

# **COMPLAINTS AND FEEDBACK REPORT**

October to December 2016

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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 385 received this quarter, compared with 373 between July and September 2016.</li> <li>• By combining formal complaints and informal concerns, 792 combined concerns were received this quarter, an increase from 775 last quarter.</li> <li>• At the end of December 2016, 19% (30) of all open complaints remain overdue, an increase from 8% (12) at the end of September 2016. Acute &amp; Emergency Medicine and Medical &amp; Pharmacy Services account for 29 of the 30 open and overdue complaints.</li> </ul> <p><b>ACTION:</b> From the 9th January 2017, the management of complaints for these two care groups transferred centrally to the Patient Partnership Department. An action plan has been agreed between the care groups and the Patient Partnership Department to significantly reduce the backlog of complaints. This will be monitored over the coming months.</p> <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 6 complaints that had been reviewed by the PHSO were partially upheld. This is outlined in the report.</li> </ul>

Highlights
<ul style="list-style-type: none"> <li>• The number of informal concerns received has remained relatively consistent over the past 12 months, with 401 received between January to March 2016, 406 between April to June 2016, and 402 between July and September 2016. There has been a slight increase this quarter with 407 informal concerns being received, however this is still in line with the numbers received for previous quarters.</li> <li>• At the end of the third quarter for 2016/17, the year to date performance of responding to complaints within the agreed timescale is 89%, compared with 83% at the end of the same quarter last year.</li> <li>• The complainant satisfaction survey results for October to December 2016 has seen the number of complainants who have selected the best possible response to each question improve on all questions compared to last quarter.</li> </ul> <p><b>ACTION:</b> Issues identified over time through the complainant satisfaction survey will be aligned with ongoing work to further improve the management of complaints.</p>

# Summary

	Risks
<b>Friends and Family Test (FFT)</b>	<ul style="list-style-type: none"> <li>From November 2016, response rate targets have been set by the Trust for the outpatient and community FFT. These targets have been set based on previous performance to ensure existing standards are maintained. For October to December 2016, outpatients achieved 8%, slightly below the 9% target, and community achieved 14%, below the 17% target.</li> <li>For October to December 2016, the positive FFT score for A&amp;E (85%) is 1% lower than the 12 month national average.</li> <li>The FFT positive score for community between October and December 2016 is 6% lower than the 12 month national average, however, the negative FFT score for community has seen a reduction over the past 9 months, compared to the previous 9 month period.</li> </ul> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>The Patient Partnership Department continues to work closely with Directorates which provide Community Services to ensure the most appropriate method is being used to carry out the FFT to ensure accurate feedback is received for each service.</li> <li>The Patient Partnership Department has undertaken a review of how community services are currently mapped for the FFT, this has identified some services that were being categorised as community when they should be recorded to inpatients or outpatients. This is outlined in the report.</li> <li>Each individual service is to continue reviewing their FFT scores to help improve the overall community score; this will continue to be monitored.</li> </ul>
<b>Local patient satisfaction survey</b>	<ul style="list-style-type: none"> <li>The community satisfaction survey has shown performance to have deteriorated in all but 2 questions during October to December compared to last quarter.</li> </ul> <p><b>ACTION:</b> These results will be reviewed by Community Services to identify which services are performing well and which ones are receiving a high number of negative responses. These will then be followed with an action plan with the aim to improve survey results.</p>

Highlights
<ul style="list-style-type: none"> <li>For October to December 2016, inpatient areas achieved a response rate of 30%, achieving the 30% target, A&amp;E areas achieved 23%, above the 20% target, and maternity achieved 30%, above the 20% target.</li> <li>For October to December 2016, the positive FFT scores for inpatients (96%), maternity (96%) and outpatients (94%) are all equal to or higher than the 12 month national average.</li> </ul>
<ul style="list-style-type: none"> <li>Results in the inpatient and outpatient local patient satisfaction surveys have shown similar scores between October and December 2016 compared with last quarter on most questions, with some questions seeing a more significant improvement.</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: October to December 2016				
	Formal complaints (466)	Informal concerns (396)	Friends & Family Test* (1811)	Local Patient Satisfaction Surveys* (388)	Website and comment cards (200)
Clinical care and treatment	1 (1)	3 (3)	3 (3)	3 (1)	2 (3)
Communication	2 (2)	1 (1)	4 (5)	4 (4)	1 (2)
Waiting times	5 (5)	2 (2)	1 (1)	6 (8)	3 (1)
Staff attitude	4 (4)	4 (5)	2 (2)	1 (2)	5 (5)
Nursing care	3 (3)	6 (6)	5 (4)	2 (3)	10 (7)
Environment	7 (8)	8 (4)	7 (7)	5 (7)	4 (4)
Cancellations	8 (6)	5 (8)	6 (6)	7 (10)	7 (9)
Resources	6 (9)	7 (10)	10 (10)	8 (9)	8 (6)
Food and nutrition	10 (10)	10 (9)	9 (9)	9 (5)	6 (8)
Discharge	9 (7)	9 (7)	8 (8)	10 (6)	9 (10)

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/comments cards, and waiting times is the most raised negative theme from the Friends and Family Test. As each piece of feedback is received during different parts of the patient journey, this may explain why different issues are being raised from each feedback source. This will continue to be monitored to determine whether the same issues are consistently being raised from each method of feedback.

\* data taken from free-text comments

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

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

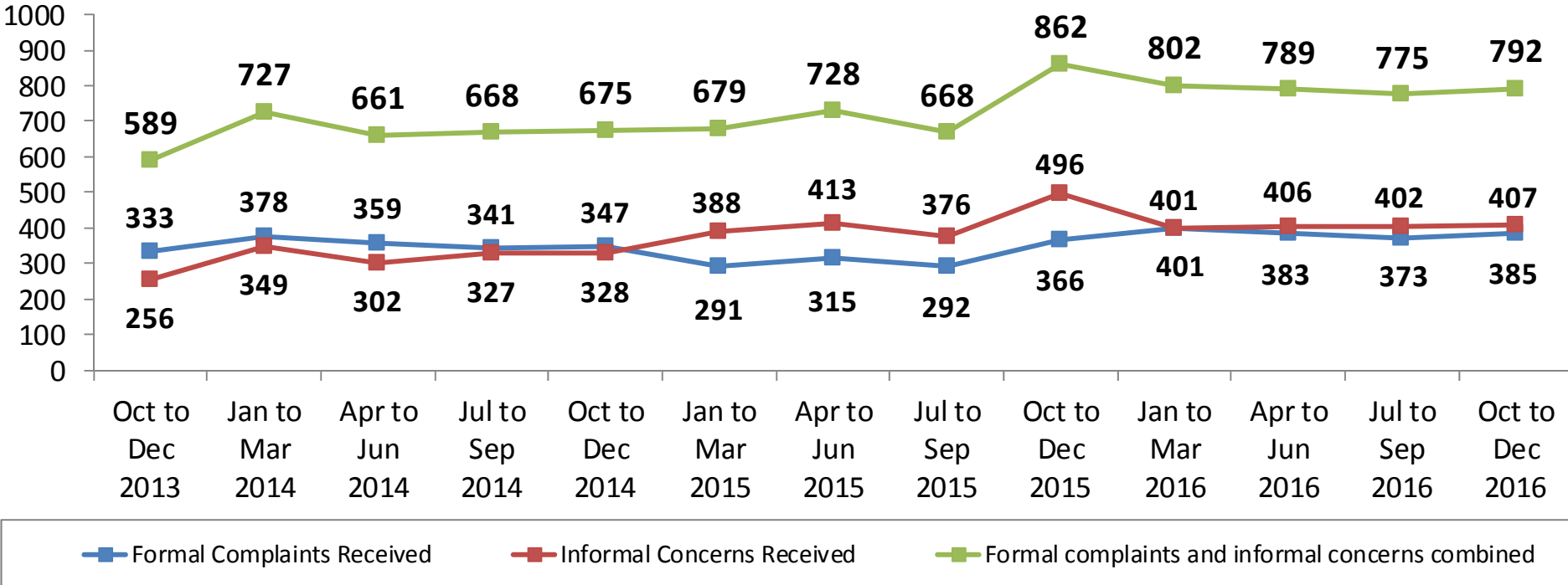
The Trust carries out a complainant satisfaction survey, which asks for feedback from complainants on how the Trust managed their concerns. Results of the survey are featured in each report along with any related actions.

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

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

# Complaints – Number of formal complaints and informal concerns received

Total number of concerns received by quarter



During this quarter 385 new formal complaints were received, a slight increase from 373 received last quarter. 407 informal concerns were received this quarter, compared with 402 last quarter. By combining the number of formal complaints received and the number of informal concerns, a total of 792 were raised between October and December 2016, an increase from 775 received last quarter.

The graph above shows that when complaints data are presented as a quarterly breakdown rather than monthly, since October to December 2015 there has been a significant increase in the number of combined complaints and concerns received.








































A deep dive has been undertaken to identify whether any individual department or theme has seen a disproportionate increase in the number of

formal complaints received. The outcome from this deep dive was presented to the Patient Experience Committee in January 2017 and identified that 6 directorates have seen a significant increase in the number of formal complaints received during the calendar year 2016, compared with 2015. The complaint subjects for these directorates have been analysed which identified the subjects that have contributed most to the increase in complaints. Each directorate has been asked to review these complaints and apply local knowledge to determine whether there are any issues that need to be followed up.

Any issues that are identified will be fed back to the Patient Experience Committee in February 2017.

