

ITEM: 11/017
Doc: 14

Meeting: Trust Board
Date: 26 January 2011

Title: Patient Feedback Report for July to September 2010

Executive Summary: The attached report provides information on Complaints and PALS for the Second Quarter of 2010/11 and includes the Patient Survey Summary July-September 2010. The format of this report will be reviewed and future reports may be structured differently.

Patient Experience Feedback

The report includes internally collected patient experience feedback obtained from the electronic devices available in kiosks in OPD and ED and hand held devices on the wards. These surveys ask the same five corporate questions based on the national patient survey with additional questions for the wards on single sex accommodation.

- There were 2304 validated surveys completed.
- A 10% improvement in patient satisfaction was seen in ED in Q2 and there was an improvement of 14% in quality of nursing care. Satisfaction with cleanliness in ED remains significantly lower than in other areas.
- In terms of net promoter score Thorogood Ward remains the best performing ward overall with Clinic 4A the worst department but with a significant improvement in its performance.

Complaints

- The total number of Formal Complaints received during this quarter was 80, an increase of 9 over the same period in 2009/10. These include formal and informal complaints and those designated out of time (ie received 6 months after the event).
- The main themes emerging from complaints are:
 - clinical care
 - staff attitude, complaints about which have increased from 6 to 23 compared with the corresponding quarter last year
 - Communication
- Complaint numbers for other themes remain similar compared with last year except for Environment/Cleanliness where no complaints were received in Q2, compared with 3 in Q2 of 2009/10.
- The highest number of complaints in Q2 were received by the Medicine and Therapies Directorate (43) with the lowest being in Pharmacy and HR (0). Within Medicine and Therapies the department receiving the highest number of complaints was ED (16). It should be noted that



complaint numbers correlate with the proportional foot fall through each Directorate

- The percentage number of complaints responded to in time was 62.5% for Quarter 2 2010/11 compared to 37% for Quarter 2 2009/10.
- The percentage of dissatisfied formal complaints rose slightly during this quarter to 16.2 % from 15.5% in Q2 90/10.
- The percentage of formal complaints acknowledged within 3 days rose to 98.2% from 97.2% in the same quarter last year and from 95.3% in the first quarter of this year.

PALS

- The number of PALS issues dealt with in this quarter rose from 359 in Q2 of 2009/10 to 522 in Q2 of this year a rise of approximately 31%.
- The main areas dealt with were patients requesting assistance with appointments and expressing concern for treatment given to relatives. In Q2 a number of problems arose in the Urology and Rheumatology clinics where some patients had their appointments cancelled and were not informed before they attended clinic. Unfortunately reception staff did not/could not offer new appointments to the patients at the time of their attending and this led to the significant increase in the number of PALS issues shown in the report. This issue has now been addressed with the clinic staff.

Actions

A number of actions have been implemented based on the above feedback.

Patient Experience Steering Group

A Patient Experience Steering Group has been established, chaired by the Trust's Chairman. The purpose of this group is to identify from the patient feedback and patient experience information 4-5 key areas for improvement and to agree and implement actions to address the areas. The group has met on 2 occasions to date and will continue to meet 6 weekly. An action plan is being developed and progress against actions will be reported to Hospital Management Board and then to Trust Board. It is planned that the first report to HMB will be made in February 2011 and Trust Board in March 2011 and thereafter quarterly.

Out-Patients

- The Director of Operations has established a specific Out-patients action group. An action plan has been developed to address issues of communication, information to patients, staff attitude, patient waiting times and cleanliness of clinics. Implementation of the action plan is being monitored by a programme Board chaired by the Director of Operations who reports on progress to the Patient Experience Steering group.
- A communications skills training DVD has been sourced and is being used to address customer care issues and training in the areas exhibiting the poorest patient experience
- In parallel to this training the management team are changing the approach

to team-working in these clinics.

- Processes that do not add value to patients experience are being re-designed in order to allow the team leader to deliver the leadership competencies required to transform this area of service.
- The general management team are 'going back to the floor' in February 2011 to provide leadership and training to staff in this area. Working alongside nursing colleagues the aim is to facilitate a new approach to team leading the entire clinic team for the benefit of patients
- A presentation on progress is being made to HMB in February 2011 and can be presented to Trust Board if requested.
- The working group action plans are available to Trust Board Members should they desire.

