

COMPLAINTS AND FEEDBACK REPORT

July to September 2016

1. Summary	3
2. Feedback overview	5
3. Complaints	6
Complaints activity	7
Parliamentary and Health Service Ombudsman	14
Actions taken as a result of a formal complaint	15
Complainant satisfaction survey	16
4. Feedback	19
Comment cards	20
Website and social media feedback	21
Letter of thanks	22
Friends & Family Test	23
Staff Friends and Family Test	24
2015 National Cancer Survey	26
Local patient satisfaction survey results	28

Summary

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

New Care Group Structure

From 1st September the Emergency Care Group split into two Care Groups:

- A&E along with Acute Medicine became the **Acute & Emergency Medicine (AEM)** Care Group
- The remaining Directorates that were part of the Emergency Care Group (Diabetes and Endocrinology, Gastroenterology, Respiratory and Pharmacy) have formed a separate Care Group – **Medical and Pharmacy Services (MAPs)**

As this change took place in the second half of the quarter, for reporting purposes, data are still presented as 'Emergency Care' this quarter, but will be adjusted next quarter to reflect the new care group structure.

	Risks
Complaints	<ul style="list-style-type: none"> • Following a review by the Parliamentary Health Service Ombudsman (PHSO) this quarter, the Trust was informed that 1 of the 3 complaints that had been reviewed by the PHSO were partially upheld. This is outlined in the report. • The complainant satisfaction survey results for July to September 2016 has seen the number of complainants who have selected the best possible response to each question reduce in all but two questions compared to last quarter. <p>ACTION: In order to follow up on the results from the complainant satisfaction survey, a number of complainants who left contact details are selected for follow-up interviews. Additionally, a selection of complaint files are also selected to be audited. The outcome from the interviews and audits from complainants who responded to the complainant satisfaction survey between April and June 2016 are outlined in the report.</p>

Highlights
<ul style="list-style-type: none"> • There has been a slight decrease in the number of formal complaints with 372 received this quarter, compared with 383 between April and June 2016 and 398 between January and March 2016. • The number of informal concerns received has remained relatively consistent over the past 9 months, with 404 received between January to March 2016, 407 between April to June 2016, and 403 between July and September 2016. • By combining formal complaints and informal concerns, 775 combined concerns were received this quarter, a decrease from 790 last quarter. • At the end of the second quarter for 2016/17, the year to date performance of responding to complaints within the agreed timescale is 90%, compared with 80% at the end of the same quarter last year.

Summary

	Risks
Friends and Family Test (FFT)	<ul style="list-style-type: none"> The FFT score for community between July and September 2016 is 7% lower than the 12 month national average. <p><u>ACTION</u></p> <ul style="list-style-type: none"> The Patient Partnership Department is currently working closely with Care Groups which manage Community Services to ensure that the most appropriate method is being used to carry out the FFT to ensure accurate feedback is received for each service. In addition, the Patient Partnership Department is undertaking a review of how individual community services are currently mapped for the FFT, and whether there are any services which are currently being categorised as community when they should be recorded to inpatients or outpatients. Each individual service is to continue reviewing their FFT scores to help improve the overall community score; this will continue to be monitored.
National Surveys	
Local patient satisfaction survey	<ul style="list-style-type: none"> The community satisfaction survey has shown performance to have deteriorated in all areas during July to September 2016, however, this quarter has received significantly more responses (132) compared to last quarter (48). Therefore the data this quarter should be considered to be more robust. <p><u>ACTION:</u> Performance from all local patient satisfaction surveys will continue to be monitored and appropriate action taken should ongoing deterioration or low performance be evident.</p>

Highlights
<ul style="list-style-type: none"> For July to September 2016, inpatient areas achieved a response rate of 30%, achieving the 30% target, A&E areas achieved 24%, above the 20% target, and maternity achieved 33%, above the 20% target. For July to September 2016, inpatients (96%), A&E (86%), maternity (96%) and outpatient (97%) scores are all equal to or higher than the 12 month national average.
<ul style="list-style-type: none"> In the 2015 National Cancer Survey, the Trust did not score below the expected range for any question, scored within the expected range for 41 questions, and scored above the expected range for 8 questions. <p><u>ACTION:</u> Directorates and teams providing care for patients with cancer will use the patient comments, which provide substance and context to scores, to produce an action plan to improve services for patients. The action plan will be featured in a future report.</p>
<ul style="list-style-type: none"> Results in the inpatient and outpatient local patient satisfaction surveys have shown similar scores between July and September 2016 compared with last quarter.

Feedback overview

This is a new feature presenting an overview of the top 10 most commonly raised negative themes across all feedback sources. Only data from negative feedback are presented as some sources provide only negative feedback (complaints and concerns). In addition, the focus on negative feedback supports the identification of areas for improvement.

The table below presents the ranking each negative theme received through that feedback source. For example, 1 indicates that this was the most raised theme from that feedback source, 2 indicates it is the second most raised theme, and so on. The colour coding applied to the table below is as follows:

Ranked 1-3 **RED** (most raised) Ranked 4 to 7 **AMBER** Ranked 8 to 10 **YELLOW**

Top 10 themes	Current quarter: July to September 2016				
	Formal complaints (442)	Informal concerns (413)	Friends & Family Test* (3495)	Local Patient Satisfaction Surveys* (561)	Website and comment cards (188)
Clinical care and treatment	1	3	3	1	3
Communication	2	1	5	4	2
Waiting times	5	2	1	8	1
Staff attitude	4	5	2	2	5
Nursing care	3	6	4	3	7
Environment	8	4	7	7	4
Discharge	7	7	8	6	10
Cancellations	6	8	6	10	9
Food and nutrition	10	9	9	5	8
Resources	9	10	10	9	6

The charts above highlight that ‘clinical care and treatment’ is the most raised theme from formal complaints and local surveys, whereas ‘Communication’ is the most raised theme from informal concerns, and waiting times from the Friends and Family Test and website feedback/comment cards. As each piece of feedback is received during different parts of the patient journey, this may explain why different issues are being raised from each feedback source. This will continue to be monitored to determine whether the same issues are consistently being raised from each method of feedback.

It should be noted that the number of individual themes received from the Friends and Family Test (3495) is considerably higher than all the other sources of feedback.

* data taken from free-text comments

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

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

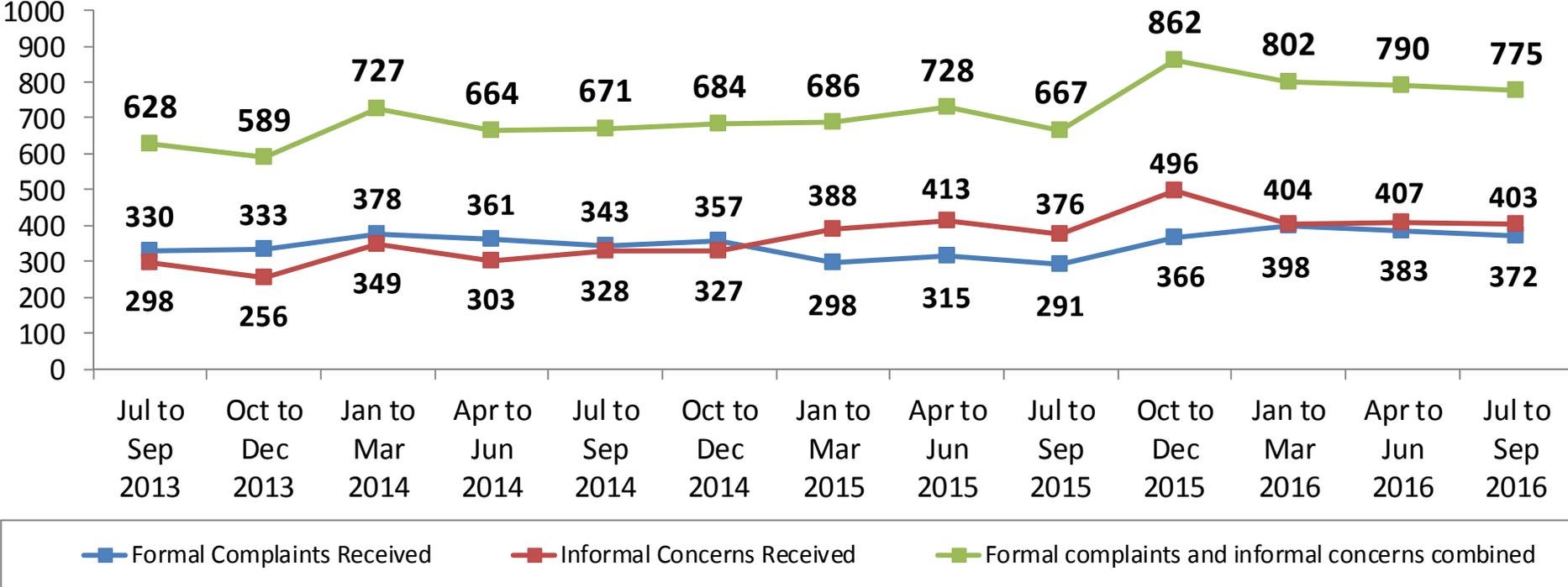
The Trust carries out a complainant satisfaction survey, which asks for feedback from complainants on how the Trust managed their concerns. Results of the survey are featured in each report along with any related actions.