# Complaints – Formal complaints received by patient activity

## Percentage of patients who have made a formal complaint

	Jan to Mar 2016	Apr to Jun 2016	Jul to Sep 2016	Oct to Dec 2016
Combined Community & Acute Care	0.09% 	0.07% 	0.10% 	0.10% 
Emergency Care*	0.24% 	0.22% 	0.20% 	
Acute and Emergency Medicine				0.22%
Medicine and Pharmacy Services				0.15%
Head & Neck Services	0.07% 	0.08% 	0.08% 	0.09% 
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	0.10% 	0.10% 	0.09% 	0.13% 
Musculoskeletal	0.20% 	0.19% 	0.11% 	0.13% 
Operating Services, Critical Care & Anaesthesia	0.25% 	0.12% 	0.21% 	0.16% 
South Yorkshire Regional Services	0.12% 	0.14% 	0.10% 	0.10% 
Specialised Cancer, Medicine & Rehabilitation	0.04% 	0.03% 	0.03% 	0.04% 
Surgical Services	0.14% 	0.08% 	0.17% 	0.14% 
<b>Trust total</b>	<b>0.11%</b> 	<b>0.10%</b> 	<b>0.10%</b> 	<b>0.11%</b> 

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

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

The table above shows the percentage of patients that have made a formal complaint, for each care group. This data shows that over the past quarter (October to December 2016), the Trust received a complaint for every 0.11% of patients treated. This is in line with previous quarters.

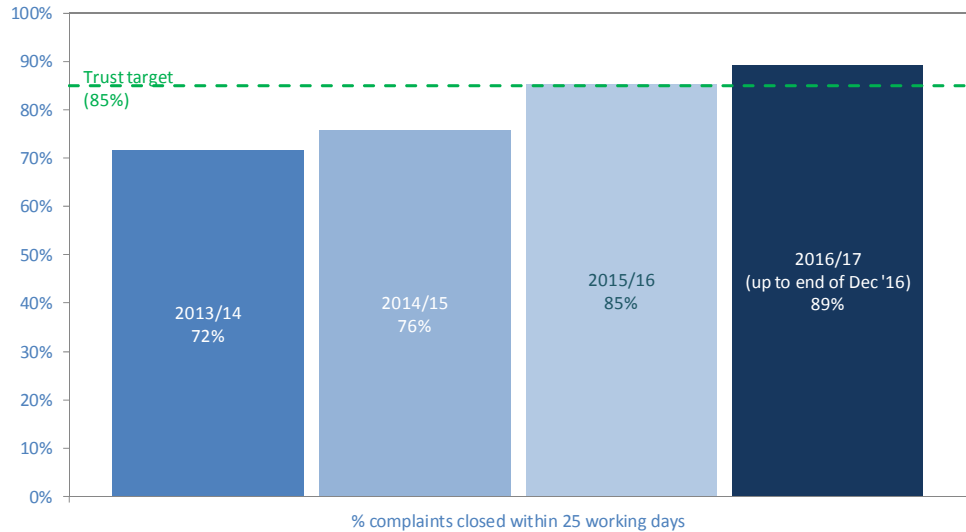
Compared to last quarter, no individual care group has seen a significant increase or deterioration in the proportion of formal complaints received this quarter. These data will continue to be monitored to ensure the number of complaints received for each care group is in line with activity.



# Complaints – Response times

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

## Percentage of formal complaints closed on time



## Breakdown of ‘on time’ complaints

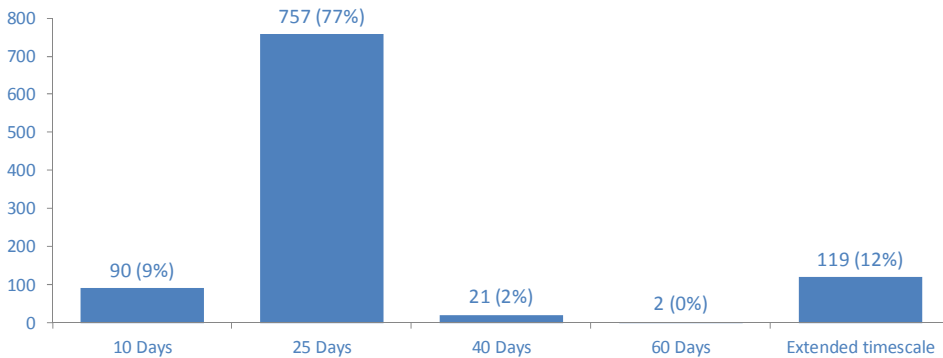
the Trust works to a tiered response times process. Complaints are graded by risk based on the complexity of the concerns raised. Each risk level determines the length of time allocated for responding to the complaint; which is then agreed with the complainant from the outset.

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 989 formal complaints that have been closed ‘on time’ since the 1<sup>st</sup> April 2016, the chart below presents the breakdown by the response timescales agreed through the tiered response times process:

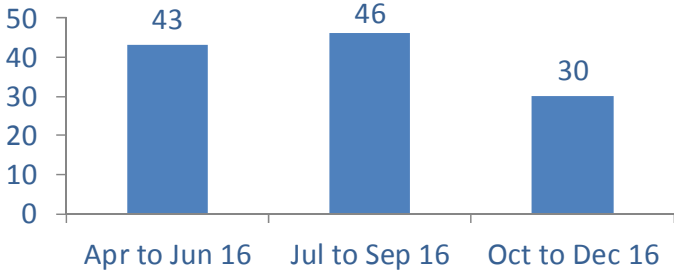
## Allocation of tiered response timescales



The chart above shows that over the past 9 months 12% of closed complaints have had their timescales extended. The reasons for extending a complaint can include arranging a meeting with the complainant which is outside of the agreed response time, or if more information is provided that was not available from the outset which makes the complaint investigation more complex.

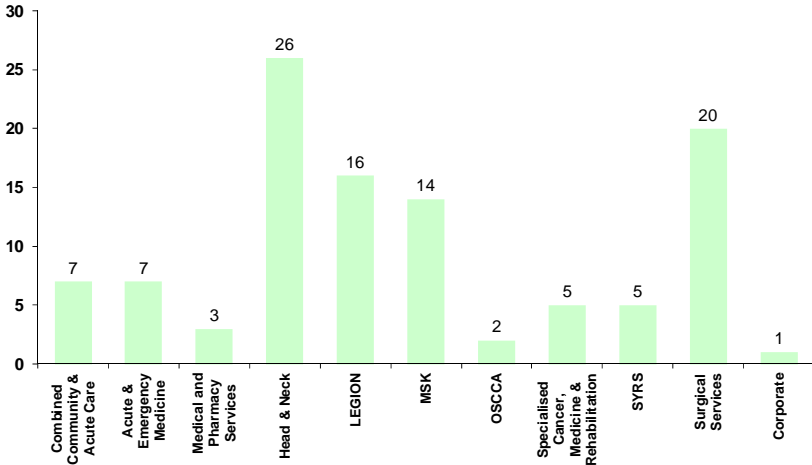
As the new tiered response timescale process becomes more embedded, it is expected that the proportion of extended complaints will reduce. The graph below shows that fewer extended complaints have been closed this quarter compared to the two previous quarters.

## Number of closed complaints with an extended timescale

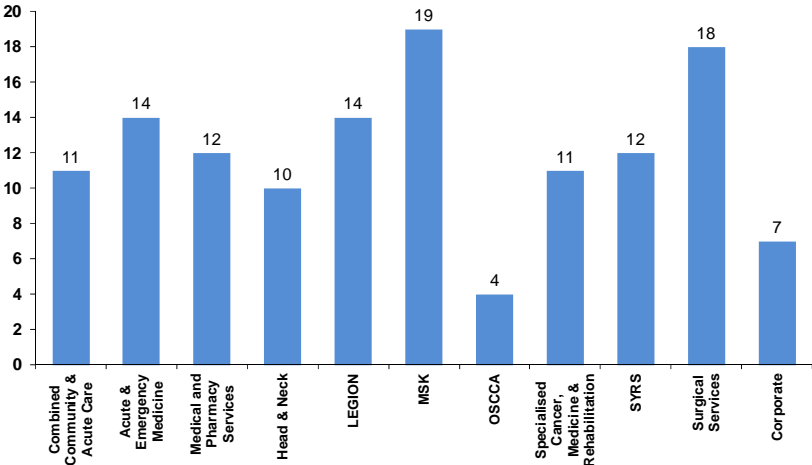


# Complaints – Status of closed and open complaints

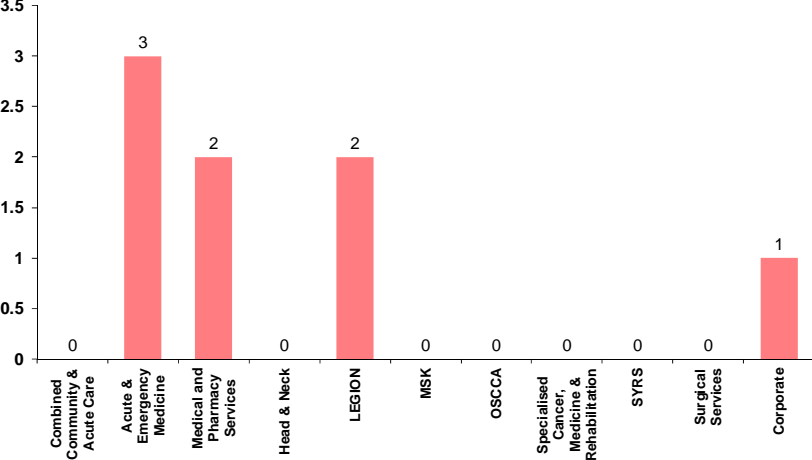
Number of formal complaints closed and in time (or extended) (in Dec 2016)



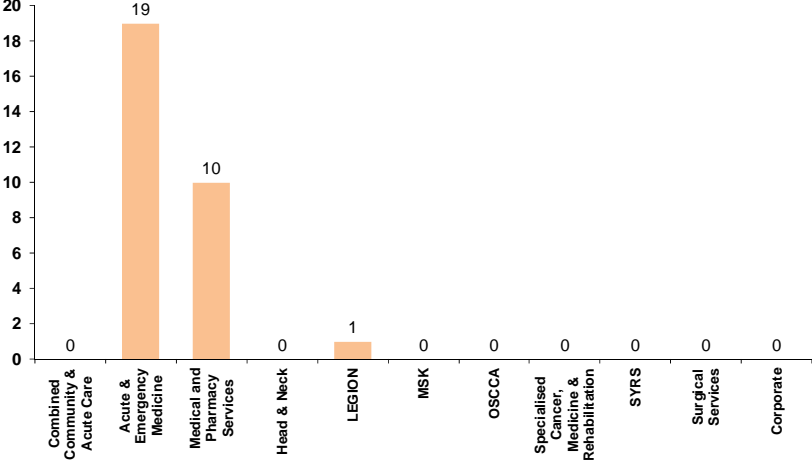
Number of formal complaints open and in time (or extended) (at end of Dec 2016)



Number of formal complaints closed and overdue (in Dec 2016)



Number of formal complaints open and overdue (at end of Dec 2016)



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 December 2016, as the number of overdue complaints changes daily as does the number of complaints closed.

