

# Patient Experience Report

April, May & June 2014

Sherwood Forest NHS Foundation Trust

Trust Board Report

Quarter 1

**Executive Summary:**

- The Customer Services PALS team received 1824 contacts during Q1; there were 388 'Compliments' and 623 'concerns'. The top two 'concern' themes received were 'communication' (34.5%) and 'waiting times queries' (18.5%).
- The Trust received 161 new complaints between April and June 2014, which is a 20% decrease on the previous quarter. The 161 complaints received in this quarter reflect a 23% decrease (210) on the number of complaints received in the same period last year.
- During Q1, 3768 eligible patients chose to respond to the Friends and Family Test. The combined Accident and Emergency and In-Patient response rate achieved was 18.4%. 14.6% of eligible maternity pathway patients chose to respond to the Friends and Family Test for Maternity Services.
- The Trust carries out an 'In-Patient Experience Survey' each month. This survey captures feedback from all adult in-patient wards across three hospital sites. During Q1 885 patients took part in this survey. Results show that:
  - 86% of patients understand the information provided to them by their clinician and 85% are happy with how they are involved with decisions about their care.
  - 99% of patients are very happy with the cleanliness of the wards and 91% are satisfied with the quality of the meals provided to them.
  - 77% of patients advised that their buzzer was responded to within five minutes or less.
  - 93% responded 'they are likely or extremely likely' to recommend our hospitals to their friends and family.

The results indicate areas where improvements can be made to in-patient care. 13% of the patients who participated felt they had not been given enough assistance during mealtimes if required. The Q3 and Q4 2013/4 board reports identified that the number of patients advising that they had not been made aware of how they could raise issues and concerns had fallen from 32% to 25%. We are pleased to report that during Q1 2014/15 the number of patients responding positively to this question has further decreased to 18%.

## 1.0 Compliments

During Quarter 1, 388 compliments were directed to our Customer Services team, an increase of 34.5% from Q4 2013/14.

Chart 1

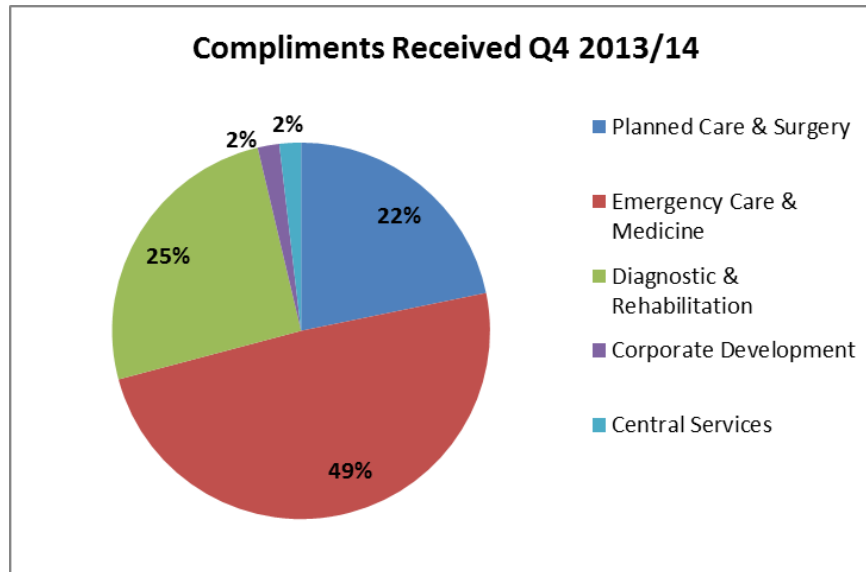
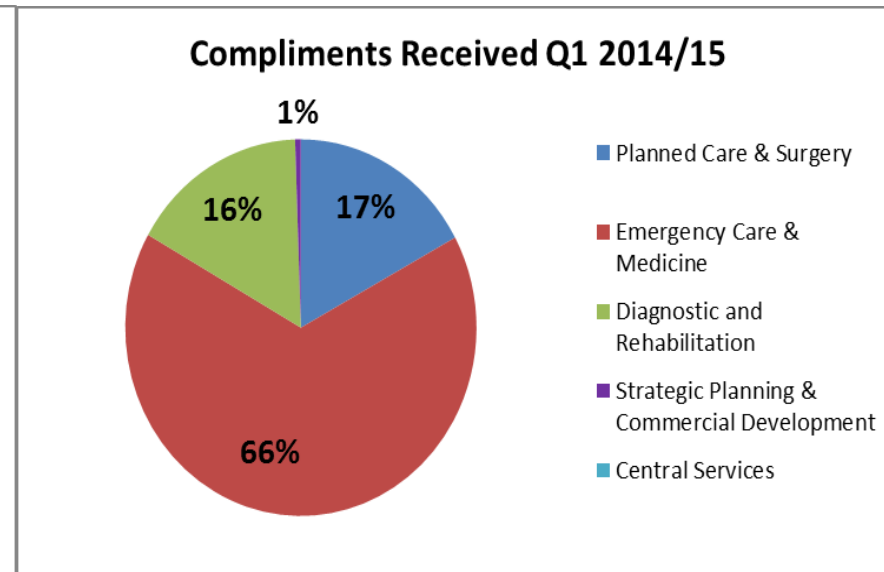


Chart 2



## 2.0 Friends and Family Test

From April 2013 all Acute Hospital inpatients and Emergency Department patients have been given the opportunity to rate and review the services provided. Patients are asked to identify if they would recommend our hospital to Friends and Family. Maternity patients are also able to take part and can comment and rate at four different touch points of their pathway.

The outcome of this survey is reported nationally at Trust level and locally at a ward level. At the point of discharge from adult inpatient wards and from the emergency department, a questionnaire and on-line facility are made available for patients to leave a review.

2.1 Data Summary – January 2014 to June 2014 (Q4 2013/14 & Q1 2014/15)

**Table 1**

	<b>Number of Respondents</b>	<b>Eligible Response Rate Acute In Patients</b>	<b>Eligible Response Rate A&amp;E</b>	<b>Combined Response Rate for Acute In Patients and A&amp;E</b>	<b>Maternity Services Response Rate</b>	<b>Net Promoter Score (+100 to -100)</b>
January 2014	1251	24.8%	18%	20%	10.9%	63
February 2014	1063	27.1%	14.9%	18.1%	11.2%	63
March 2014	1141	26.4%	13.6%	17.1%	12.8%	63
<b>Q4</b>	<b>3455</b>	<b>26.1%</b>	<b>15.5%</b>	<b>18.4%</b>	<b>11.6%</b>	<b>n/a</b>
April 2014	1389	32.8%	16%	20.7%	18.9%	69
May 2014	1358	32.2%	14.9%	19.6%	12.4%	66
June 2014	1021	28.9%	9.6%	15.0%	12.4%	70
<b>Q1</b>	<b>3768</b>	<b>31.3%</b>	<b>13.5%</b>	<b>18.4%</b>	<b>14%</b>	<b>n/a</b>

## 2.2 Individual Ward Results – (Appendix 1)

Examples of patient's comments from the survey:

- Ward 54 KMH – April 2014: “My dad could not have had better care in a private hospital staff 100% supportive and very understanding.”
- A&E KMH - April 2014: “Staff friendly only could do what they can do very polite – Improvements only one cut down waiting times.”
- Ward 31 KMH – April 2014: “The staff are all working under pressure long hours but stay very calm and are very caring.”
- Oakham Ward Mansfield Community Hospital – May 2014: “Could not wish for better care, Considerate, Respectful and treated with dignity.”
- Sconce Ward Newark Hospital – May 2014: “Staff was fantastic very friendly and the care and support I received was brilliant.”
- Ward 14 KMH – May 2014: “Excellent care as and when I needed it during my 2 weeks stay – I think more nurses would be a big help as they do a fantastic job both day and night.”
- Ward 14 – June 2014 “sometimes didn't feel that the communication was that good, scan results took a while to be returned and I wasn't told what was happening”
- Ward 52 – May 2014 “came in with broken leg and ended up on dementia ward – unhappy with ward allocation”
- Ward 34 – May 2014 “Agency staff is not good with care, they are terrible and more regular staff needed.”
- Ward 12 – May 2014 “the cubicle was lonely”
- Ward 52 – May 2014 “came in with broken leg and ended up on dementia ward – unhappy with ward allocation”
- Ward 34 – May 2014 “Agency staff is not good with care, they are terrible and more regular staff needed.”
- Ward 12 – May 2014 “the cubicle was lonely”