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

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

Complaints – Number of formal complaints and informal concerns received

Total number of concerns received by quarter



During this quarter 372 new formal complaints were received, a slight decrease from 383 received last quarter. 403 informal concerns were received this quarter, compared with 407 last quarter. By combining the number of formal complaints received and the number of informal concerns, a total of 775 were raised between July and September 2016, an decrease from 790 received last quarter.

The graph above shows that when complaints data are presented as a quarterly breakdown rather than monthly, there has been a significant increase in the number of combined complaints and concerns received over the past 12 months. The 372 formal complaints received between July and September 2016 is considerably higher than the 291 received during the same quarter last year. A deeper diver will be undertaken to identify if there is any

particular theme that has increased disproportionately that may be behind this increase. The results of this will be featured in next quarters report.

The Patient Partnership Department continues to monitor how formal complaints and informal concerns are being managed, to ensure that any concerns which could be appropriately resolved quickly through an informal route are being managed informally.

Between July and September 2016, 48% of concerns were managed as formal complaints, while 52% were managed as informal concerns, the same percentage split as last quarter. This will continue to be monitored.

Complaints – Formal complaints received by patient activity

Percentage of patients who have made a formal complaint

	Oct to Dec 2015	Jan to Mar 2016	Apr to Jun 2016	Jul to Sep 2016
Combined Community & Acute Care	0.09%	0.09%	0.07%	0.10%
Emergency Care	0.26%	0.24%	0.22%	0.20%
- Accident & Emergency*	0.14%	0.13%	0.08%	0.07%
Head & Neck Services	0.10%	0.07%	0.08%	0.08%
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	0.06%	0.10%	0.10%	0.09%
Musculoskeletal	0.14%	0.20%	0.19%	0.11%
Operating Services, Critical Care & Anaesthesia	0.18%	0.25%	0.12%	0.21%
South Yorkshire Regional Services	0.13%	0.12%	0.14%	0.10%
Specialised Cancer, Medicine & Rehabilitation	0.03%	0.04%	0.03%	0.03%
Surgical Services	0.12%	0.14%	0.08%	0.17%
Trust total	0.11%	0.11%	0.10%	0.10%

* Accident & Emergency complaints are coded under their own category so have been separated in the table above, however, Accident & Emergency complaints are also included in the Emergency Care data.

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

The table above shows the percentage of patients that have made a formal complaint, for each Care Group (as well as A&E, which is coded separately) over the past 12 months. The Care Groups above are listed alphabetically.

These data have been presented differently this quarter to incorporate data from previous quarters. The purpose of this is to identify any variation over time, to monitor the number of complaints being received and whether this is in line with Trust activity.

The data above shows that over the past quarter (July to September 2016), the

Trust received a complaint for every 0.10% of patients treated. This is in line with previous quarters.

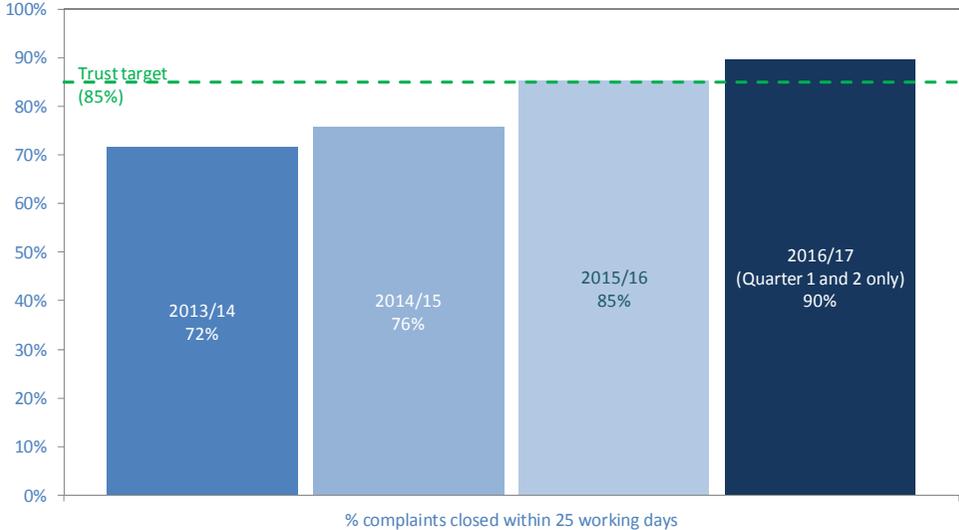
With regard to individual Care Groups, Surgical Services has seen the biggest increase in the proportion of formal complaints received with 0.17% of patients making a complaint between July and September 2016, compared with 0.08% between April and June 2016.

These data will continue to be monitored to ensure the number of complaints received for each Care Group is in line with activity.

Complaints – Response times

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

Percentage of formal complaints closed on time



Breakdown of 'on time' complaints

From the 1st April 2016, the Trust is working to a new tiered response times process, as opposed to the flat 25 working days timescale for all formal complaints, regardless of their complexity.

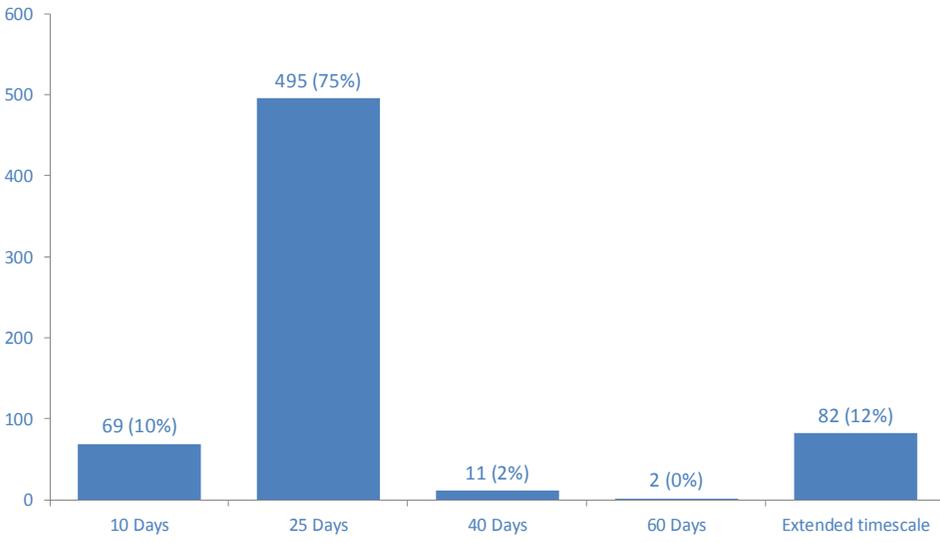
As part of the new process, a new triage model has been introduced, which is used to grade the complexity of a complaint from Level 1 (low risk) to Level 4 (high risk). These new risk levels determine the length of time allocated for responding to the complaint; which is then agreed with the complainant from the outset. The following tiered response times was agreed by the Patient Experience Committee and were set as part of the complaints process consultation which involved staff who manage complaints, governors, complainants, and other key stakeholders.

- Level 1 - 10 day target for complaints which can be resolved more quickly
- Level 2 - 25 day target for complaints of medium complexity
- Level 3 - 40 day target for more complex complaints

Level 4 - 60 day target for very complex complaints, or when an external investigation is required, such as an inquest

Of the 659 formal complaints that have been closed 'on time' since the 1st April 2016, the chart below presents the breakdown by the response timescales agreed through the new process:

Allocation of tiered response timescales

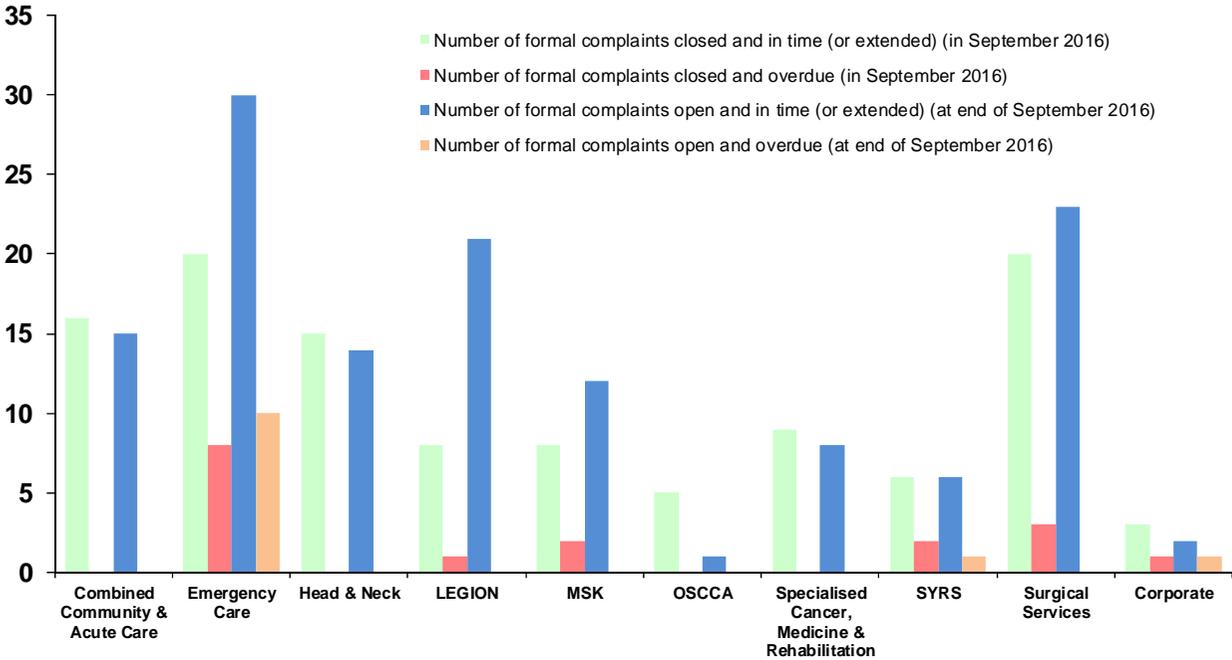


The chart above shows that over the past 6 months, there is still a relatively high proportion of complaints that are being extended beyond the original agreed timescale. The reasons for extending a complaint can include arranging a meeting with the complainant, complex multiagency complaints, if the complaint is in conjunction with a Serious Untoward Incident or involves the Duty of Candour process, or if the complaint is on hold due to a coroner's inquest.

