



**PHASE ONE REPORT RELATING TO
UNSCHEDULED/UNPLANNED CARE
AUGUST 2014**



Foreword

I am pleased to present the regional report on the analysis of the first phase 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 is important for us to 'See and hear' through the eyes and ears of the patient and remember that that each experience is unique for every patient.

10,000 Voices 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.

This report outlines the experience of patients and clients who have accessed unscheduled care services in our Emergency Departments (ED), GP Out of Hours Services and Minor Injury Units. A total of 1885 stories were collected between September 2013 and 19 May 2014 from patients, carers and families who have accessed unscheduled care services.

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 effecting 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.

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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1.0 Introduction and background

The Public Health Agency/ Health and Social Care Board commissioned the 10,000 voices initiative to enable engagement with patients/clients to focus on **what matters** to them as well as **what is the matter** with them when using healthcare services.

The 10,000 Voices Initiative asks patients to share their experience of health and social care services by “telling their story”. This is important because national and international evidence has shown us that ‘patient stories’ provide an insight into the services provided and therefore make them an appropriate method to improve the quality of care.

This approach is in keeping with the Public Health Agency and Health and Social Care Board’s commitment to involve patients, carers and families in how services are shaped and delivered in Northern Ireland (NI) and all HSC Trusts are involved with this initiative. The 10,000 Voices initiative will focus on a range of areas to the gain patient experience.

Phase one focused in unscheduled care services; this includes all areas where patients who have become suddenly unwell and can seek treatment or advice (Emergency Departments, GP out of Hours service, Minor Injuries Units and Northern Ireland Ambulance Service).

2.0 The Survey

The survey was designed with significant public engagement through a series of workshops across NI at which patients, families, carers, and HSC staff participated

Those filling in the survey are asked to tell us about their experience of health and social care, to help others to understand what it is like from a patient perspective.

They can choose to share all or part of their experience. The survey can be completed by the patient themselves, their carers, family or others. They are then asked to respond to a series of questions, which are formatted in the shape of a triangle. In each of these questions the respondent reviews 3 statements and places a “dot” nearest to the statement that reflects their experience. They complete the survey by answering a few multiple choice questions.

2.1 Accessibility



The survey has been promoted through a variety of ways. Trust Facilitators have engaged with patients, carers and families in a range of areas, including community groups, shopping centres, schools/colleges and factories, as well as within hospital settings. The survey can be completed using a paper copy, online or through a Digital App. It has been translated into 6 languages (Chinese simple, Chinese complex, Latvian,

Slovak, Lithuanian and Polish) and can also be completed using a voice recording facility on the App.



2.2 Completing the survey

Patients, clients, carers and family members were asked not to give their name or the name of any staff that provided care and were advised not to worry about spelling or grammar. They were asked to give their story a title and to select key words which described their experience – some of these are shown below:



The size of the words in the word cloud indicates how frequently they were used in key words that patients chose, the bigger the word the more often it was used to describe the patient experience.

3.0 The Results

The survey commenced in September 2013 and the 1885 patient stories received by May 2014 have been included in this review.

The table below shows the number of stories received in each area:

Table 1: Breakdown of stories received

Area	Number of stories received
Emergency Departments (EDs)	1061
Minor Injuries Units (MIUs)	256
GP Out of Hours Service (GP OOHs)	251
Ambulance Service	122
Other (eg admission wards)	195
Total	1885

Distribution of stories per Trust

This table shows the spread of responses across NI by Trust area.

Table 2 Breakdown of stories in each Trust		
Trust	Number of stories	Percentage of total stories
BHSCT	302	16%
SHSCT	243	13%
NHSCT	438	23%
SEHSCT	638	34%
WHSCT	220	11%
NIAS	39	2%

3.1 Interpreting 'Patient Stories'

Patient stories are reviewed on a weekly basis by Trust facilitators and senior nurses in the PHA. This enables timely responses and the identification of themes and trends from which action plans can be developed.

The software that is used (SenseMaker) for this analysis enables the user to make links between the statements in the questions.

