NHS
East Sussex Healthcare
NHS Trust

Patient Experience
ESHT: Annual Report 2025/26

KINDNESS

INCLUSIVITY

INTEGRITY

Contents

1. Introduction

1.1 East Sussex Healthcare NHS Trust (ESHT) is committed to listening to, learning from, and acting upon feedback from patients, carers, and service users. We gather feedback through a wide range of sources which provides vital insight into what matters most to the people who use our services and those who support them.

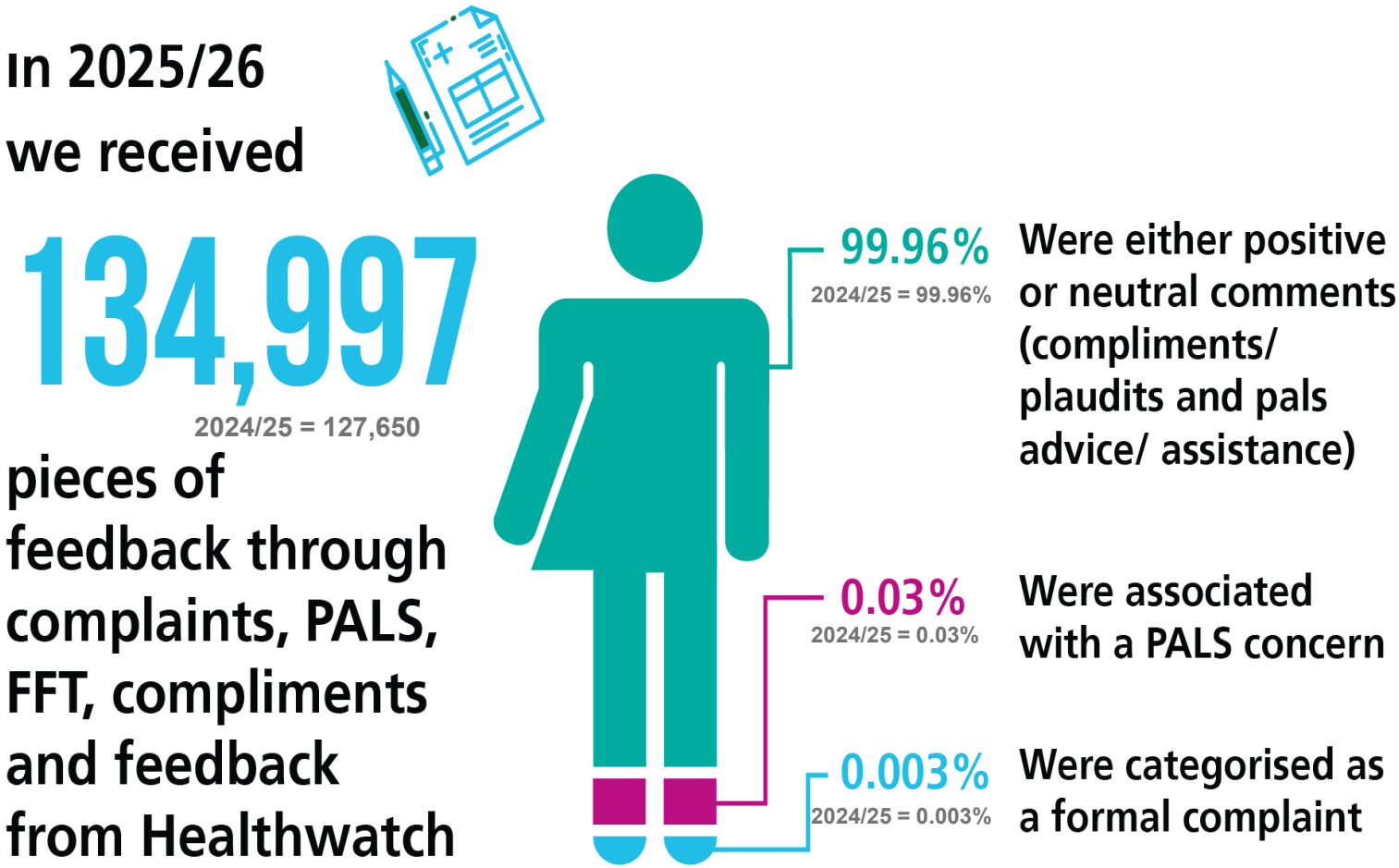
This annual report presents an overview of patient experience feedback received during 2025/26 and describes how this feedback has informed improvement activity across the Trust. While the Trust continues to receive significantly more positive than negative feedback, we welcome all feedback and it is used constructively to identify opportunities for improvement and to enhance the quality of care.

Patient experience At ESHT is a shared responsibility, every member of staff contributes to how patients experience our services. We continue to strengthen our culture of listening and learning and to equip colleagues with the skills, confidence, and tools required to support continuous improvement in patient experience and care quality.

We continue to meet its obligations under the **Local Authority Social Services and National Health Service Complaints (England) Regulations 2009**. All complaints received are formally recorded, acknowledged within statutory timescales, and investigated through an established and monitored process. Outcomes, themes, and learning from complaints are reported through internal governance structures to provide assurance and to support ongoing service improvement.

The report focuses on the activity of the Patient Experience Team, including complaints handling, PALS activity and FFT responses. We recognise, that patient experience feedback is also collected and responded to across a range of clinical services throughout the Trust to help drive local improvements.

We have seen an increase in feedback received in 2025/26, driven by higher FFT response volumes.



2. Friends and Family Test (FFT)

2.1 FFT is the single largest feedback mechanism we have, FFT asks people who have accessed services to provide feedback on how satisfied they were with their experience. 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”.

