

Patient Experience Report
Sherwood Forest Hospitals NHS Foundation
Trust Board Report
Quarter 1
1 April – 30 June 2015



1. Introduction

The Patient Experience team continues to provide a first line response service to patients, relatives and carers concerns, complaints and compliments throughout the Trust. The team are the central hub within the Trust for the collation and reporting of patient feedback. This is achieved through a number of reporting mechanisms including the Friends and Family Test, NHS Choices and Healthwatch.

A revised Complaints and Concerns Policy was ratified by Quality Committee on behalf of the Trust Board in May 2015 and the Patient Experience Team manage concerns, complaints and compliments in accordance with this guidance and associated protocols; verbally acknowledging every complaint, followed by a written acknowledgment within 3 working days. All complaints are investigated and responded to within 25 working days or a revised timescale is agreed with the complainant, by exception, only when complaints may be complex.

The Patient Experience Team work closely with colleagues in the Trust, their purpose is to support the resolution of patients and relatives concerns. Quarter 1 has seen a 74% increase in the total number of concerns received compared to Quarter 4 2014/15. 69% (559) of the total concerns relate to the Outpatient Department. The top three themes of concerns raised by patients or relatives include; Administration and Clerical enquires to the Patient Pathway Coordinators (208 concerns raised), Access to the Appointments Booking Team (140 concerns raised) and Waiting times to be seen in Outpatient Clinics (100 concerns raised).

During Quarter 1 2015/16, the Patient Experience Team received the following contacts, this is shown below as a percentage increase or decrease compared to Quarter 4 2014/15:

- 809 concerns – **74% increase**
- 58 formal complaints – **54% decrease**
- 196 compliments – **49% decrease**

During Quarter 1 the Trust continues to achieve the target, in accordance with NHS Complaints Regulations, of 90% all complaints to be managed within 25 working days. During this reporting period the Trust achieved a **96% response rate**. This response rate includes all complainants who have agreed to a local resolution meeting or an extension due to the complexity of the complaint / response.

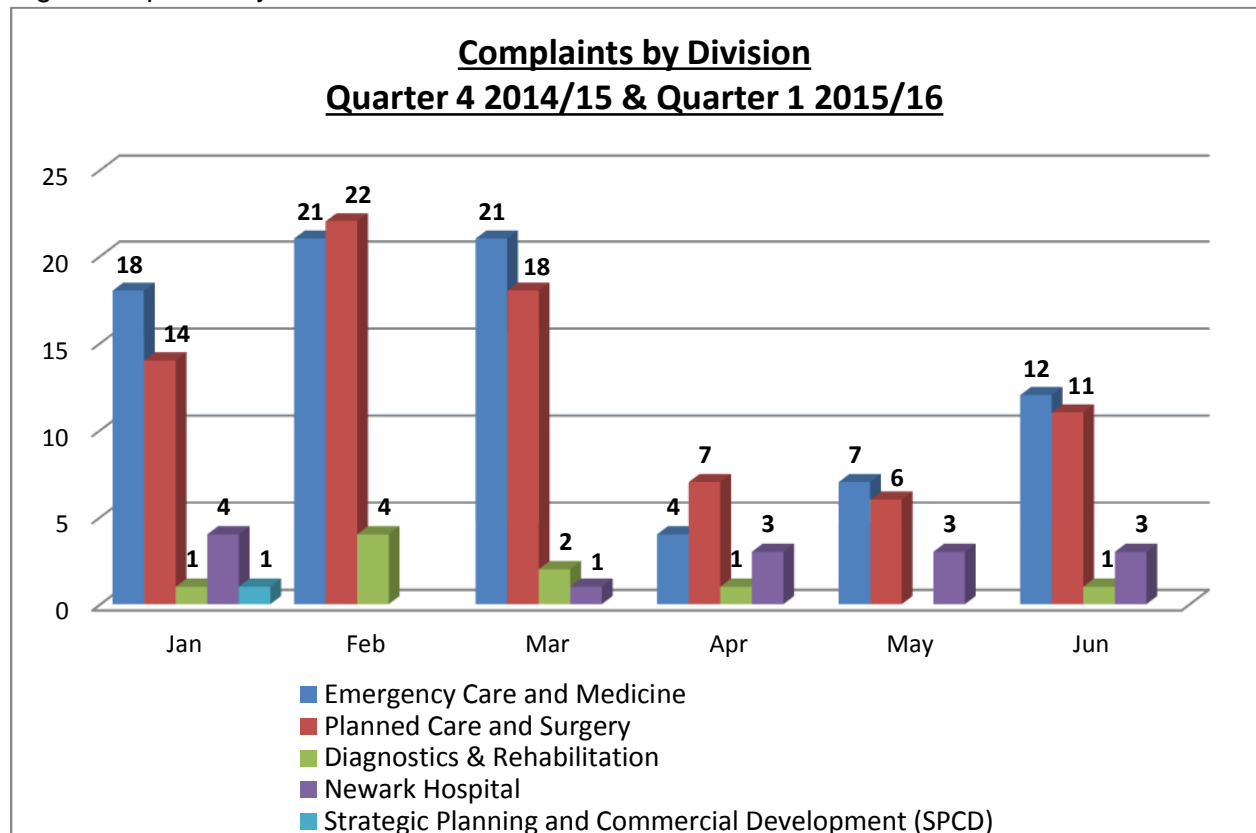
In Quarter 1, the Trust received a total of 58 formal complaints, which demonstrates a significant **decrease** in the total number of complaints trust wide. The complaints relate to the following divisions as follows:

- Emergency Care and Medicine – 23 complaints received (41%)
- Planned Care and Surgery - 24 complaints received (41%)
- Diagnostics and Rehabilitation – 2 complaints received (3%)
- Newark – 9 complaints received (12%)

The significant increase in concerns and decrease in formal complaints demonstrates the Trust are resolving patients /relatives concerns effectively in a timely manner providing intelligence to identify hotspots in services and to support improvement of services based on patient feedback.

The chart below (Fig.1) details the number of complaints received during Quarter 1 2014/15 and Quarter 1 2015/16.

Fig.1 Complaints by Division for Quarter 4 and Quarter 1



The majority of complaints during Quarter 4 (2014/15) and Quarter 1 (2015/16) relate to the two largest divisions within the Trust, the Emergency Care & Medicine Division and the Planned Care & Surgery Division. The Emergency Care and Medicine Division demonstrated a 59% decrease in the number of formal complaints from Quarter 4 (58) to Quarter 1 (23). The significant themes identified related to:

- Clinical Diagnosis (9 complaints), of those, 6 cases related to diagnoses in the Emergency Department, of which 3 complaints were patients with an Orthopaedic and Trauma diagnosis.
- Nursing Care and Treatment (6 complaints), which related in the Emergency Department, Emergency Assessment Unit and Inpatients Wards 22 (Geriatrics), and 33 (Gastro and Endocrine)
- Attitude of staff (4 complaints) and Communication (1 complaint) related to both doctors and nurses, however did not highlight a specific department or ward.

The Planned Care and Surgery Division received a consistent number of complaints, 24 in total, throughout the reporting period of quarter 1

- There was a significant decrease of 56% in the number of complaints received in Quarter 1, of these 11 (46%) were received in June 2015.

- Nursing Care and Treatment (13 complaints), of those, 5 complaints related to three specific Outpatient Clinics; Clinic 8 (Ophthalmology and Maxi facial), Clinic 1 (Orthopaedic and Trauma) and the Day Case Unit.
- 3 complaints related to Clinical Delays in Clinic 1. Of these 2 complaints highlighted waiting time to be seen in clinic and 1 complaint was related to the Waiting List, specifically the wait for surgery.

Newark received a total of 9 complaints which is a 44% increase compared the previous quarter:

- Clinical Delays (3) relate to patients experiencing delays obtaining outpatient appointments.
- The Minor Injuries Unit received complaints regarding Clinic Treatment (2) relating to care and advice provided following diagnosis and discharge home.

The number of complaints related to the Diagnostic and Rehabilitation Division and Strategic Planning and Corporate Development Division remain consistently low.

During Quarter 1 the Trust achieved a **100% response rate** in relation to the acknowledgement timescale which is 3 days. 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.

2.0 Complaint Themes

The Patient Experience Team formally report complaints into Datix Web, of which is a centralised incident reporting database.

The top 5 themes recorded over the preceding two quarters are summarised below in Table 1.

