

Patient Experience Report  
Sherwood Forest Hospitals NHS Foundation  
Trust Board Report  
Quarter 4  
1 January – 31 March 2015



## 1. Introduction

The Patient Experience team provides 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 by the number of reporting mechanisms in place including the Friends and Family Test, NHS Choices and Healthwatch.

The Patient Experience Team continue to manage concerns, complaints and compliments by the processes and procedures introduced in September 2015 following the service restructure, verbally acknowledging all concerns and formal complaints between 1- 3 working days, seeking to provide a prompt resolution wherever possible, or escalation to a formal complaint in accordance with NHS Complaints Regulations and Trust Policy.

From 9 February 2015, the Patient Experience Team streamlined the collection of patient feedback relating to the historical categories recorded as PALS contacts, comments, complaints and compliments. All patient and relative / carer feedback is now recorded as a concern, complaint and compliment, including signposting / information request ensuring the intelligence is providing an accurate picture of the services within the Trust

During Quarter 4 the Patient Experience Team received:

- 466 concerns
- 125 formal complaints
- 384 compliments

Due to the changes recently implemented regarding reporting categories it is difficult to provide a meaningful comparison with previous reporting periods.

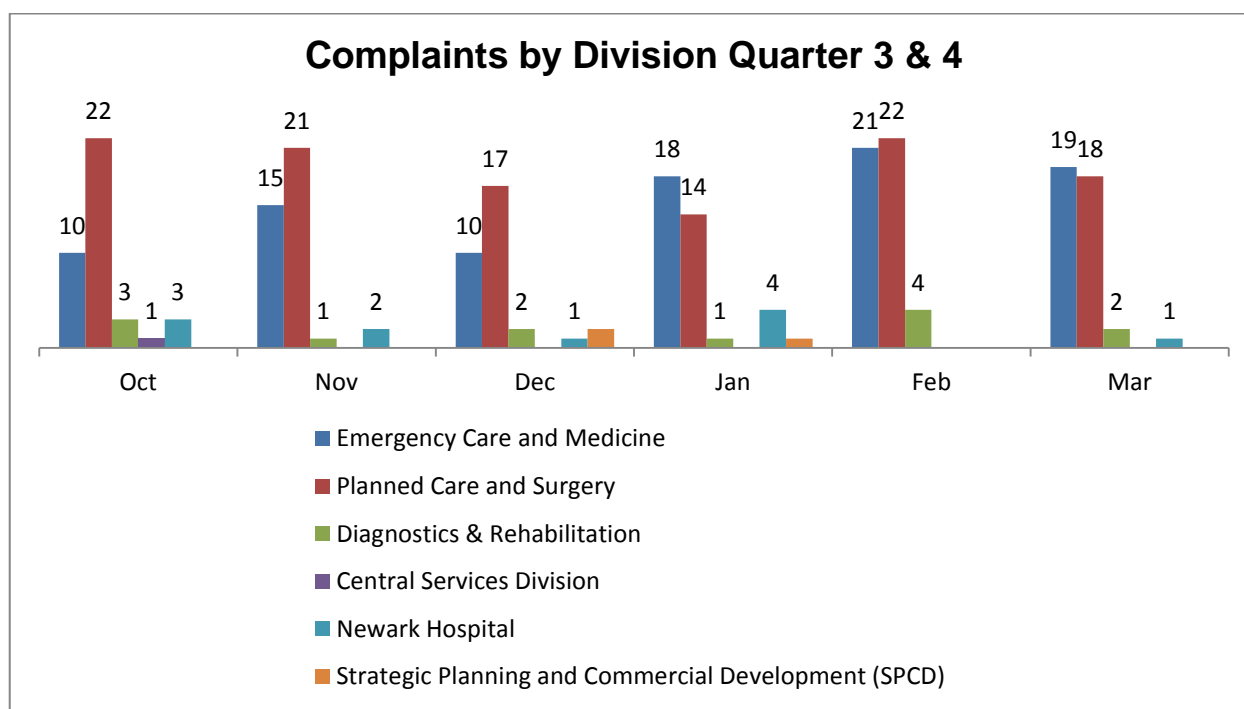
During Quarter 4 (2014/15) all complaints were managed within 25 working days in accordance with NHS Complaints Regulations. During this reporting period the Trust achieved a **93% response rate**, exceeding **the 90%** internal trust target set. This includes those complainants that have agreed to a local resolution meeting or an extension due to the complexity of the complaint / response.

In Quarter 4, the Trust received a total of 125 formal complaints, this equates to a formal complaint rate of 0.08% across the organisation. This indicates a slight increase of 4% compared to Quarter 3 which reported a total of 122 formal complaints. The divisional performance is as follows:

- Planned Care and Surgery - 54 complaints received (43%)
- Emergency Care and Medicine – 58 complaints received (46%)
- Diagnostics and Rehabilitation – 7 complaints received (6%)
- Newark – 5 complaints received (4%)
- Central Services – 1 complaint was received (1%).

The chart below details the number of complaints received during Quarter 3 and 4.

Fig.1



The majority of complaints continue to relate to the two largest divisions within the Trust, Emergency Care & Medicine and Planned Care & Surgery in both Quarter 3 and Quarter 4.

The Emergency Care and Medicine Division demonstrated an increase in formal complaints in Quarter 4. The significant themes identified related to:

- Clinical Diagnosis (6), of those, 4 cases related to fracture diagnoses in the Emergency Department.
- Clinical Treatment and Care (4), however no trends were identified as these related to both Inpatient and Outpatient Services within the division.
- Clinical Treatment, included delays and cancellations (7) across a range of Inpatient and Outpatient settings of which related to the effects of winter pressure experienced locally and nationally.

The Planned Care and Surgery Division received a consistent number of complaints throughout this reporting period.

- February saw the highest number of complaints received, with 11 (50%) relating to Clinical Treatment and Clinical Diagnosis (Clinical Treatment varied between the medical and nursing care provided across Outpatient Ophthalmology and Orthopaedic treatment provided by the Plaster Room Team).
- The Paediatric Service received 3 complaints that related in particular to the diagnosis and attitude of a Doctor.

The number of complaints in the Diagnostic and Rehabilitation Division, Newark and Strategic Planning and Corporate Development remain consistently low throughout the Trust.

