

# **Patient and Client Experience Standards Biennial Report**

**April 2013 to  
March 2015**

**November 2015**

<b>Contents</b>	<b>Page No</b>
<b>1.0</b> Executive Summary	3
<b>2.0</b> Introduction	6
<b>3.0</b> Strategic Context	7
<b>4.0</b> Work plan	8
<b>5.0</b> Analysis	9
<b>5.1</b> Summary of key findings 2013/14	9
<b>5.2</b> Questionnaires	9
<b>5.3</b> Observations of practice	13
<b>5.4</b> Patient/client stories	16
<b>5.5</b> Overview of Workplan 2013-14	19
<b>6.0</b> Summary of Feedback on Regional Improvement Activities 2014-15	20
<b>6.1</b> Summary of local improvement activity during 2014/15	25
<b>6.2</b> NIAS feedback during 2014/15	33
<b>7.0</b> Additional Regional Patient and Client Experience Work	37
<b>8.0</b> Conclusion	41

## 1.0 EXECUTIVE SUMMARY

### 1.1 Background

Within Northern Ireland (NI) the Public Health Agency (PHA) is responsible for monitoring the implementation of the “Improving the Patient & Client Experience Standards” which were published by the DHSSPS (April 2009). These standards define what the public should be able to expect from all health and social care staff.

The five core standards relate to: -

- Respect
- Attitude
- Communication
- Behaviour
- Privacy & Dignity

To do this the PHA has worked collaboratively with the HSC Trusts and other relevant Health & Social Care (HSC) organisations to develop a comprehensive Patient and Client Experience programme.

This approach has demonstrated that qualitative information, particularly in relation to narrative story methodology provides a rich source of information which can inform and affect change by driving quality improvements.

This report covers the period from 21 April 2013 to 31 March 2015.

- During the first year (**1 April 2013 – 31 March 2014**) a number of methodologies were used to gain the ‘patient/client experience’ of health and social care.
- The second year (**1 April 2014 – 31 March 2015**) concentrated on driving quality improvements based on the feedback from the patient/clients and thus striving to enhance the patient/client experience.

## **Year One 2013-14**

There has been a significant focus by the PHA and HSC Trusts to implement and measure compliance with the patient/clients' experience standards. The PHA and HSC Trusts use a variety of methodologies to gain the patient/client experience and it is recognised that each method of feedback used by the Trusts has its strengths and weaknesses. This highlights the importance of using a suite of methods to capture and measure patient/client experience with the aim of improving services for patient/clients, carers and their families.

Overall the feedback has been positive however there are always opportunities for improvement and there was an agreement by the Patient/Client Experience Steering Group that for year two (2013-14), there would be a focus on improvement rather than measurement.

Four regional priorities were identified from patient/client feedback in year one and each of the 5 Trusts were asked to develop an action plan to roll out improvement work as a result of these themes. Trust also agreed to focus on some local improvements based on their individual Trust feedback.

## **Year Two 2014-15**

The feedback from all Trusts relating to the four regional priorities which were identified from patient/client feedback in year one indicates that they have either completed or have a programme in place to achieve improvements against all four of the outlined priorities.

During 2014/15 the emphasis was on local and regional improvement work to address the areas that had been continually identified and it was agreed that the patient/client experience team would integrate the information received from 10,000 Voices to measure the improvements.

The PHA has worked with Northern Ireland Ambulance Service (NIAS) to benchmark the approach taken by other ambulance services within the UK. A bespoke NIAS survey has been developed to focus on the patient/client experience - from the time patient/clients contact NIAS control via '999' through to the treatment and management by crews and to the handover at hospital.

## **Conclusion**

One of the main findings of the patient/client experience feedback has been that there is no “one size fits all” approach to improving experience and that what works really well in one setting might not work so well in another. There are however, some key factors and themes that are important to consider, such as the need for an experience programme to be incorporated across health and social care, the power of stories and the need to make the patient/client experience strategy central to the core goals of each organisation. There is a great deal of work being undertaken across health and social care to engage patient/clients in decisions about their own care, about the running of services and, increasingly, the prioritisation of services. Patient/client experience activities need to focus on understanding the ways in which improving patient/client experience, clinical effectiveness and safety are connected as well as helping people to understand the competing pressures within the health system. Patient/client experience means putting the patient/client and their experience at the heart of quality improvement and placing patient/clients and the public at the heart of everything we do.

## 2.0 INTRODUCTION

There is increasing evidence that the ‘experience’ that patient/clients, carers and their families have when they use the health services is as important to them as clinical effectiveness and safety<sup>1</sup>. Recent studies<sup>2</sup> have shown that organisations with a strong emphasis on providing high quality patient/client experience have been able to demonstrate links to better health outcomes. This is in stark contrast to the high profile inquiry into the failings at the Mid Staffordshire NHS Foundation Trust<sup>3</sup> which demonstrated that the quality of care was adversely affected when the focus was on targets and systems rather than on the patient/client experience.

Within Northern Ireland (NI) we want to ensure that throughout the entire patient/client journey in healthcare people are treated with compassion, dignity and respect. In April 2009, the DHSSPS published the “Improving the Patient & Client Experience Standards”<sup>4</sup>. This highlighted five core standards: -

- **Respect**
- **Attitude**
- **Communication**
- **Behaviour**
- **Privacy & Dignity**

The Public Health Agency is responsible for monitoring the implementation of these Standards. To do this the PHA has worked collaboratively with the HSC Trusts in developing a comprehensive Patient and Client Experience programme which uses a range of methodologies to gain the ‘patient/client’ experience of the health and social care to drive quality improvements and enhance the patient and client experience.

These include:

- patient/client stories
- observations of practice

---

<sup>1</sup> NHS Institute for Innovation and Improvement, 2012.

<sup>2</sup> NHS Confederation, 2010

<sup>3</sup> Francis QC, Report on the Mid Staffordshire NHS Foundation Trust, Public Enquiry, 2013

<sup>4</sup> DHSSPS, (2009) Patient and Client Experience Standards

- questionnaires
- 10,000 Voices initiative
- Complaints
- SAIs

This approach has demonstrated that qualitative information, particularly in relation to narrative story methodology provides a rich source of information which can inform and affect change by driving quality improvements. This report covers the period from 21 April 2013 to 31 March 2015.

- The first year (1 April 2013- 31 March 2014) a number of methodologies were used to gain the ‘patient/client experience’ of health and social care.
- The second year (1 April 2014- 31 March 2015) concentrated on driving quality improvements based on the feedback from the patient/clients and thus striving to enhance the patient/client experience.

### **3.0 STRATEGIC CONTEXT**

Patient/client experience is central to many key strategic drivers for innovation and improvement in health and social care services within Northern Ireland.

#### **➤ Quality 2020**

Quality 2020<sup>5</sup> sets the direction for improvement in the quality of health care in Northern Ireland and outlines that safety, effectiveness and patient/client focus will form the basis to determine and improve quality of care. Within the area of patient/client focus, this framework articulates that all patient/clients are entitled to be treated with dignity and respect and should be fully involved in decisions effecting their treatment and support.

#### **➤ Transforming Your Care (TYC)**

Transforming Your Care<sup>6</sup> sets the strategic direction for health and social care delivery and is about ensuring patient/clients are treated in the ‘right

---

<sup>5</sup> DHSSPS (2012), Quality 2020 – A Ten Year Strategy to Protect and Improve Health and Social Care.

<sup>6</sup> DHSSPS (2011), Transforming Your Care

place at the right time by the right person' which includes supporting patient/clients to remain in their own home by providing services in the community setting. It presents a significant opportunity to fundamentally improve the quality of care for everyone in Northern Ireland and places patient/client experience at the heart of these reforms.

Through these proposals the vision is to drive up the quality of care for patients, clients and service users, improve outcomes and enhance the patient/client experience so that people are treated in the right place, at the right time and by the right people. One of the key underlying principles of TYC is to place the individual at the centre of any model by promoting a better outcome for the service user, carer and their family.

#### **4.0 WORK PLAN**

During 2013/14 the PHA worked collaboratively with HSC Trusts to identify key areas to monitor patient/client experience. Each of the HSC Trusts carried out a range of audits in various settings including.

- Emergency Departments
- MAU
- Outpatients
- Radiology
- Inpatients

During the 2013/14 monitoring similar areas for improvement were identified to that of previous years. Therefore, it was agreed that during 2014/15 the emphasis would be on local and regional improvement work to address the areas that have been continually identified and the patient/client experience team would integrate the information received from 10,000 Voices to measure the improvements.

Each of the HSC Trusts were required to submit an annual improvement plan and provide regular updates on progress. In addition, the PHA led a regional work plan for improvement taking into consideration the information received from 10,000 Voices.



