

COMPLAINTS AND FEEDBACK REPORT

July to September 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
Complaints	<ul style="list-style-type: none"> • There has been an increase in the number of formal complaints with 356 received this quarter, compared with 324 between April and June 2017. • Following a review by the Parliamentary Health Service Ombudsman (PHSO) this quarter, the Trust was informed that 1 of the 5 complaints that had been reviewed by the PHSO were partially upheld. This is outlined in the report. • Compared to last quarter, the complainant satisfaction survey has seen the number of positive responses decrease on all but 6 questions. <p>ACTION:</p> <ul style="list-style-type: none"> - Results from the complainant satisfaction survey fluctuate each quarter. These results are shared with each care group and are monitored to ensure that there is no significant change in performance. - A new complaints manager has recently been appointed and is scheduled to start in January 2018. A review of the complainant satisfaction survey and audit process will be undertaken once the new complaints manager is in post.

Highlights
<ul style="list-style-type: none"> • The number of informal concerns received this quarter decreased from 468 between April and June 2017 to 420 between July and September 2017. • By combining the number of formal complaints and informal concerns received, a total of 776 were raised between July and September 2017, a decrease from 792 received last quarter. • At the end of the second quarter for 2017/18, the year to date performance of responding to complaints within the agreed timescale is 93%, above the 85% target. • At the end of September 2017, just 3% (4) of all open complaints remain overdue, a slight increase from 1% (1) at the end of June 2017.

Summary

	Risks
Friends and Family Test (FFT)	<ul style="list-style-type: none"> The FFT response rate for community between July and September 2017 is 11%, below the 17% target. For July to September 2017, the community FFT score (90%) is 5% lower than the 12 month national average. <p><u>ACTION</u></p> <ul style="list-style-type: none"> The response rate for community FFT fell 6% below the expected rate. A deep dive was commissioned the results of which were included in the September 2017 Integrated Performance Report. This provided the Board with assurance that Community FFT scores have improved and that this will continue to be monitored and further improvements sought. A summary of this deep dive will be featured in the next quarterly report.
Local patient satisfaction survey	<ul style="list-style-type: none"> Results in the inpatient local satisfaction survey has shown performance to have either remained the same or deteriorated on 4 questions between July and September 2017 compared with last quarter. The outpatient local satisfaction survey has shown a deterioration on 4 out of 10 questions, whilst the community local satisfaction survey has shown a deterioration on 7 out of 13 questions. <p><u>ACTION</u></p> <ul style="list-style-type: none"> Performance from all local patient satisfaction surveys will continue to be monitored and appropriate action taken should ongoing deterioration or low performance be evident. Results are shared with each individual ward and department so local actions can be taken
National Surveys	<ul style="list-style-type: none"> In the 2016 National Cancer Survey, the Trust scored below the expected range on 2 questions. <p><u>ACTION:</u> Results and patient comments have been used to produce an action plan to improve cancer services for patients, this is featured in this report.</p>

Highlights
<ul style="list-style-type: none"> For July to September 2017: <ul style="list-style-type: none"> Inpatient areas achieved a response rate of 31%, above the 30% target A&E achieved a response rate of 23%, above the 20% target Maternity achieved a response rate of 24%, above the 20% target Outpatients achieved a response rate of 9%, achieving the 9% target For July to September 2017, Inpatient (96%), A&E (89%), maternity (96%) and outpatient (94%) scores are all equal to, or higher than the 12 month national average
<p>Themed questions</p> <ul style="list-style-type: none"> Compared to the same period last year, all 5 questions relating to discharge from the inpatient local satisfaction survey have seen an improvement in the percentage of patients who selected a positive response.
<p>End of Life Care Survey</p> <ul style="list-style-type: none"> Results from the End of Life Care survey, which was conducted between July 2016 and June 2017, are featured in this report. This survey will be repeated in 2018 to identify progress against the improvement plan which has been implemented.
<ul style="list-style-type: none"> In the 2016 National Cancer Survey, the Trust scored above the expected range on 6 questions.

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: July to September 2017				
	Formal complaints	Informal concerns	Friends & Family Test*	Local Patient Satisfaction Surveys*	Website and comment cards
	(456)	(393)	(2546)	(512)	(325)
Waiting times	5 (5)	2 (2)	1 (1)	5 (4)	3 (2)
Communication	3 (2)	1 (1)	4 (4)	6 (1)	1 (3)
Staff attitude	4 (4)	4 (4)	2 (2)	1 (2)	4 (1)
Clinical care and treatment	1 (1)	3 (3)	3 (3)	3 (7)	6 (4)
Nursing care	2 (3)	8 (7)	5 (5)	2 (5)	5 (5)
Environment	8 (8)	5 (6)	6 (6)	7 (3)	2 (6)
Cancellations	9 (7)	6 (5)	7 (7)	8 (6)	10 (8)
Discharge	7 (6)	9 (8)	9 (8)	4 (8)	9 (9)
Resources	6 (9)	7 (9)	10 (10)	- (-)	8 (10)
Food and nutrition	10 (10)	10 (10)	8 (9)	- (-)	7 (7)

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 and Website feedback/comment cards. ‘Waiting times’ is the most raised negative theme from the Friends and Family Test and ‘Staff attitude’ is the most raised negative theme from local patient satisfaction surveys. 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.

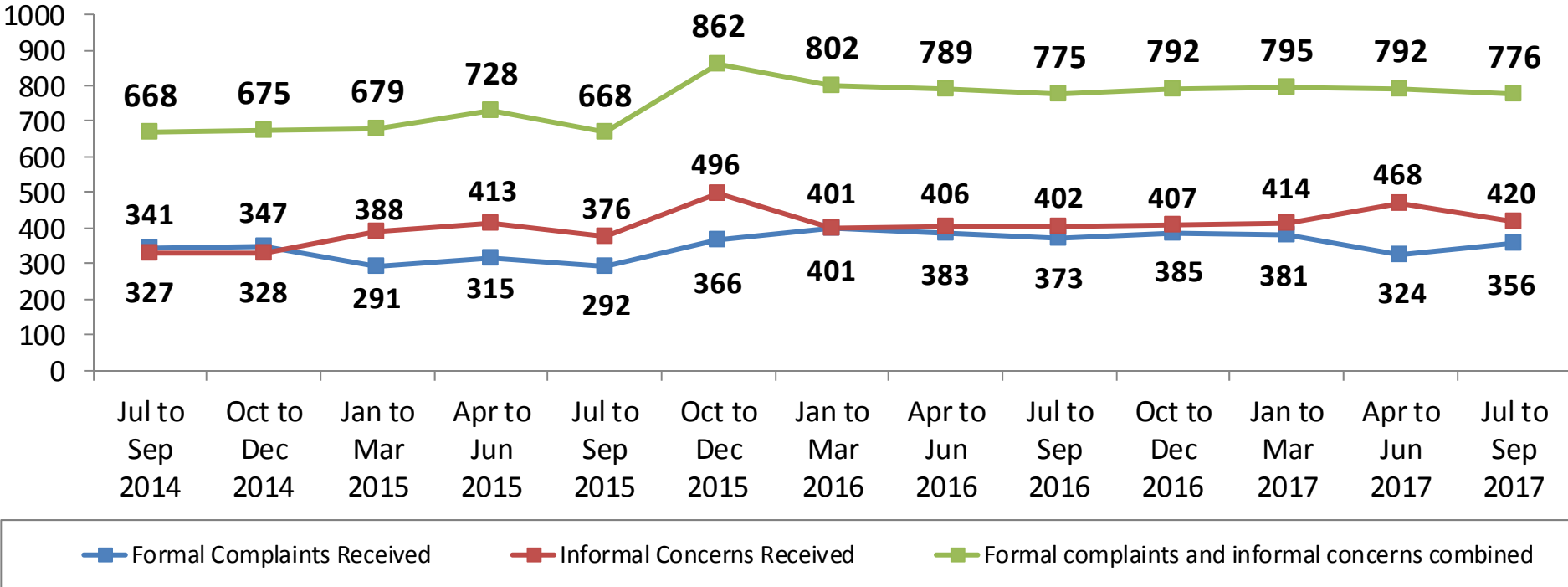
The Trust carries out a complainant satisfaction survey, which asks for feedback from complainants on how the Trust managed their concerns. Results of the survey are featured in each report along with any related actions.

