

Board of Directors Meeting

Report

Subject: Patient Experience Quarterly Report
Date: Thursday 24th April 2014
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Lead Director: Susan Bowler – Executive Director of Nursing & Quality

Executive Summary

Key highlights from the Patient Experience Report are as follows:

- The Customer Services PALS team received 1781 contacts during Q4, 274 of these were 'Compliments' and 552 were 'Concerns'.
- The Trust is about to embark on a CQC inspection week beginning 21 April 2014.
- The number of complaints received in Q4 was 144. This is lower than the same period last year
- The poorest performing month for response rates was January where the Divisional Matrons and clinical staff who needed to respond, were engaged in operational pressures. Within the new process the complaints responses will not be as reliant on the Divisional Matrons for a response. Performance improved to 72% for March 2014
- During Q4, the Parliamentary Health Service Ombudsman (PHSO) partly upheld 1 complaint and did not uphold 2 further complaints.
- Four new complaints were referred to the PHSO during Q4.
- A complaints satisfaction survey has been carried out and the results are that 82% of complainants were happy with the way their complaint was handled.
- 885 in-patients participated in the Trust's 'Monthly In-Patient Experience Survey, 864 out-patients participated in the trust's 'Monthly Out-Patient Experience Survey' and 3455 patients chose to respond to the national 'Friends and Family Test' during Q4. These surveys are undertaken across the King's Mill, Newark and Mansfield Community Hospitals sites and provide an 'on the spot' reflection of patients views.
- The Trust has a lower response rate to the family and friends test (in comparison to high performing Trusts) and is looking at options to improve this
- We are now able to demonstrate Trust wide change as a result of listening to patients; extended visiting implemented across SFH following feedback
- We have developed a working relationship with Healthwatch and have invited them to be a member of our Patient Experience Board
- We have seen an increase in the number of respondents giving us 5***** on NHS Choices

Recommendation

The Board is asked to note the progress we have made over the past 12 months in reporting and responding to patient feedback, through different mechanisms. We still have further work to; link the

intelligence and feedback together, which will enable us to report a more rounded picture going forward.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	BAF 1.3, 2.1, 2.2 2.3, 5.3, 5.5
Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)	Failure to deliver the Keogh action Plan and be removed from 'special measures' Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety, particularly in relation to Outcome 17 Complaints
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	Indirect financial implications – patients not being referred to SFH or not choosing SFH as a consequence of poor patient experience. NHSLA and Ombudsman implications – gratuity payments
Legal Implications/Impact	Reputational implications of delivering sub-standard safety and care
Partnership working & Public Engagement Implications/Impact	This paper will be shared with the CCG Performance and Quality Group, governors, Patient Engagement work and the Patient Quality and Experience Governors Board
Committees/groups where this item has been presented before	Executive Team TMB
Monitoring and Review	To be decided
Is a QIA required/been completed? If yes provide brief details	No

Patient Experience Report
January, February & March 2014

Sherwood Forest NHS Foundation Trust
Trust Board Report
Quarter 4

Introduction

The Patient Experience Report aims to present a rounded picture of patient experience and provide information on all aspects of experience, both good and less positive. Where poor experience is reported and identified, actions are taken to ensure improvements are made and the outcomes will be documented in future reports.

The reports present a wide range of information from different sources. Including the following:

- Compliments
- Friends and Family Test
- SFH Patient Surveys
- Medirest surveys
- Complaints
- Patient Advice & Liaison Service (PALS)
- Voluntary Services

It is recognised that each method of feedback provides a rich source of data and information and should not be taken in isolation. Each method has its strengths and weaknesses, therefore, where possible data and information is triangulated to determine if there are patterns emerging and pointing the Trust to particular challenges and concerns which will require addressing. Using all methods of information available enables the Trust to better understand the patient's experience of the services offered and delivered, and is beneficial to assist in prioritising the focus of change and service improvement.

Headlines:

- The Customer Services PALS team received 1781 contacts during Q4, 274 of these were 'Compliments' and 552 were 'Concerns'.
- The Trust is about to embark on a CQC inspection week beginning 21 April 2014.
- The number of complaints received in Q4 was 144.
- The poorest performing month for response rates was January where the Divisional Matrons and clinical staff who needed to respond, were engaged in operational pressures. Within the new process the complaints responses will not be as reliant on the Divisional Matrons for a response. Performance improved to 72% for March 2014
- During Q4, the Parliamentary Health Service Ombudsman (PHSO) partly upheld 1 complaint and did not uphold 2 further complaints.
- Four new complaints were referred to the PHSO during Q4.
- A complaints satisfaction survey has been carried out and the results are that 82% of complainants were happy with the way their complaint was handled.
- 885 in-patients participated in the Trust's 'Monthly In-Patient Experience Survey', 864 out-patients participated in the trust's 'Monthly Out-Patient Experience Survey' and 3455 patients chose to respond to the national 'Friends and Family Test' during Q4. These surveys are undertaken across the King's Mill, Newark and Mansfield Community Hospitals sites and provide an 'on the spot' reflection of patients views.
- The Trust has a lower response rate to the family and friends test (in comparison to high performing Trusts) and is looking at options to improve this

Executive Summary:

Key highlights from the Patient Experience Report are as follows:

- The Customer Services PALS team received 1781 contacts during Q4, there were 274 'Compliments' and 552 'concerns'. The top two 'concern' themes received were 'communication' (36%) and 'appointment queries' (24%).
- The Trust received 144 new complaints between January and March, which is a 20% decrease on the previous quarter. The 144 complaints received in this quarter reflect a 69% decrease (210) on the number of complaints received in the same period last year.
- During Q4, 3455 eligible patients chose to respond to the Friends and Family Test. The combined Accident and Emergency and In-Patient response rate achieved was 18.4%. 11.6% of eligible maternity pathway patients chose to respond to the Friends and Family Test for Maternity Services.
- The Trust carries out an 'In Patient Experience Survey' each month. This survey captures feedback from all adult in-patient wards across three hospital sites. During Q4 885 patients took part in this survey. Results show that:
 - 85% of patients understand the information provided to them by their clinician and 83% are happy with how they are involved with decisions about their care.
 - 99% of patients are very happy with the cleanliness of the wards with 81% being satisfied with the meals provided to them
 - 66% advised that their buzzer was responded to in five minutes or less.
 - 92% are likely or extremely likely to recommend our hospitals to their friends and family.

The results also indicate areas where we can make improvements. For example 25% of the in-patients surveyed advised that they had not been made aware of how they could raise issues and concerns. This same theme was highlighted in the Q3 report however this has decreased from 32% during Q3 but shows there is still work to do in this area. These face to face surveys 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 Medirest survey results detailed are the latest figures available.

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1.0 Compliments

Whilst complaints are one of the most valuable sources of feedback and learning for the Trust, it is also recognised that compliments provide rich data and information. Where patients and service users have had a good experience, it is helpful to share this learning with other staff groups and Trust clinical and non-clinical departments. Compliments are received through a variety of sources, including those documented in the local press. Whilst most thank you letters and cards are sent directly to wards and departments, the Trust's Customer Services team (PALS) and the Executive Officers regularly receive letters of praise. Compliments are documented on the monthly ward communication boards.

During Quarter 4, 289 compliments were directed to our Customer Services team, an increase of 22.5% from Q3.

Table 1

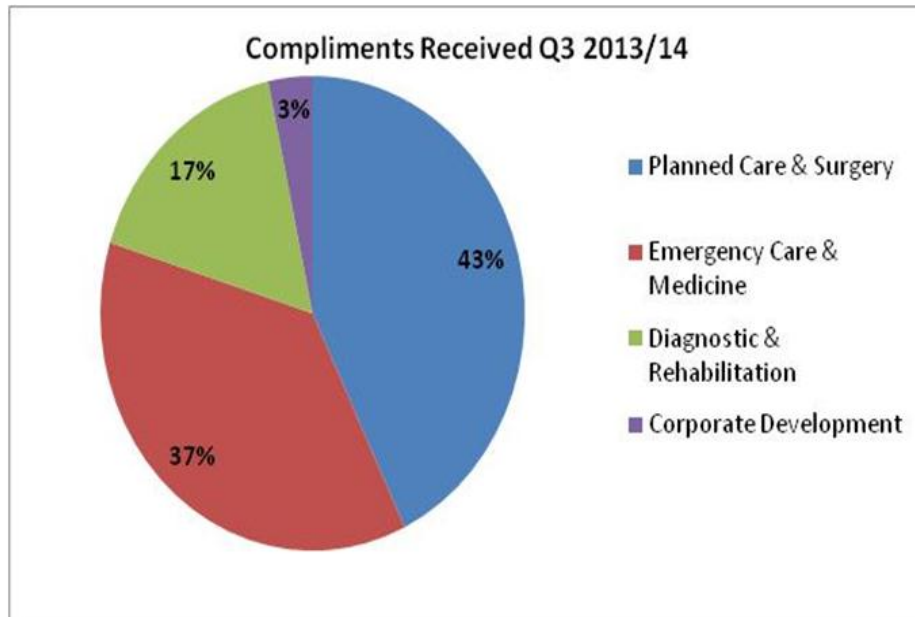
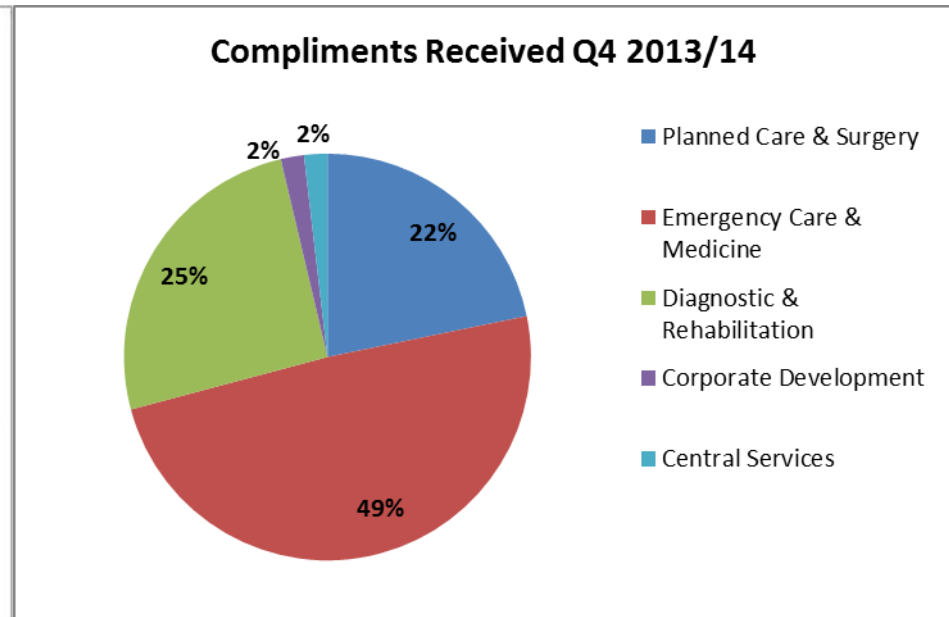


Table 2



1.2 Patient Compliments

A patient's daughter wished to thank all staff concerned with her fathers' care during the last days of his terminal cancer. 'He was looked after and his dignity was respected.'

Newark Hospital, Sconce Ward patient

'The staff are dedicated and attentive at all times. Nothing is too much trouble no matter if its big or small. Very professional in their work. I was made to feel welcome - I was there all day.'

King's Mill Hospital, patient admitted to the Clinical Decisions Unit

'The receptionist in clinic 1 was very friendly. The Rheumatology Nurse extremely friendly & very knowledgeable The junior doctor and the consultant were both brilliant too.'

King's Treatment Centre, Rheumatology patient

'Thank you all most sincerely for the wonderful care and attention you gave to me - you are all an example of what is good in the NHS, your smiles everyday as you enter each bay certainly lifted spirits.'

Mansfield Community Hospital, Oakham Ward patient

2.0 Friends and Family Test

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

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

2.1 Data Summary – October 2013 to March 2014 (Q4)

Table 3

	Number of Respondents	Eligible Response Rate Acute In Patients	Eligible Response Rate A&E	Combined Response Rate for Acute In Patients and A&E	Maternity Services Response Rate	Net Promoter Score (+100 to -100)
October 2013	1327	33.1%	19.1%	23.3%	26.3%	64
November 2013	1400	24.6%	20.3%	21.6%	20.4%	62
December 2013	1568	22.6%	21.4%	21.8%	11.9%	62
Q3	4295	26.8%	20.2%	22.2%	19.5%	n/a
January 2014	1251	24.8%	18%	20%	10.9%	63
February 2014	1063	27.1%	14.9%	18.1%	11.2%	63
March 2014	1141	26.4%	13.6%	17.1%	12.8%	63
Q4	3455	26.1%	15.5%	18.4%	11.6%	n/a

The Trust has a Commissioner Quality Initiative to meet at least a 15% response rate of eligible adult discharged inpatients, ED attendance patients and maternity patients (see section 2.6 below) to respond to the Friends and Family Test. Results are available on NHS Choices website and are published on the monthly ward communication boards.

