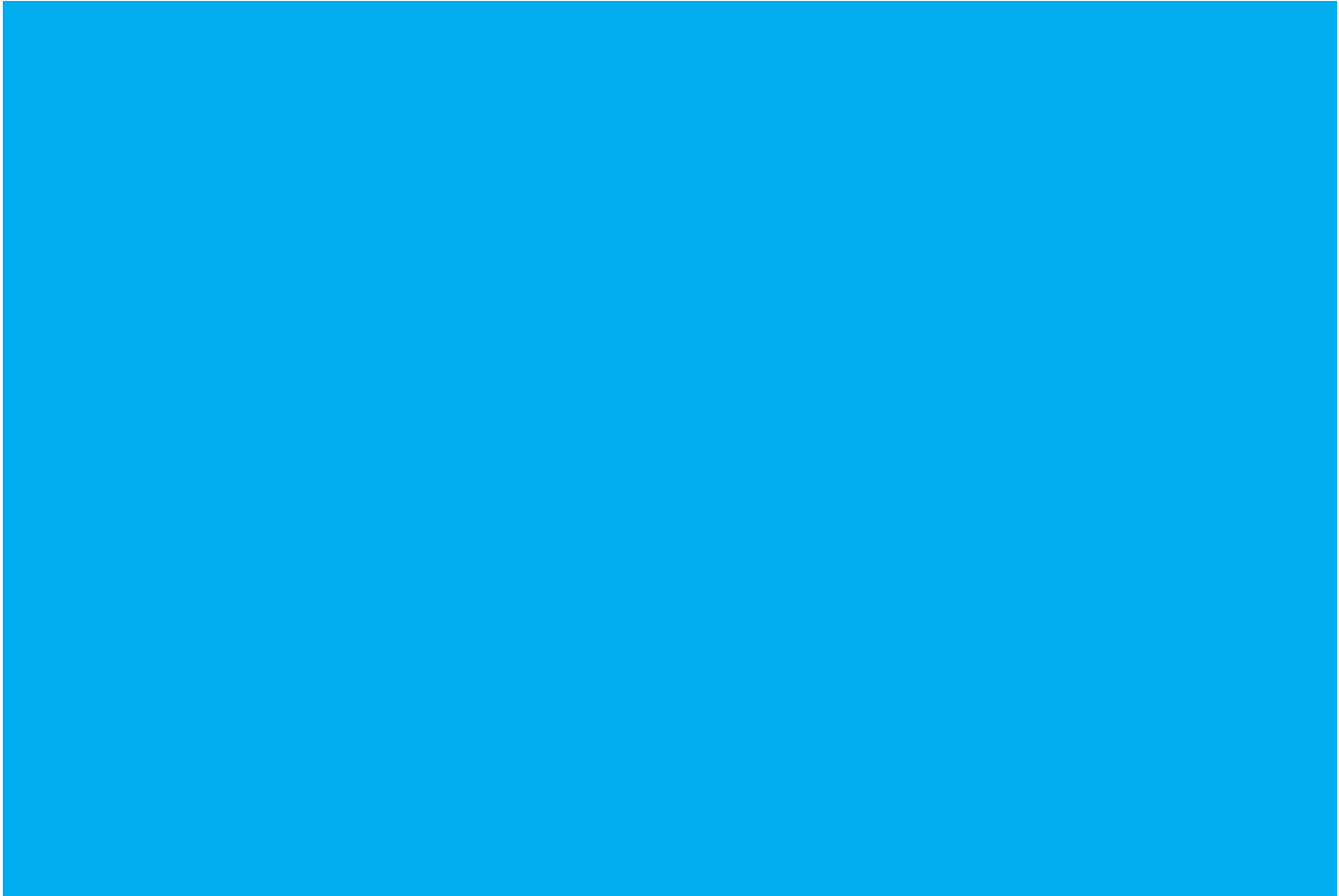


# Annual Complaints & Feedback Report 2014-15

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# 1

# Complaints

This section of the report summarises complaints activity and performance at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) for the year April 2014 to March 2015. The report also highlights improvements to services that have been implemented as a direct result of complaints and outlines plans for the next 12 months.

Over the past 12 months we have continued to improve the complaints handling service, following a number of significant national reports which highlighted failings in relation to NHS complaints procedures. In particular, the Francis Inquiry (2013)<sup>1</sup> and the Clwyd Hart Review (2013)<sup>2</sup> made a number of important recommendations to ensure an accessible and responsive complaints process. These include more detailed Board level scrutiny of actions taken as a result of complaints; better support for complainants throughout the process; publicising the complaints process more widely; and more detailed scrutiny of NHS complaints processes by the Care Quality Commission (CQC).

In addition, a new vision for good complaints handling in health and social care 'My expectation for raising concerns and complaints'<sup>3</sup> was published by the Parliamentary and Health Service Ombudsman (PHSO), Local Government Ombudsman (LGO) and HealthWatch in November 2014. The recommendations from this report have also been carefully considered and changes implemented as a result are highlighted within this report.

Our staff work hard to provide a high quality service and a good experience for our patients. However, we don't always get things right and we welcome complaints as a way to help us to make improvements for the future.

During 2014/15, we received 1359 formal complaints and responded to a further 1346 informal concerns.

The number of formal complaints received accounts for less than 0.1% of the number of patient contacts.

We have continued to welcome, listen to and act on all aspects of patient feedback. We aim to ensure an accessible and sensitive approach for those who wish to raise concerns or make a complaint. We aim to make it as easy as possible to make a complaint and offer a range of methods including telephone, e-mail, in person, letter, or social media.

The priorities for the complaints service for 2014/15 were:

- Review the complaints handling process.
- Improve response times to ensure patients and families receive a timely response.
- Increase the proportion of upheld complaints that are followed up with an action plan.
- Further strengthen our service by providing training for staff who are directly involved in complaints handling.
- Review reporting structures along with the content and frequency of reporting for concerns and complaints data.
- Benchmark key measures with other trusts

Progress against priorities over the past year is covered throughout the report. Progress against each individual priority is detailed under section 1.4.

<sup>1</sup> Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Robert Francis QC (London: The Stationery Office - 2013)

<sup>2</sup> NHS Hospitals Complaints System Review, Ann Clwyd MP and Professor Tricia Hart (Crown - 2013)

<sup>3</sup> My expectations for raising concerns and complaints (Parliamentary and Health Service Ombudsman -2014)





# 1.1

## Complaint Definitions

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Throughout this report formal complaints are referred to as 'complaints' and these are managed through the Trust's complaints process. The term 'concerns' is used in relation to informal concerns which are managed and resolved at a local level, through the Trust's Patient Services Team (PST).

We record and respond to all concerns and complaints irrespective of how they are presented; whether this is in writing, in person, over the telephone or by email.

The Trust's approach to complaints is flexible to ensure that problems are managed proportionately. Those issues where a response can be provided within 48 hours are managed informally wherever possible. Feedback from patients tells us this is better as problems or queries can be resolved quickly.

Those issues where a more detailed investigation is required are managed formally, through the Trust's complaints procedure.

Concerns and complaints are recorded and managed in the following ways:

### Informal Concerns

Informal concerns are usually managed through our PST. These are usually concerns, queries or requests for information which do not require detailed investigation, but which may require guidance, signposting or information. These issues are recorded and dealt with quickly and within 48 hours either by our PST or by a relevant member of staff who is able to offer appropriate information. If the matter is not resolved to the enquirer's satisfaction within 2 days, then the concern is managed as a formal complaint.

### Formal Complaints

Formal complaints are those requiring a more detailed investigation. Receipt of the complaint is acknowledged within 3 working days. Wherever possible this is done by telephone to enable the Complaints Coordinator to understand the complaint from the patient's or family's perspective and to agree the way in

which the complaint will be managed and the timescale for the response. At this stage a meeting should always be offered and the meeting can be held at any stage of the complaints process.

The Complaints Coordinator facilitates the investigation process and the investigation is undertaken by the relevant senior staff. The complainant should be kept up to date throughout the process.

We aim to provide a written response within 25 working days.





# 1.2 Activity and Performance

This section provides an overview and a more detailed breakdown of key performance and activity data for 2014/15. It includes the number of complaints received, the number of complaints closed, response times and a breakdown of the subjects most frequently raised in complaints. Plans for improving performance for 2014/15 are detailed in section 1.5 of this report.

## Overview

Table 1: Activity and Performance Data

	2012-13	2013-14	2014-15
Number of formal complaints received	1444	1378	1359
Number of informal concerns received	967	1205	1346
Number of formal complaints and informal concerns combined	2411	2583	2705
Number of formal complaints closed	1208	1323	1362
Number of formal complaints received in writing*	926	949	877
Complaints concerning STH received by the PHSO	71	101	Data not available at time of production
Complaints concerning STH reviewed by the PHSO	21	16	29
Complaints concerning STH upheld by the PHSO	1	1	1 fully upheld 2 partially upheld

\* The number of complaints received in writing is reported to the Department of Health in the annual K041a complaints monitoring return.

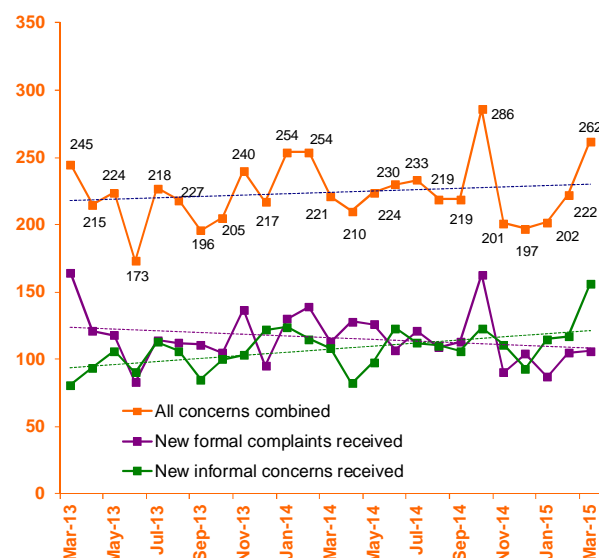
Key points to note from the data are as follows:

- The data highlights a 5% increase in the number of complaints and concerns combined received this year.
- The 12% increase in the number of issues managed as informal concerns reflects the emphasis on aiming to resolve issues quickly wherever possible.
- The 3 year comparison shows the number of formal complaints has reduced year on year as a result of more concerns being resolved quickly and handled as concerns. In addition the number of complaints closed has increased year on year.
- During 2014/15 we closed a greater number of complaints than the number received throughout the year for the first time in 3 years.
- Over the past 12 months, the PHSO has increased the number of investigations it undertakes nationally and the Trust has seen an increase in the number of complaints the PHSO has investigated. During 2014/15, 3 of the complaints investigated were either fully or partially upheld.

## Complaints and Concerns Received

The graph below shows the number of concerns and complaints received by month over the past 2 years. It demonstrates the considerable fluctuations which can occur from month to month:

Graph 1: Complaints and Concerns Received by Month



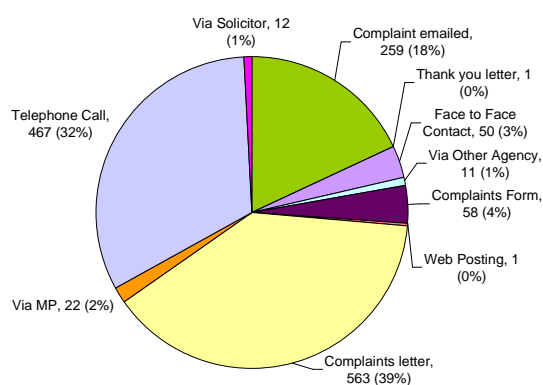
Complaints activity can be unpredictable; there are some months where lower or higher activity occurs each year for no apparent reason e.g. October 2014 experienced a higher number of complaints during 2014/15 compared to other months. Complaints activity can be related to factors such as additional Trust activity over some winters, although this was not observed during 2014/15.