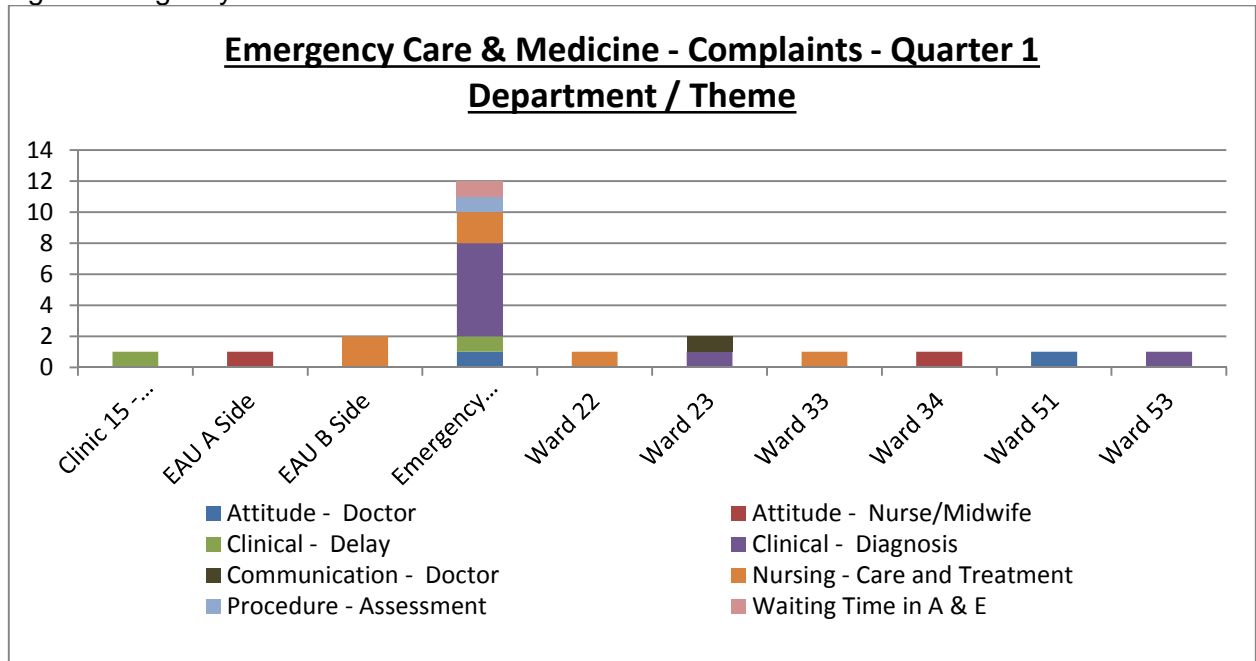
Table.1 Complaint Themes

| Quarter 4 2014/15 | Quarter 1 2015/16 |
|-----------------------------|-----------------------------|
| 1. Clinical Treatment | 1. Clinical Treatment |
| 2. Clinical Diagnosis | 2. Clinical Diagnosis |
| 3. Attitude - Doctor | 3. Clinical Delay |
| 4. Nursing Care & Treatment | 4. Nursing Care & Treatment |
| 5. Communication - Doctor | 5. Attitude - Doctor |

Analysis of the information clearly demonstrates a slight shift in the themes recorded, whereby Clinical Delay is now featured in the top 5 themes.

The following graphs (Fig. 2, 3, 4 and 5) provide further detail of complaint themes by speciality and division.

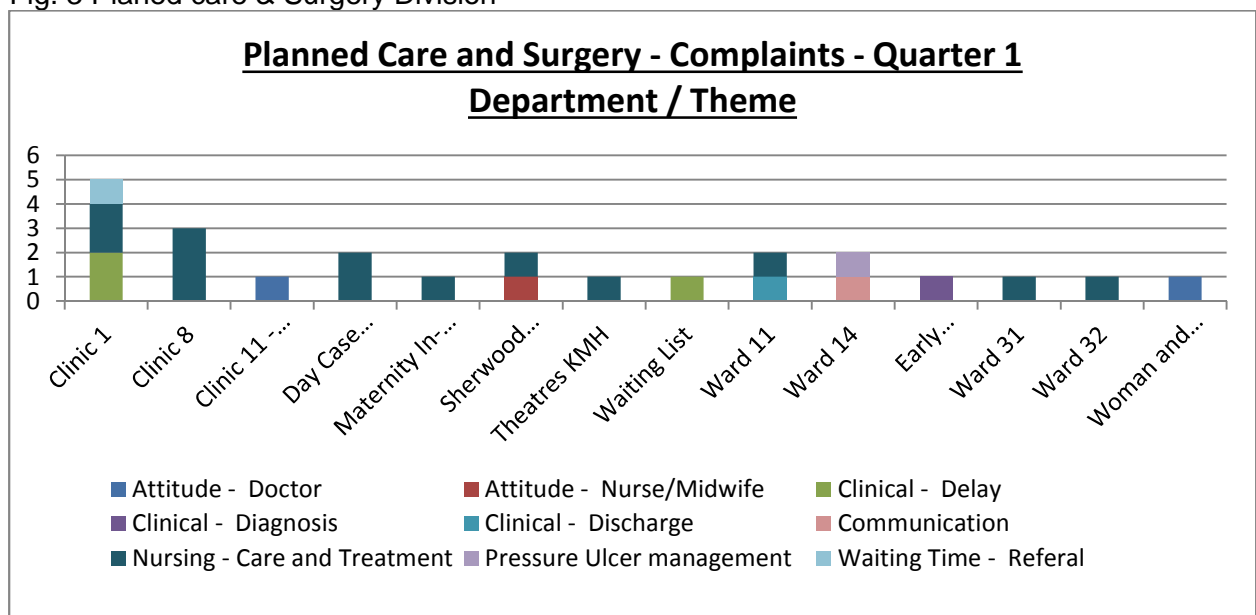
Fig. 2 Emergency Care & Medicine Division



A total of 23 complaints were received by the Emergency Care and Medicine Division. More than 50% of the complaints received by the Division related to the Emergency Department, more specifically these related to diagnosis, of which 3 complaints were linked to Orthopaedic and Trauma.

Nursing care and treatment has been identified as a theme across the Division, on analysis these complaints relate to timely observations monitoring and continuity of care, in particular during handovers between nursing staff. A number of the complaints dated back to episodes of care prior to the introduction of the Care and Comfort rounds and Accountability Handovers on the wards. These new initiatives have been shared with the complainants and will be monitored to confirm their positive impact by Ward Leaders, Divisional Matrons and the Patient Experience Manager.

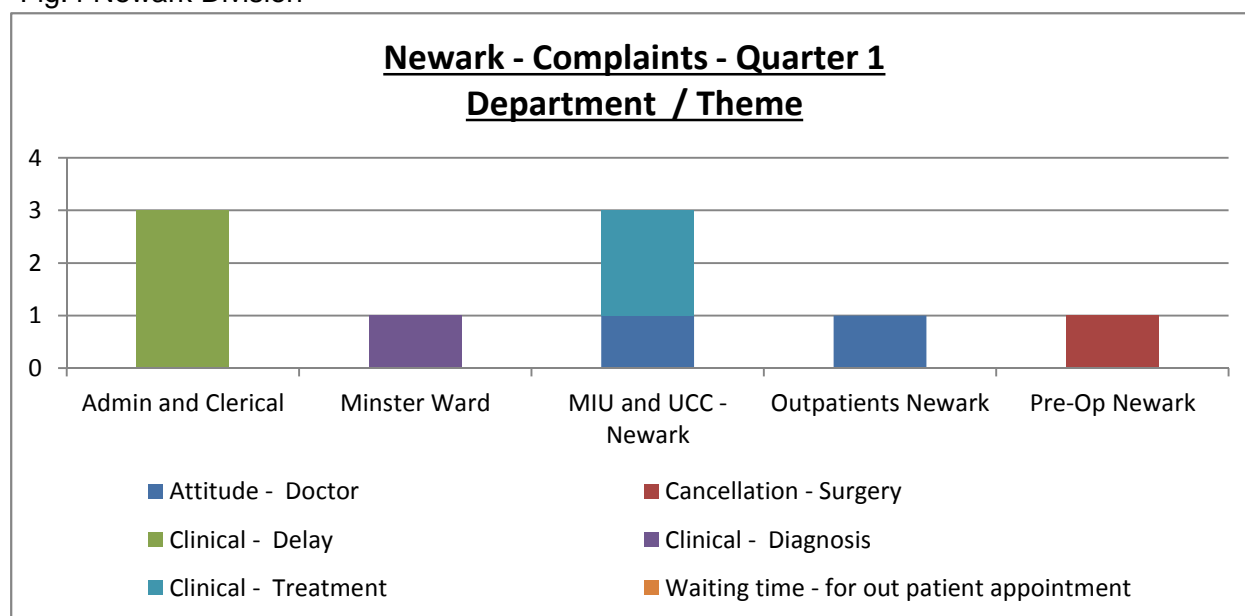
Fig. 3 Planned care & Surgery Division



In Quarter 1, a total of 24 complaints were received by the Planned Care and Surgery Division. 54% (13) of cases related to the Nursing Care and Treatment towards patients, more specifically 5 complaints related to Outpatient Clinics regarding treatment provided in the Ophthalmology and Maxiofacial clinic, this is a consistent theme with Quarter 4. The Orthopaedic and Trauma Outpatient Clinic received a total of 5 complaints; of these 2 identified nursing care and treatment, 2 highlighted clinical delays experienced by patients awaiting treatment and 1 related to the waiting time from GP referral to Consultation.