2.3 Individual Ward Results – January to March 2014 (Q4)

Table 4

King's Mill		EAU	A&E	11	12	14	21	22	23	24	31	32	33	34	35	36	41	42	43	44	51	52	53	54
Jan	*R	4.8	4.5	4.3	4.9	4.8	4.7	4.5	5	5	4.8	4.7	4.9	4.7	4.4	4.8	4.8	4.9	4.7	4.9	5	4.4	4.5	4.5
	NPS	81.8	55.9	50	90	80	67.9	-50	100	100	31.8	71	88.9	71.4	42.1	75	83.3	90.9	72.7	87.5	100	40	66.7	50
	RR (%)	29	18	6.4	28.2	20.7	26.5	6.9	14.2	12.1	14.9	30.4	36.4	14.6	100	20.5	21.4	39	13.6	32.5	35.7	23.8	10.7	42.1
Feb	*R	4.7	4.5	4.7	4.7	4.7	4.8	4	5	4.5	4.9	4.7	4.9	4.5	4.6	5	5	4.9	4.8	4.9	4.7	4.5	5	5
	NPS	71.9	49.4	74.1	70	66.7	75	20	100	53.3	85	66.7	93.3	57.9	58.8	100	100	86.4	81.3	90.5	71.4	53.9	100	100
	RR (%)	24.4	14.6	35.4	25.6	16.4	28.7	30	10.9	31.9	20.2	27.5	23.5	45.2	92	7.1	5.9	54.8	21.6	30.6	43.8	48.3	14.6	50
Mar	*R	4.6	4.5	4.5	4.9	4.6	4.8	4.6	4.9	4.9	4.8	4.5	4.8	4.6	4.9	4.5	4.6	4.8	4.9	5.0	4.6	4.7	4.9	4.8
	NPS	60.9	52.4	60	88.9	66.7	82.1	54.6	90.9	85.7	79.2	57.7	80	63.6	88.9	50	57.1	77.3	84.6	100	62.5	66.7	91.7	75
	RR (%)	14.4	13.6	38.1	19.1	11.4	33.9	46.2	32.7	33.3	26.4	37.7	23.8	20.8	50	19.4	38.9	47.9	19.7	23.3	25	34.6	26.1	22.2

Ward 35 is obtaining excellent response rates. The ward receptionist takes responsibility for distributing the response cards each day. Ward 22 have focused on improving their response rate as well as driving their safety agenda, particularly in relation to falls management.

Newark & MCH:		Minster	Sconce	Chatsworth	Lindhurst	Oakham
Jan	*R	4.9	5	4.5	4.6	4.5
	NPS	92.9	100	50	54.6	60
	RR (%)	24.6	16.7	62.5	52.4	75
Feb	*R	5	4.8	4.3	4.7	4.5
	NPS	100	83.3	37.5	66.7	50
	RR (%)	11.3	29.2	88.9	50	45.5
Mar	*R	5.0	4.6	5	4.5	4.9
	NPS	95	62.5	100	50	87.5
	RR (%)	31.8	30.8	25	19	60

Key:

*R = Star rating (max. 5 stars)

NPS = Net Promoter Score

RR = Response Rate (this shows the percentage of patients who responded to the survey in relation to the number who met the eligibility criteria).

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

- Ward 22 – February 2014: 'Staff very caring, could not do enough to make my stay comfortable.'
- 'On arrival to ED there was no indication given of the likely waiting times or what would happen next.'
- Accident & Emergency – January 2014: 'Doctor very helpful, Only 45 minute wait after seeing nurse. Doors open, people coming into room when seeing nurse.'
- Minster Ward – March 2014: 'Nothing was too much trouble and always had a smile and chat, the staff were always helpful.'
- 'There was no hand cleanser in reception or waiting area'
- Oakham Ward – March 2014 – 'I would say the care is the best and all the staff are outstanding.'

We have met the friends and family CQUIN targets for 2013/14 but have further work to do to increase response rates & scores

2.5 Improvement Actions

All wards and departments continue to display their monthly Family and Friends results as part of the new ward communication boards which provide an opportunity for wards to state to patients and their carers, actions they are taking in response to feedback. The information shown gives the ward leader an opportunity to discuss this openly with staff, patients and their loved ones to identify improvements.

Actions implemented based upon patient feedback and ward discussions to improve the patient experience include:

- After successful trials of extended visiting hours on our geriatric wards, we have now introduced new visiting times across the Trust from 11.30am to 7pm. This will enable us to respond to patients and relative feedback and improve the experience we offer our patients and visitors. We also hope it may help to reduce parking congestion and enable us to give even more support to our patients at mealtimes.
- **'Quality for All'**, to be delivered by the Chief Executive or a member of the Executive Team, as part of staffs annual update. This will ensure staff are appropriately trained and aware of the Trusts expectations and an awareness of the whistle blowing policy.

2.6 Friends and Family Test - Maternity Services

Table 5 – Maternity Pathway Results Q4 2013/14

Month	Number of patients surveyed		Antenatal Care on the Ward (see above for further information)	Antenatal Care at 36 weeks (touch point 1)	Birth (Sherwood Birthing Unit) (touch point 2)	Home Birth (Community) (touch point 2)	Postnatal care on the Ward (touch point 3)	Postnatal care in the Community (touch point 4)
Jan	110	*R	4.9	4.4	4.9	5	4.4	4.7
		NPS	84.6	41.4	88.9	100	51.5	71.4
		RR (%)	n/a	24.9	3	7.7	14.3	7.6
Feb		*R	4.7	4.4	5	5	4.8	4.8

	102	NPS	66.7	40	100	100	80.3	77.8
		RR (%)	n/a	9.9	1.6	12.5	32.7	77.8
March	125	*R	4.5	4.6	4.6	0	4.7	4.3
		NPS	46.7	57.6	60	0	73.3	66.7
		RR (%)	n/a	33.8	0	2	25.1	2.6

*R= Star rating (max. 5 stars) NPS = Net Promoter Score RR= Response Rate

2.7 Friends and Family Test 2014/15

- To improve our current response rate and increase to requirement in Q4, further volunteers are being recruited to support patients to complete the survey. Alternative easily accessible methods of collection are being explored further. Ward and department teams are reminded of the value of collecting and supporting the Friends and Family agenda. The Director of Nursing has requested that our ward receptionists help with the ownership of the friends and family test upon discharge.
- Friends and Family continues to be a national CQUIN for 2014/15 and offers us considerable opportunities to expand this further. The acute In-Patient Response Rate requirement is to achieve a baseline response rate in Q1 of at least 25% and by Q4 a response rate that is both higher than the response rate in Q1 and is 30% or over.
- The requirement for Accident and Emergency Response Rate is to achieve a baseline response rate in Q1 of at least 15% and by Q4 a response rate that is both higher than the response rate in Q1 and is 20% or over.
- All trusts are awaiting the detailed national guidance from NHS England for the roll-out of the Friends and Family Test to the out-patient and Day Case setting to be implemented by 1st October 2014.

- To enable us to drive this agenda forward we are currently seeking an electronic solution (e.g ' I Want Great Care') to support the data collection and reporting elements. This will also assist us in benchmarking our performance against our peers, whilst also improving our response rate which we feel is too low to give us valuable feedback.
- We are proposing that the friends and family test is one of our top 3 Quality priorities during 2014/15. We are currently exploring the option of employing a temporary project manager (with the support of CQUIN funding) to drive this priority as current methods and resources are not giving us the outputs required to enable us to objectively make improvement's

3.0 Patient Experience Surveys

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

3.1 SFHT Inpatient Survey

The Customer Services teams, supported by hospital volunteers, undertake 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.

The graphs below illustrate how the 885 in-patients surveyed in Q4 responded:

Table 6

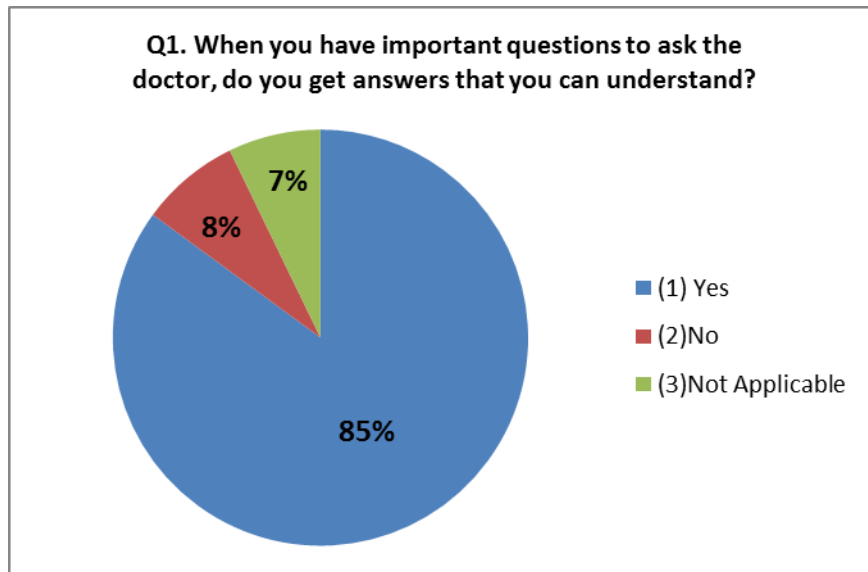
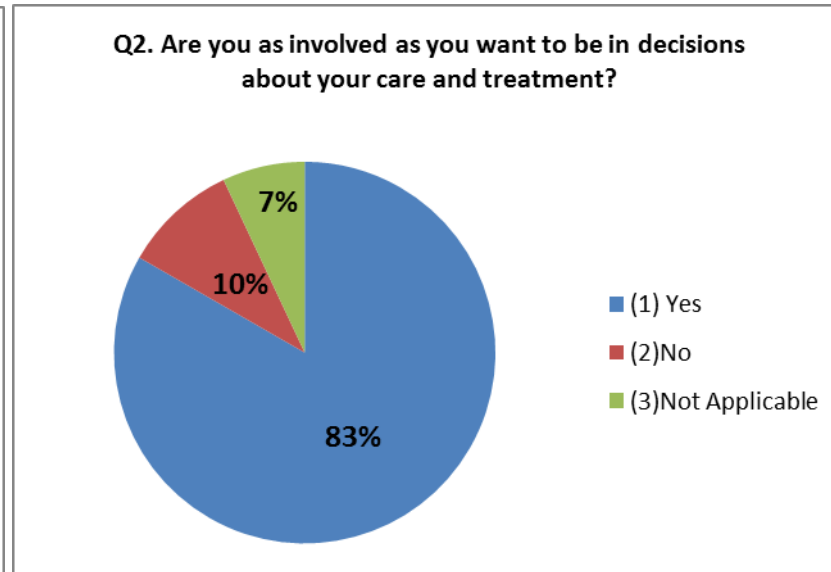


Table 7



Q. 1: Compared to Q3 there has been a 3% increase in the number of patients who were happy with the information provided to them by the clinical team.

Patient comments: 'Doctors not clear, cause confusion', '4 different doctors 4 different opinions', 'discharge procedure too long-drawn out. Waiting for prescription from pharmacy. Why not electronic prescription straight to GP? Procedure is the only weakness in the system', 'I feel that I had a lot of doctors attending me and their opinions varied'.

Q. 2: The number of patients who responded that they were involved in decisions about their care remains the same as Q3 at 83%.

Patient comments: 'treated as a nonentity when regular team not in attendance', 'I ask the nurses after the doctors have gone'.

Table 8

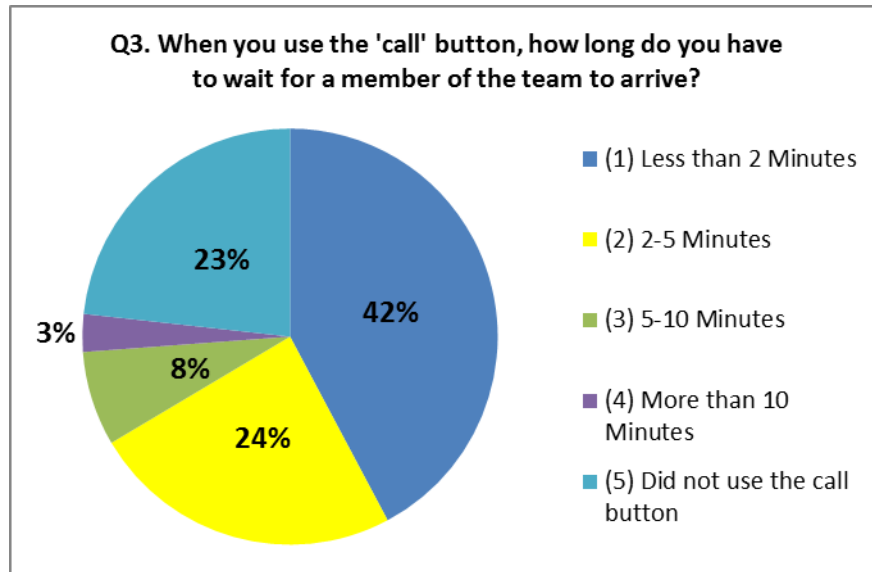
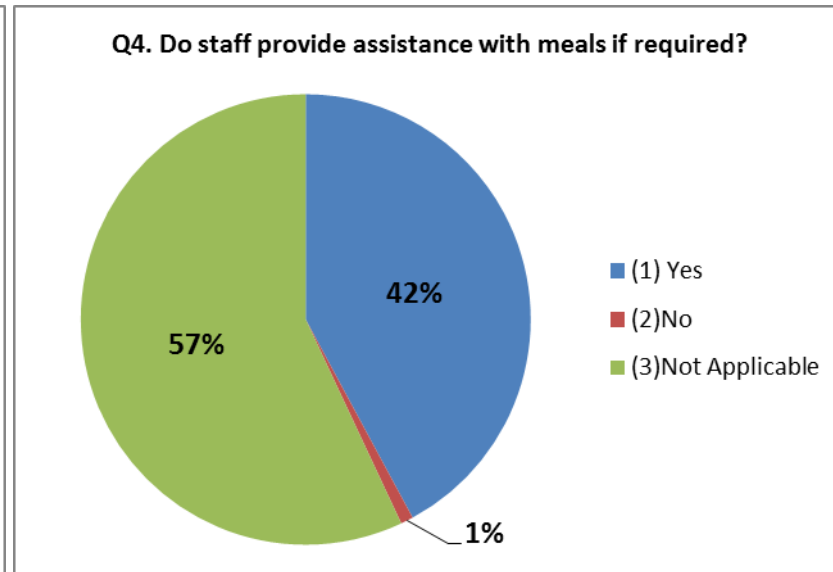


Table 9



Q.3: There was a 3% increase in the number of patients whose call buttons were responded to in five minutes or less when compared to Q3.

