

## Focus on: Communication

A report looking at how the public interacts with some health and care organisations, and how those organisations interact with the public.

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## About Healthwatch Salford

Healthwatch Salford serves as the local champion for health and social care. We are dedicated to listening to the experiences of those who use various support services in Salford, including GPs, hospitals, dentists, pharmacies, and care homes. As an independent entity, we have the power to ensure that feedback from the local community is heard by NHS leaders and other decision-makers, leading to improvements in care standards. We also provide assistance in finding reliable and trustworthy information and advice.

Being part of a network of over 150 local Healthwatch across the country, Healthwatch Salford contributed to helping nearly a million people voice their opinions and receive the support they needed last year. We are committed to understanding the issues that truly matter to the people of Salford and hearing about their experiences with local health and social care services. Our independence and impartiality ensure that any information shared with us remains confidential.

## Summary and recommendations

Effective communication has emerged as a central theme throughout this report, influencing every level of interaction within the health and care system. Whether between service providers and the public or among staff themselves, communication plays a pivotal role in shaping experiences. When it breaks down, it can intensify already stressful and emotionally charged situations for patients and their families.

Frontline staff are often at the forefront of these interactions and may bear the brunt of patient frustration. This underscores the urgent need for comprehensive training and support to help staff navigate challenging situations with confidence, empathy, and professionalism. Additionally, clear and consistent communication - through signage, printed materials, and digital platforms - is essential to help patients navigate services more easily and reduce anxiety.

Drawing on insights from a series of microprojects, this report presents seven key recommendations aimed at improving communication, staff support, and patient experience:

1. Training - Organisations should enhance staff training in areas such as mental health first aid, communication support, de-escalation techniques, and trauma-informed care to foster safer and more inclusive environments.
2. Positive Changes - When staff feedback leads to service improvements, these changes should be clearly communicated back to the workforce to build trust, boost morale, and reinforce a culture of transparency.

3. Staff Wellbeing - Organisations should prioritise staff wellbeing by creating more opportunities for open dialogue and implementing initiatives that support a psychologically safe and inclusive workplace.
4. Raising Awareness Among Patients - Targeted communication campaigns should be launched to raise awareness of zero tolerance policies and guide patients on how to appropriately raise concerns, promoting respectful and constructive interactions.
5. Signage - Salford Royal Care Organisation should review and enhance the clarity and consistency of its signage and site maps to help patients and visitors navigate the site with confidence.
6. Northern Care Alliance Website - The NCA website should improve the visibility and accessibility of its Complaints, Comments, and PALS sections to ensure patients and families can easily access support and provide feedback.
7. Gaddum Website -Gaddum should streamline its website navigation, making information about carers' assessments and young carers more accessible, and clearly outlining which services are available in each geographical area.

Together, these recommendations aim to strengthen communication, empower staff, and enhance the overall experience for patients and service users across Salford's health and care system.

## Introduction

Communication is defined as "The transmission or exchange of information, knowledge, or ideas, by means of speech, writing, mechanical or electronic media" (from Oxford English Dictionary, 2019).

Since Healthwatch began, communication has often been identified as one of the root causes of complaints related to patient care or service user experience. Poor communication can lead to misunderstandings, errors, and dissatisfaction.

For our communication project, we decided to examine how services interact with the public and vice versa. To achieve this, we conducted several microprojects, each focusing on different areas:

- Frontline Voices: Explored how staff perceive changes in public attitudes toward them and the level of support they receive from their organisations.
- Mystery Shop – Wayfinding: Volunteers attempted to navigate Salford Royal Hospital using only minimal information and existing signage to assess clarity and ease of navigation.
- Website mystery shop NCA: Evaluated the user-friendliness and accessibility of the Northern Care Alliance website through volunteer testing.
- Website mystery shop Gaddum: Evaluated the user-friendliness and accessibility of the Gaddum website through volunteer testing.
- Silent Voices: Highlighting the powerful work carried out by a group of d/Deaf individuals in Salford to influence and drive improvements within the health and care system.

## **Methodology**

Small working groups were established for each micro project to design question structures and identify the data required. Volunteers played key roles in the delivery of these projects, including acting as project coordinators for the Frontline Voices initiative, participating in the Mystery Shop – Wayfinding exercise, and contributing to reader panels for the Mystery Shop – Website Usability project.

Engagement activities were carried out over a three-month period, from November 2024 to the end of January 2025. Data collection methods varied by project, with online surveys used to gather insights for the Frontline Voices work.

Breakdowns in communication are often the tipping point where patient and service user experiences shift from positive to negative, sometimes escalating into avoidable conflict. Since the inception of Healthwatch, concerns about staff attitudes have consistently emerged as a common theme in public feedback, often amplified by negative media narratives. However, this represents only part of a more complex picture. In early 2024, the Healthwatch Salford Intelligence Subgroup, comprising staff, volunteers, and board members, identified a need to explore the dynamics between staff and patient attitudes across the health and care sector. This insight laid the foundation for the focus of this project.

## **Our findings – Frontline Voices**

The Frontline Voices microproject sought to gather insights from health and care staff about their interactions with the public, handling of difficult situations, support from colleagues and management, and the impact of work on home life. Data was collected through online and paper surveys.

