

COMPLAINTS AND FEEDBACK REPORT

April to June 2016

1. Summary	3
2. Complaints	6
Complaints activity	7
Parliamentary and Health Service Ombudsman	14
Actions taken as a result of a formal complaint	18
Complainant satisfaction survey	19
3. Feedback	22
Comment cards	23
Website and social media feedback	24
Letter of thanks	25
Friends & Family Test	26
2015 National Inpatient Survey	30
Local patient satisfaction survey results	33
Healthwatch Sheffield Enter and View Visit	35



Summary

The summary section provides an overview of key areas of performance ('risks' and 'highlights') and identifies any actions being taken as a result.

	Risks
Complaints	<ul style="list-style-type: none">• There has been a significant increase in the number of combined complaints and concerns received over the past 9 months, and the number of formal complaints remains higher than was being received 12 months ago (383 between April and June 2016, compared with 315 between April and June 2015)• Although the number of informal concerns is consistent with what has been received previously, there has been a shift with fewer concerns being managed informally compared to the proportion being managed through the formal complaints process. <p>ACTION: The Patient Partnership Department will continue to monitor the number of formal complaints and informal concerns received, and ensure they are being managed through the appropriate route.</p> <ul style="list-style-type: none">• Following a review by the Parliamentary Health Service Ombudsman (PHSO) this quarter, the Trust was informed that 3 of the 9 complaints that had been reviewed by the PHSO were partially upheld. These are outlined in the report.

Highlights
<ul style="list-style-type: none">• Between April and June 2016, 383 new formal complaints were received and 407 informal concerns. By combining formal complaints and informal concerns, 790 combined concerns were received this quarter, a decrease from 802 last quarter.• At the end of the first quarter for 2016/17, the year to date performance of responding to complaints within 25 working days is 91%, compared with 68% at the end of the same quarter last year.

Summary

Risks

Friends and Family Test (FFT)

- The FFT score for community between April and June 2016 is 7.5% lower than the 12 month national average while A&E is 0.8% lower and maternity is 0.3% lower.

ACTION

The overall negative score for Community Services continues to be higher than the national average. It is recognised that methods used to carry out the FFT can affect the score, with some methods consistently producing lower scores than others.

An analysis has been undertaken to identify the services which regularly receive higher negative scores within Community Services. Of the 7 services identified, 3 have been selected for a 3-month trial of using postcards, as opposed to SMS text messaging and Interactive Voice Messaging (IVM). Once this trial is complete a review will be undertaken to see if the change in method has had any impact on FFT scores. In addition, during this period an analysis will also be undertaken of the negative comments received for the other 4 services identified to determine where improvements could be made.

An update of this work will be presented to the Patient Experience Committee in August 2016.

National Surveys

- In the 2015 National Inpatient Survey, the Trust scored significantly better on 1 question compared to the 2014 survey, and significantly worse on 1 question. Compared to other trusts, in 2015, the Trust scored 'about the same' on all questions except one, where we scored worse. These results are detailed within the report.
- An analysis of free-text comments from the 2015 National Inpatient Survey has highlighted an issue with the 'attitude and empathy' of nursing staff, and communication with younger people.

ACTION: Results from all national surveys are considered alongside other patient experience data, in order to address areas where improvements can be made. The action plan from the 2015 national inpatient survey results will feature in a future report.

Highlights

- For April to June 2016, inpatient areas achieved a response rate of 30%, achieving the 30% target, A&E areas achieved 24%, above the 20% target, and maternity achieved 34%, above the 20% target.
- For April to June 2016, inpatients (96%) and outpatient (94%) scores are higher than the 12 month national average.

Summary

	Risks
Local patient satisfaction survey	
Healthwatch Sheffield Enter and View visit	

Highlights
<ul style="list-style-type: none">• This is the first quarter since the new local patient satisfaction surveys were implemented on the 1st April 2016. Results for the outpatient, inpatient and community satisfaction surveys are presented in this report and form the baseline for future performance monitoring, where trends and actions to improve services will be identified.
<ul style="list-style-type: none">• A summary of the report from Healthwatch Sheffield following the Enter and View visit to the Ante Natal Clinic and Rivelin Ward at the Jessop Wing during March 2016 is featured in this report.• The visit was very positive, with a number of recommendations being made. An action plan in response to these recommendations is also presented.

This section of the report aims to provide a comprehensive review of complaints activity over the past quarter. An analysis against other comparable periods is presented to indicate any trends or variation in activity.

If a complainant is unhappy with the response received from the Trust, they have the right to contact the Parliamentary and Health Service Ombudsman (PHSO) to request an investigation. All PHSO requests and decisions are outlined in this section of the report.

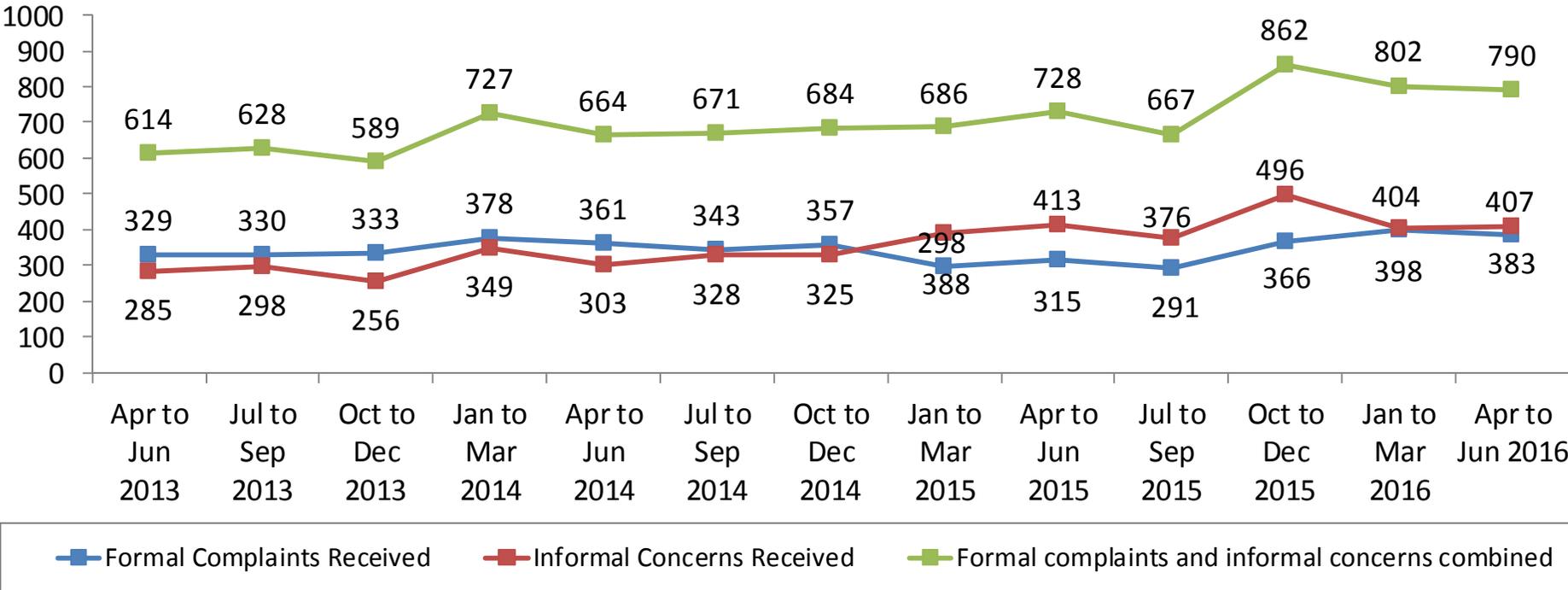
The Trust participated in the Patients Association's National Complainant Satisfaction Survey from April 2014 to November 2015. Following a review of the process for managing the complaints survey and making the best use of the results, the Trust has introduced a new survey which will enable us to monitor complainant views in a more timely manner and to undertake a more detailed analysis of results. The first series of results from the new complaints survey are featured in this section of the report.

Across the Trust we take all complaints very seriously and wherever possible we use them to learn from and to make changes and improvements to our services. An example of actions that have been implemented over the past quarter is highlighted.

Where they are available, benchmarking data are provided to understand how the Trust performs against other similar sized NHS trusts to provide greater assurance regarding performance against key indicators.

Complaints – Number of formal complaints and informal concerns received

Total number of concerns received by quarter



During this quarter 383 new formal complaints were received, a decrease from 398 received last quarter. 407 informal concerns were received this quarter, compared with 404 last quarter. By combining the number of formal complaints received and the number of informal concerns, a total of 790 were raised between April and June 2016, an decrease from 802 received last quarter.

The graph above shows that when complaints data are presented as a quarterly breakdown rather than monthly, there has been a significant increase in the number of combined complaints and concerns received over the past 9 months. The number of formal complaints remains higher than what was being received 12 months ago.

Although the number of informal concerns is consistent with what has been received previously, there has been a shift with fewer concerns being managed informally compared to the proportion being managed through the formal complaints process.

This is being monitored within the Patient Partnership Department to ensure that any concerns which could be appropriately resolved quickly through an informal route are being managed informally.

Complaints – Formal complaints received by patient activity

Proportion of patients who have made a formal complaint

	Number of patients treated for each complaint received		% of patients who have made a complaint	
	Last 12 months	Current Qtr Apr to Jun 16	Last 12 months	Current Qtr Apr to Jun 16
Combined Community & Acute Care	1299:1	1337:1	0.08%	0.07%
Emergency Care	468:1	462:1	0.21%	0.22%
- Accident & Emergency*	938:1	1181:1	0.11%	0.08%
Head & Neck Services	1276:1	1218:1	0.08%	0.08%
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	1153:1	1013:1	0.09%	0.10%
Musculoskeletal**	630:1	518:1	0.16%	0.19%
Operating Services, Critical Care & Anaesthesia	640:1	858:1	0.16%	0.12%
South Yorkshire Regional Services	789:1	707:1	0.13%	0.14%
Specialised Cancer, Medicine & Rehabilitation	2881:1	3121:1	0.03%	0.03%
Surgical Services	950:1	1332:1	0.11%	0.08%
Trust total	1017:1	1016:1	0.10%	0.10%

* Accident & Emergency complaints are coded under their own category so have been separated in the table above, however, Accident & Emergency complaints are also included in the Emergency Care data.