### 2.3 Maternity Services – (Appendix 2)

Examples of patient's comments from the survey this quarter are:

- Antenatal Care 36 weeks – April 2014 – “Staff are friendly and helpful and nothing is too much for them. I do however feel that at times the ward requires additional staff.”
- Antenatal Care – April 2014 – “From every single member of staff and medical team I have received 100% faultless and excellent care. The extended reassurance and support has also meant a lot to me personally and helped beyond words.”
- Postnatal – April 2014 – “The staff are wonderful so helpful, friendly, acknowledgeable and approachable. They have made a daunting experience so much better. More midwives needed especially on a busy demanding ward.”
- Antenatal Care – May 2014 – “I don't feel enough time is spent with antenatal patients, Although they haven't delivered doesn't mean that their stay is any less traumatic or difficult to cope with - staff try to be attentive to all patients but this isn't always possible due to low staff numbers”
- Sherwood Birthing Unit – May 2014 – “Really positive supportive experience all staff from triage to theatre to ward. Helpful and understanding, made a special day even more precious, thank you”
- Postnatal – May 2014 – “Breast feeding support amazing, all staff friendly and helpful and you feel you can buzz for anything and you are not alone.”
- Ward 32 – June 2014 “lack of communication regarding surgery – not much feedback and had to constantly ask what was happening all of the time.
- Postnatal – June 2014 “ observations and drug rounds could coincide overnight to minimise the interruptions.”

### 3.0 Patient Experience Surveys

Data and information generated through patient surveys are seen as highly valuable and are used to inform the trust in measuring performance in meeting patient expectation, whilst providing direction for change. Divisional teams receive monthly reports from the patient experience data collected. These are used in conjunction with other tools to inform service change. The Trust is required to participate in national surveys, which are reported annually, the 'Friends and Family Test' which is reported monthly and other local

surveys conducted by choice by Trust departments. These face to face surveys offer an opportunity for patients to highlight any issues or concerns to our hospital volunteers which can be escalated to enable on the spot resolution.

### 3.1 SFHT Inpatient Survey

The Customer Services team, supported by hospital volunteers, undertakes monthly patient feedback surveys across our in-patient services. The table below illustrates how the 889 in-patients surveyed in Quarter 1 responded:

**Table 2**

Question	Yes %	No %	NA %	Changes from last quarter
When you have important questions for the doctor did you get the answers that you can understand?	86	8	6	Yes responses improved by 1%
Are you involved in as much as you want to be about your care and treatment?	85	8	7	Yes responses improved by 2%
Do staff provide assistance with meals if required?	30 (42)	13 (1)	57	This has deteriorated
Are you happy with the quality of food provided?	83	8	9	There was a slight increase during this quarter – from 81% to 83%
Are you happy with the cleanliness of the ward?	99	1	0	
Have you been provided with information on how to raise a concern?	77	18	5	This has improved from Q4, but 26 patients advised that they weren't aware of how to raise concerns.
Overall do you feel you were treated with dignity and respect?	95	1	(4)	4% is some of the time

Other information from the survey:

- There was a decrease (from 42% to 28%) in the number of patients whose call buttons were responded in less than 2 minutes with 14% more patients reporting that it had taken between 2-5 minutes when compared to the previous quarter. 3 patients commented that 'the time taken varies due to demand on the staff'.
- 93% of patients were likely or extremely likely to recommend the hospital to family and friends

### 3.2 SFHT Outpatient Surveys

The Customer Services team supported by our hospital volunteers surveyed 1011 out-patients across the King's Mill, Newark and Mansfield Community Hospital sites. Divisional teams receive outpatient survey data in specialty and clinic format. Of the 1011 survey

- 94% of Kings Mill out patients are likely to recommend this hospital to family and friends with a net promoter score of 69.8
- 98% of Newark out patients are likely to recommend this hospital to family and friends with a net promoter score of 91.1
- 99% of Mansfield Community Hospital out patients are likely to recommend this hospital to family and friends with a net promoter score of 84.9

Examples of comments from patients participating in this survey during this quarter:

- Warfarin patient at Newark Hospital – “Thank you to all the staff, your attitude to patients is wonderful. You make us feel comfortable during a trying time.”
- CT scan patient at Newark Hospital – “I wish to thank everyone I have been in contact with. They are all doing a wonderful job.”
- Orthopaedic patient – “Smashing Doctor.”
- General surgery patient – “Treated very well could not be better, very supportive.”
- ENT patient – “A big thanks for all your support over the years.”



#### 4.0 Medirest Patient Cleaning Experience Report

Medirest, as part of the contractual obligations undertake quarterly cleaning patient satisfaction surveys, using the Compass Group Survey Tool and are used across all of their sites. The surveys are specific to the Medirest cleaning role and elements to which they maintain.

Surveys were undertaken across a variety of wards and age ranges to cover the demographic of patients who attend the Trust. The following results are of surveys completed and returned; King's Mill Hospital 132, Newark 30 and Mansfield Community 30 responses

The three sites each had a cleanliness survey undertaken;

- King's Mill Hospital has a quality score of 98%
- Mansfield Community Hospital has a quality score of 100%
- Newark Hospital has a quality score of 100%

The scores within the surveys against each question sets are comparable to previous surveys.

#### 4.1 Medirest Patient Meal Experience Report

The first question asked is in regard to rating the overall quality of the meal service provided in the hospital, provided responses that 99% of King's Mill Hospital patients surveyed rated the quality of the meal service as fair and above; Mansfield Community Hospital 100% and Newark Hospital 100%.

- In response to the question were you offered sufficient drinks throughout the day? King's Mill Hospital resulted in a score of 98%, Mansfield Community Hospital 100% and Newark Hospital 96% as positives answers.
- Patients offered a chance to freshen up before a meal resulted in improved figures across all three sites - At King's Mill Hospital 91.9% agreed they were given chance to freshen up; Mansfield Community Hospital 96% agreed and Newark Hospital 93% of patients agreed.

- To the question how would you rate the hospital food, 100% of patients across all three sites answered from fair to very good. 100% patients stated they were offered a choice of food
- To the question 'did you get enough help from staff to eat your meals': 100% of patients at Mansfield Community Hospital and Newark Hospitals responded yes sometimes/yes; 98% of King's Mill Hospital patients where this was relevant responded yes sometimes/yes

## 5.0 Complaints

The workforce change within the Patient Experience team is now complete apart from the appointment of two Patient Experience Leads whose interviews are taking place at the end of July. A workshop has been held with all Patient Experience staff who will be dealing with PALS, complaints and PPI to look at the transition and processes and this was very well received. The workshop was also attended by clinical governance coordinators, Divisional Matrons and Divisional Leads.

The Trust remains up to date with complaints management and reports that there is no backlog although there is still a constant flow of complaints received.

### 5.1 Complaints Received

**Number of complaints received in Q4 = 144**

**Number of complaints received in Q1 = 161**

During Quarter 1 the Trust received 161 complaints which is an average of 54 complaints per month. Emergency Care & Medicine Division (EMCAM) and Planned Care & Surgery Division (PLANCS) continue to receive the greatest number of complaints. The Divisions are responsible for ensuring relevant investigations are undertaken, responses prepared and that lessons learned are translated into demonstrable practice. The flow of complaints within each department is variable, although the number of complaints received in PLANCS and EMCAM remain high; they are on a par for the same period in the previous year apart from Diagnostics & Rehabilitation who have received considerably less. Please note that Newark Hospital complaints are now being reported on separately.

