

Commissioning Patient Experience - Annual Report of Activity 2009/2010

Board Meeting

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8 June 2010

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| Purpose of Paper | |
| <p>The purpose of this report is to highlight the continued progress NHS Sheffield has made to drive up standards of reporting patient experience feedback across the Sheffield health community. It identifies the steps we are taking to directly link feedback from patients and triangulate this with key performance measures in place for each provider. The report describes engagement activity, where the information has been used, and the changes made to services or commissioning decisions as a result. It also clarifies how this work fits with our targets, priorities and statutory duties. As this is a fourth quarter report it brings together the activity throughout the year. It describes changes to national reporting directives and the changes we will make to papers to accommodate them.</p> <p>The report is attached for Board members in the supporting information pack.</p> | |
| Key Messages | |
| <ul style="list-style-type: none"> • NHS Sheffield is committed to improving quality of care and listening to what patients, carers and the public tell us about their experience of health services in Sheffield. • There are many methods of gaining patient feedback and different tools are needed to analyse and present this information. Sheffield is equipped with these methods and tools. • Teams within NHS Sheffield have developed systematic approaches to gaining feedback, collation and analysis to allow assessment of trends across Sheffield and assure us of the quality of services we commission. | |
| Strategic/Performance implications including links to Achieving Balanced Health | |
| <ul style="list-style-type: none"> • Achieving Balanced Health's (ABH) overall aim is to "improve the health of all of the people of Sheffield". In order to do this we are continually developing our ongoing dialogue with the people of Sheffield. • One of our three goals is to develop services based on the needs of individuals. • In ABH we stated that we wished to increase the level of patient satisfaction. • World Class Commissioning (WCC) expects us to have a systematic approach of involving patients to identify priorities and that we should lead our health communities in best practice. • It is an NHS Sheffield value that we will ensure active engagement with public, patients, staff and clinicians. • Strategically we are committed to utilising information to enable all of the above. | |

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| Resource Implications (including Revenue, Capital, Staffing etc.) |
| Methods and mechanisms are currently in place within each trust to provide information. NHS Sheffield is working with trusts to identify any issues that might prevent the systematic engagement with service development and satisfaction and the reporting necessary. Increased activity causes a strain on the systematic collation of information. Work is ongoing to ensure data systems are fit for purpose. |
| Links to Targets eg Business Plan, UoR, WCC, CQC Outcome, IG Toolkit, and BAF |
| <ul style="list-style-type: none"> • Information on patient experience helps us to plan future developments, which is part of our duty under Section 242 of the Health Act 2006 and recommended in the Strengthening Accountability Guidance. (BAF 3.1) • The above Act includes a Duty to Report (Section 24A) on consultations with regard to commissioning decisions and relevant decisions for ourselves and our health community. (BAF 4) • World Class Commissioning criteria requests that PCTs input patient feedback at each stage of our planning/commissioning cycle. (BAF 2.3) • NHS Sheffield's Business Plan is divided into four categories – one of these is Patient and Public Engagement. (BP Ref 56-62) • The NHS Performance Framework requires assurance that PCTs have systems in place to monitor user experience, mainly via surveys in provider trusts. (BAF 2.1) • The Patient Focus Domain of Standards for Better Health also requires provider trusts to obtain and act upon patient feedback as does the Use of Resources Audit. • Following the Mid-Staffordshire NHS Trust review there is a national drive to ensure patient feedback is integrated into performance measurement of providers. (BAF 2.1) |
| Associated Risks to the PCT |
| NHS Sheffield will fail to meet the criteria against which it is monitored and its statutory duties under Health Act 2006, Section 242 and Section 24A. |
| Consultation Requirements |
| Consultation is not required on current activity but we would inform staff and the public of any additional activity. |
| Equality/Diversity Impact |
| An assessment would be undertaken prior to any additional activity. |
| Recommendations |
| The Board is asked to endorse this paper. |

COMMISSIONING PATIENT EXPERIENCE - Annual Report of Activity 2009/2010

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1. INTRODUCTION

NHS Sheffield is committed to listening to and creating an ongoing dialogue with the people of Sheffield. Actively working with patients, the public and staff is paramount to designing and taking forward services. So we endeavour to engage with them at all stages of the commissioning process and creatively engage with groups and communities who are seldom heard. There are two key areas where we work:

- Engaging to gain feedback on services and proposals which to base commissioning decisions.
- Engagement to receive information about patient experience/satisfaction with the quality of current services so that we can seek improvements.

NHS Sheffield is also committed to continual improvement of its mechanisms to engage with patients and the public and gain feedback on all NHS services that they commission. Listed below are the key national drivers for engagement and NHS Sheffield's strategic progress throughout the last three years.

This paper report on the activity across Sheffield throughout 2009/10.

National Drivers

- March 2006 - **Health Care Act Section 242 – the Duty to Involve** patients and the public in the planning, development and decisions affecting the operation of those services.
- December 2007 - **World Class Commissioning** – Ensuring PCTs secure high quality safe services for patients. Patient engagement and the need for feedback runs through the whole commissioning cycle but is defines in Competency 3 – Proactively building continuous engagement with the public and patients to shape services and improve health
- April 2008 – Replacement of Patient Forums with Local Involvement Networks (**LINKs**) who aim to help communities shape local health and care services and have the authority to visit premises providing services.
- June 2008 – **High Quality Care for All** - Next stage review outlined the necessity for all trusts to continually monitor and improve the quality of their services by engaging with patients and assessing their experience of services.
- October 2008 - **Real Involvement** – Guidance on Section 242 of the NHS Act to NHS Trusts.
- April 2009 - **Mid Staffordshire NHS Foundation Trust Review** – made it clear that it was essential to listen to what patients were saying if we were to secure safe, quality services.

- April 2009 - **NHS Performance Framework** - User Experience was announced as one of the domains for defining a Trust's performance. This has been implemented in Commissioning PCTs since April 2010. If an organisation's User Experience score renders it *Underperforming* it could only be categorised overall as having its *Performance under review*. Vital Signs 15 - self reported experience of patients and users and Vital Signs 16 - public confidence in local NHS contain the indicators used, for example the Care Quality Commission's National In-patient Survey.
- May 2009 – **Understanding What Matters** – Guidance that set out best practice in collecting, analysing and using patient feedback to transform services.
- September 2009 – **Putting People at the Heart of Care** – set out the vision for patient and public engagement, what it means and the role it can play in driving up the efficiency, quality and productivity of services.
- November 2009 - **Real Accountability** – A guide to help the NHS get ready for the legislation. It aimed to help raise the bar in the way organisations listen and respond to the views of local communities.
- January 2010 – **NHS Constitution** made legal - this includes principles, values, rights, pledges and responsibilities covering involvement in healthcare and the NHS.
- April 2010 – **Duty to Report** as first published in Health Care Act 2006 Section 24A - PCTs have a duty to report on consultations and the influence the results of the consultation have had on commissioning and other relevant decisions.
- April 2010 – **CQUINS** becomes part of the NHS contract directly linking payment to service providers to patient satisfaction.

NHS Sheffield timeline of Progress

2007 - Patient Involvement and Public Engagement Strategy

2008 - Communications Strategy

- Commissioning Patient Experience report to Board on quarterly basis.

- PPI Manager assigned to link with each provider engagement lead.

- PPI Manager assigned to link to each Practice Based Commissioning (PBC) Consortia.

2009 - Communications and Engagement Team combined

- Appointment of Assistant Director of Communications and Engagement

- National Communication Award in the Engagement Category for Big Health Conversation Consultation

- Communication & Engagement Strategy agreed

- Achieving Balanced Health 3 – Our 5 year strategic plan has patient and public engagement at it's core.

- Quality Schedule – Developed for each provider with patient experience as one of the three domains.

- Quality Review Groups – set up for each provider to review quality issues within performance to include patient experience.

- Patient Experience Performance Report – monthly patient experience performance indicators reported for each provider.

