

COMPLAINTS AND FEEDBACK REPORT

January to March 2015

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Summary

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

	Risks
Complaints	<ul style="list-style-type: none"> At the end of March 2015, Surgical Services (12) and Emergency Care (9) have the highest number of formal complaints that remain open and beyond the 25 working day target for responding to new complaints. The total number of open complaints for both of these Care Groups accounts for 51% of all open complaints. ACTION: The following areas of work are ongoing to improve complaints performance overall: <ul style="list-style-type: none"> The pilot project in Urology and General Surgery to trial new ways of working and improve complaint responses is progressing well. Some new approaches have already been introduced such as clearly indicating on the complaint which concerns each member of staff is being asked to respond to and more actively promoting meetings with complainants to resolve concerns. The full pilot will commence at the beginning of May 2015. Weekly monitoring of the status of overdue complaints is being undertaken so that early interventions can be made. 'Attitude' and 'Communication' continue to feature in the top 3 most raised subjects in complaints. As reported previously, the ongoing programme of customer service workshops aims to improve these aspects of our service. Formal evaluation of this training has been undertaken and is featured on page 16 of this report.
Website Feedback & Comment Cards	

Highlights
<ul style="list-style-type: none"> The number of open and overdue complaints for Emergency Care has reduced from 22 at the end of December 2014 to 9 at the end of March 2015. The overall complaints backlog has reduced from 59 at the end of December 2014 to 36 at the end of March 2015. Following a review by the Parliamentary Health Service Ombudsman (PHSO) this quarter, the Trust was informed that the 5 complaints that had been reviewed by the PHSO were not upheld.
<ul style="list-style-type: none"> Last quarter, it was reported that 66% of all website feedback and comment cards received during that period had been positive, a decrease compared to 74% the previous quarter. The fall in positive feedback has been monitored for January to March 2015 and positive feedback has once again returned to 74%. The majority of positive feedback primarily relates to attitude, accounting for 36% of all positive feedback this quarter. ACTION: The percentage of positive feedback will continue to be monitored to assess whether the decrease in positive feedback during quarter 3 was a one-off occurrence.

Summary

	Risks
<p>Friends and Family Test (FFT)</p>	

Highlights
<ul style="list-style-type: none"> • FFT is now carried out in outpatient areas, community services, and day case areas, as well as inpatient wards, A&E and maternity services. This quarter has seen a significant increase in the number of FFT responses received, the breakdown is as follows: <ul style="list-style-type: none"> • Inpatient 7075 • Outpatient 48229 • A&E 3697 • Maternity services 1188 • Community services 5361 • Day case 738 <p style="text-align: right;"><u>66288</u></p> • Inpatients have seen a 41% increase in the number of responses compared to last quarter, A&E has seen a 3% increase and maternity services a 97% increase. The increase in responses for inpatient wards is in part due to implementing agent calls during March to ensure the CQUIN target was achieved. Agent calls use the same principle as Interactive Voice Messaging; however, patients are contacted by an actual person to gain their FFT feedback rather than an automated call. During the last quarter, maternity services reverted back to using postcards, as opposed to SMS text messaging and interactive voice messaging (IVM). This combined with working hard to increase their response rates and also developing an action plan to refocus emphasis on FFT has led to this significant improvement in the maternity services response rate this quarter. • During quarter 4, the response rate for A&E was 21.2%, achieving the CQUIN target of 20% and the inpatient response rate was 44.8%, achieving the CQUIN target of 30%. In March 2015, the inpatient response rate was 56.2%, achieving the 40% CQUIN target for March 2015. • <u>ACTION:</u> There will be no FFT CQUIN target for 2015/16. However, locally agreed minimum response rate targets will be established to ensure an appropriate sample size for each ward is achieved to provide an adequate level of confidence in FFT scores and feedback.

Summary

	Risks
Frequent Feedback	<ul style="list-style-type: none">The Trust CQUIN target for measures of essential care (support at mealtimes, help getting to the toilet/bathroom, treated with dignity and respect, pain control) was 91.6% for the year 2014/15. The Trust did not achieve this target, with a composite score of 86.8% for 2014/15. ACTION: There will not be a CQUIN scheme for 2015/16, so these measures will be monitored through the Patient Experience Committee.

Highlights
<ul style="list-style-type: none">1943 Frequent Feedback inpatient interviews were undertaken between January and March 2015, a decrease from 2369 last quarter. January to March usually sees a reduction in completed surveys as the availability of many of the younger volunteers (who carry out Frequent Feedback interviews with patients) is impacted due to study commitments.However, for the whole of 2014/15, 9127 interviews have been completed, a 36% increase compared with 6726 for 2013/14.

Complaints

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

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

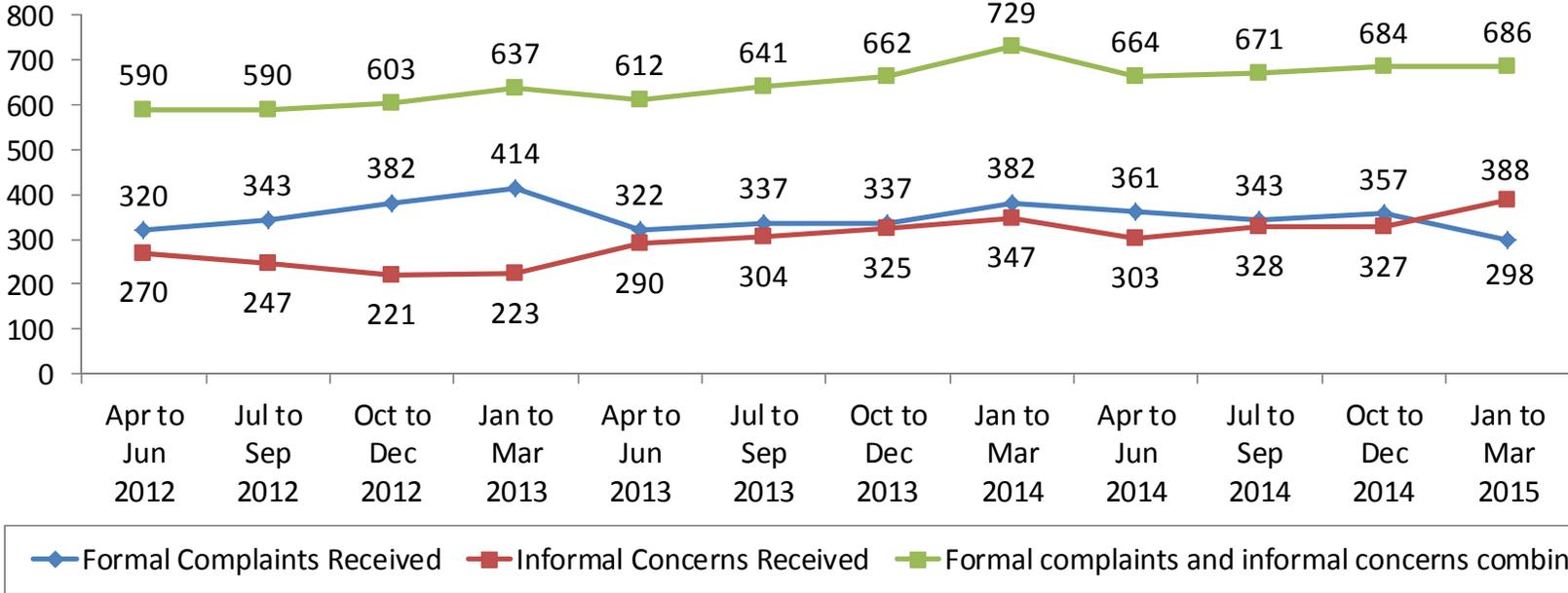
The Trust participates in the Patients Association complainant satisfaction survey, which asks for feedback from complainants on how the Trust managed their concerns. Results of the survey will be monitored and feature in future reports as and when they become available.

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

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

Complaints – Number of formal complaints and informal concerns received

Total number of concerns received by quarter



During this quarter 298 new formal complaints were received, a decrease from 357 received last quarter. 388 informal concerns were received this quarter, compared with 327 last quarter. By combining the number of formal complaints received and the number of informal concerns, a total of 686 were raised between January and March 2015, a slight increase from 684 received last quarter, but a decrease compared to the 729 received in the same quarter of 2013/14.

