



In hospital and in the community

proud to make a difference

Patient experience and involvement

Patient Partnership Department

Annual Report 2012



Contents

	Page
1. Introduction	3
2. Key Achievements 2012	3
- National Patient Surveys	3
- Friends and Family Test	4
- Frequent Feedback Survey Programme	5
- Snap Surveys	6
- Action Planning	7
- Patient Experience Reporting	8
- Patient Reported Outcome Measures (PROMs)	10
- Volunteer Schemes	12
- Patient Experience Committee	12
- Website Feedback and Comment Cards	13
- Patient Information	14
- Zest Arts in Health	15
- Interpreter Services	17
- Commitment to Customer Care	18
- Charitable Funds	19
- Sharing Good Practice	20
- Department Restructure	20
3. Key Objectives for 2013	21
4. Summary	21

1. Introduction

Over the past year, progress has continued in taking forward work to measure, report and improve the patient experience and to actively involve patients and the public in this process. Our aim is to ensure that involving patients and families and making improvements to services becomes part of everyday practice.

This report highlights key achievements for the 12 month period 1st January 2012 to 31st December 2012, and summarises priorities for 2013.

2. Key Achievements 2012

Along with continuing to support ongoing work to involve patients and families and to improve the patient experience, a number of new initiatives have been implemented. Work over the past year is summarised on the following pages:

- National Surveys

The programme of national patient surveys has continued. The 2011/12 national inpatient, emergency department and cancer surveys were completed, and the Trust scored well in all three surveys.

High scoring questions include:

- Doctors and nurses working well together (A&E Survey)
- Clinical Nurse Specialist listens carefully (Cancer Survey)
- Confidence and trust in doctors and nurses (Inpatient Survey)

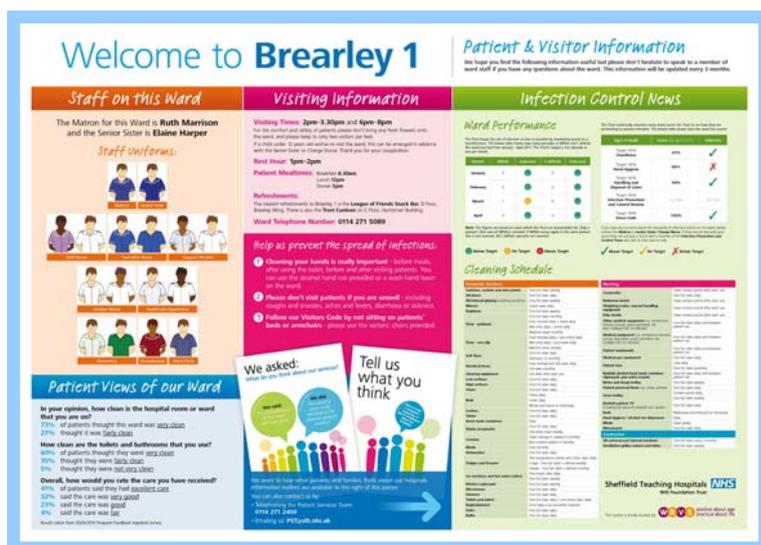
Lower scoring questions include:

- Not being given written information about the condition (A&E Survey)
- Staff asking patients what name they prefer to be called by (Cancer Survey)
- Discharge delayed by 1 hour or more (Inpatient Survey).

Results from the surveys have been shared widely and actions have been agreed to make improvements where scores were lower. Actions are incorporated within the annual Patient Experience Action Plans as part of the new Trust action planning process, outlined in more detail later in this report.

One action which was identified as a result of the national inpatient survey 2010/11 was the introduction of ward information posters. The posters (sample illustrated above) are individualised to each ward and provide key information including the names of the Matron and Ward Manager; an explanation of staff uniforms;

visiting times and ward level results from patient feedback. These posters are now in place across the Trust and are updated each quarter.



During 2012/13, the national inpatient, maternity and cancer surveys will be undertaken, along with a number of specialised cancer surveys in radiotherapy and chemotherapy.

For future service specific national surveys, whilst the Patient Partnership Department will retain responsibility for centrally co-ordinating the administration of the surveys, individual areas will now be responsible for reporting results and action plans to the Healthcare Governance Committee and other relevant groups. This will encourage local ownership of the results and applies to the national cancer, A&E and maternity surveys.

- Friends and Family Test

In May 2012, the Prime Minister announced the plan to establish the Friends and Family Test (FFT) which will be based on a simple question about how likely patients would be to recommend the ward or A&E department in which they had just been cared for to their friends or family if they needed similar care or treatment.

This is an ambitious and far-reaching national survey which will be introduced across all trusts by 1 April 2013. In the first instance inpatients and A&E patients who are discharged will have the opportunity to respond to the FFT question at the point of, or within 48 hours of discharge. From October 2013, FFT will be extended to cover maternity services, and from April 2014 it will be extended to other services.

All hospitals are expected to obtain responses from at least 15% of eligible patients.

Results will be reported nationally each month and published to enable benchmarking of both response rates and FFT scores between Trusts.

Wards will start to receive monthly FFT reports including any comments respondents have provided. Within weeks of its introduction, the FFT will result in higher volumes of feedback across all inpatient wards and the A&E Department. By the end of 2013, it is likely that FFT will have been extended to cover the majority of services delivered across the Trust.

Monitoring and tracking improvement of FFT scores will be linked directly into the Patient Experience Reporting Framework which is outlined in more detail later in this report.

Work is ongoing across the Trust to ensure arrangements are in place to commence FFT in April 2013.



picker
Institute Europe

Making patients' views count

We would like you to think about your experience in the ward where you spend the most time during this stay.



Q1. Name of ward:

Q2. Please enter your date of discharge.
dd / mm / yy

--	--	--	--	--	--

Q3. How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Extremely likely

Likely

Neither likely nor unlikely

Unlikely

Extremely unlikely

Don't know

When you have completed the card, please drop it into the box provided. Thank you.

Q4. Please can you tell us the main reason for the answer you have given?

Q5. Are you male or female?

Male Female

Q6. What age are you?

Or complete online. Use your **Smartphone** to scan the QR code or go to www.smartfeedback.org.uk/inpatients



- Frequent Feedback Survey Programme

By the end of September 2012, over 8,000 patient interviews had been undertaken across the Trust using the Frequent Feedback system, since its introduction in 2009. Two waves of the inpatient survey have been carried out with each wave capturing at least 20 patient interviews from every ward across the Trust.

To improve the relevance of the data collected and allow improvements in quality to be made in a more timely manner, a more focused approach has recently been introduced, with the aim of surveying each individual ward and providing their results within a 2-week period from the start of the survey to receiving the results.

The Trust set a target to increase the number of Frequent Feedback surveys this year by 20%. This target has already been achieved and between 1st April - 30th September 2012, 2396 surveys had been completed. This compares with 1088 for the same period in 2011.

A new format for the monthly inpatients Frequent Feedback report has been agreed. The Patient Experience Committee reviewed the previous format and felt that it was too long and contained more information than was necessary. The new format continues to include a matrix illustrating the overall performance for all questions compared to previous months, but the rest of the report focuses on the key issues only. Areas where the Trust has performed well are highlighted, along with those areas that are in need of improvement. To inform the Patient Experience Committee of individual wards achieving low scores, only scores for these wards are reported, ensuring a focus on improvement.

