



PUBLIC HEALTH AGENCY
10,000 Voices
Unscheduled Care Report
January 2015 – March 2016
February 2017

Foreword

I am pleased to present the regional report on the findings in relation to patient and staff experience in our Unscheduled Care Services which is one of a number of work streams on the current 10,000 Voices work plan.

The 10,000 Voices Initiative is commissioned and funded by the Health and Social Care Board (HSCB) and the Public Health Agency (PHA) to introduce a more person centred approach to shaping the way services are delivered and commissioned. It is based on the principles of Experience Led Co-Design, which have been adapted into a robust and systematic model, through which patients, clients, family members, carers and staff describe their experience of receiving and delivering health and social care in Northern Ireland. The 10,000 Voices initiative was recognised in both the Human Rights Inquiry in Emergency Health Care (NIHRC 2015) and also in the review of the arrangements for assuring and improving the quality and safety of care in Northern Ireland (Donaldson 2014). Through this partnership approach the profile of patient and client experience, as a key indicator of quality, has been raised in Northern Ireland.

The Bengoa Expert Panel Report, *Systems Not Structures* (2016), recognizes the unique skills of people who use services along with the importance for increased emphasis on listening to the experience, taking co-production to 'a new level'. Similarly, the Ministers 10 year vision for Health and Wellbeing, *Delivering Together* (2016) outlines the importance of a "new culture of partnership, involvement and listening" within a quality health and social care system.

When patients and their families need to access unscheduled care services we want to ensure that we are providing safe and effective care which is focused on the needs of the individual. Through the information which we receive through 10,000 Voices we can see and hear through the eyes and ears of patients, families and staff, listening to and learning from individual and collective experiences so that we can improve and influence future services.

I am delighted that, in total close to 10,000 stories have been received from patients, family members, carers and staff and wish to thank each one for taking time to share

their experience of Health and Social Care in Northern Ireland through the 10,000 Voices Initiative. Their contribution has been invaluable and will undoubtedly continue to influence the delivery and commissioning of services.

Mary Hinds, Director of Nursing and Allied Health Professionals, Public Health Agency

Executive Summary

This report presents the findings from the second period of story collection in Unscheduled Care Areas (Emergency Departments, Minor Injuries Units and GP out of Hours service), which has been undertaken as part of the ongoing work in the 10,000 Voices Initiative. The period covered in this report is from January 2015 – March 2016, during which time 1430 stories were received from people with experience in unscheduled/unplanned care services, as well as 239 stories from staff.

It is acknowledged that the number of stories submitted is relatively low in comparison to the number of attendances at unscheduled care services, similarly the number of responses from staff represent a small proportion of the workforce employed in unscheduled care areas. However all the stories contain a rich source of information, providing opportunities for reflection, learning and improvement and identifying “**what matters**” to patients, families, carers and staff.

The first period of story collection from patients was undertaken from September 2013 – May 2014, 1885 stories were collected during this period. Following the analysis of the first period of story collection the survey was adapted to enhance and improve the information which participants would provide. Subjective analysis of the stories and comparisons between the 2014/2016 findings indicate that although similar themes have been highlighted, there appears to be some improvements in how people have described their experience in the most recent stories.

It was agreed that when the second period of story collection would commence in the unscheduled care areas (January 2015), the opportunity for staff to “tell their story” would be extended through the use of a SenseMaker survey.

Summary of findings

Overall 82 % of patients have rated their experience as positive. In these stories the key messages which appear to contribute to a positive experience are as follows:

- Being treated with courtesy by staff who are professional, compassionate, pleasant and friendly and who provide reassurance and support to patients when they are anxious or upset
- Feeling safe and having confidence in the skills of the staff
- Being cared for in a department which is clean and tidy
- Receiving information and advice about what will happen to them while they are in the department and also about their treatment and care
- Receiving timely call back from GP Out Of Hours (GP OOHs)
- Being able to receive care and treatment in a timely way within the Minor Injuries Units (MIUs)

This positive feedback is encouraging and an acknowledgment of what works well for patients, however the stories which describe less positive experiences identify issues which require action both at Trust and regional level, these are as follows:

1.1 Issues related to systems/processes in unscheduled/unplanned care areas

1.2 Waiting times: The stories which describe waiting times have a number of key messages which patients and staff describe in their stories, these include the following:

- Waiting for assessment in Emergency Departments (EDs)
- Waiting for call back from GP OOHs
- Waiting to be seen at GP OOHs
- Waiting to be reviewed by specialist teams in Emergency Departments (for example surgical teams, paediatric teams)

- Waiting for admission to an inpatient ward (particularly in relation to older people, people who require frequent admission to hospital and people requiring acute oncology care)
- Waiting for results of blood tests and results of other investigations
- Comfort in the waiting environment (not always enough seats available)
- Information while waiting
- Noise in the waiting areas, this is sometimes caused by patients with disruptive behaviour/under influence of alcohol or drugs, staff also report that managing these situations can present many challenges for them.
- The issue of overcrowding in the Emergency Departments was a consistent message in many of the stories received from staff. Staff recognise that this can often lead to a lack of privacy for patients, particularly when communicating with patients about their treatment and care or when patients are providing personal and sensitive information.

Local actions: Trusts have reported measures which were already in place to address waiting times, such as daily conference calls, safety huddles and escalation policies. Each Trust provided examples of actions being implemented in their organisations, which the 10,000 Voices stories can inform, examples include

- Continuous promotion within all Trusts of the **regional campaigns** to inform service users of the options for healthcare (Choose Well/Stay Well)
- A pilot of **self-service triage kiosks** is ongoing to reduce the waiting time for patients to be assessed
- **Communication with speciality teams** to ensure patients are seen by the appropriate team and admitted to the most appropriate ward or directed to the most appropriate pathway in a timely way
- Patients attending the Emergency Department can **self-select to a Minor Injuries stream**, if clinically appropriate for their presenting condition
- Northern Ireland Ambulance Services (**NIAS**) **Appropriate Care Pathway** in place for patients in the community who have sustained a fall
- **Early Pregnancy Assessment Unit** and pathway in place for GP and Self-

Referral for women who have concerns or complications between 6 weeks and 20 weeks of pregnancy

- **Information leaflet** currently under development which will inform service users of their journey through the Emergency Department
- For patients who require emergency treatment due to **side effects/complications of chemotherapy treatment they can self –refer to the Medical Assessment Unit**
- **Renal patients** receiving dialysis in the Renal unit and require admission are admitted directly to a ward
- Specialist teams in community and GPs will **refer directly to the Direct Assessment Unit** if clinically appropriate. Patients will be assessed and treatment plan agreed
- **Management of paediatric patients within the ED:** In order to ensure that staff have the appropriate skills and competencies to manage children within the Department, a 4 month training programme has been developed in conjunction with paediatric colleagues. This competency based programme will ensure that staff have the necessary skills to manage children attending the Emergency Department and also improve communication links with the paediatric team

Regional actions: The information described above in relation to waiting times, supports the need to reduce long waits in Emergency Departments, and where appropriate by pass the Emergency Department, in keeping with the aims of the regional unscheduled care work, which is based on the following principles:

- Effective, integrated arrangements which are organised around the needs of individual patients should be in place in community settings to provide care for people at home, avoiding the need for hospital attendance/admission.
- Effective arrangements should be in place at the front door of hospitals to provide ambulatory, rapid-response services for patients on a same-day or next-day basis, avoiding the need for patients to be admitted to hospital.

Sharing information regionally: The information received from this period of story collection has been used at regional level as detailed below:

- The stories from patients with cancer who access unscheduled care services

have been provided to help inform the Evaluation of Phase 1 of the Introduction of Acute Oncology Services

- The information from the analysis has been provided to HSCB to help inform the regional campaigns to advise the public of the options for emergency healthcare
- Findings in relation to patients with long term conditions who attend unscheduled care areas was shared with the Long Term Conditions Regional Implementation group
- Work is ongoing with the Dementia Together NI in relation to the care of patients with dementia. It has been agreed that a specific 10,000 Voices Project will be progressed to capture the experience of patients/families/carers in relation to delirium
- Stories are shared with the HSCB/PHA Regional Unscheduled Care Programme Team

1.3 Staffing levels: Patients, within their stories, describe situations where they perceive that there are not enough staff to manage the number of patients in the Emergency Departments. This message was reinforced by staff, who report that staffing levels can provide a challenge for them in coping with the capacity and workload. Within their stories staff have reflected how this leaves them feeling frustrated and stressed about not being able to spend adequate time with each patient to provide care and treatment.

Action: In the context of regional and national recruitment challenges, regional review of staffing levels and international recruitment of nursing staff is ongoing. Trusts have reported that recruitment of additional staff is also ongoing to endeavour to achieve adequate staffing levels. This includes the recruitment of senior nursing staff as well as staff with responsibility for education and training so that better support can be provided to manage the day to day challenges of working in such a busy environment.

1.4 Provision of meals and drinks in the Emergency Departments: The provision of meals and drinks in the Emergency Department was one of the key actions identified during the first period of story collection. Trusts have reported that they

continue to work towards improving the availability of meals/drinks in EDs, and although improvements have been noted in this area, some patients still report that access to suitable meals and drinks is an issue for them.

Action: The provision of meals and drinks in Emergency Departments will continue to be addressed by all Trusts and this has been included as a Patient Client Experience regional indicator of performance for 2016/2017.

1.5 Provision of pain relief: Although there has been improvement in the provision of adequate and timely pain relief since the first period of story collection, stories describe situations where patients feel that their pain is not adequately managed.

