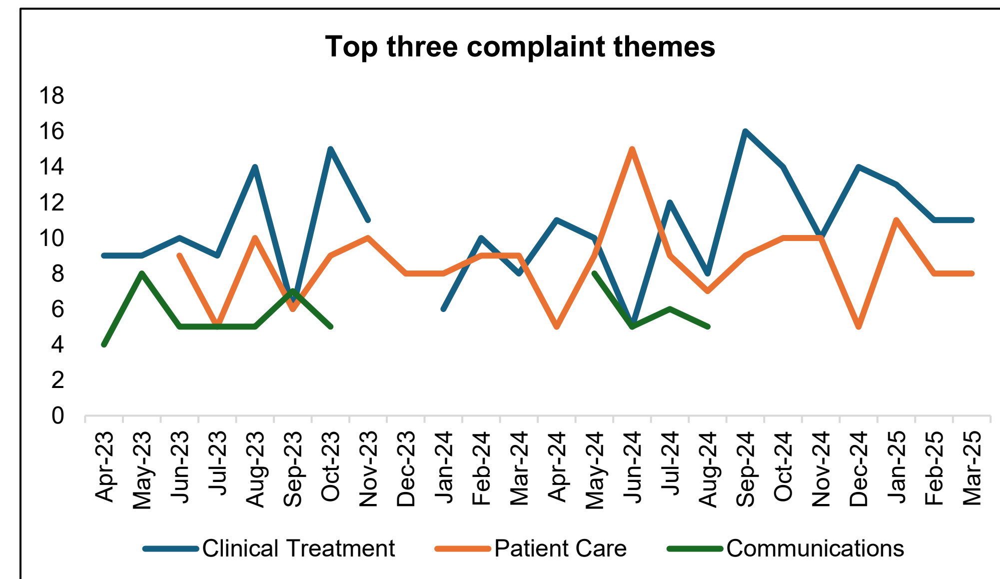
9.5 Top Complaint locations were: Emergency Department (Conquest and EDGH) =68, Outpatients Department =39, Richard Ticehurst Surgical Assessment Unit =11, De Cham Ward =10 and Hailsham Ward =10.

It is worth noting that Outpatients is the "location" and not speciality assigned to the complaint.

9.6 Complaints compliance; The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) set out the rights of complainants to have their complaints investigated and formally responded to in an appropriate and timely timescale, six months or longer when in agreement with the complainant.

The Trust aims to respond to complaints within 60 working days, our local target for this is 80% and our compliance against this standard is **78%**.

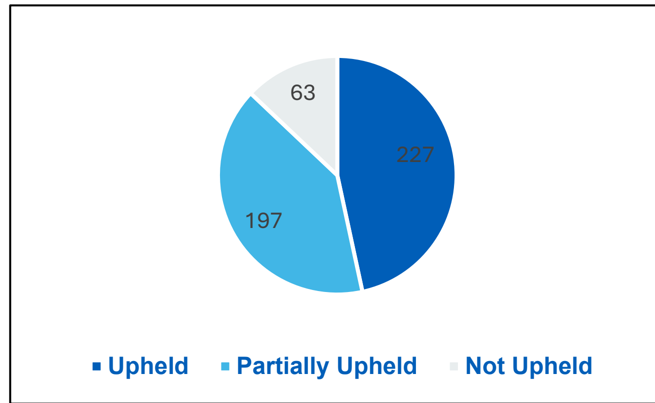




9. Complaints

9.7 The Trust considers all feedback as an opportunity to provide and apology where appropriate and as learning to improve our services.

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. The codes we use are a variant of those used by regulatory bodies including NHS England and the PHSO. The chart below sets out the complaints closed (new and reopened complaints) by outcome;



9.8 A reopened complaint is when a complainant is dissatisfied and or has further questions following the first complaint response or is requesting a local resolution meeting. **83** complaints were reopened in 2024/25 (this is an increase when compared to 2023/24 =61).