This information is then shared with staff of all disciplines and service users in Trust workshops. Action plans are developed to implement improvements.

The 10,000 Voices initiative provides a unique opportunity for quality improvement programmes to be owned and driven by all frontline staff.

Patients evaluated the Minor Injuries Units very favourably and Trusts will continue to inform patients about this valuable service.

It was noted that the survey was not adequately capturing patient experience of the NI ambulance service and another specific survey was developed.



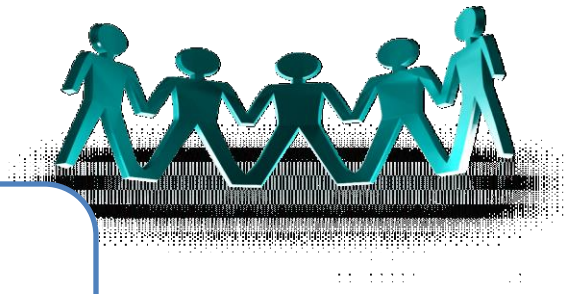
"Working together to make positive change"



"Loved the fact that this workshop included all staff"



3.2 Who completed the survey



- 61% female
- 39% male
- 37% over 60
- 63% of surveys were completed by the patient themselves

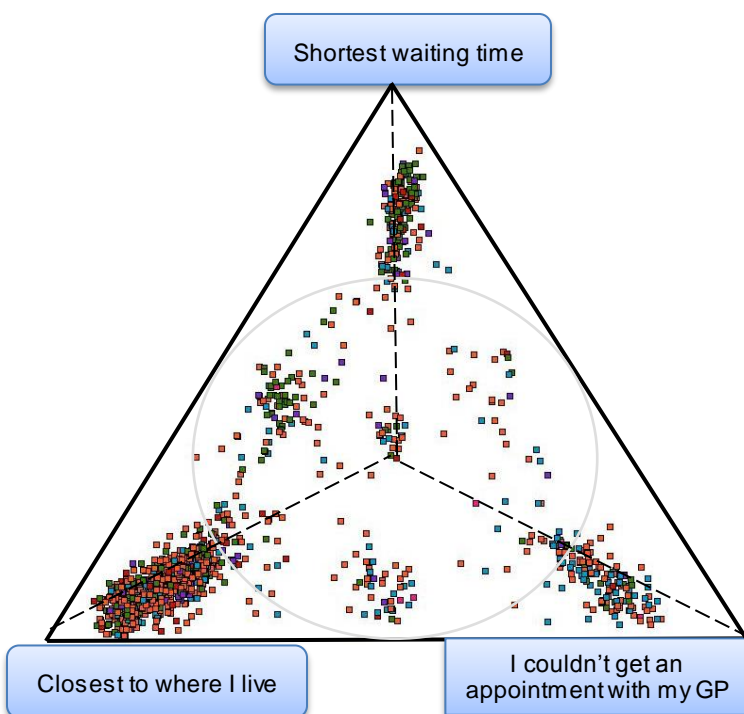
4.0 The Findings

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.

Two examples of the questions are presented below with some examples of quotes from the patient stories.

The tables show which statements strongly reflected the patient's experience i.e. this is demonstrated by the dots which have been placed in corners of the triangle.

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



Response	Overall results (n=1409)	ED (n=771)	MIU (n=245)	GP OOHs (n=215)
Shortest waiting time	14%	7%	30%	11%
I couldn't get an appointment with my GP	12%	10%	6%	36%
Closest to where I live	57%	66%	40%	30%