2. BACKGROUND

The first Commissioning Patient Experience paper was presented to the Board in September 2008 and reported on the previous quarter's engagement activity for both NHS Sheffield and Sheffield NHS Trusts. This is now a quarterly report to the Board and explains national, regional and local developments in engagement and patient experience.

During the process of continual improvement and development of this process, relationships and systems have developed internally and with NHS Trusts.

In September 2009 we reported that the process had developed further still with the production of a monthly Patient Experience Performance Report for all NHS providers of services. It includes:

- Survey feedback
- Complaints
- Incidents
- Patient Advice and Liaison Service contacts
- Compliments
- Individual initiatives and
- High level engagement/consultation activity.

This was the result of discussion with our Quality and Performance Teams, on the Darzi recommendations and the Mid Staffordshire review. More importantly, it ensures continually improving services of healthcare across the city.

3. ACTIVITY IN 2009/10

This report is a collation of engagement activity undertaken during the last financial year. The majority of the work has already been identified in previous reports, but here we show the journey of engagement activity and identify outcomes and themes running through the feedback. Each consultation or engagement activity is unique in its own right, because it is planned to meet the needs of the campaign or project that it is part of. However, there is one clear overarching theme that runs through the different activities either in NHS Sheffield's work or that of other service providers - and that is access. This does not mean that access is not good but rather that it is important to the people of Sheffield and that expectations are high. We continually work with providers and partners to improve access and have many programmes underway.

NHS Sheffield has overall responsibility for engagement within the NHS in Sheffield but we also report here the activity for our four major provider trusts: Sheffield Teaching Hospitals NHS Foundation Trust (STHFT); Sheffield Health & Social Care Foundation Trust (SHSCFT), Sheffield Children's Hospital NHS Foundation Trust (SCHFT) and Sheffield PCT Provided services (SPCT-PS).

4. NHS SHEFFIELD

4.1 GPs

During this financial year the reporting on The National GP Patient Satisfaction Survey undertaken by Ipsos Mori on behalf of the Department of Health changed. In response to the necessity for real time patient experience feedback the survey changed from an annual to quarterly survey. Headline results for quarters 1-3 are as follows.

| | Sheffield | | National | |
|---------------------------------|----------------------------------|--|----------------------------------|--|
| | Results Qtrs 1 – 3 2009/10 | Comparison with 2008/09 results | Results Qtrs 1 – 3 2009/10 | Comparison with 2008/09 results |
| Distribution | 48,324 | 57,759 | 4,172,776 | 5,660,217 |
| Total completed forms received | 20,626 | 24,696 | 1,648,340 | 2,163,456 |
| Response rate | 43% | 43% | 40% | 38% |
| | | | | |
| | Results Qtrs 1 – 3 2009/10 | Comparison with 2008/09 results | Results Qtrs 1 – 3 2009/10 | Comparison with 2008/09 results |
| Telephone Access | 61% | 65% (-4%) | 68% | 70% (-2%) |
| 48 hour access to a GP | 76% | 80% (-4%) | 80% | 84% (-4%) |
| Advance Booking | 71% | 74% (-3%) | 71% | 76% (-5%) |
| Appointment with specific GP | 72% | 73% (-1%) | 75% | 77% (-2%) |
| Satisfaction with opening times | 79% | 80% (-1%) | 81% | 82% (-1%) |

Results for quarter 4 (January-March 2010) will be available in mid June 2010.

Whilst the Qtr 1-3 results for NHS Sheffield have shown a decrease, the national results have also decreased and therefore the PCT has followed the trend.

The questionnaire asks patients over 40 questions relating to the service provided by their GP practice. The detailed survey results show that the 91% of responders in Sheffield (90% nationally) are happy with their care and 84% of all responders would recommend their GP practice to someone new into the area.

The results for 'satisfaction with opening hours' show that the majority of patients are happy with the current opening times of their GP practice. Both nationally and within NHS Sheffield however, there has been a reduction in the opening hour satisfaction rate compared with the results for 2008/09. Although the survey shows that 79% of patients are satisfied with opening hours it also tells us that 21%, a significant minority, are dissatisfied. NHS Sheffield has implemented the Extended Opening Hours Directed Enhanced Service (DES) since June 2008 and 78% of practices now take part. As more practices are now opening longer it is rather disappointing that the satisfaction with opening times has reduced.

Access to primary care facilities is a priority for NHS Sheffield and there are national targets for us to achieve. The Primary Care Team has developed a review process targeted at practices with lower access scores and a range of actions are being taken forward across the organisation to focus on access to GP services. This work now

involves the Communications and Engagement Teams in developing marketing plans to help practices market their services as best as possible. Vox pops are being undertaken to gain insight from the communities these practices serve into what they feel the barriers to GP Access might be.

4.2 Dental

Each quarter we have reported on the local results of the national NHS Dental Service routine random patient questionnaires. Results for quarter 4 are as follows:

Data received at the end of March 2010 showed that 91.6% of patients were satisfied with the dental services they had received in Sheffield and that 83.6% of patients were satisfied with the time they had to wait for an appointment. These figures are almost identical to the previous quarter.

Other activity during the year includes:

36 practices in Sheffield have been awarded BDA Good Practice. The Scheme aids compliance with clinical governance and quality assurance requirements and aims to improve communication with patients. All practices with BDA Good practice undertake annual patient surveys. Many practices without this award also conduct patient surveys recognising the benefits of feedback from patients

NHS Sheffield has developed a balanced scorecard approach for the performance management of two practices which have been accepted as pilots. One indicator on the balanced scorecard is a patient satisfaction survey

There are also patient representatives on the following groups:

- Dental Joint Planning Group
- Working group to develop service for anxious patients
- Workshops looking at Dental Services facilitated by London School of Economics

- There are Oral Health Action Teams in Manor, Southey, Darnall and Lowedges/Batemoor/Jordanthorpe. The Oral Health Action Teams aim to engage with the local community to improve oral health e.g. through working with local schools and community networks.
- In developing the new urgent dental care service, a patient focus group was run to identify priorities for service users and the public.

- The commissioning of additional activity in Darnall and the new dental practice that started in August 2009 was based on the Primary Care Dental Commissioning Strategy. The strategy included a consultation event with patients and representatives from the PCT, and Local Dental Committee.

Future developments for the current year include a questionnaire aimed at care homes to gain feedback on our service for care homes

4.3 Pharmacy

In December 2009 we reported NHS Sheffield's activity. This complies with NICE Guidance on involving patients in decisions about prescribed medicines and supporting

adherence. A questionnaire had been developed asking a number of questions, was made widely available to patients. The results showed:

- The majority of patients are satisfied with the way that their Healthcare Practitioner (HCP) explained their condition and possible treatments and were encouraged to ask questions
- Whilst most patients said that they had a chance to discuss any worries they had whilst making a decision about their treatment only 63.2% stated that they were given as much opportunity as they wanted to make their own decisions about their medicine(s). This was reflected in the numbers that felt the decision to give a prescription was made by them and the HCP together (63.4%).
- Once prescribed the majority of patients continued to take their medicines with only a small minority deciding not to and failing to inform their HCP of that decision.
- Most patients felt that overall they were given all the assistance necessary to be able to discuss their treatment in the pharmacy but only 51.13% replied that the person who gave them the medicine checked if they had any questions
- 15% of patients stated that there was other information that they would have found helpful with side effects being the most cited.
- Patients reported that they had been asked what they knew about their medicines and if they had worries about them. However, they also said that they had not been asked if they had a problem that made it difficult to take their medicine (51.59%) or if they had missed doses, decided to cut down or stop taking them (58.29%)

Recommendations were:

- Whilst acknowledging that the majority of patients (63.2%) felt they had been given as much opportunity as they wanted to make their own decision about their medicines, HCPs should devise strategies to ensure that patients feel the decision to give a prescription is made together.
- Pharmacies should ensure that patients have the opportunity and are encouraged to ask questions about their medicines when collecting them.
- The Medicines Management Team should produce a guide for questions to be asked at a medication review.

