





REGIONAL REPORT OF EXPERIENCE OF NURSING AND MIDWIFERY CARE KEY PERFORMANCE INDICATORS

September 2015

Foreword

I am pleased to present the first regional report on the experience of nursing and midwifery care in Northern Ireland, which is based on the analysis of the information, received through the '10,000 Voices' Initiative.

Listening to the experience of nursing and midwifery care is a key indicator of the quality of care our nurses and midwives deliver across a broad range of services and is at the core of the Regional Nursing and Midwifery Strategy, a 'Partnership for Care' (DHSSPS 2010). Providing assurance on the quality of nursing and midwifery care through the patient experience domain is one of three domains being progressed in regional work which is chaired by the Chief Nursing Officer, to measure the unique contribution of nursing and midwifery care and what impact this has on the overall patient/client experience. The other two domains, 'organisational systems' and 'safe and effective care'; are closely aligned to patient experience, but have their own set of specific indicators which are monitored within Trust governance systems.

From November 2013 – October 2014 a total of 2915 stories were received which relate to experience of nursing and midwifery care across the five HSC Trusts. The analysis of the information received provides assurance that in the majority of cases there is a high level of satisfaction with the standard of nursing and midwifery care. Many of the stories pay tribute to the care, compassion and professionalism; clearly demonstrating a high level of respect, appreciation and public confidence in our nurses and midwives. However the information we have received also provides some opportunities for reflection, development and action to further improve and enhance patient experience of nursing and midwifery care in Northern Ireland.

I am delighted that so many people have taken the time to share their experiences of nursing and midwifery care through the 10,000 Voices Initiative and wish to thank all those who participated; their contribution has been invaluable and will influence the delivery and commissioning of services. I would also like to pay tribute to the dedication and commitment of all who are part of nursing and midwifery teams. It is clear from what we have heard through 10,000 Voices that nurses and midwives in Northern Ireland are delivering a very high standard of care and that their contribution to the overall patient experience is greatly appreciated by patients.

Mary Hinds

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1.0 Introduction

The 10,000 Voices initiative aims to adopt a more patient focused approach to improving the overall patient experience by listening to and learning from the real experiences of people who have used our services. Experience of nursing and midwifery care is an integral component of all phases of the 10,000 Voices Initiative. This report presents the regional findings from the information which has been received in relation to nursing and midwifery care from November 2013 – October 2014, across all HSC Trusts in Northern Ireland (NI).

2.0 Background

A research study was commenced in NI during 2009 to develop a framework for the identification, measurement and implementation of Key Performance Indicators (KPIs) for Nursing and Midwifery. The key performance indicators were identified and tested using Sensemaker® methodology by Professor Tanya McCance (McCance et al 2012) and were used in the 10,000 Voices Initiaitive.

Nursing and Midwifery Key Performance Indicators

- Nursing/midwifery staff having the same understanding of the care the patient needed
- Having confidence in the knowledge and skills of the nurse/midwife
- Feeling safe while being care for by the nurse/midwife
- Being involved in decisions about care
- The time nurses/midwives spent with the patient
- Respect from the nurse/midwife for preferences and choice
- Supporting the patient to care for self
- The nurses/midwives understanding of what is important to the patient

3.0 Summary of findings

Analysis of the information received indicates a high level of satisfaction with the standard of nursing and midwifery care. The ratings for how patients felt overall about their nursing or midwifery care are presented below:

Overall feelings about nursing and midwifery care	Numb	er of stories (2915)
Strongly positive/positive	2638	(90%)
Neutral/not sure	184	(7%)
Strongly negative/negative	93	(3%)

Many of the stories pay tribute to the care, compassion and professionalism displayed by nurses and midwives in all Trusts. These stories clearly demonstrate a high level of respect, appreciation and public confidence in our nurses and midwives, as illustrated below:

Story title: Good and Kind

I have been in hospital for a couple of days,All staff very good. Staff communication is great. They make you feel at home. Always a kind word. Theatre staff so good, and kind. Make you feel relaxed, as I needed an epidural anaesthesia. they gave me headphones to listen to music, this kept me calm. I was nervous. Staff so good and reassuring.