As the new tiered response timescales process becomes more embedded, it is expected that the proportion of extended complaints will reduce.

Complaints – Number of formal complaints closed

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



The graph above shows the number of complaints that have been responded to within 25 working days or with an agreed extension (in time) and those that have not achieved the Trust 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 September 2016, as the number of overdue complaints changes daily as does the number of complaints closed.

Over the past quarter, 367 formal complaints have been closed, a slight decrease from 369 formal complaints closed between April and June 2016. 8% (12) of all open complaints remain overdue, an increase from 6% (9) of all

open complaints being overdue at the end of June 2016. Emergency Care has the highest number of overdue complaints with 10, accounting for 25% of the groups overall open complaints caseload.

Complaints – Re-opened complaints

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

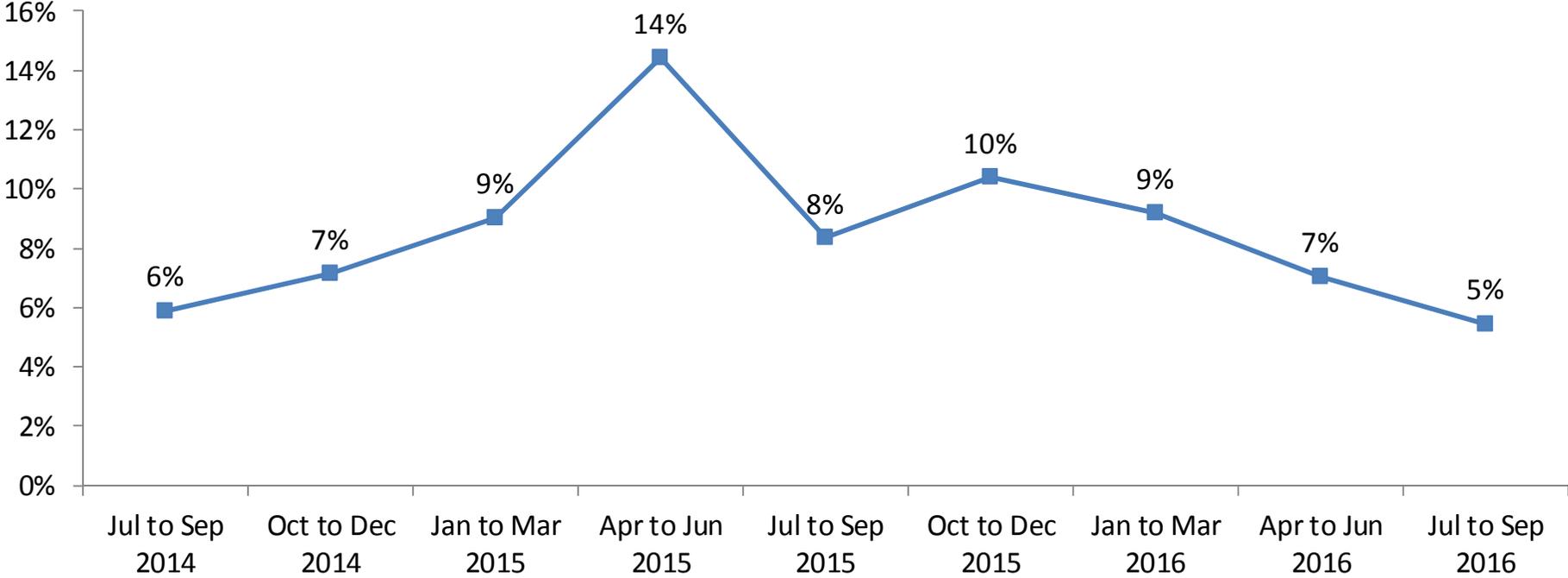
The graph below shows the percentage of complaints closed each month that were subsequently re-opened, and highlights a steady increase in the percentage of re-opened complaints up to April to June 2015, followed by a steady decrease.

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

There is an ongoing programme of work to improve complaint responses, and to help reduce the number re-opened complaints. These include the complainant satisfaction survey, which helps us gain a better understanding of the issues that leave complainants dissatisfied with their final response, and the complaints training which includes investigation skills and letter writing.

In addition, encouraging face to face meetings with complainants has seen the number of meetings increase over the past 6 months, and this could also be linked to the reduction of re-opened complaints. A detailed review on the impact of meetings in the complaints process is planned which will include comparing the number of complaints which are re-opened following a meeting with the complainant, compared with the number re-opened where a meeting did not take place.

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



Complaints - Subjects raised in formal complaints and informal concerns

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

Current quarter (July 2016 to September 2016)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	144	18%
2	Communication with relative / carer	53	7%
3	Attitude	47	6%
4	General nursing care	39	5%
5	Delay in treatment	35	4%
6	Appropriateness of medical treatment	29	4%
7	Competence of medical staff	19	2%
8	Cancellation of appointment	18	2%
-	Delay in giving results	18	2%
-	Waiting time for follow-up appointment	18	2%

Last 12 months (October 2015 to September 2016)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	537	16%
2	Attitude	200	6%
3	General nursing care	193	6%
4	Appropriateness of medical treatment	162	5%
5	Communication with relative / carer	160	5%
6	Delay in treatment	123	4%
7	Cancellation of appointment	103	3%
8	Waiting time for follow-up appointment	78	2%
9	Access to information	76	2%
10	Unhappy with outcome of surgery	65	2%

Of the 144 subjects coded against 'communication with patient' between July and September 2016, 94 (65%) have been raised through informal concerns. This reflects the nature of informal concerns where the Patient Services Team can support patients and relatives in communicating with the relevant member of staff to resolve any concerns before they escalate into a formal complaint.

Complaints - Subjects raised in formal complaints

Top 10 subjects raised in formal complaints by Care Group

	Communication with patient	Attitude	General nursing care	Appropriateness of medical treatment	Communication with relative / carer	Competence of medical staff	Missed diagnosis	Unhappy with outcome of surgery	Equipment related	Choice of medical treatment
Combined Community & Acute Care	3	3	11	3	4	0	0	0	4	0
Emergency Care	2	11	8	7	6	3	8	0	1	3
Head & Neck Services	15	6	0	3	4	6	1	5	0	0
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	8	4	2	3	1	1	2	0	0	1
Musculoskeletal	1	1	2	1	0	4	0	4	0	0
Operating Services, Critical Care & Anaesthesia	3	2	1	1	0	1	0	0	0	0
South Yorkshire Regional Services	2	0	1	3	1	1	0	0	0	0
Specialised Cancer, Medicine & Rehabilitation	3	3	1	2	1	1	0	0	2	0
Surgical Services	11	7	6	5	4	2	3	3	1	4
Trust Wide Departments	2	0	0	0	0	0	0	0	0	0
TOTAL	50	37	32	28	21	19	14	12	8	8

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

The two most frequently raised subjects in formal complaints between July and September 2016 are 'communication with patient' (50) and 'attitude' (37).

'Communication with patient' is the most frequently raised subject for 6 Care Groups. 'Communication with patient' (Head & Neck) has been raised more than any other subject for a single Care Group, being raised 15 times.

Complaints received relating to 'Communication with patient' in Head & Neck primarily related to appointment letters in Ophthalmology. This followed the introduction of a new process whereby patients have to phone the department within a set timescale to arrange a mutually agreed appointment date and time. Following these concerns, appointment letters in Ophthalmology have been reviewed with patient involvement, and the timescales and wording of the letters have been changed.

Complaints – Parliamentary and Health Service Ombudsman (PHSO) cases

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

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

The number of PHSO cases, decisions and outcome by quarter

	Jul to Sep 13	Oct to Dec 13	Jan to Mar 14	2013/14	Apr to Jun 14	Jul to Sep 14	Oct to Dec 14	Jan to Mar 15	2014/15	Apr to Jun 15	Jul to Sep 15	Oct to Dec 15	Jan to Mar 16	2015/16	Apr to Jun 16	Jul to Sep 16	2016/17
Number of new PHSO cases	3	1	7	14	3	7	11	8	29	6	3	7	4	20	4	5	9
Number of PHSO decisions	0	1	1	5	4	10	3	6	23	9	9	8	5	31	9	3	12
Number of PHSO cases fully or partly upheld	0	0	1	1	2	1	0	0	3	3	1	1	2	7	3	1	4

New PHSO cases this quarter

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

- **Emergency Care**
- Gastroenterology (1)
- **Combined Community and Acute Care**
- Integrated Geriatric and Stroke Medicine (2)
- **Labs, Engineering, Gynaecology, Obstetrics, Neonatology**
- Assisted Conception (1)
- **Head and Neck**
- Neurosciences (1)

New PHSO decisions this quarter

There were 3 new decisions received from the PHSO during this quarter, 1 of which was partly upheld. Details of the partly upheld decision are as follows:

- **Neurosciences (PARTIALLY UPHELD)**
The complainant raised a number of concerns regarding care and treatment received at the Trust under a consultant neurosurgeon, after an implanted device to prevent seizures had moved inside her chest.

