

Annual Complaints & Feedback Report 2017-18

Patient and Healthcare Governance

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1. Complaints - Introduction

This section of the report aims to provide a comprehensive review of complaints activity for the year April 2017 to March 2018. The report also highlights improvements to services that have been implemented as a direct result of complaints and outlines plans for the next 12 months.

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

During 2017/18, we received 1451 formal complaints and responded to a further 1718 informal concerns.

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

Over the past 12 months, we have continued to welcome, listen to and act on all aspects of patient feedback. We aim to ensure an accessible and sensitive approach for those who wish to raise concerns or make a complaint, making it as easy as possible by offering a range of methods including telephone, e-mail, in person, letter, or social media.

The priorities for the complaints service for 2017/18 included:

- to continue to offer choice to complainants on how their concerns are responded to
- to achieve the Trust's complaint response time target
- to further improve support for older people through the complaints process
- to increase the uptake of complaints training
- to review the Trust Concerns and Complaints Policy
- to streamline investigations and responses that require input from Patient Safety, Safeguarding and Legal teams
- to ensure complaints that highlight significant issues are escalated appropriately

Progress against complaint priorities over the past year is covered throughout this report. Progress against each individual complaint priority is detailed under section 5.

2. Complaint definitions and management structure

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

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

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

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

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

Informal concerns

Informal concerns are usually managed through our PST. These are usually concerns, queries or requests for information which do not require

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

Formal complaints

Formal complaints are those requiring a more detailed investigation. Receipt of the complaint is acknowledged within 3 working days. Wherever possible this is done by telephone to enable the Complaints Coordinator to understand the complaint from the patient’s or family’s perspective and to agree the way in which the complaint will be managed and the timescale for the response. At this stage a meeting should always be offered and the meeting can be held at any stage of the complaints process.

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

The Trust works to a tiered response time process, whereby a triage model is used to grade the complexity of a

complaint from Level 1 (low risk) to Level 4 (high risk). These risk levels determine the length of time allocated for responding to the complaint; which is then agreed with the complainant from the outset. The Trust target is to respond to a minimum of 85% of formal complaints within the agreed timescale. Only when appropriate i.e. when a complaint is more complex than originally thought, or a meeting is being scheduled but it is not possible for the meeting to take place within the agreed timescale, will an extension to the complaint timescale be agreed with the complainant. Formal complaints where an extension has been agreed with the complainant are also recorded as ‘on time’ within the 85% target.

Complaints management

During 2017/18, the Patient Complaints Team transferred from the Patient Partnership Department to the Patient and Healthcare Governance Department. This allows the opportunity for ensure a much closer link between patient complaints, patient and occupational safety, legal and claims.

Historically, complaints co-ordinators have been managed at directorate level with the central Patient Complaints Team overseeing, co-ordinating and checking/monitoring the process and final responses.

However, over the past 7 years a number of care groups have transferred their complaints management centrally to the Patient Complaints Team. Benefits of this include a more flexible workforce being able to cover periods of leave and the peaks and troughs of the complaints workload, and ensuring staff are recruited for their specialist skills in managing complaints, rather than managing complaints alongside other responsibilities such as governance.

Since 2011, complaints from other groups have transferred to central management, and the structure is as follows:

Complaints managed centrally by the Patient Complaints Team:

- Combined Community & Acute
- Acute and Emergency Medicine
- Medical & Pharmacy Services
- Head & Neck
- Musculoskeletal Services
- Operating Services, Critical Care & Anaesthesia
- Specialised Cancer Medicine & Rehabilitation
- South Yorkshire Regional Services
- Surgical Services
- Trust wide wards and departments

2. Complaint definitions and management structure

Complaints for the following Care Groups are currently managed locally:

- Laboratories, Clinical Engineering, Gynaecology, Medical Imaging, Obstetrics, & Neonatology

Managing complaints centrally means that staff and processes are centrally co-ordinated, however the responsibility for the investigation and any actions arising from the complaint remain with the directorate.

3. Complaint activity and performance

This section of the report aims to provide a comprehensive review of complaints activity over the past year. The report also highlights improvements to services that have been implemented as a direct result of complaints and outlines plans for the next 12 months.

Overview

Table 1: Activity and performance data

	15-16	16-17	17-18
Number of formal complaints received	1378	1522	1451
Number of informal concerns received	1689	1629	1718
Number of formal complaints and informal concerns combined	3067	3151	3169
Number of formal complaints closed	1329	1499	1402
Number of formal complaints received in writing*	892	1163	1080
New PHSO cases	28	22	11
Decision received by the PHSO	31	29	10
Complaints upheld (fully or partially) by the PHSO	7	8	3

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

Key points to note from the data are as follows:

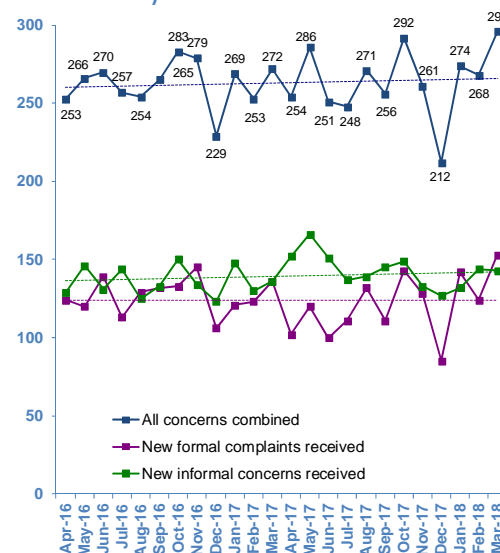
- the data highlights a 1% increase in the number of complaints and concerns combined received this year compared to last year
- there has been a 5% decrease in formal complaints received, and a 5% increase in informal concerns.
- the number of complaints closed during 2017/18 has decreased compared to the number closed last year. This reflects the decrease in formal complaints being received.
- During 2017/18 the Trust saw fewer complaints investigated (11) by the Parliamentary and Health Services Ombudsman (PHSO) compared to the previous year (29). During 2017/18, 3 of the complaints investigated were partially or fully upheld. This is reported in more detail on pages 10 and 11.

Complaints and concerns received

Graph 1 shows the number of formal complaints and informal concerns received by month over the past 2 years. It demonstrates the considerable fluctuations which can occur from month to month but also that the number of informal concerns received during 2017/18 increased between April and June 2017, but has since reduced to the levels expected.

We would expect to see the number of informal concerns to be higher than formal complaints as this demonstrates effective management of concerns being received; this is the case for the majority of months over the past year.

Graph 1: Complaints and concerns received by month

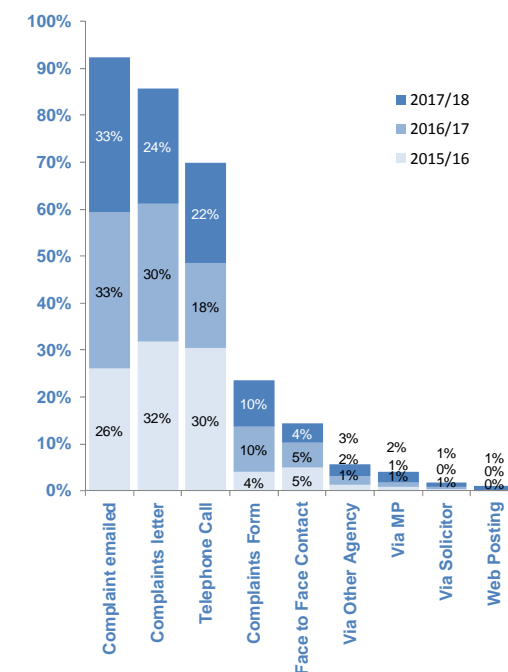


Complaints activity can be unpredictable; there are some months where lower or higher activity occurs for no apparent reason, however, the number of new formal complaints received is frequently lower in December compared to other months, and that this is often followed by an increase in complaints received between January and March each year.

Complaints received by method

Graph 2 presents a breakdown of complaints received by method.

Graph 2: Breakdown of Complaints Received by Method

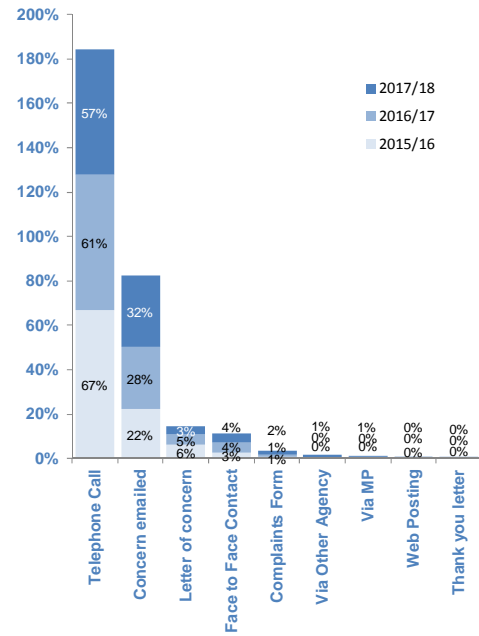


The 3 main methods used to raise complaints are e-mail, letter, and telephone. Sending an e-mail is the method most used to complain, and has been for the past two years; however 3 years ago (2015/16) e-mail was the third most used method. Writing a letter has fallen from the fifth consecutive year, from 37% in 2013/14, 34% in 2014/15, 32% in 2015/16, 30% in 2016/17 and 24% in 2017/18.

3. Complaint activity and performance

The proportion of complaints originating through the remaining methods remains relatively low.

Graph 3: Breakdown of informal concerns received by method



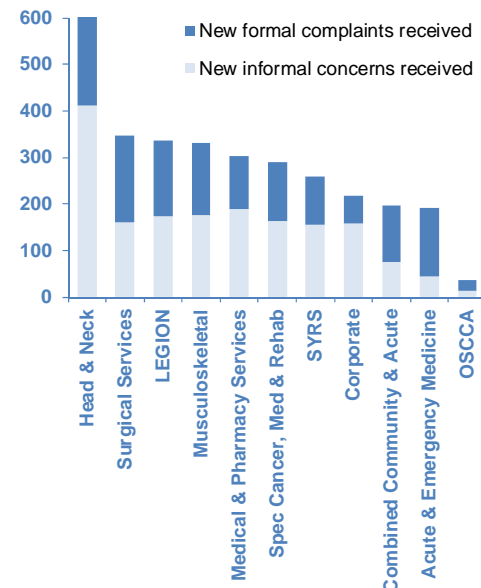
Graph 3 shows that the 3 main methods used to raise concerns are the same as those for complaints: telephone, email and letter. However a much higher proportion of concerns were received by telephone (57%) during 2017/18, which is significantly higher than the proportion for complaints (22%). The proportion of concerns received by letter is much lower at 3%, compared to complaints (24%). Therefore, complaints needing to be resolved formally are more often received by letter, whereas issues

which can be resolved more informally are more often received by telephone call. The proportion of concerns received by e-mail was similar to that for complaints.