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 356 new formal complaints were received, an increase from 324 received last quarter. 420 informal concerns were received this quarter, compared with 468 last quarter. By combining the number of formal complaints received and the number of informal concerns, a total of 776 were raised between July and September 2017, a decrease from the 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 7 quarters it has not returned to the numbers of combined complaints and concerns previously seen.

In September 2017, NHS Digital published the report ‘Written Complaints in

the NHS, 2016/17’, presenting data on the number of complaints received in both primary and secondary care.

In this report, it was reported that there were 208,400 written complaints received by the NHS during 2016/17 - up 4.9% on the previous year. This equates to on average 571 written complaints being made every day.

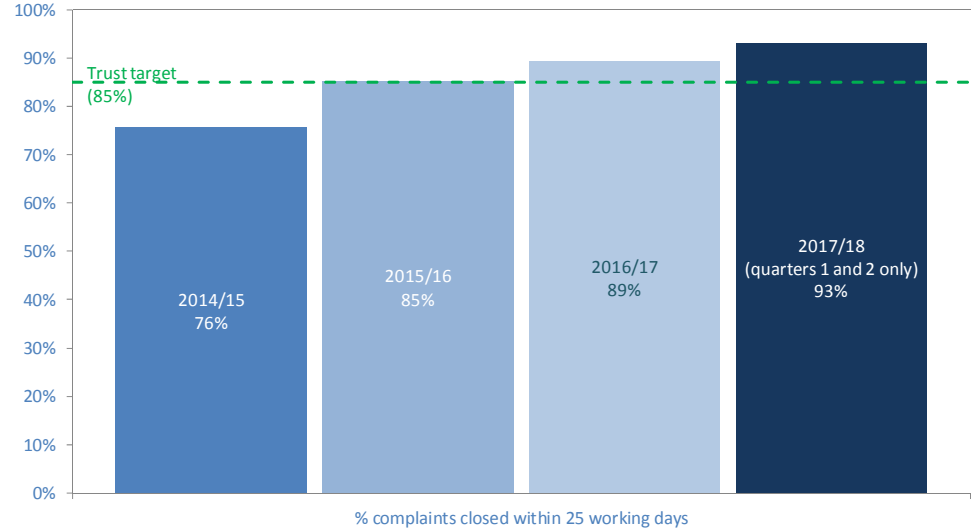
The report shows there was a 1.4% year-on-year increase in secondary care complaints with 117,800 complaints received in 2016/17, up from 116,200 in 2015/16, but a smaller proportion of resolved secondary care complaints were fully upheld than the previous year. This compares with a 3% increase in complaints and concerns for this Trust between 2015/16 and 2016/17.

Further analysis of the report shows that Yorkshire and Humber, received 21,400 complaints compared with 19,700 the previous year - an 8.6% increase.

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



Breakdown of ‘on time’ complaints

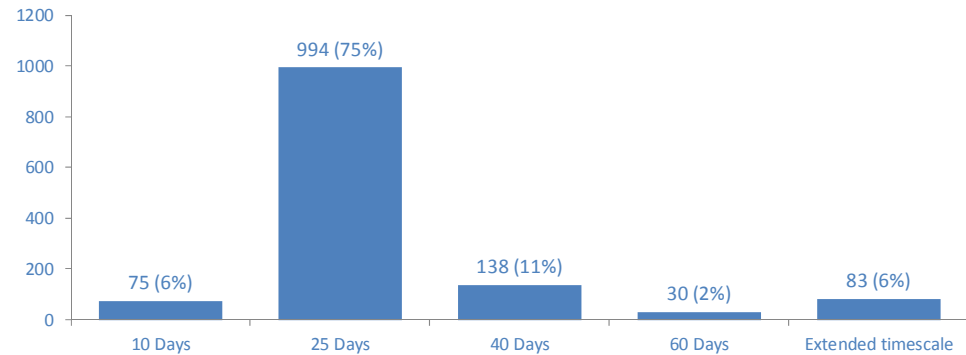
The Trust works to a tiered response times process. Complaints are graded by risk based on the complexity of the concerns raised. Each risk level determines the length of time allocated for responding to the complaint; which is then agreed with the complainant from the outset.

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 1320 formal complaints that have been closed ‘on time’ over the past 12 months (October 2016 to September 2017), 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. This is a reduction from the 8% reported last quarter for the 12 month period of July 2016 to June 2017. When comparing the same two periods, the number of complaints allocated to 40 days has increased from 7% to 11%, and those allocated to 10 days and 60 days have remained at the same percentage as last quarter. This is an indication that the appropriate response time target is being allocated from the outset.

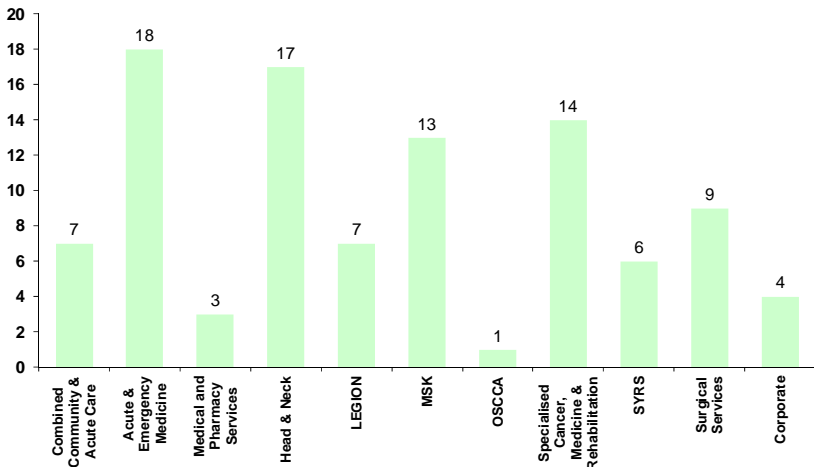
The reasons for requiring an extended compliant timescale can include:

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

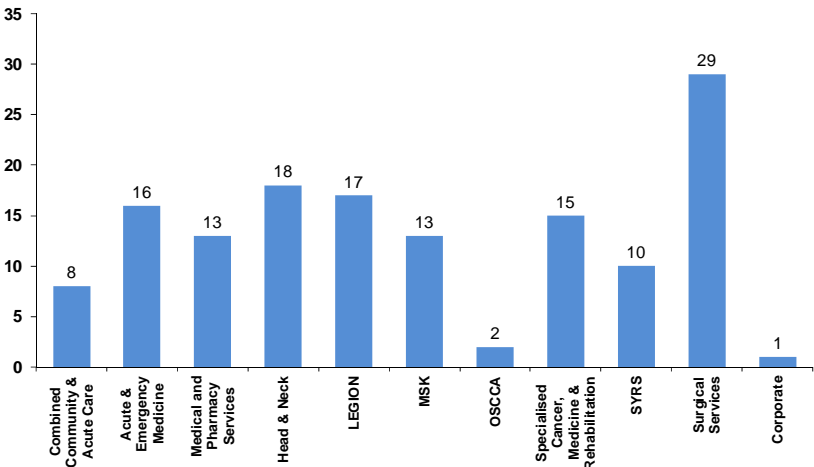
It is understood that there will always be a proportion of complaints that will require an agreed extension, due to these reasons.