5.2 Complaints received by month, year and division for Q1 2013/14 and Q1 2014/15

Table 3

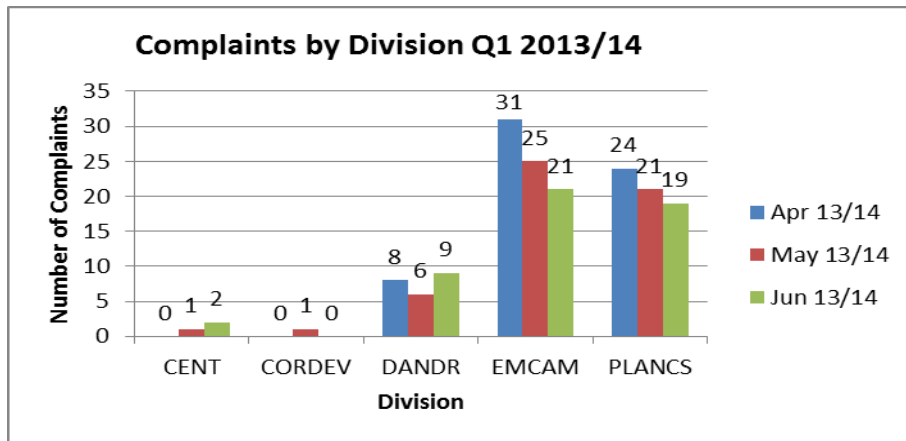
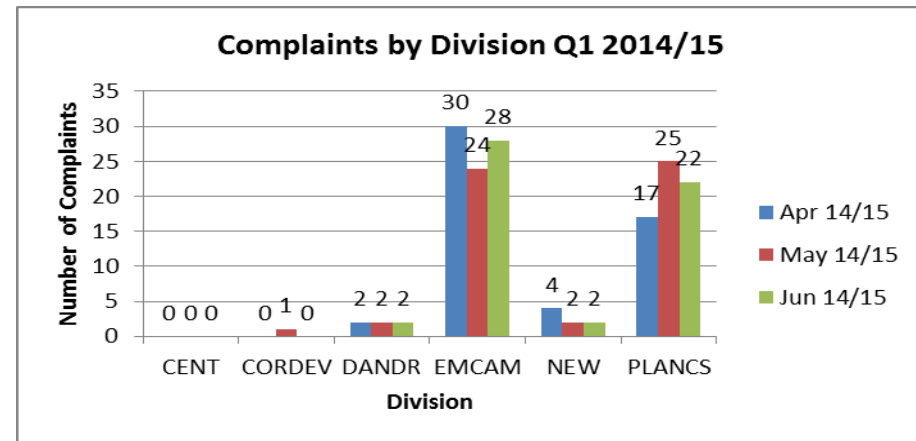


Table 4



5.3 Complaints received by specialty and type for Q1 2014/2015

Table 5

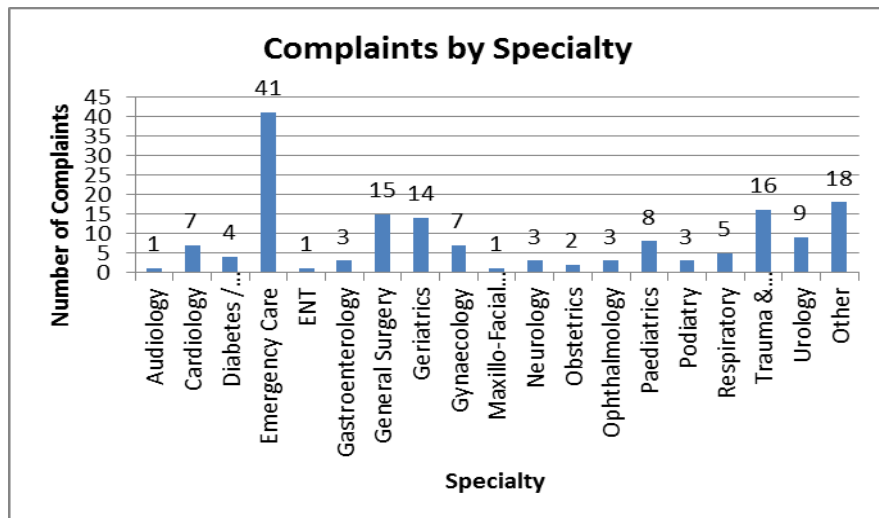
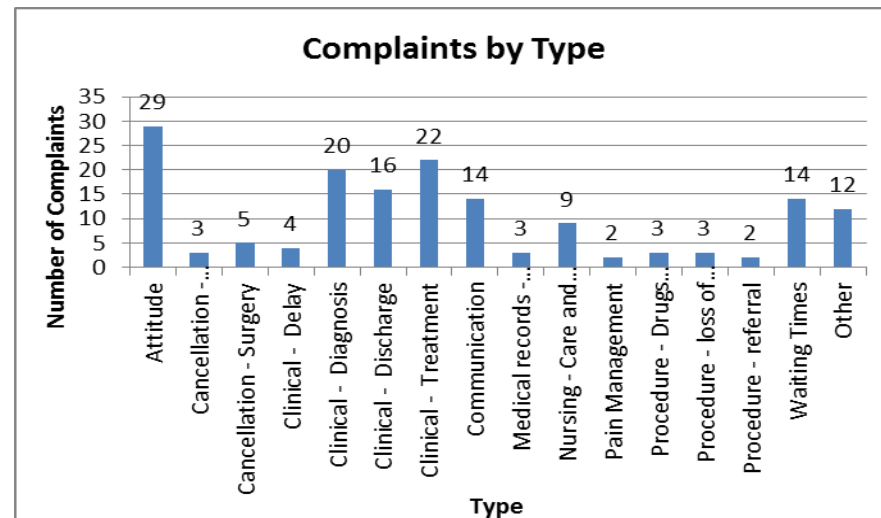


Table 6



*The upgrade of the Datix system will provide greater opportunity for analysis / themes and this is due to be implemented on the 1 September 2014.*

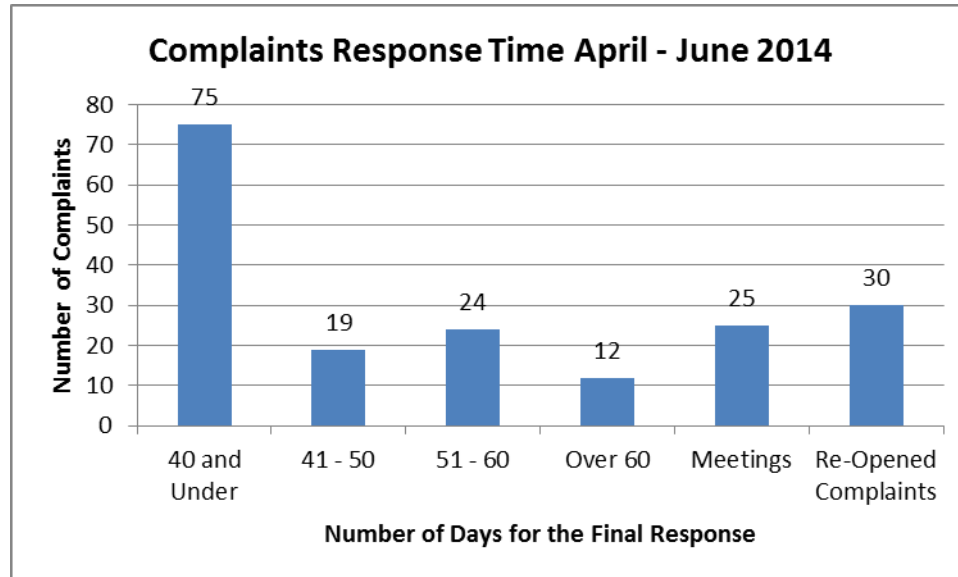
#### 5.4 Complaint Response Times

The Trust has maintained the internal standard response time of 40 working days, which can be extended following discussion with the complainant and the respective Division(s); to ensure the complainant receives an open, concise and proportionate response to their concern. The progress of every complaint within the Trust is monitored weekly through performance reports and meetings. This is in close liaison with the responding Divisions to make certain that responses are on target for the agreed response date.