Patient comments: 'no need to buzz - staff always on hand', 'length of time depends how busy staff are'.

Q.4: The trust have implemented 'Making Mealtimes Matter' during Q2-Q4 2013/14. The increase from 38% in Q3 to 42% in Q4 in the number of patients who advised that staff assisted during mealtimes when required demonstrates that this initiative is having a positive effect for our patients.

There were no specific comments made with regards to this question.

Table 10

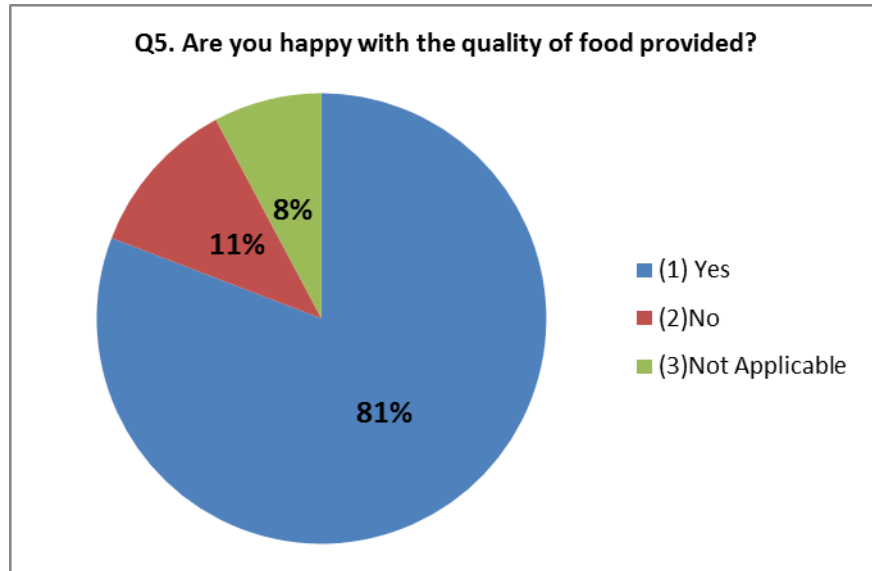
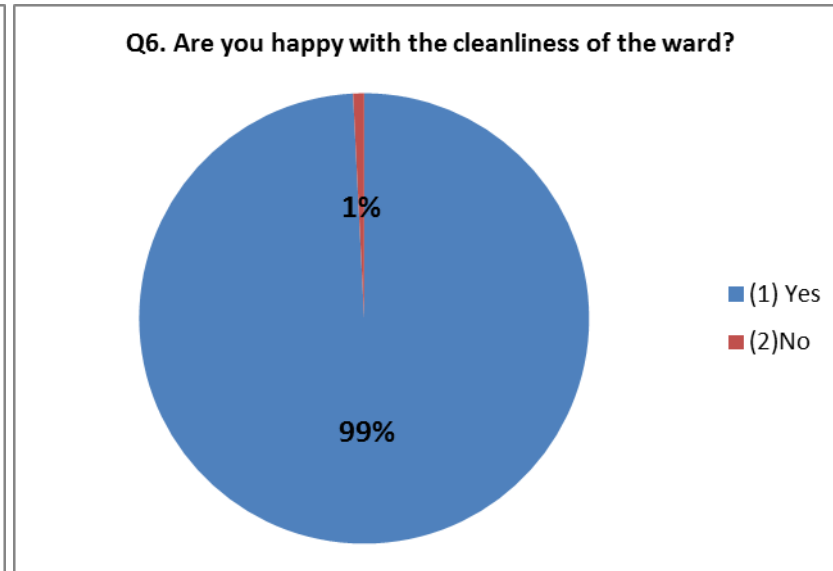


Table 11



Q.5 and Q.6: Patients are happy with the quality of the food on offer and with the cleanliness of the ward area. Response rates have remained constant for both of these questions in Q3 and Q4.

Patient comments: 'I would prefer food without dressings added', 'food not to my taste but was served hot & otherwise fine, would like some fresh fruit. No complaint about cleanliness', 'cleanliness of the ward is always up to standard', 'the cleaners are exceptional, they move everything to get into the corners.', 'very happy with food provided.'

Table 12

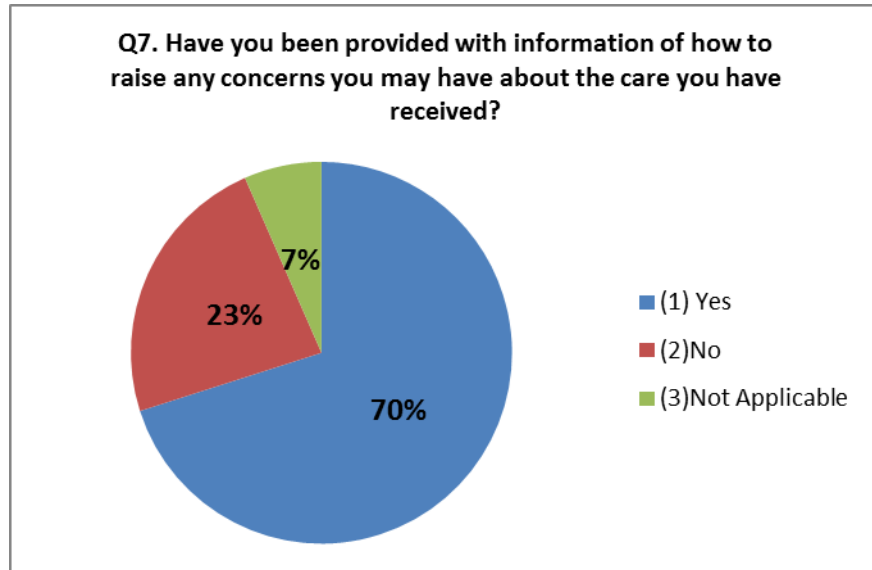
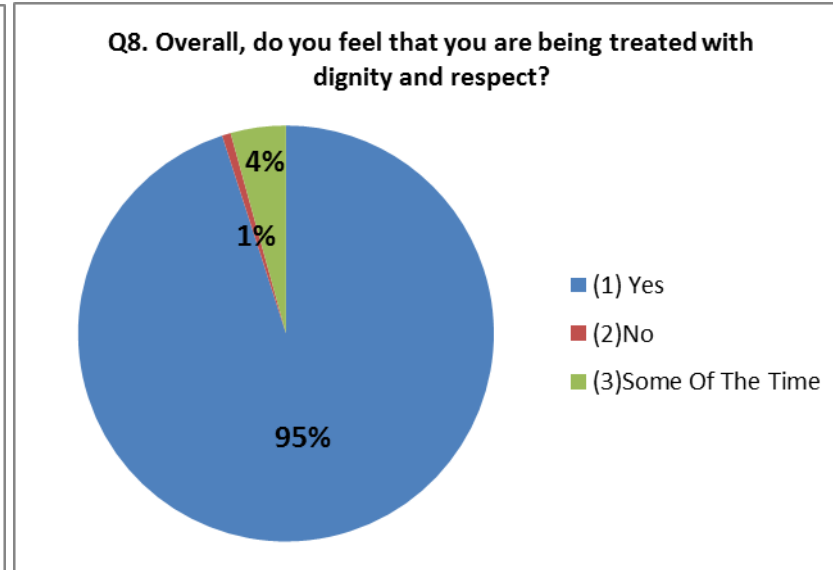


Table 13



Q.7: The number of patients who are aware of how to raise any concerns they may have, has risen from 60% in Q3, to 70% in Q4.

Patient comments: 3 patients on one ward commented that they were 'not provided with information on how to raise concerns' – the volunteer informed the patient that they can speak to the ward team or contact the PALS service if required.

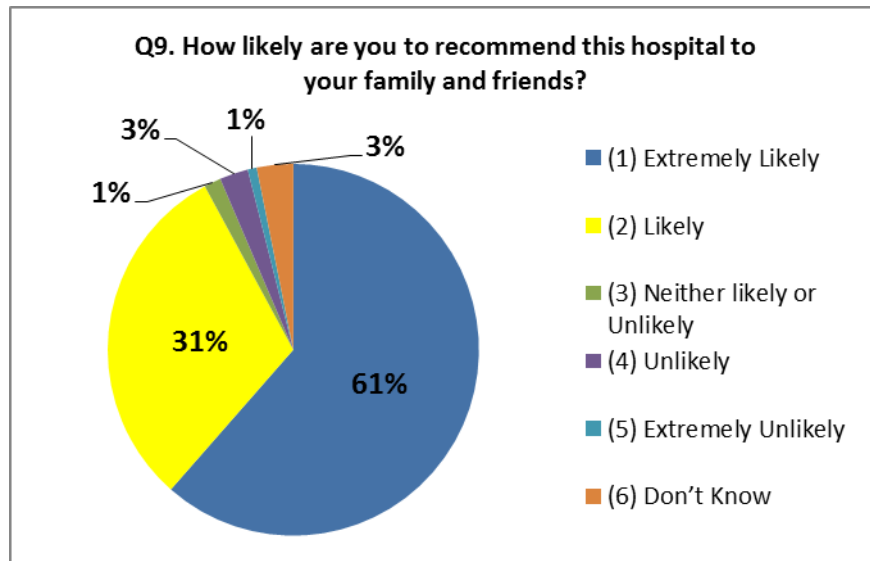
The Complaints poster has been updated and placed in all side room and bays, providing valuable advice for patients who wish to raise any problems they may be experiencing on our wards.

During Q1 2014/5 we will be changing the bedside folder information; the new information is currently with the printers.

Q.8: 95% of the patients responded positively to this question during Q4, a very slight decrease from Q3 (96%).

Patient comments: 'Staff are lovely and helpful', 'Get washed too often, daily is too much. Younger staff are nicer than older ones'.

Table 14



Q.9: The number of patients responding that ‘they would be likely or extremely likely to recommend our hospital to family or friends’ rose from 89% in Q3 to 91% in Q4. Based on the scoring methodology for the current national Friends and Family Test, the Net Promoter Score for this ‘In Patient Survey, is: +59. Scores above +50 are deemed as ‘excellent’ by the Department of Health.

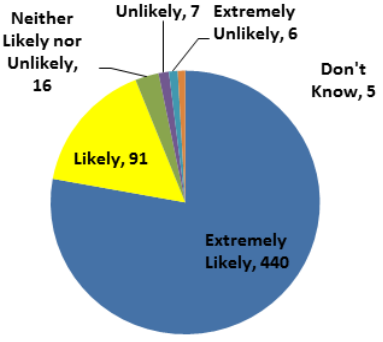
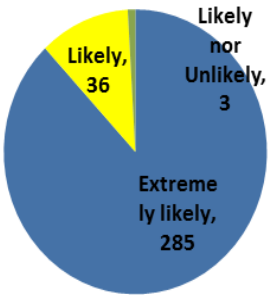
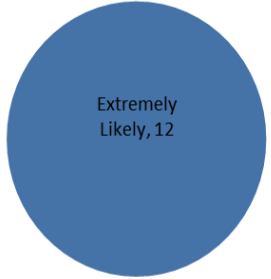
Patient comments: ‘Care from A&E admission and on the ward has been 5 star’, a patient’s visitor advised that they were ‘extremely impressed with the nursing staff’.

3.2 SFHT Outpatient Surveys – Q4

The Customer Services team supported by our hospital volunteers surveyed 864 out-patients across the King’s Mill, Newark and Mansfield Community Hospital sites. Divisional teams receive outpatient survey data in specialty and clinic format. This information is gathered face to face by our volunteers

Table 15 – Results Q4

	King's Mill Hospital	Newark Hospital	Mansfield Community Hospital
	No. Respondents – 565 (Positive responses shown as a percentage)	No. Respondents – 287 (Positive responses shown as a percentage)	No. Respondents – 12 (Positive responses shown as a percentage)
Were our staff courteous and helpful?	100	100	100
Do you feel treated as an individual?	99	100	100
Were you given enough privacy during your appointment?	99	100	100
Do you feel you were given enough information?	99	99	100
Did you find the area clean?	100	100	100

<p>Would you recommend this hospital to family and friends?</p>	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Extremely Likely</td> <td>440</td> </tr> <tr> <td>Likely</td> <td>91</td> </tr> <tr> <td>Neither Likely nor Unlikely</td> <td>16</td> </tr> <tr> <td>Unlikely</td> <td>7</td> </tr> <tr> <td>Extremely Unlikely</td> <td>6</td> </tr> <tr> <td>Don't Know</td> <td>5</td> </tr> </tbody> </table>	Response	Count	Extremely Likely	440	Likely	91	Neither Likely nor Unlikely	16	Unlikely	7	Extremely Unlikely	6	Don't Know	5	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Extremely likely</td> <td>285</td> </tr> <tr> <td>Likely</td> <td>36</td> </tr> </tbody> </table>	Response	Count	Extremely likely	285	Likely	36	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Extremely Likely</td> <td>12</td> </tr> </tbody> </table>	Response	Count	Extremely Likely	12
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Extremely Likely	12																										
<p>Based on the current Friends and Family Test the Net Promoter Score for our Out Patient Services is:</p>	<p>73</p>	<p>87</p>	<p>100</p>																								

Results show that the vast majority of patients are very happy with the care they receive from service teams in out-patient setting. Patients were also very happy with the cleanliness of the area and recognised how helpful our staff are.

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

- Orthopaedic patient, KMH: 'The quality at this hospital is fantastic, the service I have had is unbelievable.'
- ENT patient, KMH: The patient advised that they had had a variety of experiences and inconsistent care ranging from poor to very good and said 'you can be the best when you try.'
- Radiology patient, Newark Hospital: 'Thank you so much for seeing me at short notice. I could not have wished for more friendly and caring staff.'
- Stroke/Parkinson's Clinic patient, Newark Hospital: 'First class treatment. Staff superb - from the doctor to the receptionist. Thank you.'

