



PATIENT/CLIENT EXPERIENCE

10,000 VOICES

ANNUAL REPORT

June 2013 – July 2014

Foreword

I am pleased to present the first annual report of the '10,000 Voices' initiative. This initiative has been commissioned and funded by the Health and Social Care Board (HSCB) and the Public Health Agency (PHA), to introduce a more patient focused approach to shaping the way services are delivered and commissioned. It provides a mechanism for patients not only to share their experience of the health services, both positive and negative, but also to affect and inform change.

The Beryl Institute describes patient/client experience as: "*The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care*". (The Beryl Institute)

Patient and client experience is a key indicator of quality and is central to many of the strategic drivers for health and social care improvement and innovation. For instance 'Patient and Client Focus' is one of three key elements outlined in the Quality 2020 Strategy (DHSSPS 2012) and highlights that all patient and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment and support.

In addition, "Transforming Your Care" (DHSSPS 2011) focuses on reforming and modernising services, so that they are centred on people rather than institutions, therefore placing patient and client experience at the heart of health and social care reform.

This report outlines the progress of 10,000 Voices Initiative and includes the analysis of Phase 1, which relates to patients and clients who have accessed unscheduled care services in our Emergency Departments (ED), GP Out of Hours Services and Minor Injury Units.

I am delighted that so many people have taken the time to share their experiences of Health and Social 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.

Pat Cullen

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Section 1

1.1 Introduction

Patient/client experience is a recognised component of high-quality care, the increasing evidence and knowledge base in relation to patient/client experience presents a clear message that experience of care is as important to patients and clients as clinical effectiveness and safety (NHS Institute for Innovation and Improvement).

Recent studies (NHS Confederation 2010) have shown that organisations with a strong emphasis on providing high quality patient experience have demonstrated links to better health outcomes. In stark contrast, the high profile inquiry into the failings at the Mid Staffordshire NHS Foundation Trust (Francis 2013) indicates when focus is on systems, not outcomes the patient/client experience is adversely affected.

A substantial body of evidence shows, patients want to be involved in decisions about their care, have their preferences respected, have clear information, emotional support and be treated with respect (Picker Institute). Additionally, it is widely recognised that staff experience within the workplace can influence the patient/client experience. A recent review found compelling evidence those NHS organisations with high levels of staff engagement, where staff are strongly committed to their work and involved in decision-making deliver better quality care (Kings Fund 2014)

In Northern Ireland, The Public Health Agency (PHA) and Health and Social care Board (HSCB) have led the implementation of the Patient/Client Experience 10,000 Voices Initiative with the six Health and Social Care (HSC) Trusts. The overarching aim was to provide a mechanism for patients not only to share their experience of the health service but to affect and influence the way services are commissioned and delivered. 10,000voices is a metaphor for collecting patient experiences on a large scale to inform and change practice.

This report presents the work which has been undertaken in the 10,000 Voices Initiative from July 2013 – July 2014.

1.2.0 Strategic context

Patient/client experience is central to many key strategic drivers for innovation and improvement in health and social care services within Northern Ireland. The 10,000 Voices Initiative can be very closely aligned to and meet the objectives outlined in the following strategic papers.

1.2.1 Quality 2020

Quality 2020 (DHSSPS 2011) sets the direction for improvement in the quality of health care in Northern Ireland and outlines that safety, effectiveness and patient and client focus will form the basis to determine and improve quality of care. The vision of this strategy is:

To be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care”

Within the area of patient and client focus, this framework articulates that all patient and clients are entitled to be treated with dignity and respect and should be fully involved in decisions effecting their treatment and support.

“Services must have a clear patient and client focus. People are not just an element in a production process. There is abundant evidence that such an approach delivers improved health and well-being outcomes. There is also more than enough evidence, particularly in recent reports with the UK alone and internationally, that when the dignity of a person is not respected, or people are not effectively involved in decision making about their health and well-being or indeed listen to when they complain or raise concerns, quality suffers and declines” (DHSSPS 2011).

1.2.2 Transforming Your Care (TYC)

Transforming Your Care” (DHSSPS 2011) sets the strategic direction for health and social care delivery and is about moving services closer to home and delivering more care in the community setting. It presents a significant opportunity to

fundamentally improve the quality of care for everyone in Northern Ireland and places patient experience at the heart of these reforms.

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

1.2.3 Patient/Client Experience Standards

Within Northern Ireland (NI) we want to ensure that throughout the entire patient/client experience people are treated with compassion, dignity and respect. In April 2009, the DHSSPS published the “Improving the Patient & Client Experience” Standards document. 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: Respect, Attitude, Communication, Behaviour, Privacy & Dignity.

1.2.4 PHA Business Plan 2014/2015

Improving the quality of health and social care services is one of six core areas of work outlined in the annual business plan for the Public Health Agency (PHA 2014/15/) Business Plan. One of the key actions identified to achieve this is to continue the roll out and implementation of 10,000 Voices and providing strategic direction to improving patient/client experience.

1.2.5 Health and Social Care Board (HSCB) Commissioning 2014/2015

As outlined in the draft Commissioning Plan for 2014/2015, the commissioning of safe, high quality Health and Social Care Services is a top priority and core responsibility of the HSCB and PHA as well as the monitoring of feedback from the Patient Experience Standards and Patient stories. Reference is specifically made to the PHA continuing to lead the 10,000 Voices to shape and influence commissioning.

1.2.6 Recommendations from Francis Report

The recommendations highlighted in the Francis Report (2013) clearly state that creating the right culture where care is centred on the patient must be a key priority for all healthcare organisations. The report highlights that in the Mid Staffordshire NHS Foundation Trust statistics and reports were preferred to patient experience data, with a focus on systems, not outcomes. It further states that nothing is more likely to focus the mind on the impact of decisions on patients than to listen to patients' experiences. It is also recommended that the engagement of the public needs to be more visible in the commissioning process.

1.2.7 The Intelligent Board

The Intelligent Board 2010 paper entitled 'Patient Experience' articulates that there is increasing evidence of a positive association between patient experience and clinical outcomes and between quality and financial performance. It further states that "acquiring and responding to good intelligence about patients' experiences is more than just another 'must do' for Boards" Patient experience information is core to the vision and values of HSC Trusts in NI and is vital in fulfilling the governance responsibilities of service providers and commissioners.

1.3.0 Background to 10,000 Voices Initiative

The 10,000 Voices Initiative commenced in October 2012, under the direction of the Nursing and Midwifery Director, PHA and was initially funded for 18 months by the HSCB. The overarching aim of the initiative was to develop a system, which would enable change to be implemented both locally and regionally, to improve the overall experience for patients and clients, supported by a robust infrastructure. It was anticipated that in doing this, a more patient-focused approach to shaping and delivering future healthcare in Northern Ireland would be achieved.

In 2009 DHSSPS launched the *Standards to help improve the experience of patients and clients receiving services within the HSC*, emphasising that throughout their experience of HSC services, people should at all times be treated in accordance with the standards of privacy, dignity, respect, communication, attitude and behaviour. The standards were included in Priorities for Action Targets which

enforced the message that the patient and client experience is key consideration in the achieving high quality care.

Since 2011, there has been a comprehensive programme of work measuring the implementation and monitoring of DHSSPS Patient and Client Experience Standards (2009), through the Patient Client Experience (PCE) work streams, which has been lead regionally by the PHA. This has included using a triangulated approach of patient surveys, observations of practice and collection of patient stories in a triangulated approach. Whilst this has been recognised as a positive piece of work, it has also been shown to have some limitations, which can be directly attributed to the lack of resources and inconsistency in infrastructures to support the work within the Trusts. The qualitative information contained in the patient stories, collected within Patient /Client Experience work stream, provided a source of information on the patient/ client experience but whilst it was on a relatively small scale it was useful for identifying areas of good practice as well as areas for improvement. In order to build on this approach and to understand what really matters not only to patients, but carers and their families, the PHA has created an opportunity through 10,000Voices for them to tell us.

The 10,000 Voices Initiative has provided a depth of information and was considered seen as the next step in progressing patient story collection in Northern Ireland on a much larger scale in a regional co-ordinated approach with a supporting infrastructure. This initiative was commissioned so that engagement with patients/clients would mean that improvements can focus on **what matters** to patient/client as well as **what is the matter** with them. The 10,000 Voices Initiative has added additional dimensions to the PCE work and now creates an opportunity to integrate patient /client experience data collection in Northern Ireland under one single model with supporting structures and processes, which enable timely improvements to be made.

This initiative was also seen as a vehicle to introduce 'Experience Led Commissioning' to Northern Ireland. Experience led commissioning builds on the approaches identified by the NHS Institute for Innovation and Improvement (2009) in their work on Experience Based Design (EBD). The EBD approach enables patients and staff to share the role of improving care and re-designing services and seeks to

capture the experiences of those people involved in health and social care services, including patients, clients, carers and staff. It is recognised as a powerful tool to support commissioning decisions. Understanding patients, clients, carers and staff experiences has enabled the commissioning of services that are lower in cost and resources and which offer improved quality, safety and better experiences for patients.

The core principles of Experience Based Design are as follows:

- Partnership between patients, staff and carers
- Emphasis on experience rather than attitude or opinion
- Narrative and storytelling approach to identify 'touch points'
- Emphasis on co-design of services
- Systematic evaluation of improvement and benefits

The key steps in progressing this approach have been blended into a model, which has been developed and tested through the 10,000 Voices Initiative and provides an approach which has been described by colleagues nationally as "leading the way in patient experience". The elements of this model provide unique and innovative approaches to listening to, understanding and improving patient experience, as well as identifying opportunities for changes in practice, regional learning and influencing commissioning. (The model is shown in Appendix 1).

In progressing the work programme for 2013/2014 the Steering group of 10,000 Voices agreed to progress the initiative, using a phased approach. Due to the number of media reports and complaints within unscheduled care areas, it was decided that these areas would be the focus of the first phase. Data collection for Phase 1 began in September 2013 and has focused on Emergency Departments, GP out of Hours service, Minor Injuries Units and Northern Ireland Ambulance Service. During the initial data collection in Phase 1 it was recognised that the survey did not adequately reflect patients' experience of the Northern Ireland Ambulance Service, therefore a bespoke survey was developed to capture the experience of people who use the Ambulance Service.

The second phase of the initiative commenced in February 2014 in Primary Care, initially with people who receive care in their own home. A parallel work programme

is also running alongside all phases of 10,000 Voices which is capturing experience of nursing and midwifery care, using regionally agreed Key Performance Indicators.

Section 2 Methodology

2.1 Methodology 10,000 Voices

Patient stories have been tested in various improvement work, both nationally and internationally, to ensure that the patient's voice is heard at all levels within organisations. Patient stories have unique features which make them appropriate in quality improvement projects:

- Stories are subjectively told from the point of view of the narrator and therefore the attention focuses on the individual and not the organisation/condition
- The narrative structure of the story aligns events and help making sense of the experience.
- Stories are non-linear and are made of a complex network of events, actions, relationships and environments
- Stories have an ethical dimension that reflects society's expectations of "good behaviour"
- Stories are action oriented and focus on events and actions and provide insights into what could have happened.

(1000 Lives Campaign, Wales 2010)

Based on this evidence it was agreed that the 10,000 Voices Initiative would use the collection of patient stories, using SenseMaker, which is a narrative-based research methodology that enables the capture and analysis of a large quantity of stories in order to understand complex change. This proprietary software has been used in a number of previous patient experience improvement work in NI, such as Think child, Think family, Neurological conditions, and Patients with Heart Failure within Northern Ireland and also in many national and international settings.

