

PATIENT CLIENT EXPERIENCE STANDARDS

Annual Report: April 2012 to March 2013

November 2013

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1.0 INTRODUCTION

When we are in need of healthcare, we are often at our most vulnerable. Therefore within Northern Ireland (NI) we want to ensure that throughout the entire patient experience people are treated with compassion, dignity and respect.

“During this time our experience of health and social care services (HSC) should be as positive as possible. Therefore all those involved in providing care should be continually improving standards to ensure a high quality of patient and client experience”.

DHSSPS (2009) ‘Improving the Patient and Client Experience’

However, the complex and highly pressurised world of Healthcare delivery can make maintaining that focus difficult, therefore our role is to focus on improving patient experiences whenever possible.

There are six Health and Social Care Trusts (HSCT) including the Northern Ireland Ambulance Trust (NIAS), all of whom have a comprehensive programme of work in place to support the implementation of the Patient and Client Experience Standards. HSC Trusts are required to submit quarterly progress reports to the Public Health Agency (PHA) and Health and Social Care Board (HSCB). Over the past two years the PHA and HSCB have continued to monitor the Patient Client Experience Standards in a range of settings as agreed by the PHA and HSC Trusts.

Quality 2020 sets the strategic direction for improving quality of care. Its five objectives have been endorsed by all HSC Organisations they are:-

- Transforming the Culture
- Strengthening the Workforce
- Measuring the Improvement
- Raising the Standards
- Integrating Care

The overall vision is “to be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in Health and Social Care”. Quality is defined as Safety, Effectiveness and Ensuring Services are Patient and Client focused which reflects the Patient Client Experience Standards; that all patients/clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting the treatment, care and support.

Figure 1: Location of five Health and Social Care Trust – NIAS covers the whole Province



This report sets out the key findings and highlights the key actions arising from the findings and provides evidence-based statements from patients for commissioners and HSC Trusts that provide the foundation for a ‘cultural shift’ towards patient-centred services.

2.0 BACKGROUND TO THE STANDARDS

In April 2009, the DHSSPS published the ‘Improving the Patient & Client Experience’ Standards document¹. The development of these standards incorporated significant consultation and involvement of patients, carers and service users or their representatives. The document comprises five core standards:-

¹ DHSSPS (2009) ‘Improving the Patient and Client Experience’.

- Respect
- Attitude
- Behaviour
- Communication
- Privacy and Dignity

All HSC Trusts adopted these standards during 2009/10 and arrangements were put in place to develop methodologies to support its implementation. These standards have been embedded into the commissioning process and were reflected within the 2012/13 Commissioning Plan². The monitoring and reporting of these standards has been identified in the DHSSPS Framework Document³ as the function of the Public Health Agency (PHA), specifically the role of the Director of Nursing and AHPs.

An important element of the PHA Safety, Quality and Patient Experience team is to oversee the implementation of patient/client experience monitoring and improvement. This includes the identification of key local and regional priorities, gaining assurances on implementation and the production of annual reports. This is directed through the Patient and Client Experience (PCE) Steering and Working Groups, which have senior representation from PHA, six HSC Trusts, HSCB, Regulation and Quality Improvement Authority (RQIA), Royal College of Nursing (RCN) and the Patient Client Council (PCC).

The Regional PCE Steering Group provides strategic direction for the implementation of the DHSSPS Patient and Client Experience Standards and agrees the annual work plan reflecting the commissioning plan direction. The Regional PCE Working Group leads and co-ordinates a work programme which is agreed and approved by the Regional PCE Steering Group and also provides operational support to HSC Trusts.

² PHA/HSCB (2012) '12/13 Joint Commissioning Plan.'

³ DHSSPS, (2011) 'Framework Document'.

3.0 METHODOLOGY

Measuring patient and client experience is complex as many variables can influence the subjectivity of each individual's experience or willingness to share their story.

Therefore a triangulated approach has been adopted which involves validated questionnaires, recording patient/client stories and an independent observation of practice which aims to provide a rich picture of patient/client experiences. The analysis and outcomes of these are described below.

4.0 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

Colour coding for HSC Trusts	
BHSCT	Belfast Health & Social Care Trust
NHSCT	Northern Health & Social Care Trust
SET	South Eastern Health & Social Care Trust
SHSCT	Southern Health & Social Care Trust
WHSCT	Western Health & Social Care Trust
NIAS	Northern Ireland Ambulance Service

4.1 Table one - Areas reviewed in 2012/13 were:-

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
BHSCT	Emergency Departments Minor Injuries Unit	Children's Residential Homes Medical Assessment Unit Admissions Unit Inpatient Respiratory Medicine	Radiology	Outpatients Learning Disability
NHSCT	Emergency Departments Minor Injuries Unit	Medical Assessment Unit Admissions Unit Coronary Care Treatment Rooms.	Residential Homes Radiology	Outpatients Daycentres
SET	Emergency Departments Minor Injuries Unit	Medical Assessment Unit Admissions Unit Specialist Nursing Gynaecology	Radiology Health Visiting	Learning Disability Outpatients Maternity

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SHSCT	<p>Emergency Departments</p> <p>Minor Injuries Unit</p>	<p>Rapid Access Clinic</p> <p>Medical Assessment Unit</p> <p>Admissions Unit</p> <p>Residential Homes</p> <p>Inpatient Mental Health Unit</p>	<p>Radiology</p> <p>Community Nursing</p>	<p>Physiotherapy</p> <p>Outpatients</p> <p>Learning Disability</p> <p>Supported Living</p> <p>Respiratory</p>
WHSCT	<p>Emergency Departments</p> <p>Minor Injuries Unit</p>	<p>Acute medicine</p> <p>Medical and Surgical assessments Unit</p> <p>Medical Assessment Unit</p> <p>Admissions Unit</p>	<p>Radiology</p> <p>Treatment Rooms</p>	<p>Day Centres</p> <p>Learning Disability</p>
NIAS	Services provided by NIAS	Services provided by NIAS	Services provided by NIAS	Services provided by NIAS

4.2 Summary of key findings from April 2012 - March 2013

Providing a focus on services from a patient/client perspective is essential to ensure that our Health Service maintains its core ethos of providing services that are responsive, safe and effective for patients. The feedback from patients/clients in each of the HSC Trust areas was remarkably similar but on the whole very positive. The areas of good practice identified within the HSC Trust Reports can be viewed in Appendix One.

Whilst there was evidence that HSC Trusts were providing care and treatment in accordance with the DHSSPS standards, there are areas where improvements would make a difference to the patient's experience. Some of these areas are highlighted in Appendix Two and have been addressed by HSC Trusts in their action plans.

The number of completed questionnaires from children's residential homes and learning disability facilities were low and therefore did not provide a statistically significant result. On analysis it was difficult to compare the questionnaire responses in the learning disability facilities as there was a variety of settings involved i.e. inpatient, outpatient and daycentres. In addition, only two Trusts undertook the questionnaire in the children's residential facilities, and it was reported that the children themselves were reluctant to complete it. On evaluation it was recognised that the generic questionnaire was not suitable for either children's residential or learning disability settings and this was supported by comments from staff, who indicated that observations of practice were not an appropriate methodology for residential facilities. The Patient Client Experience Working Group will explore alternative methods to improve the collection of the patient/client experience within both children's residential and learning disability facilities in 2014/15.

NIAS experienced difficulties in submitting patient experiences as they are dependent on HSC Trusts to forward patient comments in respect of their service. As some of the regionally agreed areas for review do not avail of ambulance services, no feedback in these areas was obtainable. Therefore the PHA will work collaboratively with the NIAS to develop a

system designed solely to monitor patient experiences within their service for 2013/14.

4.2.1 Questionnaires

Collection methodology

A questionnaire (Appendix Three) devised to obtain patient/client experiences was distributed to patients/clients following discharge or during attendance at the particular areas audited. It should be noted that across Northern Ireland there is a variance in 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.

Analysis

As outlined in Table One (page 7-8), a comprehensive review of specified areas was undertaken by each of the HSC Trusts in 2012/13. Table two provides a snapshot of these areas across Northern Ireland and the data for each HSC Trust is presented in Appendix four. The following colour key has been used for easy reference and identifies areas of good practice, areas for improvements and where questions were not completed by HSC Trusts or patients/clients.

Green: > = 90%

Amber: 80%-89%

Red < 80%

Blue: Question was not appropriate in the area

Grey: Data was not provided

n = total number of patients who answered the question.

4.2.2 Table Two - Snapshot of Northern Ireland data broken down by key areas audited.

NI Table		ED/Minor Injuries ¹	MAU	Radiology	Outpatient	Inpatient
Number of questionnaires issued		1025	640	927	2940	677
Number of questionnaires returned		360	176	363	853	295
Response Rate		35%	28%	39%	29%	44%
RESPECT	Considered and respected your wishes (always)	93% n=344	99% n=170	99% n=287	98% n=779	98% n=290
	Respected your religious or spiritual needs (always)	94% n=286	99% n=140	100% n=208	97% n=596	96% n=246
	Treated you as an individual (always)	96% n=343	99% n=172	99% n=282	98% n=754	99% n=285
	Interrupted during care (no)	88% n=236	76% n=49	97% n=164	95% n=259	69% n=124
	If yes, explained reason for interruptions ² (yes)	51% n=41	81% n=44	73% n=15	58% n=72	65% n=68
ATTITUDE	Were approachable at all times(always)	90% n=346	97% n=170	98% n=351	97% n=803	95% n=291
	Showed a willingness to help (always)	92% n=347	99% n=171	98% n=344	97% n=808	96% n=287
	Took time to listen to your questions or concerns (always)	92% n=346	97% n=171	97% n=331	97% n=789	96% n=285
	Were caring and compassionate towards you (always)	92% n=346	99% n=170	98% n=342	97% n=785	98% n=285
	Noticed when you were upset/distressed (always)	89% n=308	94% n=165	97% n=243	95% n=614	95% n=275
	Provided you with assistance when you needed it (always)	92% n=342	98% n=170	99% n=302	98% n=716	98% n=286
BEHAVIOUR	Were polite and courteous (always)	93% n=349	99% n=171	100% n=357	99% n=812	96% n=288
	Behaved in a professional manner (always)	94% n=345	98% n=171	100% n=352	99% n=814	98% n=285
	Made you feel safe and supported (always)	93% n=344	98% n=147	98% n=343	97% n=795	98% 259
	Called you by your preferred name (always)	94% n=343	98% n=170	96% n=346	97% n=790	98% n=285
	Provided you with enough information in order for you to understand what you were agreeing / consenting to (always)	94% n=344	95% n=150	97% n=344	97% n=693	98% n=261
	Asked for your consent/permission before treatment/care (always)	95% n=327	97% n=169	96% n=326	n=98% 756	98% n=281