Story title: Safe & secure

Staff made me feel safe & secure. Overall care splendid. Never been in hospital and was scared to come in but my experience has cured that fear. The nursing staff were great and couldn't do enough. ... They do a great job.

Story title: Professionalism

I was experiencing palpitations for 3 weeks but they became more frequent and I felt light headed and dizzy...... I was seen quickly in A&E and was extremely impressed by the nurses ability to put me at ease whilst carrying out their professional duties. On being moved to the ward, I was seen frequently by the nurses who monitored my blood pressure which was extremely high. I would like to commend the nurses involved in my care on their absolute professionalism at all times

Patients were asked to give their story a title and to select key words which described their experience, some of the story titles were as follows:



- Nurses and midwives have a good understanding of the care their patients need and in the majority of cases care is focused on the needs and preferences of the patient.
- In the majority of cases, patients feel safe while being cared for by nursing and midwifery staff and confidence in their skills.
- Many patients' stories describe most of our nurses and midwives as being compassionate, caring, friendly, helpful, professional and displaying a high level of clinical expertise.

4.0 The Results

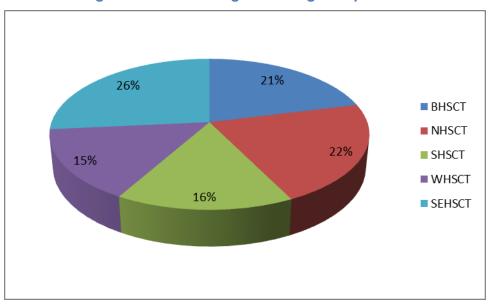
The collection of stories relating to the experience of nursing and midwifery care commenced in November 2013 and was completed on 31st October 2014. A total of 2915 stories were received as detailed below:

Table 1:	Breakdown o	of stories	received

Area	Number of stories received
Nursing	2210
Midwifery	577
Both	128
Total	2915

4.1 Results of experience of nursing care

Percentage of stories relating to nursing care per Trust area:



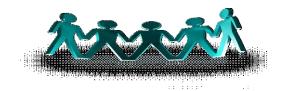
Who completed the survey?

- 77% completed by person receiving care
- 16% completed on behalf of person receiving care
- 4% completed by other person (family member)
- **3% information missing**

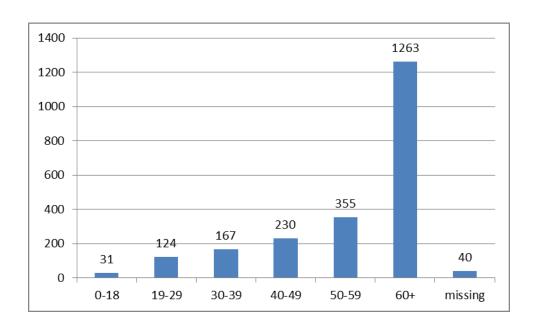
Ethnic group:

- ***** 2191 white (99%)
- ❖ 3 Chinese
- ❖ 2 Irish Traveller
- ❖ 4 Indian
- ❖ 3 mixed ethnic group
- ❖ 7 any other ethnic group

- **❖** 54% female
- ❖ 45% male
- * 0.5% missing information



Age of respondents



Length of time in hospital

Length of time in hospital	Number of stories received
Less than 24 hours	281 (13%)
1-3 days	574 (26%)
4-7 days	653 (30%)
8-14 days	334 (15%)
More than 14 days	368 (17%)

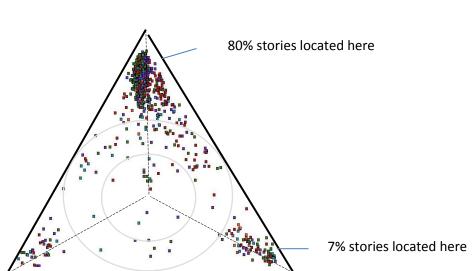
How the overall experience of nursing care was rated (missing data 1%)

Overall feelings about nursing care	Percentage of stories
Strongly positive/positive	90%
Neutral/not sure	6%
Strongly negative/negative	3%

4.2 Responses to questions

The survey questions were designed in the shape of a triangle and respondents were asked to place a 'dot' nearest to the statement that reflected their experience. The findings from the responses are shown below. It should be noted that the percentage results provided represent approximate representation in the cluster responses only and do not account for the responses distributed throughout the triangle.

