

# **COMPLAINTS AND FEEDBACK REPORT**

January to March 2017

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# 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
<b>Complaints</b>	<ul style="list-style-type: none"> <li>The number of informal concerns received this quarter increased from 407 between October and December 2016 to 414 between January and March 2017.</li> <li>By combining the number of formal complaints and informal concerns received, a total of 795 were raised between January and March 2017, a slight increase from 792 received last quarter.</li> <li>At the end of March 2017, 10% (16) of all open complaints remain overdue, a decrease from 19% (30) at the end of December 2016. Acute &amp; Emergency Medicine and Medical &amp; Pharmacy Services account for 11 of the 16 open and overdue complaints.</li> </ul> <p><b><u>ACTION</u></b></p> <ul style="list-style-type: none"> <li>As reported last quarter, from the 9th January 2017, the management of complaints for these two care groups transferred centrally to the Patient Partnership Department. An action plan has been agreed between the care groups and the Patient Partnership Department and it is expected that the number of overdue complaints for these two groups will reduce significantly over the coming months.</li> <li>Following a review by the Parliamentary Health Service Ombudsman (PHSO) this quarter, the Trust was informed that 1 of the 2 complaints that had been reviewed by the PHSO were partially upheld. This is outlined in the report.</li> <li>Compared to last quarter, all but 3 questions in the complainant satisfaction survey have seen the number of complainants who have selected the best possible response to each question decrease between January and March 2017, however there have been no questions that have seen a significant reduction.</li> </ul>

Highlights
<ul style="list-style-type: none"> <li>There has been a slight decrease in the number of formal complaints with 381 received this quarter, compared with 385 between October and December 2016.</li> <li>During 2016/17 the Trust closed 89% of complaints within the agreed timescale (or with an agreed extension) achieving the 85% target for the second consecutive year.</li> <li>In the complainant satisfaction survey, 36% of respondents to the question 'I am confident that improvements have been made as a result of my complaint' stated that they either 'agree' or 'definitely agree', which is the highest score received for this question, and is significantly higher than the 24% achieved last quarter.</li> </ul>

# Summary

	Risks
<b>Friends and Family Test (FFT)</b>	<ul style="list-style-type: none"> <li>The FFT response rate for community between January and March 2017 is 13%, below the 17% target.</li> <li>For January to March 2017, the Inpatient FFT score (95%) is 1% lower than the 12 month national average and community is 5% lower.</li> </ul> <p><b><u>ACTION</u></b></p> <ul style="list-style-type: none"> <li>A review of FFT inpatient scores is to be undertaken and presented to the Patient Experience Committee in May 2017. This will involve identifying those wards with low positive scores and also reviewing the age demographic of patients to determine whether there are any groups that show less satisfaction than others through the FFT.</li> <li>A deep dive is to be undertaken into patient experience data for Community. This will be reported in the July 2017 Integrated Performance Report and will involve reviewing all patient experience data for Community, including FFT, complaints, letters of thanks, comment cards, website feedback and surveys, to identify common trends and areas in need of improvement.</li> </ul>
<b>Local patient satisfaction survey</b>	<ul style="list-style-type: none"> <li>Results in the inpatient and outpatient local patient satisfaction surveys have shown performance to have either remained the same or deteriorated between January and March 2017 compared with last quarter.</li> </ul> <p><b><u>ACTION</u></b></p> <ul style="list-style-type: none"> <li>Performance from all local patient satisfaction surveys will continue to be monitored and appropriate action taken should ongoing deterioration or low performance be evident.</li> </ul>

Highlights
<ul style="list-style-type: none"> <li>For January to March 2017:               <ul style="list-style-type: none"> <li>Inpatient areas achieved a response rate of 30%, achieving the 30% target</li> <li>A&amp;E areas achieved a response rate of 25%, above the 20% target</li> <li>Maternity achieved a response rate of 27%, above the 20% target</li> <li>Outpatients achieved a response rate of 9%, achieving the 9% target</li> </ul> </li> <li>For January to March 2017, A&amp;E (87%), maternity (96%) and outpatient (94%) scores are all equal to or higher than the 12 month national average</li> </ul>
<ul style="list-style-type: none"> <li>The community satisfaction survey has shown performance to have improved in 7 question during January to March 2017, compared to last quarter.</li> </ul>

# Feedback overview

This page presents an overview of the top 10 most commonly raised negative themes across all feedback sources. Only data from negative feedback are presented as some sources provide only negative feedback (complaints and concerns). In addition, the focus on negative feedback supports the identification of areas for improvement.

The table below presents the ranking each negative theme received through that feedback source. For example, 1 indicates that this was the most raised theme from that feedback source, 2 indicates it is the second most raised theme, and so on. The number in the bracket represents the ranking for that theme last quarter.

The colour coding applied to the table below is as follows:

Ranked 1-3 **RED** (most raised)    Ranked 4 to 7 **AMBER**    Ranked 8 to 10 **YELLOW**

Top 10 themes	Current quarter: January to March 2017				
	Formal complaints (453)	Informal concerns (388)	Friends & Family Test* (3236)	Local Patient Satisfaction Surveys* (192)	Website and comment cards (256)
Communication	2 (2)	1 (1)	3 (4)	2 (2)	2 (1)
Waiting times	5 (5)	2 (2)	1 (1)	5 (6)	1 (3)
Clinical care and treatment	1 (1)	3 (3)	4 (3)	1 (1)	5 (2)
Staff attitude	4 (4)	4 (4)	2 (2)	6 (5)	3 (5)
Nursing care	3 (3)	5 (6)	5 (5)	4 (3)	6 (10)
Environment	9 (7)	6 (8)	6 (7)	3 (4)	4 (4)
Cancellations	7 (8)	7 (5)	7 (6)	8 (7)	9 (7)
Discharge	8 (9)	8 (9)	8 (8)	7 (10)	10 (9)
Resources	6 (6)	9 (7)	10 (10)	10 (8)	7 (8)
Food and nutrition	10 (10)	10 (10)	9 (9)	9 (9)	8 (6)

The table above highlights that ‘clinical care and treatment’ is the most raised theme from formal complaints, whereas ‘Communication’ is the most raised theme from informal concerns. Waiting times is the most raised negative theme from the Friends and Family Test as well as website feedback and comment cards. As each piece of feedback is received during different parts of the patient journey, this may explain why different issues are being raised from each feedback source. This will continue to be monitored to determine whether the same issues are consistently being raised from each method of feedback.

\* data taken from free-text comments

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.

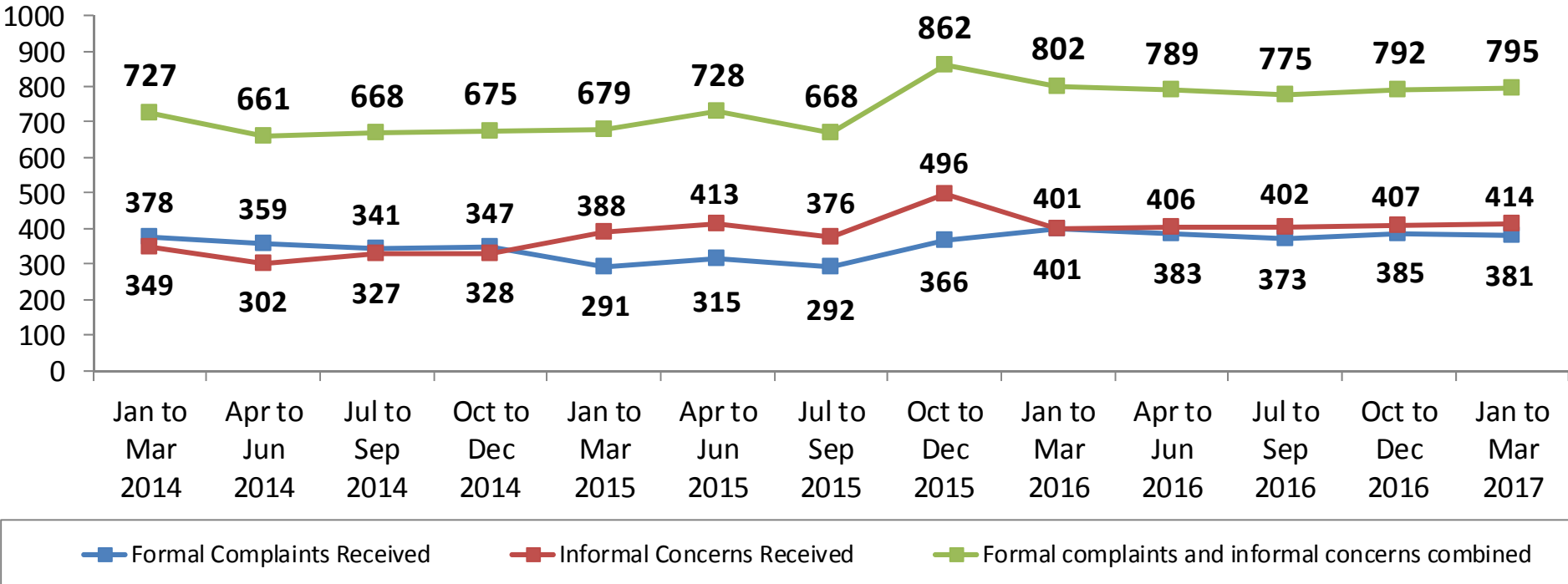
The Trust carries out a complainant satisfaction survey, which asks for feedback from complainants on how the Trust managed their concerns. Results of the survey are featured in each report along with any related actions.

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. Example of actions that have been implemented over the past quarter are 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 381 new formal complaints were received, a slight decrease from 385 received last quarter. 414 informal concerns were received this quarter, compared with 407 last quarter. By combining the number of formal complaints received and the number of informal concerns, a total of 795 were raised between January and March 2017, a slight increase from 792 received last quarter.

The graph above shows that when complaints data are presented as a quarterly breakdown rather than monthly, an increase in the number of combined complaints and concerns received took place in the quarter October to December 2015 compared to previous quarters and whilst this has been stable for 5 quarters it has not returned to the numbers of combined complaints and concerns previously seen.