During Quarter 4 the Trust achieved a **100% response rate** in relation to the acknowledgement timescale. All complaints received by letter, verbal, face to face or email are received and verbally acknowledged where possible on the day of receipt, providing a prompt resolution for patients, relatives and carers

## 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:

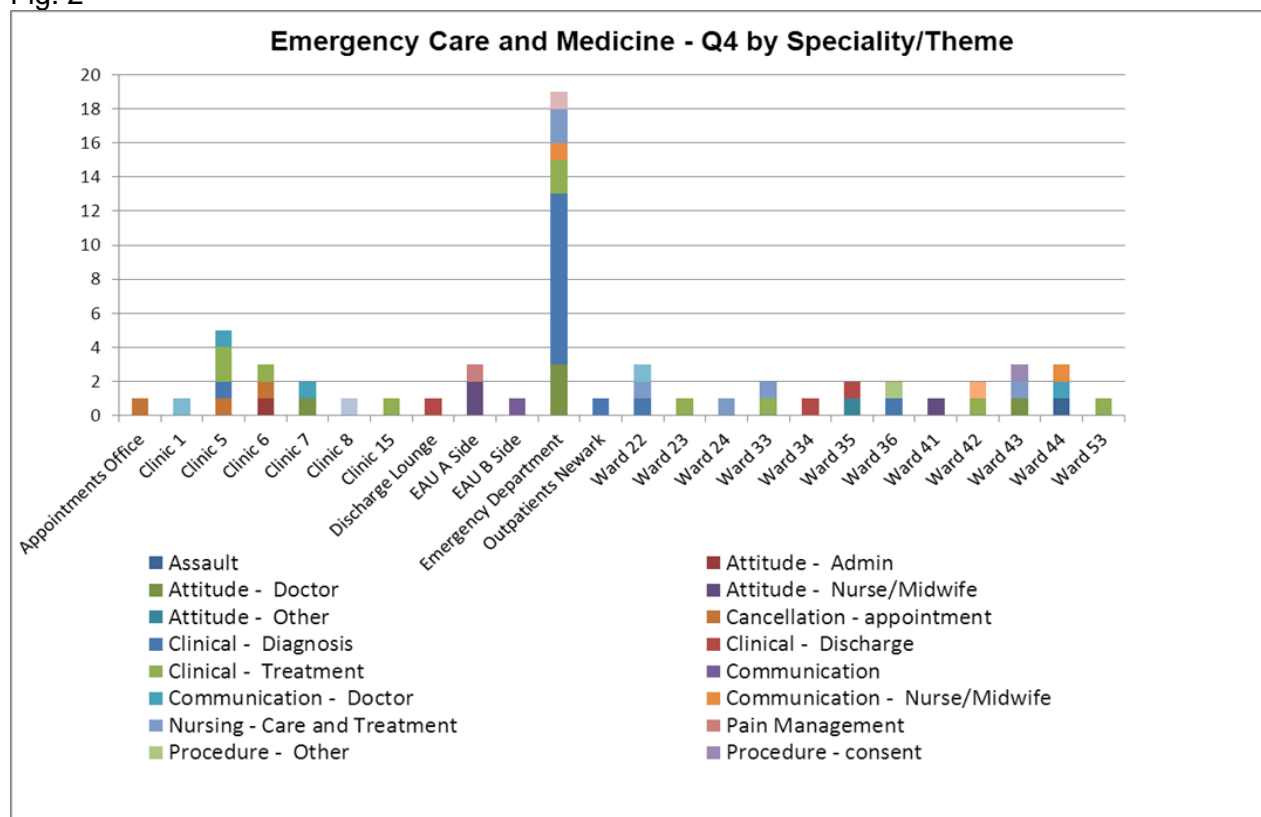
Table.1

Quarter 3	Quarter 4
1. Clinical Treatment	1. Clinical Treatment
2. Clinical Diagnosis	2. Clinical Diagnosis
3. Attitude - Doctor	3. Attitude - Doctor
4. Communication - Doctor	4. Nursing Care & Treatment
5. Cancellation of surgery	5. Communication - Doctor

Analysis of the above table clearly demonstrates a slight shift in the themes recorded, whereby nursing care and treatments is now featured in the top 5 themes.

The following graph provides further detail of complaint themes by speciality and division.

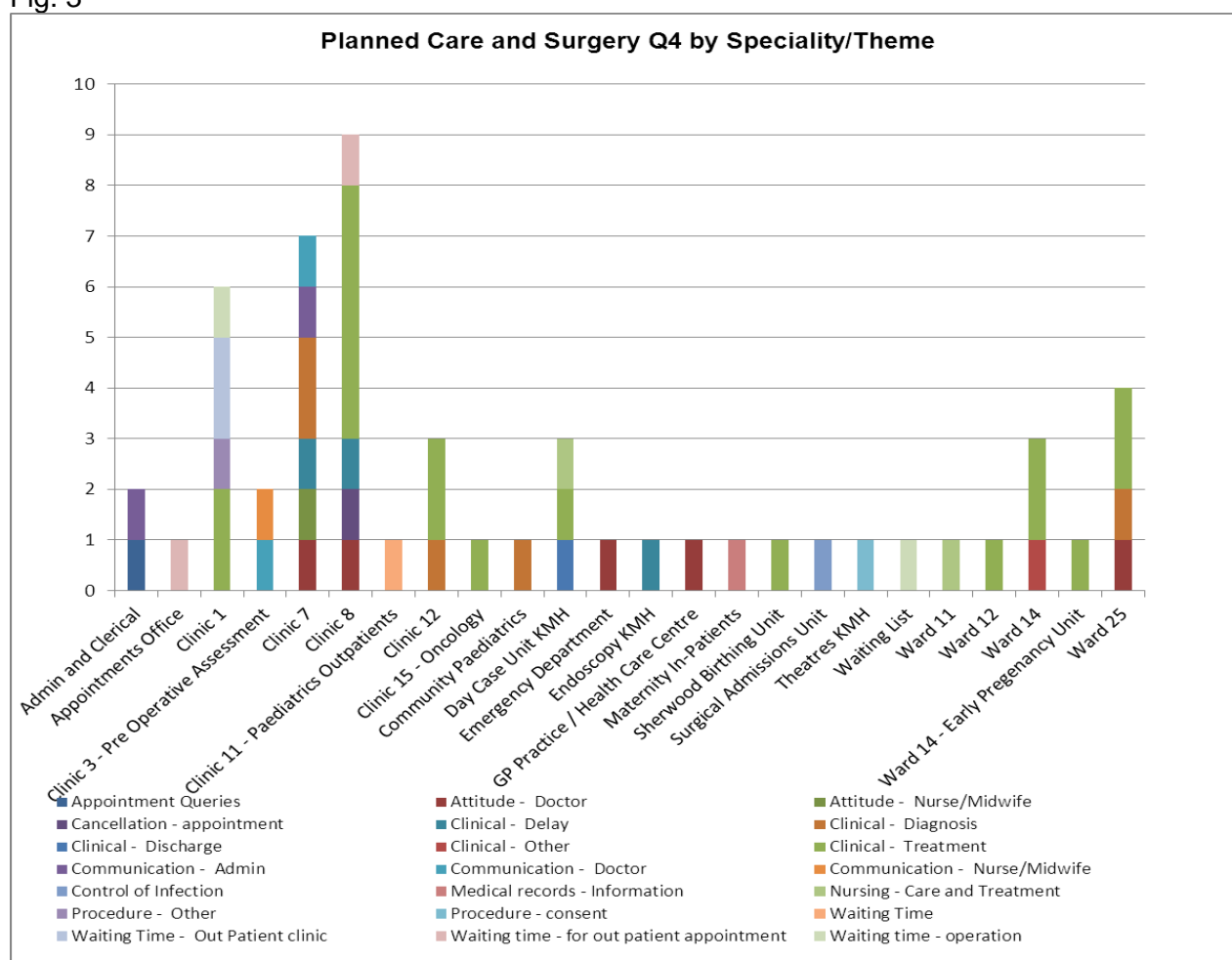
Fig. 2



During Q4 a total of 58 complaints were received by the Emergency Care and Medicine Division, which indicates a 48% increase from Q3. Further analysis has identified that half of the complaints received related to the Emergency Department, specifically relating to undiagnosed fractures; however a review of these individual cases by the Divisional Matron and Patient Experience Manager did not highlight a trend. A review of the patient information and advice provided to patients was completed to ensure clear and consistent advice is provided to patients presenting with soft tissue injuries, in particular regarding aftercare and follow up advice to return to the Emergency Department if required.