Complaints and concerns received by Care Group

Graph 4 shows the number of complaints and concerns received during 2017/18 by Care Group. Head & Neck, Surgical Services and LEGION (Laboratories, Engineering, Gynaecology, Imaging, Obstetrics and Neonatology) received the most formal complaints and informal concerns, accounting for 43% of the overall number received.

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



Formal complaints received by activity

Table 2 shows the percentage of patient episodes which resulted in a formal complaint (by Care Group). This illustrates that a formal complaint was received in relation to 0.1% of patient episodes during 2017/18, the same as in 2016/17.

Acute and Emergency Medicine received the highest proportion of formal complaints during 2017/18, receiving a complaint in relation to 0.34% of all patients treated.

Table 2: Percentage of patients who have made a formal complaint by Care Group

Care Group	2016/17	2017/18
Acute & Emergency Medicine	0.32%	0.34%
Combined Community & Acute	0.13%	0.13%
Surgical Services	0.14%	0.12%
Musculoskeletal Directorate	0.12%	0.12%
South Yorkshire Regional Services	0.09%	0.10%
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	0.08%	0.08%
Medicine & Pharmacy services	0.12%	0.08%
Head & Neck Services	0.07%	0.07%
Operating Services, Critical Care & Anaesthesia	0.08%	0.06%
Specialised Cancer, Medicine & Rehabilitation	0.04%	0.05%
Trust total	0.10%	0.10%

Using data published by NHS Digital, Table 3 below presents the number of written complaints received per 1,000 staff for all of the trusts in the Shelford Group. This Trust has received the fourth lowest number (19.5) of written complaints during 2017/18 compared to the other Shelford trusts, and significantly lower than England total (27.0)

Table 3: Written complaints received per 1,000 staff

Trust	Written complaints per 1,000 staff
Cambridge University Hospitals NHS Foundation Trust	16.8
Newcastle Upon Tyne Hospitals NHS Foundation Trust	12.1
King's College Hospital NHS Foundation Trust	19.1
Sheffield Teaching Hospitals NHS Foundation Trust	19.5
University Hospitals Birmingham NHS Foundation Trust	20.3
Central Manchester University Hospitals NHS Foundation Trust	20.7
Guy's and St Thomas' NHS Foundation Trust	22.4
Oxford University Hospitals NHS Foundation Trust	23.7
England Total	27.0
Imperial College Healthcare NHS Trust	28.7
University College London Hospitals NHS Foundation Trust	29.0

3. Complaint activity and performance

Complaints and concerns closed

This section of the report provides a breakdown of information relating to all complaints and concerns closed during 2017/18.

Response times

According to complainant feedback, a quick resolution is the priority when dealing with informal concerns. All informal concerns are concluded within approximately 2 working days, where this is not possible they are escalated and managed as formal complaints.

During 2017/18, the Trust has worked to a tiered response time process for responding to complaints. Complaints are graded by risk based on the complexity of the concerns raised. Each risk level determines the length of time allocated for responding to the complaint; which is then agreed with the complainant from the outset. These include:

- Level 1 – 10 day response 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

The tiered complaint response time approach allows us to inform the complainant more accurately from the outset of their complaint, how long it will take to provide a response.

The Trust target is to respond to a minimum of 85% of formal complaints within the timescale agreed with the complainant. Only when appropriate i.e. when a complaint is more complex than original thought, or a meeting is being scheduled with the complainant but it is not possible for the meeting to take place within the complaint response timescale, will an extension to the complaint timescale be agreed with the complainant. Formal complaints where an extension has been agreed with the complainant are also recorded as 'on time' within the 85% target.

During 2017/18, the Trust closed 1302 formal complaints within the agreed timescale (or with an agreed extension) and 100 complaints beyond the agreed timescale. This resulted in a response time performance of 93%, achieving the 85% target for the third consecutive year.

Response times by Care Group

It is important to review performance at Care Group level in order to identify areas performing well and any areas where improvements are needed.

Table 4 highlights that whilst most care groups exceeded the target, Acute and Emergency Medicine did not achieve the target of responding to 85% of complaints within the agreed timescale. Although Acute and Emergency Medicine achieved only 80% during 2017/18, this is a significant improvement on the 65% achieved during 2016/17. Complaints management performance within this Care Group continues to be monitored and frequent improvement is being achieved.

Table 4: Response time by Care Group

Care Group	2016/17		2017/18	
	% on time*	No. closed	% on time*	No. closed
Musculoskeletal	94%	156	98%	149
Specialised Cancer, Medicine & Rehabilitation	95%	95	98%	121
Corporate Departments	91%	47	98%	55
Head & Neck Services	98%	249	96%	254
South Yorkshire Regional Services	95%	102	95%	91
Combined Community & Acute Care	97%	130	94%	109
Medicine and Pharmacy Services	69%	176	93%	105
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	93%	176	92%	158
Operating Services, Critical Care & Anaesthesia	100%	25	91%	23
Surgical Services	95%	204	88%	189
Acute and Emergency Medicine	65%	139	80%	148
Trust total	89%	1499	93%	1402

Complaints closed by risk grading

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

This is crucial with the tiered response time process whereby the number of working days given to respond to a complaint is based on the complexity of the concerns raised. Table 5 summarises the percentage breakdown of complaints closed by risk grade for 2017/18, compared to previous years.

Table 5: Complaints closed by risk

Year	Low	Moderate	High
2015/16	12%	87%	1%
2016/17	15%	84%	1%
2017/18	28%	71%	1%

Over the last 3 years the proportion of complaints graded as high risk has remained consistent, accounting for 1% of complaints closed. The proportion of complaints graded as moderate risk has decreased by 13% this year, with low risk complaints

* % on time includes complaints closed within the agreed timescale and those where an extension has been agreed with the complainant due, for example, to arranging a meeting with the complainant

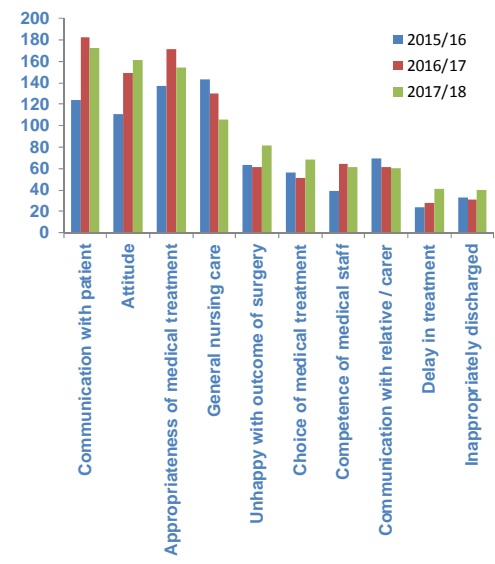
3. Complaint activity and performance

increasing by 13%. As a result of the continued focus on resolving low risk concerns quickly and informally, it would be expected that the number of low risk formal complaints remains small. As reported earlier, the number of informal concerns has increased significantly during 2017/18, suggesting complaints and concerns are being routed through the appropriate process.

Top themes in formal complaints and informal concerns

The Trust records all identified themes against each formal complaint and informal concern. Each complaint can contain a number of themes or concerns. The main area of concern is classed as the 'subject', which is then split further into a number of 'sub-subjects'. For example, 'attitude' and 'personal appearance of staff' are 'sub-subjects' under the 'subject' 'bedside manner'. There are a total of 144 detailed sub-subjects, which allow us to easily identify the themes that are being complained about most.

Graph 5: Three year comparison of the top 10 themes raised in formal complaints



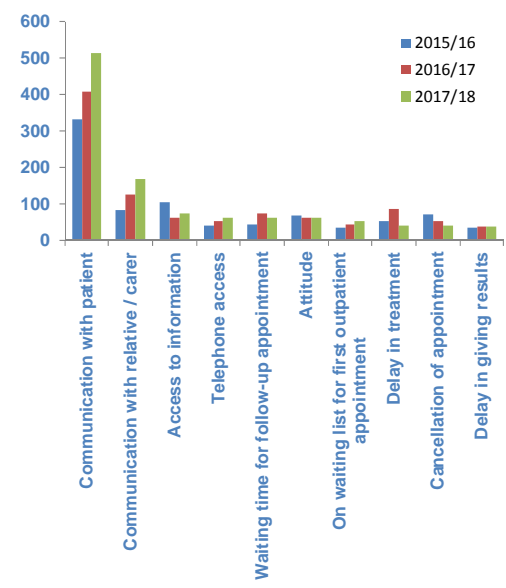
Graph 5 shows a three year comparison of the most frequently occurring themes recorded in formal complaints. The top 10 sub-subjects presented highlight that issues such as communication and attitude are key areas along with clinical care. A number of initiatives have been introduced over the past few years to improve the interpersonal aspects of our service, such as 'communication' and 'attitude'. These include the Commitment to Customer Care standards for all receptions, customer service training for all staff, and the PROUD values, all of which will continue to be promoted across the

Trust.

'Communication with patient' (172) received the most complaints during 2017/18, although this is a reduction (182) from 2016/17.

Graph 6 shows the three year comparison of the most frequently occurring themes recorded in informal concerns.

Graph 6: Three year comparison of the top 10 themes raised in informal concerns



The top ten subjects raised in informal concerns differ significantly from those raised in formal complaints with the exception of 'communication'. This reflects the fact that some issues such

as accessing information and waiting times / delays are more suited to being resolved quickly at local level. More complex subjects such as 'unhappy with outcome of surgery' are managed as formal complaints as they require a more in depth exploration, in order for the complaint to be fully investigated and resolved.

Table 6: Top 5 combined themes raised in formal complaints and informal concerns by Care Group

	Acute and Emergency Medicine	Combined Community & Acute Care	Head & Neck	Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	Medicine and Pharmacy Services	Musculoskeletal	OSCCA	Specialised Cancer, Medicine & Rehabilitation	Surgical Services	SYRS	Trust Wide Departments	TOTAL
Communication with patient	18	15	179	90	71	56	6	62	87	71	32	687
Communication with relative / carer	10	24	48	9	22	13	4	27	37	20	15	229
Attitude	33	11	46	30	33	20	5	7	18	14	9	226
Appropriateness of medical treatment	16	7	41	9	5	20	3	19	28	12	0	160
General nursing care	11	28	11	7	17	18	3	5	21	4	0	125

Table 6 shows the top 5 combined themes raised in formal complaints and informal concerns over the past year by individual Care Groups. The

3. Complaint activity and performance

cells which have been highlighted indicate the theme that has been raised most frequently for each Care Group.