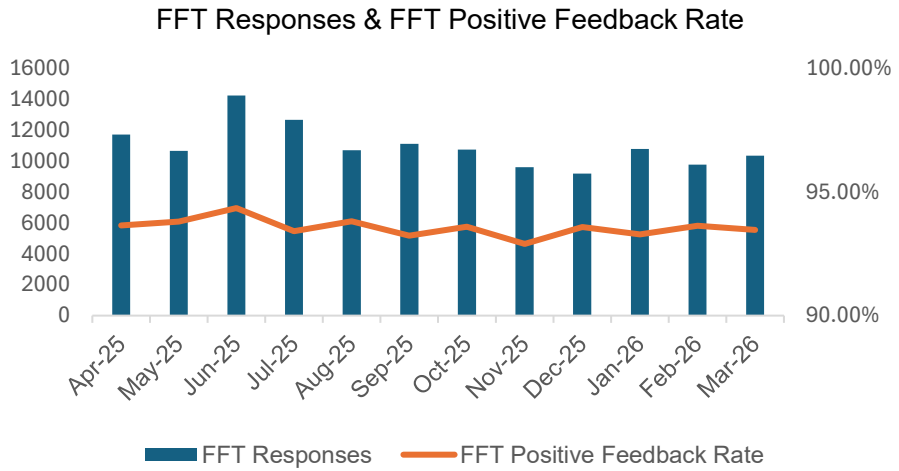
FFT performance remains consistently strong and stable, with high levels of patient engagement and all service areas performing at or above national benchmarks, providing assurance on the Trust’s Caring culture and Well-led approach to listening and responding to people’s experiences.

Overall performance:

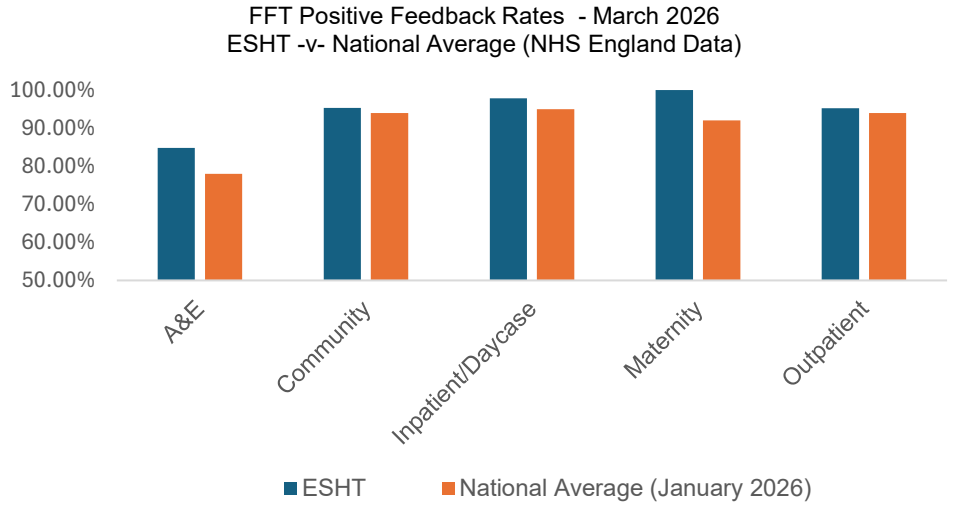
- FFT performance remains consistently strong at **93.6% positive**
- Trend: stable across the year

Engagement and coverage:

- Total responses: 131,547
- Year- on- year change: ↑ from 119,121 (+10%)
- Collection methods: SMS, IVM, online, paper
- Assurance: sustained and increasing response volumes provide confidence in the reliability and representativeness of FFT insights



2.2 Performance across A&E, Community, Inpatient/Daycase, Maternity and Outpatients remains consistently favourable when compared with national FFT averages, with particularly strong results observed in Maternity and Inpatient/Daycase services. Notably, the A&E score is now above the national average, representing a marked improvement on last years score.



3.3 Key themes from FFT free text comments feature in both the positive and negative themes. Where themes appear in both positive and negative feedback this reflects a variation in experience (such as the way we communicate with our patients/ relatives) rather than systemic failure.

Top positive themes:

✅ Staff attitude ✅ Implementation of care ✅ Environment ✅ Communication ✅ Waiting time

Top negative themes:

⚠ Staff attitude⚠ Environment⚠ Waiting time⚠ Implementation of care⚠ Communication

3. Compliments

3.1 The sustained high volume of compliments received during 2025/26 provides strong assurance of a compassionate, patient-centred culture, with staff behaviours consistently recognised for kindness, professionalism and communication.

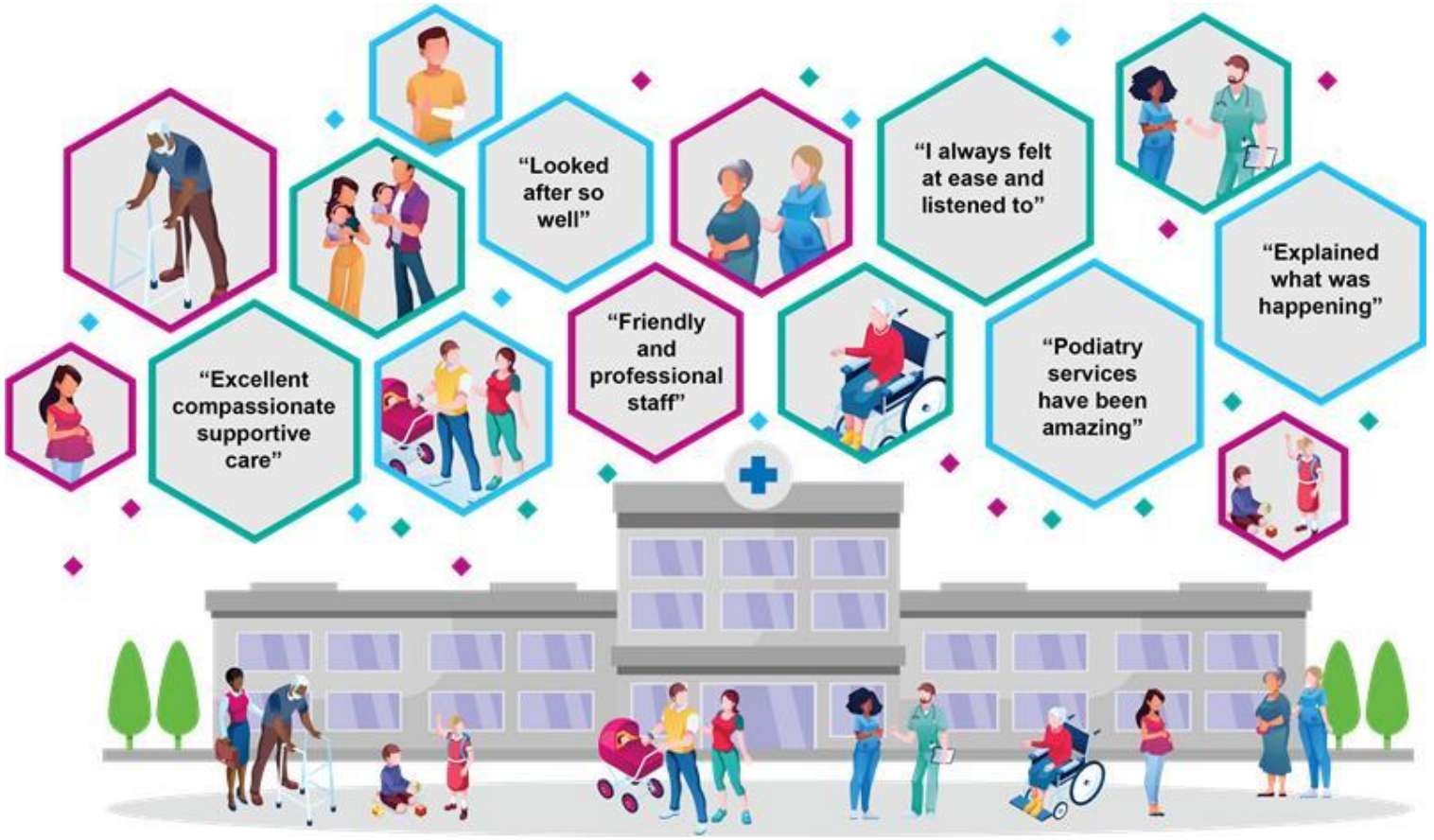
- **Total compliments/ plaudits received**: 88,423
- **Trend**: sustained increase compared with 2024/25 (84,410)
- **Source of feedback**:99% of compliments received via digital Friends and Family Test (FFT)
- Increase reflects improved digital capture, rather than a change in reporting thresholds