Nursing care and treatment has been identified as a theme across the division, and is in relation to inpatient care, discharge planning and communication to relatives, who expressed concern that discharge plans were enacted in some cases with haste during the winter pressure period.

Fig. 3



In Quarter 4, a total of 54 complaints were received by the Planned Care and Surgery Division, identifying 35% (19) cases relating to the Clinical treatment provided to patients. Following further analysis, 26% (5) of these cases related to the medical treatment provided in the Ophthalmology and Ear, Nose and Throat Department (ENT) in the Outpatient setting. The Paediatric Service (Ward 25) received 4 complaints regarding Clinical treatment, Diagnosis and Medical Staff attitude.

The Division in addition received a number of complaints regarding delays being incurred across a number of outpatient clinics, resulting in patients waiting up to 2 hours to be seen after their allocated appointment time. The Patient Experience Team continues to liaise closely with the Business Unit to feedback this intelligence and provide support to the nursing and administration teams providing reduced car parking fees and rearranging appointments.

Fig.4

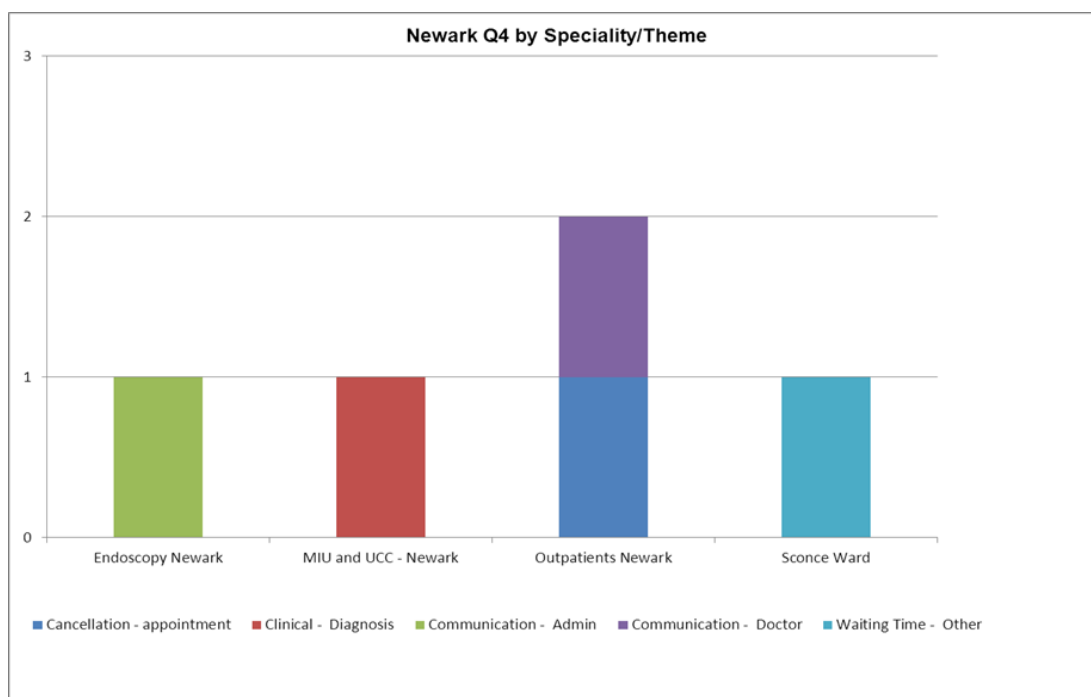
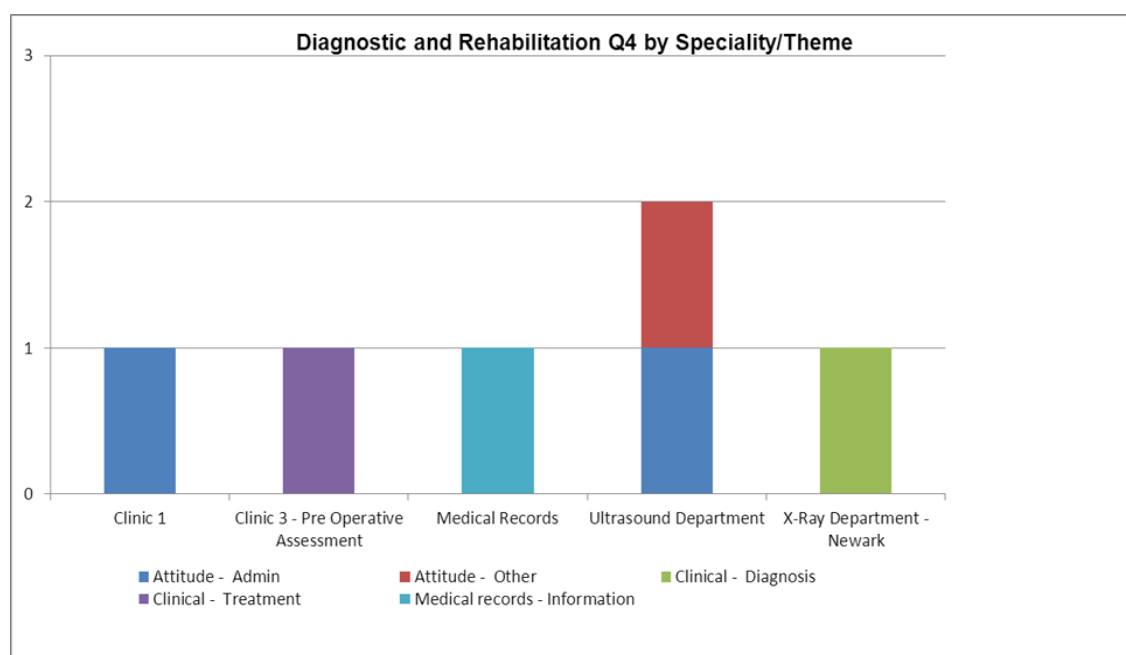


Fig.5



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

For Quarter 4, Strategic Planning and Corporate Development received 1 complaint relating to patient / visitors smoking on the premises outside the main entrance to Kings Mill Hospital.

## **2.1 Complaints investigation training and processes**

The Patient Experience Team continues to develop and provide a single point of access for all patient concerns, complaints and compliments.

The Patient Experience Manager and Divisional Patient Experience Leads are working with Divisional teams, including Nursing and Medical staff to provide investigational training and action plan implementation. The Patient Experience Team continue to escalate complaints to the Governance Support Unit for Serious Incident scoping, and maintain consistent dialogue with complainants where parallel processes are being managed. In addition to this the Patient Experience Team provide regular progress updates to complainants and support within local resolution meetings.