### Complaints Received by Method

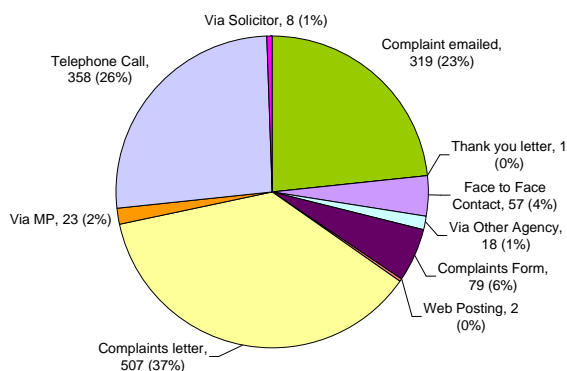
A breakdown of the number of complaints received by method is provided below for the past 3 years.

Graph 2: Breakdown of Complaints Received by Method

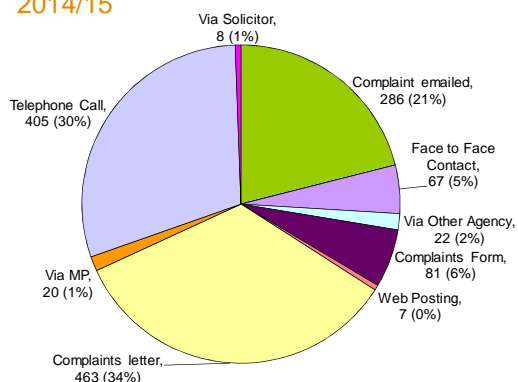
2012/13



2013/14



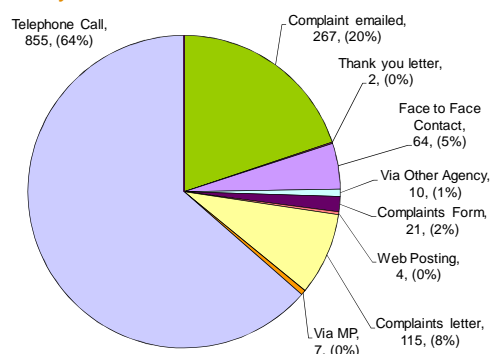
2014/15



The 3 main methods used to raise complaints are email, telephone and letter. Writing a letter continues to be the method most used to complain, however the percentage of complaints received by letter has fallen slightly since last year from 37% to 34% with the number of complaints being made by telephone increasing (26% to 30%).

The number of complainants opting to get in touch by e-mail has also fallen slightly (23% to 21%) and the proportion of complaints that originate through social media or websites remains low. However, it is acknowledged that we are not currently capturing all concerns raised through this method and work will be undertaken during 2015/16 to improve this.

Graph 3: Breakdown of informal Concerns received by method 2014/15



The Trust has been recording the method by which informal concerns are received since 1<sup>st</sup> April 2015. Graph 3 above shows that the 3 main methods used to raise concerns are the same as those for complaints: email, telephone and letter. However a much higher proportion of concerns are received by telephone (64%), which is more than double the proportion for complaints (30%). The proportion of concerns received by letter is much lower 8%, compared to complaints (34%). Therefore, complaints needing to be resolved formally are more often received by letter, whereas issues which can be resolved more informally are more often received by telephone call. The proportion of concerns received by e-mail was similar to that for complaints.

### Complaints and Concerns Received by Care Group

Graph 4 shows the number of complaints and concerns received during 2014/15 by Care Group. Surgical Services and Emergency Care received by far the most complaints and concerns, accounting for 43% of the overall number received. These two groups account for 30% of the Trust's clinical activity.

Graph 4: Number of complaints and concerns received by Care Group

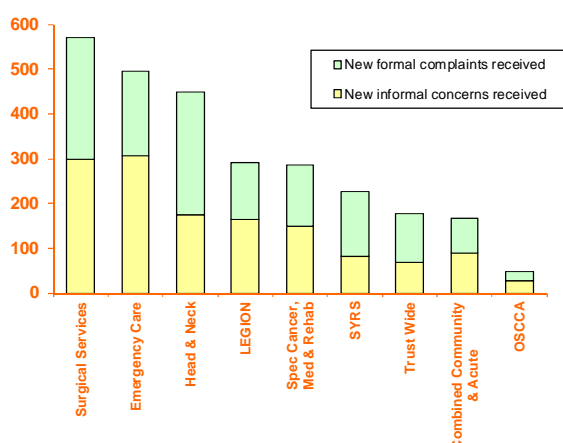


Table 2: Complaints as a Proportion of Activity

The table below shows the proportion of complaints and concerns received in each Care Group per 100 patient contacts:

Care Group	Number of complaints and concerns per 100 patient contacts
OSCCA	0.265
Emergency Care	0.184
Surgical Services	0.248
SYRS	0.250
Combined Community & Acute Care	0.205
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	0.109
Head & Neck	0.145
Spec Cancer, Med & Rehab	0.090

All Care Groups receive less than 1 complaint per every 100 patient contacts. It should be noted that as a proportion of activity, Operating Services, Critical Care and Anaesthesia (OSCCA) receive the most complaints, however, as Graph 4 illustrates, this equates to a low number of complaints against the whole complaint caseload for the Trust.

### Complaints and Concerns Closed

This section provides a breakdown of information relating to all complaints completed during 2014/15.

### Response Times

A quick turnaround is the priority when dealing with informal concerns. All informal concerns are concluded within approximately 2 working days, where this is not possible they are escalated and managed as formal complaints.

We aim to respond to 85% of formal complaints within 25 working days. Whilst a number of Care Groups achieved the target, overall the performance for the Trust in 2014/15 was 76%. Whilst this still falls short of the Trust target, it is a 2% increase on performance in 2013/14. In addition for the first time, during 2014/15, we have closed a higher number of complaints than the number received throughout the year.

The Trust's failure to meet the response time target has been given very careful consideration in order to establish the cause.

Last year's annual report highlighted a backlog of complaints which had impacted on the Trust's overall performance against the target during 2013/14.

Whilst the backlog was reduced significantly during 2013-14, there was still a backlog of 43 complaints to take forward into 2014-15, which has impacted on the overall response time for the year. At the end of 2014-15, the backlog was 35 complaints.

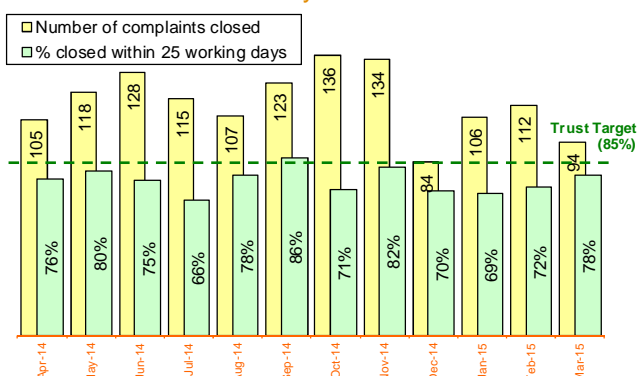
Having undertaken a detailed review of complaints data relating to response times, the key issues which have been identified and the actions being taken in relation to each issue are presented in Table 3 on the following page.

Table 3: Issues affecting response times and actions

Issue identified	Impact	Actions
The shift in the management of lower level issues from formal complaints to informal concerns	Only more complex issues are now managed formally and these issues take longer to resolve. Issues which can be resolved quickly which may previously have been managed as complaints, are now managed as concerns. This has had an impact on response times.	Continue to resolve less complex issues quickly and informally. This is better for the patient/family and for the Trust.
A proportion of complaints are highly complex and it is not possible to investigate and resolve these within 25 working days.	A flat 25 working day response time target does not take account of the fact that around 20% of complaints are complex or highly complex. In these cases, the 25 day target is not realistic and raises the expectations of complainants, who are then disappointed when the 25 day target is not met. Equally, some complaints are more straightforward and should be resolved more quickly than 25 working days.	Tiered response time targets are to be piloted in 2 specialties from 1 May 2015. 10, 25, 40 and 60 day targets will be trialled, along with a new risk assessment tool which takes account of all factors which influence the complexity of complaints and consequently the length of time required for the investigation.
Delays in receiving responses/receiving inadequate responses from staff.	<p>The majority of complaints span professions/ departments and require responses from a number of senior staff. One delayed response from a member of staff can delay the whole complaint response. In addition, significant time is spent chasing responses, or going back to staff for clarification or additional information.</p> <p>A further issue causing delayed staff responses is the availability of medical notes, which will be required by all clinical staff responding to the complaint.</p>	<p>An escalation process has been agreed and is to be implemented from May 2015. This means that, if a response is delayed or considered inadequate, the matter will be escalated to the line manager of the member of staff concerned and subsequently to Deputy Board Director level.</p> <p>The implementation of the new Lorenzo system during 2015-16 will greatly improve staff access to medical records and it is expected that this will have a significant impact on staff response times to complaints. However, this change will be gradual, as patient records are uploaded to the electronic system.</p>

Graph 5 shows our performance against the target of completing 85% of complaints within 25 working days by month. September 2014 was the only month this year that the target was achieved.

**Graph 5: Complaint Response Times and Performance Achieved by Month**



The performance of the 2 care groups receiving the highest number of complaints, Emergency Care and Surgical Services, has impacted significantly on the overall Trust performance throughout the year.

The complaints for these 2 groups accounts for 42% of the complaints received overall this year. Both care groups have experienced difficulties in achieving the Trust target. Their performance has been closely monitored throughout the year in order to ensure improved performance.

In considering the Trust's current response time performance, the views of complainants need to be taken into account.

Feedback from complainants during the complainants' satisfaction audit outlined in section 1.3 indicates that complainants prefer to receive a high quality thorough response even if this takes longer, rather than receiving a fast response. However, an important factor for complainants is to be kept informed throughout the process. This feedback has been taken into account as part of the pilot of a new complaints process, which is also outlined in section 1.3 of this report.

#### Response Times by Care Group

It is important to review performance at Care Group level in order to identify areas performing well and any problem areas. A summary and breakdown of performance at Care Group level is provided in Table 4.

**Table 4: Response Times by Care Group**

Care Group	2013/14		2014/15	
	Performance Achieved	Total number of complaints closed	Performance Achieved	Total number of complaints closed
Trust Overall	72%	1335	76%	1362
Combined Community & Acute Care	*	*	93%	120
Diagnostics and Therapeutics	100%	37	*	*
Emergency Care	47%	273	52%	280
Head and Neck	85%	206	98%	175
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	*	*	86%	162
Obstetrics, Gynaecology and Neonatology	83%	108	*	*
Operating Services, Critical Care and Anaesthetics	79%	33	82%	33
South Yorkshire Regional Services	100%	98	100%	85
Specialised Cancer, Medicine and Rehabilitation	75%	127	91%	141
Surgical Services	58%	320	53%	301
Community Services	92%	74	*	*
Corporate Departments	90%	59	98%	65

\* the directorate structure within Care Groups was reconfigured in October 2014, therefore it is not possible to provide comparable data

The table above highlights that all care groups with the exception of Surgical Services, Emergency Care and Operating Services, Critical Care & Anaesthesia achieved the target of responding to 85% of complaints within 25 working days. Emergency Care and Surgical Services were considerably below the target throughout the year and, because of the high volume of complaints in these two groups, this has a significant impact on the Trust's overall performance.

#### Complaints Closed by Risk Grading

The process of immediately reviewing all new complaints as they are received ensures we can quickly identify and escalate any complaints which could indicate potentially serious issues that require more urgent investigation or immediate action.

Table 5 summarises the percentage breakdown of complaints closed by risk grade for 2014/15, compared to previous years.