27 of the reopened complaints were bereavement complaints, 10 were raised by The Advocacy People, 2 were reopened as consent/ appropriate authorisation was received to enable the Trust to respond to the complaint, 34 reopened complaints were due to additional questions being raised and 19 were to complainants requesting a meeting.

9.9 Learning from complaints

DAS:

- A Pre-Assessment spreadsheet has been introduced which records all patients whose surgery is postponed following a pre-assessment appointment
- A larger stock of Ofloxacin eyedrops now being held by Pharmacy
- Cataract Patient Information Leaflet being reviewed to ensure this includes the named consultant may not undertake all surgery and this is completed sometimes by trainee doctors with consultant supervision
- Nursing Team on SAU to complete discharge check 24 hours before for patients with a VAC dressing which is known to have a poor seal due to area of placement
- Bespoke training sessions for Nursing Team on Hailsham ward being arranged in terms of catheter care
- Policy has now been ratified which gives clear hydration advice for up until time of anaesthetic
- Benson Egerton ward implementing a communication book to provide a patient's next of kin with more information following ward rounds and therapy sessions

Medicine

- Consultant creating a patient information leaflet for patients diagnosed with FND
- Training sessions being arranged for Stroke Unit with SaLT for advice on improving communication with stroke patients
- The Respiratory Department now has a Patient Tracker Coordinator, who ensures that all patients are tracked and monitored effectively using the Patient Tracker List
- Safety pin implemented regarding ReSPECT
- It has been highlighted to the Medical Teams that Magnesium is a contraindicated medication if a patient has Myasthenia Gravis
- Voicemail message changed on IBD nursing advice line to reflect that the service is only for IBD related issues and not other emergency health care issues

9. Complaints

9.9 Learning from complaints (continued)

Urgent Care:

- SBAR documentation being reviewed to include a section that records the rationale and risks of moving a patient
- Dementia Care Team asked to provide additional training to Glynde ward
- Improvements have been made to the recording of wounds on a body map in the ED and the use of clinical photography through the electronic patient record system
- Additional training being requested for nursing staff in managing patients with seizures
- Consultant undertaking a teaching session in terms of patient's case, whereby they were misdiagnosed with Addison's disease and commenced on IV Hydrocortisone, as blood results had not been reviewed
- Budget of £30,000 has been allocated to upgrade and recode the nurse call bell system throughout CQ ED
- Staff in ED, AMU and AAU reminded of the process around what is required when patients need to attend for a radiotherapy session
- The Vascular Access team have developed a patient information video explaining the PICC insertion procedure, its risks and how to prepare for this to help staff with PICC lines
- Education being arranged for staff in managing patients with gastrotomies
- ED Clinical Lead asked to add head injury and sharing of advice to discharge checklist. Head injury advice to be added to staff induction, training and safety huddles

Women and Children (Maternity)

- Midwifery team undertaking education with Perinatal Mental Health team to ensure a high level of appreciation and acknowledgement for mothers and families that require personalised provisions
- All doctors have been reminded of the importance of gaining verbal consent before any examination and have been sent the GMC consent guidance for intimate examinations and the importance of having a chaperone present
- Midwifery implementing a new transformation midwife role to ensure personalised care plans are clearly communicated and agreed with all patients.
- Fetal Wellbeing Specialist reviewing the option of introducing a buzzer system to alert patients when their appointment is due

Women and Children:

- Murray Ward being redesigned to include showers
- Storage and administration of milk feeds policy being reviewed and amended to ensure covers paediatric wards
- A new patient information leaflet on ablation has been devised to include detailed information on the risks and side effects and the need to consider a hysterectomy as the next step, if there are long term side effects or ongoing symptoms
- Clinic name changed to Trisomy 21 clinic and team are reviewing the use of therapeutic holding during procedures such as blood tests
- Specialised link roles being developed within the nursing team to focus on best practices for supporting children and young people with additional needs
- The early pregnancy scan appointment service is being reviewed due to the limitations of current capacity and the recognition of need for improvements

