

Patient Experience Report
Sherwood Forest Hospitals NHS Foundation
Trust Board Report
Quarter 2
1 July – 30 September 2015



1. Introduction

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

The Trust continue to manage concerns and complaints in accordance with the Trusts Complaints and Concern Policy, all complaints are verbally acknowledged in the first instance to ensure the Patient Experience Lead has an understanding of the concerns and expectations as a result of the complaint investigation. All complaints are formally acknowledged by writing within 3 working days, which includes complaints received in writing or electronically, such as by email.

The Patient Experience Team are responsible for recording all Complaints, Concerns and Compliments, and maintaining the dialogue with patients and families when required. All Concerns and Complaints are recorded and managed in the following ways:-

Concerns

Concerns which cannot be resolved locally in real-time by the 'frontline' service are usually managed through our Patient Experience Team. These are usually concerns, queries or requests for information which do not require detailed investigation; these may require guidance, signposting or information. If the matter is not resolved to the enquirer's satisfaction within an agreed timescales, normally 3-5 working days the concern can be escalated and managed as a formal complaint. Some concerns are considered to be too significant not to investigate and these are reviewed by the Patient Experience Manager and if appropriate are investigated as a complaint. Any individual who raises a concern is given the option of their concern being identified and responded to as a complaint.

Complaints

The Trust will investigate a complaint in a manner appropriate to the nature of the issues it raises; we aim to resolve all complaints speedily and efficiently and, during our investigation, keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation and any delays. Each complaint is triaged and graded by the Patient Experience Manager or a designated Lead which helps to determine the level of investigation required and whether any additional actions need to be taken, such as a Serious Incident Scoping, or liaison through HM Coroner or involvement of the Trust Safeguarding Team.

A timeframe is communicated with the complainant at start of the investigation – this is a means of setting a realistic timescale given all the circumstances which may arise – the Trust continues to resolve the majority of complaints in 25 working days though for complex cases this may be 60 working days or more if investigation or Serious Investigation is required.

Our focus is to provide an open, robust and quality investigation and response which sometimes may necessitate a longer time period. This is negotiated with the patient relatives/carers.

The Patient Experience Team continues to work closely with the Governance Support Unit to ensure dialogue is maintained with patients, relatives/carers when complaints are linked to Serious Investigations. The Team support meetings with patients/relatives/carers to share the Serious Investigation findings and recommendations.

During Quarter 2 the Trust received a total of 65 complaints which demonstrates a 12% increase from Quarter 1. The Trust continues to receive a large volume of concerns relating to the Outpatient Department, showing an increase of 74% (1405) compared to Quarter 1. Of these 88% (1235) relate to the Outpatient Department. The top three themes relate to

1. Access to the Appointments Team
2. Cancelled Appointments without notification
3. Waiting times for appointment

The Patient Experience Team continues to support the Business Units and Booking teams to ensure patients concerns are resolved promptly. The Patient Experience Manager reports fortnightly to the Outpatient Improvement Board to highlight and escalate the patient experience feedback. In addition, the Patient Experience Team continues to provide support to staff and patients in Outpatient Clinics following cancellation of clinics to ensure appointments are rearranged and car parking concessions provided.

During Quarter 2 2015/16, the Patient Experience Team received the following contacts, this is shown below as a percentage increase or decrease compared to Quarter 1 2015/16:

- 1405 concerns – **74% increase**
- 65 formal complaints – **12% increase**
- 341 compliments – **74% increase**

During Quarter 2 the Trust continues to achieve the target, in accordance with NHS Complaints Regulations, of 90% all complaints to be managed within 25 working days. During this reporting period the Trust achieved a **96% response rate**. This response rate includes all complainants who have agreed to a local resolution meeting or an extension due to the complexity of the complaint / response.

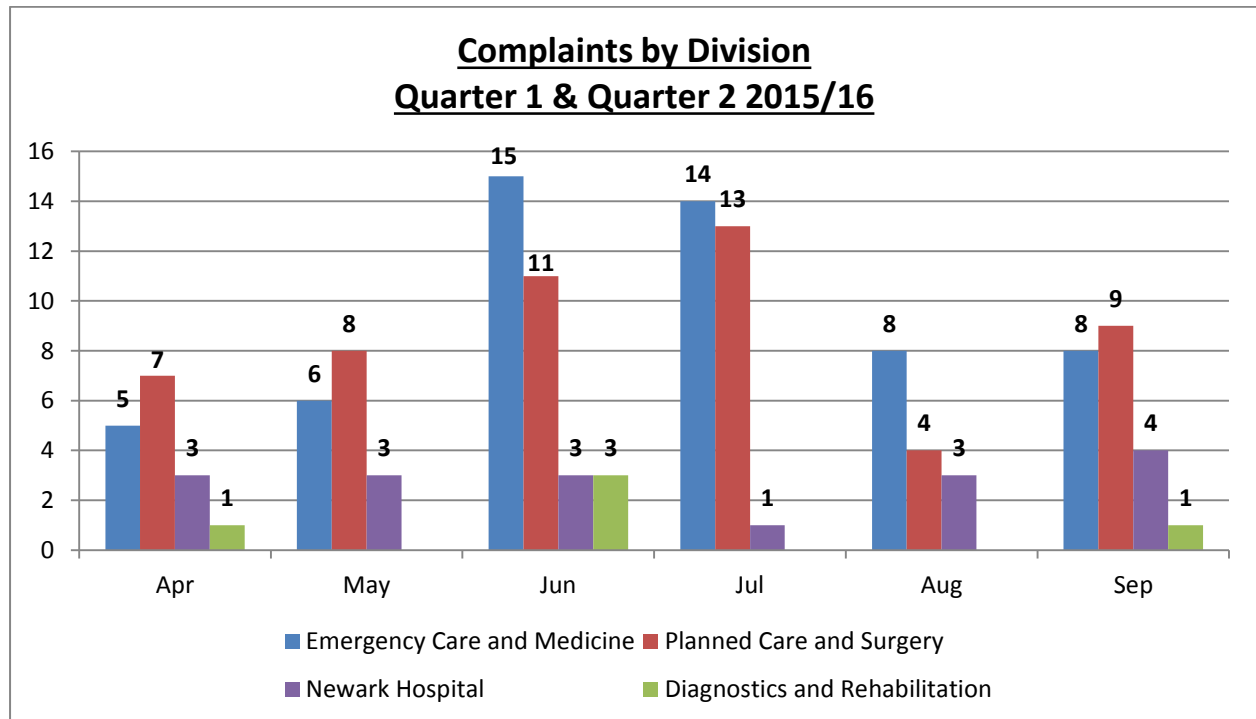
In Quarter 2, the Trust received a total of 65 formal complaints, which shows a slight **increase** in the total number of complaints trust wide. The complaints relate to the following divisions as follows:

- Emergency Care and Medicine – 30 complaints received (30% increase)
- Planned Care and Surgery - 26 complaints received (8% increase)
- Diagnostics and Rehabilitation – 1 complaints received (50% decrease)
- Newark – 9 complaints received (11% decrease)

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

The chart below (Fig.1) details the number of complaints received during Quarter 2 and Quarter 1 2015/16.