Visible Nurse Leadership

- A Senior Nurse Visible Leadership programme has been ongoing in the Trust for the past 2 years led by the Director of Nursing.
- The programme has recently been reviewed to include a number of days focussed on specific patient experience issues, where matrons will spend time addressing issues of concern raised by patients.
- This will include talking to patients about their experience and their perceptions of the care they are receiving.
- A copy of the Visible Leadership programme is available for Trust Board Members should they wish to look at this in detail
- The audits conducted as part of the Visible Nurse Leadership programme are reported on a number of performance dashboards reporting to a number of committees including Infection Control Committee, Nutrition steering Group, Environmental Cleanliness Committee, Patient Experience Committee and the Nursing and AHP Professional Forum and through these to Clinical Governance Committee.

'SAFE' Nursing Rounds

- A pilot project is currently being undertaken in two wards (Coyle ward, Meyrick ward) where 'SAFE' rounds are being carried out two - hourly. These rounds involve nurses talking to each patient about their comfort, degree of pain, hydration, need for the bathroom, need for change of position. Early indications are that where the rounds are consistently conducted, patients are more content, there are less falls, hydration is better and use of call bells reduces significantly. This pilot is currently being formally evaluated, and it is planned that full rollout across all wards will occur by end of March 2011.
- A full evaluation report of the Pilot will be made available to Trust Board Members when completed

Action:	For information and Discussion
----------------	---------------------------------------

Report From:	Angela Kennedy Head of Legal Services & Complaints
---------------------	---

Sponsor:	Bronagh Scott, Director of Nursing and Clinical Development
-----------------	--

Financial Validation Lead: Director of Finance	Not applicable
Compliance with statute, directions, policy, guidance Lead: All directors	Reference: NHS (Complaints) regulations, DH 2004 NHS (Complaints) amendments regulations, DH 2009
Compliance with Care Quality Commission Regulations / Outcomes Lead: Director of Nursing & Clinical Development	Reference: 17-1; 19-17,
Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	Reference: N/A

Complaints, PALS and Patient Experience report for July to September, Quarter 2 2010/2011

1. Introduction:

This report sets out the Trusts Complaints and PALS performance for the second quarter of 2010/2011 (1st July to 30th September 2010). All the reports have been taken from Datix and therefore can be compared to those of quarter 2 of 2009/10. The Patient Experience analysis for quarter two is also included.

The Response time rose slightly from the same quarter last year but still fell short of the Trust's internal target. There are no longer national targets for Response times. There is still room for improvement in the time taken to investigate the complaints and all managers have been reminded that the investigation should start the day that the complaint is received. An extension is requested from the complainant if the issues are complex or cover several Directorates.

The report has been broken down into individual areas and shows the number of complaints received by each department. In future reports it is hoped that individual wards and clinics will be shown. This will mean that trends can be identified at an early stage and action taken to prevent future problems.

The use of SPC charts to monitor trends in performance over a period of time is reliant upon there being a constant record of data. To create an SPC for each table, by department and complaint group, would mean going into greater detail than the SPC is meant for. The run chart would be more beneficial to reflect trends upon a broader range of data over a longer period of time - as in Figure 1: Formal Complaints Received by Month since July 2009.

Tables presented with 2009/10 Fyr and Quarter's 1 & 2 of 2010/11

Datix has been in use by the Trust since July 2009, the prior system being Safeguard. The financial year of 2009/10 is recorded on two separate data sets which means that we cannot report for the full financial year of 2009/10.

2. Complaints Summary

The total number of Formal Complaints received during this quarter was 80 an increase of 9 over the same period in 2009/10.

The percentage number of complaints responded to in time was 62.5% for Quarter 2 2010/11 compared to 37% for Quarter 2 2009/10.

Summary

Q2 2009/10	Q3 2009/10	Q4 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
71	87	68	85	80	165

Figure 1 below gives the total number of complaints – formal, informal, and those designated ‘out of time’ (ie received more than six months after the event) – received each month since April 2008.