The table above shows the number of patients treated for each formal complaint received, as well as the percentage of patients that have made a formal complaint, for each Care Group (as well as A&E, which is coded separately). The Care Groups above are listed alphabetically.

The data above show that over the past 12 months, the Trust treated 1017 patients for every formal complaint received, which equates to 0.10% of patients treated making a formal complaint. Compared to the past 12 months, the number of patients making a formal complaint is very similar to the current quarter (April to June 2016) with 1016 patients being treated for every

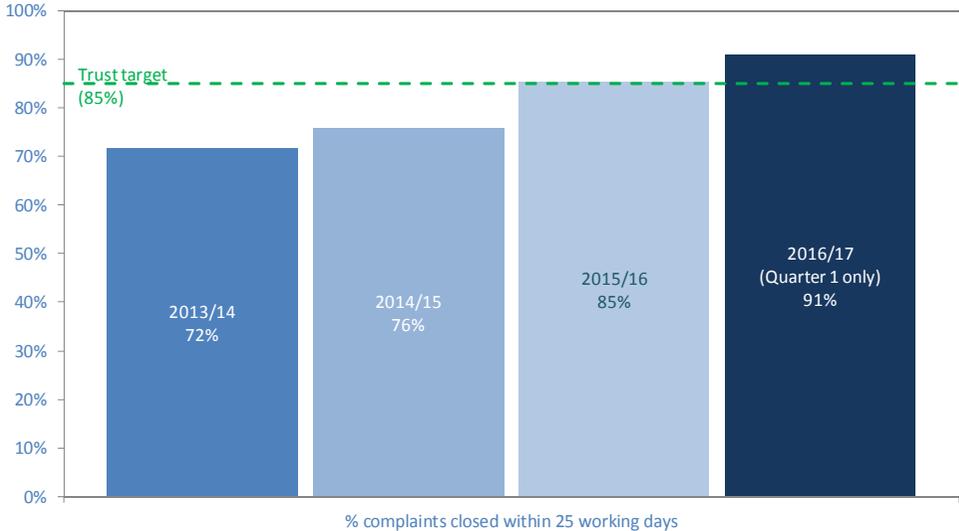
formal complaint received, this equates to 0.10% of patients treated making a formal complaint.

With regard to individual Care Groups, Surgical Services has seen the biggest decrease in the proportion of formal complaints received with 0.08% of patients making a complaint between April and June 2016, compared with 0.14% between January and March 2016.

Complaints – Response times

The Trust works to a locally set target of responding to at least 85% of formal complaints within 25 working days (or with an extension agreed with the complainant). In addition, all informal concerns are managed within 2 working days.

Percentage of formal complaints closed within 25 working days



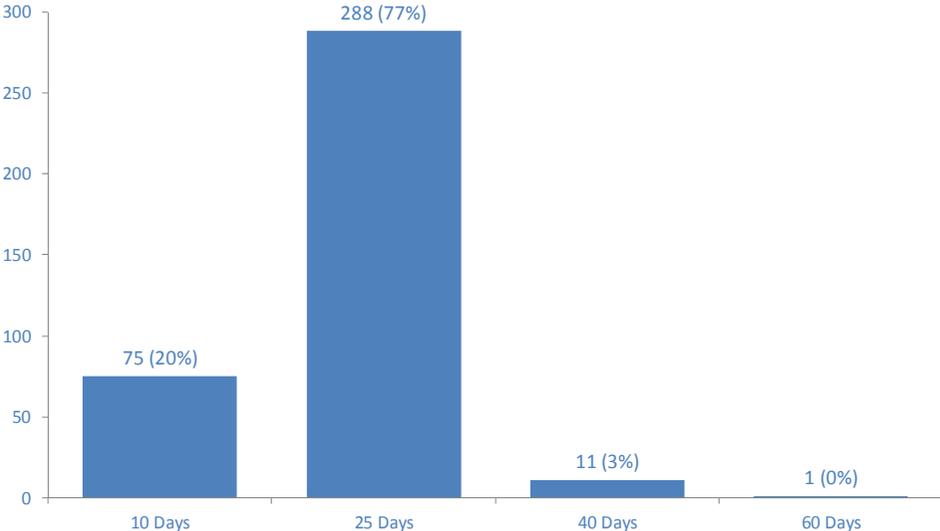
From the 1st April 2016, the Trust is working to a new tiered response times process, as opposed to the flat 25 working days timescale for all formal complaints, regardless of their complexity.

As part of the new process, a new triage model has been introduced, which is used to grade the complexity of a complaint from Level 1 (low risk) to Level 4 (high risk). These new risk levels determine the length of time allocated for responding to the complaint; which is then agreed with the complainant from the outset. These include:

- Level 1 - 10 day target for complaints which can be resolved more quickly
- Level 2 - 25 day target for complaints of medium complexity
- Level 3 - 40 day target for more complex complaints
- Level 4 - 60 day target for very complex complaints, or when an external investigation is required, such as an inquest

Of the 383 new formal complaints received between April 2016 and June 2016, 5 have since been put 'on hold' and 3 are still awaiting consent. The chart below shows the breakdown of formal complaints received by the response timescales agreed through the new process:

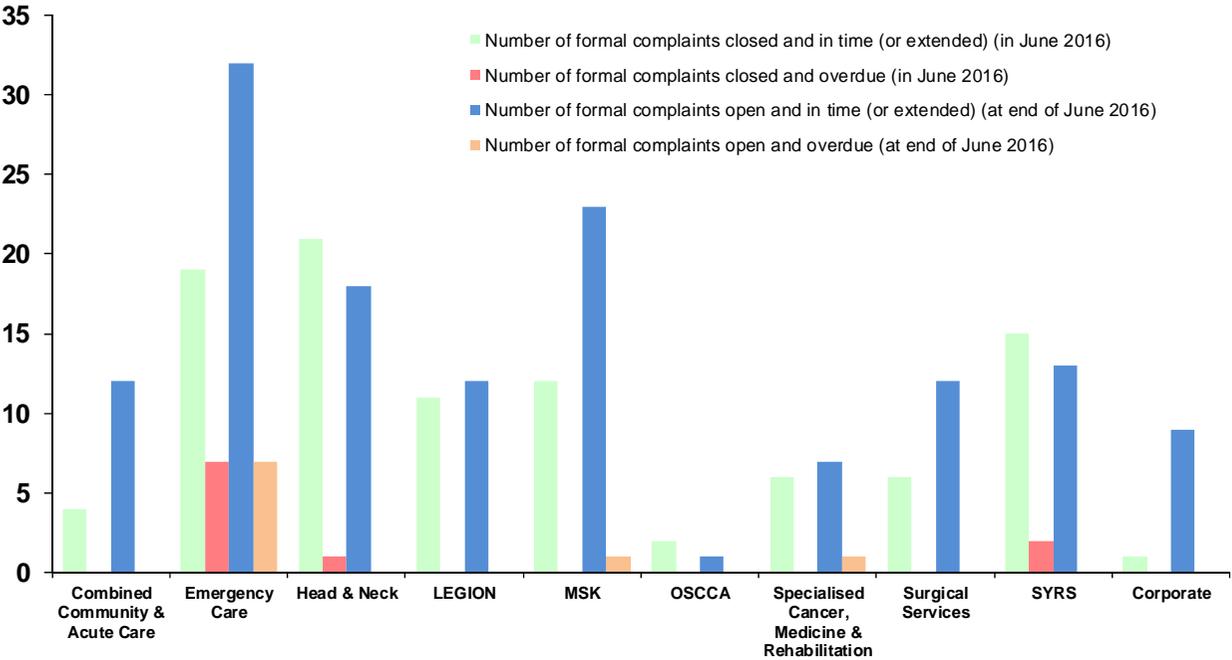
Allocation of tiered response timescales



As more complaints that have been received since the 1st of April will have been closed, next quarter's report will present response time performance based on whether the complaint was closed 'on time' against its agreed response time, rather than against the current 25 working day target.

Complaints – Number of formal complaints closed

Formal complaints closed against the number of overdue complaints (end of quarter position)



The graph above shows the number of complaints that have been responded to within 25 working days or with an agreed extension (in time) and those that have not achieved the Trust 25 working day target (overdue).

The number of open but overdue complaints is a helpful predictor of complaint response time performance in the upcoming months and is useful as an early warning of potential problems which are developing. The data above are based on figures at the end of June 2016, as the number of overdue complaints changes daily as does the number of complaints closed.

Over the past quarter, 378 formal complaints have been closed, an increase from 365 formal complaints closed between January and March 2016. 6% (9) of all open complaints remain overdue, a decrease from 9% (10) of all

open complaints being overdue at the end of March 2015. Emergency Care has the highest number of overdue complaints with 7, accounting for 18% of the groups overall open complaints caseload.