One hundred people working across various roles in primary care, secondary care, mental health, social care, and the wider community participated in our survey. We asked them to provide their job roles, which allowed us to categorise the responses into four staff groups: Clerical and Reception; Clinical Professionals (GPs, dentists, consultants, etc.); Wider Health and Social Care staff (community staff, nurses, physiotherapists, social workers, etc.); and Management (senior leaders within teams and organisations). After analysing the results, it was determined that there were no significant leanings towards any particular staff group, so the following survey results have been reported in a combined format. Whilst this represents a relatively small sample of staff, it is important to recognise that these are the authentic voices of individuals working within the health and care sector in Salford, often under challenging circumstances. Their insights, though not statistically representative of the entire workforce, offer valuable, real world perspectives that deserve to be heard and considered.

### **Patients attitude towards staff**

To start our survey, we first asked participants if they felt that patient attitudes towards staff had changed much over the last year. Their responses indicated a

significant shift in public attitudes towards them, with nearly half (42) saying that attitudes had deteriorated, and only 9 (9%) saying that they had improved. The increasing demand and high expectations from patients in some sectors, they felt had become overwhelming. Patients often vented their frustrations with secondary care on primary care providers and vice versa, expecting immediate solutions and showing little tolerance for delays or complications.

- Overall, nine people said that patient attitudes towards them had improved (one of whom said they had greatly improved).
- 39 people felt that patient attitudes were about the same.
- 42 people felt that patient attitudes had deteriorated (12 of whom said they had greatly deteriorated).
- Four people were not sure.

While many patients remained kind and appreciative, we were told a growing number exhibited aggressive and demanding behaviour when their expectations were not met. This in turn often led to a surge in complaints, many of which were unfounded, and a general lack of respect towards frontline staff. Verbal aggression, particularly towards reception staff, had become more frequent, with some patients expressing frustration over the lack of appointments and long waiting times.

The expectations from wider families, concerned for their loved ones, was also seen to have increased. Many had expected extensive time and attention from staff, who were often already stretched thin due to low staffing levels.

The public's attitude was also felt to have changed from viewing NHS workers as heroes during the COVID-19 pandemic to treating them with frustration and disrespect. It was felt that negative media coverage and social media have contributed to this change, leading to a general acceptance of verbal and physical abuse towards healthcare workers. Despite some patients still showing appreciation, staff felt the overall sentiment seemed to have become more negative, with patients becoming more impatient, demanding, and seemingly less willing to take responsibility for their own health.

Some staff felt that the public's lack of understanding of the pressures and limitations faced by the NHS had led to unrealistic expectations and a decline in basic human respect. This in itself created a challenging work environment where staff felt under pressure, dealing with high levels of stress and some feeling unsupported by both the public and higher management.

A practice manager in primary care was quoted to say “The practice has a high proportion of patients who do not fully understand what ‘Primary Care’ is and can therefore have unrealistic expectations”

### **Challenging interactions**

Staff were asked if they had encountered challenging interactions with the public, which typically referred to difficult-to-manage or resolve situations. They were also asked if they felt prepared to handle such interactions and if they had worried about their own safety over the past 12 months.

The majority of respondents (33) reported encountering challenging interactions a few times a year, while 27 experienced them on a weekly basis. Additionally, 21 faced these situations monthly, and 10 dealt with them on a daily basis.

Most participants (62) felt prepared to handle challenging situations, with only 15 indicating they did not feel prepared. Regarding safety concerns, just over a third (34%) of participants reported feeling unsafe at some point in the last 12 months due to a challenging interaction with a member of the public.

Through our survey, we were told that threats to staff had become increasingly common, despite the presence of security guards in some settings. Some patients were seen to use intimidation tactics, including shouting and threatening behavior towards reception staff. Verbal aggression and unpredictable behavior could be frequent, with patients knowing there are often no consequences for abusing staff unless violence occurs. Some staff felt that this has led to a culture where those who shout the loudest often got what they want.

We were told of how staff often encountered angry family members who took out their frustrations verbally. Aggressive and intimidating behavior was seen to be common, especially when some patients are asked to abide by set policies.

While physical harm was rare, the psychological impact on staff was significant. Despite these challenges, some staff found ways to de-escalate situations, such as using their uniform to calm patients.

### **Staff training and ongoing support**

We were eager to understand the types of training staff had previously undergone and the kinds of training they were interested in. More than half of the participants reported having received training on our suggested topics, with 78 of them (83%) having completed conflict resolution training (53 in their current role and 25 from a previous role). Mental health first aid was the area in which participants had the least training, but it was also the area they most wanted to receive training.

Wellbeing conversations at work focused on staff members' overall health, happiness, and engagement, aiming to create a supportive environment where staff felt comfortable sharing concerns or challenges. During annual appraisals, 80 participants reported having these conversations, while 8 did not. Throughout the year, 75 participants had other opportunities for wellbeing conversations, but 14 did not.

Colleagues were identified as a major source of support in the workplace, followed by managers. However, some organisations were not perceived to be supportive by their staff, with 57 of them feeling unsupported or unsure. Additionally, 70 respondents felt their workload had increased over the past year, and 59 reported that this increased workload had negatively impacted their wellbeing.

A practice manager in primary care was quoted to say "I am fortunate to be in a practice where we support each other in stressful times."

Some respondents felt that the relentless pressure on healthcare staff was taking a significant toll on their well-being. Despite their best efforts to help and accommodate patients, staff frequently faced difficult situations, leading to high levels of stress and emotional exhaustion. Supporting frontline staff could be challenging, with many colleagues reported to be in tears daily due to the overwhelming workload and negative behavior from some patients. It was felt by some that this resulted in an unprecedented turnover rate among both administrative and clinical teams.

