



Subscriber Questionnaire 2017

Scotland

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Scottish Survey Analysis: Subscribers

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Method and data cleaning



751 Users Invited
 All registered on paid
 subscription



119 Responses
15.8% response rate



108 Analysed
 All responded to
 each quantitative
 question

- 11 responders answered Q1a only. These were deleted on the assumption that they later returned to complete the survey fully and we didn't want to count them twice.
- Qualitative comments from responders were isolated before being read, so that authors were not identifiable, in the spirit of author anonymity. Negative comments were not tracked back to the author, or even checked to see if this was possible, no matter how curious we were.
- Where questions asked people to agree or disagree with statements we worded some statements positively and some statements negatively. This was done so that if people were not reading the statements and clicking only in one column we would know that the data could not be trusted. In no cases did we identify that this had happened, and can therefore confidently trust our data. You can see that for yourself as the graphs are broadly mirror images of each other depending on the positivity or negativity of the question.

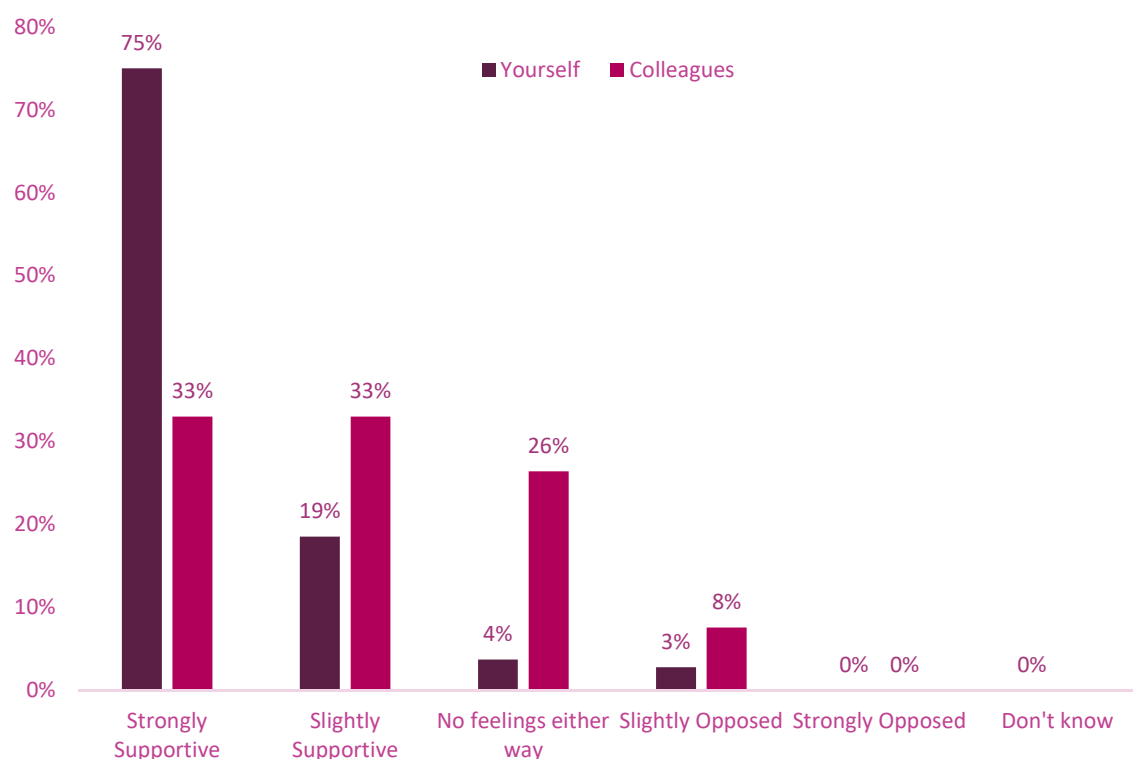
Limitations of our sample survey

We have made some assumptions here about how accurately this data represents everybody. However, in line with expected rates where 10-15%* can be expected on an external survey, 108 (15.8%) results are sufficient to say with confidence that we can believe the data we have collected reliably represents a range of views rather than that of a small group of individuals. Our assumptions of the limitations of the data are:

- Only staff for whom we have an email address were sent this survey, which means people who may have an opinion on our service but have not been added to their service's subscription were not asked their opinions.
- Asking someone to complete a survey relies on their will to do so, which is likely to be a function of their disposition towards our service. However, we did emphasise in emails to staff that we were looking for 'tough love', and the range of answers to our questions indicate that staff were honest about our limitations as a service and where we can improve.
- NHS Lanarkshire have the most staff on their subscription out of anyone, and as such, the views of their staff are likely to have a large influence on our results.

*www.surveymzmo.co.uk/survey-blog/survey-response-rates

1. How do staff in your organisation feel about the use of Patient Opinion/Care Opinion in health and social care?



As we can see from the results, the vast majority of responders described themselves as supportive of our services. However, we anticipated that there would be a selection bias towards our supporters, so we also asked them to indicate how their colleagues felt about us. As we expected our respondents were more positive than their colleagues, however the results do not show that our supporters feel isolated in their views. This gives us a much better view of how we are seen in subscribing organisations, and we are delighted to see that it is overwhelmingly positive. To understand more we asked people to tell us their reasoning if they wished.

Why do you feel this way?

Responses

 **83**

83 people responded to this question. Two people were opposed, commenting that we are “a platform for unmoderated rants”, and that stories are “published for all to see and is not always correct”. Two people were ambivalent about our services, and this was because they had “not had specific use of [Patient Opinion]”, or they “don’t have time to read [stories]”. Although these are only four comments, since we would not expect people opposed to us to want to respond to our questionnaire we can assume that they are views more widely held.

We can conclude that **we need to make sure when we talk about our services that staff understand stories are indeed moderated**, one principle of which is to make sure stories are about specific

experiences of care. From time to time we also encounter the opinion that people that tell their stories are possibly being untruthful. This can be a challenging conversation, however, when organisations embrace Patient Opinion/Care Opinion we do not see this happening, and we should emphasise that only about 15% of our stories mention a clinical criticism, and, in Scotland, two-thirds contain no criticism at all. Being clear about the lack of evidence for vexatious use of our service should perhaps be directly addressed when we are introducing staff to Patient Opinion/Care Opinion.

79 people told us why they were supportive. The most common themes to emerge were that staff welcomed us as an additional channel alongside traditional routes, appreciated the informality of the channel compared to traditional formal complaints, appreciated how rapidly staff could hear feedback and respond to it, and appreciated the honesty of the feedback. The most popular reason for supporting the use of our service was that it brought positive feedback to staff which they felt was missing from other channels.

There were a couple of isolated comments which stood out. One respondent highlighted that Patient Opinion/Care Opinion “allows for reporting which is harder to do with cards and chocolates”, which is great to see, whilst another expressed concerns that some negative story authors “did not want it to be 'formal' with the feedback service. We want to be transparent and to learn but there needs to be consideration to the process”. This frustration is understandable, and is the inevitable outcome of providing people with an alternative to traditional channels. Perhaps we need to help teams manage interactions on our website outside their existing business processes to overcome the difficulty bringing negative stories into the complaints process.

Finally, one respondent expressed **disappointment that responses were generally centralised in patient experience or complaints teams instead of being delegated to the clinical staff**. This is a key workstream for us as we advocate ‘cascading’ responsibility down to clinical levels, and it is encouraging to see some ‘pull’ from those levels. We understand the concerns held within organisations about this process, and we will continue to work towards further cascading wherever we can.

Why do you think your colleagues feel this way?

Responses

 **73**

73 people responded to this question. Six people felt that their colleagues were opposed, and cited anxiety about the service as the main reason, due to the anonymity of authors, but also that the service is “one-sided to the patient”, and that authors will not tell the truth. The best way for us to overcome these concerns is to demonstrate that the things that staff are afraid of do not in fact come to pass when organisations embrace Patient Opinion/Care Opinion, as shown by the overwhelming support for our service amongst respondents to our survey.

Where staff reported their colleagues as having no strong opinions this was because they either did not know about us, or because they did not receive feedback via our platform. The success of our service within an organisation depends almost entirely upon the willingness of staff to tell people about us, so we need to make sure that staff are aware of their active role in soliciting feedback, as well as pushing for greater internal awareness-raising within organisations that do use us. This is again a core workstream for us and demonstrates that we need to continue to work hard to overcome this challenge.

Staff that felt their colleagues were only slightly supportive tended to report that time was an important factor, with concerns that there was not time to deal with feedback. There was also

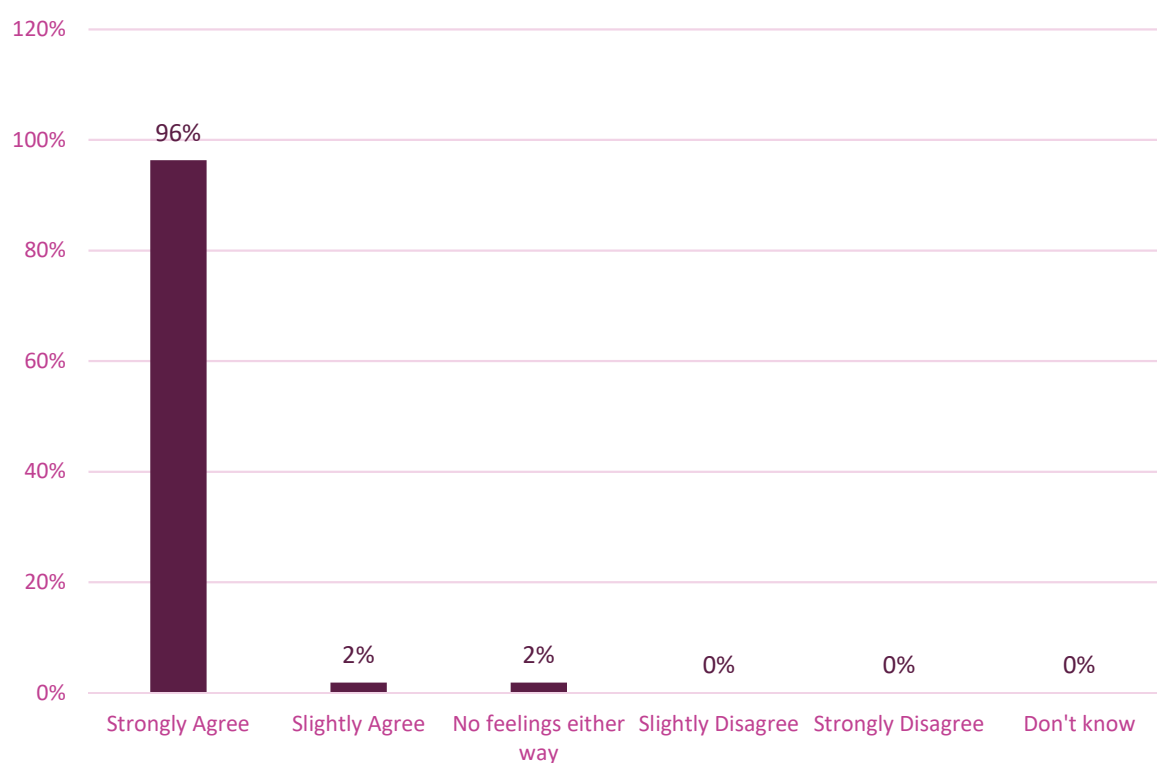
anxiety about the veracity of stories, about being identified in stories, and the fact that it is a new way of working. These are similar to the concerns expressed previously, which we need to tackle in the same way, by demonstrating that fears are unfounded and publicising the positive regard in which our platform is held by those that use it. One author mentioned a lack of access to a computer for frontline staff to respond to feedback. IT provision is outside of our control and we are unlikely to be able to influence additional IT provision, but we will try to take this into consideration when teams come onboard as responders, and **encourage teams to maybe print feedback out for staff rooms to make sure no-one is excluded.**

Staff with strongly supportive colleagues overwhelmingly attributed it to the volume of positive feedback received, but other popular comments were on the role of stories in service improvement. Examples of this include “Nurses within my dept enjoy getting positive feedback and boosts team morale, negative feedback also useful as we look at what changes we could implement or how we could do it differently”, and “They value feedback from service users as a way to improve services and care and also value and are motivated by positive feedback from patients/service users”.

2. Attitudes towards Feedback

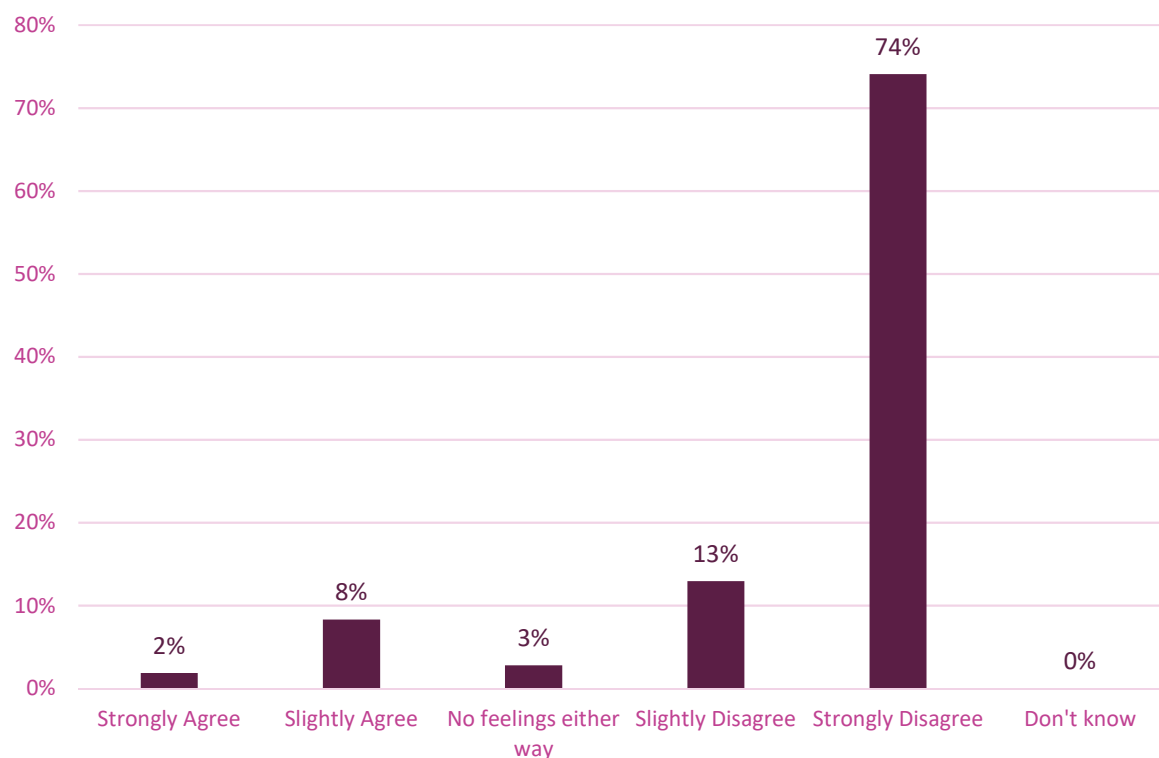
These questions were worded so that for some questions we wanted to see people agree, and for some questions we wanted them to disagree. This was to prevent people from clicking down one column only and giving us misleading results. The different shapes of the graphs show that these responses are reliable.

Feedback is essential for health and social care providers



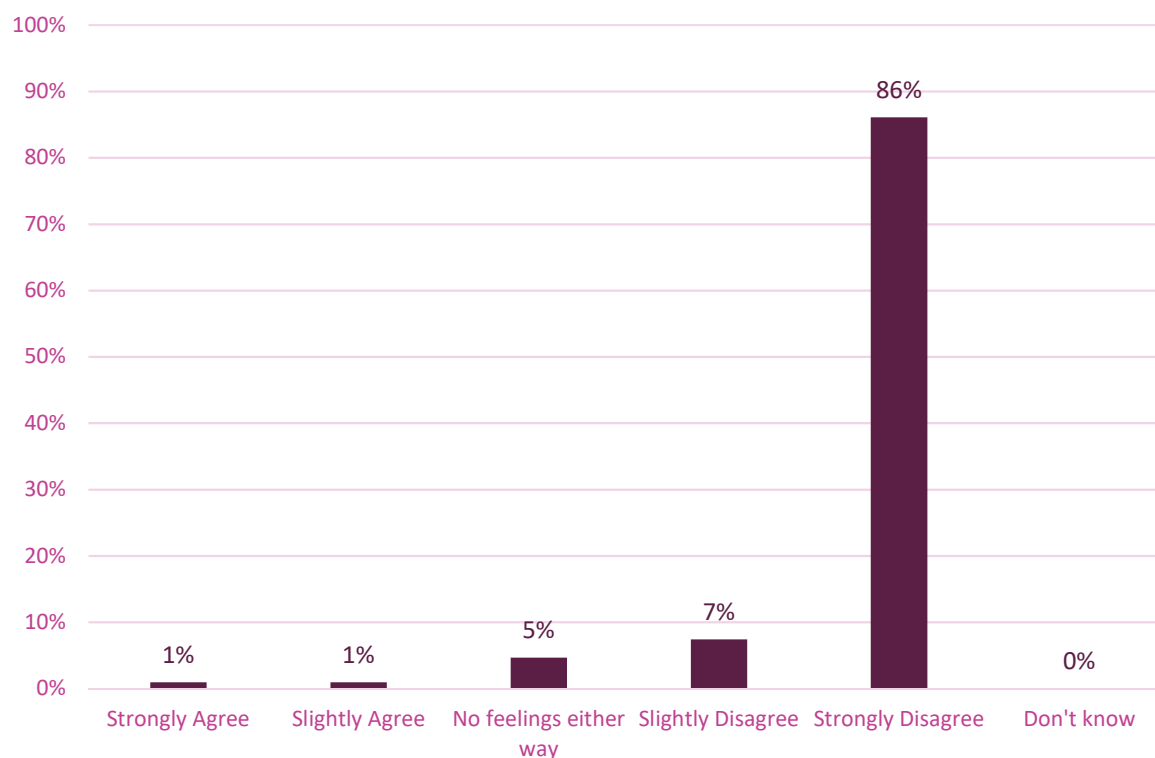
Almost everyone agreed that feedback is essential, which obviously makes us very happy as it is what our mission as an organisation is all about!

