

COMPLAINTS AND FEEDBACK REPORT

October to December 2014

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Summary

The summary section provides an overview of key areas of performance ('risks' and 'highlights') and identifies any actions being taken as a result.

	Risks
Complaints	<ul style="list-style-type: none"> At the end of December 2014, Emergency Care (22) and Surgical Services (14) have the highest number of formal complaints that remain open and beyond the 25 working day target for responding to new complaints. For both of these Care Groups, the number of overdue complaints equates to 61% of all open complaints. ACTION: There is significant work ongoing to improve complaints performance overall. This includes: <ul style="list-style-type: none"> A review of the existing complaints process has been undertaken and a pilot project to trial new ways of working and improve complaint responses is due to start in Urology and General Surgery in April 2015. A new process for setting a monthly target which will clearly identify the number of complaints that need to be closed in order to manage the ongoing workload and ensure a backlog does not develop will be discussed by the Patient Experience Committee in January 2015. In addition to managing the ongoing workload, a proportion of the existing backlog will need to be closed each month. Further discussions are planned with Service Improvement to determine a formula for setting the monthly target. 'Attitude' and 'Communication' continue to feature in the top 3 most raised subjects in complaints. As reported last quarter, a number of initiatives aim to improve these aspects of our service including the ongoing programme of customer service workshops. Formal evaluation of this training will be undertaken, with an interim report and recommendations for the future of the programme being presented during March 2015. This will be featured in next quarter's report.
Website Feedback & Comment Cards	<ul style="list-style-type: none"> Of all website feedback and comment cards received this quarter 66% have been positive, which compares to 74% last quarter. This decrease in positive feedback primarily relates to attitude, accounting for 38% of all positive feedback this quarter, which whilst significantly more than any other subject, is a reduction from 48% last quarter. ACTION: This fall in positive feedback will be monitored to assess whether it is a sustained trend.

Highlights
<ul style="list-style-type: none"> The number of open and overdue complaints for Surgical Services has reduced from 26 at the end of September 2014 to 14 at the end of December 2014. The overall complaints backlog has reduced from 83 at the end of September 2014 to 59 at the end of December 2014 Following a review by the Parliamentary Health Service Ombudsman (PHSO) this quarter, the Trust was informed that the three complaints that had been reviewed by the PHSO were not upheld.

Summary

	Risks
Friends and Family Test (FFT)	<ul style="list-style-type: none"> • This quarter a total of 9202 patients participated in the FFT, a decrease of 14% compared to the 10726 responses received last quarter. There were 5017 inpatient responses, 3582 A&E responses and 603 maternity responses this quarter. • Whilst inpatient and A&E response rates have remained consistent, response rates in maternity services have fallen significantly this quarter (Oct 2014 – 25%; Nov 2014 – 9.9%; Dec 2014 – 9.2%). During November 2014 maternity services reverted back to using postcards, as opposed to SMS texting/Interactive Voice Messaging, and as a result a number of FFT post boxes in maternity were not emptied during December as they were not recorded on the master list of FFT post boxes. This masterlist has now been updated to ensure the same problem does not occur again. The postcards which were not collected in December will be reported with the January 2015 data. ACTION: Following a meeting with matrons and the Nurse Director in maternity services an action plan was developed to increase response rates. Actions agreed include: <ul style="list-style-type: none"> - Ensuring all staff are aware of their responsibility to provide a FFT card at the appropriate time. - Monthly FFT data to be sent to the Community Midwifery Matron to disseminate to all staff to improve staff awareness. - Documenting in hand held patient records when FFT cards are given out. An audit will be undertaken in February 2015 (when January 2015 results are available) to ensure FFT cards are being given to patients.

Highlights
<ul style="list-style-type: none"> • 5 wards were selected to trial SMS text messaging and Interactive Voice Messaging (IVM) to improve response rates as they have the highest throughput of patients with the lowest FFT response rate. This has had a very positive effect on the Theatre Admissions Unit, NGH (TAU) and the Surgical Admissions Centre (SAC) response rates with an increase of 33.9% and 21.1% respectively. However the same increase has not been seen on Firth 2, Huntsman 5 and H1/H2. ACTION: Further data for each ward will now be reviewed, including demographics of patients, to see if there are any patterns to show which patients may respond better to SMS or IVM to help identify further wards to roll-out SMS and IVM to and which areas should continue using postcards. • The vacant FFT Coordinator post has now been filled and her priorities will be to increase response rates in A&E and inpatients in order to achieve the quarter 4 (January to March 2015) CQUIN target. They will also work with maternity services to ensure that the response rates for these services increase.

Summary

	Risks
Frequent Feedback	<ul style="list-style-type: none">The Trust CQUIN target for measures of essential care (support at mealtimes, help getting to the toilet/bathroom, treated with dignity and respect, pain control) is 91.6% for the year 2014/15. At the end of this quarter, the year to date Trust score is 86.5% . Compared to last quarter, there has been an improvement across all 4 questions, however, patients receiving support at mealtimes is the lowest scoring measure achieving a composite score of 84.1% between October and December 2014. ACTION: The Voluntary Services Team are continuing to prioritise those wards receiving low scores for mealtime support to place volunteers to assist patients at meal times. At the end of December 2014, there are 16 new mealtime volunteers ready to commence in January 2015.

Highlights
<ul style="list-style-type: none">2369 Frequent Feedback inpatient interviews were undertaken between October and December 2014. In total, at the end of quarter 3 (October to December 2014), 7184 Frequent Feedback inpatient interviews have been undertaken for the year to date, more than the total number of interviews carried out during the whole of 2013/14 (6726).

Complaints

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

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

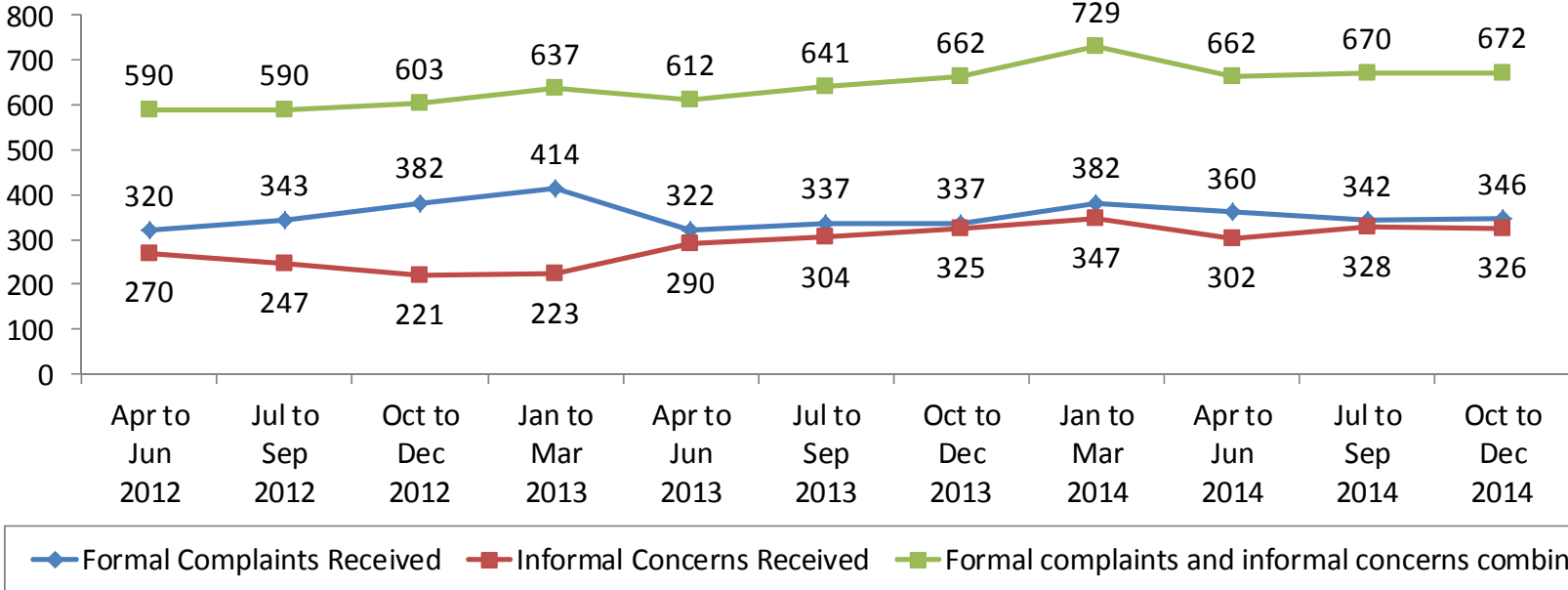
The Trust participates in the Patients Association complainant satisfaction survey, which asks for feedback from complainants on how the Trust managed their concerns. Results of the survey will be monitored and feature in future reports as and when they become available.