A revised Complaints, Concerns and Compliments Policy is currently out to consultation, reflecting the revisions to complaints management process and procedure In accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and a NHS Complaints Procedure in England, House of Commons notes in January 2014. This will be presented at the Clinical Quality and Governance Committee in May 2015

A Peer Review of the trusts complaints processes and procedures was undertaken by the Clinical Commission Group (CCG) in association with the Patient Association in October 2014. The final report was received highlighting areas of good practice in complaint investigations in Q2 and Q3, however a number of recommendations were made, of which a number have been expedited and an action plan in place to support the outstanding areas.

The Patient Experience Committee met in January and March 2015, and the Terms of Reference were agreed and an update provided relating to the progress of the Patient Experience Strategy. The Committee meet bi- monthly and report into the Clinical Quality and Governance Committee.

An Internal Audit Review of Complaint Investigations was undertaken during Quarter 4 by 360 Assurance which included a visit to the Patient Experience Team and a review of complaint files, the Trust are currently awaiting the draft report.

## **2.2 Complaint response**

During Quarter 4, 143 written responses were provided to complainants; all cases during this reporting period were managed within 25 working days wherever possible. The reported number is higher than the number of complaints received due to the time at which the initial complaint was opened, logged and investigated. 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 4:

- Emergency Care and Medicine Division provided written responses to 97% of formal complaints within 25 working days.
- Planned Care and Surgery Division provided written responses to 76% of formal complaints within 25 working days.
- 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 **95%** response rate exceeding the 90% internal target.

### 2.3 Complaint Outcomes

Of the 143 complaints responded to during Quarter 4:

- 69% were upheld or partially upheld
- 29% were not upheld
- 2% were withdrawn and resolved locally

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

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

The Patient Experience Manager and Divisional Patient Experience Leads are currently working with the Divisional Teams to support the implementation of the action plans for all upheld/Partially Upheld complaints and action trackers to ensure implementation of the agreed actions and service improvements are undertaken.

Of the 143 complaint responses provided in Quarter 4 **a total of 6 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 3 (4) This performance continues to demonstrate the robust systems and consistent dialogue with complaints provides assurance to complainants in the majority of cases.

### 2.4 Responsive Feedback to complainants

The Patient Experience Team introduced a feedback process during Quarter 4 relating to upheld/partially upheld complaint cases. Complainants are invited to the trust to observe the progress of actions as a result of the complaint investigation findings.

This initiative is in its infancy, and further feedback will be provided in future Patient Experience reports.



## 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 (7)
- Planned Care and Surgery Division (10)
- Diagnostics and Rehabilitation Division (1)

All local resolution meetings convened included a Divisional Patient Experience Lead or the Patient Experience Manager in order to facilitate dialogue with the complainant, patient and family members, to coordinate the meeting and address any queries relating to the complaint management. A CD recording of the meeting is provided to the patient / family and a follow up letter is generated to confirm discussions held, findings and subsequent action plans.

## 2.6 Complaints linked to Serious Incidents

A total of 6 formal complaints have been subject to a serious incident investigation, 2 relating to Emergency Care and Medicine and 4 to the Planned Care and Surgery Division. Thematic analysis of the incidents has identified the following themes: assault, delays in treatment and clinical diagnosis.

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 agreed.

## 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 trust wide service improvements recently implemented:

- The development of a patient pathway to encourage Doctors to consider the differential diagnosis of a child with Torticollis in the paediatric service ensuring cases are appropriately managed in the future, including early discussion with specialised colleagues in neighbouring NHS Trust.
- Increased reception staffing during the lunchtime period to ensure patients arriving for afternoon clinic appointments are greeted and welcomed in a timely manner.
- The Trust are reviewing the transfer and discharge arrangements in place, to ensure better communication, smooth transitions and to improve the services provided to vulnerable patients in our care.
- The Business Unit to provide clear and timely communication to patients regarding cancelled outpatient appointments, providing rationale for the cancellation and offering a new appointment.
- The Radiology administration and support staff have attended a Customer Care training course to enhance their skill, knowledge and perception following a number of complaints relating to staff attitude.

- Nursing staff on the Day Case Unit are currently receiving training regarding care, compassion and dignity, increasing the awareness of perception and recognising and managing sensitive situation.

### 3. Parliamentary and Health Service Ombudsman Reviews (PHSO)

The Trust received 3 applications from the Parliamentary and Health Service Ombudsman during Quarter 4, which are all still under review.

During Quarter 4, 2 cases were completed and reported to the Trust by the PHSO, both were partially upheld, however all recommendations have been expedited, including trust wide changes to record keeping and medication policies and procedures throughout the trust and cases closed.

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

The Patient Experience Team met with the PHSO in March 2015 to discuss and review our recently revised complaint processes in place and for them to provide feedback relating to their new approach and structure. A toolkit has been developed by the PHSO for use across the NHS ensure that robust and personalised approaches to complaint management are adopted. This approach has been adopted by the Care Quality Commission and will be utilised in their forthcoming inspections nationally.

This tool has been incorporated in the rebranding of the Patient Experience Service across the trust and will be made available to all staff in the hospital.

Fig.6



#### 4. Complainant Satisfaction Survey

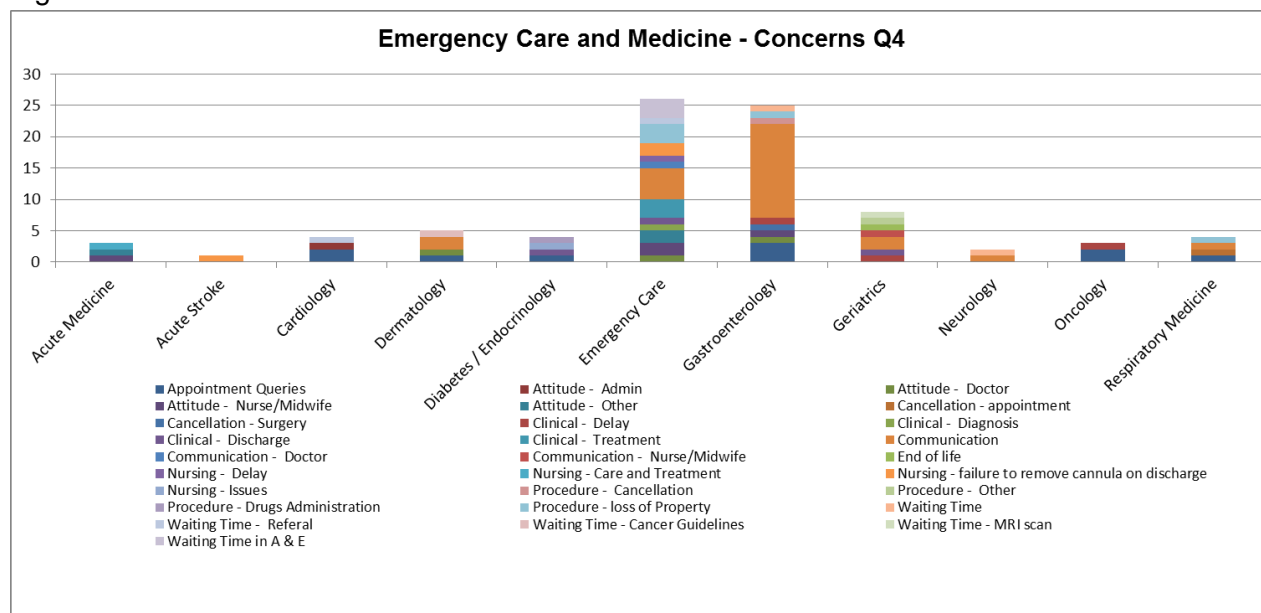
The Trust has historically provided a Complainant Satisfaction Survey to a selection of complainants following the closure of a complaint case, to establish how the complaint management felt for the complainant.

