

Patient Experience Report

Sherwood Forest Hospitals NHS Foundation Trust
Board Report

Quarter 2

1 July - 30 September 2014

1. The Service

During the reporting period the Trust has recently integrated the former complaints and PALS service to include all patient experience functions and is now called the Patient Experience Team. The team collectively manage and deal with complaints, concerns and compliments in accordance with the Trust Complaints Policy and in conjunction with the support of divisional teams and the Governance Support Unit. This integrated approach enables stakeholders to triangulate information from a range of sources and is fundamental to improving organisational learning.

A newly recruited and established Patient Experience Team are now in post, led by the Patient Experience Manager who is responsible for the leadership of the broad remit of patient experience, including the development of the complaints reporting system and formal and informal feedback mechanisms across the organisation.

The Care Quality Commission (CQC) Hospital Intelligent Monitoring system now includes indicators relating to complaints as part of its surveillance and risk profiling regime. There have been no concerns raised through this monitoring system regarding the current complaints systems and processes within the trust (last published report June 2014).

1.1 Complaints Overview

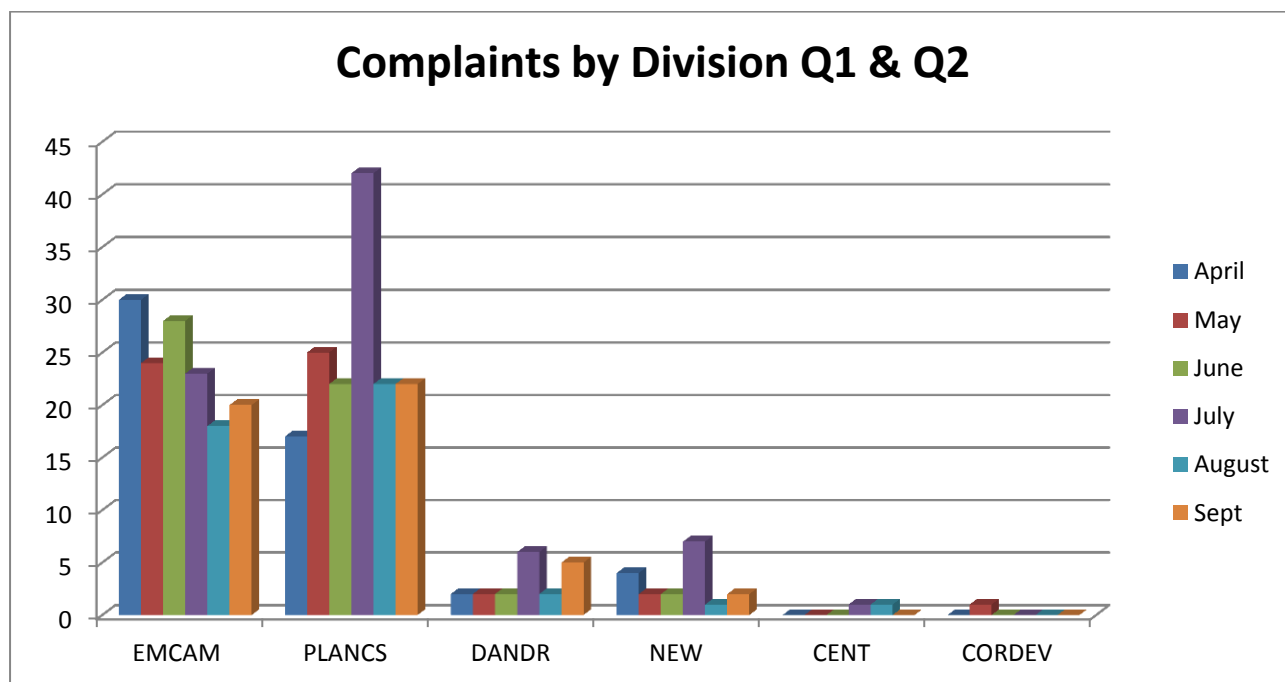
In line with Trust policy, a complaint becomes formal in accordance with the patient's wishes. This may originate from a written or verbal concern that has not been possible to resolve.

Between 1 July - 30 September 2014 (Q2), the Trust received a total of 172 formal complaints; this is an increase of 7% on Q1. Further detailed analysis regarding specific divisional performance is as follows:

- Planned Care and Surgery - 86 complaints received (50%)
- Emergency Care and Medicine - 61 complaints received (35.4%)
- Diagnostics and Rehabilitation - 13 complaints received (7.6%)
- Newark - 10 (5.8%)
- Central Services - 2 (1.2%).

The graph overleaf details the number of complaints received during quarter 1 and 2. (April – September 2014).

Fig.1



This clearly evidences that the two largest divisions within the organisation namely Planned Care & Surgery and Emergency Care & Medicine received the highest number of complaints during the reporting period. The significant increase in complaints received in July within the Planned Care & Surgery division is of concern, but analysis has indicated no particular theme or trend. However, if we had telephoned the complainant within 3 days, a large proportion of these could have been resolved earlier within the process and logged as concerns.

During Q2 the Trust achieved an 87% response rate in relation to the acknowledgement timescale. Since 15th September all complainants (wherever contactable) were contacted by the Patient Experience Team on the day of receipt and their concerns were discussed. This resulted in 7 complaints being immediately resolved.

In Quarter 2 the Trust achieved a 88% response rate to all complainants within agreed timescales against a 90% internal trust target. This includes those complainants that have agreed to a local resolution meeting or an extension due to the complexity of the complaint / response.