This also highlights that different issues are more prominent in some Care Groups than others, such as 'communication with patient' being raised more frequently for Head & Neck than any other group.

Outcomes of complaint investigations

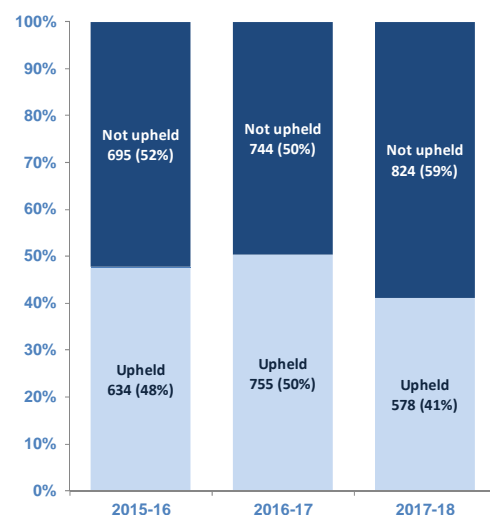
The outcome of all complaints are coded as follows:

Upheld: Complaints in which the concerns were found to be correct on investigation.

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

All complaints are reviewed and reported on irrespective of their outcome and both 'upheld' and 'not upheld' complaints provide opportunities to learn. For example, if a complaint is not upheld, there is an opportunity to learn through understanding the motives and feelings of the complainant.

Graph 7: Outcome of closed complaints



Complaints referred to the Parliamentary and Health Services Ombudsman (PHSO)

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

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

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

2016/17 PHSO cases

The PHSO is the final stage in the NHS complaints process and offers an independent view on whether the organisation has reasonably responded to a complaint. The PHSO will investigate a complaint whenever there is a possibility that there could be a case to answer.

The PHSO's office has not yet reported on all the complaints they have received during 2017/18, however a record of the cases that the Trust is aware of is kept.

Table 7: PHSO Cases, decisions and outcomes by year

	2015/16	2016/17	2017/18
Number of new PHSO cases	28	22	11
Number of PHSO decisions	31	29	10
Number of PHSO cases fully or partly upheld	7	8	3

Table 7 illustrates that our records show that the PHSO accepted 11 complaints during 2017/18. This is a reduction from last year (22).

We have received a decision from the PHSO on 10 cases during 2017/18, of which 2 were partially upheld and 1 was fully upheld.

The 3 complaints which were partially or fully upheld are detailed below:

Primary Care and Interface Services (PARTIALLY UPHELD)

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

The Ombudsman investigation did not find any failing in the doctor's assessment of the complainant or the advice provided during the telephone consultation. However, they did find the Trust failed to provide the complainant's daughter with safety netting advice (advice as to what

3. Complaint activity and performance

should be done if the complainants condition deteriorated), which caused unnecessary additional distress.

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

Gynaecology (PARTIALLY UPHELD)

The complainant raised a number of concerns regarding the care and treatment provided by a consultant obstetrician and gynaecologist to the complainants' late wife. It was felt by the complainant that the consultant failed to diagnose ovarian cancer at the earliest opportunity and failed to carry out an internal examination.

The Ombudsman investigation found that overall the records available indicate the consultant did not follow established good practice and GMC guidance. There was a failure to complete an examination of the patient and to consider cancer in the differential diagnoses of abdominal pain. The consultant did not think

fibroids were the cause of the pain but did not request further appropriate investigations to investigate the cause further.

The Ombudsman looked to see whether an earlier blood test or an earlier CT scan would have changed events. It was felt that these would have not altered events, and although failings have been identified, the Ombudsman cannot say from the evidence available that these would have impacted on the short or long term treatment or situation for the patient.

Therefore, the Ombudsman partially upheld the complaint and requested that the Trust write to the complainant to confirm the concerns raised by the Ombudsman and that these will be shared with the gynaecologist's responsible officer with a view to reflection and learning.

Anaesthetics and Operating Services (FULLY UPHELD)

The complainant raised concerns that they were given medication which contains amoxicillin despite being allergic to this, while under anaesthetic and without consent. The complainant explained that their medical records clearly state that they are allergic to amoxicillin and they also wear a red

warning wristband highlighting this.

The Ombudsman investigation found that the anaesthetist made a considered decision to give the amoxicillin following review of the complainants' notes. The Ombudsman anaesthetist advisor stated that depending on the allergic reaction and the reason for needing to use a specific antibiotic, it is good practice to prescribe and administer such an antibiotic in some circumstances, however, NICE guidance says 'patients should have the opportunity to make informed decisions about their care and treatment in partnership with healthcare professionals'. Therefore consent is required from a patient.

The investigation found that the complainants' medical records contain entries on previous dates which document that they are allergic to amoxicillin, but records of an assessment on the date of the allergic reaction are not clear. As a result, there is evidence that the Trust did not follow NICE guidance in documenting the complainants' drug allergy and a more detailed assessment should have been carried out. This is considered a failing.

Therefore, the Ombudsman fully upheld the complaint and

recommended the Trust write to the complainant to fully acknowledge and apologise for the failings identified and the impact of these failings on the complainant. The Trust is also to make a financial payment to the complainant to recognise the impact of the Trust's failings.

4. Listening, Learning, Reviewing, Improving

Complaints monitoring

The complaints process continues to be closely monitored at a senior level. The Trust's patient experience reporting framework ensures assurance is provided in relation to the following:

- complaints are well managed with clear, accurate and helpful responses, answering all concerns raised
- any serious issues are escalated, investigated and acted upon appropriately
- trends or patterns in the complaints being received are identified, investigated and responded to rapidly
- complaints and other feedback are used to learn lessons and to take action

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

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

complaints process. Alongside quantitative data, the monthly and quarterly reports also include qualitative data, such as patient case studies, in order to make the data 'real'.

The monthly report received by PEC and HGC is a dashboard style report which includes:

- activity including numbers of complaints received, closed and open
- response times
- any trends, by exception, or issues of concern that require more in-depth investigation or review

Quarterly Complaints and Feedback Reports provide more detailed complaints performance information which, in addition to the information included in the monthly dashboard report, includes:

- qualitative data in the form of case studies from complaints or patient stories and more detail on complaint management, such as the number of re-opened complaints
- outcomes from Parliamentary and Health Service Ombudsman (PHSO) investigations and a detailed overview of any complaints which are partially or upheld by the PHSO

- actions taken as a result of complaints
- results from any detailed reviews or audits, such as results from the complainant satisfaction audit and interviews, or published reports from external organisation such as the Care Quality Commission or PHSO
- complaints data triangulated with other methods of feedback, such as patient surveys and website feedback
- where possible, benchmarking data, comparing our data with other similar NHS trusts

Patient and Healthcare Governance Reporting

To align risks and incidents with patient experience, during 2017/18, complaints and patient experience moved to sit within the Patient and Healthcare Governance Department. In light of this change and the introduction of the new Trust Quality Strategy, a review is being undertaken into the existing reporting that is undertaken within Patient and Healthcare Governance.

This reporting review aims to align the different functions within the Patient and Healthcare Governance department and to develop a streamlined reporting architecture

which ensures the right information is available to the correct audiences in a format that is fit for purpose. This will also allow for different data sets (such as complaints and incidents) to be reported together to compare activity / identify relationships and trends.

The new reporting framework will be implemented for the first full quarter following approval of the new approach.

Embedding the new complaints process

During 2016/17, the Trust rolled out a new complaints process which was piloted during 2015. During 2017/18 the priority was to ensure this process became fully embedded into core practice. The main changes to the process included:

- more choice for the complainant, from the very beginning of the process, on how they would like their complaint handled, including offering meetings to all complainants where appropriate
- improved communication with the complainant throughout the process, including an acknowledgement telephone call within 3 days of receipt of the complaint and agreeing how best to provide updates
- a structured response for staff,

4. Listening, Learning, Reviewing, Improving

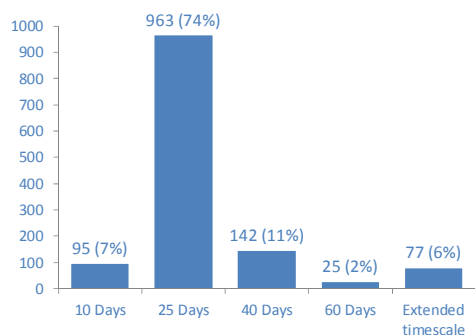
clearly outlining the specific concerns within the complaint which relate to them, in order to aid a more timely and accurate response to the complaint and agreeing how best to provide updates

- an escalation process to deputy / board director level for when responses from staff are not received on time

As highlighted on page 8, another key component to the new complaints process was the introduction of tiered response times.

Of the 1302 formal complaints that have been closed 'on time' during 2017/18, Graph 8 below presents the breakdown by the response timescales agreed through the tiered response times process:

Graph 8: breakdown by the response timescales of complaints closed 'on time' during 2017/18



Graph 8 shows that over the past 12 months 6% of closed complaints have had their timescales extended, this is a reduction from 11% during 2016/17. The reasons for extending a complaint can include arranging a meeting with the complainant which is outside of the agreed response time, or if more information is provided or discovered that was not available from the outset which makes the complaint investigation more complex.

Complainant satisfaction survey

During 2017/18, the Trust continued to undertake the complainant satisfaction survey which enables us to monitor complainant views of the complaints management process. The survey is sent to complainants 3 weeks after they are sent the response to their concerns.

Survey responses are anonymous unless the complainant chooses to provide their details. Throughout 2017/18 a total of 237 complainants responded to the survey, giving a response rate of 25%.

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. The percentage of complainants who chose the two most

positive responses ('Definitely agree' and 'Partially agree') to each question are presented on Table 8.

