

Patient Experience Report
Sherwood Forest Hospitals NHS Foundation Trust
Board Report
Quarter 3
1 October – 31 December 2014

1. Introduction

The newly formed Patient Experience team provides a first line response service to patients, relatives and carers concerns, complaints and compliments throughout the trust.

From 1 October – 31 December 2014 (Quarter 3), the new systems and processes implemented by the Patient Experience Team provide a verbal acknowledgement to all concerns and formal complaints between 1- 3 working days, seeking to provide a prompt resolution wherever possible, or escalation to a formal complaint in accordance with NHS Complaints Regulations and Trust Policy.

A total of 2576 contacts were received by the Patient Experience Team, which demonstrates a 16% increase from Quarter 2 (2221). Of the 2576 contacts, 1093 related to concerns which were resolved within 3 working days, 122 formal complaints, 901 requests for information or signposting and 460 compliments.

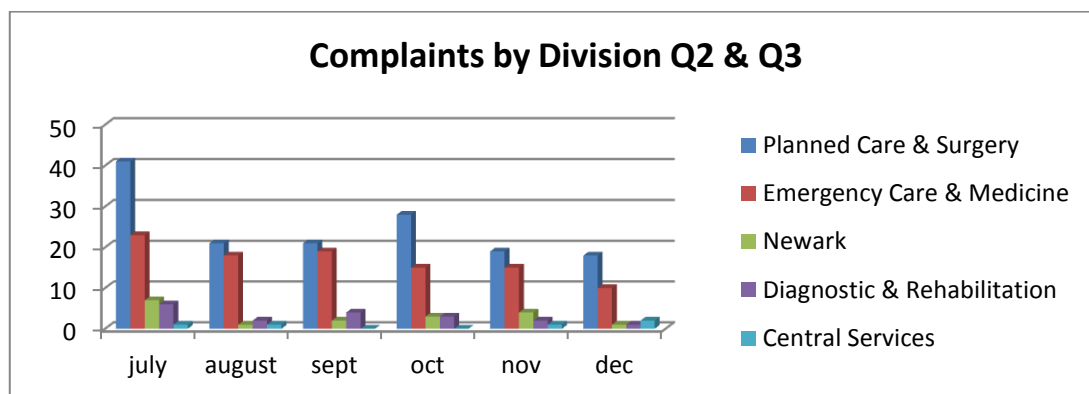
In October and November, all complaints were investigated and responded to within the historical 40 working date's timescale; from December 2014 all complaints were managed within 25 working days in accordance with NHS Complaints Regulations. The trust achieved a **92% response rate** within agreed timescales against a 90% internal trust target. This includes those complainants that have agreed to a local resolution meeting or an extension due to the complexity of the complaint / response.

In Quarter 3, the Trust received a total of 122 formal complaints; showing a decrease of 29% compared to Quarter 2 which reported a total of 172 formal complaints. The divisional performance is as follows:

- Planned Care and Surgery - 65 complaints received (53%)
- Emergency Care and Medicine – 40 complaints received (33%)
- Diagnostics and Rehabilitation – 6 complaints received (5%)
- Newark – 8 complaints received (7%)
- Central Services – 3 complaints was received (2%).

The graph below details the number of complaints received during Quarter 2 and 3.

Fig.1



The majority of complaints received continue to relate to the two largest divisions within the organisation, Planned Care & Surgery and Emergency Care & Medicine in both Quarter 2 and Quarter 3. All divisions reported a decrease in the number of complaints received in Quarter 3, with a slight peak in the number received in October in Planned Care and Surgery. Although the implementation of the new Medway PAS software was introduced on 4 October 2014, there is no apparent correlation to account for this increase.

During Quarter 3 the Trust achieved a **100% response rate** in relation to the acknowledgement timescale. All complaints received by letter, verbal, face to face or email are received and verbally acknowledged where possible on the day of receipt, providing a prompt resolution for patients, relatives and carers, In light of these changes the Patient Experience Team successfully resolved a total of 8 formal complaints during Q3 by adopting this new process.

2.0 Complaint Themes

Complaints data continues to be reported onto the electronic database, and a pilot of Datix Web will be introduced in the Diagnostic and Rehabilitation Division in February 2015. This will provide a single reporting module to centralise all the Patient Experience data previously recorded separately as Pals and complaints, and also provide an online reporting and audit mechanism to support all stages of the complaint management.

The top 5 themes recorded during Q2 - Q3.