Table. 2

Division	Number of complaints	Acknowledged within 3 working days	Written Response within 40 working days	Local Resolution Meeting or agreed extension	Withdrawn	Breached within timescale for response
EMCAM	61	53	14	37	3	7
PLANCS	86	78	15	57	3	11
NEW	10	9	1	7	0	2
DANDR	13	13	2	10	1	0
CENT	2	2	1	1	0	0
CORDEV	0	0	0	0	0	0

2.2 Complaint Themes

Complaints data continues to be reported onto the electronic database, Datix and from November 2014, the Patient Experience Team will report using the Datix Web Module, which will enable a more comprehensive analysis of complaints data and themes.

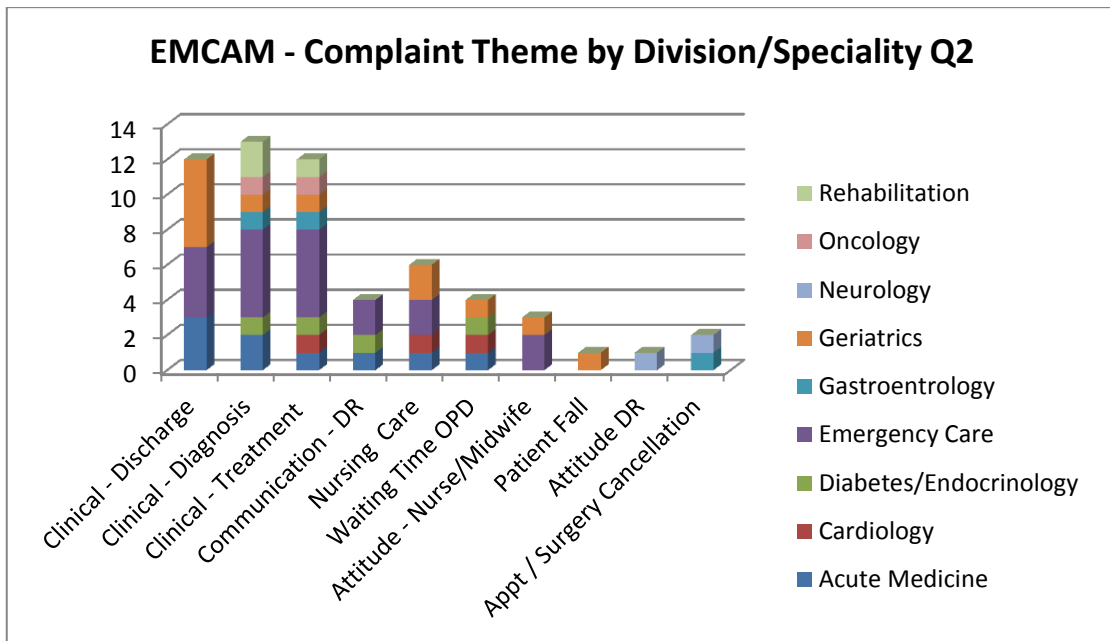
The following table evidences the top 5 themes that were recorded for Q2 and provides a comparison with that of the previous quarter.

Table.3

Quarter 1	Quarter 2
1. Staff Attitude	1. Clinical Diagnosis
2. Clinical Treatment	2. Clinical Treatment
3. Clinical Discharge	3. Communication
4. Clinical Diagnosis	4. Staff Attitude
5. Communication	5. Clinical Discharge

Analysis of the above table clearly demonstrates a consistency in the themes reported, however the ranking of the themes has fluctuated during the reporting period. The following graph shows complaints by theme and speciality per division:

Fig. 4



During Quarter 2 the Emergency Care and Medicine Division received a total of 61 complaints of which showed a broad range of themes across all specialities. Of the 61 complaints received; 22 related to Clinical Diagnosis, Clinical Treatment and Clinical Discharge.