Questions for this year's survey have been based on issues felt to be most important to patients, concentrating on the relational aspects of care. Questions on mixed sex accommodation and the CQUIN patient experience measures are also included but have been reduced in number from last year. From October 2012, questions on staff attitude have been included, following an in-depth analysis of all patient feedback relating to staff attitude. The inclusion of specific 'attitude' questions in the Frequent Feedback survey will allow ongoing reporting of feedback at ward level.

There is now a free text facility in the survey, which allows comments from individual patients and provides more qualitative data for the wards.

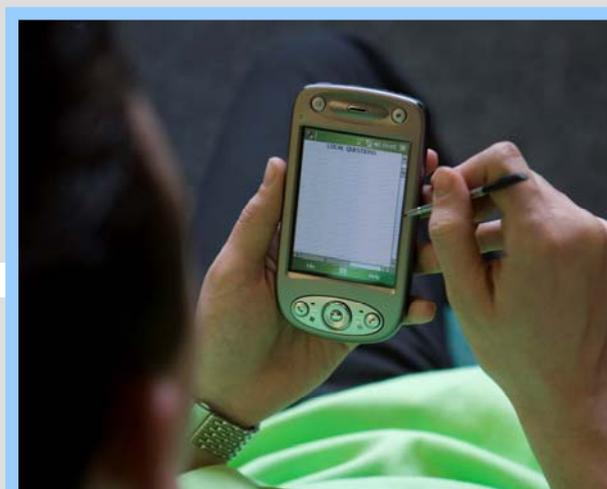
A Children and Young People Survey was carried out by the Trust between 1st May 2011 – 29th February 2012. Departments that have a higher than average number of young people attending (patients aged up to 25 years) were included in the survey. 297 outpatients contributed their feedback to the survey.

Overall, the results from the survey were positive, although there was variation in scores across the different specialties. Findings included:

- 95% of patients that responded found the main member of staff they saw for their appointment to be friendly and helpful;
- 92% said that they were definitely comfortable discussing their health problem or treatment with staff; and
- 87% received completely clear answers to questions they asked about their condition or treatment.

There was also a Frequent Feedback survey carried out in A&E. This was undertaken between 1st February and 29th February 2012 where 329 patients were interviewed. Very good results were achieved in areas such as patients feeling their condition and treatment was explained in a way they could understand and patients reporting they were always treated with dignity and respect. 96% of patients indicated that they would definitely or probably recommend the department to their family and friends.

Results from all Frequent Feedback surveys are fed back to individual wards and departments and action plans are agreed.



- Snap Surveys

In 2011, the Patient Partnership Department purchased a licence to use ‘Snap’ survey software. This enables questionnaires to be easily designed and results to be analysed and reported. Questionnaires can be printed and undertaken as paper-based surveys, or can be completed online. Over the past 12 months, the Patient Partnership Department has supported departments to undertake the following surveys:

- Pharmacy Outpatients Survey
- Plastic Surgery Outpatients
- Service Improvement in Renal Outpatients Survey
- Foot and Ankle Patient Survey
- Vascular Outpatients Survey
- Pulmonary Vascular Disease Unit Patient Survey
- Catering Survey
- A and E Staff Survey
- Psychological Services Learning Disability Staff Survey

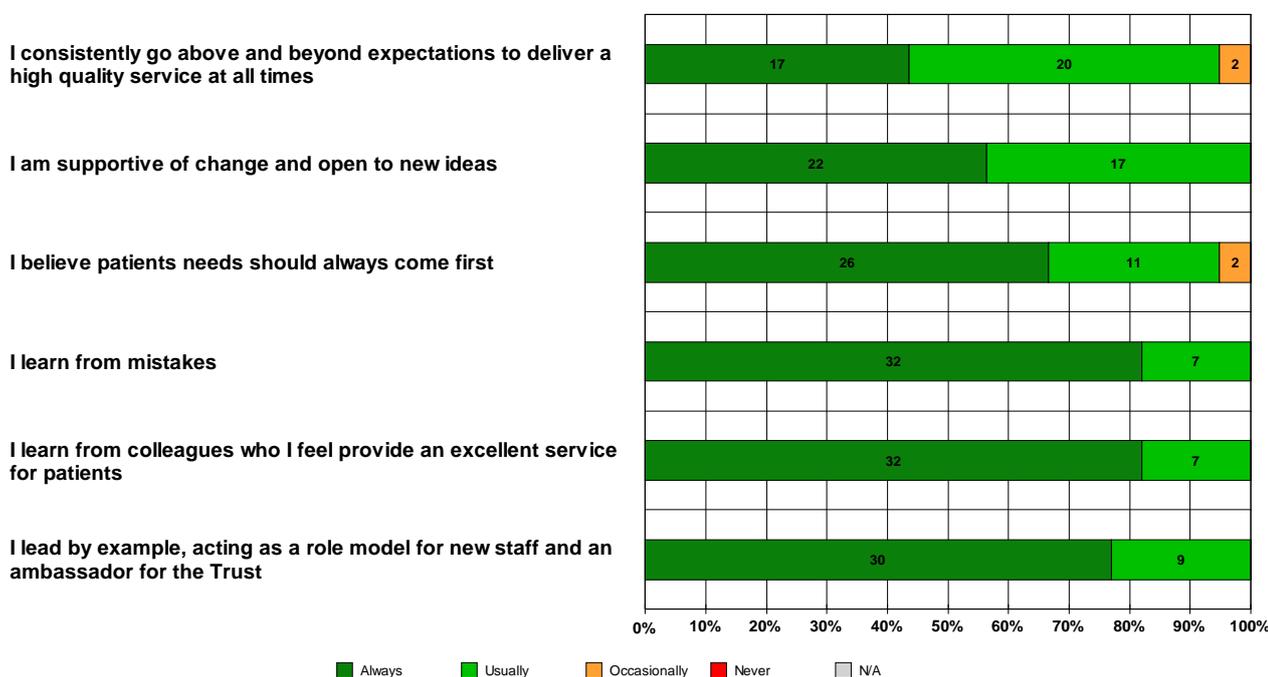


Results and action planning from Snap surveys are summarised in the quarterly Patient Experience Reports. A sample of results, for the A&E Staff Survey, are presented below.

Following Snap Surveys, results are fed back to the individual department for action planning.

A&E Staff Survey

In relation to your personal values, how far do you agree with the statements below?



- Action Planning for Improvement

The patient experience action planning process that was piloted in 2011 was reviewed and further developed in 2012.

Guidelines, along with templates for wards and departments to complete, were revised and further training on producing action plans was delivered jointly by the Patient Partnership Department and the Professional and Practice Development Team to all nursing staff teams in the spring of 2012.

Teams were provided with a comprehensive summary of all patient experience feedback available for their areas which included any individual comments made by patients. Action plans were then developed to address the key issues and priorities identified by patients and their families. As a result 103 ward and department level patient experience action plans were produced for the period 2011/12 out of a possible 144. These plans highlight the key patient experience issues in each area and define the improvement priorities agreed at clinical team level.