3.2.2 Improvements in Outpatients

A number of actions have been implemented in outpatient's clinics, as a result of patient and public feedback. These include:

- Staff meetings held with both nurses and care assistants to emphasise the need to keep patients apprised of waiting times in our clinics and to be aware of their needs
- Work to embed the need to make patients feel welcome to the clinic by introducing ourselves, especially "Hello my name is.....", and ensuring we can be seen when calling patients into the consulting rooms. This includes actions to improve our management of sub wait areas
- Introduction of new communication boards and identifying how these can help in our processes by recording the name of clinic co-ordinator, waiting times, DNA rates..
- Promoting the 'Quality for All' pledges and the Chief Nursing Officers' 6 Cs' and Trust priorities
- Reminding staff about case note and patient information security; especially patient lists
- Reviewing signage including hand gel signage
- Providing seating on upstairs corridor to support patients who have poor mobility
- Sourcing posters and other resources to support interpreting service across the Trust for patients who do not speak English as a first language

3.3 Medirest Patient Meal Experience Report

Medirest, as part of the contractual obligations undertake quarterly catering patient satisfaction surveys, using the Compass Group Survey Tool. The questions within the tool are generated at Compass but are based on the NHS Estates Catering Survey and are used across all of their sites. The surveys are currently not reported by ward however discussions have been held with Medirest so that in the future the survey results will be provided to the Trust, marked with locations to aid with local action planning

Medirest share the findings of the reports with their service teams, through staff discussion and team meetings. Medirest have an ethos of a *good to great service* and that relates to the service provided to patients of Sherwood Forest Hospitals.

3.3.1 Results from the October-December 2013 Survey

Surveys were undertaken across a variety of wards and age ranges, to cover the demographic of patients who attend the Trust. For King's Mill Hospital 120 surveys were completed and returned during the period.

The first question asked is in regard to rating the quality of the meal service provided in the hospital, provided responses that 99% of patients surveyed rated the quality of the meal service as fair and above. This has indicated that patient's experiences of the meal times are positive

- 99% patients asked the likelihood of about speaking positively about the meal service to family and friends scored the survey as likely.
- 98% patients stated that if a meal was missed they were offered something else to eat.
- 99% of patients asked responded yes always/yes most of the time to the question *were you offered sufficient drinks throughout the day*.
- Preparation of patients prior to meal service solicited a lower score compared to the previous survey score, as only 40% of patients responded that they were *always made comfortable* before a meal. The score within the previous survey was 56% of patients.
- Patients offered a chance to freshen up before a meal resulted in 37% of patients responding *yes always* the previous survey resulted in 44% of patients. Disappointingly 17% of patients answered no to this question, with the previous survey results being 11%.

The two questions above have highlighted a reduction in the experience of the patients prior to meal times.

- The overall view of patients surveyed is showing that the vast majority of patients believed that the meals provided within the hospital during their stay were good or above.
- To the question how would you rate the hospital food, 99% of patients answered from fair to very good
- 100% patients stated they were offered a choice of food
- Out of the 62 patients, who were applicable to the question *did you get enough help from staff to eat your meals* 69% responded *yes always*. 13.5% responded *no*.

3.3.2 Conclusion

The survey results demonstrate that overall patient's experiences of meals in hospital are positive. This is showing as a constant over the last year.

The downward trend of the patient experience prior to the meal services however, in regard to the facility to be made comfortable and freshen up needs to be reviewed to prevent further reduced scores in the future. This has been noted and is being discussed at the joint Medirest, nursing, hotel services meeting that is held monthly. Specific actions will be agreed to address this feedback.

3.4 Medirest Patient Cleaning Experience Report

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

The surveys are currently not reported by ward however discussions have been held with Medirest so that in the future the survey results will be provided to the Trust marked with locations to aid with local action planning

Medirest share the findings of the reports with their service teams, through staff discussion and team meetings. Medirest have an ethos of a *good to great service*, and that relates to the service provided to patients of Sherwood Forest Hospitals.

3.4.1 Results from the October-December 2013 Survey

Surveys were undertaken across a variety of wards and age ranges to cover the demographic of patients who attend the Trust. The following results are of surveys completed and returned; King's Mill Hospital 126, Newark 30 and Mansfield Community 30 responses

The three sites each had a cleanliness survey undertaken, two of the three sites showed improvement against previous survey scores which were King's Mill Hospital and Newark. Mansfield Community Hospital scored 100% in this survey and the previous one:

- ❖ King's Mill Hospital has a quality score of 98% against a previous score of 94%
- ❖ Mansfield Community Hospital has a quality score of 100% which is equal to the previous score
- ❖ Newark Hospital has a quality score of 100% against a previous score of 96%

The scores within the surveys against each question sets have also shown improvement in a positive upward trend apart from the question *when choosing your hospital, how important was the cleanliness rating?*

On all three sites, the number of patients who answered between *somewhat* and *extremely* has lowered considerably against the previous survey, it was noted however that the number of patients who did not choose the hospital or check the hospital ratings has increased against the previous survey.

3.4.2 Conclusion

The survey results are demonstrating that the overall patient's experiences of cleanliness within the Trust's three hospitals are positive and that the standards of cleanliness are meeting the expectations of our patients.

4.0 Complaints

4.1 Parliamentary Health Service Ombudsman (PHSO) – National Context

The PHSO has reported that eight times more complaints have been accepted for investigation compared to last year. The criteria for investigating complaints changed last year after feedback from people whose complaints had not been investigated.

Since April 2013, the PHSO has accepted 2,688 cases for investigation compared to 352 the year before.

The PHSO believes that they are now giving an impartial judgment to many more people. Each case begins with consideration of a complaint about a potentially avoidable death with the assumption that they will investigate. Every complaint needs to meet some basic tests before it will be investigated.

Ombudsman Julie Mellor said: *'This is great progress and it is down to the hard work of all the staff at the Office of the Parliamentary and Health Service Ombudsman.'*

'We are not complacent about the huge amount of work we still have to do. We are ambitious and we want to do more. We want everyone who has a complaint about public services to know about our service and we want to make it easier for people to contact us.'

'We hope more people will come to us in future and we expect to create capacity to investigate and resolve 4,000 cases per year by the end of 2014/15 and more in the longer term.'

The PHSO aims to provide a service to help everyone who contacts them. Of the 20,366 enquiries received between April to December last year, 5,099 were assessed further. There are many reasons why an enquiry does not convert into an investigation. In more than half of these enquiries the complainant approached the PHSO too early, for example they needed to complain to the service provider directly before the PHSO could consider the case.

More than 2,000 enquiries were not within remit to investigate and a further 1,397 enquiries were withdrawn by the complainant.

4.2 Complaints at SFH

The complaints team has seen some unexpected challenges over the last quarter whereby two members of staff have left the Trust through Workforce Change. The department is now fully staffed again using interim staff.

The Trust remains up to date with complaints management and reports that there is no backlog although there is still a constant flow of complaints received. The Trust is expecting a further visit from Care Quality Commission (CQC) in April 2014 and it is expected that assurance around complaints will be obtained.

Workforce Change is now well underway within the Complaints Department and Customer Services Department in that the Trust is currently in consultation with staff and 'one to one' meetings with staff have been undertaken. It is anticipated adverts and the interview process for the new roles will commence at the end of April/beginning of May. This process merges the complaints and PAL's functions into a patient experience model, in which this agenda can be driven by the divisions

We aim at all times to provide local resolution to complaints and take all complaints seriously. We listen carefully, we are open, honest and transparent in our responses and welcome the opportunity to do all that we can to put things right. Our complaints system gives the opportunity for complainants to meet with managers/clinicians to discuss their concerns and we ensure that staff are made aware if concerns are raised about them and encourage them to look at ways they can change their practice or behaviour's where appropriate.

We are a learning organisation and we recognise the importance of lessons that can be learned from complaints and use this invaluable feedback to reflect on our patient care and take immediate actions to improve services as a result of the complaints we receive. We take the lessons learned from complaints to change and improve the services we provide.

Many complaints are resolved locally by front line staff who are able to resolve the client's concerns/issues to their satisfaction in a timely manner. The Trust actively encourages front line staff to deal with concerns as they arise so that they can be remedied promptly, taking into account the individual circumstances at the time. This timely intervention can prevent an escalation of the complaint.

4.3 Complaints Received

Number of complaints received in Q3 = 182

Number of complaints received in Q4 = 144

During Quarter 4 the Trust received 144 complaints which on average is 48 complaints per month. Emergency Care & Medicine Division (EMCAM) and Planned Care & Surgery Division (PLANCS) continue to receive the greatest number of complaints. The Divisions are responsible for ensuring relevant investigations are undertaken, responses prepared and that lessons learned are translated into demonstrable practice.

The flow of complaints within each department remains virtually the same, although the number of complaints received in PLANCS and EMCAM remain high, they are considerably lower in numbers compared to the same period last year, whilst Diagnostic and Rehabilitation (D&R) experienced a further reduction for the same period (Corporate Development has also seen a drop in complaints received and there have not been any complaints made during Quarter 4 regarding Central Services).

4.4 Complaints received by month, year and Division for Q4 2012/13 and Q4 13/14

Table 16

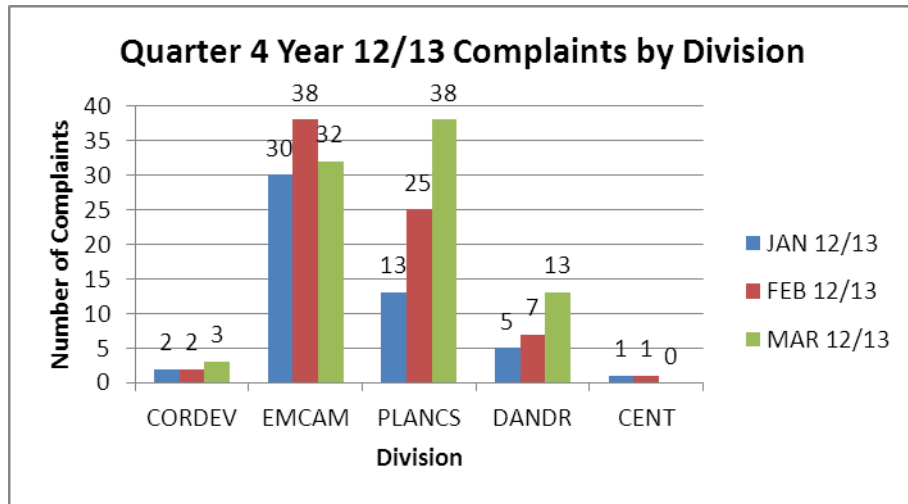
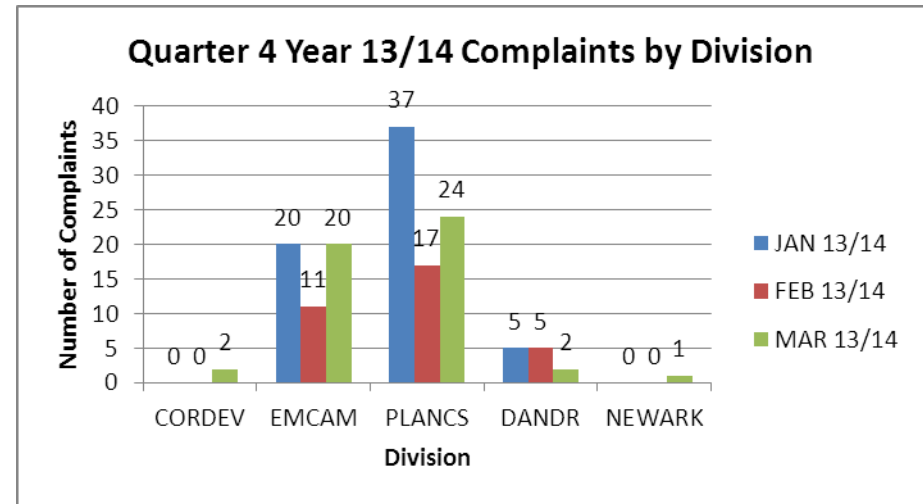


Table 17



4.5 Complaints received by specialty and type for Q4 2013/2014

Table 18

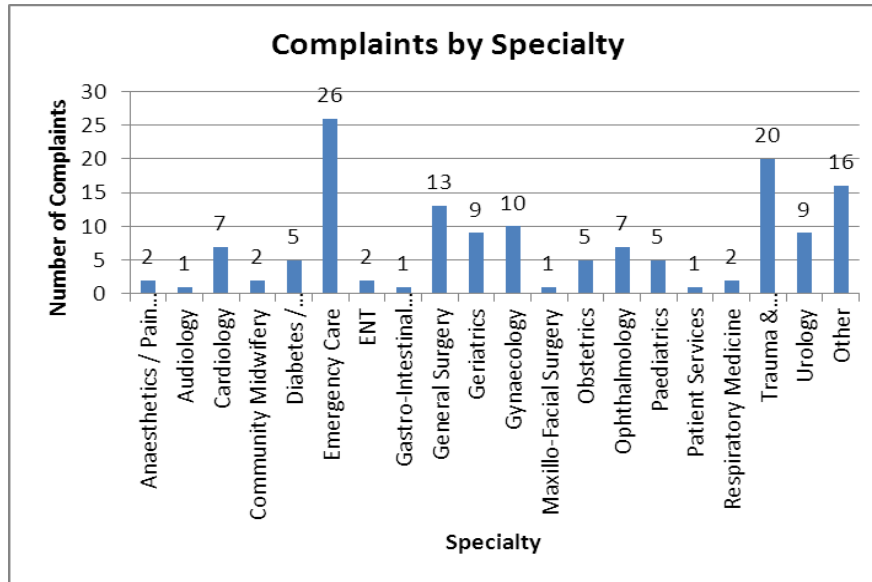
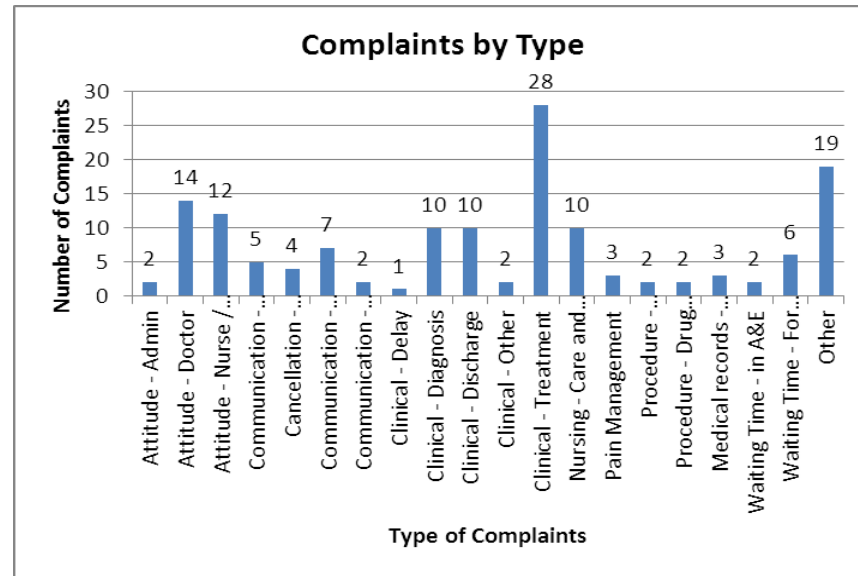