As reported last quarter, a deep dive was undertaken to identify whether any individual department or theme has seen a disproportionate increase in the number of formal complaints received and this was presented to the Patient Experience Committee in January 2017. The 6 directorates which were identified as having a significant increase in the number of formal complaints received during the 2016 calendar year have carried out a further review of the complaints received.

Each of these 6 directorates are now producing an action plan to address the issues identified and will report back to the Patient Experience Committee in September 2017 to demonstrate any change in the number of complaints received, or an improvement in the issues identified.

The outcome of this will be featured in a future report.

# Complaints – Formal complaints received by patient activity

## Percentage of patients who have made a formal complaint

	Apr to Jun 2016	Jul to Sep 2016	Oct to Dec 2016	Jan to Mar 2017
Combined Community & Acute Care	0.07%	0.10%	0.10%	0.10%
Emergency Care*	0.22%	0.20%		
Acute and Emergency Medicine			0.22%	0.17%
Medicine and Pharmacy Services			0.15%	0.20%
Head & Neck Services	0.08%	0.08%	0.09%	0.08%
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	0.10%	0.09%	0.13%	0.11%
Musculoskeletal	0.19%	0.11%	0.13%	0.13%
Operating Services, Critical Care & Anaesthesia	0.12%	0.21%	0.16%	0.14%
South Yorkshire Regional Services	0.14%	0.10%	0.10%	0.12%
Specialised Cancer, Medicine & Rehabilitation	0.03%	0.03%	0.04%	0.04%
Surgical Services	0.08%	0.17%	0.14%	0.11%
<b>Trust total</b>	<b>0.10%</b>	<b>0.10%</b>	<b>0.11%</b>	<b>0.10%</b>

\* From 1 September the Emergency Care Group split into two care groups. A&E along with Acute Medicine became the **Acute & Emergency Medicine Care Group**. Diabetes and Endocrinology, Gastroenterology, Respiratory and Pharmacy have formed a separate care group – **Medical and Pharmacy Services**

Improvement on last quarter    Deterioration on last quarter    No change on last quarter

The table above shows the percentage of patients that have made a formal complaint, for each care group. This data shows that over the past quarter (January to March 2017), the Trust received a complaint for every 0.10% of patients treated or from 1 patient in every 1000 treated. This is in line with previous quarters.

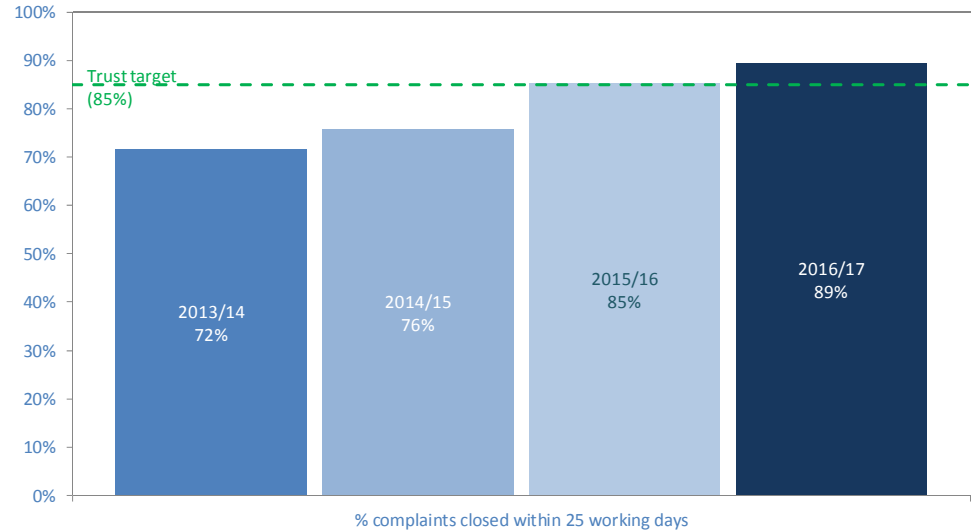
Compared to last quarter, no individual care group has seen a significant increase or deterioration in the proportion of formal complaints received this quarter with the exception of Acute and Emergency Medicine which has received less complaints and Medical and Pharmacy Services which has received more complaints. These data will continue to be monitored to ensure the number of complaints received for each care group is proportionate with the Trust activity.



# Complaints – Response times

The Trust works to a locally set target of responding to at least 85% of formal complaints on time (or with an extension agreed with the complainant). The chart below shows response time performance compared to previous years.

## Percentage of formal complaints closed on time



As the chart above shows, during 2016/17 the Trust closed 89% of complaints within the agreed timescale (or with an agreed extension) achieving the 85% target for the second consecutive year.

## Breakdown of ‘on time’ complaints

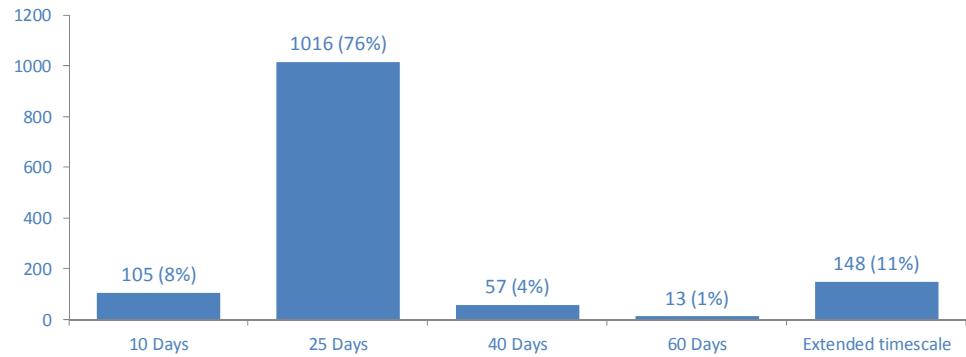
The Trust works to a tiered response times process. Complaints are graded by risk based on the complexity of the concerns raised. Each risk level determines the length of time allocated for responding to the complaint; which is then agreed with the complainant from the outset.

The following tiered response times have been set by the Trust:

- 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 1339 formal complaints that have been closed ‘on time’ during 2016/17, the chart below presents the breakdown by the response timescales agreed through the tied response times process:

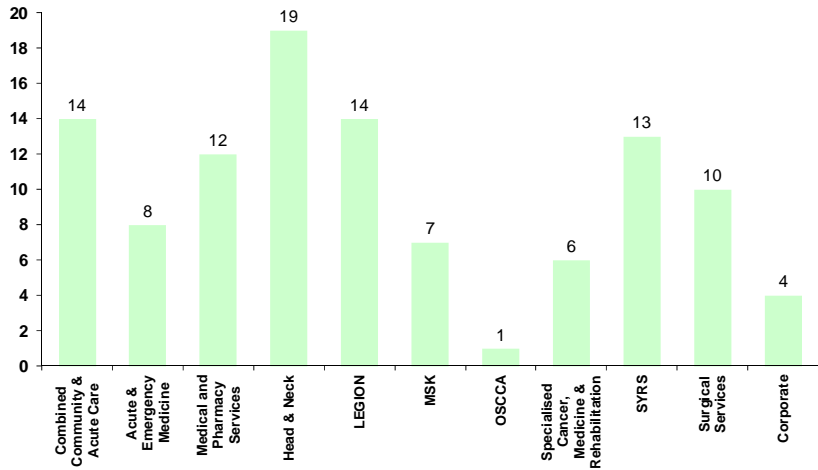
## Allocation of tiered response timescales



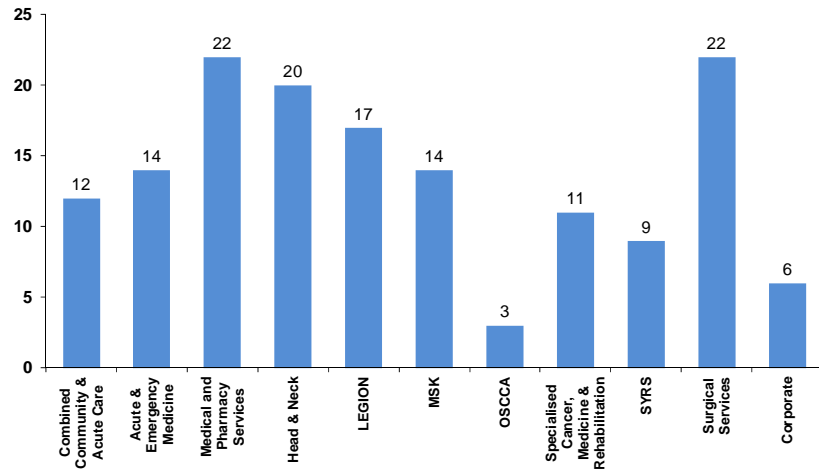
The chart above shows that over the past 12 months 11% of closed complaints have had their timescales extended. The reasons for extending a complaint can include arranging a meeting with the complainant which is outside of the agreed response time, or if more information is provided or discovered that was not available from the outset which makes the complaint investigation more complex. It is understood that there will always be a proportion of complaints that will require an agreed extension, due to these reasons.