Question 1: How did you feel about the nurses' understanding of the care you needed?



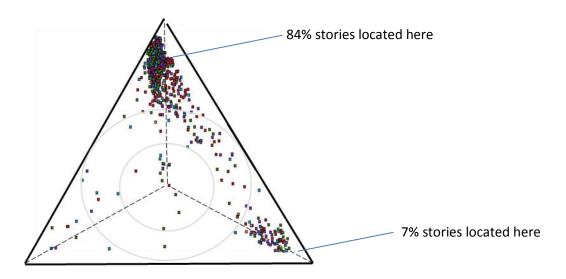
All of the nurses had a good understanding

All of the nurses had a different understanding

Some of the nurses had a good understanding

Question 2: How confident were you in the skills of the nurse?

I had confidence in the skills of all the nurses

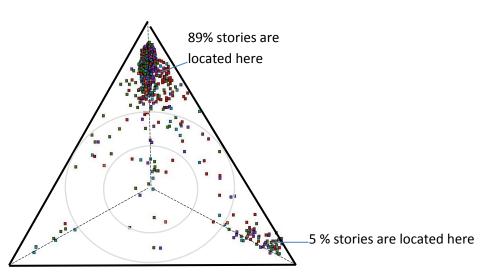


I had no confidence in the skills of any of the nurses

I had confidence in the skills of some of the nurses

Question 3: How safe did you feel while you were being cared for by the nurses?

I felt safe all the time

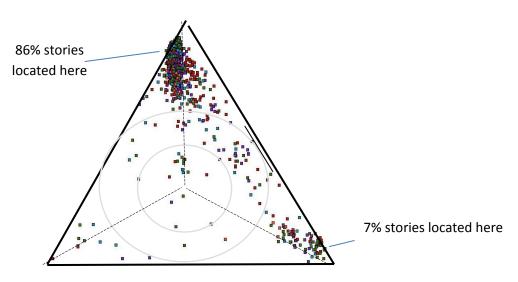


I always felt vulnerable and unsafe

It depended on who was looking after me

Question 4: How would you describe the nurses' respect for your personal preferences and choices?

All nurses took account of my preferences and choices

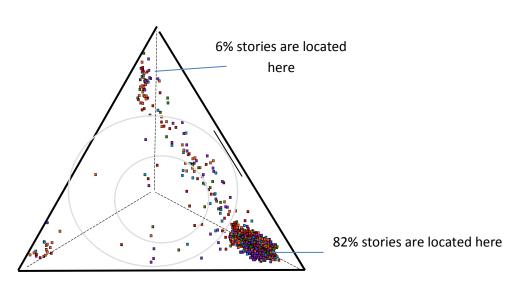


None of the nurses respected my preferences and choices

It depended on who was looking after me

Question 5: How did you feel about the amount of time that nurses spent with you?

I rarely saw the nurse

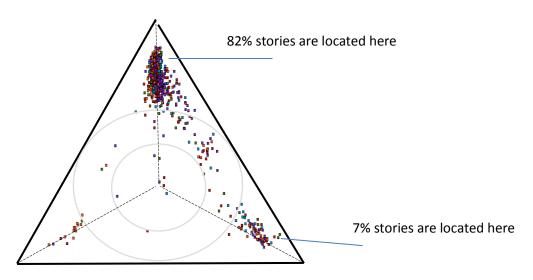


The nurse was with me more than I wanted

I felt the staff gave me the time when I needed it

Question 6: How appropriate did you feel the care you received was against the things which were important/relevant to you?

Care was always focused on my needs and what was important to me



Care did not focus on the things that were important to me

The care I needed depended on who was looking after me

5.0 Key areas for reflection and learning

Following the analysis of the themes from the responses above and the individual stories a number of key areas for reflection and learning have been identified, these are summarised below with relevant extracts from the patient stories.