Table 8: Complainant satisfaction survey - percentage of complainants who chose the two most positive responses ('Definitely agree' and 'Partially agree') to each question

Question	16/17	17/18
It was easy to make a complaint	79%	78%
I was told how long it would take to answer my complaint	73%	74%
I was told what I could do if I was unhappy with my response	73%	78%
The response was easy to understand	70%	80%
Information on how to make a complaint was easy to find	70%	67%
I feel my complaint was taken seriously	62%	61%
I was given a choice as to how my complaint would be responded to	62%	67%
I was told what action had been taken as a result of my concerns	57%	61%
My complaint was dealt with quickly enough	57%	68%
My concerns were addressed in an open and honest way	56%	60%
I was kept informed of any delays in responding to my complaint	51%	64%
I am satisfied with how the complaint was handled	48%	52%
I was told about help available to make a complaint, such as independent advocacy	47%	50%
I consider my complaint to be resolved	40%	44%
I am confident that improvements have been made as a result of my complaint	26%	22%

4. Listening, Learning, Reviewing, Improving

The complainant satisfaction survey is more complex than other patient satisfaction surveys as, for example, if a complaint is 'not upheld', this may influence the overall experience of the process. Often complainants find it difficult to separate the issues that were raised in their complaint with the complaints process itself. Therefore it is acknowledged that overall scores are likely to be lower than we would expect from other surveys.

Results and any actions from the complainant satisfaction survey are reported quarterly in the Complaints and Feedback Report. Where a complainant has chosen to leave their contact details, a sample of followed up with telephone interviews to gain a greater understanding of the responses that have been given in the survey.

Complainant audit

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

Due to concerns with the selection process around the complainant satisfaction survey a review is to be undertaken. Complainants currently selected for interview are those who have responded to the complainant satisfaction survey, and as the majority of responses (68%) last year were from 'not upheld' complaints, this may influence the overall experience of the complaints process and can lead to a relatively negative response from the complainant interviews.

Directorate Reviews

The Trust's Directorate Review process ensures a comprehensive annual performance review, including senior members of each directorate meeting with Executive Directors.

Information relating to complaints and other feedback forms an integral part of the review process meaning that good performance and areas in need of development are identified and discussed at a very senior level and actions agreed where appropriate.

Actions taken as a result of complaints

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

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

Work is being undertaken at the Trust to review the use of action plans. The complaints team will be encouraged to continue to use the Actions' module in the Datix complaints package.

Examples of actions taken as a result of complaints during 2017/18 are presented below:

Specialised Cancer Services

A complaint was received regarding the incorrect dosage of medication being prescribed by the Weston Park Hospital pharmacy. This was identified by a district nurse which meant the patient had to visit Weston Park Hospital to collect the amended prescription.

When the patient arrived the Weston Park Hospital Pharmacy was closed and they were advised to collect the prescription from Boots. The patient then visited the Boots Chemist at Heeley Road and incurred a £96 private prescription charge due to the prescription being issued by the hospital.

The complainant asked for the patient to be reimbursed for the private prescription charge but also for learning to take place in advising patients of the potential charge if they use a local pharmacy.

Following investigation it was confirmed that the original prescription dispensed was incorrect and that this was a dispensing error. This was reported on the Trust's incident system as soon as it was

4. Listening, Learning, Reviewing, Improving

brought to the pharmacy manager's attention and has been fully investigated.

It was also confirmed that when the patient was advised by Weston Park staff to collect their prescription from Boots, it was intended that the patient would visit the Boots pharmacy located within the Royal Hallamshire Hospital which would have still been open at this time of day, but this may not have been clearly explained to the patient. There would not have been a private prescription charge if the prescription was collected from the Royal Hallamshire pharmacy.

As a result of this complaint, a card has been developed by the pharmacy practice development team which has details and directions to the Boots located in the Royal Hallamshire Hospital which will be given to anyone needing to make out of hours collections.

Sincere apologies have been offered to both the complainant and the patient, and it has been agreed that the private prescription charge will be reimbursed by the Trust.

[Emergency Eye Centre, Ophthalmology](#)

A complaint was received regarding the way nursing staff spoke to the

complainant, who has autism, during an eye examination and that this made the complainant feel stressed and that they had done something wrong.

The complainant explained that they were made to feel responsible for not providing more information to the receptionist prior to the examination.

Following investigation it was explained that the nurse practitioner needed to ask several questions as it was not immediately apparent what was wrong with the complainant's eye and needed to identify a cause for the problems. The nurse practitioner has apologised to the complainant that they were made to feel stressed during the examination and as if they had done something wrong. It was never her intention to make the complainant feel this way and she would never want anyone to feel like that.

As a result of this complaint, the Senior Sister for Ophthalmology will use this complaint, in anonymised format, to enable the team as a whole to reflect on their awareness of Autism and to form the basis of further team discussions around how communications can be adapted to meet differing patient needs.

[Respiratory Medicine, Medical and Pharmacy Services](#)

A complainant raised concerns that there was a delay in her late mother receiving her usual painkillers because her drug chart could not be found. Subsequently, this lack of medication caused the patient unnecessary pain and the situation had been very difficult for the complainant and her family.

The complainant explained that this situation had happened again since making the original complaint and they were seeking assurances that appropriate action would be taken.

Following investigation, it was explained that drug charts are sent to pharmacy when ordering medication and wound dressings. During the initial incident, the patient had taken their 'once a day' medication at lunchtime, and the drug chart was then sent to pharmacy to order a wound dressing. Unfortunately, the drug chart did not return to the ward and was therefore logged as an incident. A new drug chart was written and the patient was given the medication she needed without further delay.

On the second incident, the drug chart was returned to ward but arrived

slightly after the time where the patient required further medication, which was then given without further delay.

As a result of this complaint, the ward has now implemented an improved system for ordering medicines as well as the Trust rolling out an electronic prescription system. Both these new systems remove the need for drug charts to leave the ward, and will therefore greatly reduce the chances of the difficulties experienced by the complainant's mother happening to other patients in the future.

4. Listening, Learning, Reviewing, Improving

Complaints Training

To support the complaints process, it was recognised that there also needed to be a cultural change in how staff and the organisation view complaints. To achieve this, a comprehensive programme of training was developed and has been running since September 2015. The training is underpinned by an ethos of welcoming and acting on feedback and includes responding to issues 'on-the-spot', undertaking resolution focussed complaint investigations and producing high quality, evidence based responses.

The training programme consists of:

- Complaints Are Like Medicine - which focusses on how we view and resolve complaints
- Investigation Skills - for those responsible for undertaking complaint investigations or for co-ordinating and reviewing investigation responses
- Complaints Made Easy - an interactive board game for all staff

To date, the complaints training has evaluated extremely well. The number of sessions, attendees and evaluation results for 2017/18 are presented in Table 9 below:

During 2018/19 the complaints training will be taken forward, by means of a modular system, to allow

staff to more finely tailor their training needs and receive the right level of detail covering the appropriate part of the complaint pathway. In addition, a resource will be developed on SharePoint, whereby staff will be able to have 24 hr access to datasheets, which will cover the complaint pathway, giving advice and help in a written format.

Table 9: Analysis of complaints training evaluations – 2017/18

	Complaints Are Like Medicine	Investigation Skills	Getting it Write	OVERALL
Number of Sessions	18	18	9	45
Number of Attendees	278	242	150	670
Number of Evaluations	221	190	115	526
Evaluation Response Rates	79%	79%	77%	79%
Percentage who would be Extremely Likely to recommend the training	62%	73%	76%	
Percentage who would be Likely to recommend the training	34%	26%	23%	
The percentage of staff who feel their perception of complaints has positively changed	77%			
The percentage of staff who feel confident in planning a successful investigation		88%		
The percentage of staff who feel confident in writing a resolution focussed response?			81%	

5. Update on 2017/18 key complaints priorities

The table below provides an update on the 2017/18 key complaint priorities:

2017/18 key priority	Actions	Update
1. Continue to offer choice to complainants on how their concerns are responded to	<ul style="list-style-type: none"> Promote face to face meetings, instead of letters, in response to complaints received. Use the complainant satisfaction survey and complainant interviews to carry out an analysis of complaints that were responded to via a face to face meeting to gain a greater understanding of the complainant's experience, and to compare the satisfaction levels compared with complaints that were responded to with a letter. 	<ul style="list-style-type: none"> Face to face meetings continue to be promoted, where it will help to resolve the complaint. Face to face meetings with complainants, post survey are due to commence again in July 2018.
2. Review and amend the complainant satisfaction survey and complainant interviews	<ul style="list-style-type: none"> It is acknowledged that if a complaint is 'not upheld' then this may influence the overall experience of the complaints process. During 2017/18, the complainant satisfaction survey will be reviewed to ensure we are collecting valuable data on the complaints process, regardless of the outcome of the complaint investigation. Develop a process which will ensure a more random sample of complainants are selected for complainant satisfaction interviews and audits. 	<ul style="list-style-type: none"> The complaints satisfaction survey continues to be a source of data with respect to quality of complaints. The process going forward in selecting for interviews will be more by those who respond, due to such small numbers, and the wish to meet a larger sample than previously.
3. Achieve the Trust's target response times	<ul style="list-style-type: none"> Continue with the existing measures of daily complaint caseload monitoring and the formal escalation process for potentially overdue complaints to maintain and improve the 2016/17 complaint response time performance. 	<ul style="list-style-type: none"> The existing measures continue. In addition to this, weekly monitoring occurs between teams to allow for load levelling, due to recent vacancies. Due to the consistent high performance over the past 3 years, from the 1st April 2018 the target for responding to complaints within the agreed timescale will be increased from 85% to 90%.
4. Further improve support for older people through the complaints process	<ul style="list-style-type: none"> Increase the number of staff and volunteers who attend 'care of the elderly' wards to ask patients about their experience and follow up on any concerns raised. Increase the frequency of visits to 'care of the elderly' wards. 	<ul style="list-style-type: none"> There are plans in place for complaint hot spot visits at the NGH in the near future. See above

Continued on the following page.