The Patient Experience Team continues to work closely with the Business Unit, responsible for the outpatient clinic appointments to support improvement work ensuring that patients are receiving appointments in a timely manner. The Patient Experience Manager provides weekly data relating to the complaints and concerns, about the Outpatient Service, received by the Trust and attends the fortnightly Outpatient Programme Board meetings to share weekly trends and themes.

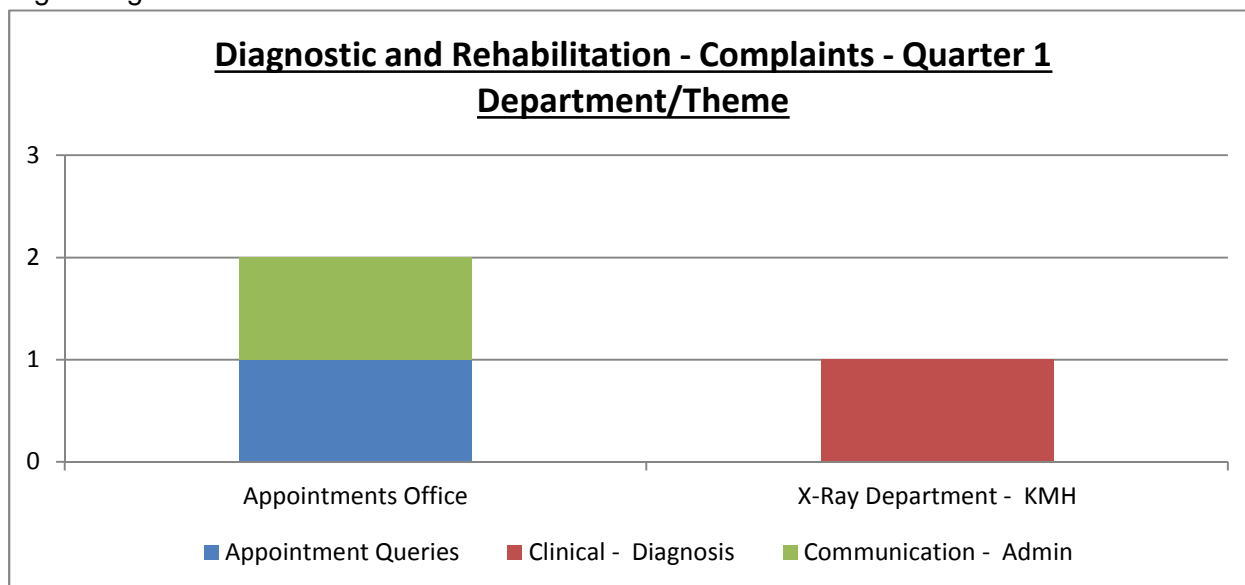
Fig.4 Newark Division



The Newark Division received a total of 9 complaints in Quarter 1, which demonstrates a 44% increase on the previous quarter. The themes relate to Administration and Clerical service (3 complaints) which included delays between Consultants internally and delays in follow up appointments. The Patient Services Manager is liaising with the Administration and Clerical Team at Newark and Kings Mill Hospital to ensure teams are communicating effectively across Newark Hospital and Kings Mill Hospital and systems are replicated across both sites.

Clinical Treatment (2 complaints) and Attitude of Doctor (1 complaint) are themes involving the Minor Injuries Unit (MIU) and relate to Doctors and Nurse providing clear advice and explanations to patients during their attendances at the MIU.

Fig.5 Diagnostic & Rehabilitation Division



In Quarter 1 the Diagnostic & Rehabilitation Division received 3 complaints with no specific theme discernable.

For Quarter 1, Strategic Planning and Corporate Development received no complaints.

2.1 Complaints investigation training and processes

The Patient Experience Team provides a single point of access for all patient concerns, complaints and compliments. The Patient Experience Office located in the main reception of the Kings Treatment Centre providing easy access for patients and relatives wishing to discuss their concerns and facilitating resolution in a timely manner.

In May 2015, the Complaints and Concerns Policy was ratified by the Quality Committee on behalf of the Trust Board and all complaints and concerns are managed in accordance with the procedures as outlined in the policy. This includes providing, where possible, a verbal acknowledgement for all complaints and concerns and responding to complaints within 25 working days or within the timescales agreed with the complainants where extension have been negotiated.

The Patient Experience Team and the Governance Support Unit continue to work closely to ensure effective and timely dialogue is ongoing relating to all complaints linked to Serious Investigations. The Patient Experience Team provides regular progress updates to complainants and supports complainants at local resolution meetings.

The Patient Experience Committee met in June and continues to develop partnership working by engaging with internal and external agencies to provide a central hub for all patient and carer feedback. The Committee meets two monthly and reports to the Clinical Quality and Governance Committee.

The Patient Experience Manager is currently developing complaint investigation training for Investigation Officers, which include Ward and Department leaders. This will provide clear

guidance and rationale relating to the newly established processes and will provide examples of good report writing and evidence.

2.2 Complaint response

During Quarter 1, 76 written responses were provided to complainants; all cases during this reporting period were managed within 25 working days. The reported number of complaints is higher than the number of complaints received. This is due to the time at which the initial complaint was opened, logged and investigated. Delays and extensions were discussed and agreed with the complainants in a timely manner.

The following section provides an overview of divisional responses during Quarter 1:

- Emergency Care and Medicine Division provided written responses to 91% of formal complaints within 25 working days or agreed revised timescales. A total of 5 Local Resolution Meetings took place.
- Planned Care and Surgery Division provided written responses to 94% of formal complaints within 25 working days. A total of 7 Local Resolution meetings were held.
- Newark, Diagnostic and Rehabilitation Division and Strategic Planning and Corporate Development provided written responses to 100% of formal complaints within 25 working days.
- Collectively the trust achieved a **96% response rate** exceeding the 90% internal target.

2.3 Complaint Outcomes

Of the 76 complaints responded to during Quarter 1:

- 37% were upheld or partially upheld
- 32% were not upheld
- 24% ongoing
- 7% were withdrawn by the complainant and resolved locally.

For the purposes of clarity the Trusts works to the national definition of what constitutes an upheld / partially upheld complaint. This is:

'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 Patient Experience Manager and Divisional Patient Experience Leads support the development of action plans with the Divisional Teams to enable the implementation of actions from all 'Upheld' or 'Partially Upheld' complaints. Action trackers are used to monitor the implementation of all agreed actions and service improvements.

Of the 76 complaint responses provided in Quarter 1, a **total of 8 complainants** remained dissatisfied with their initial response and requested:

- further information
- face to face meeting
- further clarification

This is a marginal increase in the number reported in Quarter 4. This performance continues to demonstrate the robust systems and consistent dialogue with complaints and provides assurance to complainants in the majority of cases.

2.4 Responsive Feedback to complainants

The Patient Experience Team continues to facilitate feedback to complainants relating to their complaints and improvement implementation where appropriate. During Quarter 1, five complainants were invited back to the trusts to share the improvements and demonstrate the service changes as a result of the concerns raised.

2.5 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. The following section provides an overview of the number of local resolution meetings by Division:

- Emergency Care and Medicine Division (11)
- Planned Care and Surgery Division (7)

All local resolution meetings convened have included a Divisional Patient Experience Lead or the Patient Experience Manager. The purpose of this was to facilitate improved dialogue between the complainant, their family members and Trust staff, to coordinate the meeting and to address any queries relating to the complaint management. A CD recording of the meeting has been provided to the patient / family and a follow up letter has been generated to confirm the discussions and the findings and confirm any subsequent action.

2.6 Complaints linked to Serious Incidents

A total of 8 formal complaints have been subject to a serious incident investigation, 3 relating to the Emergency Care and Medicine Division and 5 to the Planned Care and Surgery Division. The analysis of the incidents has highlighted themes relating to delays in Ophthalmology treatment (2), Gynaecology clinical treatment (2), Patient experiencing a fall whilst an inpatient on Ward 42 (1) and care provided on the Emergency Care Unit (1).