The PHSO's investigation found a failing by the Trust in the lack of follow up care following surgery and in the poor communication experienced by the complainant. This resulted in the complainant feeling distressed after she had experienced disfigurement from the initial corrective surgery.

Therefore, the PHSO partially upheld the complaint and requested that the Trust write to the complainant to offer a full apology and to acknowledge that failings in communication resulted in delays in the follow up care, and that we failed to refer the complainant to a breast surgeon for follow-up surgery in relation to the disfigurement. The Trust should also explain what action we have taken to address the failings that have been identified. The Trust is now in the process of implementing these recommendations through an agreed action plan. In addition, the Chief Executive, Deputy Chief Nurse, and Nurse Director for Head & Neck met with the complainant to discuss their concerns and the Trust actions in detail.

Complaints - Actions taken as a result of a formal complaint

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

Below is an update on a complaint which was featured in a previous report and provides an example of how a very good outcome was achieved for the complainant, and which also now resulted in improvements to services that will potentially benefit other patients.

Directorate	Background	Update
Neuro Outpatients, Head & Neck	<p>A complaint was received from a patient who had suffered migraine for several years and had requested Botox injections to alleviate their symptoms. The request for Botox injections was supported by one consultant, only to be declined by the Trust's headache/migraine consultant.</p> <p>This case was featured in the July to September 2015 quarterly report where a number of actions had been taken, these included:</p> <ul style="list-style-type: none"> the Trust's headache/migraine consultant changed their practice whereby if another consultant had assessed a patient as suitable to receive Botox, then a further assessment would not be carried out, unless they were requested to do so a suite of 'patient passport' booklets was produced which included a flowchart so that patients know exactly what to expect during their treatment in response to feedback from the patient, the feasibility of providing acupuncture as a NHS treatment for migraine was to be explored by the Directorate, however this would be a longer term plan and may not be a possibility 	<p>Following the outcome of this complaint, the feasibility of providing acupuncture as a NHS treatment for migraine was explored and the following identified:</p> <ul style="list-style-type: none"> Historically, acupuncture was offered as NHS treatment but was decommissioned for a period of time. However, since the formation of a new Musculoskeletal Care Group within the Trust, which includes chronic pain services, acupuncture is again being offered, but to a smaller number of patients than previously. In terms of acupuncture for migraine, this is not currently offered but it is something which is being discussed within the Neurosciences directorate who recognise there is a gap in the service which needs to be considered by the commissioners. This is something which is being pursued, albeit this is in the early stages of discussion. In the meantime, the Pain Clinic has agreed to accept this patient, who has now been referred by their consultant, and will be assessed for a potential course of acupuncture for their migraines. For patients attending Pain Clinic, each patient's pain problem is assessed and treatment offered accordingly. Treatment is time limited rather than something which is provided indefinitely as the aim of acupuncture is to help patients to manage their pain rather than cure it. <p>This is a very positive outcome for the patient, and potentially other patients, who will now have the possibility of accessing acupuncture through the Pain Clinic.</p>

Complaints – Complainant satisfaction survey

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

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

Between 1st July 2016 and the 30th September 2016, 91 complainants responded to the survey, giving a response rate of 37%. This is an improvement on the response rate of 24% (87 complainants) achieved last quarter.

Key results

Top 2 most positive results

- 73% (66) of complainants who responded stated that they 'Definitely agree' (43%) or 'Partially agree' (30%) that it was easy to make a complaint, compared with 79% last quarter.
- 65% (57) of complainants who responded stated that they 'Definitely agree' (48%) or 'Partially agree' (17%) that they were told how long it would take to answer their complaint, compared with 73% last quarter.

Bottom 2 most negative results

- 20% (29) of complainants who responded stated that they 'Definitely agree' (10%) or 'Partially agree' (10%) that they were confident improvements have been made as a result of their complaint, compared with 25% last quarter.
- 28% (24) of complainants who responded stated that they 'Definitely agree' (14%) or 'Partially agree' (14%) that they considered the complaint to be resolved, compared with 46% last quarter.

Whilst scores in quarter 2 have shown a deterioration overall when compared to quarter 1, the complainant survey is more complex than other patient satisfaction surveys, for example if a complaint is 'not upheld', this may influence the overall experience of the process. This will be monitored over time, and an analysis

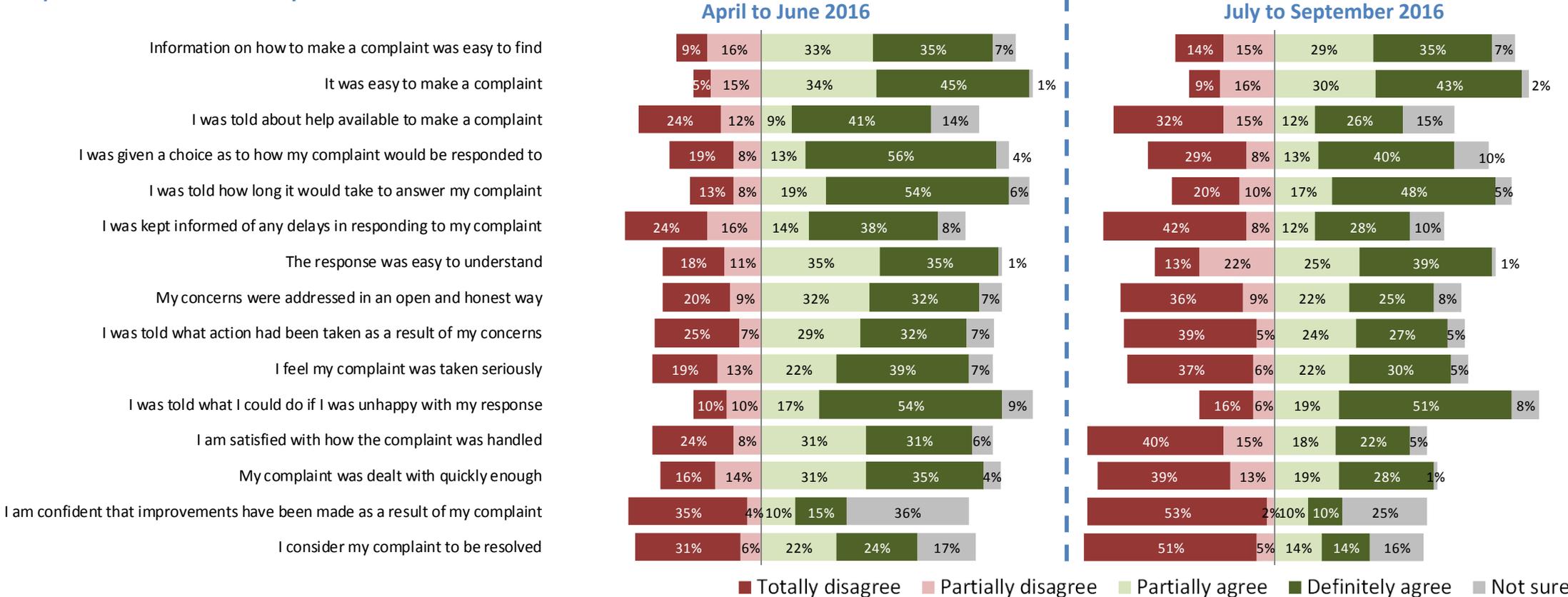
will be undertaken to identify any link with patients who consider their complaint to be resolved, with the number of 'upheld' complaints for that quarter, and the overall scores from the survey.

This is the first quarter where details can be broken down by care group. In next quarter's report, a detailed analysis will be provided by care group.

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

Complaints – Complainant satisfaction survey

Complainant satisfaction survey results



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

Initial concern not dealt with at all! still unresolved. (Combined Community and Acute Care)

I had a very thorough response to my complaint. however, I feel that it was investigated but that certain departments/ members of staff had not been completely truthful about some of the incidents/ concerns raised. (Emergency Care)

It (final response letter) contained lines such as 'the consultant could not explain why he didn't take the opportunity to apologise to you at the time'. clearly this is a statement regularly used but it makes no effort to address the issues raised. (Musculoskeletal)

I don't think they have dealt with my dads complaint very well. (Catering Services)

My complaint on behalf of my dad was handled well but the outcome was not explanatory. I got apologies but not sure it will not happen again. (Head & Neck)

My complaint was handled fairly and failings were acknowledged with a statement of intent to rectify them. (Musculoskeletal)

Complaints – Complainant satisfaction interviews and audits

Complainant satisfaction interviews and audits

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

A total of 7 complainants who responded to the complainant satisfaction survey between April and June 2016 were interviewed between July and September 2016.

Overall, 4 out of 7 complainants were satisfied with how their complaint was handled, and 3 were dissatisfied. In one of these cases, the complainant had been advised to re-open the complaint or consider a meeting with the relevant staff but did not wish to at this time.

As well as conducting a telephone interview with the complainant, a paper based audit of the complaint file, was carried out by the Patient Partnership Department. The aim of this was to identify any discrepancies between how staff thought they had handled a complaint and how the complainant felt their complaint had been handled.