Making feedback public is not a good thing if the stories contain any criticism



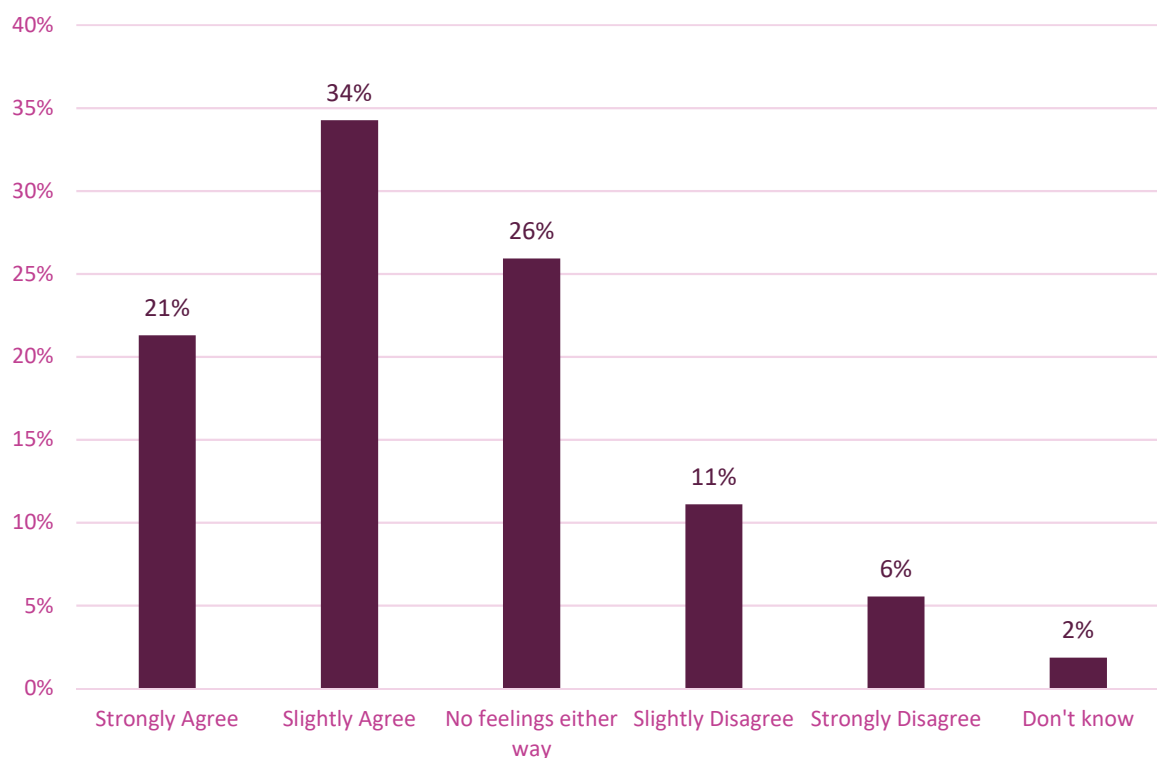
Transparency is a core principle of our service, so we are relieved to see that 87% of our subscribers think criticisms of their service should be public. We think this is a testament to their professionalism, though we sympathise with those people concerned about repercussions of having negative opinions out in the open. We can hopefully use this result as evidence that staff using Patient Opinion/Care Opinion are not put off our service when negative feedback comes in.

Services do not need to respond to feedback



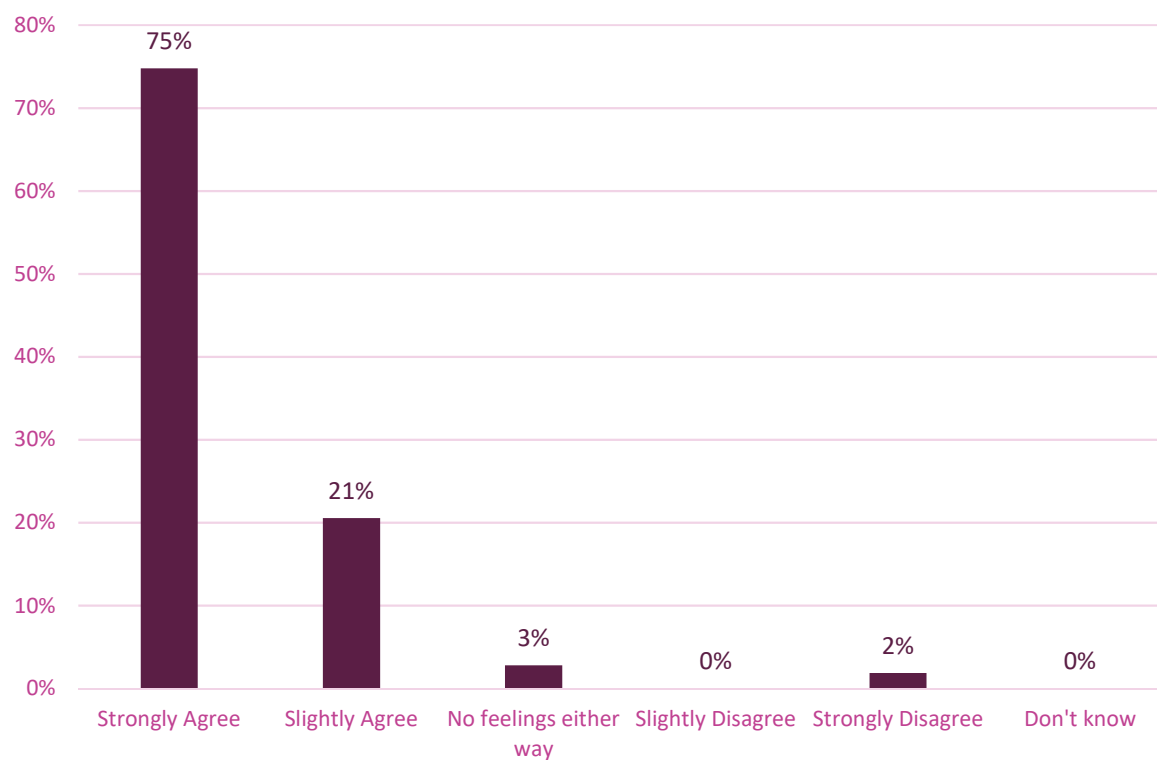
Only two individuals felt that responding to feedback was not mandatory. Based upon positive comments from earlier questions we can attribute this to the real-time nature of using Patient Opinion/Care Opinion, the informality of the channel, and the opportunity to thank those people leaving positive comments.

Staff who cared for the person telling their story should be the ones responding



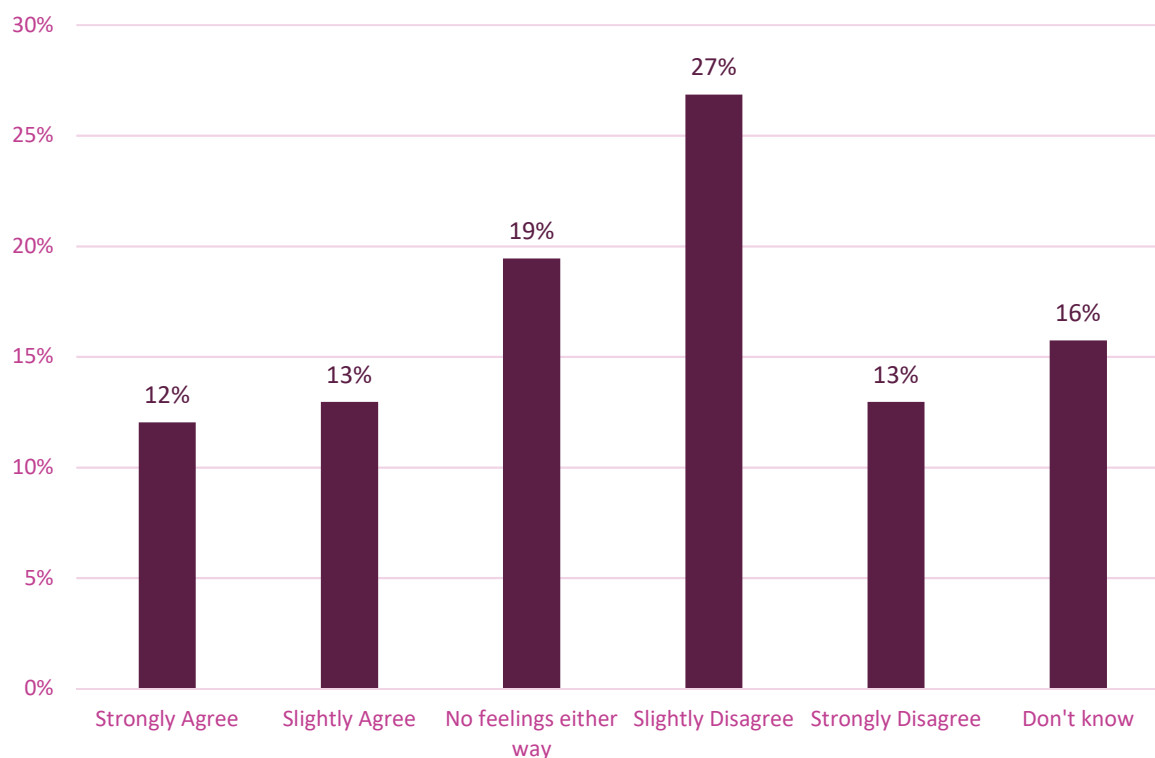
57% of respondents felt that front-line staff should be responding, which is obviously not as high as we would like, and we can attribute this to comments about lack of time to respond from those directly delivering care. 17% of respondents felt that staff on the front-line should not respond, and this is likely to be down to lack of time, and whilst we cannot be sure, some people will have concerns about the consequences of giving front-line staff a direct and public channel to authors.

People should be able to see if feedback has led to a change



96% of respondents were in favour of demonstrating improvement off the back of feedback where this has taken place. We are obviously delighted with this as we encourage all services to make sure that when this is the case it is being highlighted when they respond.

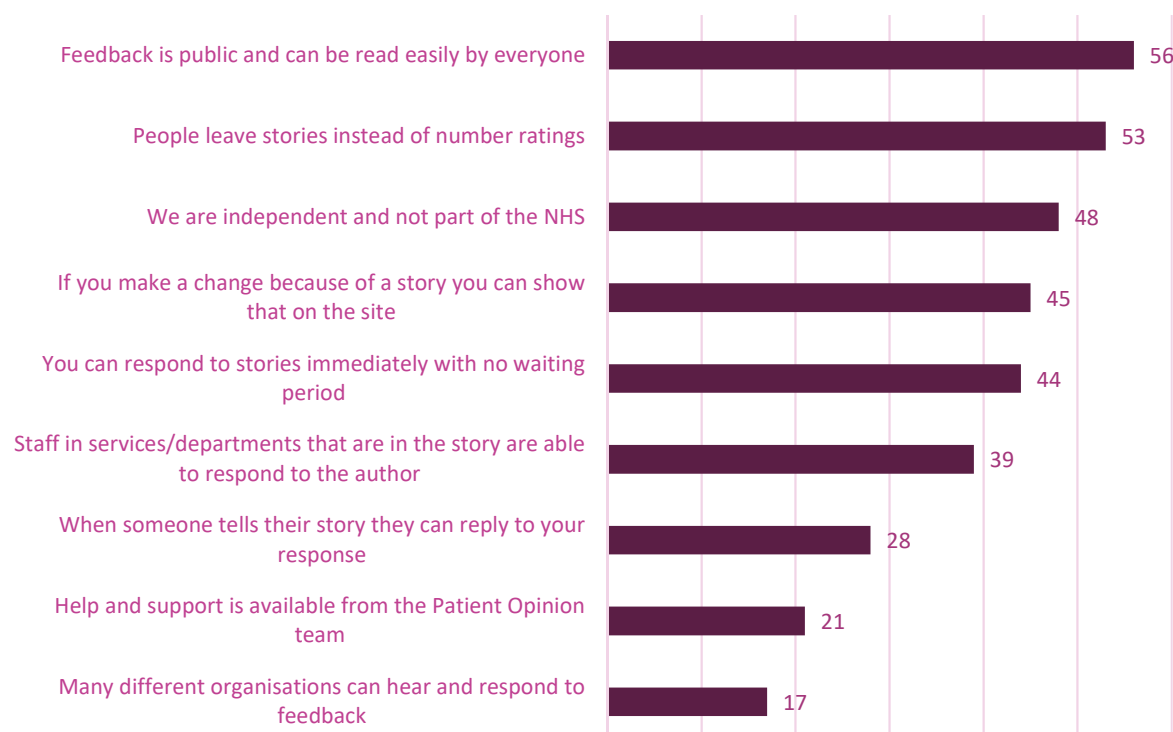
Responding to online feedback does not reduce complaints



This is a question we are often asked when staff hear about us for the first time. Now, we have no way of measuring this directly, but we wanted to use this question to gauge staff opinion as it is probably our closest measure. 40% of respondents felt that using our service did decrease complaints. This could be because the complaints process is appropriate for many people, and we would not expect to replace that channel for very serious issues. The complaints procedure is often more widely advertised than our service, especially on organisation websites. We also face the challenge of front line staff not knowing about our service, and therefore not making potential authors aware that there is another way to give critical feedback. 35% of people could not say one way or the other, and we generally find ourselves in that position because it is hard to know objectively which stories would have otherwise been complaints.

25% of people felt that the volume of complaints diminished. This is our intuition as well, as we believe that many people prefer the simplicity and anonymity of our website, and that therefore some stories that would otherwise be formal complaints are instead 'stories'. In hindsight, we would have liked to word this question about 'formal complaints' as some staff may consider negative feedback via our site as a complaint. We also know that some organisations register negative feedback through Patient Opinion/Care Opinion as a formal complaint.

3. What is most important to you about Patient Opinion/Care Opinion?



We asked each respondent to choose only 3 options, so this graph should be interpreted as which factors matter most, rather than which matter at all. The results tally with earlier questions, with transparency the most important, detailed feedback rather than numbers, the speed of using our service, and the ability to demonstrate change most important. The ability of staff to respond from the front-line was the least important of the factors we thought would matter most.

Multiple organisations listening and responding was least popular, probably because responders are primarily concerned only with their own service, followed by our customer support. As much as we may want to be celebrated, we generally have contact with only a few administrators at each organisation, so many staff will never contact us at all. Finally, being able to get a response from authors you have responded to was not chosen by many, and this is probably because most authors do not respond.

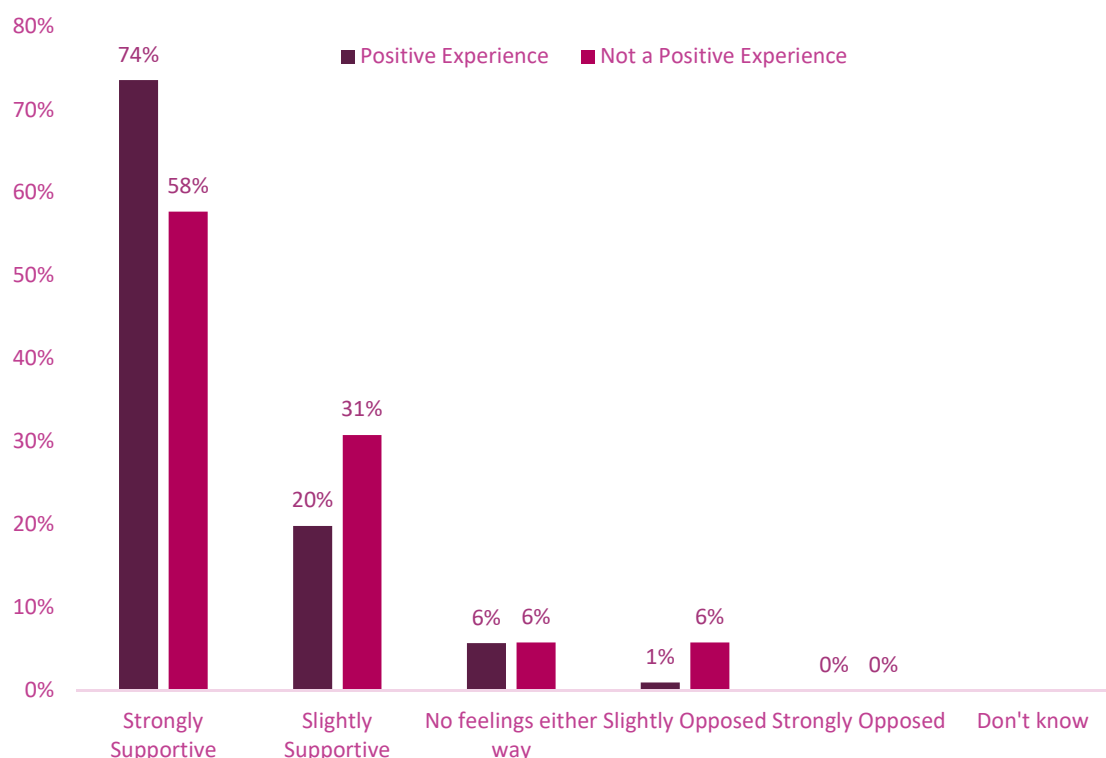
Is there anything else you personally like about Patient Opinion/Care Opinion?