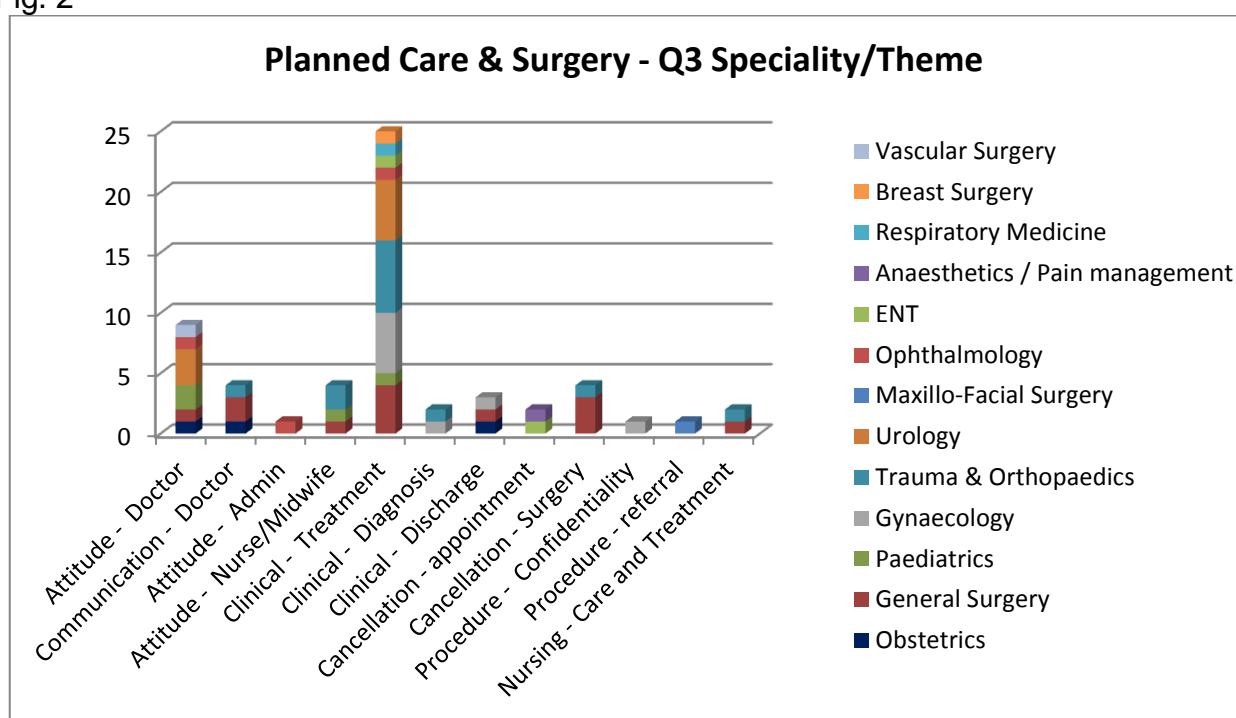
Table.1

Quarter 2	Quarter 3
1. Clinical Diagnosis	1. Clinical Treatment
2. Clinical Treatment	2. Clinical Diagnosis
3. Communication	3. Attitude - Doctor
4. Staff Attitude	4. Communication - Doctor
5. Clinical Discharge	5. Cancellation of surgery

Analysis of the above table clearly demonstrates overall a consistency in the themes reported, with the exception of cancellation of surgery and communication and attitude of the doctor. Further interrogation of the complaints data has not identified an individual speciality or service to account for this theme, however all complaint intelligence is shared with medical staff for the purpose of reflection, learning and appraisal revalidation.

The following graph shows complaints by theme and speciality per division:

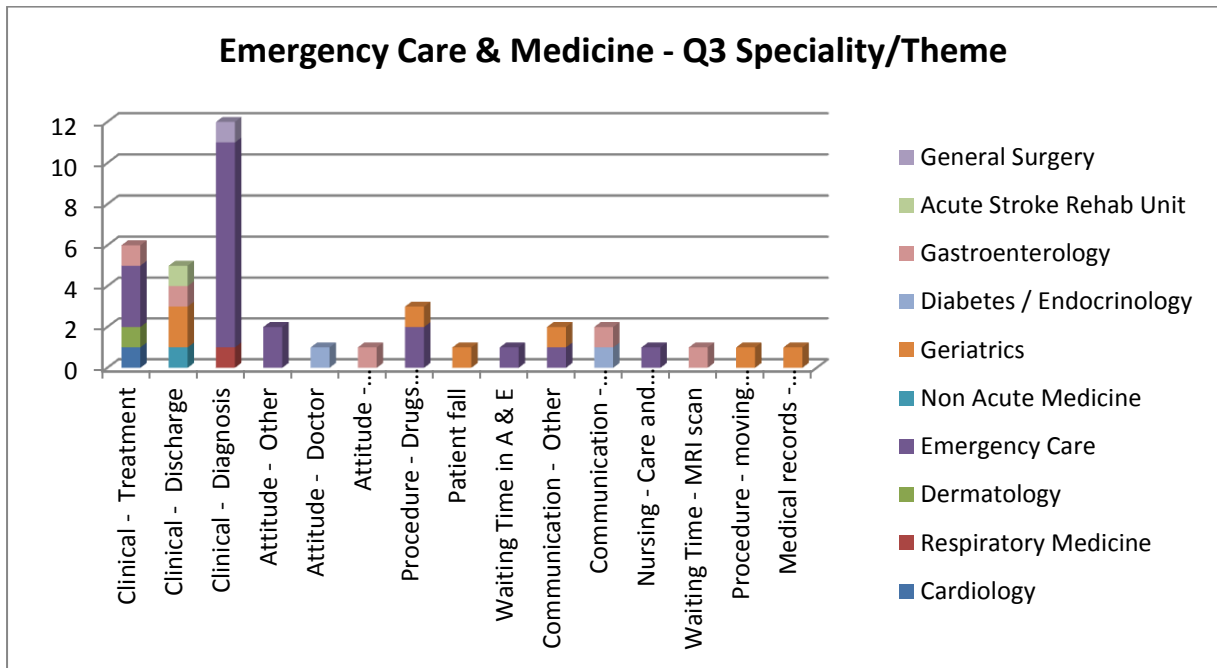
Fig. 2



During Quarter 3 the Planned Care and Surgery Division received a total of 65 complaints. Of those received:

- A third related to the provision of clinical treatment across Trauma and Orthopaedic, Urology and Gynaecology specialities.
- Attitude of Doctor did not relate to a specific speciality or service. However intelligence is shared with individual Doctors and the Medical Revalidation Lead to support individual reflection, learning and appraisal requirements.
- One attitude related case has been escalated to the Medical Director for attention

Fig. 3



During Q3 a total of 40 complaints were received by the Emergency Care and Medicine Division. Further analysis has identified that half of the complaints received related to the Emergency Department, specifically relating to un diagnosed fractures