Respondents are asked to describe their experience by "telling their story" and then to place a dot on each of the carefully designed triads and dyads, and finish by

answering a few multiple-choice questions. Combined positions of dots allow detection of emergent patterns and visualizing clusters and irregularities. The responses can also be translated into quantitative data for a more complex descriptive and statistical analysis of the relationships and patterns.

2.2 Design of survey tools

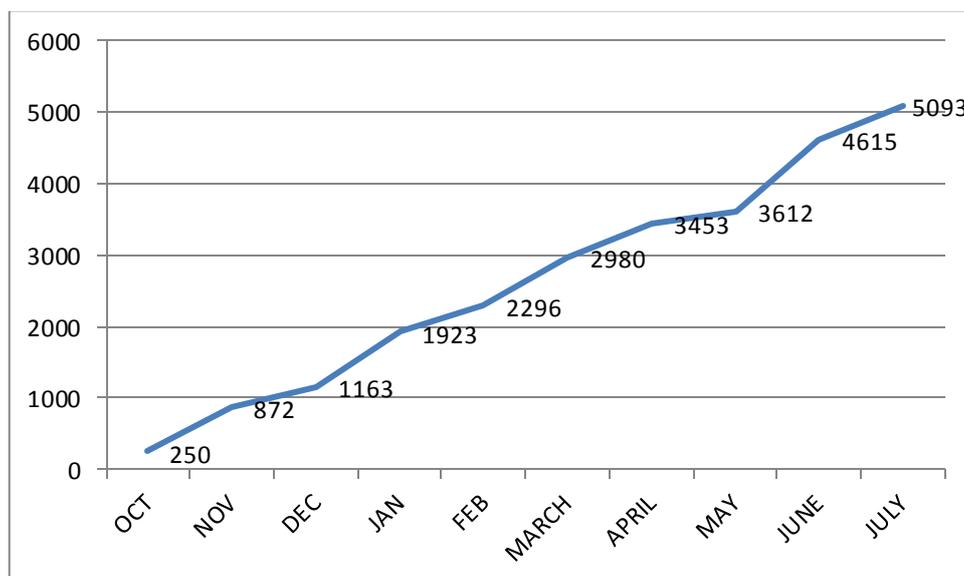
Survey tools have been designed at regional workshops, at which key stakeholders were present, including service users, carers and staff from HSC Trusts.

2.3 Data Collection

A Trust Project Facilitator was appointed in each Trust, with the exception of WHSCT, where a number of attempts to secure recruitment were unsuccessful, however in order to ensure that there was no delay in the data collection administrative staff were used for the sole purpose of data collection.

The role of the Trust Facilitator is to develop the processes for data collection, analysis and interpretation of the data, reporting to Trust Boards and leading quality improvement plans. In order to ensure widespread representation from all service users in Northern Ireland, comprehensive regional and local engagement and communication plans were developed and have adapted throughout the duration of the initiative. The number of stories collected per month is shown in the graph below:

Table 1: Collection of stories per month



Patients, family members or carers can complete the survey using a hard copy, electronically or a Digital App. It has been translated into 6 languages (Chinese simple, Chinese complex, Latvian, Slovak, Lithuanian and Polish) and can be also be completed using a voice recording facility.

Patients are asked not to give their name or the name of any staff who provided care and are advised not to worry about spelling or grammar. They are asked to give their story a title and to select key words which described their experience.

2.4 Data Analysis

The stories are used in a variety of ways. Firstly, the patient stories are reviewed on a weekly basis by the HSC Trusts and PHA and any areas of concern are escalated within an agreed protocol. Similarly, stories which highlight positive aspects of care were shared with staff as these also provide a rich source of learning for staff. In these stories specific elements can be highlighted to capture what it was that contributed to making the experience a positive one for the patient, family member or carer.

Secondly, the collective information provided by patients is analysed using the SenseMaker software. Themes and trends from this analysis are shared with staff across all levels and disciplines within the Trusts through local workshops, at which staff and service users work in partnership to validate the themes and trends and to identify areas for improvement and take local ownership for these. Using this approach has demonstrated that the 10,000 Voices initiative provides unique opportunities for quality improvement programmes which are owned and driven by all frontline staff.

These workshops have been facilitated by the Regional Lead and Trust Facilitators and have demonstrated that by using a partnership approach in which service users and staff analyse and interpret the data together, that the profile of patient/client experience within the Trusts has been raised. Furthermore local ownership of areas for improvement /action and how they will be progressed has also been achieved.

Following the Trust workshops, local action plans are developed to implement identified improvements in service delivery. The 10,000 Voices team collectively identify the regional themes for learning, through this co-ordinated approach,

opportunities to spread learning and share practice across Trusts have been welcomed.

The regional themes will then inform the commissioning priorities for 2015/2016, these will be communicated to PHA/HSCB on a quarterly basis and presented at Local Commissioning Groups.

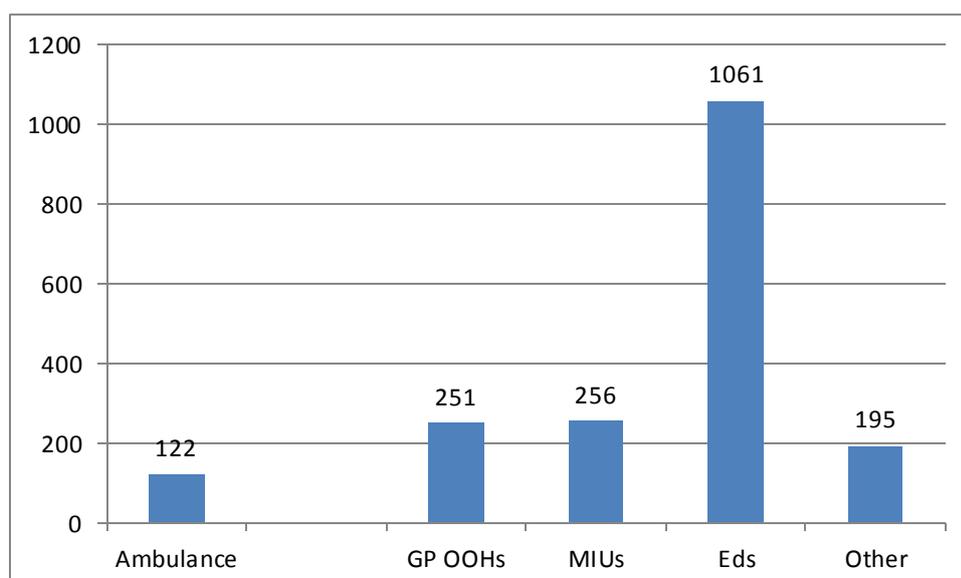
Section 3 Phase 1 Results and Findings

This section presents the results and findings from Phase 1 up to and including 19 May, 2014, at which stage 1885 surveys had been received regionally.

3.1.1 Returns per Trust

Trust	Number of stories
BHSCT	302
SHSCT	243
NHSCT	438
WHSCT	220
SEHSCT	638
NIAS	39
Missing data	5

3.1.2 Returns per setting



3.2 Demographic information

This section presents the demographic information in relation to the 1885 respondents who participated in Phase 1.

Returns by Gender

Gender	Return (n=1885)
Male	738 (39%)
Female	1143 (61%)
Transgender	0
Not completed	4

Returns by age profile

Age range	Return (n= 1885)
0-18	85
19-29	218
30-39	241
40-49	305
50-59	310
60+ years	697
Not completed	29

Returns by Ethnic group

Gender	Return (n=1885)
White	1838
Chinese	6
Indian	5
Black Caribbean	1
Black African	0
Black – other	2
Irish Traveller	7
Pakistani	0
Bangladeshi	1
Mixed ethnic group	7
Any other ethnic group	14
Not completed	4

Returns by – “Which best describes you?”

Which of the following best describes you?	Return (n= 1885)
I am a patient who has used unplanned care services in the past six months	1193
I am completing the survey as instructed by a person who has used unplanned care services in the past six months	369
Other – examples include parent/spouse/partner	253
Not completed	70

Returns by – “Did you attend the department because of any of these long term conditions?” (Emergency Departments)

Did you attend the department because of any of these long term conditions?	Number
Respiratory	201
Stroke	37
Diabetes	34
Cancer	82
Neurological Conditions	46
None	1485

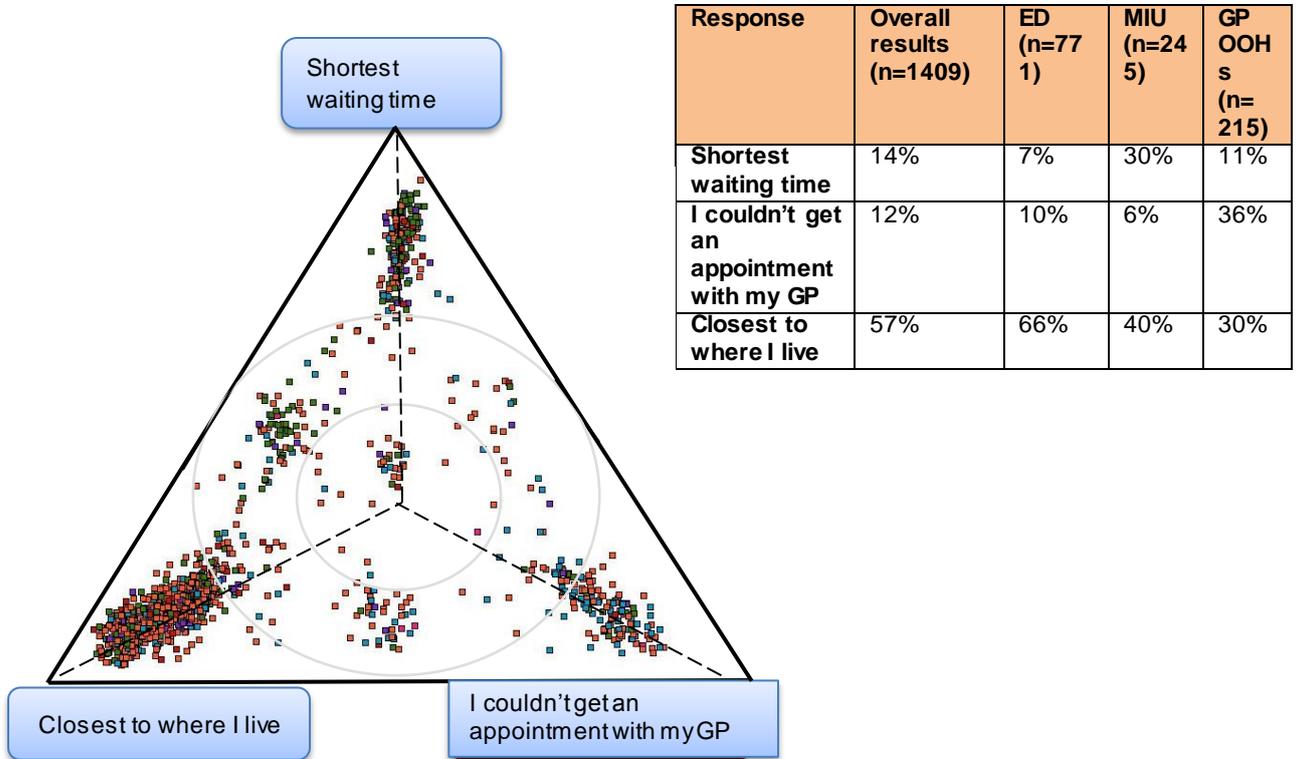
3.3 Responses to signifiers

This following section presents the analysis and interpretation of the data received during Phase 1. A comparison table is presented to give an overview of the responses and the triangulated question is shown with populated ‘markers’ which represent individual patient responses. **It should be noted that the percentage results presented in the tables represent the cluster responses at each of the corners of the triangle only do not account for the responses distributed throughout the triangle. These respondents made their choice based on a combination of the three factors, or on other factors (no response).**

Each ‘marker’ is colour coded for the area which it represents.