At the end of December 2016, 19% (30) of all open complaints remain overdue, an increase from 8% (12) at the end of September 2016.

Acute & Emergency Medicine and Medical & Pharmacy Services account for 29 of the 30 open and overdue complaints. From the 9th January 2017, the management of complaints for these two care groups transferred centrally to the Patient Partnership Department. An action plan has been agreed between the care groups and the Patient Partnership Department to significantly reduce the backlog of complaints. This will be monitored over the coming months.

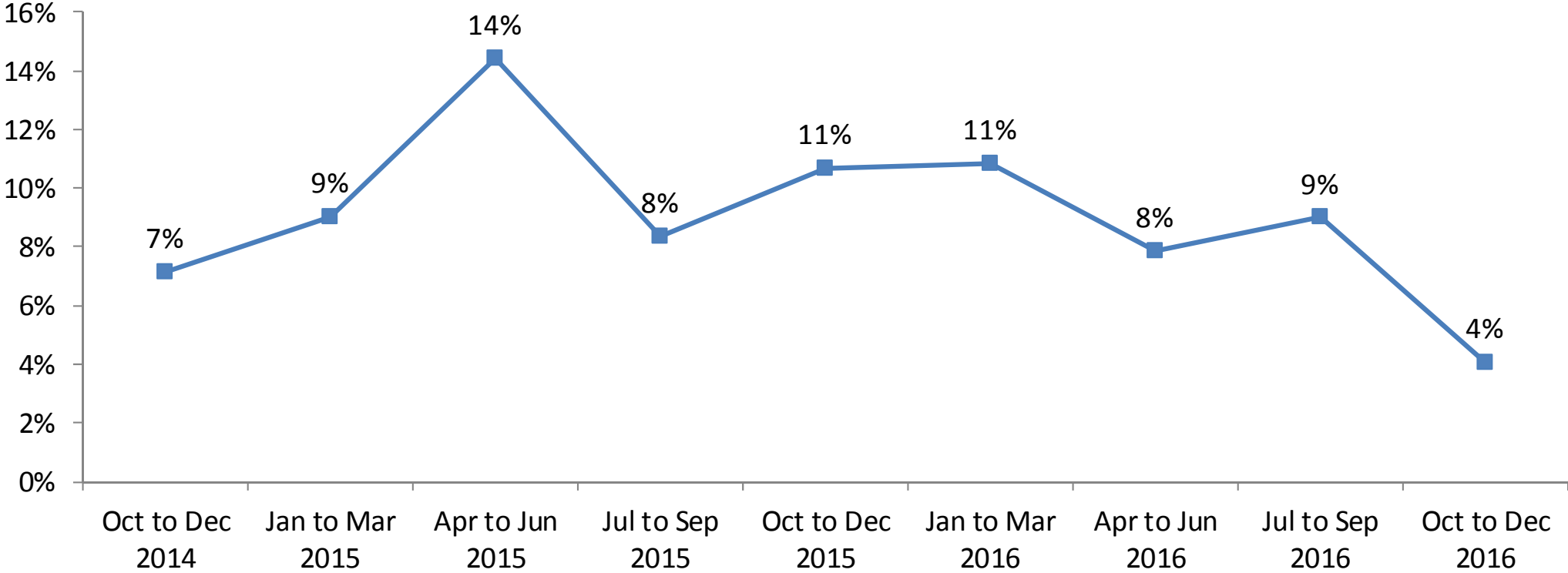
# Complaints – Re-opened complaints

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

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

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

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



# Complaints - Subjects raised in formal complaints and informal concerns

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

### Current quarter (October to December 2016)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	154	18%
2	Appropriateness of medical treatment	62	7%
3	Attitude	56	6%
4	Communication with relative / carer	49	6%
5	General nursing care	39	5%
6	Waiting time for follow-up appointment	29	3%
7	Delay in treatment	22	3%
8	Waiting time for first outpatient appointment	18	2%
-	Telephone access	18	2%
10	Competence of medical staff	17	2%

### Last 12 months (January to December 2016)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	561	16%
2	Attitude	205	6%
3	Appropriateness of medical treatment	196	6%
4	General nursing care	181	5%
5	Communication with relative / carer	174	5%
6	Delay in treatment	129	4%
7	Waiting time for follow-up appointment	90	3%
8	Cancellation of appointment	79	2%
9	Telephone access	67	2%
10	Incorrect appointment booking	64	2%

Of the 154 subjects coded against 'communication with patient' between October and December 2016, 103 (67%) 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.

This quarter, 18 subjects have been coded against 'telephone access' making it appear in the top 10 subjects raised for the first time. 17 (94%) of these have been raised through informal concerns.

Of the 18 subjects coded to 'telephone access', they have each been coded on a single occasion to different directorates with the exception of Musculoskeletal, which has been had 'telephone access' coded to it 7 times this quarter.

The services within Musculoskeletal that have received complaints and concerns relating to 'telephone access' are as follows:

- Therapy Services, Northern General Hospital - 3
- Therapy Services, Royal Hallamshire Hospital - 2
- Pain Clinic, Northern General Hospital - 1
- Rheumatology, Northern General Hospital - 1

These details have been fed back to the directorate to follow-up where necessary. This will continue to be monitored to determine whether this is an isolated period, or whether there are any further actions required to ensure improvement.

# Complaints - Subjects raised in formal complaints

## Top 10 subjects raised in formal complaints by Care Group

	Appropriateness of medical treatment	Communication with patient	Attitude	General nursing care	Communication with relative / carer	Competence of medical staff	Unhappy with outcome of surgery	Missed diagnosis	Equipment related	Labour Care
Acute and Emergency Medicine	5	4	5	3	4	1	0	7	1	0
Combined Community & Acute Care	3	2	2	7	2	0	0	1	5	0
Head & Neck Services	15	15	7	4	2	2	3	0	1	0
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	4	11	4	0	0	2	2	1	0	9
Medicine and Pharmacy Services	10	4	4	1	3	0	0	1	1	0
Musculoskeletal	6	3	2	5	1	4	3	0	0	0
Operating Services, Critical Care & Anaesthesia	2	1	0	0	0	2	0	0	0	0
South Yorkshire Regional Services	4	0	0	3	1	3	1	1	0	0
Specialised Cancer, Medicine & Rehabilitation	5	3	1	0	0	1	0	0	2	0
Surgical Services	5	7	11	4	2	1	6	0	0	0
Trust Wide Departments	0	1	1	0	1	0	0	0	0	0
<b>TOTAL</b>	<b>59</b>	<b>51</b>	<b>37</b>	<b>27</b>	<b>16</b>	<b>16</b>	<b>15</b>	<b>11</b>	<b>10</b>	<b>9</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 October and December 2016 are 'appropriateness of medical treatment' (59) and 'communication with patient' (51).

'Appropriateness of medical treatment' is the most frequently raised subject for 6 care groups. 'Appropriateness of medical treatment' along with 'Communication with patient' is also the subject that has been raised more

than any other subject for a single care group, both being raised 15 times in Head and Neck.

Complaints received relating to 'Communication with patient' in Head & Neck relate to patients having to chase for appointment letters (or appointment letters going missing) and patients requiring further information about their care and/or treatment options. Of the complaints relating to 'appropriateness of medical treatment' in Head & Neck, 11 of the 15 complaints relate to patients not liking or accepting their diagnosis and/or treatment options within Neurosciences. This is in line with themes identified previously with complaints in Neurosciences.

# 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

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

### New PHSO cases this quarter

This quarter, 5 new information requests have been received, these relate to the following directorates:

- **Combined Community and Acute Care**
  - Integrated Geriatric and Stroke Medicine (1)
- **Labs, Engineering, Gynaecology, Obstetrics, Neonatology**
  - Assisted Conception (1)
- **Head and Neck**
  - Neurosciences (1)
  - Ophthalmology (1)
  - Oral and Dental (1)

### New PHSO decisions this quarter

There were 6 new decisions received from the PHSO during this quarter, 1 of which was partly upheld. Details of the partly upheld decision are as follows:

- **Obstetrics (PARTIALLY UPHELD)**

The complainant raised a number of concerns regarding the standard of care and treatment received from the Trust when giving birth to her first child and how medication given during her first and second pregnancy resulted in her second child being born with health complications and that the complainant experienced distress and depression as a result of this.

The Ombudsman investigation found two failings by the Trust’s administration of the medication. Firstly it was not provided within an appropriate timescale after the birth of the complainant’s first child. Secondly, the Trust gave the medication before the birth of the second child, when this was not clinically indicated. On the balance of probabilities, the Ombudsman determined that these failings would have increased the risk of the complications experienced by the second child, and the subsequent health issues experienced by the complainant. The Ombudsman reported that the Trust acknowledged and apologised for its failings, and also took appropriate action to try to ensure similar errors were not repeated in the future. However, the impact of the failings on the complainant had not been acknowledged by the Trust. Therefore, the Ombudsman partially upheld the complaint and requested that the Trust write to the complainant to acknowledge and apologise for the impact the two failings had on her. The Trust should also make a financial payment to the complainant in recognition of the impact this had.