Fig.4

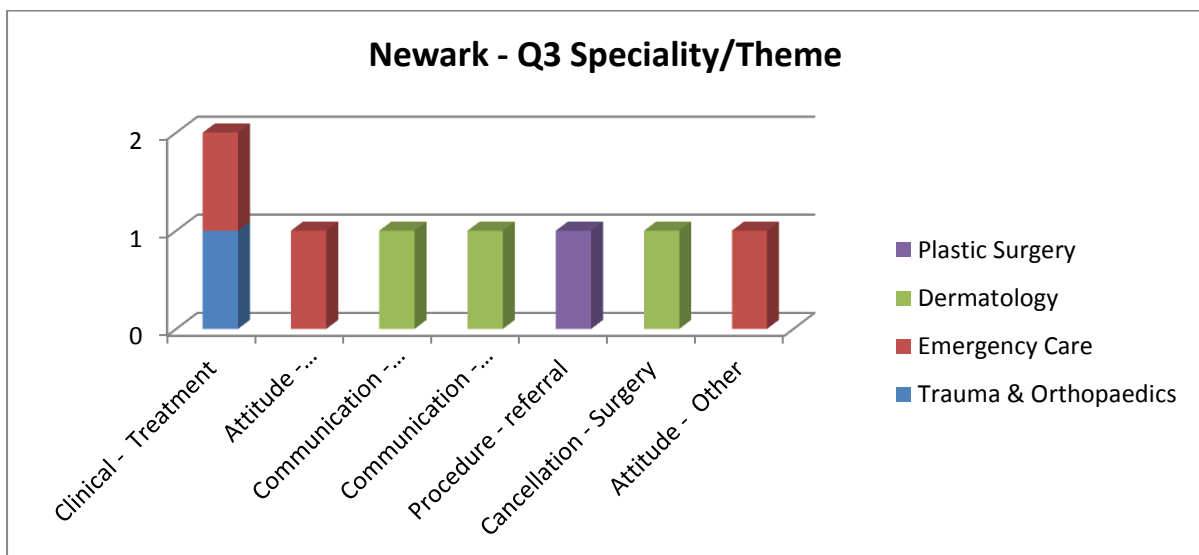
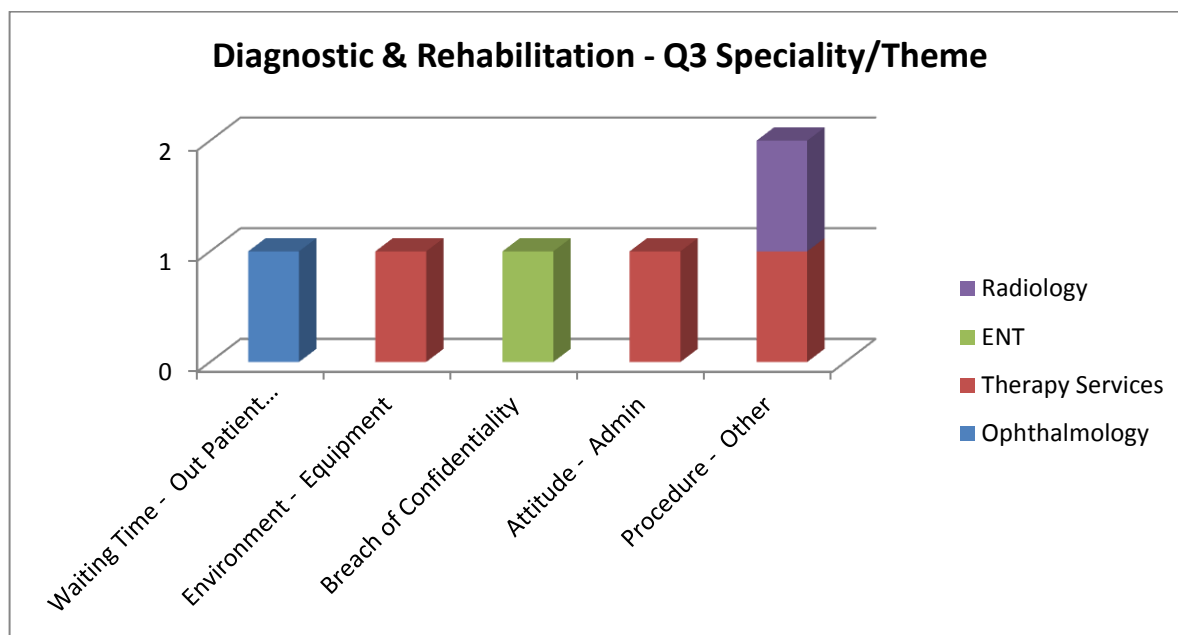


Fig.5



The above graphs illustrate the complaint themes across Newark Hospital and Diagnostic & Rehabilitation Division.

For Quarter 3, Central Services received 3 complaints which related to the car parking and on site smoking.

2.1 Complaints investigation training and processes

The Patient Experience Team are continuing to develop and provide a single point of access for all patient concerns, complaints and compliments. Quarter 3 has reported a decrease in complaints and increase in concerns, indicating the trust are working with the teams across the trust to provide resolution to patients, relatives and carers in a timely manner and capturing the themes and learning.

The Patient Experience Manager is working with the Head of Governance to provide an integrated training package to relevant staff including Root Cause Analysis, complaints investigation and drafting of response letters.

A revised Complaints, Concerns and Compliments Policy is currently out to consultation, reflecting the revisions to complaints management process and procedure In accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and a NHS Complaints Procedure in England, House of Commons notes in January 2014.

A Peer Review of the trusts complaints processes and procedures was undertaken by the Clinical Commission Group (CCG) in association with the Patient Association in October 2014. The Patient Association are currently in the process of finalising the feedback report that will be subsequently circulated and included in the Patient Experience Quarter 4 report.

The inaugural Patient Experience Board was convened in January 2015, membership was drawn from across the health community including representation from the CCG and Healthwatch. The Board will meet bi-monthly and report into the Clinical Quality and Governance Committee.