More informal concerns have been recorded between January and March 2015 than in any other quarter since informal concerns were first recorded back in December 2011. This is positive as when concerns are managed informally it often results in a swifter resolution of the concern for the complainant and has less impact on resources.

The graph above shows that when complaints data are presented as a quarterly breakdown rather than monthly, there has been a significant decrease in the number of complaints received during January to March 2015. This quarter has received the lowest number of formal complaints since October to December 2010, when 287 complaints were received.

Complaints – Formal complaints received by patient activity

Proportion of patients who have made a formal complaint

	Number of patients treated for each complaint received						% of patients who have made a complaint					
	Overall		Inpatient		Outpatient		Overall		Inpatient		Outpatient	
	Last 12 months	Current Qtr Jan-Mar 15	Last 12 months	Current Qtr Jan-Mar 15	Last 12 months	Current Qtr Jan-Mar 15	Last 12 months	Current Qtr Jan-Mar 15	Last 12 months	Current Qtr Jan-Mar 15	Last 12 months	Current Qtr Jan-Mar 15
Combined Community & Acute Care	1105:1	1684:1	565:1	615:1	1693:1	3822:1	0.09%	0.06%	0.18%	0.16%	0.06%	0.03%
Emergency Care	769:1	914:1	351:1	467:1	1376:1	1561:1	0.13%	0.11%	0.28%	0.21%	0.07%	0.06%
- Accident & Emergency*	891:1	934:1					0.11%	0.11%				
Head & Neck Services	1820:1	2595:1	719:1	1569:1	2214:1	2809:1	0.05%	0.04%	0.14%	0.06%	0.05%	0.04%
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	1573:1	1902:1	286:1	563:1	1558:1	1895:1	0.06%	0.05%	0.35%	0.18%	0.06%	0.05%
- Maternity Services*	5499:1	5138:1					0.02%	0.02%				
Operating Services, Critical Care & Anaesthesia	653:1	1466:1	472:1	2058:1	944:1	1170:1	0.15%	0.07%	0.21%	0.05%	0.11%	0.04%
South Yorkshire Regional Services	1101:1	1073:1	338:1	353:1	2126:1	1953:1	0.09%	0.09%	0.30%	0.28%	0.05%	0.05%
Specialised Cancer, Medicine & Rehabilitation	2164:1	2581:1	1160:1	1664:1	2551:1	2873:1	0.05%	0.04%	0.09%	0.06%	0.04%	0.03%
Surgical Services	790:1	1255:1	239:1	318:1	1730:1	4346:1	0.13%	0.08%	0.42%	0.31%	0.06%	0.02%
Trust total	1213:1	1589:1	532:1	786:1	1953:1	2515:1	0.08%	0.06%	0.19%	0.13%	0.05%	0.04%

* Accident & Emergency and Maternity Services complaints are coded under their own category, and not as 'inpatient' or 'outpatient'. Accident & Emergency complaints are included in the 'overall' for Emergency Care, and Maternity Services complaints are included in the 'overall' for LEGION.

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

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

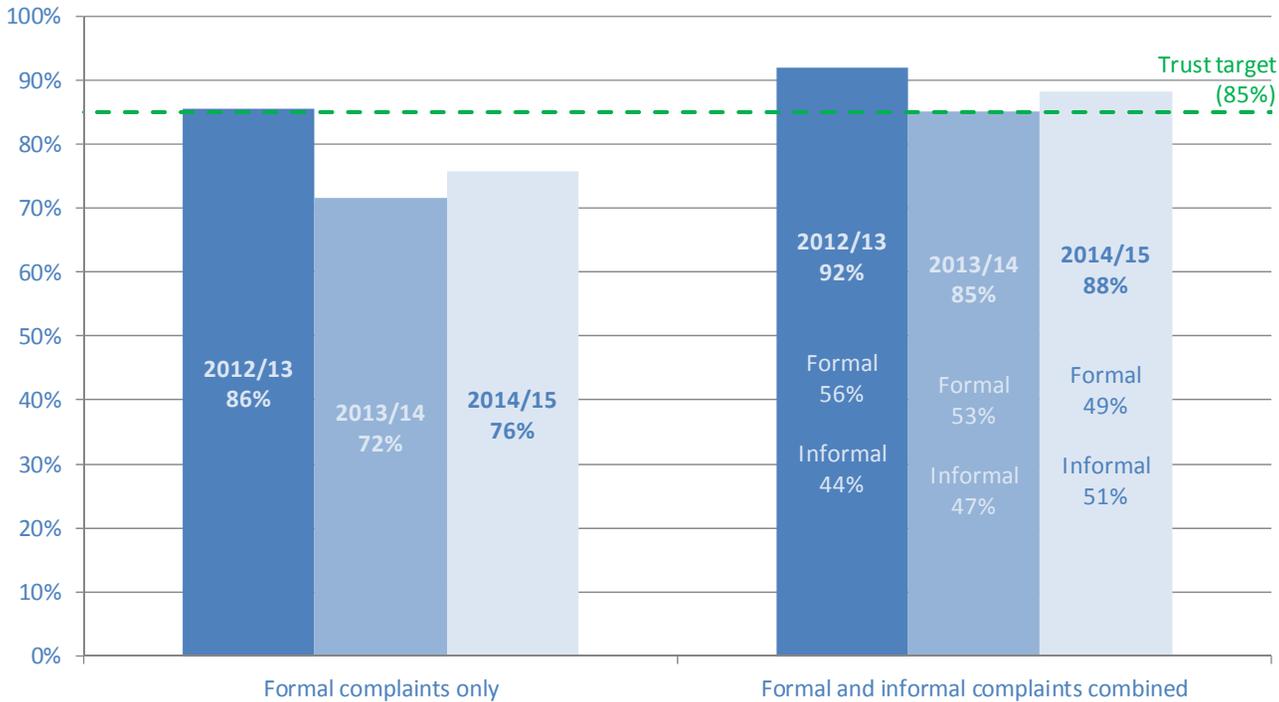
The data above shows that over the past 12 months, overall the Trust treated 1213 patients for every formal complaint received, which equates to 0.08% of patients treated making a formal complaint. This rate has improved for the

current quarter (January to March 2015) to 1589 patients being treated for every formal complaint received, equating to 0.06% of patients treated making a formal complaint.

With regard to individual Care Groups, Specialised Cancer, Medicine and Rehabilitation have received the lowest proportion of formal complaints over the past 12 months by treating 2164 patients for every formal complaint received, which equates to 0.05% of patients treated making a formal complaint.

Complaints – Response times

Percentage of formal and informal complaints closed within 25 working days



The Trust works to a locally set target of responding to at least 85% of formal complaints within 25 working days. This is an aspirational target set at a high level which the Trust strives to achieve. In addition, all informal concerns are managed within 2 working days.

The columns on the left of the graph above show that the Trust has not achieved the 85% target for the past two financial years. However, emphasis has been placed on managing complaints informally, where appropriate, during this time. This has resulted in a 32% increase in informal concerns from 2012/13 to 2013/14, and a further 6% increase from 2013/14 to 2014/15.

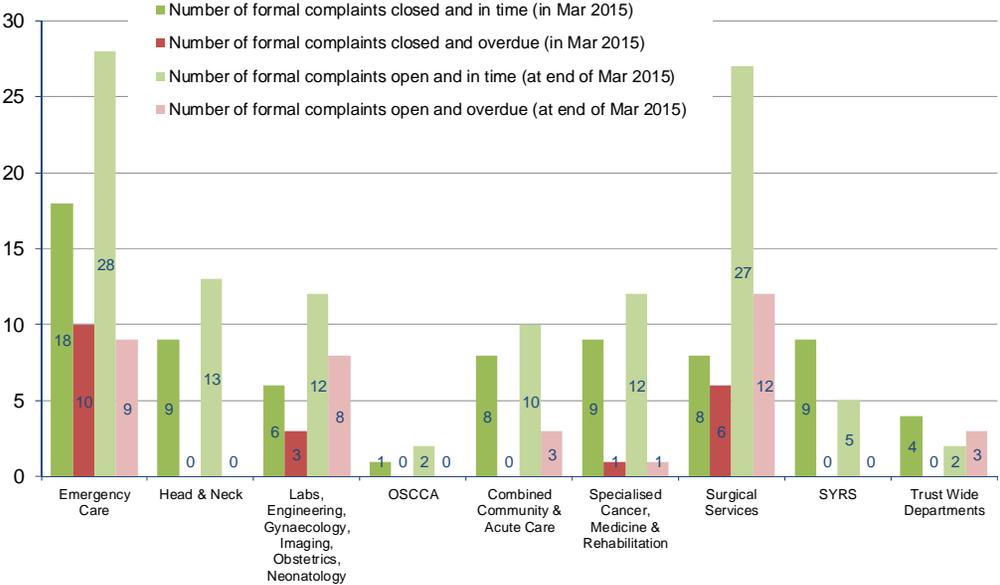
The columns on the right show the Trust response rate when both formal complaints and informal concerns are combined. This illustrates that a high proportion of concerns that are made to the Trust, formally and informally, receive a timely resolution.

