

Dedicated to *Outstanding* care


Sherwood Forest Hospitals
NHS Foundation Trust

Patient Experience Annual Report 2017/18

Introduction

In the vast majority of cases patients, relatives and carers are satisfied with the care, treatment and service they receive. On the occasions where a patient, relative or carer is dissatisfied, it is important that they feel comfortable in raising their concerns so that the Trust can resolve any misunderstandings or, if failings have occurred, ensure that learning and improvements take place.

The Trust is committed to resolving any concerns at the earliest opportunity and this is often achieved through the patient, relative or carer discussing their concerns directly with the team. The Patient Experience Team (PET) are available to provide confidential advice and support to any patient, relative or carer who may not feel comfortable raising their concern with the department/service directly, or where they have done so but their concern remains unresolved. The PET aim to resolve any concerns that are raised with them quickly and informally.

Should the patient or carer feel that their concern should be formally investigated they are able to make a formal complaint. The Trust operates a centralised complaints service, which ensures that a patient centred approach is taken to the management of complaints and that all complaints received are thoroughly investigated and responded to within a timely manner, usually within 25 working days of receipt.

In addition to the valuable learning and improvements that result from individual concerns or complaints, this data is analysed to identify any themes and the intelligence generated is shared across the organisation to drive the necessary improvements.

Additional mechanisms to share intelligence include the bespoke Datix Dashboards available to all wards, specialties and divisions, quarterly CLIP report to the Patient Safety and Quality Group which is combined with incidents and claims data.

Complaint cases are presented by the Divisional Patient Experience Leads at divisional governance meetings, which facilitates a multi-disciplinary conversation about how we could have improved the experience and implement the improvements identified as a result of our findings.

Complaints

Complaints Activity

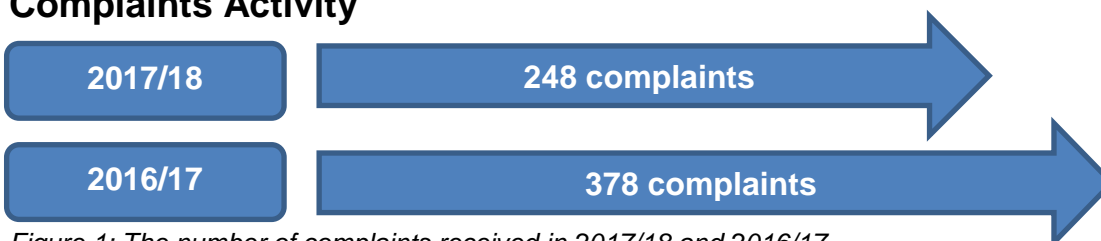


Figure 1: The number of complaints received in 2017/18 and 2016/17

The Trust received 34% less complaints in 2017-18 compared with 2016-17.

During 2017-18 PET continued to raise awareness of the importance of supportive and effective complaint management across the Trust.