Question 1: What made you decide where to go for help?

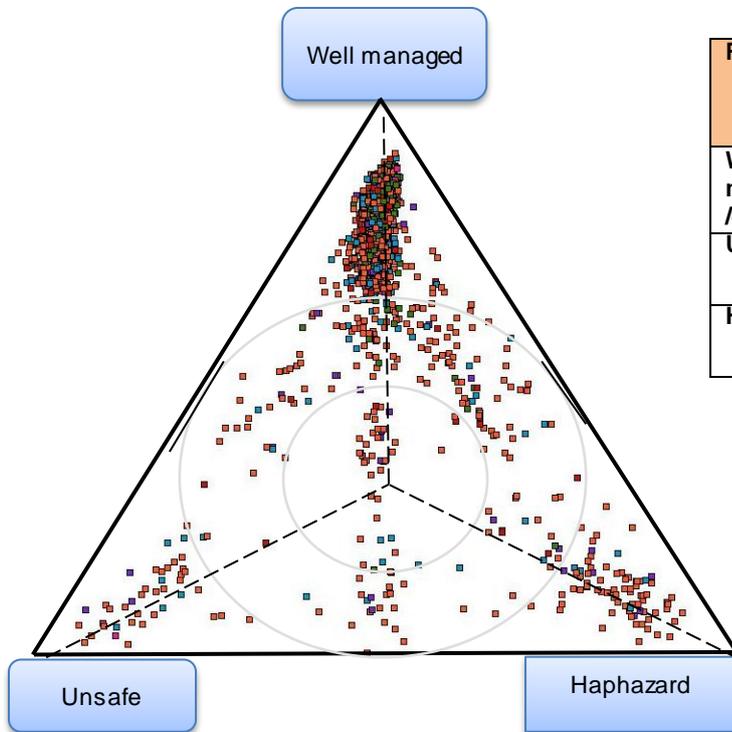


Interpretation/Discussion

From the overall information above the analysis indicates that the majority of respondents chose to attend the treatment centre which was closest to where they lived with only 14% considering waiting times when deciding where to attend. 30% of the respondents who attended the MIU said they chose this treatment centre as it has shortest waiting times.

Over one third of those who attended GP OOHs said they did so because they couldn't get an appointment with their own GP. A number of patient stories indicate that respondents attended the ED as their GP appointment did not fit with their working hours, although we are unable to ascertain if they sought a GP appointment prior to attending the ED.

Question 2: Did you feel the department was..?



Response	Overall results (n=1810)	ED (n=1025)	MIU (n=249)	GP OOHs (n=238)
Well managed /efficient	80%	74%	98%	84%
Unsafe	3%	4%	0%	3%
Haphazard	6%	8%	0%	4%

Interpretation / Discussion

The majority of respondents who answered this question stated that they found the services they accessed to be well managed and safe. Whilst only 3% felt it was unsafe and 6% haphazard the stories relating to these responses indicate areas for improvement. 98% of participants who attended Minor Injuries Units found that the department was well managed and efficient.

What patients said:

at our local A&E department where he received very good care. The staff saw us immediately & carried out tests. Was completely fine with no symptoms of anything and they monitored him for a couple of hours just to be sure. I'm very grateful for this as the staff put my mind at ease.

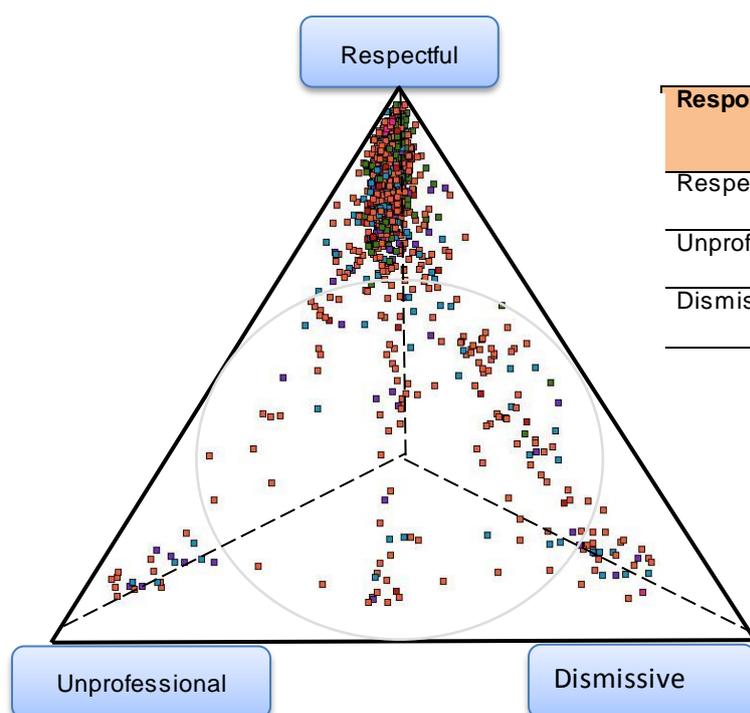
Waiting for assessment was made very difficult for a frail, distressed, acutely unwell, elderly woman in the middle of people who were drunk and boisterous.

They are always very helpful in the Minor Injuries Unit.

Areas for action (the areas for action relate to waiting environment)

- Patients having to wait on Emergency Department trolleys – having appropriate areas that are staffed to care for patients who are waiting to be admitted.
- Waiting areas need to be warm and comfortable
- Visibility of staff, including portering and security staff to increase patient sense of safety.
- Appropriate management of people with disruptive behaviour towards staff or other patients.

Question 3: Overall did you feel the staff you met were...?



Response	Overall results (n=1859)	ED (n=1049)	MIU (n=253)	GP OOHs (n=248)
Respectful	88%	85%	99%	81%
Unprofessional	1%	1%	0%	2%
Dismissive	4%	4%	0%	4%

Interpretation/Discussion

The largest cluster demonstrates that the majority of service users found staff to be respectful, with numerous stories highlighting the care, compassion and professionalism of staff. The triad is also populated across from respectful to dismissive, with evidence that on occasions patients found that staff were “rude” and “abrupt”. Some stories reflect patients not wanting to “bother” the staff as they were so busy.

What patients said:

...he said he didn't need to listen to me and turned from me and walked away.

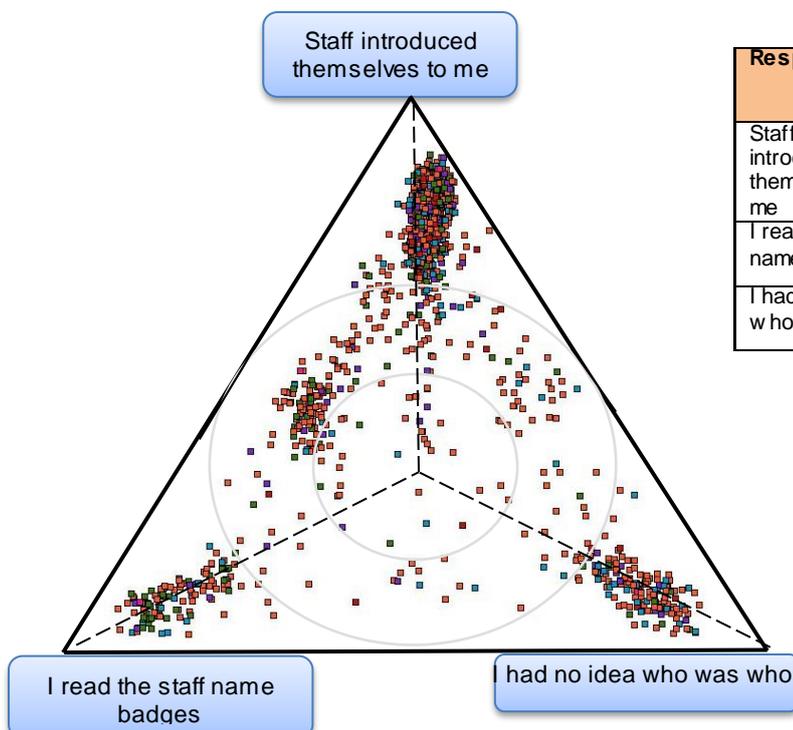
I went to the window and spoke to the reception staff, not a pleasant experience. Rude and didn't even look at me. Just said everyone is busy

All the nurses, auxiliary nurses and doctors were excellent - so respectful and so caring.

Area for Action

- Integration of information from 10,000 Voices Initiative into Patient experience elements of pre and post registration training for all HSC staff as well as local Trusts Customer Care training and Trust Induction.
- Raising staff awareness of the use of the preferred patient name
- Raising staff awareness that we need to give the message to patients that it is **"ok to ask"**.
- Integration of information from 10,000 Voices into "Putting Patients First" Programme (DHSSPS/Leadership Centre)

Question 4: How did you know who was looking after you?



Response	Overall results (n=1845)	ED (n=914)	MIU (n=245)	GP OOHs (n=231)
Staff introduced themselves to me	68%	63%	68%	72%
I read the staff name badges	8%	7%	17%	6%
I had no idea who was who	10%	11%	4%	14%

Interpretation/Discussion

In the overall analysis, over two thirds of the responses indicate that staff introduced themselves to patients; however 10% of respondents were not clear in who was treating them. Introducing yourself is the first basic step taught in any clinical interaction for health and social care professionals as getting to know people's names is known to be fundamental to building good relationships with patients. This issue was also identified through the monitoring of the Patient Client Experience standards and has been made a key priority for Trusts to address and will be reinforced by the introduction of staff name and designation badges.

It is widely documented that delivering compassionate care often means getting the simple things right. 'Hello my name is' and 'I am looking after you today' makes patients automatically feel safe, looked after and cared for and affords them the opportunity to respond to the introduction by telling the staff member their preferred name. This is reflected in a large number of stories which have been received, indicating that the first impression created can influence the overall experience of the patient and their family. Analysis has also shown that there is a link between patients "having no idea who was who" and considering the department to be "unsafe" or "haphazard".

What patients said:

From the very first minutes of presenting myself at Reception where my details were taken with brisk efficiency and very courteous manner by the receptionist, my experience of the A&E department was exceptional. Within 10 minutes of registering at reception, I was seen by the triage nurse who politely introduced herself, took my details of the fall and injury, and she explained I will be next seen by the nurse

Staff introduced themselves, and kept me up to date with my treatment plan

The triage nurse never gave me her name any pain relief or anything to help me. ...