Figure 1: Total Reported Formal Complaints by Month since July 2009

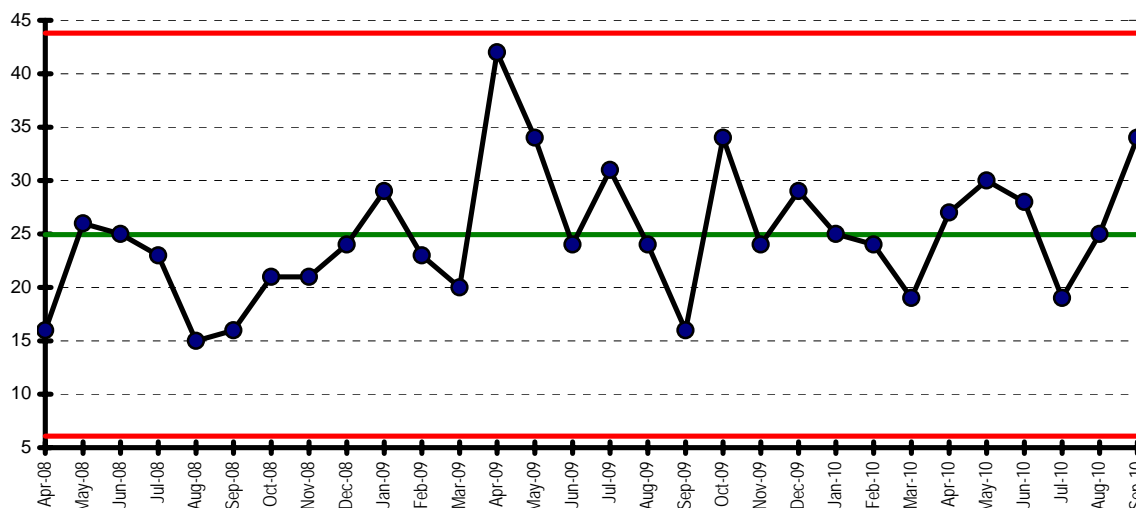


Table A: Subject Area in which the complaints are categorised comparing Quarter 2 of 2009/10 to 2010/11.

Complaints by Subject	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Clinical care	27	33	25	58
Communication and Information	18	16	15	31
Attitude	6	23	23	46
Waiting times / Delays	10	5	8	13
Other	1		4	4
Hotel Services	4	2		2
Environment / cleanliness	3			0
Medical Records	1	1	2	3
Transport	1		1	1
Discharge Arrangements		1	1	2
Hygiene and cleanliness		2	1	3
Bereavement		2		2
Grand Total	71	85	80	165

Table B

Table b shows a breakdown of all Formal Complaints Received related to aspects of Clinical Care by sub category.

Clinical Care Complaints	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Level of Care Caused Further Complications	20	13	12	25
Unacceptable Level of Clinical Care	7	20	13	33
Grand Total	27	33	25	58

Table C

Breakdown of complaints received by Care Group/Directorate for 2009/10 and 2010/11

The table below shows the number of complaints received by each Directorate for the 2nd Quarter of 2009/10 and 2010/11.

	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Medicine and Therapies	24	35	43	78
Surgery and Oncology	17	47	27	74
Women and Children	4	23	14	37
Diagnostics, Outpatients and Scheduled Services	31	5	2	7
Access, Diagnostics and Planned Care		8	19	27
Facilities and Estates	6	8	5	13
Nursing and Clinical Development	11	1	1	2
Pharmacy	3	2		2
IM and T	1		2	2
Operations		1	1	2
External Organisation			1	1
Human Resources (HR)		1		1
Grand Total	97	131	115	246

Table D – Departments

The table below shows the number of complaints received by each Department for the 2nd Quarter of 2009/10 and 2010/11

Medicine & Therapies

Emergency Department

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Emergency Department	Attitude	3	6	9	15
	Clinical care	8	7	5	12
	Communication and Information	2	1	1	2
	Hygiene and cleanliness		1		1
	Waiting times / Delays	1		1	1
Emergency Department Total		14	15	16	31

Care of Older Person

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Care Of Older Person	Bereavement		1		1
	Clinical care	3	2	3	5
	Communication and Information			1	1
Care Of Older Person Total		3	3	4	7

Gastroenterology

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Gastroenterology	Attitude	1	1	1	2
	Clinical care		2	4	6
Gastroenterology Total		1	3	5	8

General Medicine

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
General Medicine	Clinical care		3	3	6
	Communication and Information		2		2
	Waiting times / Delays	1			0
General Medicine Total		1	5	3	8

Rheumatology

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Rheumatology	Attitude	2	1	3	4
	Clinical care		2	2	4
	Waiting times / Delays		1	1	2
Rheumatology Total		2	4	6	10

Surgery & Oncology

Anaesthetics

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Anaesthetics	Attitude		1		1
	Clinical care	2	1	1	2
	Communication and Information	1	1		1
	Waiting times / Delays			1	1
Anaesthetics Total		3	3	2	5