## 5.0 ANALYSIS

HSC Trusts are required to submit quarterly reports to the PHA and to develop an action plan which identifies the key issues, implementation strategy, timescales and responsible lead officer. The PHA analyse quarterly submissions and monitor action plans. In addition there is a comprehensive review and analysis of complaints and compliments at Trust and HSCB/PHA level.

\*All Tables will be colour coded as identified below for easy reference

<b>Colour coding for HSC Trusts</b>	
<b>BHSCT</b>	<b>Belfast Health &amp; Social Care Trust</b>
<b>NHSCT</b>	<b>Northern Health &amp; Social Care Trust</b>
<b>SET</b>	<b>South Eastern Health &amp; Social Care Trust</b>
<b>SHSCT</b>	<b>Southern Health &amp; Social Care Trust</b>
<b>WHSCT</b>	<b>Western Health &amp; Social Care Trust</b>

### 5.1 SUMMARY OF KEY FINDINGS IN YEAR ONE APRIL 2013 TO MARCH 2014

This section provides an overview analysis of the HSC Trust patient/client experience comprehensive programme. Including:

- patient/client questionnaires
- observed practice
- patient/client stories

#### 5.2 Questionnaires

Overall the response rate to the patient/client questionnaires was good and ranged from a return rate of 20% in the SEHSCT to 90% in the

SHSCT (table one). Volume of returns ranged from 440 at SEHSCT to 82 at WHSCT. However it should be noted that there are a variety of collection methods; some HSC Trusts used a freepost collection method for the return of questionnaires; whilst others used individual volunteers to assist with the completion and collection of questionnaires.

**Table one - Response rate from individual Trusts**

Trust	Distributed	Returned	Response Rate
BHSCT	584	335	57%
NHSCT	326	142	44%
SEHSCT	2200	440	20%
SHSCT	160	144	90%
WHSCT	300	82	27%

Overall, the feedback was very positive and it was encouraging that there have been improvements in the responses to many questions. A number of questions also received similar responses to previous years which identifies opportunities for development.

### 5.2.1 Overview of findings

The analysis of the completed questionnaires have identified a number of trends in the patient/client experience, the positive headlines i.e. those scoring **90% or above** are identified in the following areas:

- Patient/clients felt safe and supported
- Patients/clients being treated as individuals
- Considerations and respect for patients/clients wishes
- Welcoming and approachable staff
- Polite and courteous staff
- Compassionate and caring staff
- Patients/clients feeling they were being listened to
- Staff provided assistance when it was required
- Patients/clients always involved in decision making regarding their treatment

*“My concerns were listened to and taken seriously. I was treated with respect, care & compassion. The measures taken to ensure a positive outcome for my condition were weighed up by the surgeon & radiologists in a timely, unhurried way to make sure I received 1st class treatment.”*

The trends below were classified as **'Red' < 80%** or **Amber 80%-89%** and therefore require a further focus to improve patient/client experiences:

- Frequency of interruptions
- Reasons for interruptions not being explained to patients/clients
- Staff not introducing themselves or identifying their roles or responsibilities
- Patients/clients being treated in mixed gender areas
- Option to move when cared for in a mixed gender area
- Provision of information leaflets, particularly leaflets pertaining to the patient's/client's condition

*"One doctor took blood samples & then another came - continuity would have helped. I had several nurses - again it would have been better with one as some information was duplicated - sometimes I thought it meant different things."*

### 5.2.2 Overview of the analysis of the Questionnaires

All HSC Trusts used the Regional Patient Satisfaction Survey (appendix one) to carry out the local audits.

Table two below shows the regional overview of the responses.

#### Table two - RAG (Red Amber Green) rating

Green: > = 90%
Amber: 80%-89%
Red < 80%
Blue: Question was not appropriate in the area
Grey: Data was not provided
Dark Grey: Not Applicable

TABLE TWO – Regional Overview		BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
Respect	Consider your respect and wishes	99%	96%	99%	99%	97%
	Respect your religious and spiritual needs	99%	98%	98%	99%	97%
	Treat you as an individual	98%	98%	98%	96%	97%
	Where there times when you were (NO)interrupted		80%	92%	99%	95%
	Reason for interruptions (IF YES)	64%	73%	49%	100%	100%
Attitude	Staff were approachable	96%	92%	97%	96%	99%
	Staff were willing to help	98%	96%	97%	98%	100%
	Staff were willing to take time to listen to your concerns	95%	96%	97%	98%	97%
	Staff were caring and compassionate towards you	95%	96%	97%	97%	99%
	Staff were aware when you were upset	92%	94%	96%	94%	94%
	Staff were able to provide you with assistance when you needed it	95%	93%	97%	97%	100%
Behaviour	Staff demonstrated politeness and courtesy	98%	98%	99%	96%	98%
	Staff behaved in a professional manner	98%	97%	98%	97%	97%
	Staff made you feel safe and supported	98%	97%	99%	97%	100%
	Staff call you by your preferred name	96%	97%	94%	97%	98%
	Staff provide you with enough information in order for you to understand what you were agreeing / consenting to	97%	95%	95%	98%	99%
	Staff ask for your consent/permission before carrying out treatment and care	98%	96%	96%	98%	99%
Communication	Did staff speak to you in a way which you could easily understand	97%	95%	96%	99%	91%
	Staff checked if you understood what they were telling you	93%	94%	94%	94%	100%
	Staff listen to you	96%	97%	98%	98%	95%
	Staff explained what was happening in relation to your treatment and care	97%	96%	96%	97%	99%
	Staff Involve you in decisions which need to be made	94%	92%	95%	97%	97%
	Staff introduce themselves	85%	89%	76%	71%	89%
	Staff provide you with relevant information leaflets (yes)	81%	68%	85%	77%	75%
Privacy & Dignity	Staff provide you with enough privacy when discussing treatment/care and personal matters	97%	93%	96%	96%	99%
	Maintain your privacy and dignity when examining you or providing care and treatment	99%	99%	97%	98%	97%
	Take steps to prevent you feeling embarrassed	98%	99%	96%	96%	97%
	Was your bed in an area of the ward were male and female patient/clients were being cared for beside each other (no)	100%	79%	43%		92%
	if yes, did staff give you the option to move to another part of the ward were male and female patient/clients were not mixed.		48%	42%		100%

### 5.2.3 Northern Ireland Ambulance Service (NIAS)

During the early part of 2013/14 Patient/ Client Experience of NIAS was gathered using the Regional Questionnaire which was issued by the five HSC Trusts. Feedback on the NIAS patient experience is outlined in the table three below:

*"The two ambulance men were very professional in their approach. Took full details, calmed me and assessed me."*

**Table three - Feedback on the NIAS patient/client experience**

<b>DHSSPS PCE Standards</b>	<b>Q1 (April – June 2013)</b>	<b>Q2 (July – September 2013)</b>
<b>Respect</b> treated as an individual respected wishes safe & secure	100%	88.2%
<b>Attitude</b> polite & courteous	100%	88.2%
<b>Behaviour</b> caring and compassionate professional	100%	88.2%
<b>Communication</b> staff introductions easily understood explanations	100% (staff introductions) 98% (explained what was happening)	76.4% (staff introductions) 88.2% (spoke to patient/clients in a way that was easily understood)
<b>Privacy &amp; Dignity</b> Respected and maintained privacy & dignity	100%	88.2%

The patient/client experience survey methodology for NIAS was reviewed in the last two quarters of the year from October to March 2014. It was agreed that during the last two quarters no monitoring would take place to allow for the PHA Patient/ Client Experience Team to work with NIAS in the development, testing and implementation of a survey tool to best meet their needs.

The PHA has worked with NIAS to benchmark the approach taken by other ambulance services within the UK. A bespoke NIAS survey has been developed to focus on the patient/client experience - from the time

patient/clients contact NIAS control via '999' through to the treatment and management by crews and to the handover at hospital.

### 5.3 Overview of the analysis of the Observations of practice

Observations of practice were undertaken across the HSC Trusts to 'listen and learn' from the interactions of staff with patient/clients.

Trained observers (who are external to the department where the audit is being undertaken) observe practice in relation to the five Patient/Client Experience Standards. This methodology provides independence in the audit findings. A regionally agreed set of indicators were used and a summary of the themed areas of compliance are summarised in table four below:

*"The staff were very friendly, professional and I left feeling very happy with my care as it had been carried out very promptly and in a safe, clean environment."*

Key areas of **positive responses** with Patient Client Experience Standards were:

- Staff carried out their work in a polite and professional manner
- Staff welcoming and friendly
- Staff ensured patient/client involvement in care and treatment
- Patient/clients nursed in a safe, comfortable and caring environment
- Personal care needs of the patient/client were adhered too

Key areas **requiring Improvement** with Patient Client Experience Standards were:

- Often staff did not introduce themselves or identify their job title
- Patient/clients experienced lack of privacy with personal conversations being overheard by other patient/clients and visitors

*"They put me into a bed, no-one explained anything. Different nurses came in. No-one introduced themselves."*

This correlates with the feedback from the questionnaires and patient/clients' stories.