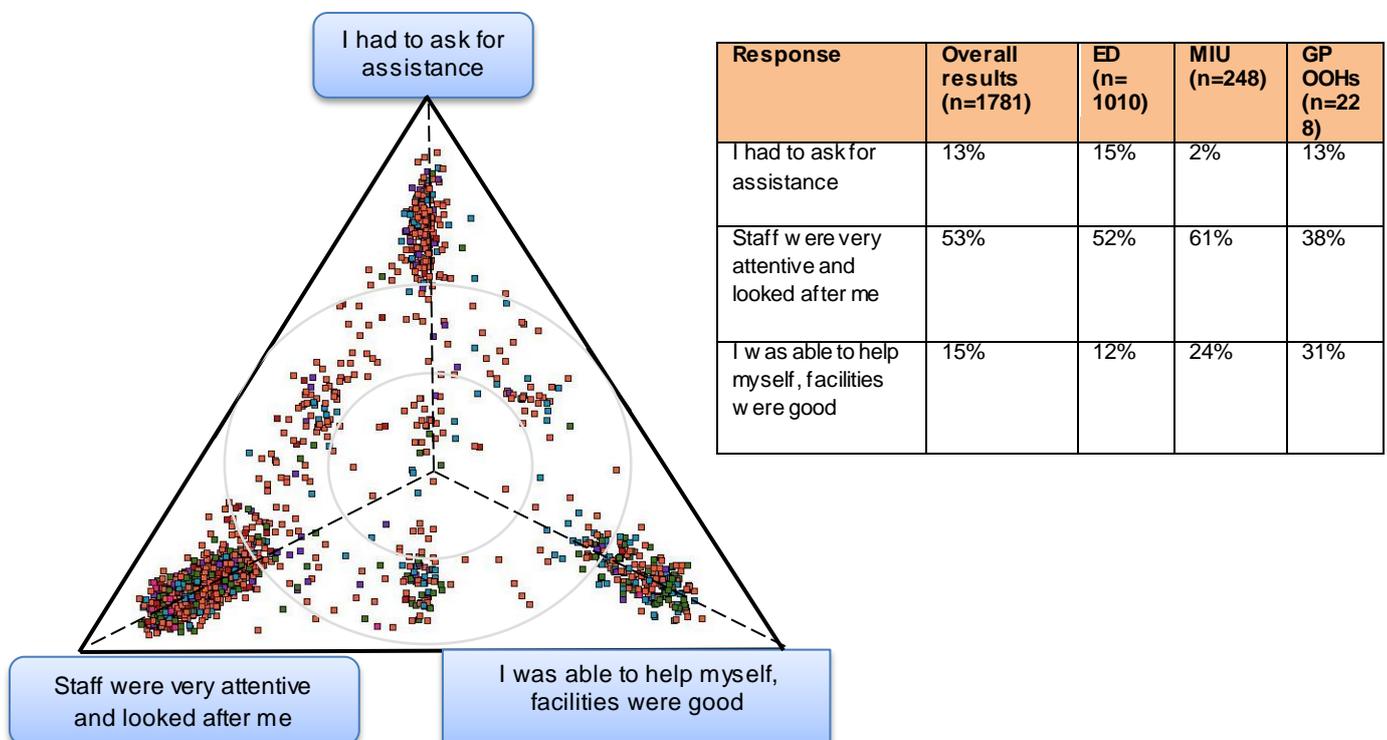
No-one introduced themselves.

All the staff, including everyone were very good. Making sure I knew their name and who they were

Areas for action – the areas for action relate to staff introductions

- Implementation of Patient Client Experience key priorities
- Reminders to staff of the importance of introductions and first impressions.
- Name and designation badges for all staff
- Introduction of “Hello my name is...” campaign

Question 5: While waiting to be seen were your needs met?



Interpretation /Discussion

This triad has been populated to demonstrate that in over half the stories received staff attended to the person’s needs Overall results indicate that 13% of respondents had to ask for assistance with their needs.

Further exploration of stories at the interpretive workshops have shown that for patients suffering from long term chronic pain, facilities are inadequate in waiting

areas- for example, plastic chairs. In addition many patients have reported that there was lack of pillows and blanket to keep them warm and comfortable.

There is recognition that at times the standard of care for patients waiting to be assessed or admitted could be improved. Through the Patient Client Experience Regional Work, a visual prompt to staff will be introduced and displayed throughout Departments, the strap line being - ***The standard you walk past is the standard you accept.***

A number of stories which have been received indicate that patients who are frail and elderly, including residents from nursing homes, have to wait for long periods of time in departments, which are not equipped to meet their basic comfort needs. In the analysis workshops it has been highlighted there is no regional policy that this vulnerable group of service users must be accompanied when attending unscheduled care services.

Many stories highlight that patients do not receive adequate pain relief while waiting in unscheduled care areas; this has been further explored at the analysis workshops when staff explained that the systems that currently exist for the prescription of medicines for patients waiting to be admitted to a ward are dependent on medical staff being available. Although Patient Group Directions are in place, the nursing staff consider that often these drugs are not sufficient to treat the patients' level of pain and so don't administer preferring to wait for medical support.

What patients said:

He was very attentive, listened carefully to what I had to say, asked sensible and pertinent questions. He did all the relevant tests and provided a suitable antibiotic.

My relative had numerous visits to A/E due to her cancer and other conditions and the visits have all turned out to be unpleasant experiences due to toilet needs, lack of meals/drinks, long wait on a trolley when in severe spinal pain, having to wait on prescribed pain relief until sent to a ward (other than paracetamol) and each time it became apparent that we needed to attend A/E we would dread going.

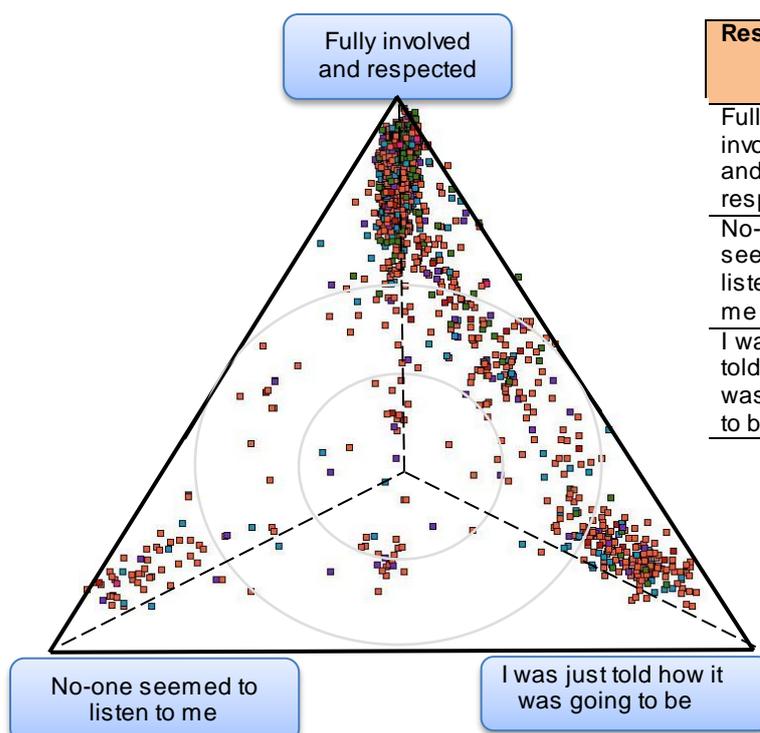
I eventually got the attention of a nurse I think, and asked could I please have a pillow and perhaps a blanket as the area was really cold. She was rather cross, and said she was 'run of her feet', and should have been off duty 2 hours ago. She said they didn't supply pillows and all the blankets were taken.

: I have had close experience of the Good, the Bad and the Indifferent - but I have not yet seen any other A&E department can match what I encountered at ...- for courtesy, efficiency and spotlessly clean facilities! Congratulations to the staff

Areas for Action

- **“The standard you walk past is the standard you accept”** prompt should be displayed in all unscheduled care areas
- Make departments more user friendly with adequate facilities which are cleaned and maintained regularly- toilets/ tea and coffee machines/ water stations/ enough blankets and pillows.
- Appropriate seating /recliners for those with long term conditions, including chronic pain, who are waiting
- Passport through ED for those with long term conditions, cancer and chronic pain.
- Collaboration with RQIA and HSCB/PHA to develop a regional policy/ transfer document for frail elderly/nursing home residents attending unscheduled care areas
- Direct admission to wards for patients who have been assessed by their GP in the community
- Enhancing skills and competencies around the care of older people, specifically in appreciating the complexity of care when older people have multiple conditions are increasingly frail.
- Review of medicines management in EDs

Question 6: How involved were you in the treatment and care given?



Response	Overall results (n=1834)	ED (n=1030)	MIU (n=251)	GP OOHs (n=245)
Fully involved and respected	73%	77%	88%	77%
No-one seemed to listen to me	4%	3%	0%	3%
I was just told how it was going to be	12%	12%	5%	12%

Interpretation /Discussion

Overall results indicate that most patients feel that they are involved in decisions about their care and treatment however between this element and “I was just told how it was going to be” there is a heavily populated band. This may reflect the care in ED where due to the nature of the presenting condition, at times treatment and care must be led by healthcare professionals because of the urgency to deliver lifesaving and emergency measures.

A smaller cluster of 4% of patients felt that “no one seemed to listen” to them. This is powerful as to feel that you have “lost your voice” or the control over what is to happen to you could be frightening and negative for the patient. The fact that the patients have populated this corner shows us that although they felt able to participate in the decision making process they were not given the opportunity. As part of making shared decision making a reality - “No decision about me, without me” – programme, the government’s vision is for patients and clinicians to reach decisions about treatment together, with a shared understanding of the condition, the options available and the risks and benefits of each of these.

What patients said:

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

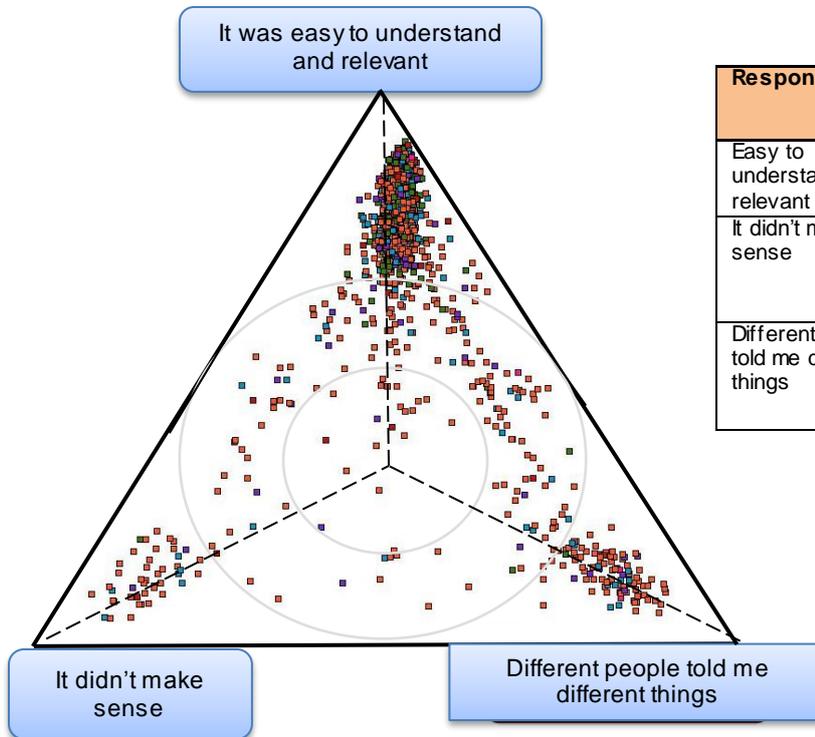
The nurse didn't listen. It reminded me of "little Britain" - "the computer says no".

we waited for a long time before we were given info on the plan of treatment for Mum.