Compliance with Patient/ Client Experience Standards

It is clear that in the majority of cases nurses work in a **caring, compassionate, respectful manner,** which is consistent with the Patient/Client Experience Standards (DHSSPS 2015) and professional requirements (NMC 2015). There are numerous stories which describe the kindness, care and compassion shown by nurses and report how patients feel they are treated in a dignified way. However, some stories highlight the need for nurses to become more aware of their **attitude and behaviour** and how this can impact on the patient and their family and can leave the patient feeling that they are not being treated as an individual.

Story title: A very pleasant experience of being a patient

On arrival I was made very welcome by a smiling pleasant nurse. As there was no bed free I had to wait a short time before given one. I never felt ignored or forgotten about as someone kept coming and saying it wouldn't be long. Staff were at all times caring supportive and extremely professional. On transfer to theatre I was made very welcome again and all procedures explained to me by nursing staff. The staff again were extremely pleasant and helpful. Waking up in recovery I was looked after by a very experienced and caring nurse and I could see it was extremely busy but nothing was too much bother for them. On transfer back I was met by a smiling n/aux who made sure I had fresh water and tea and toast and I could reach everything I needed. The staff again were extremely caring and helpful even though they were very busy......at all times the staff were supportive and answered any queries I may have had about my care.

Story title: Shame on them

There is a big difference between treatment and care. At no stage during that evening did the ideas of dignity, compassion, respect or even sympathy show themselves.the criticisms I am making are not about money or resources or staffing, it is about finding some way to recognise an extremely vulnerable patient and treat them as a human being, not a box to be ticked and shipped out the door as quickly as possible.

Clinical expertise

Many stories reflect how patients feel safe whilst being care for by nursing staff and describe the clinical expertise displayed by nurses. Some stories highlight that on occasions patients did not receive adequate care in relation to the essential aspects of nursing care, for example hygiene needs, administration of medicines, pain relief, food and nutrition and clinical observations. A few stories refer to infection and prevention control issues in relation to the environment and bed linen.

No title: A pleasant experience ... Feeling safe and cared for ... Pleased to be treated by knowledgeable professional people

Story title: A sad story of ineptitude

The experience of nursing care left a lot to be desired, at the time did she see a nurse manager or a clinical nurse sisterDuring that period she did not have a bed bath other than being assisted with priority washing - her feet were never washed, nor was her denture/teeth care attended except where she requested it. Elderly people have fragile skin but no cognisance of this was shown or understood.

Story title: Very poor basic nursing

Bed linen was blood stained following my surgery + next day I was going to the bathroom and I asked could I get my sheets changed.....

Communication

The majority of stories describe how nurses communicate positively with patients and their families and that clear explanations are given about treatment and care. However in some cases patients feel that they do not receive enough information about their care and on some occasions receive mixed messages. The stories also highlight the need to ensure that nurses listen to patients and their families and involve them in decisions about their care. A small number of stories indicate that patients feel they are unable to attract the attention of the nurse, either by use of call bell or being able to communicate directly with nursing staff, leaving the patient feeling isolated and anxious. Some stories describe how patients and their families feel the care and support provided for patients who have dementia/confusion is not satisfactory.

Story title: When I got my lump removed

I was referred to the Breast Care Unit, where I was taken care of very well. I was put at ease as I was very nervous. The staff couldn't have been nicer and caring & explained everything I needed to know, & told me every step that would be happening. Couldn't have received any better treatment by the staff. When I went for my surgery I was well looked after and again the staff were reassuring & caring. They couldn't have been faulted; I was treated with great care especially as I was very nervous. Everything was explained to me in great detail so I know exactly what was going to happen and when. All staff that I came access were brill

Story title: A sad story of ineptitude

The pull bell during the stay was out of order and despite at least 3 requests to nursing and nursing support staff no action was taken which meant she was left without access to staff, however on her last day abell was supplied

Story title: Standardisation across the health service.

... is a vulnerable patient due to his dementia. Over the last few months he has experienced care in three hospitals. I would just like to feedback about our experiences:I spoke to staff about my concerns regarding the restraint and other issues of care. I always left him on the ward feeling apprehensive; I felt that in raising the issues of patient safety I was perceived as being a 'difficult relative'. Two months later he was admitted to a major teaching hospital. Our experience as a family was very positive, as a vulnerable patient was looked after by caring staff, considerate to all our needs he was looked after as a person. He was extremely agitated and required a nurse to special him we were involved in his care at all times. The staff introduced themselves, when the nightshift came the nurse introduced herself to all patients, she followed up on any queries and included daddy in everything - even though he couldn't understand. I left that night feeling contented that my loved one was in safe and caring hands. From admission through to discharge our journey was positive. ... Transfer back to our regional hospital for rehab.we had an altogether different experience. There were multiple communication issues, there were staff shortages which were able to be addressed once we complained..I'm a great believer in patient safety and would like to see some standardisation across our health service.