# Complaints – Parliamentary and Health Service Ombudsman (PHSO) cases

## PHSO Investigation Summaries

Each quarter, the PHSO publish a selection of short, anonymised summaries of the cases they have investigated. The report for October – December 2015 was published in October 2016 and contains selected summaries of complaints, which have been either partially or fully upheld by the PHSO. None of the summaries reported relate to Sheffield Teaching Hospitals NHS Foundation Trust (STH). The summaries have been reviewed to identify any learning points for STH and these are outlined below:

## Complaints handling

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

- Two complaints were partially upheld because of the length of time it took the Trusts to investigate and respond to the issues raised.
- One complaint was partially upheld as the Trust had inadequately addressed some of the concerns raised. The response also relied heavily on comments obtained from the Consultant who was the subject of the complaint. The PHSO stated that the Trust should have arranged for a member of staff not directly involved to review the complaint.
- One complaint was partially upheld as the Trust had informed the complainant that they were unable to investigate their complaint as the events happened more than 12 months before. Although the NHS complaints procedure says that complaints should be made within 12 months of the events complained about, the PHSO advised that this time limit should not apply if the individual has good reasons for not making the complaint in that time and that it is still possible to investigate what happened. They stated that if an organisation is able to investigate and answer questions about an event in the past, they would expect them to do so.

STH should continue to ensure that all complaints are responded to within the timescale agreed with the complainant and that the complaint is investigated thoroughly and all the issues raised are addressed.

Where appropriate, comments should be sought from a clinician not directly involved in the complaint, to provide their opinion on the care given.

STH should ensure that if a complaint is received relating to events which occurred more than 12 months in the past, the issues raised should be investigated if it is still possible to do so.

## Breaking bad news

The report highlighted one complaint which was partially upheld, due to the way in which the patient was given bad news. This failing had been partly acknowledged by the Trust concerned, but they had failed to demonstrate that it had taken appropriate action to learn from this and improve its communication.

STH does receive complaints regarding the way in which bad news is delivered to patients and their relatives. The Trust needs to ensure that this issue is taken seriously and that the breaking of bad news is included as part of junior doctors training.

## Complaints - Actions taken as a result of a formal complaint

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

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

Directorate	Background	Update
<b>Orthopaedics, Musculoskeletal</b>	<p>A complaint was received regarding the nursing care provided to the complainants' husband whilst he was an inpatient on the Surgical Assessment Centre (SAC) and ward Huntsman 7, Northern General Hospital, following an ankle fracture.</p> <p>The concerns raised were fully investigated and a response letter was sent to the complainant during February 2016.</p> <p>In October 2016, the complainant contacted the Patient Partnership Department to raise concerns about her husband's orthopaedic care in relation to his ankle and that the patient was in a lot of discomfort. Concerns were raised that there was a problem with the metal work in the patient's ankle, and that they did not know what to expect at their next appointment, and were very anxious.</p>	<p>As a result of these new concerns, the complainant and the patient were invited to meet with the Consultant Orthopaedic Surgeon where they were able to discuss the issues raised, the patients care in detail, the rationale regarding the care to date and plans for future treatment.</p> <p>During the meeting, the consultant sent the patient for a repeat ankle X-Ray and explained the results immediately afterwards. The consultant then allocated the patient a theatre slot in 8 days' time and arranged a pre-admission appointment which was carried out on the same day.</p> <p>This is an example of responsive patient care and presents an outcome that would be unlikely through a written response to the concerns raised. The complainant and the patient were extremely grateful and the surgery has now gone ahead as planned.</p>
<b>Neurosurgery, Head and Neck</b>	<p>A complaint was received regarding the care provided to the complainant's father whilst he was an inpatient on ward N2 and the arrangements once the patient returned home.</p> <p>One of the concerns raised related to the wheelchair that had been provided. No home assessment had been undertaken, and the wheelchair is too large for the patient's home (which had already been adapted to be wheelchair accessible). As a result, the patient is not able to access the majority of his home. In addition, it was felt that the wheelchair provided has contributed to the development of pressure ulcers.</p>	<p>Following investigation, it was confirmed that the wheelchair was ordered by the senior physiotherapist involved in the patients care on ward N2 as it was felt it best met the patients' needs in terms of support and safety.</p> <p>Apologies were offered that the reasons for providing this model of wheelchair, and the measurements of the chair, were not discussed with the complainant.</p> <p>It was explained that it is preferable to visit someone at home prior to discharge to assess the most suitable mobility aid based on clinical and environmental needs. This assessment has since been carried out and a more suitable chair has been delivered, as has a specialist cushion to reduce the risk of pressure ulcers.</p> <p>As a result of the concerns raised, a training programme has been developed whereby the Trust's Wheelchair Services department will deliver training to therapy services staff. This will include wheelchair referral decision making with the aim of ensuring the best possible choice of seating is ordered for the patient's discharge home and to learn from the lessons raised in this complaint.</p>



# Complaints – Complainant satisfaction survey

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

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

Between 1<sup>st</sup> October and the 30<sup>th</sup> December 2016, 49 complainants responded to the survey, giving a response rate of 28%. This is lower than the response rate of 37% (91 complainants) achieved last quarter.

## Key results

### Top 2 most positive results

- 86% (38) of complainants who responded stated that they 'Definitely agree' (57%) or 'Partially agree' (30%) that they were told how long it would take to answer their complaint, compared with 65% last quarter.
- 86% (38) of complainants who responded stated that they 'Definitely agree' (59%) or 'Partially agree' (27%) that it was easy to make a complaint, compared with 73% last quarter.

### Bottom 2 most negative results

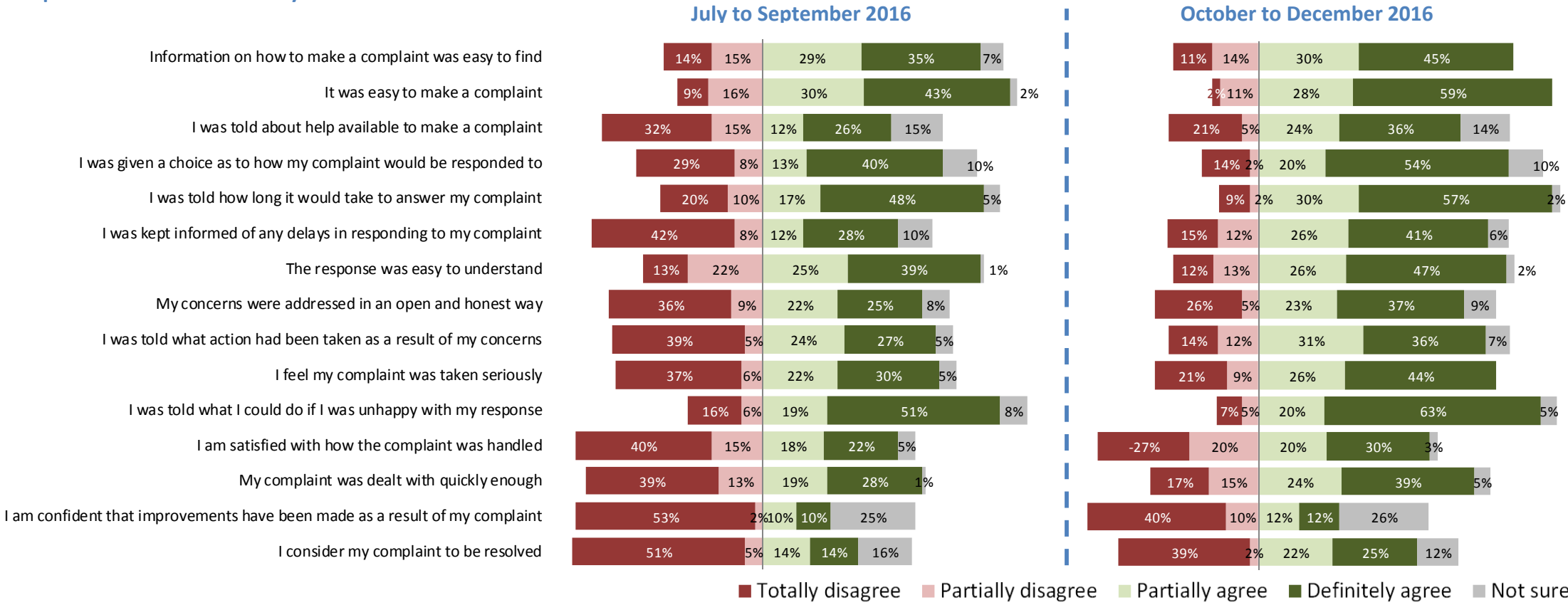
- 24% (10) of complainants who responded stated that they 'Definitely agree' (12%) or 'Partially agree' (12%) that they were confident improvements have been made as a result of their complaint, compared with 20% last quarter.
- 46% (19) of complainants who responded stated that they 'Definitely agree' (24%) or 'Partially agree' (22%) that they considered the complaint to be resolved, compared with 28% last quarter.

Compared to last quarter, all scores have shown an improvement between October and December 2016. As reported previously, the complainant survey is more complex than other patient satisfaction surveys as, for example, if a complaint is 'not upheld', this may influence the overall experience of the process. Therefore it is acknowledged that overall scores are likely to be lower than we would expect from other surveys.

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

# Complaints – Complainant satisfaction survey

## Complainant satisfaction survey results



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

Although we are assured that action is taken against all complaints, I entrust that they are all dealt with seriously, consequently all inpatients will receive better care and compassion, plus communication will be improved between staff and patients.

It would have been nice to know whether the individual who I made the complaint about was going to receive training of some form regarding her attitude to my farther.

My mum was so distressed by the whole experience that she now wants to put it behind here and forget about it which I understand.