- All complaints were risk rated correctly
- One complaint had an outcome code of unfounded which was incorrect. The remaining six were coded correctly as well-founded.
- All of the responses met the letter writing guidance with the exception of one where there were spelling and grammar mistakes and one where the medical jargon was not explained clearly.
- In terms of the three complainants who were dissatisfied with the responses to their complaint, all three were well founded, reported in time and apologies were provided. All three had robust action plans in place and two had generated additional and timely appointments.

The outcome from the audits and interviews from complainants who responded to the complainant satisfaction survey between July and September 2016 will feature in next quarters report.

The questions for the telephone interviews are to be reviewed to ensure we are able to understand in more detail why they gave the responses which they did in the complainant satisfaction survey.

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:

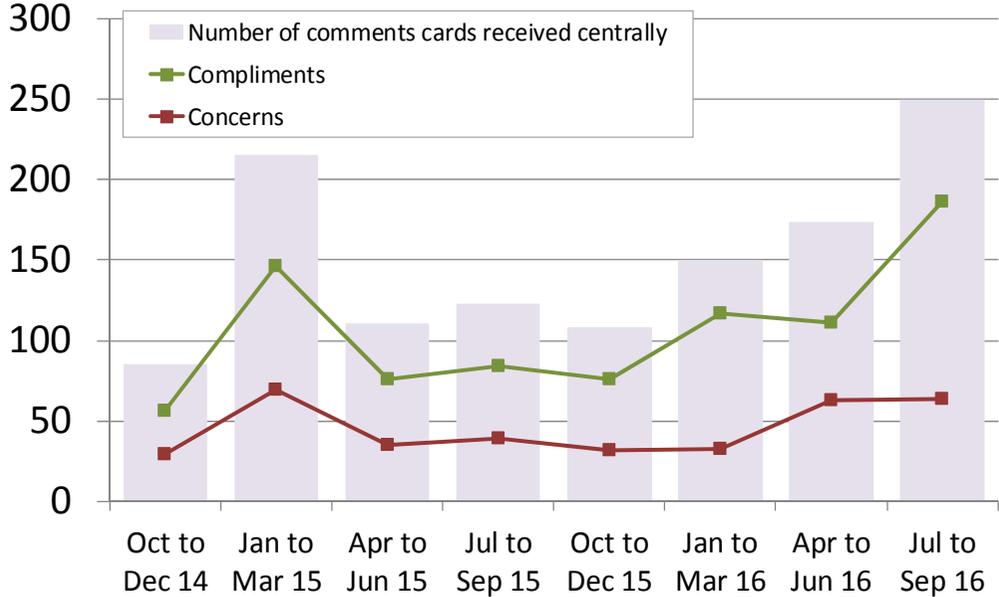
- The Friends and Family Test (FFT) which asks a simple, standardised question with response options on a 5-point scale, ranging from whether they are 'extremely likely' to 'extremely unlikely' to recommend our Trust to their family and friends. The FFT is carried out in inpatient, outpatient, A&E, maternity,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

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

- The Trust also participates in the CQC programme of national surveys. As and when results become available these will be featured in this report.

Feedback - Comment cards

During the period July to September 2016, 250 comments cards were completed, of which 504 individual themes have been identified.

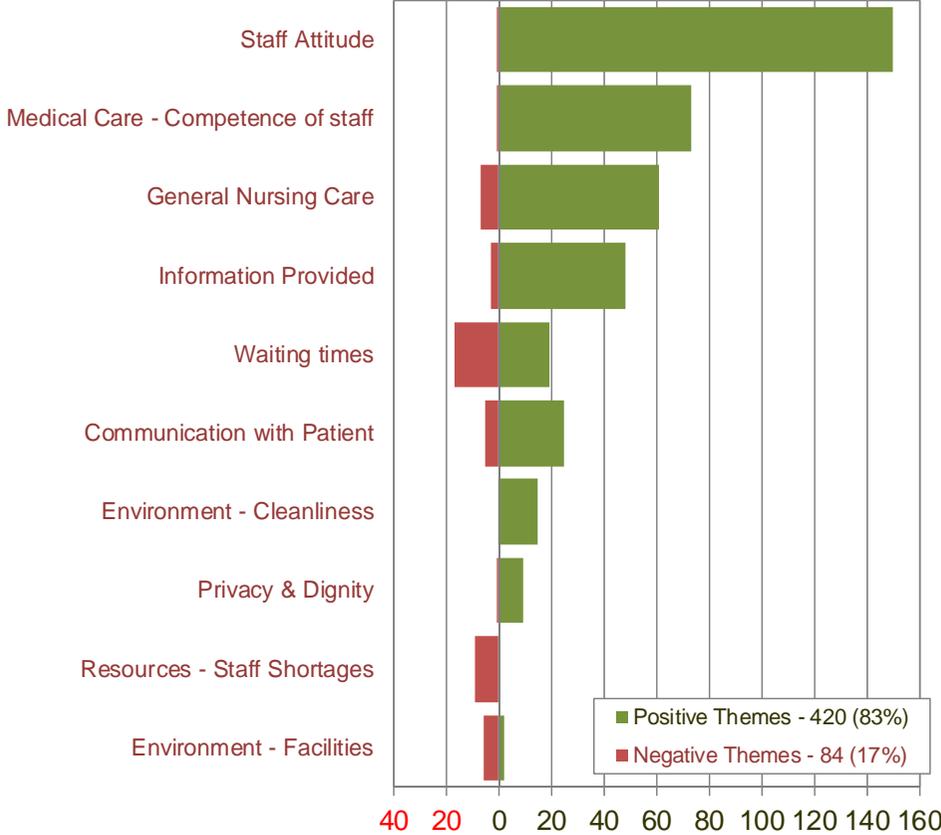


The chart above shows the comments cards received by quarter and the breakdown of these by compliments and concerns. Of all comment cards received this quarter 83% of the themes identified have been positive, compared to 72% last quarter.

% of positive comments from all comments received centrally			
Current Quarter (Jul to Sep 2016)		Last 12 months (Oct 15 to Sep 16)	
%	QTY	%	QTY
83%	420	78%	1081

% of negative comments from all comments received centrally			
Current Quarter (Jul to Sep 2016)		Last 12 months (Oct 15 to Sep 16)	
%	QTY	%	QTY
17%	84	22%	297

Top 10 themes raised in comment cards between July and September 2016



From entering the centre to walking out, all the staff from reception and beyond are extremely caring and considerate in all areas

Seen promptly, staff explained what was going to happen, when I would get results, etc.

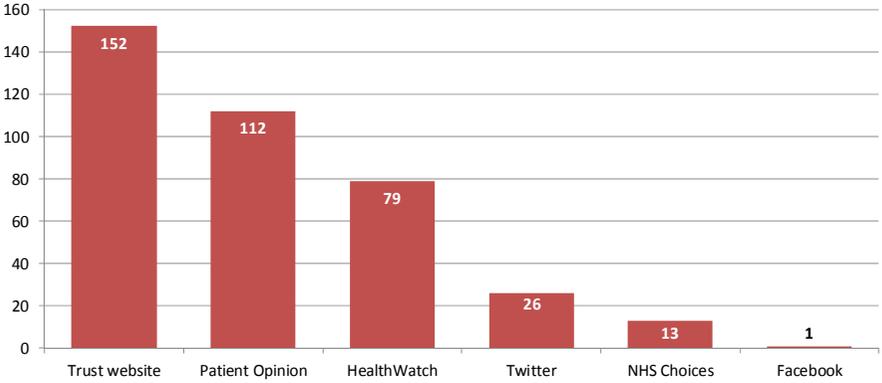
Takes a long time for them to answer the buzzer

It would have been an excellent score apart from having long waits/delays at each session

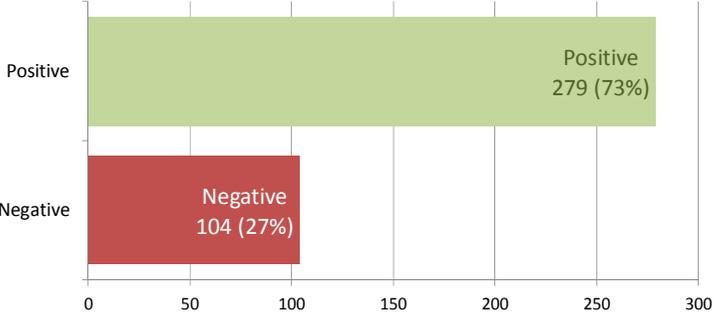
Feedback – Website and social media feedback

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

The graph below shows that during the past quarter, 383 patient feedback comments have been left via popular social media and other websites about this Trust. It is expected that the number of comments received via Facebook will always be low due to the privacy settings that the site provides, as opposed to sites such as Twitter where the comments made are predominantly public, however, only comments which relate to the patient experience at the Trust are included. The breakdown of comments is as follows:



Overall the Trust has received more positive than negative feedback this quarter with 279 positive Comments and 104 Negative.



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

Theme	Positive	Negative	Positive and negative combined
Staff	33% (93)	12% (13)	20% (106)
Clinical Treatment	27% (76)	10% (11)	16% (87)
General Care	20% (56)	18% (19)	14% (75)
Communication	11% (30)	30% (32)	12% (62)
Waiting times	6% (17)	23% (24)	8% (41)
Environment	3% (7)	6% (6)	2% (13)

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

Excellent care received @SheffieldHosp yesterday for my dad. All family felt cared for and reassured. Staff a credit to the NHS (Twitter)

The staff are helpful and understanding, just a pity the same cannot be said for the consultants arrogance and ignorance (Patient Opinion)

From day one I felt confident that I was in good hands. (NHS Choices)

Poor. Rude staff. Patronising. (HealthWatch)

Feedback – Letters of thanks

As well as the formal methods of leaving feedback such as comment cards, website feedback, and the Friends and Family Test, the Trust also receives a high volume of unsolicited positive feedback in the form of ‘letters of thanks’.

