

# **COMPLAINTS AND FEEDBACK REPORT**

January to March 2018

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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>• There has been an increase in the number of formal complaints with 419 received this quarter, compared with 356 between October and December 2017.</li> <li>• The number of informal concerns received this quarter increased from 409 between October and December 2017 to 419 between January and March 2018.</li> <li>• By combining the number of formal complaints and informal concerns received, a total of 838 were raised between January and March 2018, an increase from 765 received last quarter.</li> </ul> <p><b><u>ACTION:</u></b></p> <ul style="list-style-type: none"> <li>– The increase in complaints and concerns this quarter is predominately as a result of winter operational pressures across the Trust. Should this increased level remain next quarter then a deeper analysis will be undertaken.</li> </ul> <ul style="list-style-type: none"> <li>• At the end of March 2018, 10% (20) of all open complaints remain overdue, an increase from 7% (6) at the end of December 2017.</li> </ul> <p><b><u>ACTION:</u></b></p> <ul style="list-style-type: none"> <li>– Due to the increase in open and overdue complaints over the winter period, increased monitoring of the complaints caseload is to be undertaken during April 2018 until the number of overdue complaints reduces.</li> </ul> <ul style="list-style-type: none"> <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 fully upheld. This is outlined in the report.</li> </ul>

Highlights
<ul style="list-style-type: none"> <li>• At the end 2017/18, the year end performance of responding to complaints within the agreed timescale is 93%, above the 85% target for the third consecutive year.</li> <li>• Compared to last quarter, the complainant satisfaction survey has seen the number of positive responses increase or remain the same on 9 of the 15 questions.</li> </ul>

# Summary

	Risks
<p><b>Friends and Family Test (FFT)</b></p>	<ul style="list-style-type: none"> <li>The FFT response rate for inpatients between January and March 2018 is 29%, below the 30% target and the response rate for A&amp;E was 19%, below the 20% target.</li> <li>For January to March 2018, the A&amp;E FFT score (85%) is 0.2% lower than the 12 month national average, the community score (89%) is 6.2% lower.</li> </ul> <p><b><u>ACTION</u></b></p> <ul style="list-style-type: none"> <li>Historically, response rates tend to be lower in December due to the festive period; however the inpatient response rate has reduced over the past 6 months. This has been discussed at the Patient Experience Committee and individual wards are being approached to review their response rates and to identify ways to improve performance.</li> <li>Work is currently underway within A&amp;E to improve response rates and scores. This includes reviewing how FFT is promoted within A&amp;E and looking into the option of allowing patients to use different methods to participate in the FFT.</li> </ul>
<p><b>Local patient satisfaction survey</b></p>	<ul style="list-style-type: none"> <li>Results in the community local satisfaction survey vary month to month, but this quarter has seen some significant variation, such as:             <ul style="list-style-type: none"> <li>78% of patients responded 'Yes, definitely' or 'Yes, to some extent' when asked if they felt informed of other services that are available to someone in their circumstances, compared with 85% last quarter.</li> <li>83% of patients responded 'Yes, definitely' or 'Yes, to some extent' when asked if they were always involved and informed about decisions to refer them to other services for support, compared with 91% last quarter.</li> </ul> </li> </ul> <p><b><u>ACTION</u></b></p> <ul style="list-style-type: none"> <li>Results from the community local satisfaction survey are shared with each community service and 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 2018, maternity (27%), outpatients (9%) and community (13%) achieved the internally set FFT response rate targets.</li> <li>For January to March 2018, the inpatient (96%), maternity (96%) and outpatient (92%) scores are all equal to, or higher than the 12 month national average.</li> </ul>
<p><b>Themed questions</b></p> <ul style="list-style-type: none"> <li>Compared to the same period last year, 5 questions out of 5 relating to the environment from the inpatient local satisfaction survey have seen an improvement.</li> </ul>

# Summary

	Risks
<b>National Surveys</b>	<ul style="list-style-type: none"><li>• In the 2017 National Maternity Survey, the Trust scored significantly worse than the national average on 1 question. This related to being given enough information about the emotional changes you might experience after birth.</li></ul> <p><b><u>ACTION</u></b></p> <ul style="list-style-type: none"><li>– An action plan has been produced by Maternity Services and a selection of these actions are presented on page 30.</li></ul>

Highlights
<ul style="list-style-type: none"><li>• In the 2017 National Maternity Survey, compared to the 2015 survey the Trust scored significantly better on 6 questions.</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 2018				
	Formal complaints (578)	Informal concerns (408)	Friends & Family Test* (2134)	Local Patient Satisfaction Surveys* (519)	Website and comment cards (165)
Waiting times	5 (5)	2 (2)	1 (1)	5 (6)	1 (2)
Communication	2 (3)	1 (1)	3 (3)	2 (4)	2 (1)
Staff attitude	4 (4)	4 (4)	2 (2)	6 (2)	3 (5)
Clinical care and treatment	1 (1)	3 (3)	4 (4)	1 (5)	5 (6)
Nursing care	3 (2)	5 (5)	5 (5)	4 (1)	6 (4)
Environment	9 (8)	6 (8)	6 (6)	3 (3)	4 (3)
Cancellations	7 (9)	7 (6)	7 (7)	8 (7)	9 (8)
Discharge	8 (7)	8 (9)	8 (9)	7 (8)	10 (9)
Resources	6 (6)	9 (7)	10 (10)	10 (-)	7 (10)
Food and nutrition	10 (10)	10 (10)	9 (8)	9 (-)	8 (7)

The table above highlights that ‘clinical care and treatment’ is the most raised theme from formal complaints and local patient satisfaction surveys, whereas ‘Communication’ is the most raised theme from informal concerns. ‘Waiting times’ is the most raised negative theme from the Friends and Family Test and Website feedback / comments cards. 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.

\* 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.

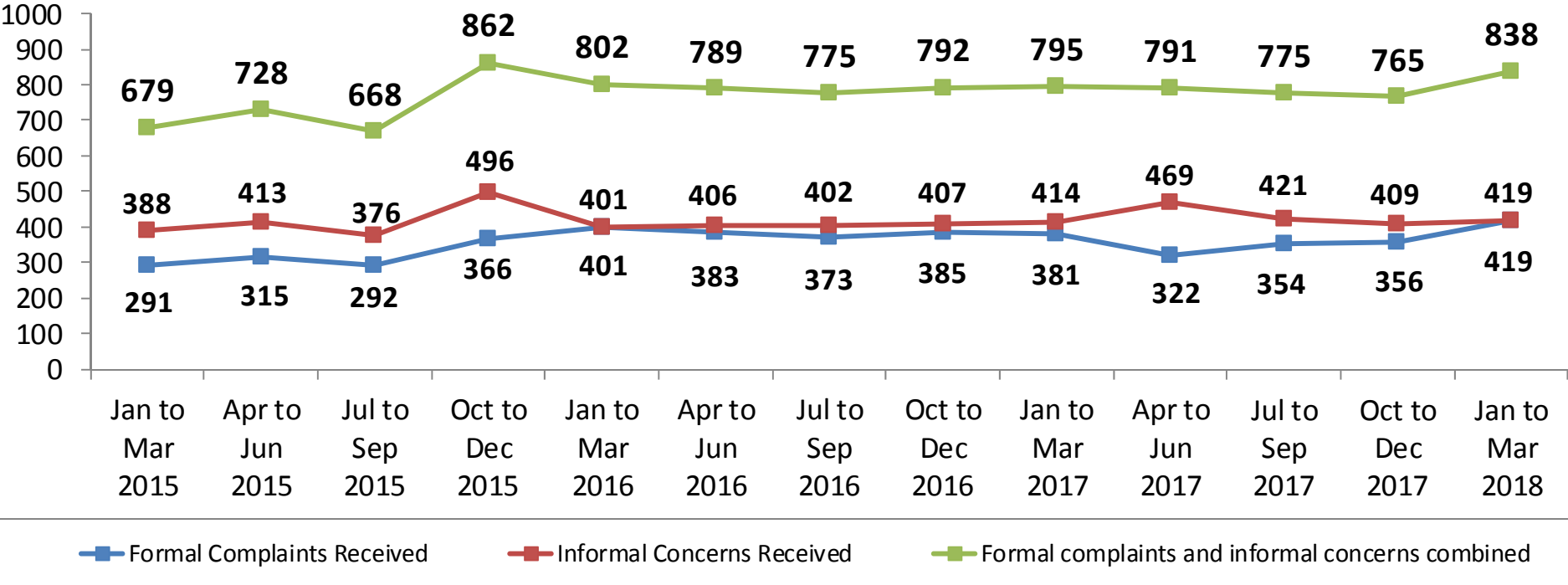
The Trust carries out a complainant satisfaction survey, which asks for feedback from complainants on how the Trust managed their concerns. Results of the survey are featured in each report along with any related actions.