5. Update on 2017/18 key complaints priorities – cont'd...

2017/18 key priority	Actions	Update
5. Increase uptake of complaints training	<ul style="list-style-type: none"> • Roll out targeted communications to promote the complaints training and increase uptake across the Trust. 	<ul style="list-style-type: none"> • This will be taking place in quarter two onwards in 2018/19, along with a SharePoint resource
6. Finalise the review of the Trust Concerns and Complaints Policy.	<ul style="list-style-type: none"> • Circulate the revised Concerns and Complaints Policy to key stakeholders for views and comments. • Incorporate feedback into the revised policy and submit for approval through the Controlled Documents process. 	<ul style="list-style-type: none"> • The policy has been revised, but is currently being summarised into flowcharts for quicker understanding and easier use.
7. Streamline investigations and responses that require input from Patient Safety, Safeguarding and Legal teams	<ul style="list-style-type: none"> • Meet with key stakeholders and develop a flow chart outlining the process for receiving input from Patient Safety, Safeguarding and Legal Teams for complaint investigations. • Share the flow chart and process with the Safety and Risk Management Board for comment. 	<ul style="list-style-type: none"> • This has been discussed, and steps are being implemented to ensure a more streamlined approach to complaint investigations. • Once agreed, developments will be presented to the Healthcare Governance Committee for approval and shared with the Quality Board.
8. Ensure complaints that highlight significant issues are escalated appropriately.	<ul style="list-style-type: none"> • Hold initial discussions with the Deputy Chief Nurse, Deputy Medical Director and Complaints Managers to agree escalation requirements. • Integrate the outcome from these discussions into the complaints process. 	<ul style="list-style-type: none"> • Meetings with the Deputy Medical director planned for quarter 2 2018/19, to agree standard operating procedures for escalating complaints where there are significant issues. • These standard operating procedures will be incorporated into the Concerns and Complaints Policy.

6. 2018/19 Key complaint priorities

The table below presents the key priorities for 2018/19 within the Patient Complaints Team:

2018/19 key priority	Actions
1. Continue to offer choice to complainants on how their concerns are responded to	<ul style="list-style-type: none"> Promote face to face meetings, instead of letters, in response to complaints received. Use the complainant satisfaction survey and complainant interviews to carry out an analysis of complaints that were responded to via a face to face meeting to gain a greater understanding of the complainant's experience, and to compare the satisfaction levels compared with complaints that were responded to with a letter.
2. Achieve the Trust's target response times	<ul style="list-style-type: none"> Continue with the existing measures of daily complaint caseload monitoring and the formal escalation process for potentially overdue complaints to maintain and improve the 2017/18 complaint response time performance by achieving the new complaint response time target of 90%.
3. Increase uptake of complaints training	<ul style="list-style-type: none"> Roll out targeted communications to promote the complaints training and increase uptake across the Trust, using internal communications, SharePoint advice sheets, and access to the Complaints Game.
4. Revise the Concerns and Complaints policy and associated policies to a flowchart basis	<ul style="list-style-type: none"> Review the Concerns and Complaints Policy, ensuring it reflects all recent developments to the complaints and escalation process, and format standard operating procedures into clearly defined flow charts.
5. Ensure that Datix is used correctly, completing all relevant boxes for concerns, including the recording of actions in the relevant Actions Modules	<ul style="list-style-type: none"> Ensure that all required data capture is completed for each concern logged on the Datix system. This will include all primary and secondary data fields to ensure more accurate extraction of data. Ensure that when an action plan is agreed for the resolution of a concern, such action plan is recorded in the Action Plan Module of Datix, as well as being used as a tool for monitoring the progress made against the action plan until completion. Ensure that all documents relevant to a complaint are imported into the Datix file for that complaint.
6. Ensure complaints that highlight significant issues are escalated appropriately.	<ul style="list-style-type: none"> Hold initial discussions with the Deputy Chief Nurse, Deputy Medical Director and Complaints Managers to agree escalation requirements. Integrate the outcome from these discussions into the complaints process.
7. Streamline investigations and responses that require input from Patient Safety, Safeguarding and Legal teams	<ul style="list-style-type: none"> Meet with key stakeholders and develop a flow chart outlining the process for receiving input from Patient Safety, Safeguarding and Legal Teams for complaint investigations. Share the flow chart and process with the Patient Experience Committee and the Safety and Risk Management Board for comment.

7. Patient Feedback - Introduction

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

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

A number of feedback methods are available so the Trust can build a clear picture of what patients and relatives feel about their experience within the Trust. This section of the report summarises results from these sources of feedback.

8 National Surveys

The Trust participates in the CQC programme of national surveys. During 2017/18, the Trust participated in the National Inpatient Survey 2017 and the National Maternity Survey 2017, in addition, during 2017/18 the CQC published results for the National Inpatient Survey 2016, National A&E Survey 2016, National Cancer Survey 2016, and the National Maternity Survey 2017. Results are featured on the following pages.

National Inpatient Survey 2016

Scores overall are very good and include:

- over 99% of respondents said our wards were clean
- over 84% said they were treated with respect and dignity
- 86% of patients rated their experience as 7 out of 10 or above, with 28% rating their experience as 10 out of 10.

Areas where improvements could be made include:

- quality of food and not being offered a choice of food
- having enough privacy when discussing condition or treatment

Comments from patients include:

Treated with great respect & dignity by all the hospital staff.

The attitude and professionalism of the medical/portering staff was absolutely outstanding. Friendly and purposeful.

Discharge planning was disgusting! I am under the impression there are discharge nurses. Never saw one!

There was definitely not enough staff at night. I asked for pain relief on a number of occasions but did not receive any, some of the night nurses were very rude.

Overall, this Trust saw an improvement on 24 out of 65 questions in 2016 compared with 2015, the same score was achieved on 11 questions, and scores deteriorated on 30 questions. However, the Trust performance is in line with national scores. Survey results and comments will be considered alongside other patient experience data in order to identify areas of improvement.

National Emergency Department Survey 2016

The National Emergency Department Survey 2016 results were included in the 2016/17 annual report based on results published by the Picker Institute. These results were published by the CQC in October 2017 and the Trust's scores were once again very good overall:

- over 95% of respondents said that the Accident and Emergency Department was clean
- over 83% said they were treated with respect and dignity
- over 83% of respondents stated that they received test results before leaving the Trust
- over 80% of respondents said they always had confidence and trust in Doctors and nurses
- 83% of patients rated their experience as 7 out of 10 or above, with 26% rating their experience as 10 out of 10.

Questions where improvements could be made include:

- waited more than 15 minutes before speaking to a nurse or doctor
- felt threatened by other patients or visitors

Comments from patients include:

My treatment at hospital was very very good and I felt comfortable at all times

Very efficient visit. Quite rapid progress through A&E

The time between visiting nurse and visiting the doctor was very long

Had to wait in corridor for a long time. I thought I had been forgotten

Overall, this Trust scored significantly better on 3 questions in 2016 compared with 2014, no significant difference on 29 questions, and scores were significantly worse on 3 questions. Survey results and comments are currently being considered alongside other patient experience data in order to identify areas of improvements as part of the 2018/19 action planning programme.

National Cancer Survey 2016

Sheffield Teaching Hospitals NHS Foundation Trust scored below the expected range on two questions in the 2016 National Cancer Survey, scoring within the expected range for 43 questions, and above the expected range for 6 questions. These questions where the Trust scored above or below the expected range are outlined on Table 10.

Table 10: National Cancer Survey 2016

Question	Expected range	STH score
Patient felt that treatment options were completely explained	81%-85%	85%
Possible side effects explained in an understandable way	70%-75%	75%
Hospital staff gave information about support groups	80%-88%	88%
Staff told patient who to contact if worried post discharge	92%-95%	96%
Beforehand patient had all information needed about radiotherapy treatment	83%-89%	89%
Beforehand patient had all information needed about chemotherapy treatment	81%-87%	87%
Patient given easy to understand written information about the type of cancer they had	70%-75%	69%
GP given enough information about patient's condition and treatment	94%-97%	93%

Comments from patients include:

I could find no fault with the treatment I had.

I feel that am very lucky and proud to live in Sheffield, where we have excellent hospitals, doctors, nurses and specialists.

Nursing care could be more careful (physically and handling), care staff could be more empathetic and thoughtful regarding more specific needs of patients

(I would have liked) more time for consultation appointments at the hospitals.

In response to the National Cancer Survey 2016 results, Directorates and teams providing care for patients with cancer used patient comments, which provide substance and context to scores, to produce an action plan to improve services for patients. A selection of actions are presented below:

- Increasing awareness amongst nursing staff in relation to signposting to financial advisors.

- Have developed area specific information packs to cover services across the whole of South Yorkshire.
- Posters have been developed and made available to all areas illustrating how to access free prescriptions. Awareness raising amongst the Clinical Nurse Specialists at the September 2017 meeting.
- Currently working with CCG and Macmillan Phase 3 Living with and Beyond Cancer (LWBC) Programme. Looking at Breast, Prostate and Colorectal pathways and the use of Macmillan electronic holistic needs assessment and care planning for all patients. In addition, the roll out of e-Care Planning across the Trust will improve performance in this area.
- MDTs encouraged discussing open clinical trials with patients.

National Maternity Survey 2017

Scores overall are very good and include:

- 98% of respondents felt their partner was involved in their care during labour and birth.
- 98% were visited at home by a midwife since the birth of their baby
- 89% said they were treated with respect and dignity.

Areas where improvements could be made include:

- being given a choice of where to have check-ups
- delays in the discharge process

Comments from patients include:

I was very happy with my stay at the Jessops Wing in Sheffield and with the care provided by the midwives.

The care I received from all medical staff from finding out I was pregnant to being discharged from the midwife was excellent.

The check-out of hospital after giving birth could be dealt with better. I was waiting all day.

I felt as if my midwife during my pregnancy was just doing her job, had no comparison and couldn't wait to get home

In response to the National Maternity Survey 2017 results, Maternity Services have produced a detailed action plan looking at the areas where improvements in women's satisfaction

with their care can be made. A selection of these actions are presented below:

Antenatal care

- At the first pregnancy contact, women are to be given the choices available and asked where they would like to have their baby.
- Review to be taken of handheld maternity records to consider how the question relating to choice of where woman would like their baby can be incorporated.

Postnatal care (hospital)

- To be more flexible with visiting hours, partners will be allowed to stay for one hour post transfer to ward even when outside of 9am-9pm hours.
- Revise ward information leaflet highlighting the possibility that partners may need to leave if outside 9 am – 9pm due to need for privacy and dignity of all women on the ward.
- Remove clutter allowing easier cleaning of the ward, such as removing high level wardrobes and replacing with storage racks for woman to put their bags on.

Care at home after the birth

- New information to be contained within new hand held notes relating to emotional changes following birth.
- Ensure hospital midwives are aware of what support is available to woman and to advise women postnatally of potential emotional changes following birth.

9 Friends and Family Test

Friends and Family Test

The Friends and Family Test (FFT) is a simple, standardised question with response options on a 5-point scale, ranging from whether they are ‘extremely likely’ to ‘extremely unlikely’ to recommend our Trust to their family and friends. The question is usually asked on discharge and covers inpatients, outpatients, A&E, maternity services, 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 uses a number of different methods to carry out the FFT depending on the patient group and care setting. Postcards remain a reliable method of collecting the views of patients and therefore this method continues to be used in inpatient areas and within maternity services. Interactive Voice Messages and SMS Text Messages are also used in some inpatient areas, as well as being the main method of carrying out the FFT in A&E, outpatients and community.