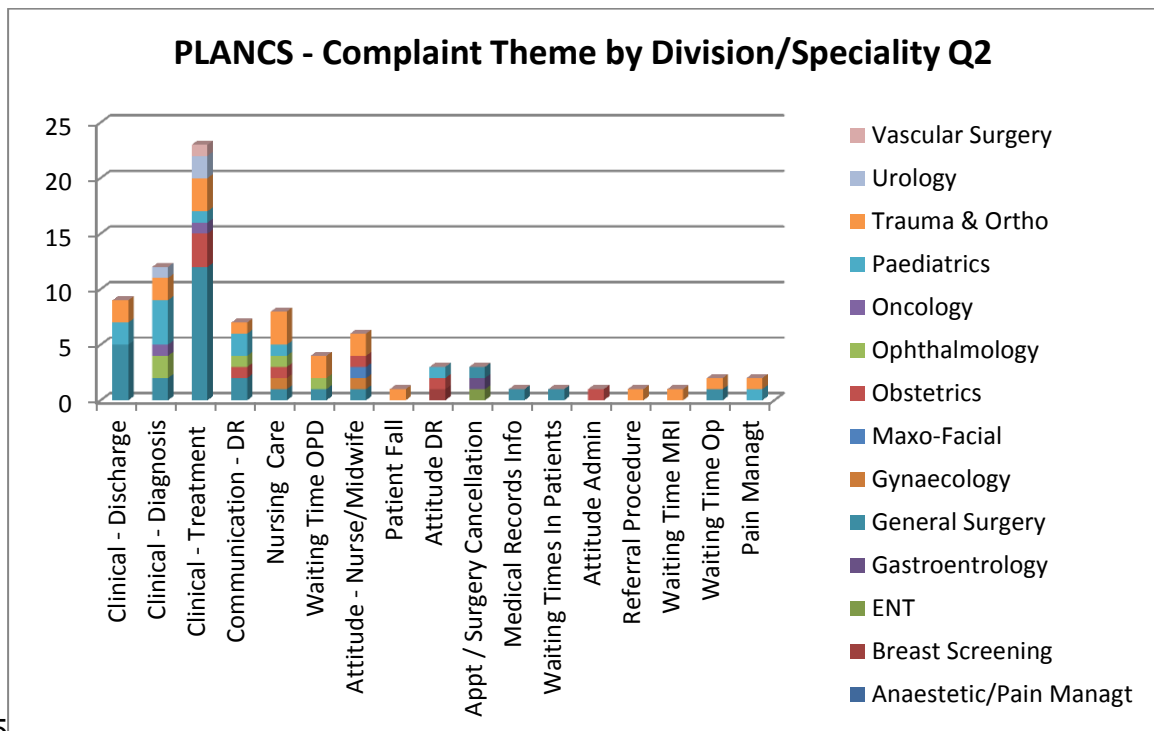


Fig. 5

An analysis of the Planned Care & Surgery Division has indicated a range of themes across all the specialities; however clinical treatment, clinical diagnosis and nursing care were notable within general surgery and trauma and orthopaedic service lines.

Fig.6

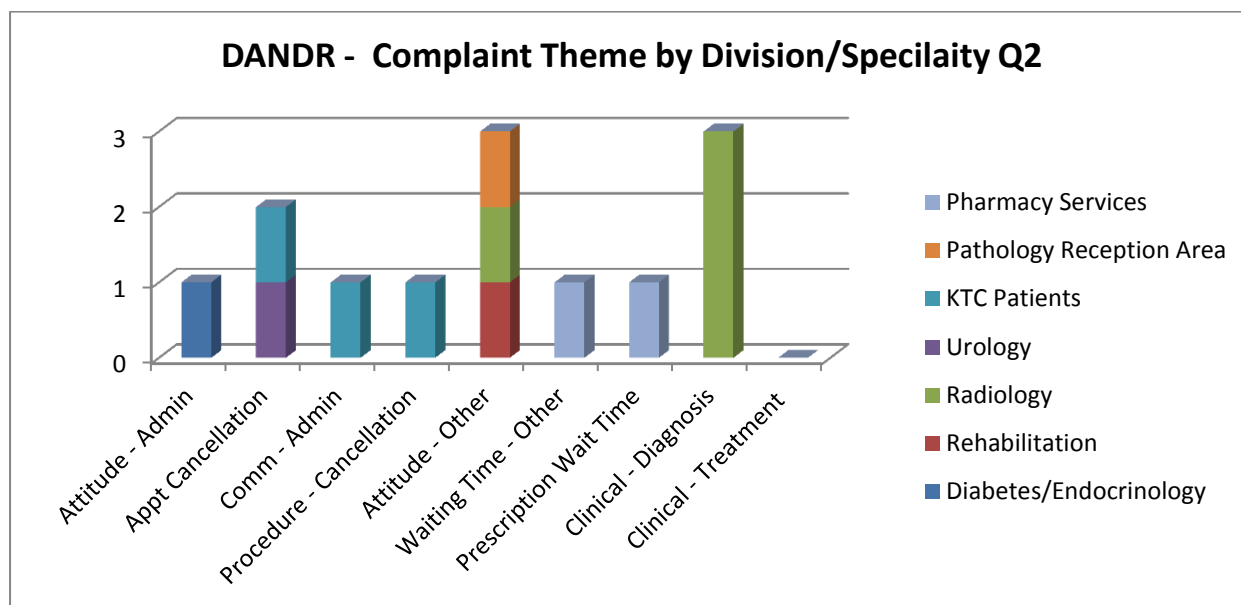
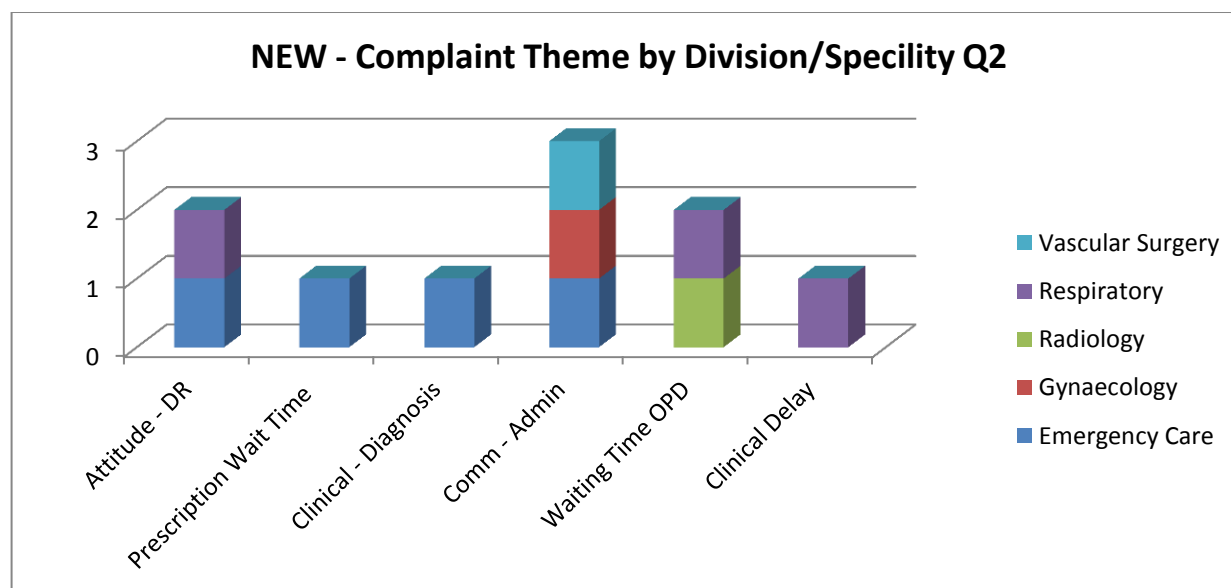


Fig.7



The above graphs illustrate the complaint themes across the Diagnostic & Rehabilitation Division and Newark Hospital. Emergent themes suggest an increase in attitude related complaints and appointment delays and cancellations.