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 419 new formal complaints were received, an increase from 356 received last quarter. 419 informal concerns were received this quarter, compared with 409 last quarter. By combining the number of formal complaints received and the number of informal concerns, a total of 838 were raised between January and March 2018, an increase from the 765 received last quarter.

determine whether the number of complaints and concerns received returns to the previous levels or whether this increase remains, at which stage a deeper analysis may be undertaken.

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. There has been a similar increase experienced this quarter, with 838 combined complaints and concerns being received between January and March 2018. This increase is predominantly as a result of winter operational pressures across the Trust and will be monitored closely to



# Complaints – Formal complaints received by patient activity

## Percentage of patients who have made a formal complaint by Care Group

Care Group	2016/17	2017/18
Acute & Emergency Medicine	0.32%	0.34%
Combined Community & Acute	0.13%	0.13%
Surgical Services	0.14%	0.12%
Musculoskeletal Directorate	0.12%	0.12%
South Yorkshire Regional Services	0.09%	0.10%
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	0.08%	0.08%
Medicine & Pharmacy services	0.12%	0.08%
Head & Neck Services	0.07%	0.07%
Operating Services, Critical Care & Anaesthesia	0.08%	0.06%
Specialised Cancer, Medicine & Rehabilitation	0.04%	0.05%
<b>Trust total</b>	<b>0.10%</b>	<b>0.10%</b>

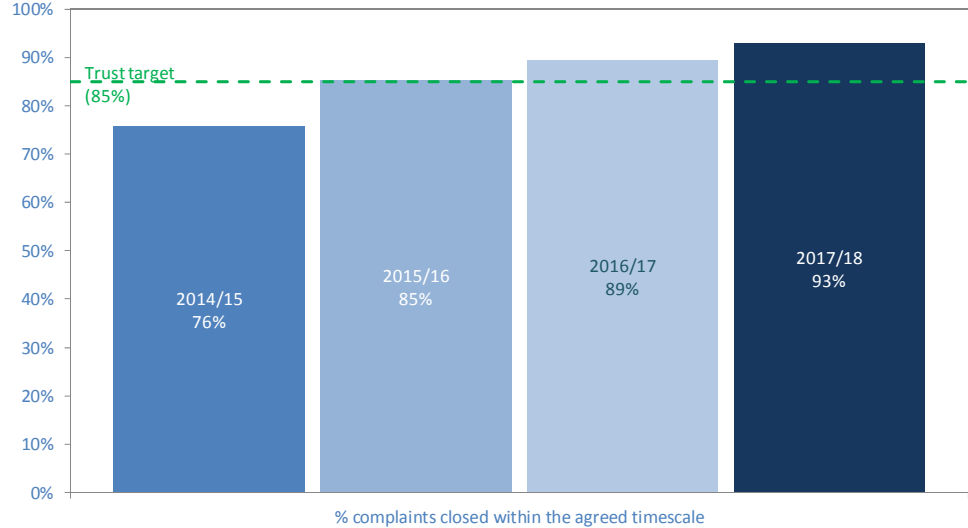
The table above shows the percentage of patient episodes which resulted in a formal complaint (by Care Group) during 2017/18. This illustrates that a formal complaint was received in relation to 0.1% of patient episodes during 2017/18, the same as in 2016/17.

Compared to last year, no individual care group has seen a significant increase or deterioration in the proportion of formal complaints received this year.

# 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, for 2017/18 the Trust achieved the 85% response time target for the third consecutive year, and demonstrates a year on year improvement in responding to complaints within the agreed timescale.

## Breakdown of ‘on time’ complaints

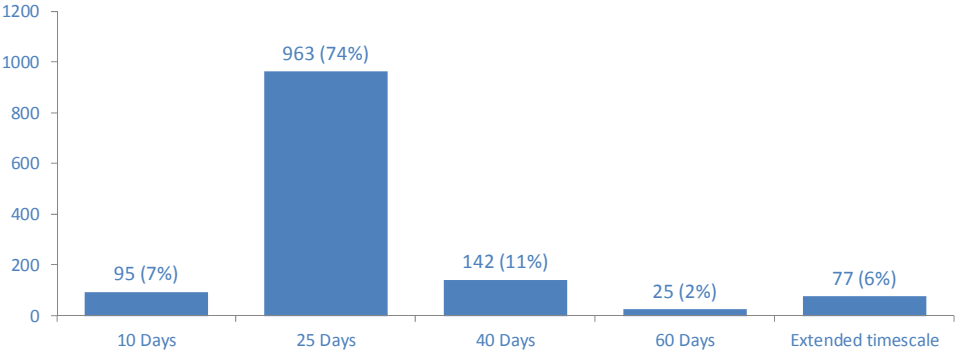
The Trust works to a tiered response times process. Complaints are graded by risk based on the complexity of the concerns raised. Each risk level determines the length of time allocated for responding to the complaint; which is then agreed with the complainant from the outset.

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 1302 formal complaints that have been closed ‘on time’ over the past 12 months (April 2017 to March 2018), the chart below presents the breakdown by the response timescales agreed through the tiered response times process:

## Allocation of tiered response timescales

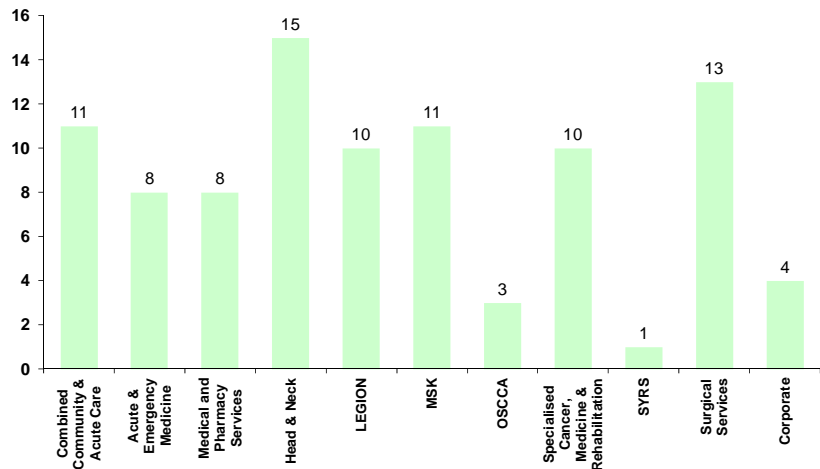


The chart above shows that over the past 12 months 6% of closed complaints have had their timescales extended, the same as was reported last quarter. It is understood that there will always be a proportion of complaints that will require an agreed extension. The reasons for requiring an extended complaint timescale can include:

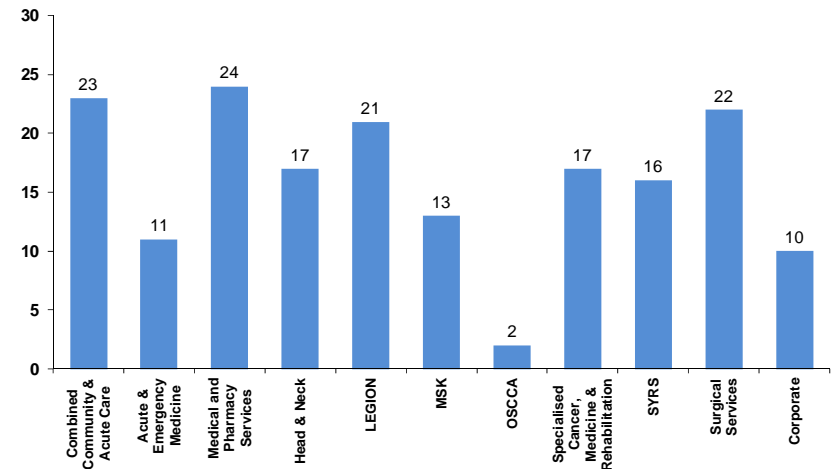
- New information adding to the complexity of the complaint
- Complainant/clinician availability for meeting times