The demands of the job often required staff to work extra hours, some mentioning that this included unpaid overtime, which severely impacted their personal lives and relationships. The pressure to meet NHS targets and provide high-quality care in a limited time frame added to the stress. Many respondents felt they did not have enough time to complete their tasks, leading to anxiety and poor sleep. The increased workload and unrealistic expectations from some management exacerbate the situation, leaving staff feeling unsupported and undervalued.

Those who worked out in the community told us that they faced additional challenges, such as dealing with complex and frail patients in their own homes. These patients required more time and attention, but there didn't seem to be much corresponding increase in staffing levels. Respondents also commented that some discharges felt unsafe which often led to angry patients and families, who took out their frustrations on these remote workers.

A number of respondents also reported that the healthcare environment was marked by high stress, long hours, and a lack of support, leading to burnout and a decline in staff well-being. The increasing complexity of cases and the demanding nature of the job was making it difficult for some staff to maintain a healthy work-life balance, resulting in a workforce that is overwhelmed and struggling to cope.

We explored whether participants would share their concerns with anyone, finding that the majority (78) would tell their manager, 56 would tell a colleague, and 10 would tell others, including family and partners. However, 6 participants said they would not tell anyone due to past experiences of inaction.

- 78 people would tell their manager
- 56 people would tell their colleagues
- 10 would tell someone else
- Six wouldn't tell anyone

Staff had mixed feelings about whether their concerns are taken seriously. Many felt supported by their immediate colleagues and managers, who listened and provided a space to unload their burdens. However, there was a common sentiment that while concerns are heard, they were not always acted upon, especially higher up the chain of command. Some staff believe their concerns were often ignored or turned back on them as a reflection of their performance.

There was a sense of frustration among some staff due to the lack of visible leadership and effective solutions from senior management. While some felt fortunate to be part of a caring and proactive team, others felt that the organisation

did not genuinely care about their well-being. This has led to a feeling of helplessness among some staff, who doubt that their concerns will lead to meaningful change.

A clerical worker in secondary care was quoted as saying “My manager always listens but not sure if things are actioned. At least I can unload my burden by talking.”

When asked if they had ever seen a positive change brought about by a concern they had raised at work, the results were relatively evenly split. 35 felt they had seen a change, 30 said they hadn't, and 28 were unsure. Some staff observed several positive changes at work following their concerns. A stronger stance on zero tolerance across the sector had been adopted, ensuring that any form of abuse or aggression was not tolerated, making the work environment safer and more supportive. Some staff had seen improvements in their daily routines, such as being moved around less frequently without notice, which had reduced stress and increased job satisfaction.

Community staff had benefited from the introduction of personal safety devices and mobile phones, along with robust lone working processes, enhancing their safety during home visits. Regular quality improvement work had also been undertaken to address issues raised through incident reporting systems. Concerns about poor multidisciplinary team (MDT) involvement in patient care had also been addressed, leading to better collaboration and improved patient outcomes. In some cases, staff had seen their concerns about unsafe staffing levels and workload pressures escalated and acknowledged by higher management, resulting in greater awareness of the challenges faced by frontline teams.

Overall, whilst there were still areas where concerns were not fully addressed, staff had seen meaningful changes in response to their feedback, contributing to a more supportive and effective work environment.

## **Salford's Journey to Becoming a Trauma Responsive City**

Salford's vision of becoming a trauma-responsive city began in 2017. Since then, the city has embarked on a whole-system journey aimed at improving outcomes for individuals who have experienced trauma, adversity, and adverse childhood experiences (ACEs).

Salford is committed to preventing and mitigating the impact of trauma across all age groups and services, including within its own workforce. This commitment is guided by the principles of the trauma-informed approach outlined by SAMHSA (2014), commonly referred to as the "Four R's":

- Realise the widespread impact of trauma and it is necessary to understand potential pathways for recovery.
- Recognise the signs and symptoms of trauma in clients, families, staff and others involved in the system.
- Respond fully integrating knowledge about trauma into policies, procedures and practice.



- Resist Actively seeking to resist re-traumatising people.

Salford is currently advancing this ambition through the development of a refreshed strategy rooted in strengths-based approaches. The vision places relationships at the heart of practice, with a focus on building resilience and improving outcomes for all residents through relational, compassionate support.

For further information, please visit: <https://www.trgm.co.uk/salford>

### **Impact on personal life**

A significant majority of participants, 87 in total, reported worrying about work even when they were not at work. Of these, 70% (61 participants) further indicated that they had looked for another job in the past 12 months due to work pressures.

A clerical worker in primary care was quoted to have said “In healthcare settings you can't avoid taking work home and the stress just piles up.”

To finish with, participants shared a range of views on public attitudes towards them. Many felt fortunate to work in supportive environments where colleagues and managers backed each other up during stressful times. While some interactions with patients were positive, others were harsh, with some commenting that patients seemed to forget that healthcare workers are also human and have feelings.

Some felt that the pressure on NHS staff was overwhelming, and the public's reduced understanding and appreciation exacerbated the situation. Negative and challenging behaviors from patients was seen by some as pushing professionals away from healthcare. Some respondents also noted an increase in difficulty during consultations, especially with young adolescents who were distracted by mobile devices.

Some community staff said they faced additional challenges, such as a lack of clear policies for dealing with aggressive patients and insufficient support for managing high-risk situations. Despite these difficulties, many staff members enjoyed their roles and the opportunity to support families.

Respondents generally felt there is a need for better communication and clearer information to prevent misunderstandings. While many patients are appreciative and understanding, negative interactions can significantly impact staff well-being.