# Complaints – Status of closed and open complaints

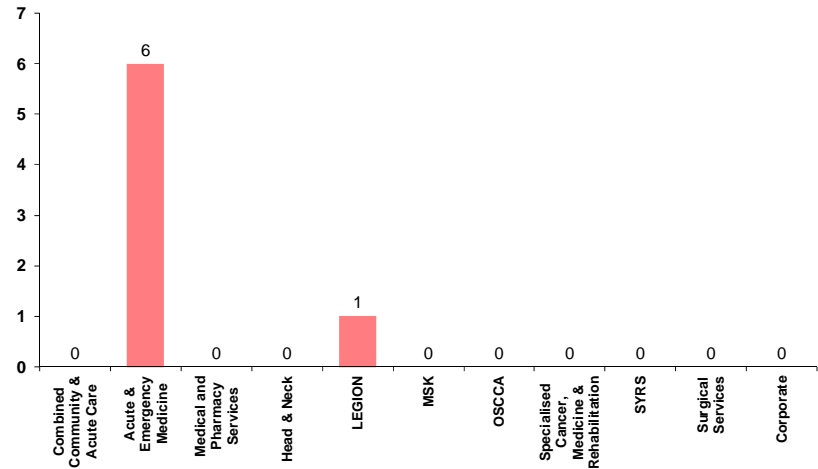
Number of formal complaints closed and in time (or extended) (in Mar 2017)



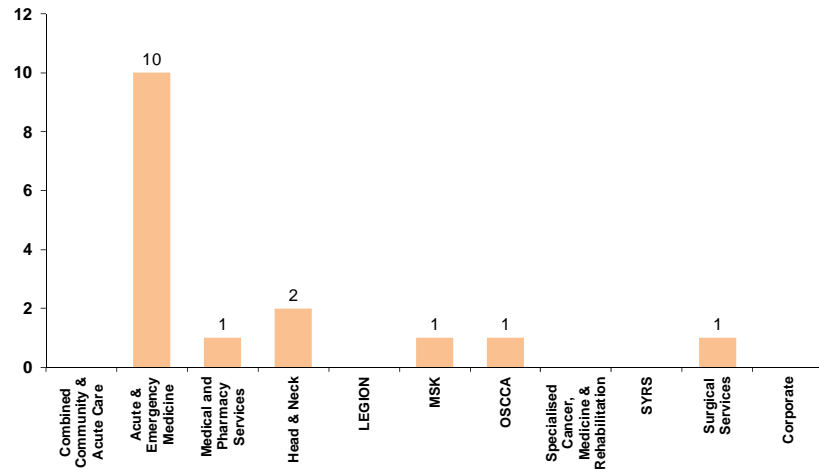
Number of formal complaints open and in time (or extended) (at end of Mar 2017)



Number of formal complaints closed and overdue (in Mar 2017)



Number of formal complaints open and overdue (at end of Mar 2017)



The series of graphs above show the number of complaints that have been responded to 'in time' or with an agreed extension and those that have been closed beyond the agreed response time (overdue). The graphs to the right show the current status of all 'open' complaints, which 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 March 2017, as the number of overdue complaints changes daily as does the number of complaints closed.

At the end of March 2017, 10% (16) of all open complaints remain overdue, a

decrease from 19% (30) at the end of December 2016.

Acute & Emergency Medicine and Medical & Pharmacy Services account for 11 of the 16 open and overdue complaints. From the 9th January 2017, the management of complaints for these two care groups transferred centrally to the Patient Partnership Department. An action plan has been agreed between the care groups and the Patient Partnership Department and it is expected that the number of overdue complaints for these two groups will reduce significantly over the coming months.

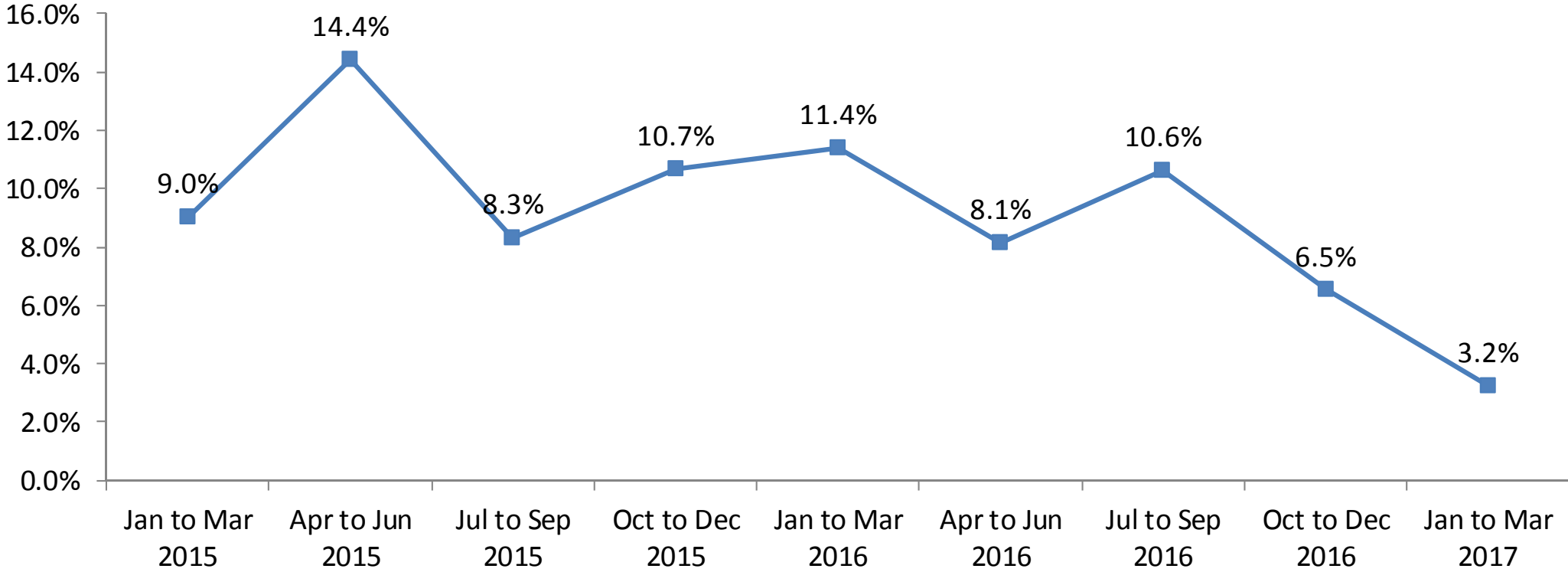
# Complaints – Re-opened complaints

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.

It should be noted that the October to December 2016 and particularly January to March 2017 figures are likely to increase as complaints closed in these quarters may be reopened in subsequent months.

The graph below shows the percentage of complaints closed each month that were subsequently re-opened, and shows a spike in the percentage of re-opened complaints in the quarter April to June 2015, followed by a return to a level of re-opened complaints at about 8-11%.

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 (January to March 2017)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	144	17%
2	Attitude	57	7%
3	Communication with relative / carer	53	6%
4	General nursing care	42	5%
5	Appropriateness of medical treatment	38	5%
6	Waiting time for follow-up appointment	30	4%
7	Access to information	20	2%
-	Delay in treatment	20	2%
9	Unhappy with outcome of surgery	18	2%
10	Cancellation of appointment	17	2%

### Last 12 months (April 2016 to March 2017)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	591	17%
2	Attitude	211	6%
3	Communication with relative / carer	188	5%
4	Appropriateness of medical treatment	181	5%
5	General nursing care	171	5%
6	Delay in treatment	114	3%
7	Waiting time for follow-up appointment	105	3%
8	Cancellation of appointment	75	2%
9	Competence of medical staff	65	2%
10	Access to information	64	2%

Of the 144 subjects coded against 'communication with patient' between January and March 2017, 108 (75%) 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

	Attitude	Communication with patient	Appropriateness of medical treatment	General nursing care	Unhappy with outcome of surgery	Communication with relative / carer	Competence of medical staff	Waiting time for follow-up appointment	Delay in treatment	Choice of medical treatment
Acute and Emergency Medicine	6	2	3	4	0	2	0	0	3	0
Combined Community & Acute Care	2	2	3	7	0	3	1	0	0	0
Head & Neck Services	12	7	8	1	5	1	2	6	0	1
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	4	6	3	1	1	1	0	0	0	1
Medicine and Pharmacy Services	2	4	5	8	0	1	1	2	1	2
Musculoskeletal	0	0	3	1	2	2	5	2	2	0
Operating Services, Critical Care & Anaesthesia	1	1	0	0	0	0	0	0	0	1
South Yorkshire Regional Services	4	2	3	2	0	1	4	0	0	1
Specialised Cancer, Medicine & Rehabilitation	4	3	2	1	0	1	1	1	3	1
Surgical Services	4	6	6	5	10	2	0	3	3	5
Trust Wide Departments	0	3	0	0	0	1	0	0	0	0
<b>TOTAL</b>	<b>39</b>	<b>36</b>	<b>36</b>	<b>30</b>	<b>18</b>	<b>15</b>	<b>14</b>	<b>14</b>	<b>12</b>	<b>12</b>

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 January and March 2017 are 'attitude' (39) and 'communication with patient' (36).

'Attitude' is the most frequently raised subject for 4 care groups, and raised on 1 occasion, along with two other subjects, for Operating Services, Critical Care & Anaesthesia. 'Attitude' is also the subject that has been raised more

than any other subject for a single care group, being raised 12 times in Head & Neck services.

In relation to the complaints relating to 'attitude' in Head and Neck, 6 of the Neurosciences complaints and 4 of the Ophthalmology complaints related to patients disagreeing with the diagnosis and/or proposed treatment. 2 of the complaints related to general attitude and conduct during the consultation.

# 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

	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	Jul to Sep 16	Oct to Dec 16	Jan to Mar 17	2016/17
Number of new PHSO cases	7	14	3	7	11	8	29	6	3	7	4	20	4	5	6	7	22
Number of PHSO decisions	1	5	4	10	3	6	23	9	9	8	5	31	8	6	6	2	22
Number of PHSO cases fully or partly upheld	1	1	2	1	0	0	3	3	1	1	2	7	3	2	2	1	8

## New PHSO cases this quarter

This quarter, 7 new information requests have been received, these relate to the following directorates:

- **Combined Community and Acute Care**
  - Integrated Geriatric and Stroke Medicine (1)
- **Labs, Engineering, Gynaecology, Obstetrics, Neonatology**
  - Neonatology (1)
- **Medical and Pharmacy Services**
  - Gastroenterology (1)
- **Musculoskeletal Services**
  - Orthopaedics (2)
- **Surgical Services**
  - General Surgery (1)
- **South Yorkshire Regional Services**
  - Cardiothoracic Services (1)

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

## New PHSO decisions this quarter

There were 2 new decisions received from the PHSO during this quarter, 1 of which was partly upheld. Details of the partly upheld decision are as follows:

- **Integrated Geriatric and Stroke Medicine (PARTIALLY UPHELD)**

The complainant raised a number of concerns following a serious incident involving her late mother while receiving care at the Trust which was witnessed by another family member.