# Complaints – Status of closed and open complaints

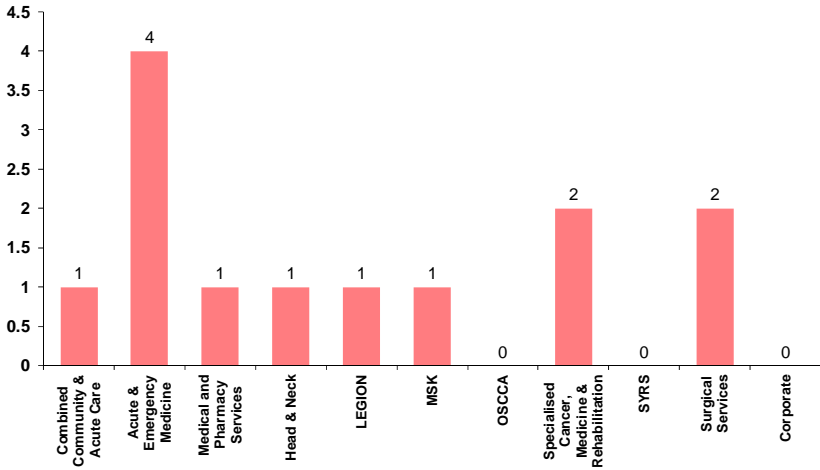
Number of formal complaints closed and in time (or extended) (in Mar 2018)



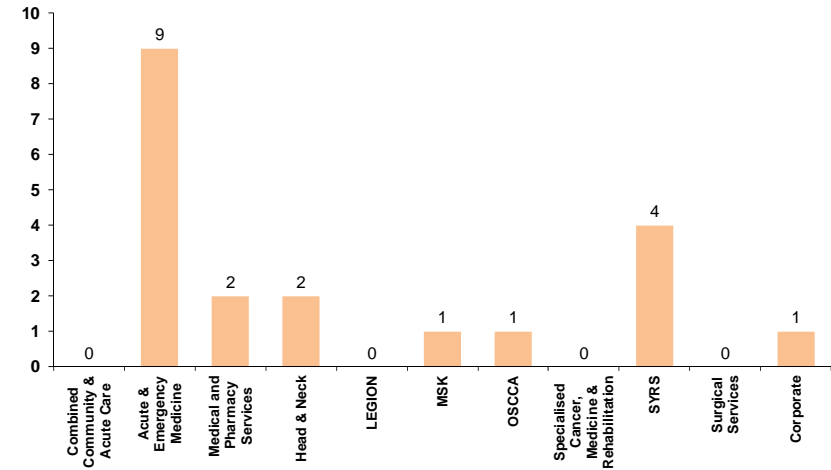
Number of formal complaints open and in time (or extended) (at end of Mar 2018)



Number of formal complaints closed and overdue (in Mar 2018)



Number of formal complaints open and overdue (at end of Mar 2018)



The series of graphs above and to the left 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 above and 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 2018, as the number of overdue complaints changes daily as does the number of

complaints closed. At the end of March 2018, 10% (20) of all open complaints remain overdue, an increase from 7% (6) at the end of December 2017. Due to the increase in open and overdue complaints over the winter period, increased monitoring of the complaints caseload is to be undertaken during April 2018 until the number of overdue complaints reduces.

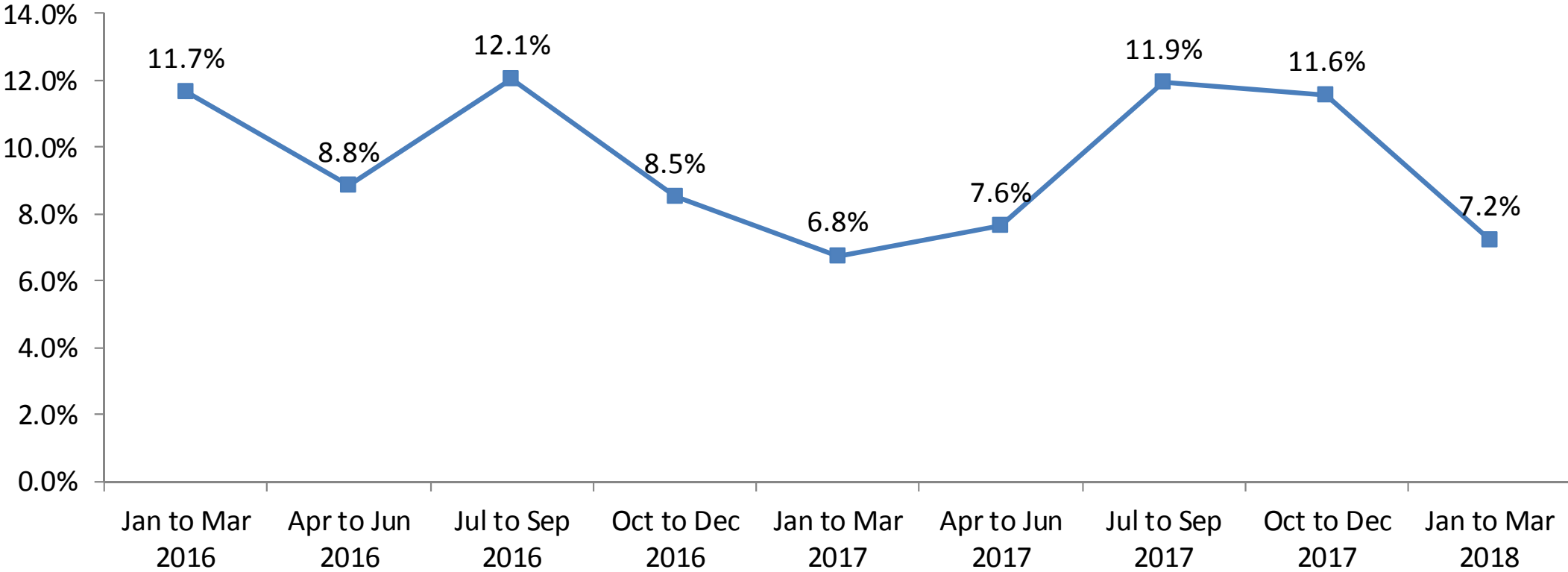
# Complaints – Re-opened complaints

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.

There is often a delay from when a final response letter is sent to when a complaint may be re-opened. Due to this, figures for October to December 2017 and particularly January to March 2018 are likely to increase as complaints closed in these quarters may be reopened in subsequent months.

The graph below presents the percentage of complaints closed each month that were subsequently re-opened, and shows a relatively level number of re-opened complaints each quarter, at about 8-12%.

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 2018)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	179	18%
2	Communication with relative / carer	63	6%
3	Attitude	59	6%
4	General nursing care	44	4%
5	Appropriateness of medical treatment	42	4%
6	Waiting time for follow-up appointment	28	3%
7	Access to information	25	3%
8	Waiting for first outpatient appointment	21	2%
9	Unhappy with outcome of surgery	20	2%
10	Cancellation of appointment	19	2%

### Last 12 months (April 2017 to March 2018)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	686	19%
2	Communication with relative / carer	229	7%
3	Attitude	224	6%
4	Appropriateness of medical treatment	159	5%
5	General nursing care	125	4%
6	Waiting time for follow-up appointment	94	3%
7	Delay in treatment	82	2%
8	Unhappy with outcome of surgery	81	2%
9	Access to information	80	2%
10	Waiting for first outpatient appointment	72	2%

Of the 179 subjects coded against 'communication with patient' between January and March 2018, 116 (65%) 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

	Communication with patient	Attitude	Appropriateness of medical treatment	General nursing care	Communication with relative / carer	Unhappy with outcome of surgery	Choice of medical treatment	Property loss or theft	Waiting time for follow-up appointment	Inappropriately discharged
Acute and Emergency Medicine	3	7	2	0	2	0	1	2	0	3
Combined Community and Acute Care Group	2	2	3	11	6	0	0	6	2	4
Head and Neck Services	9	2	11	0	1	6	1	0	5	1
Diagnostic and Therapeutic and OGN	6	4	4	3	0	2	3	0	0	0
Medicine and Pharmacy Services	4	14	2	9	5	0	3	3	3	2
Musculoskeletal	2	7	8	5	1	4	2	1	2	0
Operating Services, Critical Care and Anaesthesia	1	1	1	0	0	0	1	2	0	0
South Yorkshire Regional Services	12	1	2	0	2	1	0	2	1	1
Specialised Cancer, Medicine and Rehab	6	1	2	4	3	0	0	1	2	0
Surgical Services	17	3	5	5	4	7	7	0	1	2
Trust Wide Departments	1	0	0	0	1	0	0	0	0	0
<b>TOTAL</b>	<b>63</b>	<b>42</b>	<b>40</b>	<b>37</b>	<b>25</b>	<b>20</b>	<b>18</b>	<b>17</b>	<b>16</b>	<b>13</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 2018 are 'communication with patient' (63) and 'attitude' (42).