47 people answered this question. Most reiterated positive comments from before around positive feedback, but some new comments were that “It is good to hear also from departments other than your own as sometimes they are experiencing similar issues”, that “being an independent resource, reports are not influenced by anybody” and that they “Love the social interaction and opportunity to respond to stories with feeling and non-corporate responses”.

Is there anything you think could be improved about Patient Opinion/Care Opinion?

47 people responded to this question. Comments were mostly focused on awareness raising amongst staff, but also accessibility for the elderly and other groups which may be digitally excluded, and not having the details of the author. One person commented that authors should be vetted for truthfulness before their story could be published. Other comments were on the data associated with stories, such as the wards concerned, and **the ability to add their own data in the form of tags**.

4. How would you feel telling someone about Patient Opinion/Care Opinion, depending on whether or not they had had a good experience?



Why do you think you would feel this way?

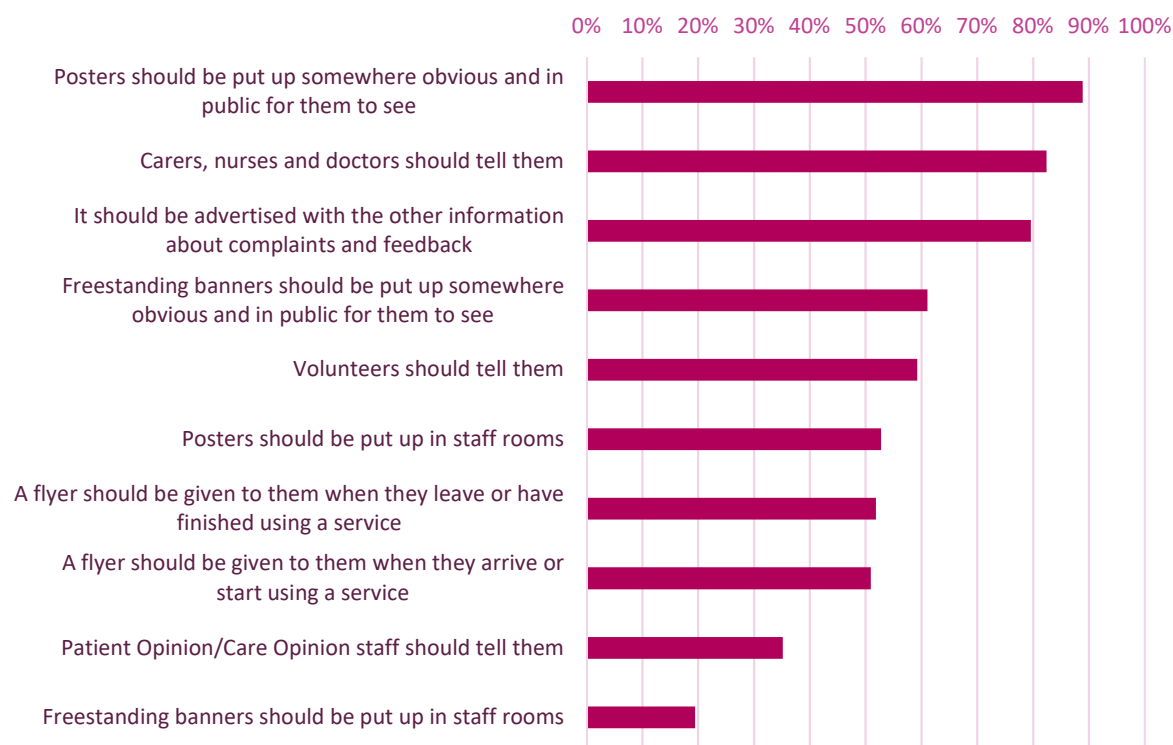
When it came to positive experiences, one person was opposed, because they did not want to appear “full of themselves”. Where people were neutral this was generally because they were more comfortable asking for feedback passively, by leaving comment cards and similar items in public spaces.

Staff in favour of asking mostly mentioned the importance of positive feedback, with some emphasis on staff not celebrating their success enough, or on seeing feedback not as just another word for complaints. One person commented that “It is important to share good practice and positive experience which may assist another patient in taking that step which they have felt anxious about”, which we thought was a positive attitude.

Where people had not had a positive experience, those people opposed to talking about us did not mention transparency. One comment expressed concern that their patients were likely to be grieving at the time, hence directly asking for feedback would be inappropriate. Other comments were really encouraging. One was “I would not advise them to post it I would much rather resolve the issue, early intervention, so that they do not need to resort to posting”, which shows that even our service is not fast enough sometimes! Another was “We don’t feel comfortable advertising a negative experience but by encouraging this we get a chance to respond and show evidence of

change in practice if appropriate, so although I would feel uncomfortable it is okay to feel like this”, which is great to see this person overcoming their fear. One person commented that “there is always 2 sides to every story”.

5. How should people find out about Patient Opinion/Care Opinion?



This question allowed responders to tick each statement that applied. The most popular answers were happily the courses of action we advocate most highly, with both passive promotion (posters and banners) and active promotion of our service by staff. We were surprised to see the handing out of flyers when people leave only appealing to about half the staff, and a similar number of responders felt that we should be promoted directly to staff as well as members of the public. About one in three people felt that it was the responsibility of Patient Opinion/Care Opinion to tell people, which was mercifully one of the least popular answers, and probably shows that we should make staff aware of how small we really are!

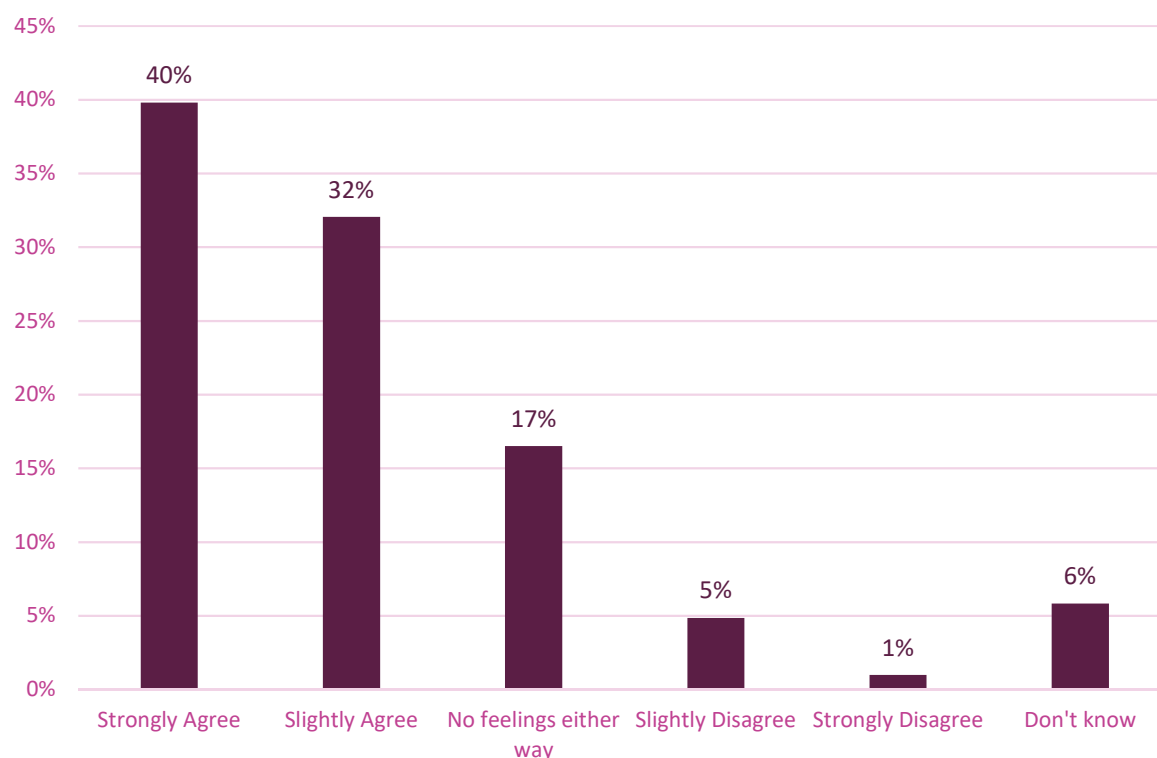
How else should people find out about Patient Opinion/Care Opinion?

56 people responded to this question, with major themes being the incorporation of our details on all correspondence from their organisation, promotion on social media, and advertising on TV and the radio. It's fair to say that would love to see the first one, do our best at the second one, and have nowhere near the budget for the third one. Overall, there is nothing we realistically could be doing that we are not doing.

6. Attitudes towards responding to feedback

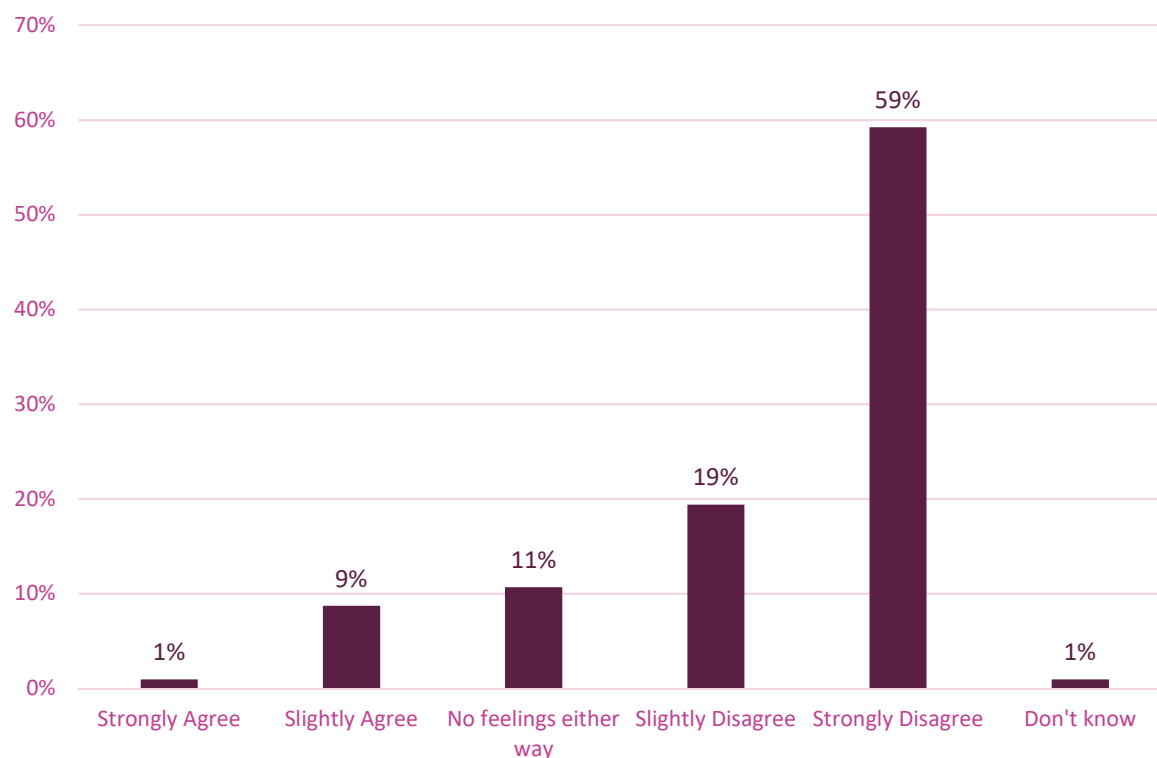
The answers to these questions arose organically in the comments that were raised above, but these graphs provide some reinforcement of our findings, alongside some interesting findings.

It means more to authors if they get a response from the staff that treated them



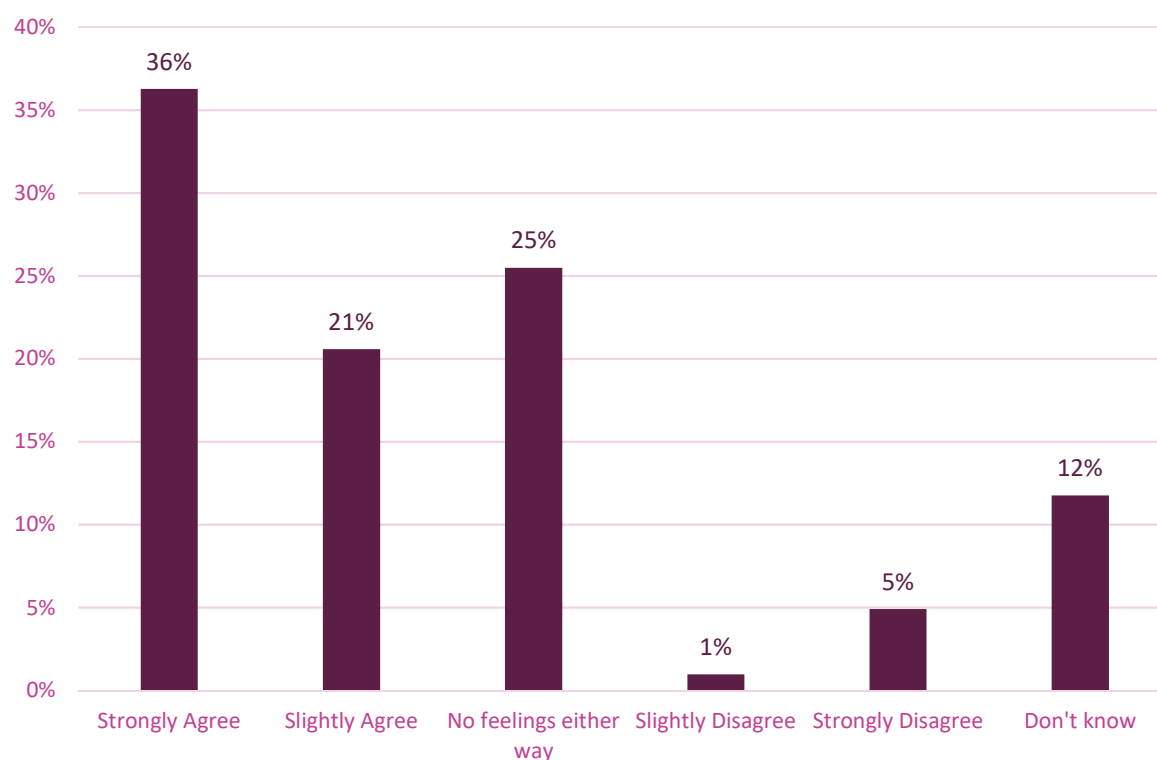
This is an interesting result, considering that when we asked previously whether front-line staff should be responding the response was much less positive. It seems that while there is consensus that front-line responding is ideal, based on earlier comments about time restrictions perhaps people feel this isn't feasible. Another interpretation is that front-line staff should send their feedback to their subscription administrator to post on their behalf.

Feedback and Complaints staff should be the only ones responding to stories



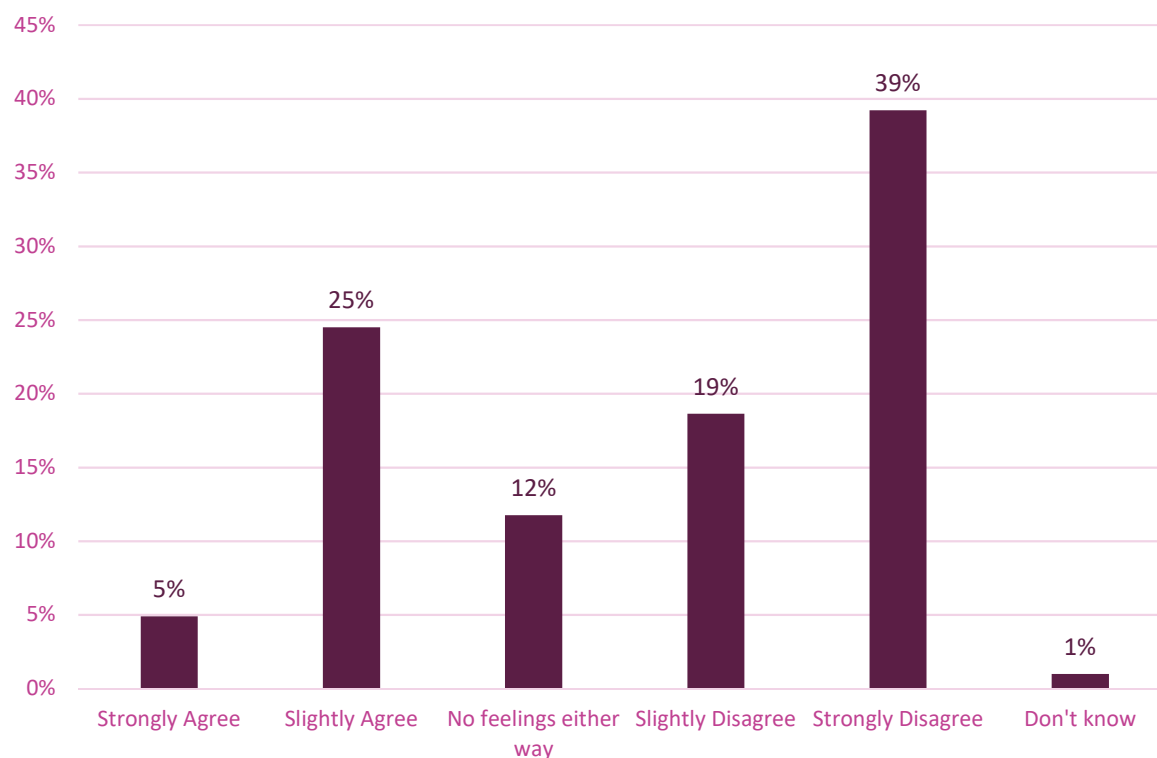
This question reinforces the answer to the previous question, and shows appetite amongst subscribers to get responses to authors from those that delivered their care. We asked this question in case staff felt that responsibility for responding should fall to a central function, even if it would mean more to authors to get a personal response.