2.2 Complaint Outcomes

During Quarter 3 the trust successfully responded to a total of 126 complaints. Of those responded to a total of:

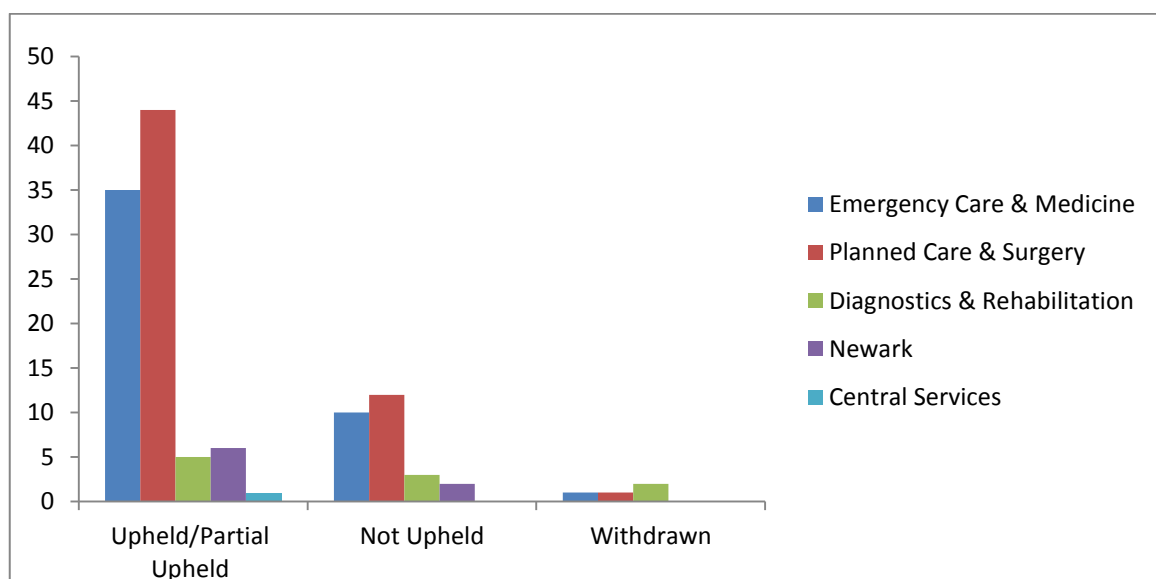
- 71% were upheld or partially upheld
- 26% were not upheld
- 3% were withdrawn and resolved locally

For the purposes of clarity the following section provides a working definition of what constitutes an upheld / partially upheld complaint:

'If any or all of a complaint is well founded then it should be recorded as upheld' NHS Information Centre For Health & Social Care 2012.

The graph below displays the complaint outcomes:

Fig.6



Of the 126 complaint responses provided in Quarter 3, (the reported number is higher than the number of complaints received due to the time at which the initial complaint was opened, logged and investigated) **a total of 4 complainants** remained dissatisfied with their initial response and requested:

- further information
- face to face meeting
- further clarification

This is a significant reduction in the number of dissatisfied complainants in comparison to the **23 reported in Quarter 2**. This performance demonstrates that recently implemented systems and processes are yielding robust responses both from a quality and timeliness perspective.

2.3 Local Resolution Meetings

The Trust continues to offer and arrange face to face meetings with patients and families in response to their complaint providing a beneficial method of sensitivity addressing their concerns. All meetings include a Patient Experience Divisional Lead or the Patient Experience Manager to continue the dialogue with patients and family members, coordinate the meeting and address any queries relating to the complaint management. A CD recording of the meeting will be provided to the patient/family and a follow up letter to confirm findings and action plans.

2.4 Complaints linked to Serious Incidents

A total of 2 formal complaints have been subject to a serious incident investigation, relating to the Planned Care and Surgery Division. The complaints related to a drug error and clinical diagnosis. More information relating to these are presented at the Quality Committee. .

All communication and correspondence with patients and families for complaints escalated to serious incidents will be managed by the Patient Experience Team, ensuring patients and families are updated and timescales are agreed.

2.5 Lessons Learnt

It is essential that the Trust continues to learn from complaints and concerns, ensuring service improvements are embedded into everyday practice. The following section provides a summary of trust wide service improvements recently implemented:

- The introduction of Deaf Awareness Training throughout the Trust, and communication with all staff to ensure they are aware of the trusts pathway to request a British Sign Language Interpreter for patients.

- The introduction of a hard copy record detailing patient transfers to wards and departments within the trust for instances when staff are unable to update Medway PAS immediately.
- A revision of the documentation in ED/EAU, whilst the electronic patient details and ED/EAU documentation includes provision for Next of Kin details, it does not include provision to document if Next of Kin has been contacted or attempts made. As a result of a complaint, this information is included in the accountability handover document; completion of this mandatory document is a Trust Requirement to ensure it is clearly evident if a relative has been informed. A copy of this documentation has been shared with the complainant.
- The introduction of training specifically relating to Head Injury's for staff in Children's Services, this will be provided jointly with the Children's and Young Peoples service in the community services to ensure a holistic approach is provided to patients and families.
- A project team has been established to review the current appointment systems ensuring all short notice cancellations are managed appropriately following the implementation of the Medway PAS.
- The Diagnostic and Rehabilitation Division are scoping the provision of refreshment vouchers for patients in Outpatient clinics who have experienced significant delays to appointment times to assist in the patients care and comfort. This project will be provided in conjunction with the voluntary services team and Daffodil café.
- A rebranding of the Patient Experience service has been developed in partnership with the Communications team and will be implemented in February 2015, replacing all previous posters and leaflets to reflect the new service and methods of patient feedback following confusion relating to historical posters and leaflets.
- Information relating to the on-going car parking concerns and patients experiencing unacceptable delays, in particular in Outpatient clinics is being collated and shared with the Estates team and Medirest to assist in the development of future procedures.

3. Parliamentary and Health Service Ombudsman Reviews (PHSO)

2 cases were referred to the Parliamentary and Health Service Ombudsman during Quarter 3, which are all still under review.

Of the 2 cases completed by the PHSO, both were partially upheld, however all recommendations have been expedited, including trust wide changes to record keeping and medication policies and procedures throughout the trust and cases closed.

The learning from the reviews will be shared with the Divisional Matron for cascading within the nursing teams; in addition this intelligence will be incorporated into a quarterly divisional themed report to include coroner's feedback ensuring the learning is shared.

4. Concerns

The Patient Experience Team received a total of 2312 contacts in Quarter 3, compared to 2221 in Quarter 2 reporting a 4% increase, with less than 2% escalating to formal complaints.