**Table four – Snapshot of Positive Responses Recorded by the Observers during observations of practice**

<b>Respect</b>	<ul style="list-style-type: none"> <li>• Staff member respected patient/client and his carer when being asked questions about appointment and future appointments.</li> <li>• Receptionist respected the questions a patient/client was asking regarding his appointment and blood results.</li> <li>• Observed ambulance driver checking in an elderly patient/client in wheelchair and placing him where nurses could easily see him. He also informed the nurse that the patient/client was hard of hearing.</li> <li>• Observed nurse being very helpful to a patient/client who was using a walking aid.</li> <li>• Nursing staff apologized for disturbing patient/client to carry out task.</li> </ul>
<b>Attitude</b>	<ul style="list-style-type: none"> <li>• Staff member was friendly and chatty to patient/client but remained professional.</li> <li>• Reception staff spoke very kindly and friendly with all patient/clients during observation period.</li> <li>• Nursing staff demonstrated that they were approachable.</li> <li>• All staff had a lovely way of greeting patient/clients and their families.</li> <li>• Support Services staff chatted to patient/clients whilst doing their work</li> <li>• Observed nurse being very understanding while relative explained that she might need access to a wheelchair to get her mother into unit. Nurse was very helpful and kind and dealt with enquiry. Porter arrived very shortly with patient/client and carer was very appreciative.</li> <li>• Demonstrated caring attitude when changing patient/client.</li> </ul>
<b>Behaviour</b>	<ul style="list-style-type: none"> <li>• Ward was calm and well organized</li> <li>• Visitors made very welcome</li> <li>• Conversation relaxed</li> <li>• All patient/clients were asked if they needed assistance with positioning/toileting</li> <li>• Patient/clients who required assistance were helped into suitable position for their meal</li> <li>• Staff behaviour was considerate and professional towards patient/clients and each other.</li> <li>• Observed porter bringing in lady in wheelchair. Very friendly and helpful manner displayed to patient/client.</li> <li>• Staff very supportive to family member of patient/client who appeared to have a disability.</li> <li>• Consent gained to undertake nursing procedures.</li> <li>• Observed staff helping elderly patient/client towards the front foyer of the hospital to wait for relatives.</li> <li>• Receptionist very pleasant, helpful and friendly to all patient/clients on arrival at reception.</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Explanation about treatment was given and permission sought</li> <li>• Staff members had clean tidy uniforms on that clearly identified their role</li> <li>• There is easy two way communication between staff and the patient/clients</li> <li>• All patient/clients addressed politely and staff introduced themselves</li> <li>• Staff member used appropriate language to patient/client</li> <li>• Tannoy system for appointments</li> <li>• All staff wore name badges</li> <li>• Good clear signage</li> <li>• Computerised screens displaying number / place of next patient/client appointment at either end of waiting area</li> <li>• Formats for audio/visually impaired</li> <li>• Consultant introducing self to patient/client</li> <li>• Clinic running late by 1 hour- nurse announced delay time, apologised for delay and give explanation for delay</li> <li>• Good communication between staff of all disciplines</li> <li>• Observed all nursing staff introduce themselves to patient/client on point of contact</li> <li>• Good display of patient/client / information leaflets available for patient/clients/families</li> <li>• Posters indicating how to complain available around the ward.</li> </ul>

<b>Privacy and Dignity</b>	<ul style="list-style-type: none"> <li>• It was four bedded bay but curtains were pulled fully around bed and window blinds were closed</li> <li>• Call bell left for patient/client using commode</li> <li>• Staff spoke in a lowered tone when talking to the patient/client. One staff member asked the patient/client if they wished to move to a more private area to discuss issues</li> <li>• Confidentiality maintained with use of number and tannoy system for appointments</li> <li>• Door closed during consultations</li> <li>• No conversations audible in waiting room.</li> <li>• Digital check in system in operation. Observed the majority of patient/clients use this without any issues and observed receptionists help and support those who did. Also observed a medical student help some patient/clients to check in – this was done very discreetly.</li> <li>• No raised voices observed between staff</li> <li>• Portable screens available for use.</li> <li>• Bathroom in corridor identified as male / female showers.</li> </ul>
----------------------------	--

Trusts also record examples of where work for improvement should be targeted as well as compliant practice. This accurately reflects the true work place environment as it addresses the areas where services can be improved. Table five below summarises the themed area, which will lead to identify Improvement work.

**Table five – Snapshot of Responses Recorded by the Observers during observations of practice which will lead to identify Improvement work**

<b>Respect</b>	<ul style="list-style-type: none"> <li>• Interruptions noted due to staff trying to juggle an increasingly busy environment as the number of patient/clients increased</li> <li>• Interruption to care delivery as a confused patient/client was shouting out but staff member explained to patient/client there was a confused patient/client ‘the poor man doesn’t know where he is’. Patient/client whose care was interrupted was left comfortable and care continued after 5-8 minutes</li> <li>• Door not knocked when entering room despite door being almost closed over.</li> </ul>
<b>Attitude &amp; Behaviour</b>	<ul style="list-style-type: none"> <li>• Not very welcoming reception staff</li> <li>• Walking about with apron following direct contact</li> <li>• Patient/clients referred to as bed spaces during meal service and not by name</li> <li>• At one of the nurses’ station phone ringing until it rang off , this was not answered by ward clerk who was sitting at the other nurses’ station</li> <li>• Registered staff did not get involved in meal service, this was carried out by the nursing auxiliary and catering assistant.</li> <li>• It would appear that the nursing and medical staffs gather at the nurses stations to carryout record keeping etc away from the patient/client’s bedside. This can make these areas very crowded, and very busy.</li> <li>• No evidence of protected meal time, medical colleagues and nursing staff continued on as normal</li> </ul>



<b>Communication</b>	<ul style="list-style-type: none"> <li>• Visitor stated that she wasn't given a visitor information leaflet but that the visiting times were clearly displayed. She felt this was because she was local and staff thought she wouldn't need one.</li> <li>• Visitor stated it was difficult to get through on the telephone at times.</li> <li>• No signage on the doors of single rooms to indicate room in use and to tell staff to knock when door was closed.</li> <li>• No display on Consultant names.</li> <li>• No names above beds.</li> <li>• Lack of name badges / ID Nursing, Medical, AHP / Ward Clerk Staff. Photo ID difficult to see as name and photo is not always visible.</li> </ul>
<b>Privacy and Dignity</b>	<ul style="list-style-type: none"> <li>• All people in waiting area hear patient/client's name, address and date of birth.</li> <li>• Treatment room patient/client brought in for bloods...conversation between staff member and patient/client could be heard in waiting room.</li> <li>• Personal details can be heard at reception desk.</li> <li>• Speaker system at reception desk decreases sense of privacy as your voice is augmented to enable receptionist to hear patient/client.</li> <li>• Curtains not pulled when taking blood.</li> </ul>

#### 5.4 Overview of the analysis of Patient/client stories

It was agreed that the stories from the 10,000 Voices initiative would be used to complement the patient/client questionnaires and observations of practice to inform the patient/client experience work plan. These are reviewed on a weekly basis by Trust facilitators and senior staff in the PHA and HSC Trusts and regularly shared with frontline staff. This has established a system that enables 'real time improvements'. Further analysis also identifies themes and trends which are used to drive local and regional improvements in patient/client care.

The analysis of these patient/client stories demonstrates that the majority of patient/clients rate their experience as positive. Feedback indicates that staff were helpful, courteous, kind and caring.

*"She was treated with respect and dignity she was kept informed at all times about her management and monitored regularly. I as a visitor was treated with courtesy, never made to feel that I was in the way. Overall it was a good experience for my friend and myself."*

All comments and patient/client experiences provide the opportunity for learning and reflection, and the main themes for improvement are characterised below:

- Introductions
- Information/communication
- Food/nutrition
- Management of pain

*'She was in A/E for over 24 hours and they said she wouldn't have her pain relief prescribed meds until she went to the*

*They took me for an X-ray before I went to the ward so I was in A/E from 12md and got the ward at 8am - I had nothing to eat or drink for that whole time '*

A snapshot of stories received themed under the Patient and Client Experience Standards headings are summarised below.

**Respect:**

I'm used to being very independent and having to rely on someone else is hard but nursing staff have been very kind and understanding. The nurses here also take time out to talk to their patients which has made me feel valued as an individual and helps break the bond between 'patient' and 'nurse'.

**Respect:**

I had to sit on a chair for 5 hours. I was so sore. I felt really embarrassed because I couldn't get comfortable. I am old lady but I have respect in myself I wish others had that same respect in me.