My managers want to see more stories coming in from Patient Opinion/Care Opinion



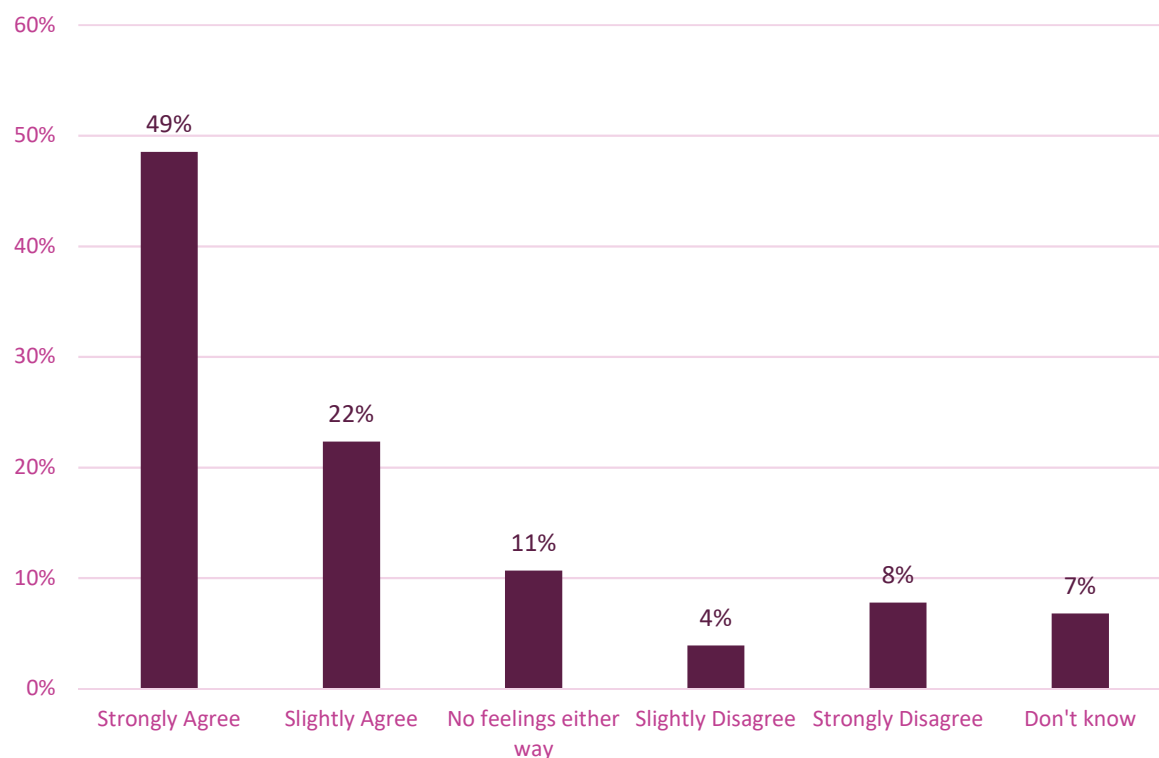
This question was asked to investigate whether those people who responded to our questionnaire felt isolated within their organisation in their support for Patient Opinion/Care Opinion. Whilst we would have preferred 100% 'Strongly Agree' it is reassuring that so few felt that it would go against the wishes of their manager to encourage feedback. That 37% of respondents either did not know their colleagues' feelings, or felt they were ambivalent tallies with earlier responses which highlighted a lack of awareness generally across the organisation, and the need for greater awareness raising internally.

Staff that care for people are too busy to respond to stories



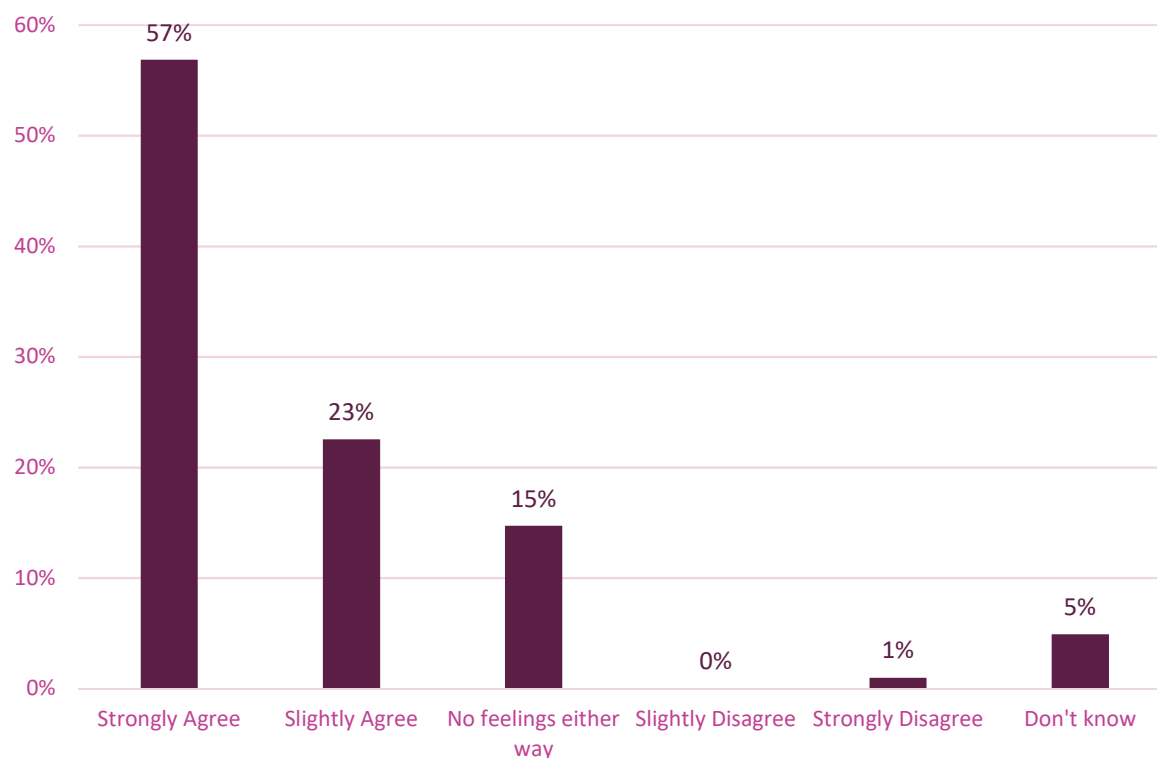
We anticipated that this would be an issue with front line staff responding to stories, and are not surprised that one in 3 felt that staff were too busy. Approximately the same number of people felt that staff were not too busy to respond, as felt that it means more to authors to get a direct response from staff, and that not only Complaints teams should be responding. This makes sense, as lack of time to respond was a common issue raised earlier, and shows that opposition to responding does not seem to be ideological, simply practical. This means that we need to think about how we can work with feedback teams to find a solution to access for staff.

My bosses would be ok with me responding to stories



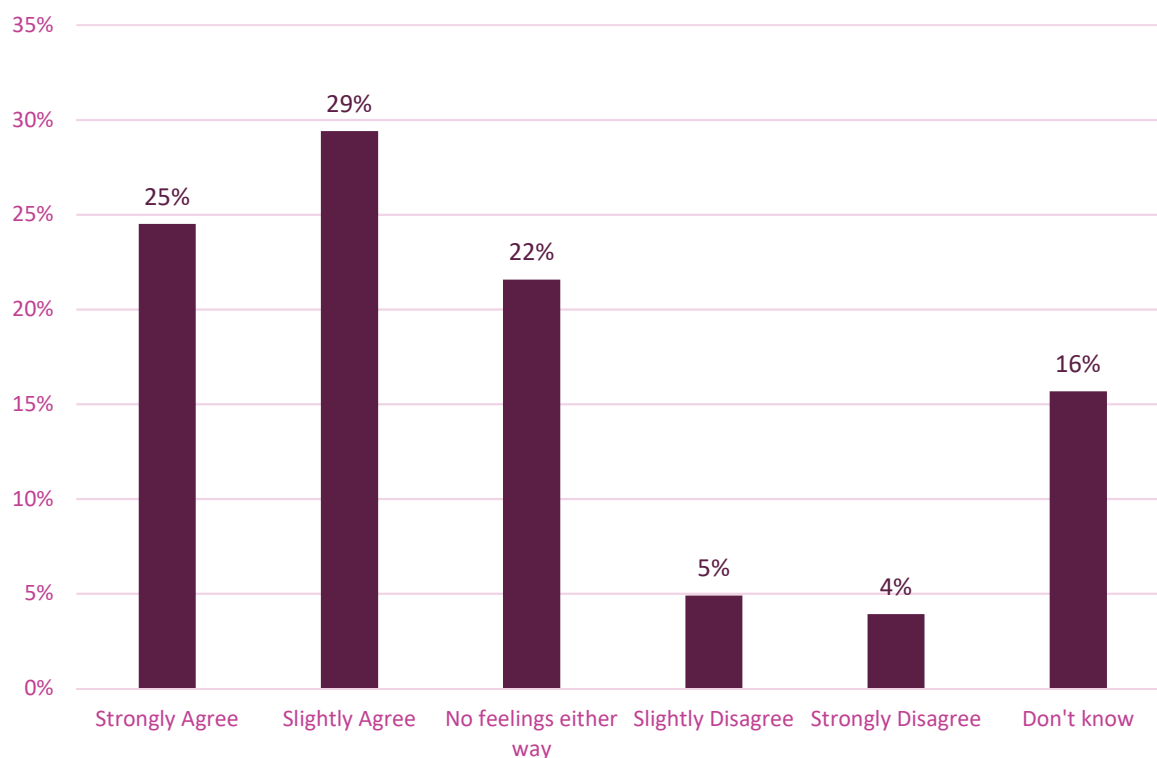
Again, this question shows that staff do not feel prevented from responding by their management, and again roughly 70% of people responded positively. We are beginning to recognise a cohort of responders that are working in an environment where they are encouraged to get feedback and can respond to it. We should acknowledge that NHS Lanarkshire will be influencing results significantly as they have the highest number of front-line staff responding.

I want to respond to feedback about my service



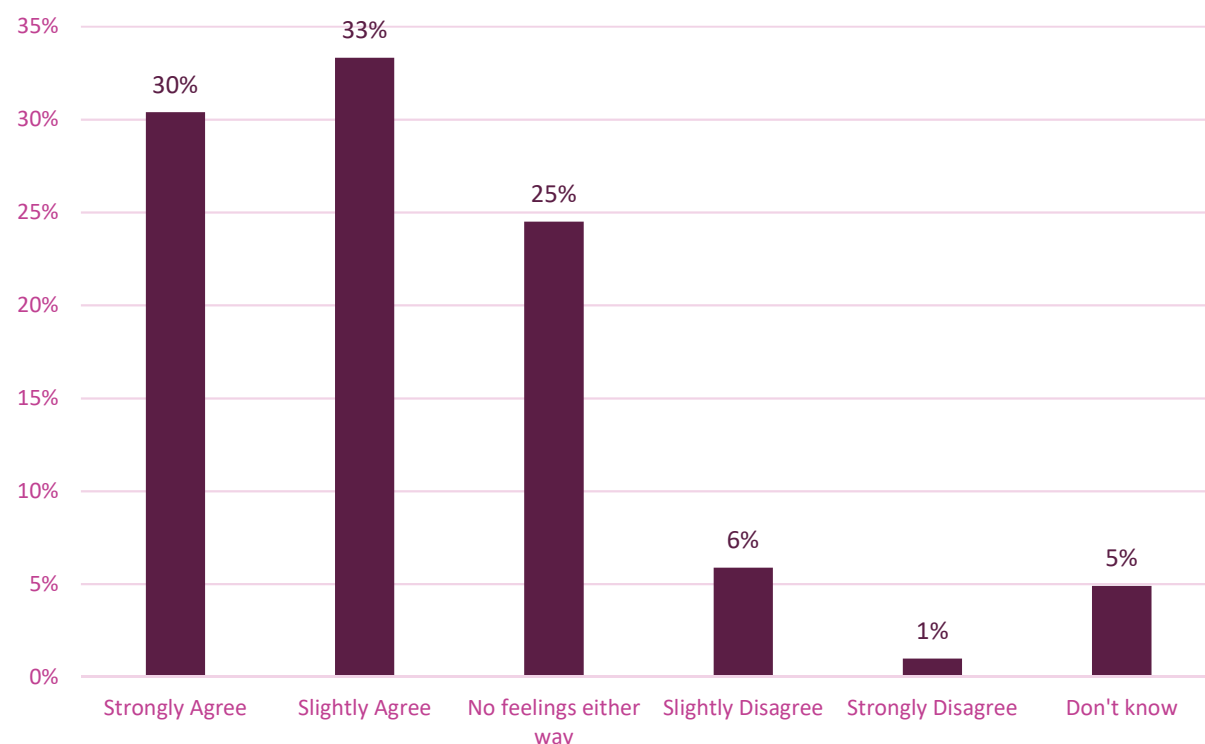
Based on our responses to earlier questions, we can see that 80% of staff want to respond to their stories, which is encouraging because taken together we can say that staff in subscribing organisations see the value in responding to authors, want to respond to authors, feel they have time to respond to authors, and feel supported to do so as well as ask for feedback.

My colleagues want to respond to feedback about their services



A theme of this questionnaire was to try to get a picture of the organisational attitude towards Patient Opinion/Care Opinion generally, not just amongst our responders to the questionnaire. This graph shows us what we expected, namely that those people that responded to our questionnaire were more likely to be strong supporters of our vision of staff responding to feedback. We are happy to see that so few people feel they operate in an environment where that attitude is not shared. However, that 38% of people don't know how their colleagues feel about responding personally, or think they are ambivalent confirms earlier findings that awareness amongst staff is not uniformly comprehensive and we need to dedicate some time to finding a way to reach them.

Staff that care for people would be good at responding to people



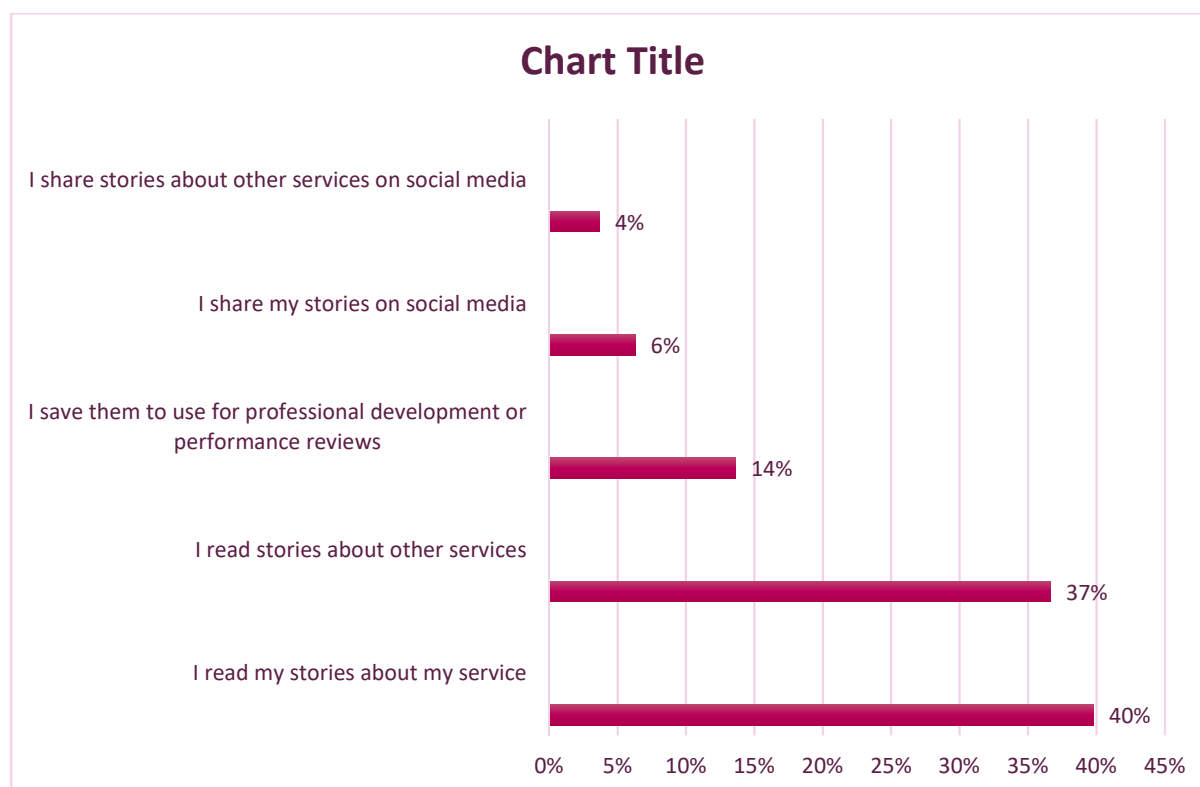
Finally, we wanted to check whether any opposition to staff responding came from the feeling that staff would not be good at it. As you can see, only a small minority of people agreed with that statement, although almost a third of people were unsure, perhaps reflecting that people do not know how their colleagues would respond due to general low awareness.