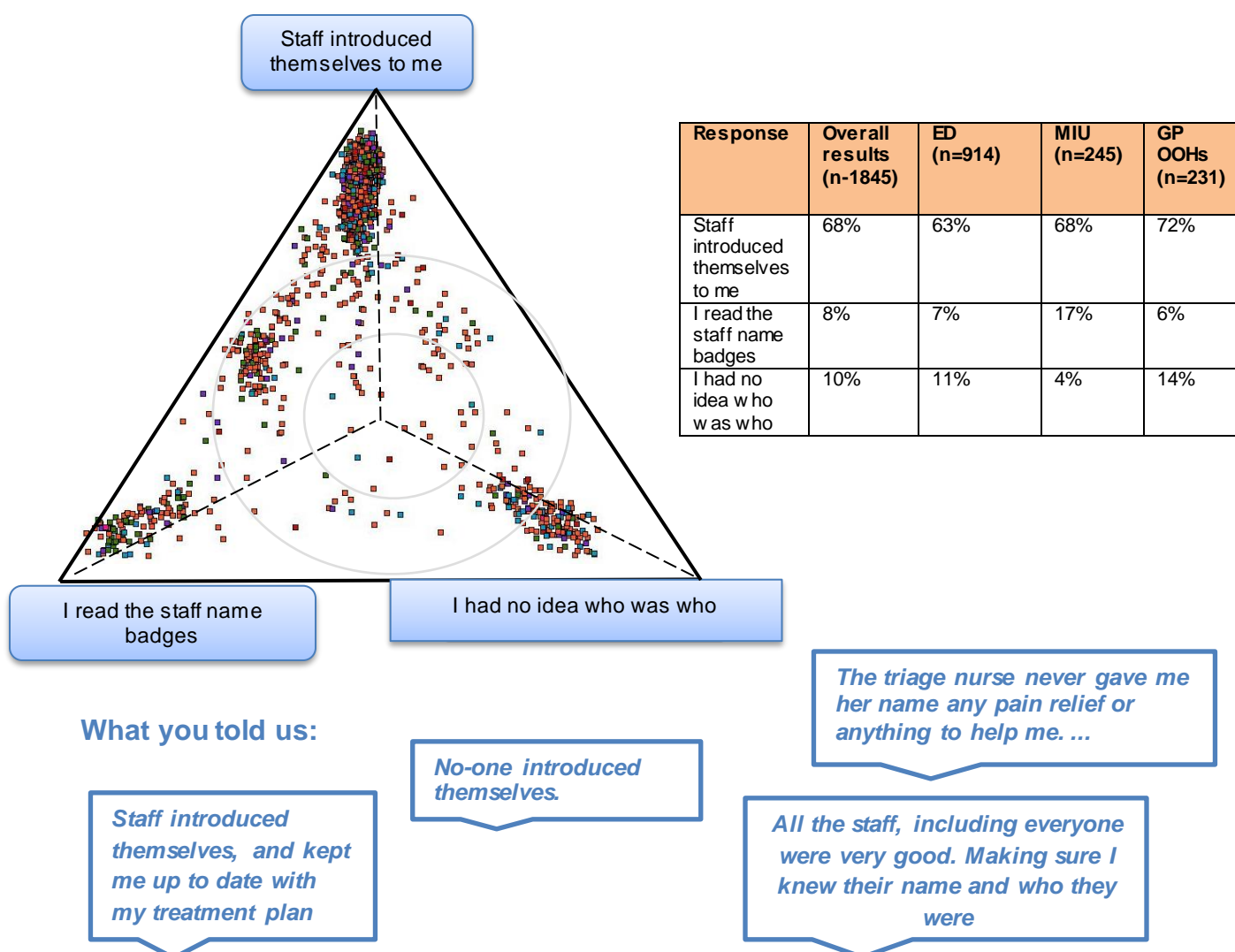
Explanation:

The majority of respondents chose to attend the treatment centre closest to where they lived with only 14% considering waiting times when deciding where to attend.

12% of respondents said they chose to attend the ED, Minor Injuries units or GP OOHs because they couldn't get an appointment with their GP.

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

Patient stories indicated that whilst the majority of staff introduced themselves, when they didn't, patients felt unsure of what was happening to them.



5.0 Recommendations and Actions

Analysis of the information highlights that many patients had positive experiences within unscheduled care services; and these are shared with staff so that actions that create that positive experience for patients can be replicated in other areas.