What patients consistently value: compliments most frequently reference:
- Staff attitude, kindness and compassion
- Feeling safe and well informed
- Professionalism and quality of care
- Communication and reassurance

These themes are consistent across services and mirror FFT free-text insights.

All compliments are:
- Shared with relevant teams and individuals
- Recorded on Trust systems
- Used to inform local learning and improvement

Positive feedback contributes to:
- Staff recognition processes
- Team learning conversations
- Reinforcement of expected behaviours aligned to Trust values



4. Healthwatch East Sussex- review of our services

4.1 We are proud of our relationship with Healthwatch, throughout 2025/26 we have continued to met regularly with Healthwatch (HW). These meetings have also enabled the us to be sighted on any areas of concern raised by the public or stakeholder to HW at the earliest opportunity.

HW volunteers supported Patient Led Assessments of the Care Environment (PLACE) across ESHT sites over five days, supporting the Trust to understand the experiences of patients accessing their estate and develop recommendations around access, signage, cleanliness, and food.

This year has been spent reflecting on the recommendations made from previous enter and view visits.

4.2 Feedback from Healthwatch:

"The last 12 months has seen a widely changing health and care landscape, with the launch of the NHS Long-term Plan, performance league tables, and increased financial pressures and scrutiny for NHS Trusts, as well as local challenges of ongoing pressures on hospital discharge and emergency departments.

At Healthwatch East Sussex we recognise the challenges East Sussex Healthcare NHS Trust (ESHT) has faced and its robust ongoing commitment to delivering high quality care and outcomes for patients and communities locally. We especially welcome the collaborative approach of senior Trust staff, and their pro-active responses to the direct queries we pose on behalf of patients, and wider feedback we share.

During the year, the Trust has continued to evolve and develop its services, including the launch of the Sussex Surgical Centre, a new Electronic Patient Record, and upgraded facilities at Eastbourne District General Hospital (EDGH) and Bexhill Hospital's Irvine Unit. We will continue to alongside the Trust to monitor how these and other services are experienced by those using them.

We look forward to working with the Trust in 2026/27 to continue to put patients at the heart of care."

healthwatch East Sussex

5. Interpreting Service

5.1 The Trust continues to meet its statutory duties under the Equality Act (2010) and Accessible Information Standard (2016), providing safe, equitable access to services for people with language, communication and information needs. Activity data demonstrates increasing demand and effective access.

- **Interpreting support provided:** 6,064 occasions (↑ from 4,799 in 2024/25)
- **Languages supported:** 60+, including British Sign Language (BSL)
- **Access model:** 24/7 availability via:
    - Audio and video interpreting (83%)
    - Face to face interpreting (11%)
    - Document translation (6%)
    - Alternative formats (e.g. Braille, large font) continue to be provided where required

Equity and Population Insight:

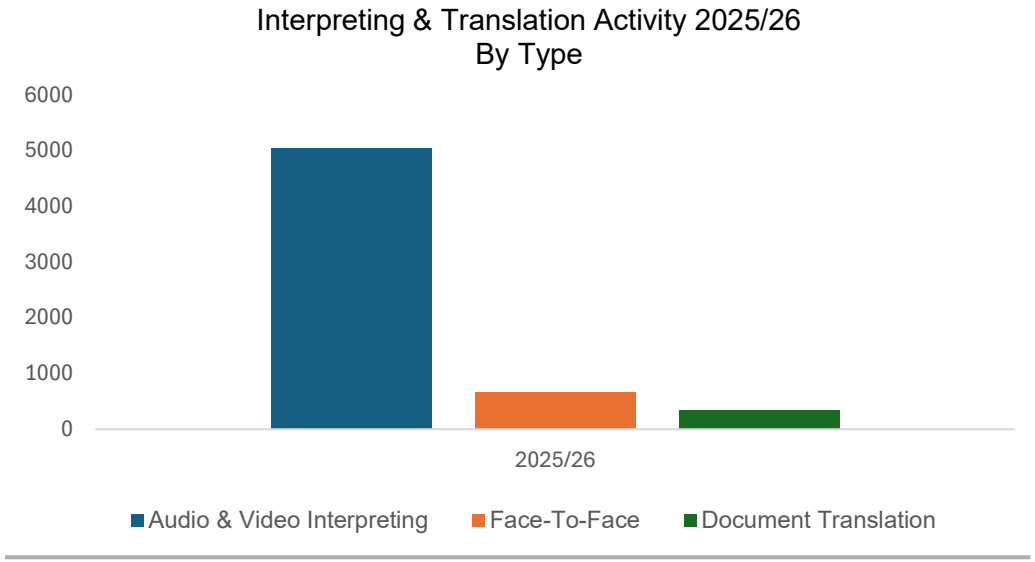
- Top languages requested reflect local population need
- Arabic was the most frequently requested language (9.7% of all activity), followed by Bengali, and Russian
- Data provides assurance that services are responsive to local demographic and health inequality profiles