FFT response rates

To ensure there is an appropriate level of confidence in FFT scores, the Trust works to minimum response rate

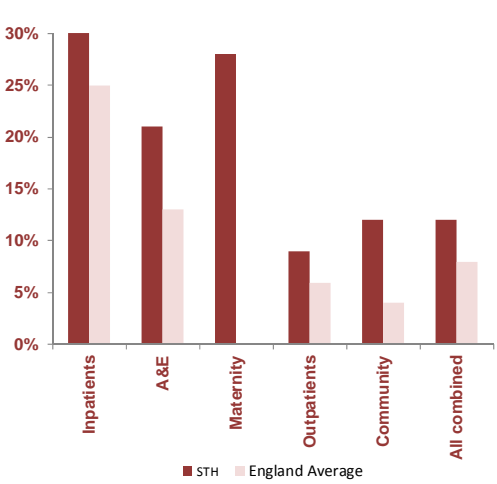
targets for inpatients (30% target), A&E (20% target), and maternity (20% target).

In order to ensure a significant number of FFT responses are being received while effectively managing the FFT budget, from September 2017 a cap was applied to the number of FFT surveys being sent to outpatients. Following a successful 3 month pilot, the Patient Experience Committee agreed to keep the cap in place and as a result, agreed to reduce the outpatient FFT target from 9% to 7%.

Following a deep dive into patient experience data for community, the community FFT response rates were reviewed. Due to a number of changes that have taken place in community since the target was originally set, the Patient Experience Committee agreed to amend the community FFT target from 17% to 12.5%.

As presented in Graph 9, during 2017/18 inpatients (30%), A&E (21%), maternity (28%) and outpatients (9%) all achieved the target set by the Trust. Community achieved 12.2%, below the 12.5% target set by the Trust. The overall Trust response rate for 2017/18 (from all 5 components of the FFT survey) was 12%, compared to a national response rate of 8%.

Graph 9: FFT response rates – 2017/18



Graph 10: Positive FFT scores – 2017/18

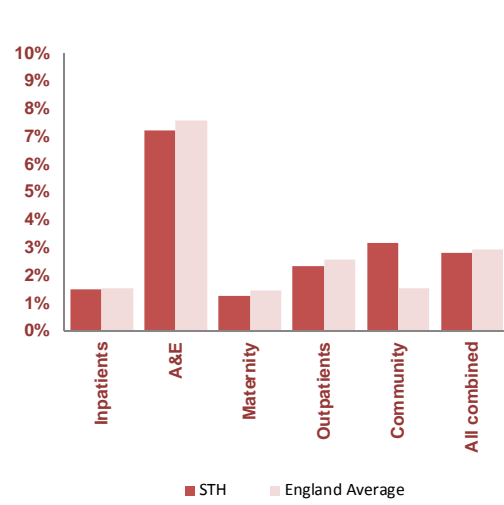


FFT scores

FFT scores are recorded by taking the percentage of respondents who ‘would recommend’ our service, which is taken from ratings 1 (Highly Likely) and 2 (Likely), and the percentage of respondents who ‘wouldn’t recommend’ our service, which is taken from ratings 4 (Highly Unlikely) and 5 (Unlikely). This provides a ‘positive’ FFT score and a ‘negative’ FFT score.

Graphs 10 and 11 present the positive and negative FFT scores for 2017/18.

Graph 11: Negative FFT scores – 2017/18



Graph 10 shows that inpatients (96%), A&E (87%) and outpatients (94%) all achieved the same or higher positive score than the national average. The positive score for maternity (95%) was lower than the maternity national average (96%) and community (89%) was lower than the community national average (95%).

However, Graph 11 shows that Inpatients (the same), A&E (0.4% lower), maternity (0.2% lower) and outpatients (0.2% lower) all achieved a lower (or the same) negative score than the national average.

Improvements to FFT performance

Work has been ongoing during 2017/18 to continually improve FFT performance. Some of the key achievements include:

Community FFT

FFT is just one method of collecting feedback and in September 2017 a deep dive report was submitted as part of the Integrated Performance Report providing a comprehensive overview of all patient experience feedback which relates to community services.

The deep dive report explained that it is more difficult to compare national patient experience data for Community Services than areas such as

Inpatients and A&E as each trust will have a different range of services within community. Community Services provided by this Trust are extensive whereas other community trusts may only run a small number of services.

The first section of the deep dive provided an overview of findings following a thorough and detailed review of all patient feedback which relates to community services. The key findings were:

- Although still high, through close monitoring by the Patient Experience Committee and each service reviewing their FFT scores on an ongoing basis, there has been a reduction in the negative FFT score over the 18 month period prior to the deep dive.
- From the 351 FFT negative responses, 182 free-text comments were received. This compares with 6855 free-text comments from positive FFT responses for community.
- Upon closer review, 13% of all comments which relate to a negative FFT rating were potentially incorrectly recorded as negative (by the patient) instead of positive or did not relate to the services that the patient was being asked to

comment on. It is only possible to undertake this review on ratings where a comment has been left, therefore there are an additional 169 negative ratings (48%) where it is not possible to determine whether the rating actually reflects the experience of the patient.

- When formal complaints and informal concerns are combined, the number of concerns received for community based services equates to just 0.09% of community patients.
- The local community satisfaction survey scores show that results vary from quarter to quarter, but overall most results are above 90%, with 61% (72) of free-text comments being positive and 31% (37) negative.

The deep dive demonstrated how Community Services are very active in seeking views of patients and using feedback to improve the service being delivered.

The 15 Step Challenge has been implemented across Community Services over the past three years which has enabled community based services to consider how a service that provides care in the patient's own home versus a hospital setting promotes a good impression and

inspires confidence. This has provided patients with a 'voice' and given staff the opportunity to listen and appreciate what practice and simple gestures help patients feel safe, valued and cared for.

Community services are also very proactive at using patient feedback to improve services, examples of these were included in the deep dive report, such as:

- Enabling patients to take their own blood pressure readings from their own home and submit the readings via text message, therefore reducing anxiety of the patient and providing a more accurate reading.
- Automatic messages reminding patients to self-administer twice daily Dalteparin (blood thinning) injections, whereby the patient texts back 'done' to confirm it is done, thereby empowering the patient to carry on with their daily commitments with the comfort of knowing they won't forget to administer their injections, as well as the nursing team having assurance that this is being undertaken on schedule.

The deep dive report demonstrates that there is a great deal of good practice that is currently being

undertaken within Community Services by using patient feedback, engaging with the people who use their services and using this to influence and shape change.

As a result of this deep dive the community FFT response rates were reviewed. Due to a number of changes that have taken place in community since the response rate target was originally set, the Patient Experience Committee agreed to amend the community FFT target from 17% to 12.5%.

This deep dive report provided the Board with assurance that patient experience data in Community Services is well managed and that performance will continue to be monitored with further improvements being sought.

Inpatient Scores

Due to an increase in the percentage of patients who would not recommend our Trust in inpatient areas, a review of FFT inpatient scores was presented to the Patient Experience Committee in May 2017 which included a review of ward scores by demographic. This review identified that performance differs in terms of demographics and themes being raised from ward to

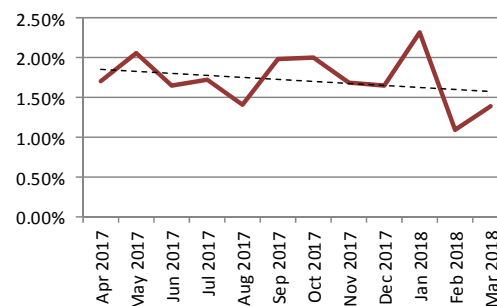
ward. As a result of this individual wards were asked to review their FFT data to identify areas for improvement to reduce the negative FFT score. Inpatient FFT scores were monitored by the Patient Experience Committee throughout 2017/18 to ensure improvement.

As graphs 12 and 13 below show, throughout 2017/18, there has been an overall improvement to both the positive and negative FFT score.

Graph 12: Inpatient FFT positive scores – 2017/18



Graph 13: Inpatient FFT negative scores – 2017/18



Outpatient Cap

In order to ensure a significant number of FFT responses are being received while effectively managing the FFT budget, from September 2017 a cap was applied to the number of FFT surveys being sent to outpatients. This was a 3 month pilot to determine the impact it would have on response rates and the quality of feedback received from the outpatient FFT. As a result, it was expected that the response rate for outpatients would fall to around 6-7%.

Following an initial 3.7% drop in the response rate for September (7.4%) this level was maintained through October (8.3%) and November (7.1%). The response rate did not drop lower than estimated and was still above the national response rate (6%). It was agreed that the cap should remain in place as the FFT budget remains within the contracted spend whilst maintaining good quality data. As a result of this, the Patient Experience Committee agreed to reduce the outpatient FFT target from 9% to 7%.

Benchmarking FFT data

The Trust is a member of the Shelford Group, which comprises of 10 leading NHS multi-specialty academic healthcare organisations, who benchmark and share best practice in

key service areas.

Table 11 and 12 presents the FFT response rate and the FFT positive score for members of the Shelford Group for 2017/18.

Table 11 shows that this Trust has achieved a higher FFT response rate than other participating members of the Shelford Trust for community, and is in the top 4 highest response rates for inpatients, A&E and outpatients.

Table 12 again shows that this Trust has achieved a higher or the same positive FFT score as the national average for inpatients, A&E and outpatients. However, the Trust has achieved a lower positive score than the national average for maternity and community.