What do you think about the way Patient Opinion/Care Opinion is used where you work? Would you change anything?

56 people responded to this question. Most responses focused on greater awareness being required amongst their colleagues and across their organisation, as well as increasing the number of staff on the front line responding. Some people mentioned receiving stories that were not relevant to their area. This is sometimes unavoidable because of the way our system works, and sometimes is because those individuals have the wrong alerts set, or simply we do not have their services mapped to a sufficiently granular level to allow them to be isolated from their colleagues appropriately.

These are all areas we can improve on as an organisation by updating our system more regularly (though this needs cooperation from subscribing organisations), and by making sure everyone on a subscription has been trained in how to set alerts and how to set alerts for others. We have already made steps in this direction by increasing the usability of the search function.

7. How do you use the stories on Patient Opinion?



We were pleasantly surprised to see this many people using stories for professional development, and hopefully asking this question will make others aware that they could too. We were surprised that so many people read stories about other services. It is disappointing that so few people share their stories on social media, as this could be a key way to reach their colleagues, which has repeatedly been highlighted as an area we need to tackle.

One solution could be some messaging to staff about the fact that they are legally allowed to reuse and share any story from Patient Opinion/Care Opinion. Another solution could be to dedicate a campaign into communications teams to increase visibility of our stories on their internal and external social media, which should encourage staff to do the same.

When asked for any other ways of using stories 20 people mostly reported posting them on notice boards and using them in reports.

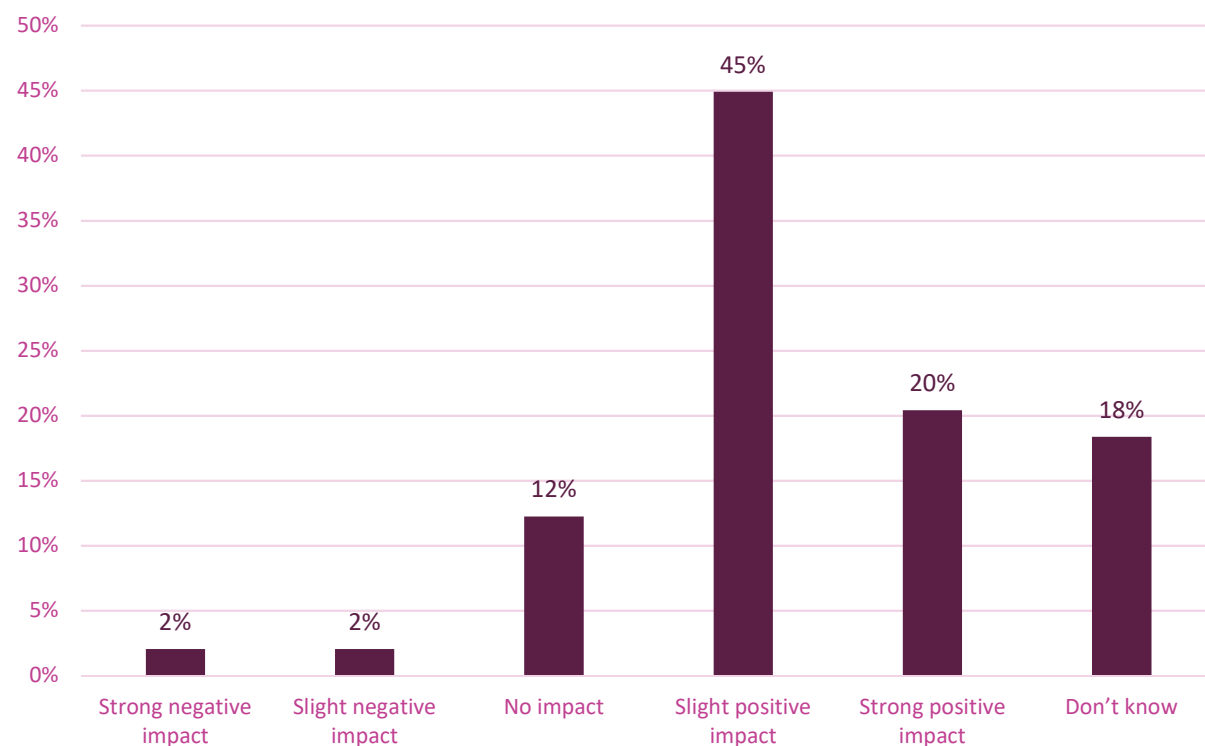
Why do you use stories this way?

55 people responded to this question, and we can use it to understand what the objectives of staff are when they actively use stories. The most popular response by far was **for learning and improvement**, and because stories are interesting. This makes sense, since the lack of social media sharing shows that staff feel stories are personally relevant and not something to be shared more widely.

8. How has Patient Opinion/Care Opinion impacted your work?

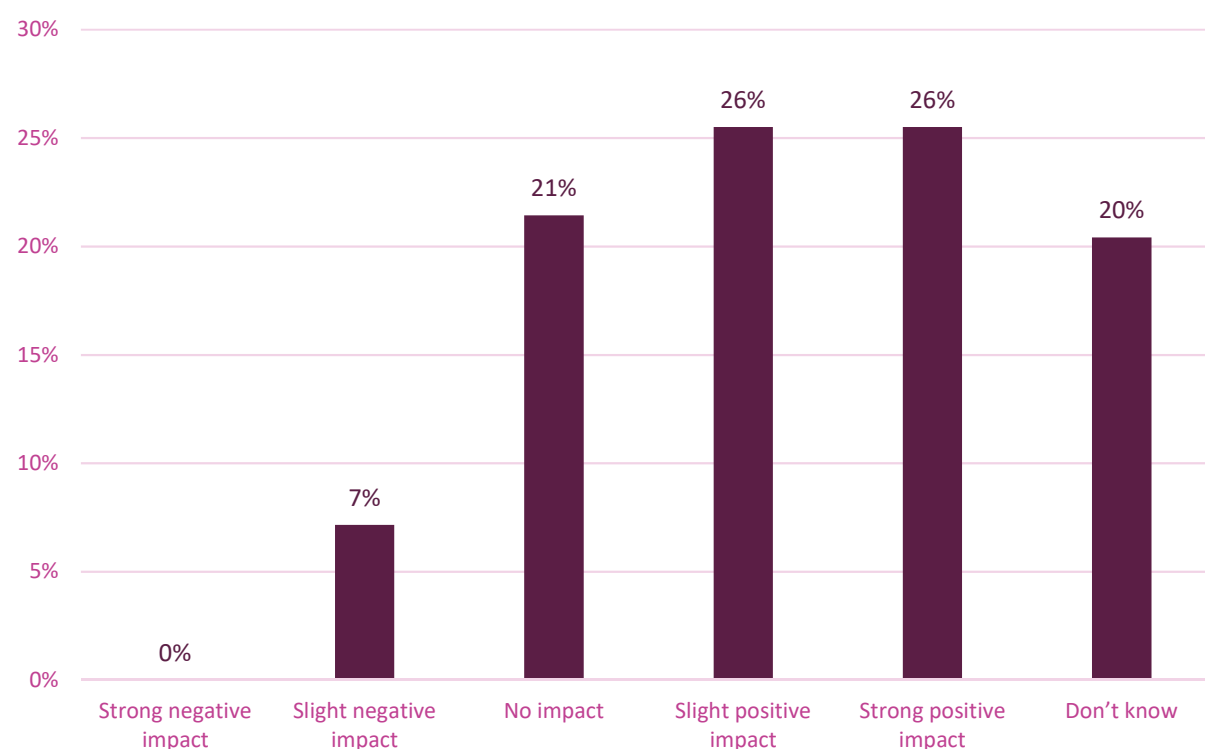
We wanted to ask these questions to try to measure the cultural impact of Patient Opinion upon subscribing organisations.

How we are seen by people we care for



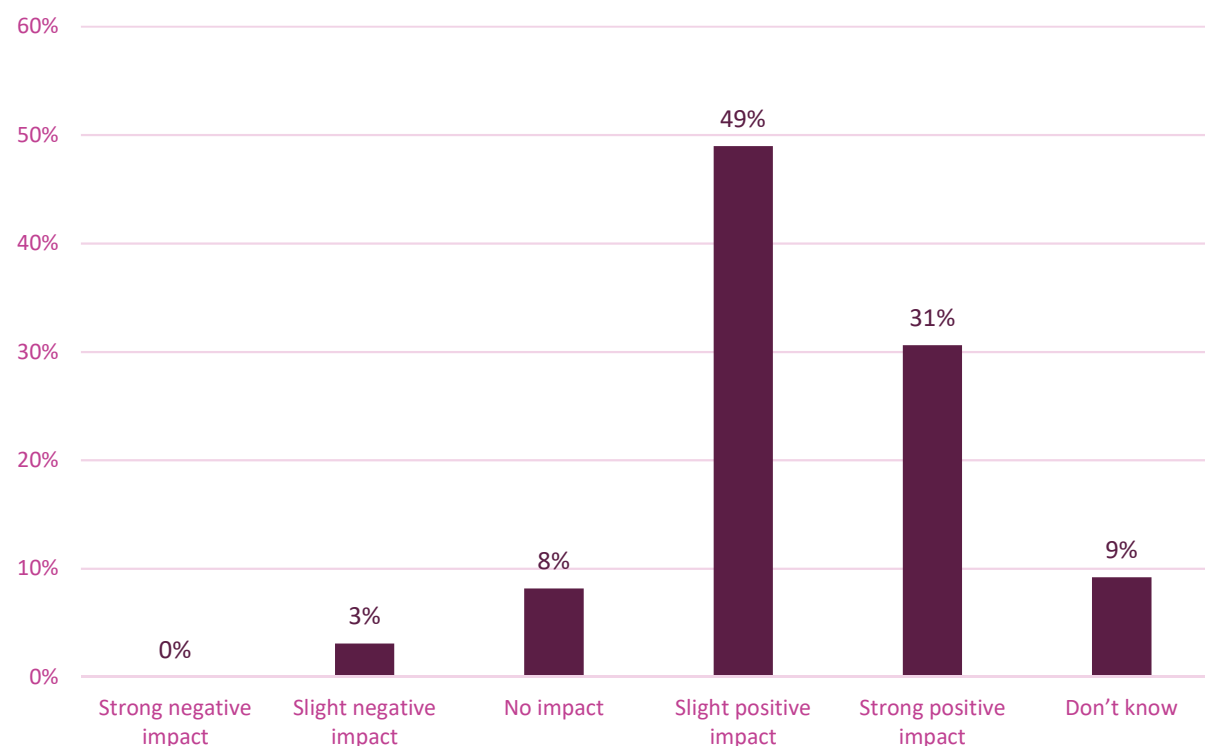
Two thirds of people think that using Patient Opinion/Care Opinion has made a positive impact on their perception by the people they care for. The most likely explanation for this is through service improvements as a result of feedback.

How we are seen by our managers



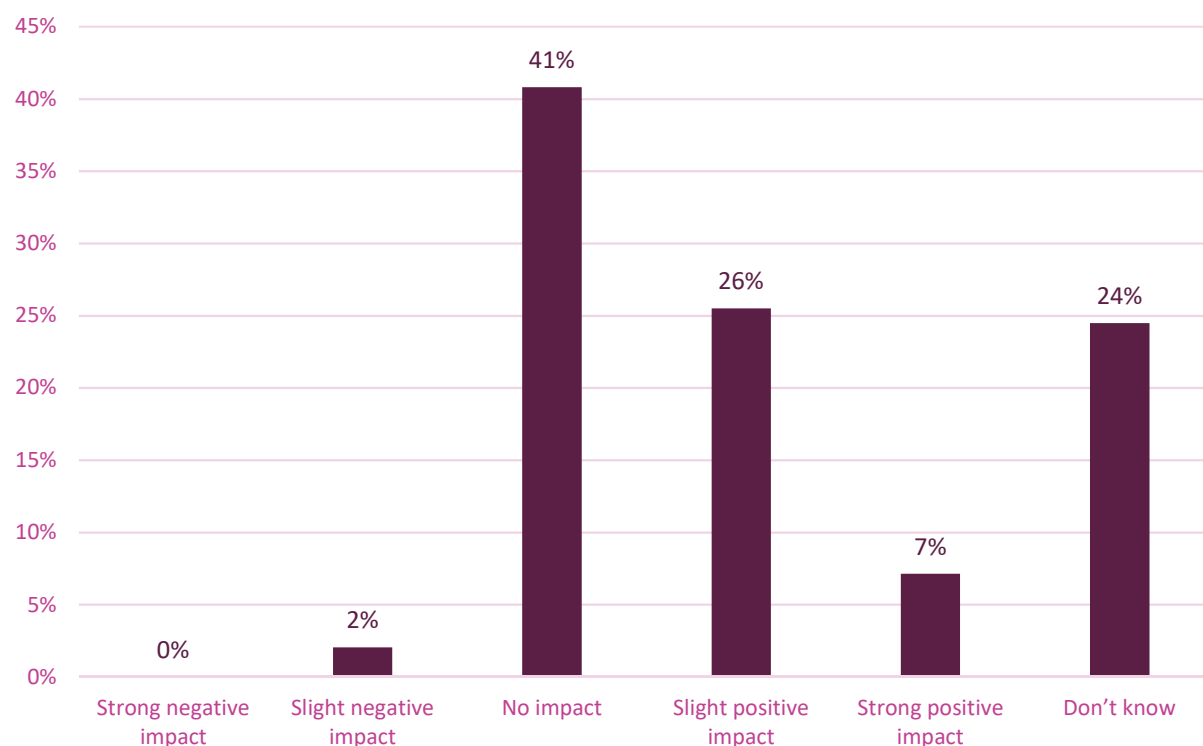
We were delighted to see that people generally feel that they are viewed more positively by their management because they use our service. This is to be expected considering that two thirds of our feedback is entirely positively. One thing we raise with subscribers when it comes to negative feedback is that feedback does not cause problems, it only reveals them. Based on all the positive comments previously about the necessity of feedback for learning and improvement even negative feedback is viewed as beneficial for the organisation and not something for staff to fear.

The way we get feedback from people



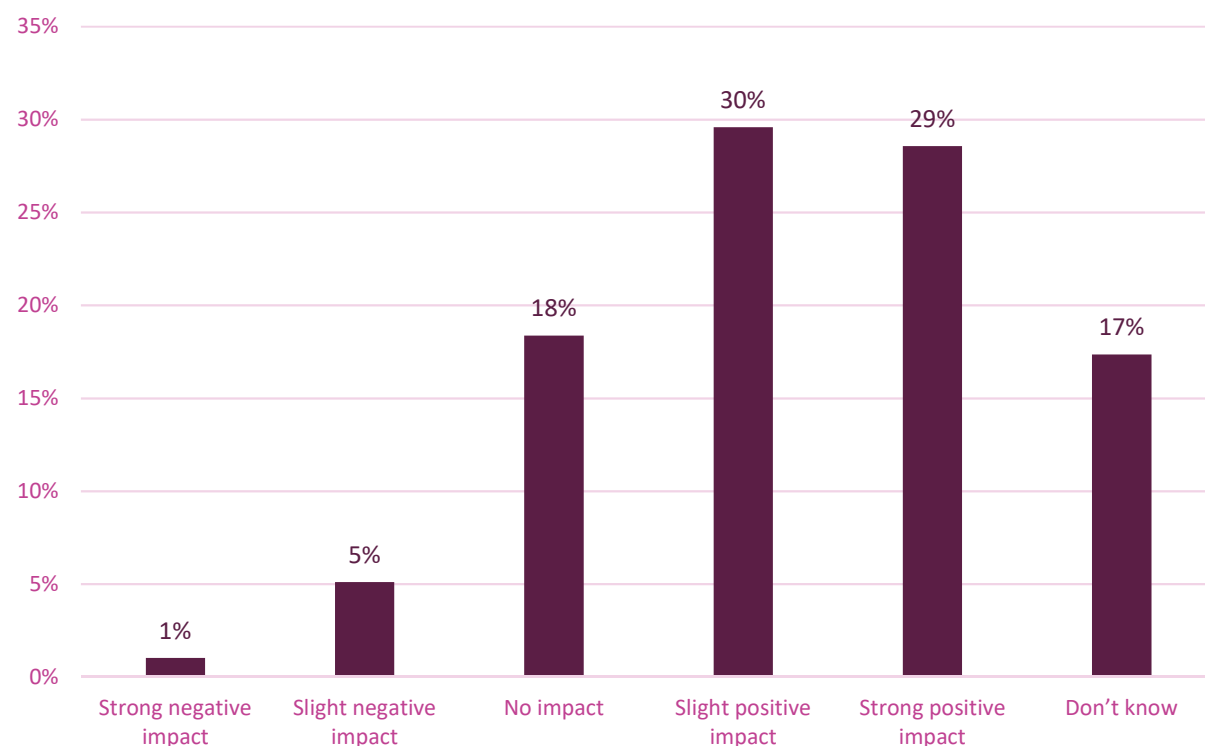
Overwhelmingly our respondents reported that **Patient Opinion/Care Opinion has improved the way they get feedback**. In the light of previous comments we can probably attribute this to the volume of positive feedback, and the direct line between authors and frontline staff, as well as the value of an additional channel to capture feedback in an informal way.