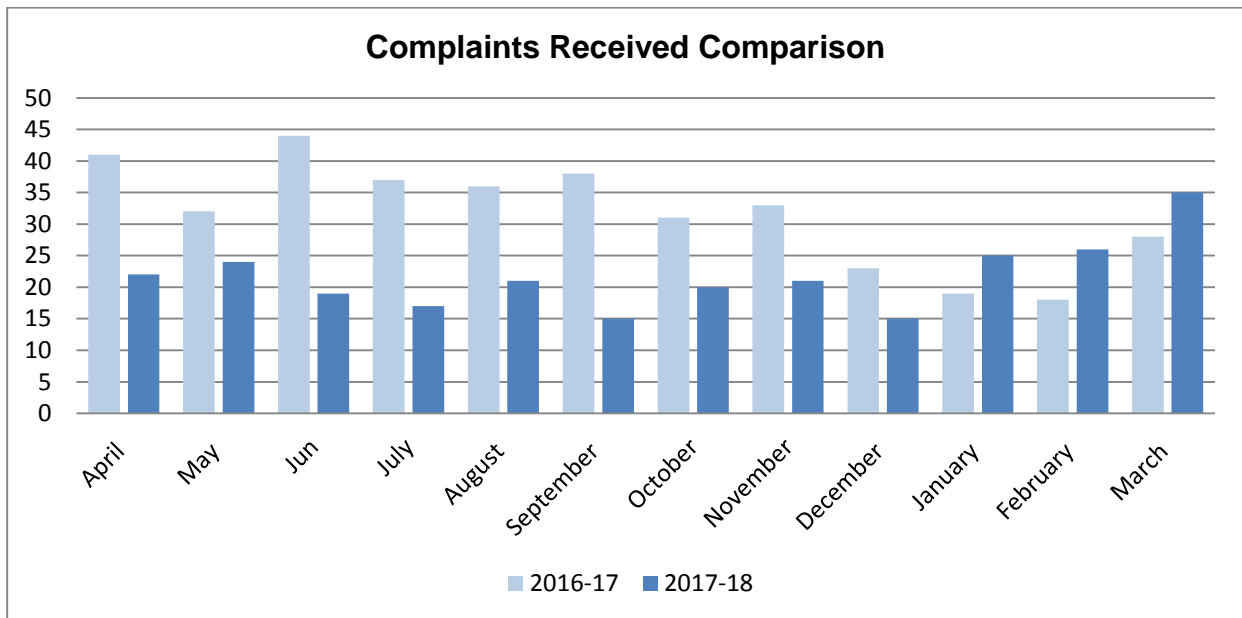


Figure 2: Comparison of the number of complaints received per month in 2016-17 and 2017-18

The Trust experienced a spike in the number of complaints received in the month of March. This data was analysed but identified no clear theme in the subject/theme. The most complained about specialties in March were August were Gynaecology (4), Paediatrics (3) and Orthopaedics (3).

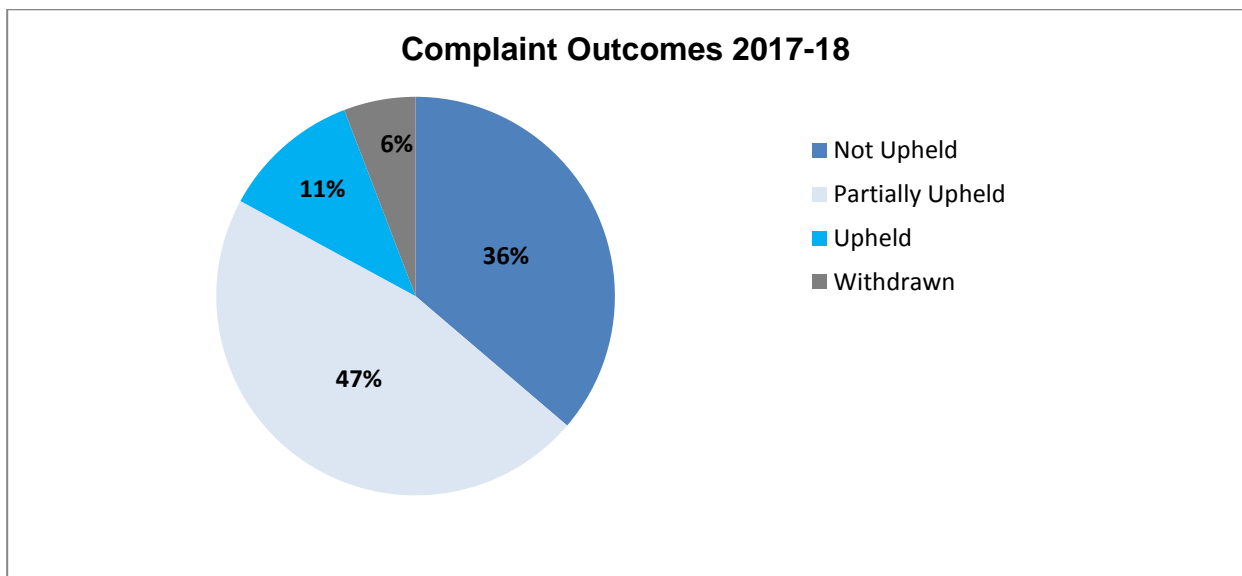


Figure 3: Complaint outcomes 2017-18

In line with the Parliamentary and Health Service Ombudsman's approach to categorising the outcome of complaints, a complaint is recorded as being fully upheld if SFH provided a poor service that amounted to maladministration or service failure **and** this had a negative impact on an individual. A complaint is partially upheld if SFH got some things wrong, but not all the issues that were complained about or the mistakes made did not have a negative impact on anyone. Finally a complaint is not upheld if we find that we acted correctly.