Staffing levels

Stories reflect how patients perceive nurses to be very busy and often patients do not

want to disturb the staff.

Story title: Busy place

Yes very good experience, no faults at all. Nurses are very good - are always there when

you need them. However, they are very busy and don't get to spend an awful lot of time

with you but that is to be expected

Noise at night

Some patients report that due to the noise on the ward at nigh they are unable to sleep

properly or have their sleep disturbed.

Story title: Busy

I felt very bad. I came in late at night. I never slept. There was a disruptive drunk patient

in an opposite bed. It is difficult sometimes to get / feel better when other patients who

are challenging. I have bi polar and sometimes busy ward environments are difficult for

me

Story title: Unsure

Care was good enough. Noisy at night, didn't sleep very well. Food alright.

5.1 Summary of areas for reflection, learning and development

Attitudes and behaviours

Promoting a more person centred approach to care

Communication – ensuring that patients are able to attract the attention of

nursing staff

Care of patients with dementia/acute confusion

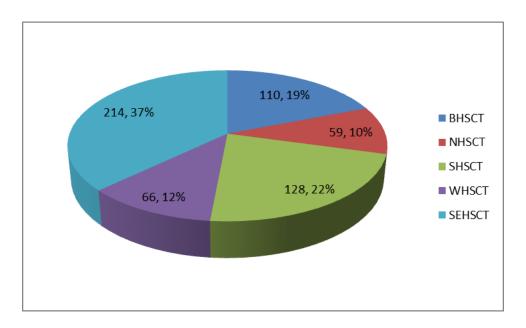
Ensuring staff adhere to infection prevention and control procedures

Assurance of standards of nursing care through safety KPIs

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6.0 Results of experience of maternity care

A total of 577 stories relating to maternity care have been received, the percentage received from each Trust is shown below:

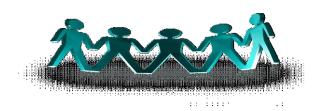


Who completed the survey?

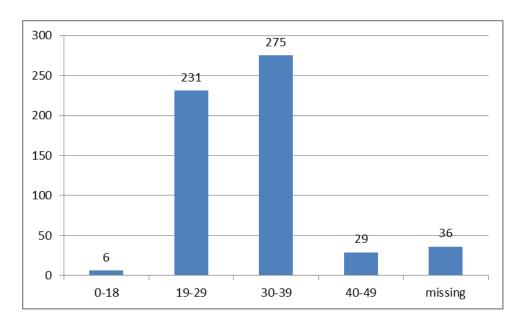
- 93% completed by woman receiving care
- 3 % completed on behalf of woman receiving care
- 1% completed by other person
- ***** 3% information missing

Ethnic group:

- **❖** 564 white (98%)
- 2 Irish Traveller
- 2 Indian
- ❖ 1 Black African
- ❖ 2 mixed ethnic group
- 6 any other ethnic group



Age of respondents



Length of time in hospital

Length of time in hospital	Number of stories received
Less than 24 hours	118 (20%)
1-3 days	329 (57%)
4-7 days	94 (16%)
8-14 days	21 (4%)
More than 14 days	6 (1%)
Missing	9

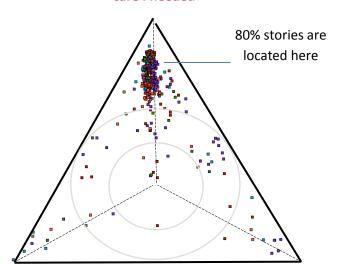
How the overall experience of maternity care was rated (missing data 0.5%)

Overall feelings about maternity care	Percentage of stories
Strongly positive/positive	92%
Neutral/not sure	5%
Strongly negative/negative	2.5%

6.1 Responses to questions (maternity care)

Question 1: How did you feel about the midwives understanding of the care you needed?