'Communication with patient' is the most frequently raised subject for 4 care groups, and raised on 1 occasion, along with 1 other subject, for Trust-wide departments. 'Communication with patient' is also the subject that has been raised more than any other subject for a single care group, being raised 17 times in Surgical Services.

# 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 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	Apr to Jun 17	Jul to Sep 17	Oct to Dec 17	Jan to Mar 18	2017/18
Number of new PHSO cases	8	29	6	3	7	4	20	4	5	6	7	22	5	1	3	0	9
Number of PHSO decisions	6	23	9	9	8	5	31	8	6	6	2	22	1	5	2	2	10
Number of PHSO cases fully or partly upheld	0	3	3	1	1	2	7	3	2	2	1	8	0	1	1	1	3

### New PHSO cases this quarter

This quarter, there were no new information requests received from the PHSO.

### New PHSO decisions this quarter

There were 2 new decisions received from the PHSO during this quarter, of which 1 was fully upheld:

#### Anaesthetics and Operating Services (FULLY UPHELD)

The complainant raised concerns that they were given medication which contains amoxicillin despite being allergic to this, while under anaesthetic and without consent. The complainant explained that their medical records clearly state that they are allergic to amoxicillin and they also wear a red warning wristband highlighting this.

The Ombudsman investigation found that the anaesthetist made a considered decision to give the amoxicillin following review of the complainants’ notes. The Ombudsman anaesthetist advisor stated that depending on the allergic reaction and the reason for needing to use a specific antibiotic, it is good practice to prescribe and administer such an antibiotic in some circumstances, however, NICE guidance says ‘patients should have the opportunity to make informed decisions about their care and treatment in partnership with healthcare professionals’. Therefore consent is required from a patient.

The investigation found that the complainant’s medical records contain entries on previous dates which document that they are allergic to amoxicillin, but records of an assessment on the date of the allergic reaction are not clear. As a result, there is evidence that the Trust did not follow NICE guidance in documenting the complainant’s drug allergy and a more detailed assessment should have been carried out. This is considered a failing.

Therefore, the Ombudsman fully upheld the complaint and recommended the Trust write to the complainant to fully acknowledge and apologise for the failings identified and the impact of these failings on the complainant. The Trust is also to make a financial payment to the complainant to recognise the impact of the Trust’s failings.

## 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.

Below is an example of how the Trust has responded to a complaint raised to ensure patient needs are being met:

Directorate	Background	Actions agreed
Diabetes and Endocrinology	<p>A complaint was received from a patient who regularly attends the diabetic clinic.</p> <p>The complaint related to a change in the complainants background insulin prescription, but when they went to their local pharmacy to collect the repeat prescription, the complainant was told that the pharmacy had not received any updates on changes to their prescription from the hospital or GP.</p> <p>When the complainant contacted the Trust to query this, they were told that there was not any record of the changes to the prescription on the patient record.</p>	<p>Following investigation it was confirmed that the change in prescription was recorded in the complainant's medical notes, but that they had not been entered onto the electronic record system, SystemOne, and as a result a letter to the complainant's GP to update the prescription was not generated.</p> <p>Staff within the Diabetes Nursing Service have been reminded of their responsibility and the importance of adding information in a timely manner to the patient record via SystemOne. To avoid this issue recurring, there has been a change of practice within the service, whereby the Diabetes Nurse Specialists now have an extra 15 minutes for individual patient appointments to ensure there is sufficient time for the consultation notes and updates to be entered onto SystemOne.</p>
General Surgery	<p>A complaint was received from a patient accessing colorectal services raising a number of concerns regarding their experience. Some of the issues raised include:</p> <ol style="list-style-type: none"> <li>1. the availability of suitable shower facilities, with only one shower room being classed as a wet room, and the lack of non-slip flooring</li> <li>2. the condition of some of the curtains around patient bays, some of which are stained and damaged</li> <li>3. new patients to the ward, or new to ostomy care, being unaware of which bin to use for stoma products</li> </ol>	<p>This complaint has been fully investigated with a thorough and detailed response being sent to the complainant. Of the issues raised the following actions have been taken:</p> <ol style="list-style-type: none"> <li>1. Following this feedback, the Estates Manager for the Trust has examined the shower room on ward Firth 3, and it has been prioritised as part of the Trust's refurbishment programme with work scheduled to start shortly.</li> <li>2. New curtains have been purchased and older curtains which are in poor condition have been replaced. To avoid confusion of which waste bins should be used for stoma products, the variety of bins used on colorectal wards has been reduced, whilst still ensuring that legislative requirements are met, and improved signage is in the process of be produced.</li> </ol>



# 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 2018, 60 complainants responded to the survey, giving a response rate of 30%. This is lower than the response rate of 37% (83 complainants) achieved last quarter.

## Key results

### Top 2 most positive results

- 91% (52) of complainants who responded stated that they ‘Definitely agree’ (49%) or ‘Partially agree’ (42%) that it was easy to make a complaint, compared with 78% last quarter.
- 84% (47) of complainants who responded stated that they ‘Definitely agree’ (66%) or ‘Partially agree’ (18%) that they were told what they could do if they were unhappy with the complaint response, compared with 79% last quarter.

### Bottom 2 most negative results

- 21% (12) of complainants who responded stated that they ‘Definitely agree’ (18%) or ‘Partially agree’ (3%) that they were confident improvements have been made as a result of their complaint, compared with 24% last quarter.
- 36% (20) of complainants who responded stated that they ‘Definitely agree’ (25%) or ‘Partially agree’ (11%) that they considered their complaint to be resolved, compared with 48% last quarter.

Compared to last quarter, 9 questions have seen their score improve this quarter and , 6 have seen deterioration. A breakdown of all positive responses by quarter are presented on the following page.

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.

## Complainant satisfaction interviews and audits

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

A reported last quarter, a new complaints manager has recently been appointed and joined the Trust in January 2018. A review of the complainant satisfaction survey and audit process is scheduled to be undertaken, and once completed details will be reported in this report.

# Complaints – Complainant satisfaction survey

## Complainant satisfaction survey results

The table below presents the percentage of patients who gave a positive response to each question ('definitely agree' and 'partially agree'). 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	Jan to Mar 2017	Apr to Jun 2017	Jul to Sep 2017	Oct to Dec 2017	Jan to Mar 2018	Past 12 months (Apr 17 to Mar 18)
Information on how to make a complaint was easy to find	75%	50% ↓	69% ↑	72% ↑	73% ↑	67%
It was easy to make a complaint	83% ↓	64% ↓	78% ↑	78%	91% ↑	78%
I was told about help available to make a complaint, such as independent advocacy	45% ↓	39% ↓	45% ↑	53% ↑	62% ↑	50%
I was given a choice as to how my complaint would be responded to	56% ↓	64% ↑	64%	65% ↑	73% ↑	67%
I was told how long it would take to answer my complaint	75% ↓	67% ↓	66% ↓	78% ↑	81% ↑	74%
I was kept informed of any delays in responding to my complaint	56% ↓	59% ↑	50% ↓	69% ↑	70% ↑	64%
The response was easy to understand	74% ↑	84% ↑	85% ↑	78% ↓	75% ↓	80%
My concerns were addressed in an open and honest way	55% ↓	63% ↑	56% ↓	63% ↑	58% ↓	60%
I was told what action had been taken as a result of my concerns	55% ↓	76% ↑	57% ↓	57%	56% ↓	61%
I feel my complaint was taken seriously	58% ↓	61% ↑	48% ↓	66% ↑	61% ↓	61%
I was told what I could do if I was unhappy with my response	68% ↓	80% ↑	63% ↓	79% ↑	84% ↑	78%
I am satisfied with how the complaint was handled	40% ↓	52% ↑	50% ↓	49% ↓	56% ↑	52%
My complaint was dealt with quickly enough	53% ↓	63% ↑	70% ↑	68% ↓	71% ↑	68%
I am confident that improvements have been made as a result of my complaint	36% ↑	23% ↓	18% ↓	24% ↑	21% ↓	22%
I consider my complaint to be resolved	42% ↓	48% ↑	41% ↓	48% ↑	36% ↓	44%

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

A further update, as to whether the improvements outlined in my response letter have been implemented would be helpful.