Providing high quality and timely responses to increasingly complex, multi-Divisional and often multi-Trust complaints remains a challenging agenda. The Trust's overall performance rate has improved, although there has been some fluctuation in performance as captured in Table 7. The time period for responses can be re-negotiated with the complainant and is only undertaken when absolutely necessary.

During Q1 the response times for responding to complaints were April 36%, May 72% and June 71%. Of those that breached the timeframe complainants were sent letters or telephoned to advise them of the reason for the delay which is more often about the complexity of the complaint. The delay for April was predominantly due to operational pressures, particularly the 4-hour access target in which many clinicians were consistently working within our clinical environments. The new process will be less reliant upon our clinicians. It is noted that 19 further responses were completed within 41 – 50 days (16 of these within 41 -45 days and 3 between 46-50 days). It also needs to be noted that a complaint is recoded on Datix within the first three days of receipt; however if consent or further information is required this delays the whole process which has a knock on effect on the timeframes given.

Table 7



The current legislation states that all complaints should be acknowledged within 3 working days and this target was met throughout Q1 at 100%.

#### 5.5 Reopened complaints

Since the beginning of this financial year (1.4.14 – 30.6.14) 161 complaints have been received. Of the complaints opened and closed during this period the Trust has not received any complaints to reopen.

There have been 16 reopened complaints during Q1 which relates to complaints received throughout the previous financial year. For the same period last year there were 10 reopened complaints

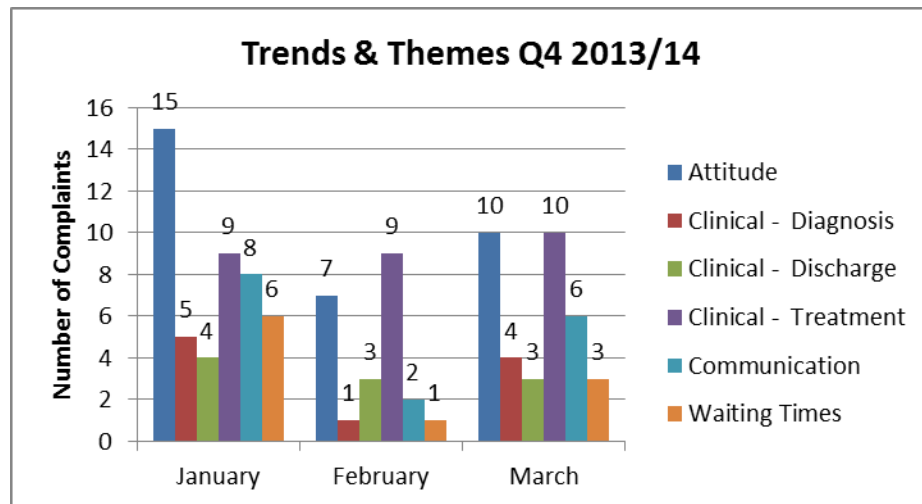
The option of a Local Resolution meeting (LRM) with appropriate staff members is offered by the Trust from the outset of the investigation, where appropriate. During Q1 there has been 35 LRM's with 7 being held for reopened complaints. Planned Care & Surgery have visited 2 complainants in their homes during Q1 to resolve their complaints and this has proved to be beneficial.

5.6 Themes

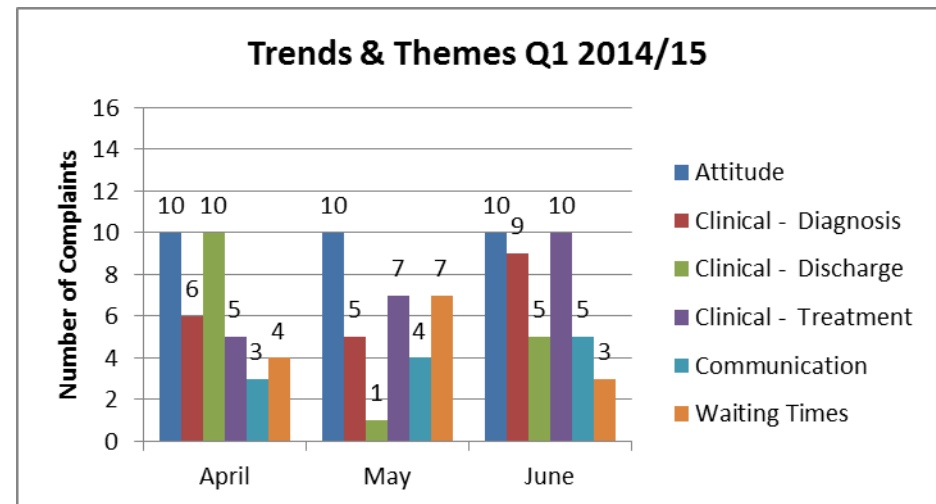
The Trust actively monitors the key themes identified in complaints and is now working towards triangulating this information with information generated through other sources of feedback such as patient surveys. Each Division is responsible for critically reviewing key themes to identify actions required to improve service delivery and the patient experience. The Trust recognises the importance of lessons that can be learned from complaints, and the Trust wide value in sharing these with appropriate members of staff.

To ensure organisational learning from complaints, any recommendations made following investigation of a complaint are recorded and monitored.

**Table 8**



**Table 9**



A breakdown of the main themes and trends of complaints received is as follows:

#### Emergency Care & Medicine

- Six Complaints have been received regarding attitude of staff (1 x admin, 1 x nurses and 4 x doctors)
- Seven complaints have been received regarding the wrong diagnosis being given or things within the diagnosis being missed. (1 missed acute appendicitis, 1 missed mallet finger, 1 about the severity of damage to an eye, 1 missed broken bone, 1 DVT, 1 missed signs of a stroke and 1 incorrect diagnosis sent to the GP)
- Four complaints relating to clinical discharge
- Four complaints within Geriatrics regarding clinical discharge. One questioning why a patient was discharged and three regarding the condition of the patient when they were discharged

#### Planned Care & Surgery

- Ophthalmology/Clinic 8 - Three complaints received regarding the waiting times in clinic for appointments
- Paediatrics – Three complaints regarding the attitude of staff (1 x admin, 2 x doctors)
- Trauma and Orthopaedics - Five complaints regarding clinical treatment (4 about clinic 1 and 1 about Ward 12), 2 complaints about not being given an MRI scan, 1 complaint about missed injuries on an x-rays, 1 about x-ray not being carried out and 1 about a lack of medical support

#### Diagnostics & Rehabilitation

- Two complaints regarding nurse attitude on MIU and UCC at Newark (1 complaint regarding attitude of the nurse and inappropriate reporting to Safeguarding and 1 complaint regarding the attitude of the staff within the minor injuries unit)

Complaints about attitude are still clearly an issue and have risen in Quarter 1 compared to the same period last year. Clinical treatment complaints have decreased within complaints however there has been a rise complaints relating to clinical diagnosis.

## 5.7 Patient Satisfaction Survey

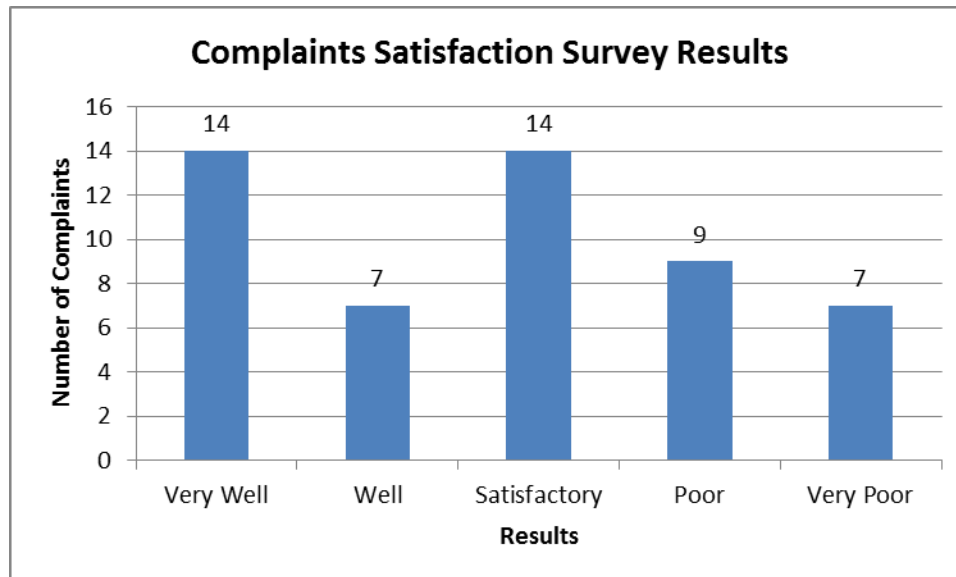
To enable the Trust to generate further learning into how complaints are managed and responded to, satisfaction surveys of complainants are sent out 2 months after a complaint has been closed.