Table 5: Complaints Closed by Risk Grading

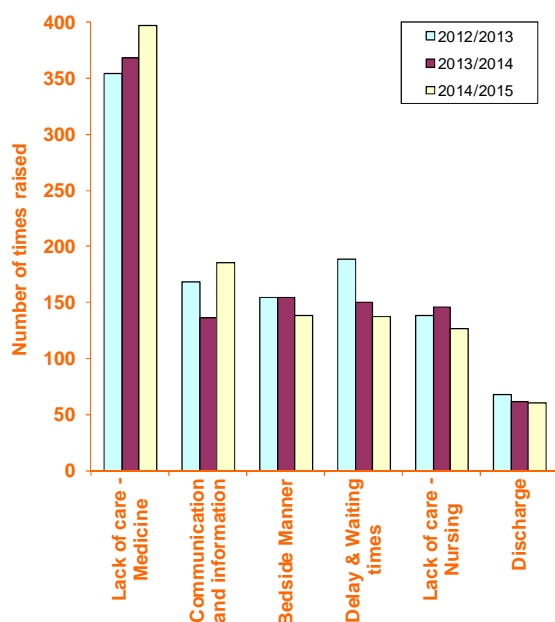
	Low	Moderate	High
<b>2012/13</b>	32%	66%	2%
<b>2013/14</b>	34%	65%	1%
<b>2014/15</b>	25%	73%	2%

Over the last 3 years the proportion of complaints graded as high risk has remained consistent, accounting for 2% or less of complaints closed. The proportion of complaints graded as moderate risk has increased by 8% this year, with low risk complaints reducing by 9% (34%-25%). This is a result of the focus on resolving low risk complaints informally and quickly as concerns. Graph 1, on page 9, reflects the significant increase in the number of concerns resolved informally.

#### Top Themes in Complaints

The issues most frequently raised by complainants between April 2014 and March 2015 are illustrated below. The subjects raised in concerns has been formally monitored and recorded since 1st April 2014, making 2014/15 the first year it has been possible to report on, as shown in Graph 8.

Graph 6: Three Year Comparison of Themes Raised in Complaints



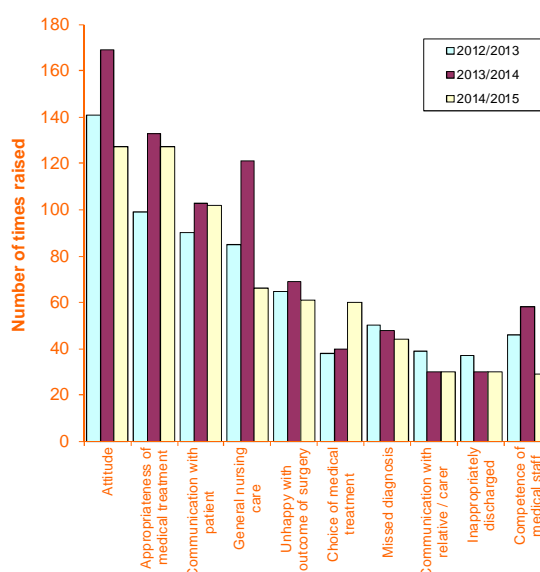
The top 5 subjects have remained the same for the last 3 years and 'lack of medical care' continues to be the most commonly raised subject. Although the number of complaints

relating to 'lack of medical care' have increased each year, this may be due to a corresponding increase in activity across the Trust.

In addition to the overall themes or subjects there are also 144 more detailed sub-subjects which include, for example, 'patient falls' or 'pain management' which are both sub-subjects of the subject 'lack of nursing care'.

The chart below shows a three year comparison of the most frequently occurring sub-subjects recorded.

Graph 7: Three Year Comparison of the Top 10 Sub-Subjects Raised in Complaints



These top 10 sub-subjects highlight that communications and attitude are as important to patients as clinical care.

'Staff attitude' and 'appropriateness of medical care' received an equal number of complaints this year (127) making them the 2 most frequently raised issues in formal complaints.

Complainants often cited 'staff attitude' as a secondary issue or as part of a complaint about something else. Whilst it is still one of the two most commonly raised issues overall, there has been a significant reduction in the number of complaints received about 'attitude' where it was raised 169 times in 2013/14 but 127 times in 2014/15.

In the summer of 2014, in depth reviews of the 3 sub-subjects which received the highest number of complaints during 2013/14 were undertaken and the findings reported to the Patient Experience Committee.

The 3 subjects reviewed were:

- Appropriateness of medical treatment
- Attitude
- General nursing care

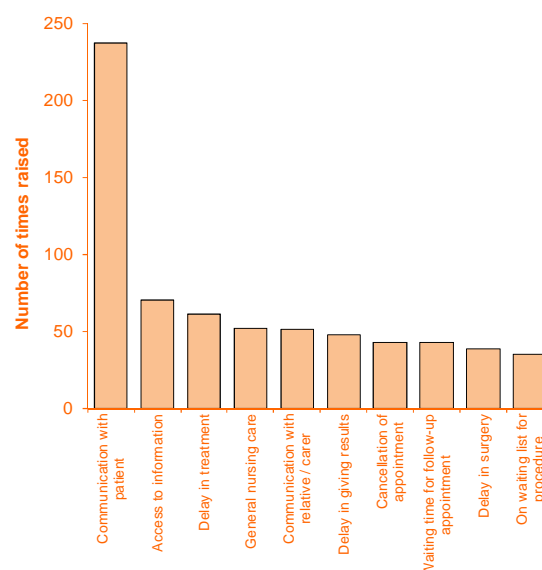
The findings from the reviews are presented under section 1.3 of this report.

**Table 6: Analysis of Top 10 Sub-Subjects in Formal Complaints by Care Group**

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

	Emergency Care	Head & Neck	Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	OSCCA	Combined Community & Acute Care	Specialised Cancer, Medicine & Rehabilitation	Surgical Services	SYRS	Trust Wide Departments	TOTAL
Attitude	35	21	15	7	10	16	12	5	6	127
Appropriateness of medical treatment	40	25	13	3	8	9	20	9	0	127
Communication with patient	12	29	16	5	4	11	17	4	4	102
General nursing care	20	5	4	0	10	5	21	1	0	66
Unhappy with outcome of surgery	1	9	7	0	1	1	39	3	0	61
Choice of medical treatment	15	6	3	0	1	2	24	9	0	60
Missed diagnosis	25	2	2	0	3	7	5	0	0	44
Communication with relative / carer	12	3	0	1	5	3	4	0	2	30
Inappropriately discharged	6	4	3	0	6	1	8	2	0	30
Competence of medical staff	4	7	4	2	1	7	2	2	0	29

**Graph 8: Top 10 Sub-Subjects Raised in Informal Concerns**



The top ten subjects raised in concerns differs significantly from those raised in formal complaints with the exception of 'communication with patients' and 'general nursing care'. This shows that some subjects such as 'access to information' and 'delay in giving results' are more suited to being resolved quickly at local level as they present issues concerning insufficient information, following up appointments and chasing up test results. More complex subjects such as 'unhappy with outcome of surgery' are managed as formal complaints as they require a more in depth investigation, in order for the complaint to be responded to and resolved.

Analysis of the top 10 sub-subjects by Care Group illustrates at a glance that different issues are more prominent in some Care Groups than others.

### Outcomes of complaint investigations

The outcome of all complaints is coded as follows:

- Upheld: Complaints in which the concerns were found to be correct on investigation.
- Not Upheld: Complaints in which the concerns were not found to be correct on investigation. If a complaint is not upheld, we still recognise the validity of the concern to that complainant and we acknowledge that we have failed to meet their expectations.

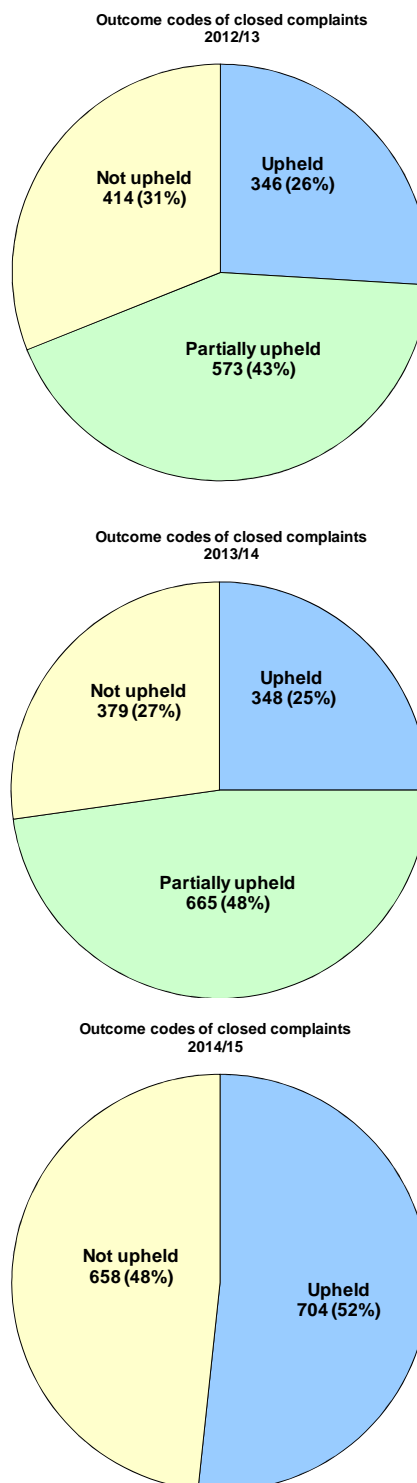
Since April 2014, we have used the above two outcome codes, and removed the previously used third code of 'partially upheld'. All complaints are reviewed and reported on irrespective of their outcome.

Both 'upheld' and 'not upheld' complaints provide opportunities to learn. For example, if a complaint is not upheld, there is an opportunity to learn through understanding the motives and feelings of the complainant.

The decision to remove the 'partially upheld' code was taken following careful consideration and on the basis of our belief that if any element of the complaint is upheld, this warrants an 'upheld' classification. It was expected that complaints previously categorised as 'partially upheld' would be coded as 'upheld', however, since April 2014 the proportion of 'not upheld' complaints has increased significantly, making the number almost equal to those classed as 'upheld'. The charts opposite show the proportion of 'not upheld' complaints has increased from 27% to 48%, compared with last year.

During 2015/16, we shall be undertaking a review of this shift of coding to 'not upheld'. This will involve a detailed audit in order to understand the reasons for the shift and to take any appropriate actions.

Graph 8: Outcome codes of closed complaints in 2012/13, 2013/14 and 2014/15



### **Complaints referred to the Parliamentary Health Services Ombudsman (PHSO)**

We aim to resolve all complaints to the complainant's satisfaction by conducting thorough investigations, providing comprehensive responses and offering complainants the opportunity to discuss their concerns with us. However, we are not always able to achieve a resolution which satisfies the complainant.

Under the NHS complaints procedure, complainants dissatisfied with responses received from us have the right to request the PHSO to undertake an independent review of their case.

The right to go to the PHSO is explained to all complainants. Where, at the end of a complaints investigation, we feel that there is nothing further we can do locally to resolve a complaint to the complainant's satisfaction, we encourage complainants to take their case to the PHSO.

#### **2014/15 PHSO Cases**

Over the past 12 months, the PHSO has increased the number of investigations undertaken nationally and the Trust has consequently seen an increase in the number of complaints the PHSO has investigated.

The PHSO's office has not yet reported on complaints they have dealt with during 2014/15 however we keep a record of the cases that we are aware of. Table 7 below illustrates that our records show that the PHSO accepted 29 complaint during 2014/15. This is a significant increase on last year's figure of 16, and reflects a changed approach by the PHSO where a higher number of cases are being investigated. We have received a decision from PHSO on 20 cases during 2014/15, of these 3 complaints were either fully or partially upheld, and 17 cases were not upheld.

**Table 7: PHSO Cases**

	2012/13	2013/14	2014/15
Number of new PHSO cases	21	16	29
Number of PHSO decisions	15	5	20
Number of PHSO cases fully or partly upheld	1	1	1 fully upheld 2 partially upheld

The one case that was fully upheld by the PHSO during 2014/15 related to failings in the medical and nursing care of a patient in Cardiology.

The PHSO recommended that the Trust write to the complainant to acknowledge the failings identified by the PHSO and send a copy of the action plan to the complainant, outlining plans to ensure lessons have been learnt from the failings identified.

One partially upheld case related to the provision of care for an elderly patient in Emergency Care. The upheld element of the complaint related to inadequate pressure area care, lack of early physiotherapy intervention, and nutrition issues.

The Trust had already identified actions following a separate investigation and the PHSO recommended that the Trust provide the complainant with the existing action plan and an update on progress.