The graphs below show the concerns received by division and theme:

Fig.7

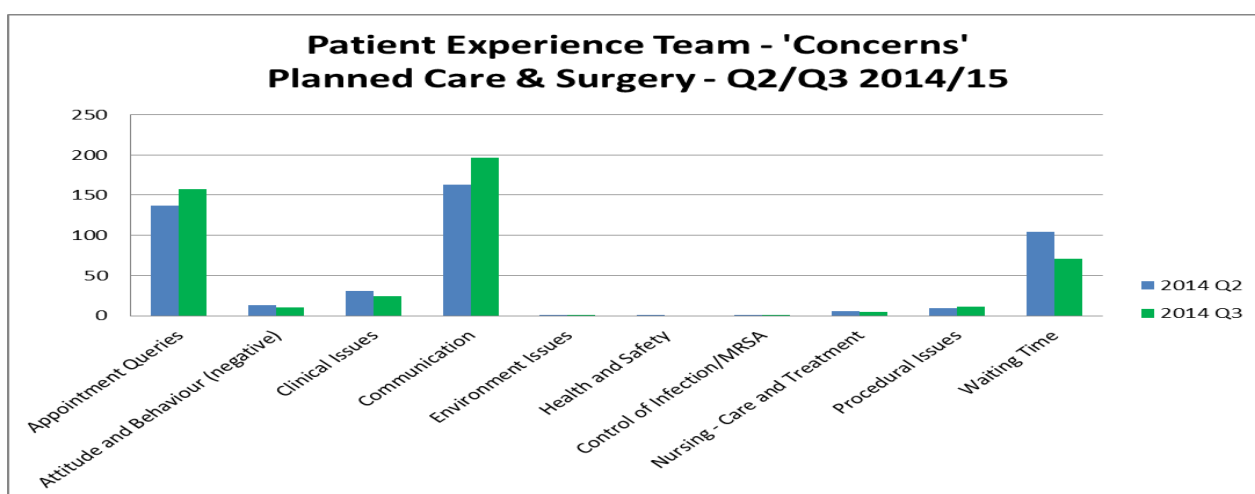


Fig 8

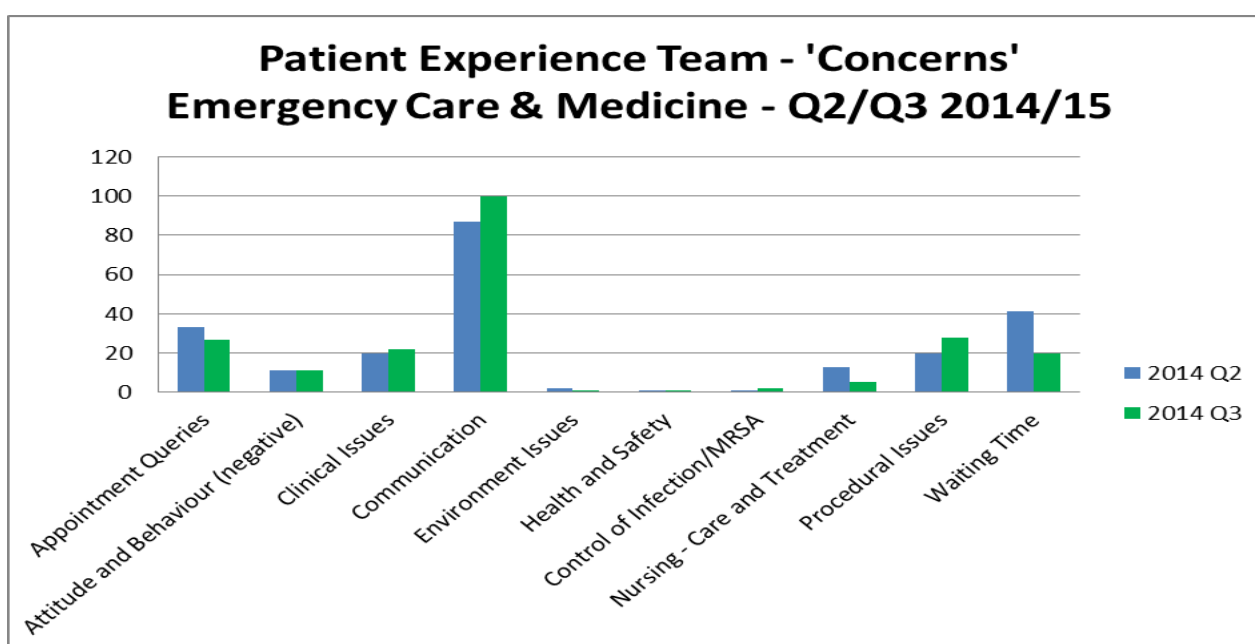


Fig 9

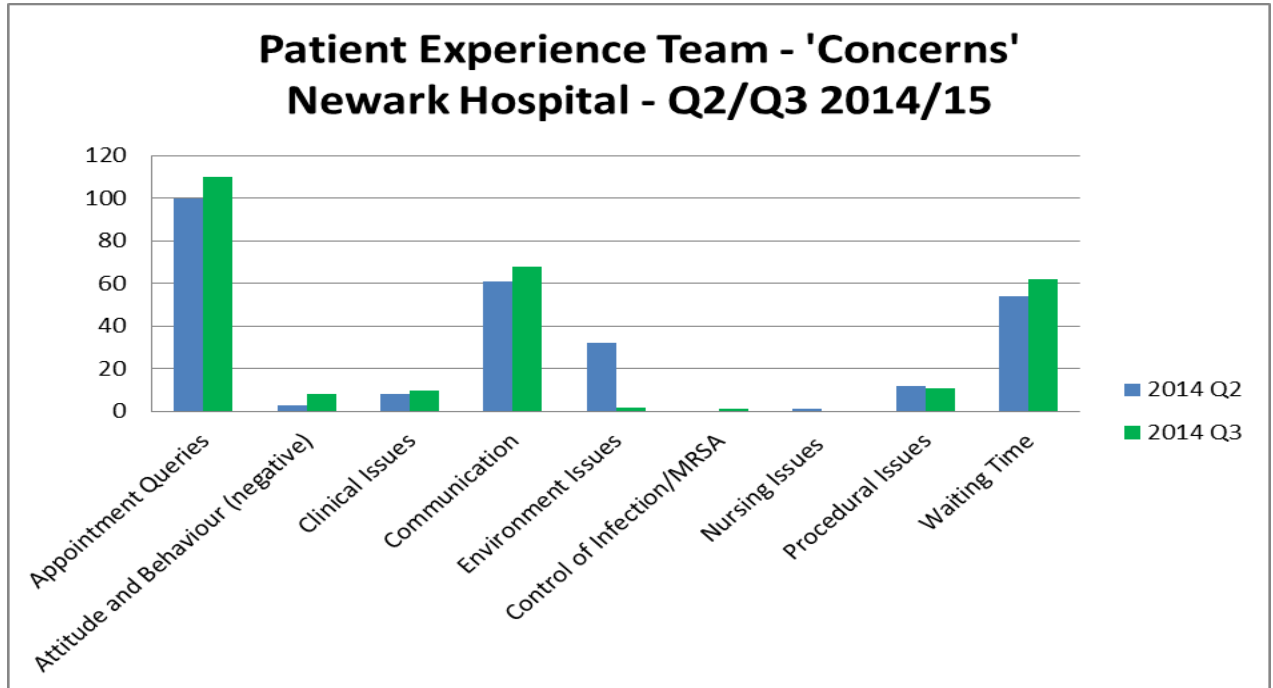
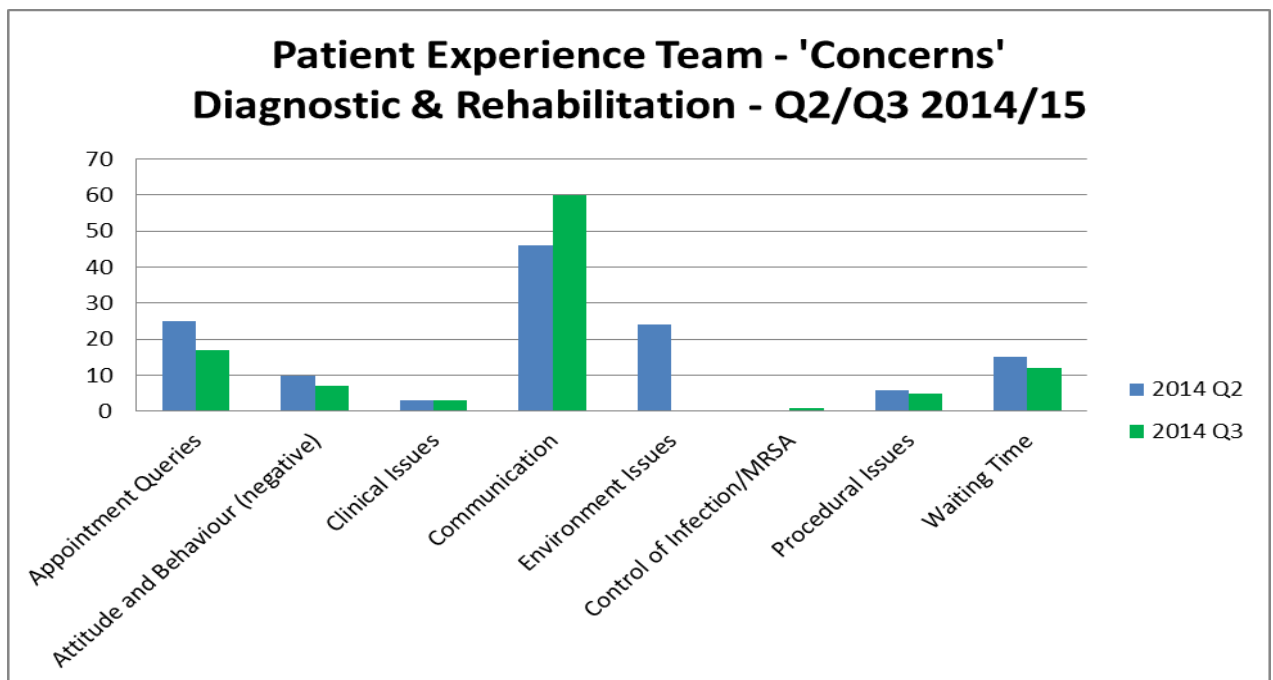


Fig 10



The top 3 themes of the concerns reported are shown below:

1. Communication
2. Appointment Queries
3. Waiting Times

The increased number of contacts and concerns is relates to the following themes:

- the introduction of the Medway PAS in October 2014, which resulted in delays in Outpatient Clinics, administration errors regarding the cancellation of appointments without notifying patients and the duplication of clinic appointment letters to patients. These issues are currently being addressed with the Business Managers. The Patient Experience team continue to collate the necessary patient information to ensure the errors are reported and provide further intelligence to the Business Unit.
- In October 2014, a number of Orthopaedic Outpatient clinics were cancelled at short notice, resulting in patients arriving at the clinic. Car parking costs were reimbursed and subsequent appointments were made for patients in clinic at a later date.