I appreciate your apologies, I still feel that this could have been handled better, from an information point of view.

It was good to know that even a major or minor complaint can be dealt with in an efficient manner and in such privacy and to be kept informed.

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 over the past 12 months (April 2017 to March 2018) 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 (April 2017 to March 2018)

	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>26</b>	<b>15</b>	<b>33</b>	<b>29</b>	<b>22</b>	<b>26</b>	<b>3</b>	<b>16</b>	<b>22</b>	<b>35</b>	<b>10</b>	<b>237</b>
Information on how to make a complaint was easy to find	58%	65%	58%	62%	73%	68%	69%	58%	80%	100%	88%	67%
It was easy to make a complaint	72%	77%	79%	72%	94%	87%	69%	68%	85%	100%	100%	78%
I was told about help available to make a complaint, such as independent advocacy	53%	48%	40%	38%	79%	60%	53%	50%	48%	50%	43%	50%
I was given a choice as to how my complaint would be responded to	50%	87%	78%	59%	75%	69%	80%	70%	86%	100%	63%	67%
I was told how long it would take to answer my complaint	66%	66%	75%	38%	46%	65%	57%	59%	94%	67%	80%	74%
I was kept informed of any delays in responding to my complaint	64%	64%	70%	63%	67%	60%	72%	52%	75%	100%	88%	64%
The response was easy to understand	71%	70%	85%	72%	87%	85%	74%	82%	85%	100%	100%	80%
My concerns were addressed in an open and honest way	79%	50%	67%	52%	57%	65%	60%	39%	85%	67%	67%	60%
I was told what action had been taken as a result of my concerns	79%	66%	66%	48%	57%	75%	50%	50%	70%	67%	55%	61%
I feel my complaint was taken seriously	79%	51%	63%	50%	63%	75%	60%	39%	75%	67%	66%	61%
I was told what I could do if I was unhappy with my response	78%	83%	64%	77%	80%	95%	65%	73%	95%	100%	78%	78%
I am satisfied with how the complaint was handled	57%	37%	42%	50%	60%	70%	51%	34%	70%	66%	67%	52%
My complaint was dealt with quickly enough	78%	73%	66%	54%	67%	70%	65%	50%	80%	100%	100%	68%
I am confident that improvements have been made as a result of my complaint	36%	20%	20%	23%	14%	50%	12%	15%	30%	0%	11%	22%
I consider my complaint to be resolved	57%	33%	46%	34%	46%	65%	45%	36%	50%	0%	44%	44%

These results have been shared with each care group and will continue to be monitored.

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 Care Opinion (formally called 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:

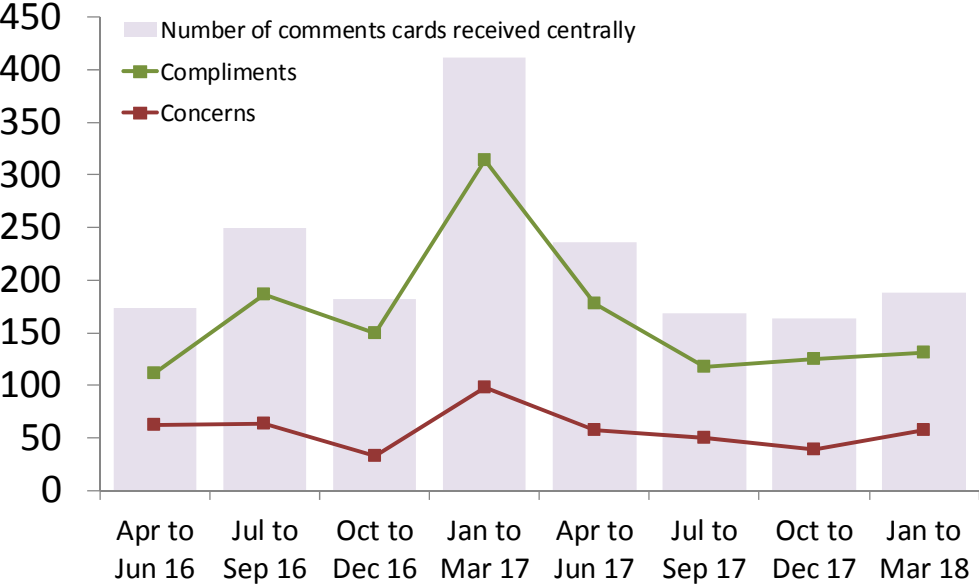
- The Friends and Family Test (FFT) which asks a simple, standardised question with response options on a 5-point scale, ranging from whether they are 'extremely likely' to 'extremely unlikely' to recommend our Trust to their family and friends. The FFT is carried out in inpatient, outpatient, A&E, maternity, 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 2018, 188 comments cards were completed, of which 335 individual themes have been identified.

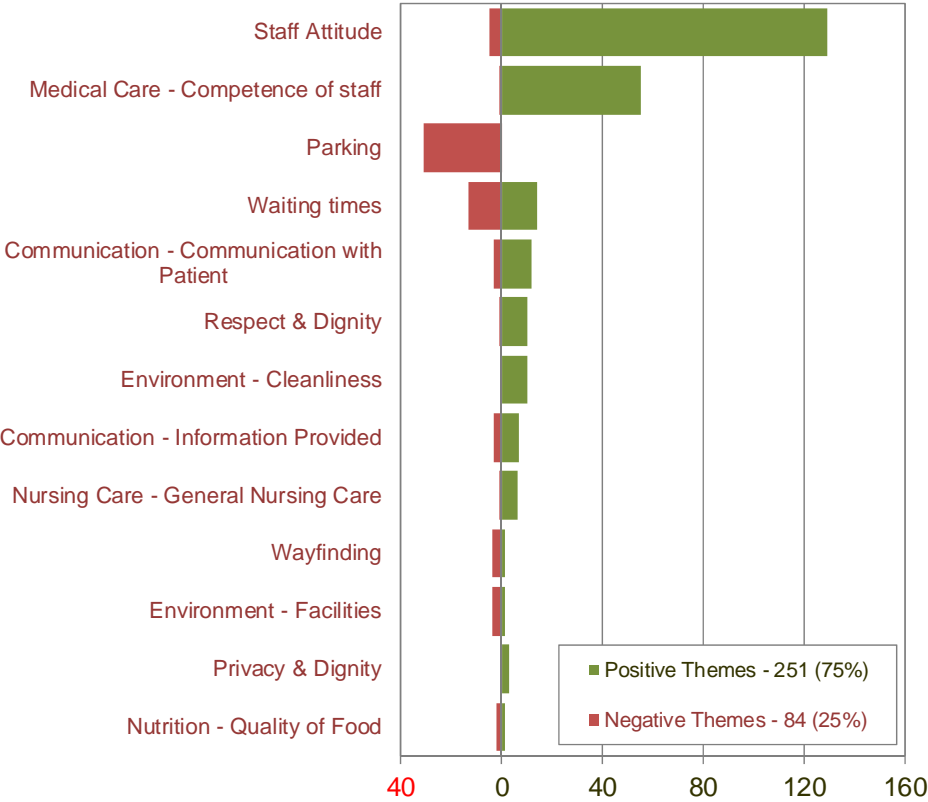


The chart above shows the comments cards received by quarter and the breakdown of these by compliments and concerns. Of all comment cards received this quarter 75% of the themes identified have been positive.