The Trust wrote to the complainant confirming that it had investigated and found failings in the care provided which could have potentially prevented the incident. The Trust also offered financial payment in recognition of the distress the event had caused the family.

The complainant felt that the offer of compensation was insulting, and was frustrated that the Trust acknowledged only the complainant and the family member who witnessed the incident. The complainant requested a higher level of compensation, and for the Trust to acknowledge that the wider family suffered distress and recompense them as well.

The PHSO's investigation found that although there is no doubt that the wider family experienced distress, it would expect the Trust to identify those who had suffered distress proportionately. The complainant had clearly suffered distress and the failings would have exacerbated the distress suffered by the family member who witnessed the serious incident which would have a lasting impact.

The PHSO investigation found that it would not be expected that the Trust would identify over ten separate accounts and make separate payments accordingly for wider family members. The PHSO was satisfied that the Trust had appropriately, and proportionately, acknowledged those family members that suffered distress. However, the PHSO did find that the level of compensation offered by the Trust to be below what they would have been recommended for similar cases. Therefore, the PHSO partially upheld the complaint and the Trust were instructed to pay a higher level of compensation to the complainant and the family member who witnessed the incident.

# 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.

The table below provides two examples of how the Trust has responded to complaints raised to ensure patient needs are being met:

Directorate	Background	Actions agreed
<b>Emergency Eye Centre, Ophthalmology</b>	<p>A complaint was received regarding the way nursing staff spoke to the complainant, who has autism, during an eye examination and that this made the complainant feel stressed and that they had done something wrong.</p> <p>The complainant explained that they were made to feel responsible for not providing more information to the receptionist prior to the examination.</p>	<p>Following investigation it was explained that the nurse practitioner needed to ask several questions as it was not immediately apparent what was wrong with the complainant's eye and needed to identify a cause for the problems. The nurse practitioner has apologised to the complainant that they were made to feel stressed during the examination and as if they had done something wrong. It was never her intention to make the complainant feel this way and she would never want anyone to feel like that.</p> <p>As a result of this complaint, the Senior Sister for Ophthalmology will use this complaint, in anonymised format, to enable the team as a whole to reflect on their awareness of Autism and to form the basis of further team discussions around how communications can be adapted to meet differing patient needs.</p>
<b>Respiratory Medicine, Medical and Pharmacy Services</b>	<p>A complainant raised concerns that there was a delay in her late mother receiving her usual painkillers because her drug chart could not be found. Subsequently, this lack of medication caused the patient unnecessary pain and the situation had been very difficult for the complainant and her family.</p> <p>The complainant explained that this situation had happened again since making the original complaint and they were seeking assurances that appropriate action would be taken.</p>	<p>Following investigation, it was explained that drug charts are sent to pharmacy when ordering medication and wound dressings. During the initial incident, the patient had taken their 'once a day' medication at lunchtime, and the drug chart was then sent to pharmacy to order a wound dressing. Unfortunately, the drug chart did not return to the ward and was therefore logged as an incident. A new drug chart was written and the patient was given the medication she needed without further delay.</p> <p>On the second incident, the drug chart was returned to ward but arrived slightly after the time where the patient required further medication, which was then given without further delay.</p> <p>As a result of this complaint, the ward has now implemented an improved system for ordering medicines. In addition, the Trust is currently piloting an electronic prescription system which will enable nursing staff to administer medicines directly themselves at all times and will be rolled out across the Trust in the future. Both these new systems remove the need for drug charts to leave the ward, and will therefore greatly reduce the chances of the difficulties experienced by the complainant's mother happening to other patients in the future.</p>



# Complaints – Complainant satisfaction survey

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 a postcard which is sent along with the final response.

Between 1<sup>st</sup> January and the 31<sup>st</sup> March 2017, 60 complainants responded to the survey, giving a response rate of 30%. This is higher than the response rate of 28% (49 complainants) achieved last quarter.

## Key results

### Top 2 most positive results

- 83% (48) of complainants who responded stated that they ‘Definitely agree’ (54%) or ‘Partially agree’ (29%) that it was easy to make a complaint, compared with 86% last quarter.
- 75% (72) of complainants who responded stated that they ‘Definitely agree’ (43%) or ‘Partially agree’ (32%) that information on how to make a complaint was easy to find, compared with 75% last quarter.

### Bottom 2 most negative results

- 36% (20) of complainants who responded stated that they ‘Definitely agree’ (13%) or ‘Partially agree’ (23%) that they were confident improvements have been made as a result of their complaint, compared with 24% last quarter.
- 40% (23) of complainants who responded stated that they ‘Definitely agree’ (21%) or ‘Partially agree’ (19%) that they were satisfied with how the complaint was handled, compared with 50% last quarter.

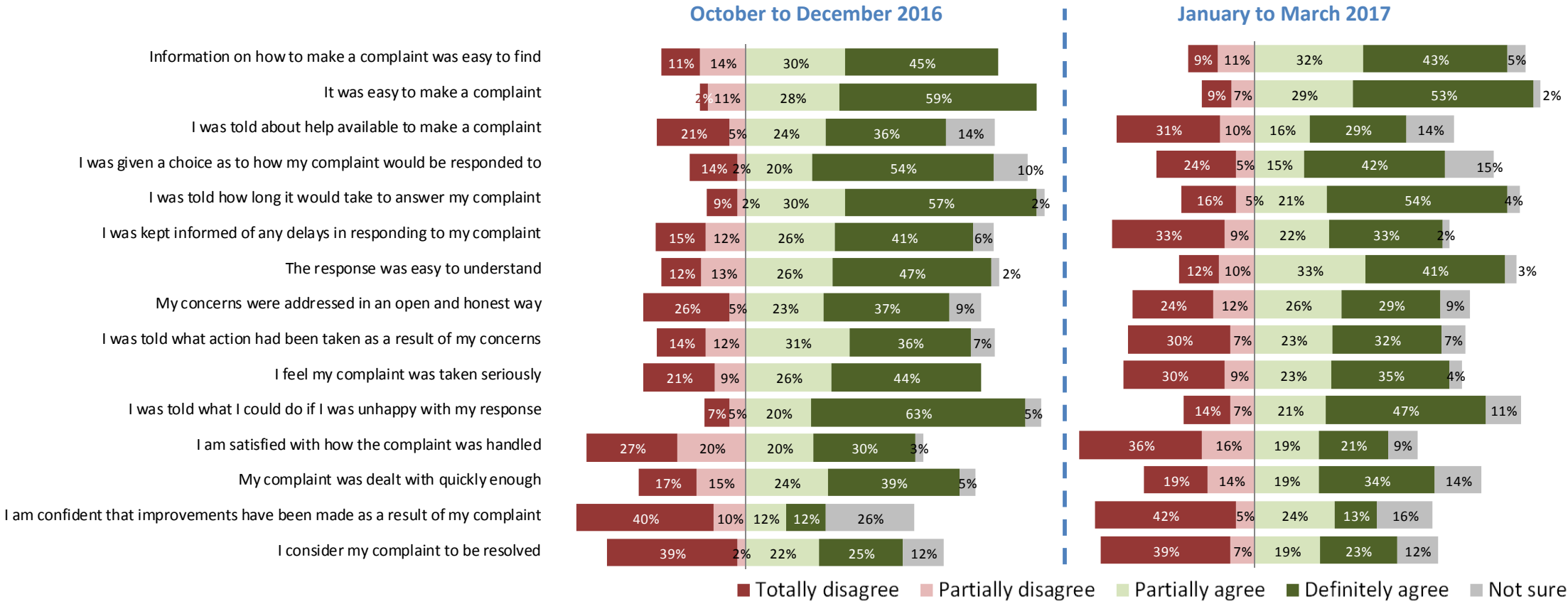
Compared to last quarter, all but 3 questions have seen their score decrease this quarter, however there have been no question that has seen a significant reduction. As outlined above, the question ‘I am confident that improvements have been made as a result of my complaint’ received 36% of responses that ‘agree’ or ‘definitely agree’ this quarter, which is the highest score received for this question, and is significantly higher than the 24% achieved last quarter.

As reported previously, the complainant survey is more complex than other patient satisfaction surveys as, for example, if a complaint is ‘not upheld’, this may influence the overall experience of the process. Therefore it is acknowledged that overall scores are likely to be lower than we would expect from other surveys.

The full breakdown of responses, compared to last quarter, are presented on the following page.

# Complaints – Complainant satisfaction survey

## Complainant satisfaction survey results



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

I am not happy at all with how my complaint has been dealt. I was treated just like a number.

I feel it would have been good if I had been asked for more information on my complaint instead of totally believing every word the surgeon said, I now feel that I had had no chance of being believed in my complaint and it had been a waste of the complaint.

I felt guilty for complaining, but I'm glad I did as it highlighted a problem within the process which can now be addressed to stop it happening to someone else.

An overview of all positive responses by individual care group are presented on the following page.

# Complaints – Complainant satisfaction survey

The table below presents the percentage of patients who gave a positive response (Definitely agree, Partially agree) to each question this quarter in the complainant satisfaction survey by individual care group.

Green cells indicate where care groups score higher than (or equal to) the overall Trust total for that question. Red cells indicate those care groups that scored lower than the Trust total.