The number of complaints upheld and partially upheld increased slightly in 2017-18 from 55% to 58%.

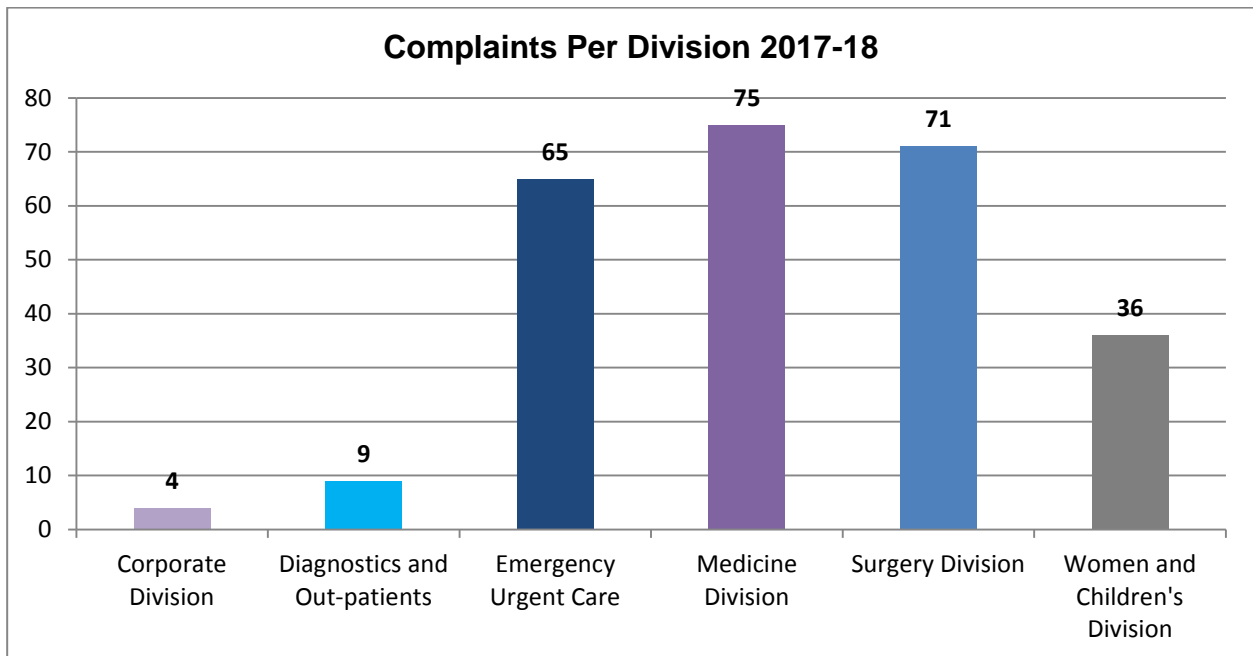


Figure 4: Complaints received by Division 2017-18

The greatest number of complaints related to the Medical Division (75), Surgery (71) and Emergency Urgent Care (65). Of the 75 complaints received by Medicine, the areas receiving the highest complaints were Stroke Unit (10), Ward 22 (Gastro 7), Ward 24 (5), and Ward 41 (5). Within the outpatients department, Respiratory (5), Cardiology (4) and Welcome Treatment Centre (5).

Surgery received the second highest number of complaints, Emergency Department and Women's and Children's following.