Day Surgery / Endoscopy

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Day Surgery / Endoscopy	Attitude		1	1	2
	Clinical care		1	1	2
	Communication and Information	1	2		2
	Waiting times / Delays		1	1	2
Day Surgery / Endoscopy Total		1	5	3	8

General Surgery

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
General Surgery	Attitude	1	5		5
	Clinical care	2	4	1	5
	Communication and Information	1	4	3	7
	Waiting times / Delays	1			0
General Surgery Total		5	13	4	17

Oncology

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Oncology	Attitude			2	2
	Clinical care			1	1
	Communication and Information		1		1
	Discharge Arrangements		1		1
	Waiting times / Delays		1		1
Oncology Total		0	3	3	6

Ophthalmology

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Ophthalmology	Attitude	1		1	1
	Clinical care		1		1
	Communication and Information	1	1	1	2
	Waiting times / Delays		1	1	2
Ophthalmology Total		2	3	3	6

Trauma & Orthopaedics

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Trauma And Orthopaedics	Attitude		1	2	3
	Clinical care	2	5	4	9
	Communication and Information		2		2
	Discharge Arrangements			1	1
Trauma And Orthopaedics Total		2	8	7	15

Urology

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Urology	Clinical care	2	3	3	6
	Communication and Information		2	1	3
	Waiting times / Delays			1	1
Urology Total		2	5	5	10

Women & Children

Maternity & Obstetrics

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Maternity & Obstetrics	Attitude	1	5	8	13
	Clinical care	2	4	3	7
	Communication and Information	1	1		1
	Environment / cleanliness		1		1
	Hotel Services		1		1
	Medical Records		1	1	2
	Waiting times / Delays		2		2
Maternity & Obstetrics Total		4	15	12	27

Gynaecology (Incidents involving doctors only)

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Gynaecology (incidents involving doctors only)	Attitude		1		1
	Clinical care		3		3
	Communication and Information		2	1	3
Gynaecology (incidents involving doctors only) Total		0	6	1	7

Paediatrics

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Paediatrics	Communication and Information		1		1
	Waiting times / Delays		1		1
Paediatrics Total		0	2	0	2

Diagnostics, Outpatients and Scheduled Services

Appointments

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Appointments	Attitude			2	2
	Communication and Information	7			0
	Medical Records	1			0
	Waiting times / Delays	3			0
Appointments Total		11	0	2	2

Imaging

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Imaging	Clinical care	1			0
	Communication and Information	1	1		1
Imaging Total		2	1	0	1

Outpatients Department (excluding Paediatrics and Maternity)

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Outpatients Department (excluding Paediatrics and Maternity)	Attitude	1	1		1
	Clinical care	5			0
	Communication and Information	4	1		1
	Waiting times / Delays	4	1		1
Outpatients Department (excluding Paediatrics and Maternity) Total		14	3	0	3

Facilities

Housekeeping

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Housekeeping	Environment / cleanliness		1	1	2
	Hotel Services	1	1		1
	Hygiene and cleanliness		2	1	3
Housekeeping Total		1	4	2	6

Security

<u>Department admitted</u>	<u>Complaint Subject</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Security	Attitude		1	2	3
	Communication and Information		1		1
Security Total		0	2	2	4

Table E – Ombudsman

The table below shows the number of Ombudsman complaints received by the Trust for the 2nd Quarter of 2009/10 and 2010/11.

Q2 2009/10	Q3 2009/10	Q4 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
0	2	2	1	0	1

The table below shows the number of Ombudsman complaints received by each Directorate for the 2nd Quarter of 2009/10 and 2010/11.

Directorate Description	Q2 2009/10	Q3 2009/10	Q4 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Diagnostics, Outpatients and Scheduled Services			1			0
Medicine and Therapies		1				0
Surgery and Oncology		1	1			0
Women and Children				1		1
Grand Total		2	2	1		1