All communication and correspondence with patients and families regarding complaints that are escalated to serious incidents are managed by the Patient Experience Team, ensuring patients and families are updated regarding progress and timescales for any agreed actions.

2.7 Actions and Learning

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 an overview of the Trust-wide service improvements that have been recently implemented:

- Ward Leaders to undertake cleanliness audits of the ward and to reiterate the importance of hygiene and cleanliness with the ward staff.
- All staff to undertake refresher Falls Training.

- Audit and monitor the medication rounds to ensure staff are appropriately administering and supporting patients with their medication in accordance with Trust Policy.
- To ensure accountability handover sheets are in place and are being utilised appropriately on all wards.
- To share the complaint experience with staff.
- Emergency Assessment Unit to review the current processes in place to monitor and track patient's belongings in particular when items are mislaid.
- Continue to ensure staff are working to the Trust Quality for All values and behaviours
- Triangulation of Complaints, Serious Investigations and Coroners Reports to be agreed with new Head of Governance.
- Clear guidance and pathway for all administration staff regarding the receipt of letters from Members of Parliament and management within the Trusts in accordance with Trust Complaints and Concerns Policy.

3. Parliamentary and Health Service Ombudsman Reviews (PHSO)

The Trust received 3 applications from the Parliamentary and Health Service Ombudsman during Quarter 1, which are all still under review. This remains consistent with the number received in Quarter 4.

During Quarter 1 the PHSO received returned 2 completed investigations, 1 case was not upheld and 1 case partially upheld. The partially upheld case related to lost property in the Emergency Department and documentation; this has been addressed by the revised Patient Property Policy which is currently under consultation.

4. Complainant Satisfaction Survey

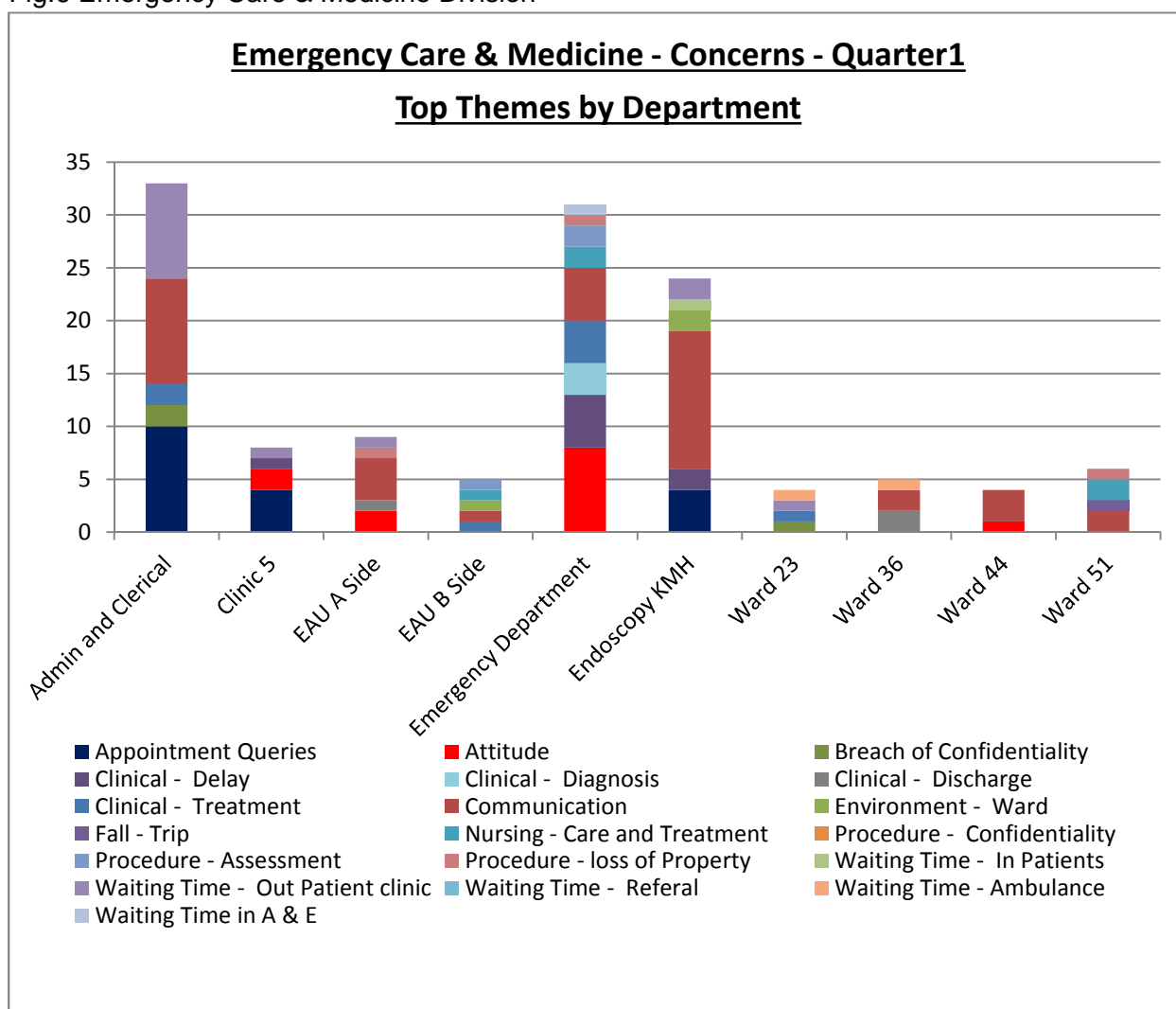
The Trust has historically provided a Complainant Satisfaction Survey to a selection of complainants following the closure of a complaint case, to establish how the complaint management felt for the complainant.

The Patient Experience Team received a 14% response rate in quarter 1, which reported 100% satisfaction of the complaint management, with positive feedback relating to the communication and letter of response. In view of the continued low response rate the Patient Experience team are providing alternative formats to complete the survey via email and online survey.

4.1 Concerns

The Patient Experience Team received a total of 809 concerns in Quarter 1 demonstrating a 78% increase on the previous quarter. These concerns largely relate to patients experiencing difficulties accessing the outpatient department. The graphs below (Fig.6, 7, 8, 9) show the concerns received by Division and by theme:

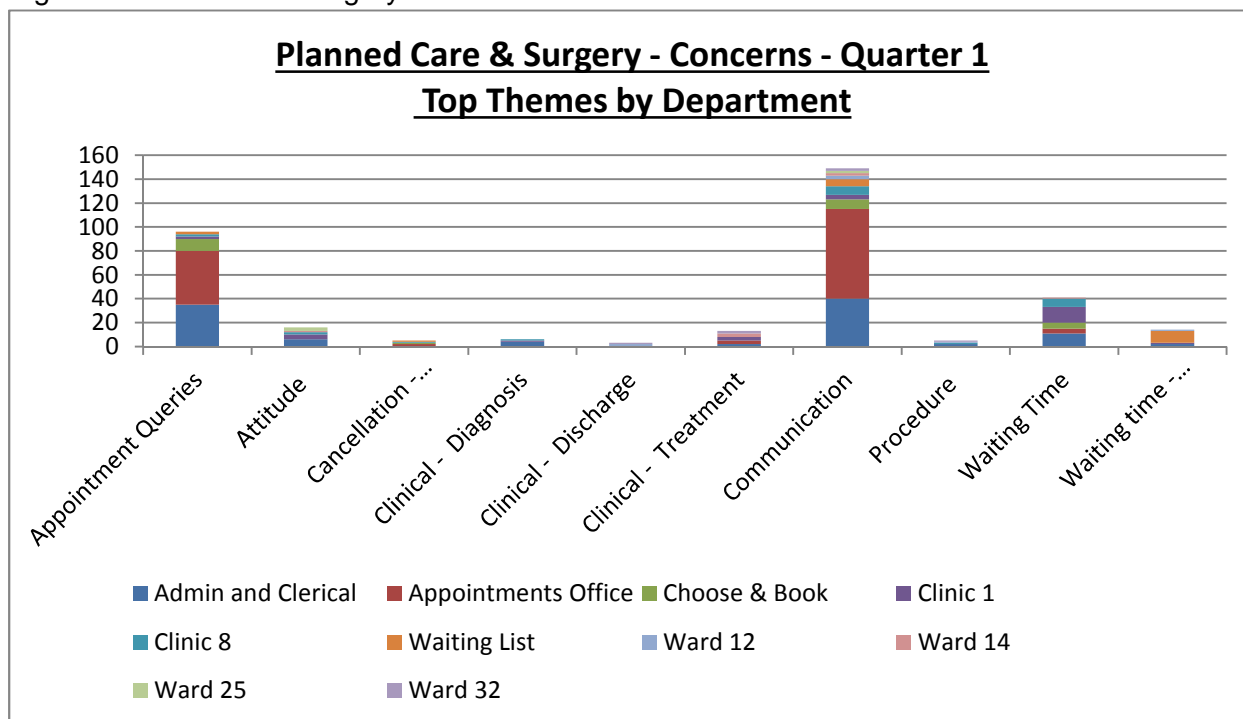
Fig.6 Emergency Care & Medicine Division



A significant number of concerns continue to relate access to Appointment Booking Team and Patient Pathway Co-ordinators. A consistent theme relates to patients arranging appointments with the Endoscopy Teams, experiencing lengthy delays and obtaining the prescribed preparation treatment via prescription, in particular patients living in the Newark area who require the procedures at Kings Mill Hospital. In all cases the Patient Experience Team provided prompt resolution, contacting the appointments team by telephone, email and in person to confirm appointments. In response this intelligence is provided to the Outpatient Programme Board and shared with membership weekly to provide to ensure these themes are addressed.