Action: All Trusts report that they continue to work to improve the provision of adequate and timely pain relief; some examples of specific action within individual organisations include the following:

- Additional training on the importance of timely re-evaluation of pain has been rolled out across the Departments.
- The white boards have been amended to include the pain score /time for reassessment.
- Posters have been developed and displayed around the department and a 'sticker' is added to the clinical record as an alert for staff regarding appropriate pain management.
- Pain awareness week in ED

2.1 Issues related to Patient and Client Experience Standards

The 10,000 Voices Initiative is providing a mechanism which is complimentary to other methodologies, such as patient/client questionnaires and observations of practice, to measure compliance with the Patient/Client Experience Standards, which are:

- Respect
- Privacy and Dignity
- Behaviour
- Attitude

- Communication

Examples from practice as provided through the 10,000 voices story collection are regularly shared with staff at learning events for reflection and learning in all Trusts. Key messages related to the Patient Client Experience Standards in unscheduled care include the following:

2.2 Privacy and dignity: Patients feel that on occasions their personal and sensitive information can be overheard by others and that they can hear the personal information of others as. This can be due to the issue of overcrowding, as described within the staff stories, and the close proximity in which patients are treated in Emergency Departments. Issues in relation to privacy and dignity were also evident in the stories in which patients describe long waits on trollies, whilst waiting for assessment or admission.

Recommendation

- Future restructuring/ rebuilding should take account of the need to ensure that the environment is conducive to ensuring patient privacy is protected.

2.3 Staff attitude and behaviour: Although the majority of patient stories describe staff who are friendly, helpful and compassionate, there are stories in which patients perceive the attitude and behaviour of staff as not being acceptable. However it is noted that there are fewer compared to the first period of story collection. Staff describe how the pressures within the department can sometimes impact on the way they interact with patients.

Action:

- Since the first period of story collection there has been significant work within the Trusts to address staff attitude and behaviour, including learning events, workshops and integration of patient experience information into induction and training programmes. The Trusts will continue this work.
- At regional level the PCE/10,000 Voices team will continue to provide teaching sessions at undergraduate level and postgraduate level, based on the information received from patients/clients/families and carers

2.4 Communication with patients: Patient stories suggest that communication in relation to the following areas could be improved:

- Initial communication on first contact/presentation
- Information about waiting times
- Keeping patients informed/up to date with what is happening
- Ensuring privacy of personal and sensitive information
- Communication with patients with dementia

Action:

- Trusts will continue to progress the work in relation to communication with patients and their families in the areas above.
- Work is ongoing in collaboration with Dementia Together NI to capture the experience of patients with delirium

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Section 1: Introduction and strategic context

1.1 Introduction

The 10,000 Voices initiative was commissioned and funded by the Health and Social Care Board (HSCB) and Public Health Agency (PHA) to introduce a more patient focused approach to improving the way health and social care services are shaped and delivered. This initiative asks people to tell us what was important to them in their experience and to describe their overall feelings by “telling their story”, using Sensemaker® methodology.

The first phase of 10,000 Voices focussed on the experience of people who use our unscheduled services (GP Out of Hours, Minor Injuries Departments and Emergency Departments) from September 2013 to June 2014. Based on the information received a number of areas for regional and local action were identified and progressed. In order to provide ongoing information and to measure the impact of the actions initiated, a further period of story collection commenced in January 2015.

One of the key principles and successes underlying the 10,000 Voices initiative is the partnership approach between those who use health and social care services and those who deliver them in seeking ways to improve the overall patient and client experience. As a way of building on this approach, staff working in unscheduled care areas were given the opportunity to describe their experience of delivering care, alongside the collection of patient stories. These parallel work streams provide a rich source of information which will help to ascertain what matters to people when they are delivering or receiving unscheduled care services.

This report presents the regional results from information received from 1430 patients/family members/ carers and 239 staff who participated in this phase of the 10,000 Voices Initiative from January 2015 –March 2016. The results relate to the overall findings of all areas included in unscheduled care services. Supplementary information in relation to the experience of people who have accessed the GP OOHs is included in Appendix 1.

1.2 Strategic context

Patient and client experience is central to many key strategic drivers for health and social care improvement and innovation. The patient and client focus element of Quality 2020 Strategy (DHSSPS 2012), highlights that all patients and clients are to be treated with dignity and respect and should be fully involved in decisions affecting their treatment and support. Furthermore through 10,000 Voices evidence is provided of the standard and quality of care from the patients' perspective.

The PHA have integrated the implementation and monitoring of the Patient and Client Experience Standards (DHSSPS 2015) with 10,000 Voices to provide a single model to listen to and learn from patient and client experience and to use the information to improve and influence the future delivery and commissioning of services.

Section 2: Methodology

2.1 The survey

The unscheduled care survey, which uses Sensemaker® methodology was designed with public engagement through a series of workshops across NI at which patients, families, carers and HSC staff participated. Following the analysis of the first period of story collection in unscheduled care, the survey was adapted to enhance and improve the information which participants would provide. The SenseMaker staff survey was developed and tested in collaboration with staff across a range of disciplines and settings.

Those completing the survey are asked to tell us about their experience of accessing and receiving care in our unscheduled care services. They can choose to share all or part of their experience, the survey can be completed by the patient or someone acting on their behalf. They are then asked to respond to a series of questions, known as signifiers, which are in a triangle format. In each of these questions, the respondent reviews 3 statements and places their "dot" nearest to the statement that reflects their experience. In some cases their choice may be between choices, indicating that their response is a combination of two factors. If all three factors apply equally to their story, they would place their "dot" in the centre of the triangle.

Respondents are asked not to give their name or the name of any staff who provided their care, they are advised not to worry about spelling or grammar and to write as much or as little as they wish.

2.2 Accessibility

Both surveys were promoted throughout the Trusts in a variety of settings including community and voluntary groups, shopping centres, hospital settings and staff meetings/groups. The survey could be completed using a paper copy, online or through a Digital App and was translated into 6 languages (Chinese simple, Chinese complex, Latvian, Slovak, Lithuanian and Polish). Following a recommendation from the Northern Ireland Human Rights Inquiry (2015), a number of focus groups were facilitated in collaboration with RNIB, to capture the experience of people who are blind or partially sighted.

Section 3: Results

This section presents the results of the information received from 1 January 2015 until 29 February 2016. The table below shows the returns per Trust.

3.1 Returns by Trust (patient stories)

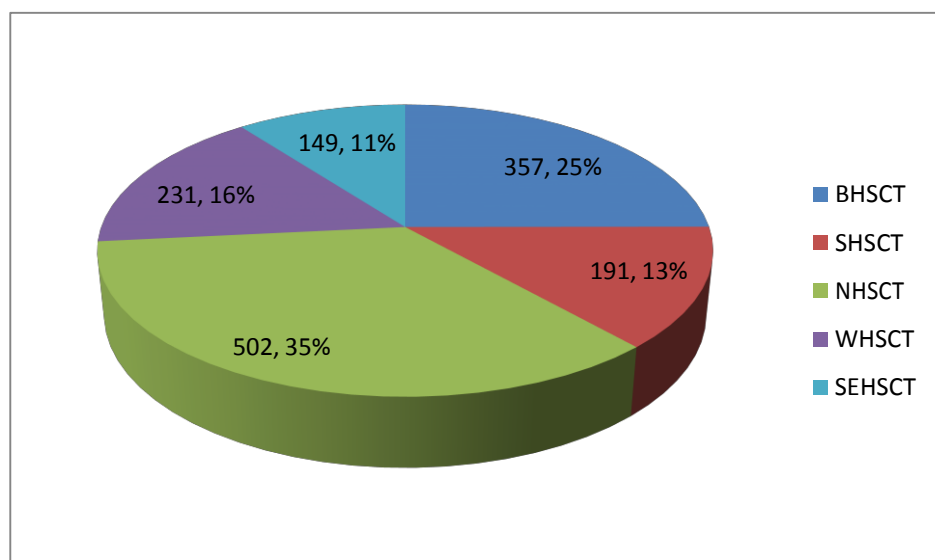
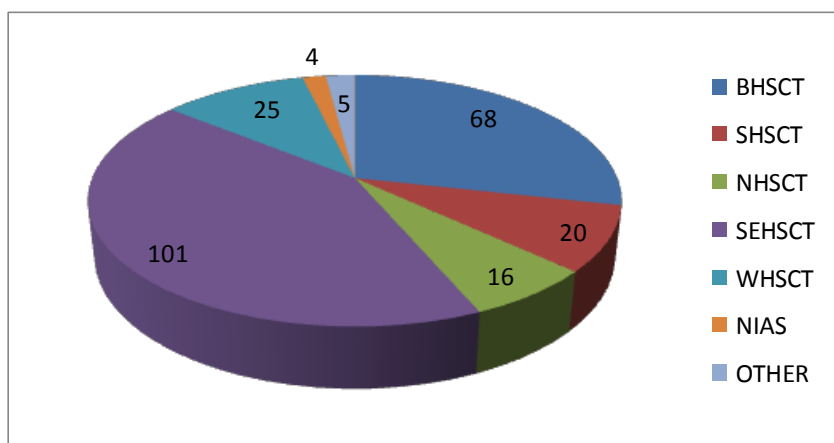


Figure 1a: Returns by Trust (patient stories)

Returns per Trust (staff stories)



Most of the stories shared were from staff who work in Emergency Departments (87% n=207)

It should be noted that during the period of story collection, recruitment was ongoing and there was a varying degree of facilitation support across the Trusts

Figure 2b: Returns by Trust (staff stories)

3.2 Return by setting: patient stories (2016/2014)

Figure 2 Returns by setting (2016/2014)		
Area	Number of stories 2016	Number of stories 2014
GP out of Hours	148	251
Minor Injuries Units	110	256
Emergency departments	917	1061
Other	252	195
Northern Ireland Ambulance Service (NIAS)	3	122
Total	1430	1885

Almost two thirds of the stories (**64.1%**) relate to Emergency Departments (56% in 2014)