In addition to the ‘letters of thanks’ received centrally, many more are received directly by wards and departments throughout the Trust. These are shared with relevant staff but currently it is not possible to systematically record them all.

The table below shows the number of ‘letter of thanks’ received centrally over the past 12 months by quarter:

Oct-Dec 2015	Jan-Mar 2016	April - Jun 2016	Jul - Sep 2016
111	102	114	147

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

Minor Injuries Unit, Royal Hallamshire Hospital and Fracture Clinic, Northern General Hospital

At the end of June 2016 and in July 2016 I attended the Minor Injuries Unit at the Royal Hallamshire Hospital and the Fracture Clinic at the Northern General Hospital.

On each of the visits I was impressed by the efficiency and care of all the medical staff, nursing staff and the administrative unit who were all outstanding in every way. I do appreciate and value the service.

Not only do the staff care for patients but on 19th July 2016, perhaps one of the hottest days of the year so far, the staff, conscious of the temperature, were handing out beakers of ice cold water to both patients and other persons attending the hospital. This was to me such a fine example of ‘caring’. Thank you staff.

Bev Stokes Day Surgery Unit, Northern General Hospital
 I would like to thank you all for your care and attention during my surgery in your unit. After first arriving in reception and then throughout the day your professionalism and kindness was outstanding. Right from the consultant, the Sister, and all the team on duty that day, a very big thank you. You are a credit to the NHS.

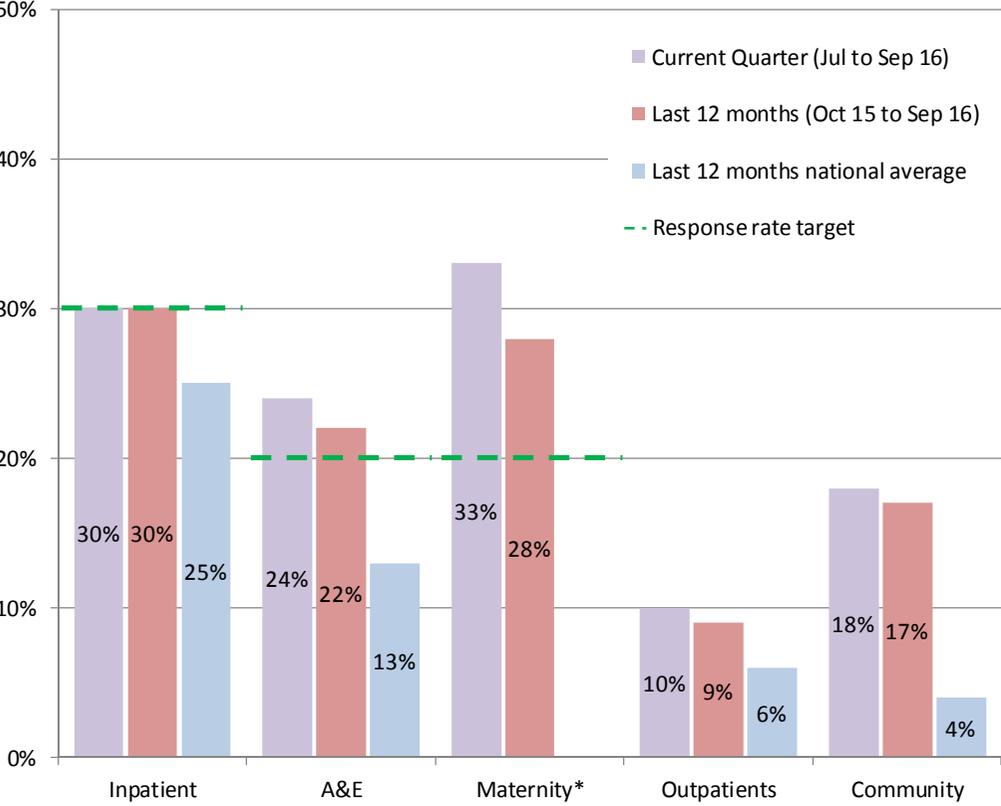
Endoscopy Suite, Northern General Hospital
 I had cause to attend the Endoscopy Suite last Monday to undergo a colonoscopy. I wish to thank you and all the other wonderful nurses and staff for this help, care and attention that you gave.

 Grateful thanks to you all, you were wonderful, superb!

Feedback - Friends & Family Test

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

Response rates



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

Between July and September 2016, 9019 inpatients, 3639 A&E patients, 1516 maternity services patients, 23501 outpatients and 3736 community patients from the Trust completed the FFT survey, giving a total of 41411 responses this quarter.

The chart above shows that the Trust had higher response rates than the national average on all elements of the FFT during this quarter. To ensure there is an appropriate level of confidence in FFT scores, the Trust is working to internally set minimum response rate targets to ensure an

appropriate sample size for each area is achieved. For July to September 2016, inpatient areas achieved a response rate of 30%, achieving the 30% target, A&E areas (including A&E, Emergency Eye Centre and Minor Injuries Unit) achieved 24%, achieving the 20% target, and maternity services achieved 33%, achieving the 20% target.

Highest performing wards/departments by response rate

	July to September 2016			Last 12 months (Oct 15 to Sep 16)
	Eligible Patients	Responses	Response Rate	
Brearley 6	74	63	85%	67%
Burns Unit	44	36	82%	78%
Brearley 5	72	56	78%	67%
Palliative Care Unit	35	27	77%	66%
Osborn 3	29	20	69%	62%

Lowest performing wards/departments by response rate

	July to September 2016			Last 12 months (Oct 15 to Sep 16)
	Eligible Patients	Responses	Response Rate	
Ward E1	127	8	6%	22%
Surgical Admissions Centre	1472	114	8%	13%
Robert Hadfield 1	180	18	10%	17%
Robert Hadfield 3	241	25	10%	16%
WPH Ward 2	415	44	11%	6%

Following a review identifying the inpatient wards with the lowest 12 month response rate, 30 wards (51%) were identified to have achieved

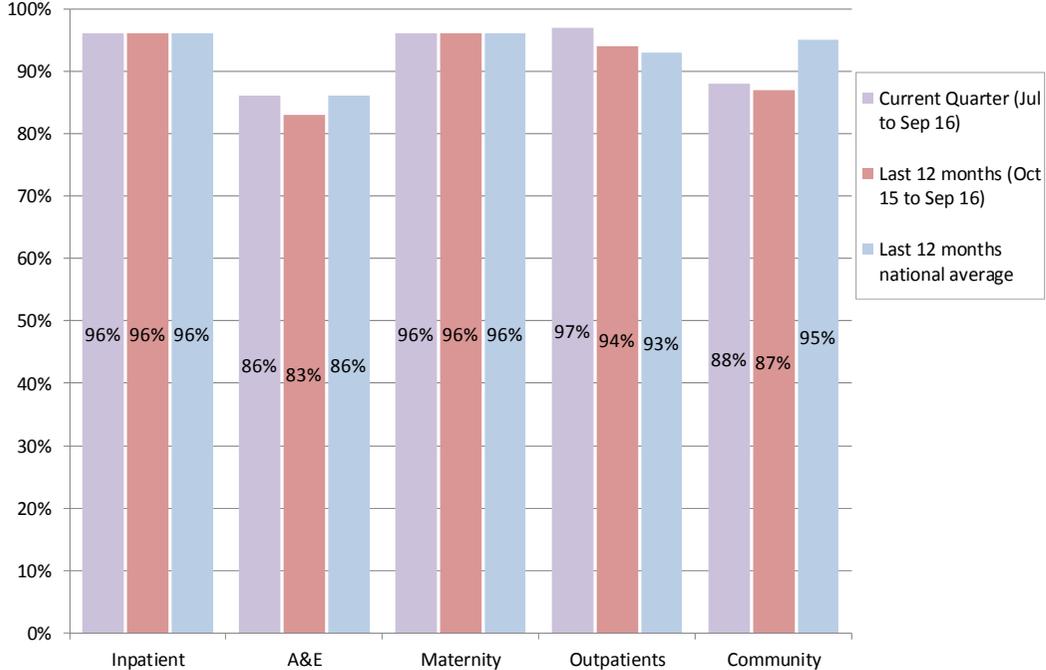
Feedback - Friends & Family Test

the 30% response rate target, whilst 29 (49%) did not. The following actions were agreed:

- Wards achieving between 20-30% - need to agree an action plan to improve response rates, with performance to be monitored through the Patient Experience Committee on a quarterly basis.
- Wards achieving a response rate of 19% or below - the Patient Experience Leads for these areas are to make an urgent plan to find a way to drive their response rates up. These areas will be monitored monthly starting in October and may need to look at different strategies to improve their response rates.

An update on this work will be reported in the next quarterly report.

