

<b>Details of visit</b>	<b>Charles Clifford Dental Services</b>
<b>Service Provider:</b>	<b>Sheffield Teaching Hospitals NHS Foundation Trust</b>
<b>Service address:</b>	<b>76 Wellesley Road, Sheffield S10 2SZ</b>
<b>Date and Time:</b>	<b>Monday 31 October 2016, 11.00 am – 1.00 pm</b>
<b>Authorised Representatives:</b>	<b>Clive Skelton, Linda Gregory</b>
<b>Contact details:</b>	<b>Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW</b>

## Acknowledgements

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

## Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

## Purpose of the visit

- To gather information to inform us about how Charles Clifford addresses access issues in general and with reference to those with particular needs.
- To identify examples of good working practice
- To observe the environment and processes in the public areas during surgery sessions
- To identify any areas for improvement and make suggestions if appropriate.



## Strategic drivers

- Healthwatch Sheffield focus on access for excluded groups
- To complement our work on disabled people's access to dental services.



## Methodology

We visited the Charles Clifford Dental Hospital site which is a Dental Teaching Hospital; it offers a free service performed by University of Sheffield dental students (under supervision of experienced staff). To qualify for the service you must not be undergoing a course of treatment by a local dentist. The hospital provides dental outpatient services for the Sheffield catchment area and in addition provides specialist services in all departments to patients from a much wider area including Oral & Maxillofacial (jaw and face) Paediatrics, Orthodontics and Restorative.

This visit was arranged via the Clinical Service Manager. Access was given to all the hospital floors, including all the reception and surgery areas. The visit was advertised in advance with Healthwatch posters being displayed in the main reception area.

We met with the Clinical Service Manager and talked to a consultant, dental nurses, a receptionist and 3 patients. The Clinical Service Manager provided us with a complete tour of the hospital.

## Summary of findings

We found a service that was appreciated by patients who thought that the treatment they received was very good. Staff communicated well and in a supportive manner.

The building is well presented but old and this presents limitations of access, also staff reported that it led to difficulties in organising treatment areas.

The main reception area is somewhat cramped and it can be confusing for patients to know where to go within the hospital.

There are no direct public transport options to the hospital and disabled parking is inadequate.

We were pleased to hear that the hospital is working with Disabled Go to see how they can improve the experience of disabled patients. This work is part of a planned series of visits across the Sheffield Teaching Hospitals NHS Foundation Trust sites.

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## Results of visit

### Access and the physical environment

#### Transport and parking

The problems of parking around the area are well known, there is limited parking immediately outside the hospital, currently there is one designated disabled parking space which is not well signed. We were told that there used to be some designated disabled parking on the one way street where the main entrance is located, but the City Council has converted all the spaces to general pay and display. From the nearest tram stop it is a 10-minute uphill walk. The nearest bus stops are a short walk away on Whitham Road.

#### Access

The hospital was originally built in 1953 and this does provide some access challenges. There is a ramp to the main entrance which looks quite steep, especially for wheelchair users. Wheelchairs can gain access from the side entrance but this is not well signed from outside the building. The hospital is aware that access is not always good and have Disabled Go coming in to give them advice on how to improve it. There are newly acquired updated wheelchairs for use by patients when attending the hospital.

Once inside there are currently no signs directing people in to the main reception area. On entry in to the initial lobby area there is a large written plan explaining where services are located within the building.

The main reception area is a bit cramped and there is no lower desk section accessible to wheelchair users.

It can be slightly confusing as to which floor you need to go to for your treatment. On occasions, the hospital has "meet and greet" volunteers, we felt this must be a useful role.

In general consulting areas are accessible to wheelchair users, although many patients with special needs are seen in the community surgeries provided by the hospital. There is a consulting room within the hospital where patients can remain in their wheelchair for treatment.

For treatment and consultation visits, the hospital uses a telephone interpretation service, whilst in paediatrics a face to face interpreter service is used. The hospital has a hearing loop and can provide a British Sign Language Interpreter.

### **Children**

There is a separate clinical area for treating children, this seemed welcoming with a dedicated play area and whilst it was busy when we visited it had a calm atmosphere. Children usually see their own dentist for general treatment however should they require specialist care or teeth extracting under general anaesthetic they are referred by their dentist to the paediatric department. The paediatric department also provides an emergency service for paediatric dental trauma/pain.

### **Building and facilities**

In general, the building is clean, bright, well-decorated and maintained but as noted earlier is constrained by the age of the building which is not a modern purpose built dental hospital.

Inside the hospital there is a lift to the individual reception and surgery areas, although not all the toilets are served by the lift as they are in between floors. On the ground floor there is a "crossover" area in front of the lift which looked as though it could get a bit chaotic.

There are large clean accessible toilets in the hospital, the only drawback being that they are rather old and outdated. Whilst there are some toilets in between floors, there are others that are accessible on the ground floor or via the lift.

The hospital provides baby changing facilities and advertises that it will accommodate breast feeding. Currently the hospital is looking at providing adult changing facilities.

A coffee "cart" has been introduced so that patients can get a drink whilst waiting for their appointment, this has proved popular but has reduced the amount of space available in the reception area.

### **Information**

There is a wide range of information for patients displayed in all the reception and waiting areas and in several areas there is a range of dental products for sale. The reception areas have a lot of seating but apparently can get busy at the start of clinics, televisions are provided in the clinic reception areas.