The annual action planning process has also now been linked directly into the Trust's annual business planning cycle. For 2013/14, directorate and group Annual Patient Experience Plans will be a key feature, alongside finance and activity

plans, in Care Group Annual Business Plans. These plans will enable patient experience achievements, priorities and challenges at ward and department level to be systematically highlighted and considered by senior teams across the Trust.

Group, Directorate, Ward and Department Patient Experience Reports will enable staff at local level to monitor the impact of their action plans and continue to identify new areas for improvement.

Patient Experience Reporting and Action Planning work will be further enhanced in 2013 with:

- the production of a newsletter or bulletin to share learning on actions which have worked well and spread good practice in improving patient experience across the Trust.
- the introduction of a programme of patient experience information reviews between the Patient Partnership team and colleagues from each Care Group. These reviews will assess the content, quality and robustness of information, reporting and action planning with each area.
- The introduction of the Friends and Family Test (FFT) from April 2013 will have a significant impact on patient experience reporting and improvement targets.

Key patient experience improvement priorities identified at ward level through the annual action planning process include:

- Devise a Brearley 6 noise reduction strategy The noise reduction strategy will be clearly displayed on the ward and staff will be made aware of it.
- Education sessions for all members of Multi-disciplinary Team on the Cardiac Catheter Suite so conversations take place in appropriate setting. Create a quiet room and explore funding for chairs and screens.
- Implementation of a new handover sheet on Chesterman 1 following comments from patients regarding lack of involvement in discharge planning.
- Identify equipment needed to assist in pressure sore reduction on Huntsman 3 following eCAT and Matron Spot Check results showing a greater number of pressure sores grade 2 or above.
- In the short term, to offer affected patients on Renal G additional blankets, and in the longer term to discuss with Estates the issue of temperature control following several informal complaints from patients regarding being cold whilst on dialysis.

- Patient Experience Reporting

Quarterly Trust wide Patient Experience Reports are now being routinely reviewed by the Trust Board of Directors at their monthly public meetings.

The reports continue to bring together a range of patient experience information from across the Trust. This ensures that key patient experience monitoring information is routinely considered at the most senior level.

These Trust reports were reviewed by the Patient Experience Committee in April 2012 and a number of key changes were made:

1. The Trust level reports were streamlined to reduce the size of the reports and ensure that the detail reported was prioritised to include the most significant and representative data. As a result the Patient Partnership Department is now able to produce reports more quickly and efficiently and the report production has been sustainably supported in conjunction with other key priorities.
2. Reports are designed to be easy to digest and quick to read to encourage a wide audience of staff at all levels from across the Trust. The ethos of producing highly visual reports with key headlines and graphical presentation of data where possible has been maintained. The report style has however been simplified in

response to the feedback that the majority of readers review the document on paper rather than on screen as originally intended.

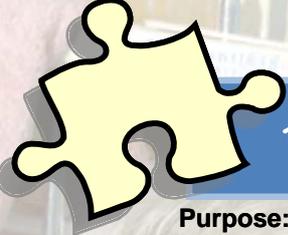
3. As part of the review, a concerted effort was made to ensure targeted and timely patient experience information and analysis is fed back to staff. Group, Directorate and Ward level reports were developed in April 2012 to underpin the process by which specific patient experience information is monitored, tailored and fed back across the Trust. These reports have improved the availability of patient experience information for clinical teams and staff who are best placed to understand the feedback and implement changes where necessary.

Care Group reports are all now available on the Trust wide intranet so that managers and teams can share and encourage colleagues to review the detailed feedback available from the patients they have been caring for.

The reporting framework outlined on the next page details the information that is now routinely reported at different levels throughout the organisation.



Patient Experience Reporting Framework

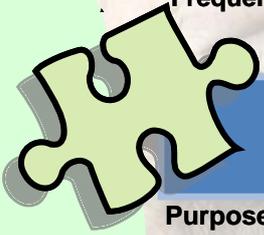


1. Trust Patient Experience Report

Purpose: to present a rounded picture of patient experience and information on all aspects of the experience, good and bad. Presents a wide range of information from different sources such as: National Surveys; Frequent Feedback; Website Feedback; Comments Cards, etc.

Target Audience: Trust Executive Group; Patient Experience Committee; Healthcare Governance Committee; Governors; Public; Board of Directors

Frequency: Quarterly

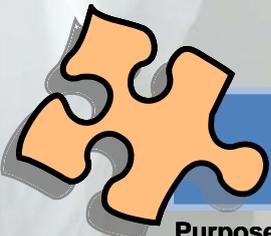


2. Complaints and Feedback Report

Purpose: to provide an overview complaints and feedback activity on a monthly basis. To highlight peaks or trends relating to the numbers of complaints and themes that need further investigation.

Target Audience: Patient Experience Committee; Healthcare Governance Committee; Trust Executive Group; Board of Directors

Frequency: Monthly



3. Group and Directorate Patient Experience Reports

Purpose: to present a summary of care group and directorate complaint activity and general feedback such as website and comment card feedback, and actions completed following complaints that were upheld, to highlight areas of improvement required and achieved.

Target Audience: Care Group and Directorate Management Teams; Central departments working on the improvement agenda (such as Service Improvement, Healthcare Governance, and Patient Partnership).

Frequency: Quarterly



4. Ward and Department Patient Experience Annual Summary

Purpose: to present a detailed picture of patient experience at department and ward level. Presents a wide range of information from different sources such as: Complaints, Compliments, Website Feedback, Comment Cards, Frequent Feedback, Clinical Assurance Toolkit, etc. To provide staff at department and ward level with the patient feedback information that is relevant to them to support the action planning process.

Target Audience: All members of multidisciplinary teams working in specific wards or departments; Patient Experience and Governance Leads for these areas; Senior staff with responsibility for these areas.

Frequency: Annually

- Patient Reported Outcome Measures

Through the national PROMs (Patient Reported Outcome Measures) programme the NHS continues to routinely ask patients their views of the outcomes of four surgical procedures; groin hernia repair, varicose vein surgery, hip replacements and knee replacements. PROMs is the only programme that seeks to measure health outcomes from the perspective of the patient.

PROMs data is a rich source of information, however analysis is complex, particularly when trying to understand what a change in a patient's PROM score means clinically. The performance of trusts is measured through 'health gain', which provides a measure of how much patients feel their health status has changed following the procedure.