Table 11: FFT Response Rate Benchmarking

Inpatient			A&E			Outpatients			Community		
1	Imperial College Healthcare	33.1%	1	Guy's And St Thomas'	21.9%	1	Imperial College Healthcare	11.4%	1	Sheffield Teaching Hospitals	12.2%
2	Central Manchester University Hospitals	32.0%	2	Cambridge University Hospitals	21.2%	2	Oxford University Hospitals	9.8%	2	Guy's And St Thomas'	6.4%
3	Sheffield Teaching Hospitals	30.3%	3	Oxford University Hospitals	21.1%	3	University College London Hospitals	9.4%	3	The Newcastle Upon Tyne Hospitals	6.1%
England Average		25.0%	4	Sheffield Teaching Hospitals	20.5%	4	Sheffield Teaching Hospitals	9.0%	England Average		3.6%
4	Oxford University Hospitals	21.1%	5	Imperial College Healthcare	14.2%	England Average		6.3%	4	Central Manchester University Hospitals	2.5%
5	Guy's And St Thomas'	20.4%	6	Central Manchester University Hospitals	13.7%	5	Guy's And St Thomas'	5.7%			
6	King's College Hospital	20.1%	7	University College London Hospitals	13.7%	6	King's College Hospital	5.4%			
7	University College London Hospitals	18.9%	England Average		12.7%	7	Cambridge University Hospitals	4.1%			
8	University Hospitals Birmingham	17.2%	8	University Hospitals Birmingham	12.0%	8	Central Manchester University Hospitals	3.7%			
9	The Newcastle Upon Tyne Hospitals	14.6%	9	King's College Hospital	9.1%	9	University Hospitals Birmingham	3.2%			
10	Cambridge University Hospitals	9.1%	10	The Newcastle Upon Tyne Hospitals	3.9%	10	The Newcastle Upon Tyne Hospitals	2.0%			

Table 12: FFT Positive Score Benchmarking

Inpatient			A&E			Maternity			Outpatients			Community		
1	The Newcastle Upon Tyne Hospitals	97.7%	1	Imperial College Healthcare	94.3%	1	Central Manchester University Hospitals	97.8%	1	The Newcastle Upon Tyne Hospitals	95.8%	1	Guy's And St Thomas'	96.6%
2	Imperial College Healthcare	97.2%	2	Cambridge University Hospitals	93.5%	2	The Newcastle Upon Tyne Hospitals	97.6%	2	University Hospitals Birmingham	95.2%	England Average		95.5%
3	University Hospitals Birmingham	96.3%	3	The Newcastle Upon Tyne Hospitals	92.6%	England Average		96.1%	3	Oxford University Hospitals	94.3%	2	The Newcastle Upon Tyne Hospitals	95.4%
4	Sheffield Teaching Hospitals	95.9%	4	Central Manchester University Hospitals	90.1%	3	Sheffield Teaching Hospitals	95.6%	4	Sheffield Teaching Hospitals	94.3%	3	Sheffield Teaching Hospitals	89.1%
5	Oxford University Hospitals	95.9%	5	Sheffield Teaching Hospitals	87.2%	4	Oxford University Hospitals	95.5%	5	Central Manchester University Hospitals	93.9%	England Average		78.9%
England Average		95.9%	England Average		86.4%	5	University College London Hospitals	94.3%	England Average		93.8%			
5	Central Manchester University Hospitals	95.8%	6	Oxford University Hospitals	86.1%	6	Imperial College Healthcare	93.9%	6	Cambridge University Hospitals	93.0%			
6	Cambridge University Hospitals	95.7%	7	Guy's And St Thomas'	83.8%	7	Cambridge University Hospitals	93.7%	7	Guy's And St Thomas'	91.7%			
7	Guy's And St Thomas'	95.7%	8	University Hospitals Birmingham	83.4%	8	King's College Hospital	91.7%	8	University College London Hospitals	91.6%			
9	King's College Hospital	94.0%	9	University College London Hospitals	82.8%	9	Guy's And St Thomas'	90.0%	9	Imperial College Healthcare	91.3%			
10	University College London Hospitals	93.9%	10	King's College Hospital	81.8%				10	King's College Hospital	88.6%			

10 Local Satisfaction Surveys

During 2017/18, the Trust continued to run a programme of local patient satisfaction surveys.

Inpatient satisfaction survey

The inpatient satisfaction survey is sent to a sample of patients by post following their discharge from hospital from one month each quarter. Patients from the sample are asked 5 multiple choice core questions and a set of follow-up questions which are themed and changed each quarter.

During 2017/18, a total of 6927 patients were sent the inpatient satisfaction survey. 2772 returned a completed survey, giving a response rate of 40%, an improvement on the 37% achieved during 2016/17.

Results from the 5 core questions:

- Did the hospital staff treat you with respect and dignity? (Yes, always) - 91% (compared to 90% in 2016/17)
- Did you always feel safe whilst on the ward? (Yes, definitely) - 88% (compared to 86% in 2016/17)
- Did you have confidence and trust in the hospital staff? (Yes, definitely) - 83% (compared to 83% in 2016/17)
- Did you find the ward clean? (Very clean) - 80% (compared to 79% in 2016/17)

- How would you rate your overall hospital experience? (Excellent and Very good) - 81% (compared to 78% in 2016/17)

These results show that the Trust scored the same as or better on all 5 questions during 2017/18 when compared to 2016/17. These results are shared across the Trust on a quarterly basis so that local actions can be taken to identify areas of improvement.

Topic specific questions

The programme of topic specific questions are being repeated from those selected for the same quarter during 2016/17, allowing us to compare against the same period last year.

Results from the topic specific questions are as follows presented be in table 13.

These themed results have been shared with the Patient Experience Committee for information to be disseminated down to ward level.

Table 13: Topic specific question results

	Question	Response	2016/17	2017/18
Noise, food and staff	Were you seen quickly after pressing the assistance call button?	Yes, always Yes, sometimes	93%	94%
	When you arrived on the unit, did staff make you feel welcome?	Yes, definitely	81%	85%
	Were you made comfortable during your stay?	Yes, definitely	79%	82%
	Did you always get the help you needed to drink?	Yes, always	69%	70%
	Did you always get the help you needed to eat?	Yes, always	62%	65%
	In your opinion, were there enough nurses on duty to care for you?	Yes, always	56%	62%
	Were you ever disturbed by noise at night?	No	50%	48%
	How would you rate the hospital food?	Excellent Very good	40%	43%
Discharge	Do you think you were given enough notice of your discharge from hospital?	Yes, definitely Yes, to some extent	93%	91%
	Did hospital staff take your family or home situation into account when planning your discharge from hospital?	Yes, definitely Yes, to some extent	90%	88%
	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Yes, definitely Yes, to some extent	83%	96%
	Did you feel you were involved in decisions about your discharge from hospital?	Yes, definitely	61%	54%
	Was your discharge delayed for any reason?	No	59%	63%
Communication	Was the information you were given easy to understand?	Yes, definitely Yes, to some extent	96%	100%
	Have you been given enough information about your condition or treatment?	Yes, definitely Yes, to some extent	95%	94%
	Were you given enough time to discuss your condition and treatment with the staff?	Yes	90%	92%
	Were you given enough privacy when discussing your condition or treatment?	Yes, definitely	78%	73%
	Were you involved as much as you wanted to be in decisions about your care and treatment?	Yes, definitely Yes, to some extent	70%	96%
Environment	Were hand-wash gels or wipes available for patients and visitors to use?	Yes	96%	97%
	When you were admitted to a bed on a ward, did you share a sleeping area?	No	85%	89%
	How would you rate the hospital temperature?	About right	71%	75%
	How would you rate the hospital food?	Excellent Very good Good	51%	55%
	Were you ever disturbed by noise?	No	49%	58%

10 Local Satisfaction Surveys

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 2017/18, 51298 eligible patients were sent the outpatient satisfaction survey. 2832 of these patients completed the survey, giving a response rate of 6%, the same response rate achieved during 2016/17.

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

Top 3 Positive results

- Was the outpatient department clean? (Yes) - 98% (compared to 99% in 2016/17)
- Were you told what would happen next (after your outpatient appointment)? (Yes) - 96% (compared to 97% in 2016/17)
- Was the outpatient department easy to find? (Yes) - 95% (compared to 96% in 2016/17)

Top 3 Negative Results

- Did you get to choose your appointment? (Yes) - 46% (compared to 52% in 2016/17)
- Were you told how long you would have to wait? (Yes) - 34% (compared to 52% in 2016/17)
- Were you seen on time? (Yes) - 75% (compared to 74% in 2016/17)

As part of the Outstanding Outpatients Work Stream of the Trust's Making it Better Programme, these results are shared with the Trust's Service Improvement Team who monitor survey results on an ongoing basis to help select areas for improvement and to note any changes over time as a result of this work stream.

Community satisfaction survey

The community satisfaction survey was undertaken through a postal survey, sent directly to the patient's home address, along with a pre-paid envelope. During 2017/18, 3047 eligible patients were sent the community satisfaction survey, of which 683 patients responded, giving a response rate of 22%, an improvement on the 19% achieved during 2016/17.

Top 3 Positive results

- I was aware of my goals e.g. to be mobile and independent at home. (Yes) - 95% (compared to 95% in 2016/17)

- The length of time I had to wait for my care from the community team to start was reasonable. (Yes) - 94% (compared to 94% in 2016/17)
- The staff that cared for me had been given all the necessary information about my condition or illness from the person who referred me. (Yes) - 95% (compared to 94% in 2016/17)

Top 3 Negative Results

- I felt informed of other services that are available to someone in my circumstances, including voluntary organisations. (Yes, definitely) - 45% (compared to 53% in 2016/17)
- I was always involved and informed about decisions to refer me to other services for support (Yes, definitely) - 59% (compared to 64% in 2016/17)
- I feel less anxious/ worried since having this service. (Yes, definitely) - 65% (compared to 65% in 2016/17)

These results have been shared with staff within Community Services and were included in the deep dive into patient experience data relating to community.

End of Life Survey

The End of Life survey was conducted between July 2016 and June 2017 and consisted of 28 multiple choice

questions. The survey was initially piloted in the Palliative Care Unit from July 2016, and then rolled out to Trust wide bereavement appointments from October 2016.

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

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

10 Local Satisfaction Surveys

Key results

- 79% (228) of responders felt there was enough privacy during the patient's end of life care.
- 87% (251) of responders felt there was enough help with nursing care (such as giving medicine).
- 86% (248) responders felt the nurses treated the patient with respect and dignity.
- 84% (240) responders felt the patient's pain was controlled.
- 15% (42) of responders wanted to be involved in more decisions about the patients' care.
- 85% (41) responders in their opinion, felt the patient was in told in sensitive way that they were likely to die.
- 99% (208) responders in their opinion, felt that they had been told in a sensitive way that the patient was likely to die.
- 91% (253) of responders felt they were treated in a sensitive manner after the death.
- 85% (240) of responders rated the care in the patient's last few hours and days as 'excellent' or 'good'.

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

the project, these include:

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

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

Carers and Young Carers survey

The Carers and Young Carers survey is part of a wider programme of work to improve the experience of Carers when the person they support is receiving care from the Trust. An action plan has been developed by the Trust in response to the citywide carer's strategy which uses the following definition to describe a carer:

A carer is someone of any age who provides unpaid support to family or friends to enable them to cope and carry on with their day to day life as they could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or suffers with mental ill-health or substance misuse.