Community Health and Integrated Care

- Consultant MSK Physiotherapist working closely with Ehlers-Danlos (EDS) Support UK Hastings
- Commissioners being asked to arrange for refresher advice to be issued to primary care detailing the MSK guidelines and where they are available
- Images are now transferred between DEXA system and the Fracture Liaison Service, with a notification being received and a new system has been implemented to offer patients a second telephone call if they have found results upsetting or information overwhelming
- Consideration is being given to establishing a single point of access for palliative and end-of-life care across Sussex
- When a patient's pain continues for no obvious reasons Physiotherapy staff reminded that they should refer back to the Orthopaedic Team

Core Services

- The Trust's Phlebotomy information webpage to be updated to include hydration advice for patients attending for a blood test
- A new Chaperone policy is being implemented

10. Parliamentary and Health Service Ombudsman (PHSO)

10.1 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.

10.2 The Trust received **9** new case enquiries from the PHSO, which is a reduction on 2023/24 (=19). The table below set out the PHSO activity 2023/24 vs. 2024/25:

Contact type	2023/24	2024/25
New case enquiries	19	9
Outcome – upheld	0	1
Outcome- partially upheld	4	4
Outcome – Not upheld	2	0
Outcome – Not investigating further	15	5
Outcome – Referred back for local resolution	4	2

10.3 Learning identified from PHSO contacts:

- Junior medical staff attended specific end of life and pain management discussion/session. Review of medication on Acute Medical Unit took place with discussion between Pharmacy and End of Life care Group resulting in first- and second-line drugs now being available.
- Nervecentre Programme has been implemented and includes all nursing assessments such as nutritional assessments. The ward has initiated that each bay and side room have summary of a patient's care needs which staff will tick if a patient needs a food and fluid chart, twice weekly weight and other specific care needs are required. Pressure area assessments also in Nervecentre where Purpose T, skin assessment, repositioning charts, body map and clinical photos can be viewed or revisited. The system highlights due assessments to alert the staff that a patient requires an updated assessment for this particular area. Pressure area checks have also been included on admission checklist.
- Case highlighted importance of intermediate care units completing the discharge checklist to ensure all necessary referrals are completed in a timely manner, which was highlighted to the team.
- All Consultant Radiologists have been informed to ensure that they perform 3 Planar reconstruction of imaging in the case of all suspected fractures and that junior SPR reports are accurately assessed and scrutinised. The case has also been presented to the REALM (Radiology events and learning meeting) meeting for shared learning.
- The Trust made the transition from risk assessments being on paper to being electronic in August/September 2023, including mouthcare and MUST (Malnutrition Universal Screening Tool) scores. On the electronic system it alerts staff when risk assessments are due for review. Study days for all staff have and continue to include teaching from dietitians and mouthcare. Ward meetings have discussed the importance of completing MUST scores on admission as well as onward referrals as required.
- Experience has been shared with the ward team to emphasise the impact of not contacting a patient's relative in a timely manner when they are nearing the end of their life. It has been reinforced to staff that they must contact a patient's family at the earliest opportunity once it is identified that the patient's condition has deteriorated.

11. Patient Advice and Liaison Service (PALS)

11.1 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.

Contact type	2023/24		2024/25	
	Count	%	Count	%
Advice, assistance and information	2876	46%	3258	46%
Concern/issue	3398	54%	3801	54%
Totals	6274		7059	

Whilst PALS contacts in 2024/25 increased by 785 contacts (this is the second year PALS contacts have increased), the proportion of contacts by type remained the same. This increase in contacts can be attributed to PALS supporting early resolution of concerns in line with the NHS Complaints Standards and increased Trust activity.