**Attitude:**

Really positive experience with the nursing team. Team built an excellent rapport and were very attentive to all patients. They really made this stay as pleasurable as one in hospital can be. Any concerns or worries we had were put to rest easily. Team as a whole were extremely understandable and approachable including catering team and porters.

**Attitude:**

Nurses are good - all their work in general. However can be a difference in nurses' attitudes. There is also a difference between how some nurses treat patients. For example how a nurse treats a dementia patient in comparison with a fully compos mentis patient. I feel nurses are much sharper with dementia patients but I understand they sometimes have to be 'cruel to be kind'..... However most are very kind and it is easy to get pain relief.

**Behaviour:**

The care was excellent. Staff were incredibly helpful polite and well cared for. Every procedure I had to go through (induction right through to the delivery room) was explained thoroughly and I felt very reassured.

**Behaviour:**

Midwives were brilliant...they made me feel safe welcome not a burden and as if I was the only person who mattered at that time.

**Communication:**

Each nurse seemed to have good communication with one another which is important in patient care. I was a little concerned as this was my first operation but all staff eased my worries.

**Communication:**

I am a staff nurse myself and therefore I know what level of care I should be receiving. This did not always live up to my expectations. Only 3 out of the 8 members of nursing staff (staff nurses) introduced themselves and told me their name.

**Privacy & Dignity:**

Always drew the curtains at any time they needed to protect my privacy. My privacy and dignity was protected at all times.

**Privacy & Dignity:**

When I came back from x-ray - left in corridor, people walking past me, actually sat on chair, not in bed for 4.5hrs. Felt embarrassed- asked nurse if I could get into cubicle - surgical doctor had private conversation with me in corridor - didn't feel this was right.

## 5.5 Overview of Work Plan

Due to internal Trust challenges and priorities there was some deviation from the agreed work plans, as a result the Quality, Safety and Patient Experience Team within the PHA, visited each Trust and developed work plans tailored to meet their local needs.

In addition the PHA has supported the Patient Client Experience Working Group to develop a work plan to implement key areas for improvement. Working alongside the 10,000 Voices Initiative, each of the HSC Trusts have engaged in a number of audits and improvement work in order to enhance patient and client experience.

On reflection of the monitoring information submitted by the HSC Trusts in key areas during 2013-14 the following themes emerged:

- Introductions
- Poor communication
- Frequent interruptions
- Information

These areas were identified as the most frequent issues affecting patients and clients experience. Therefore four key regional priorities were identified for implementation and monitoring in 2014/15.

### Table six – Four Regional Priorities

#### 1. Staff introductions to patients/clients

- a) At all team meetings staff will be reminded of the need to introduce themselves to patients/clients
- b) Reinforcement of the Patient and Client Standards
- c) Assurance from HSC Trusts that 'staff introductions' is a key element of the induction process for new staff

#### 2. Name and designation badges for all staff, except where deemed inappropriate

#### 3. Roles and responsibilities for the team and frequent communication with patients/clients

- a) The nurse in charge of the ward (on each shift) will undertake to speak to each patient to reflect on and improve patient experience

#### 4. Improvement in the delivery of patient refreshments

- a) Protected mealtimes
- b) Vacuum flasks (for use by staff) or a suitable alternative for tea and coffee to ensure all patients/clients have the opportunity for a hot beverage

## **6.0 SUMMARY OF FEEDBACK ON REGIONAL IMPROVEMENT ACTIVITIES DURING YEAR TWO APRIL 2014 TO MARCH 2015**

During 2014/15 the emphasis was on local and regional improvement work to address the areas that have been continually identified and the Trusts have fed back to PHA in respect of their on-going patient/client experience work. In addition the PHA led a regional work plan for improvement taking into consideration the information received from the 2013/14 PCE feedback and also feedback from 10,000 Voices. Four regional priorities were identified for each Trust. As the lack of introductions within clinical areas was highlighted by many of the patient/clients in their feedback, a 'Regional Launch' of the "Hello my name is...Campaign" was held on the 4th September 2014.

**# hello my name is...**



The aim of the launch was to endorse the 'Hello my name is...' campaign across HSC organisations in Northern Ireland and to highlight the importance and impact that introductions and first impressions can make on our patients and clients during their care and treatment.

This was a very successful event attended by over 120 staff from a variety of Health and Social Care Organisations and represented a range of staff from ward nurses, senior managers, doctors, chief executives, allied health professionals, directors and support services, administrators.

The 'Hello my name is' campaign has been endorsed regionally by PHA, HSCB, DHSSPS and all HSC Trusts. A series of follow up local workshops has taken place throughout HSC Trusts and many staff have pledged their commitment to the campaign. Feedback from each Trust identified below demonstrates the commitment of each of the Trusts towards each of the regional priorities.

## Regional Priority 1: Staff Introductions to patient/clients

*"No-one introduced themselves."*

### NHSCT

- The NHSCT is committed to the hellomynameis...Campaign, there was a local launch of this campaign within the NHSCT in October 2014.
- Many managers and staff have promoted this campaign throughout their service areas, using a variety of innovative approaches e.g.:
  - HSC change day
  - table ' Talker' in Trust restaurants
  - Included in Practice developments across all sites
  - Included in staff safety briefings
  - Included in induction

### SHSCT

- #hellomynameis... launched as key improvement initiative. Implementation plan being developed under Nursing Governance
- #hellomynameis....video and posters developed. Official launch 23rd October 2014.
- Customer Care training entitled: Enhancing the Patient Client Experience developed and piloted with 30 staff over 3 sessions August 2014. Evaluation Report completed Sept 2014. Approx 50 staff trained to date. Challenges with release of staff and capacity to deliver exploring other methods of delivery to ensure maximum up-take.
- Roll out Enhancing the Patient Client Experience programme.
- #hellomynameis-desktop campaign January 2015

### WHSCT

- #hellomynameis... ~ launched as key improvement initiative throughout the Trust

### SET

- The Trust has successfully launched the #hellomynameis campaign.Trust has actively promoted the Hello my name is campaign.
- Introductions will form part of the Nursing and corporate induction programmes.
- All wards attended Hello my Name is training sessions.
- Posters are displayed and there has been participation in poster campaign
- Red name badge is worn by Nurse in charge.
- Stage in Time training is taking place.
- Customer care training in all wards.
- New start induction now includes introduction focus.
- A wardwalk programme led by Service User Forum members will explore compliance with introductions along with other key topics (e.g. meals focus – completed, night-time experience – planned).

<b>BHSCT</b>
<ul style="list-style-type: none"> <li>• The Trust has successfully launched the #hellomynameis campaign.</li> <li>• A series of 'pop-up' and online events have been delivered across hospital and community facilities. Work continues to ensure sustainability.</li> </ul>

**Regional Priority 2: Name and designation badges for all staff, except where deemed inappropriate**

*"Staff did not wear name-badges."*

<b>NHSCT</b>
Completed
<b>SHSCT</b>
Completed
<b>WHSCT</b>
Completed
<b>SET</b>
Completed - Discussed with all, ward managers Name badges are procured on starting and all staff wear as policy Photographic ID worn and required for car parking
<b>BHSCT</b>
The Trust has endorsed the use of the name and designation badges. All staff have been encouraged to order and wear badges. The Trust has rolled out the 'Nurse in Charge' badge.

**Regional Priority 3: Roles and responsibilities for the team and frequent communication with patient/clients**

*"I did not know who anyone was or know what was happening."*

<b>NHSCT</b>
<ul style="list-style-type: none"> <li>• Ward Sisters/Charge Nurses do rounds at visiting times to speak to patient/client and their relatives. Independent audits of care using the 16 step independent audit tool are used in all areas.</li> <li>• The Trust carries out intentional ward rounds every day. These relate to patient/clients being checked using a holistic approach for pressure ulcers, back care, nutrition and hydration etc.</li> </ul>
<b>SHSCT</b>
<ul style="list-style-type: none"> <li>• Roll out programme throughout Trust.</li> <li>• Senior/Lead Nurse carries out daily/shift visit to review nursing care and documentation. Commenced in Surgical Non Acute Wards</li> <li>• Ward sisters monitor staff compliance with contemporaneous writing at bedside to include direct communication with patient/client during the process. This is monitored via frequent ward sister walkabouts ,lead nurse walkabouts and HOS/AD walkabouts</li> <li>• Nursing and AHP staff making themselves available at ward visiting times to speak with families and actively seeking out the relatives to do so.</li> </ul>

**WHSCT**

- The Trust has rolled out, Putting People First Ambassador training, and has a Multi-Disciplinary Team taking this forward. Within the Putting People First Training, there is a section on communication.
- Within wards and teams, there are a significant number of patient/client focused rounds carried out which include, information sharing with the patient/clients.
- Staff have been issued with name badges, which have been designed to be Dementia friendly.
- Ward Sisters and Charge Nurses (Nurses in charge) are aware of their role and responsibility in terms of ensuring patient/clients and their relatives are briefed and kept up to date with information.
- Learning events from complaints and SAI's have been held within the organisation, with focus on the need for transparency and openness in patient/client and family communication.