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

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

Complaints – Number of formal complaints and informal concerns received

Total number of concerns received by quarter



During this quarter 346 new formal complaints were received, a slight increase from 342 received last quarter. 326 informal concerns were received this quarter, compared with 328 last quarter. By combining the number of formal complaints received and the number of informal concerns, a total of 672 were raised between October and December 2014, a slight increase from 670 received last quarter and the 662 received in the same quarter of 2013/14.

It is also interesting to note that there is a correlation between the number of formal complaints received compared to the number of informal concerns. Since the quarter April to June 2013, the number of concerns managed informally has increased, this has resulted in fewer formal complaints. It is positive to note that concerns managed informally have increased which often results in a swifter resolution of the concern for the complainant and has less impact on resources.

The graph above shows that when complaints data are presented as a quarterly breakdown rather than monthly, there is less variation. As reported last quarter, there is a notable increase in the number of combined formal complaints and informal concerns received for the quarter January to March 2014, and while numbers have reduced in the subsequent quarters, they have still remained higher than prior to this period.

Complaints – Formal complaints received by patient activity

Proportion of patients who have made a formal complaint

	Number of patients treated for each complaint received						% of patients who have made a complaint					
	Overall		Inpatient		Outpatient		Overall		Inpatient		Outpatient	
	Last 12 months	Current Qtr Oct-Dec 14	Last 12 months	Current Qtr Oct-Dec 14	Last 12 months	Current Qtr Oct-Dec 14	Last 12 months	Current Qtr Oct-Dec 14	Last 12 months	Current Qtr Oct-Dec 14	Last 12 months	Current Qtr Oct-Dec 14
Combined Community & Acute Care	1127:1	1037:1					0.09%	0.10%				
Emergency Care	739:1	842:1	321:1	513:1	1367:1	1087:1	0.14%	0.12%	0.31%	0.20%	0.07%	0.09%
- Accident & Emergency*	899:1	931:1					0.11%	0.1%				
Head & Neck Services	1541:1	1525:1	584:1	630:1	1903:1	1831:1	0.06%	0.07%	0.17%	0.16%	0.05%	0.05%
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	1395:1	1506:1	262:1	219:1	1445:1	1527:1	0.07%	0.07%	0.38%	0.46%	0.07%	0.07%
- Maternity Services*	2683:1	5278:1					0.04%	0.02%				
Operating Services, Critical Care & Anaesthesia	435:1	961:1	290:1	439:1	675:1	2526:1	0.23%	0.10%	0.3%	0.23%	0.15%	0.04%
South Yorkshire Regional Services	1000:1	1460:1	317:1	406:1	1832:1	3217:1	0.1%	0.07%	0.32%	0.25%	0.05%	0.03%
Specialised Cancer, Medicine & Rehabilitation	2181:1	2188:1	1049:1	2287:1	2669:1	2172:1	0.05%	0.05%	0.1%	0.04%	0.04%	0.05%
Surgical Services	694:1	677:1	201:1	235:1	1618:1	1162:1	0.14%	0.15%	0.50%	0.43%	0.06%	0.09%
Trust total	1111:1	1179:1	442:1	555:1	1824:1	1654:1	0.09%	0.08%	0.23%	0.18%	0.05%	0.06%

* Accident & Emergency and Maternity Services complaints are coded under their own category, and not as 'inpatient' or 'outpatient'

The table above shows the number of patients treated for each formal complaint received, as well as the percentage of patients that have made a formal complaint, for each Care Group (as well as A&E and maternity services, which are coded separately). The Care Groups above are listed alphabetically.

The number of patients treated is calculated by combining the number of elective and non-elective inpatient episodes with the number of new and follow-up outpatient attendances each month.

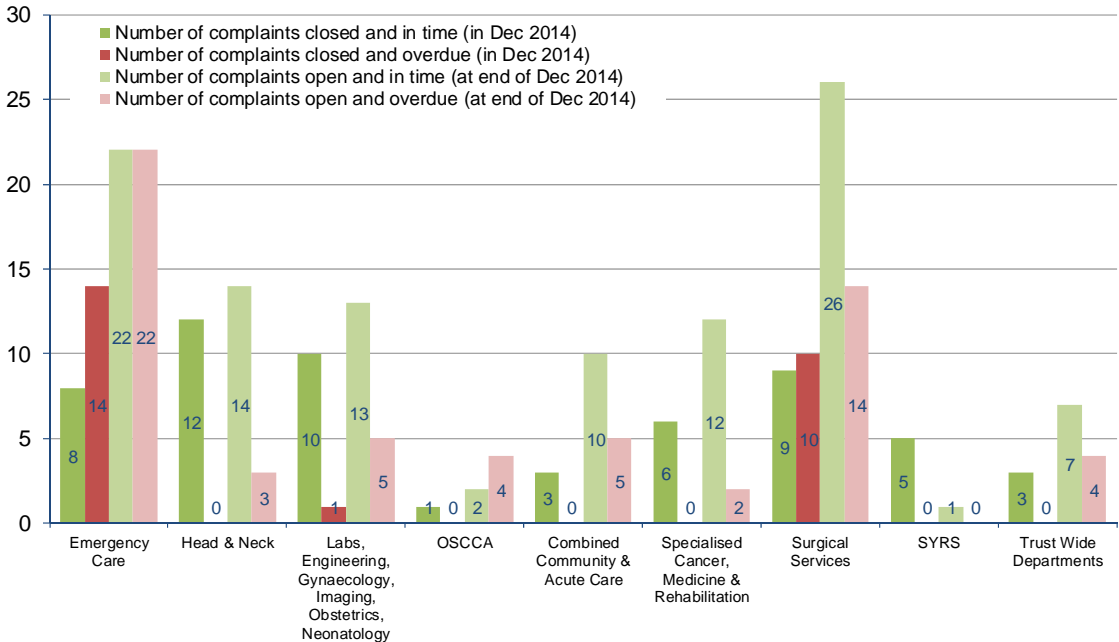
The data above shows that over the past 12 months, overall the Trust treated 1111 patients for every formal complaint received, which equates to 0.09% of patients treated making a formal complaint. This rate has improved for the

current quarter (October to December 2014) to 1179 patients being treated for every formal complaint received, equating to 0.08% of patients treated making a formal complaint.

With regard to individual Care Groups, Specialised Cancer, Medicine and Rehabilitation have received the lowest proportion of formal complaints over the past 12 months by treating 2181 patients for every formal complaint received, which equates to 0.05% of patients treated making a formal complaint.

Complaints – Number of formal complaints closed

Formal complaints closed against the number of overdue complaints (end of quarter position)



The Trust has set a local target of responding to at least 85% of formal complaints within 25 working days. The graph above shows the number of complaints that have been responded to within 25 working days (in time) and those that have not achieved the 25 working day target (overdue).