Complaints – Status of closed and open complaints

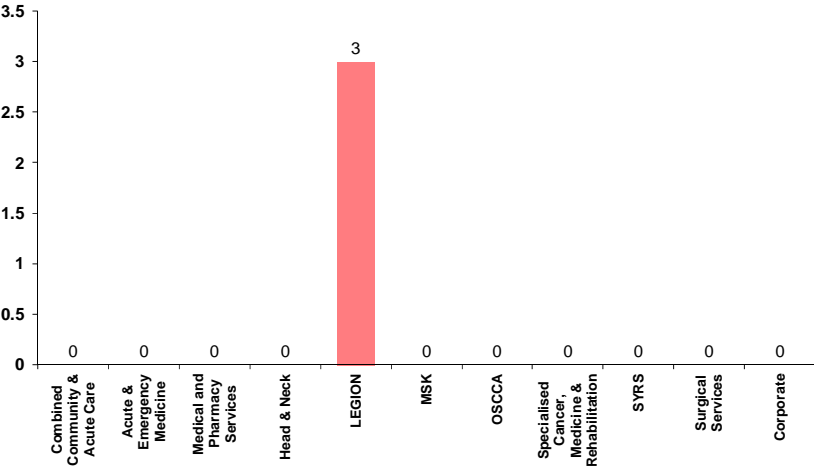
Number of formal complaints closed and in time (or extended) (in Sep 2017)



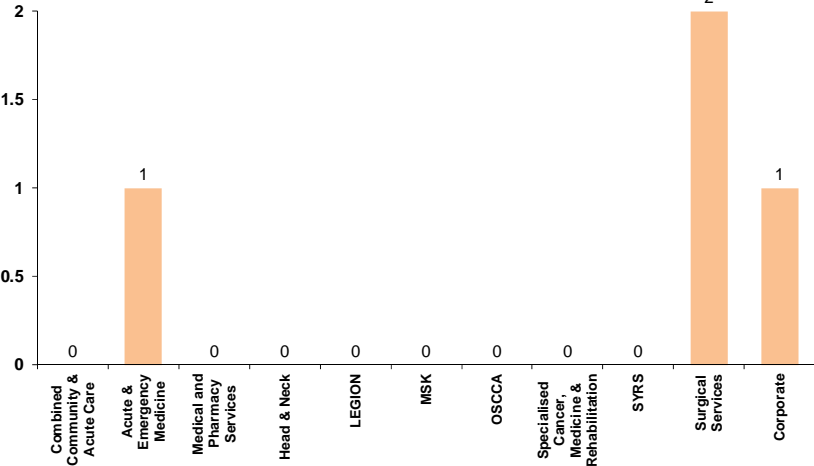
Number of formal complaints open and in time (or extended) (at end of Sep 2017)



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



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



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 September 2017, as the number of overdue complaints changes daily as does the number of complaints closed.

At the end of September 2017, 3% (4) of all open complaints remain overdue, an increase from 1% (1) at the end of June 2017.

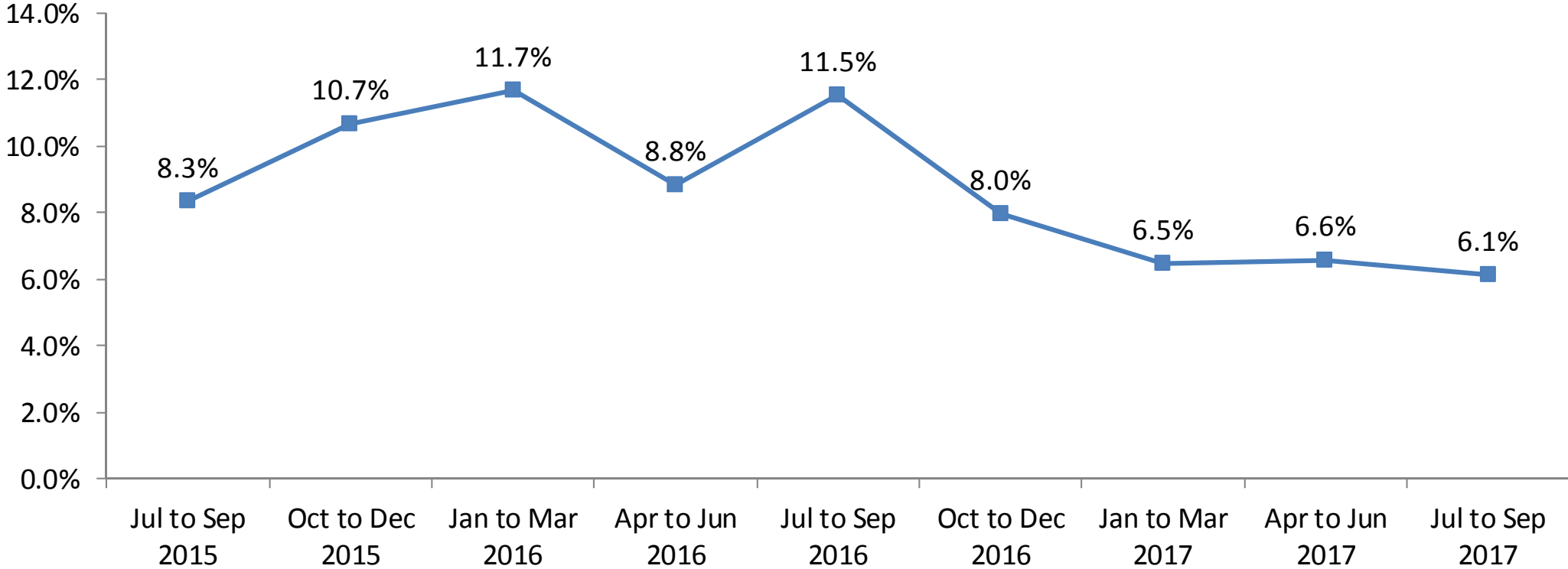
Complaints – Re-opened complaints

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 April to June 2017 and particularly July to September 2017 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 8-11%.

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
(July to September 2017)**

**Last 12 months
(October 2016 to September 2017)**

#	Subject	Qty	% of all subjects raised
1	Communication with patient	167	20%
2	Attitude	64	8%
3	Communication with relative / carer	53	6%
4	Appropriateness of medical treatment	36	4%
5	General nursing care	33	4%
6	Waiting time for follow-up appointment	27	3%
7	Telephone access	25	3%
8	Cancellation of appointment	18	2%
8	Waiting for first OP appointment	18	2%
10	Delay in treatment	17	2%

#	Subject	Qty	% of all subjects raised
1	Communication with patient	869	19%
2	Attitude	291	6%
3	Communication with relative / carer	279	6%
4	Appropriateness of medical treatment	227	5%
5	General nursing care	189	4%
6	Waiting time for follow-up appointment	136	3%
7	Delay in treatment	127	3%
8	Cancellation of appointment	98	2%
9	Access to information	92	2%
10	Telephone access	89	2%

Of the 167 subjects coded against 'communication with patient' between July and September 2017, 132 (79%) 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	Appropriateness of medical treatment	Attitude	Unhappy with outcome of surgery	General nursing care	Choice of medical treatment	Inappropriately discharged	Delay in treatment	Cancellation of appointment	Competence of medical staff
Acute and Emergency Medicine	8	3	4	3	2	0	0	1	7	0
Combined Community & Acute Care	2	2	2	2	1	0	2	0	1	0
Head & Neck Services	8	8	11	5	3	8	1	1	2	0
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	7	7	3	3	2	1	2	1	0	11
Medicine and Pharmacy Services	5	3	1	1	0	0	3	0	0	0
Musculoskeletal	3	2	1	5	1	5	0	2	1	0
Operating Services, Critical Care & Anaesthesia	1	0	0	0	0	0	0	3	0	0
South Yorkshire Regional Services	4	0	2	2	3	0	0	1	0	0
Specialised Cancer, Medicine & Rehabilitation	2	3	5	0	3	0	1	0	1	0
Surgical Services	10	6	6	7	2	3	7	4	1	0
Trust Wide Departments	0	1	0	0	0	0	0	0	0	0
TOTAL	50	35	35	28	17	17	16	13	13	11

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 July and September 2017 are 'communication with patient' (50) and 'appropriateness of medical treatment' (35).