For Quarter 2, Central Services received 2 complaints which related to the environment and Patient Services for Medical Records Information.

2.5 Responding to complaints going forward

The new Patient Experience team are working hard with divisions to improve the handling of complaints and to meet agreed timescales. The provision of high quality, well investigated and comprehensive responses is equally important to both the patients and the trust.

A new complaint investigation system including templates and internal procedures were introduced in September 2014 to support and develop a robust investigation reporting system. This aims to provide a more detailed response to all complainants in a timely manner. Complaint investigation training will be provided to nominated staff within the divisions to provide clear, concise skills and knowledge to complete thorough complaint investigations, in accordance with NHS Complaint legislation.

Increasingly, complaint investigations require more time to reach completion when the concerns raised are significantly complex and cross-divisional; for example a patient's journey may cross diagnostic services, support services, theatres and pharmacy, or lead to a Serious Incident resulting in a Root Cause Analysis (RCA). The impact of these investigations across services and departments can build delays in completing the investigations, therefore agreement for an extension for the response date is negotiated with the complainant.

Following a review into the NHS Hospitals Complaints Systems (Clwyd Hart, 2013) recommendations were published in order to improve the handling of complaints. Historically Sherwood Forest Hospitals NHS Foundation Trust has worked to the internal target of 40 working days as set out in the Trust Complaints Policy. This is not a nationally recognised performance target.

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, the Trust have now set an internal target of 25 working days, or in complex complaint investigations agreed timescales with the complainant in line with most NHS Acute trusts nationally. This ensures robust and thorough investigations can be completed and detailed findings can be shared with patients and families in a timely manner. Our complaints policy will be adapted to include these changes.

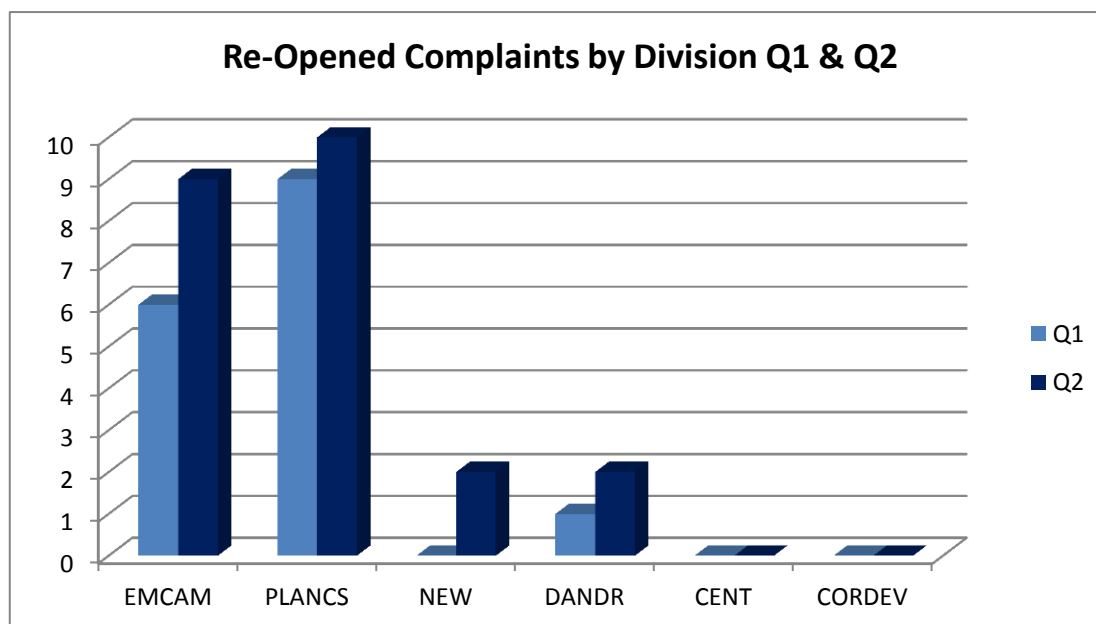
To strengthen our complaints system, the Trust has adopted the Patients Association Peer Review process that enables an objective, multidisciplinary review (including patients and patient representatives) of the complaint response letters. This review is completed bi-annually externally with the local Clinical Commissioning Group and internally annually. This enables us to constantly review the process, content, language, detail, objectivity and tone of letters that we send to complainants and to make improvements based on those which help to facilitate wider learning and scrutiny. We

have just commenced this process and welcome working with our local CCG and Healthwatch.

2.6 Re-Opened Complaints

Of the 180 complaint responses provided to complainants in Q2, (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). Of those responses provided a total of 23 complainants remained dissatisfied with their initial response requesting further information, a face to face meeting or further clarification. The following graph evidences the number of re –opened complaints by division.