Table 19



The upgrade of the Datix system will provide greater opportunity for analysis

4.6 Complaint Response Times

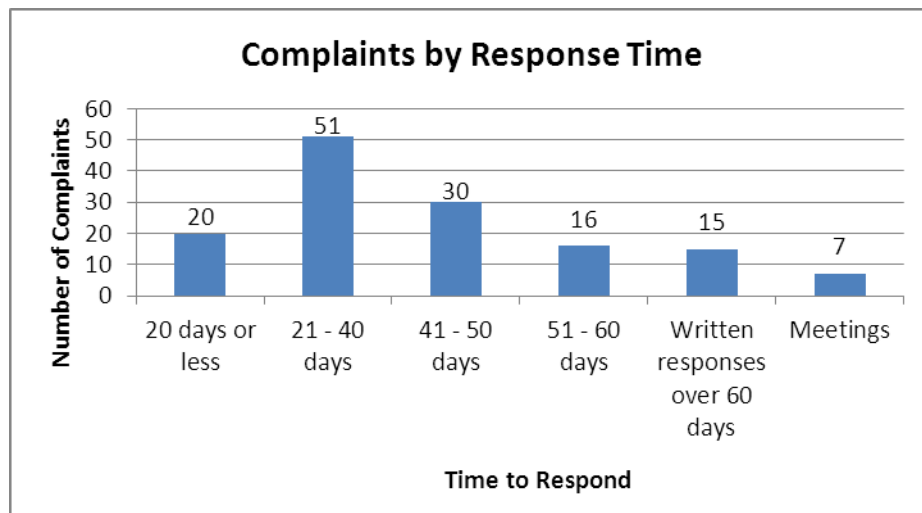
The Trust has maintained the internal standard response time of 40 working days, which can be extended following discussion with the complainant and the respective Division(s); to ensure the complainant receives an open, concise and proportionate response to their concern. The progress of every complaint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

Of the 144 complaints received in Q4, 98 are open. Overall including complaints received in previous months (including reopened) there are 144 complaints being investigated.

Providing high quality and timely responses to increasingly complex, multi-Divisional and often multi-Trust complaints remains a challenging agenda. The Trust's overall performance rate has improved, although there has been some fluctuation in performance within the Divisions as captured in Table 20. The time period for responses can be re-negotiated with the complainant and is only undertaken when absolutely necessary.

During Q4 the response times for responding to complaints were January 27%, February 60% and March 72%. Of those that breached the timeframe complainants were sent letters or telephoned to advise them of the reason for the delay which is more often about the complexity of the complaint. The delay for January was predominantly due to operational pressures, particularly the 4-hour access target in which many clinicians were consistently working within our clinical environments. The new process will be less reliant upon our clinicians. It needs to be noted that 30 further responses were completed within 41 – 50 days (19 of these within 41 -45 days and 11 between 46-50 days). It also needs to be noted that a complaint is recoded on Datix within the first three days of receipt; however if consent or further information is required this delays the whole process which has a knock on effect on the timeframes given.

Table 20



The current legislation states that all complaints should be acknowledged within 3 working days and this target was met throughout Q4 at 99%; the 1% not met was due to an influx of complaints over a four day period.

4.7 Reopened complaints

Since the beginning of this financial year (1.4.13 – 31.3.14) 699 complaints have been received. The Trust has reopened 82 of these complaints (12%) for further investigation and response. In comparison to the same period for the previous year there were 785 complaints received with 93 complaints reopened (12%).

There have been 26 reopened complaints during Q4 which relates to complaints received throughout the year.

Local Resolution Meetings between patients and/or their representatives and staff in response to their complaints provide a beneficial method of sensitively addressing concerns.

The option of a Local Resolution meeting (LRM) with appropriate staff members is offered by the Trust from the outset of the investigation, where appropriate. The respective Divisions work hard to provide a timely meeting date, however scheduling can be affected by the availability of staff. The Trust is considering options as to how best set meeting dates with the minimum disruption to front line services that meets the needs of the complainant. Increasingly meetings are recorded onto CD and a copy provided to the complainant, this has been very well received. During Q4 there has been 25 LRM's with 10 being held for reopened complaints.

Planned Care & Surgery have visited 7 complainants in their homes over the last 6 months to resolve their complaints and this has proved to be beneficial.

Table 21

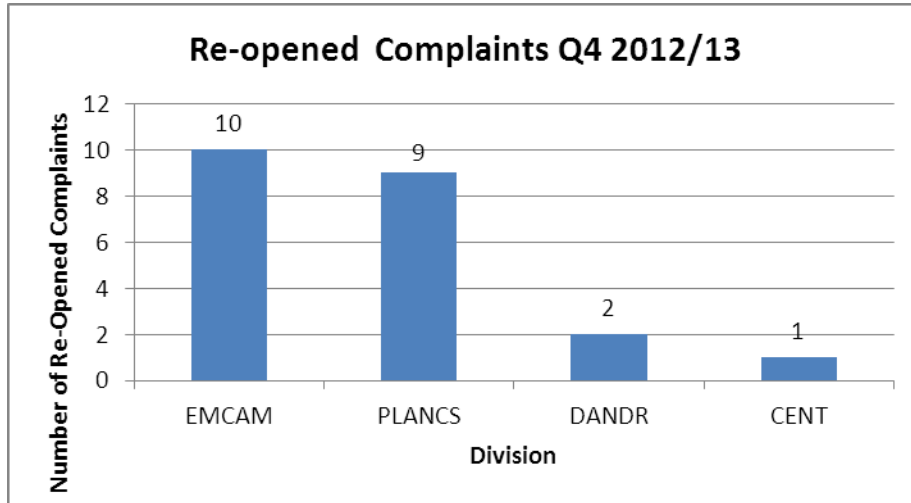
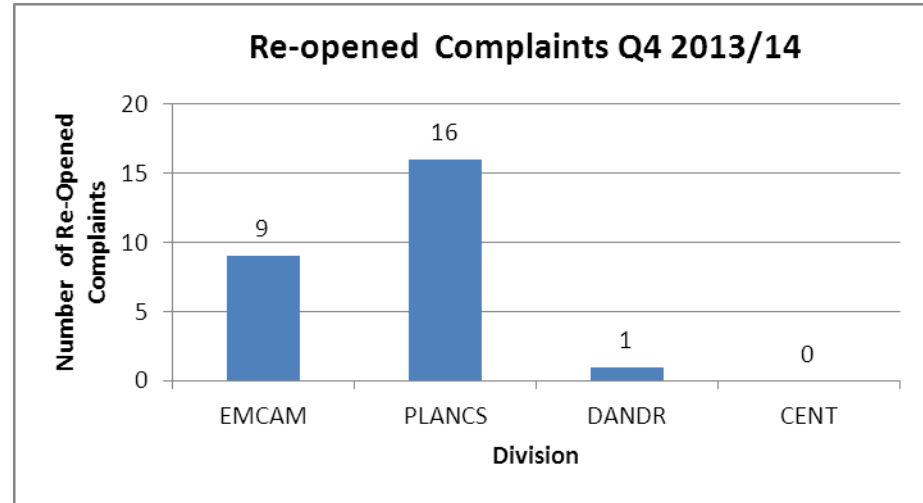


Table 22



4.8 Themes

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

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

Table 23

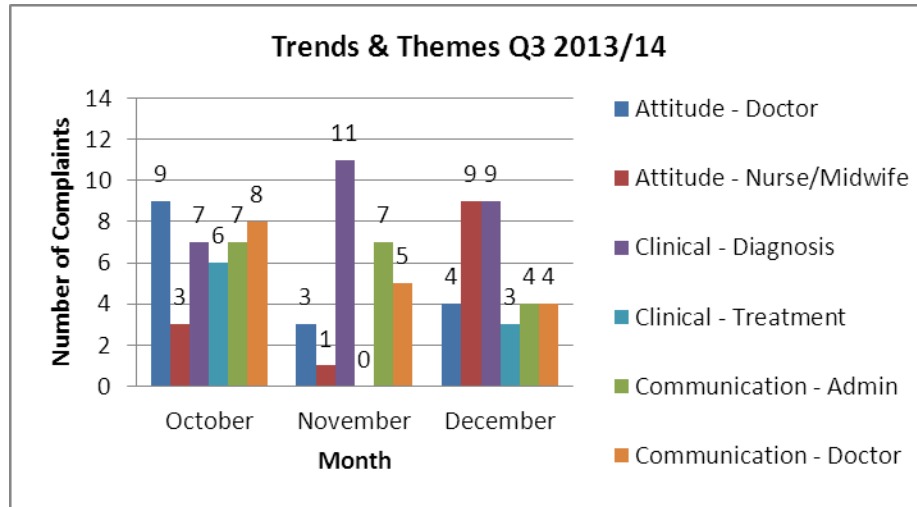
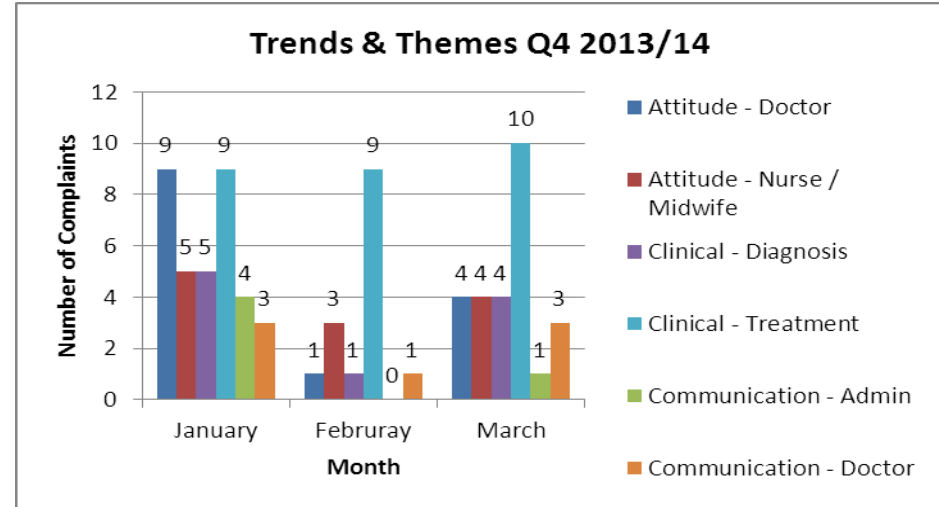


Table 24



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

Planned Care & Surgery

- 5 complaints about Clinical Treatment in Gynaecology – these relate to 2 complaints about complications in surgery, 1 about clinical care after a miscarriage, 1 operation cancelled at the last minute and no other options given at the time and complications with wound care after surgery
- 3 complaints regarding doctors attitude in Paediatrics - (1 for Paediatrics and 2 for Paediatric surgery). All three of these complaints relate to the way in which the parents felt about the doctor’s attitude when speaking to them about their child.
- 4 complaints about the attitude of doctors in Trauma and Orthopaedics (3 in Clinic 1 and 1 on ward 11) – 2 of these complaints were about the general attitude of the consultants whereby the patients felt that they were hostile, 1 complaint was about the way in which the doctor spoke to the patient about her smoking and a further complaint was about the attitude of the consultant

whereby the patient was made to feel that he didn't want to see her again and that decisions were being made without the patient being asked.

- 8 complaints concerning Clinical Treatment in Trauma and Orthopaedics (3 in Clinic 1, 2 on ward 11, 1 in theater, 1 in day Case and 1 on W12) - 1 complaint related to fractures to the left femur , 1 complaint regarding a knee operation whereby all of the cartilage that should have been removed wasn't, 1 complaint whereby patient had an injection into his thumb and his wrist became swollen, 1 complaint about a routine operation for a knee replacement whereby the patient developed an infection in her leg, 1 patient admitted to ward with incorrect information, 1 patient unhappy with the aftercare received following operation of the hip and 1 patient was numbed improperly when undergoing an injection under x-ray.