These results helped to form an action plan and all activity will be undertaken before November 2010.

4.4 Practice Based Commissioning (PBC) Consortia

Practice Based Commissioning Consortia are groups of GPs who come together in a group (consortia) to make commissioning decisions about their local population. They base this on their expert knowledge but also on the feedback they receive from their patients and carers. They gain insight on which to build their business plans and then ensure that patient experience measures are built into any new service specification. Work of this type this year includes:

a) Primary Eyecare Acute Referral Scheme (PEARS)

Feedback showed that patients found this citywide initiative convenient and gave them more choice. All optometry referrals are now going to the Referral Information Service (RIS) and early results show 48% of these are being handled in the community. Once the new system is properly established it is hoped to undertake a snapshot survey of patients over a six week period to see if the change in pathway has affected what patients think

about the service. The previous system involved the GP telling patients why they were seeing a second optometrist.

b) Roving GP

In December we reported on the consultation to introduce a roving GP by Central Consortia. The service ensures patients needing a visit would receive one within the hour. The pilot has been evaluated and shows that the service has had a positive impact on patient experience and avoiding unnecessary admissions to hospital. Funding has now been approved for a further 6 months until the end of September 2010.

c) 24 hour ECT

A patient consultation was carried out by West Consortia in collaboration with Sheffield LINKs on this initiative. Positive feedback has been fed back and below are extracts from the feedback given at a consultation event.

- People's initial reactions were that it was a good idea, largely because it meant people not having to make several trips to the hospital.
- People asked what waiting times there would be for both the tests and results. As the test is only for non-urgent cases, there would be 2-4 weeks wait. It is planned that the clinic would be run one afternoon a week at the Tramways Medical Centre and results would be available within days.

People were asked about their experiences of using the hospital for the tests and the following comments were made:

- That it was difficult getting back and further to the hospital, especially over a couple of days
- Equipment had to be returned early in the morning
- The device was fitted in a busy clinic, so people did not feel able to ask too many questions
- No information was given about the equipment
- No advice was given about what clothes people should wear for the tests

A vote was taken about whether people thought it was a good idea and it was unanimously agreed it was.

As a result the service was set up in Tramways Medical Centre providing the service to patients in West Consortia. Patients from other consortia can be referred into this service. The service has been evaluated after 6 months and the feedback from patients shows:

All patients were invited to comment on the service provided, 55 patients responded. Headline issues:

- 53 /55 patients stated that they preferred to be seen in primary care
- 96% of patients were seen within 20 minutes of arriving for their appointment time
- 100% expressing a view indicating
 - The appointment offered was convenient
 - The information about the test, the outcome and any necessary follow up action was well explained
 - They were treated with respect and dignity, were pleased with the service offered and were made aware of the process for making a complaint if they wished

- No complaints were received

d) Anticipatory Care

This project aims to reduce unscheduled care for the elderly. Many unscheduled admissions of the elderly patient are associated with an increased length of stay. Factors associated with this have been looked at in detail and results show that 23% of local admissions were avoidable and more than three quarters of these were patients over the age of 65 with multiple chronic conditions.

We have also held several engagement activities which have confirmed this as a priority. "The Big Conversation" consultation in 2009, which specifically highlighted the impact of the economic situation, identified elderly care as a priority pathway.

The PCT also held engagement events under the banner "Better Outcomes for Patients" (BO4P) looking in detail at the priority pathways. At the first event patients confirmed that this issue should be a priority.

The event gave patients and carers the opportunity to engage with clinicians in relation to prioritisation of and design of the care pathway. Feedback confirmed that the best approach to help GPs identify patients at risk of unscheduled admission was use of a self-administered questionnaire to highlight patients at risk of admission and the use of the Patient at Risk of Re-admission (PARR) tool.

Implementation of the project commenced in November 2009 and is expected to run until the end of 2010/11 with the following expected outcomes:

- reduction of unscheduled admissions
- avoided unscheduled admissions will increase the quality of life for elderly patients

The project has been running as a pilot in one PBC area and is now being rolled out across the city.

e) Community Engagement

As well as all the above work, the PBC Consortia have been engaging with their communities to inform them of their work and find out what matters to them. Activities of this type in the past year include:

The PPI/PBC event in June 2009 (which was highlighted in the September report) allowed Consortia and interested groups and individuals to share ideas on engagement. Consortia, especially North Consortia attended a number of community festivals in the summer and intend to do the same again during 2010. This will help them to spread various health messages and gain ideas and opinions.

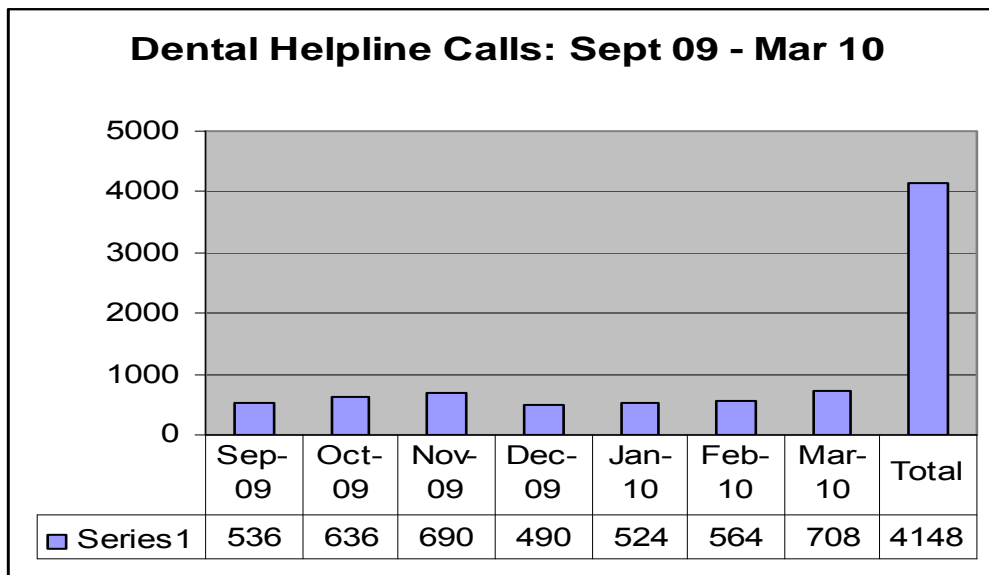
4.5 Patient Advice and Liaison Service (PALS)

During Quarter 4 of 2009/10 the PALS service received 826 contacts, an increase of over 125% on the previous quarter. Some of this increase can be accounted by 289 calls (34%) about the Summary Care Record (SCR) scheme which began to roll out on 22 February 2010.

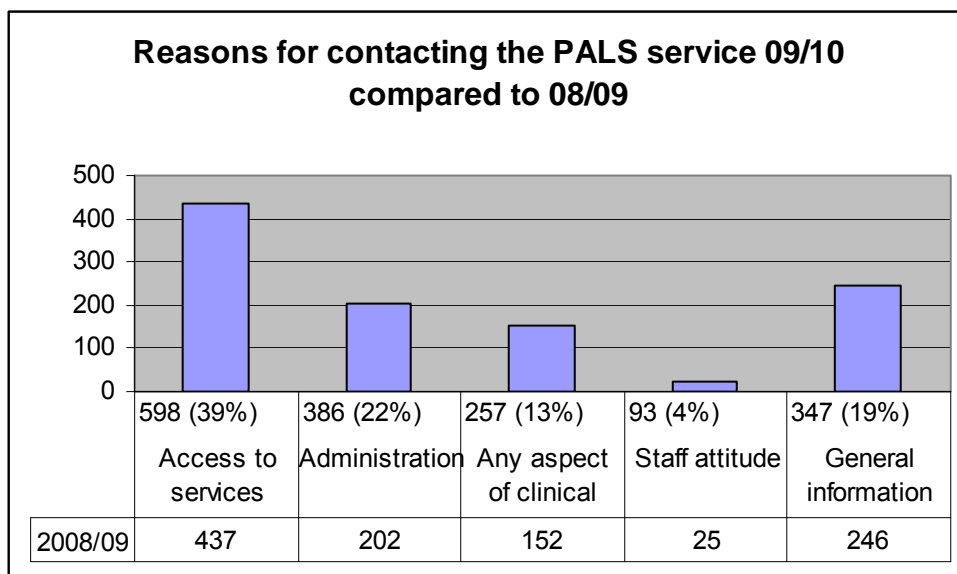
This trend is much higher than the previous year over the comparative quarter. The main use has been from people asking for advice and information 68%, with 30% contacting the service with an issue for resolution and less than 2% giving feedback.