**SET**

- This has been identified as a Priority for implementation at Nursing and Midwifery Governance Facilitators meetings. Nurse in charge badge worn on all shifts Requirement that nurse in charge is liaising with patient/clients and their treatment plan /care plan Team handovers etc. MDT meetings

**BHSCT**

- All staff continue to be reminded of the importance of frequent communication with patients/clients and carers.
- A new Ward Entrance Notice Board for Adult Acute In-patient Wards has been developed and piloted by Clinical Teams. The Board highlights key patient/client experience, safety and quality issues/KPIs, including 'meet the team' and nurse staffing, HCAIs, pressure ulcers and falls. Detail on the regionally conceived 'Ward Sister/Charge Nurse Commitments' is to be finalised before rollout.

### Regional Priority 4: Improvement in the delivery of patient/client refreshments

*"Food is awful, needs looked at. Very little choice. Poor selection."*

**NHSCT**

- There has been focused improvement in provision of food and nutrition to patient/clients in all areas the provision of snack boxes has now been rolled out across both Antrim and Causeway Trust sites. There has been a particular emphasis on the provision of food within the EDs

**SHSCT**

complete

**WHSCT**

- Improvements introduced as a result of the Patient/client experience feedback and 10,000 Voices Project in Adult EDs (i.e. The provision of food and refreshments 24/7) has been monitored and evaluations indicate improved patient/client experience.

**SET**

- Protected mealtimes: Current performance examined through PCE Questionnaire. Principles for protected mealtimes agreed but local arrangements appropriate to each area ensures a more person-centred approach
- Options to ensure that all patient/clients get a meal at the right time/temperature and receive appropriate assistance explored – include reorganisation of ward routines to



reduce unnecessary activity and prioritise mealtimes, increased family involvement, internal and external volunteers

- Trust agreed that giving patient/clients a hot beverage would be a priority, the mechanism for which would be agreed locally
- Compliance to be measure through patient/client stories in joint initiative Dietetics, Patient/client Experience and Safe and Effective Care and user satisfaction surveys
- Vacuum flasks: Committed to achievement of outcome. To determine system / proves for doing so.
- Meals-focused interactive wardwalk held during Oct 2014 at LVH. Service User Forum tour of catering facility and processes. Visit to 4 wards held. Discussion of meals-focused aspects (meals service / assisted feeding / protected mealtimes) held at bedside plus discussion with ward staff (OOH meals provision / management of assisted feeding etc.). Questionnaires completed. For feedback to wards, catering manager and clinical Nutrition Sub Committee. Further piece to take place at UHD during Q3.
- To implement night-time experience monitoring Dec 2014 using technology-based approach through bedside monitors. Pop-up question sets to be promoted to patient/clients (meals / OOH / night-time / ED etc). After completing pop-ups, patient/clients will be thanked and offered additional survey completion options.
- An approach has been developed whereby Clinical Nutrition Subcommittee, Catering Service, Ward Managers, Dieticians, Service User Forum reps, patient/clients at bedside will partner to explore a meals-focused quality improvement initiative (meals service, assisted feeding, nutrition, protected mealtimes etc.) over 2014-16. A questionnaire has been drawn up collaboratively and administered across 4 x LVH wards during a multi-professional ward walk. Findings raised focused upon issues of portion size, protected mealtime preferences, and assisted feeding symbol standardisation. Instruction to patient/clients re: bringing food in for consumption / storage etc. A presentation will be made at CNSC on 27.11.2014. Further programme expansion took place across UHD during December.
- A meals focus has been designed for integration into Hospedia bedside system – pop up question set.
- The Trust has initiated development of a patient/client experience feedback app which will have a meals-focused question set included.

#### **BHSCT**

- Focused improvement work continues in Belfast City Hospital, and learning shared at the Trust Food and Nutrition Steering Group. Additional work has commenced in the Royal Victoria Hospital, including the development of a roles/responsibilities paper to ensure improved coordination between nursing and catering staff.
- Improvements introduced as a result of the Patient/client experience feedback and 10,000 Voices Project in Adult EDs (i.e. The provision of food and refreshments 24/7) has been monitored and evaluations indicate improved patient/client experience.

## 6.1 Summary of local improvement activities during 2014/15

The aim of the Patient Client Experience work programme is to drive improvements in the way services are delivered to enhance patient/client, carers and families experiences of the health and social care services. Trusts have engaged in a number of local improvement activities in order to improve the patient and client experience as highlighted below.

Trust	Improvement Initiative	Description
BHSCT	Ward entrance notice boards	A new Ward Entrance Notice Board for Adult Acute In-patient Wards has been developed and piloted by Clinical Teams. The Board highlights key patient/client experience, safety and quality issues/KPIs, including 'meet the team' and nurse staffing, HCAs, pressure ulcers and falls. Detail on the regionally conceived 'Ward Sister/Charge Nurse Commitments' is to be finalised before rollout.
	Patient Client Feedback Tool	During the latter quarters of 2014/15 the Trust will develop a patient/client feedback tool for use by clinical teams. The tool is required to collect 'real time' feedback on the experiences of patients/clients. This will enable clinical teams to plan, deliver and monitor improvements. The Patient and Client Experience Standards Survey used for the focused re-monitoring in Wards/Departments previously surveyed has been rolled out in other Wards/Departments, including: <ol style="list-style-type: none"> <li>1. Survey of the service provided by RVH Ward 6A (Vascular) to patient/clients with amputations,</li> <li>2. The Tissue Viability Nursing Service, and</li> <li>3. BCH Direct.</li> </ol>
	HSC Pledge Day	The Trust successfully delivered on HSC Pledge Day by means of a series of 'pop-up' and online events across hospital and community facilities.
	'Nurse in charge' badge	A nurse in charge badge will be piloted in a range of wards across the Trust including Critical Care, Cancer Care and Muckamore Abbey Hospital. The Badge was launched at an event on

		Tuesday 18 <sup>th</sup> November 2014 and has now been rolled out across the Trusts.
	Communicating Feedback from Patient/client Experience	<p>Patient and Client Experience data have been used in a series of recent initiatives delivered across the Trust. These include:</p> <ul style="list-style-type: none"> <li>• The 'Belfast Experience' DVD</li> <li>• 'Let's Talk, Trust' – a campaign to develop a Trust purpose.</li> <li>• The STEP programme – a quality improvement programme for medical staff.</li> </ul>
NHSCT	Peer Review and audit of all in-patient settings	<p>Each week lead nurses / service leads review nursing care in a colleagues area of responsibility the focus is specifically on the nursing components of care delivery and includes an observation of attitudes and behaviours, delivery of a meal service and first impressions on entering the care setting. The work is based on the adaption of the '15 steps initiative' implemented by the Department of Health England. These audits provide validated assurance in relation to care issues, including the overall PCE Standards. They include:</p> <ul style="list-style-type: none"> <li>• Feedback immediately to ward sister / nurse-in charge if there are any concerns with care processes observed / reported by patient/clients.</li> <li>• Verbal report re: overall impressions to professional colleague who holds responsibility for ward</li> <li>• All audits returned to Deputy Director of Nursing for analysis</li> <li>• Monthly report generated for EDoN to share at Trust Board and same presented in Performance Report</li> <li>• Current focus on recurrent themes arising from results – <ul style="list-style-type: none"> <li>▪ Welcome Sign for Ward</li> <li>▪ Photograph / Information explaining the different uniforms seen within the clinical setting.</li> </ul> </li> <li>• Monitoring through scores from subsequent data sets</li> </ul>
	Revision of care planning documentation	<p>The Trust have identified the need for patients and clients to be involved in decisions regarding their care / care management plans – a revision of care planning documentation is currently being piloted in acute inpatient medical and surgical wards in Antrim Hospital. The focus is on a collaborative approach to care planning – the key is to involve patient/clients</p>

		and their family in decisions about their care – one of the indicators of the PCE standards.
	Ward information leaflets	The Trust have identified the need for the provision of written information to supplement verbal information given. As a result, Nursing Teams have developed ward information leaflets for patient/clients and families. The leaflet is left at bed space when it has been cleaned and prepared for the next patient/client. Being adapted for all wards and departments – this augments the information on the trust internet site for patient/clients on ‘Coming in to Hospital’.
	Patient/client Care Rounding	Ward nursing teams conduct intentional rounding every 2 hours in addition, ward sisters conduct a ward round during afternoon visiting to engage with patient/clients and families.
	Real time patient/client feedback	Trust will pilot and implement a real time patient/client feedback tool which will use mobile IT devices to gather patient and client experiences. Currently technology would not work in the in-patient bed areas – inadequate WiFi signal for system to operate.
<b>SEHSCT</b>	Partnering in Patient/client Experience	Actively working with patient/clients, volunteers and Service User Forum to monitor and evaluate patient/client experience and develop suitable tools geared to support improvement in: <ul style="list-style-type: none"> <li>a) Volunteer Patient/client experience role</li> <li>b) Night-time patient/client experience focus (includes developing a training package for volunteer roles)</li> <li>c) Mealtimes, assistance and catering (includes developing mealtime / assistance patient/client experience feedback tool)</li> <li>d) Staff introductions – as per regional priority</li> </ul>