'Communication with patient' is the most frequently raised subject for 4 care groups, and raised on 2 occasions, along with four other subjects, for Combined Community and Acute Care. 'Attitude' is the subject that has been raised more than any other subject for a single care group, being raised 11 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. 1 complaint 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

	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	Apr to Jun 17	Jul to Sep 17	2017/18
Number of new PHSO cases	7	11	8	29	6	3	7	4	20	4	5	6	7	22	5	1	6
Number of PHSO decisions	10	3	6	23	9	9	8	5	31	8	6	6	2	22	1	5	6
Number of PHSO cases fully or partly upheld	1	0	0	3	3	1	1	2	7	3	2	2	1	8	0	1	1

New PHSO cases this quarter

This quarter, 1 new information request has been received, this relates to the following directorate:

- **Operating Services, Critical Care and Anaesthesia**
- Anaesthetics

New PHSO decisions this quarter

There were 5 new decisions received from the PHSO during this quarter, of which 1 was partially upheld:

Primary Care and Interface Services (PARTIALLY UPHELD)

The complainant raised a number of concerns regarding the care received from Sheffield GP Collaborative. It was felt by the complainant that when their daughter spoke to a doctor during an out of hours’ telephone consultation, the doctor did not assess the complainants condition appropriately, taking account of all her symptoms and her daughter’s concerns.

The Ombudsman investigation did not find any failing in the doctor’s assessment of the complainant or the advice provided during the telephone consultation. However, they did find the Trust failed to provide the complainant’s daughter with safety netting advice (advice as to what should be done if the complainants condition deteriorated), which caused unnecessary additional distress.

Therefore, the Ombudsman partially upheld the complaint and requested that the Trust write to the complainant to acknowledge and apologise for the impact this failing had on her and the additional unnecessary distress caused to the complainant’s daughter. The Trust has now written to the complainant offering this apology and outlined the actions taken to ensure this does not occur again.

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 1st July and the 30th September 2017, 37 complainants responded to the survey, giving a response rate of 13%. This is lower than the response rate of 24% (57 complainants) achieved last quarter.

Key results

Top 2 most positive results

- 85% (29) of complainants who responded stated that they 'Definitely agree' (50%) or 'Partially agree' (35%) that the response to their complaint was easy to understand, compared with 84% last quarter.
- 78% (25) of complainants who responded stated that they 'Definitely agree' (44%) or 'Partially agree' (34%) that it was easy to make a complaint, compared with 64% last quarter.

Bottom 2 most negative results

- 18% (6) of complainants who responded stated that they 'Definitely agree' (6%) or 'Partially agree' (12%) that they were confident improvements have been made as a result of their complaint, compared with 23% last quarter.
- 41% (13) of complainants who responded stated that they 'Definitely agree' (25%) or 'Partially agree' (16%) that they considered their complaint to be resolved, compared with 48% last quarter.

Compared to last quarter, 9 questions have seen their score decrease this quarter, 5 have seen an improvement and one question has remained the same. 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 new complaints manager has recently been appointed and is scheduled to join the Trust in January 2018. A review of the complainant satisfaction survey and audit process will be undertaken once the new complaints manager is in post.

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	Jul to Sep 2016	Oct to Dec 2016	Jan to Mar 2017	Apr to Jun 2017	Jul to Sep 2017	Past 12 months (Oct 16 to Sep 17)
Information on how to make a complaint was easy to find	64% ↓	75% ↑	75%	50% ↓	69% ↑	67%
It was easy to make a complaint	73% ↓	86% ↑	83% ↓	64% ↓	78% ↑	78%
I was told about help available to make a complaint, such as independent advocacy	38% ↓	60% ↑	45% ↓	39% ↓	45% ↑	47%
I was given a choice as to how my complaint would be responded to	52% ↓	73% ↑	56% ↓	64% ↑	64%	64%
I was told how long it would take to answer my complaint	66% ↓	86% ↑	75% ↓	67% ↓	66% ↓	74%
I was kept informed of any delays in responding to my complaint	40% ↓	68% ↑	56% ↓	59% ↑	50% ↓	58%
The response was easy to understand	64% ↓	72% ↑	74% ↑	84% ↑	85% ↑	78%
My concerns were addressed in an open and honest way	47% ↓	60% ↑	55% ↓	63% ↑	56% ↓	59%
I was told what action had been taken as a result of my concerns	52% ↓	67% ↑	55% ↓	76% ↑	57% ↓	64%
I feel my complaint was taken seriously	53% ↓	70% ↑	58% ↓	61% ↑	48% ↓	59%
I was told what I could do if I was unhappy with my response	70% ↓	83% ↑	68% ↓	80% ↑	63% ↓	74%
I am satisfied with how the complaint was handled	40% ↓	50% ↑	40% ↓	52% ↑	50% ↓	47%
My complaint was dealt with quickly enough	47% ↓	63% ↑	53% ↓	63% ↑	70% ↑	61%
I am confident that improvements have been made as a result of my complaint	20% ↓	24% ↑	36% ↑	23% ↓	18% ↓	27%
I consider my complaint to be resolved	28% ↓	46% ↑	42% ↓	48% ↑	41% ↓	44%

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

My complaint was handled very swift and proficient. The attention I have received from the rehab centre since has been very much improved. Thank you.

I feel that my complaint was acknowledged by the hospital. However the response was just an apology letter. Whilst I appreciate this, my desired resolution would be hearing about exactly what the hospital is doing to rectify these issues

Really felt I had to complain - but the response I received was better than expected. Even to the present systems being altered.

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 (October 2016 to September 2017) 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 (October 2016 to September 2017)

	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
Total number of responses	24	16	26	24	18	27	6	19	13	22	8	203
Information on how to make a complaint was easy to find	62%	36%	68%	58%	75%	62%	100%	72%	69%	90%	63%	67%
It was easy to make a complaint	65%	57%	83%	75%	81%	73%	100%	89%	77%	81%	100%	78%
I was told about help available to make a complaint, such as independent advocacy	35%	50%	43%	32%	43%	32%	50%	88%	42%	65%	40%	47%
I was given a choice as to how my complaint would be responded to	39%	72%	52%	68%	75%	64%	75%	73%	62%	81%	40%	64%
I was told how long it would take to answer my complaint	79%	65%	78%	71%	95%	54%	80%	74%	62%	81%	80%	74%
I was kept informed of any delays in responding to my complaint	65%	54%	47%	71%	72%	42%	50%	53%	66%	59%	50%	58%
The response was easy to understand	91%	79%	56%	82%	100%	62%	83%	78%	73%	86%	75%	78%
My concerns were addressed in an open and honest way	56%	57%	39%	61%	77%	46%	50%	56%	73%	67%	88%	59%
I was told what action had been taken as a result of my concerns	52%	67%	44%	69%	88%	63%	50%	72%	64%	72%	63%	64%
I feel my complaint was taken seriously	50%	79%	34%	56%	70%	43%	60%	66%	73%	71%	88%	59%
I was told what I could do if I was unhappy with my response	55%	78%	65%	81%	94%	65%	83%	89%	82%	67%	75%	74%
I am satisfied with how the complaint was handled	38%	61%	18%	50%	70%	25%	50%	44%	63%	62%	75%	47%
My complaint was dealt with quickly enough	42%	64%	61%	68%	76%	50%	67%	56%	54%	67%	101%	61%
I am confident that improvements have been made as a result of my complaint	24%	23%	18%	37%	42%	21%	0%	22%	36%	35%	14%	27%
I consider my complaint to be resolved	32%	46%	32%	41%	53%	30%	17%	61%	72%	57%	51%	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) 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:

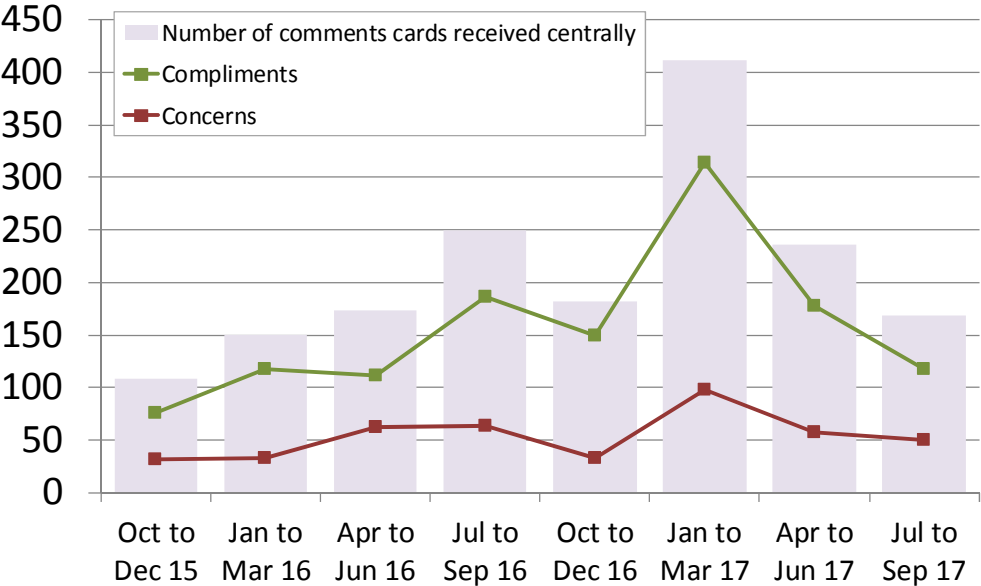
- The Friends and Family Test (FFT) which asks a simple, standardised question with response options on a 5-point scale, ranging from whether they are 'extremely likely' to 'extremely unlikely' to recommend our Trust to their family and friends. The FFT is carried out in inpatient, outpatient, A&E, maternity, 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 July to September 2017, 168 comments cards were completed, of which 330 individual themes have been identified.

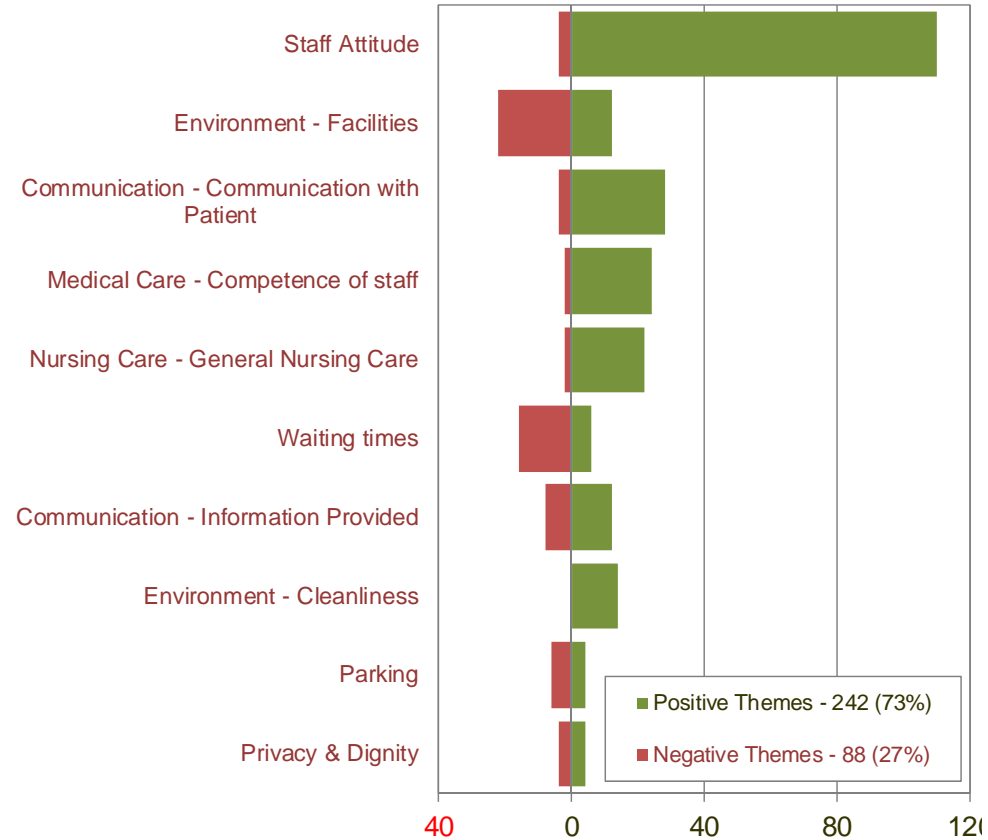


The chart above shows the comments cards received by quarter and the breakdown of these by compliments and concerns. Of all comment cards received this quarter 73% of the themes identified have been positive.

% of positive themes from all comments received centrally			
Current Quarter (Jul to Sep 2017)		Last 12 months (Oct 16 to Sep 17)	
%	QTY	%	QTY
73%	242	81%	1586

% of negative themes from all comments received centrally			
Current Quarter (Jul to Sep 2017)		Last 12 months (Oct 16 to Sep 17)	
%	QTY	%	QTY
27%	88	19%	362

Top 10 themes raised in comment cards between July and September 2017



Staff very understanding and made me feel at ease. Appointments all on time. I'm very happy with the result of my surgery.

Everyone was so polite. They treat me & my dad ,who was the patient, with total respect.

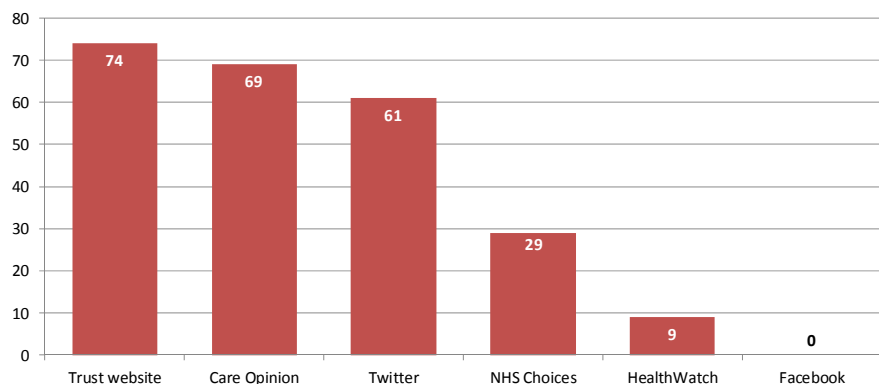
Very long waiting time despite having a fixed appointment.

Woefully inadequate parking. Driving around 20 minutes.

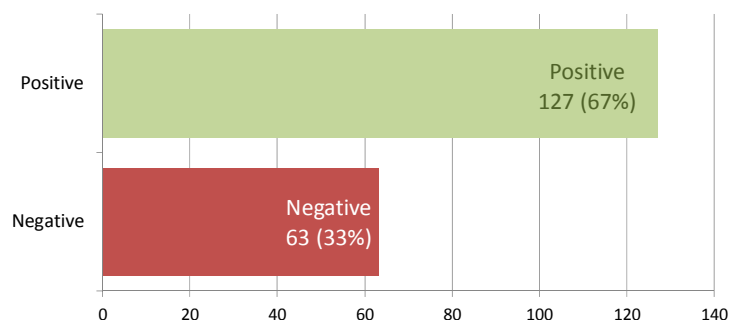
Feedback – Website and social media feedback

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, 242 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 127 positive comments and 63 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% (132)	19% (23)	32% (155)
General Care	27% (97)	16% (20)	24% (117)
Communication	14% (49)	29% (36)	18% (85)
Clinical Treatment	15% (55)	7% (8)	13% (63)
Waiting times	4% (13)	13% (16)	6% (29)
Environment	3% (9)	16% (20)	6% (29)

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

I visited the Royal Hallamshire Hospital, ultrasound and X-ray dept today. What a great team, efficient, helpful staff and very informative. I was very happy with my visit today.
(Care Opinion)

My annual screening colonoscopy/endoscopy was due in July, I can now see it happening in October because @SheffieldHosp can't meet demand
(Twitter)

The staff were pleasant, caring and make a nice cup of tea.
(HealthWatch Sheffield)

I want to comment on the discharge process. Surely someone could look at this and improve the length of time spent waiting. It is a nightmare.
(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:

Oct-Dec 2016	Jan-Mar 2017	April - Jun 2017	Jul - Sep 2017
157	172	128	135

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.