Key reasons for contacting the service in this Quarter 4 were: access to services (21% - a 15% decrease on the last quarter), issues regarding care and clinical treatment (7% - a 7% decrease) and administration (13% - a 7% decrease). 13% of contacts related to provider services (same as the last quarter).

NHS Sheffield PALS also hosts the Dental Helpline. In this last quarter this service has responded to 1848 calls, which is an increase of more than 2% compared to Quarter 3.



During the past year there were 2116 PALS enquiries recorded in DATIX compared to 1146 in the previous year. This is an increase of over 84%. This could be due to factors such as SCR scheme, citywide PALS promotion activity which continues to raise the PALS profile and the ease of public/patient access with the introduction of 0800 PALS Freephone number.



From June 2009 PALS began to collect Equality & Diversity (E&D) data from callers. At the end of the phone call the caller is asked to give their date of birth, race, language, religion/belief, disability, sexual orientation and gender to help us populate our E&D database.

In the year 2009/10 the following E&D data has been collected - 862 contacts were female and 578 were male. The following callers gave their race as: White British 621; White Irish 9; White, other white 30; Indian 13; Pakistani 30; Bangladeshi 9; Other Asian 6; Black Caribbean 8; Black African 29; Chinese 7; Not stated 385; No race recorded 783.

4.6 Patient Opinion

Over the last financial year NHS Sheffield subscribed to Patient Opinion, an independent website where patients can feedback about the care they received from services commissioned by NHS Sheffield. Over the last year Patient Opinion received 417 postings about these services. 34% were positive, 8% were concerns and 56% were stories.

Patient Opinion is working closely with the Hallam and South consortia (HASC) to send out postal feedback packs to patients who have recently been in hospital and they are also working with The Walk in Centre at the Royal Hallamshire Hospital and the GP Collaborative are handing out Patient Opinion leaflets to patients using the service to ask of their opinions. They are responding to these on the Patient Opinion website.

Guernsey House Addiction clinic are also using Patient Opinion to improve services. As a result of feedback on Patient Opinion the clinic has increased their uptake of hepatitis vaccines and started a Saturday morning clinic. These changes have been reported highly beneficial by service users.

NHS Sheffield has just renewed its subscription with Patient Opinion for the next financial year. As a result we are looking forward to expanding the list of services working with Patient Opinion and to make service improvements where needed. Patient Opinion has recently made it easier for NHS organisations to show site users where we have made a change and to show patients and the general public more clearly how we are using their feedback.

4.7 Completed consultations

Many consultations have been reported throughout the year. As suggested in Real Involvement these have been appropriate and proportionate to the plans being proposed. Below are updates from some of the larger consultations.

a) Big Health Conversation

From May to August 2009 NHS undertook a large scale public consultation in order to gain feedback on which to refresh our Achieving Balanced Health Strategy. Around 5,000 people were directly asked to take part and 2,243 gave us their views. We asked:

- How should we decide what and what not to spend NHS money on?
- How can we improve the healthcare experience for patients?
- How can we improve the safety of patients?
- How can we measure the success of patient treatment?

The headlines from the feedback were:

- Measures that help to prevent and educate, cost effectiveness, transparency and the ongoing need to involve patients and the public in decision making process were seen as key issues to addressing how to decide what and what not to spend NHS money on.
- More personalised services that meet the individual needs of patients, better information to manage own care, communication between patients and healthcare staff, the physical environment and the questioned necessity of some out patient appointments were seen as the key issues to addressing how to improve the healthcare experience for patients.
- Cleanliness, shared information for all health professionals to access, better security and training and developing staff were all seen as the key issues to addressing how to improve the safety of patients.
- Patient feedback mechanisms, more sophisticated evaluations and measuring the quality of life (not just clinical outcomes) were seen as the key issues to addressing how to measure the success of patient treatment.

Your Health Matters

Building on the success of the consultation, people from Sheffield were invited help develop a brand to feedback Achieving Balanced Health (ABH). The event in October was called the *Ad Factor*. An overarching creative idea was developed named *Your Health Matters*. This slogan and their chosen logo will soon launch ABH3.

b) LIFT Public Consultations

Services in the 4 LIFT practices

Following the public consultation during August and September 2009 for the four LIFT projects (Bluebell Medical Centre, Darnall Community Health, Foxhill Medical Centre and Norfolk Park Health Centre) NHS Sheffield asked the local communities what design features and services were important to them. We found that the overall majority of patients questioned felt that patient touch screens and baby facilities including buggy parks and changing/ feeding rooms were important; with this information the design team ensured that they were included in all designs.

Darnall Community Health Centre

Following public consultation, NHS Sheffield asked the Darnall community if they would prefer to see the site located on Station Road or on the Strata housing estate. We found that the public had reservations for both sites which contributed to the decision to locate the health centre on Main Road as an alternative.

Intermediate Care Centre

Following engagement, NHS Sheffield consulted with various community groups including The Inclusive Living Sheffield Group, which resulted in a guidance document called “enhancing the healing environment” being created, this included research and considerations for the design of a healing environment. The BME group helped to focus the extensive research into the design considerations for the sanctuary and ablutions rooms, this ensured that they would be located appropriately with in the centre and accessible to all faiths. The information gained from this engagement contributed to the production of the Tenants Requirements, a document outlining our requirements, including functionality and design of the centre.

c) Sheffield City Centre walk-in services

During the period October to January 2010 the people of Sheffield were consulted about NHS Sheffield's proposal to locate an 'alternative to A&E' service at the site of the Sheffield City GP Health Centre on Broad Lane. It was proposed that this would combine the services currently there plus the Minor Injuries Service and Walk in Centre based at the Royal Hallamshire Hospital.

We asked about:

- Acceptability of the proposals
- Opening Times
- The usefulness of having an alternative to Accident & Emergency
- What features people felt were important and would encourage them to use the service.

The majority of respondents agreed with the City Centre Walk in Services Consultation proposals (81%). For those respondents not in total agreement with the proposal, their concerns were about the location e.g. Broad Lane, parking and transport.

- Of those responding that it would be helpful to use the service outside current opening hours, most stated a preference for opening after 8.00 pm (54%) but 33% thought it should be open before 8am.
- The majority of respondents felt that it would be helpful to have an alternative to A&E (93%) and that it should be in the city centre (87%).
- 52% of questionnaire respondents rated 'being seen quickly' as their first or second most important feature of the service and 33% included 'consistent opening times' in their top two priorities.
- When asked about the feature that would encourage them to use the new service, 62% of people identified 'being seen quickly' as their first or second priority. 'Having a range of services in one place' was chosen by 32% of respondents as their first or second priority.

However, these views were not shared by Sheffield Teaching Hospitals or Sheffield Children's Hospital. Neither was in favour of the proposals and the latter suggested various alternatives. Sheffield PCT Provider Services was in principle supportive of the creation of a single centre as the proposals suggested but felt that having multiple primary care sites across the City with walk-in facilities would have a greater merit.

It was therefore agreed that a process be set up to evaluate the various options, beginning with the development of criteria on which to base the evaluation. One of the areas for evaluation was patient experience. NHS Sheffield therefore used the insight gained through the consultation to draft these criteria. These were then verified and rated by NHS Sheffield Advisory Forum in March 2010. This will form the basis for a business case that will be presented to NHS Sheffield Board in July.