Areas for Action

- Developing staff skills to enable them to support patients to articulate an understanding of their condition and treatment using appropriate communication methods.
- Empowering members of the public to take responsibility for their own personal health and to work alongside clinicians in equal partnership (TYC)
- Integration of person centeredness into pre –registration health care programmes
- Ensuring organisational cultures support person centred practices
- Care planning involvement of patients when it is possible
- Asking patients do they understand the treatment /care plan.

Question 7: What best describes what you were told by staff about your treatment and care



Response	Overall results (n=1823)	ED (n=1029)	MIU (n=253)	GP OOHs (n=243)
Easy to understand and relevant	81%	74%	98%	83%
It didn't make sense	3%	3%	0.4%	3%
Different people told me different things	8%	11%	1%	7%

Interpretation/Discussion

The largest cluster indicates that information shared with patients was easy to understand and relevant however the issue of patients either not understanding what they have been told or being told of different things by different people is also prevalent in this question. Not understanding what you have been told can lead to a person feeling very vulnerable and anxious as to their condition and will most definitely impact on their experience. It is important, therefore, for all staff to establish **what matters to the patient** as well as what is the matter with the patient.

What patients said:

They were all nice, helpful and extremely efficient putting me at my ease and explaining what they were doing & why.

Told me I needed an operation but the next morning another doctor told me different, this was good news but I had made an arrangement which I had to rearrange again

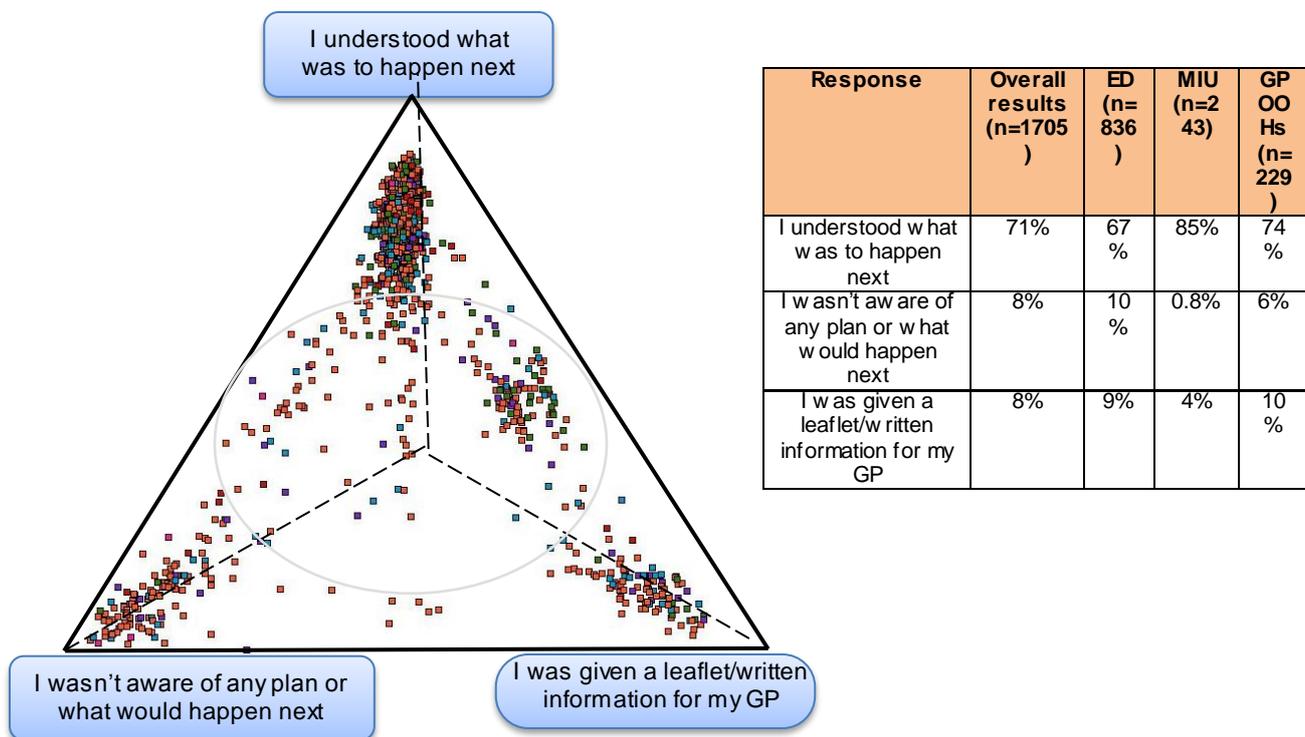
What doctors tell you sometimes doesn't make sense sometimes I feel they don't listen.

Initially medics were unfamiliar with mums and this resulted in mixed messages and various treatments which were not beneficial.

Areas for Action

- Advocate for elderly patient who acts as a conduit between all medical/nursing assessments and has responsibility for giving this information to the patient
- Ensure consistent, reliable information is given to patients about their treatment and care

Question 8: On leaving were you told what would happen next?



Interpretation/ Discussion

Almost three quarters of respondents overall, report that they understood the next steps to the care/treatment plan that was made for them. Information for patients who are being discharged, particularly from Emergency Departments, is vital to their recovery and rehabilitation and can avoid unnecessary readmission to Emergency Departments.

On average the number of patients given written information to advise them on the next steps of their treatment was 8%. Written information is a valuable way of reinforcing advice on treatment and care, however should not be used as a substitute to a verbal explanation from a health care professional.

What patients said:

On 30th March I had an asthma attack & unable to get my own Dr I phoned the Out of Hours Service where the receptionist took details & alerted the Dr who phoned me almost immediately. The Dr sent an ambulance with 2 paramedics who nebulised & gave me oxygen. Their care & attention was wonderful. On arrival at A&E at ...I was seen immediately by the nurse & very soon by a Dr who explained my planned treatment. I was later admitted to a ward where I remained for 12 days

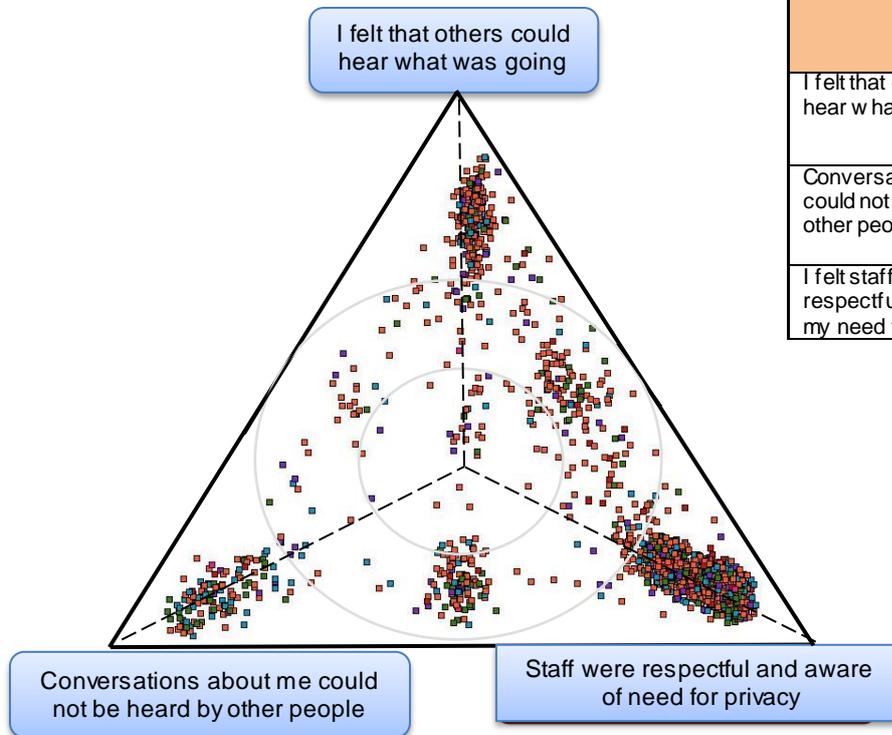
When I got to A + E via ambulance I was treated by a doctor who I found very difficult to understand. I also felt that I was unaware of what was going on around me the staff were all nice but I felt that they were keeping me in the dark.

She explained very comprehensively what was the nature of my injury and what gentle exercises are recommended to restore full mobility to the injured knee. She also gave me a leaflet with clearly illustrated diagrams of these specific exercises.

Areas for action

- Ensuring discharge planning commences from the point of admission to unscheduled care
- Coordinated, multidisciplinary approach to discharge planning, empowering patient to be involved in their discharge planning and working with family and carers.
- Improving the knowledge of risk factors for patients who are at a high risk of hospital readmission due to long term complex conditions and identify areas of preventive interventions in the community setting to prevent readmission to unscheduled care.

Question 9: Did staff ensure your privacy and dignity were protected?



Response	Overall results (n=1810)	ED (n=1036)	MIU (n=246)	GP OO Hs (n=235)
I felt that others could hear what was going on	19%	23%	11%	11%
Conversations about me could not be heard by other people	9%	6%	10%	18%
I felt staff were respectful and aware of my need for privacy	54%	49%	61%	55%

Interpretation and discussion

Quality 2020 (DHSSPS 2010) states that all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Privacy and dignity is a term which is used frequently throughout healthcare in Northern Ireland and is one of the Patient and Client Experience Standards (DHSSPS 2009), however in the stories shared for 10,000 Voices, people do not commonly use this terminology but refer to their “modesty” or “being made feel embarrassed”.

Almost a quarter of the respondents for Emergency Departments felt that others could overhear their personal information or what was happening with them, while receiving care in the treatment area and even on the point of entry to the department when having to check in at reception. This could be partly due to the design and layout of an emergency department, which tends to have cubicles separated only by curtains.

Over half of the participants felt that staff were respectful and aware of their privacy, however between the two responses “staff were respectful and aware of my need for privacy” and “I felt that others could hear what was going on”, this area is heavily populated with responses. This may indicate that on occasion, although patients knew that others could hear what was happening, they felt staff acknowledged this and had attempted to prevent them from being embarrassed.

Waiting areas in ED also create situations where people feel embarrassed, this is reflected in stories where patients comment on the amount of information that is required by the receptionist and that they are asked for in front of others who are waiting.