The Patient Experience Team reported a low response rate during Quarter 2 and 3, therefore have reviewed and developed a new survey. This has been introduced during Quarter 4 and distributed to 20% of all closed complainants. The survey is underpinned by the Patients Association Satisfaction Survey used throughout NHS Trusts nationally and locally, and provides detailed feedback to strengthen the Trust processes and improve the experience for the complainants. Further Feedback will be reported in 2015/16.

#### 5. Concerns

The Patient Experience Team received a total of 466 concerns in Quarter 4, the graphs below show the concerns received by division and theme:

Fig.7



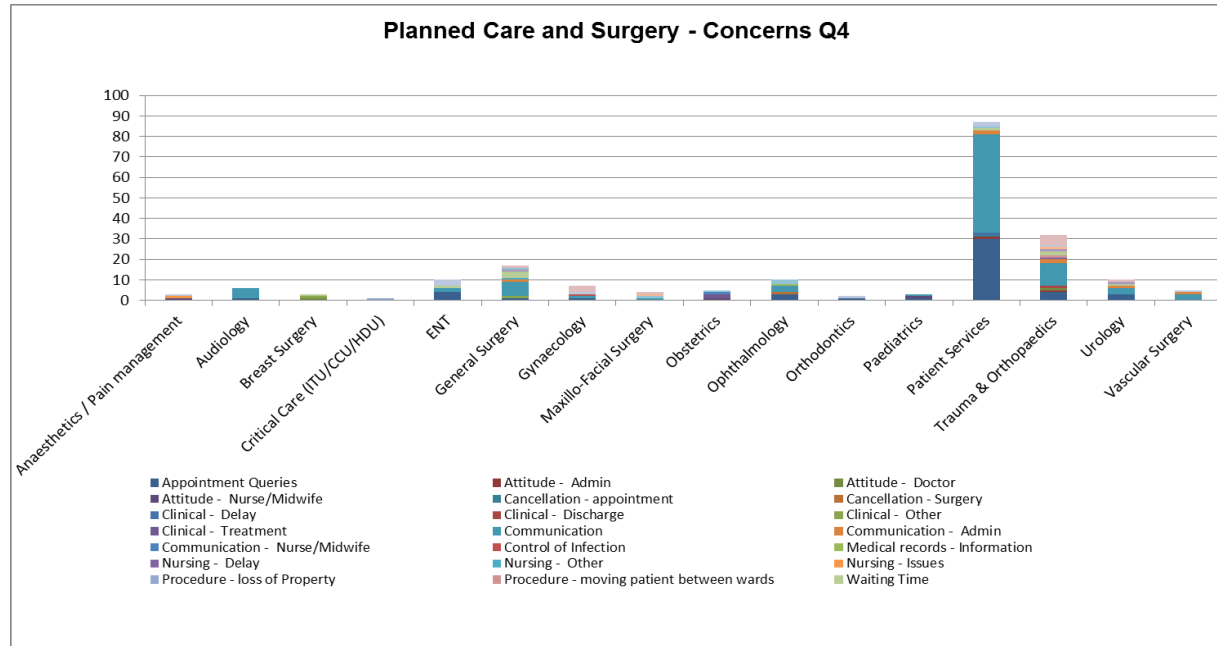
A significant number of concerns were raised by patients accessing Endoscopy for appointments. Patients reported lengthy waits for their telephone calls to be answered / no follow up return telephone call when messages had been left with the appointments team. In all cases the Patient Experience Team provided prompt resolution, contacting the appointments team by telephone, email and in person to confirm appointments. In response to the concerns raised regarding the administration functions of the Endoscopy Department the following actions have been implemented to mitigate further occurrences:

- Additional administrative resources have been deployed to the Endoscopy unit to manage referrals and calls to the department
- The department have in addition recruited 3.0 WTE Band 3 administrative staff on a substantive basis, one of which is in post and the remaining two will commence at the beginning of May 2015

- From a governance perspective, robust systems and processes have been implemented in order to closely monitor referrals and calls on a daily basis, whereby any emergent surges / fluctuations in demand will be formally escalated to the Emergency Care & Medicine Division for swift resolution

Concerns relating to the Emergency Department included communication between patients, medical and nursing staff. Emergent themes included: lost property and waiting times to be seen.

Fig 8



As shown in the graph above, the Patient Services Department received the majority of concerns which related to access to the Appointments Booking Office, patients were experiencing lengthy delays or no response, which resulted in the Trust Switchboard transferring patients to the Patient Experience Team. In all cases the Patient Experience Team liaised extensively with the Business Unit to arrange and confirm appointments for patients to resolve the concerns in a timely manner. This information has been shared with the Interim Director of Operations and General Manager for further investigation and resolution.