From this micro project, we have made the following recommendations:

- Training - Organisations should enhance staff training in areas such as mental health first aid, communication support, de-escalation techniques, and trauma-informed care to foster safer and more inclusive environments.
- Positive Changes - When staff feedback leads to service improvements, these changes should be clearly communicated back to the workforce to build trust, boost morale, and reinforce a culture of transparency.

- Staff Wellbeing - Organisations should prioritise staff wellbeing by creating more opportunities for open dialogue and implementing initiatives that support a psychologically safe and inclusive workplace.
- Raising Awareness Among Patients - Targeted communication campaigns should be launched to raise awareness of zero tolerance policies and guide patients on how to appropriately raise concerns, promoting respectful and constructive interactions.

## **Our findings – Salford Royal Wayfinding**

For this micro project, a group of Healthwatch Salford volunteers were invited to Salford Royal Hospital to take part in a series of five wayfinding exercises. Each volunteer was tasked with navigating from a designated starting point to a specific destination within the hospital, using only the resources available to the general public, such as signage, wall-mounted maps, and assistance from staff.

These exercises were designed in response to ongoing feedback received by Healthwatch over recent years, highlighting the challenges some patients and visitors face when trying to find their way around the hospital site.

Volunteers completed the exercises independently and timed each journey. While all participants were in good physical health, they were encouraged to approach the tasks from the perspective of individuals with different accessibility needs. For example, one volunteer simulated the experience of someone with a fear of using lifts and opted to use stairs exclusively, while another took on the role of someone unable to use stairs and relied solely on lifts to move between floors.

### **Exercise 1 - Dermatology**

For our first exercise we wanted the volunteers to find the Dermatology department in outpatients.

They were given the following brief details: 'You have an appointment at: Salford Royal – Dermatology Outpatients, Level 0, Irving Building. You have arrived by car and parked in the main car park.'

Starting in the main car park, it took our volunteers an average of 7 mins to find dermatology outpatients. They thought that to start with it was difficult to locate the department, with all initially getting lost and commenting that they had no indication upon entering the Irving Building that they were in the Irving Building. However, once inside the correct building, they felt it was easy to find.

They reported that the signage was generally clear, especially from the car park, but noted several issues that could hinder navigation. These included a lack of clear indication when entering the Irving Building, signs being obscured by objects like bins or porters' cages (near to the lift), and some signage placed too high to notice easily when stressed or in a hurry. One did mention that they found the signage from the car park more helpful than that once you were inside the main building.

However, it was noted that the layout felt confusing and maze-like, with a lack of signage in key areas such as near the stairs by the restaurant, which made the journey feel longer and more complicated.

## **Exercise 2 - Haematology**

For our second exercise, we wanted the volunteers to find the Haematology department.

They were given the following brief details: 'You have an appointment at: Salford Royal – Haematology, Level 1, Brook Building. You have arrived by car and parked in the main car park.'

This exercise took our volunteers an average of 4 minutes, 40 seconds to complete starting in the main hospital car park. The majority found the experience of locating the department somewhat confusing. Some got lost and had to navigate through multiple buildings, including the Mayo and Brooke Buildings, before finding the correct signage. Others needed to ask for directions, indicating that whilst the signs were eventually helpful, the overall route lacked clarity and could be disorienting.

Some of our volunteers eventually found clear signage, with others noting that initial signs were either missing or unclear, particularly in the Brooke Building where directions to Haematology lacked detail. Suggestions included adding more directional signs at key junctions to reduce uncertainty and improve clarity. One of our volunteers said that 'not knowing where to go, made me feel quite anxious'.

## **Exercise 3 – Ward H4**

For our third exercise, we wanted volunteers to visit ward H4.

They were given the following brief details: 'You are visiting a relative who is currently in: Salford Royal – Ward H4. You have arrived by tram and walked up Stott Lane.'

Taking on the role of a visitor having arrived by tram and alighting at Ladywell tram stop, our volunteers started this exercise from the junction of Salford Royal Hospital on Stott Lane (next to Meadowbrook Unit) and it took them on average, 20 minutes from this point to find the correct ward. Most entered the hospital through the entrance into the Irving Building but as this was not well signposted, one continued to walk up Stott Lane to see if they could see any other signage to get into the building. For this volunteer, they walked past the main doors to the emergency department and when asked by a member of staff if they needed help, were directed to a 'cut through' in between main hospital and new trauma building, but walking alone, they ended up coming to a dead end and getting totally lost.

All volunteers had to ask for help from staff for this exercise. For those that had entered the main Irving building and made their way down the corridor to the outpatients department, their confusion grew. Some staff were unsure of where ward H4 was and others had to ask colleagues to give the best directions.

Once inside the Hope Building near to the lifts, all volunteers commented on how clear the signage was and easy to follow.

#### **Exercise 4 – Ward L7**

Our fourth exercise focussed on the volunteers locating Ward L7.

They were given the following brief details: ‘You are visiting a friend who is currently in: Salford Royal – Ward L7. You have arrived by bus and entered the hospital from Eccles Old Road.’

Starting at the main bus stop just outside the hospital on Eccles Old Road, our volunteers took an average of 9 minutes to find the ward. They found the ward relatively easy to locate when approaching from Eccles Old Road or the bus stop, especially once inside the Ladywell Building where signage, including lift directories, was clear and helpful. However, one noted that while signage was present, it required close attention, and suggested that a larger, more visible map outside the building would improve the experience.