Subject Breakdown

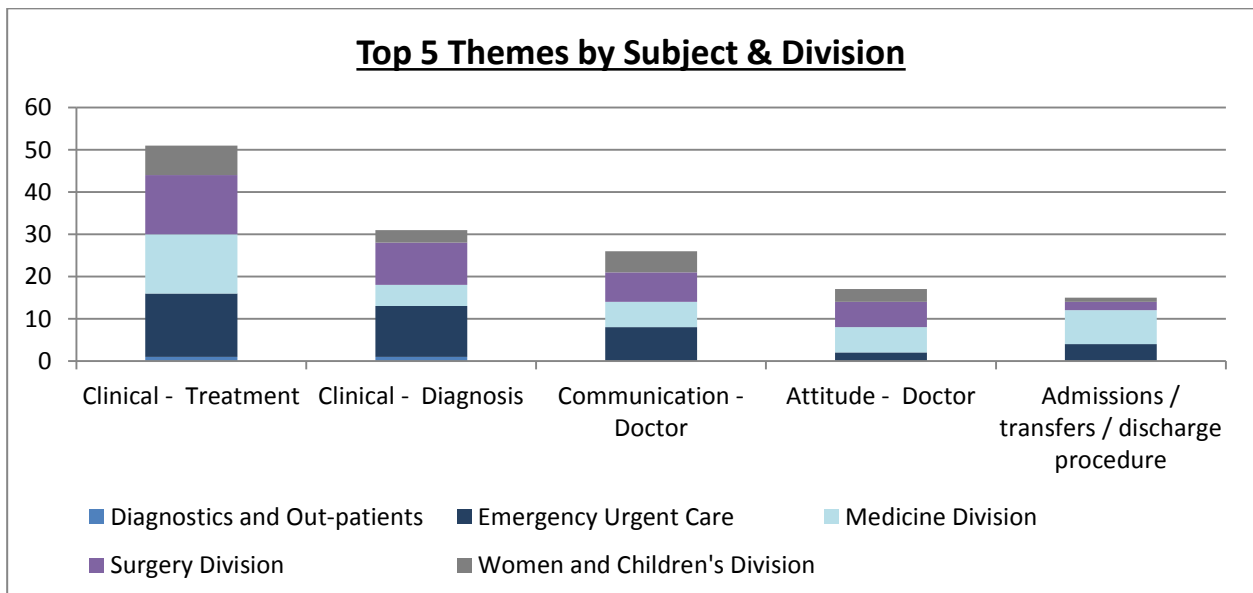


Figure 5: Top 5 most common complaint subjects

The themes remain mostly unchanged from the previous year, attitude and communication with doctor has risen slightly from 6th to 3rd place this year.

Learning and Improvement

Examples of action taken as a result of individual complaints:

ID	Complaint summary	Outcome and Actions Taken
29513	Patient feels there was a delay in SFH referring him for a cardiology procedure at NUH. Records confirm patient was accepted by NUH following an MDT meeting on 25.04.18. A telephone referral was made the following day and patient was accepted. On 14.05.18 contact was made with NUH to confirm necessary investigations were complete and patient now required a date however NUH stated there was no referral. Other than documented discussion there was no further evidence of the referral being made.	Complaint to be discussed at Speciality Governance Meeting to explore alternative methods to refer patients to NUH during inpatient admissions and to ensure they are not missed once they have been discharged, i.e. email, letter or electronic form. Discussed at the Medicine's Clinical Governance Meeting to make other specialties aware of the issues. Those present confirmed this is not uncommon within other specialties and agreed this would be shared and discussed further within the individual specialties.
29363	Missed fracture in Emergency Department. Patient re-presented to the Emergency Department later the same day upon GP advice.	Incident discussed with doctor involved to reflect on practice. Doctor is also to attend a teaching session regarding identifying lower leg fractures in children to prevent similar issues occurring.
27685	Patient unhappy she was unable to bring meals in for her husband who had a reduced appetite and a long standing condition which required his meals to be liquidised.	Discussion to take place with nursing teams and nutritional specialist nurse to enable relatives to bring meals into hospital for their loved ones if this is deemed safe and appropriate, particularly in instances where the consistency of meals do not differ.
28573	Patient transferred from Ward 14 to the Maternity Ward due to availability of beds. Felt this was inappropriate given her recent cancer diagnosis. She was awaiting transfer to Nottingham University Hospitals for a hysterectomy. This decision was made without any consideration for her emotional wellbeing given she had previously tried to conceive. This proved very distressing for her.	Debriefs have taken place within the Flow and Capacity team, and the divisional teams, around the decision making and the outcomes of this. A risk assessment tool is in development which will complement the current outlier tool in the Trust policy, and this will be added as an appendix to the policy to support further discussions and decision making during times of high activity. To ensure holistic needs are met.
25975	Patient was not woken in the night for observations and not provided with blood pressure medication.	All staff was reminded of the correct procedures to follow and the importance of monitoring observations. Regular checks will be carried out by the ward leaders.