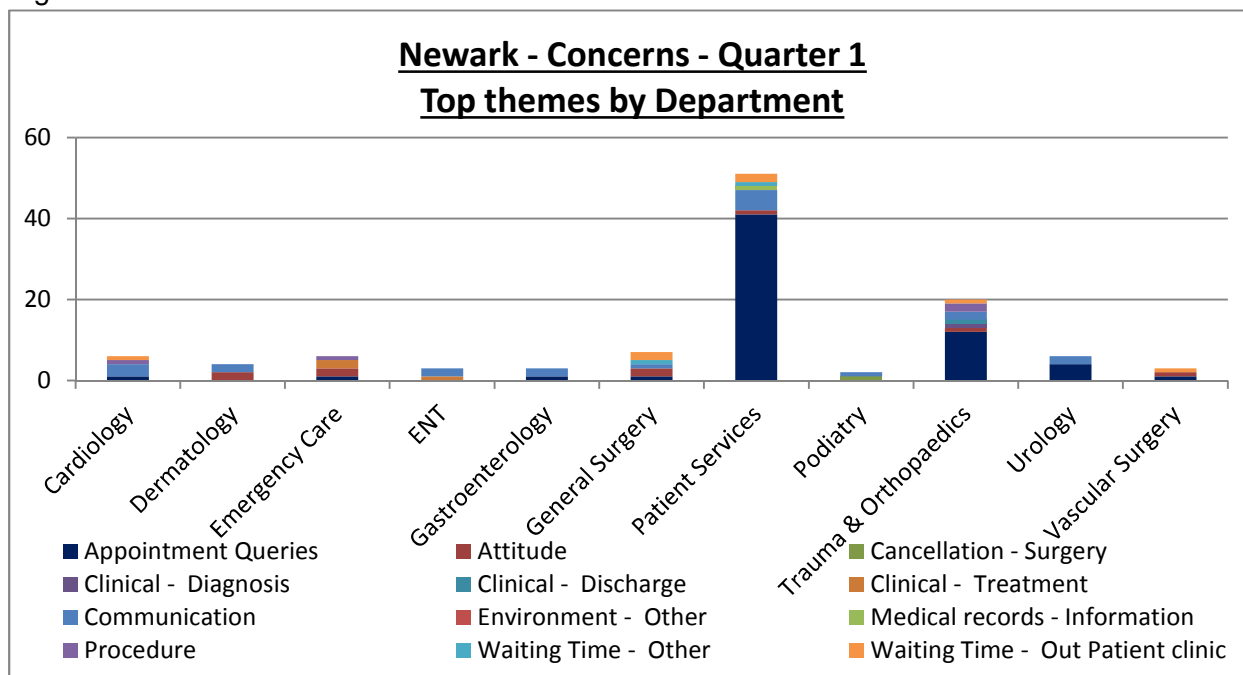
Concerns relating to the Emergency Department included staff attitude and communication between patients, medical and nursing staff. The themes remain consistent with the previous Quarter and continue to be addressed and managed by the Patient Experience Team and Head of Emergency Department.

Fig.7 Planned Care & Surgery Division



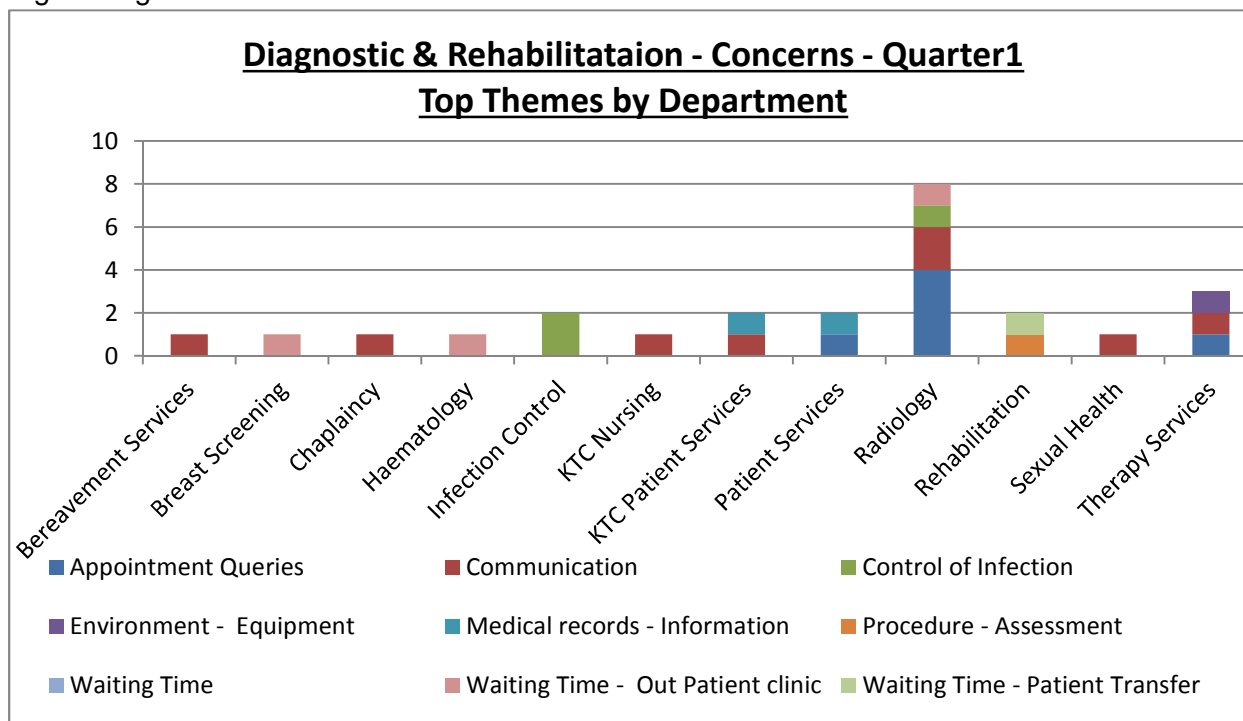
As shown in the graph above, Appointment Queries and Communication dominate the majority of concerns, these relate to access to the Appointments Booking Office and the Patient Pathway Co-ordinators and specifically to obtain and change appointments. As reported in Quarter 4, patients are experiencing lengthy delays or no response; this has resulted in the Trust Switchboard transferring patients to the Patient Experience Team. Whilst the Outpatient Programme Board are informed of the patient feedback and continue to address these concerns, the Patient Experience Team have liaised extensively with the Business Unit to arrange and confirm appointments for patients to resolve the patient’s concerns in a timely manner.

Fig.8 Newark Division



Newark have received over 50 concerns about delayed or cancelled outpatient appointments, the Patient Experience Office have endeavoured to liaise with the Patient Services Team to provide new appointments to patients.

Fig. 9 Diagnostic & Rehabilitation Division



Although a low number of concerns were received relating to the Diagnostic and Rehabilitation Division, Radiology received the most concerns these related to appointment queries and communication.

The Patient Experience Manager is working with the divisions to address the concerns relating to the Bereavement Centre to formalise protocols and policies.