What patients said:

The doctor on duty asked who was behind the curtain I could hear everything she gave my name and why I was there

I was left on a trolley beside other patients in the corridor I felt my privacy was poor I was left for about 6 hours

did not attempt to rush my elderly father. His dignity+ privacy was maintained at all times

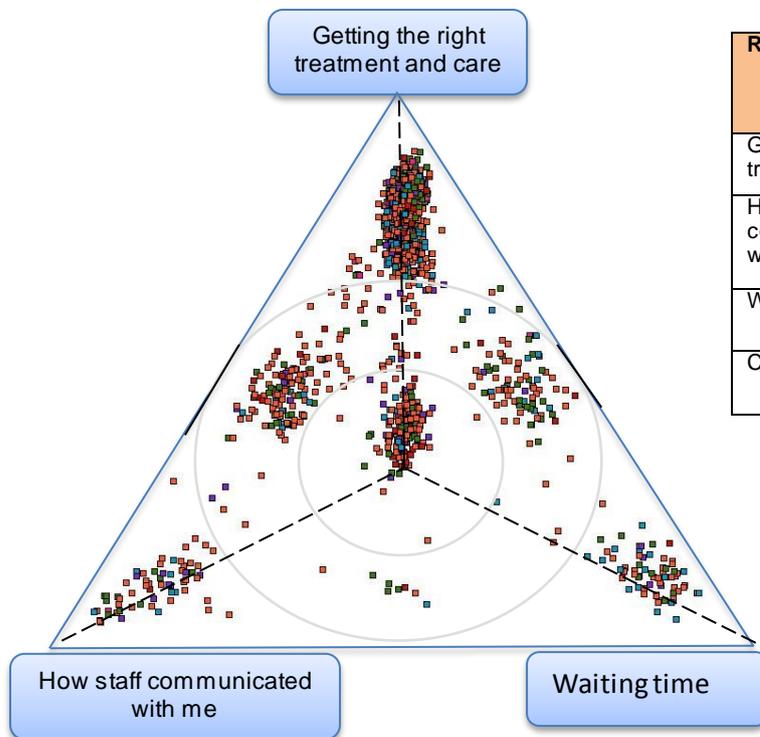
New ED amazing - So spacious and clean. Lovely to have privacy in own room.

I was fully aware of what was happening and I felt I was treated and respected well.

Areas for action

- All health care professionals should be reminded of their own personal and professional responsibility in relation to their Code of Conduct and the protection of patients’ information.
- Planning of new units should take into consideration the need for patient privacy
- Review of the information receptionists require
- Reception area should be separate from waiting areas
- Staff being vigilant to check if patients require more blankets or other measures to prevent embarrassment.

Question 10: What was most important to you in this experience?



Response	Overall results (n=1853)	ED (n=1047)	MIU (n=254)	GP OOHs (n=250)
Getting the right treatment and care	68%	68%	59%	68%
How staff communicated with me	4%	4%	4%	3%
Waiting time	4%	4%	4%	8%
Centre of triad	10%	10%	9%	7%

Interpretation and discussion

Over two thirds of respondents stated that getting the right treatment and care is the single most important factor to them, with around 10% patients saying that all three elements are equally important to them. This finding reinforces the principles underlying Transforming Your Care (DHSSPS 2011) that patients and service users should receive ***the right care in the right place at the right time by right staff.***

It has been recognised that frequently members of the public attend services that are not appropriate to their needs, creating long waiting times for those who need unscheduled care services. A regional campaign was launched in late 2013 by HSC Board to raise the public’s awareness about where to receive the most appropriate care, this campaign is called “Choose well”.

What patients said:

. All STAFF that I came in contact could not be more helpful. While waiting many patients waiting to be seen became very vocal at the length of time while waiting. I pity the staff that have to put up with that behaviour.

Was seen promptly by efficient, friendly +professional staff. ... My father was cared for, investigated + treated with no undue delays by staff who in his words were' wonderful + very caring'. ..

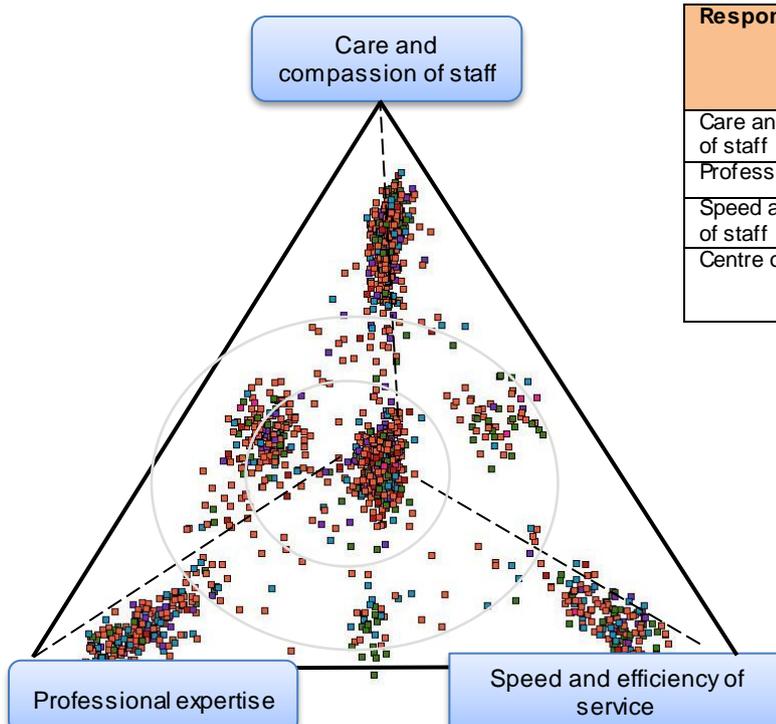
Self-presented to ED, first impressions were I'm going to be here a while, whilst waiting patient felt safe, waiting room was warm. Seen by ENP and x-rayed quickly,

Great service provided in minor injuries unit by great staff

Areas for action

- Further public awareness of the *Choose Well* campaign by HSC organisations
- Review of model of care delivery, including triage at the point of first contact and signposted correctly to appropriate service.
- Increased availability of Minor Injuries Unit

Question 11: Overall what were you most satisfied with?



Response	Overall results (n=1744)	ED (n=977)	MIU (n=248)	GP OOHs (n=232)
Care and compassion of staff	25%	29%	19%	20%
Professional expertise	14%	15%	13%	22%
Speed and efficiency of staff	11%	9%	14%	14%
Centre of triad	30%	29%	31%	27%

Interpretation / discussion

It is significant to note that over 90% of respondents choose to answer this question, indicating that they were satisfied with at least one of the available options.

Distribution of responses is scattered throughout the triangle indicating satisfaction with two or three of the elements, with the highest numbers of responses for each area in the centre, indicating satisfaction with all three options equally.

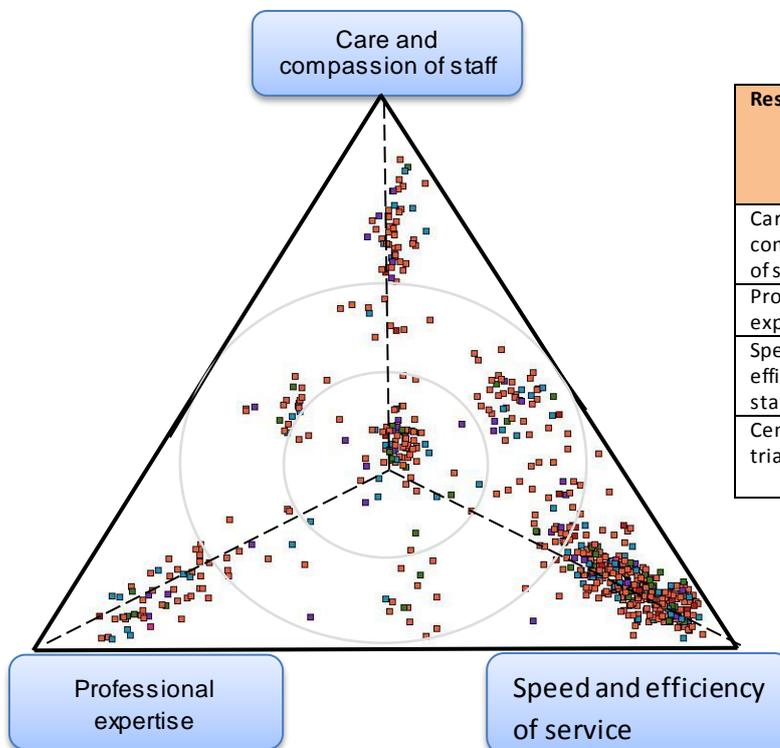
What patients said?

Excellent no complaint seen quickly and staff from porter, to nurse & doctor were all very helpful and caring

My wife had chest pains, visited the GP, who referred her to A and E at the..... She was promptly seen and kept in hospital overnight. Throughout she was sensitively and competently attended to.

Was attended to professionally and with care by nursing staff & doctors

Question 12: Overall what were you most dissatisfied with?



Response	Overall results (n=752)	ED (n=510)	MIU (n=50)	GP OOHs (n=106)
Care and compassion of staff	9%	9%	4%	10%
Professional expertise	8%	7%	7%	7%
Speed and efficiency of staff	56%	59%	59%	55%
Centre of triad	10%	8%	12%	9%

Interpretation / discussion

When asked “What were you most dissatisfied with?” there was a significant number of respondents (60%) who opted to not complete this signifier, this would appear to indicate that on the whole these patients felt there was no element that they were dissatisfied with. The largest cluster of those who did respond, their dissatisfaction was with the speed and efficiency of service, this is equally spread between all three departments.

What you told us:

...extremely frustrating and little consideration was given , , my daughter was left for 7 hours in a cubicle, with nursing staff only appearing after we sought information

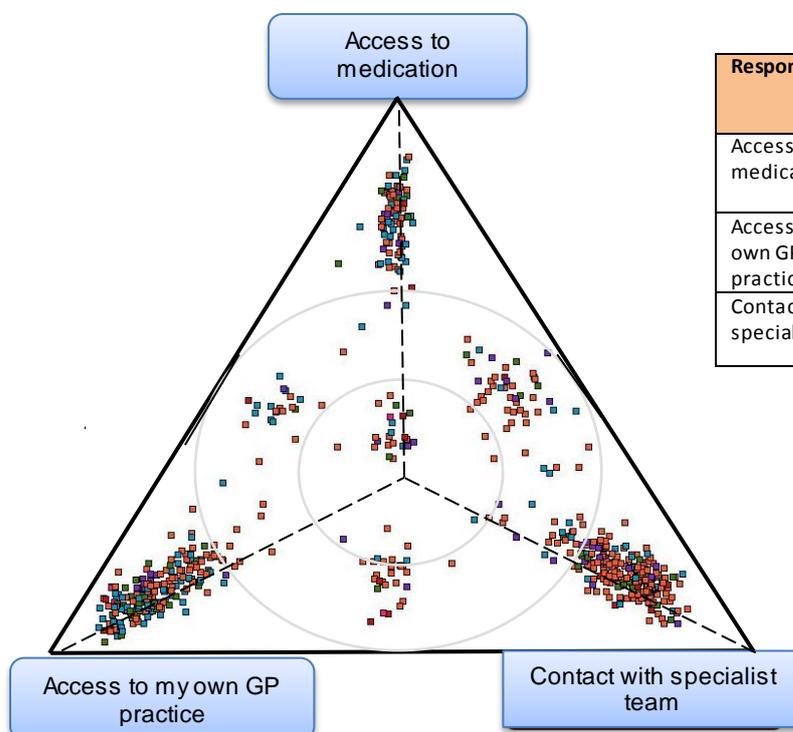
waited 6 hours which was extremely stressful with a sick, breathless & distressed young baby. When eventually seen, the doctor & nursing staff were professional & helpful & my baby was admitted to hospital for 3 days. A&E clearly under-staffed to deal with level of patients

.....staff were rude & didn't speak to patient or relatives & didn't speak to all.

Area for action

- Regional review of staffing levels with EDs
- Ongoing monitoring of waiting times

Question 13: What would have enabled/supported you to stay at home?