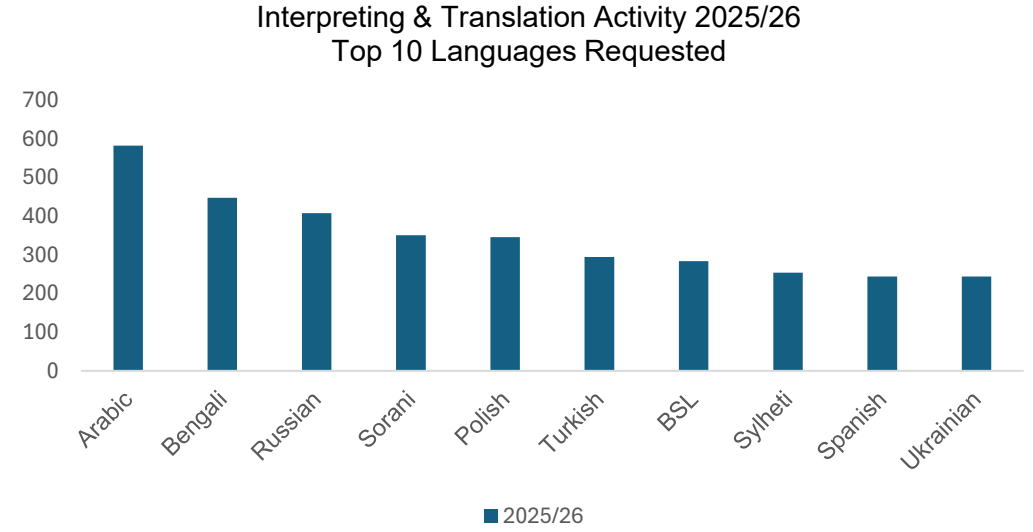
Document Translation

Despite high use of interpreting during appointments, document translation accounts for only 6% of activity, suggesting that patients may not consistently receive follow-up letters, care plans or outcome correspondence in their preferred language.

We will strengthen the link between interpreting provision at appointments and the translation of follow-up documentation to ensure equitable access to information, safe treatment adherence and informed decision-making across the care pathway. This will be done by:

- Reinforcing to staff the guidance linking interpreting needs to post-appointment document translation
- Ongoing monitoring of document translation volumes alongside interpreting activity
- Targeted awareness with clinical teams in high-use services





6. National Survey (publications during 2025/26)

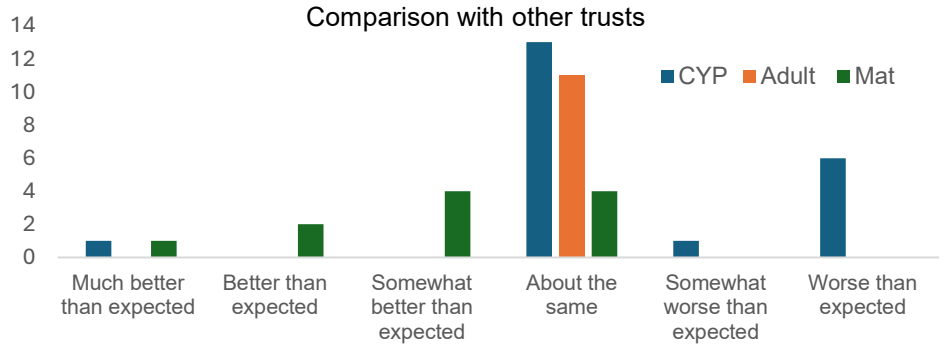
6.1 During 2025/26, four National Surveys were published, relating to care in the previous year; Children and Young People (CYP), Adult Inpatient, Maternity Survey and Cancer. Results provide insight into patient experience across key domains and comparative performance against national benchmarks.

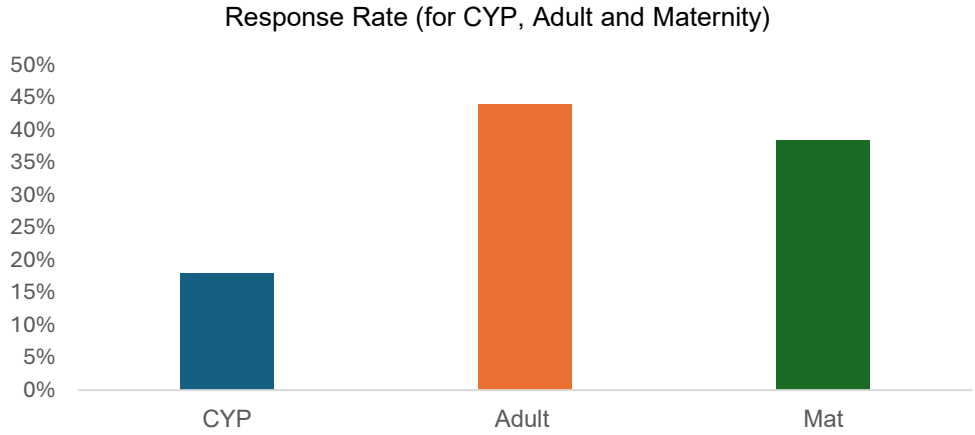
Overall results: consistent with previous performance across all areas
- Strengths in communication and supportive care
- Scores remain in line with, or above, national average in several core measures
- Some areas show variation, highlighting opportunities for further improvement

What this means:
- Current improvement priorities remain appropriate
- Focus areas validated by patient feedback