*“The Complaints procedure was exemplary”*

*“My Husband was admitted into Kingsmill for two weeks after we made the complaint, which I was somewhat worried that he would be discriminated against because of the complaint only just being made. He wasn’t at all though and the service received was great.”*

*“Two members of staff who visited my home were courteous, easy to discuss the situation with and very professional”*

**Table 10**





Of the very poor / poor response survey responses received it must be noted that these related to complaints that were not upheld by the Trust. Complainants have written on the bottom of the survey that they were unhappy with the outcome of their complaint. There are no negative comments about the complaint handling itself.

#### 5.8 Parliamentary Health Service Ombudsman (PHSO)

Under the current complaints legislation, Trusts have six months in which to endeavor to resolve a complaint to the complainant's satisfaction. If the complainant remains dissatisfied with the response they receive, they can ask the Ombudsman to independently review their complaint.

The Trust currently has 10 open complaints with the PHSO. During Q1 4 new cases have been referred to the PHSO, 6 cases are being assessed as to whether there should be further investigation and 4 cases are currently being investigated.

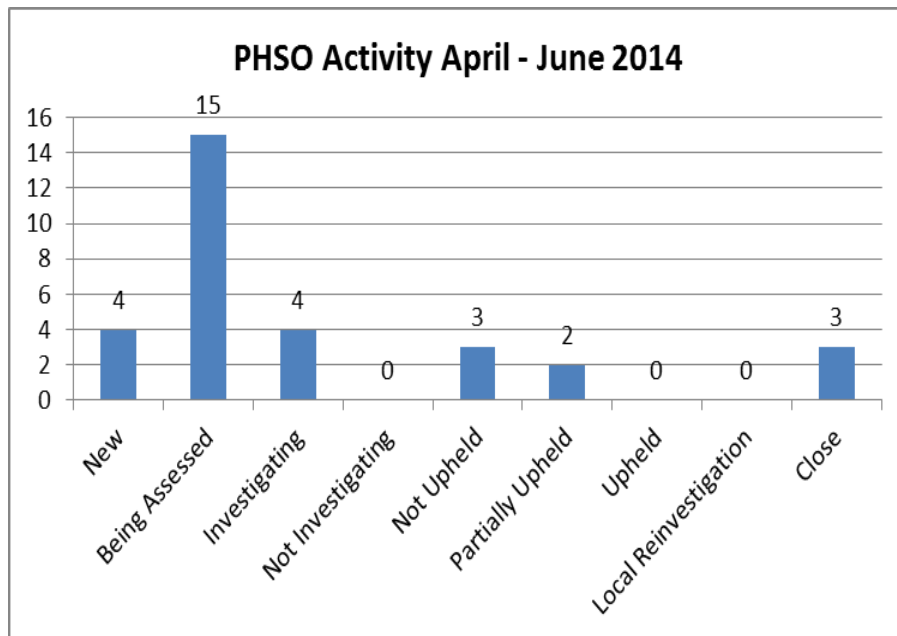
Two cases were upheld during Q1 as follows:

- The first case related to the overall care of the patient, the PHSO concluded that 'There were significant failings in the care of Mrs X'. The family of the deceased have taken their case to the NMC who are also investigating the case regarding a specific nurse. The Trust was ordered to pay £750 compensation to the family. This has been a long standing case managed for many years, involving members of the executive team and clinicians meeting this complainant. An action plan regarding the failings was implemented over 12 months ago. This included the introduction of NEWs, vitalpac and surgical pathways in ED
- The second case relates to an investigation that took place within the Trust and NUH to which both were upheld. The concerns upheld relating to the Trust was because of a delay in admitting the patient. The Trust was ordered to pay £500 to the family.

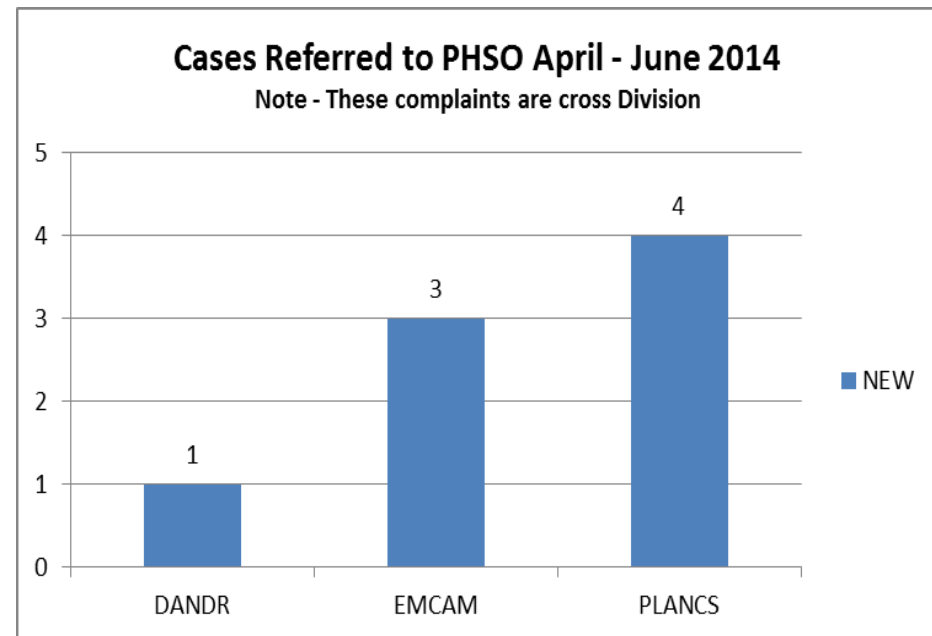
Five cases were not upheld in any aspect during Q1 and six cases have been closed from previous quarters.

Tables 11 and 12 below outline the current status of complaints with the PHSO as a whole. Please note that Table 12 is showing cases referred to the PHSO which are cross Division.

**Table 11**



**Table 12**



NB. Table 12 also encompasses complaints referred to the PHSO previous to 2014/15

## 6.0 Healthwatch

Comments received for Q1 are as follows:

**Table 13**

Question	Department	Response
I was in A&E for 3 hours after splitting my knee cap open, I played on the XBOX while I was waiting but I wasn't given any tablets for the pain	Paediatrics	Concerns raised over pain assessment - We have monthly Emergency Department metrics which include assessment and monitoring of pain assessment in the department to ensure that patients' needs are met. All staff now receive annual mandatory pain management training.
I wasn't waiting for long to be seen but there wasn't anything for me to do in the waiting room, just little children's books and an XBOX that wasn't turned on.	Paediatrics	We apologise if this patient felt that there were inadequate things to do whilst waiting in the accident & Emergency department. With regards to equipment/toys available within paediatrics we do have an appropriate selection of books and toys available as well as a TV and 2 games consoles.
Car parking at Kings Mill is very difficult for us. Some of us are missing limbs and others have limbs that are shorter. Because of this, we are not able to reach out of the car to press for the barrier to lift	Estates – car parking	The current barriers in place on the King's Mill Site do follow DDA Regulations; however we do appreciate the difficulties experienced. There are also pay and display facilities with dedicated disabled bays that are larger than conventional parking spaces at all 3 sites that will

<p>and we are not able to easily get out of the car. There are some car parking spaces available where you don't have to go through the barrier but these spaces are usually taken as they are free. This situation is quite frustrating and can be embarrassing having to explain why we are unable to operate the barrier</p>		<p>negate the need for stretching out of car windows.</p> <p>In cases where this still causes the driver difficulties if the driver could contact the security control room on 01623 676111 with an approximate time of arrival, Registration number and an intended parking location the CCTV operator would be able to raise the barrier to allow access to the car park. The same process can also be used for exiting the site as well.</p>
<p>'I get lost in the King's Mill Hospital as the signage is poor.'</p>	<p>KMH</p>	<p>A review of signage has been undertaken and improvements made to the way finding around the site. This review will be continuous to reflect any changes made around the site.</p>

Positive comments received from Healthwatch are as follows:

- *I bumped my head and was seen quickly by the Nurses at the A&E. They dressed my head and explained things to me. There were things for me to do whilst I was waiting*
- *The comment was that the user was given leaflets at the hospital about his epilepsy. He thought it was a good service [King's Mill].*

**7.0 Patient Advice and Liaison Services (PALS)**

In Q4 2013/14 there were 924 Comments, 274 Compliments, 31 Complaints (first point of contact) and 552 Concerns.