The most recent STH PROMs data is as follows:

Participation rates

Participation rates are important, as a higher sample size means more robust data. For the year 2011-12 STH participation rates were good

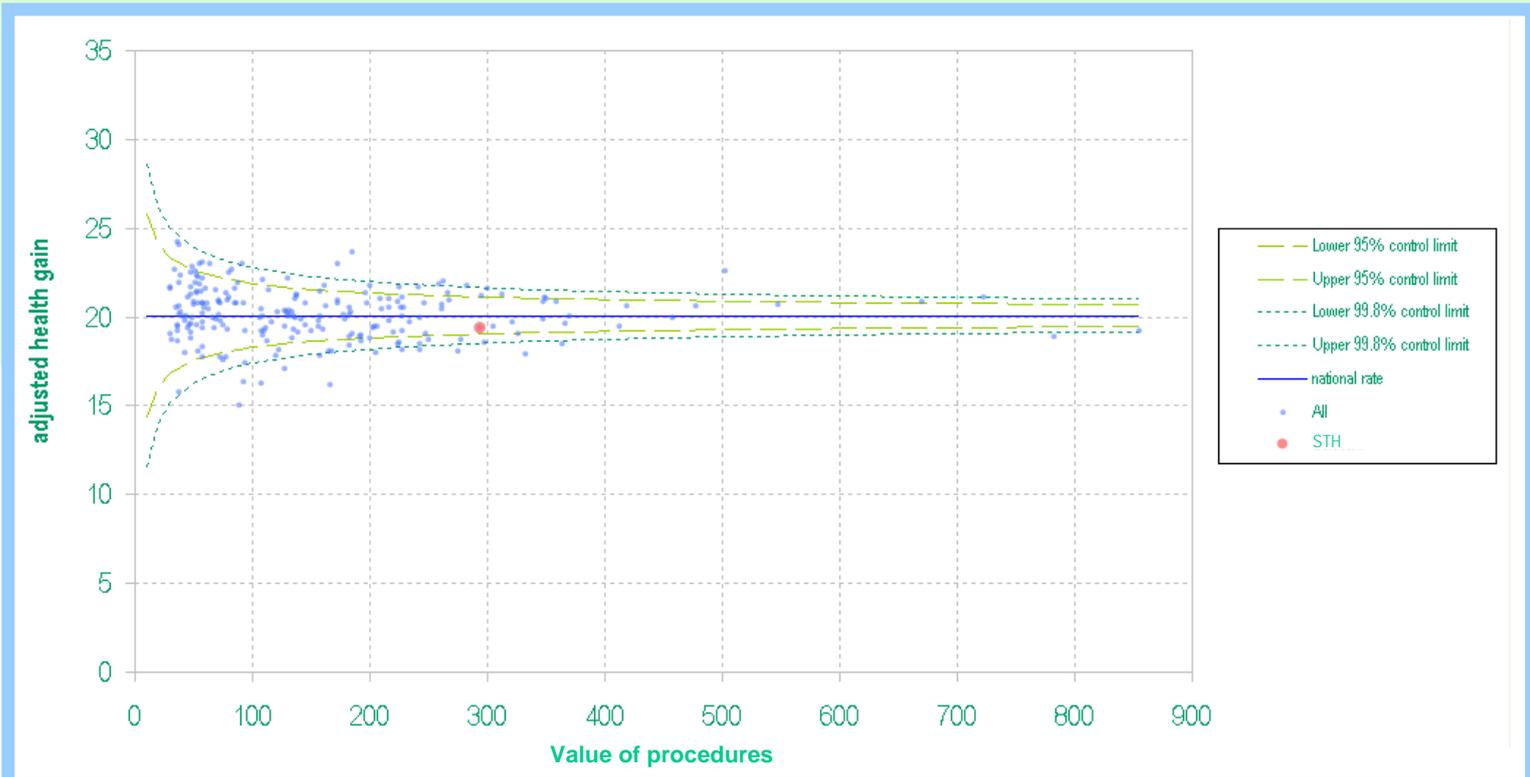
at 86.9% compared with the England average of 74.8%. However, the latest available PROMs data for the quarter April-June 2012 shows our participation rates to have fallen to 74.8% compared with the England average of 75.7%. Participation rates for hip replacement in particular remain low at 65.3 % compared with the England average of 81.6 % and work has now started to increase participation rates in hip replacement patients.

Outcomes (health gain) data

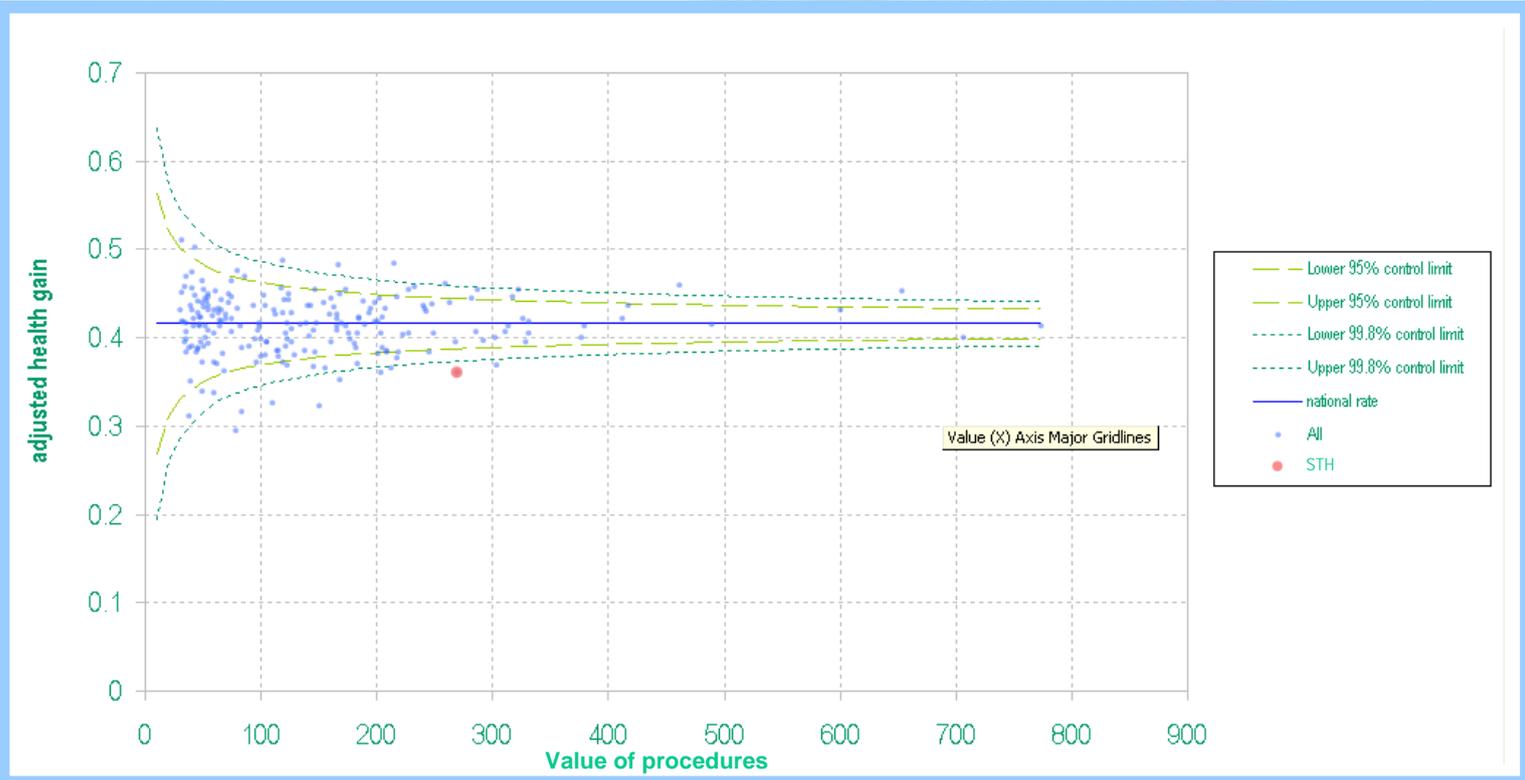
STH scores for groin hernia and knee replacements for the year 2011-12 have remained above England average. Varicose vein scores have fallen to below the England average, but remain within acceptable limits. However hip replacement scores remain low, with the Oxford Hip Score measure falling just above the lower 95% control limit and the EQ-5D falling well below the lower 99.8% control limit, placing this score in the 'alarm' position. This is shown on the funnel plots below:

PROMs Funnel Plot Data April 2011-March 2012: Hip Replacements

Oxford Hip Score



EQ-5D Index



A detailed analysis of PROMs data for hip replacements was carried out in the summer of 2012. This highlighted 'pain' and 'mobility' as domains where Trust scores were lower.