Scores



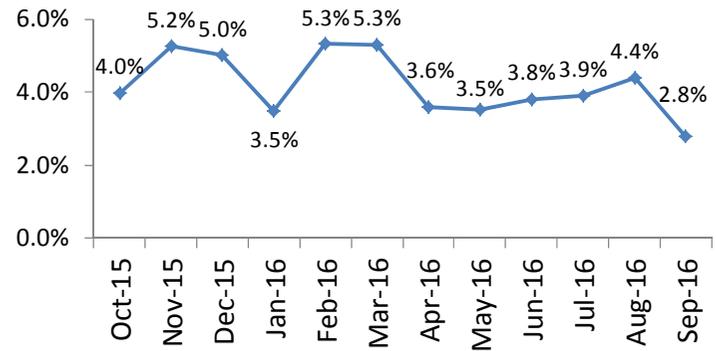
The overall percentage of patients who ‘would recommend’ our service to friends and family from all 5 elements of the FFT was 93.3% this

quarter, an increase from 93.0% last quarter. The FFT continues to demonstrate that the vast majority of patients would recommend the Trust as a place to receive care and treatment.

During this quarter inpatient (96%), A&E (86%), maternity (96%) and outpatient (97%) scores are all equal to or higher than the 12 month national average, however the score between July and September 2016 for community is 7% lower than the 12 month national average.

The overall negative score for Community Services continues to be higher than the national average. However, as demonstrated in the following graph, there has been a reduction in the negative FFT score for Community over the past 6 months, compared to the previous 6 month period.

Community FFT Negative Score



The Patient Partnership Department is currently working closely with Care Groups which manage Community Services to ensure that the most appropriate method is being used to carry out the FFT to ensure accurate feedback is received for each service. In addition, we are also reviewing how individual community services are currently mapped for the FFT, and whether there are any services which are currently being categorised as community when they should be recorded to inpatients or outpatients. Each individual service is to continue reviewing their FFT scores to help improve the overall community score; this will continue to be monitored.

Feedback – Staff Friends & Family Test

Background

The patient Friends and Family Test (FFT) was first introduced nationally across all provider NHS Trusts from 1st April 2013 for all adult acute inpatients and patients discharged from Accident and Emergency (A&E) departments. This was followed by the introduction of the FFT in maternity, community and outpatient areas.

In April 2014, the Trust implemented the staff FFT, where all staff in the Trust are given the opportunity to participate once a year and are asked the following two questions:

- How likely are you to recommend the Trust to friends and family if they needed care or treatment?
- How likely are you to recommend STH to friends and family as a place to work?

This section of the report compares the results from the patient FFT and staff FFT, between April 2015 to March 2016, in relation to how likely they are to recommend the Trust as a place to receive care or treatment.

Performance

Between April 2015 and March 2016, the combined positive score for all patient responses to the FFT who said they were either ‘extremely likely’ or ‘likely’ to recommend our Trust for care and treatment was 92%. This compares with 90% for Trust staff, demonstrating that both patients and staff have a similar view on the care and treatment provided by the Trust.

The table opposite shows that the patient FFT score is relatively consistent for all directorates, with the exception of Emergency (81%), Integrated Community Care (85%) and Primary Care & Interface Services (88%), which are the only directorates to score less than 90%. In comparison, the staff FFT score shows 10 directorates with a score of 90% or less.

Specialised Cancer Services (11% higher) is the only directorate which

achieved a patient FFT score which is significantly better (10% or more) than the staff FFT score.

8 directorates achieved a patient FFT score which is lower than the staff FFT score, with Integrate Community Care having the biggest difference where the staff FFT score is 10% higher than the patient FFT score.

Percentage of patients and staff who said that they were either ‘extremely likely’ or ‘likely’ to recommend our Trust for care and treatment between April 2015 and March 2016

Directorate	Staff FFT	Patient FFT	Difference
Specialised Cancer Services	85%	96%	11%
Cardiothoracic Services	87%	96%	9%
Burns & Plastic Surgery	88%	95%	7%
Integrated Geriatric & Stroke Medicine	91%	96%	5%
Obstetrics, Gynaecology & Neonatology	89%	93%	4%
Laboratory Medicine	86%	90%	4%
Respiratory	92%	96%	4%
Renal	91%	95%	4%
Medical Imaging & Medical Physics	90%	94%	4%
General Surgery	90%	92%	2%
Vascular Services	89%	91%	2%
Gastroenterology	93%	95%	2%
Ophthalmology	93%	95%	2%
Comm Diseases & Spec Med	93%	94%	1%
Therapeutic & Palliative Care	93%	94%	1%
Neurosciences	95%	95%	0%
Musculoskeletal Services	93%	93%	0%
Specialised Rehabilitation	96%	95%	-1%
Charles Clifford Dental Services	95%	94%	-1%
Diabetes and Endocrinology	95%	94%	-1%
Primary Care & Interface Services	90%	88%	-2%
Urology	97%	94%	-3%
Ear, Nose & Throat	97%	93%	-4%
Emergency	88%	81%	-7%
Integrated Community Care	95%	85%	-10%
Trust average 2014-15	90%	92%	2%

Next steps

It is important to understand why both patients and staff give the responses that they do when participating in the FFT. Therefore, to fully understand the scores that the Trust is achieving, a more detailed analysis of the patient and staff comments will be undertaken for the directorates where there is the biggest difference between staff and patient scores. This will be featured in the next quarterly report.

Feedback - 2015 National Cancer Survey Results

The National Cancer Survey 2015 was carried out across 146 acute hospital NHS Trusts on all adult patients (aged 16 and over) with a primary diagnosis of cancer, discharged following an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2015. 2,284 eligible patients from this Trust were sent a survey, and 1,499 were returned, giving a response rate of 66%. This is compared to the national response rate of 66%.

There have been a number of changes to the 2015 survey compared with previous years, some of these changes include:

1. The length of the questionnaire has been reduced
2. Response options have been reviewed and changed to make them consistent throughout the survey
3. Some of the questions and/or answer options have been changed so that they are now in line with questions in other Care Quality Commission national patient surveys

In addition to these changes, reporting methods have also been amended. In previous National Cancer Surveys, trusts were reported as being in either the 'top-20%', 'middle 60%' or 'bottom-20%' for each question.

For the 2015 survey, the CQC standard for reporting comparative performance has been adopted. This is based on calculation of an 'expected range', which means trusts are flagged as outliers only if there is statistical evidence that their scores deviate (positively or negatively) from the 'expected range' of scores for trusts of the same size.

2015 National Cancer Survey results

Sheffield Teaching Hospitals NHS Foundation Trust did not score below the expected range for any question in the 2015 National Cancer Survey, scored within the expected range for 41 questions, and scored above the expected range for 8 questions.

The 8 questions where the Trust scored above the expected range are presented below:

Question	Expected range for STH	STH score	National average
The length of time waiting for the test to be done was about right	85% to 88%	89%	87%
Patient felt that treatment options were completely explained	81% to 85%	86%	83%
Hospital staff gave information about support groups	79% to 87%	88%	83%
Hospital staff gave information about impact cancer could have on day to day activities	78% to 83%	83%	81%
Given clear written information about what should / should not do post discharge	82% to 87%	89%	84%
Staff told patient who to contact if worried post discharge	92% to 95%	96%	94%
Beforehand patient had all information needed about radiotherapy treatment	83% to 89%	91%	86%
Patient definitely given enough support from health or social services after treatment	41% to 49%	50%	45%

Improving the experience of patients

Directorates and teams providing care for patients with cancer will use the patient comments, which provide substance and context to scores, to produce an action plan to improve services for patients. The action plan will be featured in a future report.

Feedback - 2015 National Cancer Survey Patient Comments

A sample of patient comments about our Trust from the National Cancer Survey 2015

Positive Comments

The staff in the hospital unit are very friendly and put me at ease when my procedure was done. The appointment staff are extremely helpful and pleasant.

I was diagnosed very fast, CT scan and biopsy was done very soon after they were suspicious that I have cancer.

Great staff, fast process from diagnosis to treatment and surgery.

I have been treated as I feel I should have at all the hospitals I have visited for operations and treatments.

The staff do wonders. I have nothing but praise.

The cancer nurse allocated to us was patient and understanding, whenever we needed advice or help to understand the changes that occurred during treatment.

I couldn't have asked for better and at this present time I'm still rung at regular times by the district nurse enquiring if I'm ok.

My care at Weston Park was excellent. I was informed at every stage of my treatment. The doctors and staff were excellent for which I am grateful for their care and attention.

Negative Comments

You wait for a lift. You wait for an appointment. You wait for results. But everyone is apologetic and some communication ability is lost, no exceptions are made if the patient has dementia and physical conditions.

I was being treated by a number of specialities. Each was excellent, but there was not a lot of joined up overall view of my needs.

Only trouble I had was parking car at Royal Hallamshire Hospital.

The nursing care could have been more caring. The facilities were not good. No shower and limited baths. Toilets shared after between six plus visitors.

Patients' dignity is left at the door. Some doctors were a bit arrogant and treated me like an idiot.

The aftercare could have been greatly improved, my GP felt like he had been left out of the loop and would ask me for updates.

One doctor very offhand and asked "why do you need pain relief?" when my husband was groaning in pain, very obvious.

Weston Park waiting area could do with being smartened up, and the appointment times could be a lot better worked out.