The second partially upheld case related to the care and treatment a patient received during her pregnancy and labour. The PHSO found that the Trust did not inform the patient that her case was being referred to the safeguarding team and recommended that the Trust apologise for this and explain the actions taken to prevent such a situation from occurring in the future. The PHSO also found that the Trust were wrong to ask the patient's partner to leave the labour room and recommended that a payment is made in recognition of the distress this caused.

### **Comparing performance with other NHS Trusts**

The Trust is a member of the Shelford Group, which comprises of 10 large acute NHS providers, who benchmark and share best practice in key service areas.

In October 2013 the Shelford complaints benchmarking group was set up to identify a set of measures to provide comparable data across the ten trusts and share best practice in relation to complaints handling.

This has highlighted a number of difficulties in comparing complaints data across each organisation, as the classification and coding of complaints varies significantly from trust to trust. Work is ongoing to agree a standard approach to consistently coding complaints across the Shelford Group in order to be able to compare data reliably.





# 1.3

## Listening, Learning, Reviewing, Improving

### Complaints Monitoring

The complaints process is closely monitored at a senior level to ensure:

- Complaints are well managed with clear, accurate and helpful responses, answering all concerns raised
- Any serious issues are escalated, investigated and acted upon appropriately
- Trends or patterns in the complaints being received are identified, investigated and responded to rapidly

The Patient Experience Committee is accountable to the Healthcare Governance Committee, which is a sub-committee of the Board of Directors. The Patient Experience Committee and the Healthcare Governance Committee receive monthly and quarterly reports which together provide comprehensive information in relation to complaints.

Providing meaningful and accurate performance information to support decision making and service improvements is a key part of the complaints process.

From September 2014, following a detailed review of the reporting of complaints within the Trust, a new reporting framework was introduced. This framework took careful account of recommendations from the Francis Inquiry (2013)<sup>1</sup> and the Clwyd Hart Review (2013)<sup>2</sup> which include the need for assurance in relation to learning from complaints and other feedback, and the inclusion of patient stories alongside quantitative data to make the data 'real'.

The Patient Experience Committee and Healthcare Governance Committee now receive a monthly dashboard style report which includes:

- activity including numbers of complaints received, closed and open
- response times

- any trends, by exception, or issues of concern that require more in-depth investigation or review

Quarterly Complaints and Feedback Reports provide more detailed complaints performance information directly to the Trust Executive

Group and the Healthcare Governance Committee. In addition to the information included in the monthly dashboard report, the quarterly report includes:

- qualitative data in the form of case studies from complaints or patient stories
- actions taken as a result of complaints
- triangulated complaints data with other methods of feedback, such as patient surveys and website feedback

### Reviewing and Improving the Complaints Process

A new approach to auditing the quality of our complaints process and seeking the feedback of patients and families who have made a complaint has been introduced this year. The approach to the audit was based on best practice guidance developed by the Patients' Association. Detailed interviews with 13 people who have made a complaint were central to this in depth review. The review also involved auditing 56 complaint files to cross-reference results from the audit with the interviews.

This process has provided greater insight into the complainants' perception and experience than the postal survey which has been used in previous years. The final report from the audit, including recommendations, was produced in July 2014. The findings from the audit, along with the interviews with complainants, provide a good indication of how well the complaints handling service performs against national best practice standards for complaint handling, such as those set by the Parliamentary Health Service Ombudsman, and against the expectations of complainants. Key findings from the audit include:

- Sometimes lengthy delays occurred, even when the matter was not complex

<sup>1</sup> Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Robert Francis QC (London: The Stationery Office - 2013)

<sup>2</sup> NHS Hospitals Complaints System Review, Ann Clwyd MP and Professor Tricia Hart (Crown - 2013)

- There was sometimes a failure to keep in touch with or to update complainants, leaving them 'in the dark' and feeling that the onus was on them to contact us
- There were occasional failures to put things right or to make changes as a result of the complaint

The findings from the audit have been used to inform a new complaints process, which is to be piloted in 2 directorates, Urology and General Surgery from May 2015 for a period of 6 months. In addition to the audit, a process mapping exercise was also carried out in collaboration with key Trust staff, patients, governors and Sheffield Healthwatch. The aim was to identify duplicate or unnecessary steps in the complaints process, in order to make it as simple and straightforward as possible.

Key changes to the new process include:

- A standard template for requesting complaint responses from staff, clearly identifying issues to address.
- New tiered response time targets to identify the appropriate timescale for a response, taking into account the complexity and seriousness of complaints. These include:
  - 10 day response target for complaints which can be resolved more quickly,
  - 25 day target for complaints of medium complexity
  - 40 day target for highly complex complaints
  - 60 day target will be in place for the small number of complaints where the response cannot be sent until other due processes have been completed, for example inquests.
- Increase the number of acknowledgement calls to be made at the time a complaint is received, in order to gain a better understanding of the nature of the complaint early.
- A more flexible approach for patients, such as offering telephone calls with staff, or a meeting.
- Earlier escalation of issues which may cause a delay in the complainant receiving a response. Delays will be escalated to senior managers.

### **Patients Association complaints survey**

The Patients Association have developed a complaints survey to monitor the quality of

complaint handling. This Trust has been participating in the survey since April 2014, providing us with a resource to monitor the way we handle complaints against the Patients Association's Good Practice Standards<sup>1</sup>, which were recommended for adoption across the NHS in the Francis Report<sup>2</sup>.

In February 2015, the Patients Association published the first full report, covering the period April 2014 to January 2015, which outlines the Trust performance, and compares it against other trusts who participate in the survey.

Overall, this Trust scored similar to the other 23 participating trusts, and there were no areas where the Trust performed significantly worse.

A Quality Report objective for 2014/15 was set by the Trust to use the results from the Patients Association survey to establish baseline satisfaction levels against 4 key measures. This has enabled us to benchmark performance in relation to the key measures, and to set improvement targets for each measure.

The following 4 key measures were identified for improvement during 2014/15:

Measure	STH	All trusts
% respondents who feel their complaint against the Trust has been resolved	48%	50%
% who feel their complaint was handled 'very well'	8%	9%
% who feel their complaint was dealt with 'quickly enough'	36%	29%
% who were 'very satisfied' with the final response	8%	7%

The proposed changes to the complaints process are wide ranging and implementation of the action plan has required careful planning and consultation. It has therefore not been possible to implement the action plan during 2014/15; however the changes are to be piloted in the Urology and General Surgery Directorates for six months from May 2015. As part of the pilot, targets to improve scores across a range of measures, including the four indicators in the table, will be agreed. An evaluation report will be provided in November 2015 which will include details of performance against improvement targets.

<sup>1</sup> Patients Association Good Practice Standards for NHS Complaints (The Patients Associations - September 2013)

<sup>2</sup> Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Robert Francis QC (London: The Stationery Office - 2013)

### **Directorate reviews**

The Trust has a process of Directorate Reviews, whereby senior members of each directorate meet with Executive Directors for an annual review.

Both information relating to complaints and other feedback forms an integral part of the review process meaning that good performance and areas in need of development are discussed at a very senior level.

### **Investigating trends and identifying issues**

The monthly complaints and feedback dashboard and quarterly complaints and feedback report provide information to enable any specific themes or increases in complaints at directorate, ward or department level to be quickly identified and acted upon. The following examples illustrate how the most frequently raised complaint subjects have been followed up or investigated during 2014/15, at the request of the Patient Experience Committee.

#### **Appropriateness of medical treatment**

A 'deep dive' review of complaints coded under this subject was presented to the Patient Experience Committee in July 2014. The review showed that the directorates receiving the highest proportion of these complaints were General Surgery and Obstetrics, Gynaecology & Neonatology. The number of complaints received about 'appropriateness of medical treatment' had been consistent for the last 3 years. It provided assurance to the committee that whilst it was one of the most frequently raised issues, there was no particular problems or themes identified.

#### **General Nursing Care**

A review of 'general nursing care' was presented to the Patient Experience Committee in August 2014. The review showed the highest number of complaints regarding 'general nursing care' were received in General Surgery, Orthopaedics, Geriatric & Stroke Medicine and Emergency Care. The 3 concerns most frequently raised was the 'attitude of nursing staff', 'patients' needs being ignored', and 'assistance with going to the bathroom or toilet'. The Deputy Nurse Directors implemented a number of actions to improve the areas identified, which were reported back to the Patient Experience Committee in March 2015. These include:

- Further education for staff through a 2 day wellbeing course aimed to educate staff on

preventing pressure ulcers, improving nutrition, sensory impairment, and end of life care, particularly focussing on the family of the bereaved patient.

- A leadership study day was introduced within Emergency Care which looks to ensure senior staff follow-up on concerns which have been raised by either patients or staff. This study day will be evaluated throughout the year and potentially rolled out more widely to nursing staff.
- A&E have introduced the national 'hello my name is...' initiative which involves staff introducing themselves to the patient and ensuring that their name is clearly displayed where the patient can see it.
- Action plans to reduce pressure ulcers on wards Firth 9, Huntsman 6 and Huntsman 7 have been implemented, as well as identifying patients who are a priority for pressure relieving mattresses.
- The trust's PROUD values have been incorporated into mandatory training for Surgical Services nursing staff.
- In addition a number of trust wide initiatives have been implemented such as the implementation of 'intentional rounding' where ward staff visit patients every 2 hours to check basic care needs such as pressure areas, nutrition, and pain.

A follow up review by the Patient Experience Committee showed that since the issue was first discussed in August 2014, complaints relating to 'general nursing care' had reduced in all four of the directorates (General Surgery, Emergency Medicine, Orthopaedics and Geriatric & Stroke Medicine). In addition to this, the percentage of complaints relating to 'general nursing care' across the whole Trust has reduced from 14% in August 2014 to 8% in March 2015.

#### **Staff Attitude**

A review of staff attitude was presented to the Patient Experience Committee in October 2014. The group receiving the highest number of complaints about staff attitude was Emergency Care. During the 12 month period which was reviewed (October 2013 to September 2014), 11% of all complaints received by the Trust related to 'staff attitude'; however, for the same period, of all complaints received within Emergency Care, 16% related to 'staff attitude'.

The issues of 'attitude' are wide ranging and there were no particular themes or trends identified. The subject of attitude is frequently commented on by patients and their families, which highlights the importance of these aspects of care in the overall patient experience.

A number of current work streams aiming to make improvements in relation to attitude and performance will continue to be monitored through the Trust's ongoing programmes of patient feedback.

Training workshops to improve customer service began in 2011. The project initially involved around 65 staff and has since been rolled out to other groups across the Trust. Around 600 staff have attended the training at the end of March 2015.

The training has been fully evaluated and, since implementation, there has been an 6% fall across the Trust in the complaints regarding 'staff attitude'. The evaluation is outlined in more detail in section 1.5.

### **Actions taken as a result of complaints**

We place a high value on complaints as a measure of the quality of service delivered and to support service improvement. We recognise that people are motivated to make a complaint for different reasons but often because they want to ensure that things are improved for other patients.

When we investigate a complaint, we always ensure that any improvements we can make as a result of learning from the case, are clearly explained to complainants. Agreeing and undertaking actions as a result of complaints investigations, where mistakes have been made, or where services have not been delivered as we might have hoped, is the most important factor in learning from complaints.

Examples of actions taken as a result of complaints during 2014/15 are presented below:

#### **Charles Clifford Dental Hospital**

During 2013, a high number of concerns were received from patients unable to contact the Charles Clifford Dental Hospital (CCDH) by telephone. As a result a mystery shopping exercise was carried out by the Patient Partnership Department. The findings showed that call answering was inconsistent and the facility to leave a voice message was not

available. CCDH implemented a number of actions to improve the situation. Examples are outlined below:

- New call handling technology (a contact centre) was implemented in June 2014 to improve call handling and to ensure more calls are answered.
- The reception / administration service was redesigned providing more resource to call handling at busy times to ensure calls are dealt with more effectively.
- A message facility was introduced in May 2014 to allow callers to leave a message.

The mystery shopping exercise was repeated 3 months after the implementation of the contact centre and this showed significant improvements in the answering of telephone calls.