A couple of our volunteers were approached by hospital volunteers offering directions and found these to be an extremely valuable assistance. Some comments noted that the signage could be difficult to see for those with visual impairments due to low-contrast lettering (white lettering on light grey background), and that signage near the Irving Building and staff entrance was less clear. Visibility of signs improved after making their way along the corridors, but older or visually impaired individuals might still face challenges navigating the area.

#### **Exercise 5 – Discharge lounge**

Our fifth and final exercise required the volunteers to locate the discharge lounge.

They were given the following brief details: ‘You are picking a friend up after their stay in hospital: Salford Royal – Inpatients Discharge Lounge, Ladywell Building. You have arrived by car and park in the main car park.’

This final exercise took our volunteers on average 8 minutes to complete with the majority saying they felt it was quite easy. For those who found it difficult, they had relied upon referencing the wall map in the hospital to the right of main reception, which appeared to give incorrect information. As before, hospital volunteers provided much needed clarification to help guide them across to the main building.

Overall, our volunteers found these navigation exercises relatively easy, which indicates that some of the signage at Salford Royal Hospital works well. They noted that signage in the Brooke Building was less effective due to the abundance of small signs, which made navigation more difficult compared to other areas. While signage inside the hospital was generally consistent, it seemed to lack clarity outside the buildings. Additionally, the use of white lettering on grey backgrounds was criticised for being hard to read, particularly for those with visual impairments, making wayfinding less accessible overall.

They also commented that whilst there weren't many outright incorrect signs, some signage was confusing or incomplete. They observed missing or blank signs in certain areas, which made navigation unclear until turning a corner where more information appeared. Maps on the walls were also described as difficult to interpret, and the use of silver lettering on a wood background for core values at the main entrance was seen as hard to read, contributing to a lack of clarity and effective wayfinding.

When it came to whether the individual buildings and entrances were clearly identified, our volunteers told us that while some buildings had visible names from the car park, others like the Brooke, Ladywell, and Hope buildings lacked clear external signage. Once inside, it was often difficult to tell when one had entered a different building, suggesting a need for clearer internal markers or signs indicating building names and zones to help with orientation.

From this microproject, we make the following recommendation:

- Signage - Salford Royal Care Organisation should review and enhance the clarity and consistency of its signage and site maps to help patients and visitors navigate the site with confidence.

## **Our findings – Northern Care Alliance (NCA) website mystery shop**

Our review panel consisted of five members with varying levels of experience and confidence in using IT equipment. To better understand their digital proficiency, we asked each panel member to rate their confidence on a scale from 1 (complete beginner) to 10 (very advanced). The scores were: 6, 7, 8, 8, and 9. One panel member also noted a dexterity issue, requiring the use of a stylus instead of a traditional keyboard.

The panel was given a set of scenarios to work through, designed to assess how easily they could locate specific information on the websites. Each task was timed to evaluate the overall user-friendliness and accessibility of the sites.

Our first scenario focussed around changing an appointment:

Panel members were given the following details: 'You have an outpatient appointment with dermatology at Salford Royal Hospital that you need to change. Please find the information that provides you with a telephone number to ring to change this appointment.'

Members then started from webpage: <https://www.northerncarealliance.nhs.uk/>

The majority of panel members found the contact number in under a minute and reported to have found this exercise to be fairly easy and straightforward, with some using the search function for 'dermatology' and others clicking on 'outpatients' as shortcuts. One of our reviewers located the contact number within 3 minutes, but was not sure if this was the correct number to be used for changing appointments and it wasn't until 12 minutes later into the exercise that they discovered the page for outpatient appointments and realised it was the same number.

For the second scenario, we wanted panel members to find the contact details about making a complaint or query:

Panel members were given the following details: 'You have a relative who is currently an inpatient at Salford Royal Hospital but have concerns for their treatment or care. Can you find the details of where you can make a complaint of query to?'

They then started the exercise from the webpage:

<https://www.northerncaresalliance.nhs.uk/>

Three of our panel members found this exercise to be more tricky than the previous one with only two finding the information in less than a minute. The others averaged around 5 minutes with the final member searching for 20 minutes. They did not immediately find any contact or page for making a complaint, with two of them using their knowledge of PALS, to quicken the search for this. One member commented that they felt the complaints email and phone number was just for serious formal complaints and didn't feel this would be right in all circumstances.

Our third exercise was not timed but centred around the panel members scrolling through the pages to review the content in no particular order, making notes on the layout, appearance, accessibility and other things.

The panel's first impressions of the NCA website were mixed. While many acknowledged that the site is well-designed and visually appealing, they also noted that it can feel overwhelming due to the volume of information and the complexity of its structure. Some users appreciated the clear layout and adherence to NHS design standards, but others found navigation challenging, especially without prior knowledge. Specific issues included a cluttered navigation bar, oversized tiles that obscured links, and a lack of intuitive organisation in sections like "Services A-Z," which failed to direct users effectively to relevant content.

We next asked panel members what they thought about the font and colours. Generally, they felt that the font and colour choices on the NCA website were thoughtfully designed and visually effective for most users, aiding navigation and readability. While some acknowledged they couldn't speak directly to the experience of users with visual impairments, they believed the design struck a good balance for first-time visitors. However, there were comments about the site feeling crowded, and suggestions were made to include features like text resizing and higher contrast options to improve accessibility. One comment noted that the site lacks some of the accessibility features found on other health and care websites, indicating room for improvement in inclusive design.