Orthopaedics, Musculoskeletal Services

I write on behalf of my elderly dad, {NAME} and family to extend our heartfelt thanks to {NAME}, orthopaedic surgeon. Over the past 12 months dad has been both an in and outpatient of {NAME} and we can't thank him and his team enough for the outstanding care provided.

We first met {NAME} last June at a time when our mum had just passed away. {NAME} handled the situation with kindness and his professionalism and expertise in his field of work showed through immediately and immediately dad felt in good hands - and this feeling never disappeared throughout all our visits. Unbeknown to {NAME} he has rebuilt my dad's confidence and at 84 my dad is now able to walk more freely something we were not expecting this time last year and we can't thank {NAME} enough.

I am not sure if you have staff recognition awards or something similar - if you do I would highly recommend {NAME} - he is an absolute credit to Sheffield Teaching Hospitals and if required I would not hesitate to choose him again.

I would be most grateful if you could pass on our gratitude and thanks.

General Surgery, Surgical Services

After several thorough consultations with {NAME} I was admitted on the 4th May for a Whipples procedure.

Due to complications the operation took seven exhausting hours, but with his dogged determination he was able to pull me through despite this being the most difficult procedure he had ever done. Even so, he still found time after the operation to ring my wife and inform her of the difficulties he had faced and that I was recovering in HDU.

Despite a sleepless night for his concern for me after this most challenging operation, made a point of seeing me early the following morning and throughout the day and whenever he had the opportunity for several days after to check upon my progress and well-being.

I consider myself extremely fortunate and privileged to have had {NAME} as my consultant surgeon as his level of skill, care, and consideration was outstanding.

Any request or problem I had whilst recovering was dealt with quickly and efficiently, and nothing was too much trouble.

I would therefore be very grateful if you could pass my thanks and appreciation to {NAME} for his tremendous efforts and kindness throughout my treatment, and in my opinion feel you should be very proud to have this amazing surgeon as part of your team.

Ophthalmology, Head & Neck

I am writing to express my grateful thanks to the eye department.

In April this year I had a detached retina, it just happened and I went blind in my left eye. I was very fearful as I am in remission for the second time, and obviously though cancer had returned.

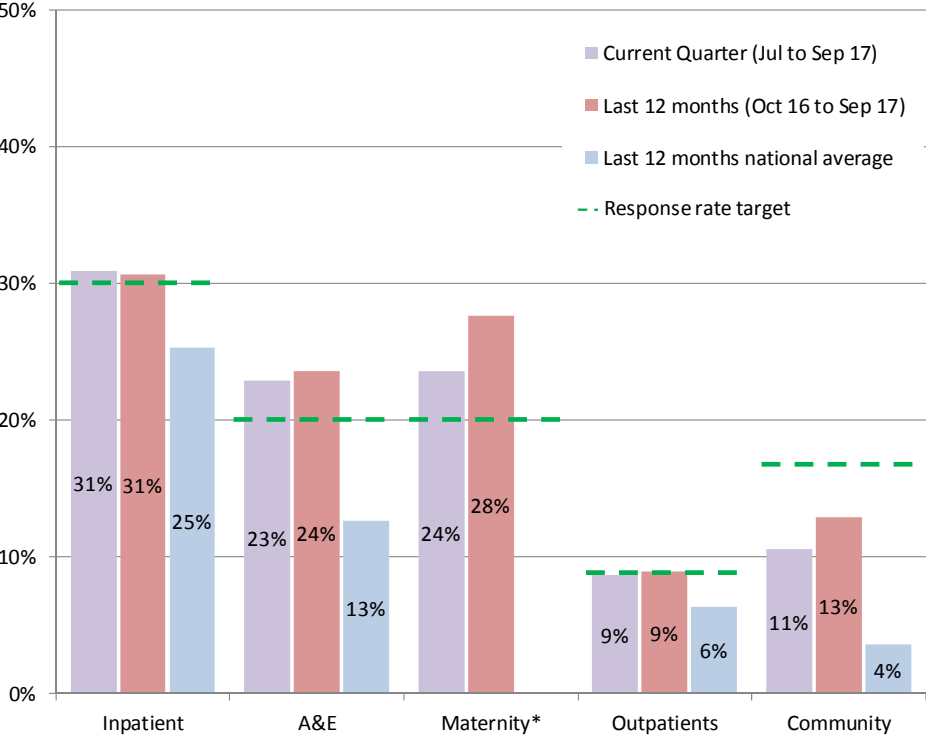
The whole department was wonderful from the reception to the tea lady. The nurses were exceptional and put me at ease, they were all very kind and caring. {NAME} is a lovely man, the theatre and recovery nurses made me feel special and not a routine patient.

Please pass this letter to the Chief Nurse and the departments so that they know how much I appreciated their kindness. As a retired nurse myself I know how hard it is to keep smiling and make jobs look easy when you are under pressure.

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 July and September 2017, 9615 inpatients, 4258 A&E patients, 1100 maternity services patients, 19891 outpatients and 2090 community patients from the Trust completed the FFT survey, giving a total of 36954 responses this quarter.

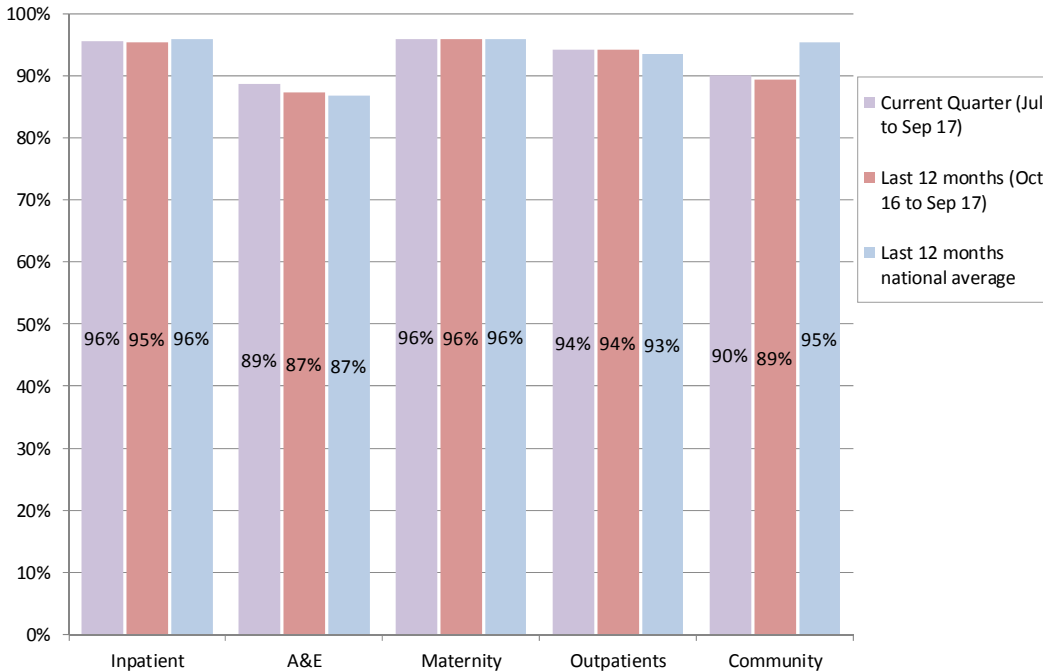
The chart above shows that the Trust had higher response rates than the national average on all elements of the FFT during this quarter. To ensure there is an appropriate level of confidence in FFT scores, the Trust is working to internally set minimum response rate targets to ensure an appropriate sample size for each area is achieved. For July to September 2017, all areas achieved the internally set response rate targets with the exception of Community, which achieved 11%, below the 17% target.