COMMUNICATION	Spoke to you in a way which you could easily understand(always)	95% n=348	99% n=171	97% n=351	97% n=805	97% n=292
	Checked if you understood what they were telling you (always)	91% n=339	98% n=170	94% n=330	95% n=770	94% n=289
	Listened to you (always)	93% n=335	100% n=168	97% n=335	97% n=776	96% n=287
	Explained what was happening in relation to your treatment and care (always)	93% n=345	96% n=147	97% n=338	97% n=772	95% n=260
	Involved you in decisions which needed to be made (always)	92% n=308	96% n=143	94% n=300	96% n=746	95% n=258
	Did staff introduce themselves to you when you first met? (always)	71% n=345	83% n=168	81% n=339	77% n=810	85% n=279
	Did staff provide you with relevant information leaflets? (always)	69% n=134	61% n=100	68% n=190	81% n=504	78% n=200
Privacy & Dignity	Provided you with enough privacy when discussing treatment/care and personal matters (always)	93% n=344	98% n=161	98% n=341	n=96% 803	98% n=287
	Gave you privacy when being examined or providing care/treatment (always)	95% n=339	99% n=160	97% n=339	97% n=773	99% n=285
	Took steps to prevent you feeling embarrassment (always)	95% n=326	99% n=170	99% n=330	97% n=735	96% n=278
	Was your bed in an area of the ward were male and female patients were being cared for beside each other (no) ³		82% n=135			89% n=211
	If yes, did staff give you the option to move to another part of the ward were male and female patients were not mixed.		93% n=45			54% n=24

For some areas the Northern Ireland position may be green however individual information may highlight a potential issue and this is being addressed through discussions with the HSC Trusts.

¹Please note BHSCT data has been omitted from this table in relation to EDs and Minor Injuries as the information provided did not have the required detail to incorporate it into a Northern Ireland Summary. However a breakdown of ED and Minor Injury unit data for BHSCT is available is Appendix four.

²Some respondents answered this question despite having answered the previous question in the negative. The question will be addressed in the revision of the questionnaire.

³Also of note: feedback from Trusts suggests that on some occasions the question on mixed gender accommodation may have been misunderstood by patients. Whilst some wards have a mix of male and female patients, their sleeping accommodation i.e. bays and toilet facilities are separate, this constitutes single gender accommodation. This question is not clear to patients and will be addressed in the revision of the questionnaire.

The regional Questionnaire contains a set of core questions which particularly relate to the patients/clients journey to hospital via NIAS. The data relating to these questions are forwarded onto NIAS on a quarterly basis. A summary of data received by NIAS for the year 2012/13 is outlined below in table three.

Table Three - Questionnaire data specifically relating to NIAS Journey to Hospital

RESPECT	
Treated you as an individual (always)	100% n= 105
Considered and respected your wishes (always)	98% n= 104
Made you feel safe and secure (always)	100% n= 105
ATTITUDE	
Were polite and courteous(always)	100% n=105
BEHAVIOUR	
Were caring and compassionate (always)	100% n=105
Behaved in a professional manner (always)	100% n=105
COMMUNICATION	
Did ambulance staff introduce themselves (always)	98% n=95
Spoke to you in a way which you could easily understand (always)	100% n=105
Explained what was happening in relation to your care and treatment (always)	100% n=105
PRIVACY AND DIGNITY	
Maintained your privacy and dignity (always)	100% n=105

Overview of findings

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

- 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

The common trends identified below which were classified as **'Red' < 80%** or **Amber 80%-89%** and therefore requiring further focus are as follows:

- Frequency of interruptions
- Reasons for interruptions not being explained to patients/clients
- Staff not introducing themselves or identifying their roles or responsibilities
- Staff not wearing name badges
- 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
- Patients/clients not always involved in decision making regarding their treatment

In addition patients/clients also provided comments when completing the questionnaire; a summary of these comments are shared in Appendix Five.

4.2.3 Patient Stories

Patient Stories provides a mechanism for obtaining information from the patient's perspective on how our services are working for those who need them. In general, comments were very positive, but as always there is room for improvement and therefore these responses are particularly valuable. Analysis of the patient stories narrative submitted

by the HSC Trusts reflected that staff are helpful, courteous, kind and caring. The stories relating to the Ambulance Service are gathered by the five HSC Trusts and related comments are passed on to NIAS.

“The NHS frequently gets bad press; however I feel that the NHS is so important to us that we should recognise and publicly acknowledge them when the service is excellent”.

Quote from a Patient (2012)

The following areas have been identified by patients/clients for improvement (Patient story quotes are shared in Appendix Six).

Communication:

- Patients/clients not being included in their treatment and care plan

Noise at night:

- Frustration with high levels of noise throughout the day and night in some inpatient areas
- Noise at night was identified as a key feature

Moving Patients:

- The impact of moving patients at short notice
- Some patients were moved on numerous occasions

Staffing:

- Patients felt staff were busy, overworked and on many occasions there was too few staff

Patient/client support:

- Patients/clients felt those needing assistance were not always supported, particularly at meal times or in taking fluids

In addition to the themes identified above, other areas were highlighted which did not directly link to the DHSSPS Standards. These include:

- Criticism of appointments system
- Timeliness of treatment
- Access to car parking facilities
- Poor signage

4.2.4 Observations of Practice

Observations of practice were undertaken by trained observers who provided an independent, unbiased overview of how care was delivered to patients/clients. (Comments are shared in Appendix Seven)

Key areas of **compliance** 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
- Patients nursed in a safe, comfortable and caring environment
- Personal care needs of the patient/client were adhered to

Key areas of **non-compliance** with Patient Client Experience Standards were:

- Often staff did not introduce themselves or identify their job title
- Patients were continually being interrupted without any explanation being given
- Patients experienced lack of privacy with personal conversations being overheard by other patients and visitors

This correlates with the feedback from the questionnaires and patients' stories.

4.2.5 Triangulating the patient/client experience

By triangulating the patient/client experience from the questionnaires, patient stories and observed practice, the PHA has been able to identify areas of good practice and areas where further improvement was required in order to enhance the patient/client experience of services. These findings are presented in Appendix One and Two and have been themed using the Patient and Client Experience Standards.

During 2012/13 the feedback from complaints within the HSCB correlated with the themes from the Patient and Client Experience Standards. The findings within this report also reflected the RQIA, 'Review of Hospitals at Nights and Weekends'⁴ which used the Patient Client Experience questionnaire to provide an insight into patients/clients experiences.

5.0 TRUST ACTION PLANS

The PHA has requested assurances from the HSC Trusts which identified that improvements have been implemented within defined timescales. Unlike previous years the PHA has also requested that the HSC Trust, in their action plan, identifies those with responsibility for auditing the change.

Example of Action Plan implementation:

The first quarter (March 2012 – June 2012) focused on the Emergency Departments (EDs) and Minor Injury Units and was reflective of concerns with increased waiting times negatively influencing patients/clients experience. Following submission of the action plan all HSC Trusts were invited to discuss the implementation and progress with the Director of Nursing (PHA). Examples of the improvements undertaken by HSC Trusts include:

- Review of information leaflets available in Emergency Departments (EDs) and provide wider range relevant to the area
- Introduction of patient experience initiative to include person centred care in one ED
- Focus on customer care issues in EDs and provide training for relevant staff
- Audit of pain relief in EDs and introduction of training on expediting administration of analgesia
- Appointment of more staff to address some staffing issues identified

⁴ RQIA (2013) 'Review of Hospitals at Nights and Weekends'

- Developments in discharge arrangements for patients/clients being discharged, to include a senior doctor/consultant seeing all patients/clients for discharge
- Enhancement of staff ratios on night duty to include more senior staff to cover during this period
- Upgrading in signage commenced
- Introduction of extra blinds to ensure privacy for patients/clients
- Introduction of white board system to improve communication
- Enhanced communication with relatives regarding the patient's condition, where appropriate and with permission of patient
- Develop processes to improve waiting times for X-rays

Examples of further local improvements which have been implemented in quarters 2, 3 and 4 are outlined in Appendix Eight. It is often the small things that make the most difference to patients/clients and the challenge for service providers is to maintain and improve the healthcare for patients/clients and ensure that safety and experience are driving factors.

A number of evidence based professional actions are being taken forward regionally which will enhance quality, safety and the patient/client experience.

Examples of these include:

- Normative Staffing levels
- Development of Key Performance Indicators for nursing staff
- 10,000 Voices Project – PHA
- Reduction in Falls in Hospitals (Pilot)
- Reduction in Pressure Ulcers (Regional and Collaborative)
- Quality Improvement Plan monitoring
- Safety and Quality Alerts
- Promoting Good Nutrition
- Audit and Service Improvement Initiatives in Mental Health Services

5.1 Staff Wellbeing

There is significant evidence that the wellbeing and morale of staff working in health and social care is directly related to the experience of patients and clients. Reports of high levels of sickness absence are indicative of the context of the local ward/team climate, organisational and wider contextual issues.

A review of staff absence to include the use of nursing staff deployed through bank and agency will become one of the key performance indicators (KPIs) for nursing 2013/14. HSC Trusts monitor this not only from a staffing profile but from the perspective of staff health and wellbeing and the impact on the patient/client experience. Research has shown that there is a direct correlation between patient/client experience and staff wellbeing. For example results of Press Ganey⁵ surveys in which patient satisfaction and staff satisfaction were measured show a clear relationship between the two and at one hospital while customer satisfaction increased, employee turnover decreased by 57%. New research carried out by the National Nursing Research Unit at King's College London strongly suggests that a level of satisfaction and wellbeing among NHS staff has a direct impact on patients' experiences of healthcare.⁶

Staff wellbeing was acknowledged in the development of the PCE DHSSPS Standards:

‘Staff can have a real impact upon the experience of those who use our service by how we communicate, by how we co-operate and support colleagues, and by creating a friendly environment’

DHSSPS (2009) ‘Improving the Patient and Client Experience’

⁵ . Health Administration Press; (2002) Patient Satisfaction: Defining, Measuring and Improving the Experience of Care.