## Percentage of positive responses per question by Care Group

	Acute and Emergency Medicine	Combined Community and Acute Care	Head and Neck Services	LEGION	Medical and Pharmacy Services	Musculoskeletal	OSCCA	South Yorkshire Regional Services	Specialist Cancer, Medicine and Rehabilitation	Surgical Services	Trust Wide Departments	Trust total
<b>Total number of responses</b>	<b>9</b>	<b>3</b>	<b>10</b>	<b>10</b>	<b>5</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>60</b>
It was easy to make a complaint	78%	0%	70%	70%	100%	100%	67%	100%	100%	100%	100%	79%
I was told how long it would take to answer my complaint	100%	0%	70%	70%	100%	75%	33%	75%	50%	100%	0%	73%
I was told what I could do if I was unhappy with my response	22%	33%	90%	100%	80%	50%	67%	75%	0%	67%	67%	72%
Information on how to make a complaint was easy to find	78%	0%	50%	90%	100%	75%	67%	50%	100%	67%	67%	70%
The response was easy to understand	89%	67%	70%	80%	100%	38%	67%	50%	50%	67%	100%	70%
I was given a choice as to how my complaint would be responded to, for example through a	33%	0%	40%	60%	80%	63%	33%	75%	100%	100%	0%	62%
I feel my complaint was taken seriously	56%	67%	50%	70%	60%	25%	33%	50%	50%	67%	100%	59%
I was told what action had been taken as a result of my concerns	33%	33%	50%	80%	60%	50%	33%	50%	0%	67%	67%	57%
My complaint was dealt with quickly enough	22%	33%	60%	60%	80%	50%	33%	25%	50%	67%	100%	57%
My concerns were addressed in an open and honest way	67%	33%	60%	60%	80%	13%	33%	25%	50%	67%	100%	56%
I was kept informed of any delays in responding to my complaint	78%	33%	30%	50%	20%	25%	0%	50%	50%	100%	0%	51%
I am satisfied with how the complaint was handled	22%	33%	30%	60%	80%	13%	33%	25%	50%	33%	67%	48%
I was told about help available to make a complaint, such as independent advocacy	33%	0%	60%	30%	40%	25%	33%	50%	50%	67%	0%	47%
I consider my complaint to be resolved	22%	0%	40%	60%	60%	25%	33%	50%	50%	33%	67%	39%
I am confident that improvements have been made as a result of my complaint	33%	0%	30%	60%	60%	0%	0%	50%	0%	67%	33%	26%

When looking at these results, it needs to be considered that when split by care group, the number of responses to each question is relatively low. These results have been shared with each care group and will continue to be monitored.

# Complaints – Complainant satisfaction interviews and audits

## Complainant satisfaction interviews and audits

In order to follow up in more detail on results from the complainant satisfaction survey, a sample of complainants who chose to provide their contact details in the survey are selected for follow-up interviews, either by telephone or face to face. Additionally, the complaint files for these complaints are also audited with the outcome of the survey, interviews and audits then being compared.

### Telephone interviews

Between January and March 2017, 35 of the 60 completed complainant satisfaction surveys indicated their willingness to participate in the follow-up complainant interviews and audits. Of these, 5 were selected and telephone interviews were carried out. An overview of results from the telephone interviews is as follows:

- The majority of complainants are finding it easy to make a complaint (4 out of 5).
- The majority of complainants interviewed felt they were well informed about the progress of their complaint (4 out of 5). The 1 who did not say that were kept well informed stated 'I didn't really think about it, once I had made the complaint I trusted they were getting on with it'.
- When asked about the response to their complaint, 3 out of 5 were happy and felt that the response letter covered all the concerns raised in their complaint, and 4 felt that all concerns were followed up and addressed.
- The use of medical 'jargon' appears to be rare or well explained, of those interviewed, all 5 believed their responses made sense and were easy to understand.

These results are greatly improved to the July - September 2016 audit and it is clear that a high level of satisfaction regarding the complaints process as a whole was achieved this quarter. Although, it remains evident that the complainant finds it difficult to detach themselves from the concerns being raised and the process for managing their complaint.

## Complaint file audits

As well as conducting a telephone interview with the complainant, a paper based audit of 5 complaint files was carried out by the Patient Partnership Department to identify any discrepancies on how the complaint was managed. These 5 audits were on the complaint files from the complainants that participated in the telephone interviews. An overview of results from the complaint file audits is as follows:

- 4 complaints were risk graded correctly, 1 was not risk graded correctly.
- 4 complaints were coded correctly as well-founded and 1 complaint had an outcome code of unfounded which was considered to be incorrect.
- All of the responses met the letter writing guidance with the exception of one where there was one piece of unexplained medical terminology.
- All but one of complaints were reported 'in time' and the complainant in this case was still satisfied with the outcome. Apologies were provided in all complaints and actions/staff reflections outlined.

To improve data quality and the issue of incorrectly coded complaints, the ongoing data audit of the complaints management system will continue. In addition, guidelines for applying complaint outcome codes has been developed.

Satisfaction regarding the complaints process as a whole has many influences, including the complaint itself and the opportunity to convince the complainant that we are obtaining enough information to provide a fair account of the concern raised. To support this, the following actions continue to be taken:

- Encourage staff, wherever possible, to contact the complainant by telephone for discussion
- Feedback the survey and audit results to the individual complaints handlers in each case
- Continue to audit compliance with Trust guidance on coding and letter writing

The approach currently for selecting complainants to participate in the satisfaction interviews and audits is currently under review to develop a process which will ensure a more diverse sample of complainants being selected.

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](http://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:

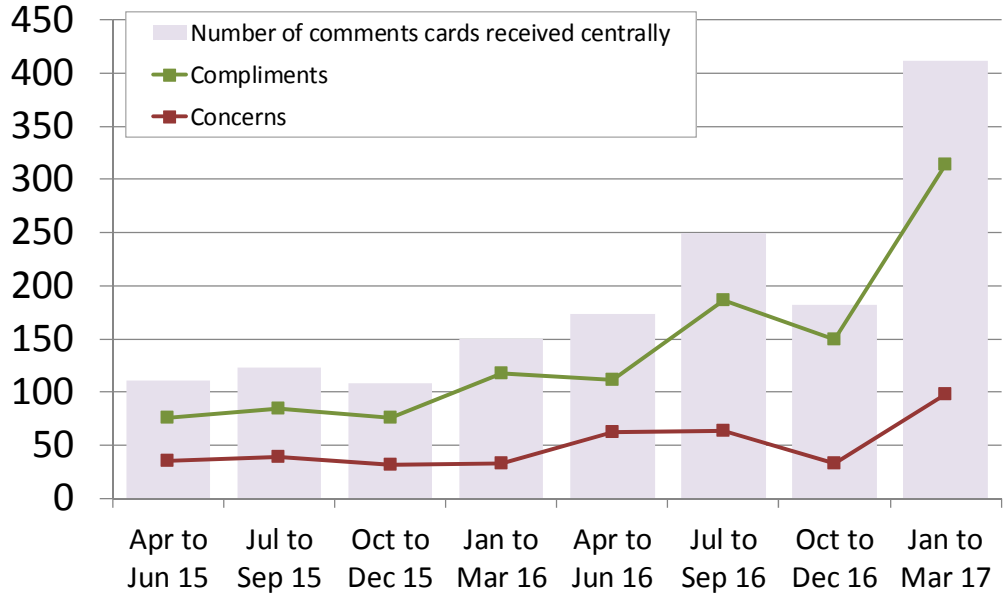
- The Friends and Family Test (FFT) which asks a simple, standardised question with response options on a 5-point scale, ranging from whether they are 'extremely likely' to 'extremely unlikely' to recommend our Trust to their family and friends. The FFT is carried out in inpatient, outpatient, A&E, maternity, 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 has developed a programme of local patient satisfaction surveys which were implemented from the 1st April 2016. These surveys are undertaken quarterly and aim to collect more detailed feedback on different aspects of care provided by the Trust.
- 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 January to March 2017, 412 comments cards were completed. This is a considerable increase on previous quarters, with 66% (272) of the comments being received in February. A total of 776 individual themes have been identified this quarter.

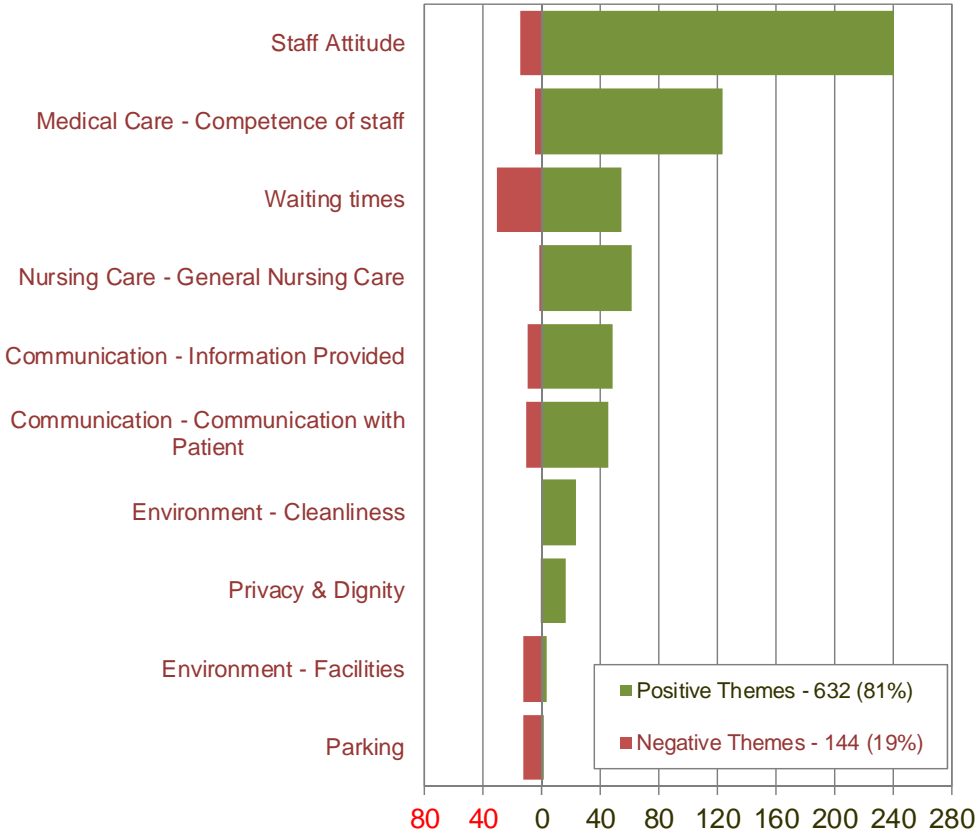


The chart above shows the comments cards received by quarter and the breakdown of these by compliments and concerns. Of all comment cards received this quarter 81% of the themes identified have been positive.