In Q1 2014/15 there were 553 Comments, 402 Compliments, 26 Complaints (first point of contact) and 623 Concerns.

7.1 Q4 & Q1 PALS Contacts

**Table 14**

	Q4 2013/14	Q1 2014/15
<b>Divisions</b>	Planned Care & Surgery (n=729) Emergency Care & Medicine (n=467) Diagnostics & Rehabilitation (n=373)	Planned Care & Surgery (n=694) Emergency Care & Medicine (n=559) Diagnostics & Rehabilitation (n=354)
<b>Top 3 Areas</b>	Patient Administration (n=316) Emergency Care (n=124) Trauma & Orthopaedics (n=110)	Patient Administration (n=292) Emergency Care (n=108) Trauma & Orthopaedics (n=103)
<b>Top 3 Subjects</b>	<p><b>(i) Communication (n=725)</b>                      51% of contacts were about the lack of information or concerns with information provided. 41% were requests for information and 1.5% of contacts were regarding confidentiality (4 letters/information had been sent to wrong patient, a doctor had left paperwork with patient details in a retail outlet at KMH)</p>	<p><b>(i) Communication (n=597)</b>                      47% of contacts were information and interpreting requests, 43% were from people questioning the information had they received or concerned that they had not received the information they required. The remainder were requests for medical records information.</p>

	<p><b>(ii) Appointment Queries (n=320)</b> 73.4% general queries or requests from patients to change their appointments, 26.6% contacts were unhappy that their appointments had been changed and concerns about lack of outpatient appointment capacity.</p> <p><b>(iii) Compliments (n=274)</b> The top 3 areas were: A&amp;E at KMH (n=23), Ward 53 at KMH (n=22) and Radiology (n=19).</p>	<p><b>(ii) Appointment Queries (n=313)</b> 63.5% were general enquiries or requests from patients to change their appointments, 36.5% of patient's were unhappy that their appointments had been changed without their consent and concerns about lack of outpatient appointment capacity.</p> <p><b>(iii) Compliments (n=402)</b> The top 3 areas were: KMH Ward 34 (n=36), Ward 42 (n=28) and Ward 42 (n=24).</p>
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The number of concerns for Q1 2014/15 for the divisions has increased by 13% from the previous quarter.

### Planned Care and Surgery Division

The top two services receiving increases in concerns during this quarter are General Surgery and Vascular Surgery.

- General Surgery – the number of concerns rose from 24 in Q4 to 36 in Q1. Increases have occurred in the following subjects: appointments (1 to 6), clinical issues (3 to 9) and communication (7 to 16) have increased. Contacts regarding waiting times however have decreased from 8 to 4 during the same period.
- Vascular Surgery – concerns have increased from 8 during Q4 to 16 in Q1, the majority of which refer to the waiting times for out-patient appointments.

### Emergency Care & Medicine Division

The top two services receiving concerns are Gastroenterology and Emergency Care.

- Gastroenterology – the number of concerns rose from 14 to 24, with the majority of the increases relating to 'clinical', 'waiting times and 'communication concerns'.

- Emergency Care – the number of concerns rose from 30 in Q4 to 39 in Q1, the main increase relating to clinical care/diagnosis and treatment.

**Diagnostic & Rehabilitation Division:** slight increases can be seen across a number of specialties, with Radiology and Haematology demonstrating the highest increases. Contacts include:

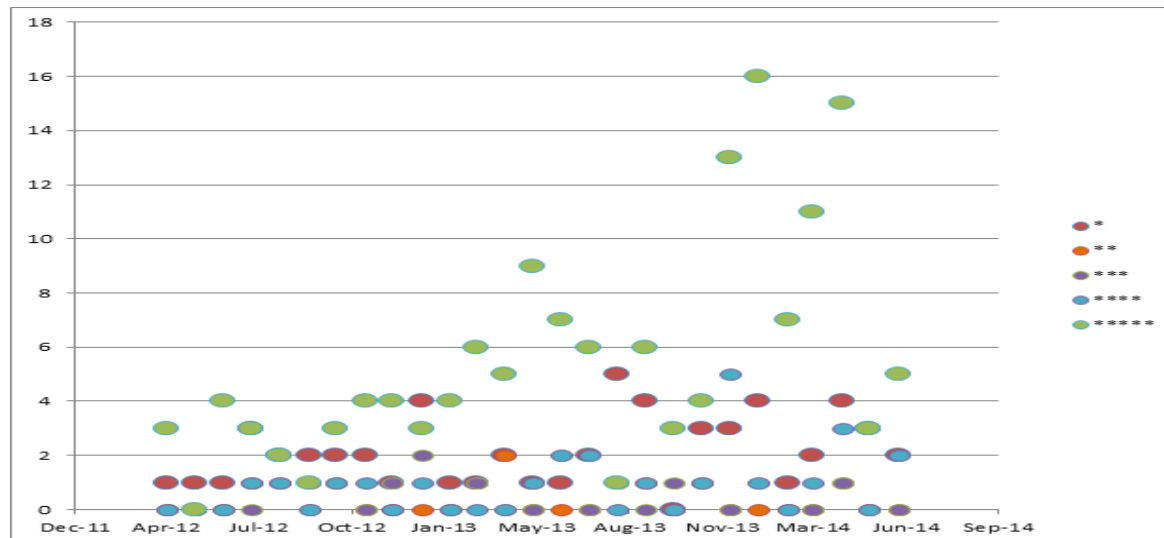
- Radiology - concerns rose from 13 in Q4 to 16 in Q1. Issues include staff attitude, waiting times for results and communication.
- Haematology – concerns rose from 2 in Q4 to 5 in Q1. Issues include the sharing of blood test results between hospitals, an appointment being sent to a deceased patient, poor staff attitude and infection control.
- Diagnostic & Rehabilitation - Radiology Services

### 8.0 Reviews from NHS Choices and Patient Opinion Websites

The NHS Choices and Patient Opinion websites invite patient and carers to leave feedback about their treatment/care whilst visiting Sherwood Forest Hospitals NHS Foundation Trust. The Trust has been given a score of 4 out of 5 based on 243 ratings (there were 23 reviews posted during Q1 2014/15).