Response	Overall results (n=733)	ED (n=397)	MIU (n=72)	GP OOHs (n=164)
Access to medication	14%	13%	11%	21%
Access to my own GP practice	29%	24%	46%	45%
Contact with specialist team	35%	43%	26%	18%

Interpretation / discussion

This signifier was to establish if other services had been in existence elsewhere would these patients still have had to access the unscheduled care service and do the users believe they made the right choice. Stories reflected that on many occasions patients with long term conditions had no other choice available to them and had to attend unscheduled care services. This caused high levels of distress to patients and their families, for example very long waits in busy EDs for patients with acute oncology conditions and patients with chronic pain. Of the 400 people who said they attended unscheduled care areas because of a long term condition, almost half said they would have been enabled/supported to stay at home if access to medication/own GP practice or specialist services were available.

Stories would also indicate that on occasions, patients are admitted to the Emergency Departments for palliative/end of life care. Feedback from staff has indicated that this creates a lot of distress for the patient, their relatives and the staff as ED is not the appropriate place to provide end of life care for patients who have been receiving palliative care in the community setting.

There was also a high response rate to the option – Access to my own GP practice , with many stories from patients indicating that they were not able to get an appointment with their own GP, often this was because of their working pattern, not fitting in with GP opening hours

What patients said:

All but one of these five times or more I have received medication (mostly antibiotics & steroids)

Had laryngitis GP not available for an appointment under 2 weeks from time of occurrence I had missed walk in surgery.

The GP out of hours doctor I found extremely helpful and supportive. However my doctor surgery is difficult if not impossible to access.

I have very specialist conditions that require specialist professors to care for me. ...

For cancer patients there should be one point of contact throughout treatment as it is very difficult being passes from surgery - chemo - radiotherapy & not knowing who to contact if there was a problem...

Areas for action

- Access to own GP practice
- Integration of information into Palliative Care Strategy , specifically around advance care planning
- Passports/Rapid access/direct admission for patients with long term conditions, acute oncology needs, residents from nursing homes
- Self-management skills/training for those with long term conditions
- Early identification for crisis within long term conditions and appropriate interventions
- Access to pharmacy/medications “out of hours”

3.4 Northern Ireland Ambulance Service Patient Experience Survey

As previously identified, it was recognised that the tool being used to capture the experience of patients/clients during Phase 1 was not sensitive enough to collect patient/client information relating to the Northern Ireland Ambulance Service (NIAS). It was agreed that a bespoke survey tool would be developed for NIAS and data collection began in March 2014. This piece of work is ongoing and will be carried forward into the work plan for 2014/2015.

3.5 Key themes identified during Phase 1

The Intelligent Board Paper 2010 outlines the components of feedback from patients to have both objective facts and their subjective views of it. The factual element is useful in comparing what they say they experienced against agreed pathways and standards, whilst the opinion element tells us how they felt about their experience. They consider two key domains which will influence the overall patient experience, these are the transactional aspects of care, which in essence is the “what” of care delivery, this includes the elements of physical comfort, cleanliness, information and co-ordinated care. The relational aspects of care, is the “how” of care delivery and includes the elements of being treated with respect, privacy and dignity, compassionate care, individualised care and being listened to.

Regional analysis of the information received in the 10,000 Voices Initiative has demonstrated that both the transactional and relational aspects of care can affect the

patient/client experience. The themes identified reflect both positive and negative aspects of these two domains, as summarised below:

Table 2: Key themes identified

Key themes identified	
Patient and Client Experience Standards	<ul style="list-style-type: none"> ➤ Both positive and negative experiences expressed by patients in relation to staff attitude, communication, privacy and dignity ➤ Stories reflect that staff attitude to patients with mental illness could be improved
Waiting times.	<ul style="list-style-type: none"> ➤ Stories relating to waiting time be seen and assessed ➤ Waiting time to be admitted to a ward ➤ Waiting time for elderly patients/babies/children/patients with long term conditions
Professionalism of staff	<ul style="list-style-type: none"> ➤ Stories reflect how staff treat patients in a professional manner and are clinically competent
Delivering compassionate care	<ul style="list-style-type: none"> ➤ A large proportion of stories reflect the caring and compassionate manner of staff in all areas of unscheduled care
Efficiency of service	<ul style="list-style-type: none"> ➤ Stories reflect a very high level of satisfaction with care received in Minor Injury Units, particularly in relation to the efficiency of the service and how patients were treated by the staff ➤ Staffing levels are frequently highlighted and stories from patients indicate that they observe staff to be very busy and often under stress within
Waiting environment	<ul style="list-style-type: none"> ➤ A frequently quoted concern was how cold some of the waiting areas are. ➤ Feeling safe within the waiting area ➤ Admitting directly to the ward for those who have assessed already by a GP eg. elderly patients, those with oncology needs or long term conditions ➤ Noise within the environment, ➤ Stories related to inadequate pain relief

3.6 Actions identified

10.000 Voices initiative differs from other methods to gain feedback from patients as it promotes and builds on a partnership approach between service users and staff and gains their commitment to change the way services are delivered and commissioned.

Throughout the initiative, patient stories (which are anonymous) have been shared with staff working within these areas. It has provided the staff with an in-depth reflective overview of patient experiences and has enabled them to view from a patient perspective how care has been delivered. This has provided the opportunity for staff to discuss as a team, how to implement improvements and develop local plans.

As a result of the analysis of the information received during Phase 1 a number of areas for action have been identified at both regional and local levels, examples of these are as follow:

3.6.1 Regional Actions

The following areas for regional action have been identified, some of which may also contribute to the commissioning process and which will also be considered within wider ongoing quality improvement work streams.

Compliance with Patient/Client Experience Standards

- The patient stories from the 10,000 Voices initiative will contribute to and inform the regional implementation of the Patient Client Experience Standards
- All Trusts will integrate the information from 10,000 Voices into ongoing work around Patient/ Client Experience and also into corporate and local induction programmes

Staffing levels in Emergency Departments

- Stories received in all Trusts indicate that patients feel staff are under pressure to deal with the workload, particularly in Emergency Departments. This is being addressed through a regional review of nurse staffing levels within Emergency Departments.

Caring for patients with Mental Health Issues

- Stories received reflect the need for some staff to become more aware of their attitude when caring for patients with mental health issues in unscheduled care areas. Information received from 10,000 Voices will be integrated into training programmes and will be aligned with and inform regional improvement work streams in the provision of Mental Health Services.

Patient experience teaching session

- An interactive teaching session has been developed and tested with medical students and student nurses. Evaluations were very positive and indicated a number of key learning points, as well as increased self-awareness of how behaviour and attitude can influence patient experience. It is intended to have a regional “roll out” of this session and to incorporate it into pre and post registration health and social care programmes

Partnership approach to improving patient experience

- A key achievement of the 10,000 Voices Initiative has been the development of the partnership approach to improving patient experience. It is intended to build on this model during future phases of 10,000 Voices, so that key stakeholders can work together and have ownership of quality improvement plans.

Regional transfer document for residents from nursing homes

- The information received from 10,000 Voices highlights the need to ensure that when residents from nursing homes have to attend unscheduled care services, systems are in place for safe handover of key information. Work has commenced to develop a regional transfer document.

Staff Introductions

- A number of stories highlighted that patients had no idea who was looking after them and as result felt that the department was unsafe or haphazard. It is well recognised that first impressions and a simple introduction can set the tone for the quality of the patient experience and is the first step in providing high quality, compassionate care. All Trusts have pledged their commitment to the “Hello my name is” campaign and have commenced work on this initiative. A regional launch of this campaign will take place in September 2014.

3.6.2 Local Actions

The following section provides some examples of actions which have been identified within local Trusts. As the improvement work continues within unscheduled care services and these actions are further tested and implemented, consideration will be given to how these could be progressed regionally so that opportunities for shared learning and improvement are maximised.

Pain relief in unscheduled care

A number of stories highlight that on occasions patients feel that they do not receive adequate or timely pain relief; as a result the following actions have commenced:

- Progression of improvements in pain relief in ED within quality improvement pathway
- Review of Patient Group Directions (PGDs)

Waiting Environment

Patients have expressed the view that their experience is influenced by the environment in which they are waiting for treatment. In relation to waiting environment the following actions have been commenced;

- Increased visibility of porters and security staff in the ED following a number of stories which highlighted that patients sometimes feel vulnerable in the waiting area particularly if there are people under the influence of alcohol/drugs, or when people are loud or aggressive
- Appointment of a housekeeper to work in the ED to ensure that the environment is comfortable while patients are waiting for treatment
- Commitment to refurbish the ED as a direct result of patient stories relating to the environment, service users who participated in 10,000 Voices workshops will be included in this work.
- Increased cleaning regimes within ED as a number of stories related to environmental cleanliness

Basic comfort measures

Respondents said that at times basic comfort measures, such as being warm and comfortable, and having something to eat and /or drink, were not always attended to.

- Relevant departments have increased supplies of pillows and blankets
- Provision of food and fluids in EDs is being progressed.

Care of babies and children in unscheduled care

A number of stories highlighted concerns of parents when they need to access unscheduled care services with babies/children, as a result work has commenced to review of care provided to babies and children within ED with a focus to:

- Ensure the safe and effective management and transfer of babies/children from the ED to Children's Wards through the development of clinical pathways and ensuring effective teamwork between ED and paediatric ward staff

Information for patients

Some stories highlight that patients do not always receive adequate information about waiting times and also about their treatment

- Information about waiting times in ED is now being displayed on screens within the department
- Work has commenced to improve/clarify information relating to the possibility of patient recall, following preliminary radiology reporting, through the development of a patient information leaflet
- The need to establish a patient experience group for ED has been identified and the service users who participated in 10,000 Voices workshop have agreed to be part of this group.
- Service users have been invited to join the Trust ED Patient Flow Reform Board

3.7 Emerging aspects of patient experience to influence regional actions/commissioning priorities

This section captures the aspects of patient experience that have emerged out of the Phase 1 of the 10,000 Voices Initiative, which could potentially influence the way services are delivered and commissioned.

- The continued **provision of unscheduled care services at Minor Injuries Units** and the need to explore increased use of the Minor Injuries Units across Northern Ireland
- The need to address **waiting times in unscheduled care areas** for frail elderly/ patients, patients from nursing homes and patients with acute oncology needs/ patients with long term conditions.
- The development and design of a **regional transfer document and advocacy policy for patients admitted from nursing homes.**
- The need to address **staffing levels** in Emergency Departments as a high volume of stories indicate that patients feel that staff are under pressure due

to inadequate staffing and high volumes of patients. A regional review of staffing levels in EDs is currently taking place.

3.8 Phase 1 Conclusion

Phase 1 of 10,000 Voices has tested the systems and processes required to undertake an extensive quality improvement programme in patient/client experience. Since this analysis was completed an additional 89 stories have been received relating to unscheduled care. Analysis of these stories is on-going and will be included in the on-going quality improvement work. Data collection for Phase 1 has now concluded (from 30th June 2014); however quality improvement work within the Trusts and at regional level will be ongoing. It is anticipated that data collection within the unscheduled care areas will be included in the 2014/2015 work plan programme so that improvements can be measured.

Section 4 Experience of Nursing and Midwifery Care

Nurses and Midwives in Northern Ireland deliver care across a broad range of services in a variety of settings and account for one third of the workforce in HSC Trusts. A research study was commenced in NI in 2009 to develop a framework for the identification, measurement and implementation of Key Performance Indicators (KPIs) for nursing and midwifery (McCance et al 2012). These key performance indicators were identified and tested using SenseMaker methodology by Professor Tanya McCance.