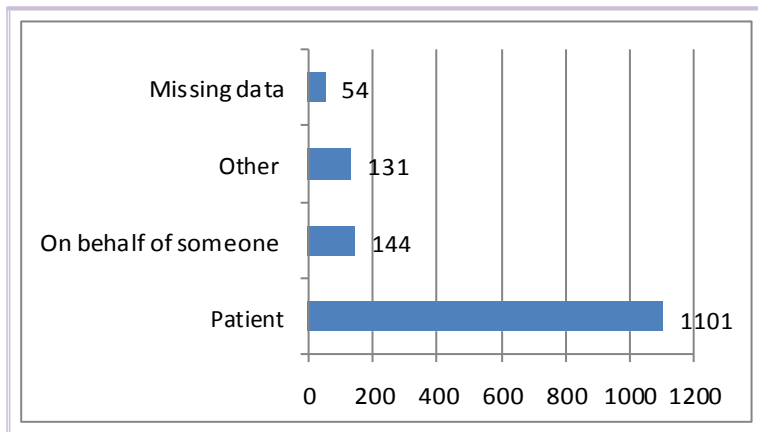
Stories classified as “other” mostly relate to experiences in acute medical/surgical admission wards – the majority of these (83%, n- 210) were in NHSCT

A separate project is also being undertaken in relation to experience of NIAS, however 3 people identified their experience as relating to the Ambulance service in the Unscheduled Care survey

Supplementary information in relation to experience at GP OOHs is shown in Appendix 1

Demographic information: This section presents the demographic information in relation to the 1430 patient stories

3.3 Returns by who participated in the survey



The majority of the stories (**77%**) were shared by patients who had used unplanned care services

10% were shared by those who were instructed by a person who had used unplanned care services

9% were shared by others, which included family members and carers

Figure 3 Who completed the survey

3.4 Returns by gender

Slightly more females (**55%**) than males (**44%**) participated

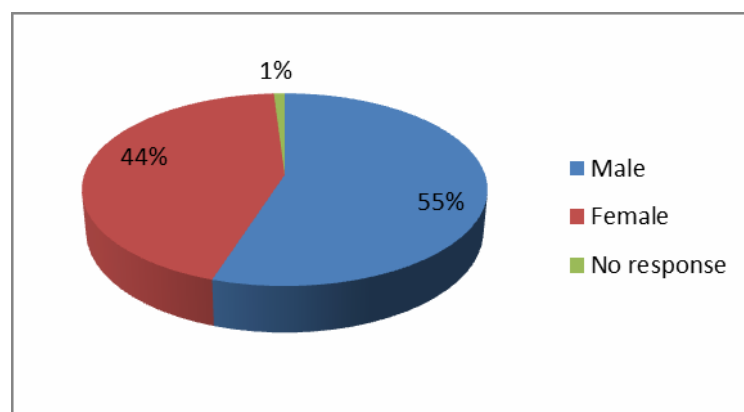
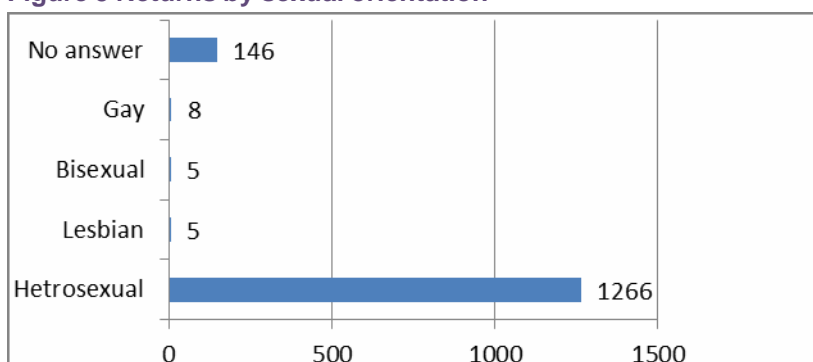


Figure 4 Returns by gender

3.5 Returns by sexual orientation

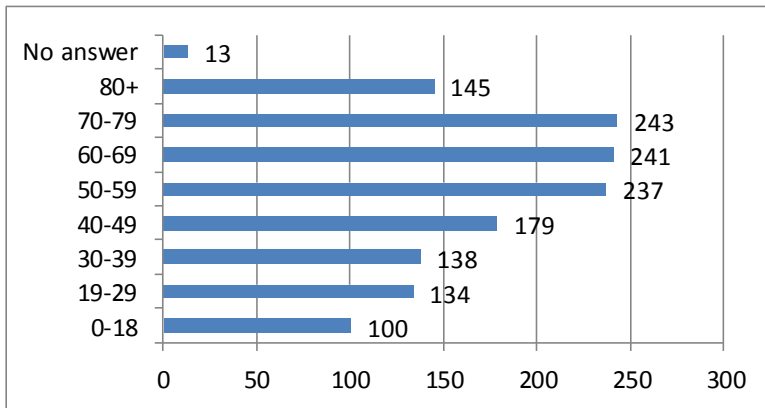
Figure 5 Returns by sexual orientation



Most of the stories (**88%**) were shared by people who identified their sexual orientation as heterosexual

10% chose the option “prefer not to comment”

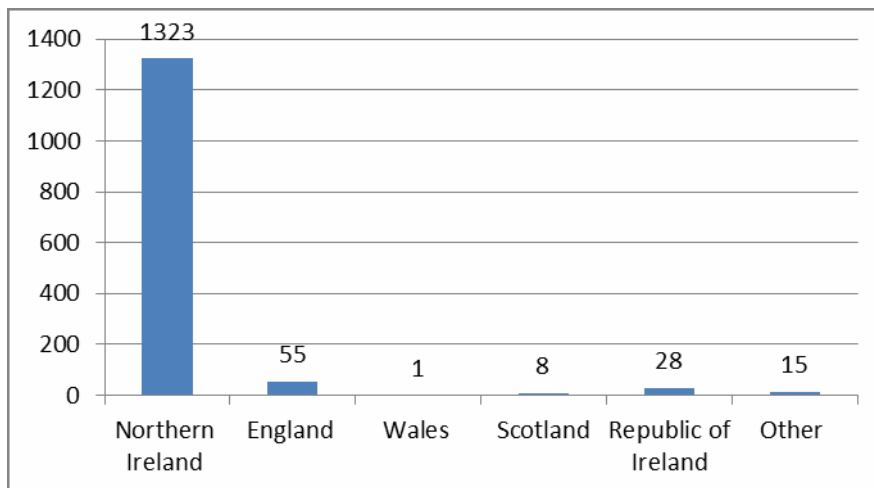
3.6 Returns by age: The age range of people who participated is as follows:



Just over **50%** of stories shared were by respondents between 50 – 79 years
10% were over 80 years

Figure 6 returns by age group

3.7 Returns by country of birth



92.5% of the stories were shared by respondents who were born in Northern Ireland

Figure 7 Returns by country of birth

3.8 Returns by ethnicity

98% of the stories were shared by respondents who identified their ethnic group as “white”

Figure 8 Returns by ethnicity	
Ethnic group	Number of stories
White	1406
Chinese	7
Irish traveller	5
Indian	1
Mixed	1
Any other ethnic group	10
Total	1430

3.9 Returns by: Did you attend the department because of any of these long term conditions?

Did you attend the department because of any of these long term conditions?	Number of patients
Respiratory	182
Stroke	37
Diabetes	48
Cancer	44
Neurological conditions	33
None	1086

Figure 9 Returns by long term conditions

76% of the stories indicated that the person did not attend the department because of a long term condition.

From the **24%** who did attend because of a long term condition over half of these (**12.7%**) indicated that it was due to a respiratory condition

Of the 344 people who said they attended unscheduled care areas because of a long term condition, two thirds (n-230) felt that they could not have stayed at home or had their care at home because of their condition.

39 people felt they could have had their care at home if they had access to their own GP practice

26 people felt that if they had contact with a specialist team they could have received their care at home

3.0 Responses to signifiers

The following section presents the response to the signifier questions. Each of the triangles displayed contains a series of dots that correspond to the responses from the respondents.

When viewing the populated triangles, the aggregate responses can be seen as a pattern of dots, where the greater the concentration, the more people signified that point as being the correct mix of elements relating to their story. In this way issues that are commonly experienced by a majority of people can be quickly identified.

When using the SenseMaker software, by selecting any dot the original story can be instantly viewed to gain a deeper understanding of the content behind the response.

Each marker is colour coded for the area which it represents, as illustrated below:

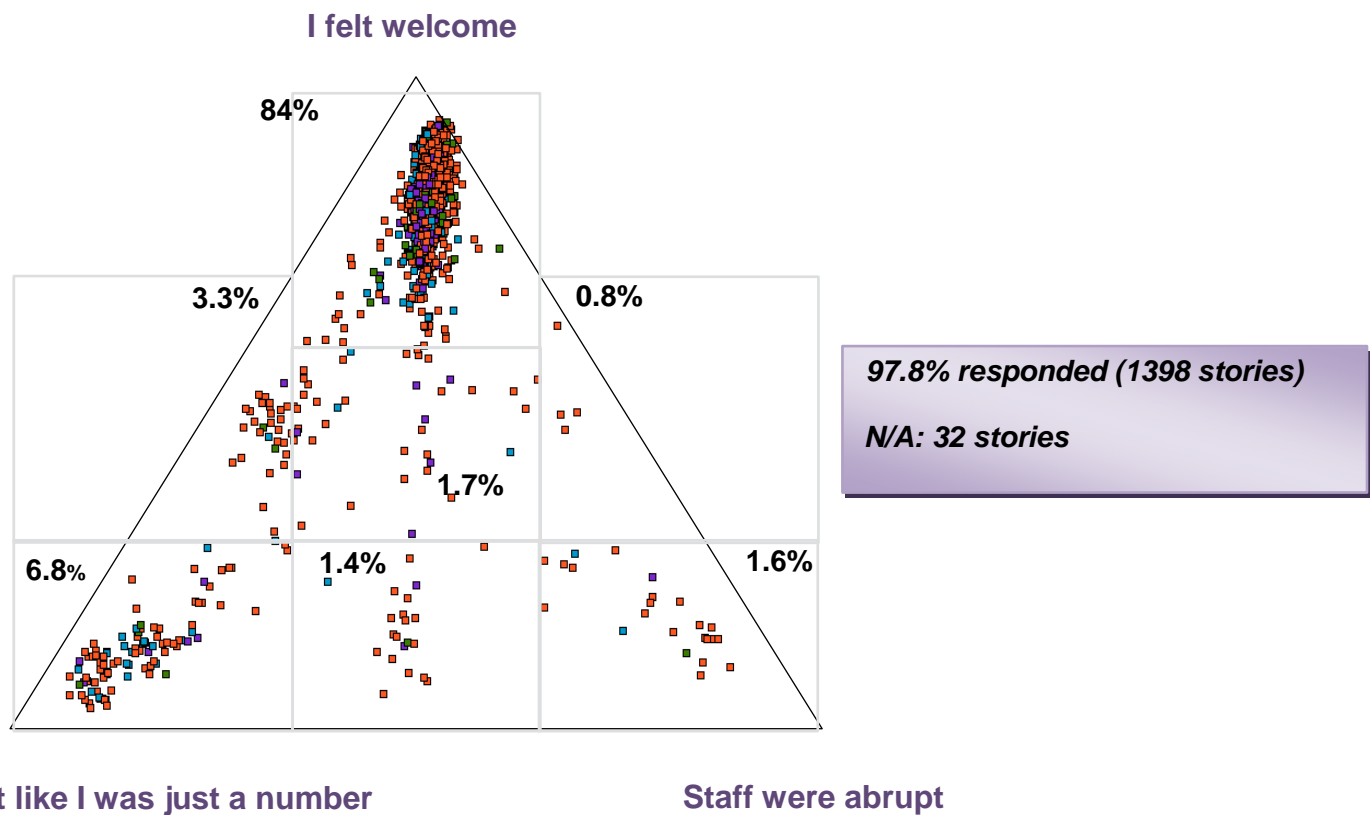


In each of the Trusts the information from the signifiers was analysed and interpreted at workshops, attended by a range of staff and service users, who worked in partnership to identify key themes and areas for improvement.

To enhance the analysis of the information from the populated signifiers in this report, extracts from the patient and staff stories are provided, these help to illustrate the themes and messages.

For the signifiers which were unchanged from the first period of story collection (2014), some comparisons are provided in the discussion section following the presentation of each signifier

Q1: When you arrived at the department what was your first impression?



Discussion/Interpretation

There is a large cluster of stories indexed towards the top, indicating that the respondents felt welcome in 84% (n-1174) of the stories shared. As expected, these stories tended to be reflective of a positive patient experience. A small percentage of stories 6.8% (n-95) indicated that the respondent felt that they were just like a number. An even smaller percentage, 3.3% (n-47) indicated a response which indicated feeling welcome but also feeling like a number.

Very few stories indicated that respondents felt that the staff were abrupt. In the stories with responses in the bottom middle and right, issues such as waiting times, communication, and coordination of care, patient comfort and cleanliness were noted.

Extracts from stories

I received nothing but excellent care and attention delivered in a professional caring manner. This applied to all staff- consultant ward staff and ancillary! Everything was explained to put you at your ease your condition was continually monitored assessed and recorded. If things did not go as planned apologies were made and you were continually updated

.....but when I think about patients I try to be positive, optimistic and I do what I can do to change/make someone happy and healed. I am proud of what I am doing, not only as a professional, as a noble job which many can't do.

The quality of care was highly variable....some medical staff were excellent, attentive, considerate and motivated. However we had difficulties with communication of plans, often being left unsure and frustrated, not knowing the next steps... there were no seats in the waiting area

My daughter had an eye injury which required treatment... I found all the staff very helpful and informative regarding her condition and treatment. I liked that they spoke to my daughter rather than me. Her eye has now healed up, thanks to the efficient prompt treatment of staff

I like to chat with them about how they are feeling to identify fears or anxieties that I would the address. This can help me identify what is important to the patient and plan and deliver care.

My father was forced to spend 19 hours sitting in a wheel chair in the inner waiting area of a busy A&E dept before a bed could be found for him. He was exhausted and pleaded with my brother and I to take him home

Areas for action and improvement in Trusts:

- Remembering first impressions count
- Communication about care and keeping people informed about plan of care

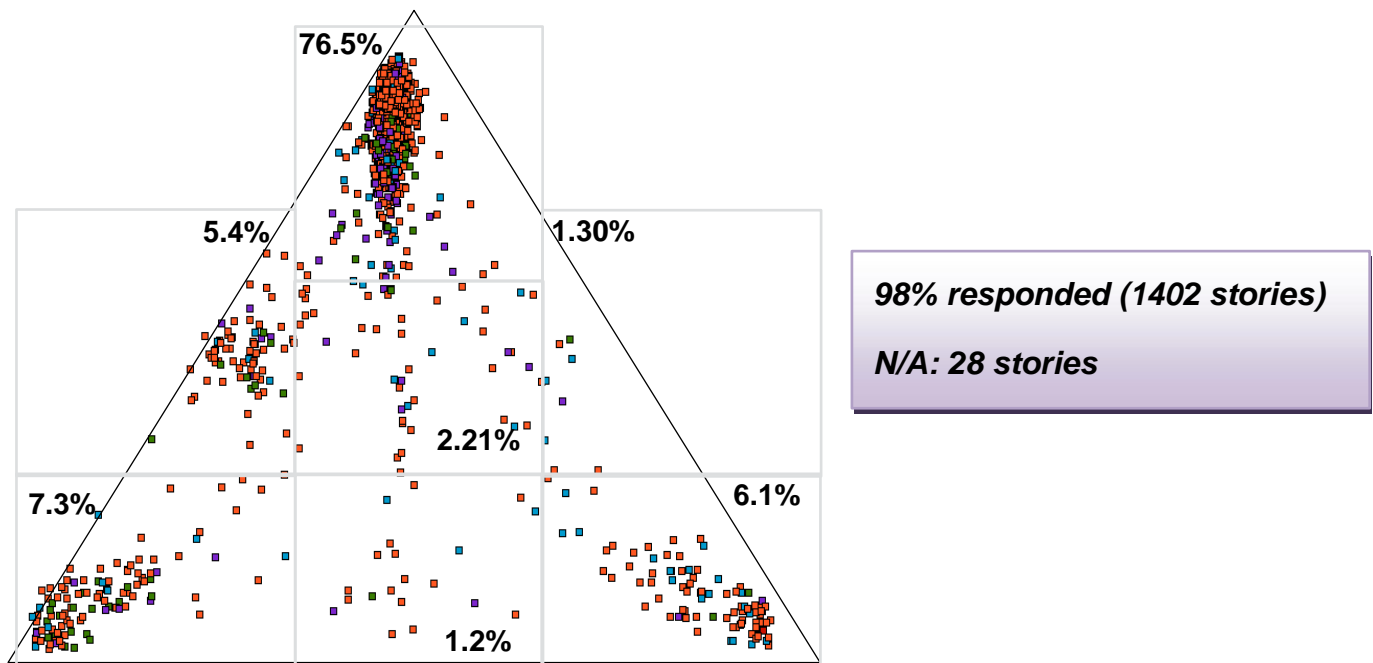
- Ensuring people are kept comfortable in waiting areas and there is adequate seating available

Areas for regional action and improvement

- Consider ways of avoiding long waits in Emergency Departments (especially for older people).

Q 2: How did you know who was looking after you?

Staff introduced themselves

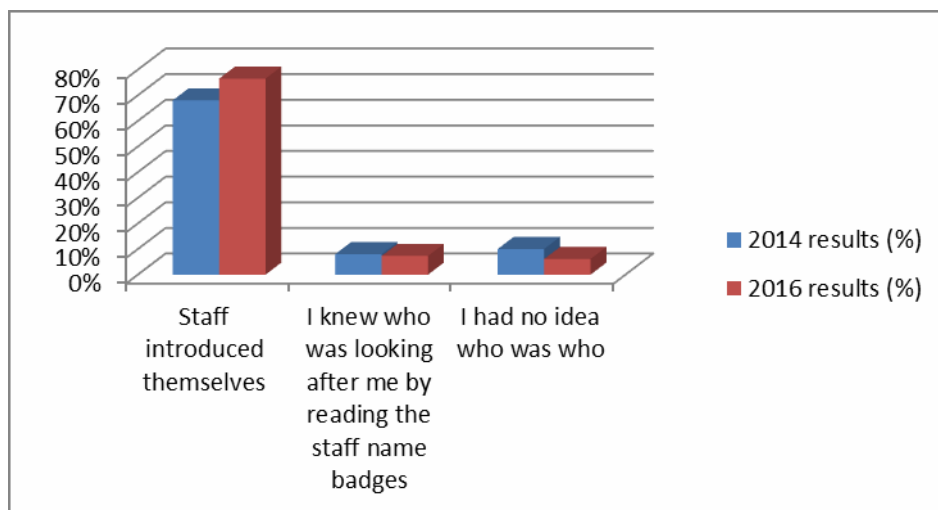


I knew who was looking after me by reading the staff name badges

I had no idea who was who

Discussion/Interpretation

The majority, 76.5% (n- 1072) of stories are indexed towards the top, indicating that the staff introduced themselves, thus the respondents knew who was looking after them. When compared to the 2014 results a clear improvement is shown, as demonstrated below:



Response	2014 results (%)	2016 results (%)
Staff introduced themselves	68%	76.5%
I knew who was looking after me by reading the staff name badges	8%	7.3%
I had no idea who was who	10%	6.1%

Figure 10: Comparisons 2014/2016 responses to: *How did you know who was looking after you?*

The improvement could be attributed to the implementation of the ***Hello my name is*** campaign across all HSC Trusts, which has been embraced by staff and clearly demonstrates that a simple introduction to the patients is the first step in providing compassionate care.

7.3% of stories indicated that respondents know who was looking after them by reading the staff name badges, while 5.4% stories indicated that staff introduced themselves and that the respondents read the staff name badges.

6.1% of stories indicated that the respondents had no idea who was who, however while these stories tended to be more negatively toned, there were also a number relating to positive patient experiences, indicating that patients could not remember the names of staff who were caring for them

Extracts from stories

Few introduced themselves

She was subsequently seen by two doctors and a nurse, all of whom introduced themselves and explained what was happening

Staff introduced themselves on admission, but I find as I meet other staff that some do introduce themselves - some don't

To ensure my patients have a positive experience, I have to introduce myself and my role to the patient. I like to chat with them about how they are feeling to identify fears or anxieties that I would the address. This can help me identify what is important to the patient and plan and deliver care.