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

# Complaints – Complainant satisfaction survey

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

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

## Percentage of positive responses per question by Care Group

	Combined Community and Acute Care	Emergency Care	Head and Neck Services	LEGION	Musculo-skeletal	South Yorkshire Regional Services	Specialist Cancer, Medicine and Rehabilitation	Surgical Services	Trust Wide Departments	Trust total
<b>Total number of responses</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>2</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>7</b>	<b>2</b>	<b>49</b>
I was told how long it would take to answer my complaint	100%	100%	83%	100%	50%	83%	100%	83%	100%	86%
It was easy to make a complaint	83%	86%	100%	100%	50%	83%	100%	100%	100%	86%
I was told what I could do if I was unhappy with my response	83%	100%	40%	50%	75%	100%	100%	83%	100%	83%
Information on how to make a complaint was easy to find	50%	86%	100%	50%	50%	83%	100%	100%	0%	75%
I was given a choice as to how my complaint would be responded to	100%	57%	60%	100%	83%	60%	67%	100%	0%	73%
The response was easy to understand	67%	100%	40%	100%	67%	67%	67%	100%	0%	72%
I feel my complaint was taken seriously	83%	57%	40%	100%	67%	50%	67%	100%	100%	70%
I was kept informed of any delays in responding to my complaint	75%	33%	75%	100%	80%	50%	100%	80%	0%	68%
I was told what action had been taken as a result of my concerns	40%	86%	40%	100%	100%	50%	67%	83%	0%	67%
My complaint was dealt with quickly enough	50%	71%	80%	100%	50%	50%	33%	67%	100%	63%
My concerns were addressed in an open and honest way	50%	43%	40%	100%	67%	50%	67%	83%	100%	60%
I was told about help available to make a complaint, such as independent advocacy	83%	57%	0%	50%	50%	100%	33%	100%	0%	60%
I am satisfied with how the complaint was handled	60%	43%	20%	100%	25%	17%	67%	83%	100%	50%
I consider my complaint to be resolved	50%	29%	60%	50%	25%	33%	67%	83%	0%	46%
I am confident that improvements have been made as a result of my complaint	17%	14%	20%	50%	50%	0%	33%	43%	0%	24%

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

# Complaints – Complainant satisfaction interviews and audits

## Complainant satisfaction interviews and audits

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

## Telephone interviews

Between July and September 2016, 21 of the 91 completed complainant satisfaction surveys indicated their willingness to participate in the follow-up complainant interviews and audits. Of these, 6 were selected and telephone interviews were carried out. An overview of results from the telephone interviews is as follows:

- The majority of complainants are finding it easy to make a complaint (5 out of 6).
- Only half of complainants interviewed felt they were well informed about the progress of their complaint (3 out of 6). Two complainants felt they were not kept informed, although they were sent progress letters.
- When asked about the response to their complaint, the majority were unhappy and felt that their letters were not a true reflection of their experience (4 out of 6).
- One complainant attended a meeting but remained unhappy (they have been encouraged to listen to the audio recording and get back to us with any further concerns)
- Only 2 (out of 6) complainants felt the written response was answered in full. 3 complainants felt that 'only some' concerns were addressed.
- The use of medical 'jargon' appears to be rare or well explained.
- Only 2 complainants were offered and accepted a meeting. 2 complainants felt that if asked they would have declined as it was not necessary and the remaining 2 were not offered but would have accepted.

It is evident from the interviews that only 1 complainant had a positive experience with the complaints process as a whole.

Feedback in general was mixed but it is clear from the data that some improvements, especially with communicating with complainants, are required for complete satisfaction.

## Complaint file audits

As well as conducting a telephone interview with the complainant, a paper based audit of 10 complaint files was carried out by the Patient Partnership Department to identify any discrepancies on how the complaint was managed. These 10 audits also included the complaint files from the complainants that participated in the telephone interviews. An overview of results from the complaint file audits is as follows:

- 9 complaints were risk graded correctly, 1 was not risk graded.
- 4 complaints had an outcome code of unfounded which was incorrect. The remaining 5 were coded correctly as well-founded.
- All of the responses met the letter writing guidance with the exception of one where there were spelling and grammar mistakes.
- In terms of the 5 complainants who were dissatisfied 1 was omitted from internal audit as they attended a meeting, 2 were well founded, 2 unfounded but the auditor disagreed with this outcome. They were all, reported in time and apologies were provided. Three had robust action plans in place.

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

These results are similar to what was received last quarter where it is clear that we are not achieving a high satisfaction rate regarding the complaints process as a whole. This has many influences, the complaint itself and the opportunity to convince the complainant that we are obtaining enough information to provide a fair account of the concern raised. As a result, the following actions will be taken:

- Undertake a separate satisfaction audit for complaints that are resolved through a meeting
- Encourage staff, wherever possible, to contact the complainant by telephone for discussion
- Feedback the survey and audit results to the individual complaints handlers in each case
- Continue to audit compliance with Trust guidance on coding and letter writing.

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

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

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

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

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

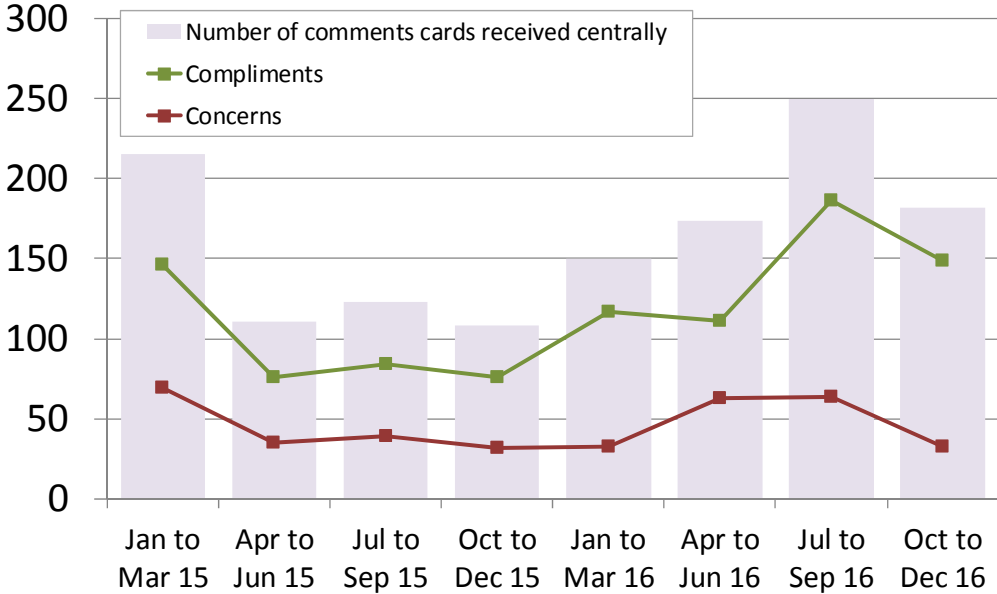
- The Friends and Family Test (FFT) which asks a simple, standardised question with response options on a 5-point scale, ranging from whether they are 'extremely likely' to 'extremely unlikely' to recommend our Trust to their family and friends. The FFT is carried out in inpatient, outpatient, A&E, maternity,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

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

- The Trust 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 October to December 2016, 182 comments cards were completed, of which 351 individual themes have been identified.

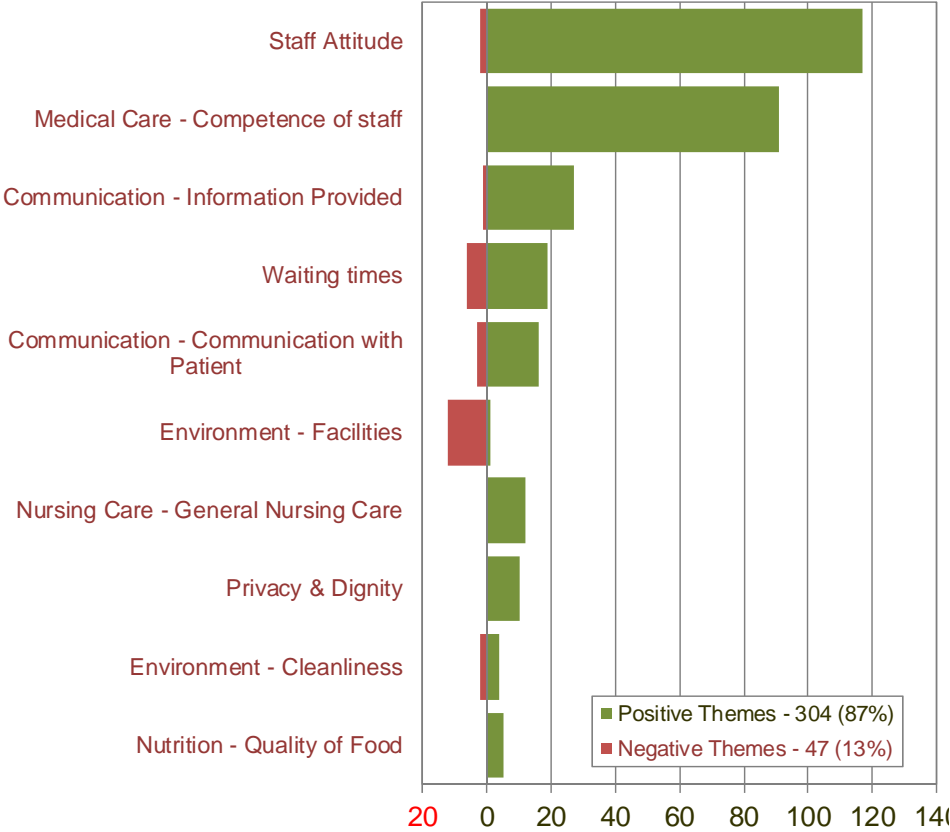


The chart above shows the comments cards received by quarter and the breakdown of these by compliments and concerns. Of all comment cards received this quarter 87% of the themes identified have been positive, compared to 83% last quarter.

% of positive comments from all comments received centrally			
Current Quarter (Oct to Dec 2016)		Last 12 months (Jan 16 to Dec 16)	
%	QTY	%	QTY
87%	304	81%	1247

% of negative comments from all comments received centrally			
Current Quarter (Oct to Dec 2016)		Last 12 months (Jan 16 to Dec 16)	
%	QTY	%	QTY
13%	47	19%	293

## Top 10 themes raised in comment cards between October and December 2016



I was admitted as an emergency but all (razor, toothbrush and pyjamas) were supplied. The food was excellent, as good or better than some hotels.

They took me through the procedure step by step, they were very supportive. I cant thank them enough.