⁶ Maben J, et al (November 2012) NIHR, ‘Exploring the relationships between patient experiences of care and the influence of staff motivation, affect and wellbeing.’

6.0 STRATEGIC DIRECTION 2013-14

Strategically and locally we recognise the importance of listening to patients/clients and addressing their health beliefs, concerns and preferences; as these aspects influence how and whether patients achieve optimal benefit from our health services. Therefore the importance of a good experience in the health and social care system cannot be underestimated.

A central theme from the failures in Mid Staffordshire appeared to be a reliance on process measures and targets. Therefore in Northern Ireland the 2013-14 Framework for Quality, Safety and Patient Experience will concentrate on HSC Trust improvements and outcomes. The monitoring of improvement and outcomes will become the key focus, rather than targets, which brings a number of data sources together to give an overarching picture of the organisation and the impact on the patient and client experience.

6.1 Experience Led Commissioning: 10,000 Voices Project

Patient experience is now recognised as one of the central elements of quality in the NHS. This has triggered strong interest in understanding the best ways in which to measure patient experience among NHS Trusts and their managers, clinicians and staff.

The Commissioning Plan 2013/14⁷ makes specific reference to the collection of patients' stories and this can inform an innovative approach to the development of experience led commissioning. The Intelligent Board 2010⁸ paper 'Patient Experience' supports this view, stating that "acquiring and responding to good intelligence about patient's experiences is more than just another 'must do' for Boards". It points to increasing evidence of "a positive association" between patient experience and clinical outcomes and quality and financial performance.

⁷ PHA/HSCB (2013) '13/14 Joint Commissioning Plan.'

⁸ Doctor Fosters (2010) 'The Intelligent Board: Patient Experience'

The aim of the 10,000 Voices Project is to gather 10,000 patient stories using the 'SenseMaker' methodology⁹ to reflect on patient experience and to use information to influence the commissioning of services for 2014/2015 and ultimately improve the Patient and Client Experience within Northern Ireland.

SenseMaker methodology minimizes professional bias as patients/clients are encouraged to share 'their story' of the experiences they have encountered. It is not led or directed by professionals as patient's can choose to share elements or all of their experiences. The project provides the opportunity for patients/clients to articulate how the Health and Social Care Services met their needs and what elements had most impact on their experiences.

Experience Led Commissioning: 10,000 Voices Project is a priority for the HSCB/PHA and each HSC Trust will collect approximately 2,000 patient stories using an agreed methodology and submit monthly update reports to the PHA (Commissioning Plan 2013-14) thus maintaining the impetus to drive patient/client led commissioning.

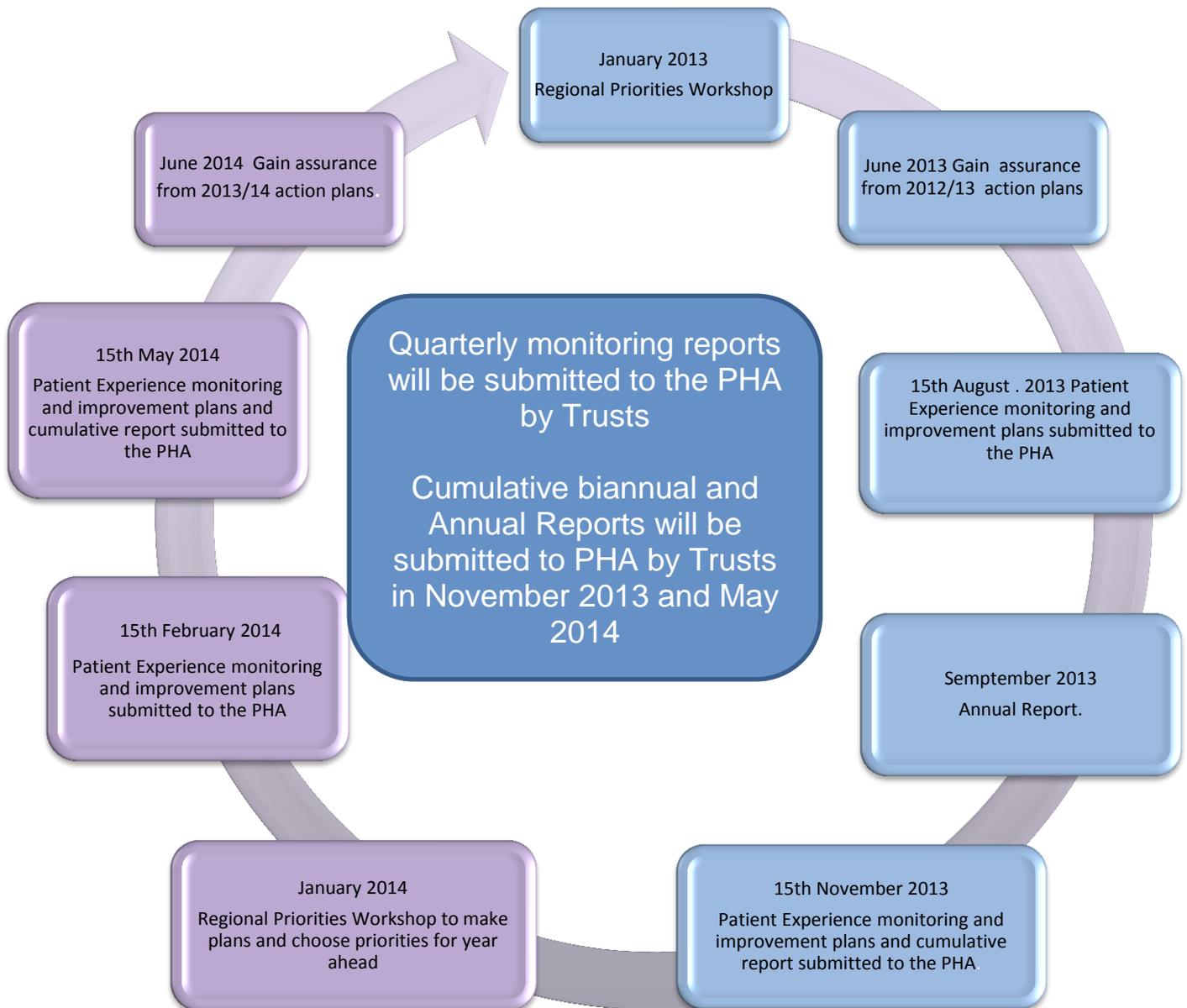
7.0 WORK PLAN: 2013-14

The PHA will work collaboratively with HSC Trusts to identify key areas in which patient/client experience will be monitored. In addition the PHA will support the Patient Client Experience Steering and Working Groups to develop a work plan identifying key areas for improvement.

A cycle of work has been agreed (see below) to ensure there is a robust process to drive the Patient Client Experience Improvement Programme and ensure patient/client experiences are positively impacted through an assurance loop.

⁹ <http://www.sensemaker-suite.com/smsite/index.gsp>

Diagram one: 18 Month Cycle of Work January 2013 to June 2014



The cycle of improvement will continue in 2013/14 with HSC Trusts monitoring the same areas as 2012/13. This process has been agreed to ensure improvements are sustained and it will also provide the opportunity to identify areas where further work is required. The HSC Trusts six monthly and annual cumulative reports will provide details of progress on the action plans from the previous quarters.

Table Three - Summary of Plan for 2013/2014

Summary of Plan for 2013/2014		
<p><u>Quarter One</u> April to June 2013.</p>	<ul style="list-style-type: none"> • HSC Trust Quarterly monitoring report submitted to PHA; • Update by HSC Trust on local quality improvement actions. 	<p>Submit to PHA on 15 August 2013.</p>
<p><u>Quarter Two</u> July to September 2013.</p>	<ul style="list-style-type: none"> • HSC Trust Quarterly monitoring report submitted to PHA; • Biannual HSC Trust cumulative report (reflecting quarter one and two monitoring, actions and improvements) submitted to PHA; • HSC Trust assurance on action plan implementation; • HSC Trust update on local quality improvement actions; • PHA analysis of quarter one. 	<p>Submit to PHA on 15 November 2013.</p>

<p><u>Quarter Three</u></p> <p>October to December 2013.</p>	<ul style="list-style-type: none"> • HSC Trust Quarterly monitoring report submitted to PHA; • HSC Trust assurance on action plan implementation; • HSC Trust update on local quality improvement actions; • PHA analysis of quarter Two; • Identification of areas for regional improvement. 	<p>Submit to PHA on 17 February 2014.</p>
<p><u>Quarter Four</u></p> <p>January to March 2014</p>	<ul style="list-style-type: none"> • HSC Trust Quarterly monitoring report submitted to PHA; • Annual HSC Trust cumulative report (reflecting quarters one, two, three and four monitoring, actions and improvements) submitted to PHA; • HSC Trust assurance on action plan implementation; • HSC Trust update on local quality improvement actions; • PHA analysis of quarter three; • Identification of areas for regional improvement. 	<p>Submit to PHA on 15 May 2014.</p>

7.1 Regional Priorities

On reflection of the 2012/13 monitoring information, poor communication was identified as the most frequent issue which had a detrimental effect on patients'/clients' experience. Therefore, the following has been identified as regional priorities and actions will be progressed by the Working Group:

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

In addition the working group will undertake the following:

- A scoping exercise across all six HSC Trusts to identify successful local improvement initiatives. Sharing this information regionally will ensure that all HSC Trusts have the opportunity to positively impact on patient and client experiences through implementing evidence based improvements

- Review and update the questionnaire for 2014/15 also develop questionnaires to suit specialist areas such as NIAS, children's residential, learning disability, outpatients etc
- Work with HSC Trusts to ensure information returned includes, clear identification of ward/department areas and the numbers of questionnaires given out and returned in each area. Clarity is also required on the number of patients/clients responding to each question within the questionnaires and the number of questions not answered.
- Aim to increase numbers for survey returns in order to improve statistical analysis.
- Development of a new process to use SharePoint as a data collection tool will enable better statistical analysis.
- Work with HSC Trusts to review and monitor improvements regarding mixed gender accommodation.
- Hold a workshop in January 2014 to review work plan for current year and develop plan for 2014/15.