Apply the 'hello my name is' ensuring the patient knows my name and role

Could all staff wear CLEAR name badges. If you are in A&E you are in no fit state to remember names

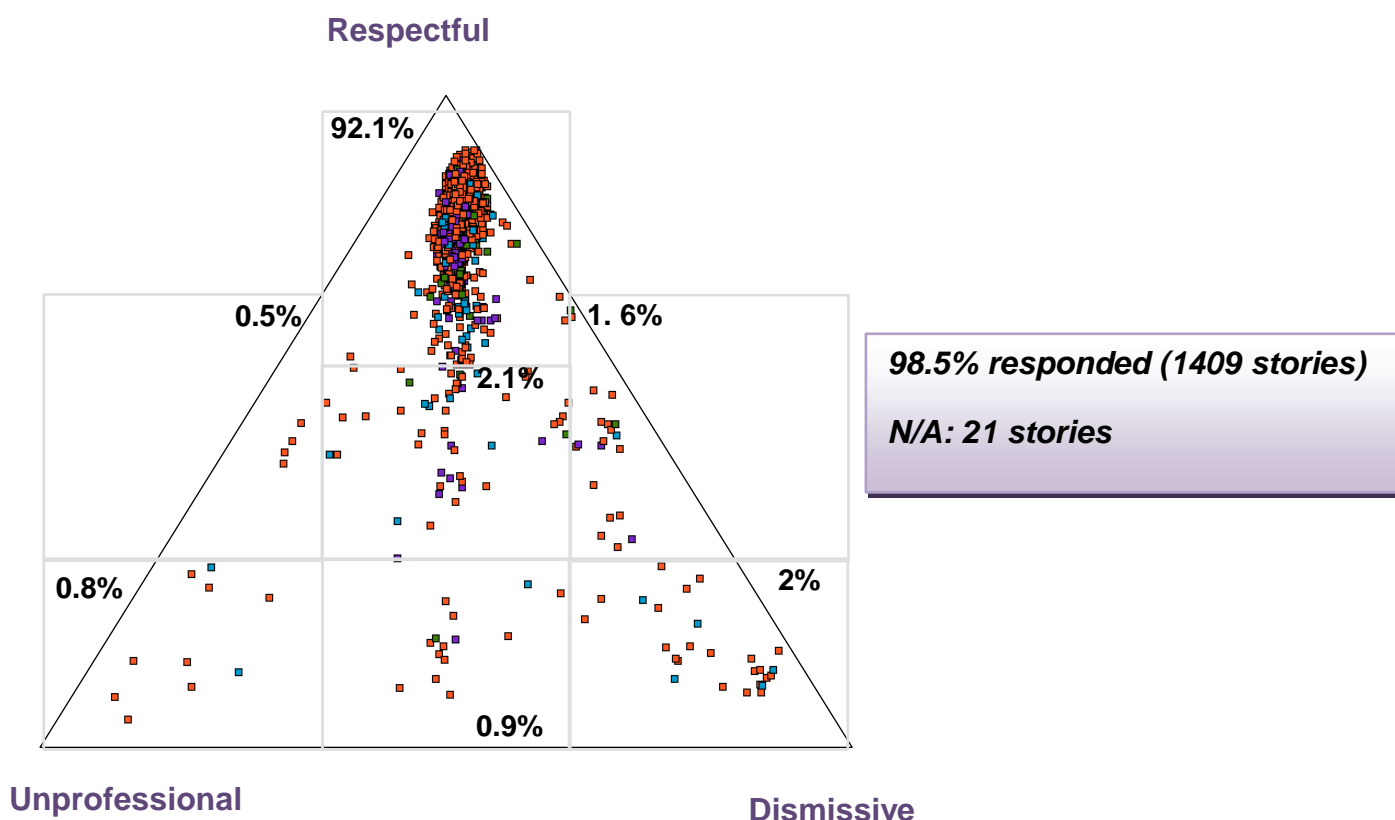
Areas for action and improvement in Trusts

- Continuing to implement the #Hello my name is
- Ensuring all staff have clear name badges

Areas for regional action and improvement

- Continue to promote the #Hello my name is campaign

Q3: Overall did you feel the staff were...

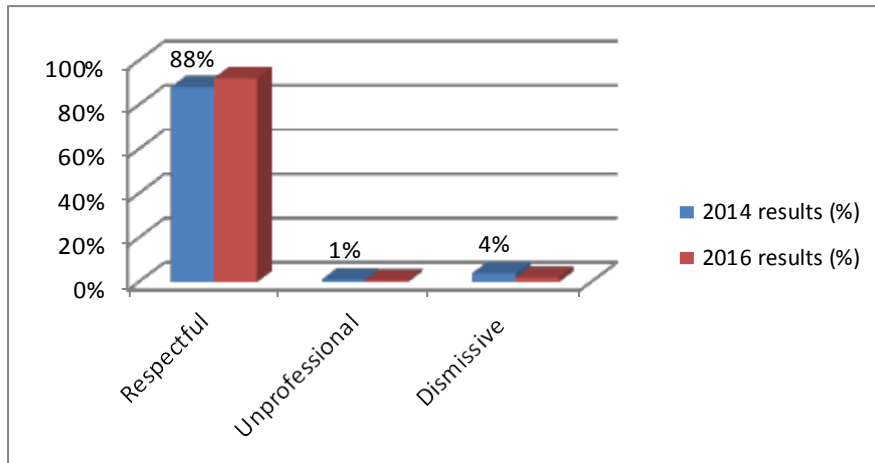


Discussion/Interpretation

The large majority, 92.1% (n -1298) of stories are indexed towards the top indicating that in the majority of cases respondents felt that the staff were respectful. Only 2% (n-28) of the stories indicated that the staff were dismissive and very few stories indicated that respondents found the staff to be unprofessional. In the stories which have been indexed towards the bottom of the triad, the key themes are in relation to waiting times, patients' perception that staff are unhelpful, first impressions and lack of staff.

A number of measures were implemented across the Trust to address the issues raised during the first period of story collection in relation to staff attitude and behaviour. In comparing the responses to the 2014 results, the number of respondents who found the staff to be respectful has increased from 88% to 92.1%, whilst the number of respondents who found the staff to be unprofessional and dismissive has decreased.

Comparisons to the 2014 results are shown below:



Response	2014	2016
Respectful	88%	92.1%
Unprofessional	1%	0.8%
Dismissive	4%	2%

Figure 11: Comparisons 2014/2016 responses to: *Overall did you feel the staff were..?*

Extracts from stories

All staff were respectful and I was wheeled into a private cubicle and my heart was monitored etc. Staff were polite and reassuring

I gave the details to the woman at reception, who was quite cool and abrupt.

The experience I received was unhelpful, unfriendly and unprofessional

My daughter had an eye injury which required treatment... I found all the staff very helpful and informative regarding her condition and treatment. I liked that they spoke to my daughter rather than me. Her eye has now healed up, thanks to the efficient prompt treatment of staff

Barriers to this can be mainly due to time constraints as the emergency department is fast paced and short staffed at times. More time is also spent with unstable patients and I feel that this can cause other patients to be neglected

Areas for action and improvement in Trusts

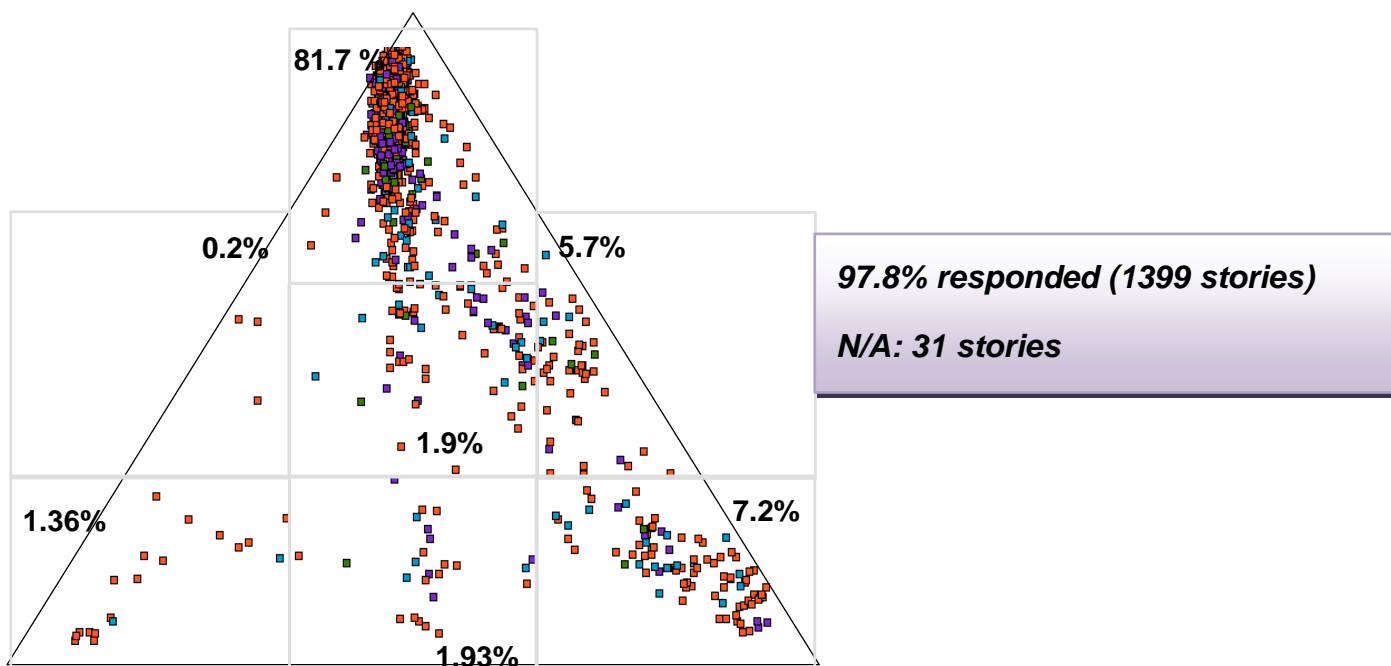
- Ensuring patients are provided with adequate information in relation to their treatment and care
- Reminding all staff about the importance of first impressions

Areas for regional action and improvement

- Continue to work towards improving staffing levels in EDs

Q4: How involved were you in your treatment and care?