As a higher proportion of concerns are managed informally, this means that those complaints that would have been dealt with quickly in the formal process have been managed informally. This results in the more complex complaints that take longer to resolve being left in the formal process, which has an impact on response times.

As part of the pilot in Urology and General Surgery to trial new ways of working, a new tiered response time target process will be trialled. This will include a 10 day response target for complaints which can be resolved more quickly, a 25 day target for complaints of medium complexity and a 40 day target for more complex complaints. The current flat 25 day target does not allow for complaints which can be completed more quickly or that, for more complex complaints, it is often an unrealistic timescale and sets expectations which we are then unable to meet. The timescale for each complaint will be agreed with the complainant from the outset.

Complaints – Number of formal complaints closed

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



The graph above shows the number of complaints that have been responded to within 25 working days (in time) and those that have not achieved the Trust 25 working day target (overdue).

The number of open but overdue complaints is a helpful predictor of complaint response time performance in the upcoming months and is useful as an early warning of potential problems which are developing. The data above are based on figures at the end of March 2015, as the number of overdue complaints changes daily as does the number of complaints closed.

Over the past quarter, 301 formal complaints have been closed, a decrease from 338 between October and December 2014. 24% (36) of all open complaints remain overdue, an improvement from 36% (59) of all open complaints being overdue at the end of December 2014. Surgical Services (12) and Emergency Care (9) are the Care Groups with the highest number of overdue complaints.

Weekly monitoring of the status on overdue complaints is being undertaken so that early interventions can be made.

The pilot project in Urology and General Surgery to trial new ways of working and improve complaint responses is progressing well. Some new approaches have already been introduced such as clearly indicating on the complaint which concerns each member of staff is being asked to respond to and more actively promoting meetings with complainants to resolve concerns. The full pilot will commence at the beginning of May 2015.

Complaints - Subjects raised in formal complaints and informal concerns

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

Current quarter
(January 2015 to March 2015)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	83	13%
2	Appropriateness of medical treatment	35	5%
3	Attitude	33	5%
4	General nursing care	24	4%
5	Access to information	21	3%
5	Lack of appropriate discharge arrangements	19	3%
7	On waiting list for procedure	19	3%
7	Communication with relative / carer	18	3%
9	Unhappy with outcome of surgery	17	3%
10	Incorrect appointment booking	15	2%

Last 12 months
(April 2014 to March 2015)

#	Subject	Qty	% of all subjects raised
1	Communication with patient	315	13%
2	Attitude	146	6%
3	Appropriateness of medical treatment	139	6%
4	General nursing care	112	5%
5	Delay in treatment	80	3%
6	Communication with relative / carer	73	3%
7	Unhappy with outcome of surgery	67	3%
8	Access to information	65	3%
8	Choice of medical treatment	65	3%
10	Waiting time for follow-up appointment	58	2%

Of the 83 subjects coded against 'communication with patient' between January and March 2015, 63 have been raised through informal concerns. This reflects the nature of informal concerns where the Patient Services Team can support patients and relatives in communicating with the relevant member of staff to resolve any concerns before they escalate into a formal complaint.

The tables above show that 'attitude' and 'communication' consistently feature in the top 3 most raised subjects in formal complaints and informal concerns. They also regularly feature in the top 3 most raised subjects through website feedback and comment cards.

The Trust's 'Improving Patient Experience' workshops support good customer care aimed to improve the attitude of staff and how patients are communicated with. A formal evaluation has been undertaken on these workshops and an interim report and recommendations are summarised on page 16 of this report.

There has been an increase in informal concerns coded to both 'lack of appropriate discharge arrangements' and 'incorrect appointment booking' this quarter. The increase in these areas do not relate to a specific speciality.

Complaints - Subjects raised in formal complaints

Top 10 subjects raised in formal complaints by Care Group

	Appropriateness of medical treatment	Attitude	Communication with patient	Unhappy with outcome of surgery	General nursing care	Choice of medical treatment	Inappropriately discharged	Missed diagnosis	Communication between staff	Communication with relative / carer
Emergency Care	9	5	3	1	5	2	3	5	2	4
Head & Neck Services	3	3	4	4	0	2	0	1	2	0
Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology	6	1	4	2	0	1	1	0	0	0
Operating Services, Critical Care & Anaesthesia	1	1	1	0	0	0	0	0	0	0
Combined Community & Acute Care	1	1	1	1	1	1	2	1	1	1
Specialised Cancer, Medicine & Rehabilitation	2	4	2	1	3	1	1	0	1	0
Surgical Services	5	4	2	7	5	3	1	1	1	1
South Yorkshire Regional Services	1	1	2	0	1	3	0	0	0	0
Trust Wide Departments	0	1	1	0	0	0	0	0	0	1
TOTAL	28	21	20	16	15	13	8	8	7	7

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

The two most frequently raised subjects in formal complaints between January and March 2015 are 'appropriateness of medical treatment' (28) and 'attitude' (21).

'Appropriateness of medical treatment', 'attitude' and 'communication with patient' are the most frequently raised subjects for 3 Care Groups. 'Appropriateness of medical treatment' has been raised more than any other subject for a single Care Group, being raised 9 times in Emergency Care.

Of the 9 complaints relating to 'appropriateness of medical treatment' for Emergency Care this quarter, upon completion of the complaint investigation 5 were found to have had appropriate care delivered. 1 complaint is still being investigated. The remaining 3 complaints were not related to any specific specialty or issue.

Complaints – Parliamentary and Health Service Ombudsman (PHSO) cases

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

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

The number of PHSO cases, decisions and outcome by quarter

	Apr to Jun 12	Jul to Sep 12	Oct to Dec 12	Jan to Mar 13	2012/13	Apr to Jun 13	Jul to Sep 13	Oct to Dec 13	Jan to Mar 14	2013/14	Apr to Jun 14	Jul to Sep 14	Oct to Dec 14	Jan to Mar 15	2014/15
Number of new PHSO cases	4	4	5	7	20	3	3	1	7	14	4	6	11	10	31
Number of PHSO decisions	3	4	2	6	15	3	0	1	1	5	2	2	3	5	12
Number of PHSO cases fully or partly upheld	0	0	0	1	1	0	0	0	1	1	1	0	0	0	1

New PHSO cases this quarter

This quarter, 10 new information requests have been received, these relate to the following directorates:

- **Combined Community and Acute Care**
 - Geriatric & Stroke Medicine (2)
- **Head and Neck**
 - Neurosciences (1)
 - Ophthalmology (1)
- **Labs, Engineering, Gynaecology, Imaging, Obstetrics, Neonatology**
 - Medical Imaging & Medical Physics (1)
- **South Yorkshire Regional Services**
 - Cardiology (1)
- **Specialised Cancer, Medicine & Rehabilitation**
 - Specialised Cancer (1)
- **Surgical Services**
 - Orthopaedics (1)
 - Plastic Surgery (1)
 - General Surgery (1)

New PHSO decisions this quarter are presented on the following page

New PHSO decisions this quarter

There were 5 new decisions received from the PHSO during this quarter:

- **Orthopaedics (NOT UPHELD)**

The complainant raised concerns regarding the appropriateness of the diagnosis that they had been given and the impact of the subsequent surgery.

The Ombudsman acknowledged the impact that the complainant's condition is having on all aspects of their life, but concluded that the care provided was appropriate and the patient's deteriorating condition is not as a result of poor care by the Trust.

- **Orthopaedics (NOT UPHELD)**

The complainant raised concerns regarding the nursing care received by their father including how a fall whilst on the ward may have led to his premature death.

The Ombudsman concluded that there was no evidence found of failings in the Trust's management of the patient's risk of falls and did not see evidence that the fall could have reasonably been prevented.