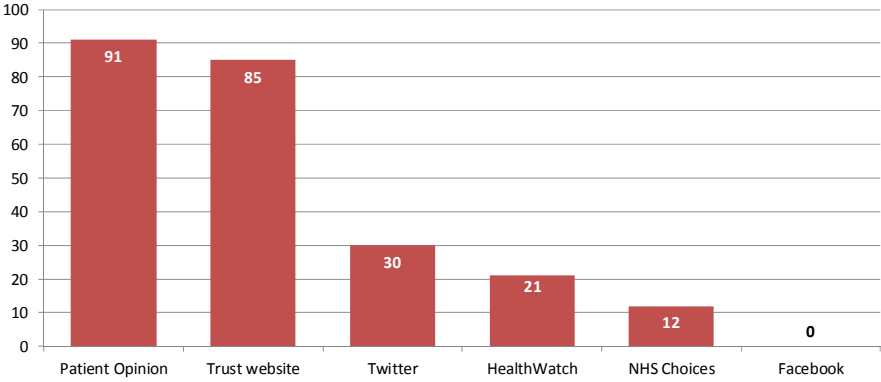
Very good care but phoning into reception was very hard to get in contact with them.

Arrived 10min before appointment time, I then had a wait of 55min before my partner went to ask. No communication to advise why my appointment was so late.

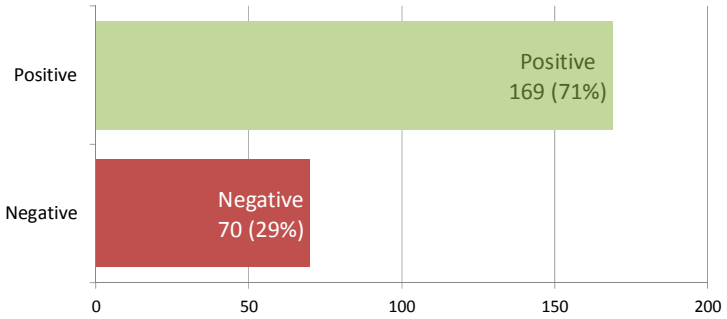
# Feedback – Website and social media feedback

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

The graph below shows that during the past quarter, 239 patient feedback comments have been left via popular social media and other websites about this Trust. It is expected that the number of comments received via Facebook will always be low due to the privacy settings that the site provides, as opposed to sites such as Twitter where the comments made are predominantly public, however, only comments which relate to the patient experience at the Trust are included. The breakdown of comments is as follows:



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



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

Theme	Positive	Negative	Positive and negative combined
Staff	38% (142)	16% (24)	31% (166)
General Care	23% (86)	27% (41)	24% (127)
Clinical Treatment	23% (88)	10% (16)	20% (104)
Communication	12% (45)	25% (38)	16% (83)
Waiting times	3% (12)	18% (27)	7% (39)
Environment	1% (4)	5% (7)	2% (11)

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

Thank you Jessop Wing for looking after my prem baby and I over Xmas. Your staff are amazing!!!  
(Twitter)

Appalling, the surgeon and nurse were two of the rudest people I have ever encountered.  
(Patient Opinion)

Thank you @SheffieldHosp Hallamshire & at Emergency Eye Clinic for seeing me so quickly on Tuesday. So glad we have the clinic in Sheffield.  
(Twitter)

The member of staff who answered the phone could not wait for the call to end.  
(Patient Opinion)



# 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:

Jan-Mar 2016	April - Jun 2016	Jul - Sep 2016	Oct-Dec 2016
102	114	152	151

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

**Gastroenterology, Northern General Hospital**  
I am writing to you to feedback how impressed I was with the recent care my mother has received at the Northern General Hospital.

My mother was under the care of [Consultant] in the Endoscopy Unit. [Consultant] was incredibly sensitive and demonstrated excellent competence during the whole procedure. I was particularly impressed with his ability to translate exactly what was happening and the outstanding care that he provided. Never have I come across a doctor who has been so efficient and demonstrated excellence at all levels.

At a time when we are bombarded with much negative reporting of the NHS in the media, this restores my confidence in the services the NHS is providing.

**Orthopaedics, Northern General Hospital**  
I am writing to you to bring to your attention some of the outstanding work being carried out by [consultant A] and his team within the orthopaedic department of the Northern General Hospital.

After breaking my left elbow in June 1998 I attended the Royal Hampshire County Hospital in Winchester, however after numerous operations including skin grafts and elbow replacements my husband asked that I be referred to the surgeon that had been giving advice. In 2006 I saw [consultant B] for an initial consultation and over a period of 4 years he worked to eradicate infection and to give me some movement in my arm. In 2010 I had an elbow revision and bone transplant which proved successful for a time.

Unfortunately due to a fall and general day-to-day activities the prosthesis began to loosen to the extent that [consultant B] felt there was a distinct possibility that it could break through my remaining bone.

It was at this point [consultant B] retired and my care was taken over by [consultant A]. He felt the only option was a total replacement of the humerus component including a partial shoulder replacement and he arrange for a specialised prosthesis to be made in the USA for me.

I finally had the operation in December 2016 and [consultant A] said it was one of the most complicated he had carried out. I understand that this is the first time this operation has been undertaken in this part of the country. The result is that now I have so much more movement in my arm, (I am left handed) and this has made a real difference to my everyday life. The level of pain has been reduced drastically.

Last week I came up to Sheffield for a 12 month routine check up and all appears to be stable.

I feel very fortunate to have had the care and attention of not only two of the nicest and most skilled surgeons but have been treated with such kindness and respect by the ward staff on the Huntsman wards and by the outpatients and secretarial staff.



## Feedback – Letters of thanks

### **General Surgery, Northern General Hospital**

I have had to wait for some time to have some corrective abdominal surgery and I was a patient of [consultant A], because he is so busy he passed my case to [consultant B]. I met [consultant B] on the 18th Oct with my surgery due on the 21st Oct 2016.

My previous surgery, two years earlier, had been due to an emergency, and this time it was elective, and I was very apprehensive and anxious due to the psychological trauma I had experienced previously. From the initial meeting [consultant B] made me feel completely at ease, he was very honest with me and kind throughout. I arrived for my surgery on 21st Oct and [consultant B] visited me on the TAU ward. He told me he was off duty all weekend and would probably see me again in a couple of days. The surgery went ahead and it was more complex than originally thought, but I awoke on the ward later that day.

On the following day, Saturday 22nd Oct, [consultant B] came to visit me, on his day off, to explain the surgery to me, he knew I would be concerned as this was planned as a laparoscopic procedure, but he had had to open up the original scar to resolve the problems. He fully explained to me what had happened and why, he also told me that he had explained this to me after the surgery, but was concerned that I wasn't fully alert and may not remember everything, I told him that was true, I had no recollection of him speaking to me after surgery, so really appreciated him coming back to see me again. He came and checked on me on the Mon and Tues before I was discharged on the Wed.

The reason for me writing this to you is that I want to pass on my sincere appreciation to [consultant B] for his care and concern regarding my case. I am a Clinical Manager myself in the NHS - a fact [consultant B] was not aware of - and I know that clinicians can often treat patients, albeit very effectively, without showing the compassion and concern for the individual as a person that [consultant B] did. Not only was he professional, polite and caring, he definitely went the extra mile, by coming in on his day off just to reassure me that everything was ok now. I also know that people are quick to criticise the service and care they receive so I wanted to ensure [consultant B] received the recognition he so truly deserves.

I can honestly say I would not have received better treatment if I had gone private. Please pass on my thanks to this young consultant who is a credit to the NHS he serves.

### **Neurosurgery, Royal Hallamshire Hospital**

I should like to express my thanks to all members of staff in Neurology department for the care I received during my recent diagnosis, treatment and operation to remove a meningioma.

Throughout the whole journey, from the initial diagnosis, the operation and the aftercare on the ward, I feel I have been fortunate to have received such high quality care.

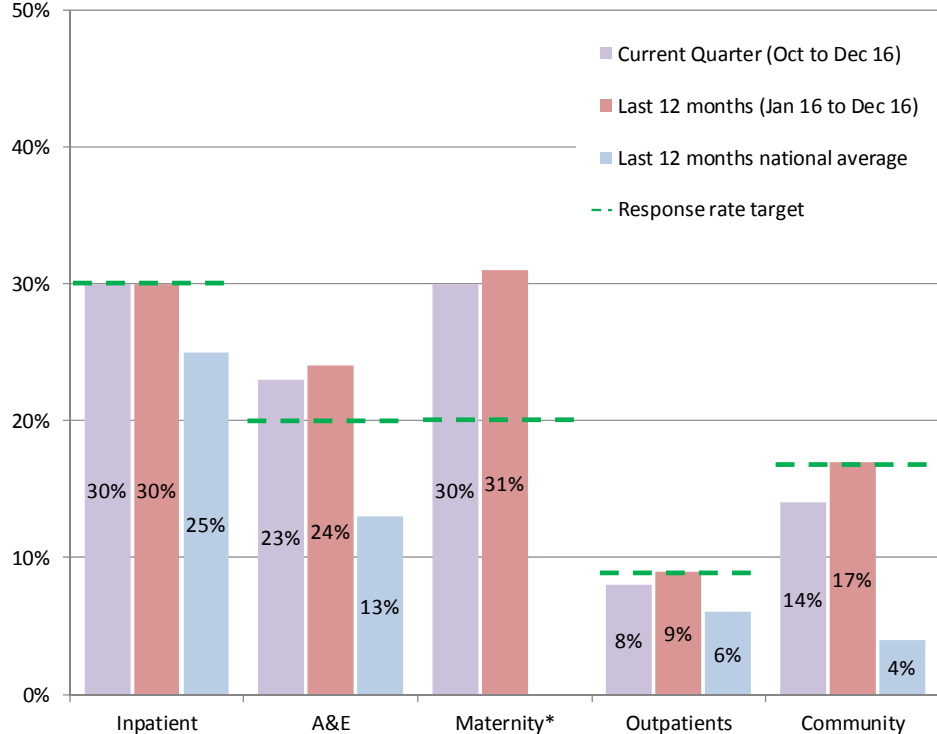
The staff on the ward were exceptional in their awareness of people's needs. Everyone, whatever their job, were pleasant, helpful and understanding. I felt that they all worked so much together as a team. This is a real credit to the managers but also to the staff. The occupational therapists, physiotherapists and speech therapists were extremely helpful.

My operation seems as though it is very successful as all my movement on the right side has returned. I just get muddled with number and letters.