Fully involved and respected



No one listened to me

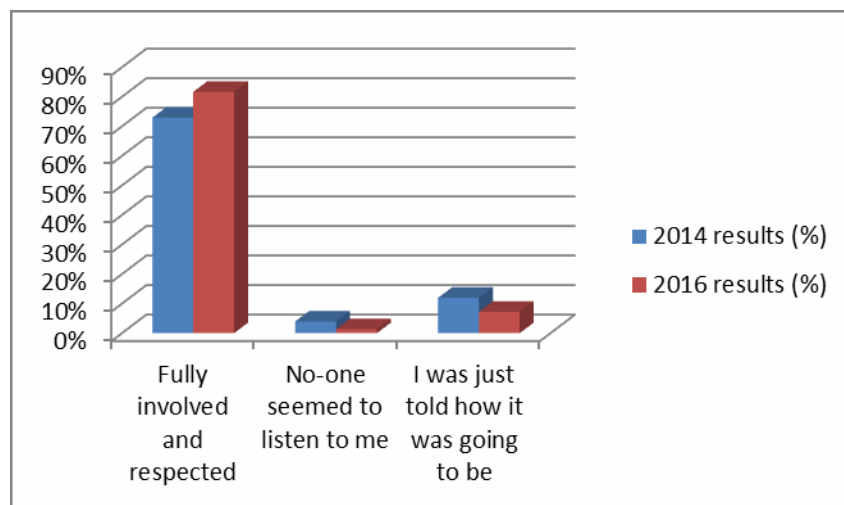
I was just told how it was going to be

Discussion/Interpretation

The majority of stories, 81.7% (n- 1143) indicated that the respondents felt fully involved and respected in their treatment and care. This is demonstrated in many of the stories which describe the care, compassion and professionalism of staff. Very

few stories indicate that respondents felt like no-one listened to them. For those who felt that they were just told how it was going to be, many of the stories reflect the urgent nature of their presenting condition, recognising that in many cases their treatment and care was led by clinical staff who needed to deliver emergency and urgent care.

Improvements are again noted in the comparisons between the 2014 and 2016 responses to this question, as demonstrated below:



Response	2014 results (%)	2016 results (%)
Fully involved and respected	73%	81.7%
No-one seemed to listen to me	4%	1.36%
I was just told how it was going to be	12%	7.2%

Figure 12: Comparisons 2014/2016 responses to: *how involved were you in your treatment and care?*

Extracts from stories

..within that there were 4 hours that I didn't see anyone, had asked for painkillers, nobody was listening to me..

.... what I am planning and doing whilst with them. Give the right information - being honest about the waiting time,

I seen a doctor, who to me was in a rush and didn't take time to ask many questions

The doctors are great - good communication, I'm kept in the loop about everything

Areas for action and improvement in Trusts

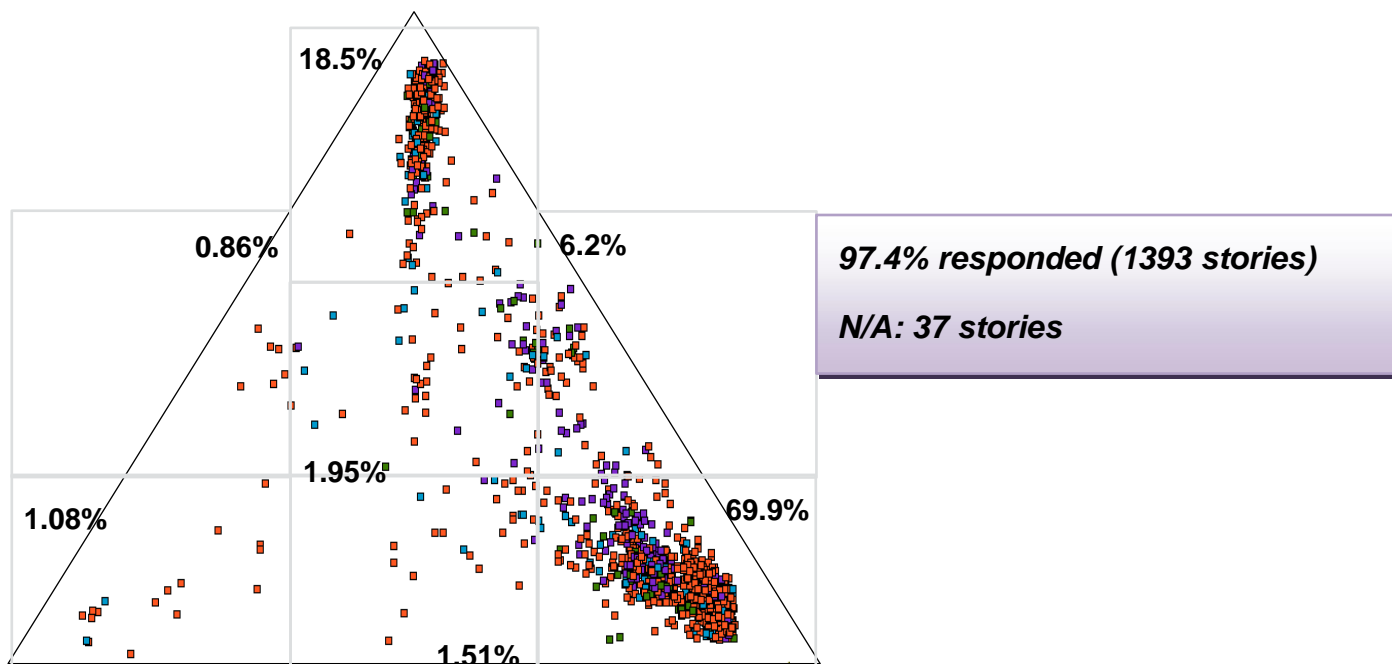
- Ensuring that patients feel involved in decisions about their treatment and care and feel that the staff are listening to them

Areas for regional action and improvement

- Continue to include person centred practices in undergraduate teaching sessions

Q5: Did staff ensure your privacy and dignity were protected?

I felt that others could hear my personal information



Staff talked about me as if I wasn't there

Staff were very respectful and aware of my need for privacy

Discussion/Interpretation

69.9% (974) stories indicated that the staff ensured that the patients' privacy and dignity were protected, this as an increase from 54% in 2014. 18.5% (n=258) people indicated that they felt others could hear their personal information, and additionally 6.2% (n=86) felt that although staff were respectful of the need for privacy, their

personal information could still be overheard. It is recognised from the staff stories, that this can be due to the constraints of the environment and the overcrowding which is described in the staff stories, measures should be taken, as far as possible to discuss personal information in a sensitive way.

Extracts from stories

I was then moved to a more private area with a curtain where 2 doctors introduced themselves asked questions and took blood

The only fault I can mention and it's nothing to do with the staff, is that when you are giving private information at the reception or talking to the nurses or doctors, I think other people can hear what is being said. There is a lack of privacy.

The concept of patient confidentiality appeared to have been abandoned. Patient confidentiality was not respected. Clearly there was no facilities available to allow privacy and in the prevailing conditions private was not given priority. I sat a few feet away from a young man and his wife while a doctor, kneeling in front of him discussed seizures he had experienced. He was told that until he was seen by the consultant neurologist he would not be able to drive. His wife questioned this and explained that his employment involved driving. This was a sensitive and difficult conversation and should not have been taking place in such a public setting. I was saddened by witnessing this and I felt that staff must now just accept the conditions they are forced to work in.

I can see pressure and stress on the faces of my colleagues and all staff, especially in rush hours. Sometimes there's no space to see / examine patients. Patients stay in A&E for hours before being located to wards because no beds are available. We bridge privacy and have to see patients in the middle of the Department. Everyone can see us and hear us. It is not ideal at all.