In order to ensure a significant number of FFT responses are being received while effectively managing the FFT budget, from September 2017 a cap has been applied to the number of FFT surveys being sent to outpatients. This is a 3 month pilot to see the impact it has on response rates and the quality of feedback received from the outpatient FFT. As a result, it was expected that the response rate for outpatients would fall to around 6-7%. If it is agreed that the cap will continue beyond the pilot period, a new response rate target will be set.

During August 2017 there was an error with the data extract for the Community FFT which resulted in a number of services not having any FFT messages sent for part of the month. This was followed up with Information Services and our survey provider to put measures in place to ensure this does not happen again. As a result, the response rate for community increased from 7% in August 2017 back to the expected rate of 13% in September 2017.

Feedback - Friends & Family Test

Friends and Family Test Scores



Each month, the inpatient FFT score is either equal to or slightly below the 12 month national average. A review of FFT inpatient scores was undertaken and presented to the Patient Experience Committee in May 2017. This identified 22 wards whose FFT score was worse than the national average. These wards have been asked to develop a local improvement plan to improve their FFT score. Ward level inpatient FFT scores will be reviewed again by the Patient Experience Committee in December 2017 to identify if there has been any improvement.

As highlighted in the Summary, a deep dive has been undertaken and was submitted to the September 2017 Integrated Performance Report into patient experience data for Community. This provided the Board with assurance that Community FFT scores have improved and that this will continue to be monitored and further improvements sought. A summary of this deep dive will be featured in the next quarterly report.

The overall percentage of patients who ‘would recommend’ our service to friends and family from all 5 elements of the FFT was 94% this quarter, the same as was 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%), A&E (89%), maternity (96%) and outpatient (94%) scores are all equal to or higher than the 12 month national average, however the score between July and September 2017 for Community is 5% lower than the 12 month national average.

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	12 months combined
INPATIENT SURVEY	Did you always feel safe whilst on the ward?	98%	98%	99% ↑	99%	97% ↓	99% ↑	98%
	Was the ward clean?	99%	98% ↓	99% ↑	99%	98% ↓	98%	99%
	Did you have confidence and trust in hospital staff?	98%	98%	99% ↑	98% ↓	97% ↓	96% ↓	97%
	Did hospital staff treat you with respect and dignity?	99%	99%	99%	99%	99%	98% ↓	99%
	How would you rate your overall experience?	90%	92% ↑	95% ↑	93% ↓	94% ↑	92% ↓	94%
OUTPATIENT SURVEY	Did you get to choose your appointment?	56%	56%	50% ↓	44% ↓	45% ↑	46% ↑	47%
	Is the department easy to find?	95%	95%	96% ↑	95% ↓	96% ↑	97% ↑	96%
	Is it clean?	99%	98% ↓	99% ↑	99%	99%	99%	99%
	Were you seen on time?	76%	71% ↓	76% ↑	74% ↓	78% ↑	76% ↓	75%
	Were you told how long you would have to wait?	55%	57% ↑	56% ↓	38% ↓	42% ↑	28% ↓	45%
	Did clinical staff listen, understand and answer your questions?	94%	95% ↑	96% ↑	95% ↓	94% ↓	96% ↑	96%
	Did you get enough information on any tests or treatment?	93%	93%	94% ↑	94%	93% ↓	94% ↑	94%
	Were you told what would happen next?	96%	96%	98% ↑	97% ↓	95% ↓	96% ↑	97%
	Overall, how would you rate the attitude of the staff in this department?	93%	91% ↓	95% ↑	95%	94% ↓	93% ↓	95%
	Has the main reason you came to the Outpatient Department been dealt with to your satisfaction?	84%	83% ↓	84% ↑	84%	83% ↓	79% ↓	83%
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% ↓	93%
	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% ↑	94%
	I was aware of our goals e.g. to be mobile and independent at home.	100%	95% ↓	94% ↓	95% ↑	92% ↓	96% ↑	95%
	I was involved in setting these goals.	96%	96%	88% ↓	90% ↑	99% ↑	96% ↓	93%
	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% ↓	93%
	The staff let me know how to contact them if I needed to.	96%	98% ↑	93% ↓	92% ↓	95% ↑	95%	94%
	The appointment/visit times by staff were convenient for me.	98%	98%	98%	96% ↓	98% ↑	96% ↓	97%
	When I had important questions to ask the staff they were answered well.	96%	98% ↑	97% ↓	98% ↑	99% ↑	99%	98%
	I had confidence and trust in the staff treating or supporting me.	100%	88% ↓	98% ↑	97% ↓	100% ↑	99% ↓	98%
	I felt informed of other services that are available to someone in my circumstances, including voluntary organisations.	95%	86% ↓	83% ↓	80% ↓	81% ↑	82% ↑	81%
	I was always involved and informed about decisions to refer me to other services for support.	98%	91% ↓	85% ↓	86% ↑	90% ↑	88% ↓	87%
	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%
I feel less anxious/worried since having this service.	98%	98%	92% ↓	89% ↓	92% ↑	95% ↑	92%	

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 1479 patients were sent the inpatient satisfaction survey. 702 returned a completed survey, giving a response rate of 47%. This compares to a response rate of 32% (631 patients) last quarter.

Key results:

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

- 99% (678) of patients said ‘yes, definitely (89%) or ‘yes, to some extent’ (9%) that they ‘always’ felt safe whilst on the ward, compared with 97% last quarter.
- 98% (687) of patients said the ward was ‘very clean’ (79%) or ‘fairly clean’ (19%), compared with 98% last quarter

The lowest scoring question

- 92% (612) of patients rated their overall experience as either ‘Excellent’ (51%), ‘Very good’ (29%) 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 discharge.

- 89% (528) of patients responded ‘Yes, always’ (54%) and ‘Yes, most of the time’ (35%) when asked if they were involved in decisions about their discharge from hospital, compared with 88% during July to September 2016.
- 88% (542) of patients responded ‘Yes, definitely’ (67%) and ‘Yes, to some extent’ (21%) when asked if staff took the family or home situation into account when planning their discharge from hospital, compared with 79% during July to September 2016.

- 91% (591) of patients responded ‘Yes, definitely’ (71%) and ‘Yes, to some extent’ (20%) when asked if they were given enough notice of the discharge from hospital, compared with 85% during July to September 2016.
- 63% (402) of patients responded ‘No’ when asked if their discharge was delayed for any reason, compared with 54% during July to September 2016.
- 96% (727) of patients responded ‘Yes, definitely’ (58%) and ‘Yes, to some extent’ (38%) when asked if staff told them who to contact if they were worried about their condition or treatment after leaving hospital, compared with 74% during July to September 2016.

It is positive to note that there has been an improvement on all questions relating to discharge compared to the same period during 2016.

Next steps

These results will be shared with each individual ward so that local actions can be taken to identify areas of improvement.

I found the ward and theatre staff very Jovial which made my experience much easier. The banter and relaxed atmosphere didn't feel like an institution, which some hospital experiences have been like. Thank you.

My husband is on the younger end of the age spectrum, for people being admitted to hospital, it would have been nice to have a bay with people more my husband's age. This occurred in both hospitals and made him feel depressed.

What differentiates STHFT from other hospitals primarily is the high quality of the medical and nursing staff which instils confidence. The strength in depth is tremendous.

Groups of nurses talking at night kept me up.

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, 10,082 eligible patients were sent the outpatient satisfaction survey. 691 of these patients completed the survey, giving a response rate of 7%. This compares to a response rate of 2% (262 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% (534) of the patients that responded stated 'Yes' when asked if the outpatient department was clean, compared with 99% last quarter.
- 97% (527) of the patients that responded stated 'Yes' when asked if the department was easy to find, compared with 96% last quarter.

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

- Of those who stated that they were not seen on time, 28% (34) of patients that responded stated they were told how long they would have to wait, compared with 45% last quarter.
- 46% (250) of patients that responded stated 'Yes' when asked if they got to choose their appointment, compared with 45% 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.

Excellent service by knowledgeable staff who understood my needs.

It took 7 months just to get an appointment for something I have suffered with for 3 years which is ridiculous.