# Feedback - Friends & Family Test

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

### Response rates



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

Between October and December 2016, 8821 inpatients, 4006 A&E patients, 1287 maternity services patients, 23301 outpatients and 3002 community patients from the Trust completed the FFT survey, giving a total of 40417 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 October to December 2016, inpatient areas achieved a response rate of 30%,

achieving the 30% target, A&E areas (including A&E, Emergency Eye Centre and Minor Injuries Unit) achieved 23%, achieving the 20% target, and maternity services achieved 30%, achieving the 20% target.

From November 2016, response rate targets have been set by the Trust for the outpatient and community FFT. These targets have been set based on previous performance to ensure existing standards are maintained. For October to December 2016, outpatients achieved 8%, slightly below the 9% target, and community achieved 14%, below the 17% target.

### Highest performing wards/departments by response rate

	October to December 2016			Last 12 months (Jan 16 to Dec 16)
	Eligible Patients	Responses	Response Rate	
Osborn 4	18	13	72%	75%
Ward Q1	29	20	69%	30%
Ward F1	268	184	69%	70%
Vickers 4	106	68	64%	61%
Burns Unit	31	19	61%	74%

### Lowest performing wards/departments by response rate

	October to December 2016			Last 12 months (Jan 16 to Dec 16)
	Eligible Patients	Responses	Response Rate	
Teenage Cancer Unit	145	18	12%	15%
Cystic Fibrosis Ward	201	28	14%	16%
Breareley 7	56	8	14%	33%
Surgical Admissions	1423	236	17%	13%
Huntsman 5	367	63	17%	24%

# Feedback - Friends & Family Test

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

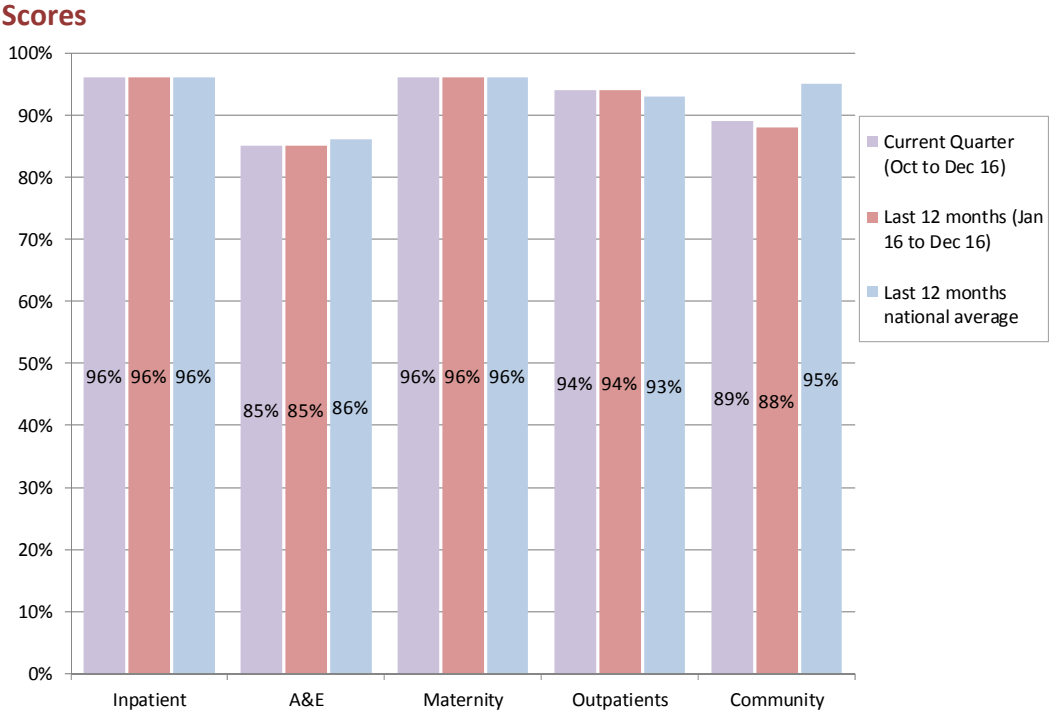
As a result of this review, the 29 wards that did not achieve the 30% target developed an action plan detailing how they would aim to improve response rates. This resulted in 20 of the 29 wards increasing promotion/raising awareness of the FFT, whilst the other 9 wards switched to using SMS text messaging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

After 3 months since implementing these changes, 22 wards have seen an improvement in response rates, albeit not all are achieving the 30% target. 2 wards have seen no change, and 5 wards have seen their response rate deteriorate.

This will continue to be monitored to determine whether a sustained improvement has been achieved, and whether those wards that have seen their performance deteriorate see any improvement once the new arrangements are bedded in.

Method	Ward	12 month review period response rate	Oct to Dec 16 post review response rate	Difference between review period data and post review period	
Increase promotion	Q1	22%	69%	47%	Better
Increase promotion	P4	8%	51%	43%	Better
Increase promotion	Brearley 1	20%	51%	31%	Better
Increase promotion	Huntsman 1	28%	56%	28%	Better
Increase promotion	Ward 3	29%	48%	19%	Better
Increase promotion	Q2	16%	35%	19%	Better
Increase promotion	G2	24%	42%	18%	Better
Switch to SMS/IVM	Firth 3	13%	30%	17%	Better
Increase promotion	Ward 2	5%	20%	15%	Better
Increase promotion	Chesterman 3	24%	37%	13%	Better
Increase promotion	Firth 2	9%	21%	12%	Better
Switch to SMS/IVM	Firth 9	16%	26%	10%	Better
Switch to SMS/IVM	Huntsman 7	25%	34%	9%	Better
Increase promotion	L1	25%	31%	6%	Better
Increase promotion	Huntsman 5	13%	17%	4%	Better
Switch to SMS/IVM	Huntsman 6	21%	24%	3%	Better
Increase promotion	P3	20%	22%	2%	Better
Switch to SMS/IVM	H1 / H2	23%	25%	2%	Better
Increase promotion	Teenage Cancer Unit	10%	12%	2%	Better
Switch to SMS/IVM	Firth 8	26%	27%	1%	Better
Switch to SMS/IVM	Surgical Admissions Centre	16%	17%	1%	Better
Switch to SMS/IVM	Firth 4	25%	26%	1%	Better
Increase promotion	Robert Hadfield 3	21%	21%	0%	Same
Increase promotion	E2	25%	25%	0%	Same
Switch to SMS/IVM	Cystic Fibrosis Ward	15%	14%	-1%	Worse
Increase promotion	Brearley 2	27%	25%	-2%	Worse
Increase promotion	Robert Hadfield 1	27%	23%	-4%	Worse
Increase promotion	Acute Medical Unit	27%	18%	-9%	Worse
Increase promotion	P1 / CIU	29%	17%	-12%	Worse

# Feedback - Friends & Family Test

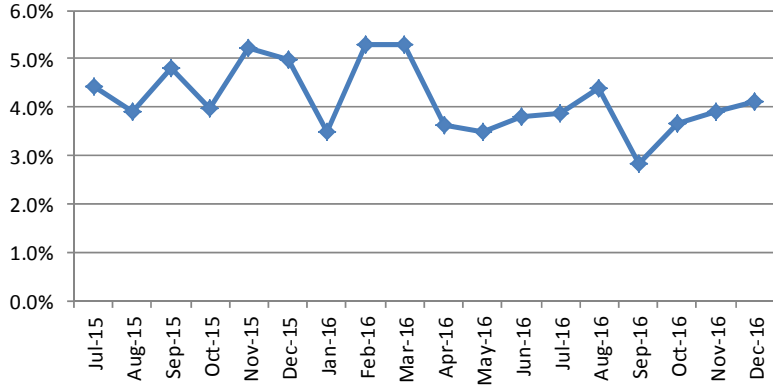


The overall percentage of patients who ‘would recommend’ our service to friends and family from all 5 elements of the FFT was 93% this quarter, the same as last quarter. The FFT continues to demonstrate that the vast majority of patients would recommend the Trust as a place to receive care and treatment.

During this quarter inpatient (96%), maternity (96%) and outpatient (94%) scores are all equal to or higher than the 12 month national average, however the score between October and December 2016 for A&E is 1% lower than the 12 month national average and community is 6% lower.

The overall negative score for Community Services continues to be higher than the national average. However, as demonstrated in the following graph, there has seen a reduction in the negative FFT score for Community over the past 9 months, compared to the previous 9 month period.

## Community FFT Negative Score



The Patient Partnership Department continues to work closely with care groups which manage Community Services to ensure that the most appropriate method is being used to carry out the FFT to ensure accurate feedback is received for each service.

At the September 2016 Patient Experience Committee meeting, it was identified that the services within the community element of the Friends and Family Test (FFT) may not be coded appropriately. It was identified that some services are predominantly outpatient services and, although the clinic concerned may not be based on one of the hospital sites, should therefore be coded to the outpatient FFT. There are other services which should be appropriately recoded to the inpatient FFT. A review has been undertaken which has identified the following:

Services that should be coded under the inpatient FFT	Services that should be coded under the outpatient FFT
- Beech Hill	- Podiatry Nail Surgery
- IC Beds	- Lymphedema
- Podiatric Surgery	- Physioworks

These services were remapped from the 1<sup>st</sup> December 2016 to be reported in the appropriate element of the FFT.

Each individual service is to continue reviewing their FFT scores to help improve the overall community score; this will continue to be monitored.