Table G – Dissatisfied Complaints

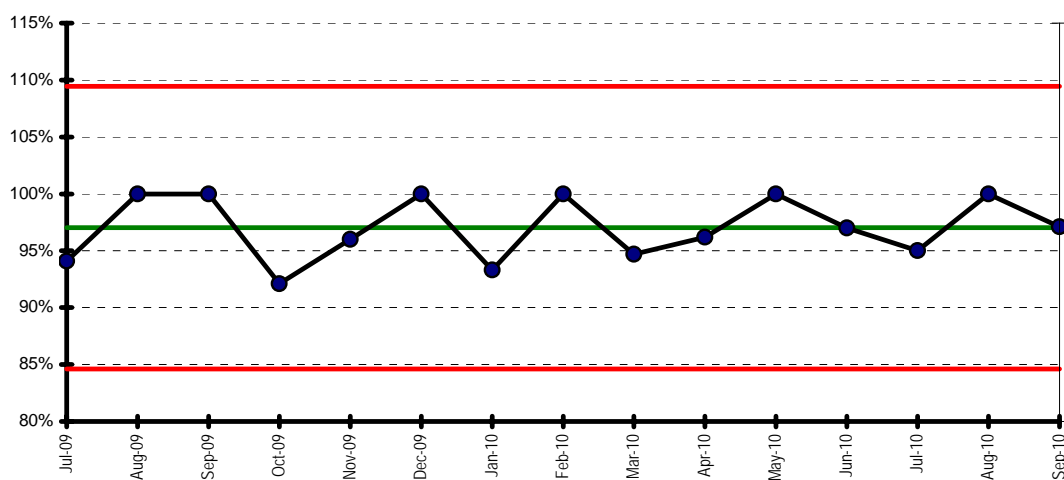
	Q2 2009/10	Q1 2010/11	Q2 2010/11
% Dissatisfied Formal Complaints	15.5%	14.8%	16.2%

Table F – Response Rates

Formal Complaints acknowledged within 3 days.

	Q2 2009/10	Q1 2010/11	Q2 2010/11
Formal Complaints Acknowledged to on time	71	85	80
% Formal Complaints Acknowledged to on time	97.2%	95.3%	98.2%

Figure 1: Formal Complaints acknowledged within 3 days. % by Month since July 2009



Quarterly response within deadline.

	Q2 2009/10	Q1 2010/11	Q2 2010/11
Formal Complaints Received	71	85	80
Formal Complaints Responded to	71	80	74
Formal Complaints Responded to on time	44	49	48
% Formal Complaints Responded to on time	62.0%	57.6%	62.5%

3. PALS Report

Total number of PALS issues dealt with in quarter 2 2010/11 compared to 2009/10 rose by approximately 31%. The significant rise can be attributed to many staff sending patients to the Patient Relations office instead of trying to deal with the issues on the frontline.

Table A: Number of PALS issues received

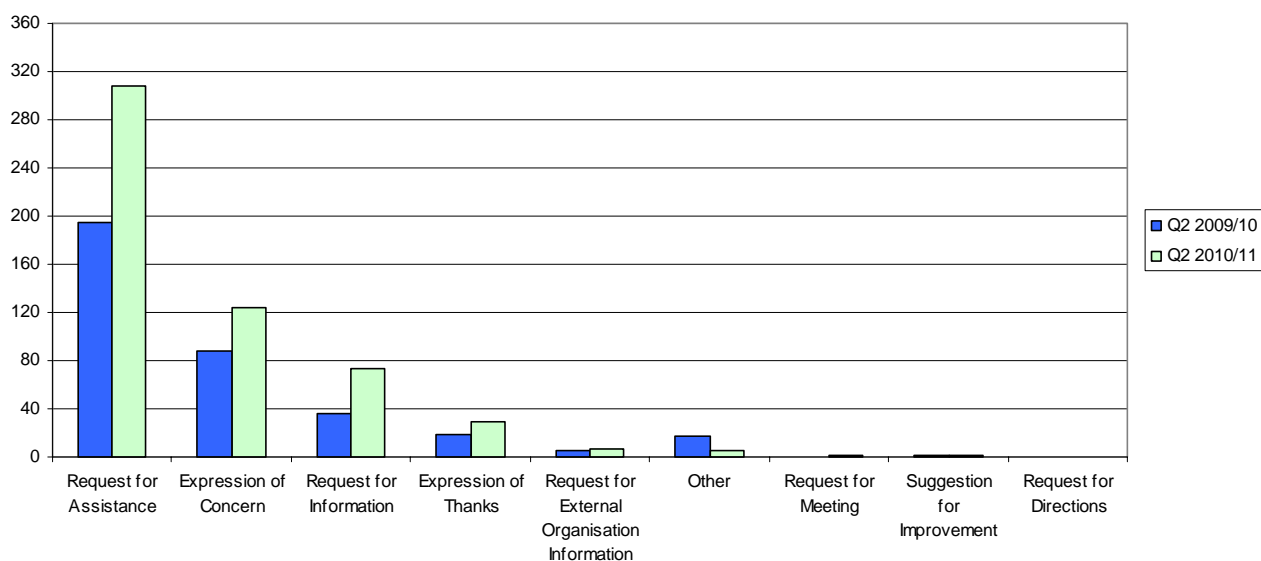
Q2 2009/10	Q3 2009/10	Q4 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
359	354	365	420	522	942