Panel members generally found the information on the NCA website to be clear, well-written, and easy to understand. They appreciated the use of plain language and minimal jargon, which made the content accessible to a broad audience. While the overall clarity was praised, a few noted that some technical terms could be simplified further. One recurring point was that the information was easy to understand once located, suggesting that while the content itself is strong, navigation challenges may still hinder access to it.

We pointed out to members that the NCA covers four care organisations from Salford, Bury, Rochdale and Oldham and asked whether they felt it was clear to use from people in these different areas. They generally found that the NCA website made a reasonable effort to accommodate users from these areas, despite the inherent complexity of uniting four care organisations under one alliance. It was acknowledged that the website handled this complexity fairly well, with clear signposting and dedicated tabs for each area. Overall, while the structure is complex, the website was seen as doing a good job within those constraints.

The overall feedback from the review panel was largely positive, with many praising the NCA website for its design, accessibility, and informative content. However, panel members highlighted that the sheer volume of information and the inherent complexity of healthcare can make the site feel overwhelming. While the site is seen as functional and meeting standard expectations, there were consistent calls for improved navigation, clearer structure, and enhanced accessibility features. Some felt the site is more intuitive for those familiar with the healthcare system than for the general public, suggesting that reorganising subpages and emphasising key sections could make it more user-friendly for all visitors.

From this micro project we have made the following recommendation:

- Northern Care Alliance Website - The NCA website should improve the visibility and accessibility of its Complaints, Comments, and PALS sections to ensure patients and families can easily access support and provide feedback.

## **Our findings – Gaddum website mystery shop**

Our review panel continued with a similar exercise, this time focusing on the website for Gaddum, Salford's carer service. As before, panel members were given a set of timed scenarios to work through, designed to assess how easily they could locate key information and navigate the site.

Our first scenario centred around trying to get a carers assessment:

Panel members were given the following details: 'You are an adult carer looking after a relative and feel overwhelmed with finances, lack of time, and generally not knowing where to go for support. Somebody told you to get a carers assessment. Can you find the details of what this entails and how you go about requesting one?'

Panel members then started from the webpage: <https://www.gaddum.org.uk/>

Only one out of the five panel members were able to locate the information in under one minute, with the longest time taking a panel member 15 minutes. They had mixed experiences when trying to find information with some who found the process straightforward, especially when using clearly labeled sections like "Carers" or "Adult Carers," which led to helpful explanations and referral forms. However, others found it frustrating and not easily understood, with key links like the self-referral form being difficult to locate or seemingly absent. There were concerns that users unfamiliar with the site might assume the information isn't available and resort to contacting support directly. Suggestions included making referral options more visible and

reducing distractions like donation prompts, which could feel inappropriate or pressuring to some users.

For our second scenario of the Gaddum website, we wanted the panel to find information out that would help a young carer:

Panel members were given the following details: 'You know a young person who is looking after their parents and needs more support. Can you find out where they can get help or information?'

Panel members then started from the webpage: <https://www.gaddum.org.uk/>

Panel members generally found the task of locating information for young carers on the website to be relatively easy. Several described the process as straightforward, with two individuals managing to find the relevant information in under a minute. Many appreciated the website's clear structure, noting that key sections were accessible within just a few clicks from the homepage. The content was seen as engaging and appropriately tailored for young audiences, offering helpful contact details and clear descriptions of available services. However, a few panelists pointed out that some important information, such as referral details and contact numbers, was less visible and often placed at the bottom of pages or hidden behind links that lacked clear labels. This, they felt, could lead to confusion or missed opportunities for support, highlighting the need for more consistent and prominent placement of essential details.

In a separate, untimed exercise, panel members were asked to scroll through the website freely and review its content, layout, appearance, and accessibility. First impressions were mixed. Some participants found the site easy to navigate, with a clear layout, accessible menus, and helpful tools that made information easy to find. Others appreciated the consistent navigation bar and suggested minor improvements, such as reordering content to prioritise contact information over testimonials. However, one panelist felt that the design was too simplistic and potentially demeaning, suggesting it might unintentionally patronise carers by implying they require a simplified interface.

Opinions on the website's visual design and accessibility features were varied. Some panel members found the visuals unappealing, describing the design as basic, whilst others appreciated the colourful presentation and noted that accessibility tools, such as options to increase text size, were prominently available and useful. While the contrast between text and background was generally considered adequate, a few areas were identified where improved contrast or larger default text could enhance readability. The Young Carers pages were specifically highlighted as being clearer and more visually engaging than the Adult Carers sections.

There was general agreement that the language used throughout the website was clear, easy to understand, and free from jargon. The use of plain, accessible language was particularly appreciated in sections aimed at young people, which were described as relatable and simply written. However, one panelist noted that the layout could be improved, as the content sometimes felt too spread out, which might



impact readability and overall user experience. Despite this, the clarity of the language was widely seen as one of the website's strengths.

Panel members also raised concerns about the lack of clarity regarding which services were available in different parts of Greater Manchester. Many found it unclear whether the services applied to all ten local councils, or just a few. While some area specific links were present, they were mostly limited to Salford and Manchester, and even these varied in the level of detail provided. Users noted inconsistencies, including missing contact information and broken links, such as the "Local Support Service" page. There was a general consensus that an easier way to filter or navigate by location, such as an interactive map or clearer regional segmentation, would significantly improve the user experience.

Overall impressions of the Gaddum website varied. Some panel members found it well designed, clear, and easy to navigate, especially after selecting either the Young or Adult Carers sections. They appreciated the layout, concise information, and supportive features like videos and contact details. Common suggestions for improvement included refining navigation labels, enhancing accessibility, and providing a clearer breakdown of services across Greater Manchester.