Next Steps:
- Findings have been shared with services
- Incorporated into existing quality and experience plans
- Ongoing monitoring through corporate reporting

Comparison with other trusts: CYP, Adult Inpatient and Maternity Survey. It is worth noting that the response rate for CYP was <20% and bottom scoring questions were about being looked after in hospital, the ward, waiting area and leaving hospital- the division have completed an action plan to address these questions.
The number of questions at which our trust has performed better, worse, or about the same compared with all other trusts:





Comparison with other trusts: Cancer
- Our response rate was 55%
- Two questions scored above the expected range
- Two questions scored below the expected range (there is limited research opportunities available at ESHT)

	2024 score	Lower expected range	Upper expected range	National score
Q34. Patient was always able to get help from ward staff when needed	80%	68%	80%	74%
Q35. Patient was always able to discuss worries and fears with hospital staff	75%	59%	72%	66%
Q07. Patient felt the length of time waiting for diagnostic test results was about right	73%	74%	81%	77%
Q58. Cancer research opportunities were discussed with patient	34%	36%	55%	46%

7. Complaints

7.1 Overall performance:

- During 2025/26 the Trust received **498 formal complaints,** an increase from 426 in 2024/25
- All complaints were **acknowledged within three working days (100%)** in line with The NHS (Complaints) Regulations 2009

Risk rating of complaints:

- **28 High-risk complaints**- of these, 12 were closed and subject to PSIRF review
- **360 Moderate-risk complaints-** where aspects of clinical care were p[perceived as suboptimal
- **110 Low-risk complaints-** where quality of care does not form part of the complaint

Trends and themes, the top 3 complaint themes were: these theme are assigned at the point of receipt, based on the complainant's perception, and are monitored over time (see chart opposite)

- Clinical Treatment
- Patient Care
- Values and Behaviours- a sub subject of this is communication

Complaint locations: highest volume of complaints were associated with:

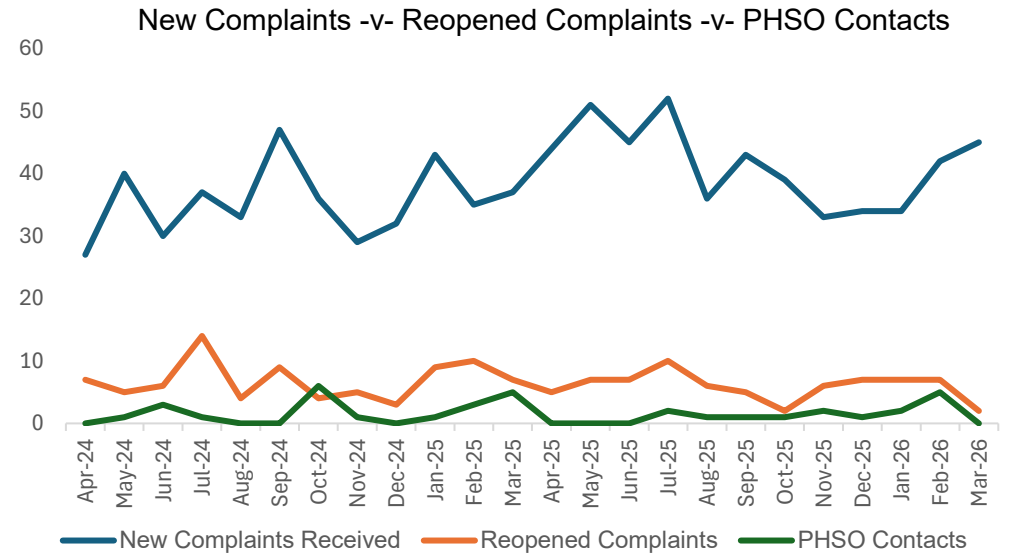
- Emergency Department (Conquest and EDGH): 102
- Outpatients Department: 65
- Richard Ticehurst Surgical Assessment Unit:15 (clinical treatment was the main theme), this is the second year that this unit features in the top 3 locations
- Frank Shaw ward: 13 (patient care was the main theme)

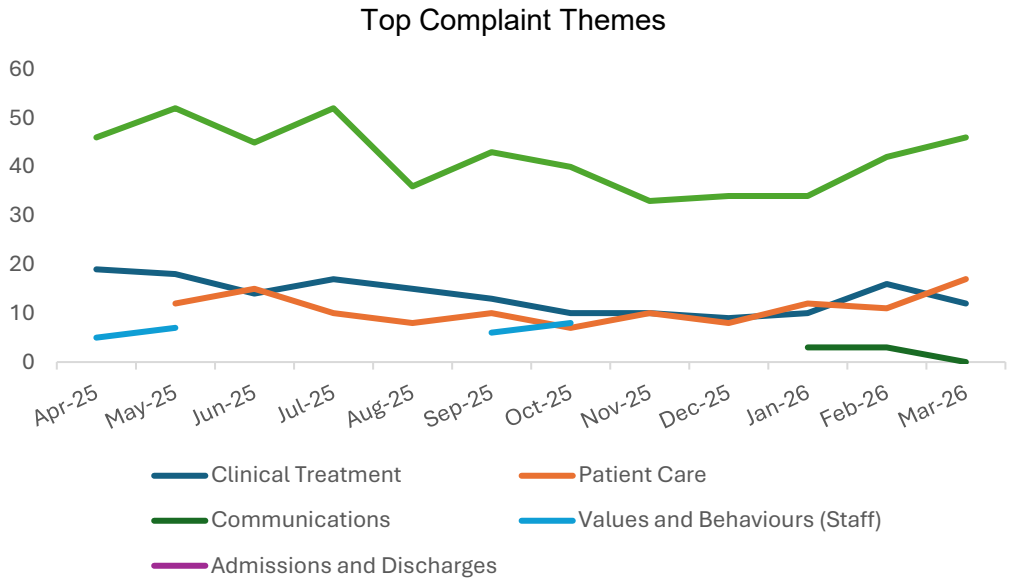
Note: "Outpatients" refers to the location rather than speciality.