The number of open but overdue complaints is a helpful predictor of complaint response time performance in the upcoming months and is useful as an early warning of potential problems which are developing. The data above are based on figures at the end of December 2014, as the number of overdue complaints changes daily as does the number of complaints closed.

Over the past quarter, 338 formal complaints have been closed, a slight decrease from 339 between July and September 2014. 36% (59) of all open complaints remain overdue, an improvement from 43% (83) of all open complaints being overdue at the end of September 2014. Surgical Services and Emergency Care are the Care Groups with the highest number of overdue complaints.

The pilot in Urology and General Surgery to trial new ways of working will include new tiered response time targets. These include a 10 day response target for complaints which can be resolved more quickly, a 25 day target for complaints of medium complexity and a 40 day target for more complex complaints. This is in recognition of the fact that a flat 25 day target does not allow for complaints which can be completed more quickly or that, for more complex complaints, it is often an unrealistic timescale and sets expectations which we are then unable to meet.

A new process for setting a monthly target which will clearly identify the number of complaints that need to be closed in order to manage the ongoing workload and ensure a backlog does not develop will be discussed by the Patient Experience Committee in January 2015. In addition to managing the ongoing workload, a proportion of the existing backlog will need to be closed each month. Further discussions are planned with Service Improvement to determine a formula for setting the monthly target.

Complaints - Subjects raised in formal complaints and informal concerns

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

Current quarter (October 2014 to December 2014)

Last 12 months (January 2014 to December 2014)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	72	11%
2	Appropriateness of medical treatment	38	6%
3	Attitude	28	4%
4	Communication with relative / carer	28	4%
5	General nursing care	25	4%
6	Delay in treatment	24	4%
7	Waiting time for follow-up appointment	22	3%
8	Access to information	18	3%
9	On waiting list for procedure	16	3%
10	Choice of medical treatment	15	2%

#	Subject	Qty	% of all subjects raised
1	Communication with patient	273	12%
2	Attitude	153	7%
3	Appropriateness of medical treatment	136	6%
4	General nursing care	120	5%
5	Delay in treatment	88	4%
6	Communication with relative / carer	68	3%
7	Unhappy with outcome of surgery	68	3%
8	Choice of medical treatment	63	3%
9	Waiting time for follow-up appointment	55	2%
10	Cancellation of appointment	53	2%

These tables show that 'attitude' and 'communication' consistently feature in the top 3 most raised subjects in formal complaints and informal concerns.

Of the 72 subjects coded against 'communication with patient' between October and December 2014, 45 have been raised through informal concerns. This reflects the nature of informal concerns where the Patient Services Team can support patients and relatives in communicating with the relevant member of staff to resolve any concerns before they escalate into a formal complaint.

Changing staff behaviour is a slow process, but a number of initiatives are now becoming integrated into everyday practice, such as the PROUD Values.

In addition, the Trust's 'Improving Patient Experience' workshops support good customer care and 4 workshops take place each month. As reported last quarter, a formal evaluation will be undertaken, with an interim report and recommendations for the future of the programme being presented during March 2015. This will be featured in next quarter's report.

Complaints - Subjects raised in formal complaints

Top 10 subjects raised in formal complaints by Care Group

	Appropriateness of medical treatment	Communication with patient	Attitude	General nursing care	Choice of medical treatment	Competence of medical staff	Unhappy with outcome of surgery	Inappropriately discharged	Communication with relative / carer	Delay in treatment
Emergency Care	9	4	5	3	7	1	0	1	3	2
Head & Neck	13	8	5	3	1	2	0	1	1	1
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	3	3	4	0	1	3	1	1	0	0
OSCCA	1	0	0	0	0	0	0	0	0	0
Combined Community & Acute Care	5	2	1	3	0	0	0	4	2	0
Specialised Cancer, Medicine & Rehabilitation	2	2	2	0	0	4	0	0	1	5
Surgical Services	2	8	6	6	4	0	10	3	2	0
SYRS	1	0	1	0	1	1	0	0	0	1
Trust Wide Departments	0	0	1	0	0	0	0	0	0	0
TOTAL	36	27	25	15	14	11	11	10	9	9

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

The two most frequently raised subjects in formal complaints between October and December 2014 are 'appropriateness of medical treatment' (36) and 'communication with patient' (27).

'Appropriateness of medical treatment' is the most frequently raised subject for 5 Care Groups, and has been raised more than any other subject for a single Care Group, being raised 13 times in Head & Neck.

Of the 13 complaints relating to 'appropriateness of medical treatment' for Head and Neck this quarter, upon completion of the complaint investigation 8 were found to have had appropriate care delivered. The remaining 5 complaints were not related to any specific specialty or issue.

Of the other Care Groups with a high number of complaints relating to a specific subject, these have been investigated and no clear trends or themes have been identified nor do they relate to a specific specialty.

Complaints – Parliamentary and Health Service Ombudsman (PHSO) cases

If a complainant is unhappy with the response received from the Trust, they have the right to contact the Parliamentary and Health Service Ombudsman (PHSO) to request an investigation into their complaint.

The PHSO is the final line in the NHS complaint process and offers an independent view on whether the NHS has reasonably responded to a complaint. The PHSO has increased the number of investigations it undertakes and consequently the Trust has seen an increase in the number of complaints investigated by the PHSO.

The number of PHSO cases, decisions and outcome by quarter

	Apr to Jun 12	Jul to Sep 12	Oct to Dec 12	Jan to Mar 13	2012/13	Apr to Jun 13	Jul to Sep 13	Oct to Dec 13	Jan to Mar 14	2013/14	Apr to Jun 14	Jul to Sep 14	Oct to Dec 14	2014/15 Year to date
Number of new PHSO cases	4	4	5	7	20	3	3	1	7	14	4	6	11	21
Number of PHSO decisions	3	4	2	6	15	3	0	1	1	5	2	2	3	7
Number of PHSO cases fully or partly upheld	0	0	0	1	1	0	0	0	1	1	1	0	0	1

New PHSO cases this quarter

This quarter, 11 new information requests have been received, these relate to the following directorates:

- **Combined Community & Acute Care**
 - Geriatric & Stroke Medicine (1)
- **Emergency Care**
 - Emergency Medicine (1)
- **Head and Neck**
 - ENT (1)
 - Neurosciences (2)
- **Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology**
 - Obstetrics (1)
 - Gynaecology (1)
 - Medical Imaging (1)
- **South Yorkshire Regional Services**
 - Cardiology (1)
- **Surgical Services**
 - Orthopaedics (1)
 - Urology (1)

New PHSO decisions this quarter

There were three new decisions received from the PHSO during this quarter:

Critical Care (NOT UPHELD)

The complainant raised concerns regarding the care and treatment received by her sister and the impact this had on her sister’s deterioration and subsequent cardiac arrest.

The Ombudsman concluded that no failings were identified on the part of the Trust with regards to the care provided, and therefore did not uphold the complaint.

Cardiology (NOT UPHELD)

The complainant raised concerns regarding the care and treatment received by her mother. Issues related to feeding and responding to her mother’s needs, as well as not providing a bedside buzzer on the ward where she was being treated.

The Ombudsman concluded that there were no failings identified on the part of the Trust with regards to the care provided. A suitable alternative had been put in place to get the attention of nursing staff if the buzzer was not working on the ward where the patient was being treated.

Specialised Cancer (NOT UPHELD)

The complainant raised concerns that no diagnosis was given in relation to the pain he was experiencing and that the consultant refused him a second opinion.

The Ombudsman concluded that no failings were identified in the care provided by the Trust, and that a second opinion had already been received as an MRI scan had been reviewed by two additional radiologists within the Trust, and therefore did not uphold the complaint.