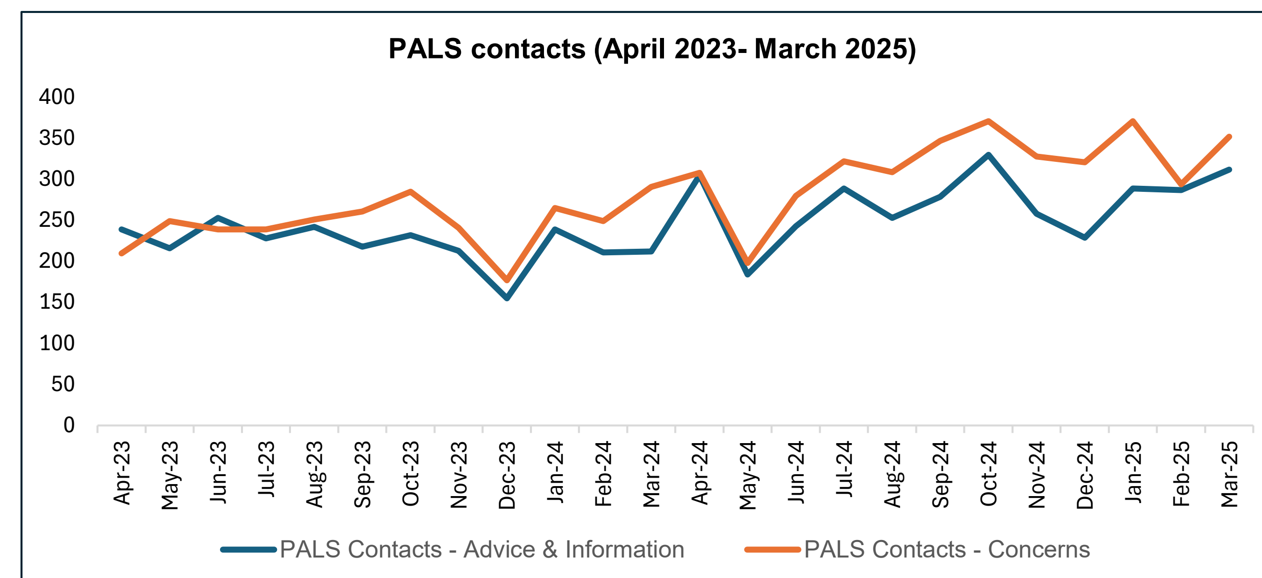
11.2 PALS aim to respond to all contacts within 15 working days, the response rate was **87%** in 2024/25, which is a 1% increase compared to 2023/24.

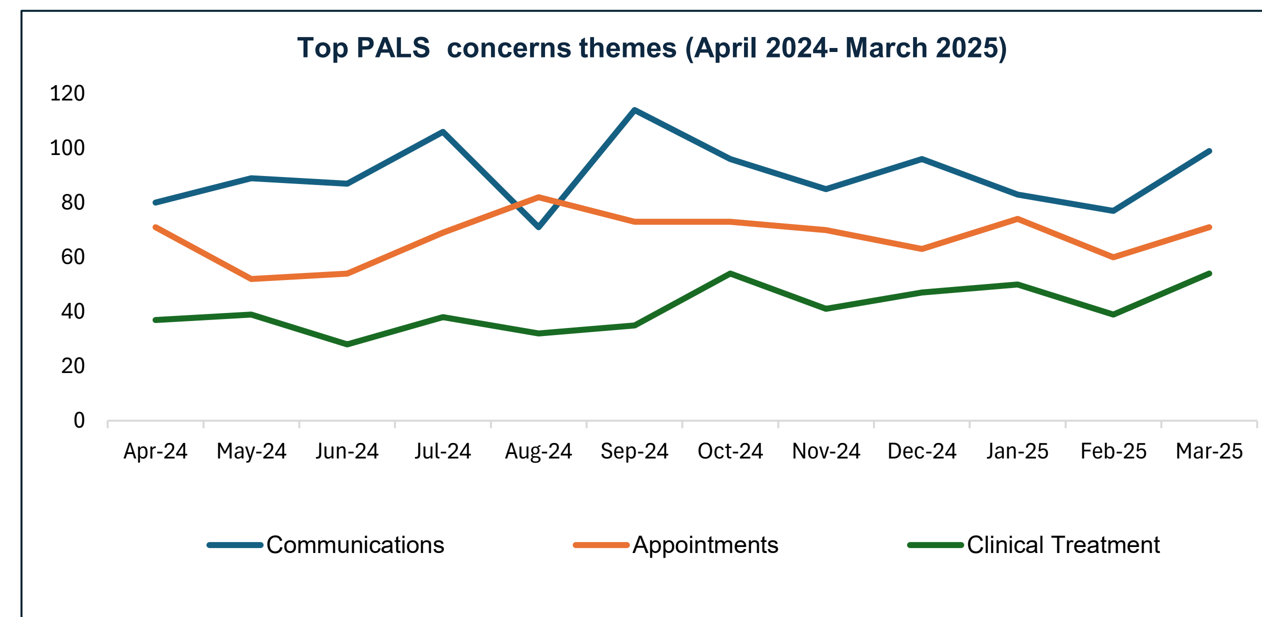
11.3 In 2024/25 4% (169) of PALS concerns were escalated to a formal complaint.