The following table demonstrates we are receiving more 5\* responses, but there is still a wide variability in ratings

**Table 15**



Selections of the reviews from this quarter are:

*'I had an ankle fusion operation on April 8th. The level of care I received was absolutely brilliant. I cannot imagine how I could have received better care anywhere in the world. I was awake and alert throughout my operation and was lucky to meet all the staff who were expertly gave me the care and treatment I needed. As my recovery is a bit of a slow process, I am still receiving excellent care as an outpatient. Many thanks to all the staff who have cared for me.'*

*'I had a total hip replacement in November 2013. Everything went well and I was due to be discharged after five days on Wednesday. However on Tuesday night I became very ill. For some reason the nurse on duty thought I was making a fuss and said I wasn't helping myself. After calling for her for the third time she said she would try the doctor. Two hours later she informed me "I have called the doctor three times so I have covered my back" (her exact words). I became very frightened at this time as I knew I was very ill. When the doctor finally arrived I was on the verge of collapse and things began to happen fast. I had a ruptured bowel and a few days later I had a colostomy and ended up with a stoma. Apart from this incident I could not complain about the excellent nursing other than being left in my own vomit by an agency nurse during one night. The rest of the nursing staff were appalled by this incident. I have since been back to have the other hip replaced and all went well.'*

*'I was admitted onto ward 14 on the 14th April 2014 and was operated on for a hysterectomy. I must admit to feeling apprehensive and scared. I needn't to have been. All the staff are amazing, its one big team.....they were kind and caring and nothing was too much trouble. I could not have had better treatment even if i had gone private. The whole experience went way better than i thought it would and on the 17th was discharged. I would urge any woman going onto ward 14 to do so with an open mind....as i had heard the usual horror stories, none of which were true. Happy hysterectomy!'*

*'Yesterday my uncle was taken home, he arrived around 4 in the afternoon, a nurse settled him in and checked things were ok, another person from the hospital was to see he was undressed and ready for bed at 6pm. A carer from the hospital visited at 8am today and got no answer, my uncle was on the floor. After some chasing about the door was opened and he was whisked off to hospital again, all this in less than 12 hours. I met a person at my uncle's home later and she said without any doubt my uncle is not safe to "self-medicate" or be at home alone as was stated in a letter from the hospital, big fail for the hospital on this one. It's shameful to treat older people this way, all this after family tried to tell them many times he could not manage alone.'*



## **9.0 Improvements / learning that have been implemented as a result of patient feedback**

The Case Note Store is now reorganised and allows accurate and safe filing. The Misfile Process has been relaunched within the store and staff have been reminded of the importance of the Misfile Process and the availability of case notes. The team are closely monitoring the availability of case notes. The Clinic Preparation team also contributes to this process; however the current accommodation issues do not support the aim of one large team approach and working consistently in the most efficient way. It is anticipated that this will improve when the team is located in Case Note Store later in the year. The current aim is to provide some temporary support for this process in this interim period.

Several patients reported the problems they encounter when the only public lift to level -1 (to the Pain Management, Back Pain Unit and Therapy Services) failed. Immediate steps taken by the Customer Services Team in conjunction with the King's Treatment Centre Lead Nurse were to signpost alternative options for the patients, ensuring they were made aware of the failure prior to them walking to the lift and offering to escort patients via the staff lift or redirect to the external alternative entrance. The KTC Lead Nurse identified there was no contingency plans in place for ensuring patients are able to access the affected clinics and is developing a contingency plan to provide future guidance.

A patient advised that they had been not been able to contact the department by telephone to make an appointment and that she had tried several times. She was very concerned that she may be discharged as she had not been able to book her appointment in the allocated timescale. The Therapy Services team established that one of the extension numbers in the department in the loop was not in use – the matter was rectified.

A patient advised that when he attended for his CT scan appointment he had also shown his letter regarding another appointment in the department that was planned for the following day to the receptionist. He was therefore surprised, and annoyed, to find that when he arrived in the department the following day he was advised that the appointment had been cancelled by his clinician. The patient raised concerns that he had a wasted journey which could have been prevented had the receptionist checked the system when he booked in the previous day, or had the consultants team informed him of the change of plan. The department supervisor discussed the patient's concerns with the appropriate Patient Pathway Coordinator and with the Radiology receptionist, both of whom could have prevented the patient attending needlessly. The patient's concerns were also highlighted in the department's internal communication letter and during a departmental staff meeting.

A review of signage has been undertaken and improvements made to the way finding around the site. This review will be continuous to reflect any changes made around the site.

In relation to the deterioration in call bells being answered and patients not receiving assistance with meals – this concern has been raised with ward sisters / charge nurses through the monthly Director of Nursing Meeting, an email and has been incorporated into the Nursing and Midwifery Newsletter

#### Specific Divisional improvements

- Emergency Care & Medicine

The main theme of concern for this quarter was behaviour and attitude within the Emergency Department. There has been some targeted work with the reception and front door staff where a lot of these concerns were raised. Attendance at the Trust 'Quality for All' programme has been encouraged and especially targeted at certain staff.

Within geriatrics there was a theme around discharge communication especially with complex long-term patients. The doctors on the DTOC wards are putting aside set time to meet relatives to discuss discharge as part of the wider MDT.

- Planned Care & Surgery

In response to a specific complaint and previous other concerns around communication and as part of the orthopaedic enhanced recovery, a daily morning meeting has been introduced between the Nurses, Physiotherapists and Occupational Therapists to discuss all of the patients and agree a plan for each. This means we are all fully aware and in agreement with each patient's needs and the best pathway for them. This allows us to work together better as a team and achieves a better outcome and better communication for the patient.

An error occurred in the transcription of a child's weight onto the prescription chart, which resulted in a medication error. We immediately put in place the practice that the admitting staff who initially weighs the child must also transcribe the correct weight onto the medication chart.

A patient's Syntocinon was running at 0.6ml/hour; but it was found to be running at 6ml/hour. Actions from this complaint include the following:

- All midwives have been reminded about the safety procedures for the preparation and administration of intravenous medicines.
- When documenting the rate of Syntocinon infusion on the partogram this should be checked rather than assumed.

- Rate of Syntocinon to be checked at Fresh Eyes and handover
- Pocket guide for all midwives detailing the Syntocinon regime, checking procedures and indications for reducing or stopping the infusion.
- Grazeby pumps to be replaced with Alaris pumps.

## 10.0 Q1 Voluntary Services Summary

The Customer Services Department continues to develop new voluntary roles in addition to reviewing and improving the valued established volunteer roles that 627 volunteers currently provide across the four hospital sites.

During Q1 volunteers contributed over 18,200 hours of service across the four sites.

### 10.1 Awards and Recognition

Joyce Whitworth, volunteer and member of the League of Friends of Newark Hospital, received the prestigious Community Shield Award from the Newark Rotary Club for her voluntary service. Joyce has volunteered for 19 years working in the Newark Refreshment Bar and has raised thousands of pounds to support service development at Newark Hospital.

Margaret Thompson was nominated by Chairman, Sean Lyons to attend the Queen's Summer Garden Party. The nomination was made in recognition of Margaret's 50 years as a volunteer at King's Mill Hospital. Margaret and her niece attended.

1-7<sup>th</sup> June 2014: Events to celebrate the 30<sup>th</sup> anniversary of National Volunteers Week were held at Newark, Mansfield Community and King's Mill Hospitals and at Ashfield Health Village. In total 280 volunteers attended thank you events organised to recognise the valuable contribution of the SFHT volunteers to the Trust.



## 10.2 Service Developments

Team members have received training to support the launch and implementation of the 'Have Your Say' Healthwatch point. Volunteers will be available to assist and signpost healthcare users to Healthwatch Nottinghamshire.

Volunteers have been recruited and trained to assist the Practice Development Matron for Dementia Care to pilot the opening of the Dementia Café.

Ward volunteers have extended their roles to support the newly formed Discharge Lounge on ward 36. The volunteers assist with meet and greet, refreshments and the smooth patient discharge.

A successful volunteer recruitment evening in June resulted in a further ten volunteers being recruited at King's Mill Hospital. The majority of these volunteers are seeking careers within the healthcare profession and choosing to enhance their work experience whilst awaiting college and university places.



## 10.3 Community Involvement and Fundraising Support

The King's Mill Hospital Volunteers continue to support the provision of newspapers and magazines for our Day Case and Emergency Department. Funding was made available to purchase toiletries for patients admitted without supplies. A further £3000 was donated to the SFH Dementia Care Appeal.

The Newark Hospital Open Day was supported by a large team of volunteers who welcomed, escorted and provided information for the 650 visitors. The volunteers provided refreshments in both café facilities. The League of Friends also supported the day.

During June the trust hosted the Annual General Meetings for our fundraising and community partners. The three organisations have all supported local hospital services for over 50 years. The support of these groups was recognised and acknowledged by the SFHT trust board and community leaders.