7.2 Monitoring and Implementation

Implementation of these regional priorities will be monitored by the PHA and supported through the Patient and Client Working Group. Feedback from the Regional theme of improved communication will be measured and assessed using the NICE Guidance: Quality Statement 3 (See Appendix Nine).

- **Quarterly Monitoring Reports:**

HSC Trusts are required to submit quarterly monitoring reports to the PHA for approval and these should contain:

- a) An analysis report of patient experiences incorporating the questionnaires, patient stories and observed practice (with patient/client comments).
- b) Detailed Action Plans which identify:
 - I. Improvements planned and those achieved within designated areas
 - II. The lead for implementation and realistic timescales for delivery.

- **Biannual and Annual cumulative reports**
HSC Trusts are required to submit biannual and annual cumulative reports to the PHA.
- **Progress Reports** will be submitted by the PHA to the DHSSPS and Boards of PHA/HSCB as requested.
- **Annual Patient Client Experience Report** will be produced by PHA.

The process as described, for monitoring and evaluating the patient and client experience will continue to evolve and grow. A regional workshop is being held on 23 September 2013 hosted by the Chief Nursing Officer to develop robust plans for measuring and monitoring the patient and client experience to improve outcomes. The PHA and HSCB will work collaboratively to lead and support the implementation of actions that improve the experience for patients and clients within healthcare.

8.0 CONCLUSION

This report has highlighted the good work already undertaken by HSC Trusts in relation to listening and responding to patient/client experiences. All patients and clients are entitled to be treated with dignity, respect and should be fully involved in decisions affecting their treatment, care and support. There is no doubt that the changes made by HSC Trusts will improve that experience, but there is no room for complacency, and a focus will be sustained on recurring themes to ensure that the messages equally influence HSC staff at the frontline and boardroom to implement effective improvements for patients, clients and carers.

The analysis from the monitoring of the Patient Client Experience Standards highlights to commissioners and providers that it is the patient experience which should influence the way in which services are delivered and reformed. As commissioners of services and providers of care; quality, safety, effectiveness and compassion within HSC is a priority. Therefore listening to and

acting upon, the patients'/clients' experience is integral to providing high quality services.

The Francis Report¹⁰ highlights, that statistics and action plans are only tools to achieving a more responsive service and the monitoring of the Patient Client Experience Standards has evolved, to ensure we support continuous quality improvement by transforming the focus from targets and statistics to an experiential led service whilst gaining assurances on Quality, Safety and Patient Experience. This focus is endorsed by the DHSSPS Quality 2020 Strategic Framework¹¹ which states that patient/client experiences remain at the heart of service design and delivery.

In essence:

The comprehensive programme of work undertaken by the six Trusts in conjunction with the HSCB and PHA to support the implementation of the Patient Client Experience Standards demonstrates a commitment to learn and an assurance to act upon the experience of Patients/clients locally and regionally

¹⁰ Francis, R QC; (2013), 'Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry'.

¹¹ DHSSPS, (2010) 'Quality 2020 – A Ten Year Strategy to Protect and Improve Quality in Health and Social Care Northern Ireland.

Good Practice Identified within the HSC Trust Reports

Areas of Good Practice	
Respect	<ul style="list-style-type: none"> • Patients kept informed of treatment plan. • Staff kindness frequently featured and was valued highly by patients. • Staff gave patients time to finish lunch and removed dishes when ready. • Patience with elderly patients. • Staff described clinical procedures in detail prior to carrying them out. • Explanation given for delays when waiting for treatment. • Reassurance and comfort provided by all staff. • Interruptions were short.
Attitude	<ul style="list-style-type: none"> • Staff were consistently reported as willing to help, kind and attentive. • Busy wards, but staff portrayed a calm atmosphere. • Staff smiling and portraying a positive attitude. • Requests from patients were answered promptly. • Patients reported that staff asked and used their preferred name. • Verbal complaints were addressed quickly in a respectful manner. • Time taken to explain procedures. • Staff often went that extra mile e.g. assisting patients to use and top up mobiles to keep in communication with their family.

<p>Behaviour</p>	<ul style="list-style-type: none"> • Staff was reported to be polite and courteous, behaving in a professional manner. • Non-verbal communication, for example smiling made patients feel better and gave patients confidence in staff. • Evidence that patients were involved in decision making. • Patients reported feeling safe and secure.
<p>Communication</p>	<ul style="list-style-type: none"> • Patients positively commented on staff introducing themselves, smiling and being welcoming • Staff spoke in a polite and professional manner to patients and relatives and listened to concerns • Staff engaged in a friendly manner of conversation with patients and family. • Non-verbal communication: body language of staff approachable, smiling. • Patient was involved in decisions regarding care and treatment. • Explanation of diagnostic tests and scans. • Staff actively listened to patients.
<p>Privacy and Dignity</p>	<ul style="list-style-type: none"> • Curtains drawn fully around patient during discussions and treatment. • Responded quickly to the call button. • Spoke in quiet tones so that the whole ward did not hear. • Asked permission to tidy patients' locker and bed. • Used blanket to prevent embarrassment.

Other positive issues highlighted

- Wards: sense of organisation and calm
- The commitment of staff even when busy and short staffed.
- The food was complimented in some HSC Trusts.

Areas for Improvement Identified within HSC Trust Reports

Areas for Improvement	
Respect	<p>Interruptions:</p> <p>Many patients referred to frequent interruptions when receiving care:</p> <ul style="list-style-type: none"> • The findings suggest that very few patients were given an explanation and they were not always clear why the interruptions were necessary • Interruptions at meal times continue to feature in responses and increasing numbers of patients highlight a lack of assistance and support with eating and drinking <p>Lack of equipment:</p> <ul style="list-style-type: none"> • Some patients complained of being cold with no blanket available • Patients describe that they and their families have had to stand due to the lack of seats
Attitude:	<p>In general, the comments about staff attitude were very positive, on a few occasions an individual was cited as not being friendly and it was also suggested by a few that staff should smile more.</p>
Behaviour:	<p>Noise:</p> <p>Patients in all HSC Trusts consistently reported irritation with the levels of noise from staff during the day but particularly at night:</p> <ul style="list-style-type: none"> • Staff talking loudly at nursing stations • Staff talking loudly to each other • Nurses shouting from one area of the ward to another area to gain another's attention

<p>Behaviour:</p>	<ul style="list-style-type: none"> • Doors banging • Bin lids being slammed <p>Moving Patients: Patients commented that they were frequently moved and this was disorientating particularly for elderly patients.</p>
<p>Communication:</p>	<p>Information:</p> <ul style="list-style-type: none"> • Patients frequently expressed the need for more written information/leaflets • Clear verbal explanations and information on care and treatment is required • Increase awareness of local services amongst the population • Patients want to be involved in their care plan and have this discussed with appropriate relatives • Doctors and nurses should check that the patient has understood the information given • Poor signage was a frequent complaint <p>Staff too busy: A significant number of patients commented that staff were too busy. Whilst they were often sympathetic, they felt that the insufficient staffing levels impacted on their care e.g.</p> <ul style="list-style-type: none"> • Not always enough time to spend with patients • Patients are left waiting for considerable periods for assistance to use the toilet • Staff saying: 'I will only be a minute' and in many cases, the 'minute' became an 'hour'.

	<p>Staff identification: Frequently comments were made that patients and their families had to ‘guess’ who the member of staff was, i.e. a doctor, physiotherapists etc:</p> <ul style="list-style-type: none"> • Staff did not introduce themselves; • No name badges
<p>Privacy and Dignity:</p>	<p>Privacy: Some patients reported that curtains were not fully pulled during examination/treatment</p> <p>Mixed Gender Wards: Some patients reported concerns about being in a mixed gender ward. In particular, patients expressed embarrassment during examination or having to use commodes</p> <p>Confidentiality:</p> <ul style="list-style-type: none"> • Patients described how staff frequently discussed individuals care and treatment in ‘earshot’ of other patients • Patient information on computer visible to other patients and relatives <p>Access to toilet facilities</p> <ul style="list-style-type: none"> • Quite a few patients commented on the limited access to toilets and many said they had to queue • Waiting for staff to provide assistance to go to the toilet was also an issue <p>Meal times</p> <ul style="list-style-type: none"> • Some patients highlighted that more assistance is required at meal times • Tea/coffee was frequently described as being cold and many patients suggested vending machines

Other:

- Accessibility and car parking were frequently reported as areas of irritation
- Patients in all five HSC Trusts commented on how busy the wards and ED were
- Comments on low levels of staff were a feature in all five HSC Trusts
- Blood test results were slow in coming back
- Sign posting throughout departments should be clearly displayed.

Appendix three

PLEASE INDICATE YOUR ANSWER BY TICKING THE APPROPRIATE BOX AND USING THE SPACES ALLOCATED FOR COMMENTS.

JOURNEY TO HOSPITAL

1. Did you travel to hospital by ambulance?

Yes No (If no, please proceed to question 4)

If Yes...

2. Did the ambulance staff introduce themselves to you?

Yes No Can't remember

3. Did the ambulance staff...

	Yes	No	Not Applicable
a) Demonstrate politeness and courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Show care and compassion towards you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Treat you as an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Consider and respect your wishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Speak to you in a way which you could easily understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Explain what was happening in relation to your treatment/care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Make you feel safe and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Maintain your privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Behave in a professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ON ARRIVAL TO HOSPITAL

4. Please state which hospital you were a patient in during your most recent admission to hospital AND which month

5. Please indicate which ward(s) you were in during your stay in hospital.

6. When you first arrived on the ward:

	Yes	No	Unsure	Not Applicable
a) Were staff welcoming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Were staff expecting you and prepared for your arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Were staff fully understanding of your condition/presenting problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Were staff fully understanding of your personal circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESPECT

7. During your stay on the ward did staff

	Always	Sometimes/Rarely	Never
a) Consider and respect your wishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Respect your religious or spiritual needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Treat you as an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7d. During your stay on the ward were there any times when staff were interrupted when delivering treatment or care to you?