How many complaints we receive



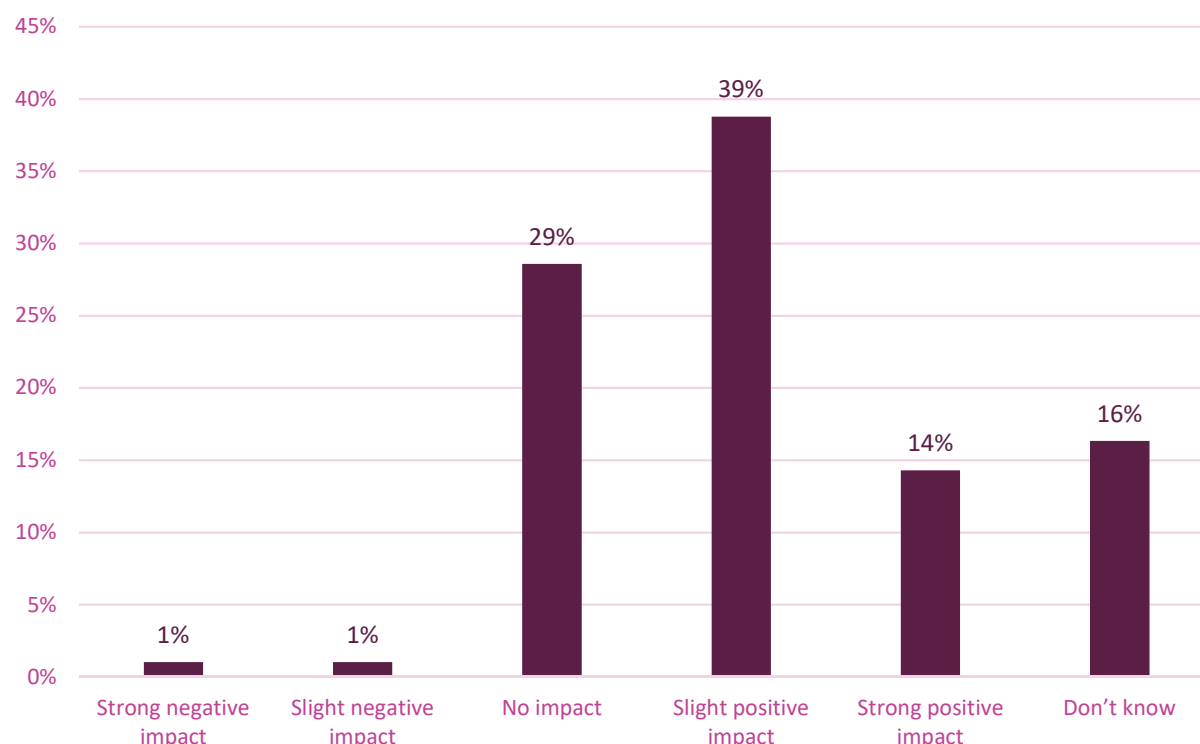
Rather than asking as we did earlier whether responding to feedback reduces complaints generally, we wanted to see whether using Patient Opinion/Care Opinion has impacted complaints for those services specifically that use our service. We are not surprised to see continued uncertainty about the impact on complaints, after all, if you are listening more you will hear more. However, we are happy to see that where people have seen a difference it is almost completely positive, which would also reflect improvements in service, as people have reported that this is a key way in which our stories are used.

Our staff morale



As we have seen several times thus far staff greatly appreciate that Patient Opinion/Care Opinion is a source of positive feedback that is otherwise lacking, and it is wonderful to see that where it has had an impact, it has had a positive impact. We see time and again that positive feedback is in short supply on the front lines, beyond the odd box of chocolates and a thank you, so it is wonderful to see us begin to bridge that gap.

How we work day-to-day

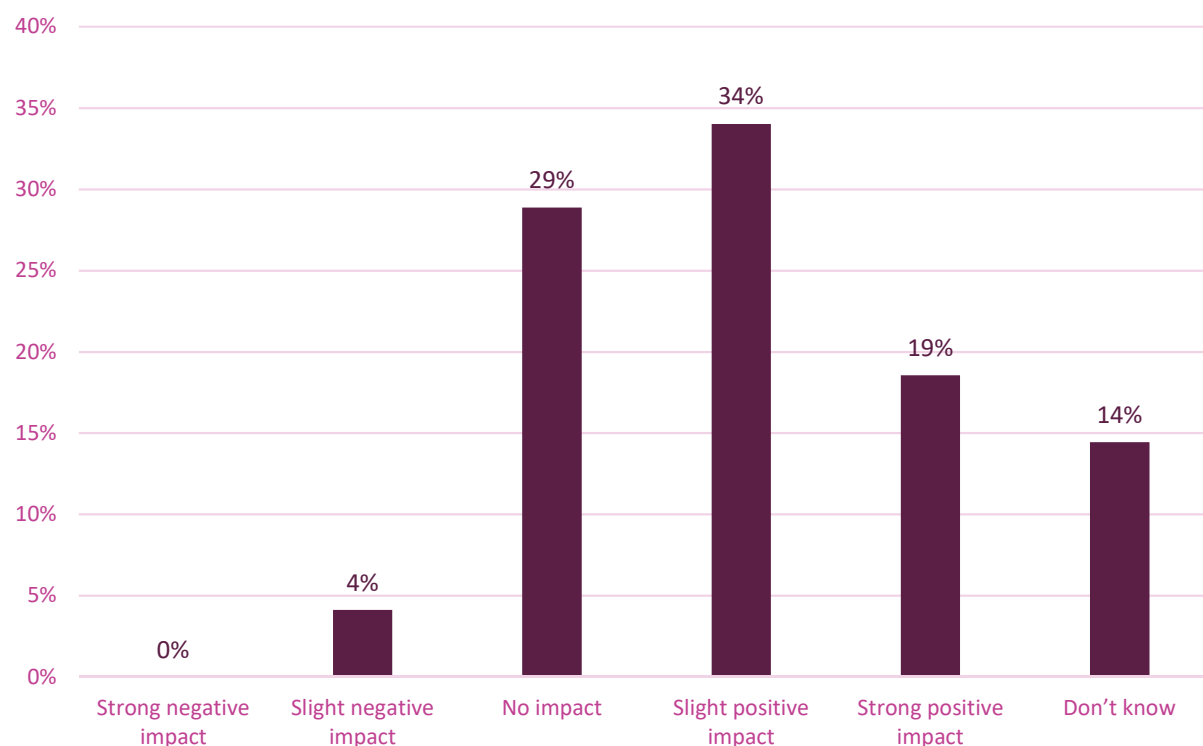


As can be seen from the graph above over half of staff that use Patient Opinion and Care Opinion believe that it has made a positive impact on their day-to-day working. Only 2% of responders felt using our service had had a negative impact, and half either were unsure, or felt that no impact had been made.

This result is extremely encouraging. Recognising change is currently done by identifying specific instances where a new approach has been taken as a result of learning from a single experience. What is harder to capture is the incremental influence of hearing authors' stories over time on the way that staff work. For example, positive feedback is very likely to influence how staff perform their jobs, but this would not be represented as a change in response to a positive story.

Taken in the context of earlier comments about the importance of our service for positive feedback, and the widespread use of our stories for learning, it is reasonable to conclude that **the impact of Patient Opinion/Care Opinion on how staff do their jobs is far greater than the proportion of stories leading to change would suggest**. This information could be effective in engaging staff in subscribing organisations, as well as encouraging more organisations to sign up.

Our organisation's culture



Like the previous question, over half of respondents felt that using Patient Opinion/Care Opinion had made a positive contribution to their organisational culture, with only 4% feeling that we had had a negative impact. This is validation of our work and provides solid evidence that we really do achieve what we set out to do when we work with health and social care services.

Is there anything that surprised you about using Patient Opinion/Care Opinion, good or bad?

32 people responded to this question, in a really varied manner. The majority chose to reiterate their surprise at the volume of positive feedback, e.g. "I expected to get more negative feedback and criticism of our dept. I feel very grateful when people take the time to post their stories. Some of the stories I have read were very emotional which I did not expect at all!". Others commented on the difficulty of getting the public to comment on their services, the low level of awareness of our service amongst their colleagues, or how pleased they were with the speed of receiving and responding to feedback.

A few users wondered whether the high volume of positive feedback was a sign that they still were not hearing negative stories (the mirror image of the worries people have before they sign up!), and one user highlighted "Conflicting experiences of same service - is it really down to individual care providers?".

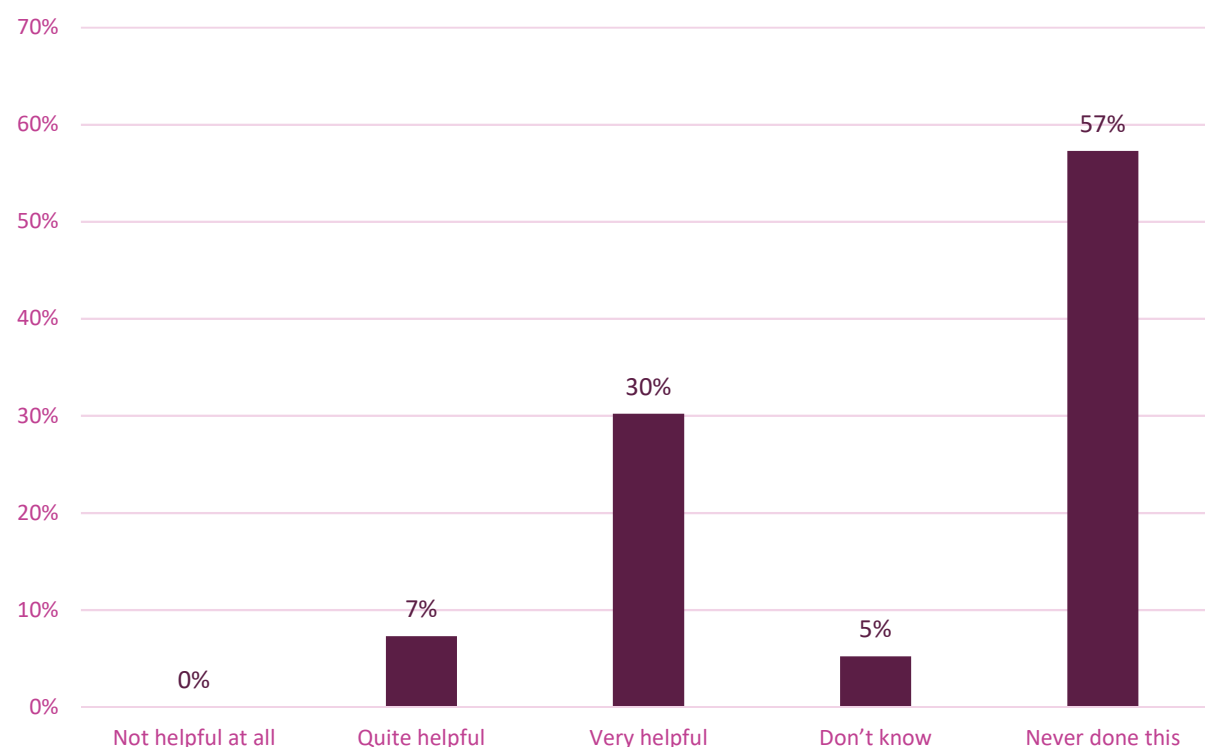
A couple of comments were less positive. One responder felt that "It barely scratches the surface of what we do day in and day out", and another pointed out that the "level of feedback coming

through very small compared with other methods and not representative or 'random'. We need to come up with a strategy to increase the volume of feedback in order to overcome objections to story volume, though we need to remain articulate about the importance of seeing the person behind the story, and seeing the story as an opportunity to help or hear from an individual.

9. How helpful are our support resources?

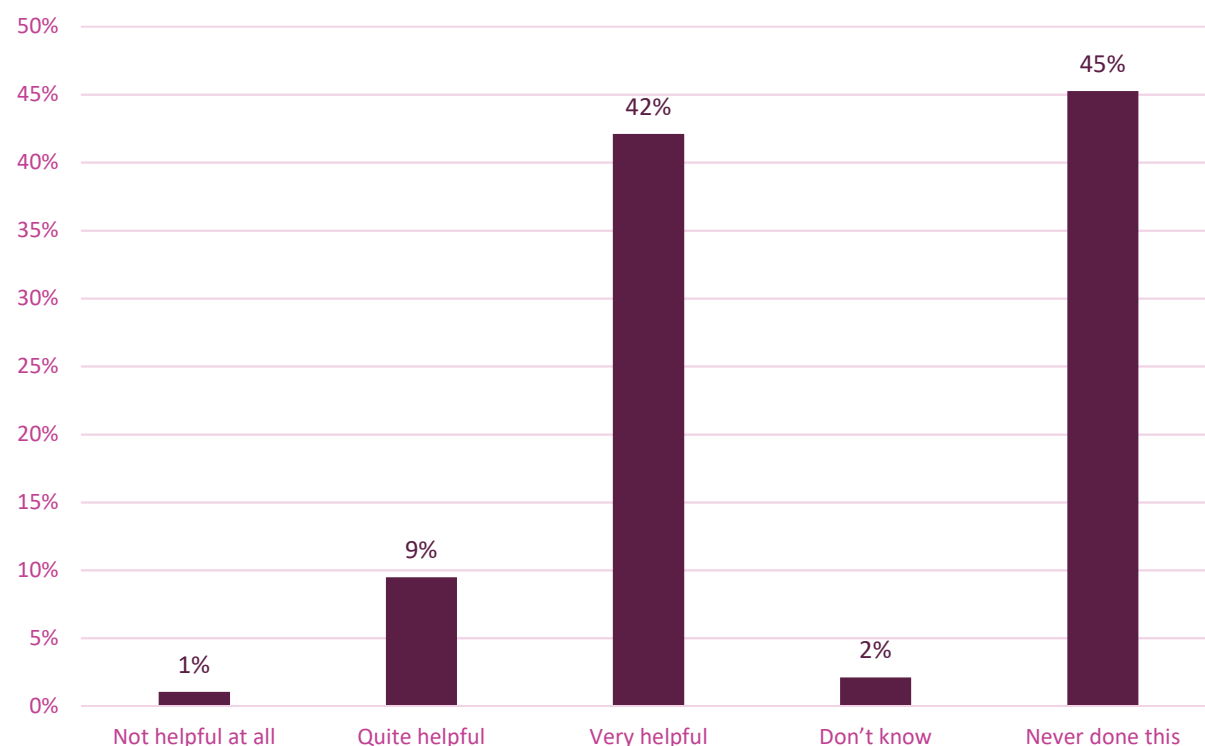
We are a small organisation looking to support a larger volume of health and social care organisations in the future. As such, in order to be able to do our jobs well we need to know how we can be most effective with our resources. We primarily deal with a few key personnel in each organisation rather than interacting with each member of staff on a subscription so we will see 'Never done this' as a popular option in the graphs below.

Calling us directly



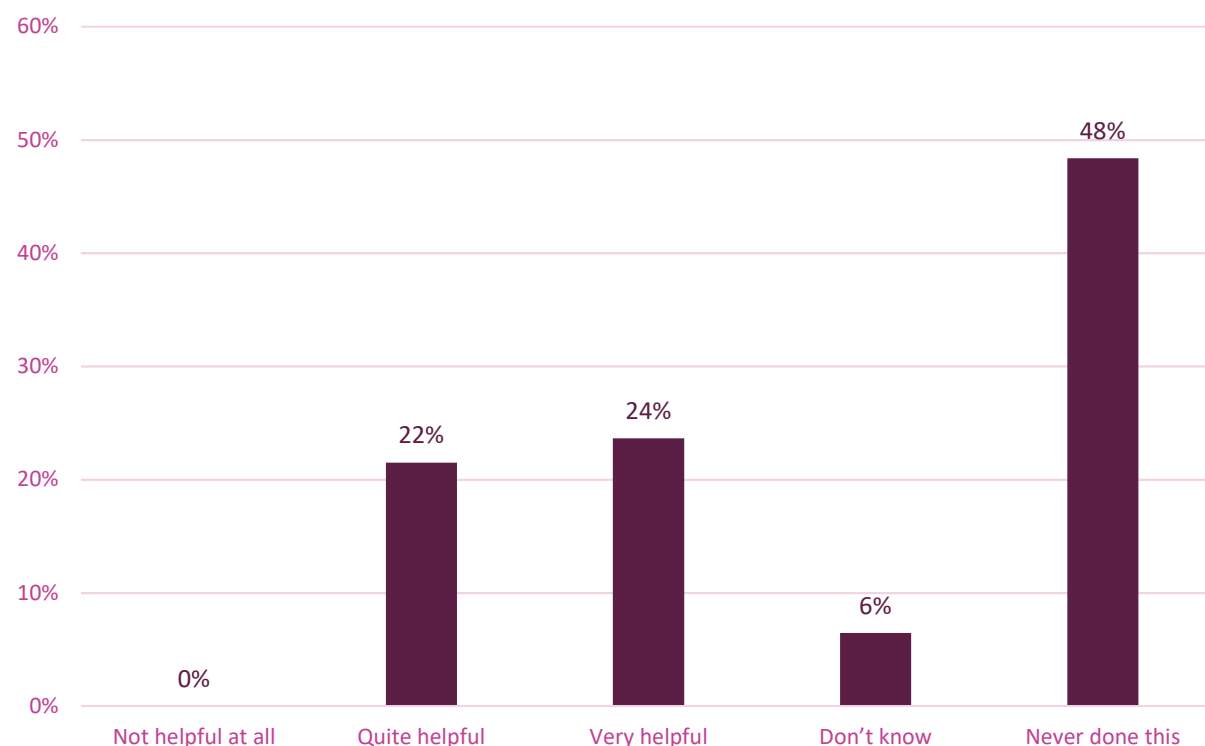
About a third of respondents have spoken to us, and not one of them reported finding us less than helpful. Hooray! We are delighted that we're doing a good job at helping staff over the phone.