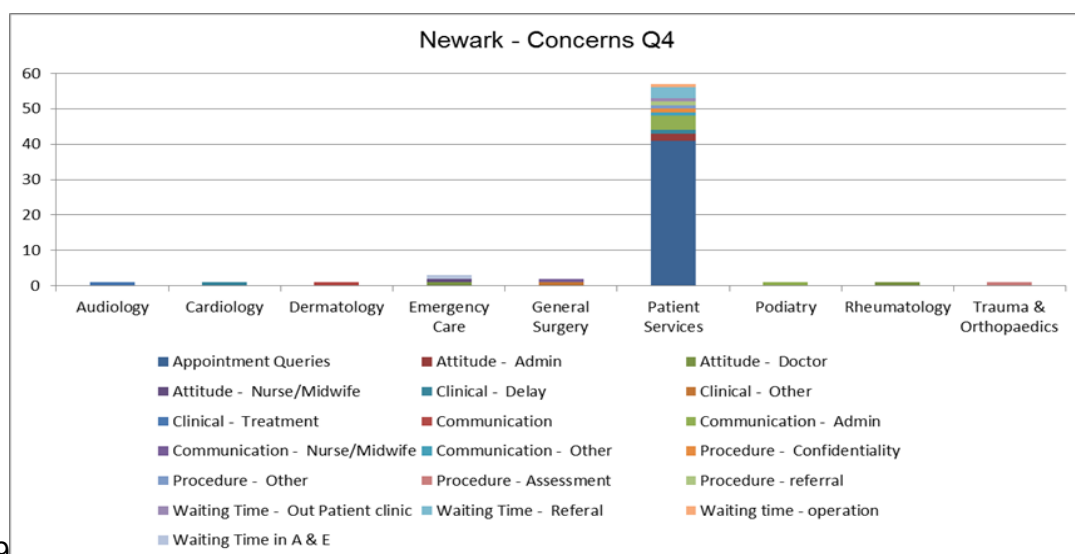
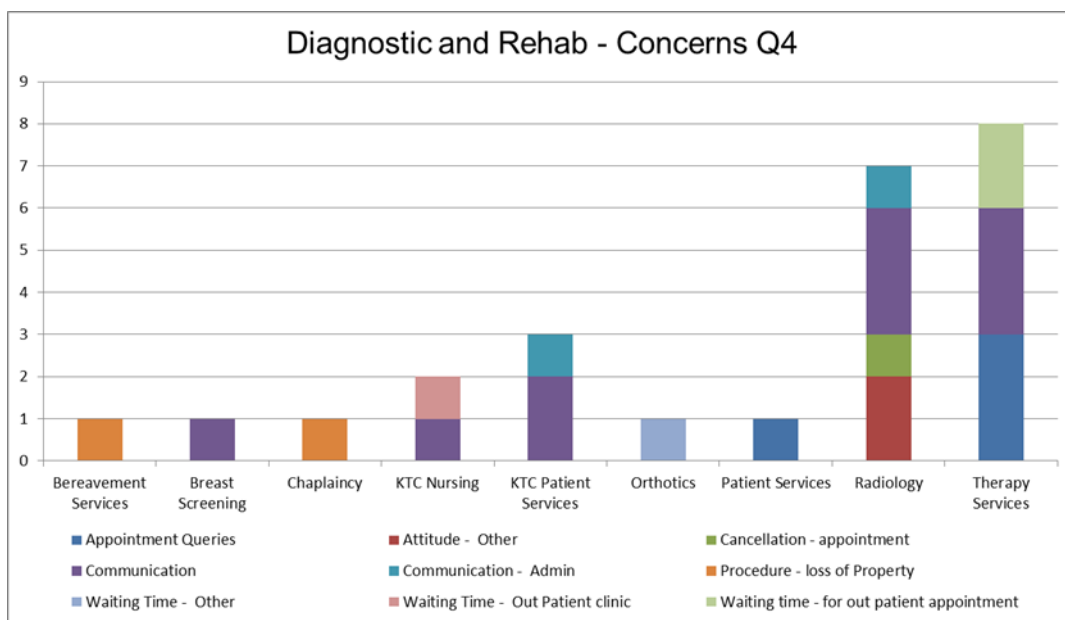


Fig 9

Newark have received over 40 concerns relating to delayed or cancelled outpatient appointments, the Patient Experience Office have endeavoured to liaise with the Patient Services Team to provide new appointments to patients, and this intelligence has been shared with the Associate Director of Operations for Newark for further investigation and resolution.

Fig. 10



Although a low number of concerns were received relating to the Diagnostic and Rehabilitation Division, the main themes identified related to:

- Waiting time delays regarding access to Therapy Services
- Effective communication with patients
- Staff attitude in radiology
- Lost Property at the Bereavement Centre.

The Patient Experience Manager is currently working with the Diagnostic and Rehabilitation Division to resolve and implement improvements relating to these issues, including training for staff, and communication in the Outpatient setting. The Patient Property Policy is currently in consultation and will be presented at the Nursing Care Forum in April.

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

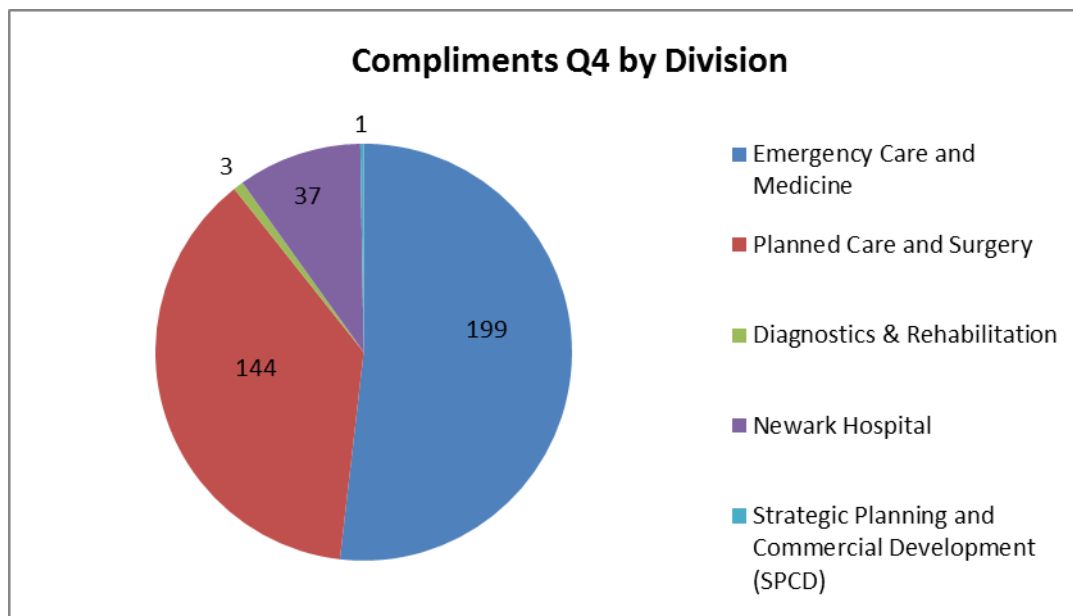
1. Communication
2. Appointment Queries
3. Waiting Times

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 continue 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.

## 6. Compliments

During Quarter 4 a total of 394 compliments were received which indicates a decrease of 14% from the preceding Quarter. The following chart provides an overview of the number of compliments received by division:

Fig. 11



## 7. Trust-wide Feedback

The Critical Care Unit has introduced a relative feedback survey into the unit as a means of eliciting user feedback regarding experiences on the unit. The Unit is not currently included in the Friends and Family Test, therefore compliments are currently the only mechanisms internally within the Trust to provide opinions and views of the services provide. In view of the critical care setting it was felt the relatives were the most appropriate people to complete the survey. This data will be collated and discussed within the Patient Experience Committee. This initiative is Consultant Led, with the support of the Patient Experience Manager.

In addition to this the Patient Experience Team are currently working with the Genitio Urinary Medicine Team to implement anonymised concern reporting.

## 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 are an Early Implementer Trust, as part of the local CQUiN, however, this will be rolled out nationally in April 2015.

A Deep Dive report relating to the Friends and Family Test was shared with the Quality and Safety Committee in January 2015, providing a detailed overview of progress against previously set internal targets. The review also included an overview of future plans to increase response rates and develop / implement service improvements as a result of intelligence provided by patients in specific services within the Trust.