Yes No

7e. If yes, were these interruptions....

Frequent Occasional/Rare

7f. If yes, did staff explain the reason for these interruptions?

Always Sometimes/Rarely Never

ATTITUDE

8. During your stay on the ward were staff...

	Always	Sometimes/Rarely	Never
a) Approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Willing to help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Willing to take time to listen to your questions or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Caring and compassionate towards you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Aware of when you were upset/distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Able to provide you with assistance when you needed it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIOUR

9. During your stay on the ward did staff...

	Always	Sometimes/Rarely	Never
a) Demonstrate politeness and courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Behave in a professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Make you feel safe and supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Call you by your preferred name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Provide you with enough information in order for you to understand what you were agreeing / consenting to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Ask for your consent/permission before carrying out any treatment/care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATION

10. During your stay on the ward did staff...

	Always	Sometimes/ Rarely	Never
a) Speak to you in a way which you could easily understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Check if you understood what they were telling you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Listen to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Explain what was happening in relation to your treatment and care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Involve you in decisions which needed to be made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Did staff introduce themselves to you when you first met?

Always Sometimes/Rarely Never

12. Did staff provide you with relevant information leaflets?

Yes No Unsure Not Applicable

If yes, was/did the leaflet...

	Yes	No	Unsure	Not Applicable
a) Easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Tell you what you needed to know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRIVACY AND DIGNITY

13. During your stay on this ward did staff...

	Always	Sometimes/ Rarely	Never
a) Provide you with enough privacy when discussing treatment/care and personal matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Maintain your privacy and dignity when examining you or providing care/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) Take steps to prevent you feeling embarrassment

14. During your stay on this ward...

	Yes	No	Not Applicable
a) Was your bed in an area of the ward where male and female patients were being cared for beside each other (Question relates to sleeping accommodation only. Dining & bathroom facilities may be shared).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) If yes, did staff give you the option to move to another part of the ward where male and female sleeping accommodation were not mixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. During your stay on this ward did staff...

	Always	Some- times/ Rarely	Never	Not Applica- ble
a) Take action to relieve your pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Help you with toileting when you needed it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Help you with eating and drinking when you needed it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Help you to wash and dress when you needed it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Have enough time to spend with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing the questionnaire.
Please return it in the FREEPOST envelope provided.**



**Tell Us What You Think
Survey for In-patients**

[Date]

Dear Patient,

Within the Trust we are committed to providing a service, which is of the highest possible quality. We would therefore like to seek your opinion of the service provided to you during your most recent admission to hospital and arrangements for your discharge.

We would be very grateful if you would complete this questionnaire. All replies are anonymous – there is no need to include your name. If you cannot complete this questionnaire yourself please ask a relative/friend to help you or to complete it on your behalf. When you have completed the questionnaire please return it in the envelope provided.

It would be very helpful if completed questionnaires could be returned within 2 weeks of your discharge from hospital.

If you have any difficulty completing this questionnaire, please ring [Ward Sister's name & Ward] for advice. Telephone number to ring is [telephone number].

The results of this survey will help us to identify what we are doing well and to identify aspects of the service that could be improved upon. Learning from your responses/comments will be shared with relevant services e.g. ambulance service to help them continue to make improvements for the benefit of patients.

Thank you in anticipation of your assistance.

Yours sincerely,

EMERGENCY DEPARTMENTS		BHSCT ¹	NHSCT	SET	SHSCT	WHSCT
Number of questionnaires issued		105	180	375	270	200
Number of questionnaires returned		105	64	115	129	52
Response Rate		100%	36%	31%	48%	26%
RESPECT	Considered and respected your wishes (always)	97%	92% n=60	94% n=112	92% n=123	94% n=49
	Respected your religious or spiritual needs (always)	98%	92% n=49	98% n=90	91% n=108	95% n=39
	Treated you as an individual (always)	100%	95% n=62	99% n=111	92% n=120	96% n=50
	Interrupted during care (no)	57%	83% n=64		91% n=123	86% n=49
	Explained reason for interruptions (always) note small numbers ²	48%	45% n=11	50% n=12	54% n=11	57% n=7
ATTITUDE	Were approachable at all times (always)	100%	86% n=63	93% n=112	88% n=122	92% n=49
	Showed a willingness to help (always)	100%	94% n=64	93% n=113	92% n=121	90% n=49
	Took time to listen to your questions or concerns (always)	100%	90% n=62	94% n=113	91% n=121	92% n=50
	Were caring and compassionate towards you (always)	100%	89% n=62	95% n=113	90% n=121	94% n=50
	Noticed when you were upset/distressed (always)	98%	89% n=54	88% n=93	88% n=115	96% n=46
	Provided you with assistance when you needed it (always)	100%	90% n=61	90% n=112	93% n=119	92% n=50
BEHAVIOUR	Were polite and courteous (always)	100%	90% n=60	95% n=114	92% n=125	94% n=50
	Behaved in a professional manner (always)	100%	92% n=60	96% n=113	95% n=122	90% n=50
	Made you feel safe and supported (always)	98%	93% n=60	94% n=112	93% n=122	92% n=50
	Called you by your preferred name (always)	98%	98% n=59	96% n=112	90% n=122	96% n=50
	Provided you with enough information in order for you to understand what you were agreeing /consenting to (always)	100%	95% n=62	95% n=111	91% n=122	96% n=49
	Asked for your	100%	98%	96%	91%	96%

	consent/permission before treatment/care (always)		n=57	n=105	n=117	n=48
COMMUNICATION	Spoke to you in a way which you could easily understand (always)	99%	94% n=62	96% n=113	93% n=123	98% n=50
	Checked if you understood what they were telling you (always)	95%	87% n=61	94% n=111	88% n=119	96% n=48
	Listened to you (always)	98%	94% n=62	95% n=110	92% n=113	94% n=50
	Explained what was happening in relation to your treatment and care (always)	99%	94% n=62	94% n=113	92% n=120	96% n=50
	Involved you in decisions which needed to be made (always)	99%	92% n=60	92% n=85	93% n=117	93% n=46
	Did staff introduce themselves to you when you first met? (always)	96%	74% n=61	73% n=112	65% n=123	76% n=49
	Did staff provide you with relevant information leaflets? (always)	61%	90% n=20	73% n=37	55% n=45	72% n=32
Privacy and Dignity	Provided you with enough privacy when discussing treatment/care and personal matters (always)	100%	92% n=63	95% n=114	90% n=118	94% n=49
	Gave you privacy when being examined or providing care/treatment (always)	100%	97% n=62	99% n=113	91% n=117	94% n=47
	Took steps to prevent you feeling embarrassment (always)	98%	95% n=61	98% n=107	91% n=115	95% n=43

¹Please note BHSCT data is aggregated data based on the total number of questionnaire's returned for each ED area.

² Some respondents answered this question despite having answered the previous question in the negative. The question will be addressed in the revision of the questionnaire.

Appendix Four (b)

MEDICAL ASSESSMENT UNITS		BHSCT	NHSCT	SET	SHSCT	WHSCT
Number of questionnaires issued		80	90	300	80	90
Number of questionnaires returned		12	30	43	58	33
Response Rate		15%	33%	14%	73%	37%
RESPECT	Considered and respected your wishes (always)	92% n=12	97% n=29	100% n=42	100% n=56	100% n=31
	Respected your religious or spiritual needs (always)	83% n=12	100% n=28	100% n=30	100% n=41	100% n=29
	Treated you as an individual (always)	100% n=12	100% n=28	95% n=43	100% n=57	100% n=32
	Interrupted during care(no)		62% n=29			95% n=20
	Explained reason for interruptions (always) [†]	86% n=7	80% n=11	71% n=14	91% n=11	100% n=1
ATTITUDE	Were approachable at all times(always)	92% n=12	100% n=28	98% n=41	96% n=57	100% n=32
	Showed a willingness to help(always)	100% n=12	100% n=28	100% n=42	98% n=57	100% n=32
	Took time to listen to your questions or concerns(always)	82% n=11	100% n=29	95% n=42	98% n=57	100% n=32
	Were caring and compassionate towards you(always)	92% n=12	100% n=28	100% n=42	100% n=56	100% n=32
	Noticed when you were upset/distressed(always)	75% n=12	100% n=27	95% n=41	91% n=54	100% n=31
	Provided you with assistance when you needed it (always)	100% n=11	100% n=28	98% n=42	96% n=57	100% n=32
BEHAVIOUR	Were polite and courteous (always)	92% n=12	100% n=28	100% n=41	98% n=58	100% n=32
	Behaved in a professional manner (always)	90% n=10	100% n=29	98% n=42	98% n=58	100% n=32
	Made you feel safe and supported (always)	100% n=12	100% n=28	97% n=31	95% n=44	100% n=32
	Called you by your preferred name (always)	100% n=11	100% n=28	98% n=42	96% n=57	100% n=32
	Provided you with enough information in order for you to understand what you were agreeing /consenting to(always)	92% n=12	96% n=28	100% n=31	93% n=46	94% n=33
	Asked for your consent/permission before treatment/care (always)	91% n=11	100% n=28	98% n=42	96% n=57	97% n=31
COMMUNICATION	Spoke to you in a way which you could easily understand (always)	100% n=11	93% n=30	100% n=41	100% n=57	100% n=32
	Checked if you understood what they were telling you (always)	100% n=11	97% n=29	98% n=42	98% n=56	100% n=32
	Listened to you (always)	100% n=11	100% n=29	100% n=42	100% n=55	100% n=31
	Explained what was happening in relation to your treatment and care (always)	90% n=10	100% n=29	97% n=31	93% n=45	100% n=32

	Involved you in decisions which needed to be made (always)	90% n=10	100% n=28	93% n=30	93% n=44	100% n=31
	Did staff introduce themselves to you when you first met? (always)	80% n=10	93% n=30	88% n=41	73% n=56	87% n=31
	Did staff provide you with relevant information leaflets? (always)	67% n=6	71% n=24	53% n=15	48% n=29	69% n=26
PRIVACY & DIGNITY	Provided you with enough privacy when discussing treatment/care and personal matters (always)	90% n=10	93% n=30	100% n=41	100% n=58	95% n=22
	Gave you privacy when being examined or providing care/treatment (always)	100% n=11	100% n=29	100% n=41	100% n=57	95% n=22
	Took steps to prevent you feeling embarrassment (always)	100% n=11	100% n=29	98% n=42	100% n=56	100% n=32
	Placed in an area where male and female patients were being cared for (Answered No) ²	100% n=12	76% n=29	64% n=28	83% n=46	100% n=20
	Given the opportunity to move (if yes to above)		63% n=8	100% n=10	100% n=7	100% n=20

¹ Some respondents answered this question despite having answered the previous question in the negative. The question will be addressed in the revision of the questionnaire.