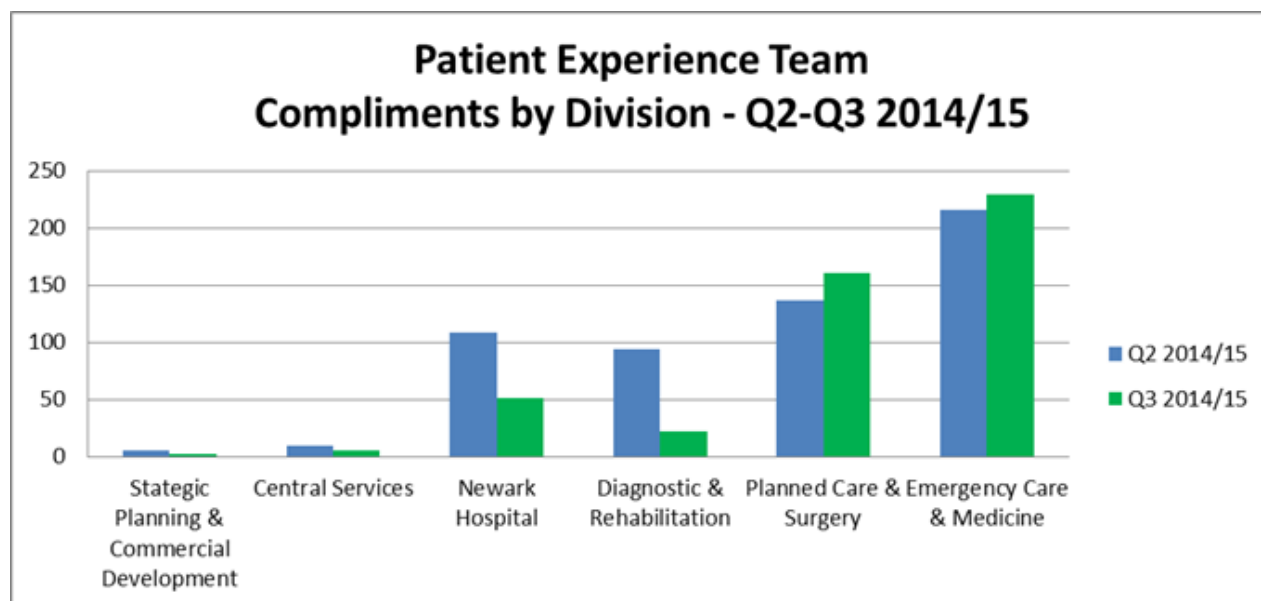
The feedback relating to complaints, concerns and compliments is shared with Divisions monthly via the Governance data packs and cascaded to all ward and department staff by the Ward Communication Boards. In November 2014 the patient experience section within the ward communication boards was redesigned to provide integrated information pertaining to respective wards and department by theme. This includes a trust wide overview to help provide context for patients, relatives, carers and staff to establish how the ward/department compared to other services within the trust.

Patients have expressed concern regarding telephone access to the appointment booking team, advising that calls were not answered in a timely manner. This issue has been escalated to respective business units and switchboard team to seek resolution to the issues raised.

4. Compliments

A total of 460 compliments were received for Quarter 3, which reflects a marginal decrease from 462 in Quarter 2. Figure 11 below details compliments received by division:

Fig. 11



5.0 Friends and Family Test (FFT)

The response rate for Quarter 3 across the trust shows an increase for in patients from 35.8% to 37.9% (2.1% increase) compared to Quarter 2, however the Emergency Department rate decreased from 18.2% in Quarter 2 to 17% (1.2%) in Quarter 3. Our maternity response rate increased to 16.5% from 11.4 % (2.1%) in Quarter 2.

Since the introduction of the Patient FFT in Out Patient Department (OPD) and Day Case Unit (DCU) facilities in October 2014, response rates have increased in OPD from 569 to 598, however a decrease in DCU from 132 to 108. The Trust continues to provide a paper format of the survey to all OPD and DCU.

There is no requirement to complete a staff FFT in Quarter 3 as this is superseded by the national staff survey

The table below provides the monthly and quarterly response rates for Quarter 3 per category and provides a comparison with the previous quarter and national performance:

Fig.13

Month	Response Rate In Patients (%)	National IP RR(%)	Response Rate ED (%)	National RR ED (%)	Response Rate Maternity (%)	National RR Mat. (%)
July 2014 (Q2)	38.1	38.0	12.4	20.2	10.5	<i>Not available</i>
Aug 2014 (Q2)	34.3	36.3	20.7	20.0	12.0	<i>Not available</i>
Sept 2014 (Q2)	34.9	36.2	21.6	19.5	11.8	<i>Not available</i>
Q2 Average RR	35.8	36.8	18.2	19.9	11.4	<i>Not available</i>
Oct 2014 (Q3)	40.5	37	19.8	19.6	13.8	<i>Not available</i>
Nov 2014 (Q3)	33.8	36.8	15.6	18.7	16.3	<i>Not available</i>
Dec 2014 (Q3)	36.6	<i>Not yet available*</i>	15.6	<i>Not yet available*</i>	19.3	<i>Not available</i>
Q3 Average RR	37.0	36.9*	17.0	19.15*	16.5	<i>Not available</i>

The following section provides a summary of qualitative feedback received via FFT:

- Emergency Department

Needs more than one receptionist.

We queued for 25 mins just to book in with the reception never mind the 4 hours wait to be seen by a doctor, there was only one receptionist on the desk who was very rude and abrupt with me and didn't seem to want to be there at all, no customer service skills.

The service – excellent and caring.

Polite and patient doctor and fairly quick service.

Service from nurse and doctor was good, waiting time was an issue.

- Ward 23:

Very nice staff.

Very good care.

- Ward 42:

All staff excellent.

Everything all the nurses were friendly pleasant nothing was too much trouble for them. Pharmacist and others knowing what medication I'm taking not asking me as I've only been taking medication that has been prescribed to me by the hospital.

The staff made you feel comfortable peace of mind to yourself and your family. They are there 24/7 you can talk with no problem.

- Maternity:

My midwife was extremely friendly, helpful and made me feel at ease. She mad me and my husband very welcome and explained everything in detail and made sure we both understood what was happening. She will be greatly missed as she truly was lovely to deal with. I also dealt with a student midwife who was

also very helpful and it was pleasure to of kept her and it also kept myself.

I felt supported after the birth and helped with any questions or any advice I needed. Improved - I feel as a new parent that midwife home visits

would be helpful if given an appointment time rather than it could be over several hours.

- Chatsworth:

Consistent help and care made to feel good about myself. Really helpful exercise and physio provided. Assessment has identified major improvements to my care packages and help for when I return home.

Analysis of National FFT Response Rates reported by NHS England indicate the following:

The National Average FFT Inpatient Response rate per month is 34.2%, therefore the trust has exceeded the monthly average for Quarter 2 and Quarter 3.

The National Average FFT Response rate for Emergency Department is 18.6%, the trust achieved above the national average in August, September and October, 20.7%, 21.6% and 19.8% respectively with a decline in November and December 15.6%.

There is currently no national average response rate available for maternity services.

The trust has developed a communication strategy to include the distribution of posters and banners across all of our wards, departments, entrances and exits in order to raise overall awareness, The use of social media, iCare2 and local press is being pursued.