Fig.1 Complaints by Division for Quarter 1 and Quarter 2



In Quarter 2 (2015/16) the largest number of complaints related to the largest divisions within the Trust, the Emergency Care & Medicine Division and the Planned Care & Surgery Division. The Emergency Care and Medicine Division demonstrated a 30% increase in the number of formal complaints from Quarter 1 (23). The significant themes identified related to:

- Clinical Treatment (15 complaints), of those, 8 cases related to the Emergency Care and Medicine, however there was no significant theme. The complaints varied across a number of departments including the Emergency Department, Paediatric Emergency Department, Endoscopy, Neurology and Ward 52 (Geriatrics).
- Clinical Diagnosis (11 complaints), 6 of which related to the Emergency Admissions Unit, Rheumatology Clinic, Clinical Decisions Unit and Ward 44 (Respiratory)
- Attitude of nursing staff (5 complaints) which highlighted concerns relating to staff on the Emergency Admissions Unit and Emergency Department.

The Planned Care and Surgery Division received a consistent number of complaints, 26 in total, throughout the reporting period of Quarter 2 which shows an 8% increase from Quarter 1:

- A total of 5 complaints related to Clinical Treatment, of those, 2 complaints related to surgical procedures, 2 related to Trauma and Orthopaedic care and the Day Case Unit.
- Clinical Diagnosis (2) was the second theme relating to Breast Care Team and Urology Diagnosis.
- Staff attitude (2) related specifically to the nursing staff which related to Ward 14 (Gynaecology) and Ward 12 (Trauma and Orthopaedic).

- Newark received a total of 8 complaints which demonstrates a 11% decrease compared to Quarter 1:
- Aligned with the Trusts complaint themes for this reporting period, Clinical Diagnosis (3) and Clinical Treatment (2) were noticeable trends. All Clinical Diagnosis complaints related to the Minor Injuries Unit at Newark Hospital, in particular fracture and sepsis diagnosis and re-attendance to the Unit within 24 hours querying the original treatment provided.
- The Outpatient Department and waiting times for transfer from hospital was also a theme.

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

During Quarter 1 the Trust achieved a **100% response rate** in relation to the acknowledgement timescale which is 3 days. All complaints received by letter, verbal, face to face or email are received and verbally acknowledged where possible on the day of receipt, providing a prompt resolution for patients, relatives and carers.

2.0 Complaint Themes

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

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

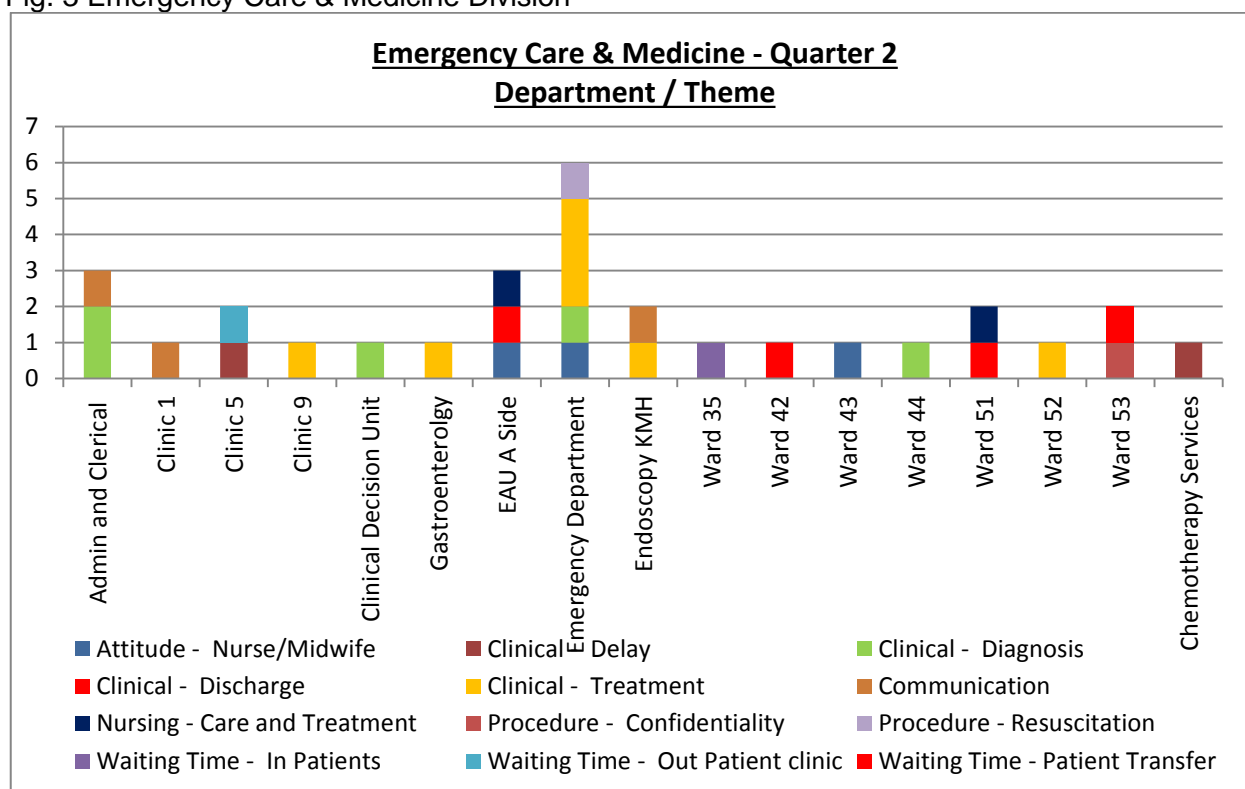
Fig.2 Complaint Themes

Quarter 1 2015/16	Quarter 2 2015/16
1. Clinical Treatment	1. Clinical Treatment
2. Clinical Diagnosis	2. Clinical Diagnosis
3. Clinical Delay	3. Attitude of Nurse
4. Nursing Care & Treatment	4. Communication
5. Attitude	5. Clinical Discharge

The themes above show a shift in the themes for Quarter 2, featuring Communication relating to the Endoscopy Department, Ward 14 (Gynaecology) and Cancelled Appointments including minor operations on the day of the procedure.