Emailing us



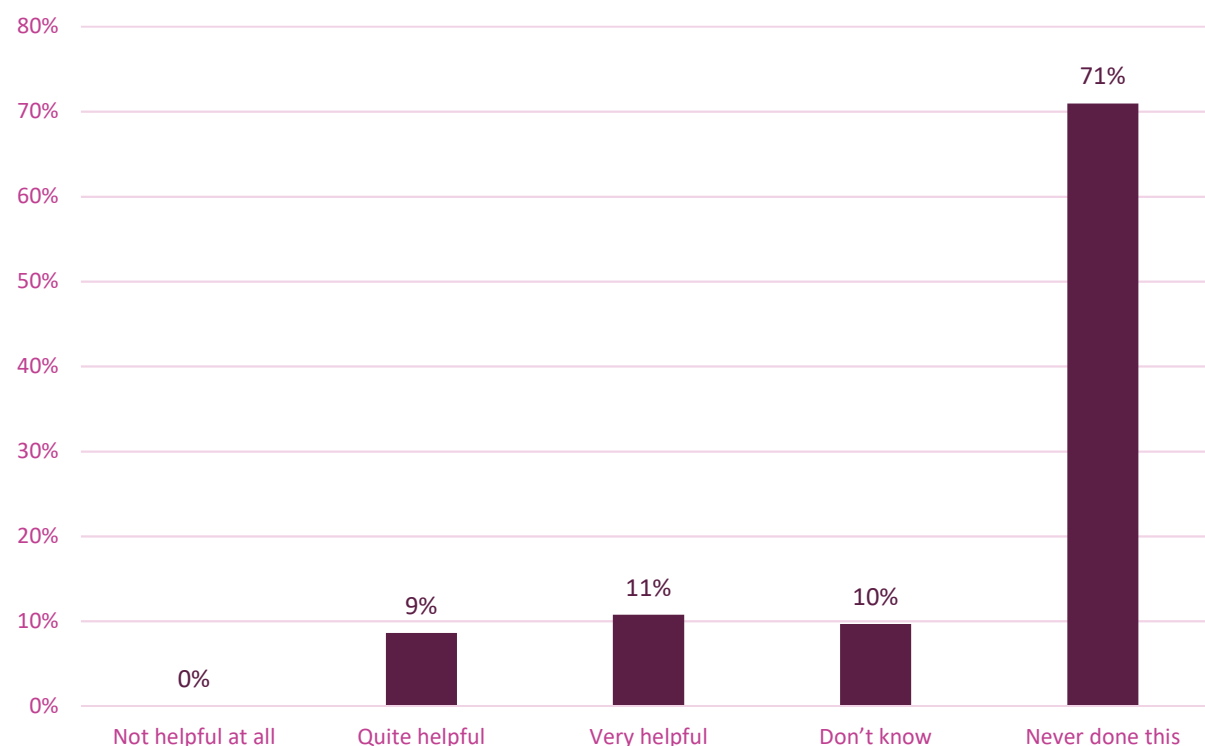
More people email us than call us, and the graph reflects this, with 50% of people having contacted us this way. This time one person felt we were not helpful at all, but otherwise we were told we are doing a good job. Go team!

Using our help pages



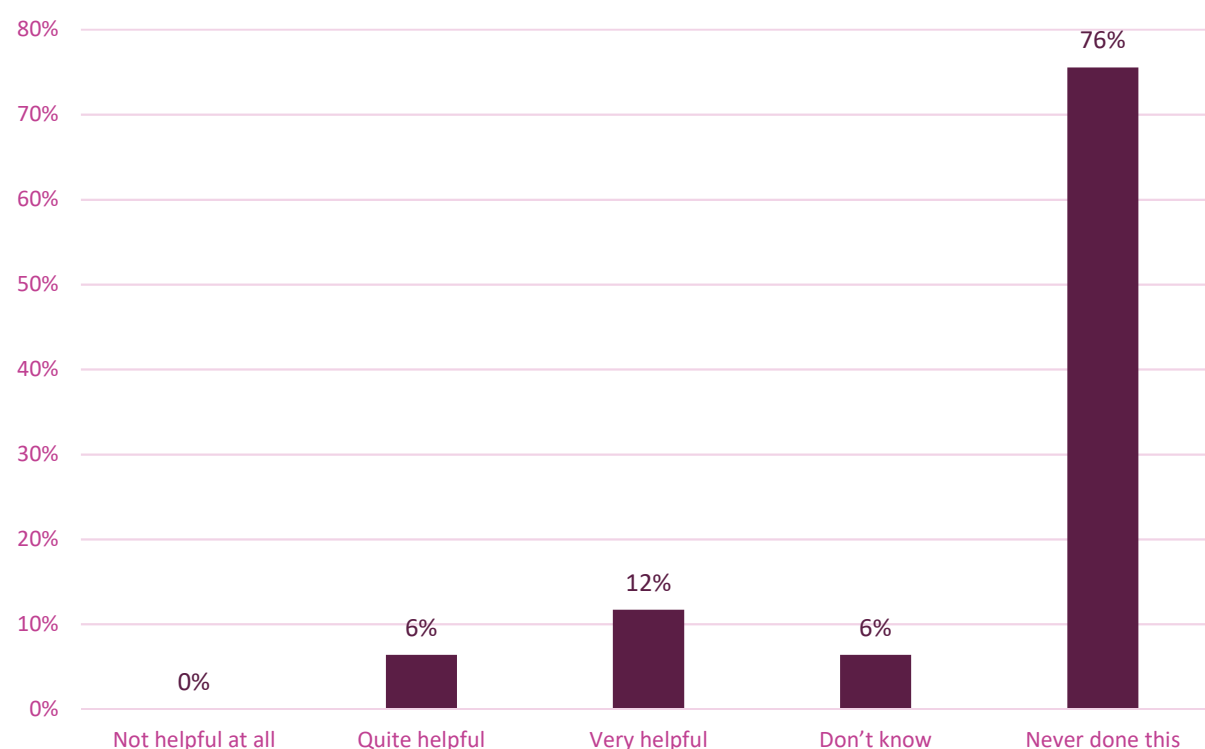
Revamping our support pages is a project we currently have underway. It is disappointing to see that use of our support pages is not higher, especially as in most organisations a support page is the first way you receive help, before you contact the organisation directly. We clearly need to increase the visibility, relevance, and usability of our online help resources to support our subscribing organisations better.

Using our online videos



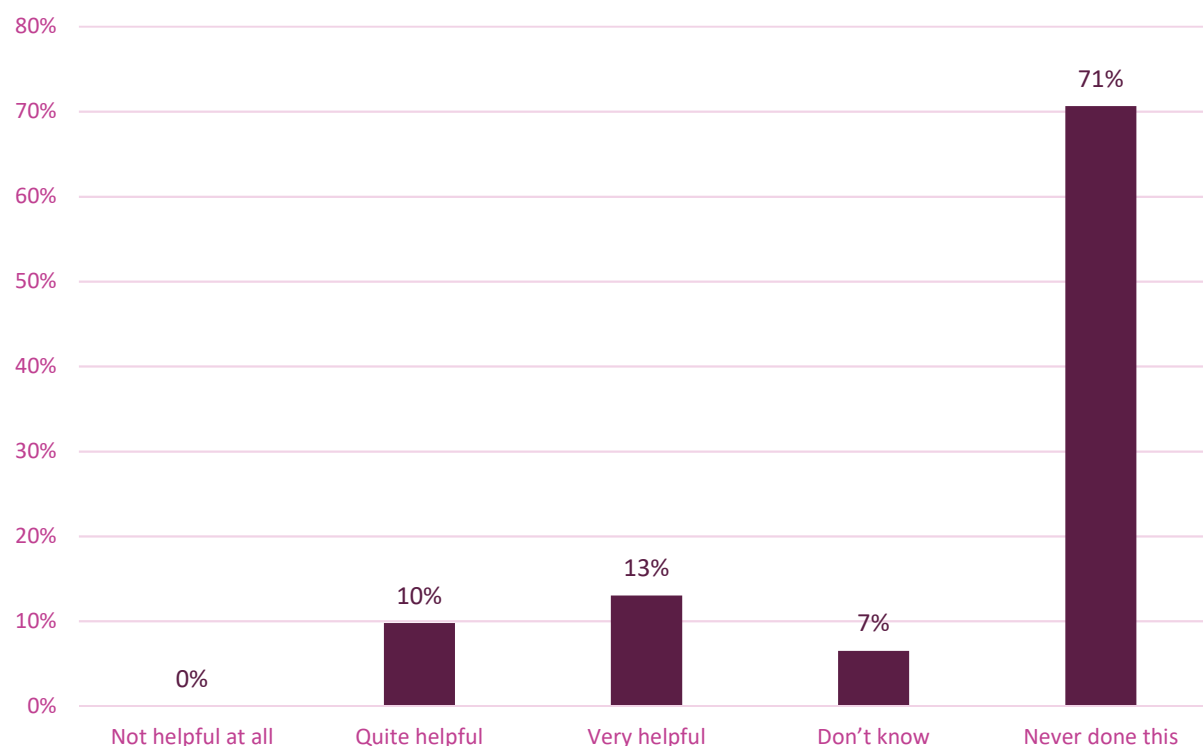
A subset of our online help pages provide short instructional videos for some basic tasks. These are the sort of tasks that commonly challenge new users to Patient Opinion or Care Opinion, so it is a shame that they are not widely used to help people make the most of us as soon as possible. Revamping the way we provide support through videos is another key workstream for the team currently.

Coming to our online sessions



Hosting interactive 'webinars' via Webex is our most effective way currently of reaching people and helping them to do what they need to do on the site. We frequently face the challenge of staff managing to carve out the time in their diaries to come along, which leads to low attendance. This low attendance is clearly evidenced in the graph above, and is concerning as it suggests that most staff on a subscription may not have had any direct training from our engagement and support team to make the most of our service. Greater understanding of our organisation and our service could go a long way to tackling challenges around awareness amongst colleagues and increasing our impact through social media.

Using our page tours



Hmmm! We think these are great but clearly we are not doing an effective job of letting people know about them. We will incorporate awareness raising into our continued efforts to improve our online support.

Is there anything you particularly like about our help and advice?

19 people responded to this question, focusing mostly on helpfulness and friendliness of staff (thanks guys!). We were even described as '**charming, thoughtful people**'! One person praised the ease of navigation on our webpage and another appreciated that we provide examples for people to follow when it comes to things like responding.

Is there anything we could improve about our help and advice? How would you like to be supported?

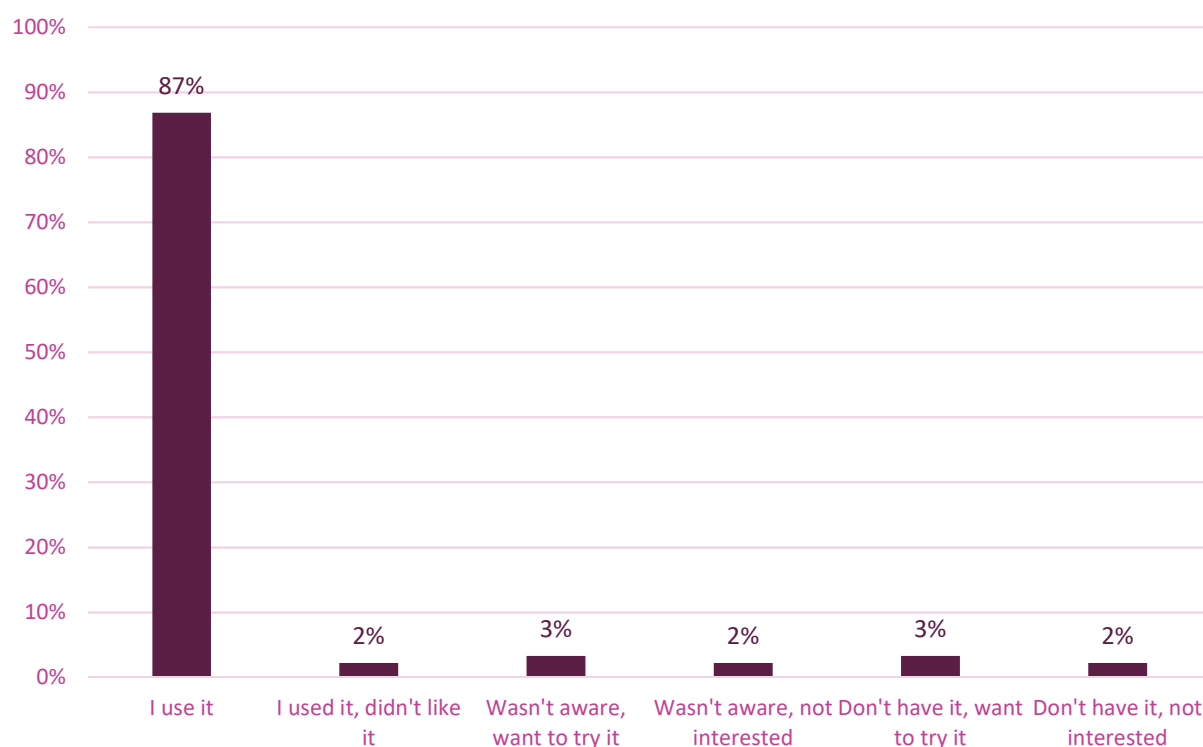
16 people responded to this question, and they were mostly more positive comments about feeling "very well supported". A couple of comments suggested that we could provide more support and advice on responding to negative comments, and one person felt that "sometimes staff can be a little too informal in their approach. Patient Opinion need to respect the judgement and autonomy

of the organisation. Advice and guidance is useful and welcomed but ultimately the decision as to how to deal with something should be that of the relevant Boards.”

10. Use of features of Patient Opinion/Care Opinion

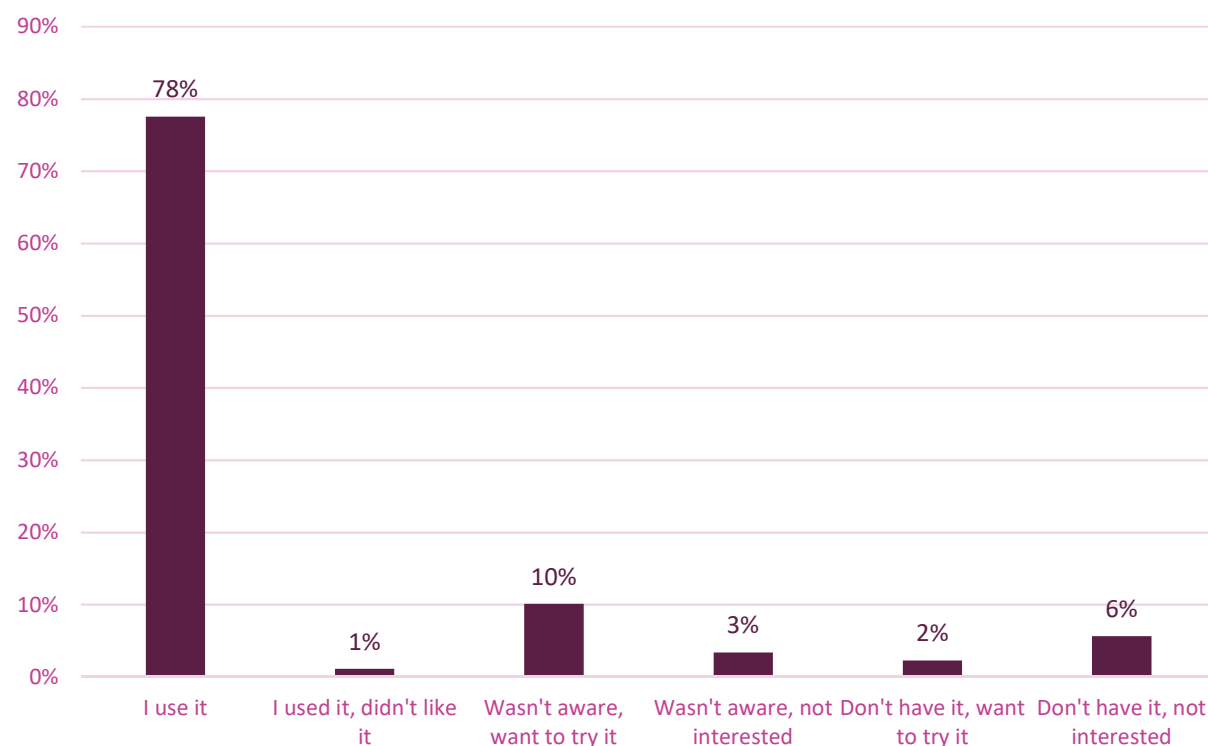
This questionnaire was also sent to a small group of organisations that only use the unpaid, unsupported version of Patient Opinion/Care Opinion, and so the answers available to these questions are designed to understand whether the things that people find useful about our paid features sound useful to those 'on the outside'. In reality, all of the recipients of this questionnaire have access to all of these features, so comments that they 'don't have it' can be put down to lack of awareness.