Complaints - Actions as a result of formal complaints

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

Examples of actions agreed this quarter as a result of formal complaints are presented below:

Ward/Department/Service	Issues identified	Actions agreed
<p>Emergency Eye Clinic, Head & Neck</p>	<p>A complaint was received regarding an inpatient whose vision suddenly deteriorated and was informed that she would need to be transferred from the Northern General Hospital (NGH) to the Emergency Eye Clinic at the Royal Hallamshire Hospital (RHH).</p> <p>When at the Emergency Eye Clinic at RHH, the patient was informed by the ophthalmology doctor that they were not expecting her and that the patient could have been seen by the on-call ophthalmologist at NGH, and there was no need to transfer them.</p> <p>There was a wait of over 4 hours at the Emergency Eye Clinic and the patient was not informed at any time about the wait. The transfer to the RHH site and the long wait at the Emergency Eye Clinic made them feel very tired.</p>	<ul style="list-style-type: none"> • It was confirmed that the patient could have been seen as an inpatient by the on-call ophthalmologist at NGH. Junior doctors have been reminded of the process for managing referrals from NGH and the importance of considering the patient’s wider medical issues. • A piece of work will be undertaken looking at more robust ways of tracking patient care through electronic patient notes. This can help to see when a patient has left the care of one clinician and the care has been transferred to another. This will enable staff to identify the total amount of time that a patient has been waiting in a particular clinic. • The ophthalmology doctor has reflected on the events and for future practice will ensure the reasons for any delays will be announced if there are significant waits in clinic. Nursing staff have also been reminded of the importance of keeping patients informed of the reasons for significant delays.
<p>Orthopaedics, Surgical Services</p>	<p>A complaint was received from a patient who was unhappy with a delay to his discharge following a broken leg. He expressed concern that a planned repeat X-ray was not arranged, but was required before he could be discharged. The patient also believed there was a delay in providing take home medication.</p>	<ul style="list-style-type: none"> • Upon investigation, it was found that a repeat X-ray was documented as being required in the patient’s notes, but had not been booked by the doctor. The patient could not be discharged until the X-ray had been carried out, and therefore the patients discharge was delayed. • The investigation found that the patients take home medication was dispensed within the Pharmacy Department target for discharge prescriptions of 1 hour. • To prevent this occurring again, a support worker has been appointed to work with doctors who attend ward rounds, and will ensure that blood tests, X-rays and take home medication are ordered and undertaken in a timely manner. This has already made the service more efficient for patients, and will prevent delays like this from happening in the future.

Complaints – Patients Association complaints survey

The Patients Association have developed the complaints survey to monitor the quality of complaint handling. The complaints survey is a resource for trusts to monitor the way they handle complaints against the Patients Association’s Good Practice Standards; these standards were recommended for adoption across the NHS in the Francis Report¹.

This Trust has been participating since April 2014, and the survey is sent to all complainants 10 weeks after receiving the final response to their complaint.

In January 2015, the Patients Association published the first full report of results which outlines the Trust performance, and compares it against other trusts who participate in the survey. The survey consists of 19 questions relating to every aspect of the complaints process, such as timeliness, how the complaint was handled, helpfulness of staff, and communication.

The report covers April 2014 to January 2015, during which time 23 trusts participated, of which 5 are acute trusts with community services (including this Trust, which is the only teaching hospital). The report is based on 1010 survey responses, of which 164 relate to this Trust.

Overall, this Trust scored similar to the other 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 will enable the Trust to benchmark performance in relation to the key measures with other trusts, and to set improvement targets for each measure and agree an action plan to achieve this.

Performance against the 4 key measures is as follows:

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 results above show that the Trust has performed significantly better than other trusts on the percentage of patients who feel their complaint was dealt with ‘quickly enough’ (36%).

The pilot to trial new ways of working and improve complaint responses in Urology and General Surgery will aim to see improvements in the scores listed above. Improvement targets are in the process of being agreed for these 4 measures along with a range of other key performance indicators, which include patients being kept informed throughout the investigation into their concerns.

Results from the complaints survey will need to be monitored at directorate as well as Trust level to determine the impact of the new complaints process.

Performance against the 4 measures outlined above will feature in future reports as results from the survey become available.

¹ Francis RQC (2013) - Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry: London; the Stationery Office

Feedback

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

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

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

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

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

- The Friends and Family Test (FFT) which asks a simple, standardised question with response options on a 5-point scale, ranging from whether they are 'extremely likely' to 'extremely unlikely' to recommend our Trust to their family and friends. The question is asked on discharge and currently covers inpatients, A&E and

maternity services. FFT was also introduced in day case and outpatient areas from October 2014, however, the Trust does not need to report FFT data for these areas to NHS England until April 2015. Until then, all data will be reported in house.

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

Community FFT will be fully rolled out by January 2015 and results will be presented for the first time next quarter.

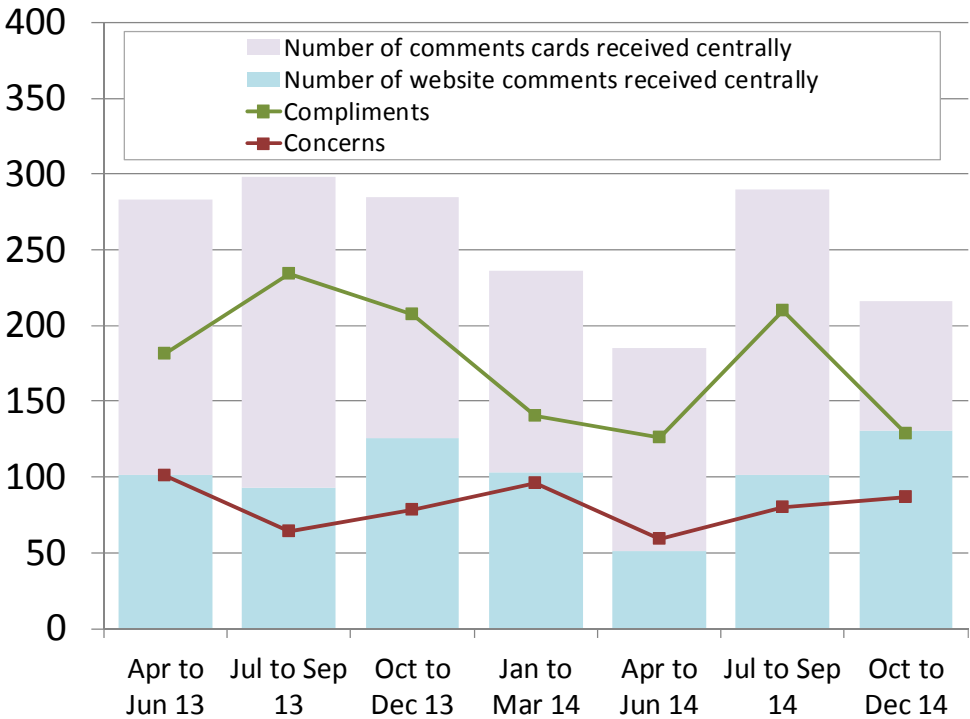
- The Frequent Feedback inpatient survey, which is undertaken by trained volunteers during the patient's stay on a ward. The inpatient survey covers a range of questions related to the patient's experience. Performance on questions which relate to CQUIN measures of essential care are featured in this report.
- The Trust also participates in the CQC programme of national surveys. As and when results become available these will be featured in this report.

The Trust is currently completing a re-tendering process for our surveys provider, aiming to develop a new approach to patient feedback. The outcome of the tender process, along with details of changes to the Trust's approach to seeking feedback, will be featured in a future report.