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

Fig. 3 Emergency Care & Medicine Division

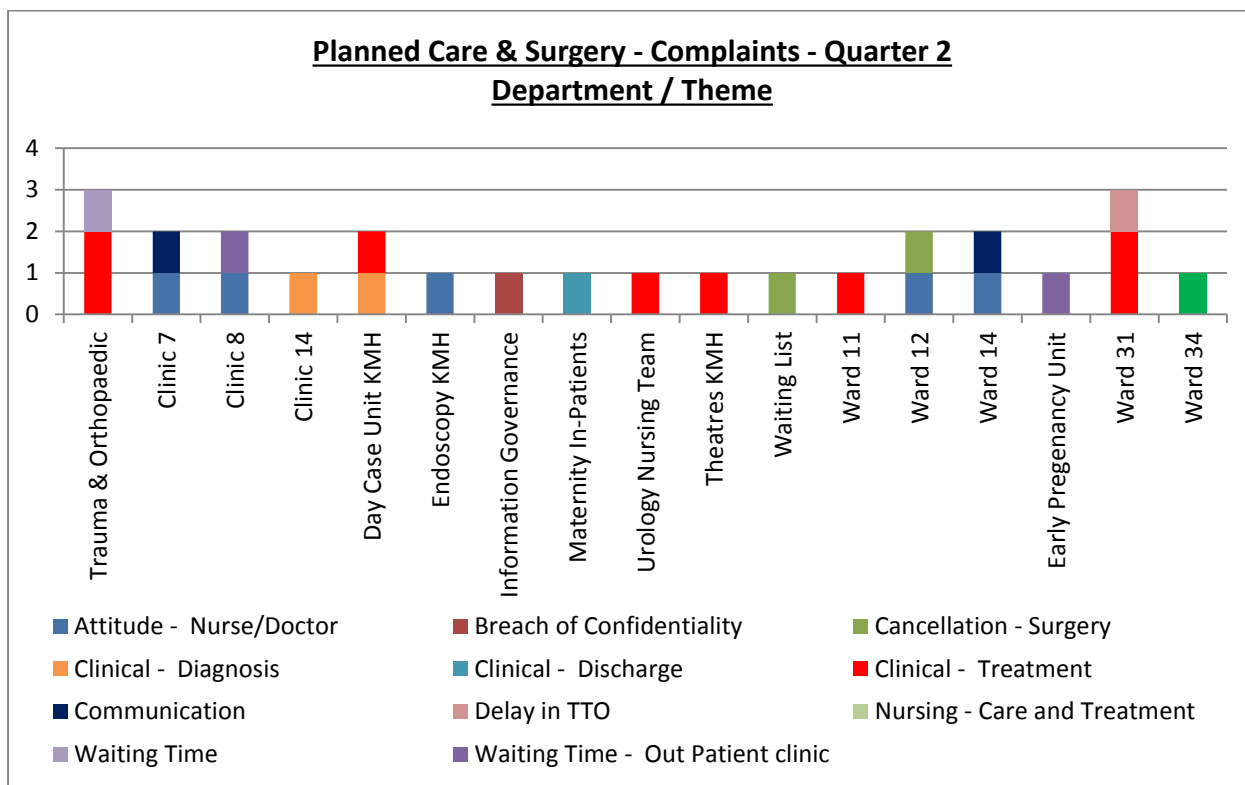


A total of 30 complaints were received by the Emergency Care and Medicine Division, of which 20% of the complaints related to the Emergency Department regarding Clinical Treatment.

These included treatment in the Paediatric Emergency Department, Fracture diagnosis and delays in referral to Endoscopy. As shown above, the complaints relate to both Inpatient and Outpatient Departments, including Clinical Discharge - some of which relate to the provision of care in the community and ensuring families are informed of the decisions and arrangements.

All actions and learning as a result of the complaint investigations have been/are being implemented with departments. Themes relating to the Outpatient Department have been escalated to the Outpatient Improvements Board.

Fig. 4 Planned care & Surgery Division

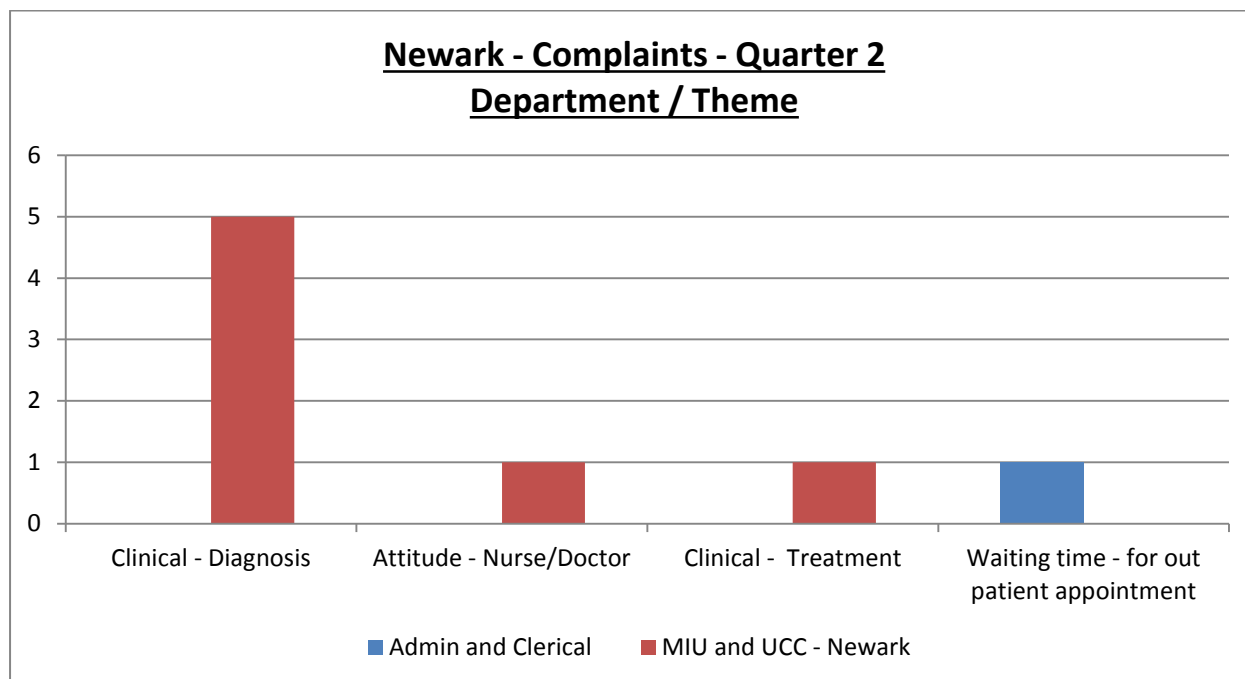


A total of 26 complaints were received by the Planned Care and Surgery Division, Clinical Treatment represented 31% of the complaints ranging between both inpatient and outpatient services concerning surgical procedures and the aftercare provided, transfer of patients between Day Case Unit and Trauma and Orthopaedic Wards. The provision of Take Home medications has been previously highlighted as a concern, however during Quarter 2 was reported as a complaint due to delays which resulted in patients leaving the hospital after 7pm, following medical reviews at 10am.

Patient's continue to experience surgery cancellations, of these cancellation has occurred on the day on the planned surgery related to pre-operative arrangements, and Maxiofacial minor operations procedures cancelled due to administration systems not cancelling lists due to authorised Consultant Annual Leave.