² Also of note: Feedback from Trusts suggests that on some occasions the question on mixed gender accommodation may have been misunderstood by patients. Whilst some wards have a mix of male and female patients, their sleeping accommodation i.e. bays and toilet facilities are separate, this constitutes single gender accommodation. This question is not clear to patients and will be addressed in the revision of the questionnaire.

Appendix Four (c)

RADIOLOGY		BHSCT	NHSCT	SET	SHSCT	WHSCT
Number of questionnaires issued		100	150	140	337	200
Number of questionnaires returned		32	60	41	165	65
Response Rate		32%	40%	29%	49%	33%
RESPECT	Considered and respected your wishes (always)	93% n=29	98% n=60	100% n=41	99% n=157	
	Respected your religious or spiritual needs (always)	100% n=23	100% n=18	100% n=30	100% n=137	
	Treated you as an individual (always)	96% n=28	100% n=59	100% n=40	99% n=155	
	Interrupted during care (no)		97% n=60		98% n=41	95% n=63
	Explained reason for interruptions (always) ¹ (note small numbers)	80% n=5	50% n=2	100% n=2	67% n=3	67% n=3
ATTITUDE	Were approachable at all times (always)	96% n=28	98% n=60	100% n=40	98% n=162	98% n=61
	Showed a willingness to help (always)	96% n=28	97% n=58	100% n=40	98% n=159	100% n=59
	Took time to listen to your questions or concerns (always)	93% n=27	98% n=51	97% n=39	97% n=156	98% n=58
	Were caring and compassionate towards you (always)	93% n=28	97% n=58	98% n=40	99% n=157	98% n=59
	Noticed when you were upset/distressed(always)	95% n=20	90% n=21	93% n=30	99% n=127	98% n=45
	Provided you with assistance when you needed it (always)	100% n=22	95% n=41	100% n=38	99% n=147	98% n=54
BEHAVIOUR	Were polite and courteous(always)	100% n=30	100% n=60	100% n=40	99% n=164	100% n=63
	Behaved in a professional manner (always)	97% n=30	100% n=60	100% n=40	100% n=161	100% n=61
	Made you feel safe and supported (always)	97% n=26	97% n=59	100% n=40	98% n=157	100% n=61
	Called you by your preferred name(always)	100% n=29	97% n=60	90% n=40	98% n=157	93% n=60
	Provided you with enough information in order for you to understand what you were agreeing /consenting to (always)	81% n=27	97% n=59	98% n=40	99% n=158	98% n=60

	Asked for your consent/permission before treatment/care (always)	93% n=28	93% n=57	97% n=37	99% n=155	88% n=49
COMMUNICATION	Spoke to you in a way which you could easily understand (always)	93% n=29	100% n=60	95% n=40	98% n=159	97% n=63
	Checked if you understood what they were telling you (always)	96% n=26	95% n=56	88% n=40	97% n=153	89% n=55
	Listened to you (always)	92% n=26	98% n=58	98% n=40	99% n=153	95% n=58
	Explained what was happening in relation to your treatment and care (always)	96% n=27	95% n=58	100% n=40	97% n=154	95% n=59
	Involved you in decisions which needed to be made (always)	92% n=26	90% n=51	95% n=37	97% n=137	92% n=49
	Did staff introduce themselves to you when you first met? (always)	72% n=29	83% n=60	87% n=39	84% n=157	69% n=54
	Did staff provide you with relevant information leaflets? (always)	83% n=12	89% n=9	95% n=22	85% n=86	30% n=61
Privacy & Dignity	Provided you with enough privacy when discussing treatment/care and personal matters (always)	100% n=29	98% n=57	100% n=37	97% n=159	97% n=59
	Gave you privacy when being examined or providing care/treatment (always)	100% n=28	98% n=59	97% n=39	98% n=155	95% n=58
	Took steps to prevent you feeling embarrassment (always)	100% n=25	98% n=54	100% n=38	98% n=155	98% n=58

¹Some respondents answered this question despite having answered the previous question in the negative. The question will be addressed in the revision of the questionnaire.

Appendix Four (d)

OUTPATIENTS		BHSCT	NHSCT	SET	SHSCT	WHSCT ¹
Number of questionnaires issued		700	350	1650	240	
Number of questionnaires returned		176	98	411	168	
Response Rate		25%	28%	25%	70%	
RESPECT	Considered and respected your wishes (always)	96% n=158	99% n=94	98% n=367	98% n=160	
	Respected your religious or spiritual needs (always)	97% n=129	98% n=40	97% n=289	99% n=138	
	Treated you as an individual (always)	99% n=154	100% n=93	96% n=355	98% n=152	
	Interrupted during care (no)		92% n=98		97% n=161	
	Explained reason for interruptions(always) (note small numbers) ²	100% n=13	75% n=8	45% n=47	50% n=4	
ATTITUDE	Were approachable at all times(always)	96% n=156	100% n=94	96% n=392	97% n=161	
	Showed a willingness to help(always)	98% n=159	99% n=95	96% n=393	98% n=161	
	Took time to listen to your questions or concerns(always)	95% n=154	100% n=93	96% n=385	99% n=157	
	Were caring and compassionate towards you(always)	96% n=154	99% n=88	96% n=385	98% n=158	
	Noticed when you were upset/distressed (always)	96% n=139	98% n=55	94% n=285	96% n=135	
	Provided you with assistance when you needed it (always)	97% n=146	99% n=75	97% n=346	99% n=149	
BEHAVIOUR	Were polite and courteous (always)	97% n=158	100% n=96	99% n=394	99% n=164	
	Behaved in a professional manner (always)	99% n=160	100% n=95	98% n=396	99% n=163	
	Made you feel safe and supported (always)	97% n=157	99% n=92	96% n=385	98% n=161	
	Called you by your preferred name (always)	97% n=156	96% n=92	96% n=383	99% n=159	
	Provided you with enough information in order for you to understand what you were agreeing /consenting to (always)	97% n=151	98% n=95	96% n=288	99% n=159	
	Asked for your consent/permission before treatment/care (always)	98% n=147	98% n=88	97% n=364	99% n=157	
COMMUNICATION	Spoke to you in a way which you could easily understand (always)	98% n=149	97% n=95	97% n=401	98% n=160	
	Checked if you understood what they were telling you (always)	96% n=146	97% n=94	94% n=375	97% n=155	
	Listened to you (always)	97% n=147	98% n=90	97% n=383	99% n=156	

	Explained what was happening in relation to your treatment and care	98% n=145	98% n=92	96% n=377	99% n=158	
	Involved you in decisions which needed to be made (always)	94% n=141	99% n=87	96% n=366	97% n=152	
	Did staff introduce themselves to you when you first met? (always)	79% n=160	81% n=94	77% n=397	71% n=159	
	Did staff provide you with relevant information leaflets? (always)	78% n=104	92% n=37	81% n=250	81% n=113	
P&D	Provided you with enough privacy when discussing treatment/care and personal matters (always)	96% n=159	99% n=96	96% n=393	96% n=155	
	Gave you privacy when being examined or providing care/treatment (always)	97% n=155	100% n=89	96% n=377	97% n=152	
	Took steps to prevent you feeling embarrassment (always)	97% n=150	99% n=80	96% n=361	97% n=144	

¹ Please note no outpatient data was available for WHSCT in 2012/13 as this area had been monitored in 2011/12. Learning Disability Units and Day Centres were completed within this quarter, analysis of these are reflective within the qualitative sections of the report.

² Some respondents answered this question despite having answered the previous question in the negative. The question will be addressed in the revision of the questionnaire.

Appendix Four (e)

INPATIENT WARDS		BHSCT	NHSCT	SET	SHSCT	WHSCT
Number of questionnaires issued		80	60	150	237	150
Number of questionnaires returned		27	32	41	155	40
Response Rate		34%	53%	27%	65%	27%
RESPECT	Considered and respected your wishes (always)	96% n=25	97% n=32	98% n=41	99% n=152	100% n=40
	Respected your religious or spiritual needs (always)	91% n=23	100% n=28	100% n=28	95% n=127	95% n=40
	Treated you as an individual (always)	96% n=24	97% n=32	98% n=41	99% n=148	100% n=40
	Interrupted during care (no)		81% n=32		54% n=52	80% n=40
	Explained reason for interruptions (always) ¹	63% n=8	67% n=6	86% n=7	63% n=40	57% n=7
ATTITUDE	Were approachable at all times(always)	100% n=26	97% n=32	98% n=41	93% n=152	95% n=40
	Showed a willingness to help(always)	96% n=25	100% n=32	95% n=41	96% n=149	95% n=40
	Took time to listen to your questions or concerns(always)	100% n=23	97% n=32	95% n=41	95% n=149	98% n=40
	Were caring and compassionate towards you(always)	100% n=23	100% n=32	98% n=41	97% n=149	98% n=40
	Noticed when you were upset/distressed(always)	96% n=25	100% n=27	98% n=41	94% n=143	92% n=39
	Provided you with assistance when you needed it(always)	96% n=26	100% n=30	98% n=40	97% n=150	98% n=40
BEHAVIOUR	Were polite and courteous(always)	96% n=25	97% n=32	98% n=41	96% n=150	98% n=40
	Behaved in a professional manner(always)	96% n=24	97% n=32	98% n=41	99% n=148	98% n=40
	Made you feel safe and supported (always)	96% n=23	100% n=32	97% n=33	98% n=131	98% n=40
	Called you by your preferred name(always)	100% n=26	100% n=32	98% n=41	99% n=147	95% n=39
	Provided you with enough information in order for you to understand what you were agreeing /consenting to (always)	96% n=26	100% n=32	97% n=33	97% n=130	100% n=40
	Asked for your consent/permission before treatment/care(always)	95% n=21	97% n=31	98% n=41	99% n=148	95% n=40
COMMUNIC ATION	Spoke to you in a way which you could easily understand(always)	92% n=26	100% n=32	98% n=41	97% n=153	98% n=40
	Checked if you understood what they were telling you(always)	81% n=26	100% n=32	98% n=41	95% n=150	90% n=40
	Listened to you(always)	92% n=25	100% n=32	98% n=41	94% n=149	98% n=40
	Explained what was happening in	88%	97%	100%	95%	95%