From this micro project we have made the following recommendation:

- **Gaddum Website** -Gaddum should streamline its website navigation, making information about carers' assessments and young carers more accessible, and clearly outlining which services are available in each geographical area.

## **Accessible Information Standard**

The Accessible Information Standard outlines how providers and commissioners of NHS and publicly funded adult social care services must ensure that disabled people, and those with impairments or sensory loss:

Can access and understand information about NHS and social care services

Receive the communication support they need to use these services effectively

All organisations delivering publicly funded NHS or adult social care must follow this Standard. Commissioners of these services are also required to take it into account. Meeting the Standard also helps organisations comply with the Equality Act 2010 and other relevant legislation.

By law (under section 250 of the Health and Social Care Act 2012), all organisations delivering NHS care or adult social care must fully comply with this Standard from 1 August 2016.

What does the Standard tell organisations to do?

As part of the Accessible Information Standard, organisations that provide NHS care or adult social care must do six things. They must:

1. Ask: find out if people have communication and information needs.

2. Record: record those needs in a clear and standardised way in electronic or paper based systems.
3. Flag: use alert systems to generate specific formats or to clearly indicate needs to others.
4. Share: include records as part of data sharing and treatment and referral processes.
5. Act: take steps to ensure people's information and communications needs are met.
6. Review: regularly review needs and ensure records are up to date.

More information

There is more information about the Accessible Information Standard on the NHS England website at [www.https://www.england.nhs.uk/accessible-information-standard/](https://www.england.nhs.uk/accessible-information-standard/)

For more information please email NHS England at: [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net) or telephone 0300 311 22 33. Or you can write to Accessible Information Standard, NHS England, 7E56, Quarry House, Quarry Hill, Leeds, LS2 7UE.

## **Our findings – Silent Voices**

Silent Voices is a long standing engagement initiative that has been hosted by Healthwatch Salford since 2019. The project brings together d/Deaf British Sign Language (BSL) users on a bi-monthly basis to identify and address key issues affecting their experiences with health and care services. Initially commissioned by the Salford Clinical Commissioning Group and now supported by NHS Greater Manchester, the project aims to empower the d/Deaf community and influence meaningful improvements in service accessibility and quality. Key achievements include:

- Awareness Raising: Developed a series of 'Top Tips' videos to educate health and care professionals on d/Deaf awareness and communication best practices.
- Improved Access to Services: Played a pivotal role in the commissioning of a BSL relay service, enabling better access to GP practices, pharmacies, and opticians in Salford.
- Inclusive Feedback Mechanisms: Supported the creation of a BSL video portal where individuals can share their experiences or submit complaints in their preferred language.
- Community Engagement: Organised a d/Deaf drop-in event, providing a platform for community members to voice their views directly to health and care providers.

## **Deaf Engagement Toolkit**

As part of a broader initiative, Silent Voices is co-developing a Deaf Engagement Toolkit with NHS GM, drawing on lived experience and community ties across

Greater Manchester. The group began by mapping Deaf engagement across GM's 10 boroughs and identifying accessible approaches. In 2025–2026, the group will expand to represent all boroughs, unify key themes, and collaboratively hold services accountable.

### **Collaborative Work in 2024**

In addition to achievements listed previously, the collaboration between Silent Voices and the Northern Care Alliance (NCA) has played a vital role in shaping the d/Deaf Strategy. By actively incorporating feedback from service users, the NCA has identified key areas for improvement and gained meaningful insights through personal experiences. This has helped colleagues develop a deeper understanding of the challenges faced by the d/Deaf community. As a result, the NCA has introduced several enhanced methods for d/Deaf patients to connect with its services, including:

- A BSL text reply service within interpretation and translation, allowing patients to check interpreter bookings independently.
- A BSL text reply service for PALS.
- A direct email for appointment queries: [dDeaf.Appointments@nca.nhs.uk](mailto:dDeaf.Appointments@nca.nhs.uk).
- Guides for staff on how to best support d/Deaf patients in clinics, wards, and emergency care.
- Ongoing work to improve access to induction loops.
- The reintroduction of the Communication Needs Passport, with messaging on the importance of 'ask, listen, do.'
- Pictorial resources now available in all care areas.
- Clear window masks made accessible.
- A business case for SignLive, currently under review.
- Updated interpretation and translation guidance, ensuring staff follow best practices.
- Improvements to special needs coding on patient systems, supported by training.
- New training packages in development and promoted where possible, though not yet mandatory.
- A 20 BSL healthcare signs video, introduced as part of the training alongside a member from Silent Voices and the executive team.
- A staff intranet, providing resources and support information.
- A new page on the main website for service users to access relevant information and resources, will soon follow.

The coproduction work has also enabled the NCA to engage with other local d/Deaf communities across its footprint, with the valued support of their respective Healthwatch organisations. Healthwatch Bury, Oldham and Rochdale have also expressed a strong interest in collaborative working and welcome any initiatives aimed at improving patient experience.

## Conclusion

This report has highlighted the critical role communication plays at every level of the health and care system, whether between service providers and the public, or vice versa. When communication breaks down, it often leads to increased frustration, compounding what are already stressful and emotionally challenging experiences for patients and their families.

Frontline staff, in particular, can be directly impacted by these breakdowns, sometimes becoming the focus of patient frustration. This underscores the importance of ensuring staff have access to appropriate training and support, empowering them to manage difficult situations with confidence and compassion.