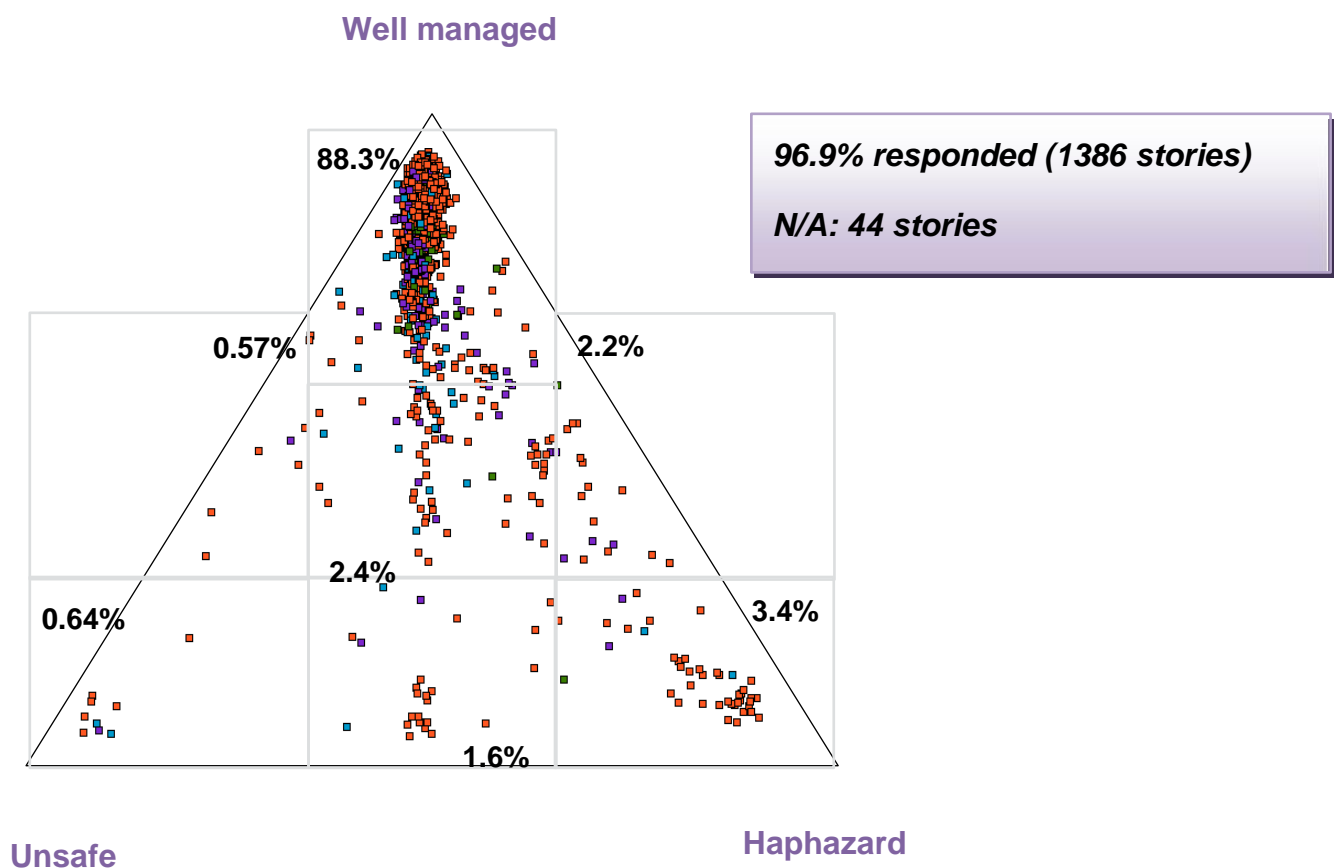
Areas for action and improvement in Trusts

- Ensuring that as far as possible the privacy of patients is maintained especially when providing personal information
- Take the patient to a private area when discussing personal information if at all possible

Recommendation

- Ensuring new units or refurbishment to existing units take account of the need to provide areas which will provide assurance of privacy for patients and their families

Q6: Did you feel the department was...

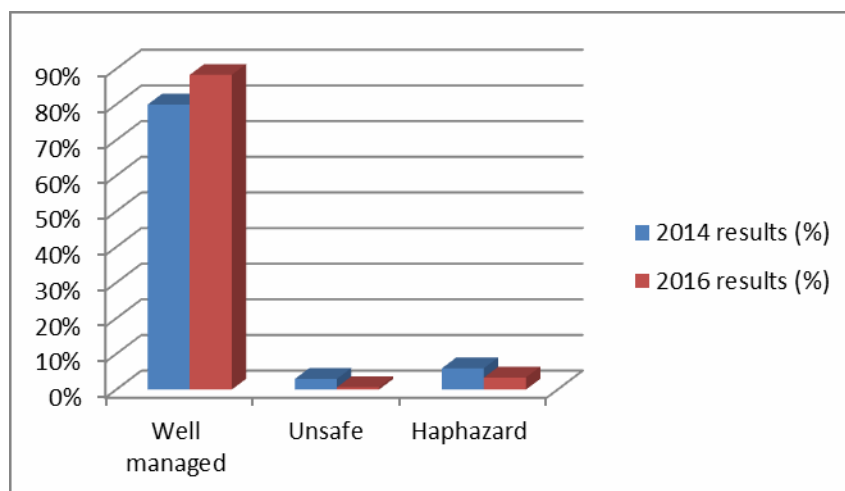


Discussion/Interpretation

The majority of stories, 88.3% (n-1224) were indexed towards the top; this suggests that most of the respondents felt that the department was well managed, 3.4% (n-47) of the stories indicated that the department was haphazard, with a very small number ,0.64% (n-9) feeling it was unsafe. In their stories, staff describe how they appreciate the experience of being part of well-co-ordinated and highly skilled multi-disciplinary teams, which work together to ensure as far as possible patients have a positive experience. There were stories from students and newly qualified staff, which describe how Emergency Departments provide excellent learning opportunities and express gratitude to the staff for their mentorship and support.

For the patients who felt that the department was haphazard, unsafe or both the main issues were in relation to comfort issues such as seating, pain relief, information about treatment and care and waiting for a bed. This is further reinforced in the staff stories, which describe in detail how the issue of overcrowding can impact on the space and capacity to deliver of care and treatment.

Following the initial period of story collection in 2014, work has been progressed to increase patients' sense of safety, particularly in the Emergency Departments and it is encouraging to see improvements in the quantitative data and also in the information in the patient stories, as demonstrated below:



Response	2014 results (%)	2016 results (%)
Well managed	80%	88.3%
Unsafe	3%	0.64%
Haphazard	6%	3.4%

Figure 13: Comparisons 2014/2016 responses to: *Did you feel the department was...?*

Extracts from stories

I was having chest pain, I had a suspected myocardial infarction. I received good care and attention. My pain was managed well. I had confidence in the doctors. All the staff were kind, courteous and helpful. Everything was explained to me which gave me some peace of mind

There was 2 young men brought in by Ambulance who were very drunk and abusive to staff and people waiting to be seen, the nurses handled this well and called the police

Waiting time 4 and half hours. I asked for pain relief three times and refused until I saw doctor

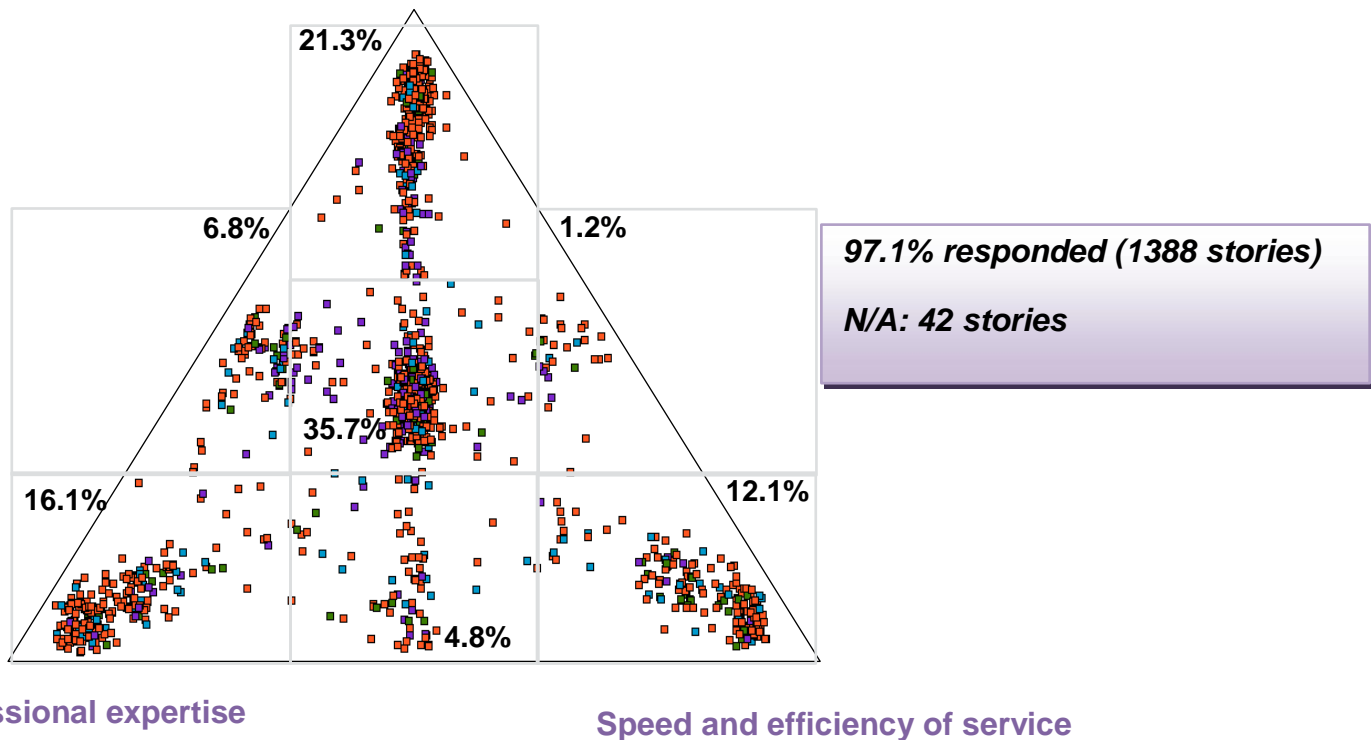
During times of extreme pressure I attempt to ensure a safe working environment for primarily patients but also staff. This involves ensuring staff are kind and courteous to patients. Unfortunately at times my efforts to ensure a "positive experience" is hampered by workload and pressures. My main objective at present during my shifts is to ensure patient safety

Areas for action and improvement in Trusts

- Ensuring patients are kept comfortable and have access to timely and adequate pain relief during their wait
- Keeping patients informed and up to date with what is happening

Q7: What was most important to you in this experience?

Care and compassion of staff



Discussion/Interpretation

Responses to this question are distributed throughout the triad, with, 35.7% (n-496) indicating that a combination of the three elements of care and compassion of staff, professional expertise and speed and efficiency of the service were was important to them.

In terms of importance attributed to each element, 21.3% (n-296) of the stories indicated that care and compassion was most important, 16.1% (n-223) indicated professional expertise and 12.1% (n-168) indicated speed and efficiency of service as most important.

Although long waiting times feature in many of the patient and staff stories it is interesting to note that patients rated care and compassion and professional expertise as being more important than the speed and efficiency of service. This is

consistent with findings from 2014, when the majority, 68% (n-1260) of respondents felt that getting the right treatment and care was more important to them than waiting time or how staff communicated with them. It is clear from the staff stories that treating patients with care and compassion is very important to them.