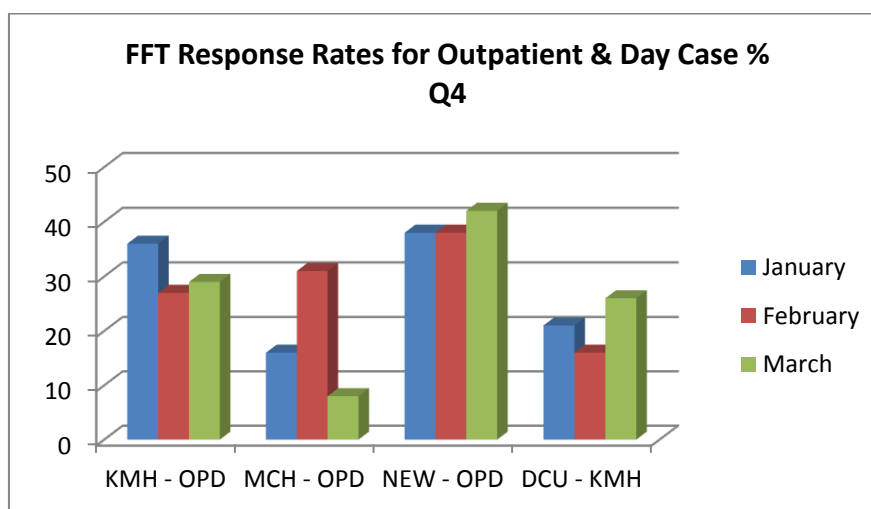
The following initiatives have been implemented to capture the qualitative data provided by patients:

1. A dedicated CQUiN Support Worker has been allocated to FFT in order to increase overall response rates.
2. The Trust is currently exploring the option of upgrading the provider package for the duration of the remaining contract, (the current service provider is due for renewal in January 2016) to provide additional modes of collection of data, in particular in the Out Patient and the Day Case Unit, from April 2015. In addition, this should provide real time feedback for staff, to shape service improvements, furthermore, influence patient experience at that time.

### 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 4

Fig 12

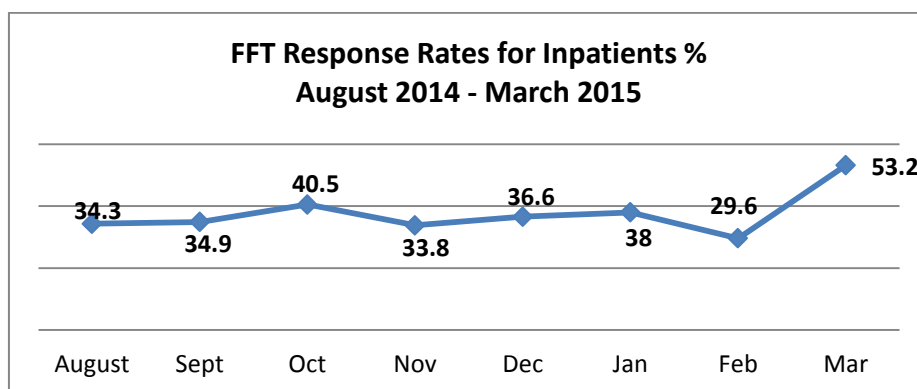


Of the total number of responses received in the Out Patient Department in all settings throughout Sherwood Forest Hospitals NHS Foundation Trust, over 80% of patients stated they would be likely to

recommend the hospitals to friends and their family. The Trust has identified particular staff training and support needs within in the Day Case Unit, relating to the completion of the FFT, which has been addressed, and highlighted in the FFT’s for Quarter 4.

### 8.1 Inpatient Response Rates

Fig 13

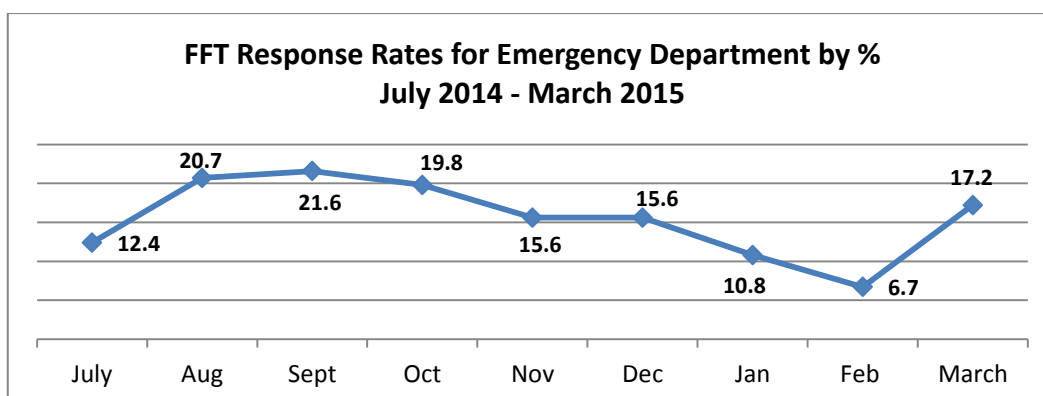


As evidenced within the above graph, the inpatient response rates has dramatically increased to 53.2% in March 2015. The FFT CQUIN Support Worker is working alongside the ward staff to increase awareness and uptake of this indicator, and to support any additional training required, thus ensuring all eligible patients are being asked to complete the FFT. An increase in the collection of FFT surveys and processing to the external provider is now in place to ensure completed surveys are received for inclusion in the relevant reporting period.

### 8.2 Emergency Department Response Rates

The response rates for March 2015 has increased significantly to 17.2% which indicates a 10.5% rise from February 2015, however there were a number of anomalies regarding the data received by the external provider, responsible for providing the response rates. This incident has been addressed with the provider, and robust monitoring systems in place internally in the Trust to ensure all completed batches and tracked to the external provider and response rates obtained mid-month to ensure all completes surveys are received.

Fig 14

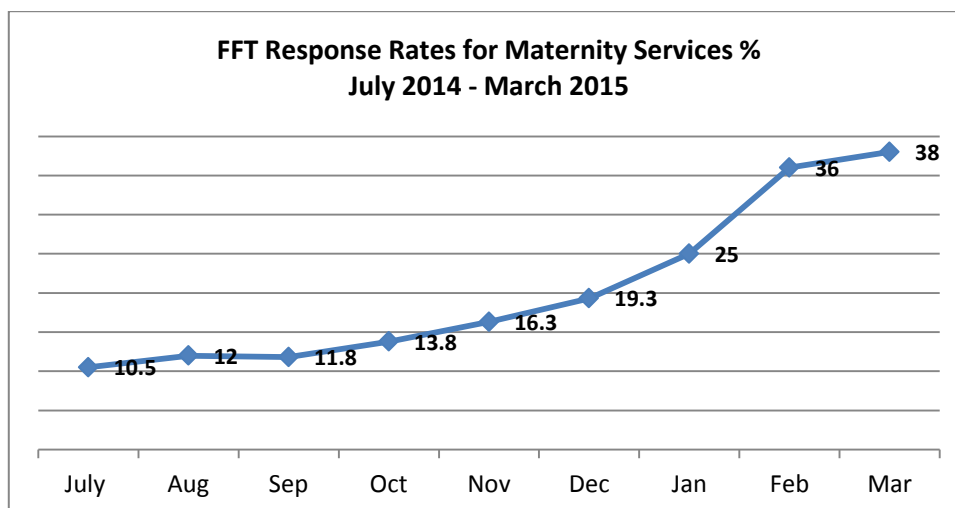




### 8.3 Maternity Response Rates

We are mandated to report at four separate touch points during the patients antenatal and postnatal pathway. The following table illustrates our performance in month detailing both the star rating and response rate reported.