Complaints – Re-opened complaints

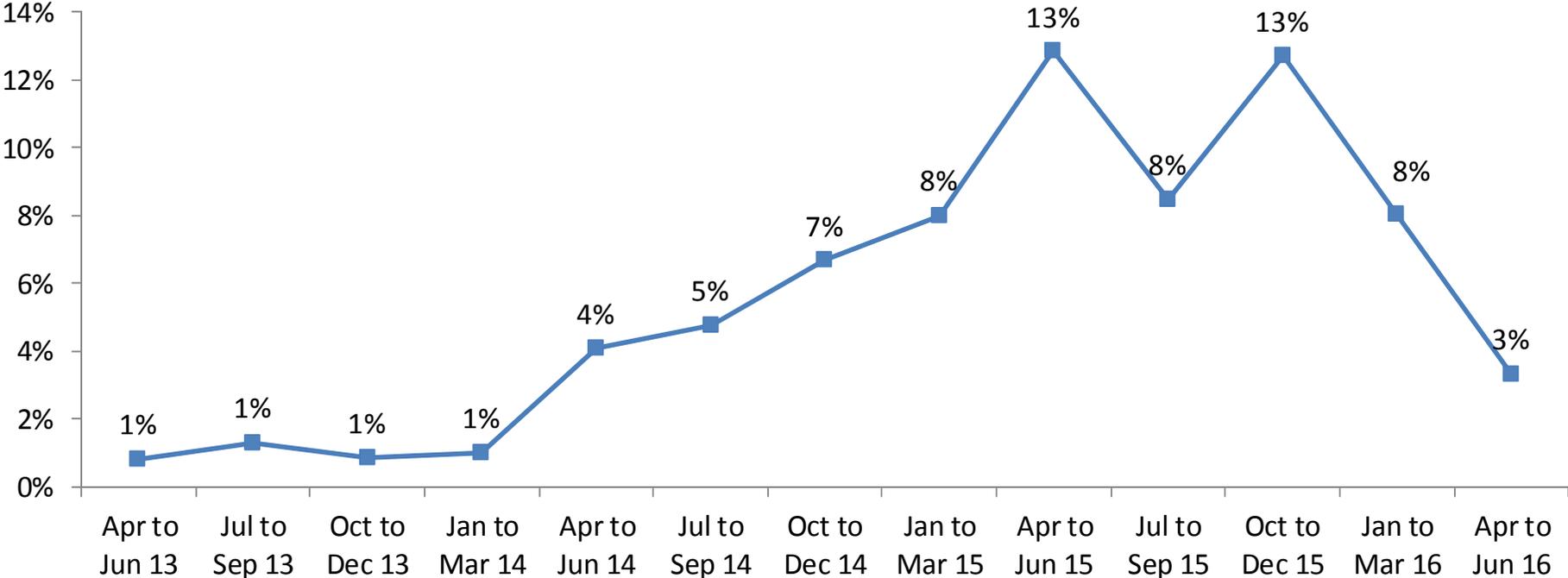
The proportion of complaints which are re-opened is a useful indicator of how satisfied complainants are with the response they received from the Trust to the concerns that they raised. It should be noted that whilst response times are one quality indicator in complaints management, another important aspect is the quality of the response.

The graph below shows the percentage of complaints closed each month that were subsequently re-opened, and highlights a steady increase in the percentage of re-opened complaints up to October to December 2015. This

has reduced over the past 2 quarters, however, it should be noted that the January to March 2016 and April to June 2016 figures are likely to increase as complaints closed in these quarters may be reopened in subsequent months.

Initiatives are in place to help reduce the number re-opened complaints such as the complainant satisfaction survey, which will help us gain a better understanding of the issues that leave complainants dissatisfied with their final response, and the complaints training which includes investigation skills and letter writing.

Percentage of complaints closed that were subsequently re-opened (to date)



Complaints - Subjects raised in formal complaints and informal concerns

Top 10 subjects raised in formal complaints and informal concerns over the past quarter compared to the last 12 months

Current quarter (April 2016 to June 2016)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	131	15%
2	Attitude	48	6%
3	General nursing care	48	6%
4	Appropriateness of medical treatment	46	5%
5	Delay in treatment	34	4%
6	Communication with relative / carer	31	4%
7	Waiting time for follow-up appointment	28	3%
8	Cancellation of appointment	25	3%
9	Choice of medical treatment	19	2%
-	Incorrect appointment booking	19	2%

Last 12 months (July 2015 to June 2016)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	486	14%
2	General nursing care	215	6%
3	Attitude	191	6%
4	Appropriateness of medical treatment	166	5%
5	Communication with relative / carer	138	4%
6	Cancellation of appointment	107	3%
7	Delay in treatment	102	3%
8	Access to information	85	3%
9	Waiting time for follow-up appointment	74	2%
10	Unhappy with outcome of surgery	64	2%

Of the 131 subjects coded against 'communication with patient' between April and June 2016, 91 (69%) have been raised through informal concerns. This reflects the nature of informal concerns where the Patient Services Team can support patients and relatives in communicating with the relevant member of staff to resolve any concerns before they escalate into a formal complaint.

Complaints - Subjects raised in formal complaints

Top 10 subjects raised in formal complaints by Care Group

	Appropriateness of medical treatment	General nursing care	Communication with patient	Attitude	Choice of medical treatment	Unhappy with outcome of surgery	Missed diagnosis	Competence of medical staff	Waiting times in Accident and Emergency	Communication with relative / carer
Combined Community & Acute Care	3	9	0	3	0	0	1	0	0	3
Emergency Care	11	12	4	7	1	0	7	2	10	1
Head & Neck Services	7	2	12	5	0	6	0	2	0	0
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	0	1	4	2	3	0	1	1	0	0
Musculoskeletal	5	4	0	4	8	5	1	3	0	1
Operating Services, Critical Care & Anaesthesia	0	1	2	1	0	0	0	0	0	0
South Yorkshire Regional Services	4	3	2	2	3	1	0	1	0	1
Specialised Cancer, Medicine & Rehabilitation	4	2	2	4	2	0	0	1	0	0
Surgical Services	9	7	12	6	2	4	4	0	0	3
Trust Wide Departments	0	0	2	0	0	0	0	0	0	0
TOTAL	43	41	40	34	19	16	14	10	10	9

The table above shows the top 10 subjects raised in formal complaints over the past quarter by individual Care Group. The cells which have been highlighted indicate the subject that has been raised most frequently for each Care Group.

The two most frequently raised subjects in formal complaints between April and June 2016 are 'appropriateness of medical treatment' (43) and 'general nursing care' (41).

'Communication with patient' is the most frequently raised subject for 5 Care Groups. 'General Nursing Care' (Emergency Care) and 'Communication with patient' (Head & Neck and Surgical Services) have been raised more than any other subject for a single Care Group, being raised 12 times.

Complaints – Parliamentary and Health Service Ombudsman (PHSO) cases

If a complainant is unhappy with the response received from the Trust, they have the right to contact the Parliamentary and Health Service Ombudsman (PHSO) to request an investigation into their complaint.

The PHSO is the final line in the NHS complaint process and offers an independent view on whether the NHS has reasonably responded to a complaint. The PHSO has increased the number of investigations it undertakes and consequently the Trust has seen an increase in the number of complaints investigated by the PHSO.

The number of PHSO cases, decisions and outcome by quarter

	Apr to Jun 13	Jul to Sep 13	Oct to Dec 13	Jan to Mar 14	2013/14	Apr to Jun 14	Jul to Sep 14	Oct to Dec 14	Jan to Mar 15	2014/15	Apr to Jun 15	Jul to Sep 15	Oct to Dec 15	Jan to Mar 16	2015/16	Apr to Jun 16	2016/17
Number of new PHSO cases	3	3	1	7	14	3	7	11	8	29	6	3	7	4	20	4	4
Number of PHSO decisions	3	0	1	1	5	4	10	3	6	23	9	9	8	5	31	9	9
Number of PHSO cases fully or partly upheld	0	0	0	1	1	2	1	0	0	3	3	1	1	2	7	3	3

New PHSO cases this quarter

This quarter, 4 new information requests have been received, these relate to the following directorates:

- **Combined Community & Acute Care**
- Integrated Geriatric & Stroke Medicine (1)
- **Labs, Engineering, Gynaecology, Imaging, Obstetrics and Neonatology**
- Obstetrics (1)
- **South Yorkshire Regional Services**
- Cardiology (2)

Fully or partially upheld PHSO decisions this quarter are presented on the following page

New PHSO decisions this quarter

There were 9 new decisions received from the PHSO during this quarter, 3 of which was partly upheld. Details of the partly upheld decision is as follows:

- **Obstetrics (PARTIALLY UPHELD)**

The complainant raised a number of concerns regarding the appropriateness of care provided by the Trust during her pregnancy. The complainant felt that this experience and the trauma associated with it led to her child being born prematurely.

The Ombudsman investigation found evidence of failings in communication from the Trust, which the Trust had already acknowledged in the final response letter, and that the Trust has agreed that the clinicians in question are consulted in order to improve their practice in future. It was also identified that the Trust had not updated some of its guidance for a significant amount of time. The Trust was requested to produce evidence of a robust system to ensure guidelines are kept up to date and all staff are aware of when and where to refer patients to when they experience symptoms. However, the Ombudsman did not find that these issues led directly to the premature birth of the complainant's child and do not believe it could have been avoided. Therefore, the Ombudsman partially upheld the complaint and requested that the Trust write to the complainant to offer an apology.

- **General Surgery (PARTIALLY UPHELD)**

The complainant raised a number of concerns regarding the care and treatment that the Trust provided to her late father, notably around surgery being delayed, not receiving the prescribed treatment following surgery, a lack of documentation in the patients clinical notes, and tests not being carried out despite signs of deterioration.

The Ombudsman investigation found a failing by the Trust to actively document a critical clinical decision which was not in line with national guidance. Therefore, the Ombudsman partially upheld the complaint and requested that the Trust write to the complainant to offer an apology and acknowledge the impact this has had. The PHSO has recommended that the Trust should also make a financial payment to the complainant in recognition of the impact.

- **Integrated Community Care (PARTIALLY UPHELD)**

The complainant raised concerns regarding the appropriateness of care provided to her late mother, notably around identifying and treating a pressure ulcer, which the complainant believes became infected and led to her mother's death.

The Ombudsman investigation found that nurses at the Trust failed to follow the relevant guidance when treating the patient. However, the Ombudsman did not find the failings meant that the patient's death was avoidable. There was an opportunity lost to provide care that could have led to the patient surviving if the failings had not happened, but it is not possible to fully conclude this. Therefore, the Ombudsman partially upheld the complaint and requested that the Trust write to the complainant to offer an apology and full acknowledgement of the failings. The PHSO has recommended that the Trust should also make a financial payment to the complainant in recognition of the injustice that she, and her mother, suffered. The Trust should also explain what action it has taken to address the failings that have been identified. The Trust is now in the process of implementing these recommendations.