	relation to your treatment and care(always)	n=26	n=30	n=33	n=131	n=40
	Involved you in decisions which needed to be made (always)	88% n=26	97% n=29	100% n=33	95% n=131	92% n=39
	Did staff introduce themselves to you when you first met? (always)	83% n=23	97% n=32	88% n=40	83% n=144	83% n=40
	Did staff provide you with relevant information leaflets? (yes)	75% n=12	92% n=25	93% n=29	69% n=94	83% n=40
Privacy & Dignity	Provided you with enough privacy when discussing treatment/care and personal matters (always)	92% n=25	100% n=31	98% n=41	99% n=150	98% n=40
	Gave you privacy when being examined or providing care/treatment (always)	96% n=24	100% n=31	98% n=41	99% n=149	98% n=40
	Took steps to prevent you feeling embarrassment (always)	92% n=24	100% n=31	93% n=41	98% n=147	94% n=35
	Placed in an area where male and female patients were being cared for (Answered No) ²	71% n=21	79% n=24		91% n=126	98% n=40
	Given the opportunity to move (if yes to above) note small numbers	33% n=6	60% n=5		58% n=12	100% n=1

¹ Some respondents answered this question despite having answered the previous question in the negative. The question will be addressed in the revision of the questionnaire.

² Also of note: Feedback from Trusts suggests that on some occasions the question on mixed gender accommodation may have been misunderstood by patients. Whilst some wards have a mix of male and female patients, their sleeping accommodation i.e. bays and toilet facilities are separate, this constitutes single gender accommodation. This question is not clear to patients and will be addressed in the revision of the questionnaire.

Trusts	Survey Feedback: Positive Comments	Areas for Improvement
<p>BHSCT</p>	<p>We were seen quickly and staff were very pleasant.</p> <p>Drs and nurses are very thorough and listen to your concerns.</p> <p>I was dealt with quickly and well looked after. I was constantly asked if I was ok and did I need anything. First time in ward very impressed.</p> <p>Staff were extremely caring and friendly to my son who was receiving treatment.</p> <p>Someone helped me put credit on my mobile phone.</p>	<p>Reasons for interruptions not explained.</p> <p>Staff did not always introduce themselves.</p> <p>Placed in an area where male and female patients being cared for.</p> <p>Not enough information to understand what patient agreeing to.</p>
<p>NHSCT</p>	<p>Everyone made an awful day quite enjoyable: staff very busy but very helpful.</p> <p>I see how necessary this service is to the area. Keep our A&E open.</p> <p>I was impressed with the efficiency, skills, friendliness and caring manner of the staff on duty. I cannot recall a single member of staff who did not meet the highest of standards.</p>	<p>Interruptions during care & treatment, no explanation.</p> <p>More staff, as they are really busy (nurses and doctors).</p> <p>Mixed sex wards, not a good experience.</p>

<p>NHSCT</p>	<p>Survey Feedback: Positive Comments</p> <p>I feel since nursing staff have taken over, the service is more efficient and quick. Very pleasant staff.</p> <p>Saw the same doctor throughout my care. The team were very supportive, especially the OT, Physio and Social worker.</p> <p>More Minor Injury Units would take pressure off main A&E.</p> <p>Everything was positive from the time I entered the hospital to the time I left.</p> <p>Ward was spotless.</p>	<p>Areas for Improvement</p> <p>Better signs to the unit.</p> <p>Spend more time with patients to explain the procedure. Did not get to speak with doctor prior to surgery.</p> <p>Make tea hotter.</p> <p>Reduce waiting times.</p> <p>Nurses could be friendlier.</p> <p>Need Tea/coffee vending machines.</p> <p>Need more toilets.</p> <p>No single point of contact when making telephone enquiries.</p> <p>Long wait in A&E.</p>
<p>SET</p>	<p>Survey Feedback: Positive Comments</p> <p>I feel reassured and safe.</p> <p>Dealt with in a dignified, respectful and efficient manner.</p>	<p>Areas for Improvement</p> <p>Waiting time could be improved.</p> <p>Make it easier to make contact with</p>

	<p>High standard of care and compassion from midwives and nursing auxiliaries.</p> <p>Clear communication given to patients regarding procedures.</p> <p>The staff being so kind and helpful especially the nursing staff. They were so willing and kind and made me feel they really cared for me.</p>	<p>relevant person – phone not always answered and no alternative given.</p> <p>Improve signage especially when no-one in front reception.</p> <p>The consultant appeared to rush the appointment.</p> <p>Discharge procedure very vague regarding time.</p>
SHSCT	<p>Survey Feedback: Positive Comments</p> <p>Nurses smile when talking to you.</p> <p>Very helpful staff.</p> <p>Although we waited a long time we felt that everything that could be done was done.</p> <p>I am and will remain grateful.</p> <p>His physical needs are now addressed. He is in his 70s and I feel his whole health has been assessed – not just his broken bone! Nursing, Physio, OT were fantastic.</p> <p>Very clear, good signage.</p> <p>Good pain relief.</p> <p>Closer to home, quickly seen by very helpful staff.</p>	<p>Areas for Improvement</p> <p>Felt I was not listened to by the doctor.</p> <p>I was called 4 different names.</p> <p>Speed up A&E: Not enough regular approaches from staff giving information of likely duration of waiting time.</p> <p>Nurses are severely under pressure.</p> <p>Staff very busy, you are rushed in and out, you don't have time to talk.</p> <p>More Nurses needed.</p> <p>Not given follow up plan, told to see GP.</p> <p>Not enough seating available.</p>

Survey Feedback: Positive Comments

Service is very good and accessible.

Pleased with support I received from my occupational therapist.

Everyone pleasant and willing to help, felt really safe and content.

There was always someone willing to listen to me.

New medication and its effects explained to me.

Areas for Improvement

Staff never smile, always seem in a bad mood and make you feel as if you are a nuisance.

Staff busy, but mostly it seemed on clerical work.

I witnessed the buzzer being ignored by all staff.

Very drab, depressing surroundings, no distractions i.e. TV, magazine, background music etc.

Food was awful!

The garden, well it's boring.... We are not allowed barbeques because of health and safety but I'd like a swing in the garden or a trampoline.... It would help us exercise! (residential area).

Don't like new staff coming in and out especially students.

<p>WHSCT</p>	<p>Staff helped me through a really bad time.</p> <p>Staff provided a listening ear.</p> <p>Staff are always friendly, seeing a familiar face puts you at ease.</p> <p>Very good at giving injections and taking blood.</p> <p>Nurses very approachable and pleasant.</p> <p>The drop in service is invaluable.</p> <p>Looked after me as good as the wife.</p> <p>I had excellent care, could praise the nursing staff enough</p>	<p>Waiting times too long.</p> <p>Took 20 minutes to get parked. No exit/way out signs in multi-storey car park.</p> <p>Better signage needed.</p> <p>I would have preferred the appointment in another hospital as it is easier to get to.</p> <p>As a cancer patient I cannot attend my local hospital.</p> <p>Not enough food in the evening time.</p> <p>Food poor and cold.</p> <p>I felt I was discharged too soon.</p> <p>I need help with eating/drinking/washing but staff too busy.</p> <p>Staff said my daughter could stay, nowhere for her to get a cup of coffee, car parking fee £14.</p>
<p>NIAS</p>	<p>No observations of practice carried out in relation to ambulance service alone these are incorporated into other HSC trust feedback.</p>	

Trust	Positive Comments	Areas for Improvement
<p>BHSCT</p>	<p>I was asked what I liked to be called and they use that.</p> <p>As much as I was scared, they managed to relaxed me and took my fears away.</p> <p>He (my husband) was made to feel welcome.</p> <p>Doctors introduced themselves.</p> <p>They talked to me in a quiet voice.</p> <p>It always felt private when a nurse or doctor spoke to me.</p> <p>Great service.</p> <p>I was constantly asked if I was ok and did I need anything. First time in ward very impressed.</p>	<p>Doctor wrote about an unrelated condition on the front of my notes and discussed it with other staff.</p> <p>I found the Doctor really quite arrogant.</p>

<p>NHSCT</p>	<p>Patient Experience: Positive Comments</p> <p>The service we received today was fantastic very efficient and everything explained clearly.</p> <p>As soon as I arrived the staff put me at ease.</p> <p>From the moment we arrived at the reception desk until we left the hospital were treated most considerately and with great care and kindness.</p> <p>They told me what was happening.</p> <p>Got written advice and was instructed how to change the splint.</p>	<p>Areas for Improvement</p> <p>I was moved about frequently.</p> <p>My trolley was 'parked' outside the drinks machine and my husband had to keep moving it to let others in.</p> <p>Very noisy.</p>
<p>SET</p>	<p>It was really good. I was seen almost straight away.</p> <p>Staff were respectful and knowledgeable: Everyone really friendly.</p> <p>Staff do their best to make things private.</p> <p>They have been excellent with my elderly father.</p>	<p>Only slight problem I have is its taking them a while to get medication sorted out.</p> <p>No signs in any of the car parks or anybody to help you.</p> <p>Didn't get appointment letter.</p>