Table B

Breakdown of PALS records by Type for Quarter 2 of 2009/10 and 2010/11

<u>Type Description</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Request for Assistance	195	258	308	566
Expression of Concern	88	97	124	221
Request for Information	36	45	73	118
Expression of Thanks	19	29	29	58
Request for External Organisation Information	5	2	7	9
Other	18	14	5	19
Request for Meeting			1	1
Suggestion for Improvement	1	1	1	2
Request for Directions		1		1
Grand Total	362	447	548	995

Table B: Breakdown of PALS Records by Type for Quarter 2 2009/10 & 2010/11



**Table C
Breakdown of PALS records by Subject for Quarter 2 of 2009/10 and 2010/11**

Subject Description	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Appointments	44	125	161	286
Communication and Information	43	99	149	248
Other	228	85	73	158
Clinical Care	6	27	52	79
Attitude	9	26	20	46
External Services	3	6	16	22
Car Parking	4	18	13	31
Medical Records	6	10	13	23
Results		13	12	25
Discharge Arrangements	2	4	8	12
Lost Property		10	8	18
Transport	4	7	8	15
Waiting Times / Delays	7	5	6	11
Environment / Cleanliness	1	4	3	7
Privacy and Dignity	2	1	2	3
Financial		2	1	3

<u>Subject Description</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Hand Hygiene			1	1
Hygiene and Cleanliness	1		1	1
Request for Patient Information		4	1	5
Hotel Services	1	1		1
Staff Relations	1			0
Grand Total	362	447	548	995

Table D

A breakdown of the all aspects of Clinical Care PALS by sub category

<u>All Aspects of Clinical Treatment</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Concerns About Medication		3	2	5
Concerns About Treatment	1	5	7	12
Level of Care Caused Further Complications		5	3	8
Other	2	9	33	42
Unacceptable Level of Clinical Care	3	5	7	12
Total	6	27	52	79

Table E

Breakdown of PALS Records received by Directorate for Quarter2 of 2010/11

<u>Directorate Description</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Access, Diagnostics and Planned Care	6	8	283	291
Medicine and Therapies	66	64	82	146
Surgery and Oncology	24	31	50	81
External Organisation	20	37	47	84
Diagnostics, Outpatients and Scheduled Services	176	237	22	259
Facilities and Estates	13	14	21	35
Nursing and Clinical Development	28	22	18	40
Women and Children	13	25	15	40

<u>Directorate Description</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
IM and T	5	3	8	11
Trustwide	4	3	2	5
Corporate Secretariat	1	2		2
Finance	1	1		1
Human Resources (HR)	2			0
Pharmacy	1			0
Primary Care	1			0
Other	1			0
Grand Total	362	447	548	995

Table F

Breakdown of Compliments received by Directorate for Quarter 2 of 2010/11

<u>Directorate Description</u>	Q2 2009/10	Q1 2010/11	Q2 2010/11	YTD 2010/11
Access, Diagnostics and Planned Care			6	6
Medicine and Therapies	7	11	11	22
Surgery and Oncology	5	1	9	10
Diagnostics, Outpatients and Scheduled Services	2	7		7
Facilities and Estates		1	1	2
Women and Children	4	9	2	11
Trustwide	1			0
Total	19	29	29	58

Patient Survey Summary Jul - Sep 2010

This section of the report shows the responses from patients who have completed the internal patient feedback surveys. The second quarter of 2010/11 saw a total of 2304 validated surveys completed upon the electronic kiosks available in outpatients and the Emergency Department and mobile handheld devices on the wards.

Of these 355 were undertaken in ED, 1013 in OP, 388 in the DTC and 548 on the inpatient wards.

All surveys ask the same corporate questions with additional questions in inpatient environments regarding mixed sex accommodation and a small number of proprietary questions asked in other areas.

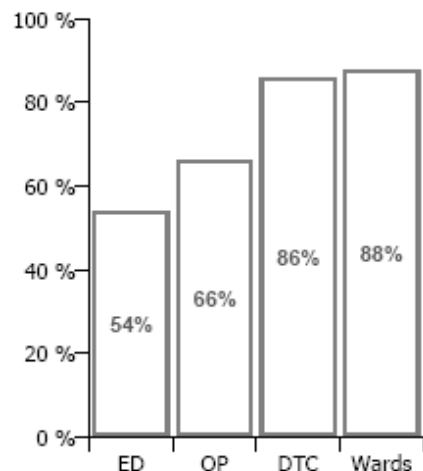
Once again ED and OP have lower satisfaction results compared with DTC and inpatient wards although there has been an improvement seen in ED in Q2 by roughly 10%. Figures for OP remain much the same for Q2 as for Q1.