	PCE Standards	<p>Reinforcement of PCE Standards: Patient/client story presented at beginning of every Trust Board meeting.</p> <p>Implementation of SET rolling programme in place across inpatient, outpatient and community settings.</p> <p>. Night time experience measured through inclusion in patient/client experience questionnaire – with additional focus on specific night-time / OOH monitoring.</p>
	Areas of Audit – with developed Action plans focused on improvement as a result of monitoring	<p>A group of 7 wards have been audited using the Regional PHA audit tool, observations of practice and patient/client stories and action plans have been developed which focus on local improvements within each of these areas</p> <p>An electronic patient/client feedback system has been introduced with 16 wards included in the pilot phase. Patient/clients provide feedback through the bedside monitoring system.</p> <p>The Trust has developed its patient/client experience monitoring tools in partnership with patient/clients and have introduced two additional key themes (in addition to the 5 x regional themes). The additional themes are:</p> <ul style="list-style-type: none"> <li>- Response to Need – with its sub-elements x 7 referring to timely and effective response to your needs in relation to pain relief, toileting, drink / food, distress, medication and personal care. A further sub-element address feeling safe whilst receiving care.</li> <li>- Your Family / Visitor / Carer – with its sub elements x 3 referring to welcome / courtesy, provision of written / verbal information and inclusion in care discussions. These items have all been introduced after having been deemed important by service users.</li> </ul> <p>The Trust is focused on fully integrating Patient / Client Experience Monitoring resources with 10,000 Voices Programme resources to provide a comprehensive system whereby quantitative and qualitative monitoring work together well to (a) support action plans for quality improvement and to (b) best target the use of experience monitoring resources.</p>

	Volunteering in Patient/client Experience	The Trust recruits volunteers to conduct bedside surveys / interviews. Topics include general inpatient / night-time experience / introductions / meals & nutrition / smoke-free sites etc. An induction / training solution is in place and the function operates in partnership with ward managers.
	Service User CONNECT Events	The Trust holds CONNECT events twice-yearly. At each event a group of service users attend and participate in interactive workshops (e.g. (a) questionnaire design, (b) wardwalk partnership planning) aimed at improving patient/client experience. At each event, Trust and external service leads have speaker slots that inform users of latest activity (e.g. (a) ED activity and planning, (b) hospital site security arrangements) and offer users involvement opportunities (e.g. NIAS improvement work, QUB PPI improvement research) relating to user experience.
	Complaints	The Trust monitors complaints / compliments relating to patient/client experience. From such monitoring, a sub-group has been established to explore improving the quality of user experience in relation to mobility issues at hospital sites.  The Trust has established a Complaints / PPI / User Experience Monitoring partnership.
	Friends and Family Recommendation Test	The Trust has adopted the Friends and Family Recommendation Test and includes this on user experience proformas.
SHSCT	Improvements in pain management	The Trust has developed a plan to improve patient/client experiences relating to pain management. The Trust undertook a snapshot Audit in June 2014 to provide baseline. Training of nursing staff to prescribe and administer PGD will take place within various areas and triage nurses will be advised that if patient/clients are in pain to escalate to senior doctor in minors to prescribe same. In addition, clinical sisters to undertake audits to monitor progress. The Trust has identified pilot areas and will roll out this improvement activity to further areas throughout 2014/15.
	Review of information leaflets on relevant conditions	Packs to be made available in the pilot ward (4 North) at ward level include the following: <ul style="list-style-type: none"> <li>- DHSSPS, How you can help us prevent and control infection in hospitals, information for patient/clients and visitors</li> <li>- Patient/client and Visitor Information leaflet/Hand washing technique</li> <li>- HSC, Reducing the Risk of a Blood Clot: Your guide to preventing blood clots</li> <li>- We Value your Views</li> </ul>

	<ul style="list-style-type: none"> <li>- Patient/client Support Leaflet</li> <li>- Getting Ready to Leave Hospital</li> </ul> <p>Condition related leaflets to be added as required which may include: -</p> <ul style="list-style-type: none"> <li>- Falls</li> <li>- Laundry</li> <li>- C/Diff</li> <li>- Norovirus</li> <li>- MRSA</li> <li>- Pressure Ulcer</li> </ul> <p>Roll out to other wards within Surgery and Elective Care</p>
Timely discharge preparation with use of HUB and white board meetings.	The Trust plans to establish an Admission and Discharge Steering Group/Working Group to ensure the delivery of improved processes relating to admission and discharge of patient/clients. The groups will identify barriers and areas for improvement and develop action plan to address these – progress will be monitored.
Senior lead nurse / daily ward visits	<p>During daily ward visits by Lead Nurse, patient/clients will be spoken to regarding their experience, issues they have and improvement to their care.</p> <p>5 Charts reviewed weekly in each ward and feedback given to all staff and Ward Sister, corrective action will be taken immediately if required, this will be supported by Ward Sister adopting daily approach with all ward staff.</p> <p>Frequent Senior presence on all wards by Assistant Director and Heads of Service to ensure senior managers are visible and approachable to all staff with a view to continuous improvement.</p> <p>Out of Hours visits by Lead Nurses and Heads of Service to ensure that this equitable with the service delivered in the in hours periods and engage with staff who primarily work in the out of hours period and wouldn't normally have the opportunity to speak to senior management</p> <p>One to one meetings with Assistant Director, Heads of Service, Lead Nurses and Ward Sisters, service development action plans agreed at each meeting and followed up by monthly reviews with Heads of Service, Lead Nurses, Ward Sisters in line with the Trust's view of team work.</p>
Client Activity Plan	This improvement initiative has been adopted for the Bluestone unit in SHSCT. In involves each Ward having a weekly activity Plan covering 7 days and will include activities run by the

		Nursing and OT Staff. The types of activities will be both recreational and therapeutic in order to improve the patient and client experience. This will be rolled out to all acute Learning Disability units.
WHSCT	Purple Folder project	The award winning purple folder dementia project ( recognised at RCN Nurse of the Year 2013 ) has commenced within the Trust. The staff nurse who developed the programme secured a Martha McMnamin award which has allowed her to work one day per week to roll out the dementia care project in a number of pilot wards. This has included further development work in her own ward (orthopaedics) with a spread to a care of the elder ward on Altngelevin site and is currently being spread in two surgical wards. A Trust project group has been established and a spread plan is being developed to ensure there is a systematic approach to the roll out of this programme. Currently volunteers have been supporting the introduction of 'rummage' boxes for the patient/clients and staff to use.
	Pain Relief	A patient/client pain pathway has been developed for the fracture neck of femur patient/clients in the ED to follow through to the ward and post operatively This work is currently being evaluated using patient/client experience and if this is successful then consideration will be given to the introduction of this approach to other areas  The Trust will work throughout 2014/15 to introduce appropriate evidence based pain relief score for patient/clients with dementia and cognitive impairment. When this has been evaluated then the work will be spread if there is a positive outcome
	Call back system	Trust is exploring the potential of a call back system which would allow patient/clients and their relatives (especially those with behaviour challenges) to leave the dept and be called back without losing their place in the queue. Technology to support such a plan or system is currently being considered and will be developed throughout 2014/15.
	Provision of information for Patient/clients	Trust has identified the need for good quality meaningful patient/client & family information. The Trusts are looking at information from Design Council England in relation to the provision of information for patient/clients. Presentation has been made to the Trust ED Patient/client Flow reform Board.
	Visiting Policy	The Trust has identified issues regarding visiting time and access to patient/clients outside the stipulated times. A workshop was held with trust patient /client steering group to develop