Fig.8



2.7 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 biggest challenge relates to the length of time it often takes to arrange such meetings, due to coordinating of diaries of both busy clinical and managerial staff. From 15 September 2014, all meetings will include a Patient Experience Divisional Lead or the Patient Experience Manager to continue the dialogue with patients and family members, coordinate the meeting and address any queries relating to the complaint management. A CD recording of the meeting will be provided to the patient/family and a follow up letter to confirm findings and action plans.

2.8 Complaints linked to Serious Incidents

A total of 3 formal complaints have been subject to a serious incident investigation, relating to EMCAM division. The complaints related to clinical treatment, patient falls and a drug error. More information relating to these investigations are presented in the Quarterly Quality and Safety Report.

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

2.9 Lessons Learnt

It is essential that the Trust continues to learn from complaints and concerns, ensuring service improvements are embedded into everyday practice. The following table provides examples of service improvements implemented in Quarter 2 by Divisions:

Table 9

Description of Complaint	Actions	Learning
EMCAM	Delay in the referral letter being sent. Full investigation completed and a written response provided to the complainant identified the need to review current administration processes to ensure a robust and reliable audit of correspondence sent to patients	In light of this, the process has changed so in future we have confirmation from the staff responsible for sending referrals to ensure they have been sent and confirmation of receipt for future implementation.
EMCAM	Lack of communication and information shared between nurses. Investigation highlighted the need for staff to utilise the communication boards on wards to the Trusts expected standards.	Daily ward meetings are conducted around the communications board which is in the middle of the ward.
PLANC	Concerns relating to a lack of nursing staff available to provide basic needs such as a drink of water	The Trust has introduced Care and Comfort Rounds, where every patient is visited each hour (or 2 hourly at night) by their allocated nurse and any needs and care requirements are attended to This includes checking

		that the patient has everything they need to hand, and if they would like a drink. The feedback from patients has been very positive.
DANDR	Confusion over medications prescribed to patient. Investigation completed and action plan developed	Trust has re-launched the medicines procedure to remind staff of the correct procedures when checking medicines and dosages.
DIVISIONWIDE	Nurse staffing levels	Levels are now formally reported which are published on the trust website and NHS Choices. Mitigation plans are implemented where wards have breached the agreed staffing level thresholds
DIVISIONWIDE	Ward Assurance Rounds	Accountability handovers ensure there is a bedside handover from the nurse currently on duty to the oncoming nurse, highlighting any outstanding care issues

2. Parliamentary and Health Service Ombudsman Reviews (PHSO)

A total of 6 cases were referred to the Parliamentary and Health Service Ombudsman during Quarter 2, which are all still under review.

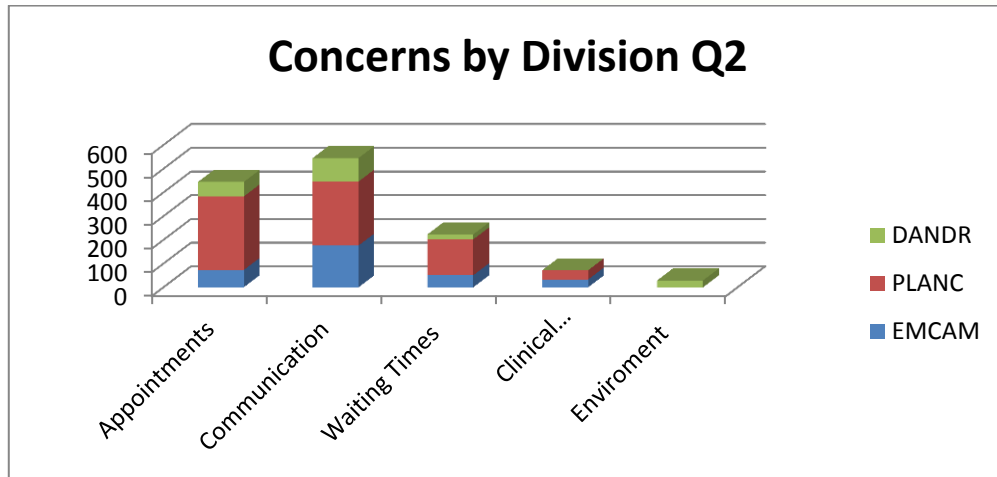
There were decisions received on 2 cases reported to the Trust during this quarter with the following outcomes, one was partly upheld and one was not upheld.

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

3. Concerns (Formerly PALS)

The Patient Experience Team received a total of 2221 contacts for the period of 1 July – 30 September 2014 (Q 2) which shows an increase of 22% on Quarter 1, with less than 2% escalating to formal complaints.