- **Health & Wellbeing, Community Services (NOT UPHELD)**

The complainant raised concerns regarding the care and treatment received from their dentist, and how the subsequent transfer to a different clinic caused delays in treatment.

The Ombudsman concluded that the care and treatment received by the patient was in line with acceptable practice, and that any delay in treatment was not excessive.

- **Neurosciences (NOT UPHELD)**

The complainant raised concerns that no definitive diagnosis was given in relation to their neurological condition.

The Ombudsman concluded that no failings were identified by the Trust in relation to the issues raised.

- **General Surgery (NOT UPHELD)**

The complainant raised concerns that by the time their partner was given information regarding available treatment options, the opportunity to treat the cancer had passed.

The Ombudsman concluded there was no evidence that the patient was denied the opportunity for life prolonging treatment or that there were any clinically significant delays in treatment.

Complaints - Actions as a result of formal complaints

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

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

Ward/Department/Service	Issues identified	Actions agreed
Metabolic Bone Unit, Specialised Medicine	<p>A patient who suffers from severe osteoporosis raised concerns that they were not informed of the possible side effects of bone fracture from the medication they had been taking, nor were they offered adequate testing and monitoring of the condition.</p> <p>After having been taking the medication for a number of years, the patient suffered a fracture of the thigh bone while walking.</p>	<ul style="list-style-type: none"> At the time when the patient was prescribed this treatment, the link between the medication and Atypical Femoral Fractures (AFF) was not as well recognised and it has been acknowledged that the Trust could have done more in providing updated information to patients who receive ongoing treatment, when the link between the medication and AFF was recognised. As a result of this complaint, patient information will be re-written to explain AFF and advising patients to seek help if they develop thigh pain. This information will be routinely given to all patients starting treatment and those already receiving this medication. To increase GP awareness about AFF symptoms, advice on AFF will be added to the monitoring protocol for this medication, as GPs are directed to the protocol when starting patients on this medication. In addition, an advice note to GPs will be added to bone density scan reports when longer-term treatment is recommended.
Anaesthetics, OSCCA	<p>A patient raised concerns about communication with anaesthetic staff and the choice of anaesthetic used in their procedure. The patient felt that the information given was poor and believed they would have a general anaesthetic but instead was given a regional anaesthetic which the patient felt was not effective throughout the whole duration of the procedure. Post operatively, the patient felt that little attention had been paid to their concerns regarding this issue and that staff were not concerned.</p>	<ul style="list-style-type: none"> It was confirmed that the regional anaesthetic drug was tested and working well at the start of the procedure. However, due to the length of time taken to complete the procedure, a longer acting drug would have been a better choice. In addition, there is no reason why a general anaesthetic could not have been given, if this was the patient's preference. As a result of this complaint, the member of staff concerned has reflected carefully on the concerns raised by the patient and has completed online training through the Royal College of Anaesthesia website on the use of spinal anaesthetic drugs. They are also to attend a communication course in June 2015. A new anaesthetic chart has been developed and has a specific section detailing the planned technique and potential complications that have been discussed with patients.

Complaints – Improving Patient Experience workshops

Introduction and background

As highlighted earlier in the report, ‘attitude’ and ‘communication’ consistently feature in the top 3 most raised subjects in formal complaints and informal concerns. They also regularly feature in the top 3 most raised subjects through website feedback and comment cards.

The Trust’s ‘Improving Patient Experience’ workshops support good customer care and are aimed at improving the attitude of staff and how they communicate with patients. Following the successful development of customer services standards and training for reception staff during 2012/13, funding was received to support the expansion of the training to other staff groups.

‘Improving Patient Experience’ training was initially rolled out in orthopaedics, later extending to other staff groups, and is now open to all Trust staff.

Course content and aims

The training comprises of two interactive half day workshops where delegates have the opportunity to reflect on current practice and share good practice in relation to improving patient experience. The overall aims of the workshops are to:

- Identify how individual staff contribute to patient experience and what they may be able to do differently
- Identify and share existing good practice at the level of both individuals and teams
- Improve patient perception and views of the care and service they receive

Workshop 1 introduces ‘customer experience’ and links the programme to the Trust’s PROUD values, while workshop 2 focuses on interpersonal skills and communications including practical approaches and skills for dealing with difficult situations.

By January 2015, 587 staff have attended the training. The workshops are multidisciplinary and staff from across most staff groups have

attended including portering, nursing, managerial, domestic and medical staff.

The cost of running the workshops per head is dependent on booking and attendance rates. The DNA rate for the workshops is currently 23%. Workshops hold up to 25 attendees and on average 23 places have been booked with an average attendance of 16 staff, which is still well below the maximum capacity, but as the course is now open to all Trust staff, increased demand is expected.

Evaluation

A number of evaluation methods have been undertaken, these include:

- Staff evaluation forms – 22% of attendees completed an evaluation form. From these forms, 90% of staff who attended workshop 1 and 87% who attended workshop 2 gave the rating of ‘4 out of 5’ or ‘5 out of 5’ to the question ‘did the workshop achieve its 3 aims?’. 79% of staff who attended workshop 1 and 86% who attended workshop 2 gave the rating of ‘4 out of 5’ or ‘5 out of 5’ to the question ‘to what extent do you think the workshop will help you to provide patients with a positive experience?’.
- ‘Before’ and ‘after’ staff and patient surveys – all orthopaedic outpatient administration/reception staff who attended the workshops between January and December 2013 received a survey during the autumn of 2012, prior to attending, and again during the summer of 2014, after attendance. The results show improvements, sometimes significant, in 12 of the 15 questions.

Over 300 orthopaedic patients were surveyed in 2012 and 2014 by volunteers. Patients were given the option to complete the survey themselves or through the volunteer. Using only scores from the ‘excellent’ rating, improvements can be seen in scores across all sections of the patient survey, with 6 of the 8 sections seeing an increase of at least 10% in the ‘excellent’ rating.

Complaints – Improving Patient Experience workshops

- Patient feedback - feedback from patients in relation to staff attitude is regularly monitored and reported through complaints and website feedback/comments cards. Up to the end of January 2015, data shows that the proportion of complaints relating to staff attitude has reduced across the Trust (2012/13 - 10%, 2013/14 - 11%, 2014/15 - 6%) and in surgical services specifically (2012/13 - 6%, 2013/14 - 7% and 2014/15 - 3%).

In relation to website feedback and comment cards, the proportion of positive comments relating to 'attitude' rose in 2013/14 (from 36% to 41%) and remains at 41% for 2014/15 (up to the end of January 2015).

A more detailed analysis of complaints and website feedback/comment cards is required over the longer term and this will be undertaken as part of the next evaluation.

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

Sharing good practice

An important aspect of the workshops is the opportunity to share good practice. All ideas/suggestions and examples of existing good practice have been recorded and are being taken forward in a number of ways. For example, one outpatient department shared their good practice of having a life size cardboard image of a member of their reception staff to inform patients of current waiting times on arrival. This is a simple idea which required little resource (£80) and is considered a more friendly approach than a notice board. This could easily be adopted in other outpatient departments.

Other ideas/good practice include:

- A consultant who keeps a list of patients who are happy to be contacted by other patients to talk about what it was like to have a particular procedure.

- Improvements to clinic letters including providing information about the nearest car park or managing patient expectations by clarifying that 'you may be seen by one of the team' so that the patient isn't expecting to see the consultant.

Each idea/suggestion is now being shared with relevant groups of staff. In addition, a twice yearly 'Improving Patient Experience' newsletter is to be produced, as a means of sharing ideas and letting staff know how we have taken forward their comments and suggestions.

Currently, the idea of a forum for 'Improving Patient Experience' champions is also being explored, whereby each directorate will have a representative who will attend meetings/discussions and receive customer services information and updates. This will also provide an opportunity to continue to share and implement good practice.

Summary

The programme of 'Improving Patient Experience' workshops has progressed well, although not as quickly as anticipated. The training has evaluated extremely positively and initial figures using key measures show that there has potentially been a positive impact.

Steps are being taken to improve attendance rates and increase the number of evaluations completed. In addition, new ways of sharing good practice and maintaining momentum following the workshops are being explored.

A further report will be provided in 12 months' time.

Feedback

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

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

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

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

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

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

asked on discharge and covers inpatients, outpatients, A&E, maternity services, day case areas and community services.

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

The Trust is not required to report FFT data for outpatients, day case areas or community services to NHS England until April 2015. Until then, all data will be reported in house.