The possibility of reported health gain scores for STH being lower for hip replacement due to the higher proportion of hip replacement procedures that are revisions (second or subsequent hip replacement) rather than primary procedures was considered. STH scores were compared against scores for 10 other hospitals with similar activity and a similar proportion of revision procedures. This confirmed that the average health gain for patients undergoing revision procedures was lower for STH, even when compared with Trusts with similar activity. However it did not explain the reasons why STH has scored lower.

The analysis of PROMs data for hips is to be repeated again in early 2013 and discussions held within the orthopaedic directorate to agree actions to address this issue. In addition, from August 2011 the PROMs patient consent forms were amended to support the analysis of PROMs data at patient level. This data has been available since August 2012 and will allow much more detailed analysis and the ability to assess the effectiveness of procedures for both groups of patients and individuals. It is hoped that this will further help us to understand any pathway or treatment variations and explain the impact that this may have on reported health gain. Analysis

of this data will be undertaken during 2013.

Cardiac PROM National Pilot

A national pilot project commenced in November 2011 to evaluate PROMs for two procedures: coronary artery bypass graft (CABG) and percutaneous coronary intervention (PCI). The Trust is one of 11 national pilot sites and, whilst there is no defined end point for the pilot, it is envisaged that following evaluation, these two new PROMs will be rolled out nationally.

To date, only participation rate data is available. For STH participation rates are: CABG 60.9% (pilot average 67.9%); PCI 69.9% (pilot average 55.9%).

Outcomes data for these two new PROMs will be reported as soon as they become available.

For the future, the DH are exploring using the PROM methodology for assessing outcomes in a number of long term conditions and plan to roll out PROMs to other procedures over the coming years.

Responsibility for managing the PROMs process within the Trust will be handed over to the Clinical Effectiveness and Audit Department during 2013. This department has particular expertise in data and statistical analysis, which will be important when reviewing patient level data in the future.

- Volunteer Schemes

The Voluntary Services Team has completed 2 recruitment rounds during 2012 (March and September). Over 200 volunteers have been recruited in 2012, and a number of new roles have been created in Community Services.

The Volunteer Nutrition Assistant Programme continues to grow. There are now 20 volunteers based at RHH and 41 at NGH. A further 21 volunteers have been recruited as a result of the September 2012 recruitment round and these will help us to roll out the programme onto other wards at NGH in 2013.

The Voluntary Services Team has developed stronger links with Community Services and has helped to create new volunteer roles in areas such as Speech and Language Therapy, Community Midwifery and Adult Hearing Services. These opportunities were advertised during the September 2012 round of volunteer recruitment.

A number of schemes are planned for 2013 including the roll out of the Nutrition Assistant Programme to Robert Hadfield Wards 3 and 4 and Brearley 5, and training volunteers to promote Stop Smoking information across the hospital, this will be piloted in the Chesterman Wing.



- Patient Experience Committee

The Patient Experience Committee has continued to receive and comment on reports including complaints, Frequent Feedback and Patient Experience Reports.

The committee has also received and commented on ad hoc reports including an analysis of complaints regarding staff attitude and communications. In addition, they have initiated specific reports, including detailed analyses of complaints themes and trends.

A review session was held in May 2012, to take stock of progress and plan for the future. Terms of Reference and membership of the committee were reviewed and there is now a staggered 3 yearly rotation of governor members on the committee. In addition, it was identified that representation from Specialised Cancer, Medicine and Rehabilitation and from Community Services Care Groups was required on the committee.

The committee has received updates on key projects which impact on patient experience, including volunteer services and the outpatient improvement project.

- Website and Comment Card Feedback

Promoting easy, accessible ways for patients and families to comment on services is an important part of the programme of work seeking to encourage feedback.

The Trust set a target to increase the number of returned comments cards by 50% this year. In 2011/12 574 comments cards were received, the target for this year being 861. Up to the end of December 2012, 2050 comments cards have been received. Initiatives which have helped achieve this excellent performance against the target include the following:

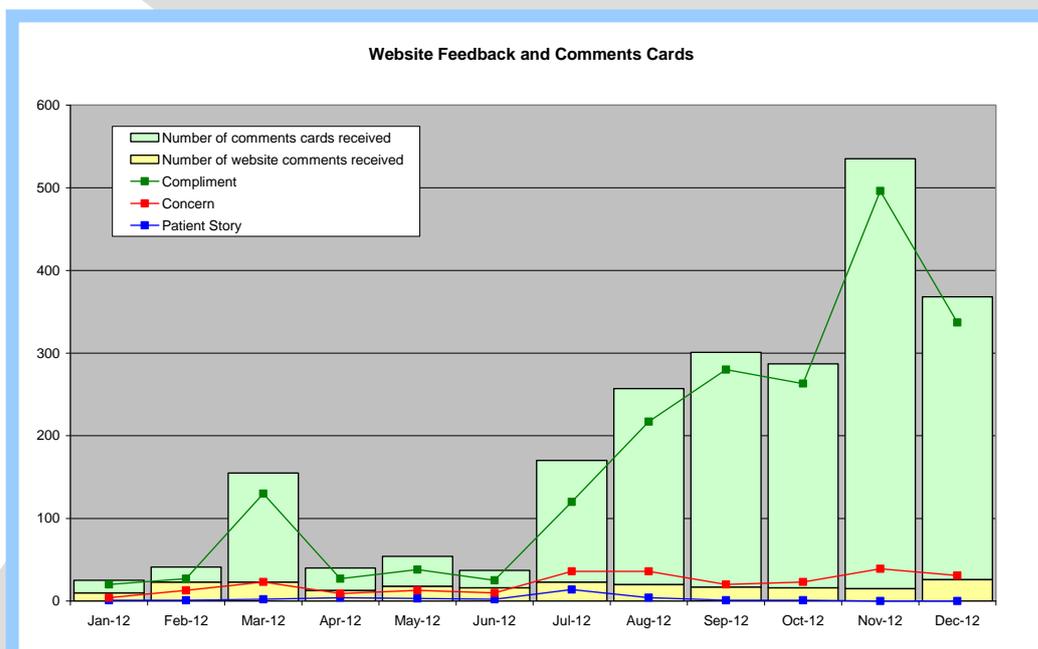
- Since 1st July, all volunteers conducting patient interviews for the Frequent Feedback programme are offering comments cards to patients. A significant proportion of completed comments cards have been received using this initiative, without which it is likely that the number of comments cards received in comparison with the same time period last year would have dropped.
- In addition, Trust governors and the voluntary services team now routinely promote comments cards at external events and Foundation Trust recruitment events. In recent months these have included recruitment events on A Floor RHH, the Sheffield Wellbeing Festival, Sheffield Disability Awareness Event, African Caribbean Event and Sheffield Pride.