Complaints – Parliamentary and Health Service Ombudsman (PHSO) benchmarking

The table below presents the percentage of upheld complaints for members of the Shelford Group for 2015/16, compared with the percentage upheld during 2014/15.

Trust	2014/15	2015/16 (April 2015 to March 2016)			
	% Upheld	Investigations fully or partially upheld	Investigations not upheld	Total	% Upheld
Guy's And St Thomas'	60%	0	8	8	0%
Sheffield Teaching Hospitals	13%	7	24	31	23%
Oxford University Hospitals	45%	4	7	11	36%
Cambridge University Hospitals	50%	6	10	16	38%
The Newcastle Upon Tyne Hospitals	41%	10	15	25	40%
University College London Hospitals	21%	7	10	17	41%
Central Manchester University Hospitals	38%	16	17	33	48%
PHSO England Average	44%	901	893	1794	50%
Imperial College Healthcare	64%	11	9	20	55%
King's College Hospital	65%	11	9	20	55%
University Hospitals Birmingham	53%	14	9	23	61%

This shows that the percentage of complaints upheld for this Trust has increased from 13% during 2014/15 to 23% during 2015/16. Although this is an increase, this Trust has still had considerably fewer complaints upheld compared to the England average. Given this increase, we will continue to monitor our performance in relation to the number of upheld complaints.

PHSO Investigation Summaries

Each quarter, the PHSO publish a selection of short, anonymised summaries of the cases they have investigated. The report for July-September 2015 was published in May 2016 and contains the summaries of 90 complaints, which have been either partially or fully upheld by the PHSO. None of the summaries reported, relate to our Trust. The summaries have been reviewed to identify any learning points for our Trust and these are outlined below:

Record keeping

A number of complaints were upheld or partially upheld due to poor record keeping. For instance:

- A Trust's note taking and record keeping was inadequate because midwives did not record significant parts of conversations during triage calls. There were no records of midwives asking about any medical complications or concerns in pregnancy and they did not keep the patient's medical records up to date. This meant that when the patient called the advice line, she had to repeat the history of her previous calls.
- The standard of a Trust's record keeping regarding observations was poor and it did not keep clear and accurate records.
- A Trust failed to record the effectiveness of the pain relief the patient received.

At Sheffield Teaching Hospitals we will continue to monitor record keeping through regular record keeping audits, and will ensure staff receive training to so they fully understand record keeping requirements.

Complaints handling

A number of complaints were upheld or partially upheld due to poor complaints handling, in particular regarding failure to follow up on actions and the quality of information provided to the complainant. For instance:

- A Trust did not follow up on actions that were agreed and did not inform the complainant of the actions taken.
- Following a complaint, some service changes were identified, but the Trust did not put these into action.
- A Trust took too long to respond to a complaint and also sent the complainant 2 statements from doctors which were contradictory, without clarifying which it considered accurate.
- Some of the information given by a Trust to a complainant was confusing and contradictory.

At Sheffield Teaching Hospitals we must ensure that there is a robust system in place for monitoring any actions identified as a result of complaint investigations. The Trust should also ensure that all information sent to a complainant is accurate, of a high standard and not contradictory.

Complaints - Actions taken as a result of a formal complaint

Agreeing and undertaking actions as a result of formal complaint investigations, where mistakes have been made, or where services have not been delivered to the standard we would expect, is the most important factor in learning from complaints.

Two examples of actions agreed this quarter as a result of formal complaints are presented below:

Directorate	Background	Actions agreed
Wheelchair Services, Specialised Rehabilitation	A number of formal complaints and informal concerns have been received regarding waiting times for a clinic appointment in Wheelchair Services.	<p>A dedicated piece of work was undertaken to identify the reasons for the delays and to implement actions to address this.</p> <p>The following actions were put in place:</p> <ul style="list-style-type: none"> • Focused recruitment drive – the service now has a full complement of staff • Looking at new ways of working and streamlining of services and clinics • Deployment of a dedicated member of staff for 2 hours per day to help process referrals and deal with enquiries/concerns. <p>In January 2016, the average waiting time for a clinic appointment was 21-22 weeks. By June 2016, the average appointment times were as follows:</p> <ul style="list-style-type: none"> • 5 weeks for powered wheelchair clinic • 8 weeks for a mixed wheelchair clinic • 12 weeks for a special seating clinic <p>The aim is to reduce waiting times for all clinics further to 4-5 weeks.</p>
Neurosurgery, Head & Neck	<p>A complainant raised concerns that his wife's spinal operation was scheduled after the 18 week wait target. In addition, when contacting the Consultant Neurosurgeon's secretary a month prior to the pre-operative appointment, he was informed that a date hadn't been set, and the operation had been postponed until at least a month later.</p> <p>Subsequently, when the patient came in for surgery, this was cancelled on the day due to a piece of equipment being moved the day before for an emergency operation.</p> <p>In addition, the complainant raised concerns about the attitude on a number of occasions of the consultant's secretary.</p>	<p>The Trust offered an apology for the delays and also for the attitude of the secretary, for which assurances were given that this has been addressed under the appropriate internal procedures.</p> <p>In response to these concerns, an investigation of the whole patient pathway was undertaken and an action plan developed to address the concerns raised. Actions include:</p> <ul style="list-style-type: none"> • Develop guidelines/training for managing ongoing patient communication during the patient pathway • Ensure that secretaries check that all investigation requests are signed by the consultant prior to being sent to the relevant department to prevent unnecessary delays in referrals being sent • Review the referral pathway and timescales to ensure that they are appropriate • Establish a work programme between the neurosurgical directorate and the neuro-theatre teams to improve patient flow and the patient experience. <p>These actions have been fed back to the complainant at a face to face meeting, and progress against these actions will continue to be provided to the complainant.</p>

Complaints – Complainant satisfaction survey

Last quarter, the results for the new complainant satisfaction survey were presented for the period 1st March 2016 to 31st March 2016. This report presents the first full quarter of results.

The complainant satisfaction survey consists of 15 multiple choice questions, with the opportunity to add a free text response at the end of the survey.

All complainants are sent the survey 3 weeks after they receive the final response to their complaint, unless they choose to opt out. Details of how to opt out are included on the postcard below, which is sent along with the final response:



Between 1st April 2016 and the 30th June 2016, 87 complainants responded to the survey, giving a response rate of 24%.

Key results

Positive results

- 68% (56) of complainants agreed it was easy to make a complaint.
- 70% (60) of complainants agreed the complaint response was easy to understand.

- 69% (58) of complainants said they were given a choice as to how the complaint would be responded to
- 73% (62) of complainants said they were told how long it would take to answer the complaint

Negative results

- 36% (27) of complainants said they were not told about help available when they made the complaint.
- 40% (28) of complainants said they were kept informed of any delays.
- 32% (27) of complainants felt their complaint was not taken seriously.
- 35% (28) of complainants said they were not confident that improvements would be made as a result of their complaint.
- 46% (38) of complainants considered the complaint to be resolved.

In order to follow up on the results for this quarter, a number of complainants who left contact details have been selected for follow-up interviews, either by telephone or face to face, depending on the preference of the complainant. The outcome of these interviews will be featured in the next report.

A number of complainants chose to leave comments in the complaints survey. A selection of these comments is presented below:

I hope that things will change for patients who end up in the same situation as my late husband and family.

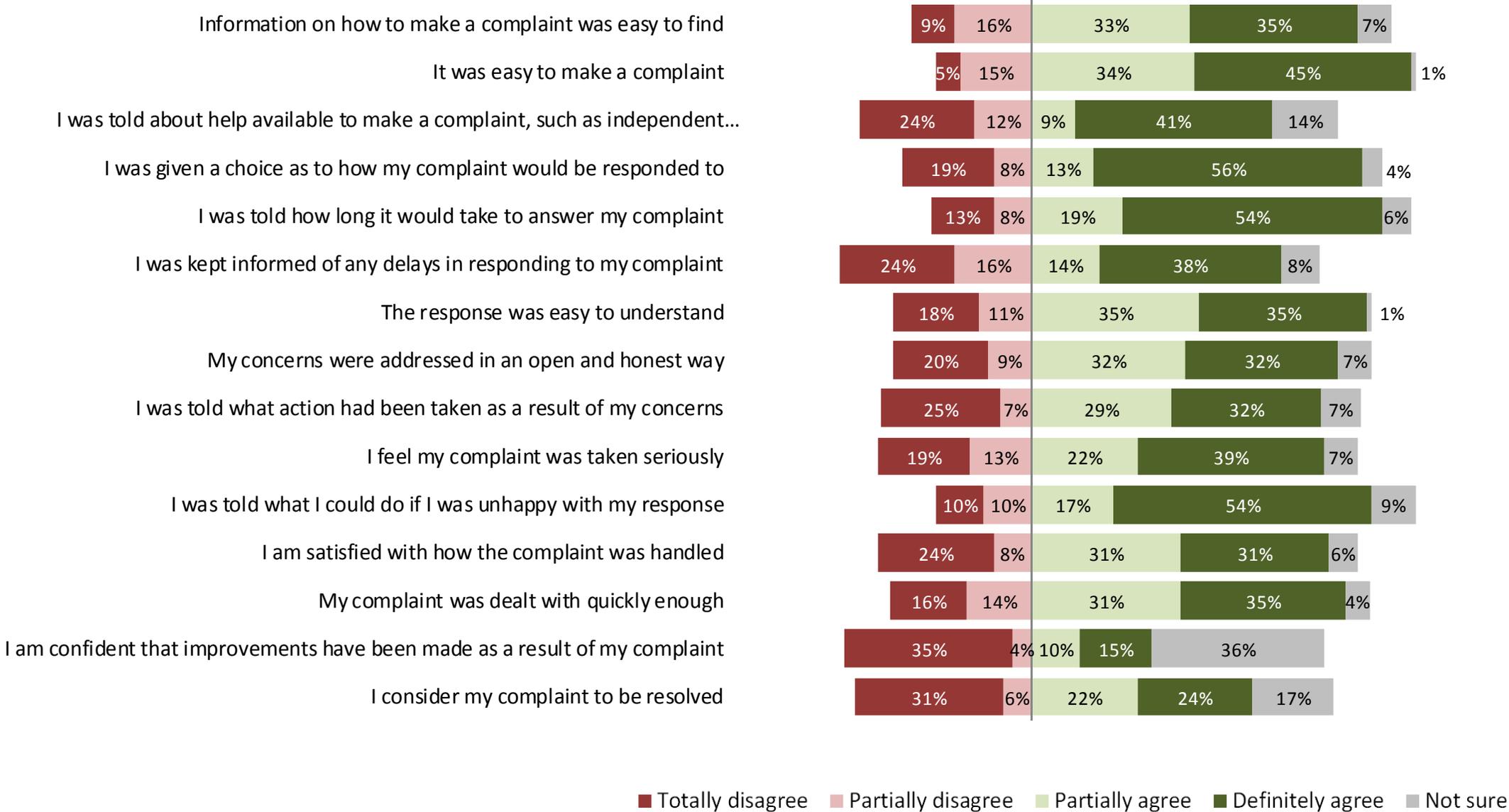
I can understand why people are reluctant to complain as it is very stressful and time consuming.