Examples of action taken to address complaint themes

Admissions, discharges & transfers and communication have remained in the top 5 complained about subjects year on year. Aside from the individual learning and actions resulting from each case that is upheld, a number of Trust wide activities have taken place to improve the treatment, care and service we provide in the most complained about areas. A brief summary of the action taken is set out below.

Clinical treatment - General Medicine Group

General Medicine Group is a KO41a criterion incorporating a number of specialties across general medicine. To drive progression of treatment to avoid wasted time in a patient's journey, the Trust is utilising the Red to Green tool to identify waste and reduce internal and external delays as part of the SAFER patient flow bundle. Safer is a practical tool to reduce delays for patients in adult inpatient wards (excluding maternity).

Clinical treatment – Accident and Emergency

The Trust has taken a number of actions during the year to improve our emergency department performance, both internally and with partners including improved triage and handover and Red to Green Days as well as focussing on improving ambulatory pathways.

Admissions, discharges and transfers

Recognising discharge is a constant source of complaint the Trust has implemented a number of initiatives to drive improvements in this area. This includes but is not limited to the introduction of 'Red to Green' days, ensuring every day is contributing towards a patient's diagnosis, treatment and/or discharge.

A bespoke survey was introduced during 2017-18 in the discharge lounge to identify areas for improvement which has helped understand how patient feel during their transfer awaiting discharge.

Improved discharge and communication is also a priority work stream in the Advancing Quality Programme for the Trust in 2018-19, as part of this work we have benchmarked the experience of patients during 2017-18 and expanding of the Friends and Family test to understand if patients felt involved in their discharge plans and how well this was communicated and organised.

The national inpatient survey will provide a further benchmark for 2017-18 locally and nationally to understand how we can improve this experience.

The Macmillan Lead Nurse for End of Life is leading on a project to improve the experience for patients and family as a result of feedback. This project includes working closely with partner organisations to ensure a smooth transition if/when patients are transferred to their preferred place of death.

Parliamentary Health Service Ombudsman (PHSO)

The Trust recognises the value of having an independent body that patients, relatives and carers can refer their complaint to should the Trust not be able to resolve their concern to their satisfaction. In such instances and in accordance with the regulatory requirements, the Trust advises patients, relatives and carers of their option to refer their complaint to the PHSO. The Trust embraces the PHSO's scrutiny of its complaint handling and uses findings as an opportunity to learn and improve. In addition to the PHSO's case work, the Trust review and seek to learn from the various reports that the PHSO produce throughout the year.

The PHSO decided twenty five complaints in 2016-17. Of these two were upheld, four partially upheld and nineteen not upheld. A financial remedy was recommended on three of the six cases, in one case to cover the costs incurred as a result of the failings identified and in the other two cases to compensate the patient for the pain

and suffering caused.

The table below (Figure 6) provides details of those cases that were upheld, whether fully or partially and a description of the action taken to learn and improve.