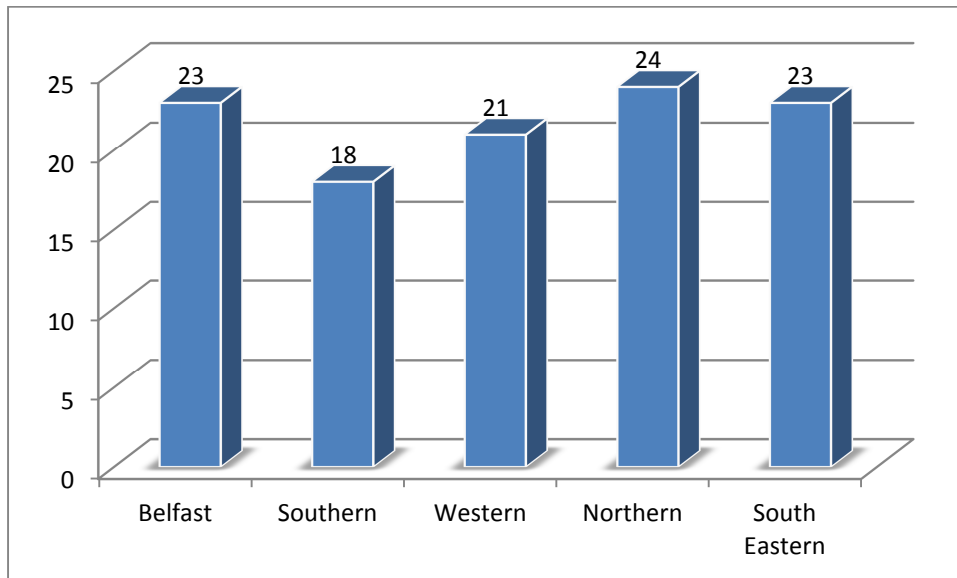


		the existing visiting policy
	Learning from Complaints	learning event with senior nursing staff and the WHSCT complaints forum where a complaint was shared and the learning and key improvements discussed and reviewed for wider implementation, this presentation was also shared at regional level
	Volunteering	Work is on-going with some of the voluntary bodies who provide on-going support for cancer patient/clients and a video currently being made in partnership with the Trust to highlight their contribution to patient/client care. Volunteering service recently awarded the Queens Award for voluntary service in the Trust

## 6.2 NIAS feedback during 2014/15

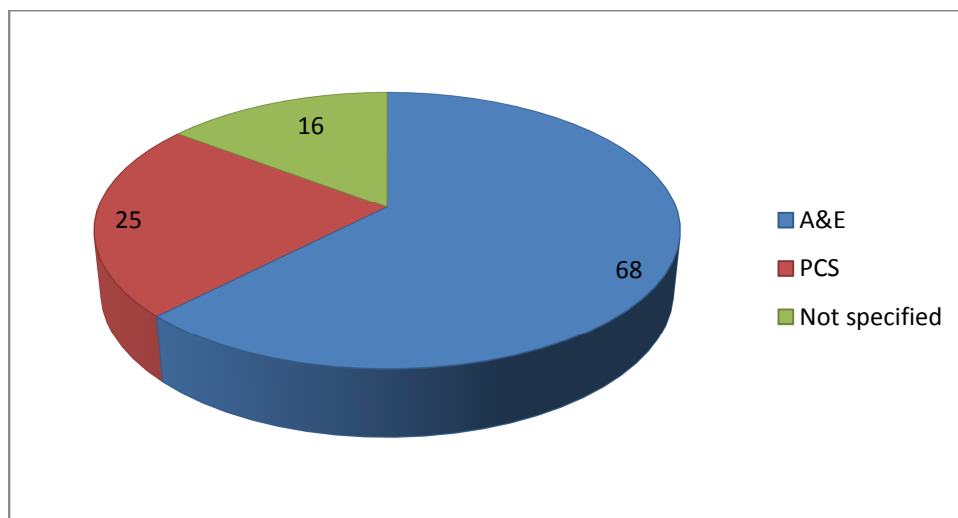
Between April and December 2014, a total of 109 patient/client stories related to ambulance services were collected. Of these, 23 were in the Belfast Trust, 18 in Southern Trust, 21 in Western Trust, 24 in Northern Trust and 23 in South Eastern Trust.

**Diagram 1: Patient/client Stories by Trust Area**



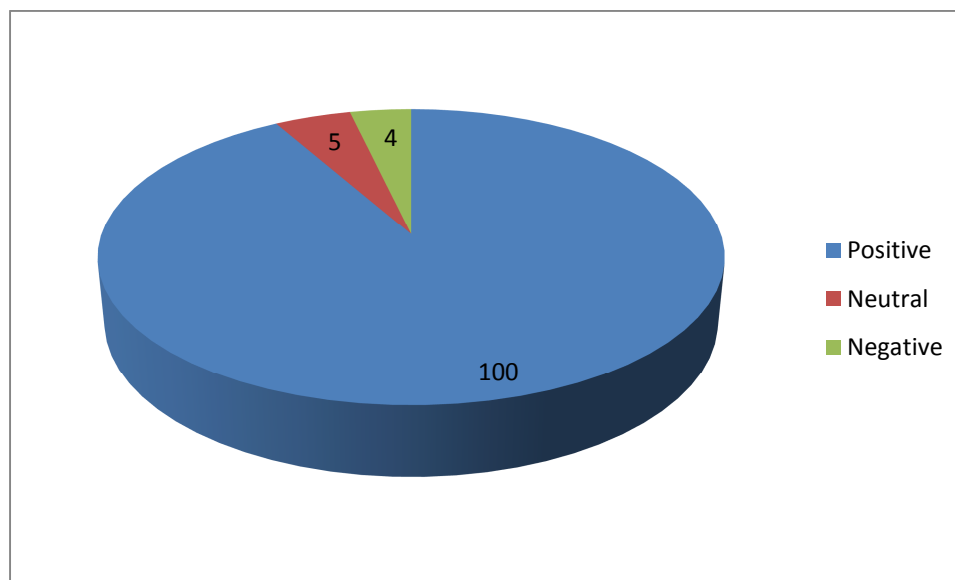
Of the patient/client stories collected, the majority, 68, were related to Accident & Emergency services and 25 were about the Patient Care Service (the remainder were not specific about which NIAS service they had used).

**Diagram 2: Patient/client Stories by Service**



The vast majority of patient/client stories received by the Trust (100) were positive, 4 contained specific adverse comments (3 of which concerned delayed A&E responses) and 5 were neutral.

**Diagram 3: Nature of Patient/client Stories**



A further 122 stories were attributed to NIAS before the development of the NIAS-specific survey.

Promoting the 10,000 Voices survey questionnaire among NIAS patient/clients has proved a challenge, but the responses so far have generally been positive. A workshop with the PHA and service users was held on 16 June 2014 with the aim of reviewing the themes emerging from patient/client stories collected up to that point. While it was recognised that emergency response times are critical, the importance of a caring and compassionate approach, proper introductions and the need to keep patient/clients informed were highlighted as major issues for NIAS service users.

The next phase of the 10,000 Voices project is to carry out a survey of NIAS staff on how they are able to deliver patient/client experience. A pilot of the staff survey was carried out in NIAS during December 2014. The aim of the pilot was to test the proposed survey questionnaire among a representative group of staff. The results of the pilot and survey responses from the other Trusts were used to develop the final version of the survey questionnaire.

NIAS has developed a methodology for undertaking observations of practice which is relevant to an ambulance environment. Observations of practice against the patient/client experience standards are undertaken by Clinical Support Officers who are supernumery to the staff they are observing. They are in a position to observe the care and treatment patient/clients receive and support staff in the delivery of best practice and high quality care. Feedback is given to the member of staff observed to inform practice and further enhance the patient/client experience.

During 2014/15, observations of practice were carried out by staff in the Southern Area. Observers were trained in carrying out observations. A total of 33 observations of practice were carried out during the period in a wide range of emergency situations. The observations carried out during the period provide further evidence of positive patient/client experience as well as identifying areas for improvement. Observers have reported that patient/clients are being treated in a way which is in keeping with the patient and client experience standards. Evidence from the observations indicates that patient/clients were treated as individuals, their wishes were respected and taken into consideration and they were made to feel safe and secure. Communication with patient/clients and relatives was appropriate and sensitive to their needs.

The information gathered from observation of practice is used to compliment that obtained through the use of other tools and methodologies such as the review of compliments and complaints. The outcomes of observations will help managers and staff to identify gaps and put in place arrangements to improve practice and deliver more person-centred care

### **Learning from Results**

The NIAS Trust acknowledges the positive feedback received from patient/clients and will continue to focus on the relevant regional priorities:

- Staff Introductions
- Patient/client centred communication skills

In addition NIAS have prioritised addressing staff attitude and will raise awareness of and communicate the patient/client experience standards across all staff groups highlighting this area through:

- Corporate Induction Resource Pack
- Contribute to the development of the HSC-wide Putting People First training
- Clinical training programmes and annual refresher days

NIAS is working to promote the standards and 10,000 Voices project through training, social media and engagement with managers and staff. NIAS is also working with the PHA to develop a multi-disciplinary group which includes service users to analyse results and identify learning and action required. A system is in place to ensure action is taken in respect of issues identified within complaints and patient and client experience work streams. Regular reports on emerging themes and actions taken to demonstrate learning from this feedback continue to be provided to the Senior Executive Management Team and Trust Board. The Trust is aware that attitude, behaviour and communication are continuing themes reflected in complaints and continue to work to address this through internal processes including training. Direct observations of practice enable individual feedback to be provided in a timely manner to crews thus promoting learning and reflective practice. This is further enhanced by individual tutorials with staff to address practice issues promoting learning and a patient/client centred approach.