10,000 Voices Initiative is using these KPIs to measure experience of nursing and midwifery care in Northern Ireland and began data collection in November 2013.

Early analysis of the information received indicates a high level of satisfaction with the standard of nursing and midwifery care, with many of the stories paying tribute to the care, compassion and professionalism displayed by nurses and midwives. These stories clearly demonstrate a high level of respect, appreciation and public confidence in our nurses and midwives. Initial findings show the following results:

Overall feelings about nursing/midwifery care	Number of stories (n= 2395) (28 th July 2014)
Strongly positive/positive	91% (n=2174)
Strongly negative/negative	3% (n=76)
Neutral/not sure	6% (n=145)

Demographic information

Does your story relate to nursing or midwifery?

Nursing	2104 (88%)
Midwifery	291 (12%)

Returns per Trust

Trust	Return (n=2395)
BHSCT	546
SHSCT	432
NHSCT	370
WHSCT	418
SEHSCT	629
Missing data	3

Returns by Gender

Gender	Return (n=2395)
Male	934
Female	1455
Transgender	1
Missing data	5

Returns by age profile

Age range	Return (n= 2395)
0-18	50
19-29	270
30-39	329
40-49	235
50-59	329
60+ years	1146
Missing data	36

Returns by Ethnic group

Gender	Return (n=2395)
White	2373
Chinese	2
Indian	3
Black Caribbean	0
Black African	1
Black – other	0
Irish Traveller	2
Pakistani	0
Bangladeshi	0
Mixed ethnic group	4
Any other ethnic group	10

Returns by – “Which best describes you?”

Which of the following best describes you?	Return (n= 2395)
I am a patient who has received care from a nursing/midwifery team in the past six months	1895
I am completing the survey as instructed by a person who who has received care from a nursing/midwifery team in the past six months	344
Other – examples include parent/spouse/partner	89
Missing data	67

Experience of Nursing and Midwifery Care - Next steps

Data collection will continue until 31st August 2014, at which stage the following actions will take place:

- Analysis workshops will take place in the Trusts
- Identification of areas for improvement and development of local and regional action plans
- Identify areas for consideration in commissioning priorities
- Development on ongoing regional co-ordinated approach to measuring experience of nursing and midwifery care in collaboration with the Regional KPI advisory group

Section 5 Phase 2 – Care in your own home

The 10,000 Voices Steering group agreed that the second phase should focus on primary care settings. A data collection tool was developed with a wide range of staff working in primary care settings and service users. It was acknowledged that one tool would not be specific enough to cover all areas of primary care and after an initial test period within the HSC Trusts it was decided to concentrate initially to capture experiences from people who receive care in their own home.

Data collection commenced in February 2014, initially response was slow despite widespread engagement processes. A mid-point evaluation of this phase is currently being completed. Initial findings show the following results:

Overall feelings about receiving care at home	Number of stories (n=666)
Strongly positive/positive	78% (n=518)
Strongly negative/negative	3% (n=22)
Neutral/not sure	19% (n=126)

Demographic Information

Returns per Trust

Trust	Return (n=666)
BHSCT	137
SHSCT	76
NHSCT	41
WHSCT	146
SEHSCT	266

Care provided by:

Trust staff	446
Independent provider	96
Not sure	59
Other	65

Returns by Gender

Gender	Return (n=666)
Male	248
Female	417
Transgender	0
Missing data	1

Returns by age profile

Age range	Return (n= 666)
0-18	5
19-29	13
30-39	9
40-49	21
50-59	50
60 - 69	80
70 - 79	184
80 + years	293
Missing data	11

Returns by sexual orientation

Sexual orientation	Return (n=666)
Heterosexual	596
Lesbian	1
Bi-sexual	1
Gay	0
Prefer not to comment	68

Returns by Ethnic group

Gender	Return (n=666)
White	659
Chinese	0
Indian	
Black Caribbean	0
Black African	0
Black – other	0
Irish Traveller	1
Pakistani	1
Bangladeshi	0
Mixed ethnic group	1
Any other ethnic group	3

Returns by – “Which best describes you?”

Which of the following best describes you?	Return (n= 666)
I am a patient who has received care at home in the past six months	446
I am completing the survey as instructed by a person who has received care at home in the past six months	112
I am a carer of a person who has received care at home in the past six months	87
Other – examples include parent/spouse/partner	20
Missing data	1

Care in own home – next steps

This phase will continue until October 2014, at which stage the following actions will take place:

- Analysis workshops will take place in the Trusts
- Identification of areas for improvement and development of local and regional action plans
- Identify areas which will inform and align with regional work on the implementation of Transforming Your Care (TYC)
- Identify areas for consideration in commissioning priorities

Section 6 Summary of key achievements

The 10,000 Voices Team have achieved a number of significant actions to date, these include:

- A regional robust structure in place to capture, understand and improve patients experience using narrative methodology
- Testing, development and implementation of data collection processes within 4 focused areas during the 10,000 Voices Initiative (Unscheduled care, NIAS, Experience of nursing and midwifery care and Care in your own home)
- Development of a partnership model to lead quality improvement programmes in patient /client experience in NI (based on EBD principles)
- Development of widespread regional and local engagement processes to ensure that all service users in NI have an opportunity to share their experience of health and social care services

Section 7 Conclusion

The Experience Led Commissioning 10,000 Voices Project has set in place an infrastructure to ensure that a regional systematic and robust process to listen to, learn from and improve patient experience is in place. This also represents a unique opportunity for patients/clients to influence the commissioning priorities for health and social care in Northern Ireland and provides a mechanism for HSC Trusts to receive real time information relating to the experience of people for whom they provide care.

Many patients have told the facilitators that because of the anonymity of 10,000 Voices initiative they feel very comfortable in sharing their experience and often see it is being therapeutic. It is obvious from many of the stories received, that many patients had a positive experience while accessing health and social care services as they describe the compassionate and professional care they have received. This initiative presents an opportunity to bring a balanced picture of patient experience of healthcare within Northern Ireland.

The 10,000 Voices initiative has been welcomed by Senior Management Teams within Trusts as a systematic and robust mechanism to capture patient experience within their organisation, as 10,000 Voices listens very clearly to the patients experience and looks at **what matters to the patient** as well as **what is the matter with the patient**.

The partnership approach, which underpins the 10,000 Voices initiative, is an innovative way to allow patients, families and carers to be involved in the future planning and development of healthcare in Northern Ireland. 10,000 Voices epitomises a gold standard approach, by putting the patient at the centre of all care processes through listening to and involving patients, families, carers and staff as is strongly recommended in the Francis Report (2013). A number of areas for future work have identified and will be considered in due course. The work of the 10,000 Voices team has been recognised nationally, with a number of Trusts expressing a wish to visit Northern Ireland and discuss how they could progress patient experience improvement work using this approach.

Acknowledgements

The 10,000 Voices team would like express sincere thanks to all those who have been involved and to acknowledge the patients, families and carers who have taken the time to tell us about their experience to make care better for others in the future.

We would also like to positively acknowledge the staff working in HSC Trusts Services for embracing this opportunity, despite the challenging environment and pressures which they are currently working within. It has been obvious through their commitment to 10,000 Voices Initiative how important it is for them to improve and influence services for patients/clients.

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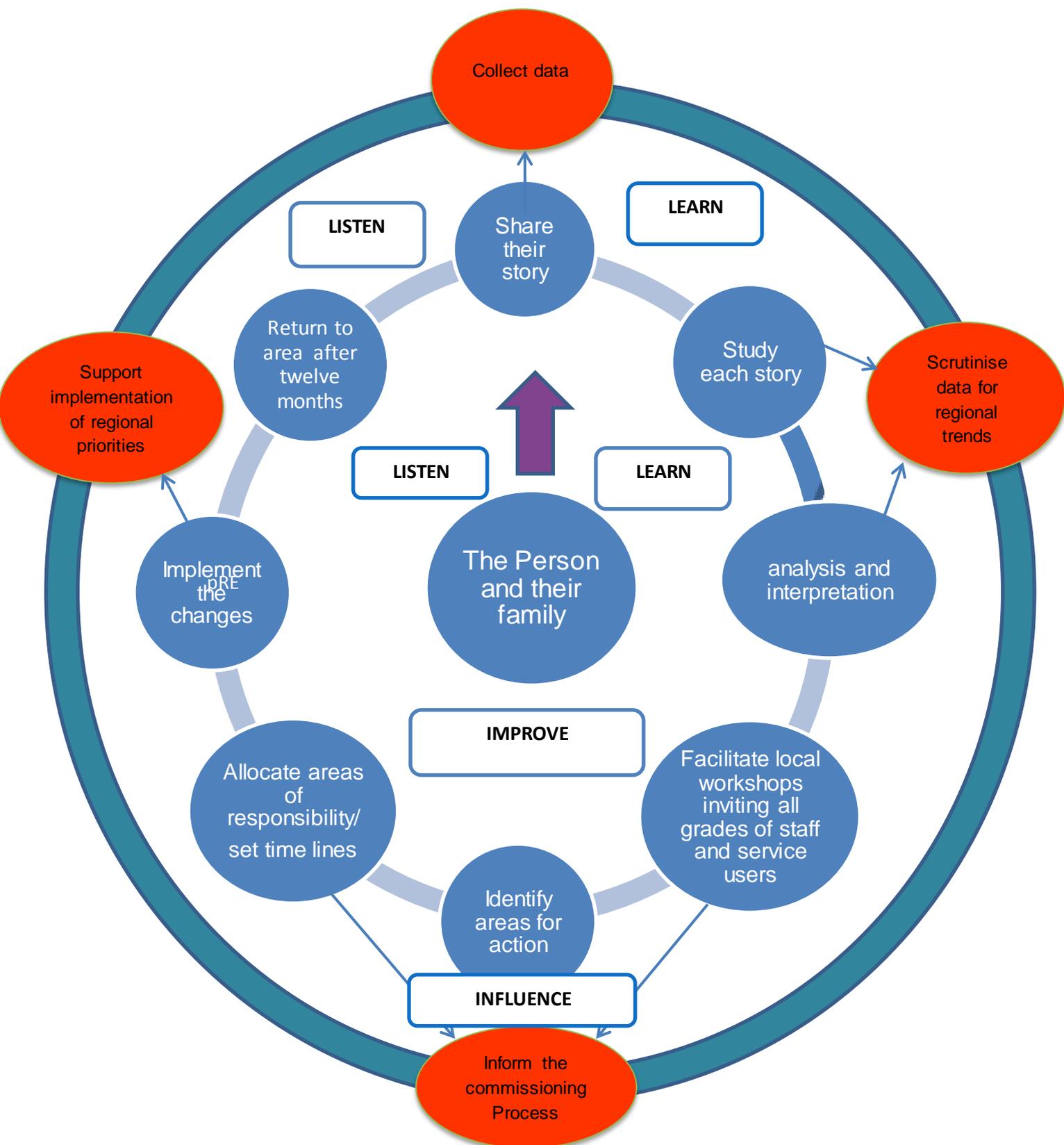
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The Intelligent Board 2010 Patient Experience

Appendix One – 10,000 Voices Model





Public Health Agency
12-22 Linenhall Street
Belfast
BT2 8BS
Tel: 028 90321313

www.publichealth.hscni.net