7.2 Timeliness of responses: the Trust aims to respond to complaints within 60 working days, with a local target of 80%

- **71%** of complaints were responded to within this timescale- Performance reflects increasing complaint volume and case complexity and remains under active review with a view to improve this in 2026/27
- An emerging trend during 2025/26 has been an increase in complaints drafted using AI-assisted tools. These complaints frequently contain a substantially higher number of questions and requests for explanation than historically seen, increasing the complexity and resource required for investigation. Whilst this may not necessarily represent an increase in patient dissatisfaction, it has contributed to longer and more complex complaint investigations and has been a factor affecting response timeliness.

Note: 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.





7. Complaints

7.3 Approach to complaint handling:

- The Trust considers all feedback as an opportunity to provide and apology where appropriate and as learning to improve our services
- Inline with **Regulation 17**, of The NHS Complaints regulations (2009), an outcome is recorded for every closed complaint.

Note: the codes we use are a variant of those used by regulatory bodies including NHS England and the PHSO.

Complaint outcomes (closed complaints):

- **Upheld:** 246
- **Partially upheld:** 223
- **Not upheld:** 43

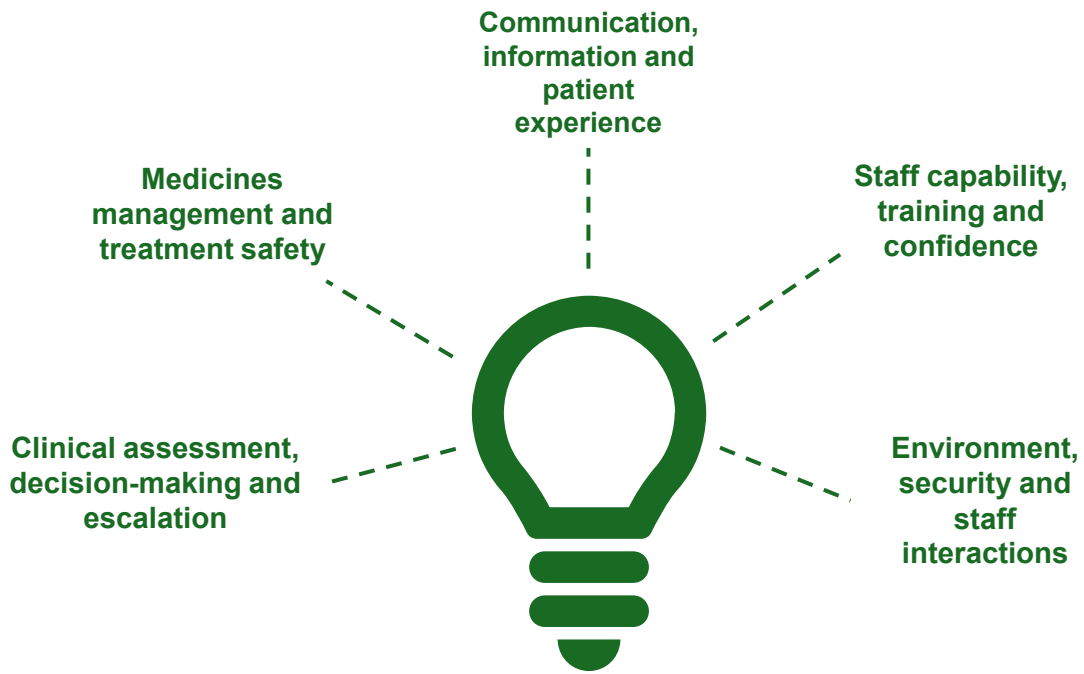
This distribution reflects transparent investigation processes, acknowledgement of failings where identified, and proportionate responses based on evidence.

Reopened complaints: 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

- **71 complaints were reopened in 2025/26, a reduction from 83 in 2024/25**
  - Reopened complaints mainly related to:
    - Requests for further clarification
    - Bereavement- related complaints
    - Advocacy involvement enabling further responses

7.4 Complaints learning during 2025/26 demonstrates a strong and consistent organisational response, with actions taken across clinical practice, medicines management, communication and environmental safety. Learning is being embedded through training, pathway clarification, MDT discussion, process improvement and strengthened patient information.

Themes identified below do not indicate widespread or systemic failure; rather, they reflect opportunities to improve reliability, clarity and patient experience. We can take assurance that complaints are being used effectively as a mechanism for learning and service improvement.



7. Complaints- how we have made improvements

Learning themes:

- **Theme 1: Clinical assessment, decision-making and escalation**
  - **Learning focus:** Complaints highlighted the importance of robust clinical judgement, timely escalation, and consideration of rare or high-risk presentations
  - **Actions:** Enhanced training and awareness of atypical presentations (e.g. stroke with visual loss, heterotopic pregnancy, sepsis, HHS). Clearer referral and escalation pathways (e.g. TIA clinic, obstetric bleeding management). MDT discussion and regional collaboration for complex maternity and cardiology cases. Reinforced competence requirements for locum clinicians undertaking specialist procedures
  - **Why this matters:** Supports early recognition of risk, reduces diagnostic delay, and strengthens patient safety

- **Theme 2: Medicines management and treatment safety**
  - **Learning focus:** Complaints identified risks related to medication availability, preparation, prescribing clarity and clinical equipment, procedures and measurements are safe, appropriate and clearly managed.
  - **Actions:** Education on correct preparation and dispensing of paediatric antibiotics. Review of antimicrobial prescribing in line with local policy. Improved stock control and live tracking of medication delivery. Reinforced guidance on pain management and non-pharmacological options
  - **Why this matters**: Reduces risk of harm from medication error or delay and inadvertent harm due to equipment misuse and improves consistency of care

- **Theme 3: Communication, information and patient experience**
  - **Learning focus:** A recurring theme across complaints was clarity of information for patients, carers and relatives
  - **Actions**: Review and improvement of patient information leaflets (SDEC, post-operative care, visiting). Improved explanation of appointment processes and expectations for patients and carers. Enhanced telephone triage and information provision. Development of resources to support patient self-management following triage or assessment
  - **Why this matters**: Improves patient understanding, experience and trust, and reduces avoidable dissatisfaction

- **Theme 4: Staff capability, training and confidence**
  - **Learning focus:** Several actions focus on improving staff knowledge and confidence to support safe, compassionate, and consistent care
  - **Actions:** Dementia care training and strengthened links with Dementia Lead. PICO device training for ward staff. Support for staff in explaining risks and care expectations to patients. Shared guidance on escalation processes
  - **Why this matters:** Strengthens reliability of care delivery and supports staff to manage complex needs effectively

- **Theme 5: Environment, security and staff interactions**
  - **Learning focus:** Complaints highlighted the influence of physical environment, security, and staff behaviours on patient experience
  - **Actions**: Reinforced procedures for securing clinical areas and equipment. Improved processes for out-of-hours admissions and mortuary access. De-escalation training to support staff interactions with patients and relatives. Review of processes between departments to reduce delays or confusion
  - **Why this matters:** Supports safe environments, protects dignity, and reduces conflict or distress

8.Parliamentary and Health Service Ombudsman (PHSO)

8.1 The PHSO make final decisions on complaints that complainants feel 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.