## **7.0 ADDITIONAL REGIONAL PATIENT AND CLIENT EXPERIENCE WORK**

### **DHSSPS Patient and Client Experience Survey**

During 2014/15 the DHSSPS issued a postal survey to a sample of patient/clients who had been discharged from hospital across the five HSC Trust areas. The survey was focused on the patient/client's experience of their care and treatment whilst they were in hospital and used a traditional 'tick box style' survey methodology. A process will be established between the PHA and DHSSPS to ensure the findings from the DHSSPS Survey and identified areas for improvement will inform and complement the patient and client experience work plan for 2015/16.

### **Thematic Reviews**

Thematic reviews are commissioned through the Regional Quality, Safety and Experience Group (QSE).

The aim of the thematic reviews is to undertake a more in-depth review of issues which have been identified through themes/trends/clusters in the analysis of SAI's, complaints and patient and client experience. All of the thematic reviews undertaken in 2013/15 have taken into consideration the information received from Patient and Client Experience monitoring. During 2013/15 the following thematic reviews were developed:

- Regional Review of HSC Serious Adverse Incidents - Relating to Identifying and Responding to Deteriorating Patients within Acute Services.
- Regional Review Serious Adverse Incidents relating to loss or failure to follow up
- Regional Review of Serious Adverse Incidents relating to falls in hospital
- Regional Review of Serious Adverse Incidents relating to venous thromboembolism (VTE)

The thematic reviews are discussed with HSC Trusts and plans are put in place to implement recommendations.

Two areas where patient/clients have continued to highlight issues are in relation to the management of pain and nutrition. A thematic review will be undertaken during 2015/16 looking at feedback from patient/client stories and complaints.

### On-going Work Relating to Nutrition

Nutrition was highlighted as an area for improvement through qualitative feedback from patients and clients and via various other sources e.g. complaints etc.

The regional Promoting Good Nutrition Steering/Implementation Group was established to support the implementation of the Promoting Good Nutrition Strategy. This group provides the strategic direction to issues pertaining to food nutrition across all sectors of the HSC.

<b>Table 10 - feedback from patient/clients in relation to nutrition Examples of good practice;</b>	
<b>WHSCCT</b>	<p>"Genuinely no improvements needed. I would live in it. Food is also excellent, couldn't get better in a hotel – always very hot and plenty of variety. Staff are next to none".</p> <p>"Needed help with eating and drinking. Nursing auxiliary was very good at helping me with this."</p>
<b>BHSCCT</b>	"Most of the menu was far from what I normally eat; just differences in culture, but everyone else enjoyed it".
<b>SET</b>	<p>"There is this one girl I don't think she is a nurse who keeps offering me tea – something like that".</p> <p>"They sort of don't push anything onto you like your meals they don't push it onto you".</p>
<b>NHSCCT</b>	<p>"The food is excellent and you get a lovely hot cup of tea".</p> <p>"Food is excellent – far too much, I don't have a big appetite".</p>
<b>SHSCCT</b>	"I got help with eating and drinking when I needed it"

<b>Table 11 - feedback from patient/clients relating to nutrition examples of areas for improvement;</b>	
<b>WHSCCT</b>	"First time I was brought water on Saturday morning had none on Friday night".
<b>BHSCCT</b>	"Improve waiting area, provide refreshment area maybe".
<b>SET</b>	<p>"Not a big choice between lunch and dinner".</p> <p>"No, yea sorry I think when it comes to the meals it seems like it's a case of a surprise what you are going to eat".</p>
<b>NHSCCT</b>	"Food is horrible – staff will make tea and toast at night which is great. Selection not good – time between dinner and breakfast too long. Not so nice when you have been in hospital as long as me".

**SHSCT**

"The tea is cold by the time I get to drink it"

"No decaf tea/coffee"

Based on feedback from the monitoring of the PCE Standards, a number of measures have been implemented within HSC Trusts to improve the nutrition of patient/clients. Below is a sample of improvements which Trusts have implemented:

- *Introduction of a 24 hour food service in ED departments for patient/clients who are identified as 'likely to be admitted'. These patient/clients will be offered meals from the time that they attend the ED until they are able to be settled into the ward.*
- *Introduction of a 'Here to help' and a 'meal time support volunteer service'.*
- *A new two week inpatient menu has been introduced to increase the variety and appropriate menu options for patient/clients and discuss feedback regarding quality of food.*
- *A project has been piloted in specific areas in relation to increasing the calorific intake of patient/clients who are at risk of losing when upon admission to hospital e.g. extra butter / full fat butter.*
- *SEHSCT have introduced a meals-associated user experience monitoring programme. A monitoring tool was co-developed with service users and service leads (nursing, catering, nutrition) at a Trust CONNECT event during September 2014 and pilot during October 2014 with 19 patient/client interviews and 4 ward group interviews held. Findings from the pilot informed further tool design and a report made to the Trust Clinical Nutrition Committee. The monitoring tool has since been administered with monthly reporting across 16 wards. The tool has been loaded onto the bedside monitoring system for easy electronic access with automated reporting built-in.*



## **Complaints**

During 2013/15 all complaints reported to the HSCB relating to Patient/client Experience were reviewed by a professional officer. The patient/client experience team (PHA), are currently members of the regional complaints sub-group; a group established to consider complaints arising from the regional HSC services. This group is responsible for the dissemination of regional learning across HSC organisations in relation to complaints to ensure patient and client safety and quality of service is improved. This is carried out in a variety of ways including thematic reviews or articles contribute to a 'learning newsletter' for regional dissemination. Feedback from complaints is regularly given to relevant groups in order to identify links with patient and client experience and improve practice overall.

## **GAIN Audit**

The PHA in partnership with Guidelines and Audit Implementation Network (GAIN) and HSCB carried out a regional audit of the experience of users and carers within mental health services in NI. This was published in June 2013 and gives the experience of over 700 patients and clients. The audit identified that people value being treated with dignity and respect, being listened to by professionals and having continuity of care. Over the next 2-3 years a number of measures will be undertaken in mental health services to take forward action plans to address the audit findings. The action plans will be taken forward by each HSC Trust in partnership with service users and carers, as part of the recovery development process (Implementing Recovery through Organisational Change IMROC). It is anticipated that the audit will be repeated in 2015/16 to measure sustained improvement.

## **Putting People First**

In previous years; through the monitoring of patient and client experience and complaints, 'staff attitude' and 'behaviour' were identified as current themes for improvement by patients and clients. As a result the Patient and Client Experience Working Group worked with the HSC Leadership centre to develop a 'Putting People First' training package for HSC Staff which will incorporate feedback from the Patient and Client Experience as well as complaints.

## 8.0 CONCLUSION

There has been a significant focus by the PHA and HSC Trusts to implement and measure compliance with the patient/clients' experience standards from April 2013 to March 2014. Overall the feedback was positive however there are always opportunities for improvement. There had been extensive monitoring of patient/client experience in 2013/14 and the years previous to this, therefore the Patient Client Experience Steering Group agreed to focus on improvement for 2014/15 in relation to four regional priorities which were identified as a result of the previous monitoring. In addition Trusts had agreed to focus on local improvement work based on their own individual feedback.

The PHA and HSC Trusts use a variety of methodologies to gain the patient experience and it is understood that each method of feedback used by the Trusts has its strengths and weaknesses. This highlights the importance of using a suite of methods to improve services for patient/clients, carers and their families.

One of the main findings of the patient/client experience feedback has been that there is no "one size fits all" approach to improving experience and that what works really well in one setting might not work so well in another. Feedback from 2014/15 has captured evidence of a wide variety of improvement activities taking place at different speeds within the different Trusts. Whilst there are emerging impacts, the full scale and extent of outcomes will take much longer to manifest.

There are however, some key factors and themes that are important to consider, such as the need for an experience programme to be incorporated across health and social care, the power of stories and the need to make the patient/client experience strategy central to the core goals of each organisation. There is a great deal of work being undertaken across health and social care to engage patient/clients in decisions about their own care, about the running of services and, increasingly, the prioritisation of services. Patient/client experience activities need to focus on helping people to understand the competing pressures within the health system, as well as understanding the ways in which improving patient/client experience, clinical effectiveness and safety are connected.

---

*The commitment from the patient/client experience work is that it is more than a collection of patient/client stories, observations of practice and surveys, it is about:*

- *Listening to patient/clients*
  - *Learning from patient/clients and*
  - *Improving the quality of services for patient/clients by involving patient/clients*
-