#### **Catering**

A complaint was received about the meals a patient was given during their hospital stay. The complaint raised issues about the appearance, consistency and taste of the food. A catering improvement group was set up to review the mealtime service. An audit was carried out across a number of wards which involved governors attending wards unannounced and recording observations. In addition, trained volunteers carried out in depth interviews with patients. The audit revealed significant variations in the way that food is served, and so best practice guidelines for food service have been developed and implemented. These will be audited through the Trust's new Hydration and Nutrition Assurance Toolkit.

#### **Specialised Medicine**

A complaint was received from a patient, following a process change for the repeat prescription of wigs. The new process meant that instead of attending just one appointment annually, the patient had been required to attend 2 appointments, one with their GP and another with a consultant to receive their prescription for a wig. The directorate reviewed and changed the process, which meant that in future patients will only need to attend an appointment with the consultant, and wherever possible a telephone consultation will be offered.

#### **Orthopaedics**

A patient raised concerns regarding a lack of information about fractures to the pubic rami, a group of bones that make up a portion of the pelvis. An information leaflet for patients has

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now been developed and the patient was involved in writing and reviewing the leaflet.

### Sexual Health Service

A complaint was received from a patient who was unable to access repeat contraceptives from the Central Health Clinic. This was due to a recent change in the service introducing an age restriction, which meant that they no longer met the criteria due to being over the age of 25 years old. A one month “rescue pack” is now offered to allow non-eligible patients more time to make alternative arrangements.



# 1.4

## Update on 2014/15 Key Complaint Priorities

Key Priorities 2014/15	Update	Further work required in 2015/16
<ul style="list-style-type: none"> <li>Review the complaints handling process</li> </ul>	<ul style="list-style-type: none"> <li>A comprehensive review of the complaints process has been completed, with improvements identified and due to be tested in a pilot to commence during the spring 2015.</li> <li>Our feedback webpage was updated in June 2014. The revised page is now more accessible and user friendly, providing helpful information to anyone wishing to provide us with feedback.</li> </ul>	<ul style="list-style-type: none"> <li>A pilot for 6 months is to take place in General Surgery and Urology starting May 2015.</li> <li>A key focus of the new complaints process will be to keep complainants informed once the investigation into their complaint has commenced. This is being trialled as part of the pilot.</li> </ul>
<ul style="list-style-type: none"> <li>Improving response times to ensure patients and families receive a timely response.</li> </ul>	<ul style="list-style-type: none"> <li>We aim to respond to 85% of complaints received within 25 working days. Whilst we did not achieve this target during 2014/15, our response time improved by 2% to 76% from 2013/14.</li> </ul> <p>The Trust's failure to achieve the target has been taken very seriously. The reasons for this have been explored and actions taken. These have been detailed in table 3 within the report.</p>	<ul style="list-style-type: none"> <li>A new complaints triage system is to be introduced as part of the pilot to ensure consideration is being given to how complaints can be handled proportionately in line with the seriousness and complexity of the complaint. This approach will ensure realistic timescales are set adopting a 'tiered' approach of 10, 25, 40 or 60 days.</li> <li>The Patient Services Team will continue to handle as many concerns as possible informally to ensure, wherever possible, complainants receive an instant or fast response.</li> <li>Obtaining patient notes has been identified as a key cause of delay for complaint responses, particularly when there are several members of staff needing to contribute to the response, as they each need to access the same set of notes. Electronic patient records are to be introduced in September 2015 which will make patient notes immediately available, and allow multiple members of staff to access the records at the same time.</li> </ul>

Key Priorities 2014/15	Update	Further work required in 2015/16
<ul style="list-style-type: none"> <li>Review reporting structures along with the content and frequency of reporting for concerns and complaints data.</li> </ul>	<ul style="list-style-type: none"> <li>The reporting framework was reviewed in early 2014. Reporting structures, along with the content and frequency of reporting were considered, in order to ensure more streamlined reporting which provides an accurate reflection of patients' views and experiences.</li> <li>The new framework was launched in September 2014 and consists of a monthly dashboard report, providing activity data on key performance indicators along with exception reporting.</li> <li>The quarterly patient experience report provides more detailed information, and case studies, along with an outline of actions taken as a result of complaints and service improvements.</li> <li>More detailed information has been captured regarding concerns including the method by which a complaint was received. This has been included in this year's annual report.</li> </ul>	<ul style="list-style-type: none"> <li>New care group and directorate level reports are to be launched in July 2015.</li> <li>Further reporting of concerns timescales needs to be incorporated in the reporting framework.</li> </ul>
<ul style="list-style-type: none"> <li>Further strengthen our service by providing complaints training for staff.</li> </ul>	<ul style="list-style-type: none"> <li>Funding has been secured from Health Education, Yorkshire and Humber to deliver a comprehensive programme of training for staff. A bespoke programme of training has been designed and includes: managing and learning from complaints, investigation skills and letter writing skills.</li> </ul>	<ul style="list-style-type: none"> <li>Training will be delivered throughout 2015/16.</li> <li>Ongoing evaluation will take place throughout the duration of the training.</li> <li>An update on improvements made as a result of the training will be reported in next year's annual report.</li> </ul>
<ul style="list-style-type: none"> <li>Increasing the proportion of upheld complaints that are followed up with an action plan.</li> </ul>	<ul style="list-style-type: none"> <li>Taking actions as a result of complaints needs to be a routine part of the complaints process.</li> </ul>	<ul style="list-style-type: none"> <li>Stronger emphasis has been placed on taking actions as a result of complaints and monitoring these to ensure their effectiveness.</li> <li>The training programme in 2015/16 will educate and equip staff with the skills to develop complaint action plans.</li> </ul>
<ul style="list-style-type: none"> <li>Benchmarking key performance measures against other Trusts.</li> </ul>	<ul style="list-style-type: none"> <li>The Shelford Group complaints benchmarking group have met 3 times during 2014/15.</li> <li>The group have identified a set of measures to report on a quarterly basis, in order to benchmark complaints activity across the 10 trusts.</li> <li>Benchmarking data across the 10 groups forming the Shelford Group will be collected throughout 2015/16.</li> </ul>	<ul style="list-style-type: none"> <li>Introduce quarterly benchmarking data to the quarterly patient experience reports.</li> </ul>



# 1.5

## Complaints Key Achievements During 2014/15

The achievements listed below are in addition to the 2014/15 key priorities that were highlighted in section 1.4.

### Patient Partnership Department Meeting Room

In order to support the priority of increasing the number of complaints resolved by meetings with staff, a new meeting room has been set up in the Patient Partnership Department. This new facility is available for meetings with 'walk-in' complainants or scheduled complaint meetings. The environment has been designed by the Arts in Health Co-ordinator to provide a quiet and welcoming place aimed to put complainants at ease.



### Improving Patient Experience Workshops

'Staff attitude' is a subject which regularly receives a high number of complaints. The Improving Patient Experience workshops were established in recognition of the fact that 'staff attitude' is a critical element of the patient's experience.

The training comprises of two interactive half day workshops where delegates have the opportunity to reflect on current practice and share good practice in relation to improving patient experience. By the end of March 2015, 600 staff have attended the training.

The workshops have evaluated positively where 90% of staff who attended workshop 1 and 87% who attended workshop 2 gave the rating of '4 out of 5' or '5 out of 5' to the question 'did the workshop achieve its 3 aims?'. 79% of staff who attended workshop 1 and 86% who attended workshop 2 gave the rating of '4 out of

5' or '5 out of 5' to the question 'to what extent do you think the workshop will help you to provide patients with a positive experience?'.

All orthopaedic outpatient administration/reception staff who attended the workshops between January and December 2013 received a survey during the autumn of 2012, prior to attending, and again during the summer of 2014, after attendance. The results show improvements, sometimes significant, in 12 of the 15 questions.

Over 300 orthopaedic patients were surveyed in 2012 and 2014 by volunteers. Using only scores from the 'excellent' rating, improvements can be seen in scores across all sections of the patient survey, with 6 of the 8 sections seeing an increase of at least 10% in the 'excellent' rating. Questions relating specifically to 'staff attitude' saw a 10% improvement in patients who rated their experience as 'excellent'.

Feedback from patients in relation to staff attitude is regularly monitored and data shows that the proportion of complaints relating to staff attitude has reduced across the Trust (2012/13 - 10%, 2013/14 - 11%, 2014/15 -6%).

Whilst it is hoped that the training has had a positive influence, it also needs to be recognised that many other factors could have influenced or changed staff (and patient) perceptions over this period of time.







# 1.6

## Complaints Priorities for 2015/16

Following the comprehensive review of the complaints process undertaken during 2014/15, a number of further developments are to be introduced over the next 12 months. The actions planned will aim to ensure a more efficient process which is more personal, provides more timely responses and increases complainant satisfaction. Key priorities for 2015/16 include:

### Pilot of new complaints process

A new complaints process has been designed based on the following:

- Nationally, there have been a number of important reviews making recommendations relating to fundamental changes to the way in which complaints are managed. These include:
  - The Francis Report (2013)<sup>1</sup> which made 14 recommendations in relation to complaints;
  - The Clwyd/Hart Review (2013)<sup>2</sup> which made recommendations in relation to all aspects of the complaints process including improving training for staff, using complaints to improve services, the role of Trust Boards, and the provision of support for complainants.
- The Trust's audit involving a detailed review of a sample of complaint responses and face-to-face interviews with complainants. This provided invaluable insight into the current process through the eyes of patients and their families and highlighted aspects which need to change. The mapping exercise of the complaints process identified areas of duplication and inefficiency which in turn led to often lengthy delays in responding to the complainant.
- This information has been used to inform proposals for changes to the process which are to be piloted within the General Surgery and Urology directorates.

Key changes being piloted include:

- Tiered response times, agreed from the outset with the complainant
- Increasing the number of complaints resolved by meeting with complainants
- Keeping complainants informed throughout the management of the complaint
- Quicker escalation to senior managers when timely responses are not received from staff

The measures from the Quality Report objective for 2014/15 presented on page 20 have been used to set targets for the pilot project, as follows (current performance in brackets):

1. 60% of complainants feel their complaint has been resolved (48%)
2. 45% of complainants feel their complaint was handled well or very well (8%)
3. 50% of complainants feel their complaint was handled quickly enough (36%)
4. 38% of complainants are satisfied with the final response (8%)

The pilot is supported by a number of significant initiatives such as the complaints training highlighted on page 30. In addition, weekly review meetings have been implemented to more closely monitor complaint response times by identifying those complaints that are due to be responded to within the next 5 and the next 10 working days and putting the necessary measures in place to try to ensure they are completed on time. These initiatives should ensure that the above targets are met.

Following evaluation of the pilot in October 2015, the new process will be rolled out across the Trust.

<sup>1</sup> Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Robert Francis QC (London: The Stationery Office - 2013)

<sup>2</sup> NHS Hospitals Complaints System Review, Ann Clwyd MP and Professor Tricia Hart (Crown - 2013)

### Complaints training

In order for the new process to work there also needs to be a cultural change in how staff and the organisation view complaints. Our approach needs to become one of resolving concerns on-the-spot wherever possible and ensuring a positive attitude towards complaints as opportunities to learn and improve. This requires commitment and support at the most senior levels along with support for front line staff and those leading complaint investigations, equipping them with the confidence and skills to effectively manage complaints. This will be achieved through a comprehensive programme of training which is planned to commence in summer 2015. Funding to support this programme was secured from Health Education, Yorkshire and the Humber during 2014. The Patient Partnership Department have worked closely with an external training provider to develop a bespoke training and education programme.

This innovative training package will help us to develop a more accessible, efficient and transparent complaints process at which patient experience is at the core. It will develop staff understanding and appreciation of the full benefits complaints can have in identifying service improvements, removing the stigma and negativity which often surrounds complaints. It will help staff to look more positively and open-mindedly towards complaints and to respond to and use feedback more productively. This will ensure that the Trust is more consistent and effective when listening to and acting on patient feedback.

Four core outcomes relating to this training have been agreed as part of the Trust's annual Quality Report objectives for 2015/16. These are:

- Achieving positive changes in staff attitudes about complaints
- The organisation develops a more personal, resolution-based approach to complaints handling
- Improved quality of responses that successfully resolve the complaint
- The organisation actively learns lessons from complaints and improvements in services are evidenced.