PHSO activity during 2025/26 remained low and stable, with the Trust receiving 12 new enquiries, a small increase from the previous year (9).

This level of activity continues to compare favourably with Trust size and service complexity.

Outcomes were largely positive, of the cases closed only one case was determined as upheld.

Most enquiries were either not taken forward by PHSO or referred back for local resolution, indicating effective complaint handling and resolution processes within the Trust.

This position provides assurance that PHSO cases do not indicate systemic concerns and that learning from external scrutiny is being embedded appropriately to support patient safety and service improvement.

8.2 Learning identified from PHSO contacts: Learning identified from PHSO cases was limited and focused on specific clinical scenarios, predominantly within cardiology and maternity services:

- Diagnosis of spontaneous coronary artery dissection (SCAD) to be included in the annual ESHT cardiology meetings and covered in Cardiac trainees mandatory training.
- Consultant Cardiologist also undertaking a training session with Obstetricians regarding cardiac conditions in pregnancy.
- Discussion by Maternal Medicine Consultant to take place at the South East London/ Sussex Maternal medicine Sub hub MDT (multi-disciplinary team).
- Cardiac information packs to be available on the maternity wards.

Actions implemented include enhanced specialist training, multidisciplinary review, and improvements to patient information materials.

	2023/24	2024/25	2025/26
New case enquiries	19	↓ 9	↑ 12
Rate of complaints escalated to PHSO	5%	↓ 2%	↔ 2%
Outcome-upheld	2	1	1
Outcome- partially upheld	4	4	0
Outcome- not upheld	0	0	0
Outcome-not investigating further	15	5	1
Outcome- referred back for local resolution	4	2	1

Note new case enquires opened in year will not equal the number of outcomes settled in year- not all cases are opened and closed within the year*

9. Patient Advice and Liaison Service (PALS)

9.1 Overall performance:

- PALS activity continued to **increase in 2025/26, with total contacts rising by 13%** (+946) to 8,005, marking the third consecutive year of growth
- The proportion of concerns remained broadly stable, accounting for 58% of all contacts, while advice and information activity declined proportionately
- Despite rising demand, **escalation to formal complaints remained low, with only 5%** of concerns progressing, providing assurance that the majority of issues continue to be resolved informally
- Timeliness of response declined slightly to **83% within 15 working days** (↓3%), indicating emerging capacity pressures within the service. This metric will require continued monitoring as volumes increase

This increase aligns with higher Trust activity and reflects PALS role in supporting early resolution in line with NHS Complaints Standards.

The top 3 PALS concerns theme were:

- Communication
- Appointments
- Clinical Treatment

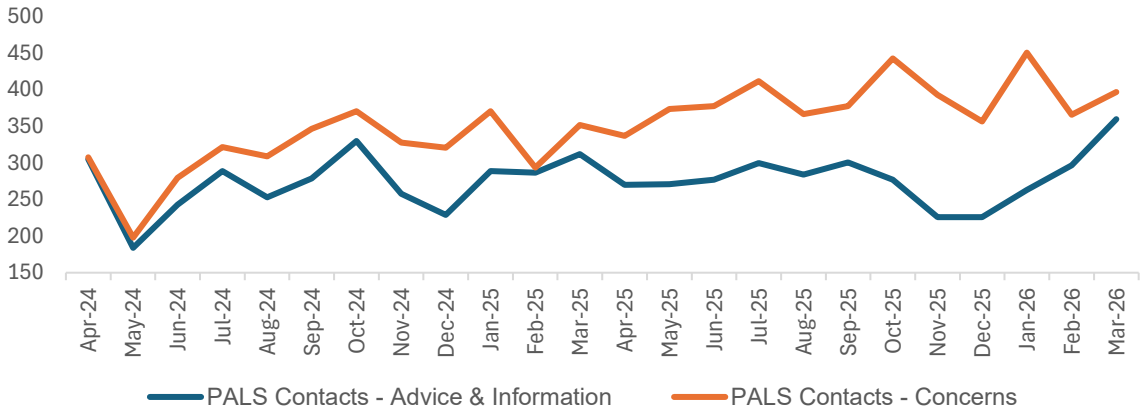
One out of the three subjects mirror complaints (Clinical Treatment). Concerns regarding appointments relate to patients/carers requesting how long they are likely to wait for an appointments and appointment cancellations.

Top locations for raising a PALS concern were:

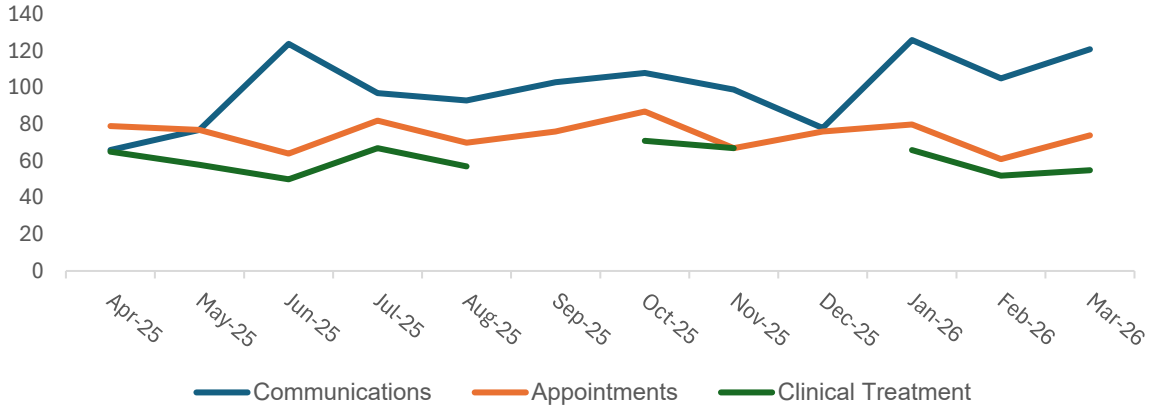
- Outpatients Department:521 (Trust wide)
- Emergency Department (Conquest and EDGH):504, mainly categorised as clinical treatment
- Audiology:92, patients reporting unable to get through is a reoccurring issue and was reported on last year's report, the service is aware and has a plan to address this