£821.00 was donated by the Friends of Newark Hospital to purchase equipment to enable the transfer of patients with extreme disabilities. Pictured are Denise Millhouse, Physiotherapist, June Howsam, Chairman of the League of Friends of Newark Hospital and Frances Tweddle, Therapy Team Leader.



The League of Hospital Friends (Mansfield & Sutton) recently donated equipment to the value of £29,775 - this included a donation of £9000 to support the SFH Dementia Care Appeal to enhance and improve facilities for patients with this condition at Mansfield Community Hospital.

The Customer Services team continue to support an array of community presentations that are arranged to recognise the valuable contribution to our specific and general trust funds. All donors are offered the opportunity to attend and present their donations to our service and clinical leads enabling the trust staff to discuss the utilisation of the funds and extend their gratitude on behalf of their teams.



Local Garibaldi College Year 9 students visited the Neonatal Unit to present funds raised from a coffee morning, raffles and tombola's and a 'loose change challenge'.

The photo shows school representatives Bev Cooper and the year 9 students presenting the cheque to Staff Nurse Lvnev



Tammy Jarvis and her fundraisers at the Ladybrook Public House kindly raised £1000.00 for the Children's Diabetes Service.

The photo shows Dr. Ursula Ngwu (consultant paediatrician), Tammy Jarvis, Sue Wright (fundraiser) & Helen Marsh (Children's Diabetes Nurse).

Tammy, along with support from her colleagues & customers, raised the funds to thank the paediatric team, at King's Mill for their care and treatment of a local 5 year old little boy with type 1 diabetes.

## Overview

The Francis Inquiry highlighted the need for Trust Board's and Commissioners to be receiving detailed patient experience information in particular about complaints in public. The strengthening of our governance support unit and the greater ownership of complaints management within the divisions means that when a complaint is received an investigation is undertaken and where we have fallen down in our provision, appropriate action and learning is starting to be shared within that service area, although further work is still required.

In his report into the Mid-Staffordshire NHS Trust, Sir Robert Francis found that complaints were not listened to, warning signs were ignored and consequently no actions taken in response and suggested that the NHS complaints process was not fit for purpose and did not meet patient's expectations. This in turn led to the commissioning of the parliamentary report 'A Review of the NHS Hospital Complaints System: Putting Patients Back in the Picture' (2013) which sets out a template for ensuring that complaints handling by NHS trusts is effective, encompassing, simple to use, transparent and results in improved care for patients. The CQC have begun to focus on the effectiveness and management of the complaints process in their inspections.

The Francis Inquiry also raised the profile of the Parliamentary Health Service Ombudsman (PHSO) regarding the lack of action they took in response to Mid Staffordshire complaints. In previous years the Ombudsman following their investigation, upheld approximately one Trust complaint a year. This year, similar to the national position, there has been an increase in the number of complainants who remain dissatisfied with their response and are going to the PHSO (It must be noted that we as a Trust always reinvestigate a complaint if the complainant is unhappy after receiving the first response). The PHSO do take a considerable amount of time to conclude their investigations so to compare on a year by year basis is problematic. However, assurance is taken from the PHSO information because the majority of complainants are satisfied with our response and do not go to the PHSO and of those complaints that are referred only a small number are upheld. I am therefore able to conclude that the majority of our investigations are thorough and appropriately upheld or not.

Complaints are almost always seen in a negative context and the response tends to be one of defensiveness. If complaints and PALS issues are positively encouraged in the clinical setting and a sympathetic and understanding approach taken, many of the issues that currently go on to become formal complaints will be resolved to the patient's satisfaction at a local level.

The Friends and Family test, where we ask patients whether they would recommend the service they had just received is seen as very important nationally. Our results continue to be very positive.

We still have much to do in relation to patient experience and the drawing together of this information. We are definitely seeing changes in practice as a consequence of feedback, but we are still reviewing the different domains of experience in isolation and failing to use the information intelligently. The introduction of the updated Datix system and the implementation of the redesigned patient experience process with new roles and responsibilities will support the development of a more intelligent system. The buddying relationship with Newcastle is being used to compare and contrast current systems and learning opportunities

**Susan Bowler**  
**Executive Director of Nursing and Quality**

**Supported by Jill Faulkner, Head of Complaints and Joanne Young, Customer Services Coordinator**



Appendix 1 Individual Ward Family & Friends test

KM		EAU	ED	11	12	14	21	22	23	24	31	32	33	34	35	36	41	42	43	44	51	52	53	54
April	*R	4.9	4.4	4.5	4.9	4.7	5	4.8	4.9	4.4	4.6	4.7	4.9	4.9	4.7	4.6	4.6	4.9	4.9	4.5	4.3	4.5	4.9	5
	NPS	88.6	49.7	52	87.5	78	100	81.8	90.2	36.4	61.1	65.5	91.7	90	73.3	57.1	55.6	88.9	92.3	50	33.3	50	93.3	100
	RR	48.3	16	30.5	51.6	28.2	10.4	57.1	44.8	24.4	17.4	27	30.4	13	133.3	25.8	40.9	66.7	39.7	7.6	37	15	36.4	54.5
May	*R	4.9	4.5	4.7	4.6	4.9	4.7	4.8	4.8	4.9	4.8	4.7	4.8	4.8	4.5	4.5	4.9	4.8	4.8	4.8	4.8	4.5	4.9	5
	NPS	86	54	72	63	87	67	81	81	94	84	69	82	76	62	50	87	81	81	77	81	62	87	100
	RR	14.6	14.9	23.8	46.2	21.4	16.4	127.	47.3	37.3	29.6	26.7	29	31.8	93.3	24	100	68.2	27.5	36.9	48.6	24.1	23.5	30.4
June	*R	4.6	4.5	4.7	5	4.8	4.9	5	4.9	4.8	4.9	4.7	4.8	4.9	4.7	5	4.8	4.8	4.9	4.8	4.8	4.9	4.8	n/a
	NPS	62.5	55	65.4	100	80	90.9	100	92.6	79.2	85.2	71	83.3	88.9	72.2	100	81.8	76	90.5	81.3	83.3	88.9	80.8	n/a
	RR	21.9	9.6	31.6	27.3	18.6	9.2	28.6	32.9	57.1	25.5	36.4	16.9	45.1	69	18.5	76.5	67.6	25.3	24.3	22.6	16.1	38.2	n/a

Newark & MCH:		Minster	Sconce	Chatsworth	Lindhurst	Oakham
April	*R	5	4.9	4.8	4.8	4.8
	NPS	100	87.5	75	75	81.8
	RR	22.9	36	66.7	75	73.3
May	*R	0	5	4.8	4.9	4.5
	NPS		100	80	93	54
	RR	0	21.6	83.3	77.8	88.2
June	*R	n/a	4.7	4.9	4.4	4.9
	NPS	n/a	71.4	90	40	92.3
	RR	n/a	36.8	66.7	27.8	92.9

Appendix 2

Maternity Pathway Results Q1 2014/15

Month			Antenatal Care on the Ward	Antenatal Care at 36 weeks (touch point 1)	Birth (Sherwood Birthing Unit) (touch point 2)	Home Birth (Community) (touch point 2)	Postnatal care on the Ward (touch point 3)	Postnatal care in the Community (touch point 4)
April		*R	4.8	4.4	5	4.7	4.8	4.6
		NPS	75	43.3	95.2	66.7	79.6	63.6
		RR (%)	n/a	30.4%	7.7%	75%	40.7%	4.2%
May		*R	4.5	4.6	4.5	4.5	4.6	4.9
		NPS	53	57	83	50	66	88
		RR (%)	n/a	28.7%	8.6%	20%	24.8%	6.3%
June		*R	4.7	4.6	4.7	0	4.8	4.8
		NPS	71.4	62.5	66.7	0	80.9	76.5
		RR (%)	n/a	19.5	6.4	0	22.1	6.3

\*R= Star rating (max. 5 stars)

NPS = Net Promoter Score

RR= Response Rate %