We cannot turn the clock back, let us hope and pray lessons have been learnt from our dreadful and frustrating experience.

I was pleased with the changes implemented on the ward as a result of the complaint and with the time scale.

Complaints – Complainant satisfaction survey

Complainant satisfaction survey results – April 2016 to July 2016



Improving the complaints process

There is already an ongoing programme of work to improve complaints management following a detailed audit carried out in 2014. This includes:

- A comprehensive training programme for staff across the Trust, which includes complaint investigation and letter writing training.
- A trial to promote face to face meetings, as opposed to a written response, to respond to formal complaints. This has proved successful and the evaluation has recently been presented to the Patient Experience Committee. This approach is now being adopted Trust-wide.
- The complaints policy and supporting guidelines are in the process of being updated. As part of this, a number of practices are being changed and new standard operating procedures have been established.
- Careful consideration is currently being given to strengthen the complaint investigation process and providing more independent investigation when appropriate.

As the complainant satisfaction survey identifies issues over time, these will be aligned with ongoing work to further improve the management of complaints. In addition, as the survey is ongoing, we should be able to see an improvement in scores as the work above becomes embedded into normal practice.

The Trust provides a number of methods for patients to provide unsolicited feedback. The Tell Us What You Think comment cards are available across the Trust and can be completed by patients whenever they wish, whether the feedback is positive or negative.

Patients can also submit feedback about their experience of the Trust anonymously via the Trust website (www.sth.nhs.uk) or via independent websites such as NHS Choices and Patient Opinion.

All feedback received is recorded and actioned by the Trust. Other sources of unsolicited feedback that may be received by other organisations' websites, such as Healthwatch, are also recorded and actioned, so the Trust can build a clear picture of what patients and relatives feel about their experience within the Trust.

Each piece of feedback received can cover a range of themes, and each theme is individually coded so that a thorough analysis can be undertaken.

The Trust also participates in a number of surveys that aim to give patients the opportunity to provide feedback on a range of aspects related to their care. These include:

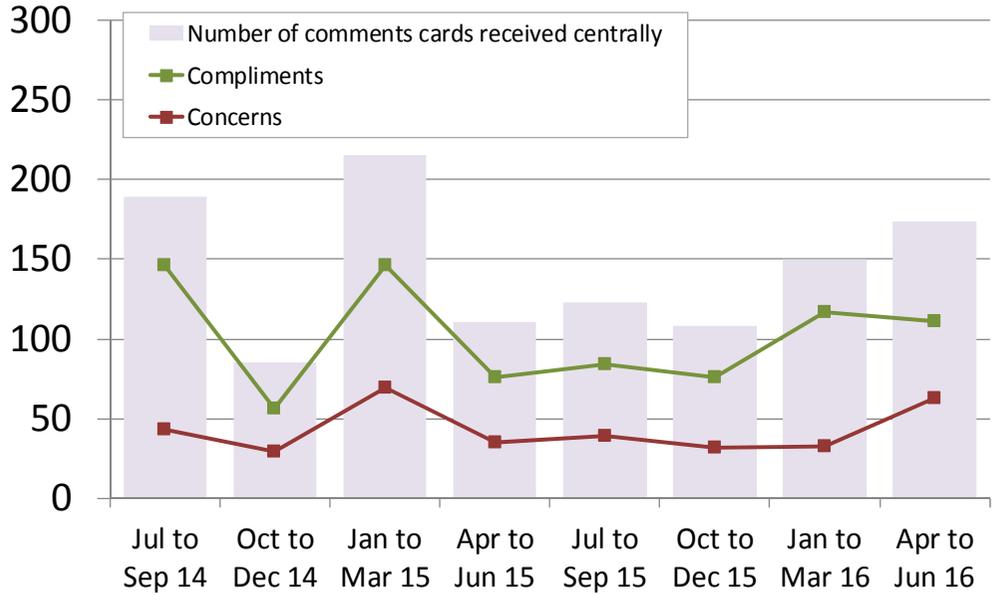
- The Friends and Family Test (FFT) which asks a simple, standardised question with response options on a 5-point scale, ranging from whether they are 'extremely likely' to 'extremely unlikely' to recommend our Trust to their family and friends. The FFT is carried out in inpatient, outpatient, A&E, maternity, and community services.

The Trust has also chosen to ask a follow-up question in order to understand why patients select a particular response.

- The Trust also participates in the CQC programme of national surveys. As and when results become available these will be featured in this report.

Feedback - Comment cards

During the period April to June 2016, 174 comments cards were completed, of which 375 individual themes have been identified.



The chart above shows the comments cards received by quarter and the breakdown of these by compliments and concerns. Of all comment cards received this quarter 72% of the themes identified have been positive, compared to 82% last quarter.

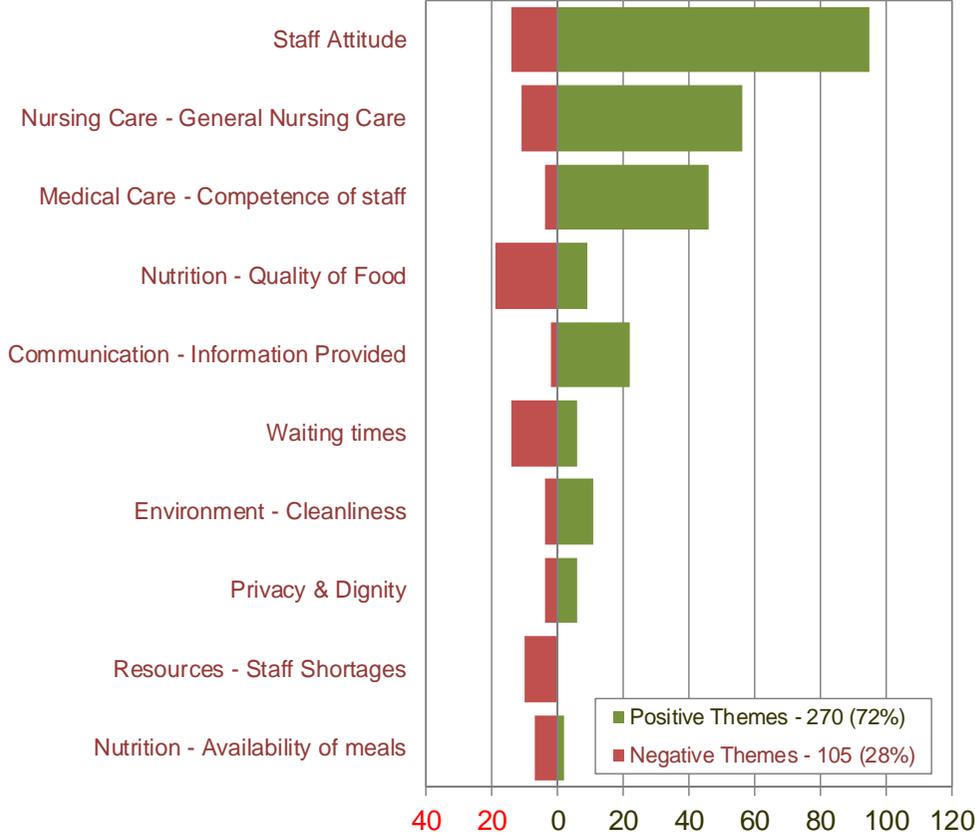
% of positive comments from all comments received centrally

Current Quarter (Apr to Jun 2016)		Last 12 months (Jul 15 to Jun 16)	
%	QTY	%	QTY
72%	270	75%	839

% of negative comments from all comments received centrally

Current Quarter (Jan to Mar 2016)		Last 12 months (Apr 15 to Mar 16)	
%	QTY	%	QTY
28%	105	25%	274

Top 10 themes raised in comment cards between April and June 2016



The staff were superb, friendly and efficient

The ward was spotless and comfortable

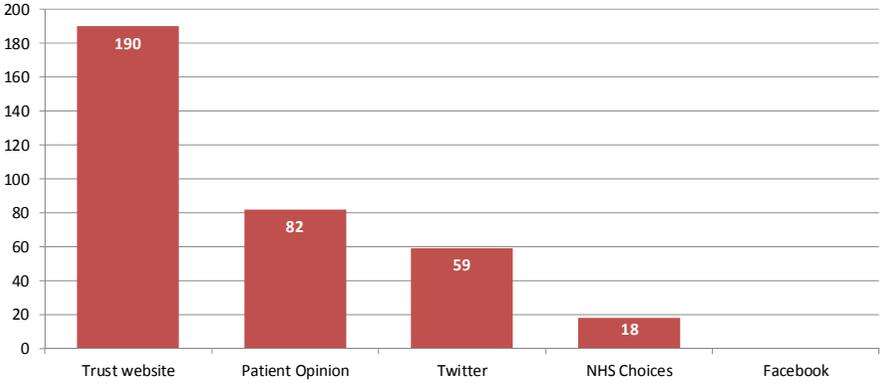
No explanation given about the reason for the delay

Food quality quite good but often cold/not enough

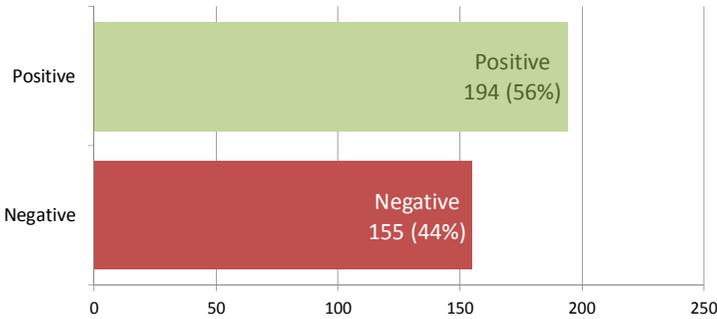
Feedback – Website and social media feedback

As well as the formal feedback methods on offer, visitors to the Trust also comment about their experience using popular web and social media sites. We continue to work with our surveys provider to develop how we extract patient feedback from these sites and report it alongside the feedback we receive from other sources.

