

A report to the meeting of the Council of Governors held on 10th March 2015

Interim evaluation of the customer services training programme.

1. Introduction and background

Following the successful development of customer services standards and training for reception staff during 2012/13, £58,000 was received through external dignity funding to support the expansion of the training to other staff groups.

The roll out of the training, called 'Improving Patient Experience', commenced in January 2013 in orthopaedics, later extending across surgical services, portering, car parking and therapy services. From February 2014, the Head and Neck, South Yorkshire Regional Services and Specialised Medicine, Rehabilitation and Cancer groups were incorporated in the training. During 2015, the training will be open to all Trust staff.

This report provides an interim evaluation of the training programme to date and includes analysis of costs/ value for money, staff evaluations of the training, 'before' and 'after' patient and staff surveys and the effectiveness of the workshops in sharing and spreading good practice. A further evaluation will be undertaken in 12 months' time, once the programme has become more embedded and further work to share and implement good practice is complete.

2. Course content and aims

The training comprises two half day workshops. Workshops are interactive and an important feature is the opportunity to reflect on current practice and share good practice in relation to improving patient experience. The overall aims 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. Content includes:

- Exploring patient/customer experience (staff are seen as internal customers) from three perspectives: service, care and expectations
- Using the 'circle of influence' model to highlight that the one thing staff have total control over is their own behaviour and attitude
- Managing and meeting patient expectations throughout the whole journey, from start to finish, adopting the approach of 'under promise and over deliver'
- Seven key principles to follow to put things right when they have gone wrong

Workshop 2 focuses on interpersonal skills and communications including practical approaches and skills for dealing with difficult situations. Content includes:

- Communication skills: using positive rather than negative language, tone of voice, body language
- Transactional analysis as a tool to provide a positive experience in difficult situations

Each workshop holds up to 25 staff and good attendance is important in order to minimise the cost per head of the training. Workshop content is regularly reviewed and updated in line with national or local changes, for example the ‘Hello, my name is...’ initiative is now mentioned.

3. Programme costs

a. Breakdown

A breakdown of the costs of delivering the training is shown below:

Table 1: Breakdown of costs

Item	Cost
Design and project management	£4800
Day rate (2 half day workshops)	£500
Cost per half day workshop	£250
Cost per person at each half day workshop*	£13.50
Cost per person to attend 2x half day workshops*	£27.00

*assuming maximum attendance of 25 staff at each workshop

Within the overall budget, 85 training days can be delivered, providing two half day workshops each day, giving a total of 170 workshops. Allowing for a 20% ‘did not attend’ (DNA) rate, this means that 1700 staff (11% of the total workforce) can be trained within the existing budget.

Up to January 2015, 22 days of training had been delivered, just over 25% of the total number of days. It had been anticipated that 50% of the training would be delivered by January 2015, however the availability of venues of a suitable size has severely limited the number of workshops we are able to hold. Currently, four half day workshops are held each month, which means that it will take 3 years to deliver the remaining 63 days of training. This means that whilst the training will continue longer term on a regular basis, it will take a considerable amount of time to train only a small proportion of the workforce. This also does not take into account staff turnover.

There is a hidden cost to the training in terms of the salaries of the staff attending. In addition, there is the administration support required to run the programme, as the budget can only be used directly on the training and cannot be used to provide administrative support. Administration has therefore been provided through the Patient Partnership Department and includes booking venues, advertising dates, sending out pre course workbooks to participants and sending out evaluation forms after the training. Calculations of these hidden costs will be included in the more detailed evaluation in 12 months’ time.

b. Attendance

To date, 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 per head is dependent on booking and attendance rates. The DNA rate for the workshops is currently 23% and, in addition, the earlier workshops were not fully booked, with an average of 20 staff being booked on each workshop from November 2013-December 2014. The average attendance is therefore much lower than expected at 14 staff per workshop and the cost per head to attend two half day workshops is currently £40.00. Since the workshops have opened up to other groups, courses have on average had 23 places booked with an average attendance of 16 staff, which is still well below the maximum capacity.

Whilst a certain proportion of non-attenders is expected, particularly during very busy periods, there have been many occasions where staff have not attended for other reasons, for example because they had forgotten. On these occasions, the relevant manager is notified. It is now planned to increase the number of places on each workshop to 30 so that, assuming the current DNA rate continues, we will have attendance rates closer to 25. In addition, as the course is now open to all Trust staff, increased demand is also expected.

Staff bookings are made through the *Eventbrite* online event registration system, however we are currently in the process of switching to the Trust's new Personal Achievement and Learning Management System (PALMS). This system is fully integrated with the Trust's human resource systems and includes, for example staff payroll numbers.

4. Evaluation

Evaluation has focused on 4 levels, adapted from Kirkpatrick's model for the evaluation of training programmes(1):

Figure 1: Model for evaluation



Methods used to date to evaluate the training are staff evaluations (levels 1-3); 'before' and 'after' staff survey in orthopaedics (levels 2-4); 'before' and 'after' patient survey in orthopaedics (level 4); other patient feedback data (level 4); and successes in sharing and implementing good practice (level 3).