Feedback - Website feedback & comment cards

During the period October to December 2014, 85 comments cards were completed and 131 comments left via website feedback. Therefore a total of 216 individual comments have been received regarding the Trust during this period, of which 374 individual themes have been identified.

The chart below shows the comments cards and website feedback received by quarter and the breakdown of these by compliments and concerns.



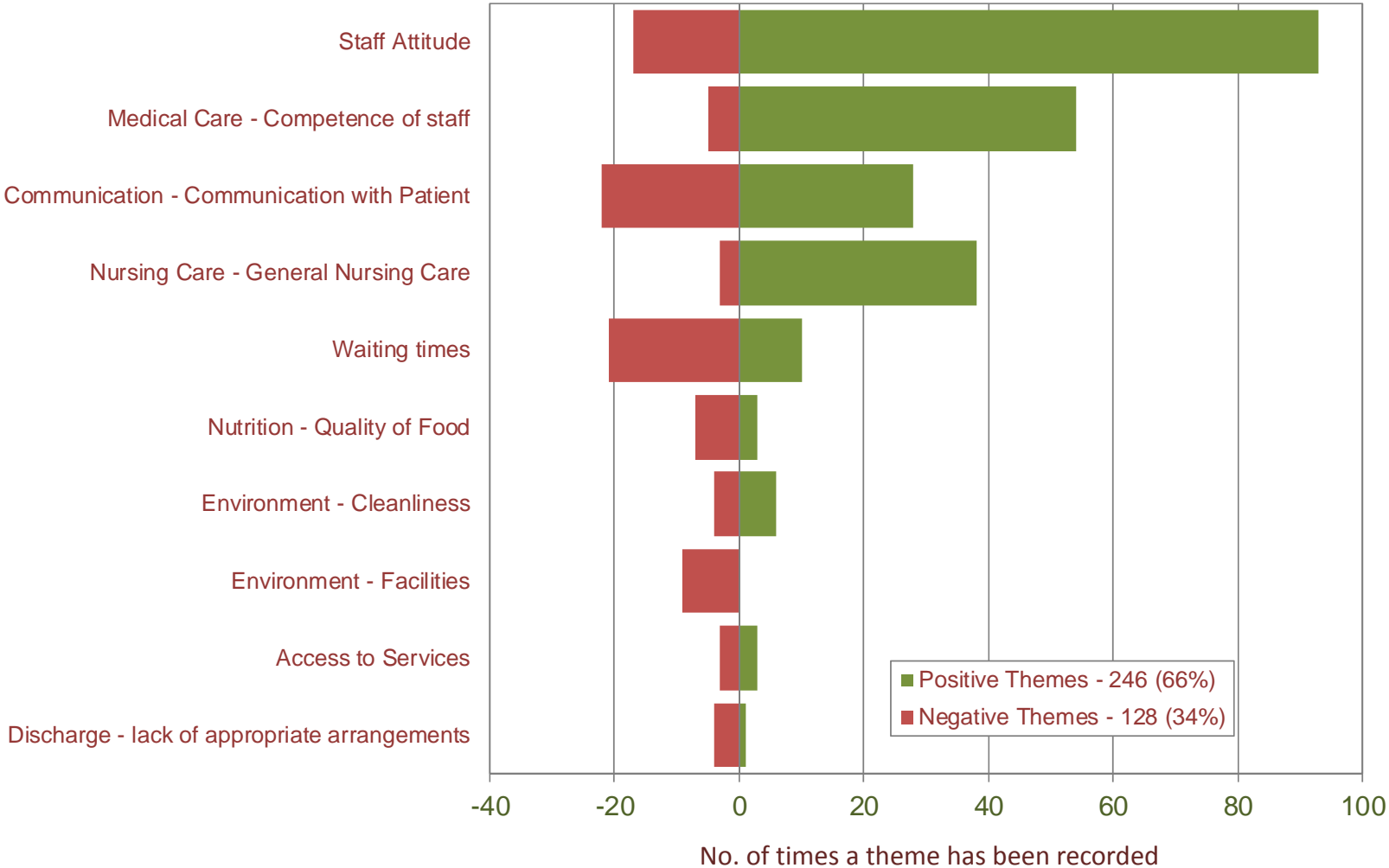
Of all website feedback and comment cards received this quarter 66% have been positive, which compares to 74% last quarter. This decrease in positive feedback primarily relates to attitude, accounting for 38% of all positive feedback this quarter, which whilst significantly more than any other subject, is a reduction from 48% last quarter. This will be monitored.

% of positive comments from all comments received centrally			
Current Quarter (Oct to Dec 2014)		Last 12 months (Jan 14 to Dec 14)	
%	QTY	%	QTY
66%	246	70%	1170

% of negative comments from all comments received centrally			
Current Quarter (Oct to Dec 2014)		Last 12 months (Jan 14 to Dec 14)	
%	QTY	%	QTY
34%	128	30%	505

Feedback - themes raised in website feedback and comment cards

Top 10 themes raised in website feedback and comment cards between October and December 2014



The staff were always helpful and treated me with respect.

A huge thank you for the care you all gave at all times.

My mum was constantly referred to as her bed number and not her name.

The waiting time for appointments is astronomical! There needs to be more out of hours appointments available.

Feedback - Friends & Family Test

Introduction and background

The Friends and Family Test (FFT) was introduced nationally across all provider NHS Trusts from 1st April 2013. This Trust is now carrying out the FFT in inpatient, A&E, maternity services, day case areas and outpatients.

Response rates

Between October and December 2014, 5017 inpatients, 3582 A&E patients, and 603 maternity services patients from the Trust completed the FFT survey, giving a total of 9202 responses this quarter. This is a decrease of 14% compared to the 10726 responses received last quarter.

Whilst inpatient and A&E response rates have remained consistent, response rates in maternity services have fallen significantly this quarter (Oct 2014 – 25%; Nov 2014 – 9.9%; Dec 2014 – 9.2%). During November 2014 maternity services reverted back to using postcards, as opposed to SMS texting/Interactive Voice Messaging, and as a result a number of FFT post boxes in maternity were not emptied during December as they were not recorded on the master list of FFT post boxes. This masterlist has now been updated to ensure the same problem does not occur again. The postcards which were not collected in December will be reported with the January 2015 data.

Following a meeting with matrons and the Nurse Director, an action plan was developed to increase response rates. Actions agreed include:

- Ensuring all staff are aware of their responsibility to provide a FFT card at the appropriate time.
- Monthly FFT data to be sent to the Community Midwifery Matron to disseminate to all staff to improve staff awareness.
- FFT postcard stock levels are to be monitored in all areas of maternity services.
- Documenting in hand held patient records when FFT cards are given out. An audit will be undertaken in February 2015 (when January 2015 results are available) to ensure FFT cards are being given to patients.

The CQUIN target for quarter 4 (January to March) 2015 is to achieve a quarterly response rate of 30% for inpatients, 20% for A&E and a response rate of 40% for inpatients in March 2015 only. Weekly response rates are being closely monitored by Nurse Directors and Deputy Nurse Directors and wards with low response rates will be supported to help them increase their response rates.

5 wards were selected to trial SMS text messaging and Interactive Voice Messaging (IVM) to improve response rates. Firth 2, Huntsman 5, TAU, SAC and H1/H2 were chosen as they have the highest throughput of patients with the lowest FFT response rate.

The table below presents the response rate for each of these wards prior to the introduction of SMS and IVM compared to after it was introduced:

Ward	Nov 2014 (Postcards)	Dec 2014 (SMS/IVM)	Variation
TAU	8%	42%	33.9%
SAC	8%	29%	21.1%
H1/H2	24%	25%	1.6%
Huntsman 5	13%	10%	-2.9%
Firth 2	28%	21%	-7.0%

The introduction of SMS and IVM has had a very positive effect on TAU and SAC response rates with an increase of 33.9% and 21.1% respectively. However the same increase has not been seen on Firth 2, Huntsman 5 and H1/H2. Further data for each ward will now be reviewed, including demographics of patients, to see if there are any patterns to show which patients may respond better to SMS or IVM. This will help to identify further wards to roll-out SMS and IVM to and which areas should continue using postcards.