Feedback – Local patient satisfaction survey results

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

The table below presents the percentage of patients who gave the ‘best possible’ response to each question. Results are presented as either ‘better’ or ‘worse’ than the previous quarter using the following system:

- Green arrow indicates a ‘better’ score compared to the previous quarter
- Red arrow indicates a ‘worse’ score compared to the previous quarter

		Question	Apr to Jun 2016	Jul to Sep 2016	Oct to Dec 2016	Jan to Mar 2017
INPATIENT SURVEY		Did you always feel safe whilst on the ward?	84%	86% ↑		
		Was the ward clean?	79%	78% ↓		
		Did you have confidence and trust in hospital staff?	83%	81% ↓		
		Did hospital staff treat you with respect and dignity?	89%	89%		
		How would you rate your overall experience?	40%	43% ↑		
OUTPATIENT SURVEY		Did you get to choose your appointment?	56%	56%		
		Is the department easy to find?	95%	95%		
		Is it clean?	99%	98% ↓		
		Were you seen on time?	76%	71% ↓		
		Were you told how long you would have to wait?	55%	57% ↑		
		Did clinical staff listen, understand and answer your questions?	94%	95% ↑		
		Did you get enough information on any tests or treatment?	93%	93%		
		Were you told what would happen next?	96%	96%		
		Overall, how would you rate the attitude of the staff in this department?	85%	91% ↑		
		Has the main reason you came to the Outpatient Department been dealt with to your satisfaction?	84%	83% ↓		
COMMUNITY SURVEY		The length of time I had to wait for my care from the community team to start was reasonable.	98%	93% ↓		
		The staff that cared for me had been given all the necessary information about my condition or illness from the person who referred me.	92%	91% ↓		
		I was aware of our goals e.g. to be mobile and independent at home.	100%	90% ↓		
		I was involved in setting these goals.	90%	71% ↓		
		I was as involved in discussions and decisions about my care, support and treatment as I wanted to be.	92%	75% ↓		
		The staff let me know how to contact them if I needed to.	96%	86% ↓		
		The appointment/visit times by staff were convenient for me.	92%	79% ↓		
		When I had important questions to ask the staff they were answered well.	94%	82% ↓		
		I had confidence and trust in the staff treating or supporting me.	38%	29% ↓		
		I felt informed of other services that are available to someone in my circumstances, including voluntary organisations.	68%	60% ↓		
		I was always involved and informed about decisions to refer me to other services for support.	86%	63% ↓		
		Overall, I felt I was treated with respect and dignity while I was receiving my care from this service.	98%	91% ↓		
		I feel less anxious/worried since having this service.	94%	59% ↓		
	Is there anything that could have made your experience of the service better?	52%	52%			

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

Key results for each survey are outlined on the following pages.

Feedback – Local patient satisfaction survey results

Inpatient satisfaction survey

The inpatient satisfaction survey is sent to a sample of patients by post following their discharge from hospital. The sample is drawn from one month each quarter. Patients from the sample are asked 6 core questions and a set of topic specific questions which are themed and changed each quarter.

During this quarter, a total of 2,120 patients were sent the inpatient satisfaction survey. 680 returned a completed survey, giving a response rate of 32%. This compares to a response rate of 33% (1481 patients) last quarter.

Key results:

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

- 97% (658) of patients said ‘yes, definitely (81%) or ‘yes, to some extent’ (16%) to having confidence and trust in hospital staff, compared with 97% last quarter.
- 96% (654) of patients said that they ‘definitely’ (86%) or to ‘some extent’ (10%) felt safe whilst on the ward, compared with 97% last quarter.

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

- 89% (606) of the patients stated that they were ‘always’ treated with respect and dignity, compared with 89% last quarter.
- 75% (510) of patients stated that their overall experience was ‘excellent’ (43%) or ‘very good’ (32%), compared with 75% last quarter.

Topic specific questions

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

Key results:

Questions achieving 75% or more (from all positive responses)

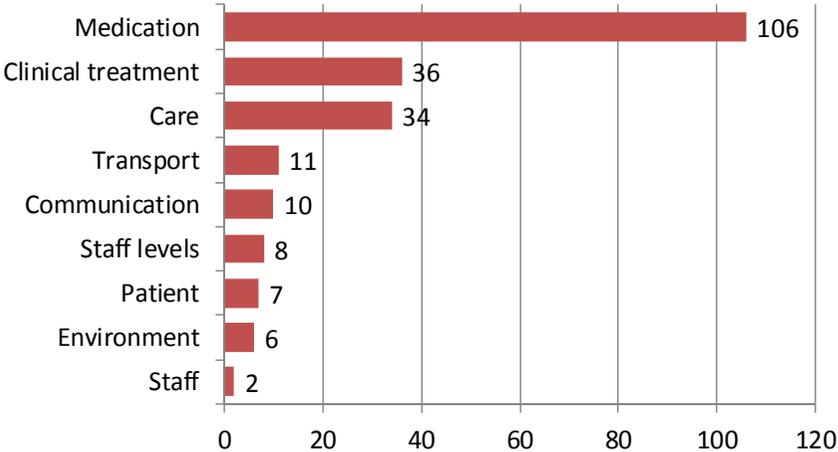
- 88% (549) of patients stated that they ‘to some extent’ (32%) or ‘always’ (56%) felt involved in decisions about their discharge.

- 85% (578) of patients stated that they were ‘definitely’ (61%) or ‘to some extent’ (24%) given enough notice of their discharge from hospital.
- 79% (538) of patients stated that hospital staff ‘definitely’ (61%) or ‘to some extent’ (18%) took into account their family or home situation when planning their discharge from hospital.

Questions achieving less than 75% (from all positive responses)

- 74% (502) of patients that responded stated that they were ‘definitely’ (56%) or ‘to some extent’ (18%) told who to contact if they were worried about their condition or treatment after they have left hospital
- 37% (255) of patients that responded stated that their discharge had ‘definitely’ (15%) or ‘to some extent’ (22%) been delayed. The main reason given for the delay given by 106 responders was ‘medication’.

The worst performing questions overall in the inpatient satisfaction survey this quarter related to 37% of patients stating that their discharge had been delayed. The chart below presents the main reasons given for the delay:



Feedback – Local patient satisfaction survey results

Of the 106 responses that raised medication as the main reason for delay to their discharge, 50% of these responses relate to the following 11 wards:

Ward	Responses	Ward	Responses
Ward 2, WPH	8	Firth 4, NGH	4
Acute Medical Unit, NGH	5	Firth 8, NGH	4
Huntsman 5, NGH	5	Huntsman 4, NGH	4
Surgical Assessment Centre, NGH	5	Ward F1, RHH	4
Renal Unit F, NGH	5	Ward N2, RHH	4
Brearely 2, NGH	4		

Next steps

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

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

We are also exploring the possibility of a volunteer role in supporting the delivery of discharge medication to wards.

Outpatient satisfaction survey

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

During this quarter, 13,148 eligible patients were sent the outpatient satisfaction survey. 696 of these patients completed the survey, giving a response rate of 5%. This compares to a response rate of 6% (884 patients) last quarter.

It is recognised that this is a low response rate, however given the high volume of outpatients, the number of individual responses received is high meaning the data is robust. Therefore, given the low resource requirements for electronic surveys this method will continue to be used.

Key results:

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

- 98% (679) of the patients that responded stated 'Yes' when asked if the outpatient department was clean, compared with 99% last quarter.
- 96% (657) of the patients that responded stated 'Yes' when asked if they were told what would happen next, compared with 96% last quarter.

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

- 56% (390) of patients that responded stated 'Yes' when asked if they got to choose their appointment, compared with 56% last quarter.
- 22% (43) of the 203 patients that stated they were not seen on time, waited for 'more than an hour', compared with 25% last quarter.

Next steps

As part of the outpatient improvement project, these results will be shared with the Trust's Service Improvement Team who will monitor survey results on an ongoing basis to note any changes over time as a result of their work.

In addition, the Service Improvement Team will work with the Patient Partnership Department to review the survey questions and identify if any changes are needed.

Feedback – Local patient satisfaction survey results

Community satisfaction survey

Last quarter, the community satisfaction survey was conducted alongside the FFT survey. When a patient replied to their FFT survey via text, they were sent a follow up message with a web link to the community satisfaction survey. This method resulted in a low response rate of 4% (48 patients) last quarter.

This quarter, the community satisfaction survey was undertaken as a postal survey, sent directly to the patient's home address, along with a pre-paid envelope. 446 eligible patients were sent the community satisfaction survey, of which 132 patients responded, giving a response rate of 30%.

Given the high response rate with postal surveys, we will continue with this method.

Key results:

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

- 97% (116) of patients stated 'Yes, always' (83%) and 'Yes, sometimes' (14%) when asked if their questions to staff were answered well, compared with 96% last quarter.
- 95% (126) of patients stated 'Yes, definitely' (75%) and 'Yes, to some extent' (20%) when asked if they were as involved in discussions and decisions about their care, support and treatment as they wanted to be, compared with 96% last quarter.

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

- 83% (92) of patients responded 'Yes, definitely' (60%) and 'Yes, sometimes' (23%) when asked if they felt informed of other services available to someone in their circumstances, compared with 83% last quarter.
- 32% (42) of patients responded 'Yes, always' (29%) and 'Yes, sometimes' (3%) when asked if they had confidence and trust in the staff treating or supporting them. A very high proportion of patients stated 'don't know' (64%) to this question.

The proportion of patients who responded 'don't know' (64%) in the community survey in relation to whether they had confidence and trust in staff

remains high. As we currently only have data from two quarters to compare, it is too early to know if this will be an ongoing trend that needs reviewing. This is the first time that the Trust has carried out a community survey of this nature and therefore we need more data available to be able to fully understand the results. However, as more data becomes available, these results will be monitored.

Next steps

Results from the community satisfaction survey will continue to be monitored and appropriate action taken should performance in any area deteriorate.