Websites remain an important method of feedback, with 96 comments regarding the Trust being posted over the last 12 months on the 2 main patient feedback websites, NHS Choices and Patient Opinion. In addition to this, a new feature has been made available where comments can be submitted directly via the Trust website. During 2012, 141 comments have been received using this method. In total, 220 comments have been received via the various website options. All comments are passed to relevant staff across the Trust for action and a monthly report is provided summarising key themes.

The tables below give a breakdown of themes raised through website feedback and comment cards between January and December 2012.

Regular analysis of Comments Cards and Website Feedback shows both 'attitude' and 'communications' to consistently be in the top 5 negative and top 5 positive themes, highlighting that these two themes are issues of great importance to the overall experience of care. In addition, the Trust's Annual Complaints Report for 2011-12 highlighted the themes of 'attitude' and 'communication' as issues that lead to a high number of complaints.

A number of current work streams aiming to make improvements in relation to attitude and communication are in place. These include the introduction of the PROUD values and behaviours to recruitment and appraisal processes, the staff well being work stream, and targeted customer care training for some staff groups.



Themes raised through Website and Comment Card Feedback:

Top 5 Positive Themes			Top 5 Negative Themes		
1	Staff Attitude	36%	1	Waiting Times	14%
2	Nursing Care - General Nursing Care	19%	2	Staff Attitude	13%
3	Communication	11%	3	Communication	10%
4	Medical Care - Competence of staff	10%	4	Nutrition - Quality of Food	7%
5	Environment - Cleanliness	9%	5	Environment - Facilities	6%
Most Frequently Raised Themes (positive and negative feedback combined)					
1	Staff Attitude				31%
2	Nursing Care - General Nursing Care				16%
3	Communication				11%
4	Medical Care - Competence of staff				9%
5	Environment - Cleanliness				8%

- Patient Information

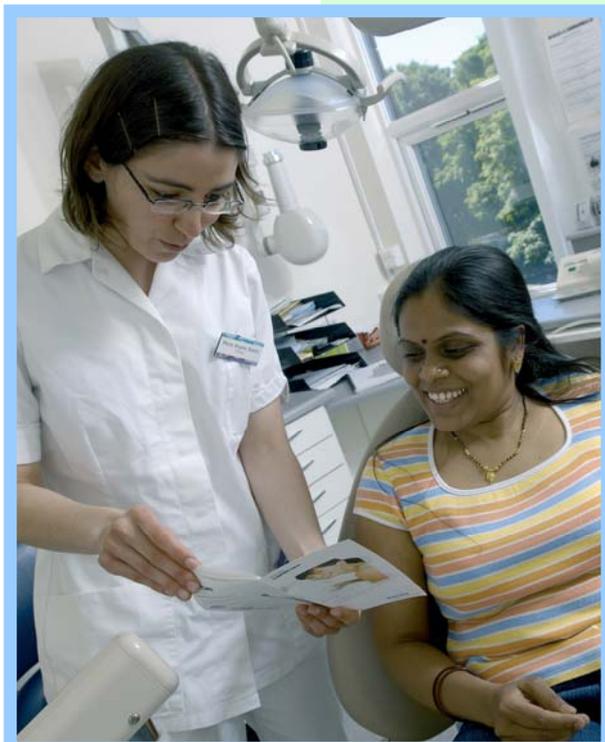
In addition to ongoing work to ensure the provision of high quality patient information, a number of exciting developments have also commenced:

- Sheffield Hospitals Charity have supported the implementation of a new patient information system. The Interlagos system will improve the production, quality and access to patient information resources. It will allow staff to easily update the content of their patient information leaflets via a secure internet site to predefined templates set up by the Trust, ensuring accurate, up to date and consistent information.

The system is due to be implemented in March 2013, training will be provided by Interlagos and this will then be cascaded to relevant staff.

The Patient Information Team are currently in the process of reviewing and updating community leaflets which will be the first to transfer onto the new system.

- A 'test internet site' is in the process of being checked. This will enable the public to access patient information leaflets via the Trust website.



- Zest Arts in Health

Environment Projects

A Floor Outpatients Entrance, RHH

The 'Enhancing the Healing Environment' (EHE) scheme supported by the King's Fund and the Department of Health was completed in December 2011. The project focussed on making physical improvements to environments used by people living with dementia. A Floor outpatients entrance and ambulance waiting area at the Royal Hallamshire Hospital was selected for this project.

The outcome of the project was a transformation from a dull, aged and cluttered area into a light, spacious and welcoming environment. An area which clearly guides visitors and patients through to their clinic or the main hospital, provides a comfortable, stimulating waiting area and ultimately a positive first impression of the Trust.

Huntsman Main Entrance, NGH

Following the success of the A floor project Zest were asked to support improvements to the Huntsman main entrance at the Northern General, albeit on a more modest budget. Huntsman suffered from similar problems as A floor with aged decoration, clutter and bad lighting making it look quite untidy and uncared for. Using a similar approach with service user involvement a much more vibrant, comfortable and welcoming environment has been created.

Critical Care

This was a very large Estates Capital project which merged General and Neuro critical care onto K floor at the Royal Hallamshire hospital. Zest worked with staff, user groups, Estates and architects to create a vibrant art scheme to compliment the interior design whilst working in harmony with the very busy and technical environment of critical care. Using bright images of natural scenes has helped to soften what could otherwise be a rather stark and clinical environment.

Stereotactic

The stereotactic department at the Hallamshire hospital contacted Zest to help put some finishing touches on their recent refurbishment. As they had no windows, views or natural light we worked together to create an art scheme which provides patients and visitors with something visual to hold their interest whilst waiting for their appointment.

Breareley 7

Breareley 7 was due to have a small refurbishment as part of the Trust's essential maintenance scheme, this included a small amount of paintwork, repairs to flooring and safety elements of the ward. As Breareley 7 is a ward which specialises in caring for people who have dementia there were numerous additional improvements needed for it to provide the best possible environment in which to care for patients who have dementia. Zest worked with the Matron and Ward manager to develop a funding application to support a 'wish list' of additional improvements. The success of the grant allowed us to be fully involved in the interior design and decoration of the ward to ensure it went beyond general maintenance to a full ward redesign based around the needs of people living with dementia.

Patient Information Poster

Zest continue to manage the patient and visitor information posters which are on display on every ward across the Trust. As part of the Trust's work to ensure the provision of relevant and professionally presented information, Zest worked with patients and staff to design a poster which provides a welcome, along with key information individualised to each ward. These posters are updated every 4 months to ensure patients and visitors have access to up to date meaningful information.