There are four key priority areas which emerged from the analysis and interpretation of the patient stories for improvement.

- 1. Communication:** This includes staff introductions, information about treatment / waiting times and communicating with patients particularly those with mental health issues

Examples of Actions taken/planned:

I. Staff Name badges:

- i. All Trusts are introducing name badges.
- ii. Regional introduction of the “#Hello my Name is...” campaign. This campaign was established by a Doctor Kate Granger, who developed cancer. She noted that staff were so busy caring for patients that they often forgot to introduce themselves before beginning to administer the care and started a campaign to highlight how simple introductions can go a long way to making patients feel at ease and is the first step in providing compassionate care.

II. Interactive teaching session for Medical and Nursing students.

These staff felt that the patient stories gave them an insight into how their behaviour can affect patients. Consideration is being given to including patient stories in all health and social care training.

III. Updating of patient information leaflets

IV. Improve communication with patients with mental health issues.

- 2. Waiting Environment:** patients expressed the view that their experience is influenced by the environment in which they are waiting for treatment. This included the cleanliness of the area, seating availability and the ability to see staff.

Examples of Actions taken/planned:

I. Cleanliness:

- i. Review of cleaning rotas and schedules to improve environment for patients.

- #### II. Waiting area:
- Trusts have responded to patient experiences to improve the environment by increasing the visibility of staff and one Trust has also planned to refurbish the ED waiting area.

- ### 3. Basic Comfort needs:
- Respondents said that at times basic comfort measures such as feeling warm and comfortable, adequate pain relief and having something to eat or drink were not always attended to.

Examples of Actions taken/planned:

- I. **Meals/snacks and drinks** are now available in the EDs for patients who require these for medical conditions or for those are waiting for long periods.
- II. **Comfort:** Additional blankets and pillows have been ordered to ensure that patients are not cold.
- III. **Pain Relief:** Trusts have reviewed systems for ensuring that patients have access to appropriate pain relief.

4. Staffing Levels in Emergency Departments:

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

What patients say we do well:

- ✓ Showing care and compassion
- ✓ Explaining treatments
- ✓ Showing empathy
- ✓ Acting with understanding
- ✓ Acting in a professional manner
- ✓ Showing respect
- ✓ Timely call backs and appointments

What patients say we could do better:

- Remembering first impressions count
- Introducing ourselves
- Non-verbal communication
- Remembering our conversations about and to patients and clients may be over heard.
- Preventing patients and clients from feeling embarrassed.
- Communicating clearly about waiting

6.0 Next Steps:

We would like to thank the citizens of NI who have taken the time to complete the survey and be involved in making care better for others in the future. We hope that you will continue to be involved in future phases of 10,000 Voices so that you can influence and shape the services.

Following the analysis of this phase it has been agreed to refresh the survey and to undertake a further period of story collection in unscheduled care areas to measure the impact of improvements to the patient and client experience.

Phase two of 10,000 Voices initiative began in February 2014 with a focus on 'care in your own home' and it is intended to develop a survey for staff to identify areas for improvement. In addition there is a survey for patients to share their experiences of the care provided by nurses and midwives.

7.0 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 services are undergoing modernisation and rapid change, it is now more important than ever that the patient experience influences the way services are shaped and delivered. Many patient, carers and families have told us that they like the anonymity of the 10,000 Voices initiative as it gives them the freedom to share aspects of their experiences which mattered to them.

Phase one of the 10,000 Voices initiative has provided an opportunity to present patient experiences in unscheduled care (Emergency Departments (ED), GP Out of Hours Services and Minor Injury Units) and many patients have described the compassionate and professional care they received. The experiences shared have provided a balanced picture of our health and social care services. Whilst it has

identified areas for further improvement it has also identified many more areas of good practice which have been shared with staff.

The commitment from 10,000 Voices is that it is more than a collection of patient stories it is about:

- **Listening** to patients,
- **Learning** from patients
- **Improving** the quality of services for patients by involving patients and
- **Influencing** how services are shaped in the future



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