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

Fig.5 Newark Division



During Quarter 2, the Newark Division received 8 complaints, of these 7 related to the Minor Injuries Unit (MIU) with 71% regarding the Clinical Diagnosis. The cases included misdiagnosed fracture, Sepsis diagnosis and management and attendance to Kings Mill Hospital Emergency Department within 12 hours of an attendance at the MIU which resulted in admission to hospital. The upheld complaints have been investigated and shared with the Clinical Lead and/or the Medical Director for appropriate action.

The Diagnostic & Rehabilitation Division received 1 complaint in Quarter 2 regarding the Radiology Department, specifically relating to the MRI Scanner procedures. The concerns have been fully investigated and service improvements shared with the Department.

For Quarter 2, Strategic Planning and Corporate Development received no complaints.

2.2 Complaint response times

The table below shows the complaint response times by division, which highlights that all divisions continue to exceed the Trusts internal target of 90% responding to complaints within 25 working days or agreed negotiated timescales with complainants. Overall the Trust achieved a 96% response rate.

Fig.6 Table of Divisional responses

Division	Number of Complaints Closed	Number of Local Resolution Meeting	Number of Re-opened Complaints
Emergency Care & Medicine	27	10	1
Planned Care & Surgery	24	15	3
Newark	7	0	0
Diagnostic & Rehabilitation	3	0	0

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

Of the 86 complaint responses provided in Quarter 2, a total of 4 complainants remained dissatisfied with their initial response and requested:

- Further information
- Face to face meeting
- Further clarification

This is a reduction of 50% in the number reported in Quarter 1 2015/16. This performance continues to demonstrate the robust systems and consistent dialogue with complaints and provides assurance to complainants in the majority of cases.

The Trust is currently managing a total caseload of 35 open complaints, which include complaints linked to Serious Incident Investigations (SI's), Local Resolution Meetings and Independent External Reviews. The table below shows the timescales relating to the cases:

Fig.7 Trust Caseload of Complaints

Timescale	Number of Complaints	Current Progress
Within 25 Working Days	15	On-going Investigations
25 – 100 Working Days	15	On-going investigations 8 relate to Local Resolution Meeting
100+ Working Days	5	2 relate to Local Resolution Meetings 2 relate to External Independent Review 1 relates to Serious Incident Investigation

2.3 Complaint Outcomes

The outcome of all complaints is recorded as follows:

Fig.8 Outcomes Definitions

Upheld	Complaints in which the concerns were found to be correct on investigation
Partially Upheld	Complaints in which, on investigation, the main concerns were not found to be correct, however some of the concerns or issues raised by the complainant were found to be correct
Not Upheld	Complaints in which the concerns were not found to be correct on investigation. If a complaint is not upheld, we still recognise the validity of the concern to that complainant and we acknowledge that we have failed to meet their expectations.

All complaints are reviewed and reported on irrespective of their outcome status, and if a complaint is not upheld, there is still an opportunity to learn and review our procedures, for example through understanding the motives and feelings of the complainant.

- 15% were upheld
- 29% were partially upheld

- 25% were not upheld
- 31% on-going

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

2.4 Complaints linked to Serious Incidents

A total of 9 formal complaints have been subject to a serious incident investigation, 4 relating to the Emergency Care and Medicine Division, 4 to the Planned Care and Surgery Division and 1 linked to Diagnostic and Rehabilitation.

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

2.5 Actions and Learning

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

- Emergency Department – Improve the current pathway relating to patients attending or appropriate service.
- Bereavement Centre – Introduction of system and procedures to capture accurate details of all deceased patients
- Updated Mortuary Standard Operating Procedures for patient admissions
- All patients to be notified by telephone wherever possible of outpatient appointments which are cancelled within 2 weeks of appointment to avoid attendance to the clinic.
- Continue to ensure staff are working to the Trust Quality for All values and behaviours
- To review the current reporting arrangements between Complaints, Serious Investigations and Coroners Reports to avoid duplication of investigations and consistent dialogue with patient/family.

3. Parliamentary and Health Service Ombudsman Reviews (PHSO)

We aim to resolve all complaints to the complainants' satisfaction by conducting thorough investigations and providing a comprehensive response as well as offering complainants the opportunity to discuss further concerns with us. However, we are not always able to achieve a resolution, which satisfies the complainant. Under the NHS complaints system, complainants dissatisfied with responses received from us have the right to ask the PHSO for an independent review of their case.

The right to go to the PHSO is explained to all complainants and contact details are provided at the end of every complaint investigation and we feel that there is nothing further we can do locally to resolve a complaint to the complainant's satisfaction; we will encourage complainants to take their case to the PHSO.

The Trust received 3 applications from the Parliamentary and Health Service Ombudsman during Quarter 2, which are all still under review. This remains consistent with the number received in Quarter 1.

During Quarter 2 the PHSO received returned 3 completed investigations, all cases were partly upheld. Of these 3 related to the treatment and care provided by Consultants in the Ear, Nose and Throat, Endocrinology and Orthopaedic Departments. All reports from the PHSO have been shared with the Medical Director, Clinical Leads and relevant Consultants for review and action plans were appropriate. This feedback will also be shared as part of the Consultants Appraisal and Revalidation.

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 continue to achieve a low response rate of 13%, whilst the responses report above 80% satisfaction of the complaint management, with positive feedback relating to the communication and letter of response, it clearly is not representative for the overall service due to the poor returns. The Patient Experience team continue to explore alternative options for capturing this data to improve this feedback.

5. Concerns

The Patient Experience Team received a total of **1405** concerns in Quarter 2 demonstrating a **74% increase** on the previous quarter. Of these, **88%** related to the difficulties patients were experiencing with the outpatient department. The graphs below (Fig.6, 7, 8, 9) show the concerns received by Division and by theme:

Fig.9 Emergency Care & Medicine Division

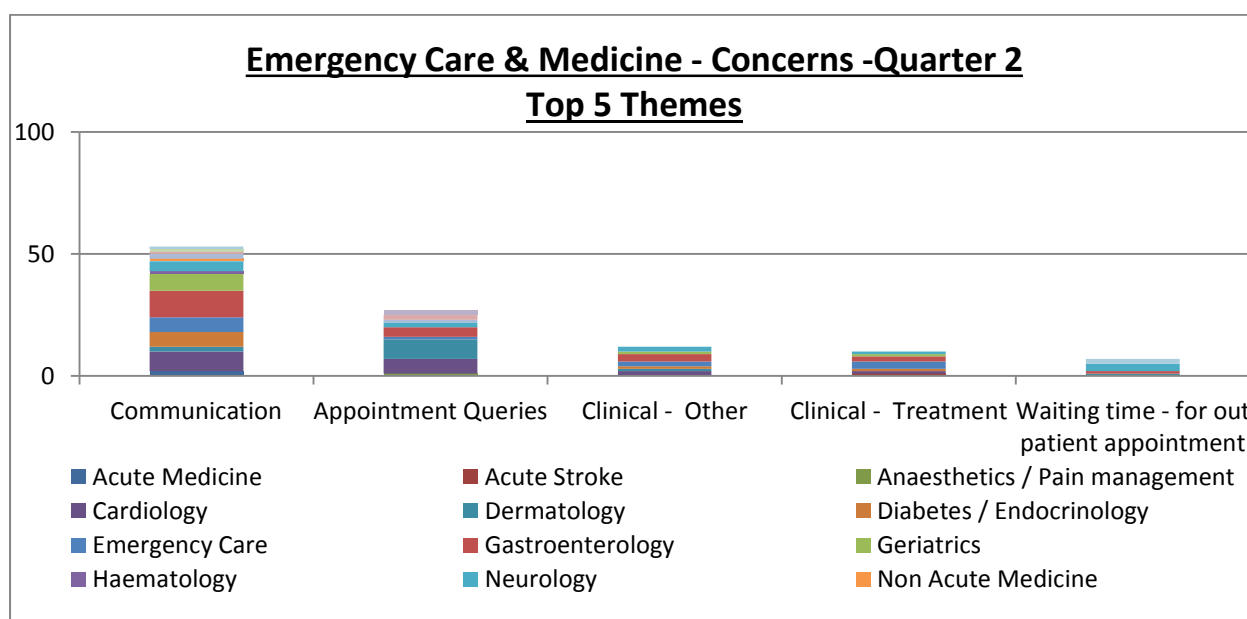


Fig.10 Planned care and Surgery Division

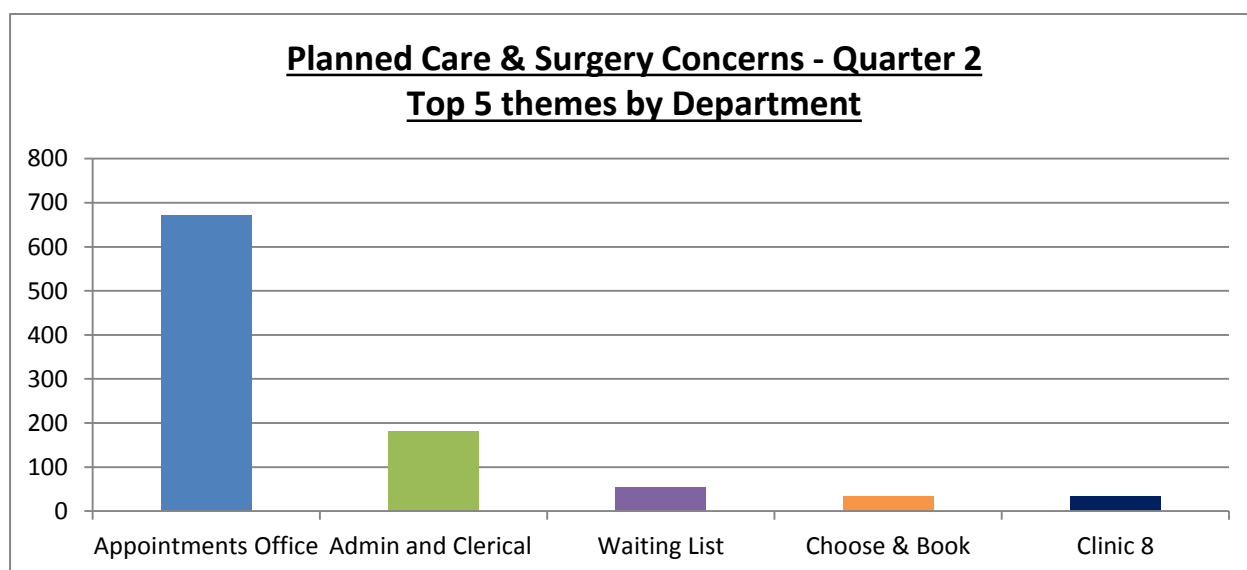
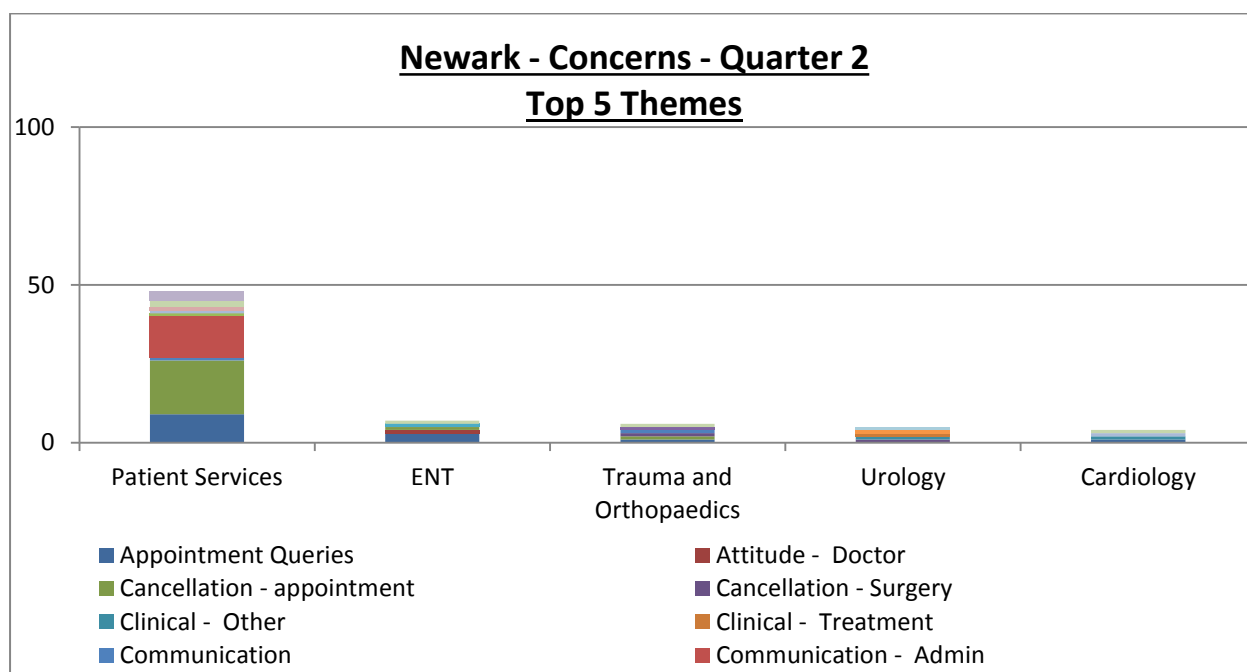


Fig.11 Newark Hospital Division



The divisions continue to receive a significant number of concerns which relate to:

- Access to Appointment Booking Team(Trust wide including Endoscopy)
- Cancelled appointments and a lack of notification to patients resulting in patients attending cancelled appointments (Ophthalmology & Trauma & Orthopaedics)
- Cancelled Clinics on the day of Outpatient Appointment which is largely due to Consultants authorised annual leave as per Trust Policy, however Clinics not being amended to reflect the leave (Neurology, Ophthalmology and Vascular Clinics)

- Delay in medical records prior to Outpatient Appointments not being prepared in a timely manner, resulting in patients arriving for appointments and notes not in situ or have the most relevant medical documentation including results and reports to proceed with consultations (Trauma & Orthopaedics & Ophthalmology)

As shown in the graphs above the themes are consistent with Quarter 1 feedback, and whilst the Patient Experience Manager reports to the Outpatient Improvement Board escalates issues to the Interim Chief Operating Executive, patients continue to experience difficulties in the Outpatient Department.