A Floor Outpatients, RHH



Huntsman Entrance, NGH



Ward Projects

Ward based activities are an invaluable way to give patients time away from their bed area to socialise with fellow patients, volunteers, artists and musicians. It's time for patients to talk about subjects unrelated to hospitals or their illness, whilst reducing isolation and providing a positive distraction to what can often be a tedious, anxious and frightening experience.

Zest have developed a busy music schedule with musicians visiting a ward every week. Regular performances now take place on Osborn 2, 3 & 4, Hadfield 5 & 6, Huntsman 6 & 7, Brearley 7 and Vickers 4. The sessions vary from interactive sessions in day rooms, to performances in the dining room and 'walk around' music for patients who can't move out of the bed area. Music sessions are certainly our most popular ward activity, the music

creates a wonderful environment for patients, staff and relatives, often with patients singing along, dancing and sometimes even playing the instruments themselves.

When performing for patients who are struggling with their memory it's astonishing to hear them singing along to entire songs, the confidence and joy this brings to them is incredible.

A weekly art workshop and readers project take place on Osborn 4 where volunteers work with the speech and language therapy assistant and a group of patients to create an enjoyable, interactive sessions that, not only provide a positive distraction and something to look forward to, but are integrated into patients therapy.

Zest
arts in health

- Interpreter Services

Interpreting services continue to be easily accessed by all areas of the Trust. Over the past 12 months the level of interpreter activity has increased significantly from the previous year. Between April 2011 and September 2011, 2938 interpreter bookings had been fulfilled; this includes face to face (F2F), telephone (TIS), and British Sign Language (BSL). Over the same period in 2012, 4057 bookings were met, an increase of 38%. Consequently, this increase in activity has had an impact on expenditure with predicted end of year expenditure being £208k at the current level of activity, meaning a potential overspend of £25.5k against the allocated budget.

Upon analysis, this increase in activity is largely due to requests for Slovak interpreters, mainly in Obstetrics and Gynecology.

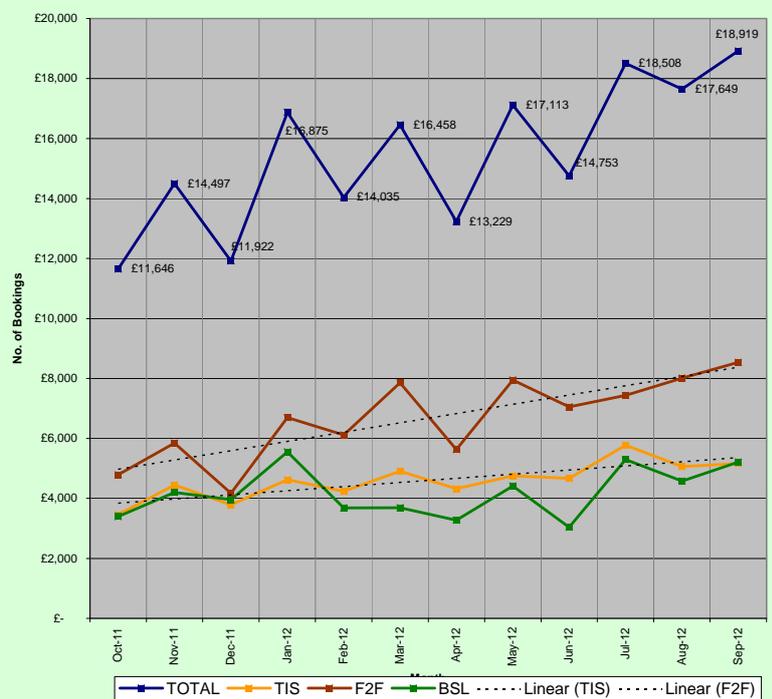
Telephone interpreting usage remains high with 4304 telephone interpreting sessions being carried out from April 2011 – March 2012, meaning that around 72% of the Trust's interpreting sessions are carried out by telephone, which provides an accessible and cost effective means of providing interpreting services.

Community Services are in the process of transferring to the Language Line contract for providing interpreters. Currently, a number of interpreter providers are used within the community, mainly using face to face interpreters. The Patient Partnership

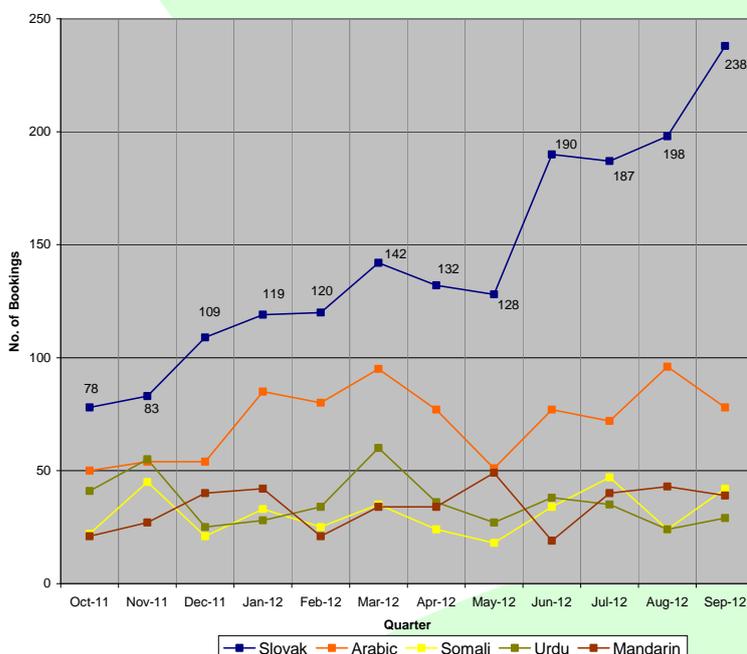
Department is working with Community Services to transfer the service and it has been agreed to focus initially on the PhysioWorks service as this has the highest user of interpreters. A training and awareness raising session has been planned for early 2013 where the Language Line service will be presented to community staff and the use of telephone interpreting will be promoted.

Introducing telephone interpreting in the community should lead to improved access to interpreters and financial savings.

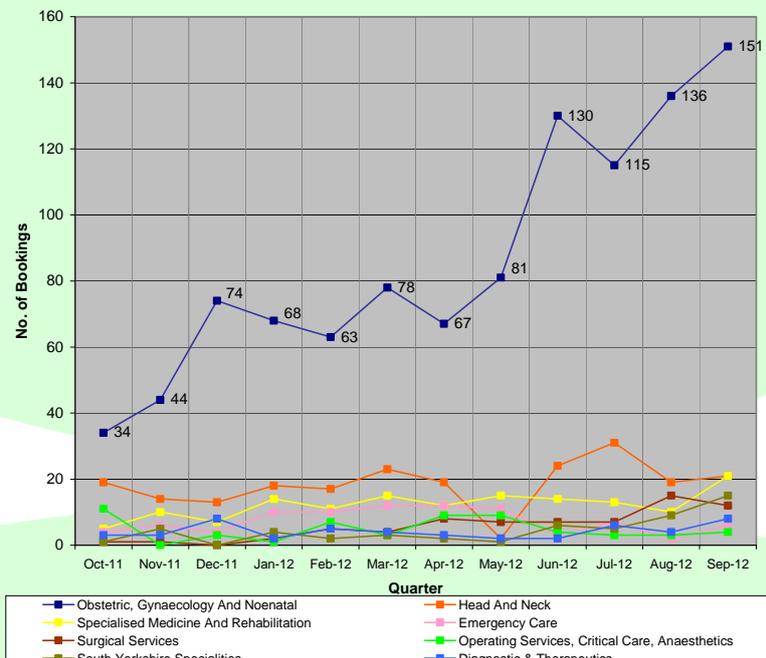
Interpreter expenditure breakdown by month