- The Frequent Feedback inpatient survey, which is undertaken by trained volunteers during the patient's stay on a ward. The inpatient survey covers a range of questions related to the patient's experience. Performance on questions which relate to CQUIN measures of essential care are featured in this report.
- The Trust also participates in the CQC programme of national surveys. As and when results become available these will be featured in this report. The full 2014 National Inpatient Survey results will be available nationally from the 21st May 2015. Our results along with comparative data will be featured in the next quarterly report.

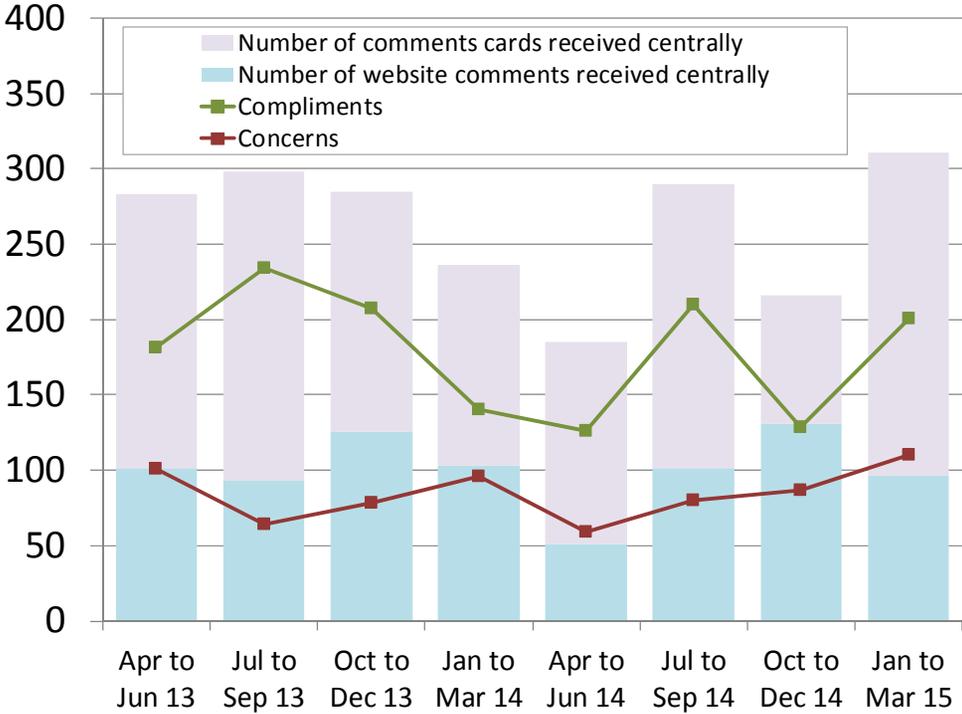
The Trust has now completed the re-tendering process for our survey providers. The outcome of the tender process along with an outline of the Trust's new approach to patient surveys will be featured in the next quarterly report.

Feedback - Website feedback & comment cards

During the period January to March 2015, 215 comments cards were completed and 96 comments left via website feedback. Therefore a total of 311 individual comments have been received regarding the Trust during this period, of which 493 individual themes have been identified.

Of all website feedback and comment cards received this quarter 74% have been positive, which compares to 66% last quarter.

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

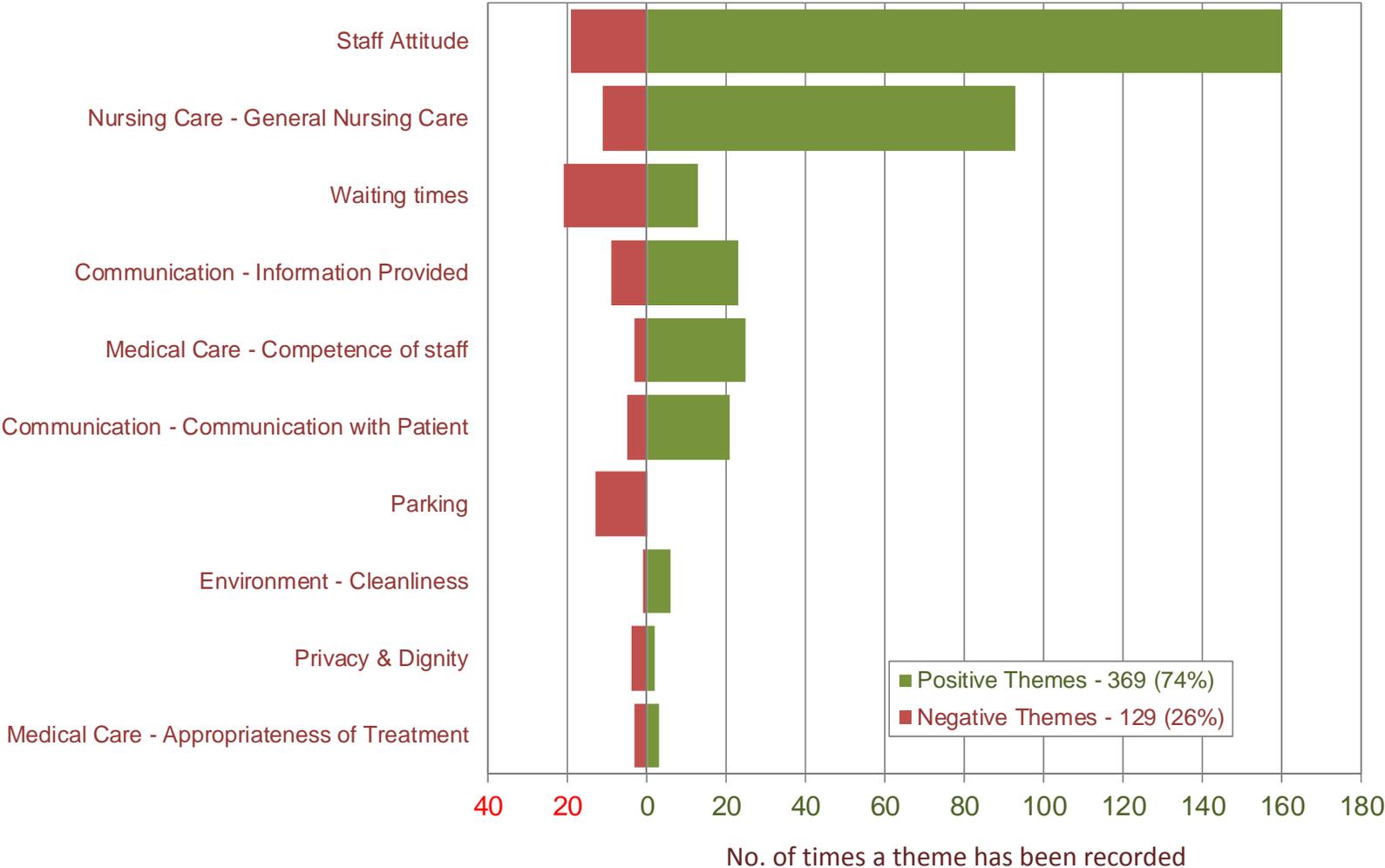


% of positive comments from all comments received centrally			
Current Quarter (Jan to Mar 2015)		Last 12 months (Apr 14 to Mar 15)	
%	QTY	%	QTY
74%	364	73%	1311

% of negative comments from all comments received centrally			
Current Quarter (Jan to Mar 2015)		Last 12 months (Apr 14 to Mar 15)	
%	QTY	%	QTY
26%	129	27%	491

Feedback - themes raised in website feedback and comment cards

Top 10 themes raised in website feedback and comment cards between January and March 2015



Every member of staff made me feel very welcome and at ease. Nothing was too much trouble.

Compassionate, tolerant caring team who gave me the space and assistance to be me whilst getting back to being me.

Both times I arrived for my clinic appointments I've had to wait almost 2 hours after the time I was asked to come.

The person on reception was rude and abrupt.

Feedback - Friends & Family Test

Introduction and background

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

Response rates

Between January and March 2015, 7075 inpatients, 3697 A&E patients, and 1188 maternity services patients from the Trust completed the FFT survey, giving a total of 11960 responses this quarter. This is an increase of 30% compared to the 9202 responses received last quarter.