The Trust Switchboard ensures all patients are transferred to the Patient Experience Team who liaises extensively with the Business Unit to arrange and confirm appointments for patients to resolve the patient's concerns in a timely manner.

The Trust currently record Appointment Team concerns to the Planned Care and Surgery division which represents 72% of the concerns reported, however from October 2015 this will be recorded under the Diagnostic and Rehabilitation division therefore it is envisaged Quarter 3 report will show a sharp shift in this data.

The Diagnostic and Rehabilitation Division received 6% of concerns largely relating to patients experiencing difficulties contacting the Radiology Department and the Strategic Planning and Corporate Development Team represented less than 1% of the concerns received.

The feedback relating to complaints, concerns and compliments is shared with Divisions monthly via the Governance data packs and cascaded to all ward and department staff by the Ward Communication Boards. The Patient Experience Team continues to provide intelligence for inclusion on the ward communication boards which includes a trust wide overview to help provide context for patients, relatives, carers and staff to establish how the ward/department compared to other services within the trust.

6. Compliments

During Quarter 2 a total of 341 compliments were received which indicates a significant increase of 74% from the preceding Quarter. The following table (Fig.10) shows the Top 10 Departments during Quarter 2 which all related to the care and treatment:

Fig. 12 Compliments by Division

Department	Number of Compliments
Sherwood Birthing Unit	75
Ward 53 (Stroke Unit)	41
Ward 41(Elderly Rehabilitation)	24
Ward 23 (Cardiology)	20
Maternity Inpatients	19
Clinic 1 (Trauma & Orthopaedics/Rheumatology)	14
Ward 36 (Short Stay)	12
Ward 25 (Childrens)	12

Outpatient Newark	11
Emergency Department	11

All compliments are cascaded to the relevant departments and staff members which are shared within the team for learning. The Patient Experience Team are working with the Trusts Communication Team to ensure that any compliments received by the communications team are captured.

7. Friends and Family Test (FFT)

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

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

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

The 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.

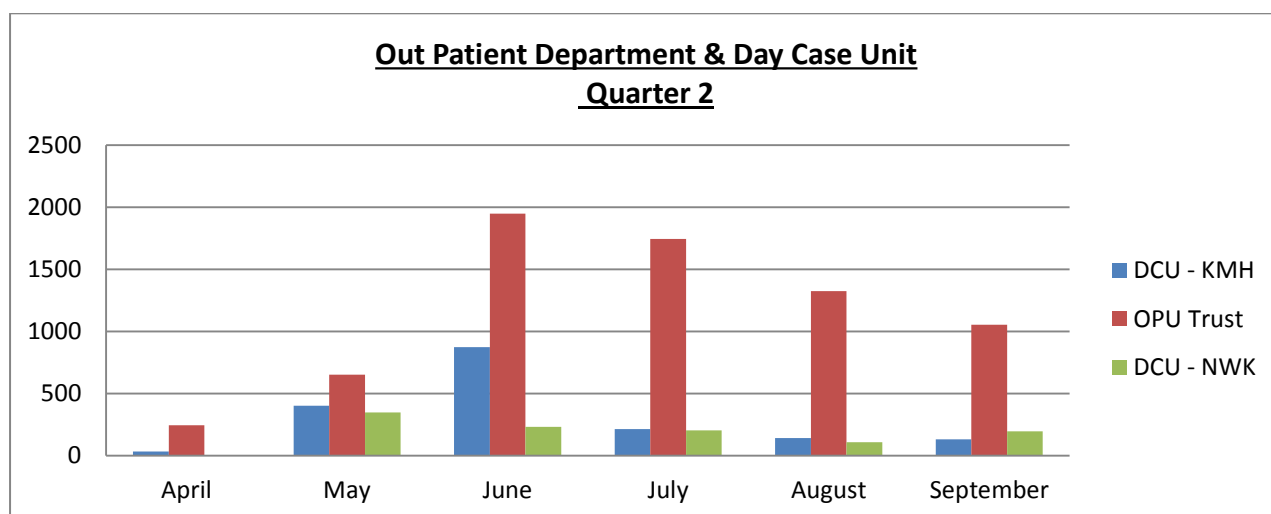
The Trust is currently exploring the procurement of a new external FFT provider to collect and collate FFT data in a number of medians to ensure we continue to capture all eligible patients. A Business case was submitted to the Commercial Development Group in September 2015 and the

Finance Committee in October 2015. Both Committees agreed the proposal. The new system will be implemented by December 2015 to ensure an fluid transition between the current provider (Iwantgreatcare) recognising the contract end of January 2016.

Outpatient and Day Case Unit Response Rates

The following section provides an overview of the Friends and Family Response Rate for Outpatient Department (including King’s Mill Hospital, Mansfield Community Hospital and Newark Hospital) and Day Case Unit (King’s Mill Hospital) during Quarter 2.

Fig.13 OPD & DCU FFT

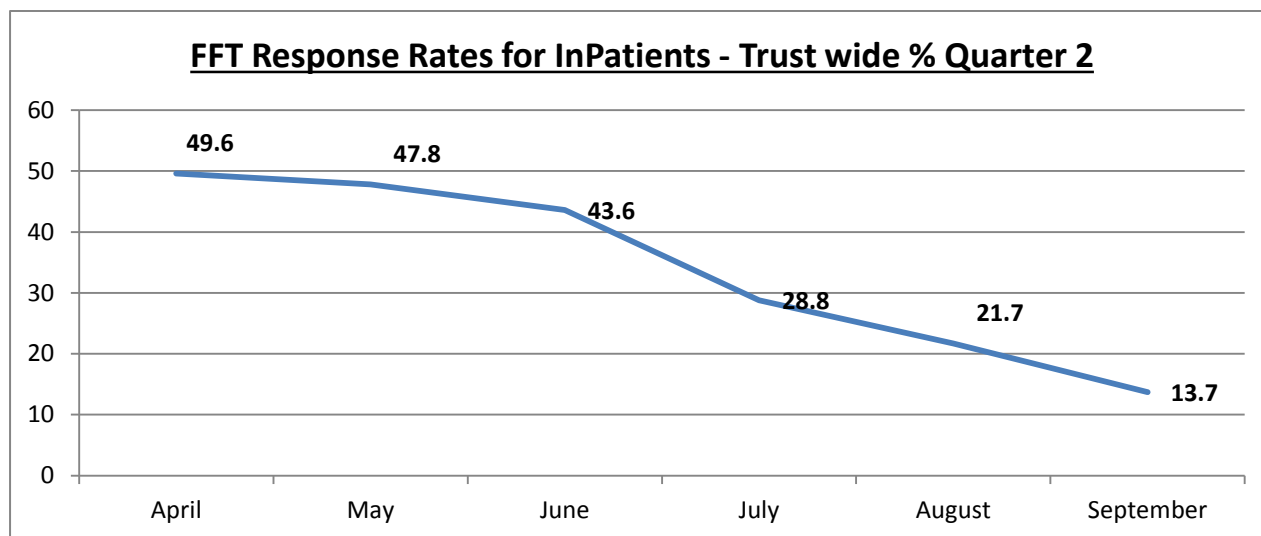


Of the total number of responses received in the Outpatient Department in all settings throughout Sherwood Forest Hospitals NHS Foundation Trust, over **87%** of patients stated they would be extremely likely and likely to recommend the hospitals to friends and their family. The Trust has identified 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 1. In addition, the Day Case Unit and Out-Patients Department, the Trust records the day of the week of the patient’s attendance at the trust, to feed into the Seven Day Service Project.