Those who responded to the consultation have received a letter to update them on progress and this has also been communicated via our community networks.

d) City-wide Carers Strategy

This consultation ended on 19 April 2010. A wide range of stakeholders were involved in the consultation such as carers groups, carers and former carers, community and faith sector and the statutory and voluntary sector. People could comment on the strategy either via the City Council website or pick up a copy at libraries and places such as First Point.

NHS Sheffield and City Council staff visited groups, meetings, boards and events with the consultation to talk to people about the strategy and get their feedback. We asked people and carers of all ages for their top three priorities out of a choice of eight and these were:

- sustain carers in their caring role and prevent carer breakdown
- ensure that carers have a life of their own outside of their caring role
- enable young carers to have the same life chances as other children and young people and prevent them from taking on inappropriate caring roles.

The next step is for the report and strategy to go to the Sheffield First for Health and Wellbeing Board on 22 June for agreement. Organisations will then be required to draw up action plans to deliver the actions. A new Carers Board is currently being planned and will be operational during the summer of 2010. The Carers Board will oversee the planning and development of action plans to implement the Sheffield Carers Strategy.

e) NHS Constitution

This was a national consultation to build on the rights already outlined in the previous NHS Constitution. During January and December 182 Sheffield people gave their views on these new rights which included a right to start non-urgent treatment within 18 weeks and to see a specialist where cancer is suspected within two weeks of referral - or for the NHS to take all reasonable steps to offer a range of alternative providers where this is not possible.

As a result of the responses the Department of Health (DH) received this right became law on 1 April 2010. NHS Sheffield is developing systems to communicate this right and monitor breaches.

f) London School of Economics (LSE)

NHS Sheffield worked with the LSE last year to look at health economic modelling as a tool to support our commissioning decisions. This took a decision conferencing approach where patients and professions look together at health spend against benefits. Three areas were examined in this way:

- Cancer Breast cancer, colorectal cancer and lung cancer
 - A picture became consistent across the three cancer sites
 - Health promotion, when assessed, showed a very high relative value for money.
 - Among secondary care elective inpatient care had the highest value for money with outpatient second (first in lung cancer).
- Mental Health – eating disorders
 - The key recommendation was to explore a strategy that would invest more in services of high value for money (specific non-acute services such as the University primary care clinics)

- This would need to be funded by lowering the need to use lower value for money inpatient services
- Dentistry
 - Looked at all aspects of dental services
 - Findings were contrary to national policy and the national dental contract
 - It would therefore be difficult to implement any findings.

Findings were shared with stakeholders at a seminar in April 2010 and discussions took place in groups which will help to incorporate this approach into further commissioning work.

g) Intermediate Care Services

The views of local people have been instrumental in the redesign of the Intermediate Care Service and the new model of care was introduced on 1 April 2010.

Plans that patients, carers and the public have helped to shape have resulted in real changes and a major investment by NHS Sheffield in the refurbishment and re-opening of Beech Hill as a new 30-bed Intermediate Care Unit.

The search for a site for the proposed 120-bed unit is ongoing though much of the groundwork in aspects of its design has already been carried out. Many patient groups in the Voluntary, Community and Faith Sector were consulted during 2009 about aspects they felt would be needed to encourage them to use the facility. The groups included the Older People's Reference Group, Inclusive Living Sheffield, Sheffield Health Retirement Fellowship and the Pakistani Muslim Centre.

Patients, staff and stakeholders can keep themselves up-to-date about how the Intermediate Care Service is developing by logging onto the NHS Sheffield website. This contains a series of frequently asked questions about Intermediate Care, the Intermediate Care newsletter and information about the 2008 consultation report on Intermediate Care, called *Care In Your Own Bed*, which informed the plans.

4.8 Ongoing-upcoming consultations:

a) Summary Care Records

As noted in the last report engagement around this initiative has been taking place since February 2010. This has been undertaken to ensure the population of Sheffield is informed about the new electronic Summary Care Record which will be developed later in the year based on information contained in GP records. Although every person in the city approaching or over 16 years of age has received a letter about the initiative, engagement and communication activities will continue to ensure those who might not easily access the information in the letters is aware of their right to opt-out of this initiative.

b) GP Choice

The Government agrees that people should be able to choose a GP practice that is most convenient for them. At present, GPs operate within fixed geographical boundaries that can be restrictive and reduce patients' choice of the practice they register with, especially for those patients living in poorer areas.

The majority of patients are happy with their current GP practice but a significant minority would like to change their GP.

For many patients it is important to be registered with a local GP so their GP can visit them at home and help co-ordinate care with local health professionals. Others want to register with a practice closer to where they work, or one closer to home, open longer or offers more services. Other patients have said they would like to be able to stay registered with their current practice when they move house.

The consultation is seeking views on a wide range of proposals, in particular around the issues involved in arranging home visits, co-ordination of community based services, safeguarding access for local residents, and access to hospital and specialist treatment. NHS Sheffield is keen to ensure that the public and clinicians discuss these issues together to come up with innovative, helpful solutions to make this happen. The consultation started in March but was suspended due to the election. It has therefore now been extended and responses can be added until 2 July 2010.

c) ENT/Audiology

NHS Sheffield is looking at ways of redesigning its Ear, Nose and Throat (ENT) and Audiology services in order to provide more care closer to home and to reduce patient visits to hospital. At present all services are based at the Royal Hallamshire Hospital. There were 5000 appointments for ENT alone last year, and many of these could be seen in the community. A redesign could improve access and quality for patients but could also lead to savings for NHS Sheffield.

At present, a number of possible service models have been put forward, and research is being undertaken to see which of these will be most effective. Research is also being carried out looking at precedents set by other PCTs. Public consultation(s) is/are provisionally planned for Summer/Autumn 2010.

A clinical working group has been established and includes GPs, consultants, service managers and service users. As with all such projects a communications and engagement plan has been drafted and team representatives will be members of the steering group offering advice.

d) Specialist Commissioning Group (SCG)

During this year progress has been made to ensure that the 14 PCTs in Yorkshire and Humber that make up the SCG have appropriate mechanisms to engage patients and the public about their commissioning decisions. Barnsley PCT has responsibility for the SCG and engagement in their work as part of this. A SCG Patient and Public Involvement Group has been set up and meets regularly. The SCG have identified their priority clinical pathways for improvement next year and the SCG PPI Group will advise on engagement necessary for each pathway design. Although the first meeting was not until December 2009 members have already advised on the workings of the group, engagement around fertility services and communication materials for the vascular consultation which is currently taking place.

4.9 Other engagement activities and patient feedback mechanisms

a) Volunteering

NHS Sheffield continues to support volunteering in the belief that it is of benefit to the organisation and those who volunteer. This contributes to the Citywide Volunteering Strategy and plan to improve quality and numbers of people volunteering within Sheffield. Volunteers within commissioning ensure our transparency and help our evaluation and monitoring roles. Appendix A gives details of activity during 2009/10 but highlights include:

- 39 volunteers attended the celebration event in June. During the previous year to June volunteers had donated 10,000 hours of time. NHS Sheffield will repeat this celebration of volunteering again in June 2010.
- In July we recruited 26 volunteers to be Health Champions with the Public Health Directorate, in February four Mystery Shoppers and In March five You're Welcome Inspectors.
- Recently our youngest and oldest volunteers – Emily, age 15, and Margaret aged 88 were shadowed by a member of staff. Emily is a You're Welcome Inspector and Margaret is a vital volunteer at the Chapeltown Baby Clinic. They are examples of the diverse range of people volunteers with NHS Sheffield.

b) The GP Advocacy Service

GP Advocates are based in practices in some of Sheffield's most disadvantaged communities. They also run sessions every week in local Children's Centres and there is a monthly session working with the Chronic Fatigue Syndrome/Myalgic Encephalopathy (CFS/ME) Service. They deal with social issues and issues around access to health and social care that a GP or other Practice staff are not trained to address.