All of the midwives had a good understanding of the care I needed

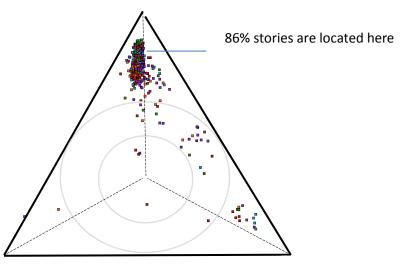


All of the midwives had a different understanding of the care I needed

Some of the midwives had a different understanding of the care I needed

Question 2: How confident were you in the skills of the midwife?

I had confidence in the skills of all the midwives

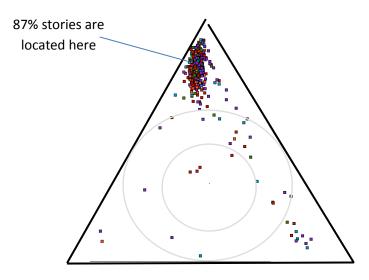


I had no confidence in any of the midwives

I had confidence in the skills of some of the midwives

Question 3: How safe did you feel while you were being looked after by the midwife?

I felt safe all the time

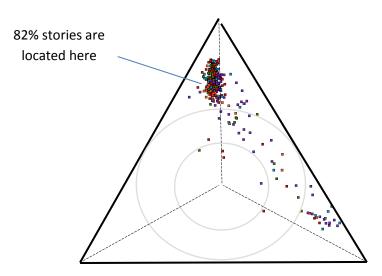


I always felt vulnerable and unsafe

It depended on who was looking after me

Question 4: How would you describe the midwives respect for your personal preferences and choices?

All midwives took account of my personal preferences and choices

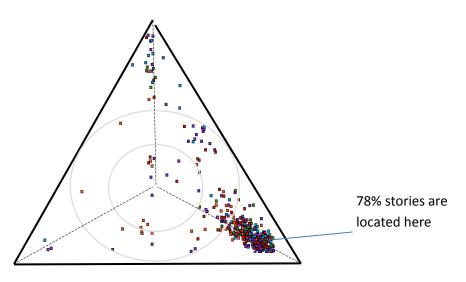


None of the midwives to of my personal preferences and choices

It depended on who was looking after me

Question 5: How did you feel about the amount of time midwives spent with you?

I rarely saw the midwife

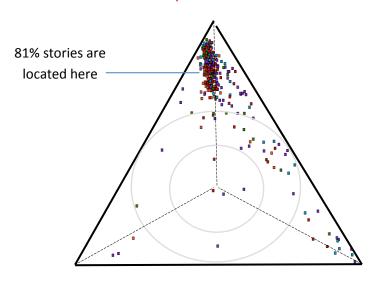


The midwife was with me more than I wanted

I felt the staff gave me the time when I needed it

Question 6: How appropriate did you feel the care you received was against the things which were important to you?

Care was always focused on my needs and what was important to me



Care did not focus on the things that were important to me

It depended on who was looking after me

7.0 Key areas for reflection and learning

Following the analysis of the themes from the responses above and the individual stories a number of key areas for reflection and learning have been identified, these are summarised below with relevant extracts from the patient stories..

Feeling of safety

Many stories reflect how women felt safe whilst being cared for by midwives. Stories reflect how midwives deliver care in a calm and controlled environment and provide reassurance, particularly in a crisis situation and when caring for parents who are having a first baby

Story title: An expecting mothers happy memories

Me and my husband have been very happy with all the care and support we have been through our time in the Maternity ward of thehospital. All the midwives, nurses, doctors and care staff have been so helpful, supportive, caring and helpful, during my C-section and after care here. It was my second pregnancy here and I wouldn't go anywhere else for I know and feel safe, secure and well looked after here.

Having confidence in midwives

Many stories describe the clinical expertise and professionalism displayed by midwives

No title:

Staff were efficient and dealt with my problems and concerns in a sensitive manner.

Fantastic attention from the delivery midwife offering care, compassion and support throughout whole delivery. Specialist team to and delivery were informative and did their upmost to ensure the safe delivery whilst keeping me informed of the necessary decisions and procedures that were taking place.