### Continue to improve complainant satisfaction

The audit exercise including detailed interviews with complainants will be repeated during 2015/16. The audit carried out in 2014/15 proved to be extremely valuable and provided a much greater insight into the complainants' perception and experience. This will now be undertaken annually.

An audit of concerns will also be introduced during 2015/16. The Patient Services Team will routinely contact a random selection of those people who have raised concerns each quarter to ensure they have been resolved to their satisfaction and to understand their experience of raising a concern.

### Being customer focussed and offering choice

The use of social media channels such as Facebook and Twitter is considered by members of the public as an effective way of raising concerns and bringing them to the public's attention. Whilst feedback through social websites and web based applications accounts for a very low proportion of complaints received currently (less than 1%), consideration will be given in 2015/16 to being more responsive to comments received through this route, and encouraging greater engagement with patients and families via this channel.







# 2 Patient Feedback

Seeking and acting on feedback is a core part of the Trust's work. We use feedback in a number of ways, including:

- Feeding patient views into decision making processes
- Prioritising projects or improvements as a result of patient feedback
- Identifying wards or departments receiving excellent feedback and sharing their practices with others; or identifying areas where excellent feedback is not provided and looking to make improvements

This section of the report summarises our activities over the year which have been focussed around seeking and acting on patient feedback.

A number of feedback methods are available so the Trust can build a clear picture of what patients and relatives feel about their experience within the Trust. These include:

## National Surveys

The Trust participates in the CQC programme of national surveys. As and when results become available they are presented along with comparative data in quarterly reports under the reporting framework. Directorates and teams are provided with results for their area along with any patient comments, to enable them to produce an action plan to improve services.

During 2014/15, the Trust participated in the National Inpatient Survey 2014, National A&E Survey 2014 and the National Cancer Survey 2014, results of which are featured on the following pages.

## Frequent Feedback Survey Programme

The Frequent Feedback inpatient survey, which is undertaken by trained volunteers during the patient's stay on a ward, covers a range of questions related to the patient's experience. Performance on questions which relate to CQUIN measures of essential care are featured in this report.

## Friends and Family Test

The Friends and Family Test (FFT) is 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 question is asked on discharge and covers inpatients, outpatients, A&E, maternity services, day case areas and community services.

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

## Website Feedback and Comment Cards

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.

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.

2014/15 results for the feedback methods listed above are presented on the following pages.





# 2.1 Patient Surveys

The Trust undertakes a wide range of activities to gain feedback from patients regarding the services they received. Survey work during 2014/15 has included participation in the national survey programme for inpatients, Accident & Emergency and cancer services. In addition, our extensive programme of local surveys has continued, with an average of 760 patients each month participating in the 'frequent feedback' survey programme in which the views of patients about a wide range of services are gathered by trained volunteers.

Following any patient feedback, action plans are agreed at local and Trust level to address areas where improvements can be made. There are ongoing programmes of work which aim to improve patient experience and Trust scores in both local and national surveys and help us to monitor the impact of this work.

## National Surveys

### National Inpatient Survey 2014

In the National Inpatient Survey 2014 the Trust scored very well overall. Over 98% of inpatients surveyed said our wards were clean and over 87% said they were treated with respect and dignity. 84% of the patients surveyed said that overall they had a good experience. Questions where improvements could be made include being given enough privacy when being examined or treated, and delays during discharge.

The percentage of inpatients who said that overall they had a good experience is as follows:

This Trust	Shelford Group average	England average
84%	82%	82%

Comments from patients include:

The consultant was excellent. He went to a lot of trouble to explain everything to me to put me at ease & I had every confidence in him.

Staff talk to each other throughout 24 hours as if it was always day time and everyone on the ward was kept awake.

The survey results have been carefully considered and actions are being taken to improve the overall patient experience and care, these include:

- Introduction of 'intentional rounding' where ward staff routinely check patients every 2 hours to check pressure areas, nutrition, pain, etc.
- Installation of the 'named nurse / consultant board' at each bedside, so that patients and their visitors can easily identify the name of the nurse and consultant responsible for their care.
- Introduction of 'nurse staffing posters' to inform patients and visitors to the Trust of current staffing levels on each ward against the agreed recommended staffing levels

### National Accident & Emergency Survey 2014

In the National Accident & Emergency Survey 2014 areas achieving high scores include doctors and nurses not talking in front of patients as if they weren't there, and having the purpose of medication explained to the patient before they left A&E. Questions where improvements could be made include being told how long patients would wait to be examined, and patients feeling that staff considered the patients family and home situation before leaving A&E.

The percentage of A&E patients who said that overall they had a good experience is as follows:

This Trust	Shelford Group average	England average
79%	79%	77%

Comments from patients include:

Very good service from start to finish which allowed me to return to work immediately.

Waiting area is very noisy, dirty & unpleasant. Drinks machine broken.

Comments from patients include:

The doctors and nurses at Weston Park Hospital have been amazing, very supportive, patient and kind.

I felt that initially after my operation I was expected to know what to do at clinic, no-one explained.

Actions taken as a result of the National A&E Survey feedback include:

- The environment within the A&E waiting area has been improved. All notices and posters have been removed and a review of key information which patients need has been undertaken. This has resulted in much less clutter and only relevant information being displayed.
- A new television monitor has been installed in the A&E waiting area which provides advice on where best to get treated, which may result in some patients not waiting to be seen in A&E as they may be able to get treated quicker somewhere else.

#### National Cancer Survey 2014

In the National Cancer Survey 2014, the Trust's scores were once again very good overall. High scoring questions include the patient being given a choice of different types of treatment, always being given enough privacy when being examined or treated and being told who to contact if worried post discharge. Areas where scores were lower include patients being given enough privacy when discussing their condition or treatment, the provision of written information about the type of cancer they had and the patient feeling they were definitely involved in decisions about their care and treatment.

The percentage of cancer patients who said that overall they had a good experience is as follows:

This Trust	Shelford Group average	England average
91%	88%	89%

Actions taken as a result of the National Cancer Survey feedback include:

- The information prescription checklist is being reviewed in order to ensure that there is a record of what information has been provided to the patient, and when, relating to their treatment and potential side effects. Future developments will include capturing this data on the Electronic Patient Record.
- Work is currently ongoing in the Trust to develop an electronic version of the patient care plan; this will provide the opportunity for the completed care plan and a written assessment to be e-mailed to the patient and their General Practitioner. Printed copies will continue to be available to patients where this remains their preference.
- A working group is to be established to improve patient meals at Weston Park Hospital. This will involve nursing staff working with patients regarding the quality of meals and developing a menu that meets the specific needs of patients at Weston Park Hospital.

#### Friends and Family Test

The Trust has continued to expand the Friends and Family Test (FFT) which was introduced in April 2013 in inpatients and A&E, and in maternity services in October 2013. Following a pilot in July 2014, the FFT survey was rolled out to outpatients and day case patients in October 2014 and the 'early implementation' CQUIN target was achieved. The FFT was then rolled out to community services in January 2015.

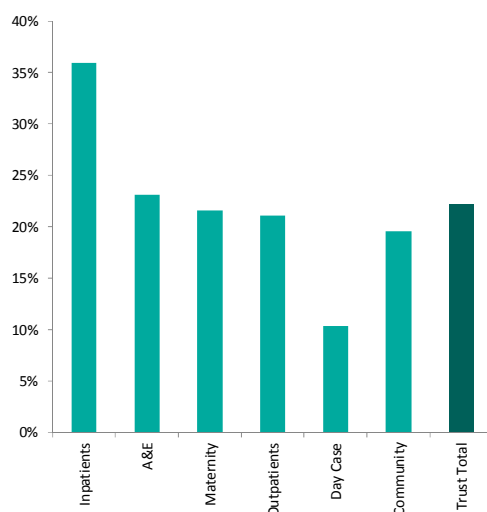
For the outpatient survey, SMS text messaging and Interactive Voice Messaging (IVM) is used to collect patient's views, and is also used in the majority of community areas. However,

postcards remain a reliable method of collecting the views of inpatients and therefore this method continues to be used to achieve good responses rates for this group of patients.

In-line with NHS England guidance, patients who regularly attend appointments in community, day case or outpatient settings will only be surveyed every 3 months. Response rates are reported routinely for inpatients, days cases, outpatients, A&E and the 'Birth' touch point in maternity services. Response rates are not collected nationally for outpatient, community services, or for the remaining 3 maternity touch points.

All FFT CQUIN targets have been achieved in 2014/15. For quarter 1 there was a response rate target in inpatients to achieve 25% and A&E to achieve 15%. We achieved this target with a response rate of 34.2% in inpatients and 25.2% in A&E. We achieved the early implementation CQUIN in October for FFT to be rolled out to outpatients and day case patients. Finally, for quarter 4 there was a response rate target in inpatient areas to achieve 30% and A&E to achieve 20%. We achieved these targets with a response rate of 44.8% in inpatients and 21.2% in A&E. There was also an additional target for inpatients to achieve a 40% response rate for March which we achieved with a response rate of 56.2%.

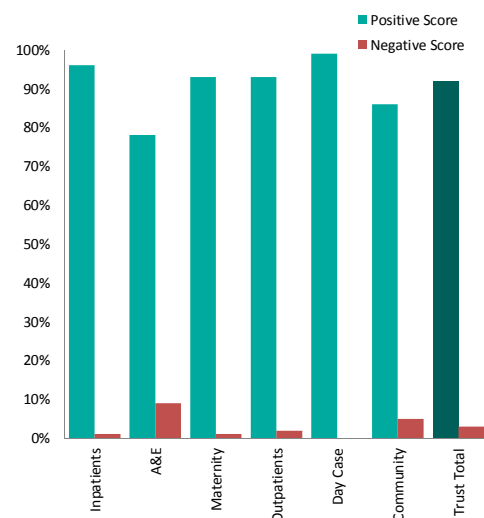
Graph 9: FFT response rates - April 2014 to March 2015



In October 2014, the scoring system for FFT data changed. NHS England no longer use the 'Net Promoter Score' and moved to a percentage system. Scores are now recorded

taking the percentage of respondents who 'would recommend' our service, which is taken from ratings 1 (Highly Likely) and 2 (Likely), and the percentage of respondents who 'wouldn't recommend' our service, which is taken from ratings 4 (Highly Unlikely) and 5 (Unlikely). Since this change, scores have consistently shown that the vast majority of patients responding to FFT would recommend our Trust to friends and family.

Graph 10: FFT scores - April 2014 to March 2015



In November 2014, SMS and IVM was trialled on 5 inpatients wards. This resulted in an increased response rate on 3 of the wards, however 2 wards remained low. To help us achieve the quarter 4 CQUIN we rolled out SMS/IVM to a further 4 wards to allow us to trial agents calls. This is where an agent would call a patient if the IVM failed to get through to their number. We found that, although the use of SMS, IVM and agent calls increased the response rate, the biggest impact on the overall inpatient response rate, was the increased momentum and efforts from staff to hand-out postcards. Following a review of all the wards trialling SMS/IVM, it was decided that this method would remain on the 3 wards which showed the highest response rate, but other wards would revert back to postcards.

During 2014/15, both community services and outpatients received 68% of their responses through IVM and 32% through SMS.

Following a tender process for a new survey contractor, Healthcare Communications (HCC)

was contracted to take our FFT and local surveys forward. For FFT, the Trust had 2 different providers, however having a single survey contractor will now help ensure a consistent process across all areas of FFT.

For 2015/16 we will be re-launching FFT to raise more awareness about the survey, and how it gives patients a voice and helps improve our services. We will be creating new 'branding' so that all posters, communications, surveys and reports are consistent and recognisable.

New reporting methods will be introduced to ensure all relevant staff will receive FFT data directly to their email, rather than having to download data for themselves. There will be a big focus on patient comments and we will work to take these comments forward to make improvements to services. We will also be giving more choice and flexibility as to how patients complete the FFT survey, looking into online surveys, tablets and short-codes. This will also be used to help improve the way we survey children and young people who use our services.

Where patients are surveyed using the IVM method, patients will be able to leave a voice message to give their feedback. We hope that this will increase the feedback we get, particularly in the community where the majority of responses are through IVM.