Equally, the clarity and consistency of information provided to the public, whether through signage, printed materials, or digital platforms, are essential. When information is easy to understand and navigate, it helps reduce anxiety and enables patients to engage with services more effectively.

Drawing on insights from the series of micro projects, we have put forward our targeted recommendations to various health and social care providers with their responses as follows:

Response from Julie Cheney who is the Assistant Director of Patient & Service User Experience & Volunteers at the Northern Care Alliance NHS Foundation Trust:

“We acknowledge the findings of the latest Healthwatch report and appreciate its thorough review of secondary care services. The concerns raised—particularly in accessibility, waiting times, and service delivery—are being addressed with urgency.

In response to the report’s recommendations, we are implementing targeted improvements:

Training – Strengthening staff training in mental health first aid, communication support, de-escalation techniques, and trauma-informed care – Conflict avoidance reduction and prevention training was launched in February 2025. This teaches staff using a trauma informed approach in De-escalation, breakaway and physical intervention techniques.

Positive Changes – Ensuring service improvements prompted by staff feedback are communicated clearly to reinforce transparency - As part of our NHS Staff Survey Governance and Assurance process we encourage leaders at all levels, Divisions, Directorates and Teams to engage colleagues in conversations about the survey results and to use the data and the follow up conversation with colleagues to support the development of improvement action plans. The NCA areas of focus for 2025/26 will be shared with colleagues and communications regarding high level changes linked to the staff survey such as policy change and will be highlighted in "you told us, we have taken action" style updates.

Staff Wellbeing – Prioritising a psychologically safe and inclusive workplace through open dialogue and targeted initiatives. We provide a breadth of wellbeing support

that we offer through our comprehensive SCARF wellbeing programme that has a significant amount of psychological support as well as Physical, Financial, Environmental and Spiritual. We have trained over 850 Mental Health Champions connected to the Time to Change Pledge we signed in 2021 – this role is to help improve psychological safety of work environments and experiences. We stopped MHFA due to ongoing cost associated but we are self-sustainable with our Mental Health champions training programme.

Patient Awareness – Launching campaigns to raise awareness of zero tolerance policies and appropriate channels for patient concerns.

Signage – Enhancing the clarity and consistency of site navigation to improve patient and visitor experience is part of our Estates and Facilities Strategy.

Northern Care Alliance Website – Our communications team are committed to improving our website, and support improvement to accessibility of Complaints, Comments, and PALS sections for patients and families.

Further actions include optimising waiting times (the outpatient programme is establishing a new process for booking patient outpatient appointments, which will enable patients to choose their appointment date and time, resulting in fewer DNA's, patient cancellations and reduce waiting times), strengthening patient communication, enhancing staff training, and expanding service access. We remain committed to engaging with Healthwatch, patients, and staff to ensure meaningful progress. Further details of our actions will be shared, with regular updates to demonstrate measurable improvements.

Every patient who use our services at the Northern Care Alliance NHS Foundation Trust deserves safe, compassionate, and effective care, and we are dedicated to achieving this standard.”

Response from Claire Watson who is the Head of Service User Carer Experience and Improvement at Greater Manchester Mental Health NHS Foundation Trust (GMMH):

“GMMH welcomes this report from Healthwatch Salford and is committed to improving communication with our service users, carers and communities via our new Care and People strategies which will be published at the end of June 2025. Our People Strategy will launch our new Behaviour Framework which clearly sets out our expectations of all our people and was co-produced with service users, carers and staff. Our People Strategy also focusses on growing the culture of wellbeing to help our people thrive. As always, we will triangulate feedback from Healthwatch with our wider service user, carer and staff experience measures to monitor our progress.”

Response from Hannah Dobrowolska who is the Delivery Director for Health and Care Integration (Salford) at NHS GM (Salford):

“NHS GM (Salford) welcomes this report focusing on whether health and care services are effectively communicating with our public, and across our staff and services and would like to thank the volunteers who visited health and care services to inform this review. We will work with the providers identified in this report on taking forward the seven recommendations to improve communication, staff support and patient experience.”

Response from Lauren Edwards who is the Head of Operations at Gaddum:

“Thank you to Healthwatch Salford and the volunteers who have undertaken this fantastic piece of work. The insights and recommendations provided are well considered and incredibly useful to us as an organisation to improve the functionality of our website for people accessing our services. We will be looking to embed this learning within the next couple of months.”

## **Next steps**

Healthwatch Salford is committed to ensuring that the insights and recommendations outlined in this report lead to meaningful and sustained improvements. Over the next 12 months, we will revisit each of the recommendations and the responses received from health and social care providers.

This follow up will include:

- **Monitoring Progress:** Assessing the extent to which providers have implemented the recommended changes.
- **Engaging Stakeholders:** Continuing dialogue with service users, staff, and partner organisations to gather feedback and identify any emerging issues.
- **Sharing Updates:** Publishing a follow-up report or update to highlight progress, share best practices, and identify areas requiring further attention.
- **Encouraging Accountability:** Supporting providers in maintaining transparency and responsiveness to public feedback.

By maintaining momentum and fostering collaboration, Healthwatch Salford aims to ensure that communication, staff wellbeing, and patient experience continue to improve across the local health and care system.

## **Acknowledgments**

Healthwatch Salford extends sincere thanks to everyone who contributed to this project, from the project designers to the dedicated staff and volunteers who helped gather valuable insights. We are especially grateful to those who took time out of their busy days to complete the survey, providing the rich feedback that underpinned our research.

We also wish to thank the many organisations that played a vital role in promoting the survey and supporting other engagement activities.

**End of report**