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

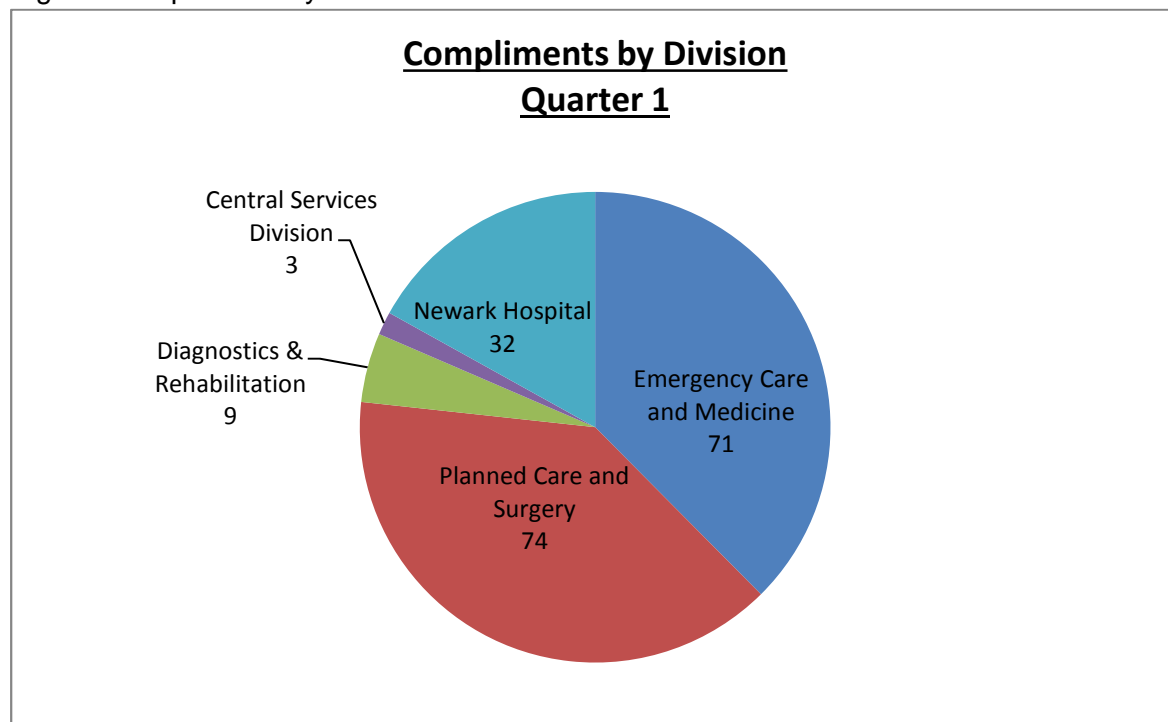
1. Appointment Queries
2. Communication
3. Waiting Times

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. The Patient Experience Team continues to provide intelligence for inclusion on the ward communication boards which 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.

5. Compliments

During Quarter 1 a total of 196 compliments were received which indicates a decrease of almost 50% from the preceding Quarter. The following chart (Fig.10) provides an overview of the number of compliments received by Division.

Fig. 10 Compliments by Division

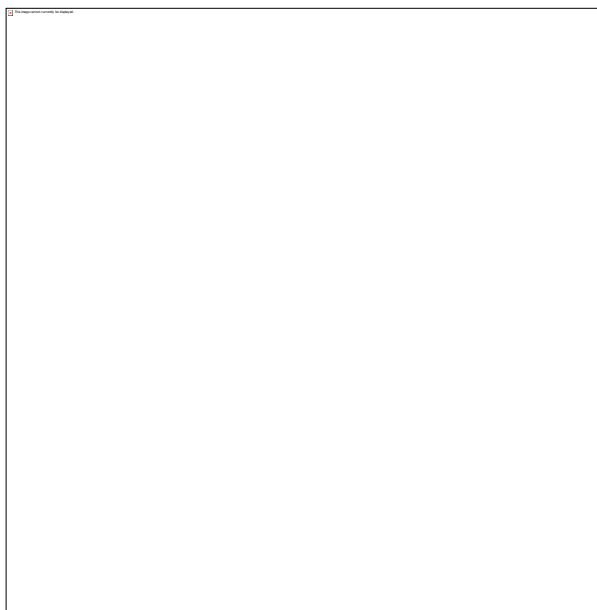


The current version of Datix Web does not allow the Trust to identify the current themes relating to the compliments received. A version update in July/August 2015 is expected, this will provide more comprehensive reporting in the compliments module and enable the Trust to share best practice across all sites.

7. Trust-wide Feedback

The Paediatric Department have implemented young person, parent and carer feedback within the department through an online survey and the Bramley Good'o'Meter, as pictured below (Fig. 11).

Fig.11 Bramley Good'o'Meter



This feedback will be linked to the Friends and Family feedback and shared with the patient Experience Committee. The Paediatric Team are currently exploring funding options relating to alternative formats to provide feedback including smart phone applications via electronic tablets available on the wards.

8. Friends and Family Test (FFT)

The Friends and Family Test (FFT) defined as a single question survey which asks patients whether they would recommend the NHS service they have received, to friends and family who need similar treatment or care. Historically the survey was implemented across all NHS funded acute services providing in patient and emergency department (Type 1 & 2) services and latterly across maternity, day case, and outpatient services.

From April 2014 the Staff Friends and Family Test (FFT) was introduced to allow staff feedback on NHS Services based on recent experience. Staff are asked to respond to two questions. The 'Care' question asks how likely staff are to recommend the NHS services they work in to friends and family who need similar treatment or care. The 'Work' question asks how likely staff would be to recommend the NHS service they work in to friends and family as a place to work. Staff FFT is conducted on a quarterly basis (excluding Quarter 3 when the existing NHS Staff Survey takes place).

The FFT was introduced in Outpatient (OPD) and Day Case Unit (DCU) services in October 2014. Sherwood Forest Hospitals NHS Trust was an Early Implementer Trust, as part of the local CQUIN; this was rolled out nationally in April 2015 across all patient groups, including children and young people accessing each of the NHS funded services. The new guidance on the submission of Friends and Family process for the Unify2 System is for all Inpatients services including Day Case Units, Accident and Emergency this includes Walk-in-Centres and Minor Injury Units, Maternity services and all Outpatients services.

The Trust are currently exploring two options relating to FFT:

Inpatient FFT: Exploratory discussions have been held with Optimum Health Technology who provide the Meridian Software used by the Trusts nursing teams to measure care on wards and in departments. This package would provide an additional module would fulfil the Trusts FFT Patient and Staff requirements and all aspects of Patient Experience including real-time patient surveys. The data generated would overlap with the ward nursing metric and the CQC domains and would allow triangulation of feedback to provide a comprehensive picture of our services. The package also includes various different formats to collate the real time feedback including: paper, tablet application, text and email methods.

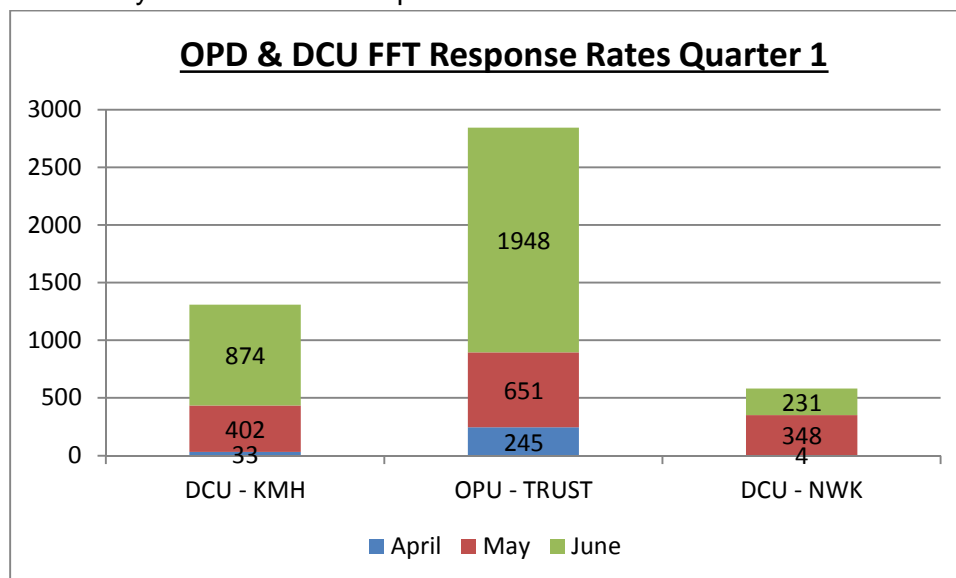
Outpatient & Emergency Department FFT: As part of the Outpatient Programme Board, the Trust is exploring a refresh package from Savience who are the providers for the Trusts electronic booking in system. FFT and patient experience would be a part of this refreshed package which would include both the hardware and technological support required to implement the solution..

The Trust remains keen to ensure one system manages the FFT needs both for patient and staff, both providers have confirmed the data from outpatients can be pulled through to a portal for centralisation. An electronic system such as the two described would provide daily access to 'real-time' feedback and response rates, the development of action planning and auditing of service improvements resulting from this feedback. This solution allows the FFT to be triangulated with other elements of patient experience to provide a detailed understanding of the patients view of the Trusts services.