During 2009 / 2010, there were almost 2,500 patient contacts made with the GP Advocacy Service. A high percentage of contacts are from BME communities. The service is an essential link to our seldom heard communities, helping to conduct consultations and distribute information. The table below gives a breakdown of the ethnicity of patients accessing a GP Advocacy service during the year.

| Pakistani | White | Black | Multiple heritage | Somali | Slovak | Yemeni | Bengali | Other | Not known |
|-----------|-------|-------|-------------------|--------|--------|--------|---------|-------|-----------|
| 759 | 926 | 59 | 26 | 64 | 60 | 117 | 169 | 122 | 71 |

Advocates deal with many issues that are common in disadvantaged communities, things such as debt, benefits, housing and employment rights. During 2009 / 2010, GP Advocates dealt with 886 problems relating to benefits and 317 around debt. Combined, debt and benefits accounted for almost 50% of all of the issues raised with GP Advocates.

c) Expert Patient Programme (EPP)

NHS Sheffield is committed to improving the health of people with long term conditions. EPP is designed for anyone who lives with a long-term health condition, such as diabetes or asthma. The courses encourage people to manage their own condition and gain

control of their day to day lives. Everyone learns from each other with volunteer tutors also living with long-term health conditions themselves.

Activity of courses was reported in March. However, the programme helps NHS Sheffield in many other ways. In the past year:

- Many tutors continue to promote EPP in their local community.
- Involvement in our clinical pathway redesign projects as they form a ready made group of people interested in health with experience long term conditions.
- Increasing our awareness of health issues for seldom heard groups such as carers and learning disabilities.
- Go on to volunteer and help with information stalls and survey

d) Patient Stories

The patient story sessions were established in September 2008 to ensure that NHS Sheffield staff had the opportunity to hear the patient voice. Their contribution to the commissioning cycle was acknowledged recently in, "Evaluating the Engagement of Seldom Heard Groups in Commissioning Health Services" SHU 2009

From November 2009, a separate programme of BME Patient Stories was introduced, following the national 'Leading Action on Race Equality in Health' summit. NHS Sheffield pledged to ensure that the experiences of patients from BME communities using social or health care services were highlighted.

Qualitative information collected at the sessions has included:

- "Realistic and informative feedback. A valuable insight into our patients' lives"
- "This tackled the areas we often miss"
- "I will be aware of the issues raised when looking at a service redesign and completing EIA"
- "I will use the information for my Personal Health Budgets planning"
- "I have two friends who each have a son with Aspergers/Autism so this has helped me understand their lives a little more"
- "I have been surprised at some of the things I did not know"
- "I realise now that we don't have this information on a day to day basis and that we need it for the decisions we take."

Feedback from patients to staff has provided information on designing intermediate care facilities for people with autism, evidence of the value of Choose and Book to patients wishing to access specialist services and an insight into why people from Slovakia might use A&E services.

As a result of this positive feedback NHS Sheffield intends to:

- Encourage wider interest by attendance of Board members/senior managers.
- Include attendance at sessions within PDPs to facilitate learning.
- Increase numbers of patient stories in other media such as the website and Perspective.
- Build up a bank of potential patient stories utilising staff already working in communities.
- Build up evidence of where patient stories have changed services.

A table of sessions held this year is included at Appendix B.

e) Social Marketing

Social marketing is the use of marketing techniques to achieve specific behavioural change that will benefit individuals and society. The first stage of this is to gain insight from target audiences for communication and engagement campaigns as to issues and barriers that might arise in a specific campaign. NHS Sheffield has undertaken a number of social marketing campaigns during the past year.

Accident & Emergency (A&E) campaign

This campaign looked to reduce the number of people inappropriately attending A&E. In February we went into the A&E Departments at STHFT and SCHFT (once each) to talk to people waiting in reception about why they choose A&E over other services. This was part of a wider piece of work that also included insight from focus groups previously reported. The insight report is currently being compiled.

Stop smoking BME

Work was commissioned by the Sheffield Stop Smoking Service to engage with people from BME communities about how the stop smoking service could better meet their needs. The insight work is currently ongoing.

Stroke BME

Work was commissioned by NHS Sheffield on behalf of the North Trent Stroke Strategy Project Board to find out about awareness levels of the FAST message amongst BME communities. The insight work has just been completed and we are awaiting the final Insight report.

School dinners

As part of the Sheffield-Let's Change4Life programme we commissioned work to look into why people choose to have packed lunches instead of school dinners. Insight with school children has taken place over the last couple of months and we are awaiting the final insight report.

f) Public Health activity

Much of our engagement activity with communities in Sheffield especially seldom heard groups and communities of interest takes place with public health colleagues. Much of this is reported as Enhanced Public Health Programme activity in other reports such as Equalities Reports and the Director of Public Health's Annual Report. This Directorate and the Standards and Engagement Directorate are working together to develop a systematic way of gathering the evidence we need to report this work and ensure the rich information is shared as appropriate within our organisation and with partner organisations.

g) You're Welcome Inspectors

The training of five You're Welcome Inspectors and first assessment of the Sheffield Contraception and Sexual Health Service were completed during March and April 2010. Feedback from the Inspectors has been very positive and will influence how we deliver the training in the future. A specific comment around the self-assessment desk top exercise and form filling was that "it was a bit dull and long". However, the Inspectors were pleased with the formal recognition of their work and "had not realised how powerful we were until we saw how nervous the staff were at our visit". They have also developed a presentation

on their work to be given at an upcoming LINKs event and are going to be involved in training a further cohort of inspectors later in the year.

g) Advisory Groups

NHS Sheffield supports and funds a number of patient groups to engage with the NHS and inform our commissioning decisions.

Advisory Forum

The Advisory Forum is made up of 40 members who come from different parts of the city and includes people from diverse backgrounds and ages, from black and minority ethnic communities and people who are disabled. Members of the Forum provide an independent voice to directly advise NHS Sheffield Board and were recruited by Voluntary Action Sheffield who acts as an independent body to administer and facilitate Forum meetings.

This year's activity has included: a recruitment drive to replace those who had chosen a one year membership ensuring we included more young people; engagement with the Big Health Conversation and continuation of their relationship with the development of unscheduled care services in Sheffield. They also took the opportunity to review how they work with NHS Sheffield and wish to meet between the quarterly meetings to discuss issues and put them on future joint agendas.

The Advisory Forum has made a successful start and there has been a good deal of mutual learning over the last year. Members feel positive about being involved in the Forum and are very keen to take on a bigger role. The majority of members feel that the Advisory Forum has the potential to effect real change.

SCSAG – Now Sheffield Cancer Voice

The final meeting of the Sheffield Cancer Services Advisory Group was held on 31 March 2010, following the retirement of the facilitator. They agreed to review the Group and a small group of users agreed to form an Interim Management Committee of the new Sheffield Cancer Voice, supported by statutory services across the city. The focus for the next six months will be on drafting a new constitution, Terms of Reference and role descriptions to ensure it is user-led; recruiting new members with fresh ideas, including a collaboration with Macmillan around seldom heard communities and supporting the self-help and support group network. The group will hold a formal launch in September 2010 which local stakeholders will be invited to.

h) Events

NHS Sheffield often organises events either to raise awareness of health issues and share learning and to engage and consult with people. However, we also attend events and meetings organised by other organisations and groups for the same reasons. There have been various examples throughout the year but more recently, in March we attended the Chinese Health Day. Here we were able to provide information to the Chinese community about Summary Care Records and the city-wide Carers Strategy. Feedback from those who were present on the day indicated that the community was very pleased with the service they received from their GPs. Some concern was expressed about access to NHS dentists and the contact number for Sheffield's Dental Helpline was given to the participants.