Scores

The scoring system for FFT data has changed this quarter. NHS England no longer uses the Net Promoter Score and has moved to a percentage based system where FFT scores are now recorded taking the percentage of patients who 'would recommend' our service which is taken from ratings 'highly likely' and 'likely'.

Feedback - Friends & Family Test

The new percentage scoring system shows that the vast majority of patients responding to FFT would recommend our Trust to friends and family with inpatient areas achieving 97% between October and December 2014, A&E achieving 80% and maternity services achieving 90%.

Between October and December 2014, 35% (24) of all wards and departments participating in the FFT have achieved a positive score of 100%.

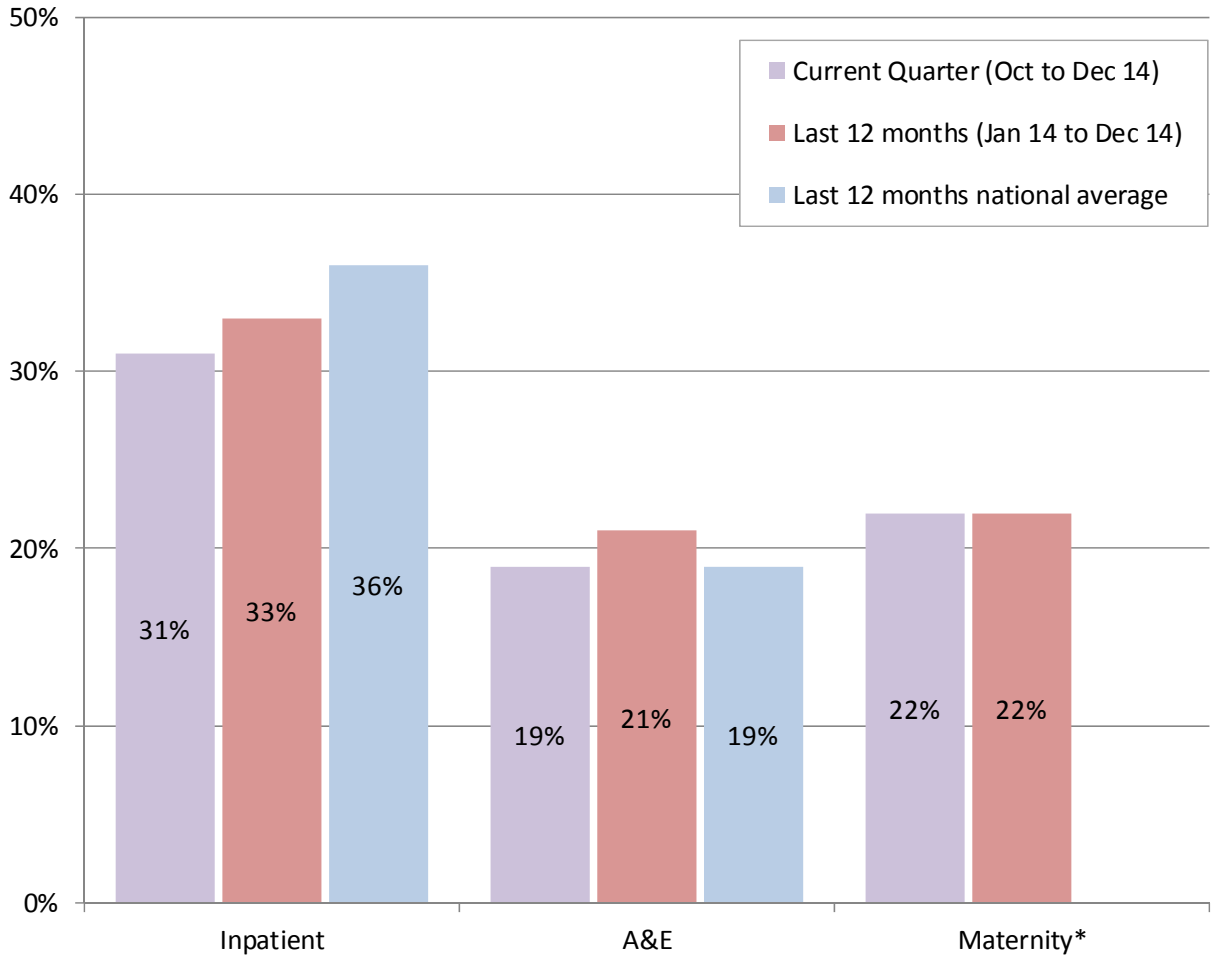
Next steps

The following steps to further develop FFT are now underway or planned:

- Reporting to NHS England for FFT in day case and outpatients will commence in April 2015. Until then, all data will be reported in house.
- FFT has been piloted in community services, which is on schedule for early adoption in January 2015.
- The vacant FFT Coordinator post has now been filled. Her priorities will be to increase response rates in A&E and inpatients in order to achieve the quarter 4 (January to March 2015) CQUIN target. They will also work with maternity services to ensure that the response rates for these services increase.

Feedback - Friends & Family Test response rates

Response rates by survey



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

The chart above shows that the response rate for inpatients between October and December 2014 is 5% lower than the 12 month national average, and slightly lower than the 12 month Trust average.

Highest performing wards/departments by response rate

	October to December 2014			Last 12 months (Jan 14 to Dec 14)
	Eligible Patients	Responses	Response Rate	
M2	200	237	118.5%*	66.9%
Osborn 1	38	38	100%	68.7%
Osborn 4	19	15	78.9%	50%
P1 / CIU	173	130	75.1%	91.7%
Renal Unit - E Floor	169	107	63.3%	58.1%