(1) Kirkpatrick, D.L., & Kirkpatrick, J.D. (1994). *Evaluating Training Programs*, Berrett-Koehler Publishers

a. Staff evaluations of the training

Staff were asked to provide evaluations electronically through Survey Monkey, in order to reduce the administration workload involved in analysing and reporting the results. Of a total 587 staff attendances, 130 evaluation forms (22%) were submitted, 61 for workshop 1 and 69 for workshop 2. Questions 1 and 2 offered a choice of 5 responses to each question, with 5 being the most positive and 1 being the least positive. Results are based on those giving a rating of '5', on the principle that we are aiming for excellence. However, combined results for ratings of 4 and 5 are also shown, as these ratings were given by the majority of staff:

Table 2: Staff evaluations of the training:

Did the workshop achieve its 3 aims?		
	Workshop 1	Workshop 2
% rating 5 (4 and 5)	51% (90%)	42% (87%)
Example comments	<ul style="list-style-type: none"> ✓ very informative , looked at problems from a different angle and how best to deal with them X Didn't find it very relevant sorry 	<ul style="list-style-type: none"> ✓ Sharing examples of existing best practice was very good. X Other staff this affects need to attend

To what extent do you think the workshop will help you to provide patients with a positive experience?		
	Workshop 1	Workshop 2
% rating 5 (4 and 5)	30% (79%)	38% (86%)
Example comments	<ul style="list-style-type: none"> ✓ Found the triangle of service/expectation/care very interesting and useful X I did not need a workshop to help me provide patients with a positive experience 	<ul style="list-style-type: none"> ✓ I now have the confidence to influence and challenge politely other work colleagues if necessary X I was in a group with 2 males who I felt didn't really want to participate. If all participants were keen to attend I feel that it would have completely met the objective

What will you do differently/what tools or techniques will you use as a result of attending the workshop?		
	Workshop 1	Workshop 2
Example comments	<ul style="list-style-type: none"> ✓ Put more consideration into ensuring that patients have accurate expectations of our service to reduce complaints ✓ Always introduce myself to patients 	<ul style="list-style-type: none"> ✓ Smile when on the telephone ✓ Be more aware of body language, tone etc...

What was the most useful part of the workshop/any changes or improvements?		
	Workshop 1	Workshop 2
Example comments	<ul style="list-style-type: none"> ✓ Learning that I have control over some things that I did not think I had ✓ Listening to others and their practices, some of which can be adapted to your area 	<ul style="list-style-type: none"> ✓ I'll definitely use the transactional analysis technique ➤ Perhaps include information relating to email communication ➤ Make the workshops mandatory training for all staff

It is aimed to increase the number of staff providing evaluations and methods are currently being explored to increase response rates.

In addition, more detailed feedback was sought from a small sample of staff. Managers in particular highlighted how important it is to continue the momentum and learning from the workshops afterwards, in order to ensure longer term benefits and cultural change:

Operational Manager, Specialised Cancer Services:

...there has been little practical training available on how staff can change the way they behave to be more PROUD. However the 'Improving Patient Experience' workshops have provided staff with this practical training, from practical tips on how to put 'Patients First' to a better understanding of how they can work more successfully with colleagues within their immediate team and across the organisation. As an Operational Manager I am using them as a launch pad for staff to think about how they can improve patients' experience locally at WPH, and put some of the learning from the workshops in to practice.

Business Manager, Podiatry Services:

...the training... is extremely helpful in terms of confirming what is acceptable/not acceptable behaviour towards patients and gives staff permission to challenge behaviour that they feel is not appropriate. Once all the podiatry admin staff have been through the training, my aim is to do a session in our team meeting regarding their thoughts about the training, what they brought away from it and how (if at all) it has changed their behaviour. I will also use the diagram from workshop 1 about expectations which I think is really helpful.

b. 'Before' and 'after' staff survey

All orthopaedic outpatient administration/reception staff attended the workshops between January and December 2013. All staff received a survey consisting of 54 questions in 9 sections including 'communicating with patients', 'teamwork' and an 'overall' section at the end. The surveys were undertaken through Survey Monkey during the autumn of 2012 and again during the summer of 2014. Responses were anonymous and the number of responses received was 27 for the 2012 survey and 20 for the 2014 survey.

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. Nevertheless, the survey provides an important measure, alongside the other evaluation methods also being used.

The results from the 'overall' section of the survey are shown below using the scores for the 'strongly agree' rating. There are improvements, sometimes significant, in 12 of the 15 questions and patient centred measures score highest, with staff satisfaction measures scoring lowest. The scores for 'strongly agree' and 'agree' combined are also shown in brackets, as the majority of staff gave these positive ratings. Combining the responses also highlights that a number of staff satisfaction questions show a lower score for 2014 than 2012, even when the 'strongly agree' score rose in 2014:

Table 3: Staff survey scores

Question	2012 Score % Strongly agree (+agree)	2014 Score % Strongly agree (+agree)	% change Strongly agree only
If asked, patients would say that I am always helpful and friendly and provide an excellent service	33 (100)	55 (100)	22
All patients are acknowledged and welcomed to our department	41 (93)	50 (95)	9
We always go above and beyond to help patients with their enquiries	26 (82)	45 (100)	19
I always put patients first and use my initiative to ensure things run smoothly	48 (100)	65 (100)	17
We work well together as a team	44 (88)	40 (95)	-4
Our team works well with other staff groups in orthopaedics	33 (77)	45 (90)	12
I have received adequate training and support to conduct my job	33 (74)	45 (80)	12
My workload is manageable	11 (67)	25 (65)	14
I enjoy my job	22 (74)	40 (80)	18
I think my job makes a big difference to patients	37 (85)	40 (85)	3
I feel satisfied that I work to a high standard	41 (93)	70 (100)	29
I feel valued and appreciated at work	7 (48)	11 (36)	4
I feel motivated at work	22 (74)	20 (60)	-2
I would recommend the orthopaedic department as a good place to work	11 (59)	10 (55)	-1
I would recommend the Trust as a good place to work	19 (82)	20 (70)	1

Staff were also given the opportunity to provide comments. Key themes from comments include 'variety' and 'patient contact' which were highlighted as things staff most enjoy in their roles; 'cancelling clinics at short notice' was frequently commented on as something which staff don't enjoy; 'lack of equipment' (equipment not good enough/breaking down) was often cited as something which hinders staff being able to do a good job. Survey results were fed back to the relevant managers for discussion and action planning.

c. 'Before' and 'after' patient survey

Over 300 patients were surveyed in each survey by paper (2013) and through Frequent Feedback (2014). The surveys were undertaken by volunteers and patients were given the option to complete the survey themselves or through the volunteer. Responses were anonymous.

The survey contains 48 questions in 6 sections including ‘Welcome and reception’, ‘environment’ and an ‘overall rating’ section. 205 responses were received to the 2013 survey and 298 responses were received to the 2014 survey. Using only scores from the ‘excellent’ rating, improvements can be seen in scores across all sections of the patient survey. The most significant improvements are seen in the ‘overall rating’ section of the survey, with 6 of the 8 questions seeing an increase of at least 10% in the ‘excellent’ rating, as shown in the table below. Scores for the ‘excellent’ and ‘very good’ ratings combined are also shown and these are also significantly higher in 2014:

Table 4: Patient survey scores

Question	2012 Score % Excellent (+ Very good)	2014 Score % Excellent (+ Very good)	% change Excellent only
Reputation of the orthopaedics department	38 (72)	49 (84)	11
Quality of Service	36 (69)	47(85)	11
Quality of information / advice	31 (64)	44 (78)	13
Care and treatment	39 (74)	56 (89)	17
Staff attitude	36 (69)	46 (87)	10
Handling of enquiries	31 (65)	37 (68)	6
Being kept informed	32 (60)	37 (63)	5
Overall experience	35 (68)	46 (83)	11

Patients were given the opportunity to comment following each section. The main issues receiving negative comments in both 2012 and 2014 were ‘car parking’ and ‘waiting times/lack of information about waiting times’. The main positive themes were a ‘clean and tidy environment’ and ‘friendly staff’.

d. Patient feedback

Feedback from patients in relation to staff attitude is regularly monitored and reported through complaints and website feedback/comments cards. The table below summarises Trust wide complaints data in relation to the theme ‘staff attitude’ from 2012/13- end January 2015. In addition, data for the group where most staff have attended the training, Surgical Services, are included to illustrate the potential impact the training can have when large numbers of staff attend:

Table 5: Complaints data ‘attitude’ 2012-end January 2015

‘Attitude’ Complaints	2012/13	2013/14	2014/15 (up to end Jan)
Trust	138 (10%)	154 (11%)	132 (6%)
Surgical Services	21 (6%)	25 (8%)	12 (3%)

Whilst the 2015 data covers only the period up to the end of January, the figures for ‘Trust’ and ‘Surgical Services’ clearly show a fall in complaints regarding attitude. However, in Therapy Services, where all staff have attended the training, complaints have remained stable. More detailed analysis of complaints is required over the longer term and this will be undertaken as part of the next evaluation.

In relation to website feedback/comment cards, the table below highlights that ‘attitude’ as a proportion of both positive and negative feedback rose in 2013/14 and remained constant in 2014/15. Again, a more detailed analysis of the specific nature of ‘attitude’ feedback is required and will be undertaken for the next evaluation:

Table 6: Website/comment card feedback 2012/13-end January 2015

‘Attitude’ Website/comment card feedback	2012/13*	2013/14	2014/15 (up to end Jan)
Positive	1510 (36%)	543 (41%)	442 (41%)
Negative	67 (9%)	70 (14%)	59 (14%)

*numbers were higher during 2012/13 as volunteers routinely handed out comment cards. From April 2013 this stopped due to the introduction of the Friends and Family Test

5. 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 out patient 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 was considered a more friendly approach than a notice board and is shown below:



It is a simple idea which required little resource (£80) and which could easily be shared with others.

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.

6. Summary

The programme of 'Improving Patient Experience' workshops has progressed well, although not as quickly as anticipated due to the constraints outlined above. 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 including a newsletter and customer service champions.

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