The table below shows that during the past quarter, 349 patient feedback comments have been left via popular social media and other websites about this Trust. It is expected that the number of comments received via Facebook will always be low due to the privacy settings that the site provides, as opposed to sites such as Twitter where the comments made are predominantly public, however, we are looking at the methods available to ensure we are capturing all comments made about this Trust. The breakdown of comments is as follows:



Overall the Trust has received more positive than negative feedback this quarter with 194 positive Comments and 155 Negative. However, this is an increase in negative comments compared to other quarters.



The table below shows a breakdown of the themes raised via web and social media sites relating to this Trust.

	Positive	Negative	Positive and negative combined
General Care	39% (119)	28% (64)	34% (183)
Staff attitude	44% (133)	15% (34)	31% (167)
Communication	11% (34)	21% (48)	15% (82)
Waiting times	5% (16)	24% (54)	13% (70)
Environment	0% (1)	8% (18)	4% (19)
Nutrition	1% (2)	4% (10)	2% (12)

A selection of comments received from web and social media sites are presented below:

Very impressed when visiting @SheffieldHosp this weekend. Northern General SAU. First steps - clean - safe - friendly staff – caring (Twitter)

@SheffieldHosp 8 hours in ED at NGH and still not seen a doctor - disgraceful performance! (Twitter)

Absolutely blown away by the service at the TAU department. (Patient Opinion)

This Hospital is the most visitor unhelpful place I have ever come across. (Trust website)

Feedback – Letters of thanks

As well as the formal methods of leaving feedback such as comment cards, website feedback, and the Friends and Family Test, the Trust also receives a high volume of unsolicited positive feedback in the form of ‘letters of thanks’.

In addition to the ‘letters of thanks’ received centrally, many more are received directly by wards and departments throughout the Trust. These are shared with relevant staff but currently it is not possible to systematically record them all.

The table below shows the number of ‘letter of thanks’ received centrally over the past 12 months by quarter:

Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	April - Jun 2016
223	111	102	114

This page presents a selection of thank you letters that have been received centrally. Each of the letters presented have been reproduced verbatim and consent has been given by all patients for us to publish their feedback.

Head & Neck Centre (I Floor)
My husband and I would like to bring to your attention the fantastic consultant anaesthetist and all of the team who operated on my husband. Thanks to them he is now recovering at home. All the staff, professional and support staff, on the wards he was on have also been brilliant.

Many thanks to all of them.

Accident & Emergency and the Acute Medical Unit
My wife was treated by A&E at the Northern General and then admitted overnight into the AMU ward. She was discharged the following day.

The extensive tests and scans undertaken and the care and attention given by your staff during a clearly extremely busy period for the hospital were just excellent.

The team work and positive culture we observed and experienced in your friendly staff made a stressful and anxious time for me and my family much easier.

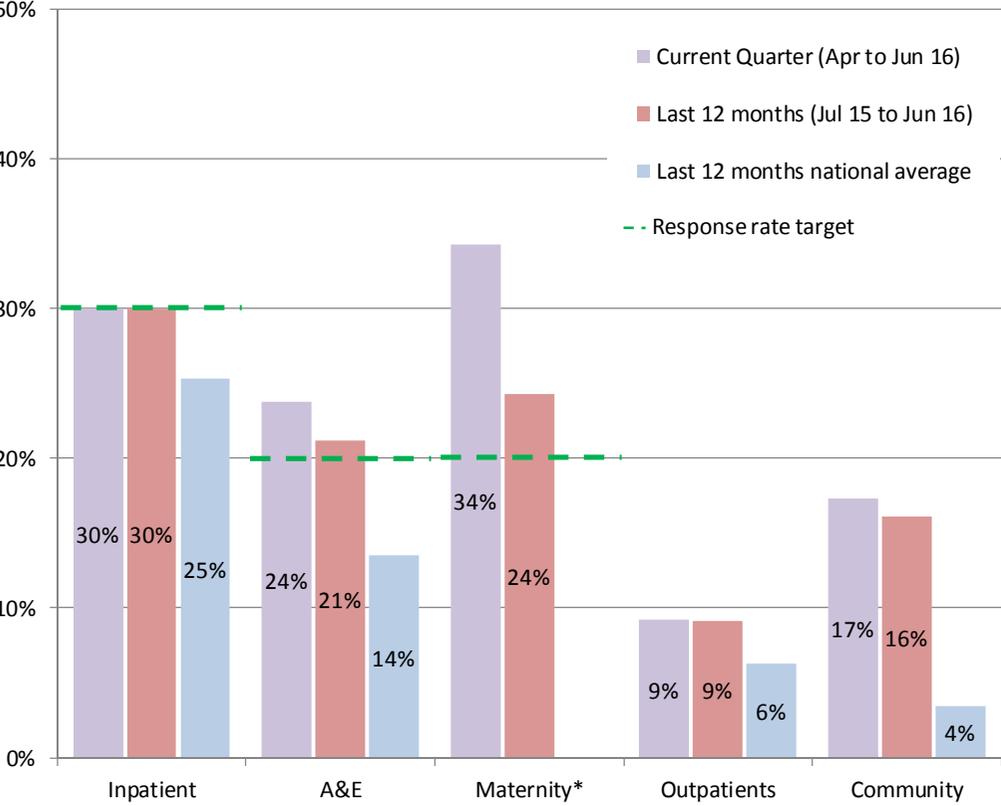
I would be very grateful if you could forward our sincere thanks to the staff in both areas for their excellent support and treatment.

Brearley 1
Just a short note to thank you for the care and compassion shown to our mum and all our family during the final days of her life. Words cannot express our gratefulness for the kindness shown by all the nurses, doctors, domestics etc. during this difficult time but it would have been much harder without your care.

Feedback - Friends & Family Test

The Friends and Family Test (FFT) is carried out across the Trust in inpatient, A&E, maternity services, outpatients and community services.

Response rates



* Eligible patient numbers for maternity are not published nationally, therefore it is not possible to provide a national average response rate.

Between April and June 2016, 8861 inpatients, 4098 A&E patients, 1508 maternity services patients, 24277 outpatients and 3844 community patients from the Trust completed the FFT survey, giving a total of 42588 responses this quarter.

The chart above shows that the Trust had higher response rates than the national average on all elements of the FFT during this quarter. To ensure there is an appropriate level of confidence in FFT scores, the Trust

is working to internally set minimum response rate targets to ensure an appropriate sample size for each area is achieved. For April to June 2016, inpatient areas achieved a response rate of 30%, achieving the 30% target, A&E areas (including A&E, Emergency Eye Centre and Minor Injuries Unit) achieved 24%, achieving the 20% target, and maternity services achieved 34%, achieving the 20% target.

Highest performing wards/departments by response rate

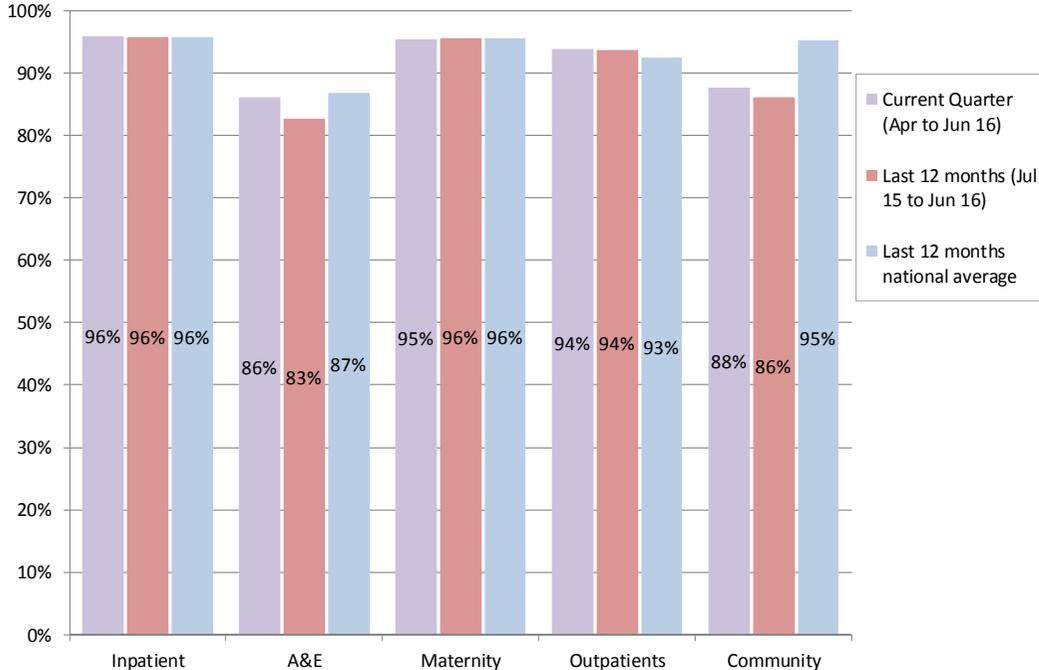
	April to June 2016			Last 12 months (Jul 15 to Jun 16)
	Eligible Patients	Responses	Response Rate	
Osborn 1	10	10	100%	69%
Osborn 4	12	11	92%	93%
Brearley 5	82	74	90%	52%
Brearley 6	77	64	83%	46%
Osborn 3	26	20	77%	65%

Lowest performing wards/departments by response rate

	April to June 2016			Last 12 months (Jul 15 to Jun 16)
	Eligible Patients	Responses	Response Rate	
WPH Ward 2	412	13	3%	5%
Firth 2	336	14	4%	9%
Surgical Admissions Centre	1103	51	5%	16%
Ward P3	129	8	6%	20%
Ward P4	51	5	10%	9%

Feedback - Friends & Family Test

Scores



The overall negative score for Community Services continues to be higher than the national average. It is recognised that methods used to carry out the FFT can affect the score, with some methods consistently producing lower scores than others.