Cleanliness in ED remains significantly lower than in other areas.

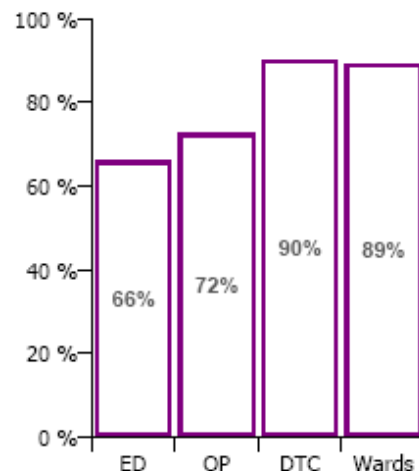
Quality of nursing has improved significantly in ED from 53% in Q1 to 67% in Q2. In the other areas figures remain roughly equivalent.

Percentage of patients who rated their care in the top 2 categories for the following questions:

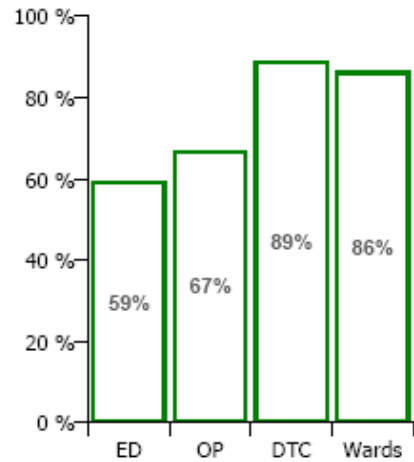
Overall, how would you rate the care you received?



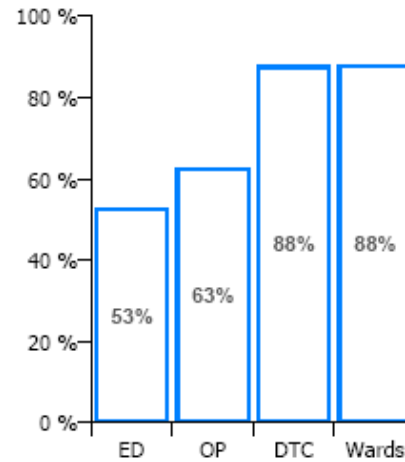
I feel I was treated with dignity and respect



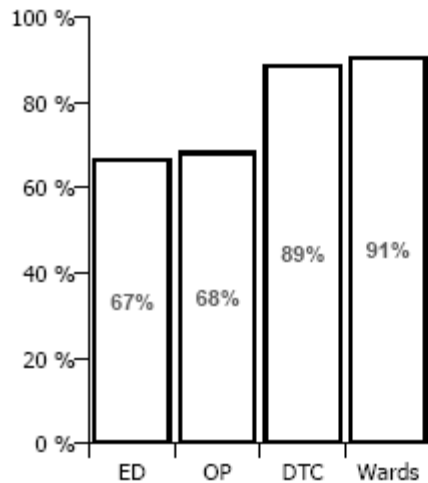
I was involved as much as I wanted to be in the decisions about my care



Please rate the cleanliness of the hospital



Did you have confidence and trust in the nurses treating you?