11.4 The top 3 PALS concerns theme were; communication, appointments and clinical treatment. Two out of the three subjects mirror complaints (communications and clinical treatment). Concerns regarding appointments relate to patients/ carers being notified of late notice cancellations, patients/ carers requesting how long they are likely to wait for an appointment and appointment errors.

11.5 Top locations for raising a PALS concern were: Outpatients Department =456 (Trust wide), Emergency Department (Conquest and EDGH) =345 and Audiology =92.

It is worth noting that Outpatients is the "location" and not speciality assigned to the concern. Concerns against ED were mainly categorised as "clinical treatment". Audiology patients reporting unable to get through is a reoccurring issue, the service report that they will be recruiting to a band 2 post dedicated to answering phone lines.





12. Conclusion

12. Given the relatively small number of complaints and concerns, the breakdowns in this report do not indicate that we have cause for concern. However, we take all feedback as an opportunity to learn and improve our services.

12.1 Achievements;

- ✓ The Trust continues to receives considerably more feedback of positive experiences of care
- ✓ **19,121** FFT's were completed in 2024/25, which is a significant increase when compared to 2023/24 (28,525)
- ✓ **84,410** compliments/plaudits in 2024/25; this is a significant increase when compared to 2023/24 (25,872)
- ✓ Collaborative working with Healthwatch East Sussex continues
- ✓ In 2024/25 interpreting streams were requested or accessed to support people on **4,718** occasions, and in over **60** languages
- ✓ **0.5%** of feedback received was categorised as a formal complaint
- ✓ **100%** of complaints were acknowledged with three working days
- ✓ Complaints were able to identify learning to make improvements
- ✓ PALS contacts increased by **785** contacts, which would indicate we are providing early resolution as suggested in the Complaints Standards
- ✓ **4%** of PALS contacts escalated to a formal complaint

13. Looking forward- actions for 2025/26

13. The patient experience team will continue to develop, triangulate data, share trends and themes with divisions to make improvements to the care we provide to our local community.

Over the course of 2025/26 we will:

- Continue to review our systems and processes for how feedback is received and how we respond
- Seek input from our patients/ services users/ stakeholders of the patient experience team
- Continue to work collaboratively with Healthwatch East Sussex
- Continue to support divisions with patient experience data monthly or as required, to allow local ownership and embed learning from patient experience
- Look to implement on online patient experience training package for ESHT staff
- Continually review and update public facing information about how the patient experience team can provide support, ensuring it is available in accessible formats
- Continue to offer training on how to access and/or book an interpreting service, including the translation of written information