In order to ensure health education and consultation with BME communities, two health events were arranged in March: one targeted at men and one at women. The events involved health promotion, information stalls, activities and consultations about what people would like in relation to health education. The consultations were done informally through conversations and evaluation forms.

At the Men's Event there were approximately 40 attendees mainly of South Asian origin. It highlighted that the men are part of established social groups such as the Men's Health Group at the Pakistani Muslim Centre and therefore delivering health promotion through these groups was the main way of reaching BME men. In terms of the Women's Event there were over 50 attendees from a range of BME groups. One of the key things the consultation identified was the need for a healthy eating courses targeted specifically at Asian Women that included child care provision. There was also the issue of some women not understanding the health care that they may be receiving and not feeling assertive enough to ask questions. The reasons for this included not having sufficient English and because of perceptions of the professional and patient relationship. The other issues raised at both events was the need to work with people providing Ethnic Style catering to make it healthier such as reducing the salt and oil. Colleagues in public health continue to work with communities on these issues.

For the same purpose attendance at local festivals and galas is seen as essential. Public Health colleagues and other teams such as infection control, smoking cessation and PALS often attend these events to promote health messages and signpost, helping people to access appropriate services. Most of this activity takes place between May and September and last year was a key mechanism for engagement with the Big Health Conversation Consultation.

5. SHEFFIELD HEALTH SERVICE PROVIDER ACTIVITY

5.1 Sheffield PCT Provider Services

As a new organisation Sheffield PCT Provider Services (SPCT-PS) had to set up fresh mechanisms for engagement and capturing patient experience information. It has made steady progress throughout the year and is committed to improving the quality of care by listening to patients.

In February 2009 they commissioned to carry out an audit to review their methods of capturing patient experience. This was then discussed with the Head of Service and in July 2009 an Implementation Plan for Measuring Patient Experience was presented to the Provider Service Management Board

As described in earlier papers, this Patient Experience programme is continually being developed in order to ensure that all services remain patient led and are continually seeking patient opinion to improve services.

In 2010/11 this agenda is also being driven by national priorities. NHS Sheffield has suggested that one of the local CQUIN requirements should be around measuring and improving Patient Experience across Sheffield PCT Provider Services. The CQUIN requirement's are:

- Quarter One - to work with services, and other appropriate groups to write a standard list of approximately five generic questions which could be used across all services to measure patient experience.
- Quarter Two and Three - to carry out a baseline survey using this questionnaire to identify satisfaction levels. To use these results to identify area of improvements and create an action plan.
- Quarter Four - To meet improvement targets.

Individual services will continue to carry out a rolling programme of service specific Patient Experience surveys and develop action plans. All of this activity will be monitored via the Quality Review Group.

SPCT-PS has carried out several Patient Experience activities in the past quarter. The highlights of the results are shown below.

a) Community Nursing Case Management Service

- The case management service has successfully completed a Patient Satisfaction audit to review patients' perception of the service and the interventions used by its case managers.
- Overall the results have demonstrated that case managers' interventions have had a positive effect to patients and the results around Dignity & Respect have also been very strong.
- The audit will provide baseline data to assess the success of a Telehealth pilot of remote patient monitoring which is to be introduced into this area shortly which it is anticipated that this will reduce the amount of face-to-face contact.

b) Community Dietetics Service

- The Dietetics service is striving towards 100% compliance with the British Dietetic Association Code of Conduct and the service recently carried out a Patient Experience survey.
- Further work is needed to ensure referral agents convey the benefits of seeing a dietician and the service will ensure consistency in the delivery of consultations, specifically around eating habits.
- Some elements of the questionnaire will be reviewed in collaboration with the audit team to ensure linkage with the service's standards.

c) Cardiac Rehabilitation Service

- The service successfully completed a Clinical audit to investigate the patients' journey through the rehabilitation programme with particular emphasis on exercise and provision of information including the home exercise programme booklet.
- Better co-ordination of exercise classes is required to ensure rooms are suitable and to maximise attendance. The service needs to ensure that patients have received an explanation of the importance and benefits of the Home exercise programme.

5.2 Sheffield Children's Hospital NHS Foundation Trust

SCHFT continue to build on a good history of patient and parent engagement. This year they have worked in partnership with NHS Sheffield to develop a reporting schedule for

assurance around engagement and patient experience. This includes regular PALS reports and a quarterly report of engagement activity. As previously reported they often find it necessary to set up support groups for specific conditions. This has a dual purpose of giving them a ready group to engage with when the need arises. Much of their work is concerned with ensuring that information provided is appropriate for patients and parents.

Picker Paediatric Outpatient survey was reported to Clinical Governance in Feb 2010 Young patients aged 8 yrs+ who attended an outpatients appointment at your trust during August 2009 were invited to give their feedback, along with parents/carers of paediatric outpatients aged 0-7 yrs who attended an appointment with their child during this month.

A sample of 1198 paediatric outpatients at your trust was submitted. Of these patients, 635 were aged seven or under, and 563 were aged eight or above. Surveys for outpatients aged 0-15 (1146 patients) were addressed to the parent or guardian of the patient

A total of 1198 patients from Trust were sent a questionnaire. 1191 were eligible for the survey, of which 446 returned a completed questionnaire, giving a response rate of 37.4%.

Questions where the trust scored very well.

- Overall – child looked after very well
- Parent told what would happen next
- Outpatients Department clean
- Overall – child’s care rated good
- Facilities available
- Doctors introduced themselves to parent
- Parent did not need to complain about child’s hospital appointment
- Ability to immediately find a place to sit in waiting area
- Toilets clean
- Other staff members always friendly and helpful
- Doctors introduced themselves to the child.

Focussing on the following areas would improve patient experience for a large number of children and parents.

- Parking
- Being told how long the patient would have to wait
- Giving parents full information on how to make a complaint
- Children seeing same healthcare professional as much as possible
- Parent and child knowing before their appointment what was going to happen
- Making it easier to find the right department.
- Age related activity whilst waiting
- Parents being fully informed about medications side effects
- A better organised department
- More consultations starting within 15 minutes of appointment time
- Doctors speaking to parent or child in a way they could fully understand
- Children not feeling scared or frightened during their appointment.

SCHFT have created a Dashboard for Outpatient Experience Improvement Tracking. This will identify actions necessary which will be monitored. These results are being used as

performance indicators for this Trust's CQUIN. This directly links improvement in patient experience with payments within the contract.

Inpatient survey – commissioned to begin in April 2010. This work has now started and as with the Paediatric Outpatient Survey is linked to performance on this indicator within their CQUIN.

5.3 Sheffield Teaching Hospitals NHS Foundation Trust

The Trust has continued to build on good practice and to develop new patient and public involvement initiatives, ensuring that seeking feedback and making improvements to services is a part of everyday work. The past year has seen the development and implementation of a number of important initiatives. They have worked in partnership with NHS Sheffield developing reporting mechanisms and representation on appropriate groups. Highlights of their activity is noted below.

The CQC Outpatient Survey

Results from this survey were published in February 2010.

At the Patient Experience Committee in March benchmarking information was received and it was noted that STHFT has performed well. The survey has been shared with Directorates and they are still in the process of developing action plans against these results.

There were two areas where the Trust was red in CQC's traffic light rating which were: Waiting –being told how long; and Explaining risks/benefit of treatment. These issues will be addressed in the action plans.

The CQC Inpatient Survey

The national Care Quality Commission (CQC) Emergency & Elective Inpatient Survey undertaken in the Autumn of 2009 was published on 19 May. Early results on scores out of 10 show:

Emergency/A&E - 7.6
Waiting lists and planned admissions - 6.8
Getting a bed on a ward 8.2
Hospital and the ward - 7.9
Doctors - 8.7
Nurses - 8.5
Care and treatment - 7.7
Operations and procedures - 8.5
Leaving hospital - 6.9
Overall views and experiences - 6.7

In the detailed breakdown they scored 'worse' for one area which was 'comprehensible letters between the hospital doctors and family GP (written in a way they could understand).