The percentage of staff recommending (extremely likely and likely) the hospitals dropped considerably during August and the early September 2015, which on review appears due to a routine decrease in the clinic capacity due to Consultants annual leave and patient availability. In addition as explained in the concerns section of this report, cancellation of clinics has impacted on the eligible patients for FFT which was significant in August 2015.

Inpatient Response Rates

Fig.14 FFT Inpatient



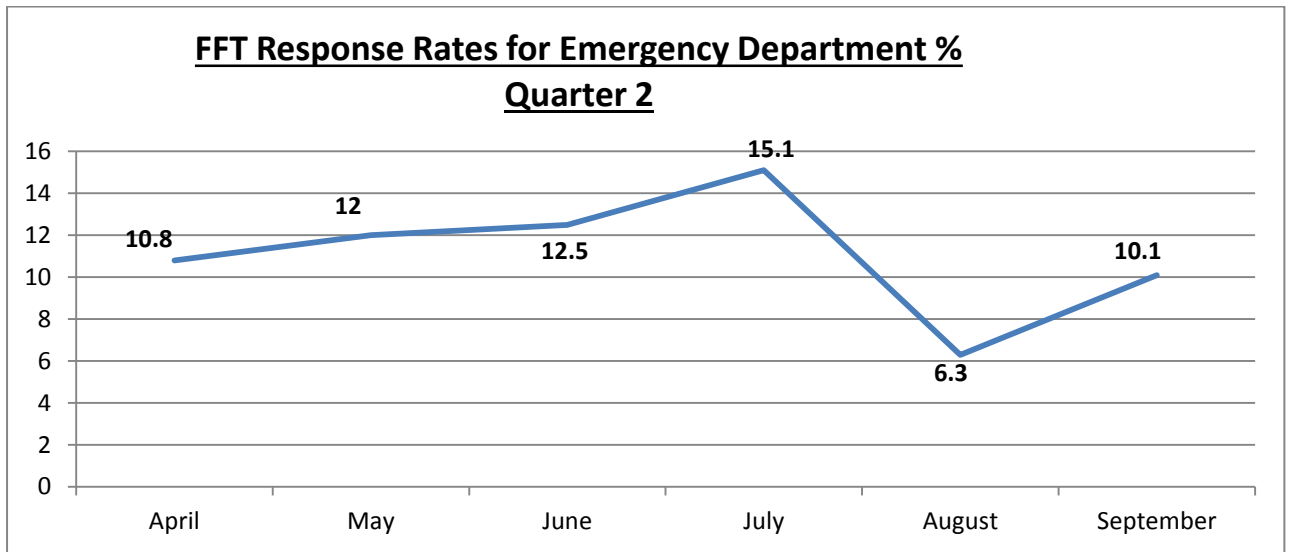
An increase in the collection of FFT surveys and processing to the external provider was introduced earlier in 2015 to provide weekly audits to ensure all completed surveys are received and reported by the external provider. Weekly updates of FFT Data are shared with Ward Leaders and Department Heads to ensure completed surveys are received for inclusion in the relevant reporting period. Although reporting figures to Unify for September are significantly lower than in previous months from 28.8% to 13.7% uptake, this is not an accurate reflection of the FFT completed; this is aligned to the new processes required by NHS England in Quarter 1 2015/16. These areas are now including the eligible FFT patients, therefore it is envisaged Quarter 3 will see a sharp incline in the response rate.

Emergency Department Response Rates

The Emergency Department have seen a sharp decrease in the response rate which is attributed to the on-going construction work relating to the single door access. A number of reception staff are temporary staff and the FFT CQUIN worker continues to provide training and support to ensure the approach is consistent. These issues have been highlighted and discussed within the Emergency Department. The front reception area is extremely noisy at times, due to the on-going work and has been commented on many of the FFT responses.

The FFT CQUIN worker highlighted issues with collections early into the month, and have spent a considerable amount of time in the Emergency Department with patients to assist them to complete the forms and engaging with the staff to improve the monthly figures.

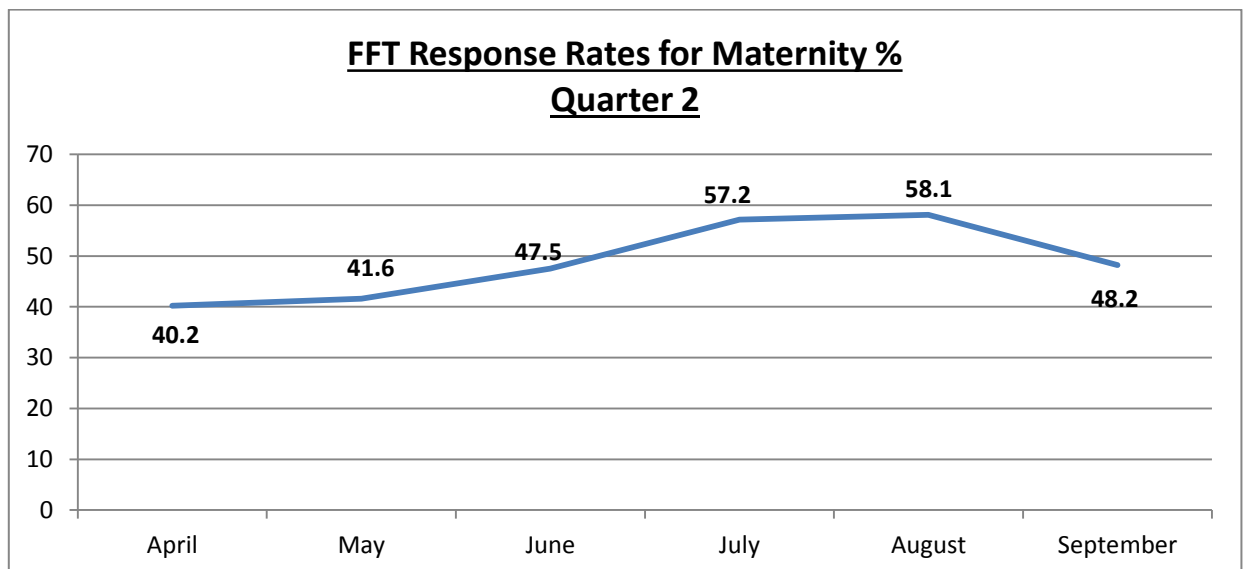
Fig.15 FFT ED



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 months detailing both the star rating and response rate reported. All staff are able to assist with the completion and help patients where necessary. The CQUiN Support worker has spent a considerable amount of time facilitating both staff and management to improve their month on month figures.