Whilst both inpatient (41%) and A&E (3%) response rates have seen an increase, maternity services have increased by 97%, from 603 responses between October and December 2014 to 1188 responses between January and March 2015. During this quarter staff in maternity services have worked hard to increase their response rates. Following poor response rates, last quarter maternity services reverted back to postcards, as opposed to SMS text messaging and interactive voice messaging (IVM) and developed an action plan to refocus emphasis on FFT.

During quarter 4, the response rate for A&E was 21.2%, achieving the CQUIN target of 20% and the inpatient response rate was 44.8%, achieving the CQUIN target of 30%. In March 2015, the inpatient response rate was 56.2%, achieving the CQUIN target for March of 40%.

For the last week in March, the Trust used agent calls to boost response rates on wards with a high throughput, but with a response rate below 35%. Agent calls use the same principle as IVM; however patients are contacted by an actual person to gain their FFT feedback rather than an automated call.

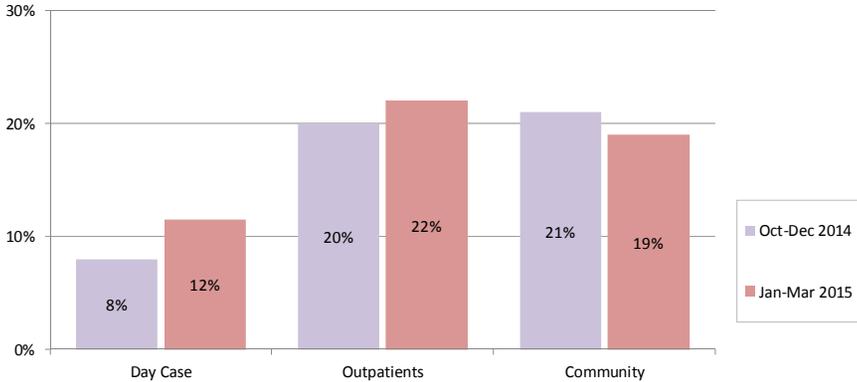
Although this increased the response rates on these wards, as detailed in the table opposite, the biggest impact on the overall inpatient response rate was the extra focus given to handing out FFT postcards on all wards.

March data only - Wards who used SMS/IVM and agents calls for last week in March. Wards highlight in blue were already using SMS/IVM

Ward	Number of Discharges	Number of Responses	Response Rate
Brearley 1	92	35	38%
Firth 2	152	55	36%
Huntsman 3 / TAU	87	99	114%
Huntsman 5	189	88	47%
Robert Hadfield 3	88	35	40%
Surgical Assessment Centre	166	117	71%
Ward 2	134	35	26%
Ward 3	111	55	50%

Response rates for day case areas, outpatients and community

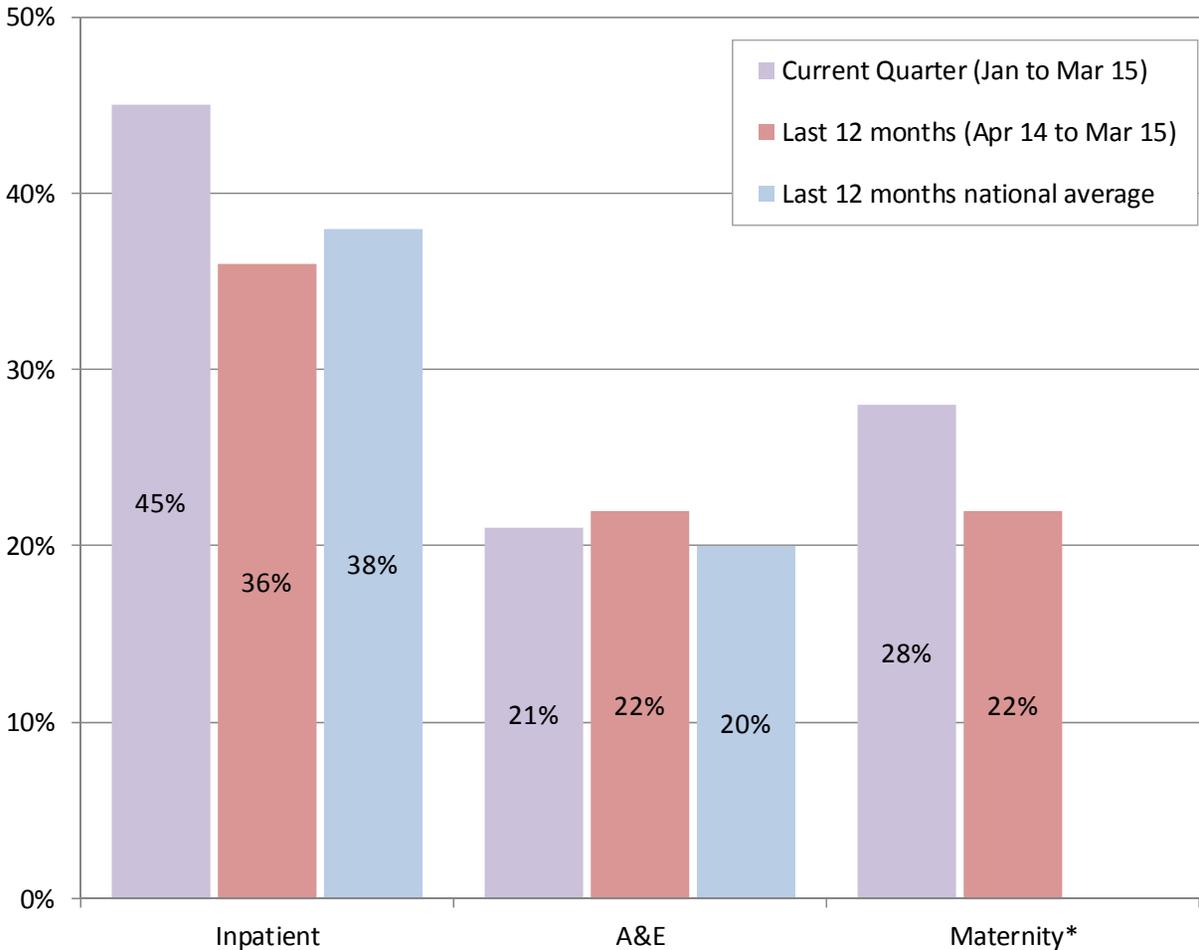
FFT has now been implemented in outpatient areas, and day case areas from October 2014. It has also been implemented in full in community services from January 2015, following a successful pilot in quarter 3. As presented in the chart below, so far performance has been good, with community services achieving a response rate of 19% between January and March 2015, outpatients achieving a response rate of 22%, and day case areas achieving 12%.



A more detailed breakdown of response rates is provided on the next page.

Feedback - Friends & Family Test response rates

Response rates by survey



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

The chart above shows that the response rate for both inpatients and A&E for January to March 2015 is higher than the 12 month national average. Both inpatient and maternity services have seen an increase in their response rate this quarter, compared to the last 12 months. However, it needs to be taken into account that during this quarter, responses rates for all trusts were higher compared to previous quarters as they tried to achieve the CQUIN targets.

Highest performing wards/departments by response rate

	January to March 2015			Last 12 months (Apr 14 to Mar 15)
	Eligible Patients	Responses	Response Rate	
M2	161	178	110.6%	81.0%
Burns Unit	26	27	103.8%	74.8%
Osborn 1	37	36	97.3%	77.4%
Huntsman 2	160	142	88.8%	42.9%
Osborn 4	22	19	86.4%	60.7%

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

Lowest performing wards/departments by response rate

	January to March 2015			Last 12 months (Apr 14 to Mar 15)
	Eligible Patients	Responses	Response Rate	
Ward 2	392	57	14.5%	8.5%
P3	145	23	15.9%	15.6%
F1	286	46	16.1%	25.1%
A&E	15575	3149	20.2%	20.6%
Robert Hadfield 3	228	47	20.6%	16.9%