% of positive themes from all comments received centrally			
Current Quarter (Jan to Mar 18)		Last 12 months (Apr 17 to Mar 18)	
%	QTY	%	QTY
75%	251	79%	1155

% of negative themes from all comments received centrally			
Current Quarter (Oct to Dec 2017)		Last 12 months (Jan 17 to Dec 17)	
%	QTY	%	QTY
25%	84	21%	312

## Top 10 themes raised in comment cards between January to March 2018



All the staff were very kind and we didn't have to wait too long.

Very informative, NOT condescending, was positive and helpful. They were brilliant.

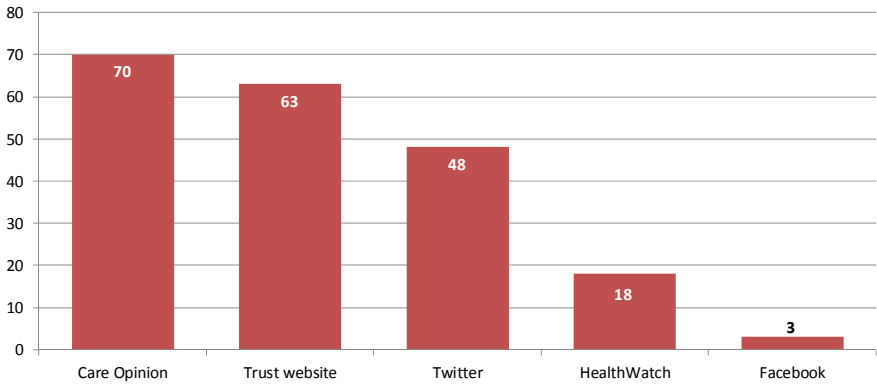
When I ring appointments for above clinic the staff are normally always rude and tell me just to wait until I get one in the post.

Car parking impossible - spent one and a half hours looking for a car parking space.

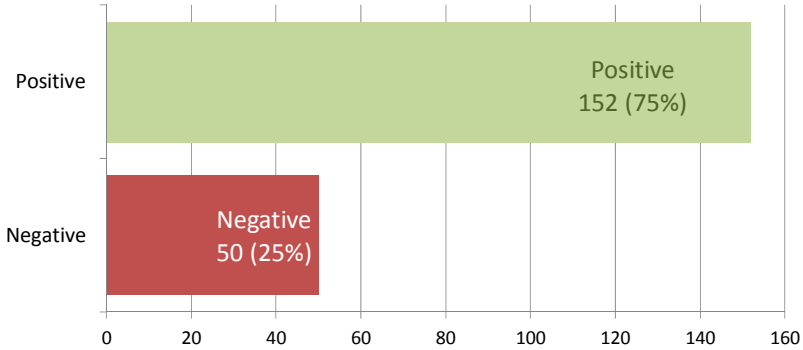
# Feedback – Website and social media feedback

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.

The graph below shows that during the past quarter, 202 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 152 positive comments and 50 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	39% (153)	21% (19)	36% (172)
General Care	27% (107)	11% (10)	24% (117)
Clinical Treatment	16% (64)	13% (12)	16% (76)
Communication	10% (40)	22% (20)	12% (60)
Environment	3% (11)	20% (18)	6% (29)
Waiting times	4% (17)	12% (11)	6% (28)

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

I felt valued as I was listened to by the clinical staff, they created the opportunities for me to see the relevant professionals to move me along the treatment route. I was involved in decisions about the treatment I would prefer.

The after care was not explained as clearly as it could have been which led to some confusion about how to care for the injury having left the service.

The staff at all levels and disciplines (nurses, administrators, consultants) have been consistently professional and competent, frequently going above and beyond to assist.

Booked into the wrong outpatients clinic due to administration error after already waiting for the appointment for some length of time.

# 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 2017	Jul - Sep 2017	Oct-Dec 2017	Jan-Mar 2018
128	135	125	165

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.

**Gastroenterology**  
To all the staff on Hadfield 3. Thank you for all of your support and kindness while I have been a patient on your ward. You all deserve a big pat on the back for your dedication and most of all your kindness and understanding.

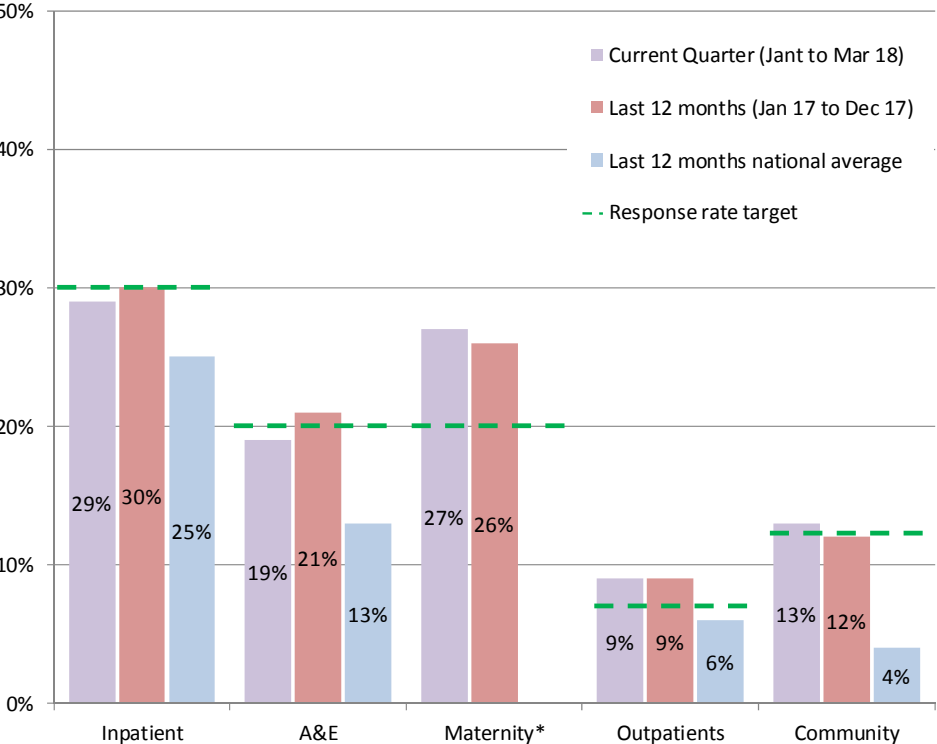
**Primary Care and Interface Services**  
Well, what a journey we have been on, you have always helped me to stay strong and been on my side and got me through.  
  
We have certainly had our laughs along the way. I will never forget the friendship that we have shared.

**Communicable Diseases & Specialised Medicine, Plastic and Breast Surgery**  
I am taking the opportunity to write to you with regard to a recent inpatient stay that my daughter experienced at your hospital.  
  
My daughter is currently a student studying at the University of Sheffield and in November was diagnosed with skin cancer. Obviously, I was aware of the 2 week pathway that all cancer patients should experience but I watched with amazement and gratefulness at the care and attention that has been afforded to my daughter throughout her treatment.  
  
At her first consultation, with Dermatology Consultant {NAME}, all aspects of her care and treatment were explained clearly to both my daughter and myself and my daughter was put in touch with a Macmillan Teenage Cancer Nurse who could help her liaise with any future treatment plans.  
  
It was then decided that she would benefit from a sentinel lymph node biopsy and a further local excision. She was referred to {NAME}, Consultant Plastic Surgeon ,and again afforded fantastic, fast and efficient treatment.  
  
Every member of staff that we have come across be it Consultant, Nurse or Health Care Assistant has been kind, courteous and extremely efficient. And all this, when the NHS is getting such a bad representation in the press!  
  
I would be very grateful if you could pass on my thanks to all those that have been instrumental in my daughter's care (and my well-being whilst attending appointments and hospital visits with her). You have a brilliant Trust and should be proud of its hardworking, conscientious staff!