% of positive comments from all comments received centrally			
Current Quarter (Jan to Mar 2017)		Last 12 months (Apr 16 to Mar 17)	
%	QTY	%	QTY
81%	632	81%	1626

% of negative comments from all comments received centrally			
Current Quarter (Jan to Mar 2017)		Last 12 months (Apr 16 to Mar 17)	
%	QTY	%	QTY
19%	144	19%	380

## Top 10 themes raised in comment cards between January to March 2017



Friendly staff, excellent explanation of procedure at all times, reassuring professionals.

Everyone was very pleasant, extremely thorough and knowledgeable, nothing too much trouble.

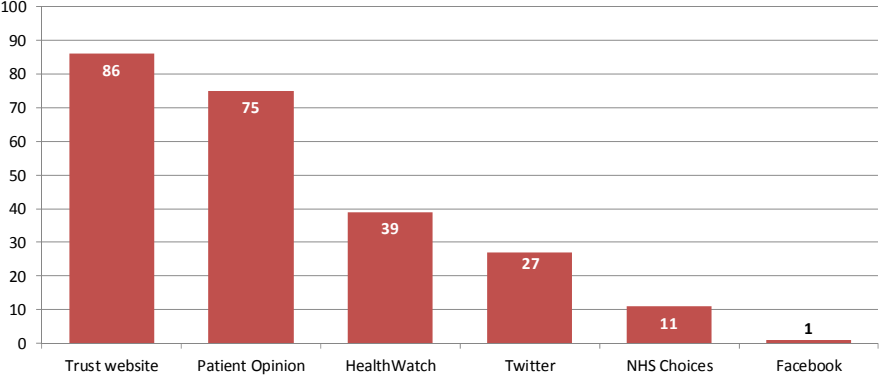
There was no sign posting from Huntsman Reception which means asking various staff along the way and they didn't know where the department was!!

The consultants demeanour was unfortunate - perhaps not best placed in paediatrics.

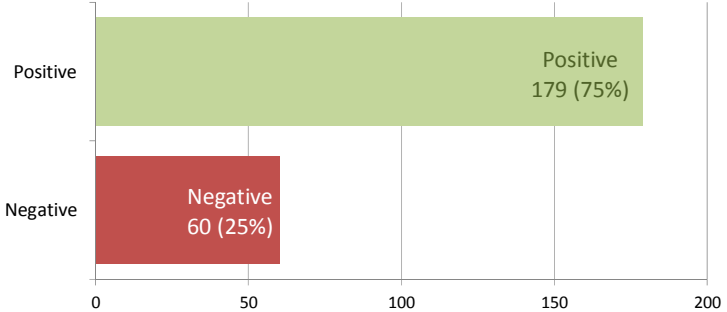
# Feedback – Website and social media feedback

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 graph below shows that during the past quarter, 239 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, only comments which relate to the patient experience at the Trust are included. The breakdown of comments is as follows:



Overall the Trust has received more positive than negative feedback this quarter with 169 positive comments and 70 negative.



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
Staff	37% (153)	13% (14)	32% (167)
General Care	23% (97)	29% (32)	24% (129)
Clinical Treatment	21% (88)	8% (9)	18% (97)
Communication	13% (54)	27% (30)	16% (84)
Waiting times	5% (20)	18% (20)	8% (40)
Environment	1% (6)	6% (7)	2% (13)

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

Never had such great care as I do every time #Royal #Hallamshire #Hospital #Sheffield great staff doing their very best #nhs (Twitter)

The state of the toilet near the exit, for a medical establishment they were poor with no soap and filthy seat (Patient Opinion)

Visited my sick elderly mother, great care from nurses, doctors and consultants (HealthWatch Sheffield)

I am trying to find some straightforward information regarding the names and locations of wards. Such information may well be somewhere on the website, but finding it is ludicrously difficult (STH 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:

April - Jun 2016	Jul - Sep 2016	Oct-Dec 2016	Jan-Mar 2017
115	159	157	172

This page presents a selection of thank you letters that have been received centrally. Each of the letters presented have been reproduced verbatim but with names and personal details removed.

### General Surgery, Northern General Hospital

I am just writing to you, regarding Dr [NAME] & Dr [NAME]. Not to complain, but to shower praise on these doctors from whom I received treatment. I was operated on last November for upper gastrointestinal surgery.

I wanted to say thank-you for all the attention & expertise they gave me before, during and after the operation. As a result the operation has been successful. I would also like to comment on the personable, professional and caring manner they had.

Their understanding of my complex condition gave me great confidence in them. During my follow up appointment, they guided me and gave me techniques on how to reduce the symptoms & saw to my wellbeing.

I will speak highly & recommend both of them to anyone who suffers from the same difficulties as myself.

### Ophthalmology, Royal Hallamshire Hospital

I am writing today to give my thanks and praise. Since 2011 I have had cause to visit Sheffield Teaching Hospitals on a regular basis. I am under no less than seven Dr's and consultants. It has recently been identified that both my brother and I have a faulty gene, this means our immune system cannot fight serious infection. Last year I had three retinal operations. Throughout this time I have had exceptional care and treatment from everyone concerned, I always thank individuals at the time but cannot name them all in this letter.

I want to convey my thanks and mention [NAME] and [NAME] in the eye department at the Hallamshire. [NAME] is in my opinion an exceptional Consultant and in more ways than one, we are so lucky to have [NAME] in Sheffield. I also want to thank [NAME] who has performed several operations over the years to re-attach my retina when it detaches. Things have not always gone as planned. [NAME] has always discussed the challenges we face with regards to the success and outcome of surgery and has always helped me stay positive. I feel so lucky to have these two consultants helping me with the challenges I face. Whenever I have reason to talk about the Sheffield eye clinic I tell people we have one of the best eye clinics in the country together with the best nurses, Dr's and consultants.

I just wanted to convey my appreciation.

### Respiratory Medicine, Northern General Hospital

I would like to take this opportunity to send my appreciation and thanks to one of your staff, the consultant looking after my father after being admitted to the NGH late October last year. Sadly, my father died on the ward. [Consultant] was so wonderful to him, he was kind, considerate and extremely respectful of his wishes. He made my Dad feel equal to him which allowed him to somehow pass away with integrity.

Thank you for your kindness, it made a difficult situation easier to bear.



## Feedback – Letters of thanks

### **Ophthalmology, Royal Hallamshire Hospital**

I have been fortunate enough to be under the care of your extraordinary team here at Royal Hallamshire Hospital. Five weeks ago I went to the optician and now I am sat here on Ward I in room 10 looking out over the Sheffield sky line and so much has happened in those few weeks.

Most importantly you, one of the National Centre's for ocular oncology, have taken the lead in identifying and treating my tumour. I am in good hands.

From the moment I arrived to first meet Mr [NAME], I have been welcomed, treated with kindness and professionalism. From those that greeted me at reception, prepared me for the meeting and guided me between the different tests to bring me back to the diagnosis and subsequent action, all of them have been brilliant.

I returned one week later for my surgery and to stay while the plate was in place and doing its work. I hope you realise how amazing your hospital is.

The way everything comes together. Not just the big things, the fabulous team that works in your Theatre, but the volunteers who help to guide you to the right place, who reassure you with a smile.

I have never walked into an operating theatre before, and to be welcomed by the team, prepared and relax into their hands was just perfect. Each of those that I met treated me with respect and gently guided me to the next stage of the process.

It may sound silly, but at a time of extreme vulnerability to feel that you are being supported by such a team is the most wonderful feeling.

My experience of the ward is the case in point. From those who ensure that my room is clean, the bed made, the food chosen and delivered, medications administered and all with a gentleness and time for a kind word. One simple example may well be the kindness and determination of the young person, [NAME], the Housekeeper, who went the extra mile to make sure that the kitchen could provide some vegan meals for me. It is Lent and well, you know, but [name] took the time to find out what this strange diet was and to work with the kitchen to provide the right things. I know it is a small thing, but all your team are like this and that makes it a wonderful thing, something to take pride in.

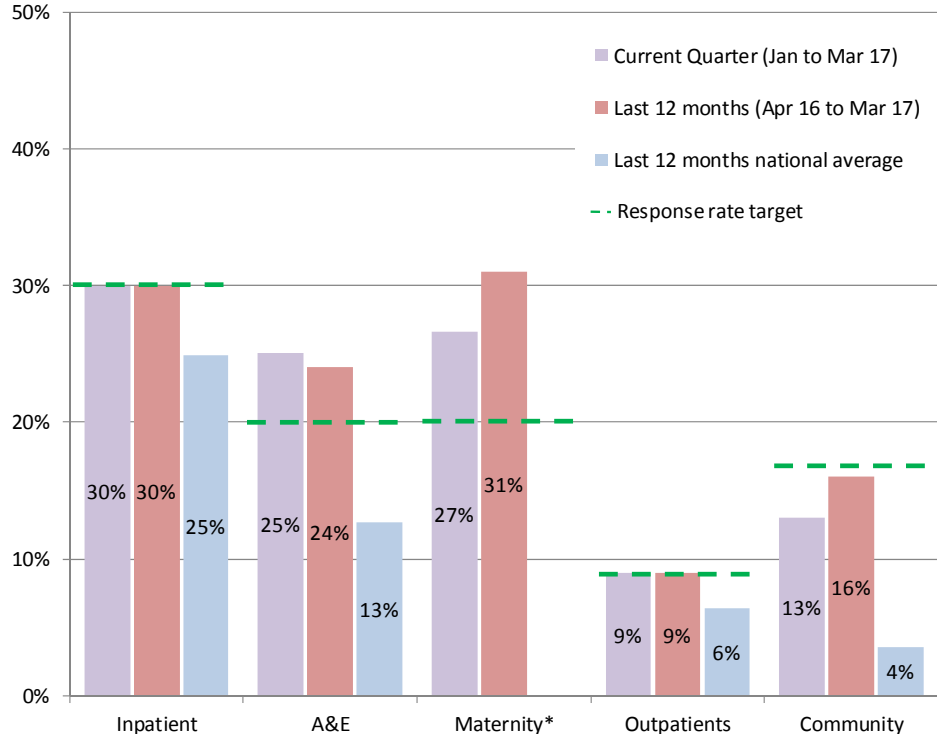
From the considerations and illustrious international reputations of your consultants, to the teams who work in the clinics, wards and theatres, you are a centre of excellence. Perhaps, more importantly you are achieving this at a time when your resources are stretched to a point that are beyond the bounds of comprehension.