Although there are no CQUIN targets for FFT response rates, the Trust needs to ensure the data we collect is high quality to provide an informed insight into the patient experience. Therefore for 2015/16 a Trust target of a 30% response rate will be set for inpatients / day cases and 20% response rate for A&E.

### Frequent Feedback Survey Programme

The inpatient Frequent Feedback survey has continued this year. In 2014/15, 9127 inpatient surveys were completed, a 36% increase compared with 6726 for 2013/14.

All wards are surveyed and once they achieve at least 20 responses, ward level reports are produced and circulated. In addition, a monthly Trust level report is produced comparing performance across all wards. During 2014/15, these results formed the 'patient' component of the Trust Clinical Assurance Toolkit (eCAT)

process and four questions contribute to the essential care Commissioning for Quality and Innovation (CQUIN) target.

### Essential Care CQUIN Results

The table below shows the composite score for the 4 questions which are considered by the Trust to be measures of essential care.

**Table 8: Composite score for questions relating to measures of essential care**

	2012/ 13	2013/ 14	2014/ 15
Patients who get enough help from staff to eat meals	88.4%	88.3%	80.2%
Patients who get help from staff in time to go to the bathroom/toilet	89.7%	90.3%	85.2%
Patients who are treated with respect and dignity	94.6%	94.4%	93.7%
Patients who feel hospital staff do everything to help control pain	90.7%	89.2%	88.2%
<b>Trust-wide composite score</b>	<b>90.8%</b>	<b>90.6%</b>	<b>86.8%</b>

The Trust CQUIN target was to achieve an overall composite score of 91.6%. The Trust has not achieved this target during 2014/15 with a composite score of 86.8%.

The Trust has set high standards for these CQUIN measures and whilst there has been a fall in performance since 2013/14, scores remain high. Continued monitoring of these 4 questions through Frequent Feedback gives us the ability to provide reassurance on the standard of care being delivered, and to identify any areas that require further improvement.

The Trust does not have a CQUIN scheme for 2015/16, however these measures continue to be monitored through the Patient Experience Committee.







# 2.2

## Website Feedback and Comment Cards

Feedback received through websites and comment cards remains an important method for patients and families to provide feedback.

Tell Us What You Think comment cards and feedback from independent websites such as NHS Choices and Patient Opinion, along with the Trust's own website, enable us to collect unsolicited feedback where patients, visitors and the public are motivated to share their experience of visiting the Trust, whether it be positive or negative.

During 2014/15, 623 comment cards were completed, compared to 679 in 2013/14. 379 comments have been left via websites during 2014/15, compared to 423 in 2013/14.

The decrease in the number of patients leaving feedback via comment cards and websites over the past year coincides with the rollout of the Friends and Family Test across all services within the Trust. It is therefore likely that patients who may otherwise have left feedback via a comment card or website are taking the opportunity to comment through the FFT.

**Table 9: Breakdown of comment cards and website feedback received for 2013/14 and 2014/15**

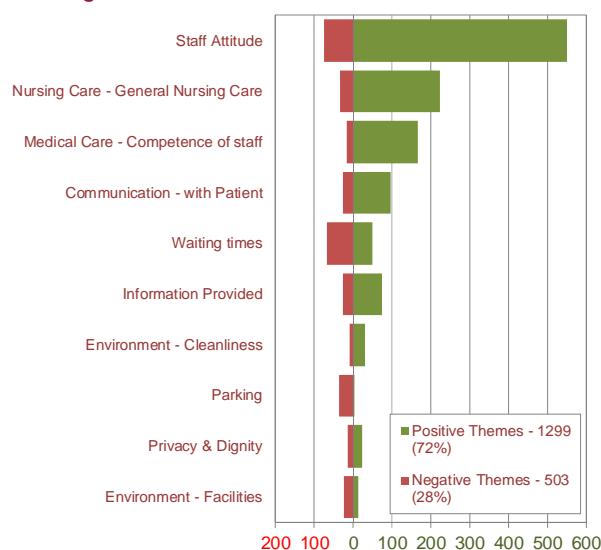
	2013/14		
	Positive	Negative	Total
Comment Cards	478	201	679
Website Feedback	284	139	423
<b>Total</b>	<b>762</b>	<b>340</b>	<b>1102</b>

	2014/15		
	Positive	Negative	Total
Comment Cards	433	190	623
Website Feedback	233	146	379
<b>Total</b>	<b>666</b>	<b>336</b>	<b>1002</b>

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

The most frequently raised themes through website feedback and comment cards in 2014/15 were:

**Graph 11: Most frequently raised themes through website feedback and comment cards during 2014/15**



During 2014/15, 'staff attitude' was the positive theme most often received accounting for 42% of all positive themes, this is a reduction from 46% compared with 2013/14, however 'staff attitude' accounts for 15% of negative themes received during 2014/15, the same amount as in 2013/14.

'Attitude' and 'Communication' regularly feature in the top 5 most raised themes, and this is reflected in other sources of feedback such as complaints. By far, the majority of comments received are positive (66%).

A number of initiatives aim to improve these aspects of our service including the introduction of the PROUD values and the ongoing programme of customer service workshops which support good customer care.

Website feedback and comment cards are a valuable and accessible source of patient feedback and continue to be reported through the monthly complaints dashboard and the quarterly complaints and feedback report.

# 2.3

## Feedback Key Achievements During 2014/15

Key Priorities 2014/15	Update	Further work required in 2015/16
<ul style="list-style-type: none"> <li>• Tender process for new surveys contract</li> </ul>	<ul style="list-style-type: none"> <li>• The tender process has been completed and from the 1st June 2015:               <ul style="list-style-type: none"> <li>– Picker Institute will be our provider for the CQC programme of national surveys.</li> <li>– Healthcare Communications will be our local survey provider, which includes the Friends and Family Test and Frequent Feedback.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A 'time out' planning session is planned for July 2015, which will be attended by a wide group of staff, volunteers and patient representatives including members of the Patient Experience Committee, which will focus on gathering views in relation to the Trust's new approach to patient surveys.</li> <li>• Following the 'time out' planning session, a Trust Surveys Strategy will be agreed which will ensure a planned and coherent approach.</li> </ul>
<ul style="list-style-type: none"> <li>• FFT implementation</li> <li>• Achieving the 2014/15 response rate CQUIN targets</li> </ul>	<ul style="list-style-type: none"> <li>• During 2014/15 the FFT was successfully implemented in outpatient, day case and community locations, achieving the associated CQUIN targets for early implementation</li> <li>• During quarter 4, the FFT response rate for A&amp;E was 21.2%, achieving the CQUIN target of 20%</li> <li>• During quarter 4, the FFT response rate for inpatient response rate was 44.8%, achieving the CQUIN target of 30%.</li> <li>• In March 2015, the inpatient response rate was 56.2%, achieving the 40% CQUIN target for March 2015.</li> </ul>	<ul style="list-style-type: none"> <li>• Re-launching FFT to raise more awareness about the survey by creating new 'branding' so that all posters, communications, surveys and reports are consistent and recognisable.</li> <li>• New reporting methods will be introduced to ensure all relevant staff will receive FFT data directly to their email.</li> <li>• Increased emphasis on patient comments, ensuring these comments are taken forward to make improvements.</li> <li>• Where patients are surveyed using the Interactive Voice Messaging method, patients will be able to leave a voice message to give their feedback, as opposed to a separate SMS message.</li> </ul>

Key Priorities 2014/15	Update	Further work required in 2015/16
<ul style="list-style-type: none"> <li>Local surveys will continue; increasing the number of patients interviewed each month</li> </ul>	<ul style="list-style-type: none"> <li>In 2014/15, 9127 inpatient Frequent Feedback interviews were completed, a 36% increase compared with 6726 for 2013/14.</li> </ul>	<ul style="list-style-type: none"> <li>The 'time out' planning session planned for July 2015 will focus on gathering views in relation to the Trust's new approach to patient surveys.</li> <li>Following the 'time out' planning session, a Trust Surveys Strategy will be agreed which will ensure a planned and coherent approach.</li> <li>Make better use of new technology to undertake and report on surveys</li> </ul>
<ul style="list-style-type: none"> <li>Continue to provide opportunity for patients to comment, and to monitor and act on website feedback and comment cards</li> </ul>	<ul style="list-style-type: none"> <li>Throughout 2014/15 we continued to collect and report on website feedback and comments cards</li> </ul>	<ul style="list-style-type: none"> <li>Working with our new survey provider, develop an approach to collecting feedback relating to the Trust posted on social media websites and forums</li> <li>Benchmark social media and forum comments regarding our Trust.</li> </ul>





# 2.4

## Feedback Priorities for 2015/16

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### Patient Surveys

Following completion of a detailed and thorough tender process for our new survey providers, the Picker Institute have been selected as our provider for the national survey programme, and Healthcare Communications have been selected as our local surveys and Friends and Family Test (FFT) provider. The new contract will commence on the 1st June 2015.

A 'time out' planning session is planned for July 2015, which will be attended by a wide group of staff, volunteers and patient representatives including members of the Patient Experience Committee. The event will focus on gathering views in relation to the Trust's new approach to patient surveys.

Our new survey programme will have a greater emphasis on using technology to undertake and report on surveys, in order to reach a wider audience of patients and to ensure that survey reports and results are easily available for staff to see.

### Friends and Family Test

A number of areas for improvement have been identified and will be implemented during 2015/16. These include a re-launch of FFT to increase awareness of the survey, improved internal communications and a more consistent approach to marketing material including posters, surveys, leaflets and reports.

Throughout 2015/16 there will be a greater emphasis on improving FFT scores and patient comments. An improved monthly FFT report will be provided for all wards, which will continue to list the number of eligible patients, responses and the response rate by ward, but will also present the positive and negative scores along with a link to all patient comments for each ward.

This will enable each ward to identify any areas of the service which are receiving negative comments with a view to making improvements.

To ensure there is an appropriate level of confidence in FFT scores, minimum response rate targets have been established to ensure an appropriate sample size for each ward is achieved. The response rate target for inpatient areas has been set at 30% and a target of 20% for A&E.

FFT scores will be used as a prompt to identify areas which would benefit from more detailed surveys.

Volunteers will be utilised to support wards with low response rates, by helping to hand out FFT postcards to patients who are being discharged that day. It is hoped that this additional resource will help to maintain or increase response rates, particularly on wards with a high number of discharges.

### Website Feedback and Comment Cards

Tell Us What You Think comment cards continue to be a valuable source of feedback and will continue to be available throughout the Trust.

In addition to website feedback and comment cards, during 2015/16 the Trust will be working with Healthcare Communications to identify ways to extract and report on any web feedback relating to the Trust which is not currently being captured, such as feedback from social media sites and forums.

We don't currently routinely collect feedback received via social media sites and forums as we do not have the technology to do so.

Once we are able to collect and report on this feedback, we will look to benchmark any trends identified against web feedback received by other trusts.



# 3 Arts in Health Projects

This section of the report provides a brief summary of key Arts in Health achievements during 2014/15 and priorities for 2015/16. A full annual report will be produced separately by the Arts in Health team where all work and achievements for 2014/15 will be outlined in full.

## 2014/15 key achievements

### Environments

The physical environment is known to be an important factor in patient comfort and recovery. Zest Arts in Health continue to contribute to refurbishment projects across the Trust, advising on colour, furniture and artwork to help create a healing environment which is comfortable and welcoming for patients, staff and visitors. Projects supported this year include:

#### -A&E waiting rooms

Following refurbishment three waiting rooms within A&E had blank walls so were not very welcoming. Photography was donated by a member of staff and these colourful, calming and interesting nature scenes and landscapes became a complementary feature to these rooms which are often used by distressed and anxious relatives.



#### - Mortuary - Northern General and Royal Hallamshire Hospital

In the waiting room at both the Northern General and the Hallamshire mortuaries a comfortable seating area was created which provided a more restful place for bereaved relatives to spend time. Old and outdated furniture was substituted with more modern and comfortable pieces, along with soft furnishings to create a more homely, and less clinical environment. Artwork was also added to the viewing and entrance areas to help make the area appear more welcoming.