Fig.16 FFT Maternity



Below are a selection of comments from the FFT response:

Newark Day Case - *Minster Ward Good all the Doctors treated me with dignity and were very caring towards my mother.*

King's Mill Day Case - *The care was excellent in every way and I thank you for that. Please thank Marie Lock for all her help, perfect nurse in every way.*

King's Mill OutPatients - *Clinic 1 Orthopaedic Department Consultant listened to what I had to say and I did not feel like I was a number.*

Clinic 8 ENT Department - *My clinic was cancelled due to staff sickness and without any notification, however, Janet the receptionist helped me sort out another appointment.*

Clinic 3 Haematology - *All issues were dealt with speedily always a quick and efficient service. The staff are always friendly, absolutely nothing needs to improve*

Mansfield Community Hospital - *My appointment was on time, my time with the doctor was not rushed and there was a full and thorough investigation of my presenting problems.*

King's Mill InPatients - *Stroke Unit All staff were exceptionally professional and caring towards my mum, in particular I would like to give a special mention to Kim and Emma who were the nurses who supported our family through this very difficult time. We have always thought that King's Mill Hospital offers the best nursing care in the Nottinghamshire area.*

Ward 36 - *I was an inpatient on this ward for almost two weeks, all the staff from the cleaners to the ward leader were very professional, Stuart and Leanne were kind and caring, and always went the extra mile for me. I cannot thank the hospital enough for my treatment. The food was excellent, and has improved greatly since my last stay, the hostess was always cheery, she remembered what I liked to drink, and the food was always piping hot, of a good standard and always on time. The hospital is always very clean.*

8. NHS Choices

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

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

In Quarter 2, a total of 52 postings were made on NHS Choices by patients, relatives and carers, each posted message received a reply from the relevant staff member within the Trust with a response.

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

Fig.17 NHS Choices Feedback

Hospital Site	Total Number of Comments	Positive	Negative	Neutral
Kings Mill Hospital	52	35	13	4
Newark	7	5	2	0
Mansfield Community Hospital	1	1	0	0

Kings Mill Hospital Comments

Emergency Department - Horrendous experience - absolutely disgusted at the way my elderly mother has been treated, she was admitted after a fall as lost all confidence and nearly all her mobility but they wanted to send her home!

Clinic 8 - Today I visited eye clinic 8 with my elderly mum all the nurses were lovely especially two. The doctor who saw my mum was lovely too, what I would like to add is the receptionist was not really people friendly I found them to very rude and arrogant no time for us hopefully we never have to visit this clinic 8 reception again .

Emergency Department - I know it may sound odd but the care I received in Kings Mill was excellent and in a lovely bright airy environment. I have been fobbed off having had renal colic prior however I was given enough painkillers until I was comfortable and scanned to check for any issues. I was followed up in clinic shortly after with no real wait. The staff who had seen me before recognised me and talked to me like a human being, not just a 'number'. The place was spotless, hand sanitisers everywhere and staff on hand if you needed them. I had all eventualities of procedures explained with risks explained and as to why they thought they could be necessary which I though was brilliant. I'd travel in pain to get to Kings Mill Hospital, even if not my nearest hospital as I could not fault my care one bit.

Pain Management - Poor Communication - A family member has confirmed over the telephone for epidural at kings mill to be sent a letter sending to Newark. Unable to attend as to far away. Now in agony and no appointment. I work for the QMC and am disgusted.

Clinic 1 appointment, or should have been - I arrived for my appointment, tried to book in on the screen, came up not found. I asked at the desk, was told it has been cancelled, and I'm on a waiting list for another one. This isn't good enough, they could have at least told me.

Newark Hospital Comments

From limping into Minor injuries to be despatched after seeing nurses, X-ray, doctor and having wounds cleaned and dressed was about an hour. Unbelievable good service and care on a Sunday morning. Five stars Newark....I might even move there.

Mum was in hospital for several weeks. The aftercare was poorly planned and as a result inadequate causing stress to her and her husband. She had to be re-hospitalised. During her

stay ward staff expressed satisfaction with her. When paramedics asked for her to return after the post hospital care had failed the ward staff said she had not cooperated. After several weeks I rehabilitation she was weaker and less able but still sent home. Not home visit for assessment was made. As a result I lost confidence in what the ward staff told me about her during her stay. Both she and her husband have been caused unnecessary distress by the experience. Following the failure of her planned after care mum was readmitted to Kings Mill and then transferred to Newark where she currently is. We are hoping for a better outcome.

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

Mansfield Community Hospital Comments

On every occasion I have had cause to visit the Community Hospital I have been very satisfied with the service, regardless of the department I attended. I would also like to comment on the cleanliness of the hospital, which is impressive, and the friendly, welcoming staff. My visit today was as an outpatient to see a Consultant Physician and I was seen promptly by a very pleasant Consultant, in the company of a cheerful nurse. I feel I received excellent treatment and my needs were acted upon. Most reviews seem to dwell on the negative aspects of hospitals and I would like to redress the balance with a very positive experience.

9. 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 2, the Trust received 28 comments from patients; relatives/carers regarding their experiences at Kings Mill Hospital, of these 15 were positive ranging from the Emergency Department, Ward 32, Endoscopy and the Surgical Admissions Unit. The negative experiences related to delays in Trauma and Orthopaedic and Dermatology services, smoking at the hospital entrance and difficulties in the Outpatient Department.

10. Care Quality Commission (CQC)

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

11. Conclusion

The Patient Experience Team continue to provide a single point of access for patient, relatives and staff regarding any aspects of their experience. This report clearly highlights the Trusts

Outpatient Department is the main focus of poor patient experience, which whilst the Patient Experience Team continue to ensure patients issues are resolved, this is not addressing the multiple systematic challenges within these services. Whilst actions have been agreed via the Outpatient Improvement Board, these initiatives have not been delivered in a timely manner.

The Team continue to work with staff to develop complaints investigation training and support Senior Staff to share Serious Investigations Reports and reinforcing the importance and understanding of the Duty of Candour.

The Trust wide Governance system, Datix requires significant work relating to the patient Experience Module in order to report accurately and effectively, including the Department of Health quarterly mandated report, KO41's submission which from April 2015 is reported quarterly to provide benchmarking information regarding complaints nationally. The current Datix system is not configured to allow this submission electronically. The requirement for this to be addressed as a priority by the Governance Support Unit has been raised by both the Patient Experience Manager and the Acting Chief Nurse.

Kim Kirk – Patient Experience Manager

Victoria Bagshaw – Acting Chief Nurse