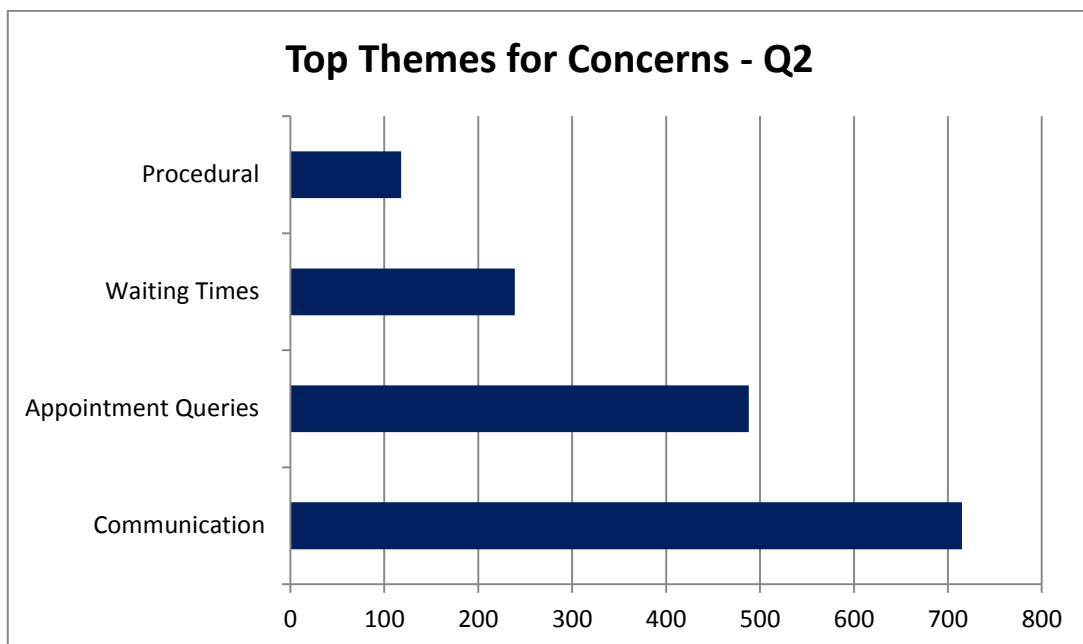
Fig. 10



*Concerns related to the three divisions only – remaining contacts relate to compliments and comments

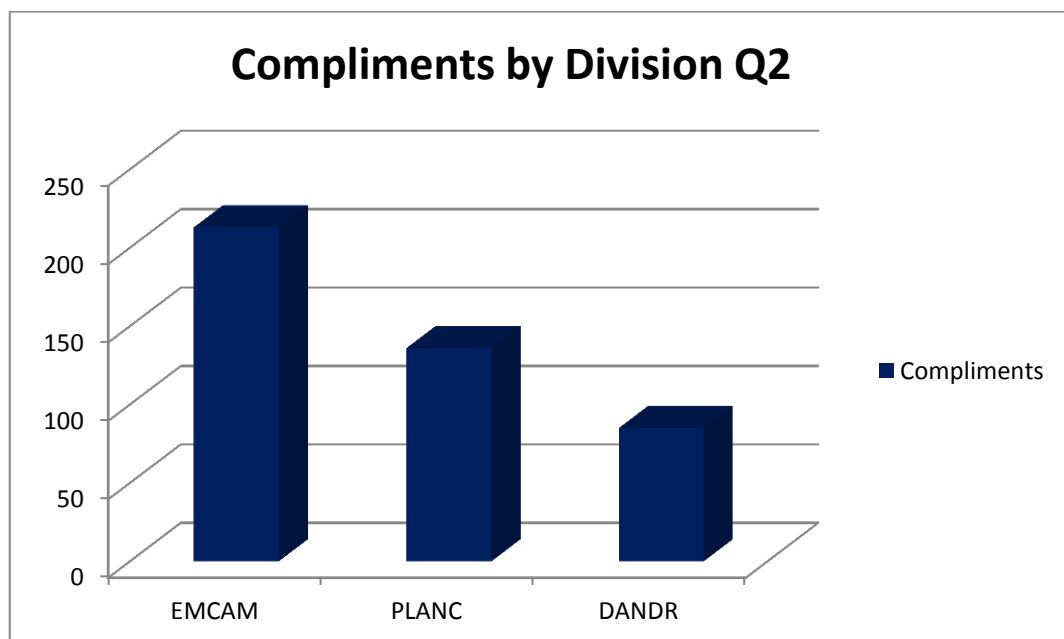
The top 5 themes of the concerns reported are shown below:

Fig.11



A total of 462 compliments were received for Quarter 2, an increase of 15% from Quarter 1, which related to the following divisions:

Fig.12



4.1 Service Improvements:

Following a concern relating to the Pre-Operative Assessment Unit a new system was introduced. All patients are seen by a particular nurse, but on quite a few occasions patients struggle to know who to contact with any queries. The original system was for the department leader to give her telephone contact details to patients on a piece of paper but felt a better system was to formalise the process by providing 'named nurse' cards offering the relevant nurses contact details. The department leader felt that by introducing this system, patients would feel more reassured by having a personal point of contact, particularly when they may be feeling vulnerable and anxious before surgery. It was felt this would ensure the team are adhering to the 'Quality for All' trust values and behaviours.

5.0 Friends and Family Test

As of 1 April 2013 the Trust has been reporting on the Friends and Family Test via the UNIFY system. Currently we are mandated to report on the performance for all adult inpatient wards, and those patients 16 years and over that are discharged from the Emergency Department. The Friends and Family Test for Maternity services from 1 October 2013, women will be asked up to four friends and family questions relating to all four stages of the maternity pathway (antenatal, labour ward/birthing unit/ Homebirth, postnatal ward and postnatal community). The requirement of the FFT is to ensure that 100% of patients are given the opportunity to answer the question at the point of, or within 48 hour of discharge and that we achieve a response rate of above 15%.

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

A total of 4589 patients/relatives/carers responded to the Friends and Family test for Quarter 2, which represents a 22% increase of the previous quarter. See Appendix 1 for detailed analysis per ward/service.