Email alerts to stories



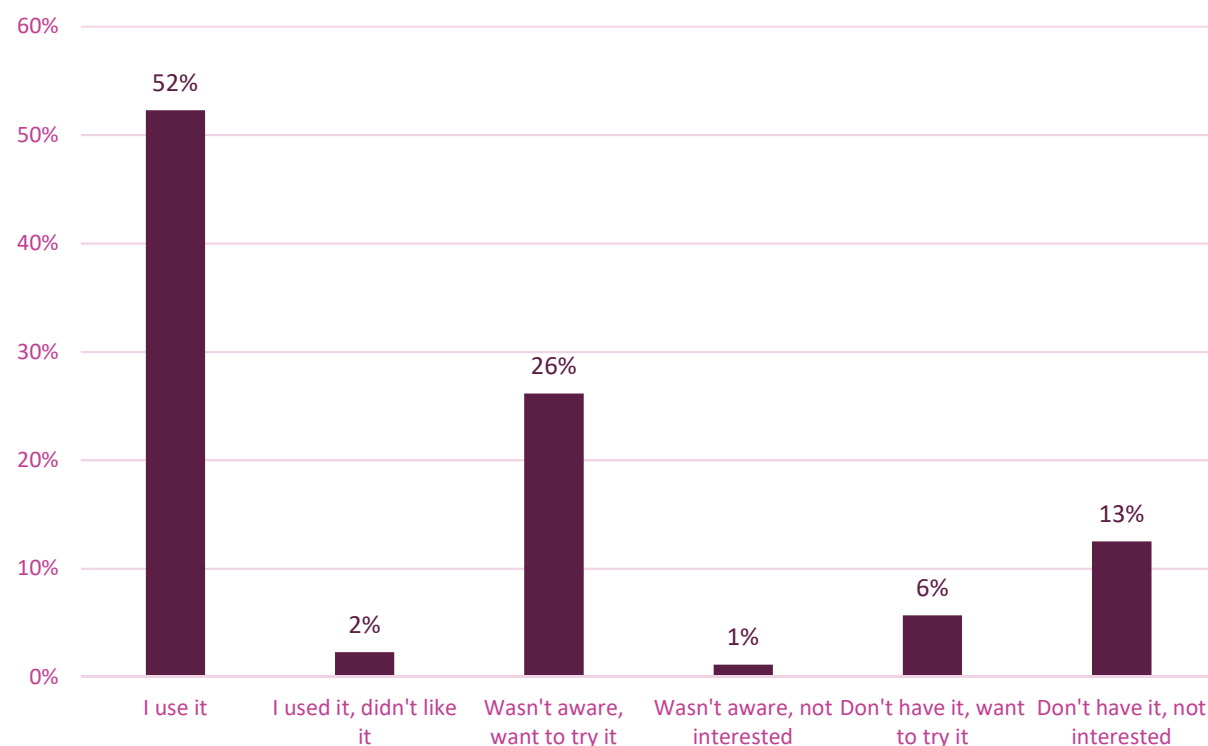
As our bread and butter, we are glad that this is very popular, but concerned that it is only 87%. This suggests that there are many people signed up for Patient Opinion that have not had alerts set up for them, or have not been shown how to create alerts. The review of our support resources previously demonstrates that we are not reaching our users with this information, and we are working on that currently.

Email alerts to story responses



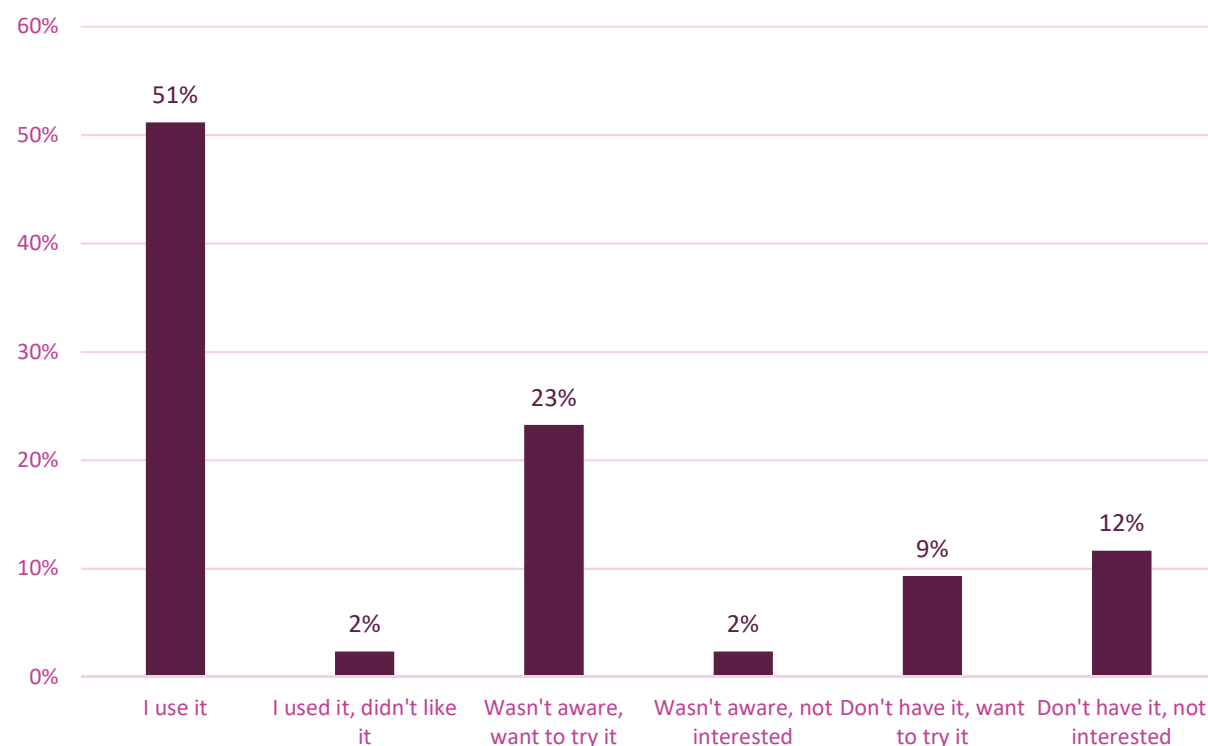
There is a little boost here relative to the previous question, showing that there are a group of users that don't know they can be alerted to responses, even though they currently receive alerts to stories. Same as above, we need to do a better job of 'onboarding' new staff members either directly, or by providing subscription administrators with effective tools.

Reports that summarise stories and responses



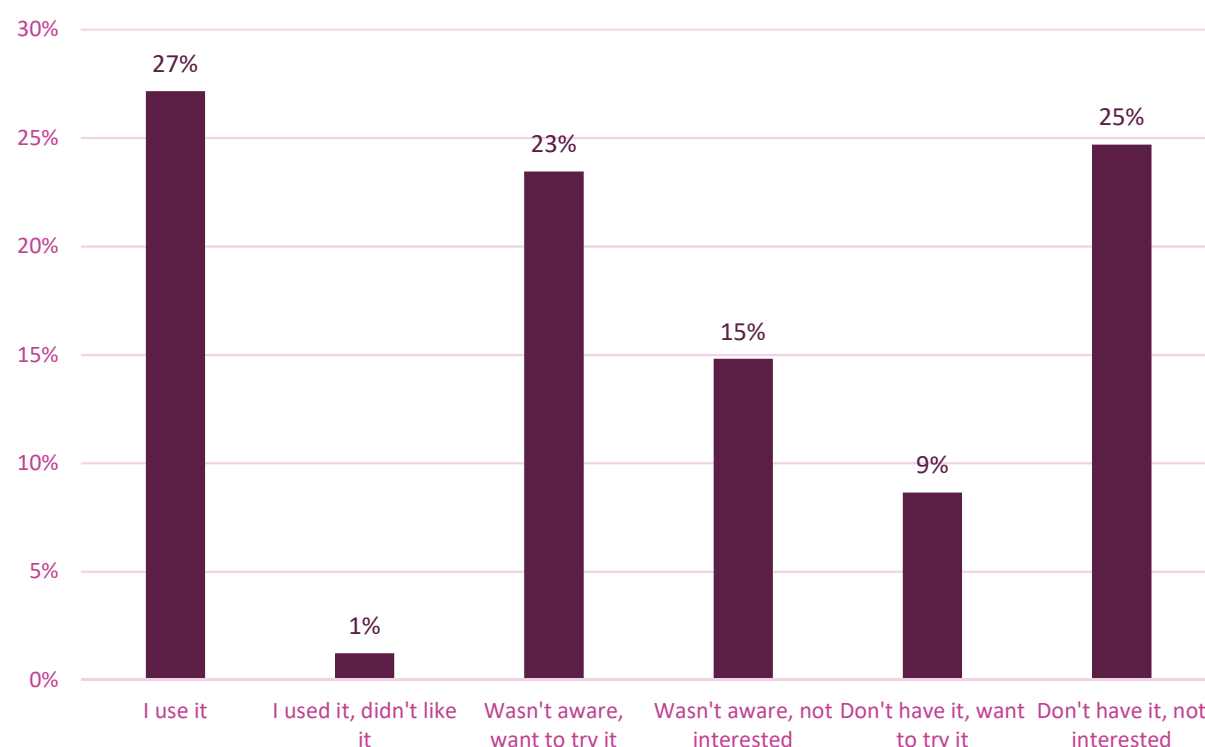
Most people using our service are responders only, so it is not surprising to see that the number of users has decreased. What we do see is again a big jump in people wanting to try it. Front line responders especially may not be aware that there is so much more that can be done with Patient Opinion/Care Opinion beyond responding to stories as they come in.

Reports automatically sent to me



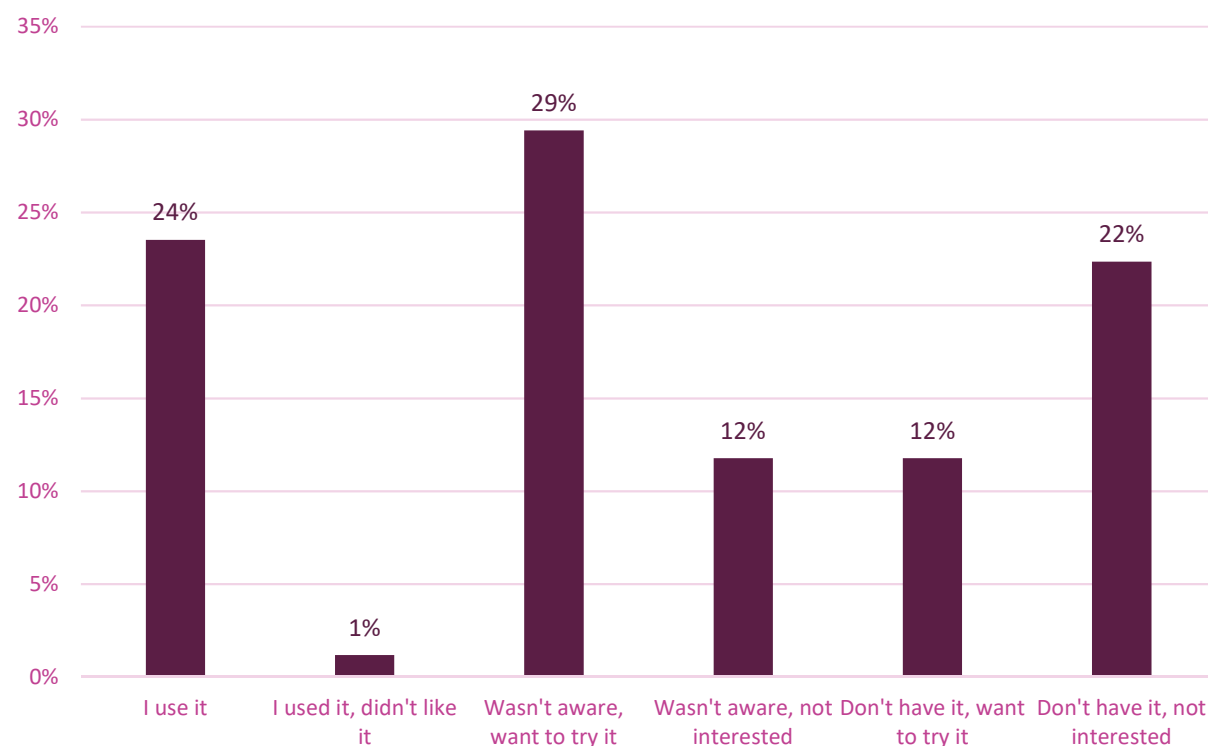
This is a reassuring find, as it appears that everyone using our reporting features also uses our automated process to get it delivered regularly.

Blogs



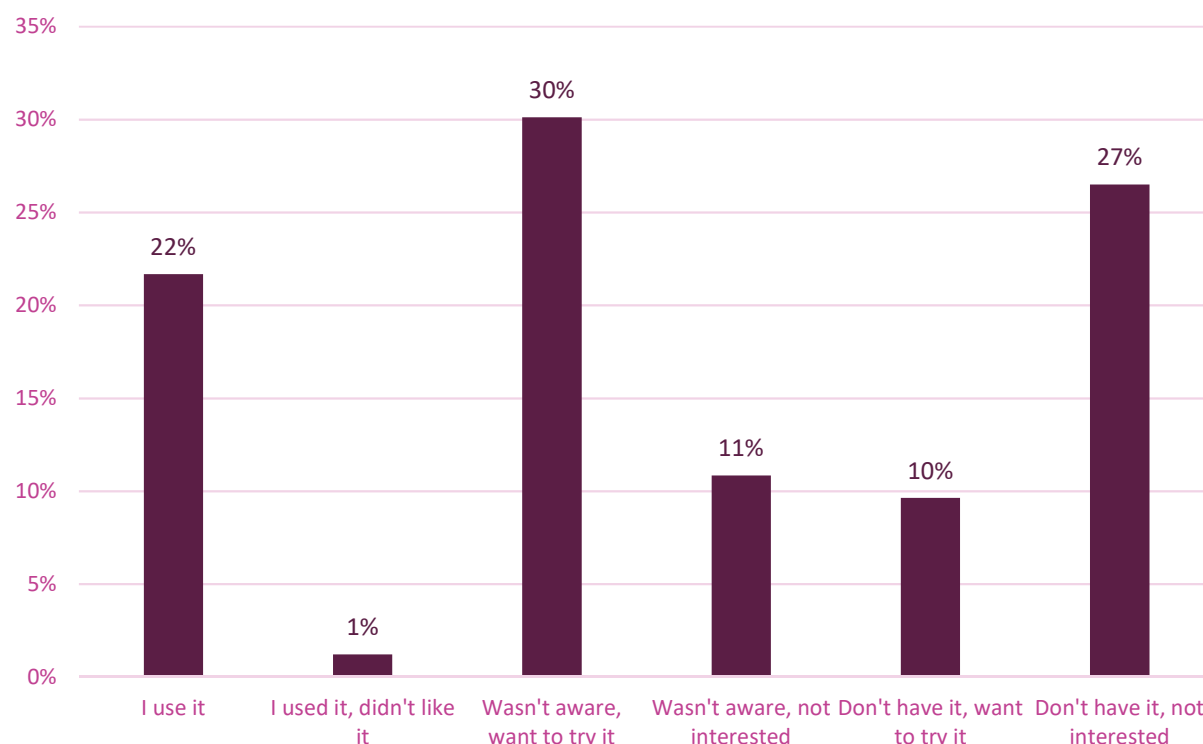
Blogging is a feature that is used most widely by NHS Lanarkshire, and we can be confident that they are driving these results. What is great to see is that there is real interest in blogging from people that did not know the possibility existed. Of course, 40% of people said they are not interested, which is fair enough, blogging is not for everyone. We should look for ways to increase the visibility of our blogs to members of the public and other health and social care providers.

Creating a word cloud of the stories



Word clouds are often popular for printing and sharing on notice boards within health and social care facilities. As you can see, 41% of our respondents did not know they were possible and want to use them, which again shows us that we need to try to have more control over the onboarding process of new subscription members to our site.

Creating a tag bubble of the stories



These figures are very similar to that for the word cloud above, which indicates the issue is a broader one about our visualisation capability. Essentially, we have a knowledge gap that we are not only for alerting and responding, and we need to address this.

Are there any other features you use regularly?

15 people responded to this question, but responses were almost all positive comments on one of the features mentioned above.

Are there any features you think could be improved?

15 people responded to this question. Highlighted areas were around simplifying the look of the website, simplifying the search function, combining Patient Opinion and Care Opinion into a single platform, receiving too many stories and needing a better filter, and “tagging all health boards correctly”. These are all things we are actively working on currently. Too many stories is likely to be a consequence of incorrect alerts being set up and reflects earlier comments about low use of our support resources. Correct tagging is something we take great pains to achieve, and we try to react immediately to put things right if an error is spotted.

11. Is there anything else you would like us to know or that we could improve?

14 people answered this question. Responses were almost all positive. One person told us that “some of the stories, generally those of kindness make me cry”, and that they “really enjoying using Patient opinion with our team”.

Other answers asked us to actively promote ourselves more to all age groups, or told us that they would be actively promoting us more as a result of completing the survey.

One person made a comment about improving this survey, “Yes this survey took way longer than 10-15 minutes and the 28 questions are not really just 28 - there are multiple questions within questions. Be open, honest and transparent.”