An analysis has been undertaken to identify the services which regularly receive higher negative scores within Community Services. Of the 7 services identified, 3 have been selected for a 3-month trial of using postcards, as opposed to SMS text messaging and Interactive Voice Messaging (IVM). Once this trial is complete a review will be undertaken to see if the change in method has had any impact on FFT scores. In addition, during this period an analysis will also be undertaken of the negative comments received for the other 4 services identified to determine where improvements could be made.

An update of this work will be presented to the Patient Experience Committee in August 2016.

The overall percentage of patients who ‘would recommend’ our service to friends and family from all 5 elements of the FFT was 93.0% this quarter, an increase from 92.1% last quarter. The FFT continues to demonstrate that the vast majority of patients would recommend the Trust as a place to receive care and treatment.

During this quarter inpatient (96%) and outpatient (94%) scores are higher than the 12 month national average, however the score between April and June 2016 for A&E is 0.8% lower than the 12 month national average while maternity is 0.3% lower and community is 7.5% lower.

Feedback - Friends & Family Test benchmarking – Response Rates

The tables on the next two pages show the FFT performance for this Trust between April and June 2016. Scores and response rates are presented for inpatient, A&E, maternity, outpatients and community against other members of the Shelford Group who participate in each survey. Trusts are ranked in order of the highest response rate or score to the lowest, with this Trust and the England average being highlighted.

The table below shows that this Trust has achieved a higher FFT response rate than other participating members of the Shelford Trust for outpatients, and community, and achieved the 2nd highest response rate for inpatients and A&E. The Trust has achieved a higher response rate than the national average on all surveys.

Response Rates*

Inpatient			A&E			Outpatients			Community		
1	Guy's And St Thomas'	29.8%	1	Oxford University Hospitals	26.9%	1	Sheffield Teaching Hospitals	9.2%	1	Sheffield Teaching Hospitals	17.3%
2	Sheffield Teaching Hospitals	29.6%	2	Sheffield Teaching Hospitals	23.8%	2	Oxford University Hospitals	7.9%	2	Guy's And St Thomas'	5.1%
3	University Hospitals Birmingham	29.4%	3	Cambridge University Hospitals	23.1%	3	Guy's And St Thomas'	6.8%	3	The Newcastle Upon Tyne Hospitals	3.9%
4	Imperial College Healthcare	29.3%	4	University College London Hospitals	21.4%	England Average		6.3%	England Average		3.5%
5	University College London Hospitals	25.5%	5	King's College Hospital	18.4%	4	Imperial College Healthcare	6.0%	4	Central Manchester University Hospitals	0.2%
England Average		25.3%	6	Guy's And St Thomas'	15.3%	5	The Newcastle Upon Tyne Hospitals	2.3%			
6	Cambridge University Hospitals	16.8%	7	University Hospitals Birmingham	13.7%	6	University Hospitals Birmingham	2.1%			
7	Central Manchester University Hospitals	16.4%	England Average		13.5%	7	University College London Hospitals	1.6%			
8	The Newcastle Upon Tyne Hospitals	16.1%	8	Imperial College Healthcare	12.5%	8	Central Manchester University Hospitals	1.3%			
9	Oxford University Hospitals	14.8%	9	Central Manchester University Hospitals	9.7%	9	King's College Hospital	1.3%			
10	King's College Hospital	13.7%	10	The Newcastle Upon Tyne Hospitals	1.6%	10	Cambridge University Hospitals	0.8%			

* Eligible patient numbers for maternity services are not published nationally, therefore it is not possible to provide a national average response rate.

Feedback - Friends & Family Test benchmarking - Scores

The table below shows that this Trust has achieved a higher FFT score than the national average for inpatients and outpatients. However, the Trust has achieved lower scores than the national average for A&E, maternity and community.

Scores

Inpatient			A&E			Maternity			Outpatients			Community		
1	The Newcastle Upon Tyne Hospitals	97.9%	1	Imperial College Healthcare	94.3%	1	The Newcastle Upon Tyne Hospitals	97.9%	1	University Hospitals Birmingham	95.7%	1	The Newcastle Upon Tyne Hospitals	96.7%
2	University College London Hospitals	96.9%	2	Cambridge University Hospitals	93.4%	England Average		95.6%	2	Imperial College Healthcare	95.2%	2	Guy's And St Thomas'	96.3%
3	University Hospitals Birmingham	96.8%	3	University College London Hospitals	92.2%	2	Cambridge University Hospitals	95.6%	3	Sheffield Teaching Hospitals	93.8%	England Average		95.2%
4	Imperial College Healthcare	96.5%	4	The Newcastle Upon Tyne Hospitals	89.7%	3	Sheffield Teaching Hospitals	95.3%	4	The Newcastle Upon Tyne Hospitals	93.3%	3	Central Manchester University Hospitals	93.5%
5	Oxford University Hospitals	96.0%	5	Central Manchester University Hospitals	88.8%	4	University College London Hospitals	95.2%	5	Oxford University Hospitals	92.9%	4	Sheffield Teaching Hospitals	87.7%
6	Sheffield Teaching Hospitals	95.8%	England Average		86.8%	5	Oxford University Hospitals	94.9%	6	Guy's And St Thomas'	92.7%			
England Average		95.7%	6	University Hospitals Birmingham	86.4%	6	Central Manchester University Hospitals	94.2%	7	University College London Hospitals	92.6%			
7	Guy's And St Thomas'	95.5%	7	Sheffield Teaching Hospitals	86.2%	7	Guy's And St Thomas'	92.4%	England Average		92.5%			
8	Cambridge University Hospitals	95.4%	8	Guy's And St Thomas'	84.6%	8	Imperial College Healthcare	91.7%	8	King's College Hospital	88.2%			
9	King's College Hospital	94.6%	9	Oxford University Hospitals	84.2%	9	King's College Hospital	89.8%	9	Central Manchester University Hospitals	85.8%			
10	Central Manchester University Hospitals	93.2%	10	King's College Hospital	82.5%				10	Cambridge University Hospitals	79.1%			

Feedback - 2015 National Inpatient Survey results

The National Inpatient Survey 2015 was carried out across 149 acute and specialised NHS trusts. All adult patients (aged 16 and over) who had spent at least one night in hospital and were not admitted to maternity or psychiatric units during July 2015 were eligible to be surveyed. 1186 eligible patients from this Trust were sent a survey, and 535 were returned, giving a response rate of 45%. This is compared to the national response rate of 47%.

Performance compared to the previous surveys

Compared to last year, the Trust scored significantly better on 1 question in 2015, and significantly worse on 1 question.

Question where the Trust scored significantly better in 2015:

Question	2014	2015
Leaving hospital: How long was the delay? (due to wait for medicines/to see doctor/for ambulance)	6.6 / 10	7.1 / 10

Questions where the Trust scored significantly worse in 2015:

Question	2014	2015
Leaving hospital: Were you given enough notice about when you were going to be discharged?	7.6 / 10	7.0 / 10

Performance compared to other trusts

Compared to other trusts participating in the survey, this Trust scored 'about the same' as most other trusts on all questions except one, where we scored worse:

Question	STH	All trusts
The hospital and ward: Did you ever use the same bathroom or shower area as patients of the opposite sex?	7.7 / 10	8.1 / 10

The guidance allows for bathrooms to be shared where they contain specialist equipment. The survey does not allow patients to comment on whether they needed bathrooms with specialist equipment and this is why the score for this question is higher than expected. Further work will be undertaken to see if signage can be improved regarding this issue.

Improving the experience of patients

Survey results and comments will be considered alongside other patient experience data, in order to agree an action plan to ensure improvements are made.

Benchmarking

The table below shows how this Trust performed against the 10 large acute NHS providers that form the Shelford Group on the question relating to the 'overall experience' of the patient:

Patients who felt they had a good experience

	Trust	Score
1	The Newcastle Upon Tyne Hospitals	8.6
2	University Hospitals Birmingham	8.4
3	University College London Hospitals	8.4
4	Guy's And St Thomas'	8.3
5	Oxford University Hospitals	8.3
6	Sheffield Teaching Hospitals	8.2
	England Average	8.1
7	Cambridge University Hospitals	8.1
8	King's College Hospital	8.1
9	Central Manchester University Hospitals	8.0
10	Imperial College Healthcare	7.9

Feedback - 2015 National Inpatient Survey patient comments

Of the 535 patients that returned a completed questionnaire, 330 made a comment in one of the survey's free-text boxes.

Of all the free-text comments received, 57% were positive, 39% were negative and 4% were neutral.

The subject that received the highest proportion of negative comments was food (6%). Specifically, patients reported some of their most negative experiences regarding quality (37%) and choice (18%).

Out of all comments relating to hospital/ward environment, patients reported the most positive experiences related to comfort (49%) and the most negative experience relating to noise (41%).

Just under a third of all comments (30%) were about staff, receiving the most positive comments (24%) and the second highest number of negative comments (5%).

The subject raised most frequently in positive comments about staff was attitude and empathy (38%). Whereas, out of all negative comments relating to staff, patient experiences of poor communication were the most common (38%).

This data has now been carefully analysed and it has been highlighted that there is a higher than expected number of negative comments about 'attitude and empathy' of nurses (35.6%) compared to doctors (11.8%), as presented in the table below.