Figure 6: Cases decided by the PHSO which were upheld or partially upheld

ID	Detail of Complaint	Division	PHSO Open Date	PHSO Outcome	Date PHSO Closed	Learning from PHSO
11346	Care and treatment during admission including inappropriate prescribing of medications, monitoring of INR levels, positioning during U/S scan.	Medicine	03/01/2017	Not Upheld	25/07/2017	N/A
15680	Care and treatment provided during inpatient admission including lack of support at mealtimes, patient sustaining injuries after becoming trapped between the bed and rails, prescribing of incorrect oramorph dosage and lack of communication regarding prognosis	Medicine	28/06/2017	Not Upheld	08/02/2018	N/A
11027	Care and treatment provided during inpatient admission and unhappy patient suffered a fall in hospital resulting in a broken femur – complainant felt this led to patients death.	Medicine & Surgery	28/06/2017	Not Upheld	19/10/2017	N/A
22395	Care and treatment provided during inpatient admission and complainant feels the prescribing of Risperidone worsened patient's condition causing rapid decline and premature death.	Medicine	30/06/2017	Partially Upheld	07/12/2017	The prescribing of Risperidone was appropriate and there is no evidence to suggest this caused the patient's decline or death however, the Trust should have discussed the prescribing of this medication with the family in accordance with national guidance and good practice. – Written apology made to patient and information as above shared at the Medicine's clinical governance meeting for learning.
21407	Treatment and discharge and communication on Ward 53 and 54 – concerns re anticoagulant medication being changed from warfarin to	Medicine	17/07/2017	Not Upheld	21/05/2018	N/A

	Rivaroxaban					
23698	Patient feels there were missed opportunities to diagnose his cancer during inpatient admission	Emergency Urgent Care	18/08/2017	Not Upheld	13/12/2017	N/A
17356	<p>Failings in the prescription of Tazocin, given known allergy to Penicillin. It is clear that this had been noted in the medical records. There were alternative antibiotics (not containing Penicillin) that could and should have been provided</p> <p>Nurses should have checked/confirmed the allergy status at the point of medicine preparation and administration</p>	Surgery / Medicine	12/10/2017	Partially upheld	02.01.18	<p>Failings in the prescription of Tazocin, given known allergy to Penicillin. It is clear that this had been noted in the medical records. There were alternative antibiotics (not containing Penicillin) that could and should have been provided</p> <p>Nurses should have checked/confirmed the allergy status at the point of medicine preparation and administration</p>
23853	Care and treatment provided to patient and discharge arrangements.	Medicine	17/10/2017	Ongoing	N/A	-
25808	Patient would like to understand how he sustained a 'diathermy burn' during a day case procedure on 3 April 2017.	Surgery	26/02/2018	On-going	N/A	-
26474	Following birth of child on 5 June 2016, the placenta was not entirely removed. The retained placenta was removed 5 days later. Patient would like to understand why this was not sent for testing as she understands this occurs to identify the reasons why the placenta was retained following birth.	W&C	14/03/2018	On-going	N/A	-

Overall performance against the 25 Working Day Response Standard

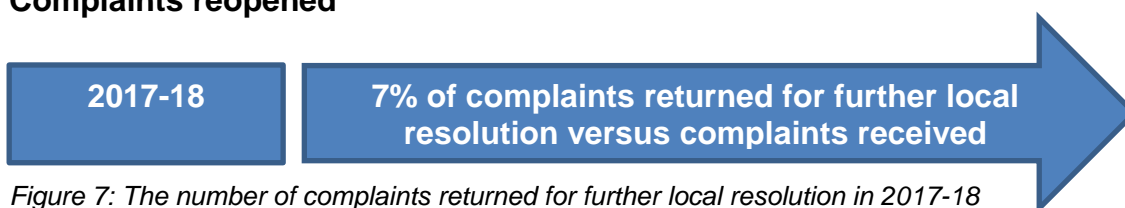
The Trust is committed to providing timely responses to any complaints received and all complaints are managed in accordance with the Trust's complaint management plan to ensure they are responded to within 25 working days of receipt. The graph below shows the Trust's performance against the 25 working day response standard over the last three financial years.

The Trust responded to 259 complaints and 94.3% were within 25 working days or agreed timescales.

Performance against the 25 working day standard dipped from 89% in February 2018 to 60% in March 2018 with a predictable rise up to 80% in April 2018.

While performance against the 25 working day standard was reduced the overall caseload was carefully managed to avoid complainants experiencing inordinate delays in receiving a response to their complaint. All complainants were kept updated on the progress of their complaint and a personal written apology was provided to all complainants.

Complaints reopened



A complaint is categorised as reopened if the complaint is not satisfied with the Trust's first response, and requests a further response to the issues raised. 18 of 259 investigated and reopened to in 2017-18 were returned for further local resolution.