SET	Patient Experience: Positive Comments	Areas for Improvement
SHSCT	<p>Staff introduced themselves.</p> <p>Treated in the local hospital which is what we want, elderly people don't like being far from home.</p> <p>Staff keep you informed as to what's going on.</p> <p>Radiographers kept me informed throughout.</p> <p>Caring and understanding medical and nursing staff.</p> <p>Staff smile and are approachable.</p> <p>The efficiency of staff was excellent. The Doctor was very friendly and professional.</p> <p>Hadn't to wait long.</p> <p>The NHS frequently get bad press, however I feel that the NHS is so important to us that we should recognise and publicly acknowledge them when the service is excellent.</p>	<p>Not enough bathrooms, you have to wait to go to the toilet.</p> <p>Blood results very slow.</p> <p>Drs and Nurses standing talking to each other instead of treating patients.</p> <p>My daughter has autism, but the doctor had obviously not read the notes about her condition.</p> <p>The Dr did not explain things to her, did not make eye contact at her level or reassure her in anyway. She has had nightmares since.</p>

<p>SHSCT</p>	<p>Patient Experience: Positive Comments</p> <p>The nurses here care about you.</p> <p>We were treated quickly and professionally despite the horror stories that we hear.</p> <p>The scan was just so amazing, and the midwife knew I was anxious and explained everything to me.</p>	<p>Areas for Improvement</p> <p>Waiting times too long.</p> <p>The tea is cold by the time I get to drink it.</p>
<p>WHSCT</p>	<p>Asked what I would like to be called.</p> <p>Staff were very nice but very busy.</p> <p>Great bunch of staff, if you have to wait, they explain why.</p> <p>Hoping I have a number of years yet to avail of their service (patient with a chronic condition).</p> <p>Staff talk to me – wouldn't be afraid to ask a question.</p>	<p>Parking difficult, couldn't find a space for ages.</p> <p>Letter only arrived on Friday for Monday appointment and could not get an answer to phone on Friday afternoon to do the check list.</p> <p>While getting treatment, other staff came in to talk about something else, so it would have been nice to have had a dressing gown on for privacy and for the cold.</p> <p>Have osteoporosis – long walk to x-ray department</p>

NIAS	Patient Experience: Positive Comment	Areas for Improvement
	<p>I think the staff are very good, Could not say a bad word about them; they were very good with my mum.</p> <p>Very helpful and approachable with a fantastic bedside manner.</p> <p>As a relative I got all the information I needed.</p> <p>Excellent attention from the staff.</p>	<p>I waited 2 hours before I was moved, they said I would wait less than 1hour.</p>

Trust	Observations of Practice: Positive Comments	Areas for Improvement
<p>BHSCT</p>	<p>Everything was explained to the patient so she knew what was happening.</p> <p>Staff checked to see if patient had understood what was explained.</p> <p>Air of calm in the ward.</p> <p>Excellent patient staff interactions, staff polite and courteous.</p> <p>Nurse asked if patient could manage to get onto a trolley himself or if he needed help.</p> <p>Porter warned patient on a trolley of a small bump coming up.</p> <p>Staff explained to patients how the results of the X-ray would be reported.</p>	<p>Curtains only partially reopened following examination. Patient fixed the curtains to enable them to talk to their neighbour.</p> <p>Interruptions were frequent on this busy ward, but were explained.</p> <p>No members of staff introduced themselves (related to one area of observed practice).</p>

NHSCT	Observations of Practice: Positive Comments	Areas for Improvement
	<p>There was no delay in patients being seen by the nurse practitioners for initial assessment and following X-rays.</p> <p>Staff smiled when greeting patients. Body language of staff was good.</p> <p>Sense of calm, nursing staff check pain relief and ensure that patients are comfortable, warm etc.</p> <p>Staff spoke in low tones.</p> <p>Curtains pulled around patient when the doctor was examining and speaking to the patient.</p> <p>The HCA was excellent when giving tea/biscuits to patients and family.</p> <p>An excellent example of a nursing team working well together.</p>	<p>Long waiting times for X-ray.</p> <p>Lack of privacy at reception when booking in, curtains not pulled around patient.</p> <p>Interruption when providing care to patient.</p> <p>Patient cold: No blanket available.</p> <p>Staff shout across the ward to each other, doctors discussing patient conditions too loudly.</p> <p>Medicines were very slow. No pharmacy technician dedicated to A&E.</p> <p>IV pump beeped for 10 minutes with no response from staff.</p> <p>Patients returning from X-ray are 'parked' with no verbal hand over to nursing staff.</p> <p>Observer stood at ward desk for 9 minutes with no response from staff.</p> <p>Not enough seats for relatives.</p>

NHSCT	Observations of Practice: Positive Comments	Areas for Improvement
SET	<p>Very busy ward</p> <p>Staff pleasant and good humoured, they invited questions.</p> <p>Staff demonstrated compassion and concern particularly with older people.</p> <p>Good use of touch and eye contact with patients.</p> <p>Staff introduced themselves, had name badges and explained what they were going to do and gained permission before doing it.</p> <p>No end of bed conversations. Screens pulled around patient before examination</p>	<p>Nurses did not introduce themselves to the patients. Often no name badges</p> <p>Staff nurse initially defensive with aggressive relative.</p> <p>Frequent interruptions in care/treatment.</p> <p>Warm in summer as poor ventilation.</p> <p>Corridor very noisy.</p> <p>Called patient and then turning back and patient left to follow radiographer.</p>

SET	Observations of Practice: Positive Comments Excellent attention to hand hygiene.	Areas for Improvement
SHSCT	<p>Nurse talked very calmly to a patient in slight distress.</p> <p>Staff introduced themselves on all occasions; they were approachable and spoke in quiet tones to give patients information.</p> <p>No unnecessary interruptions noticed.</p> <p>Curtains pulled while examining patients.</p> <p>Asked permission before taking observations.</p> <p>Asked patient if she wanted her hair tidied up before visiting.</p> <p>Staff knocked the door before entering.</p> <p>Non registered staff demonstrated great initiative and compassion in providing care</p>	<p>Staff unaware of our visit even though it had been arranged with a senior member of staff via email and phone. The person we had the appointment with was not present.</p> <p>Very long wait for pharmacy within the Trust.</p> <p>Noise in adjacent corridor noted.</p> <p>Staff shouting to another member of staff to inform her of telephone call.</p> <p>Consulting room and admin desk very close together.</p>

SHSCT	Observations of Practice: Positive Comments	Areas for Improvement
WHSCT	<p>Very detailed handover of information on patient to new nurse on duty.</p> <p>Good 'banter' among staff and young people Very reassuring to see staff interact with young people.</p> <p>All patients addressed as Mr/Mrs Efficient and organized department.</p> <p>Individual patient disposal gowns available.</p> <p>Curtains pulled before procedures carried out.</p>	<p>Lack of name badges for all staff in radiology department.</p> <p>Different uniforms, difficult to know who is who.</p>
NIAS	<p>No observations of practice carried out in relation to ambulance service alone these are incorporated into other trust feedback.</p>	

Appendix Eight
Local Examples of Improvement

Local Examples of Improvement: Actions by individual HSC Trusts taken to address areas highlighted for Improvement	
Communications	<p>Mandatory customer care training has commenced in some HSC Trusts to address the issues identified with staff in relation to communicating effectively with patients.</p> <p>One HSC Trust has developed a 'Work Book' for staff to provide guidance on key areas of responsibility, in support of HSC Trust policies and procedures and on-going training.</p>
Person Centred Care	<p>Some of the HSC Trusts have developed a model of person-centred care with some of the audited areas. The aim identified is to improve personal patient/client outcomes and use the feedback from the standards to deliver on this.</p>
Interruptions	<p>Staff briefing/planning to keep Interruptions to a minimal level (or urgent situations). This includes leaving equipment out of the immediate patient care area for others to use. Explanations must be given to patients.</p> <p>A HSC Trust has implemented a policy whereby doors are kept closed during medicine rounds and mealtimes to minimise interruptions.</p>
Staffing levels:	<p>Sister/Head of Service/Nurse Manager to keep staffing levels under constant review.</p>
Information:	<p>Revision of current written information/leaflets, remind staff to offer these to patients. Identify gaps in written information and source.</p>

Signs:	<p>Senior staff discussing 'hospital signage' with HSC Trust estates team.</p> <p>HSC Trust planning department in discussion with Department of Environment.</p>
Introductions:	Nursing Sisters to reinforce the importance of introducing yourself to patients and using the patients' preferred name.
Waiting times:	Lead radiographer to review current practices as waiting times increase.
Communication:	Nurse allocated to specific ward areas to routinely ask patients' if their needs are being met.
Noise:	Staff reminded at team meetings to keep the noise to a minimum especially at night time.
Assistance to patients:	<p>Nursing staff reminded at team meetings to ensure that those patients who need assistance are given it i.e. meal times and taking fluids.</p> <p>Visual alerts being introduced in one hospital to identify these patients. Patients offered hand wipes before eating in another hospital.</p>
Patients meal times:	No staff permitted breaks during patient mealtimes to ensure all staff are present to assist with patients' nutrition.
Pain management:	Training for staff to expedite administration of analgesia (Patient Group Direction training in one HSC Trust).
Privacy:	Senior staff reminding clinical staff to use screens or arrange a room for discussions with patients'.

NICE Guidance – ‘Patient Experience in Adult NHS Services CG 138’ - Quality Statement 3: Patient Awareness of Names, Roles and Responsibilities of Healthcare Professionals.

Proposed standard 13/14

Quality statement

Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.

Quality measure

Structure: Evidence of local arrangements to ensure that patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.

Outcome: Evidence from patient experience surveys and feedback that patients were introduced to all healthcare professionals involved in their care, and were made aware of the roles and responsibilities of the members of the healthcare team.

What the quality statement means for each audience.

Service providers ensure that local policies are in place to make sure that patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.

Health and social care professionals ensure that they introduce themselves to patients and give a clear explanation of their role and responsibilities.

Commissioners ensure they commission services that have local policies in place requiring that all healthcare professionals introduce

themselves to patients and give a clear explanation of their role and responsibilities.

Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members' of the healthcare team.



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