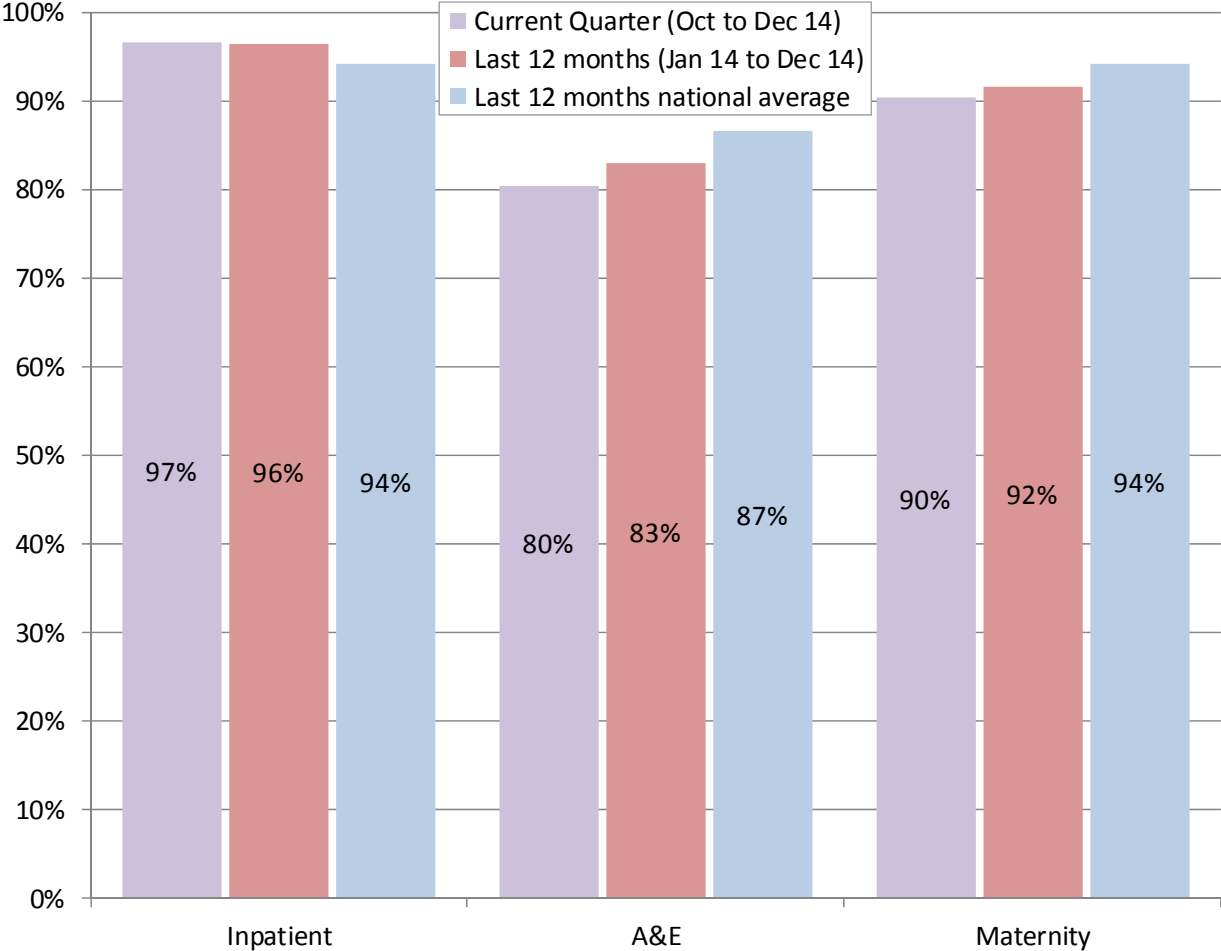
* Monthly FFT returns allow up to 10% of the previous month's late returns to be included. This explains why a ward may have a response rate that exceeds 100%.

Lowest performing wards/departments by response rate

	October to December 2014			Last 12 months (Jan 14 to Dec 14)
	Eligible Patients	Responses	Response Rate	
Robert Hadfield 3	139	5	3.6%	17.8%
P3	147	6	4.1%	18.1%
P4	44	2	4.5%	18.7%
Q1	42	2	4.8%	41.0%
Ward 2	423	22	5.2%	6.7%

Feedback - Friends & Family Test scores

Scores by survey



The chart above shows that the score for A&E between October and December 2014 is 7% lower than the 12 month national average, and slightly lower than the 12 month Trust average.

Feedback - Friends & Family Test benchmarking

The tables below show the FFT performance for this Trust between October and December 2014. Results are presented for inpatient, A&E and maternity services scores and response rates against other members of the Shelford Group. Trusts are ranked in order of the highest response rate or score to the lowest, with this Trust and the England average being highlighted.

Response Rates*

Inpatient		A&E			
1	University Hospitals Birmingham	47%	1	King's College Hospital	24%
2	Imperial College Healthcare	41%	2	University College London Hospitals	22%
3	The Newcastle Upon Tyne Hospitals	39%	3	Central Manchester University Hospitals	22%
4	Guy's And St Thomas'	36%	4	University Hospitals Birmingham	20%
England Average		36%	5	Sheffield Teaching Hospitals	19%
5	Central Manchester University Hospitals	35%	6	Cambridge University Hospitals	19%
6	King's College Hospital	34%	England Average		19%
7	Sheffield Teaching Hospitals	31%	7	Imperial College Healthcare	18%
8	University College London Hospitals	29%	8	Guy's And St Thomas'	17%
9	Oxford University Hospitals	24%	9	The Newcastle Upon Tyne Hospitals	16%
10	Cambridge University Hospitals	22%	10	Oxford University Hospitals	8%

Scores

Inpatient		A&E		Maternity				
1	The Newcastle Upon Tyne Hospitals	98%	1	University College London Hospitals	93%	1	The Newcastle Upon Tyne Hospitals	98%
2	Sheffield Teaching Hospitals	97%	2	The Newcastle Upon Tyne Hospitals	92%	2	Oxford University Hospitals	96%
3	University College London Hospitals	97%	3	Central Manchester University Hospitals	89%	3	Sheffield Teaching Hospitals	95%
4	Guy's And St Thomas'	97%	4	Cambridge University Hospitals	89%	England Average		95%
5	Oxford University Hospitals	96%	England Average		87%	4	Cambridge University Hospitals	94%
6	University Hospitals Birmingham	95%	5	Imperial College Healthcare	86%	5	University College London Hospitals	94%
England Average		95%	6	University Hospitals Birmingham	85%	6	Imperial College Healthcare	93%
7	Imperial College Healthcare	94%	7	Guy's And St Thomas'	83%	7	Guy's And St Thomas'	90%
8	Central Manchester University Hospitals	94%	8	King's College Hospital	82%	8	King's College Hospital	88%
9	Cambridge University Hospitals	93%	9	Sheffield Teaching Hospitals	80%	9	Central Manchester University Hospitals	88%
10	King's College Hospital	93%	10	Oxford University Hospitals	80%			

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

Feedback - Inpatient Frequent Feedback survey

The Frequent Feedback inpatient survey covers a range of questions related to the patient’s experience and is undertaken by trained volunteers during the patient’s stay on a ward.

Completed inpatient Frequent Feedback surveys by quarter

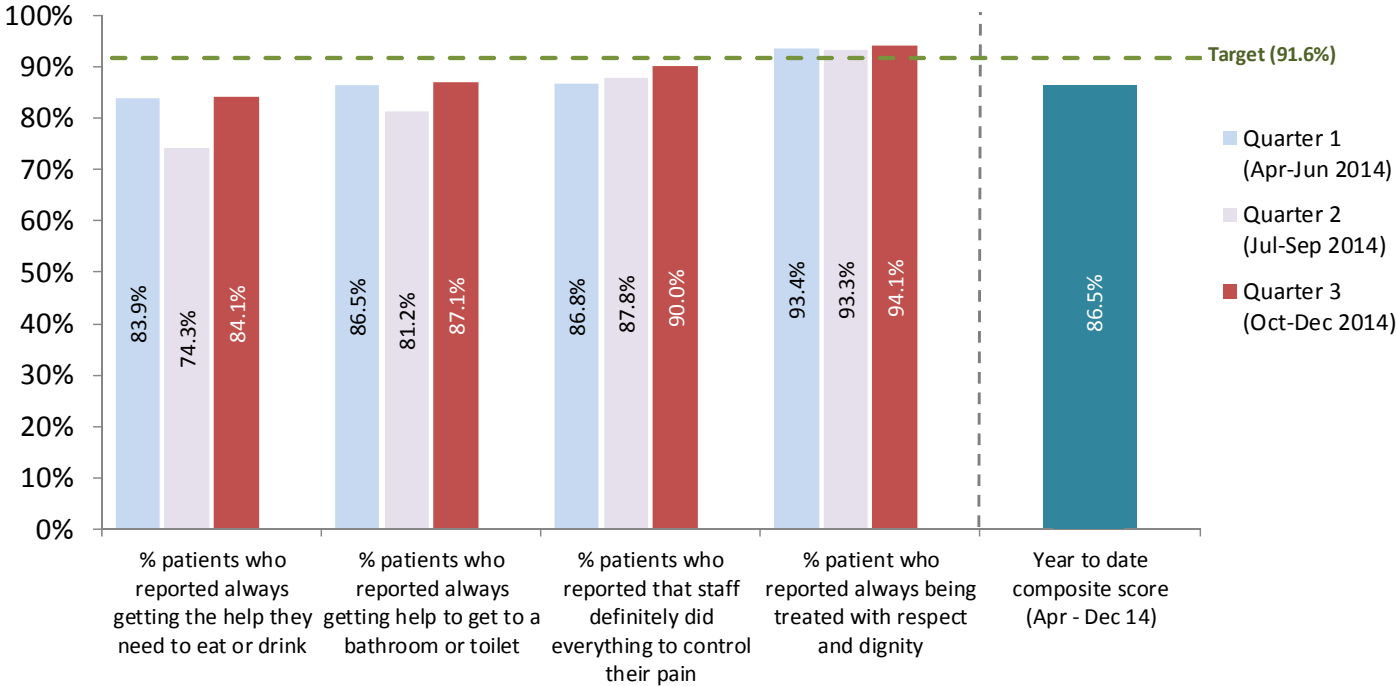
	Apr to Jun 12	Jul to Sep 12	Oct to Dec 12	Jan to Mar 13	2012/13	Apr to Jun 13	Jul to Sep 13	Oct to Dec 13	Jan to Mar 14	2013/14	Apr to Jun 14	Jul to Sep 14	Oct to Dec 14	2014/15 Year to date
Number of completed inpatient Frequent Feedback surveys	842	1684	1078	1332	4936	1339	1360	1401	2626	6726	1939	2876	2369	7184