I am beginning to realise as I sit here and look out across the Sheffield skyline and I listen to the stories of those who work here, how special this city is. So, thank you, from my heart thank you, on behalf of my family and friends thank you for your brilliant hospital.

# 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 January and March 2017, 9154 inpatients, 4200 A&E patients, 1091 maternity services patients, 26046 outpatients and 2674 community patients from the Trust completed the FFT survey, giving a total of 43165 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 January to March 2017, 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 25%, achieving the 20% target, and maternity services achieved 27%, achieving the 20% target. Outpatients achieved 9%, achieving the 9% target, and community achieved 13%, below the 17% target.

### Highest performing wards/departments by response rate

	January to March 2017			Last 12 months (Apr 16 to Mar 17)
	Eligible Patients	Responses	Response Rate	
Burns Unit	35	33	94%	78%
Brearley 6	110	95	86%	74%
Osborn 1	11	9	82%	89%
Vickers 4	99	80	81%	68%
Ward Q1	29	23	79%	47%

### Lowest performing wards/departments by response rate

	January to March 2017			Last 12 months (Apr 16 to Mar 17)
	Eligible Patients	Responses	Response Rate	
Ward P3	77	4	5%	19%
Teenage Cancer Unit	156	13	8%	15%
Ward E2	277	39	14%	21%
Ward E1	113	16	14%	18%
Firth 2	411	62	15%	15%

# Feedback - Friends & Family Test

A review has been undertaken identifying the inpatient wards with the lowest 12 month response rate. This highlighted 30 wards (51%) which achieved the 30% inpatient response rate target, and 29 wards (49%) that did not.

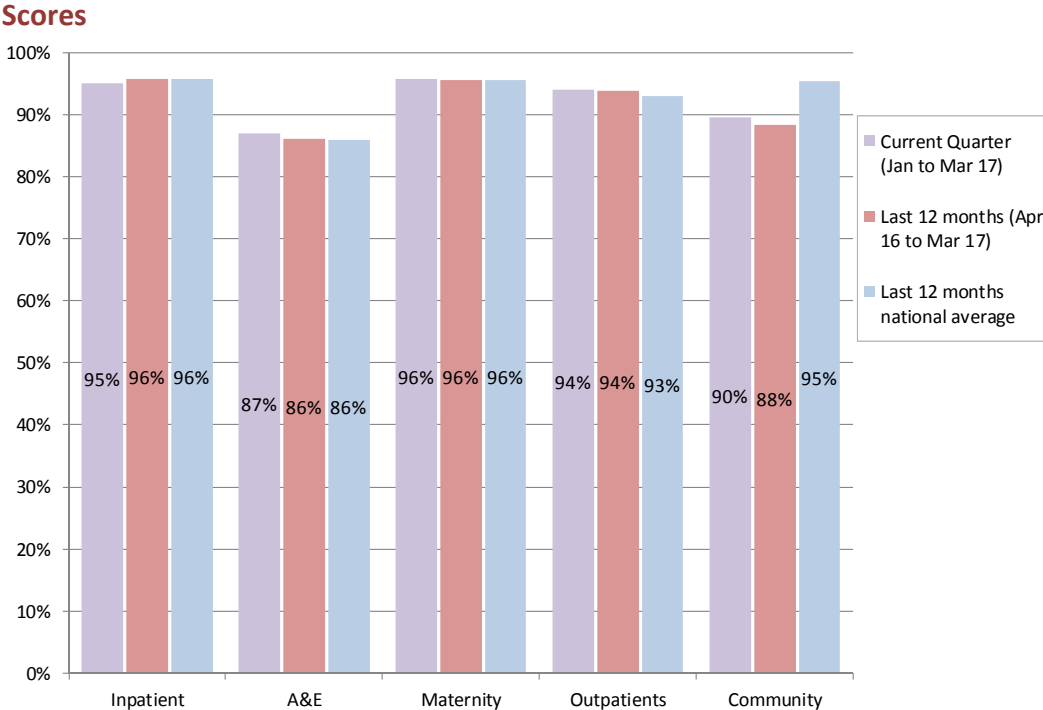
As a result of this review, the 29 wards that did not achieve the 30% target developed an action plan detailing how they would aim to improve response rates. This resulted in 20 of the 29 wards increasing promotion/raising awareness of the FFT, whilst the other 9 wards switched to using SMS text messaging and Interactive Voice Messaging (IVM) to carry out the FFT as opposed to using postcards. Progress on this work is presented in the table below.

After 6 months since implementing these changes, 20 wards have seen an improvement in response rates, albeit not all are achieving the 30% target. and 9 wards have seen their response rate deteriorate.

The priority is to ensure that there are enough responses to the FFT so that scores can be considered robust. It may not be possible for all wards to achieve the 30% response rate target, for example, if they have a very high volume of patients, or a very small number of patients who have long stays. FFT response rates will be monitored until the end of August at which point more suitable response rate targets will be set for those wards that are unlikely to achieve 30% due to the nature of the care provided.

Method	Ward	12 month review period response rate	Oct 16 to Mar 17 post review response rate	Difference between review period data and post review period	
Increase promotion	Q1	22%	74%	59%	Better
Increase promotion	Huntsman 1	28%	62%	55%	Better
Increase promotion	Robert Hadfield 1	28%	39%	26%	Better
Increase promotion	P4	9%	41%	23%	Better
Increase promotion	Q2	16%	40%	18%	Better
Increase promotion	Brearely 1	20%	45%	15%	Better
Increase promotion	Ward 3	29%	41%	14%	Better
Switch to SMS/IVM	Surgical Admissions Centre	16%	18%	12%	Better
Increase promotion	Ward 2	5%	19%	12%	Better
Switch to SMS/IVM	Firth 9	16%	29%	12%	Better
Switch to SMS/IVM	Firth 3	13%	27%	11%	Better
Increase promotion	Robert Hadfield 3	21%	26%	10%	Better
Increase promotion	G2	24%	37%	10%	Better
Increase promotion	Firth 2	9%	18%	6%	Better
Increase promotion	Chesterman 3	24%	32%	5%	Better
Switch to SMS/IVM	Firth 8	26%	27%	3%	Better
Switch to SMS/IVM	Firth 4	25%	24%	3%	Better
Increase promotion	P1 / CIU	29%	18%	2%	Better
Switch to SMS/IVM	H1 / H2	23%	24%	1%	Better
Increase promotion	L1	25%	29%	1%	Better
Switch to SMS/IVM	Huntsman 7	25%	26%	-2%	Worse
Switch to SMS/IVM	Cystic Fibrosis Ward	15%	15%	-2%	Worse
Increase promotion	E2	25%	20%	-3%	Worse
Increase promotion	P3	20%	16%	-5%	Worse
Increase promotion	Acute Medical Unit	27%	20%	-6%	Worse
Increase promotion	Brearely 2	27%	31%	-7%	Worse
Switch to SMS/IVM	Teenage Cancer Unit	10%	10%	-9%	Worse
Switch to SMS/IVM	Huntsman 6	21%	20%	-11%	Worse
Increase promotion	Huntsman 5	13%	18%	-14%	Worse

# Feedback - Friends & Family Test



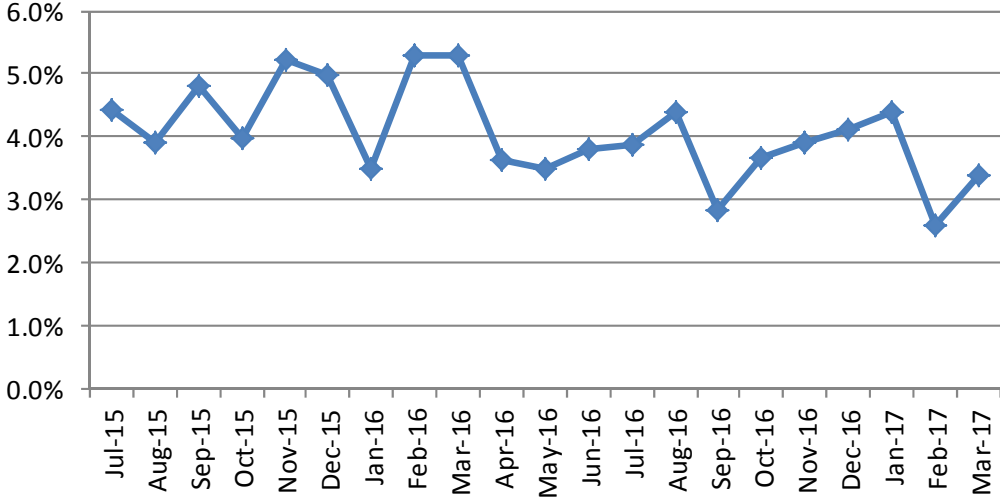
The overall percentage of patients who ‘would recommend’ our service to friends and family from all 5 elements of the FFT was 93% this quarter, the same as last quarter. The FFT continues to demonstrate that the vast majority of patients would recommend the Trust as a place to receive care and treatment.

During this quarter A&E (87%), maternity (96%) and outpatient (94%) scores are all equal to or higher than the 12 month national average, however the score between January and March 2017 for Inpatients is 1% lower than the 12 month national average and community is 5% lower.

A review of FFT inpatient scores is to be undertaken and presented to the Patient Experience Committee in May 2017. This will involve identifying those wards with low positive scores and also reviewing the age demographic of patients to determine whether there are any groups that show less satisfaction than others through the FFT.