Fig 15



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

*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.*

*Fantastic Doctors. They made the difficult experience manageable. All staff has been exceptional and I would recommend to anyone.*

*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.*

*Midwives were fantastic and I would definitely recommend.*

*From walking in all staff have been so friendly and reassuring when I have felt scared and teary due to the pain.*

*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.*

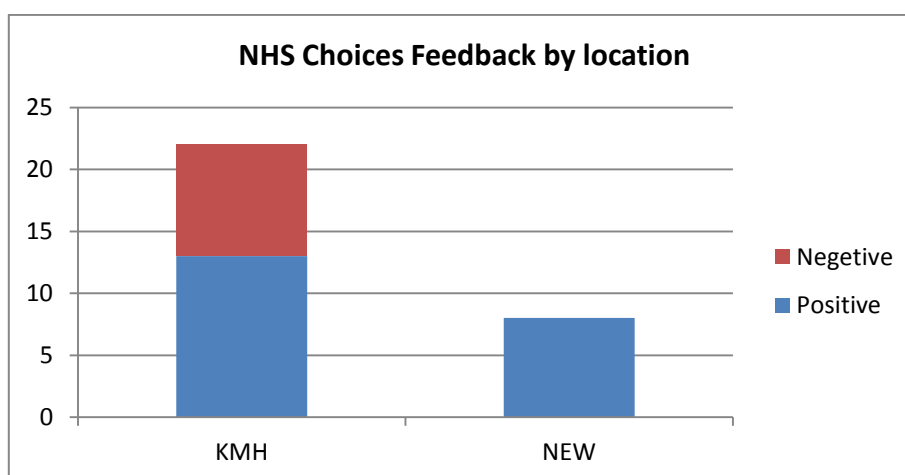
## 9. NHS Choices

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

In Quarter 4, a total of 30 postings were made by patients, relatives and carers, each poster received a reply from the relevant staff member within the Trust regarding their feedback posted.

The following graph shows the comments relating to site:

Fig.16



\*No postings were received relating to Mansfield Community Hospital

NHS Choices calculate a star rating for each site, based on the feedback with 5 stars being the highest rated:

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

- Kings Mill Hospital – 22 reviews received in Q4. Current rating is 4 stars

### Excellent care from admission to discharge

*I cannot thank the staff enough for everything they did for me from the moment I arrived by ambulance to A&E then transferred to ward 14 where I received the best possible care to the highest standards was diagnosed very quickly and treatment carried out on the whole I can say the nursing staff were fantastic, the care assistants, domestic staff, theatre staff and doctors who looked after me when I first arrived I want to say a massive thank you to you all.*

X-ray department opposite Clinic 1

*I was referred for an x ray by my GP. Once I got to the X-ray department I was called through and met a member of staff who told me to get changed into a gown and questioned the reasons why I was there. I explained that my GP had referred me and they stated that I was wasting both of our time. After being admitted to Queens Medical Centre in the past and having numerous x-rays I have got to know the questions they always ask prior to x-ray. Not once was I asked if I was pregnant or the date of my last period which I am certain is a must. When trying to answer the questions they interrupted me and it made me uncomfortable being there. My GP referred me for an x-ray so I don't understand why I was made to feel like that. I will not be choosing to go to Kings Mill again!*

An anxious visit to Emergency Care

*I had a medical emergency I was taken straight into rhesus room where I was met by the rhesus team who were so reassuring and started treatment immediately the professionalism of the team was second to none my care was explained at every level and kindness was shown to my relatives who were very anxious. I was eventually stabilised and returned home. I am very proud Kings Mill is my hospital the staff are a credit to the community.*

I had great experience no problems at all

*All members of staff that I encountered were very knowledgeable and caring. The facilities were also first class.*

Credit where credit is due

*My lovely mum was admitted to A&E as an emergency on Easter Sunday. Care started immediately. Extremely kind, caring and attentive Nursing staff and HCA's continued through A&E, EAU and Ward 33. The Nurses and Health Care Assistants are the unsung heroes of the NHS and I thank all of you. The staff are literally run off their feet caring for patients and they try their very best. I spent a lot of time in the hospital and was able to observe certain patients being very demanding on the staff when it was so obviously unnecessary (I was in the hospital for hours over many days and was able to observe and hear what patients were saying so I know some of them were just attention seeking). Thank you very much to all 3 care teams for looking after my mum the best they could. Please ensure all 3 teams receive the recognition they deserve.*

TKR replacement

*Went in for my op on the 17th March 2015 and could not have been treated better anywhere else. Everything went smoothly from the pre-med team and everybody else that was involved in my operation. The response from everybody involved was second to none and would highly recommend them. A big thank you to all concerned, 1st class.*

I had an MRI scan today.

*It is the first time I have been to Kings Mill Hospital and I was very impressed. It is more like a shopping centre than a hospital it is that big. The facilities and general cleanliness of the hospital was great. The booking in desk in the MRI department is very easy to use and the waiting room was comfortable. The staff was very accommodating and I was*

*made to feel welcome. I didn't have to wait too long to be taken in for my scan. Once I was taken in to the scanning room, I was thrilled to find out that they could let me listen to my choice of radio station. The scanner itself was comfortable and I was given a leg rest which was lovely. The scan lasted approx. 30 - 40 minutes but it really didn't feel like it was that long. After the scan, all the staff ensured that I was feeling ok and said that I would get my results in due course. I was very impressed with the hospital and would not hesitate to recommend it.*

#### Routine appointment with extras!

*I had an orthopaedic appointment for back problem. I also was experiencing bouts of chest pain with pins and needles sensation down my left arm (I had had this on-going for the previous 8 weeks) When asked to lie down the pain increased and it was most uncomfortable. The Dr called for a Nurse as they suspected something more serious . Within seconds I had 2/3 nurses in attendance, all doing varying tasks whilst informing me what was happening and that they were going to take me to A&E. In A & E the same efficiency in hand over to A&E staff, was smooth, and efficient. Courtesy, kindness, attention, keeping me informed at each stage of their investigations. I cannot praise the staff enough. A Senior Nurse again reflected the previous high standards of care. Thankfully all was well and I was able to go home, but a definite thumbs up to the staff at Kings Mill!*

Of the 9 negative comments posted the themes identified were:

- Outpatient Department - Communication and waiting times to be seen
- Day Case Unit - Quality of food
- Delays relating to accessing the Appointments Office

Mansfield Community Hospital received no reviews and the current rating remains at 3 stars

Newark Hospital received 6 reviews and the current rating is 4.5 stars

## **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.

During Quarter 4, the Trust did not receive any comments or feedback from Healthwatch Nottinghamshire for comment or investigation.

## **11. Care Quality Commission (CQC)**

During Quarter 4 there has been 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. Feedback from our local inspector has been that the Patient Experience Manager has been extremely responsive, timely and informative.

## **11. Conclusion**

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

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

Kim Kirk – Patient Experience Manager

Susan Bowler - Executive Director of Nursing