# 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.

## Friends and Family Test Response rates



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

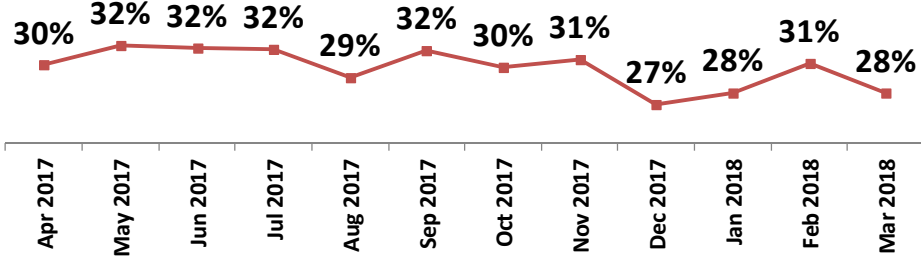
Between January and March 2018, 8763 inpatients, 5202 A&E patients, 1099 maternity services patients, 18455 outpatients and 2360 community patients from the Trust completed the FFT survey, giving a total of 35879 responses this quarter.

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 2018, maternity, outpatients and community all achieved their internally set response rate targets. Inpatients achieved a response rate of 29%, below the 30% target, and A&E achieved 19%, below the 20% target.

Response rates do fluctuate from month to month, and historically tend to be lower during the winter period. However, as illustrated in the chart below, the inpatient response rate has reduced over the past 6 months compared to the previous 6 month period. This has been discussed by the Patient Experience Committee and individual wards are being approached to review their response rates and to identify ways to improve performance.

## FFT inpatient response rates

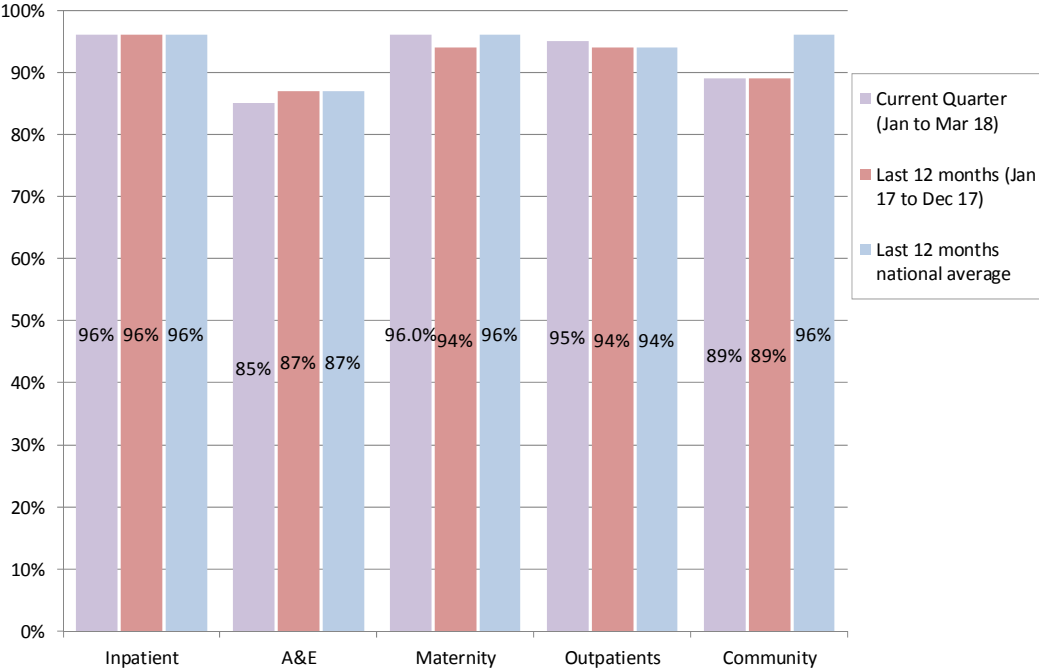


The A&E response rate has improved over the past 3 months (Dec 17 – 17.4%, Jan 18 – 17.5%, Feb 18 – 19.4%, Mar 18 – 20.1%). Work is currently underway to try and improve response rates and scores within A&E. This involves a review of how FFT is promoted within A&E, and also looking into the option of allowing some patients to use postcards (as opposed to electronic methods) but a rigorous process would need to be agreed to ensure individual patients do not respond to the FFT on more than one occasion per episode.



# Feedback - Friends & Family Test

**Friends and Family Test Scores**



As reported on the previous page, work is currently underway to try and improve response rates and scores within A&E.

As featured last quarter, a deep dive has been undertaken and was submitted to the September 2017 Integrated Performance Report into patient experience data for Community.

This demonstrated that there is a great deal of good practice that is being undertaken within Community Services by using patient feedback and provided the Board with assurance that patient experience data in Community Services is well managed and that performance will continue to be monitored with further improvements being sought.

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 achieved 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%), Maternity (96%), and outpatient (95%) scores are all equal to or higher than the 12 month national average, however the score between January and March 2018 for A&E is 0.2% lower than the 12 month national average, and Community is 6.2% lower.

# Feedback – Local patient satisfaction survey results

The following pages present results from the programme of local patient satisfaction surveys.

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	Apr to Jun 2017	Jul to Sep 2017	Oct to Dec 2017	Jan to Mar 2018	12 months combined
INPATIENT SURVEY	Did you always feel safe whilst on the ward?	98%	98%	99% ↑	99%	97% ↓	99% ↑	99%	98% ↓	98%
	Was the ward clean?	99%	98% ↓	99% ↑	99%	98% ↓	98%	99% ↑	99%	99%
	Did you have confidence and trust in hospital staff?	98%	98%	99% ↑	98% ↓	97% ↓	96% ↓	98% ↑	98%	97%
	Did hospital staff treat you with respect and dignity?	99%	99%	99%	99%	99%	98% ↓	98%	99% ↑	99%
	How would you rate your overall experience?	90%	92% ↑	95% ↑	93% ↓	94% ↑	92% ↓	94% ↑	92% ↓	93%
OUTPATIENT SURVEY	Did you get to choose your appointment?	56%	56%	50% ↓	44% ↓	45% ↑	46% ↑	48% ↑	45% ↓	46%
	Is the department easy to find?	95%	95%	96% ↑	95% ↓	96% ↑	97% ↑	94% ↓	95% ↑	95%
	Is it clean?	99%	98% ↓	99% ↑	99%	99%	99%	98% ↓	98%	98%
	Were you seen on time?	76%	71% ↓	76% ↑	74% ↓	78% ↑	76% ↓	72% ↓	76% ↑	75%
	Were you told how long you would have to wait?	55%	57% ↑	56% ↓	38% ↓	42% ↑	28% ↓	36% ↑	31% ↓	34%
	Did clinical staff listen, understand and answer your questions?	94%	95% ↑	96% ↑	95% ↓	94% ↓	96% ↑	95% ↓	95%	95%
	Did you get enough information on any tests or treatment?	93%	93%	94% ↑	94%	93% ↓	94% ↑	92% ↓	92%	93%
	Were you told what would happen next?	96%	96%	98% ↑	97% ↓	95% ↓	96% ↑	95% ↓	96% ↑	96%
	Overall, how would you rate the attitude of the staff in this department?	93%	91% ↓	95% ↑	95%	94% ↓	93% ↓	94% ↑	93% ↓	93%
	Has the main reason you came to the Outpatient Department been dealt with to your satisfaction?	84%	83% ↓	84% ↑	84%	83% ↓	79% ↓	81% ↑	81%	81%
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% ↑	93% ↓	94% ↑	95% ↑	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% ↓	93%	96% ↑	95% ↓	94% ↓	95%
	I was aware of what the community team were trying to achieve with my treatment/care? s e.g. to be mobile and independent at home.	100%	95% ↓	94% ↓	95% ↑	92% ↓	96% ↑	94% ↓	96% ↑	95%
	I was involved with creating your treatment/ care plan	96%	96%	88% ↓	90% ↑	99% ↑	96% ↓	93% ↓	83% ↓	92%
	I was as involved in discussions and decisions about my care, support and treatment as I wanted to be.	96%	95% ↓	91% ↓	92% ↑	95% ↑	94% ↓	95% ↑	94% ↓	95%
	The staff let me know how to contact them if I needed to.	96%	98% ↑	93% ↓	92% ↓	95% ↑	95% ↑	95%	94% ↓	95%
	The appointment/visit times by staff were convenient for me.	98%	98%	98%	96% ↓	98% ↑	96% ↓	99% ↑	99%	98%
	When I had important questions to ask the staff they were answered well.	96%	98% ↑	97% ↓	98% ↑	99% ↑	99%	99%	99%	99%
	I had confidence and trust in the staff treating or supporting me.	100%	88% ↓	98% ↑	97% ↓	100% ↑	99% ↓	99%	99%	99%
	I felt informed of other services that are available to someone in my circumstances, including voluntary organisations.	95%	86% ↓	83% ↓	80% ↓	81% ↑	82% ↑	85% ↑	78% ↓	81%
	I was always involved and informed about decisions to refer me to other services for support.	98%	91% ↓	85% ↓	86% ↑	90% ↑	88% ↓	91% ↑	83% ↓	88%
	Overall, I felt I was treated with respect and dignity while I was receiving my care from this service.	100%	98% ↓	98%	99% ↑	100% ↑	99% ↓	99%	100% ↑	99%
I feel less anxious/worried since having this service.	98%	98%	92% ↓	89% ↓	92% ↑	95% ↑	85% ↓	91% ↑	91%	

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 1999 patients were sent the inpatient satisfaction survey. 636 returned a completed survey, giving a response rate of 32%. This compares to a response rate of 54% (803 patients) last quarter.