Emergency Care & Medicine

- 5 complaints about attitude - . 3 in the Emergency Assessment Unit (1 doctor, 2 nurses) and 2 in A&E (both nurses). 1 complaint about the police being called to a patient who had overdosed, 2 complaints about patients who requested medications, 1 complaint about nurses ignoring a patient, 1 complaint about not giving telephone advice.
- 3 complaints concerning diagnosis in A&E – 2 complaints regarding potential missed fractures and 1 complaint relating to a potential undiagnosed appendicitis.
- 4 complaints about communication in A&E – (1 about admin, 2 about doctors and 1 about transport) – 1 complaint about the length of time it took to get through to A&E on the telephone, 1 complaint regarding the incorrect information about medication, 1 complaint regarding insensitivity around a pancreatic cancer diagnosis and 1 complaint regarding transport that didn't turn up to collect the patient until several hours after she had been discharged.
- 3 complaints regarding Clinical Discharge in Geriatrics – (Ward 35, Ward 52 and Ward 41) – 1 complaint relating to the quickness in which a patient was discharged without being thorough, 1 complaint regarding care and attention through discharge process and 1 complaint relating to a patient being discharged too early from hospital.

Diagnostics & Rehabilitation

- 2 complaints regarding nurse attitude - MIU & UCC at Newark – 1 complaint regarding attitude of the nurse and inappropriate reporting to Safeguarding and 1 complaint regarding the attitude of the staff within the minor injuries unit.

Complaints about attitude are still clearly an issue however these have reduced over the Quarter. Clinical treatment continues to remain the highest trend for complaints in Quarter 4. During Quarter 1, 2014/15 the Trust has launched 'Quality for All' with its new values. Managers workshops are planned for May to support managers in addressing those staff members who do not enact the values of the Trust.

4.9 Patient Satisfaction Survey

To enable the Trust to generate further learning into how complaints are managed and responded too, satisfaction surveys of complainants have been sent out for complaints responded to in Quarter 3.

Although the stream of receiving the surveys back is slow what has been received has proved to be very positive. The survey will enable us to collect and act on complainant feedback on an ongoing basis in order to continually improve the way in which complaints are managed. To enable the Trust to generate further learning into how complaints are managed and responded too, satisfaction surveys of complainants have been sent out for complaints responded to in Quarter 3.

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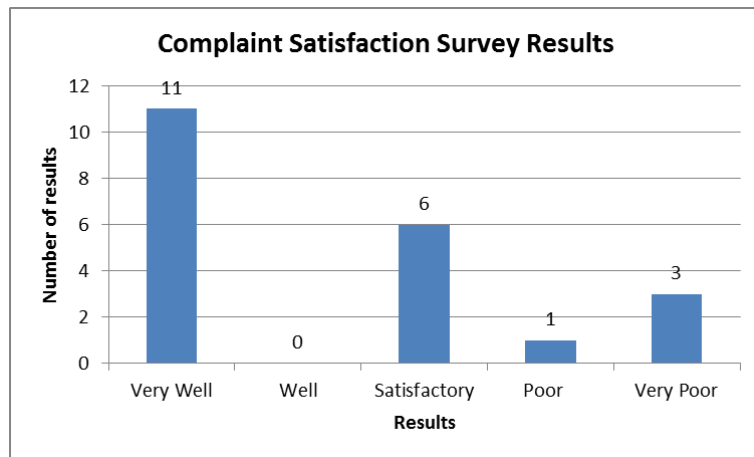
Complaint – Urology

The Chief Executive received a compliment from a family who felt that their complaint had been handled very well and felt completely supported throughout the process.

Complaint – Discharge arrangements from Newark

The complainant would like their appreciation passed on to the staff at Newark for resolving their complaint and the time and compassion taken in what was a very difficult and stressful time.

Table 25



Of the 4 very poor / poor response surveys received, these related to complaints that were not upheld by the Trust. Complainants have written on the bottom of the survey that they were unhappy with the outcome of their response. There are no negative comments about the complaint handling.

4.10 Parliamentary Health Service Ombudsman (PHSO)

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

The Ombudsman may:

- Refer the complainant back to the Trust to complete 'local resolution'
- Ask the Trust to consider if further local resolution is an option
- Request the case file for screening assessment
- Having assessed the case file, decide not to investigate further
- Having assessed the case file, appoint an Investigating Officer to carry out a review 'on paper'

In Quarter 4, 4 new complaints were referred to the PHSO for review.

A total of 29 complaints have been submitted to the PHSO from the beginning of the year (1.4.13). Three complaints were fully investigated during Q4, 2 of which were not upheld at all and 1 was partly upheld. The nursing aspects of the complaint were partly upheld and the Trust was therefore asked to pay the sum of £750 as compensation to the patient to which has been agreed. The Trust has also been asked to put an action plan together to ensure that the issues within the complaint do not happen again and the Trust is to submit an action plan to the PHSO within 3 months..

Tables 26 and 27 below outline the current status of complaints with the PHSO as a whole for 2013/14.

Table 26

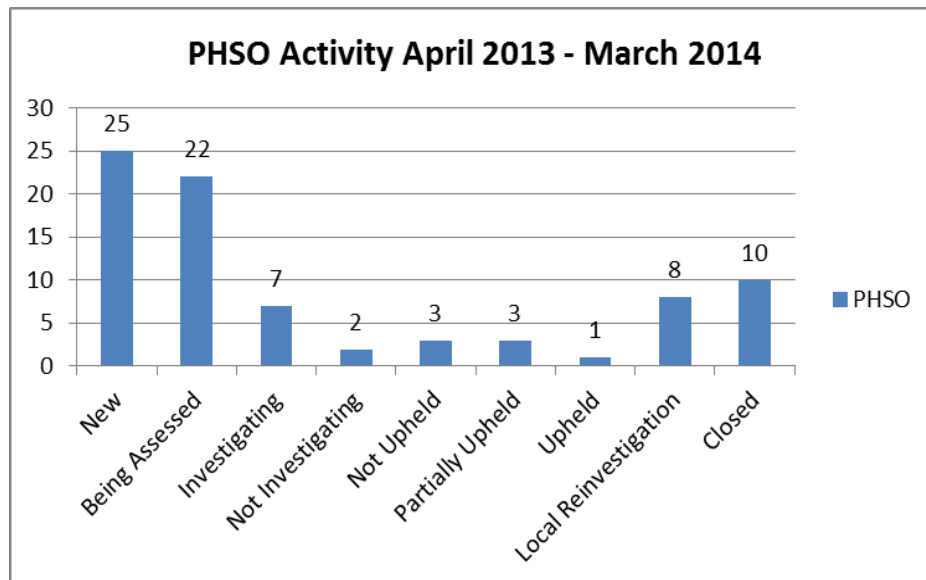
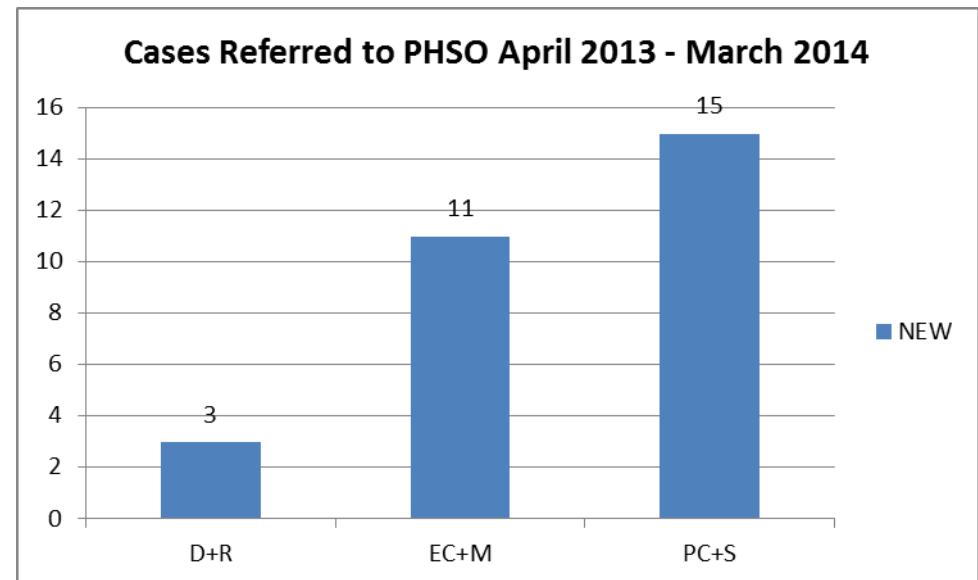


Table 27



NB. Table 26 also encompasses complaints referred to the PHSO previous to 2013/14

4.11 Lessons learned and actions taken:

The following are examples of complaints from each Division during Quarter 4 and actions taken:

4.11.1 Emergency Care & Medicine

Carers and relatives have complained about the structured visiting times. ED has open visiting, but when a patient is transferred to EAU the visiting times were more structured. Other carers have also complained about visiting times when travelling from afar. Ward 52 noticed on their communication boards there was an increase in falls when relatives were not present

- Ward 52 team decided to pilot extended visiting times 11 30 until 7 pm. Other areas started to follow this example and extend their visiting times. Discussion with the ward sisters resulted in an agreement that all inpatient areas (not including some specialist areas) would extend their visiting from 1130 til 7pm as a consequence of feedback and evidence.

4.11.2 Planned Care & Surgery

The following actions have been implemented in maternity as a result of feedback from Friends and Family' comments and complaints:

- **Information Folders** have recently been introduced onto the Maternity ward for each client. The information will be discussed but the folders enable women and their families to revisit the information. The folders hold information on the following:
 1. 'who is who', including staff uniform.
 2. Visiting Times, times of Medication rounds.
 3. Frequently asked questions
 4. A warning to be careful when taking a shower due to the risk of feeling faint
 5. Information about Partners staying overnight
 6. Procedure for discharge home
 7. Infant feeding information.
 8. How to make a complaint (this ensures the complaints procedure is clear for all)
- **Comments** - clients are encouraged to make comments about their care in either their hand held records, Friends and Family test or through PALS. All comments are fed back to the staff, if an individual member of staff has been named, a copy of the clients comments will be copied for the member of staff to retain for their portfolio.
- **Glimpses of Brilliance** - produced for the Maternity staff with feedback both compliments and complaints. This offers valuable information and an insight into the care we provide and what measures we may need to take in the future if there is a recurring theme.

- **MUM's** - the Maternity Unit Memo's, is emailed to all midwives and contains information about what has gone well within the unit and sharing good practice, also what lessons can be learnt from recent incidents.
- **Datix** - staff are encouraged to complete a Datix report for all untoward incidents.
- **Home visits** - if a complaint is made against the Maternity service there will be an offer of a home visit to discuss the area of concern. We are mindful that it is difficult to expect the complainant to come back to the hospital premises with a newborn baby. Issues can then be resolved in a timely manner and on a more comfortable surroundings for the woman concerned.
- **Midwifery Strategy 2014-15** - '*Our purpose is to maximise our contribution to ensuring that pregnancy, birth and the postnatal period are safe and a positive experience for women, and their families*' the policy was launched in April 2014. Copies of the Midwifery Strategy are available for all staff in the clinical areas, the Community Midwives have an individual copy. The strategy encompasses the 6C's and provides evidence of how midwives can take a lead in the 6 areas to maximise an opportunity for all women to have a positive experience and a safe outcome.
- **Breastfeeding Area**, following a number of comments from women in a four bedded area. The women requested an area to feed their baby at night away from the bed side, to ensure the remaining women were not disturbed through the night. There is now a comfortable area for women to sit and breastfeed their baby in private and is now being used throughout the day and night.

4.11.3 Diagnostics & Rehabilitation & Newark

We noticed a number of complaints regarding the attitude within the Bereavement Centre. A member of staff is currently undertaking reflection on how her attitude is perceived by relatives and is now receiving customer care training and reviewing their working practices in relation to workload. They have also had some targeted input in relation to the 'Quality for All' – values and behaviors.

4.12 Compliments

It is important to share positive feedback and all staff are encouraged to send the compliments they or their service receive to be logged and reported to either the PALS office or the Complaints Department. It should be noted that the number of compliments received verbally cannot be logged.

5.0 Patient Advice and Liaison Services (PALS)

The PALS team at King's Mill and Newark Hospitals provide an accessible service 8.30am to 5.00pm Monday to Friday and are based in the main entrance at each site.

The PALS team received 1700 contacts during Quarter 3 2013/14 and 1781 contacts during Q4 2013/14.