Information, if requested, can be provided in another language. Within the paediatric service there are simpler/more pictorial information leaflets. Within the special care community settings leaflets are provided in an easy to read format.

### **Opening hours**

Currently the opening hours are: Monday to Friday 08.30 – 17:00

There is no weekend working but additional clinics are occasionally offered at a separate building just down from the main hospital. They are currently looking at extended working hours and have started an evening session.

## **Staff and Training**

The hospital is linked to the University School of Clinical Dentistry which has an intake of 80 undergraduate dentists and 30 hygienists and therapists each year: the hospital provides the practical training. 15 apprentice dental nurses per year are also trained within the dental hospital.

We were informed that the hospital has no recruitment problems and staff retention is good, with many staff having worked there for several years.

Staff undertake all relevant training for their role within the hospital as well as undertaking mandatory training around areas such as Safeguarding and the Mental Capacity Act.

In staff feedback, we were told that ideally, they would like a new purpose-built hospital. They could, for example, increase patient confidentiality if the dental chairs were spaced further apart but this is not possible within the current building. There are other areas that could do with a revamp including patient toilets. The other consideration in making any changes is the University: for example, changing treatment hours requires their agreement.

Staff told us that they felt the biggest challenge faced by the hospital is that it is an old building and this restricts what they can do.

## **Patient feedback**

The hospital welcomes patient feedback and has staff that respond to both compliments and complaints, reporting that positive comments outweigh complaints.

Patients spoken to in the main reception area were all positive about the treatment they received at the hospital and found the dental staff to be empathetic and caring. However one person raised a concern about the way their call was handled when they had to change their appointment due to a hospital admission. They felt that they were asked too many intrusive questions about their health condition. Another patient reported that they could not get through on the phone and were placed in a holding queue, on one occasion holding on for 25 minutes and remaining at number 3 in the queue. Eventually they gave up trying and came to the hospital instead.

Staff informed us that there had been an issue with the time taken to answer phone calls previously but felt that this had now been resolved by employing 4 call centre staff.

## **Additional Findings**

The hospital is already committed to working with Disabled Go, this should help them to look creatively at how they can continue to improve access to the Hospital.

Staff have ideas for revamping the reception area. If the money could be found, it would be beneficial to the patient experience.

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## Recommendations

- Improve signage to the disabled car parking space and wheelchair access from the side entrance
- Explore how more disabled parking space could be made available
- Maintain the presence of volunteers to perform the “Meet and Greet” service, and work to increase recruitment of volunteers by advertising the role on posters within the waiting areas
- Consider setting targets for how long it is acceptable to hold for when calling the main appointments phone number and how many attempts it takes to get through. Monitor this by carrying out regular mystery shopping spot checks, and devise action plans when these targets are not met
- Review the call handler script to ensure that patients are not being asked unnecessary and intrusive questions
- Consider adding a sign inside the building which directs people to the main reception area.

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## Service Provider Response

We are pleased with the overall positive feedback from the report and this has been shared with staff. Please see below our response to the specific recommendations within the report.

### **Recommendation 1 - Improve signage to the disabled car parking space and wheelchair access from the side entrance**

The Estates department have already been over to discuss what is required in relation to signage for this area. This is part of a survey already carried out within the Trust. The CCDS management team following staff engagement set up a working group looking at the environment, signage will play a major part of this piece of work.

The Trust has recently commissioned a Trust wide access audit and review of facilities with people with a disability. A team of disability specialist surveyors will undertake the audit. Following which detailed information regarding the location and description of facilities for people with a disability will be published via the Trust website. The audit will also highlight good practice as well as areas for improvement including signage to disabled facilities.

Explore how more disabled parking spaces could be made available.

The Estates department are in consultation with Sheffield City Council in relation to this. Some years ago parking of approximately 3 disabled parking spaces directly outside the front of the CCDH was converted to pay and display by Sheffield City Council. We have requested these be reverted back to disabled and we await the outcome.

**Completion date: December 2017**

**Recommendation 2 - Maintain the presence of volunteers to perform the meet and greet service and work to increase recruitment of volunteers by advertising the role on posters within the area**

The Clinical Service Manager has met with the Engagement & Feedback Manager regarding volunteers and the possibility of meet and greet volunteers to work in our main reception at busy periods throughout the day.

**Completed January 2017**

We are going to have discussion on how we utilise volunteer welcomers to ensure that they have a fulfilling role description.

**Completion date: June 2017**

**Recommendation 3 – Call handling**

Consider setting targets for how long it is acceptable to hold for when calling the main appointments phone number and how many attempts it takes to get through. Monitor this by carrying out regular mystery shopping spot checks, and devise action plans when these targets are not met.

A large piece of work was carried out regarding difficulties in patients contacting the CCDH some years ago. From this a Contact Centre was set up to improve telephone communication for patients. This was very successful with very few ongoing complaints. We will over the next 3 months review Patient Services Team concerns in relation to problems contacting the CCDH. The PST will carry out a planned process for regular mystery shopping and the Business Management team will also monitor the answering of telephones within the Service Level 1 Agreement which states that calls should be answered within 45 seconds and track contact centre activity. If the calls are not being answered within the time frame then this will be escalated to the Operations Director and an action plan developed.

**Review: May 2017**

The management team have reviewed the Call Handler script and feel that patients are not being asked unnecessary and intrusive questions. Further feedback will be sought from a selection of patients.

**Review: March 2017**