# Feedback - 2015 National Cancer Survey Action Plan

The 2015 National Cancer Survey results were presented in last quarters' report where it was explained that directorates and teams providing care for patients with cancer will use the patient comments, which provide substance and context to scores, from the survey 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	71%	Lead Cancer Nurse is meeting with all Cancer Clinical Nurse Specialists to review patient information that is currently being distributed. Information packs at initial diagnosis are being streamlined to cover all tumour sites.	May 2017
14	Patient given practical advice and support in dealing with side effects of treatment	69%	Chemotherapy Day Unit staff to pilot patient pre assessment events – separate appointment where patients are given all the information with regards to treatment and side effects.	May 2017
15	Patient definitely told about side effects of treatment that could affect them in the future	54%	Chemotherapy Day Unit staff to pilot patient pre assessment events – separate appointment where patients are given all the information with regards to treatment and side effects. Educate the CNS's re late effects management.	May 2017
22	Hospital staff gave information on getting financial help	55%	Awareness raising about access to benefits advisors at Cancer Information Centre – recently implemented a leaflet that covers all support services for patients in Sheffield and packs of information for all other areas. Advertise the services with posters in outpatient departments.	April 2017
55	Patient given a care plan	34%	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 electronic holistic needs assessment and care planning for all patients.	Nov 2017
57	Length of time for attending clinics and appointments was right	61%	WPH undertaking microsystem to look at outpatients, patient flow and reducing waiting time.	May 2017
58	Taking part in cancer research was discussed with patient	36%	Leaflet to be developed to raise awareness of taking part in clinical trials. Encourage all CNS teams to include this in their patient information.	March 2017

# Feedback - 2015 National Inpatient Survey – Surgical and Medical Patient Comparison

In October 2016, the Picker Institute released a new tool which compared the scores from the 2015 National Inpatient Survey of medical patients with surgical patients.

Patients that responded to the survey were split into either medical and surgical patients based on the main speciality code of the consultant that discharged them:

- Medical includes specialties such as gastroenterology, cardiology and geriatric medicine
- Surgical includes specialties such as urology, neurosurgery and ophthalmology

The purpose of this tool is to be able to compare the experiences of these two patient groups within the Trust on each of the 63 scored questions. The difference between scores for each question was highlighted if found to be 'significantly different'.

Questions are scored on a scale of 0 to 10, with the higher the score the better the performance on that question.

This tool has shown that medical and surgical patients had a similar experience on 57 questions, but a significantly different experience on 6 questions. Of these, medical patients scored the questions higher than surgical. These 6 questions are:

Question	Surgical Patients		Medical Patients		Difference
	Respondents	Score	Respondents	Score	
Q4 - Were you given enough privacy when being examined or treated in the A&E Department?	67	8.30	149	9.04	0.74
Q7 - Was your admission date changed by the hospital?	157	9.28	95	9.70	0.42
Q19 - Did you feel threatened during your stay in hospital by other patients or visitors?	236	9.50	270	9.82	0.31
Q38 - Were you given enough privacy when discussing your condition or treatment?	236	8.12	272	8.83	0.72
Q39 - Were you given enough privacy when being examined or treated?	233	9.25	271	9.66	0.41
Q72 - Overall...	227	7.93	244	8.40	0.48

This data suggests that medical patients had a better experience on these 6 questions, 3 of which relate to 'privacy'. These results have been communicated to Clinical Directors and Nurse Directors to identify opportunities to improve the experience for surgical patients in the areas identified through this tool.

# Feedback – Local patient satisfaction survey results

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

The table below presents the percentage of patients who gave the ‘best possible’ response to each question. 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
INPATIENT SURVEY	Did you always feel safe whilst on the ward?	84%	86% ↑	88% ↑	
	Was the ward clean?	79%	78% ↓	83% ↑	
	Did you have confidence and trust in hospital staff?	83%	81% ↓	88% ↑	
	Did hospital staff treat you with respect and dignity?	89%	89%	93% ↑	
	How would you rate your overall experience?	40%	43% ↑	58% ↑	
OUTPATIENT SURVEY	Did you get to choose your appointment?	56%	56%	50% ↓	
	Is the department easy to find?	95%	95%	96% ↑	
	Is it clean?	99%	98% ↓	99% ↑	
	Were you seen on time?	76%	71% ↓	76% ↑	
	Were you told how long you would have to wait?	55%	57% ↑	56% ↓	
	Did clinical staff listen, understand and answer your questions?	94%	95% ↑	96% ↑	
	Did you get enough information on any tests or treatment?	93%	93%	94% ↑	
	Were you told what would happen next?	96%	96%	98% ↑	
	Overall, how would you rate the attitude of the staff in this department?	85%	91% ↑	88% ↓	
	Has the main reason you came to the Outpatient Department been dealt with to your satisfaction?	84%	83% ↓	84% ↑	
COMMUNITY SURVEY	The length of time I had to wait for my care from the community team to start was reasonable.	98%	93% ↓	85% ↓	
	The staff that cared for me had been given all the necessary information about my condition or illness from the person who referred me.	92%	91% ↓	89% ↓	
	I was aware of our goals e.g. to be mobile and independent at home.	100%	90% ↓	87% ↓	
	I was involved in setting these goals.	90%	71% ↓	64% ↓	
	I was as involved in discussions and decisions about my care, support and treatment as I wanted to be.	92%	75% ↓	64% ↓	
	The staff let me know how to contact them if I needed to.	96%	86% ↓	82% ↓	
	The appointment/visit times by staff were convenient for me.	92%	79% ↓	73% ↓	
	When I had important questions to ask the staff they were answered well.	94%	82% ↓	72% ↓	
	I had confidence and trust in the staff treating or supporting me.	38%	29% ↓	70% ↑	
	I felt informed of other services that are available to someone in my circumstances, including voluntary organisations.	68%	60% ↓	45% ↓	
	I was always involved and informed about decisions to refer me to other services for support.	86%	63% ↓	52% ↓	
	Overall, I felt I was treated with respect and dignity while I was receiving my care from this service.	98%	91% ↓	90% ↓	
	I feel less anxious/worried since having this service.	94%	59% ↓	53% ↓	
Is there anything that could have made your experience of the service better?	52%	52%	62% ↑		

As more data becomes available, the table above will be used to identify any clear trends in terms of improved performance or deterioration. In addition, we will start to form an ‘expected’ range which results for each question should be within, this will help us to identify any questions where we are performing ‘better’ or ‘worse’ than the expected range.

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 967 patients were sent the inpatient satisfaction survey. 367 returned a completed survey, giving a response rate of 38%. This compares to a response rate of 32% (680 patients) last quarter.

Compared to last quarter, all questions have shown an improvement between October and December 2016.

### Key results:

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

- 99% (363) of patients said 'yes, definitely (93%) or 'yes, to some extent' (6%) that they were 'always' treated with respect and dignity, compared with 89% last quarter.
- 99% (358) of patients said that they 'definitely' (88%) or to 'some extent' (11%) felt safe whilst on the ward, compared with 96% last quarter.

The lowest scoring question

- 83% (300) of the patients stated that the ward was very clean, compared with 78% last quarter.

## Topic specific questions

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

### Key results:

Highest scoring questions (from all positive responses)

- 97% (328) of patients stated 'yes, definitely (78%) or 'yes, to some extent' (19%) in terms of being given enough privacy when discussing their condition or treatment.

- 96% (323) of patients stated 'yes, definitely (70%) or 'yes, to some extent' (26%) in terms of being involved as much as they wanted to be in decisions about their care and treatment
- 96% (322) of patients stated 'yes, definitely (72%) or 'yes, to some extent' (24%) when asked if the information they were given was easy to understand.
- 95% (323) of patients stated 'yes, definitely (69%) or 'yes, to some extent' (26%) when asked if they had been given enough information about their condition or treatment.

The lowest scoring question

- 90% (310) of patients that responded stated 'yes' when asked if they were given enough time to discuss their condition and treatment with staff.

### 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, these questions will be repeated in a future survey to monitor whether there has been any improvement in performance.

All staff I came into contact with did all they could to make me feel as assured as possible, very professional doing their best under difficult times for the NHS. Thank you.

Delighted with everyone, all had a very considerate and caring attitude and were all very nice people, thank you all so much.

The issue of parking for disabled patients who have to travel long distances is a serious bugbear.

I was sent home the day after my operation without any communication with Drs who knew about me or what I'd gone in for.



# Feedback – Local patient satisfaction survey results

## Outpatient satisfaction survey

The outpatient survey is being conducted alongside the FFT survey. When a patient replies to their FFT survey via text, they are sent a follow up message and a web link to the outpatient satisfaction survey.

During this quarter, 13,421 eligible patients were sent the outpatient satisfaction survey. 700 of these patients completed the survey, giving a response rate of 5%. This compares to a response rate of 5% (696 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% (696) of the patients that responded stated 'Yes' when asked if the outpatient department was clean, compared with 98% last quarter.
- 98% (671) of the patients that responded stated 'Yes' when asked if they were told what would happen next, compared with 96% last quarter.

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

- 56% (260) of patients that responded stated they were told how long they would have to wait, compared with 57% last quarter.
- 50% (353) of patients that responded stated 'Yes' when asked if they got to choose their appointment, compared with 56% 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.

A wonderful clinic. Other hospitals should come and see how a well run clinic really works.

All fine.. But a long wait for results to get to GP

Difficult problem made easy by wonderful staff xxx

Although I can't fault the care I received, the waiting times are dreadful.

# 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. 476 eligible patients were sent the community satisfaction survey, of which 106 patients responded, giving a response rate of 22%. This compares to a response rate of 30% (132 patients) last quarter.

### Key results:

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

- 97% (98) of patients stated 'Yes, always' (90%) and 'Yes, sometimes' (7%) when asked if they were treated with respect and dignity, compared with 94% last quarter.
- 95% (94) of patients stated 'Yes, always' (73%) and 'Yes, sometimes' (22%) when asked if the appointment / visit times by staff were convenient for them, compared with 92% last quarter.

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

- 79% (70) of patients responded 'Yes, definitely' (52%) and 'Yes, to some extent' (27%) when asked if they were involved and informed about decisions to refer them to other services for support, compared with 88% last quarter.
- 78% (71) of patients responded 'Yes, definitely' (45%) and 'Yes, to some extent' (33%) when asked if they felt informed of other services that are available to someone in their circumstances, compared with 83% last quarter.

### Next steps

These results will be reviewed by Community Services to identify which services are performing well and which ones are receiving a high number of negative responses. These will then be followed with an action plan with the aim to improve survey results.

All of the carers were polite, caring and every one of them would always spend time explaining anything I needed to know, each time I troubled them with any questions.

I feel very fortunate to have been looked after by such dedicated and professional people. A fantastic service.

Confusing initially as to who does what.

Didn't really appreciate being put to bed at 6:30pm.