8.1 Outpatient and Day Case Unit Response Rates

The following section provides an overview of the Friends & Family Response Rate for Outpatient Department (including Kings Mill Hospital, Mansfield Community Hospital and Newark Hospital) and Day Case Unit (Kings Mill Hospital) during Quarter 1.

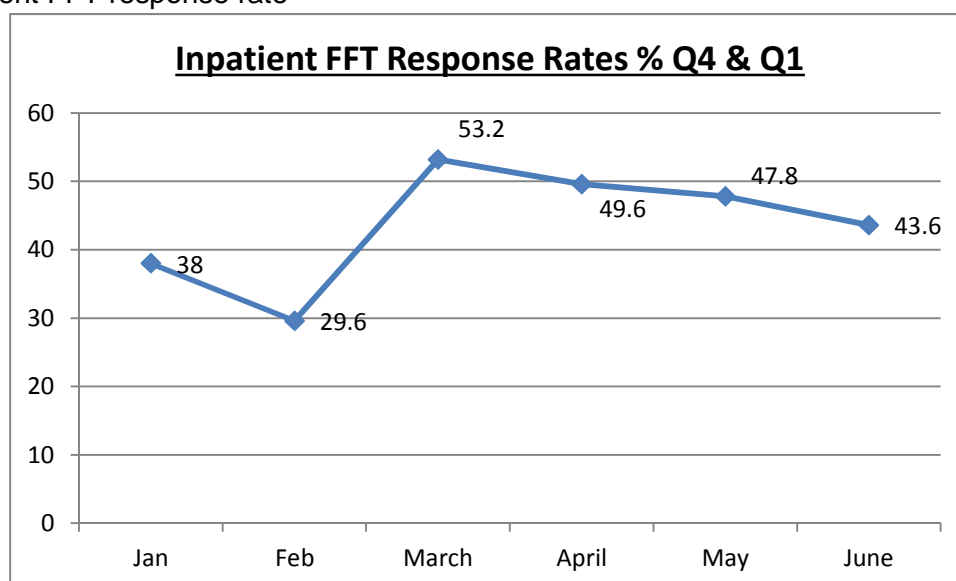
Fig. 12 Outpatient & Day Case Unit FFT response rate



Of the total number of responses received in the Outpatient Department in all settings throughout Sherwood Forest Hospitals NHS Foundation Trust, over 87% of patients stated they would be extremely likely and likely to recommend the hospitals to friends and their family. The Trust has identified specific staff training and support required within the Day Case Unit, relating to the completion of the FFT. This has been implemented and has dramatically improved the FFT response rate for FFT in Quarter 1 from 33 responses in April 2015 to 874 responses in June 2015. In addition both the Day Case Unit and Outpatients Department have started to record the day of the week that patients visit the Trust. This will help inform the Trust about how to develop seven day services.

8.2 Inpatient Response Rates

Fig. 13 Inpatient FFT response rate

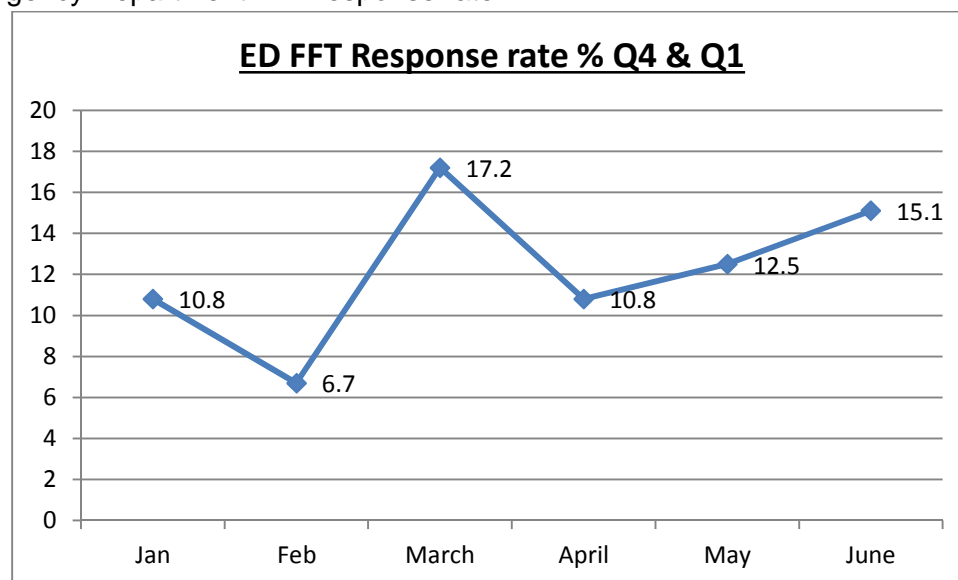


As evidenced within the above graph (Fig. 13), the Inpatient response rates have remained stable for Quarter 1 and Quarter 2, even though the FFT system of reporting is capturing more areas. The FFT CQUIN Support Worker is working alongside the ward staff to increase awareness and uptake of this indicator and to support any additional training required and ensure all eligible patients are being asked to complete the FFT. A variety of processes have been implemented to ensure that all data processed within the trust is captured with the service provider. Weekly updates of the receipt of FFT data is being shared with Ward Leaders and Department Heads to ensure completed surveys are included in the relevant reporting period.

8.3 Emergency Department Response Rates

The response rates for Quarter 1 have seen an increase over the 3 month period to 15.1% in June 2015. The Trust continues to experience difficulties with the current external provider relating to receiving data in a timely manner and accuracy of the response rates. An internal monitoring process put in place by the Trust has ensured this is audited weekly.

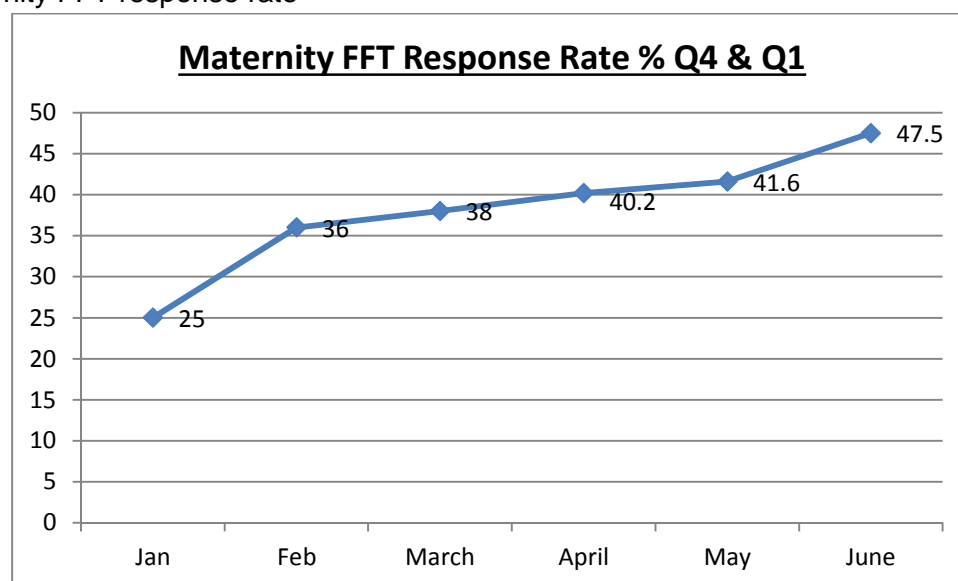
Fig. 14 Emergency Department FFT response rate



8.4 Maternity Response Rates

The Trust is mandated to report at four separate 'touch' points during the patient's antenatal and postnatal pathway. The following graph (Fig. 15) illustrates the Trusts performance for Quarter 4 and Quarter 1, detailing both the star rating and response rate reported. Maternity services have effectively implemented process to support the completion of FFT by patients and all staff are able to assist with the completion and help patients where necessary. The CQUIN support worker has spent a considerable amount of time in maternity services supporting the staff and resulting in a month on month improvement in results.

Fig. 15 Maternity FFT response rate



The following section provides a summary of qualitative feedback received via the FFT Responses during Quarter 1:

Perfect staff from the ambulance driver to ED to EAU to ward 12, they were fantastic, thank you so much for your kind compassionate and caring attitude.

The Doctors were excellent in the Emergency Department on Saturday when I brought my mum in with a broken hip, they were compassionate and caring to her every need. Thank you so much.

I honestly don't have a bad word to say about my care, my labour was calm, and a pleasurable experience that I would highly recommend to any person at any age.