The hospital was great. Parking, staff, facilities, cleanliness. I've been in 3 hospitals of late this one is highest rated in my view.
Thank you.

Nursing staff are lovely; however attitude of some consultants could be improved. We are ill and feeling vulnerable and sensitive!!

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. 596 eligible patients were sent the community satisfaction survey, of which 237 patients responded, giving a response rate of 40%. This compares to a response rate of 9% (100 patients) last quarter.

Key results:

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

- 99% (206) of patients stated 'Yes, always' (79%) and 'Yes, sometimes' (20%) when asked if staff answered important questions well, compared with 99% last quarter.
- 99% (203) of patients stated 'Yes, always' (85%) and 'Yes, sometimes' (14%) when asked if they have confidence and trust in the staff treating them, compared with 100% last quarter.

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

- 88% (153) of patients responded 'Yes, definitely' (63%) and 'Yes, to some extent' (25%) when asked if they were involved and informed about decisions to refer them to other services for support, compared with 90% last quarter.
- 82% (148) of patients responded 'Yes, definitely' (41%) and 'Yes, to some extent' (41%) when asked if they felt informed of other services that are available to someone in their circumstances, compared with 81% 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. In addition, the results from this survey were included in the deep dive into patient experience data for Community Services.

I received my apt in a timely manner. On arrival waited no less than 3-4 mins before I was seen.

There were lots of venues and times to choose from. Excellent service and much appreciated.

Treatment was fine, had a few problems of nurses not listening and was ignored. The consultant was good with treatment but needed to talk.

Receiving a contact number would have been helpful in times when we're struggling.

Feedback – End of Life Care survey results

The End of Life survey was conducted between July 2016 and June 2017 and consisted of 28 multiple choice questions. The survey was initially piloted in the Palliative Care Unit from July 2016, and then rolled out to Trust wide bereavement appointments from October 2016.

Approach

Prior to September 2016, an information card was given to families at their bereavement services appointment to inform the next of kin about the survey. Information Services sent our survey provider a weekly data extract of patients who had deceased 4 weeks previously. The data extract included details of the patients next of kin. The survey provider sent a paper-based survey including a pre-paid envelope and cover letter, along with contact details should families need additional support or information. Surveys were not sent around the deceased's birthday.

Due to the next of kin details being limited, from September 2016, the surveys were given out during the bereavement appointment, whilst maintaining the same exclusions outlined above. The survey included a pre-paid envelope and cover letter, along with contact details should families need additional support or information.

Key results

- 79% (228) of responders felt there was enough privacy during the patient's end of life care.
- 87% (251) of responders felt there was enough help with nursing care (such as giving medicine).
- 86% (248) responders felt the nurses treated the patient with respect and dignity.
- 84% (240) responders felt the patient's pain was controlled.
- 15% (42) of responders wanted to be involved in more decisions about the patients' care.
- 85% (41) responders in their opinion, felt the patient was in told in sensitive way that they were likely to die.
- 99% (208) responders in their opinion, felt that they had been told in a sensitive way that the patient was likely to die.

- 91% (253) of responders felt they were treated in a sensitive manner after the death.
- 85% (240) of responders rated the care in the patient's last few hours and days as 'excellent' or 'good'.

Next steps

The end of survey report has been submitted to the End of Life Steering group where the results are being reviewed and put into themes. These themes will be measured against the actions being implemented as part of the project, these include:

- Development of new guidance for the care of the person who may be in the last hours to days of life.
- New 'Individualised Plan of Care for Last Days of Life', currently being piloted on Brearley 1, Brearley 2 and Hadfield 5, will be launched following evaluation of the pilot
- A new 'End of Life Care' intranet page to be launched in the new year

The survey will be carried out again during 2018 to measure any improvements.

Palliative nursing care were excellent. Ward gave us a side room and lots of privacy.

My mother was in hospital for 5 days. She moved wards 5 times. I think for a lady that was terminally ill this is appalling.

From admittance to the end we were treated very well. Loving, caring, brilliant service. Compliments to all nursing and doctors. Thank you.

In all the hours that my brother and I were with my father during his last week not one nurse or healthcare assistant came into my father's room to enquire if there was anything they could do for my father or support for us.

Feedback - 2016 National Cancer Survey Results

The National Cancer Survey 2016 was carried out across 146 acute hospital NHS Trusts on all adult patients (aged 16 and over) with a primary diagnosis of cancer, discharged following an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2016. 2,529 eligible patients from this Trust were sent a survey, and 1,513 were returned, giving a response rate of 66%. This is compared to the national response rate of 66%.

There have been only minor changes to the questionnaire compared to 2015:

1. Questions 5 and 25 (relating to patients being given all the necessary information about their treatment) were not scored last year. This year, the answer options on the questionnaire were changed to enable these questions to be scored; so they appear in the detailed analysis for the first time.
2. The answer options for question 8 (relating to patients' experience of first being told they had cancer) have been changed slightly to allow more meaningful analysis; but this means that comparisons cannot be made with the 2015 scores.

For the 2016 survey, the CQC standard for reporting comparative performance was again adopted. This is based on calculation of an 'expected range', which means trusts are flagged as outliers only if there is statistical evidence that their scores deviate (positively or negatively) from the 'expected range' of scores for trusts of the same size.

2016 National Cancer Survey results

Sheffield Teaching Hospitals NHS Foundation Trust scored within the expected range on 43 questions, scored above the expected range on 6 questions and below the expected range on 2 questions. Questions where the Trust scored above or below the expected range are outlined opposite.

Questions where the Trust scored 'above' the expected range

Question	Expected range	STH
Patient felt that treatment options were completely explained	81%-85%	85%
Possible side effects explained in an understandable way	70%-75%	75%
Hospital staff gave information about support groups	80%-88%	88%
Staff told patient who to contact if worried post discharge	92%-95%	96%
Beforehand patient had all information needed about radiotherapy treatment	83%-89%	89%
Beforehand patient had all information needed about chemotherapy treatment	81%-87%	87%

Questions where the Trust scored 'below' the expected range

Question	Expected range	STH
Patient given easy to understand written information about the type of cancer they had	70%-75%	69%
GP given enough information about patient's condition and treatment	94%-97%	93%

Improving the experience of patients

Directorates and teams providing care for patients with cancer have used the patient comments, which provide substance and context to scores, to produce an action plan to improve services for patients. This action plan is outlined on the following page.

Feedback - 2016 National Cancer Survey Action Plan

The 2016 National Cancer Survey results presented on the previous page have been shared with directorates and teams providing care for patients with cancer. Patient comments, which provide substance and context to scores, from the survey have been used to produce an action plan to improve services for patients. Individual teams have now produced actions plans, which feed into an overarching plan, which is presented below:

Question Number	Question	Score	Action to be taken	Review date
11	Patient was given easy to understand written information about the type of cancer they had	69%	Lead Cancer Nurse has met with all the Cancer Clinical Nurse Specialists to review patient information that is currently being distributed. Information packs at initial diagnosis are being streamlined. Teams have been encouraged to support written information with a verbal discussion. A pilot has commenced with the Cancer Information and Support Centre where volunteers are based in some outpatient clinics to support patients and carers with their information needs.	May 2018
22	Hospital staff gave information on getting financial help	59%	Increasing awareness amongst nursing staff in relation to signposting to financial advisors. Have developed area specific information packs to cover services across the whole of South Yorkshire.	May 2018
23	Hospital staff told patient they could get free prescriptions	80%	Posters have been developed and made available to all areas illustrating how to access free prescriptions. Awareness raising amongst the Clinical Nurse Specialists at the September 2017 meeting.	May 2018
55	Patient given a care plan	33%	Currently working with CCG and Macmillan Phase 3 Living with and Beyond Cancer (LWBC) Programme. Looking at Breast, Prostate and Colorectal pathways and the use of Macmillan electronic holistic needs assessment and care planning for all patients. In addition, the roll out of e-Care Planning across the Trust will improve performance in this area.	Feb 2018
58	Taking part in cancer research discussed with patients	36%	MDTs encouraged discussing open clinical trials with patients.	May 2018