The midwife team have been stars! They afforded me great encouragement with feeding without being overbearing and treated all sensitive issues with utter professionalism and humanity.

Communication

The majority of stories describe how midwives communicate positively with women and their partners. There are some cases in which women appear to receive mixed messages from midwives. The stories also highlight the need to ensure that midwives listen to women and

their partners, particularly when concerns are voiced. Some stories highlight the need for more information for example in relation to miscarriage and consent for theatre.

Story title: Older mum steps into motherhood for the first time

I feel I have received great care and understanding from the midwifery/nursing team. With this being my first baby, they were always on hand to give advice, support and care in a friendly and encouraging way. Without exception everyone I have met or had visits from - different departments had been very thoughtful and have taken on board that even though they are dealing with babies every day, for each person it is a unique & one off experience, so no question felt too silly to ask! So overall a very positive experience.

Story title: The loss of my baby

I wish now I had been more forthcoming and demanded that my voice be heard

Attitude

Some stories highlight the need for midwives to become more aware of their attitude and behaviour.

No title:

Only slight staff negative came with 2 slightly gruff staff members at night who could perhaps work on their communication and people skills, but that was the exception to the rule.

Support for breast feeding

Some stories highlight that mothers would like to have more support for breast feeding, particularly in the early stages after delivery. A few stories also relate to the food available for women who are breast feeding.

No title:

Food was very poor for a breast feeding mother.

Story title: My beautiful daughter:

However I have been less impressed with some of the breast feeding support. Some midwives are excellent at this. In other cases the advice has been contradictory, patronising and in some cases worse than no advice at all

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....I feel I should have been given more support by staff with the feeding

Infection prevention and control

A small number of stories relate to infection prevention and control issues, such as the environment.

Story title: The infection that nearly readmitted me to hospital and nearly resulted in having to give up breast feeding.

However I took an infection (MRSA) as a direct result of cleanliness/hygiene being poor in the bathroom facilities.

My husband wasn't impressed with the overall standard of cleaning levels

Staffing levels

Women and their partners describe how they feel the staff are overworked, stay on after their shift is finished and appear to have a lot of paperwork to complete.

No title:

The antenatal and post natal wards are now mixed - this ward is busy impersonal and stressful to be a patient on - I have no criticism of the very hardworking midwives auxiliary and domestic staff but the management need to realize they are extremely overworked & it is not safe long time to answer buzzers or get attention & may many patients unable to help themselves with spinal aesthetic etc.

8.0 Summary of key areas for learning and development

- Attitudes and behaviours
- Communication providing information and support for women who have a miscarriage and ensuring that midwives listen to mothers and their partners, particularly when they voice concerns
- Ensuring staff adhere to infection prevention and control procedures
- Assurance of standards of nursing care through safety KPIs
- Staffing levels
- Providing support for mothers who are breastfeeding

9.0 Examples of actions

As a result of the analysis of the information received from the Experience of Nursing and Midwifery Care Key Performance Indicators a number of actions have been initiated to date, examples of these include the following:

9.1 Regional Actions

- Regional findings from experience of women and their partners in Midwifery Led
 Units have been used to inform regional guidelines through Guidelines Audit
 Implementation Network (GAIN)
- Regional maternity findings have been presented at Royal College of Midwives showcasing event, and Local Supervising Authority conferences and workshops
- Development of teaching session for student nurses/midwives/student supervisor of midwives

9.2 Trust Actions

- Learning events for nurses in Trusts, allowing time for reflection and learning from the patient stories
- Development a person centred programme for Bands 2/3 nursing staff in collaboration with learning and development team
- Information from the analysis has been included in nursing induction programmes
- Development of patient experience DVD for staff induction and training
- Review of pain pathway for patients in orthopaedic wards
- Local training in the care of patients with acute confusion/dementia
- Further work on staff introductions through Hello my name is

10.0 Recommendations

It is recommended that the information from the analysis of the Experience of Nursing and Midwifery Care Key Performance Indicators should be integrated into and inform regional nursing and midwifery work streams, such as:

- Implementation of the revised regional strategy for nursing and midwifery to promote person centred nursing and midwifery practice
- The recommendations from the ongoing audit which is being conducted by the Irish
 National Dementia Audit on the care of people with dementia in acute settings
- Work within the regional Dementia Improvement Collaborative
- Informing pre-registration nursing and midwifery education programmes and Putting People First Programme (HSC Leadership Centre)
- Implementation and monitoring for nurse staffing as outlined in Delivering Care:
 Nurse staffing in Northern Ireland (DHSSPS 2014)

11.0 Conclusion

10,000 Voices is one of a number of Initiatives that the PHA and Trusts are implementing to ensure that quality, safety and patient experience is at the heart of all that we do. As is demonstrated in these findings it is evident that nurses and midwives contribute significantly to ensuring safe, high quality care and positive experience for patients/clients in NI. It is important that the positive messages from these findings are shared with nurses and midwives, with members of the public as well as with those who commission services.

12.0 References

Department of Health Social Services and Public Safety (DHSSPS) (2015): Patient and client experience standards. *You are more than a number.*

Department of Health Social Services and Public Safety (DHSSPS) (2014): Delivering Care: Nurse staffing in Northern Ireland

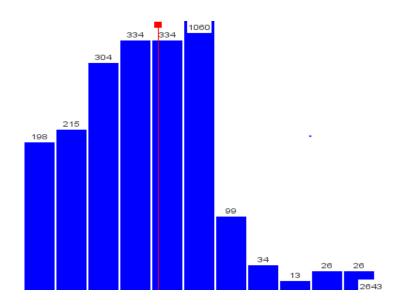
McCance, TV; Telford, L; Wilson, J; MacLeod, O; Dowd, A (2012) Identifying key performance indicators for nursing and midwifery care using a consensus approach. Journal of Clinical Nursing, 21(7 & 8): 1145-1154.

Nursing and Midwifery Council (NMC) (2015) The Code: Professional Standard of practice and behaviour for nurses and midwives

Sensemaker® software produced by Cognitive Edge Pte

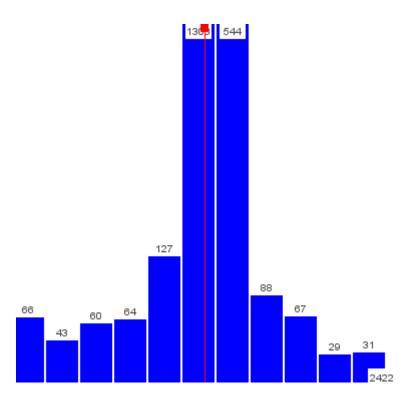
Appendix 1: Responses to slider questions

Respondents are asked to think about their story, using a scale with two extreme descriptions, and to place a mark on the scale where they feel their story sits in relation to the descriptions. The ideal response should be situated in the middle position, responses are shown below:



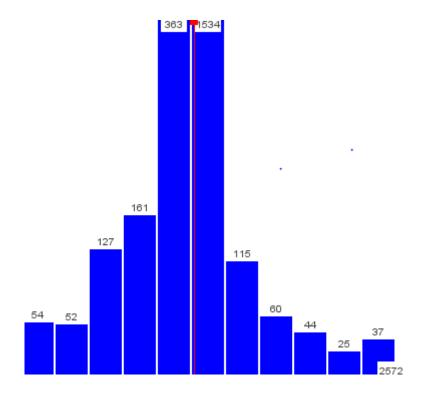
I felt like I was wrapped in cotton wool

I felt very unsafe



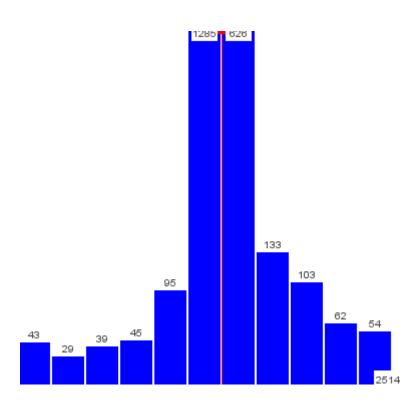
I was left too much on my own to make decisions

I wasn't included in any decisions about my care



The nurse was with me more than I wanted

I rarely saw the nurse



They left me to do everything for myself

They wouldn't let me do anything for myself



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