5.1 Method of Contact

Table 28 – Q2 2013/14

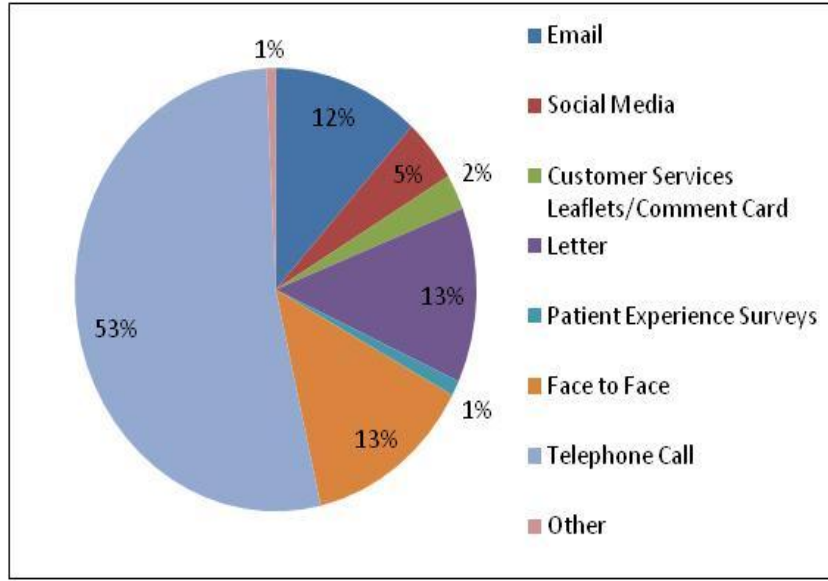
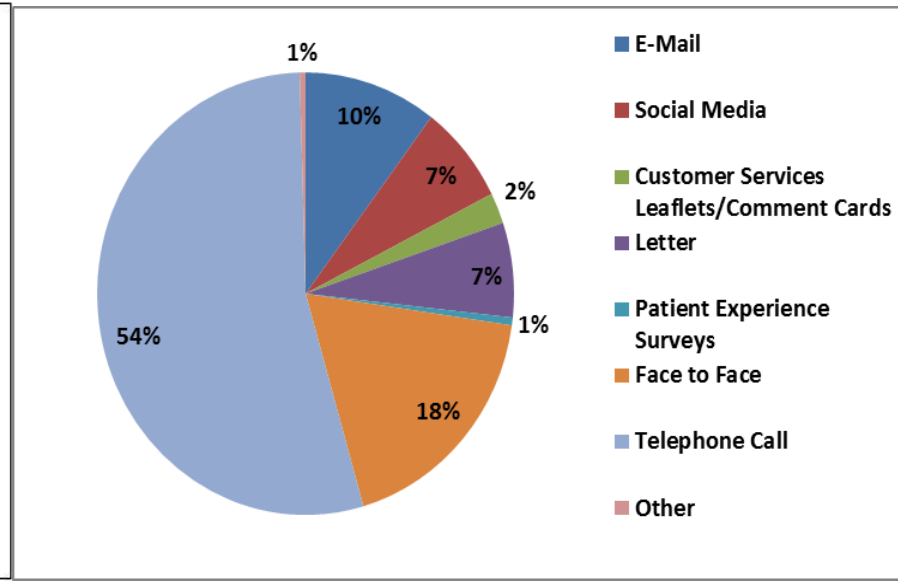


Table 29 – Q4 2013/14



In Q3 there were 553 Comments, 236 Compliments, 26 Complaints (first point of contact) and 885 Concerns. In Q4 there were 924 Comments, 274 Compliments, 31 Complaints (first point of contact) and 552 Concerns.

5.2 Q3 & Q4, PALS Contacts

Table 30 – Q3

Table 31 – Q4

Divisions	Planned Care & Surgery (n=722) Emergency Care & Medicine (n=450) Diagnostics & Rehabilitation (n=353)	Divisions	Planned Care & Surgery (n=729) Emergency Care & Medicine (n=467) Diagnostics & Rehabilitation (n=373)
Top 3 Areas	Patient Administration (n=324) Emergency Care (n=122) Trauma & Orthopaedics (n=118)	Top 3 Areas	Patient Administration (n=316) Emergency Care (n=124) Trauma & Orthopaedics (n=110)
Top 3 Subjects	<p>Communication 50.3% lack of/concerns with information provided or information requests, the remainder were confidentiality, interpreting services and medical records information contacts.</p> <p>Appointment Queries 69.4% general queries or requests from patients to change their appointments, 30.6% contacts were unhappy that their appointments had been changed and concerns about lack of outpatient appointment capacity.</p> <p>Compliments There were 236 compliments received. The top 3 area's were: A&E at KMH (n=20), Newark Hospital in general, not service specific (n=20) and Ward 42 KMH (n=18).</p>	Top 3 Subjects	<p>The top 3 subjects remain as in Q3:</p> <p>Communication There were 725 contacts re communication. 370 of these were about the lack of information or concerns with information provided. 304 were requests for information and 11 contacts were regarding confidentiality (4 letters/information had been sent to wrong patient, a doctor had left paperwork with patient details in a retail outlet at KMH)</p> <p>Appointment Queries 73.4% general queries or requests from patients to change their appointments, 26.6% contacts were unhappy that their appointments had been changed and concerns about lack of outpatient appointment capacity.</p> <p>Compliments There were 274 compliments received. The top 3 area's were: A&E at KMH (n=23), Ward 53 at KMH (n=22) and Radiology (n=19).</p>

5.3 Division Breakdown of Concerns

Table 32

	Q3 2013/14	Q4 2013/14
Planned Care & Surgery	371	257
Emergency Care & Medicine	239	121
Diagnostic & Rehabilitation	182	131
Central Services	34	6
Strategic Planning & Commercial Development	47	23

The number of concerns for Q4 for all divisions has decreased when compared to Q3.

Planned Care and Surgery Division: ‘concerns’ in the following three specialties have decreased:

- Patient Services (Booking & Choice) – ‘Waiting Times for new referrals/referrals to other services’ fell from 11 to 4. ‘Communication’ concerns fell from 84 to 46.
- Trauma and Orthopaedics – ‘waiting times’ concerns fell from 21 to 16 and ‘communication’ issues from 32 to 20.
- General Surgery – ‘waiting times’ concerns fell from 14 to 8 and ‘communication’ fell from 18 to 9.

Emergency Care & Medicine Division: two specialties have shown decreases in their numbers of ‘concerns’:

- Gastroenterology – ‘Communication’ concerns fell from 27 to 7.
- Emergency Care – ‘Communication’ concerns fell from 18 to 9 and ‘Procedural Issues’ fell from 22 to 10.

Diagnostic & Rehabilitation: there are small decreases across many specialties, with Radiology showing the largest decrease:

- ‘Appointments’ fell from 14 to 4, ‘Communication’ fell from 17 to 3 and ‘Waiting Times’ fell from 8 to 2.

Divisional teams receive monthly reports identifying key themes and trends for triangulation with other sources of data. Each divisional team review and identify actions required to influence service improvement and training needs.

Feedback from monthly divisional reports:

- Radiology Service – the service altered the appointment details in a specific type of patient letter following comments that the letter was confusing. This was fed back to the patient who was happy that their comments had been acted upon.
- Therapy Services - a patient who had attended a gynaecology pre-operative physiotherapy session advised at the end of the session that she felt it was time wasted. As a result the system for selection has now changed and physiotherapists select the patients (instead of the clerical team) to ensure that the correct patients are invited to the group. The patient who provided the feedback was contacted and the error was explained to her and she was satisfied that action had been taken to prevent re occurrence.

5.2 First point of contact Complaints

During Q4 the PALS team referred 31 contacts to the formal Complaints team, 27 were referred in Q3.

During a 4 week period 41 people advised that they wished to ‘make a complaint’ on first contact with the PALS service. After intervention and resolution 66% did not go on to make a formal complaint as they were happy with the information and assistance provided.

Table 33

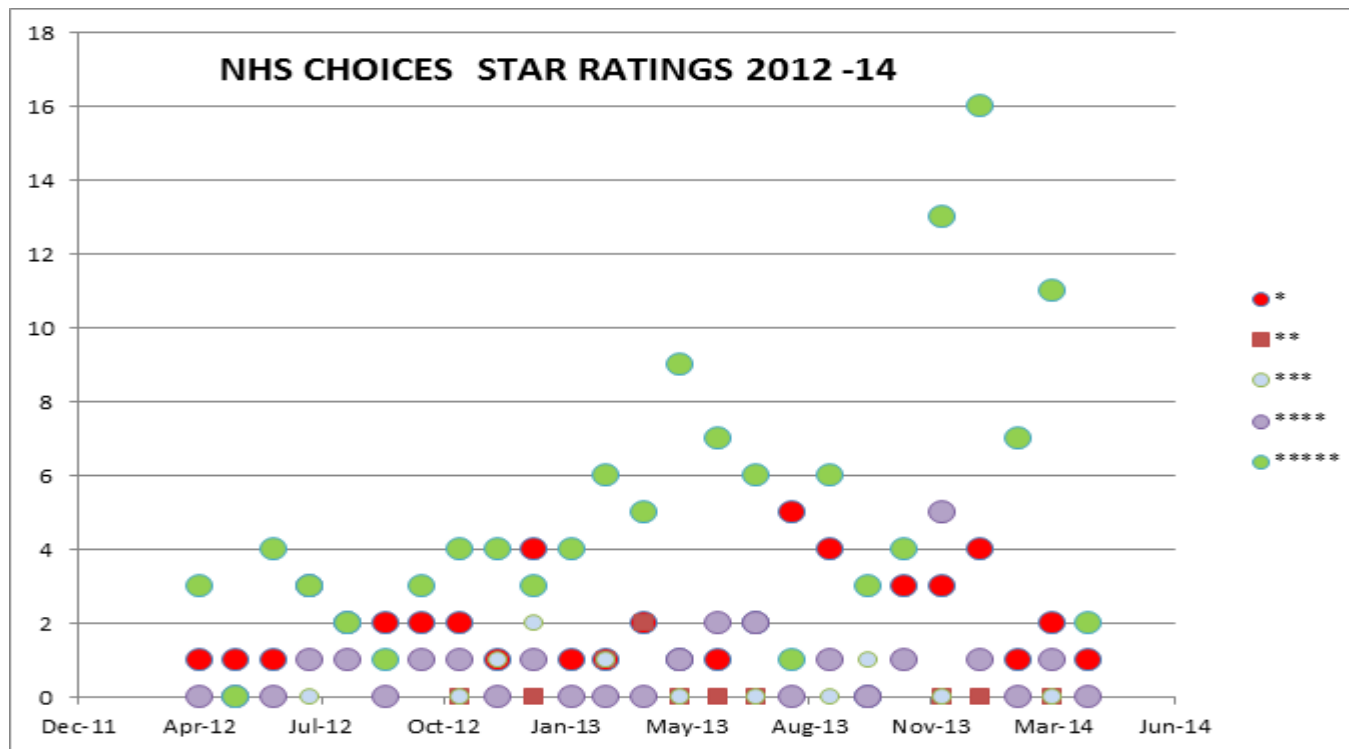
Month	No. referred
October	9
November	7
December	11
January	14
February	8
March	9

6.0 Reviews from NHS Choices and Patient Opinion Websites

The NHS Choices and Patient Opinion websites invite patient and carers to leave feedback about their treatment/care whilst visiting Sherwood Forest Hospitals NHS Foundation Trust. The Trust has been given a score of 3.5 out of 5 based on 220 ratings (there were 77 reviews posted during Q4 for Kings Mill site). We receive 4 stars out of 5 overall for cleanliness, staff cooperation, dignity and respect and involvement in decisions. 60 ratings are posted specifically for Newark hospital, with 10 received during Quarter4, with an average score of 4.5 out of 5.

Our NHS Choices data comparing us with local Trusts are included within Appendix 1

We are definitely seeing an increase in the number of comments that are giving us five stars ratings. There were 16 5***** reviews in December to February 2014, but there is still an inconsistency with a background of 1 star reviews which has not changed



A selection of the reviews from this quarter are:

'On the 5th of February I had a pre op assessment at the Mercia Doughty Centre. I was seen promptly by a professional and caring lady who assessed me and informed me about my forthcoming inguinal hernia repair. She then got on the phone and arranged for surgery the following Wednesday - how's that for service! This lady had cause to contact me twice in-between appointments, nothing seemed to much trouble for her. First impressions last! I attended the Minster Ward on the 12th of February for surgery. I found the ward to be clean and cheery and I was shown to my bed and joined by a nurse who took details and ran some tests, she was very polite and put me at ease. A short while later the consultant, a very charming person, talked to me regarding the procedure, which I found very reassuring. After surgery as I came too, they were there telling me all is well, what a gentleman! On reflection this hospital works well as they work as a team. Everyone I met that day was courteous and friendly, especially the guys who 'knocked me out' and looked after me pre and post theatre, and the male nurse who looked after me post-op and who so kindly kept my wife informed of events, and the very polite and pretty student nurse who tended to me until I was 'kicked out'. Last but not least the ward sister, if that's her title? Yet again very professional , caring and witty. All in all my experience was first class. Keep up the sterling work many thanks and god bless you all.'

'Ward 34 and EAU: 'unprofessional nurses. unbelievably unclean. Was left with empty bag of saline and no water jug, twice, was admitted with diabetes and sepsis, carers have more compassion than the nurses. 'cleaners cleaning the inside lid of the incineration waste bin then clean the basin and the taps with the same cloth. I kid u not!' Has lots more to say but too poorly.'

'I have many operations at King's Mill and always been very satisfied with the care, always have been treated with respect, nurses are very helpful. I was in a side room for a full knee replacement. The room was very clean, the staff on the ward were very good - keep up the good work at King's Mill. I was in clinic 1 this January, my appointment was for 2pm and I didn't get in to see the consultant until 4.50pm, very unhappy on this occasion.'

'I have many operations at King's Mill and always been very satisfied with the care, always have been treated with respect, nurses are very helpful. I was in a side room for a full knee replacement. The room was very clean, the staff on the ward were very good - keep up the good work at King's Mill. I was in clinic 1 this January, my appointment was for 2pm and I didn't get in to see the consultant until 4.50pm, very unhappy on this occasion.'

'I injured my ankle after a fall at my caravan and I came to the minor injuries unit at Newark on the following day after an X-ray I was told it was broken. Because it was swollen they put a back slab plaster on it and told me to return 4days later. I then saw the consultant who explained everything to me very clearly and I am most impressed with my treatment. Thank You

'I visited the Urgent Care Centre today and was VERY impressed. Helpful caring staff who went out of their way to explain things. Very quickly seen, could not ask for more. A big thank you to all the staff.'

7.0 Voluntary Services Summary

The Customer Services Department continues to develop new voluntary roles in addition to reviewing and improving the valued established volunteer roles that 629 volunteers currently provide across the four hospital sites.

In Q4 volunteers contributed over 18,000 hours of service across the four sites.

During 2013/14 the Customer Services team received 292 enquiries from people interested in becoming a volunteer with 90 new volunteers being recruited to enhance the growing number of services supported by the volunteers. We are currently pursuing opportunities to attract younger people to become volunteers and linking with local colleges and universities to explore this.

During 2013/14 - 424 volunteers have completed Infection Control, Information Governance and Fire Safety mandatory training.

7.1 Q4 Service Developments

- Buggy

Following engagement with our service users and buggy drivers a replacement bespoke buggy has been commissioned. These new improved vehicles will provide an easier accessible and comfortable service. Once delivered a re-launch of the service is planned.