The Trust is committed to understanding why complaints are returned for further local resolution and is constantly seeking to improve the way complaints are investigated and handled to improve complainant satisfaction.

Key Achievements of 2016-17

Reporting KO41a directly from Datix

The KO41a is the Hospital and Community Health Services Complaints Collection tool operated by NHS Digital. All NHS organisations and those delivering NHS Services are required to submit quarterly returns to NHS Digital. PET has developed its processes around data recording and reporting to enable the KO41a to be reported directly from Datix. This makes for more efficient recording and reporting of data and improves the quality.

Complaints Investigation Training for Band 6 Leadership and Preceptorship

PET provides a generic patient experience training package to all new nursing and Allied health Professions as part of the induction. The team have developed the training further and deliver this to staff as part of the Band 6 Leadership programme and Preceptorship nurses.

The training covers the regulatory requirements and best practice guidance. Assurance

was given about the current complaint management arrangements within the Trust and constructive discussion was held with regards to further developing on the Trust's commitment of providing timely, patient centred and robust investigations of complaints.

Bespoke Datix Dashboards

Recognising the importance of empowering divisions to understand and have full knowledge of the complaints concerning their Specialties, PET have developed dashboards that allow the relevant leads within division to access a real time picture of their complaints, supporting local knowledge, effective complaint management and thematic analysis.

Internal Peer Review of complaints

On a quarterly basis a sample of closed complaints are shared with Executives, Non-Executives and Clinical Chairs for review.

This review allows feedback relating to the quality of the response, timeliness of the investigation and thoughts and ideas around possible improvements.

This feedback is collated and reviewed by the Deputy Director of Governance and Quality Improvement and Head of Patient Experience for discussion with the wider team.

Further Developments for 2017-18

Trust wide roll out of actions module

Following review of the Datix system, PET has commissioned the Datix Manager to roll out Datix Live throughout the Trust. This is mirror the Datix system used to manage incidents providing automated alerts for all relevant staff involved in the complaint investigation. This will reduce duplication for the PET and ensure staff involved in a complaint investigation can access the live position of the investigation.

This will also allow PET to roll out the action module of Datix to ensure actions resulting from complaints is systematically recorded and tracked through to completion. This is currently competed manually by PET.

Complaints and Concerns Policy review

The Trust Complaints and Concerns Policy expire in May 2018 therefore we will consult with the triumphant within divisions to understand if the complaints and concerns process is effective and robust as investigators and from a quality assurance process. Management.

A trust wide mapping exercise is planned for May 2018 which will ensure all relevant staff are involved in the discussions, this will then be discussed at the Senior Leadership Team meeting prior to escalation and discussion by the Trust Board.

All agreed recommendations will then form part of the revised policy.

Implementation of Complaints Learning Group

With a continued focus on ensuring complaints are used to drive learning and deliver improvements, a Complaints Learning Group will be formed in 2017-18. Clinically led

with a multi-disciplinary membership, the Group will analyse complaints data to ensure opportunities for improvements are identified and acted upon as well as supporting the delivery and development of effective, robust and patient centred complaint management across the Trust.

Concerns and Compliments

Feedback from our patients, their relatives and carers is a valuable opportunity to review our services and make improvements. We encourage dialogue with staff, giving an opportunity for immediate action and local resolution. To further support our patients, the Patient Experience Team (PET) provides information and advice on how concerns raised can be managed. In addition to a dedicated office for patient, relatives and carers based at Kings Mill and Newark Hospital, offering a satellite service at Mansfield Community Hospital. The PET can be contacted by telephone, email, website, in writing or in person by visiting the office.

We endeavour to respond as swiftly as possible when any issues are raised in accordance with the trust complaints and concerns policy and procedure, which is noticeable from the 22% decrease in the annual figures for concerns with 2530 received in 2016/17 and 1975 recorded in 2017/18, and also an indicator of the quality of care provided care and treatment provide to our patients.