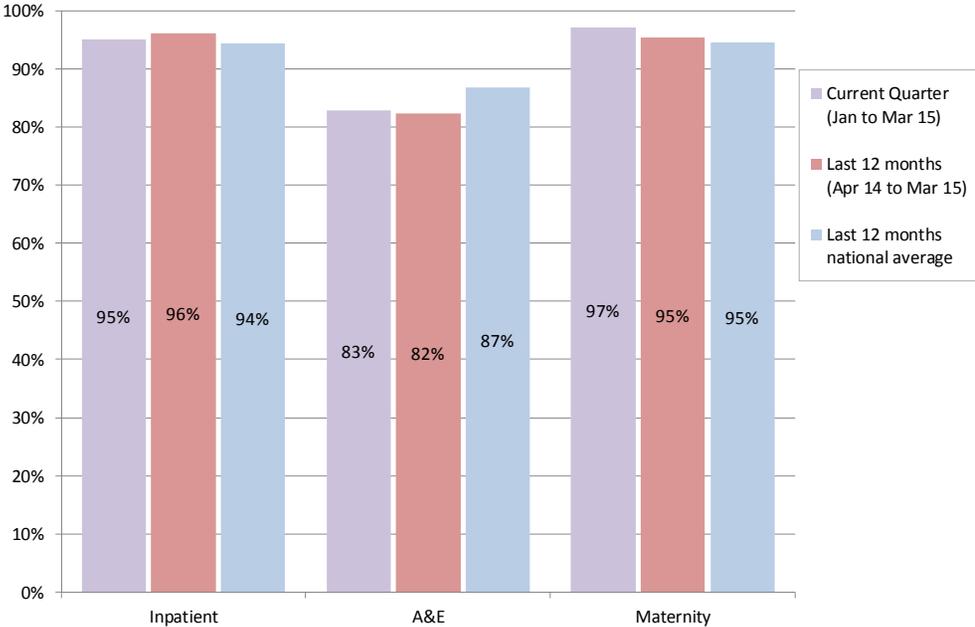
Feedback - Friends & Family Test scores

Scores

The percentage of patients who 'would recommend' our service to friends and family was 95% this quarter for inpatients, 83% for A&E and 97% for maternity, which demonstrates that the vast majority of patients responding to FFT would recommend the Trust as a place to receive care and treatment.

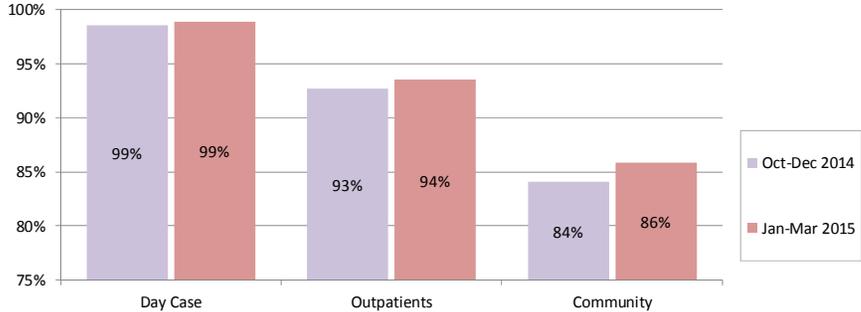
During this quarter both inpatient and maternity scores are higher than the 12 month national average, however the score for A&E between January and March 2015 is 4% lower than the 12 month national average, but is slightly higher than the 12 month Trust average.

Scores by survey



Response rates for day case areas, outpatients and community

As presented in the chart below, community services achieved a FFT score of 86% between January and March 2015, outpatients achieving a score of 94%, and day case areas achieving 99%.



Next steps

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

- Reporting to NHS England for FFT in day case, outpatients and community will commence in April 2015. As from April 2015, day case data will be merged with inpatients, so results for these areas will be combined which may have an impact on the overall inpatient response rate and score.
- There will be no FFT CQUIN target for 2015/16. However, locally agreed minimum response rate targets will be established to ensure an appropriate sample size for each ward is achieved to provide an adequate level of confidence in FFT scores and feedback.
- Reporting of response rates by area was increased to weekly during quarter 4 to ensure that the CQUIN targets were achieved, this will now discontinue. An improved monthly report will be generated for April 2015 data, which will have a greater emphasis on scores and patient comments.

Feedback - Friends & Family Test benchmarking

The tables below show the FFT performance for this Trust between January and March 2015. Results are presented for inpatient, A&E and maternity services scores and response rates against other members of the Shelford Group. Trusts are ranked in order of the highest response rate or score to the lowest, with this Trust and the England average being highlighted.

Response Rates*

Inpatient		A&E			
1	King's College Hospital	45.3%	1	University College London Hospitals	25.9%
2	Sheffield Teaching Hospitals	44.8%	2	King's College Hospital	23.3%
3	Imperial College Healthcare	43.9%	3	Central Manchester University Hospitals	22.7%
4	University Hospitals Birmingham	43.4%	4	Guy's And St Thomas'	22.2%
5	Guy's And St Thomas'	43.1%	5	Sheffield Teaching Hospitals	21.2%
6	Central Manchester University Hospitals	42.4%	England Average		21.0%
England Average		41.0%	6	Oxford University Hospitals	21.0%
7	The Newcastle Upon Tyne Hospitals	40.4%	7	University Hospitals Birmingham	20.8%
8	University College London Hospitals	36.6%	8	Cambridge University Hospitals	19.0%
9	Cambridge University Hospitals	29.3%	9	Imperial College Healthcare	15.9%
10	Oxford University Hospitals	29.1%	10	The Newcastle Upon Tyne Hospitals	9.6%

Scores

Inpatient		A&E		Maternity				
1	The Newcastle Upon Tyne Hospitals	98.1%	1	University College London Hospitals	94.8%	1	The Newcastle Upon Tyne Hospitals	97.3%
2	Guy's And St Thomas'	96.6%	2	Central Manchester University Hospitals	92.0%	2	Sheffield Teaching Hospitals	97.1%
3	University College London Hospitals	96.2%	3	The Newcastle Upon Tyne Hospitals	91.7%	3	Oxford University Hospitals	96.2%
4	Oxford University Hospitals	95.7%	4	Cambridge University Hospitals	91.7%	4	Central Manchester University Hospitals	95.9%
5	University Hospitals Birmingham	95.3%	England Average		87.6%	England Average		95.2%
6	Imperial College Healthcare	95.1%	5	University Hospitals Birmingham	86.9%	5	University College London Hospitals	94.9%
7	Sheffield Teaching Hospitals	95.0%	6	Oxford University Hospitals	85.4%	6	Cambridge University Hospitals	92.0%
8	King's College Hospital	94.9%	7	Guy's And St Thomas'	85.1%	7	Guy's And St Thomas'	89.5%
England Average		94.7%	8	Imperial College Healthcare	84.1%	8	King's College Hospital	89.0%
9	Cambridge University Hospitals	93.7%	9	Sheffield Teaching Hospitals	82.9%	9	Imperial College Healthcare	88.2%
10	Central Manchester University Hospitals	92.1%	10	King's College Hospital	80.2%			

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

Feedback - Inpatient Frequent Feedback survey

The Frequent Feedback inpatient survey covers a range of questions related to the patient’s experience and is undertaken by trained volunteers during the patient’s stay on a ward. 1943 Frequent Feedback inpatient interviews were undertaken between January and March 2015, a decrease from 2369 last quarter. January to March usually sees a reduction in completed surveys as the availability of many of the younger volunteers (who carry out Frequent Feedback interviews with patients) is impacted due to study commitments. However, for the whole of 2014/15, 9127 interviews have been completed, a 36% increase compared with 6726 for 2013/14.

Completed inpatient Frequent Feedback surveys by quarter

	Apr to Jun 12	Jul to Sep 12	Oct to Dec 12	Jan to Mar 13	2012/13	Apr to Jun 13	Jul to Sep 13	Oct to Dec 13	Jan to Mar 14	2013/14	Apr to Jun 14	Jul to Sep 14	Oct to Dec 14	Jan to Mar 15	2014/15 Year to date
Number of completed inpatient Frequent Feedback surveys	842	1684	1078	1332	4936	1339	1360	1401	2626	6726	1939	2876	2369	1943	9127