- Daffodil Café

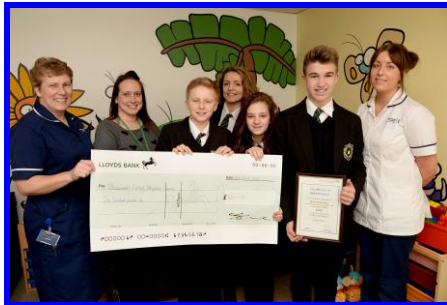
45 café volunteers attended an event to review the delivery of the Daffodil Café service. A service improvement plan is presently being discussed with an external contractor and our Estates Department which involves a commitment to improving the working conditions for our volunteers and the environment for our customers.

- Partnership working with Vision West Notts. College

During Q4 a partnership has commenced with Vision West Notts. College to formulate a voluntary services programme to attract students from 16 years of age. A pilot programme will commence in Q1 supported by the Student Participation Team at the college. Voluntary work will assist with the educational and training requirements of the students and will enhance our volunteer workforce. Opportunities to volunteer will be made available at all sites.

7.2 Q4 Charitable Funds Presentations

The Customer Services team continue to support an array of community presentations that are arranged to recognise the valuable contribution to our specific and general trust funds.



Quarrydale Academy students presented £100.00 to our Neonatal Unit



Mrs Lynda Etchells and family presented £1,000.00 to our Oncology Unit



The pupils of Pear Tree Infant School presented £362.53 to our Neonatal Unit

7.3 Patient Experience

Our volunteers collected data from 1786 patients about the quality of our in-patient and out-patient services in Q4. The valuable information collected from these in-house patient questionnaires are used to provide monthly data for our service line teams.

Volunteers are now supporting the collection of Friends and Family across all adult in-patient wards at King's Mill, Newark and Mansfield Community Hospitals.

7.4 Voluntary Services Fundraising

King's Mill Hospital Voluntary Services is working in partnership with the League of Hospital Friends (Mansfield and Sutton) and The League of Friends for Newark Hospital to raise funds to support our SFHT Dementia Care Appeal.

The League of Friends for Newark Hospital and the League of Friends (Mansfield and Sutton) have donated £9000.00 each to support the Dementia Appeal at Mansfield Community Hospital and Newark Hospital.



Dementia Care Appeal

The King's Mill Hospital volunteers are pictured presenting £6,000.00 to the Adam Haywood, Dementia Care Matron, and Dr. Steve Rutter, Service Director for Geriatrics. The funds are raised through the Voluntary Services Café and the Ward Trolley Service to the Dementia Care Appeal.

The Appeal has now reached £30,000.00



Newark Hospital

The League of Friends for Newark Hospital have purchased a state of the art insufflator to support CT colonography at Newark Hospital. The equipment, which cost £7,500.00 is used to diagnose colon and bowel cancer producing two and three dimensional images of the colon and displays this on a screen.

8.0 Healthwatch

The Trust is actively developing a working relationship with Healthwatch. Three liaison meetings have been held; 2 with our CEO and one with the Director of Nursing. SFH have agreed to open a joint Healthwatch Nottinghamshire and Healthwatch Derbyshire information stand in the reception area. We are currently developing a data sharing agreement to enable us to work in partnership and have invited them to sit on our Patient Experience Board, which we are currently developing terms of reference for

9.0 Other Developments

The Board of Directors is asked to note that the merger of the complaints, PALS and voluntary services teams to form one 'Patient Experience Team' is currently on-going, in the form of a workforce change. The new structure and approach was developed in consultation with the divisional management teams and it is anticipated that the new structure will be implemented in summer 2014.

This will support the continued application of our new Patient Experience and Involvement Strategy. This was developed following our recent patient listening events and we recently held a 'Quality for All' launch session with our patients and carers to agree the next steps to implement the action plan. We have identified a number of key actions to deliver over the next 3 years and will be continuing to involve our patient and carers in helping us to make improvements over the coming months.



Susan Bowler Executive Director of Nursing and Quality

















**Supported by Jill Faulkner, Interim Head of Complaints
and Tracey Brassington, Customer Liaison Manager**

Appendix 1

Topics	NHS Choices users rating	Care Quality Commission national standards	Recommended by staff	Responding to patient safety alerts	Mortality rate
Key Facts Sort by: Nearest Update results					
Newark Hospital Remove					
Tel: 01636 681681 Boundary Road Newark Nottinghamshire NG24 4DE 9.42 miles away Get directions 	 60 ratings Rate it yourself	 All standards met Visit CQC profile	62 % of staff who would recommend this organisation	 Poor - Some alerts not signed off after deadline	 As expected in hospital and up to 30 days after discharge (1.0385)
King's Mill Hospital Remove					
Tel: 01623 622515 Mansfield Road Sutton-In-Ashfield Nottinghamshire NG17 4JL 9.70 miles away Get directions 	 222 ratings Rate it yourself	 Some standards not met Visit CQC profile	62 % of staff who would recommend this organisation	 Poor - Some alerts not signed off after deadline	 As expected in hospital and up to 30 days after discharge (1.0385)
Nottingham University Hospitals NHS Trust - City Campus Remove					
Tel: 0115 969 1169 Nottingham City Hospital Hucknall Road Nottingham Nottinghamshire NG5 1PB 11.90 miles away Get directions 	 42 ratings Rate it yourself	n/a Data not available	72 % of staff who would recommend this organisation	 Poor - Some alerts not signed off after deadline	 As expected in hospital and up to 30 days after discharge (0.9138)

Nottingham University Hospitals NHS Trust - Queen's Medical Centre Campus					Remove
<p>Tel: 0115 924 9924 Derby Road Nottingham Nottinghamshire NG7 2UH 15.13 miles away Get directions</p> <p>P ♿ 📍</p>	<p>122 ratings Rate it yourself</p>	<p>Some standards not met Visit CQC profile</p>	<p>72 % of staff who would recommend this organisation</p>	<p>Poor - Some alerts not signed off after deadline</p>	<p>OK As expected in hospital and up to 30 days after discharge (0.9138)</p>
Chesterfield Royal Hospital					Remove
<p>Tel: 01246 277271 Calow Top Road Chesterfield Derbyshire S44 5BL 17.86 miles away Get directions</p> <p>P ♿ 📍</p>	<p>50 ratings Rate it yourself</p>	<p>Some standards not met Visit CQC profile</p>	<p>57 % of staff who would recommend this organisation</p>	<p>Good - All alerts signed off where deadline has passed</p>	<p>OK As expected in hospital and up to 30 days after discharge (1.0802)</p>
Lincoln County Hospital					Remove
<p>Tel: 01522 512512 Greetwell Road Lincoln Lincolnshire LN2 5QY 21.39 miles away Get directions</p> <p>P ♿ 📍</p>	<p>156 ratings Rate it yourself</p>	<p>Some standards not met Visit CQC profile</p>	<p>40 % of staff who would recommend this organisation</p>	<p>Poor - Some alerts not signed off after deadline</p>	<p>OK As expected in hospital and up to 30 days after discharge (1.0504)</p>
Royal Derby Hospital					Remove
<p>Tel: 01332 340131 Royal Derby Hospital Uttoxeter Road Derby Derbyshire DE22 3NE 26.13 miles away Get directions</p> <p>P ♿ 📍</p>	<p>66 ratings Rate it yourself</p>	<p>Some standards not met Visit CQC profile</p>	<p>65 % of staff who would recommend this organisation</p>	<p>Poor - Some alerts not signed off after deadline</p>	<p>OK As expected in hospital and up to 30 days after discharge (1.1102)</p>

Topics	Mortality rate	Patients assessed for blood clots	Staff satisfaction with incident handling	Responding to patient safety alerts	Reporting safety events
Safety Nearest Update results					
Newark Hospital Remove					
Tel: 01636 681681 Boundary Road Newark Nottinghamshire NG24 4DE 9.42 miles away Get directions 	 As expected in hospital and up to 30 days after discharge (1.0385)	 94.9% of patients assessed	60 % of staff agreeing that action is taken after incident reporting	 Poor - Some alerts not signed off after deadline	 Good - 6 months out of 6
King's Mill Hospital Remove					
Tel: 01623 622515 Mansfield Road Sutton-In-Ashfield Nottinghamshire NG17 4JL 9.70 miles away Get directions 	 As expected in hospital and up to 30 days after discharge (1.0385)	 94.9% of patients assessed	60 % of staff agreeing that action is taken after incident reporting	 Poor - Some alerts not signed off after deadline	 Good - 6 months out of 6
Nottingham University Hospitals NHS Trust - City Campus Remove					
Tel: 0115 969 1169 Nottingham City Hospital Hucknall Road Nottingham Nottinghamshire NG5 1PB 11.90 miles away Get directions 	 As expected in hospital and up to 30 days after discharge (0.9138)	 95.8% of patients assessed	69 % of staff agreeing that action is taken after incident reporting	 Poor - Some alerts not signed off after deadline	 Good - 6 months out of 6

Nottingham University Hospitals NHS Trust - Queen's Medical Centre Campus					Remove
<p>Tel: 0115 924 9924 Derby Road Nottingham Nottinghamshire NG7 2UH 15.13 miles away Get directions</p> <p>P ♿ 📍</p>	<p> OK</p> <p>As expected in hospital and up to 30 days after discharge (0.9138)</p>	<p></p> <p>95.8% of patients assessed</p>	<p>69</p> <p>% of staff agreeing that action is taken after incident reporting</p>	<p></p> <p>Poor - Some alerts not signed off after deadline</p>	<p></p> <p>Good - 6 months out of 6</p>
Chesterfield Royal Hospital					Remove
<p>Tel: 01246 277271 Calow Top Road Chesterfield Derbyshire S44 5BL 17.86 miles away Get directions</p> <p>P ♿ 📍</p>	<p> OK</p> <p>As expected in hospital and up to 30 days after discharge (1.0802)</p>	<p></p> <p>91.5% of patients assessed</p>	<p>66</p> <p>% of staff agreeing that action is taken after incident reporting</p>	<p></p> <p>Good - All alerts signed off where deadline has passed</p>	<p></p> <p>Good - 6 months out of 6</p>
Lincoln County Hospital					Remove
<p>Tel: 01522 512512 Greetwell Road Lincoln Lincolnshire LN2 5QY 21.39 miles away Get directions</p> <p>P ♿ 📍</p>	<p> OK</p> <p>As expected in hospital and up to 30 days after discharge (1.0504)</p>	<p></p> <p>91.0% of patients assessed</p>	<p>50</p> <p>% of staff agreeing that action is taken after incident reporting</p>	<p></p> <p>Poor - Some alerts not signed off after deadline</p>	<p></p> <p>Good - 6 months out of 6</p>
Royal Derby Hospital					Remove
<p>Tel: 01332 340131 Royal Derby Hospital Uttoxeter Road Derby Derbyshire DE22 3NE 26.13 miles away Get directions</p> <p>P ♿ 📍</p>	<p> OK</p> <p>As expected in hospital and up to 30 days after discharge (1.1102)</p>	<p></p> <p>90.0% of patients assessed</p>	<p>61</p> <p>% of staff agreeing that action is taken after incident reporting</p>	<p></p> <p>Poor - Some alerts not signed off after deadline</p>	<p></p> <p>Good - 6 months out of 6</p>

Topics	Complaints about in hospital care	Complaints about outpatient care	Complaints about maternity care
Complaints Sort by: Nearest Update results	<i>i</i>	<i>i</i>	<i>i</i>
Newark Hospital Remove			
Tel: 01636 681681 Boundary Road Newark Nottinghamshire NG24 4DE 9.42 miles away Get directions 	35.3 complaints per 10,000 spells of care	26.2 complaints per 10,000 outpatient attendances	42.9 complaints per 10,000 spells of care
King's Mill Hospital Remove			
Tel: 01623 622515 Mansfield Road Sutton-In-Ashfield Nottinghamshire NG17 4JL 9.70 miles away Get directions 	35.3 complaints per 10,000 spells of care	26.2 complaints per 10,000 outpatient attendances	42.9 complaints per 10,000 spells of care
Nottingham University Hospitals NHS Trust - City Campus Remove			
Tel: 0115 969 1169 Nottingham City Hospital Hucknall Road Nottingham Nottinghamshire NG5 1PB 11.90 miles away Get directions 	28.7 complaints per 10,000 spells of care	9.8 complaints per 10,000 outpatient attendances	11.4 complaints per 10,000 spells of care

Nottingham University Hospitals NHS Trust - Queen's Medical Centre Campus Remove			
<p>Tel: 0115 924 9924 Derby Road Nottingham Nottinghamshire NG7 2UH 15.13 miles away Get directions</p> <p>P ♿ 📍</p>	28.7 complaints per 10,000 spells of care	9.8 complaints per 10,000 outpatient attendances	11.4 complaints per 10,000 spells of care
Chesterfield Royal Hospital Remove			
<p>Tel: 01246 277271 Calow Top Road Chesterfield Derbyshire S44 5BL 17.86 miles away Get directions</p> <p>P ♿ 📍</p>	62.4 complaints per 10,000 spells of care	43.4 complaints per 10,000 outpatient attendances	19.2 complaints per 10,000 spells of care
Lincoln County Hospital Remove			
<p>Tel: 01522 512512 Greetwell Road Lincoln Lincolnshire LN2 5QY 21.39 miles away Get directions</p> <p>P ♿ 📍</p>	29.6 complaints per 10,000 spells of care	9.4 complaints per 10,000 outpatient attendances	15 complaints per 10,000 spells of care
Royal Derby Hospital Remove			
<p>Tel: 01332 340131 Royal Derby Hospital Uttoxeter Road Derby Derbyshire DE22 3NE 26.13 miles away Get directions</p> <p>P ♿ 📍</p>	23.8 complaints per 10,000 spells of care	11 complaints per 10,000 outpatient attendances	70.1 complaints per 10,000 spells of care