The table below shows top 5 concerns by subject for 2017/18, which accounts for 35% of the concerns received:

Top 8 subjects of concerns by subject 2017/18	Corporate	Diagnostic & Outpatient	Medicine	Surgery	Urgent Emergency Care	Women's & Children
Appointment Cancellation/Delay	0	68	62	90	0	10
Communication Admin	4	54	23	69	5	13
Attitude Doctor	0	6	17	46	14	16
Waiting Time - Outpatient Appointment	0	14	58	65	0	7
Admissions/Transfers/ Discharge Procedures	0	2	18	12	18	3
Total	4	144	178	282	37	37

Fig.9 Table to show top 8 concerns by subject

Examples of the themes around concerns are reported a follows:

- Numerous concerns have been received regarding CT Scans not being available for Oncology appointments, there is now a system in place where Oncology send the CT department a list of patient's a week before their appointment to ensure they are reported on in time.
- Following concerns regarding communications issues relating to cataract surgery, Waiting List now issue a clearer map for patients to locate the department and a clear list of what items should be taken to their appointment as numerous patients were arriving with nightwear and slippers unnecessarily.
- Cancelled appointments and poor communication surrounding this remain a theme in 2017/18 and are raised with the appropriate business manager once identified.
- Attitude remains a theme and is managed by raising with the appropriate clinical lead to discuss and manage with the clinician directly.

- Discharge concerns relate to delays accompanied with discharge e.g. availability of TTO's and delays in booking transport

1439 compliments were reported in 2017/18. Datix now provides a system to capture all concerns and compliments locally which provides the opportunity to further share best practice within the organisation.

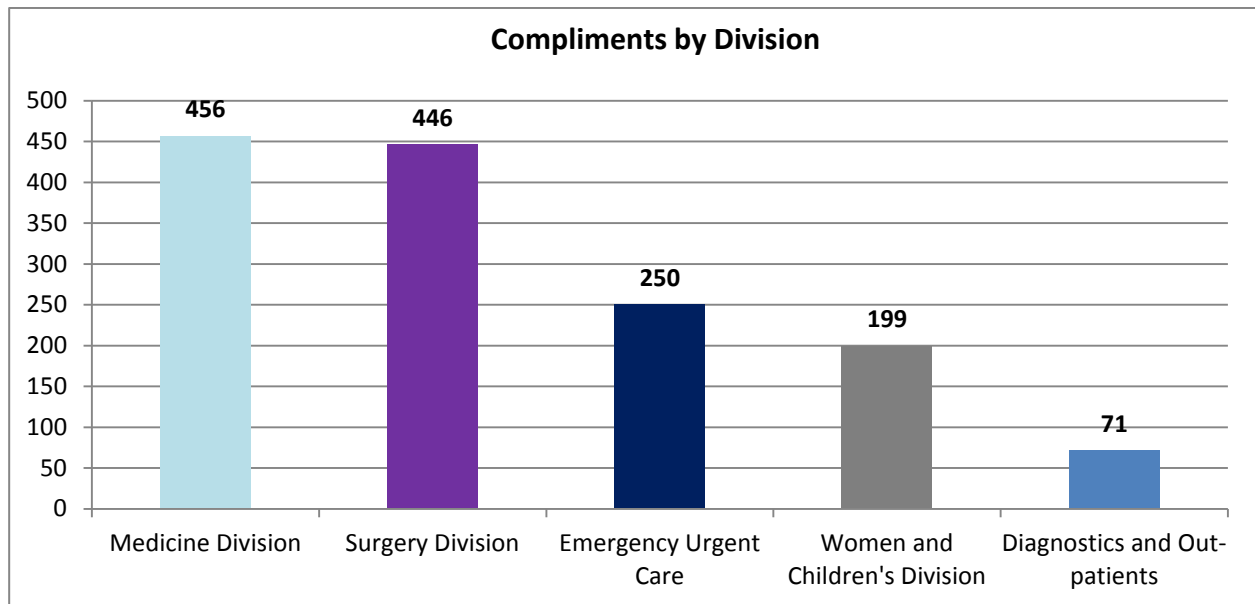


Fig 10 Graph to show compliments per division

Medicine recorded the most compliments (32%), followed by Surgery (31%) and Emergency Care (18%).