In comparison to other Trusts STHFT scored 'about the same' for all 10 broad areas in the survey. Once again the results from the survey have been shared with Directorates for them to plan any necessary improvements.

Picker Real-time Patient Experience Monitoring system

The Picker Institute Frequent Feedback Programme commenced in June 2009, providing feedback “on the spot” from high numbers of patients. Over 30 volunteers (including a number of Governors) have been trained to interview patients using hand-held electronic devices (PDAs). To date over 800 patients have been interviewed. Monthly reports of results by ward are received, along with quarterly reports by directorate. Action plans are agreed at ward and directorate level and examples of actions to date include changes to ensure patients know the name of their consultant and improved patient information.

The current survey covers inpatient experience. Topics being for future surveys include Accident and Emergency department, children and younger people and patient views of the hospital environment.

Consultation on new Patient and Public Involvement Strategy

The Trust's new strategy builds on existing good practice and aims to focus activity on issues which are of highest importance to patients and which have most impact on quality of their overall experience. A consultation took place December 2009, seeking a wide range of views regarding the proposed strategy. These have been incorporated and the strategy is now awaited.

5.4 Sheffield Health & Social Care NHS Foundation Trust

SHSCFT became a Foundation Trust in April 2009 and this brought about change within the organisation. Engagement and listening to patients experience remains a priority for them and they are currently developing a new plan to help this work. Activity this year includes:

SHSCFT has taken the lead in consulting with carers on the city wide carer's strategy. This has been mentioned earlier in this report.

A key objective for the Trust has been to develop their involvement activity with service users and carers from Black Minority Ethnic (BME) communities. A successful 'improving quality' event was held April 2009. This was well attended and evaluated well. Feedback will be developed into action over the next few months. This event was linked to continuing work on involving service users in improving quality. Since the event a number of the service users have become involved in a variety of different projects, including taking part in recruitment, and selection training, and also helping to train Psychiatrists.

SHSCFT actively works with Patient Opinion and has been getting information and replies to postings up to date. They will be piloting the project within a variety of different areas within the Trust, to evaluate its effectiveness.

A range of new groups are beginning to form within the Trust, for example reading and sewing groups, the aim to these groups is to explore alternatives to traditional methods of involving people. Some of these initiatives are now being led by our service users.

They have also been successful in securing Charitable Trust funds to run a Reader in Residence Project. Ten staff will be trained, and then it is envisaged that they will be piloting the project in a number of Directorates.

6. Sheffield LINKs

NHS Sheffield has continued to build on the good relationship it has with Sheffield LINKs, both having representation on each others appropriate groups. It has recently been agreed to pilot collaborative working on consultation between both organisations. Working relationships go from strength to strength and more recently The Board agreed for the Chair of LINKs to join them around the Board table. Whilst not a Board member, the Chair of Links is considered crucial to public scrutiny and the move demonstrates this.

7. Future Actions

The picture from this report shows that engagement and quality of services is improving in Sheffield. However, public expectations are also rising and we need to use innovative methods to keep pace with this.

Areas for further work during 2010/11 will be:

- Ensure we comply with the Duty to Report.
- Use of template to gather information and ensure it is clear to the public how this has affected our commissioning and major decisions.
- This will also be used to develop further this Commissioning Patient Experience Report. It will tell Board members what we asked; what people said; what we did with the feedback; and what has changed as a result.
- A new format of Complaints, Compliments and PALS report will be piloted.
- Communications & Engagement team continue to work to NHS Sheffield priority areas.
- Work closely with NHS Sheffield colleagues and those in PBC Consortia to ensure information is collected, analysed and distributed to those making commissioning decisions.
- Continue to build close relationship with provider organisations and VCF organisations in order to triangulate information to ensure the quality of services and give insight to service development initiatives.
- Roll out the use of Experience Based Design.
- All projects will have a communications and engagement plan
- All plans based on insight eg Stoke, A&E Focus Groups
- Statement of Involvement expected to be developed reporting initially in April 2011 on 2010/11 activity.

8. Recommendations

The Board is asked to comment on and endorse the content of this paper.

Paper prepared by Jeanette Miller, Head of Patient Experience & Engagement

On behalf of Penny Brooks Cordon, Director of Standards & Engagement

26 May 2010

APPENDIX A

NHS Sheffield Volunteer Activity 2009/10

| | Number of Volunteers | Commissioning | Provider | File closed/Left Volunteering |
|--------------|----------------------|---------------------------------------|---|-------------------------------|
| Apr-09 | 3 | 2 | 1 | 0 |
| May-09 | 16 | 12 | 2 | 2 |
| Jun-09 | 15 | 11 | 4 | 0 |
| Jul-09 | 26 | 22 | 2 | 2 |
| Aug-09 | 7 | 3 | 0 | 4 |
| Sep-09 | 7 | 3 | 2 | 2 |
| Oct-09 | 9 | 7 | 0 | 2 |
| Nov-09 | 20 | 16 | 2 | 2 |
| Dec-09 | 7 | 4 | 0 | 3 |
| Jan-10 | 6 | 6 | 0 | 0 |
| Feb-10 | 4 | 2 | 2 | 1 |
| Mar-10 | 6 | 6 | 0 | 0 |
| Total | 126 | 94 | 15 | 18 |
| | | Specific Roles - Commissioning | Specific Roles - Provider | |
| Apr-09 | 3 | Baby Clinic, Public Health | Community Nursing | |
| May-09 | 16 | Public Health, Audit, | Physiotherapy, Brain Injury, Counselling, Community Nursing | |
| Jun-09 | 15 | Public Health | Psychology, Speech and Language Therapy. | |
| Jul-09 | 26 | Community Health Champion | PBC | |
| Aug-09 | 7 | Audit, | | |
| Sep-09 | 7 | Patient Story, | Breast Disease, 2xSpeech and Language Therapy | |
| Oct-09 | 9 | 2xAudit, Baby Clinic, | Cataract / Glaucoma Pathway | |

| | | | | |
|---------------|-----------|---|---|--|
| Nov-09 | 20 | 3xAudit, Community Health Champions, Patient Story | 2xCataract / Glaucoma Pathway, Community Development course | |
| Dec-09 | 7 | Community Health Champion, 2xAudit, | | |
| Jan-10 | 6 | 2xAudit, Cancer Services | | |
| Feb-10 | 4 | 1x Mystery Shopper/Readers Panel and HR, 1x Cancer Voices Group | 2xCommunity Health Champions | |
| Mar-10 | 6 | 5x You're Welcome Inspectors, 1 X Comms Team | | |

APPENDIX B**Patient Story Activity 2009/10**

| Date | Topic |
|--|--|
| Wednesday 8 September 2008 | Living with HIV |
| Tuesday 26 November 2008 | Caring for someone with a mental health problem |
| Wednesday 17 December 2008 | Surviving cancer |
| Tuesday 3 February 2009 | Using substance misuse services |
| Wednesday 10 th March 2009 | What is it like to be a carer of a child with a long-term condition? |
| Tuesday 7 th April 2009 | Living with a head injury |
| Tuesday 5 th May 2009 | Emotional aspects of long-term illness |
| Wednesday 10 th June 2009 | What do you want to know about MS? |
| Thursday 10 th September 2009 | Caring for an adult with dual diagnosis |
| Tuesday 17 th November | A Cancer Journey with a needle phobia – Bengali Community |
| Wednesday 9 th December 2009 | Using Transgender services |
| Thursday 14 th January 2010 | Story from the Chinese Community |
| Wednesday 20 th January 2010 | Living with Autism |
| Friday 12 th February 2010 | BME Story – Caring and working within a Muslim family |
| Thursday 25 th February 2010 | Brain damage and facilitated communication |
| Wednesday 10 th March 2010 | BME Story |
| Monday 15 th March 2010 | Living with Fibromyalgia |
| Wednesday 21 st April 2010 | BME Story |
| May 2010 | Journey through Visual Impairment |