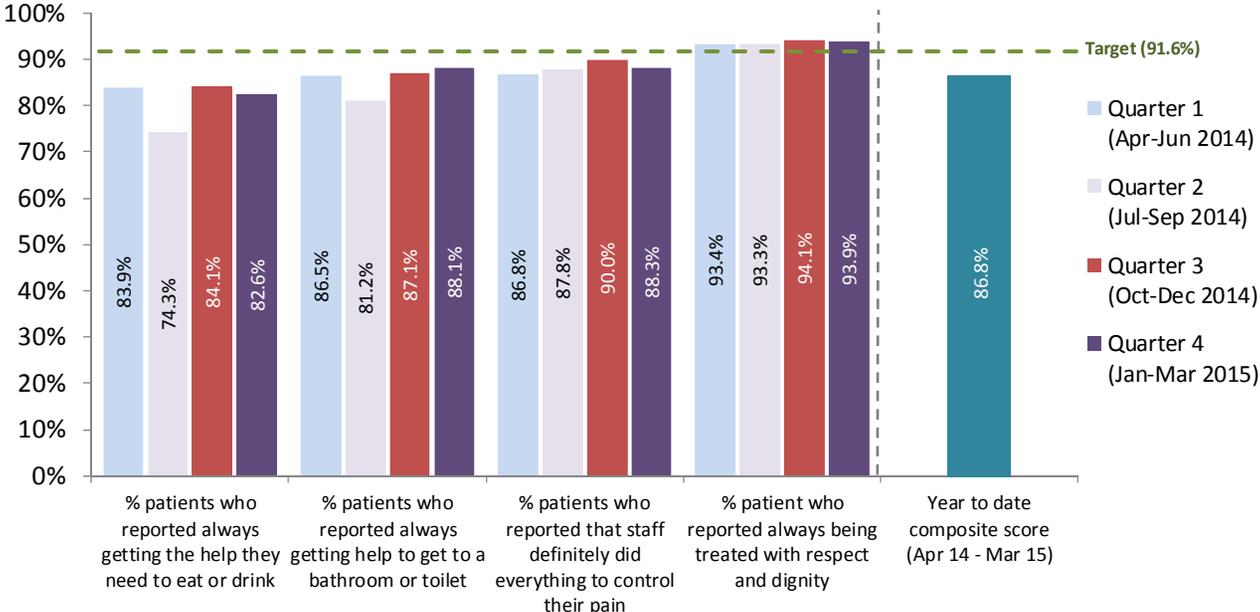
Essential care

The chart below shows the composite score for the 4 questions which are considered by the Trust to be measures of essential care. The Trust CQUIN target was to achieve an overall composite score of 91.6%. The Trust has not achieved this target during 2014/15 with a composite score of 86.8%.

to provide reassurance on the standard of care being delivered, and to identify any areas that require further improvement.

There will not be a CQUIN scheme for 2015/16, so these measures will be monitored through the Patient Experience Committee.

The Trust has set high standards against the CQUIN measure, and continued monitoring of these 4 questions through Frequent Feedback gives us the ability



Feedback – Case study

This quarter we have selected two different types of feedback as case studies:

Patient story

The first focuses on a patient story which was recorded as part of the Musculoskeletal (MSK) service improvement project which was featured last quarter.

Background

As part of MSK patient engagement, a variety of patient groups were visited across the city. One of these groups was the University of the 3rd Age, a self-help educational group for people no longer in full-time work and offers the opportunity to pursue learning as enjoyment as opposed to necessity.

The patients experience

One patient, a lady who had suffered from a very sore/frozen shoulder, shared her story.

She suffered the injury as a result of making a huge batch of jam and stirring for a long time. The pain meant she couldn't raise her arm laterally to pick things up, and there was also some limitation to her rotational movement. She felt this was very life limiting because she couldn't make a cup of tea or carry things.

She was seen in Rheumatology and explained how the staff were very nice to her. She was sent for more tests and scans and saw a variety of different people. All the people she saw were very focussed on the tests that they were carrying out, and not on the overall impact of the injury.

Eventually, the lady was seen by a physiotherapist. It was only at this point did anybody ask her how the injury was affecting her life and what it stopped her doing. The lady was now given practical help and advice, as well as a stick to support her arm and exercises.

Several months later, the lady's arm and shoulder are much better and she has exercises to do should her arm and shoulder start to get stiff again.

The lady stated that she didn't feel each department was communicating with the others, this led to the perception that the care was not co-ordinated. She had an impression that clinicians were only interested in the bit of her they

specialised in and it wasn't until she got to the physiotherapist that she was treated as a person rather than a patient. The physiotherapist was the first person to look at the impact of the injury on the lady's overall lifestyle.

Overall, the lady stated that the experience could have been better with more communication and a wider view of what mattered to her.

This patient story was collected as part of the patient engagement work for the Musculoskeletal (MSK) service improvement project. The project was based on a high level of patient engagement, and has led to significant changes to MSK services in Sheffield. As a result of this project, a new MSK Care Group has been formed in the Trust, which will go live from the 1st April 2015.

Letters of thanks

The second type of feedback demonstrates how the attitude and nature of staff has an impact on the patients overall experience, and is taken from one of the many 'letters of thanks' which are received centrally by the Trust.

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

Throughout 2014/15, 781 'letters of thanks' were recorded centrally by the Trust, as presented in the table below:

Letter of thanks received by month

April - Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015
198	273	164	146

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

Feedback – Case study

The following pages present a selection of thank you letters that have been received centrally and highlight how the care and attention from staff made the patient's experience a positive one. Patients are grateful and appreciative of the clinical treatment they received, but it is the caring attitude and the nature of how this has been delivered by the people they come into contact with that provokes an emotional response and motivates them to send a 'letter of thanks'. The letters presented on the following pages demonstrate this.

In future reports, we will include a new section which focuses on 'letters of thanks'.

Consent has been given by all patients for us to publish their feedback.

Radiotherapy, Weston Park Hospital:

I have just completed 20 sessions of Radiotherapy at Weston Park. At a time when it appears fashionable to knock the NHS I felt I wanted to express my views on the service I received during my treatment.

I cannot fault any stage of the treatment I received from the initial appointment with the consultant clinical oncologist through to my final treatment.

I was treated with respect and felt valued as a person. The reception staff were friendly and welcoming and they personalised my visits by remembering my name.

The linear accelerator staff also made me feel like a valued customer and eased what could have been a traumatic experience.

I congratulate all the staff and a massive thank you to all concerned in giving such outstanding customer service.

Many thanks

Labour Suite and Rivelin Ward, Jessops Wing:

I recently gave birth at the labour suite of the Jessop wing. I would just like to take this opportunity to express my thanks to all the staff involved in my care.

During my long labour I ran into complications which was a very traumatic experience for me and my family but was made better by the excellent care and support I received from your staff.

From the different midwives throughout my early stages of labour to the consultants and doctors who assisted in the procedure and took me to theatre and everyone who cared for me in recovery and on the Rivelin ward, I would like you to express my sincere thanks for making my traumatic experience more bearable.

All procedures were explicitly explained to me and I was visited several times by the consultants and doctors who performed the procedure afterwards and I was grateful for the support and concern they showed.

During my time in hospital the unit was very busy both with theatre patients and patients waiting to go onto the ward. Even though staff were busy, I do not feel this affected the level of care they gave. I witnessed other patients being verbally obstructive, verging on aggression towards staff, regarding being discharged which was dealt with in a very professional manner.

Please pass on my thanks in recognition of the good work to all staff involved.

Feedback - Case study

Robert Hadfield 4, Northern General Hospital:

Some weeks ago due to an extensive period of sustained illness, my mother was admitted to Robert Hadfield 4 at the Northern General Hospital. Ultimately she passed away.

I owe it to her memory to inform you of the absolutely excellent performance of all the doctors and staff on this ward in assisting her and our family through this difficult time. They maintained her dignity and comfort throughout and did their best to ensure the last few days were as pain free as possible.

The family was allowed 24/7 access to be by her side and the staff provided hospitality of the highest order. The medical staff kept us totally informed at every stage as mums condition deteriorated and were always on hand to answer our questions.

Please pass our appreciation onto all those involved in Hadfield 4.

Multiple Sclerosis Clinic, Royal Hallamshire Hospital:

I am writing to you to make you aware how the MS specialist nurses team have been of an immense help to me and my husband since I was diagnosed almost 3 years ago.

They are NEVER too busy to answer calls, and no question is deemed a 'silly' question. Without these special people, everything would have been a 'black hole'.

Thank you and them.

General Surgery, Northern General Hospital:

I am writing to express my appreciation for the service I received during a recent visit for an overnight stay for surgery.

I would like you to know how impressed I was throughout my stay with the nursing staff. They were all extremely courteous, friendly and had a helpful attitude at all times whilst remaining totally professional.

One member of the nursing team was exceptional and her calm and patient manner was a great help to both myself and my husband. She was indeed a credit and a great asset to your organisation, and also to the nursing profession. I would also like to thank everyone for the care and consideration they gave to my husband at all times.

Please convey my appreciation to all concerned.