Great medical care dedicated staff, seemed short of doctors though went 3 days without seeing a Doctor, but also took a long time to discharge due to the doctors being in with emergencies.

My Midwife made a tough labour a lot easier, she encouraged me all the way and I have received excellent guidance from all the staff on the Maternity ward on how to breast feed our little baby. Thank you

Staff on Ward 35 was excellent with my mother, she was struggling to eat and the staff helped her eat, dress and encourage her to get better. I am sure that she would have been here much longer if she had not have had the care and attention she received at your holiday.

Perfect, treatment fit for a princess. All the doctors, nurses, and carers were exemplary in their care and advice. I was taken care of very well by Sarah Lund and I am very appreciative of the care I received, thank you to all of you.

Needs to be more communication with the staff and patients on the Emergency Assessment Unit, the first nurse told us we were going home, then the next shift came on and I had to stay. Overall though the care was very good thank you.

The waiting time in A&E was just too long. Nobody could advise me how long we would actually be there before we could be seen.

There were delays in being discharged on EAU as we had to wait 4 hours to receive the medication for my mum. The process adopted by Kings Mill for medication needs to be streamlined.

9. NHS Choices

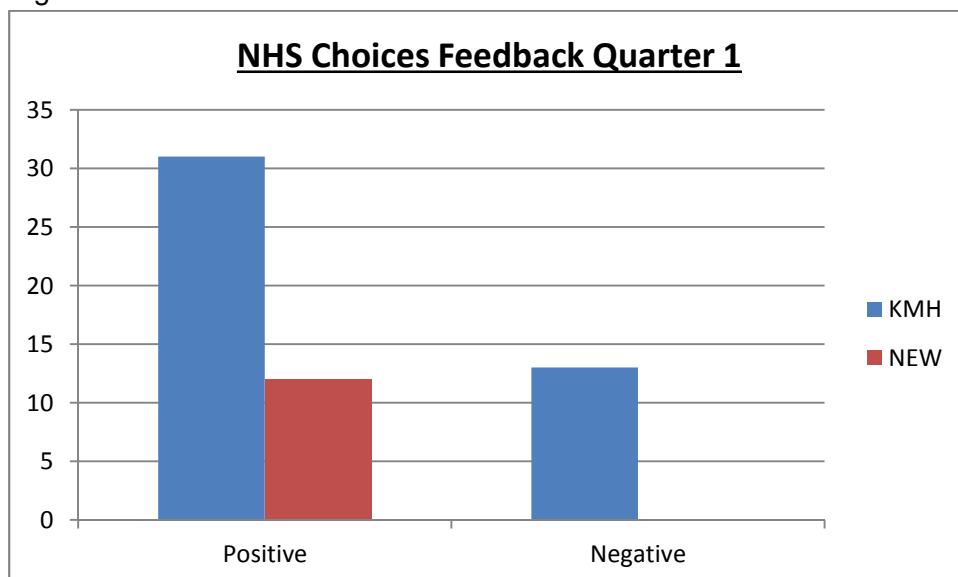
Patients and visitors can post comments about their experiences of the Trust on the NHS Choices website. They can also rate the service in terms of whether they would recommend the hospital if they needed similar care and treatment, cleanliness, staff co-operation, dignity and respect, involvement in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

The Patient Experience Manager and Communications Team are currently developing a protocol to ensure timely postings are made and for the relevant Divisional Matron or Department Leader to identify any hotspots.

In Quarter 1, a total of 56 postings were made on NHS Choices by patients, relatives and carers, each posted message received a reply from the relevant staff member within the Trust with a response.

The following graph (Fig. 16) shows the comments by Trust site.

Fig.16 NHS Choices Feedback



Kings Mill Hospital Comments

Knee replacement: *My mother has just had her knee replacement at Kings Mill. The treatment and conditions were 2nd to none. The hospital is bright, clean and Mum said the food was excellent. My only observation was the length of time from being told Mum could go home to the time we got her drugs. Mum sat waiting from late morning till 6pm. I think that is unfair to Mum. We should have been told that she could go at 6pm, then that would have been less stress for her and as a family we could have collected her and not had to hang around as well watching Mum get stressed out. From what I can gather this is the norm, it must be very frustrating for the nurses as well. Thanks so much Kings Mill for taking such good care of my Mum and hope the administrators can take the above on board.*

10 pm to 3.30 am in A & E: *I was ill, shocked and exhausted but sat in hard chair in 'Majors' for hours. Told to give urine sample, told where loo was, I opened the door and a man was using it. Directed down corridor to another then told to go sit back down on hard chair. When results came back they couldn't get me in a bed fast enough but didn't bother to tell me what was going on. I hope I don't end up there again. My past experience has been City hospital care and always been excellent. Veterinary care is better than Kings Mill.*

Ward 25: *I spent two weeks on Ward 25 between June 5th and June 19th. I cannot express in words how grateful I am to the staff on the ward. They made me feel so comfortable and I miss them all so much! I left the ward with a positive mental attitude I hope to maintain and thanks to them I am getting back on track. Their support through harder nights and their friendliness on the nights when I needed to talk meant that I left feeling so much more positive than when I went in. Thank you so much, all of you.*

Ward 34: *My mum was admitted to this ward on 13th May 2015 with pneumonia. She was really poorly and extremely well cared for by the Doctors, Nurses, Carers, Housekeepers, Cleaners and Caterers. (I do hope I have not missed anyone off) They all provided an exceptional service in the care of my mum. Although my mum passed away on 1st June 2015 I am happy in the knowledge that she had the very best care on this ward. I spent a lot of time with my mum as she came to the end of her life and they were a good support to me too. I am very grateful!*

Outstanding birthing and maternity unit: *I recently gave birth at King's Mill and was extremely impressed. I had a long labour and was kept in for 3 days after giving birth. Throughout the time we were there, we received outstanding care and support from midwives, student midwives, support workers, cleaners, hostesses and one of the chaplains. We were involved in decisions throughout and our views were listened to. If we were to have another child in the future, we would not hesitate to go back to King's Mill. Thank you for everything.*

Newark Hospital Comments

Yesterday I had my first ever operation at Newark hospital. Of course I was very nervous. All the staff on Minster ward were fantastic! From the moment I arrived to the moment I left I was put at ease and constantly reassured. The anaesthetist was absolutely fantastic! Most lovely person I have ever spoken to in my life! The surgeon was fantastic! I hope they get all the praise that they deserve! They were absolutely amazing! Thank you Minster Ward.

My experience of endoscopy treatment attended the department for a colonoscopy on May 6th. The whole experience was first class. It started with a walk through the corridors where passing staff greeted us with an encouraging smile and cheery hello. The wait within the department was minimal as I was seen in good time. The endoscopy team were excellent with the consultant being pleasant, approachable, reassuring and keen to listen. The whole session was interesting, informative and even had moments of humour. At all times I felt cared for and comfortable. The feedback, paperwork and literature was produced in good time and I was on the way home in no time. I can't think of any improvements in the quality and the professional nature of the treatment.

What a delightful hospital: I visited Newark hospital on the 16th of April for an x-ray. The place is sparkling clean, a tribute to the people keeping it that way. The staff are very professional and offered assistance should I require it. But the organisation was such that I was out of the building within 20 minutes done & dusted, very impressive. Thank you Newark!

N.B. Newark needs an Accident and Emergency unit.

The location which is close to the A1 and with a population of over 25,000, I would have thought that Newark qualified for such a unit. I would dread a journey to the other local A & E's should I have a serious and critical condition.

The negative comments related to the following:

- Waiting times in the Emergency Department
- Delays in the Phlebotomy Clinics
- Lengthy waits form Referral to Consultant appointment in Dermatology and Ophthalmology Outpatient Clinics

No postings were received relating to Mansfield Community Hospital.

10. Healthwatch

Healthwatch England is the national consumer champion in health and care with significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

Healthwatch Nottinghamshire has formed links with the Trust, and is an integral member of the Patient Experience Committee, attending bi-monthly meetings to share their intelligence relating to the local health community.

11. Care Quality Commission (CQC)

During Quarter 1, the Patient Experience Manager has maintained regular contact with the CQC in order to respond to any concerns or to offer additional information for complainants who are liaising directly with the CQC.

12. Conclusion

The Patient Experience intelligence clearly shows the decrease in complaints and sharp increase in concerns, indicating the procedures and systems in place from September 2014 are now embedded, ensuring patients/relatives concerns are reported to identify areas of concerns within the Trust and resolved promptly. Due to the streamlining of the reporting mechanisms now in place, the trust and individual services can now address this valuable patient feedback to implement improvements.

Kim Kirk – Patient Experience Manager

Susan Bowler - Executive Director of Nursing