### Key results

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

- 99% (623) of patients said ‘yes, always’ (92%) or ‘yes, sometimes’ (7%) that they were treated with respect and dignity by staff, compared with 99% last quarter.
- 99% (622) of patients said the ward was ‘very clean’ (81%) or ‘fairly clean’ (18%), compared with 99% last quarter

The lowest scoring question

- 92% (548) of patients rated their overall experience as either ‘Excellent’ (39%), ‘Very good’ (40%) or ‘Good’ (13%), compared with 94% 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. The questions for 2017/18 are being repeated from those selected for the same quarter during 2016/17, allowing us to compare against the same period last year. This quarter, the themed questions focus on the environment.

After coming into A&E at lunchtime one day and leaving the next morning, I felt looked after in every department I visited. Every member of staff that dealt with me was polite, caring and very helpful putting you at ease when you're at your most frightened. Can't praise them enough.

All in all my stay in hospital was made pleasurable by all the staff from the doctors, nursing staff down to the cleaners. Excellent.

During my stay nobody asked if I felt comfortable. I had to ask for the basics, such as teeth cleaning facilities.

I had difficulty eating the food as it was placed on the table in such a way that I could not access it. It was often cold.

Results from the topic specific questions are presented in the table below alongside the results received for the same quarter last year.

### Topic specific questions results – Environment

	January to March 2017	January to March 2018	Variation
When you were admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?	85% (539) - 'No'	89% (531) - 'No'	↑
Were you ever disturbed by noise?	49% (308) - 'No'	58% (345) - 'No'	↑
Were hand-wash gels or wipes available for patients and visitors to use?	96% (596) - 'Yes'	97% (554) - 'Yes'	↑
How would you rate the hospital temperature?	71% (448) - 'About right'	89% (469) - 'About right'	↑
How would you rate the hospital food?	51% (311) -0% - 'Excellent' -20% - 'Very Good' -31% - 'Good'	55% (317) -0% - 'Excellent' -24% - 'Very Good' -31% - 'Good'	↑

### 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 communication. In addition, the themed questions will be repeated in a future survey to monitor whether there has been any further improvement in performance.

# 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, 14,343 eligible patients were sent the outpatient satisfaction survey. 1124 of these patients completed the survey, giving a response rate of 8%. This compares to a response rate of 5% (755 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)

- 98% (882) of the patients that responded stated 'Yes' when asked if the outpatient department was clean, compared with 98% last quarter.
- 96% (830) of the patients that responded stated 'Yes' when asked if they were told what would happen next, compared with 95% last quarter.

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

- Of those who stated that they were not seen on time, 31% (150) of patients that responded stated they were told how long they would have to wait, compared with 36% last quarter.
- 45% (409) of patients that responded stated 'Yes' when asked if they got to choose their appointment, compared with 48% 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.

The staff made me feel at ease, they were friendly explained everything and listened. Thank you for all you do.

After leaving my appointment with my 3 month old daughter I couldn't find any toilets with changing facilities and had to change her on the floor of a disabled toilets.

All staff involved with my 93 year old father's treatment couldn't have been more helpful and caring. This made his 'ordeal' stress free for him and me as his 'carer'.

Disappointed at the length of time it's taking to get an ultra sound.

# 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. 695 eligible patients were sent the community satisfaction survey, of which 187 patients responded, giving a response rate of 27%. This compares to a response rate of 25% (159 patients) last quarter.

## Key results

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

- 100% (178) of patients stated 'Yes, always' (91%) and 'Yes, sometimes' (9%) when asked if they were treated with respect and dignity whilst receiving my care, compared with 99% last quarter.
- 99% (175) of patients stated 'Yes, always' (72%) and 'Yes, sometimes' (27%) when asked if the appointment / visiting times were convenient, compared with 99% last quarter.

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

- 78% (118) of patients responded 'Yes, definitely' (41%) and 'Yes, to some extent' (36%) when asked if they felt informed of other services that are available to someone in their circumstances, compared with 85% last quarter.
- 83% (121) of patients responded 'Yes, definitely' (50%) and 'Yes, to some extent' (33%) when asked if they were always involved and informed about decisions to refer them to other services for support, compared with 91% last quarter.

## Next steps

These results will be reviewed by each relevant community service to identify which services are performing well and which ones are receiving a high number of negative responses.

All staff were competent, very friendly and punctual throughout all the treatment.

I couldn't have had better care. The nurses and doctors are fantastic and put me at ease during a worrying time.

Last year I was discharged from RHH too soon after op and I felt totally abandoned when I went home.

You had to cancel one of my appointments and I wasn't seen for another 5 weeks. The delay was a little too long.

# Feedback - 2017 National Maternity Survey Results

In January 2018, the CQC published the results to the National Maternity Survey 2017. The survey was carried out across 130 NHS trusts in England. Women were eligible for the survey if they had a live birth during February 2017, were aged 16 years or older, gave birth in a hospital, birth centre, maternity unit, or had a home birth. 488 eligible patients from this Trust were sent a survey, and 191 were returned, giving a response rate of 39%. This is compared to the national response rate of 37%.

## Performance compared to the previous surveys

Compared to the last survey in 2015, the Trust scored significantly better on 6 questions in 2017, and did not score significantly worse on any questions.

Questions where the Trust scored significantly better in 2017:

Question	2015	2017
<b>Antenatal check-ups:</b> During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?	6.8	7.7
<b>Care at home after the birth:</b> Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?	7.3	8.8
<b>Care at home after the birth:</b> Did you feel that the midwife or midwives that you saw always listened to you?	8.4	9.1
<b>Care at home after the birth:</b> Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?	7.9	8.7
<b>Care at home after the birth:</b> Were you given enough information about your own physical recovery after the birth?	6.2	7.4
<b>Care at home after the birth:</b> Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?	6.0	7.3

## Performance compared to other trusts

Compared to other trusts participating in the survey, this Trust scored significantly worse on 1 questions in 2017, did not score significantly better on any question, and scored average on 50 questions.

The questions where this Trust scored significantly worse than other trusts:

Question	England	STH
<b>Care at home after the birth:</b> Were you given enough information about any emotional changes you might experience after the birth?	7.4	6.8

## Actions

In response to the 2016 National Maternity Survey results, Maternity Services have produced a detailed action plan looking at the areas where improvements in women's satisfaction with their care can be made and potentially improve the experience of the larger proportion of women accessing maternity services within the Trust. A selection of these actions are presented below:

### Antenatal care

- At the first pregnancy contact, women are to be given the choices available and asked where they would like to have their baby.
- Review to be taken of handheld maternity records to consider how the question relating to choice of where woman would like their baby can be incorporated.

### Postnatal care (hospital)

- To be more flexible with visiting hours, partners will be allowed to stay for one hour post transfer to ward even when outside of 9am-9pm hours.
- Revise ward information leaflet highlighting the possibility that partners may need to leave if outside 9 am – 9pm due to need for privacy and dignity of all women on the ward.
- Remove clutter allowing easier cleaning of the ward, such as removing high level wardrobes and replacing with storage racks for woman to put their bags on.

### Care at home after the birth

- New information to be contained within new hand held notes relating to emotional changes following birth.
- Ensure hospital midwives are aware of what support is available to woman and to advise women postnatally of potential emotional changes following birth.