Note: "Outpatients" refers to the location rather than speciality

PALS Contacts (April 2024 – March 2026)



Top PALS Concern Themes (April 2024 – March 2026)



Contact type	2024/25		2025/26	
	Count	%	Count	%
Advice, assistance and information	3258	46%	3352	42%
Concern/issue	3801	54%	4653	58%
Totals	7059		8005	

10. Key Messages

10.1 Given the relatively small number of negative feedback received during 2025/26 (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.

FFT has provided strong assurance that patients continue to report a positive experience of care across our services, with consistently high FFT positivity, sustained engagement and performance at or above national benchmarks. Increasing response volumes strengthen confidence in the representativeness of feedback, while stable trends indicate reliability of performance.

Interpreting and translation activity demonstrates that the Trust is meeting its statutory duties under the Equality Act and Accessible Information Standard, with increasing utilisation reflecting both rising demand and appropriate access to services. Activity levels, breadth of language coverage and predominant use of timely audio and video interpreting provide assurance that patients with communication needs are supported effectively at the point of care. Population insights indicate services are responsive to local demographic need, supporting equitable access and reduction of health inequalities.

Increase in formal complaints, reflecting rising activity and complexity across services. Performance remains strong in complaint acknowledgement, with full compliance achieved against national timescales, and robust risk-rating processes in place to identify and review high-risk concerns. Complaint themes have remained consistent over time, aligning with known areas of pressure within clinical treatment, patient care and staff behaviours. The low number of PHSO contacts alongside a reduction in re-opened complaints provides assurance that, in the majority of cases, concerns are being investigated proportionately and resolved effectively through local processes.

Complaint outcome data provides assurance that the Trust investigates complaints openly and proportionately, acknowledging failings where identified and responds transparently. The majority of complaints were upheld or partially upheld, demonstrating a learning-focused culture, while a reduction in re-opened complaints suggests improving quality of initial responses. Continuous monitoring of complaint outcomes and re-openings supports assurance that complaint handling processes are effective, responsive and focused on reducing escalation and improving patient experience.

Complaints learning demonstrates a strong and consistent organisational response, with actions taken across clinical practice, medicines management, communication and environmental safety. Learning is being embedded through training, pathway clarification, MDT discussion, process improvement and strengthened patient information. Themes identified do not indicate widespread or systemic failure; rather, they reflect opportunities to improve reliability, clarity and patient experience. We can take assurance that complaints are being used effectively as a mechanism for learning and service improvement.

PALS activity continued to increase, reflecting growing demand, increased Trust activity and heightened public engagement with early resolution routes. Despite rising volumes, most concerns were resolved informally, with escalation to formal complaint remaining low, providing assurance that PALS continues to function effectively as a first-line resolution service in line with NHS Complaints Standards. Themes raised through PALS have remained consistent over time and align with complaints intelligence, particularly in relation to communication, appointments and clinical treatment, supporting confidence in the reliability of patient experience insight. While timeliness of response has marginally declined, overall performance demonstrates a responsive and accessible service that contributes positively to patient experience and organisational learning.

11. Looking forward – actions for 2026/27

11.1 During 2026/27, the Trust will move from predominantly reporting patient experience data to using it more proactively and consistently to drive improvement.

Patient feedback from FFT, complaints, PALS, national surveys and PHSO will be triangulated more systematically to identify emerging issues earlier and target intervention where it will have the greatest impact.

There will be a strengthened focus on early resolution, with improvements to the timeliness and quality of responses to complaints and PALS concerns, particularly for complex and high-risk cases. This will support reduced escalation and provide greater reassurance that patient concerns are resolved promptly and proportionately by providing local resolution.

The Trust will improve equitable access to information, ensuring that patients who require interpreting support during appointments also receive translated follow-up correspondence where appropriate. This will reduce inequality-related risk and support safe adherence to treatment plans.

Targeted improvement activity will address recurring themes identified across multiple feedback sources, notably communication, appointment management and waiting times, with closer alignment between patient experience intelligence and operational improvement programmes.

Learning from external scrutiny, including PHSO findings, will continue to be embedded through sustained training, multidisciplinary collaboration and improved patient communication.

Progress will be monitored through routine governance reporting (Integrated Governance Meeting), providing ongoing assurance that patient experience insight is being used effectively to support safe, responsive and person-centred care.

11.2 Patient Experience priorities:

- **1. Strengthen early resolution and timeliness**
  - Improve the timeliness and quality of complaint and PALS responses, particularly for complex and high-risk cases, to reduce escalation, re-opened complaints and avoidable delays as demand continues to increase
- **2. Embed triangulated patient experience intelligence**
  - Systematically triangulate feedback intelligence to identify emerging risks early and target improvement where themes such as communication and waiting times recur
- **3. Improve consistency of accessible information**
  - Strengthen the link between interpreting provision at appointments and the translation of follow-up documentation to ensure equitable access to information, safe treatment adherence and informed decision-making across the care pathway
- **4. Target recurring service-level themes**
  - Align patient experience insight with operational improvement programmes to address recurrent issues, particularly appointment management, communication and environmental factors, within high-volume and high-pressure services
- **5. Maintain assurance through learning and oversight**
  - Embed learning from complaints and external scrutiny (including PHSO) through routine reporting to provide assurance that patient experience learning/ actions are actively managed