A pilot of the use of a FFT Online Application on IPAD/Android touch screen equipment to capture the views and opinions providing real time feedback in Outpatient and Emergency Department will commence in February 2015.

A regional hub is currently developing a framework to provide an approved list of external providers to support FFT within NHS Trusts, which will ensure comparable data between local trusts, the current timescale for this is within 4 months from January 2015.

6.NHS Choices

Patients and visitors can post comments about their experience in our hospitals on the NHS Choices website. They can also rate the service in terms of whether they would recommend the hospital if they needed similar care and treatment, cleanliness, staff co-operation, dignity and respect, involvement in decisions and same sex accommodation.

In Quarter 3, a total of 47 postings were made by patients, relatives and carers, and received a reply from the relevant staff member within the Trust. NHS Choices calculate a star rating for each site, based on the feedback with 5 stars being the highest rated:

The following section provides further information and examples of feedback by individual hospital site:

- Kings Mill Hospital – 38 reviews received in Q3. Current rating is 4 stars

I was called for a routine mammogram, which went very smoothly & efficiently. Early the following week I received a recall letter, with information about how, statistically, only 20% of those recalled would go on to further treatment. The letter went on to say that my appointment, for the Thursday of that week, would be for a minimum 2 hours & that I would be seen by a Consultant Surgeon & Radiographer. I was very concerned & convinced that I had cancer. I went along on the Thursday & was given an ultrasound, which was unable to detect the abnormality shown by the mammogram, so was given another mammogram, which did pick up the problem, & a biopsy was taken, which was not very pleasant, but bearable.

I cannot emphasise enough how kind & considerate every member of the Breast Care Team was, reassuring me & explaining every step of the procedure, even holding my hand. I was told to expect a letter giving me an appointment for the following Thursday (today). At today's appointment there was a bit of a wait, but this was forgotten when the Doctor told me that it was good news & that the biopsy was normal. I was so happy.

One hears so many horror stories about the hospital, but, though it was a worrying time for me, I felt totally confident in the care I was afforded & thank everyone on the Team very much. One hears so many negative stories that I felt I had to tell you of my very positive experience.

Even had the result been different, I still had faith that I would be given the very best of care.

I would, however, like to make a suggestion about the initial recall letter. It read "you will have a 2 hour plus appointment" & "you will see a Consultant Surgeon & Radiographer" I managed to read so much between the lines that I scared myself half to death, In the event, my appointment lasted for less than an hour & although I saw a Radiographer, I did not see a Surgeon, nor did I need to. Because it said "will" I immediately jumped to the wrong conclusion. Perhaps if the letter were altered to say "may" I would have believed I had a chance of being one of the 80% who did not need further treatment. Rewording the letter would help to allay fears at the outset.

Despite this I still hold the Breast Care Team in the highest regard. Thanks again.

Upmost quality care was shown towards me and my mum during a recent appointment at the eye clinic and exceptional kindness was given by a nurse. My mum has Alzheimer's and finds different surroundings very difficult, I rang the day before to pre-warn the staff of this and was asked to make myself known as soon as we arrived, the nurse could not have been more helpful and made every effort to make the necessary visit to clinic as stress free as she could, this included finding a quiet space away from crowds and pre-advising doctor of situation. She took the time to speak to my mum (which very few people do!) and I was really impressed with the service that was given. Well done Kings Mill and a big thank you to the nurse (please pass on my thanks to her). This hospital often gets a bad press - but I can assure you that a great many good things happen too and these outweigh the few exceptional bad ones.

I went to Kings Mill a&e last night with eye pain and i couldn't use my left eye nurses put me in a waiting room so i sat there for three hours holding my eye and in the end got fed up and went home the nurses just walk past you and ignore you don't even ask if you're ok and they all just sit about at their desk gossiping drinking tea whilst your sat suffering i went to a decent hospital the day after at Calow was seen and sorted in half a hour a piece of metal was removed from my eye the eye was tested and was give eye ointment instant relief i won't be using Kings Mill ever again

- Mansfield Community Hospital received no review and the current rating remains at 3 stars
- Newark Hospital received 6 reviews and the current rating is 4.5 stars

I visited Podiatry in December but was made to feel stupid because I had been given the wrong information beforehand. I felt angry and was not happy with the way I was spoken to, the lady was very loud and everyone could hear what was going on. Am trying to get further appointments at King's Mill from now on. Would not recommend this hospital, stick to King's Mill if you can.

Whilst I was visiting family in Newark last weekend I required emergency care. My family took me to the Minor Injuries at Newark Hospital on Three occasions over the weekend. On each occasion I received exemplary care, the duty doctor and nurses on Saturday

afternoon provided prompt care and advice; my later visit in a more stressed/anxious state was again treated magnificently - nothing was too much trouble for another doctor and nurse who were both obviously experienced and caring. Unfortunately I needed attention again early on Monday morning where a locum doctor had the necessary procedure to remedy the situation, which following a further check-up with my GP on my return home has led to a specialist appointment to, I hope, permanently resolve my current ailment. I feel that I would not have received better treatment/care in my local hospital, which I personally rate very highly I cannot speak highly enough about the treatment/care I received at Newark Hospital and hope that your excellent services are re-enhanced back to A&E status when your local population necessitates the action. Furthermore I intend to send an identical letter to The Newark Advertiser.

Cut my finger in the garden, would not stop bleeding and was worried that (given the kind of muck I had been handling) I would need a Jab.

Was greeted with friendly and efficient reception staff and I barely had a chance to get settled in the waiting area before I was called for treatment. My hand was sorted in next to no time - bleeding stopped, bandaged and cleaned up, I was walking back to the car within half an hour of arrival - I had anticipated a far longer wait.

7. Conclusion

This report has provided a comprehensive overview of the mechanisms in place to seek patient, relatives and carer opinion regarding the provision of services by the trust.

Assurance is provided through the achievement of our internal response timescales, and overall reduction of complaints received and evidence of organisational learning being implemented.

Kim Kirk
Patient Experience Manager

Susan Bowler
Executive Director of Nursing