Of the 30 ward/services surveyed, the overall ratings for Quarter 2 were as follows:

Star Rating	Ward/Service
☆☆☆☆☆	6.5% of wards/services received a 5 star rating
>☆☆☆☆	87% of wards/services received a 4 star + rating
<☆☆☆☆	6.5% of wards/services received between 4-4.5 star rating

- 97% of all wards/services achieved 4.5 stars or above
- Chatsworth Unit and Lindhurst Wards received 5 star ratings

CQUIN targets for Quarter 2 were achieved and further information relating to this is available in the Quarterly Quality and Safety Report.

In order to ensure the Trust continue to increase the response rate and capture patients feedback, a publicity campaign including posters, leaflets and digital screenings will commence in Quarter 3 to promote the awareness of the Friends and Family Test.

Below are some examples of the comments received:

Very Helpful, time for patients
Good to talk too

Every nurse on the ward was fantastic

Expert care and consideration from all the professional staff – doctors, nurse – a credit to the NHS

Nurses outstanding – waiting for tablets to go home, far too long!!

6.0 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.

The Patient Experience Team, supported by hospital volunteers, undertakes monthly patient feedback surveys across our in-patient services. A sample of inpatients is surveyed each month to give us key information to drive our improvement work.

A total of 1254 surveys were completed across the three sites, Kings Mill Hospital, Newark Hospital and Mansfield Community Hospital in Quarter 2, which represents an increase of 41% (889) in the number of respondents from Quarter 1.

The feedback tells the trust:

- 92% of patients felt they got answers when they asked the doctor important questions
- 98% of patients felt happy with the cleanliness on wards
- 10% of patients were not happy with the quality of the food provided to them
- 70% of patients were advised how to raise any concerns they may have during or after their stay
- 92% felt they were treated with dignity and respect
- 90% of patient were extremely likely or likely to recommend Sherwood Forest Hospitals NHS Foundation trust to their friends and family

7.0 NHS Choices

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

In Quarter 2, a total of 43 postings were made by patients, relatives and carers, and received a reply from the relevant staff member within the Trust. NHS Choices calculate a star rating for each site, based on the feedback with 5 stars being the highest rated:

Kings Mill Hospital	Newark Hospital	Mansfield Community Hospital
		

*Mansfield Community Hospital currently received 2 postings Below is a sample of the posting:

Excellent care.....

My elderly Mother has just had a 2-week stay here and the care she received was fantastic, the staff have all been so caring, can't fault the place!

Relative - Visited in June 2014. Posted on

Very well looked after

I was in for day case surgery. I was looked after extremely well by all the staff in recovery. They made me feel very safe and understood all my requirements as I felt really ill after surgery. Giving me time to recover and helping me with the pain I was in. The young porter on day case was very polite and courteous too and very cheerful.

Catwithbaseandrum - Visited in June

Very efficient and professional A&E service

Very impressive service. I was in and out within 2 hours. All the staff were very helpful, caring and professional. Faultless. I can't thank them enough.

Anonymous - visited and posted September 2014

8.0 Actions for Quarter 3

The Trust welcomes complaints and concerns as an opportunity to learn and improve the services provided and involve patients, families and the public in shaping those services to be truly patient-centred.

In order to meet the expectations of the Trust Board, the commissioners and most importantly the patients and public we must continue to develop the newly introduced systems and ensure the mechanisms we have to investigate and learn from complaints, provide assurance and demonstrate a transparent and committed process, which supports staff to acknowledge when things have gone wrong and learn from them.

The improvements planned for the patient Experience team for Quarter 3 include:

- Develop the skills and knowledge of the new Patient Experience Team – continue regular one to one and team meetings including training specific to complaints, Information Governance, Conflict Resolution
- Continue to develop and improve the complaints and concerns system – embed the centralised and responsive combined service
- Training and Go live for Datix Web across the Patient Experience service
- Introduce the learning for all complaints – embed the action plan and action plan tracker for all upheld complaints, providing evidence for service improvements
- Identify the underlying causes for re-opened complaints
- Work with divisions to reduce the current 40 working days internal target for complaint management, working towards the 25 working day target with time agreement with patients and families to ensure a thorough and timely response. Implementing ahead a 7 working day target to ensure where possible all complaint timescales are achieved
- Re-branding of the Patient Experience Team – updated posters, leaflets to be replaced in all areas throughout the Trust, and redevelop the Trust website including one coordinated inbox for all patients and families
- Develop the Patient Experience report to provide a meaningful over view of patient feedback and service improvements
- Participate in an external Peer Review by the Patients Association of a number of closed complaints and establish an annual internal Peer Review audit of the trusts complaints
- Develop the Friends and Family Test for Out Patients and Day Case services, including establishing promotional material. Identify low response rates within current settings and create action plan to address these areas
- Publicise and support staff to promote the NHS Choices feedback website
- Establish a Patient Experience Steering Group to support the implementation of the Patient Experience and Involvement Strategy

Kim Kirk

Patient Experience Manager

Susan Bowler

Executive Director of Nursing

APPENDIX 1 Friends and Family Test Results – July 2014 Ward & Emergency Department Results

	EAU KMH	ED KMH	11	12	14	21	22	23	24	31	32	33	34	35	36	41	42	43	44	51	52	53 Stroke Unit	Sconce NH	Oak MCH	Chat MCH	Lind MCH
Star rating score (max. 5 stars)	4.5	4.4	4.8	4.9	4.7	4.6	4.8	4.9	4.9	4.9	4.7	5	4.5	4.7	4.8	4.9	4.9	4.9	4.9	4.6	4.8	4.7	4.8	5	5	4.9
Net Promoter Score	53.1	52.4	79	91.7	70	57.6	83.3	92.9	84.6	97.4	69.8	100	56.5	69.6	75	90.9	85.7	86.5	90.9	57.1	75	73.5	81.3	100	100	94.4
Response rate (%)	19	12.4	22.7	48.1	45.5	27.5	81.8	36.9	31.7	39.6	54.9	17.1	47.1	89.3	3.8	57.9	37.1	52.8	68.8	25.9	19.6	57.6	57.6	63.2	40	78.3
No. of Pt's who have responded	34	572	22	26	95	36	18	45	13	40	67	12	24	25	4	11	23	38	44	7	9	34	17	12	6	18