The Carers and Young Carers survey is carried out with Carers whilst they are visiting the person they support in hospital. A team of trained Volunteers visit wards to speak with visitors who are Carers to ask them to complete the survey. The results below are from the survey conducted between July 2017 and March 2018 and was completed by 237 Carers and Young Carers, of which 118 surveys were completed by Carers and Younger Carers who support someone living with Dementia.

Table 14 below presents the percentage of Carers who gave a positive response to each question. Results from Carers who support someone living with Dementia are highlighted in 'green' if the score is the same as or more positive than Carers who do not support someone living with dementia and 'red' if the score is less positive. This shows that Carers supporting someone living with Dementia gave the same or a more positive score on 16 questions, and a less positive score on 6 questions.

10 Local Satisfaction Surveys

Table 14: Carers and Young Carers survey results (% carers who gave a positive response)

Question	All Carers	Carers of a person with dementia
Do you identify yourself as a carer?	92%	97%
Did you feel that staff recognised you as a carer?	83%	82%
Did staff make you feel welcome?	95%	95%
Were you encouraged to share information about the person you support?	79%	70%
Were you given enough time to talk to staff about the care of the person you support?	81%	80%
Where appropriate, were you given the opportunity to participate with the general care of the person you support?	76%	78%
Were you given enough time to talk about any views or concerns you had?	81%	85%
Whilst the person you support was in hospital, were you given information about how to keep in contact with the hospital?	82%	88%
Did you have confidence and trust in the staff caring for the person you support?	94%	97%
Were you given any information about any support available to carers?	40%	49%
Were you given information about carer's assessments?	26%	35%
Do you feel you were able to visit when you needed to and for as long as you needed?	94%	96%
If you were in the hospital visiting for long periods of time, were YOU offered any refreshments and encouraged to go for breaks?	59%	61%
Are you satisfied that the environment provides stimulation for the person you support?	50%	47%
Are you satisfied that the environment is safe for the person you support?	95%	96%
If the person you support has learning difficulties, were you asked to present their hospital passport or other communication booklet?	11%	17%
Did you receive a 'Confusion' information leaflet?	14%	15%
Did you find this leaflet helpful?	68%	75%
Have you or the person you support been provided with a document called 'All About Me'?	21%	28%
Overall, are you satisfied with the support you received as a carer?	83%	83%
Are you satisfied with how much you were included in discharge planning?	73%	64%
Are you satisfied that the discharge plans met the needs of the person you support?	66%	55%

11 Website feedback and comment cards

Tell Us What You Think comment cards are available across the Trust and can be completed by patients whenever they wish, whether the feedback is positive or negative. Patients can also submit feedback about their experience of the Trust anonymously via the Trust website (www.sth.nhs.uk) or via independent websites such as NHS Choices, Patient Opinion, and local HealthWatch organisations and social media sites such as Twitter and Facebook.

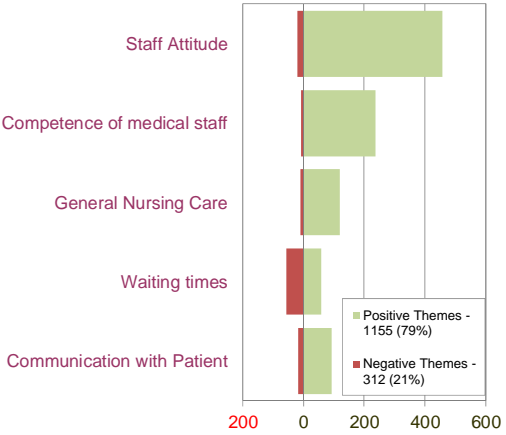
As Table 13 shows, during 2017/18 1224 individual pieces of feedback were received via Tell Us What You Think comment cards and website feedback. Of those comments received 68% were positive, a slight decrease from 70% of positive comments received during 2016/17.

Table 13: Breakdown of comment cards and website feedback received for 2016/17 and 2017/18

	Positive		Negative		Total
	Qty	%	Qty	%	
16/17	1153	70%	500	30%	1653
17/18	837	68%	387	32%	1224

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.

Graph 14: Top 5 most frequently raised themes through website feedback and comment cards during 2016/17



As Graph 14 shows, during 2017/18, 'Staff attitude' was the positive theme most commented on, accounting for 40% of all positive comments. This is an increase from 34% compared with 2016/17, however 'Staff attitude' accounts for 6% of negative themes received during 2017/18, compared with 11% during 2016/17.

The negative theme raised most during 2017/18 was waiting times, accounting for 18% of all negative themes, the same as in 2016/17.

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

12 Update on 2017/18 key feedback priorities

The table below provides an update on the 2017/18 key feedback priorities:

2017/18 key priority	Actions	Update
1. Review how the Friends and Family Test is delivered across inpatient wards	<ul style="list-style-type: none"> Review each inpatient ward and identify the most appropriate method to undertake the FFT based on the care provided and patient demographics. Identify wards where it is felt an improved response could be achieved by using SMS Text Messaging or Interactive Voice Messaging as opposed to postcards 	<ul style="list-style-type: none"> This was undertaken and a trial of SMS/IVM started on 10 wards areas. Following the trial, only 2 areas continued with the SMS/IVM method as most areas found this caused a decrease in response rate. These are ward H1/H2 and ward P1.
2. Identify service improvements based on FFT data	<ul style="list-style-type: none"> Review all wards, services and departments to identify those that have received a high 12 month negative score. Review patient comments and identify the issues behind the negative scores. Through the Patient Experience Committee, identify and implement areas for improvement. 	<ul style="list-style-type: none"> FFT results and patient comments for all wards that have a high 12 month negative FFT score were reviewed and the results presented to the Patient Experience Committee in May 2017. The 22 inpatient wards with the highest negative FFT score were asked to implement an improvement plan with a view to improving their FFT scores. An update was presented to the Patient Experience Committee, in January and February 2018, highlighting the actions taken and the impact these had on FFT scores. As a result of these some wards saw an improvement in their negative FFT score, but some saw a minor deterioration. The Patient and Healthcare Governance Department continue to work closely with wards to help improve their FFT performance.
3. Review FFT data by age of patients	<ul style="list-style-type: none"> Undertake a review of FFT scores and response rates by the age demographic of patients. Identify how results vary for each age range. Through the Patient Experience Committee, identify and implement areas for improvement. 	<ul style="list-style-type: none"> An analysis of FFT scores by patient demographics was presented to the Patient Experience Committee in May 2017. This showed that satisfaction levels are better amongst older patients, which supports the findings of a report by the Parliamentary and Health Service Ombudsman: 'Breaking down barriers: Older people and complaints about their care'. The review identified that in terms of demographics and themes this differs from ward to ward. Member of the Patient Experience Committee were asked to review the data and comments for their own areas, and develop local actions plans in response to these findings.

Continued on the following page.

12 Update on 2017/18 key feedback priorities

The table below provides an update on the 2017/18 key feedback priorities:

2017/18 key priority	Actions	Update
4. Undertake a deep dive into feedback relating to community based services	<ul style="list-style-type: none"> Review all patient feedback for Community Services to identify common trends and areas in need of improvement. Report the deep dive outcome in the Integrated Performance Report. Review how patient feedback for Community Services is collected and identify improvements to ensure the methods used are appropriate for each service to help improve the quality of feedback and results. 	<ul style="list-style-type: none"> The deep dive was completed and reported to The Trust Executive Group, Healthcare Governance Committee and Patient Experience Committee. The deep dive did not provide an insight into why Community continued to score lower than the national average as, when looking at other patient experience feedback sources, patients were feeding back an overall positive response. Work will continue on this working closely with the newly formed Community Patient Experience and Engagement Group.
5. Continue to develop and utilise the programme of local surveys	<ul style="list-style-type: none"> Repeat the programme of local surveys during 2017/18. Report on results from the local surveys in quarterly patient experience reporting, and include a comparison with 2016/17 results. Continue the End of Life survey until October 2017 and submit the end of survey results to the End of Life Steering Group. 	<ul style="list-style-type: none"> Completed. Results reported in quarterly reports including comparisons. The Trust ran a full End of Life survey from July 2016 to June 2017, a full report of the results was produced and from this, key themes were identified. These enabled the End of Life Care project team to identify areas for improvement that could then be scrutinised further using a shorter End of Life care feedback card that is currently offered to all relatives at their bereavement appointment.
6. Carers survey	<ul style="list-style-type: none"> Develop and undertake a local carers satisfaction survey and a separate survey which focuses on carers for people who have dementia. Incorporate results from these local surveys into quarterly patient experience reporting. 	<ul style="list-style-type: none"> This survey ran from July 2016 – June 2017. Feedback will be reviewed by the Carers Project Group and any actions included in the rolling Carers Action Plan. The results were also reported in the quarterly patient experience report.

13 2018/19 Key feedback priorities

The table below presents the key priorities for 2018/19 for patient feedback:

2018/19 key priority	Actions
1. Improve data from national surveys	<ul style="list-style-type: none"> Where possible, increase sample size for national surveys to allow data to be drawn down to ward level, making action planning more effective.
2. Review and improve programme for local survey	<ul style="list-style-type: none"> Develop a new programme to support patient feedback, filling gaps where additional information is needed whilst providing flexibility to allow us to respond to ad-hoc feedback requests.
3. Improve action planning from patient feedback sources	<ul style="list-style-type: none"> Work with the action planning project group to ensure patient feedback is aligned to the new process. work with Patient Experience Committee to ensure patient experience feedback can be used to form robust action plans.
4. Explore improved ways of engaging with community groups	<ul style="list-style-type: none"> As part of a Quality Objective, develop new methods and networks to engage more widely with local communities to ensure we receive a wide range of feedback from all demographics, including groups that are seldom heard and less likely to return a traditional feedback survey.
5. Be part of national FFT development programme	<ul style="list-style-type: none"> Work with the NHS England Insight team as part of a project to pilot changes to the Friends and Family Test
6. Improve response rates and scores for the Friends and Family Test in A&E	<ul style="list-style-type: none"> Work with A&E to explore different methods for patients to respond to FFT looking at mirroring approaches used by Trusts in the Shelford group who receive a good response rate and a consistently high score.
7. Explore new patient feedback methods	<ul style="list-style-type: none"> Look into a more 'hands on' approach to collecting real time patient feedback as per the method used by Northumbria NHS Foundation Trust.