Staff group	Attitude and Empathy			
	Positive Count	Positive %	Negative Count	Negative %
Doctors	17	24.3%	2	11.8%
Nurses	41	32.8%	16	35.6%

As attitude and communication are often closely linked, a further analysis has been undertaken into the questions relating to communication. The percentage of patients for each age range who stated that when they had important questions to ask, did not get answers that they could understand, are presented below:

When you had important questions to ask, did you get answers that you could understand?

	Response	16-39	40-59	60-69	70-79	80 or over
From a doctor	No	4	3	-	3	-
		11%	2%	-	3%	-
From a nurse	No	9	5	3	1	3
		24%	4%	3%	1%	4%

This has highlighted a particular issue of communication with younger people. 24% of patients aged between 16-39 said that they did not get answers to important questions that they could understand from nurses, and 11% from doctors. These percentages are significantly higher than responses from the other age ranges.

This has been communicated to Clinical Directors and Nurse Directors and is an issue that will be monitored.

Feedback - 2015 National Inpatient Survey patient comments

A sample of patient comments about our Trust from the National Inpatient Survey 2015

Positive Comments

The professionalism of all staff was superb. A great help was that they were all cheery and friendly, nothing was too much trouble.

The nurses were wonderful. Very professional. Compassionate and caring. Time for everyone. Even the difficult patients.

Consultants, doctors etc. all associated with my medical recovery were 100% willing to answer all my many questions and explain procedures.

It is my belief that the care I received saved my life. Thank you.

Very high standards of cleanliness - ward area was kept in immaculate condition.

Negative Comments

There seemed to be lack of communication between staff.

More staff so they would not have to run around...it's very hard work some days and staff are stretched to the limit; but they give 100%...

My discharge was very poor - unrehearsed and rushed at the last minute, and left without any advice, medication or equipment (catheters etc) had to ring hospital for answer to my questions.

Sometimes the noise level in the ward at night was too loud, this mainly due to other patients or nursing staff.

The food - lunch was dire and repetitive and not enough fresh fruit, salads and veggie options.

Feedback – Local patient satisfaction survey results

As reported in previous reports, a programme of local patient satisfaction surveys has been developed and has been implemented from the 1st April 2016.

Results from the first 3 months of the inpatient, outpatient and community satisfaction surveys are featured in this section of the report. Once 6 months of data are available for each survey, this section of the report will be developed to compare data from different quarters to identify any trends or changes in performance, and to identify areas for improvement.

Inpatient satisfaction survey

The inpatient satisfaction survey is sent to a sample of patients by post following their discharge from hospital from one month each quarter. Patients from the sample are asked 6 core questions and a set of follow-up questions which are themed and changed each quarter. This quarter, the themed questions focus on noise, food and staff.

During this quarter, a total of 4,500 patients were sent the inpatient satisfaction survey. 1481 returned a completed survey, giving a response rate of 33%.

Positive results:

- 96% (1381) of patients said they were made to feel welcome when they arrived on the ward
- 97% (1415) of patients said they had confidence and trust in hospital staff
- 98% (1435) of patients said they were treated with respect and dignity
- 66% (858) of patients rated the food either 'good', 'very good' or 'excellent'
- 75% (1054) of patients rated their experience 'very good' or 'excellent'

Negative results:

- 2% (23) of patients said they were 'always' seen quickly after pressing the assistance call button
- 50% (674) of patients said they were disturbed by noise at night

Outpatient satisfaction survey

The outpatient survey is being conducted alongside the FFT survey. When a

patient replies to their FFT survey via text, they are sent a follow up message and a web link to the outpatient satisfaction survey.

During this quarter, 13,752 eligible patients were sent the outpatient satisfaction survey. 884 of these patients completed the survey, giving a response rate of 6%. It is recognised that this is a low response rate, however given the high volume of outpatients, the number of individual responses received is robust, therefore, given the low resource requirements for electronic surveys this method will continue to be used.

Key results:

- 56% (498) of patients chose the date and time of their appointment
- 99% (872) of patients reported the outpatient department to be clean
- 76% (674) of patients said they were seen on time, with 12% (59) waiting more than an hour
- 94% (791) of patients said clinical staff listened, understood and answered their questions
- 85% (748) of patients rated the attitude of the staff in the department as 'Excellent'
- 84% (744) of patients said they were fully satisfied that the main reason they came to the outpatient department had been dealt with

Community satisfaction survey

The community satisfaction survey is being conducted alongside the FFT survey. When a patient replies to their FFT survey via text, they are sent a follow up message with a web link to the community satisfaction survey. All patients who are having home visits or clinic based appointments are eligible for this survey. Community inpatient services are included in the inpatient satisfaction survey.

During this quarter, 1,304 eligible patients were sent the community satisfaction survey. 48 of these patients completed the survey, giving a response rate of 4%. This is a low number of responses, and therefore results should be treated with caution as this is not considered a robust sample size. Next quarter, the survey will be undertaken as a postal survey, which we anticipate will improve the response rate.

Feedback – Local patient satisfaction survey results

Key results:

- 98% (47) of patients reported the time taken to wait for their care to start was reasonable
- 100% (48) of patients said they were aware of their goals (e.g. to be mobile and independent at home)
- 96% (45) of patients felt they were involved in discussions and decisions about their care, support and treatment
- 93% (41) of patients said they were informed of other services that are available to them, including voluntary organisations
- 98% (47) of patients said they were always treated with respect and dignity whilst receiving their care
- 40% (19) of patients said they had confidence and trust in the staff. 60% (29) responded 'Don't Know'

The proportion of patients who responded 'don't know' (60%) in the community survey in relation to whether they had confidence and trust in staff is high, but is based on a relatively low number of responses. This is the first time that the Trust has carried out a community survey of this nature and therefore it is not possible to compare this with previous data. However, as the number of responses increase, these results will be monitored. We will also undertake a comparison of results with other surveys, such as national surveys, to identify any similarities or variations in performance.

Next quarter, scores from the local satisfaction surveys will be compared against this quarters results to identify any trends that need to be followed up and actions identified.

Feedback – Healthwatch Sheffield Enter and View Visit

Background

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

On the 29th March 2016, Healthwatch Sheffield undertook an announced Enter and View visit to the Ante Natal Clinic and Rivelin Ward at the Jessop Wing.

Enter and View visits can happen if it is identified that there is a problem with a service but, equally, they can occur when services have a good reputation – so examples of best practice can be observed and shared. The visit to the Jessop Wing was selected following comments received by Healthwatch regarding the experience of those using the services, with special reference to the environment and processes.

Healthwatch Sheffield met with 2 matrons, the clinic manager, sisters and staff from the wards, 3 patients in Rivelin Ward, and 19 patients in the Ante Natal Clinic. A tour of the Ante Natal Clinic was also provided.

The purpose of the visit was to:

- gather information to inform us about how the service is viewed by patients and relatives, with special reference to those with particular needs.
- identify examples of good working practice.
- observe the environment and processes in the service area.
- identify any areas for improvement and make suggestions if appropriate.

Findings and recommendations

A summary of findings from the Enter and View visit is as follows:

- The service is very much appreciated by patients, with staff communicating well and in a supportive way.
- Wards and clinic areas were bright and clean, and there appeared to be good attention to hygiene.

- The corridors and ward areas seemed to be rather sparsely decorated. There was some beautiful art work in the main corridors, but less in the ward area to interest patients.
- In a building that had many similar corridors, it was felt there was a need for increased signage for patients and relatives.
- It was felt that better use of electronic systems would enable:
 1. Better tracking of patients and analysis of where waits occur, and give more freedom for patients to move around during what could be long waits for results between tests
 2. Provision of more information for patients about the length of and reasons for waiting times
 3. Access to WiFi for patients would also improve their experience, both for in-patients and those waiting as out-patients.

A detailed response and action plan has been produced in response to the findings and recommendations made by Healthwatch Sheffield. A selection of the actions are featured on the following page.

Feedback – Healthwatch Sheffield Enter and View Visit

The table below presents a selection of actions which are being implemented following the Enter and View visit by Sheffield Healthwatch to the Ante Natal Clinic and Rivelin Ward at the Jessop Wing

Recommendation	Response	Action
1. Improve electronic systems	The Jessop Wing has approved a scheme to implement intelligent interactive tracking in the Ante Natal Clinic, which will improve both communication and waiting times. The system will also keep women updated regarding current waiting times.	Implementation of the system aimed for by early 2017.
	A Trust-wide project is underway to enable WiFi for patients and visitors, although the exact implementation date has not yet been agreed. This will enhance the outpatient experience as patients can use their own electronic devices for communication and entertainment purposes.	No further action required.
2. Enhancing the physical environment	The Ante Natal Service Matron works closely with the Trust's Arts in Health Coordinator and, during 2015-16, the antenatal counselling room was refurbished including the purchase of new artwork. Work will continue with the Arts in Health Coordinator during 2016-17, with a focus on ward areas.	Review of ward areas to be completed by September 2016.
	The availability of magazines in the Antenatal Clinic will be reviewed. It has been the case recently that a magazine article in clinic caused offence and therefore there does need to be oversight of the magazines which are available. A review will be undertaken with volunteers asking women attending the clinic what kind of magazines or reading material they prefer and a process will then be put in place to ensure appropriate materials/magazines are provided and checked/updated regularly.	Review completed and process in place by October 2016.
	The Reception Desk in the Consultant Led Clinic is no longer used and is to be removed to create additional seating.	Currently being assessed, hopeful to meet it by the end of 2016.
3. Improve Signage / access	The Patient Experience Coordinator is working with women who use our services to review and improve signage across the Jessop Wing.	Review completed and new signage in place by November 2016.
	The Trust has recently commissioned a Trust-wide access audit and review of facilities for people with a disability. A description of facilities for people with a disability for each location across the Trust will be published via the Trust's web site.	Audit, access guides and recommendations completed by February 2017.
4. Further develop outside spaces	Consideration will be given to enhancing external spaces, in conjunction with the Trust's Arts in Health Coordinator.	Review completed by September 2016.