Essential care

The chart below shows the composite score for the 4 questions which are considered to be measures of essential care. The Trust CQUIN target is to achieve an overall composite score of 91.6%. At the end of this quarter, the Trust has achieved 86.5% for the year to date (April to December 2014).

scoring measure achieving a composite score of 84.1% between October and December 2014. The Voluntary Services Team are continuing to prioritise those wards receiving low scores for mealtime support to place volunteers to assist patients at meal times. At the end of December 2014, there are 16 new mealtime volunteers ready to commence in January 2015.

Compared to last quarter, there has been an improvement across all 4 questions, however, patients receiving support at mealtimes is the lowest



Feedback - Case study

This quarter we have selected two case studies. The first demonstrates the benefits to both patients and staff of resolving informal concerns quickly. The second focuses on a service improvement project which is based on a high level of patient engagement.

Resolving informal concerns quickly

Resolving concerns informally results in a swifter resolution for patients and their families, has less impact on resources, which allows staff to dedicate more time to complex or high risk concerns, and improves patient satisfaction.

The Patient Services Team recently received an enquiry from a gentleman who was concerned that for many years he had been coming to hospital by patient transport and was always accompanied by a carer. However, the patient was informed that transport had been arranged for him only, and not his carer, for a respiratory appointment the following day.

This resulted in the patient being very distressed when he contacted the Patient Services Team to find out whether arrangement could be made for his carer to travel with him, as this had never been an issue in the past.

The Patient Services Team liaised with the relevant staff in the Pulmonary Function Unit (PFU) where the patient was due to attend. On review, it was discovered that the carer had been excluded due to an administrative error. A member of PFU staff contacted the patient transport service and arranged for a carer to escort the patient to his appointment the following day.

The patient was contacted to confirm arrangements and to offer an apology. The patient thanked all staff involved, was happy with the outcome, and specifically mentioned the member of the Patient Services Team who took the initial call, giving them '10 out of 10'. The patient gave consent to share his experience.

In total, this concern was resolved in less than 2 hours from the point of the initial call to the patient being contacted with transport arrangements for a carer.

Moving Together – Musculoskeletal (MSK) services engagement

Overview

The Musculoskeletal (MSK) service support adults with over 200 different conditions affecting joints, bones, muscles and soft tissues and covers individual services including Orthopaedics, Rheumatology, Chronic Pain and Physiotherapy. It is estimated that there are over 62,000 people with a chronic MSK condition living in Sheffield.

NHS Sheffield Clinical Commissioning Group (CCG) made the decision to engage with local people regarding the option of moving to a 'commissioning for outcomes' approach for the commissioning of MSK services. This means that instead of MSK providers being paid for every appointment, treatment or surgical procedure they perform, the payment will be dependent on delivering outcomes that are satisfactory to their patients.

To achieve this, the CCG and MSK services established Sheffield 'Moving Together', looking to build services around what patients need and value to make sure that the best care is offered. At the heart of Moving Together is recognising what matters most to patients, what their chosen outcomes would be and how their care is best provided.

Feedback

A review of the feedback from a wide range of local and national organisations was undertaken.

This review showed that 533 complaints had been received by this Trust about MSK services between April 2011 and March 2014. The main subjects that were raised in complaints were 'cancellations', 'delays', 'outcome of surgery' and 'appropriateness of treatment'.

In addition to complaints, 355 pieces of feedback were received via comment cards and websites. Of these 259 were positive and 96 were negative. The top 3 issues raised in both positive and negative feedback were 'staff attitude', 'general care' and 'waiting'.

Feedback - Case study

Engagement

An in-depth engagement process was implemented, listening to what was important to patients, and ensuring these views shaped the future of the service. This process included the following engagement methods:

- Two MSK engagement events, in June 2014 and September 2014, consisting of over 150 stakeholders including patients, support organisations, Healthwatch Sheffield, MSK clinicians and GPs.
- An online and paper survey asking people for their thoughts on the proposals for MSK services in Sheffield. 322 surveys were returned
- Capturing patient stories encouraging participants to share their experiences as a patient and suggest improvements. 30 patient stories were received.
- A large number of community groups were contacted to let them know how they could be part of shaping a new MSK service.

All feedback received as part of the engagement process was analysed using a thematic analysis approach, with each comment being individually described, coded and themed.

Following the full engagement process, 11 clear themes were highlighted:

1. Providing patients with clear information, advice and education
2. Providing patients with a choice of when, where, with whom and how they have their appointments
3. Enabling patients to understand their condition and how to self-manage it
4. Enabling patients to be an equal partner, who are listened to and heard
5. Patients being seen as a whole person and getting back to physical and social activity
6. Providing a system that patients know how to access, is transparent and works efficiently
7. Enabling patients to manage their pain
8. Providing good care from skilled, caring staff
9. Recognition of the emotional impact on patients
10. Providing services locally and ensuring patients are aware of these
11. Understanding individual patient requirements and an awareness of diversity

Service redesign

Existing clinical services have been merged to form the MSK Care Group, which will go live from 1st April 2015. This new group will form the ninth Care Group in the Trust and creates significant opportunity to deliver the changes needed to achieve the intended patient outcomes. The new Care Group will comprise of the following services:

- Orthopaedics
- Rheumatology
- Physioworks
- Physioplus
- Podiatric surgery
- Hospital based MSK Occupational Therapy
- Hospital based MSK Physiotherapy
- Specialist Pain Service Services
- Metabolic Bone
- Hands

Examples of the redesign work planned included:

8 ambassadors have been appointed who will represent patient user groups' views and will be a member of the MSK Programme Board, an executive joint board between the CCG and the Trust that is responsible for delivering the MSK outcomes based service.

During the summer of 2015, a new appointment system will be launched where GPs can refer patients to an MSK Single Point of Access. Patients will be given an appointment to call the Trust in one week's time, and during that week clinicians will undertake a detailed triage process and review what the patient needs ensuring the appointment is 'right first time'. This will ensure that when the patient calls, they can choose and book their appointment appropriately, giving the patient a choice of location, and time.

MSK services will be commissioned based on an outcomes assessment using a Patient Reported Outcome Measures (PROMs) model where patients are asked about key areas of their daily activities and how these are affected by their MSK condition, such as sleeping and pain, and then asked the same questions again after being treated to measure the level of change following the treatment.

The MSK programme of redesign is expected to take a number of years as the approach is to test and trial and ask the users (both staff and patients) for feedback and then modify for further improvement.