### Loo of the year

In December 2014 the Trust was awarded the 'Loo of the Year' award for the newly refurbished Huntsman toilets. The toilets include an Adult Changing Facility which is listed on the official 'Changing Places' website. This facility includes a height adjustable, adult sized changing bench, a tracking hoist system, rise and fall sink and artwork to make the room more welcoming, and to act as a comforting distraction.







### Ward Projects

Zest Arts in Health continue to organise ward based activities for patients on various wards across the Trust. These activities continue to be an invaluable way to give patients time away from their bed area to socialise with fellow patients, volunteers, artists and musicians, and create a positive experience of their hospital stay.

### Music Groups

Throughout 2014/15, music sessions have taken place on 7 wards at the Northern General Hospital.



The art and music groups have been very successful and therapeutic for the patients on the ward. Patients have expressed how much they have enjoyed the sessions and how it has made them feel more like themselves again. They have also been very useful for therapy staff to see how patients function in a different environment doing different activities.

*Speech and Language Therapy Assistant, Q2  
Stroke Unit*

### Art Groups

Throughout 2014/15, weekly art groups have taken place on wards Q1 and Osborn4. In these groups patients are making artwork that will be exhibited in John Lewis Sheffield Café.

"The art group that is currently being offered to our stroke unit has been a fantastic opportunity for many patients to come together and do a therapeutic and fun task. This is a really lovely activity that patients with differing levels of physical and cognitive ability can enjoy. Many patients find the arts group therapeutic and the partnership with John Lewis makes it a real community event for the hospital. The group has been well organised and equally well received with staff and patients. We would love this to be a regular event on the ward."

*Speech and Language Therapist  
Q1 Stroke Unit*



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### 2015/16 Key Priorities

•A 6 month commission for an Arts Group Coordinator will be starting at the beginning of September and they will be working alongside volunteers to set up new art groups on wards. The volunteers will be trained and supported by the Coordinator until they are confident to run these groups on their own. Initially a minimum of six new weekly art groups will be set up and we may look to expand this later in the year.

•An artist is currently working with wards Q1 and Osborn 4 for a twelve week period. She is working with the patients to produce a set of artwork that is going to be displayed in John Lewis café in Sheffield in October. After this the artwork will be permanently displayed within the hospitals.

•In July a new art group will be starting on Brearley 7. The lady who will be facilitating this group specialises in running craft and art groups for patients with dementia. Music is played throughout the hour long sessions to provide a relaxing and calming environment. If this is successful it may be rolled out to other suitable wards.

•We plan to continue with our existing music program and if we are able to secure funding we will add an additional 2 wards.



# 4

## Voluntary Services

This section of the report provides a brief summary of key achievements in Voluntary Services during 2014/15 and priorities for 2015/16. A full annual report will be produced separately by the Voluntary Services team where all the work and achievements for 2014/15 will be outlined in full.

The Voluntary Services team is responsible for the recruitment and management of all volunteers across the Trust's hospital and community services.

### 2014/15 key achievements

#### Recruitment

During 2014/15, 314 new volunteers were recruited, which takes the total number to 820 registered volunteers at the end of March 2015. We are very proud that our volunteers reflect the diversity of our local population and also that their ages range from 16 to 95 years old.

If each volunteer gives the minimum required time of 3 hours per week (and many give more time) this means we received approximately 2460 hours a week of volunteer time.

#### Recognition of long service

In October 2014, we celebrated the achievement of some of our longest serving hospital volunteers. 18 volunteers attended a special event, accompanied by relatives and friends, and received long service awards commencing from 10 years' service. The Trust's Chief Executive presented the awards and personally thanked each person for their contribution over the years. Special bouquet awards were given to two volunteers who have given 25 years of service.

#### Helping in Hospitals Funding

In September 2014, the Patient Partnership Department were successful in securing £95,000 funding from the Cabinet Office. This funding is for an 18 month project to implement new initiatives to expand and measure the impact of volunteering on patient experience. We are one of six trusts across the country who have been awarded this funding.

To date, the Trust has improved the recruitment

and induction process by moving to monthly recruitment (previously 6 monthly); improving the application process by enabling online applications and shortlisting; introducing a revised induction process; and providing additional support for new volunteers.

A number of new roles have been introduced which aim to provide the highest impact on the patient experience. These include a new 'on call' role where volunteers are available to support an area as and when there is a need for their help. Also, a new 'hospital to home' volunteer role enables volunteers to befriend patients on the ward, and then provide post discharge non-clinical support in the patient's home.

#### 2014 Volunteers Survey

In the summer of 2014, a volunteer survey was undertaken to establish how people felt about the recruitment process and the service they received from the Volunteers Team. We also wanted to find out if they were satisfied with their roles. A total of 60 completed surveys were received and results were overwhelmingly positive. Points for improvement related to the length of time recruitment took, which has now been addressed with the new recruitment and induction process.

#### 2015/16 Key Priorities

During 2015/16, work will continue towards achieving the milestones agreed as part of the Cabinet Office funding. These include:

- Achieve the target of recruiting a total of 700 new volunteers by the end of the project (February 2018).
- Continue to improve the recruitment process, focussing on areas where delays occur.
- Improve the nutrition support of patients by linking with the Trust's new Hydration and Nutrition Assurance Toolkit to promote the use of volunteers on wards to assist with nutrition.
- Improve communication with volunteers, introducing new 4-6 week reviews for new volunteers, 6 month catch up meetings and exit interviews to enable us to capture detailed information about their experience.
- Repeat the Volunteer Survey in 2015.



# 5

## Reception Services

Patients' first impressions are exceptionally important and tend to set the scene for the rest of their hospital journey. The first personal contact will often be at reception and it is therefore vital that this encounter is a positive one which reflects the high quality of care the Trust provides.

The Patient Partnership Department operates the 3 main receptions across the Trust; these are located at the Royal Hallamshire Hospital at the A Floor Outpatients entrance and B Floor main entrance, and at the Northern General Hospital Huntsman Building entrance.

Throughout 2014/15, these receptions continued to be an essential part of providing a positive patient experience by providing a warm, friendly welcome to visitors, providing directions and information, and answering queries both face to face and over the telephone.

All staff who work on these 3 receptions have attended the Improving Patient Experience Workshops and work to the 'Commitment to Customer Care' quality standards which were launched in 2011.

During 2014/15, no complaints were received regarding these receptions and only positive feedback has been received from website feedback and comment cards. A selection of positive comments received is presented below:

I came into the hospital to pick my partner up. I couldn't find a disabled parking place so parked in the drop off bay. I was greeted by 2 lovely ladies who bent over backwards to help me, they are an asset to the NHS

Huntsman Reception



My 3 week old baby needed feeding and the hospital cafe was about to close. I spoke to the receptionist who went off and found me a side room in the staff area. I felt amazingly supported, and although I am sure there is a breastfeeding friendly policy, this lady went above and beyond it.

B Floor Reception





# 6

# Patient Information

Providing high quality information is a key part of good patient experience. During 2014/15 the Patient Information Team have been working on a number of initiatives to further improve standards. This has involved the production of information, projects to improve specific types of information such as maps, plus addressing issues in how information is provided to patients.

## 2014/15 key achievements

### Interlagos Patient Information Publishing System (PIPS)

PIPS, our online publishing system for leaflets was fully implemented during 2014. Formal training of staff was completed during July/August 2014 and the system is now used on a day to day basis by Patient Information Leads and Authors across the Trust.

Feedback from staff has been very good with 94% of staff reporting satisfaction with the system in a survey carried out in October 2014.

When asked what they particularly liked comments included:

- Simplicity
- Independence to do them [leaflets] yourself rather than going back and forth to the very busy patient info team.
- Keeps all patient information in one place, allows me to easily check what needs updating. The preview function is really helpful too.
- Quick and easy to make simple changes to review and you don't have to phone around to check stuff is done.
- Being able to write and amend leaflets in one go as you can see problems with formatting etc and make appropriate changes - removing a step of the process when using the previous system. Seeing at a glance on a page all the leaflets I am responsible for and their review dates.

As a result of the new system on average the Patient Information Team are reviewing/publishing 72 leaflets per month compared to just 30 per month using the previous manual system.

As well as the speed of production the system has hugely improved the standard of information produced. The Trust has more leaflets 'in-date' than ever before moving from a point of only 41% in 2010 to a position of 86% at the end of March 2015. Other improved standards have included:

- Consistent formatting and Trust branding of leaflets (including Community Services information)
- Leaflets automatically set to best practice accessibility standards (for patients with a visual impairment, learning disability etc)
- Clear review dates and referencing
- Compulsory recording of evidence base and user testing
- Reduced duplication through use of existing 'approved' content and no double-entry of text
- Content now held digitally, providing the opportunity to respond to changes in technology and export content via mobile devices, tele-health etc.

### Medical Illustration

Throughout 2014 the Patient Information Team worked closely with Medical Illustration to improve the turnaround of artwork. Historically there have been delays in artwork being completed which has caused a bottleneck in leaflets being published. Monthly meetings have been held and improved mechanisms for recording workflow have now been put in place to monitor progress.

## Listening into Action (LiA) – Wayfinding

The Patient Information Team have supported work being undertaken as part of LiA to improve signage and wayfinding. New site maps have been put in a place across the Northern General site to complement the paper based maps produced in 2013. The new maps incorporate new entrance numbering which is designed to correspond to directions given on appointment letters.



Given the complexity of the Northern General site, receptionists have also been trialling 'tear-off desk-pad maps'. The large scale maps allow staff to easily mark a route for the patient to follow and can be torn off and taken away.

## Streamlining patient information

During 2014 work began on a project to improve the information pathway for patients having elective surgery. Phase one has focused on information provided between Pre-Op Assessment and Admission.

A large number of leaflets have been reviewed and feedback sought from patients to ensure information is relevant and consistent (in particular fasting instructions). Patients frequently reported issues such as:

- Not knowing where to go on the day of admission
- Confusion over fasting instructions
- Being given too much information and therefore key details being lost

In response the group has replaced several separate booklets with short information sheets to help patients focus on the most important aspects of their journey.

Where appropriate, reference has been made to other leaflets available on the website for those patients who wish to find out more.

## Accessible Information Standard

Preliminary work took place in 2014 to prepare for the introduction of the Accessible Information Standard which is due to come into force in July 2015. The standard is designed to ensure patients with a disability are provided with information in a format they can understand and with relevant support to help them communicate.

## 2015/16 Key Priorities

### Interlagos Patient Information Publishing System (PIPS)

- Introduce new templates for Sexual Health and an A5 flyer
- User workshop to make improvements to the user-friendliness of the system
- Work with Communications Team to ensure new website design allows mobile access to patient information via smartphones etc
- Provide targeted support, training and advice to departments with large numbers of out-dated information leaflets. In particular:
  - Clinical Immunology and Allergy
  - General Surgery
  - Orthopaedics
  - Physiotherapy
  - Sexual Health Sheffield

## Medical Illustration

Following a review of the Medical Illustration Service it has been agreed that there will be a transfer of responsibility for the graphics service during 2015. From August 2015 the graphic design team will transfer to Patient Partnership to directly support the provision of patient information and patient record development.

It is envisaged that the transfer of staff will have the following benefits:

- Direct management of the graphics function will ensure any issues regarding bottlenecks and workflow can be directly addressed. This

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has been a significant challenge for both Patient Information and Medical Illustration over previous years and will be more easily resolved by closer management of the graphics team.

•Due to the success of publishing via Interlagos, there has been a significant increase in the volume of work handled by the Patient Information Team. During times of staff absence (annual leave, etc.) there have been growing backlogs of work which it has been difficult to recover from. By combining both teams, there is much greater scope to share roles and expertise between staff, therefore ensuring the team are able to deal with peaks in demand and continuity of service during holiday periods, etc.

#### Listening into Action (LiA) – Wayfinding

- Updates due for Northern General and Central Campus maps
- Promotion of resources currently available to help improve wayfinding

#### Streamlining patient information

- Roll out changes and extend work to cover all admission routes (Day Case, TAU at NGH, ward admissions etc)
- Improve information provision during surgical outpatient appointment

#### Accessible Information Standard

- Alternative Format Guidelines to be updated to reflect the new standard
- Ongoing work with Trust Equality and Human Rights Manager to ensure the Trust is compliant with the standard by July 2016