Although there has been an improvement over the past 12 months, illustrated in the graph below, the overall negative score for Community Services continues to be higher than the 12 month national average. A deep dive is to be undertaken into patient experience data for Community. This will be reported in the July 2017 Integrated Performance Report and will involve reviewing all patient experience data for Community, including FFT, complaints, letters of thanks, comment cards, website feedback and surveys, to identify common trends and areas in need of improvement.

Community FFT Negative Score



# Feedback – Local patient satisfaction survey results

The following pages present results from the programme of local patient satisfaction surveys that was implemented from the 1st April 2016.

The table below presents the percentage of patients who gave a positive response to each question, for example 'yes,' or 'yes, definitely/yes, to some extent'. Results are presented as either 'better' or 'worse' than the previous quarter using the following system:

- Green arrow indicates a 'better' score compared to the previous quarter
- Red arrow indicates a 'worse' score compared to the previous quarter

	Question	Apr to Jun 2016	Jul to Sep 2016	Oct to Dec 2016	Jan to Mar 2017	12 months combined
INPATIENT SURVEY	Did you always feel safe whilst on the ward?	98%	98%	99% ↑	99%	98%
	Was the ward clean?	99%	98% ↓	99% ↑	99%	99%
	Did you have confidence and trust in hospital staff?	98%	98%	99% ↑	98% ↓	98%
	Did hospital staff treat you with respect and dignity?	99%	99%	99%	99%	99%
	How would you rate your overall experience?	90%	92% ↑	95% ↑	93% ↓	92%
OUTPATIENT SURVEY	Did you get to choose your appointment?	56%	56%	50% ↓	44% ↓	52%
	Is the department easy to find?	95%	95%	96% ↑	95% ↓	96%
	Is it clean?	99%	98% ↓	99% ↑	99%	99%
	Were you seen on time?	76%	71% ↓	76% ↑	74% ↓	74%
	Were you told how long you would have to wait?	55%	57% ↑	56% ↓	38% ↓	52%
	Did clinical staff listen, understand and answer your questions?	94%	95% ↑	96% ↑	95% ↓	95%
	Did you get enough information on any tests or treatment?	93%	93%	94% ↑	94%	93%
	Were you told what would happen next?	96%	96%	98% ↑	97% ↓	97%
	Overall, how would you rate the attitude of the staff in this department?	93%	91% ↓	95% ↑	95%	94%
	Has the main reason you came to the Outpatient Department been dealt with to your satisfaction?	84%	83% ↓	84% ↑	84%	84%
COMMUNITY SURVEY	The length of time I had to wait for my care from the community team to start was reasonable.	98%	97% ↓	91% ↓	93% ↑	94%
	The staff that cared for me had been given all the necessary information about my condition or illness from the person who referred me.	94%	96% ↑	94% ↓	93% ↓	94%
	I was aware of our goals e.g. to be mobile and independent at home.	100%	95% ↓	94% ↓	95% ↑	95%
	I was involved in setting these goals.	96%	96%	88% ↓	90% ↑	92%
	I was as involved in discussions and decisions about my care, support and treatment as I wanted to be.	96%	95% ↓	91% ↓	92% ↑	93%
	The staff let me know how to contact them if I needed to.	96%	98% ↑	93% ↓	92% ↓	94%
	The appointment/visit times by staff were convenient for me.	98%	98%	98%	96% ↓	97%
	When I had important questions to ask the staff they were answered well.	96%	98% ↑	97% ↓	98% ↑	98%
	I had confidence and trust in the staff treating or supporting me.	100%	88% ↓	98% ↑	97% ↓	96%
	I felt informed of other services that are available to someone in my circumstances, including voluntary organisations.	95%	86% ↓	83% ↓	80% ↓	84%
	I was always involved and informed about decisions to refer me to other services for support.	98%	91% ↓	85% ↓	86% ↑	89%
	Overall, I felt I was treated with respect and dignity while I was receiving my care from this service.	100%	98% ↓	98%	99% ↑	99%
	I feel less anxious/worried since having this service.	98%	98%	92% ↓	89% ↓	93%

The table above now presents 12 months of data. As the surveys are repeated throughout 2017/18, these data will be used to identify any clear trends in terms of improved performance or deterioration on specific questions.

Key results for each survey are outlined on the following pages.

# Feedback – Local patient satisfaction survey results

## Inpatient satisfaction survey

The inpatient satisfaction survey is sent to a sample of patients by post following their discharge from hospital. The sample is drawn from one month each quarter. Patients from the sample are asked 6 core questions and a set of topic specific questions which are themed and changed each quarter.

During this quarter, a total of 1958 patients were sent the inpatient satisfaction survey. 680 returned a completed survey, giving a response rate of 35%. This compares to a response rate of 38% (366 patients) last quarter.

### Key results:

Top 2 highest scoring questions (taken from all positive responses)

- 99% (671) of patients said ‘yes, definitely (90%) or ‘yes, to some extent’ (9%) that they were ‘always’ treated with respect and dignity, compared with 99% last quarter.
- 99% (664) of patients said that they ‘definitely’ (87%) or to ‘some extent’ (12%) felt safe whilst on the ward, compared with 88% last quarter.

Top 2 lowest scoring questions (taken from all positive responses)

- 93% (592) of patients rated their overall experience as either ‘Excellent’ (30%), ‘Very good’ (45%) or ‘Good’ (18%), compared with 95% last quarter.
- 98% (664) of the patients stated that they had confidence and trust in hospital staff, compared with 99% last quarter.

## Topic specific questions

As part of the inpatient satisfaction survey, there is also a programme of topic specific questions which change each quarter. This quarter, the questions relate to the environment.

Results to questions relating to the environment:

- 85% (539) of patients stated ‘no’ when asked if they were on a shared sleeping area when they were admitted to a bed on a ward (for example a room or bay, with patients of the opposite sex)
- 49% (308) of patients stated ‘no’ when asked if they were ever disturbed by noise at night.

- 96% (596) of patients stated ‘yes’ with regard to hand-wash gels or wipes being available for patients and visitors to use.
- 71% (448) of patients stated that the temperature was ‘about right’. 8% stated that the temperature was ‘too cold’ and 7% ‘too hot’. 14% of patients stated that the temperature was ‘variable’.
- 0% (0) of patients stated that the hospital food was ‘excellent’, 20% (124) stated that it was ‘very good’ and 31% (187) stated ‘good’. 36% (221) of patients stated that the hospital food was ‘satisfactory’ and 13% (78) poor.

### Next steps

These results will be shared with each individual ward so that local actions can be taken to identify areas of improvement in relation to the environment. Result relating to the temperature will also be shared with the Estates Department and questions relating to food will be shared with Catering Services. In addition, these questions will be repeated in a future survey to monitor whether there has been any improvement in performance.

I am more than a bit impressed by the level of care by the NHS

Unhappy with discharge arrangement and post-hospital arrangements

I dreaded the thought of going into hospital. I was reassured by virtually all members of staff, not only through the care they showed me, but also to the other patients.

One member of staff let the ward down

# Feedback – Local patient satisfaction survey results

## 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, 13,868 eligible patients were sent the outpatient satisfaction survey. 664 of these patients completed the survey, giving a response rate of 5%. This compares to a response rate of 5% (700 patients) last quarter.

It is recognised that this is a low response rate, however given the high volume of outpatients, the number of individual responses received is high meaning the data is robust. Therefore, given the low resource requirements for electronic surveys this method will continue to be used.

### Key results:

#### Top 2 highest scoring questions (taken from all positive responses)

- 99% (658) of the patients that responded stated 'Yes' when asked if the outpatient department was clean, compared with 99% last quarter.
- 97% (617) of the patients that responded stated 'Yes' when asked if they were told what would happen next, compared with 98% last quarter.

#### Top 2 lowest scoring questions (taken from all positive responses)

- 38% (144) of patients that responded stated they were told how long they would have to wait, compared with 56% last quarter.
- 44% (294) of patients that responded stated 'Yes' when asked if they got to choose their appointment, compared with 50% last quarter.

### Next steps

As part of the Outstanding Outpatients Workstream of the Trust's Making it Better Programme, these results will be shared with the Trust's Service Improvement Team who will monitor survey results on an ongoing basis to note any changes over time as a result of this workstream.

All of the team were wonderful  
gave lots of information and  
support

The equipment and floors/walls  
are clean and there are enough  
hand sanitizers situated in the  
correct places

Clerical staff where slow. Long  
queue to book in, had to re-join  
queue to book next appointment

Finding my way around was very  
difficult

# Feedback – Local patient satisfaction survey results

## Community satisfaction survey

The community satisfaction survey is undertaken as a postal survey, sent directly to the patient's home address, along with a pre-paid envelope. 891 eligible patients were sent the community satisfaction survey, of which 214 patients responded, giving a response rate of 24%. This compares to a response rate of 22% (106 patients) last quarter.

### Key results:

#### Top 2 highest scoring questions (taken from all positive responses)

- 99% (197) of patients stated 'Yes, always' (89%) and 'Yes, sometimes' (10%) when asked if they were treated with respect and dignity, compared with 98% last quarter.
- 98% (178) of patients stated 'Yes, always' (80%) and 'Yes, sometimes' (18%) when asked if staff answered well when they had important questions to ask, compared with 97% last quarter.

#### Top 2 lowest scoring questions (taken from all positive responses)

- 86% (132) of patients responded 'Yes, definitely' (62%) and 'Yes, to some extent' (24%) when asked if they were involved and informed about decisions to refer them to other services for support, compared with 85% last quarter.
- 80% (129) of patients responded 'Yes, definitely' (46%) and 'Yes, to some extent' (34%) when asked if they felt informed of other services that are available to someone in their circumstances, compared with 83% last quarter.

### Next steps

These results will be reviewed by Community Services to identify which services are performing well and which ones are receiving a high number of negative responses. These will then be included in the deep dive into patient experience data for Community which will be reported in the July 2017 Integrated Performance Report.

The podiatrist was skilled and thoughtful. His treatment has made a big difference

I really dislike having to listen to the radio whilst I wait for my appointment, especially when the service is running late

Had fantastic care from the community nursing team. Thank you.

The service was only available at one time slot and on one day of the week and in one location. The time, day and place were inconvenient for me.