Interpreter Language activity of the top 5 requested languages



Care group activity of Slovak interpreter bookings



- Commitment to Customer Care

Following the success of the customer care guidelines for Reception staff, a programme of customer care workshops is now being rolled out. Staff groups participating in the workshops over the next 6 months are:

- 60 Orthopaedic administration staff
- 120 Hotel Services staff including porters and car park attendants
- 90 Therapy Services staff

This training has been funded through regional patient dignity money for which the Trust made a successful application.

The training is highly participative and is specifically tailored to each individual group of staff. It consists of a one hour welcome/briefing event, at which participants identify the barriers to providing good customer care in their own work environment. This is then followed by two half-day workshops; workshop 1 focuses on action planning to remove barriers to good customer care and workshop 2 focuses on customer care skills.

In order to evaluate the impact of the training, staff and patient surveys were carried out before the training, along with a mystery shopping exercise, including mystery telephone calls to the orthopaedic enquiry line. These will be repeated 3 months after the training is complete.

Here are some headline results from the customer care surveys:

Staff (27 responses):

- Cancelling clinics/appointments at short notice is a barrier to good customer service and something which staff do not like to do
- 33% strongly agreed that patients would feel that staff were helpful and friendly
- 55% felt they always go above and beyond to help patients

Patients (209 responses):

- Staff attitude is a top positive and top negative theme
- Waiting times and letters received at short notice are key problems identified by the patient survey

Mystery shopping (19 mystery shops):

- Only 4 out of 12 callers to the enquiry line were able to get through. Of those, 1 caller was able to leave a voicemail but didn't receive a call back and 2 callers advised that the phone was not answered.

Sheffield Teaching Hospitals 
NHS Foundation Trust



Commitment to Customer Care
Providing a high quality patient experience

The 'Commitment to Customer Care' guide consists of the following 10 standards:

- Be Welcoming
- Be Respectful
- Be Helpful
- Be Informative
- Be Understanding
- Be Professional
- Be Proud Of Our Environment
- Work With Others
- Keep Improving
- Be Committed

- Charitable Funds

2012 has seen an increase in the number of enquiries received with regards to accessing charitable funds. This is partly due to a revised process which clearly outlines the necessary steps required and at which stage applicants need to involve other Trust groups such as the Medical Equipment Management Group.

Support is provided to all applicants to ensure that charitable funds are being used to support projects that are considered to give the greatest benefit to patients and that anything purchased is considered a good use of the funds.

Examples of projects funded through charitable funds in 2012 include:

Brearley 7 Refurbishment

The Estates Department run an essential maintenance programme for wards that are not scheduled for a full refurbishment, but includes improvements such as plastering, joinery items, refurbishment of doors, decorating, and cleaning/repairing lighting. Although this work improves the appearance and safety of the ward, the changes do not allow any improvement to the layout, function or overall environment.

WRVS supported the enhancement of the essential maintenance programme for Brearley 7, the Trust's ward that specialises in caring for people who have dementia, to go beyond improving the safety and appearance of the ward and create a scheme that is fully patient focussed and 'dementia friendly'.

Enhancements to Mammography Detectors, Medical Imaging and Medical Physics

Charitable funds were awarded to upgrade the detector plates on the 2 mammography machines which are used for patients with symptomatic breast disease and those who have abnormal or equivocal findings on screening mammography. The upgrade of this equipment was not an essential requirement but by using charitable funding it meant that women now wait less time for an imaging appointment, and can be dealt with more quickly when they do attend as well as experiencing less discomfort.

Northern General Hospital Courtesy Bus

In September 2012, the new internal Courtesy Bus Service that runs around the Northern General Hospital site was launched. The Charitable Funds Management Committee approved its purchase and the League of Friends kindly supported this request to provide a brand new electric mini bus that ensures a reliable and friendly transportation service is provided to patients and visitors to the NGH site daily. This service provides an improved experience for visitors to the site and is extremely valuable to the elderly, infirm and the generally less mobile. It also acts as a valuable link between public transport routes and the main access points around the NGH site

The new vehicle demonstrates the Trust's commitment to the global sustainability agenda as it is an electric mini bus that produces zero levels of CO2 emissions, all of which is positive for the environment and the level of air pollution in Sheffield.



- Sharing Good Practice

Good practice has continued to be shared both locally and nationally. Events attended include presenting at two regional good practice events, both hosted by the Yorkshire and Humber Quality Observatory, one of which included an audience from North West and North East England, as well as Yorkshire and Humber.

- Department Restructure

During 2013, a new structure for the Patient Partnership Department will be implemented. The need to restructure has been identified following a number of changes, including:

- The transfer of complaints and complaints staff from a number of Clinical Groups to the central Patient Partnership Department and the potential transfer of additional Groups in 2013.
- The requirement to undertake a growing number of national surveys, including the new Friends and Family Test, which means that resources need to be realigned to support this additional work.
- The requirement for additional reporting and more detailed, high quality reports, at both local and national level.

The restructure will aim to ensure that the department is fit for purpose and able to support and deliver key patient experience priorities. This new structure will be in place by May 2013.



3. Key Objectives for 2013

Whilst continuing our ongoing programme of work, the following are some of the key development schemes Planned:

- Implement the Friends and Family Test across the Trust by 1st April 2013.
- Complete the department restructure, by May 2013.
- Undertake the national inpatient, maternity and cancer surveys and agree actions from the results
- Continue to increase the number of Frequent Feedback surveys undertaken.
- Continue to develop and improve the Patient Experience reporting framework to ensure it meets the needs of colleagues and fully reflects the quantitative and qualitative feedback the Trust receives.
- Produce a newsletter or bulletin to share learning on areas that have made successful changes following the action planning process and to spread good practice across the Trust.
- Introduce a programme of patient experience reviews between members of staff from the Patient Partnership team and colleagues from each Care Group to review the content, quality and robustness of information, reporting and action planning within each area.
- Roll out the Volunteer Nutrition Assistant Programme to Robert Hadfield Wards 3 and 4 and Brearley 5.
- Train volunteers to promote Stop Smoking information across the hospital. This will be piloted in the Chesterman Wing.
- Complete the transfer of Community Services to the Language Line contract and to telephone interpreting.
- Implement the new Interlagos patient information system and provide training to staff.

4. Summary

There has been good progress in taking forward both existing and new work to ensure that the Trust involves patients and families and continually measures, reports and improves the patient experience. An ambitious programme of work for 2013 will ensure that we continue to listen to and act on the views of patients and that the patient experience continues to improve.