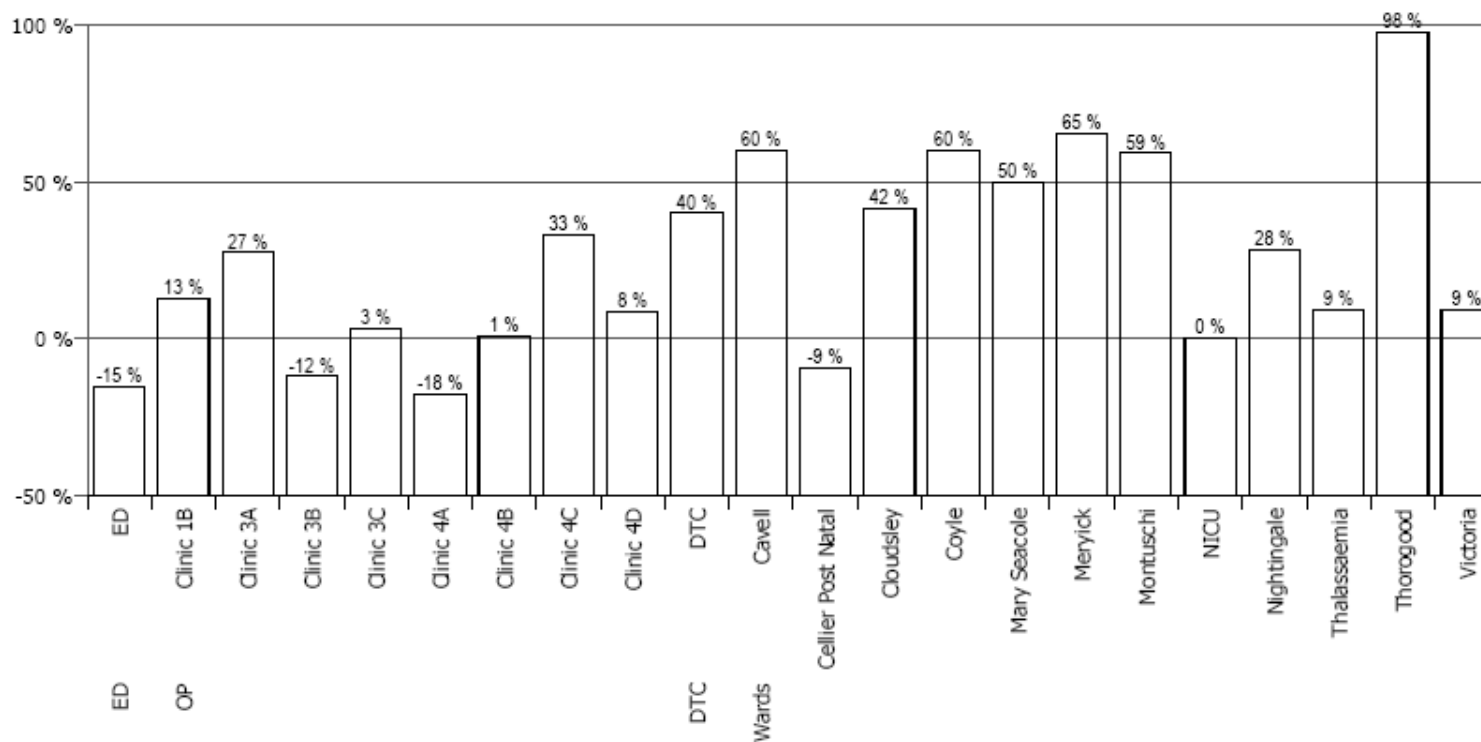
Survey volumes by area

Survey Area	Total Surveys
ED	355
OP	1,013
DTC	388
Wards	548
Total	2,304

Patient Survey Summary Jul - Sep 2010

Net Promoter Score by Location

As in Q1 the NPS (Net Promoter Score) by individual area shows a huge disparity in performance. For the second quarter running Thorogood Ward remains the best performing and has improved from 88% to 98%. The worst performing is again Clinic 4A although there has been a significant improvement in its performance. Response rates will have an impact on performance ratings and the response rate between areas varies as some locations are more productive than others.



NPS is graded 0-10 by respondents. 0-6 = detractor, 7-8 = passive, 9-10 = promoter. NPS is calculated by subtracting the number of detractors from the number of promoters and showing the resulting figure as a percentage of total responses. NPS ranges from -100% to 100%.

NPS and Survey Volumes by location

Survey Area	Survey Location	Total Surveys	NPS
Emergency Department	ED	355	-15 %
Outpatients	Clinic 1B	126	13 %
	Clinic 3A	64	27 %
	Clinic 3B	61	-12 %
	Clinic 3C	227	3 %
	Clinic 4A	39	-18 %
	Clinic 4B	141	1 %
	Clinic 4C	15	33 %
	Clinic 4D	340	8 %
Day Treatment Centre	DTC	388	40 %
Inpatient Wards	Cavell	5	60 %
	Cellier Post Natal	33	-9 %
	Cloudsley	13	42 %
	Coyle	12	60 %
	Mary Seacole	96	50 %
	Meryick	83	65 %
	Montuschi	132	59 %
	NICU	8	0 %
	Nightingale	93	28 %
	Thalassaemia	12	9 %
	Thorogood	49	98 %
	Victoria	12	9 %
	Total		2,304