Maternity Services Pathway Results

	Antenatal Care on Ward*	Antenatal Care at 36 weeks	Sherwood Birthing Unit	Home Birth Care	Ward Postnatal Care	Community Postnatal Care
Star rating score (max. 5 stars)	4.5	4.7	5	5	4.8	4.7
Net Promoter Score	60	73.9	100	100	76.7	66.7
Response rate (%)	n/a	25.7	1.3	22.2	17.6	4.3
No. of Pt's who have responded	21	45	4	2	45	12

*for information: the ward antenatal care survey is in addition to the required four touch points of the maternity services pathway – the resulting scores therefore not included in the overall FFT ratings but enables us gather further valuable qualitative data from our maternity patients.

Trust Results : Five star rating – 4.6

Net Promoter Score – 68

Combined Maternity Pathway Response Rate – 10.5 %

Friends and Family Test Results –August 2014

Ward & Emergency Department Results

	EAU KMH	ED KMH	11	12	14	21	22	23	24	31	32	33	34	35	36	41	42	43	44	51	52	53 Stroke Unit	Sconce NH	Oak MCH	Chat MCH	Lind MCH
Star rating score (max. 5 stars)	4.8	4.5	4.9	4.9	4.8	4.8	4.9	4.6	4.8	4.8	4.7	4.8	4.7	4.8	4.6	4.8	4.8	4.9	4.6	4.9	4.9	4.9	4.9	4.9	4.9	4.6
Net Promoter Score	77.8	56.6	85.7	93.3	81.8	78	87	72.2	75	83	74.5	80	66.7	80	56.3	80	83.3	91.7	60	87.5	85	85.7	85.7	87.5	90	62.5
Response rate (%)	33.5	20.7	43	21.1	16.6	37.5	53.9	20.2	23.5	47	40.5	17.2	26.8	158.63	26.6	66.7	25.5	37.7	43.5	32.1	90.9	15.6	17.9	106.7	83.3	45
No. of Pt's who have responded	75	882	37	15	33	54	23	19	12	54	51	10	19	19	17	10	12	26	30	9	20	7	7	16	10	9

Maternity Services Pathway Results

	Antenatal Care on Ward*	Antenatal Care at 36 weeks	Sherwood Birthing Unit	Home Birth Care	Ward Postnatal Care	Community Postnatal Care
Star rating score (max. 5 stars)	4.6	4.6	5	5	4.9	4.8
Net Promoter Score	57.1	63.6	100	100	84.6	77.8
Response rate (%)	n/a	25	1.5	22.2	23.5	4.1
No. of Pt's who have responded	14	22	4	2	54	9

*for information: the ward antenatal care survey is in addition to the required four touch points of the maternity services pathway – the resulting score is therefore not included in the overall FFT ratings but enables us gather further valuable qualitative data from our maternity patients.

Trust Results : Five star rating – 4.7

Net Promoter Score – 67

Combined Maternity Pathway Response Rate – 12.0%

Friends and Family Test Results – September 2014

Ward & Emergency Department Results

	EAU KMH	ED KMH	11	12	14	21	22	23	24	31	32	33	34	35	36	41	42	43	44	51	52	53 Stroke Unit	Sconce NH	Oak MCH	Chat MCH	Lind MCH
Star rating score (max. 5 stars)	4.7	4.5	4.7	4.9	4.9	4.8	4.7	4.9	4.6	4.9	4.7	4.8	4.8	4.8	4.8	4.6	4.4	4.8	4.8	4.9	4.6	4.9	4.9	4.7	5	5
Net Promoter Score	74.7	60	75	89.5	87.8	77.1	72.2	90	57.1	91.3	71.7	84	84	84.2	78.6	63.6	36.4	83.3	83.3	86.7	60	85.7	87.5	72.2	100	100
Response rate (%)	33.7	21.6	30.1	33.3	30.8	26.9	63.3	26.0	25.0	19.0	48.8	56.0	41.4	115.8	24.1	55.0	25.0	32.8	52.5	55.2	9.4	15.3	22.5	94.7	42.9	33.3
No. of Pt's who have responded	92	896	34	20	53	35	19	20	14	23	62	28	29	22	14	11	11	21	31	16	5	9	9	18	6	6

Maternity Services Pathway Results

	Antenatal Care on Ward*	Antenatal Care at 36 weeks	Sherwood Birthing Unit	Home Birth Care	Ward Postnatal Care	Community Postnatal Care
Star rating score (max. 5 stars)	4.8	4.5	5	5	4.7	4.8
Net Promoter Score (max. 100)	75	47.1	100	100	72.2	80
Response rate (%)	n/a	9.5	1.2	20.0	31.9	6.3
No. of Pt's who have responded	24	17	4	1	81	15

*for information: the ward antenatal care survey is in addition to the required four touch points of the maternity services pathway – the resulting score is therefore not included in the overall FFT ratings but enables us gather further valuable qualitative data from our maternity patients.

Trust Results: Five star rating –4.65

Net Promoter Score – 68

Combined Maternity Pathway Response Rate –11