Extracts from stories

I have always found the service and those who work for it admirable...it has become increasingly obvious that the service is under strain, insufficient space, beds and staff to meet the needs placed on it. I find it quite surprising how well the staff manage considering the pressure placed on them and how they are able to maintain morale, friendliness and good humour..

All the staff I have met have been professional, kind, respectful and very caring. I am very grateful for the care I have had

It gives you confidence when you know you are being well looked after, all the staff are very attentive, they make you feel at ease

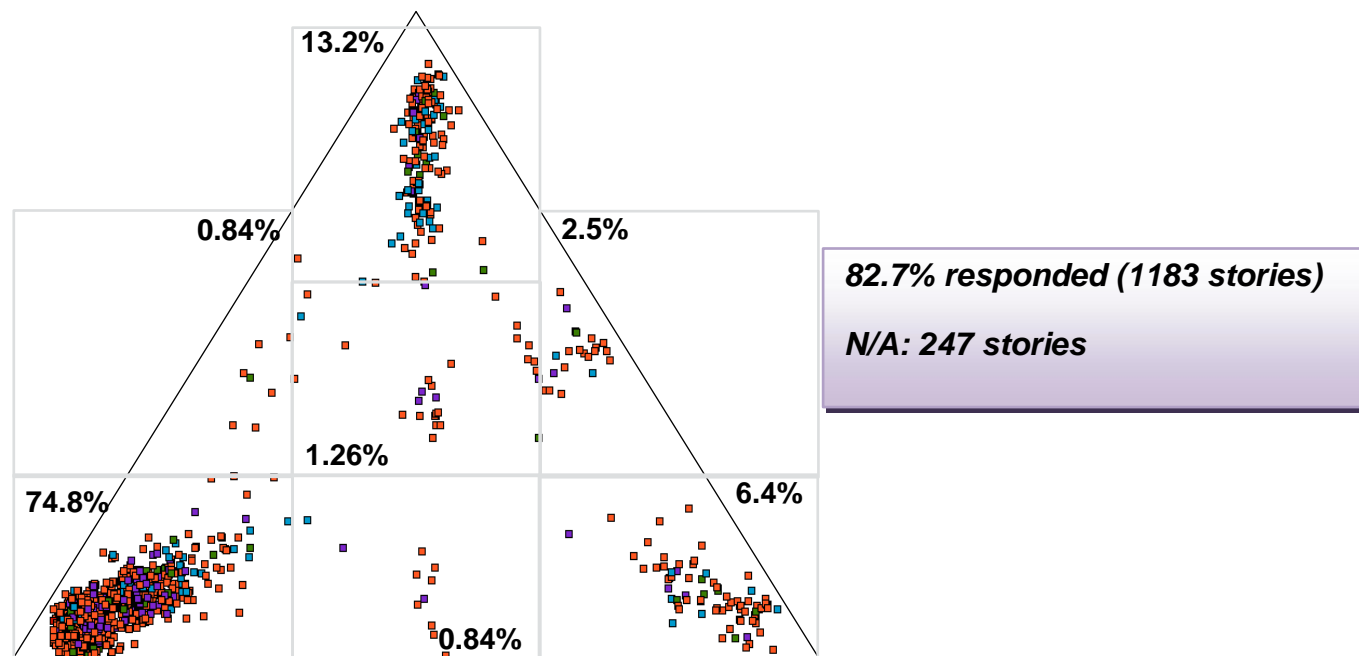
Although not medically qualified I use my own initiative when assessing what patients are telling me and alerting staff to the same. I like to think of my working environment as my family, we are all here to provide a service to our community and to ensure all patients are treated with dignity, care and respect. I look at patients and think. I look at patients and think "what if this were my mother, father, brother, sister, son, daughter, husband". I treat everyone fairly.

Areas for action and improvement in Trusts

- Ensuring all staff continue to provide safe and effective, person centred care
- Providing assurance and evidence of safe and effective care through Key Performance Indicators (KPIs)

Q 8: What would have enabled or supported you to have your care at home

Access to my own GP practice



Staying at home was not an option for me due to my condition

Specialist team

Discussion/Interpretation

In total 1183 stories were tagged to this triad, representing the lowest response rate to the eight signifier questions. Staff report that on occasions referral to and attendance at Emergency Departments for some patients is not always appropriate and consequently staff feel that patients' expectations are often unrealistic. Suggestions to improve the issue of overcrowding include appropriate referrals to EDs by GPs, additional nurse practitioners, direct admissions to wards and ensuring that people have clear expectations of the role of ED.

The majority 74.8% (n=885) of stories were indexed at the bottom left, indicating that staying at home was not an option for these people. 13.2% (n=156) of stories indicated that having access to their own GP practice would have supported or enabled them to stay at home, with 6.4% (n=78) indicating that access to a specialist

team would have enabled them to stay at home. Responses to the latter two options are considerably lower than the findings from the 2014 results as indicated below:

Response	2014 results (%)	2016 results (%)
Access to my own GP practice	29%	13.2%
Access to specialist team	35%	6.4%

Figure 14: Comparisons 2014/2016 responses to: *What would have enabled or supported you to stay at home ...?*

Information from the collection of stories in 2014 was shared with the relevant specialist teams, with one of the actions being progressed to ensure that people have the relevant information of when and how to contact a specialist team. This could account for some improvement in this area, along with the continued *Choose Well* campaign.

Extracts from stories

Trying to get an appointment with my GP is ridiculous. I phone in at 8.30 to make an appointment I am told ring back at 9. When I do get through I am told that there are no appointments until next week. I am so fed up. So when I don't feel too good I just go to casualty. I know about the long waits b u t at least I get seen to and sorted.

I have cancer. I came in on Saturday I normally phone the helpline but it isn't open at the weekend. Wasn't feeling good on Saturday, I had chemotherapy on Wednesday (i have it every three weeks),..... Jut felt no energy, throat sore, mouth dry, legs sore. I have a chest infection which knocked me a bit. Last time I was in they reckoned I had an infection but couldn't find where it was, I phoned the helpline on Saturday and they advised to go to A&E, I explained by symptoms. Came in, first thing they do is put you on the drips. I was in A&E from 10am to 5pm and brought to AMU. I was happy with my experience

All patients deserve empathy, sympathy and appropriate management. For the patient in the serious car crash, the acutely ill child or the elderly person found collapsed & alone at home, this comes easily. They are thankful towards staff, aware of the workload. Once these cases are dealt with, it's back to the "bread and butter". The patient who has had a sore head for several months, who has not seen a GP or tried pain killers, but who wants "something done". The patient who feels that a 4 hour wait is "a joke", the patient who is verbally and / or physically abusive to staff or whose behaviour upsets and frightens the very young or the very old who are also in the department., yet we are striving to deal with them in exactly the same manner as all our patients. We see more and more patients, with similar or less staff / resources. We have been very good for many years about telling patients when they should come to the Emergency Department. Perhaps we should also explain when they shouldn't.

Areas for regional action and improvement

- Continue to promote the regional campaigns designed to advise people of healthcare options

Section 4: Responses to multiple choice questions

Responses to multiple choice questions

A number of multiple choice questions were added to the patient survey to measure improvements which had been implemented following the first period of story collection during 2014. This section presents the results to these questions.

4.1 Suitable food and drinks

Figure 15: Responses in relation to food and drinks

Were you able to get adequate suitable food and drinks while you were in the department?	Number of patients
Yes	709
No	141
I was told not to eat or drink	86
I did not know if I was allowed anything to eat or drink	52
I did not want anything to eat or drink	442

Almost half (**49.6%**) of the stories indicated that respondents were able to get suitable food and drinks in the department

30.9% indicated that respondents did not want anything to eat or drink

6% were told not to eat or drink, **3.6%** were not sure if they were allowed anything to eat or drink

About **10%** of respondents indicated they were not able to get suitable food and drinks while in the department

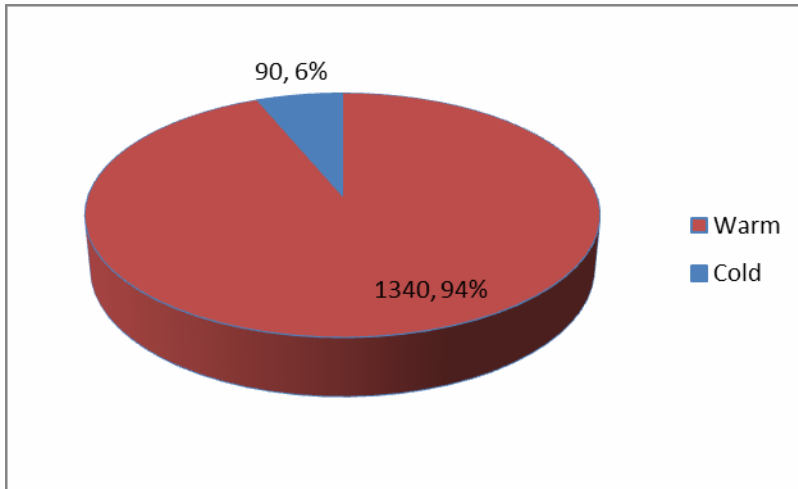
The provision of food and fluids was a key theme in the first period of story collection. All Trusts reviewed and improved the availability of food and drinks in Emergency Departments, this remains an ongoing action in all Trusts

4.2 Pain Relief

Were you asked about your level of pain?		Was your pain well managed	
Yes	1130 (79%)	Yes	1041 (73%)
No	102 (7%)	No	147 (10%)
N/A	198 (14%)	N/A	242 (17%)
Total	1430	Total	1430

For people whose pain was not well managed it was mostly because they had to wait a long time for painkillers or were given pain killers which did not work

Trusts reviewed pain pathways and protocols following the analysis of the first period of story collection, this remains an ongoing action.



The large majority of stories (94%) indicated that the department was warm, while only 6% indicated that it was cold

During the first period of story collection a number of patients stated that they were cold while waiting. The Trusts increased their supply of blankets

4.3 Cleanliness of department

While waiting did you feel the department was	Number of patients
Very clean	939
Fairly clean	358
Not clean at all	18
I didn't notice if it was clean or dirty	115
Total	1430

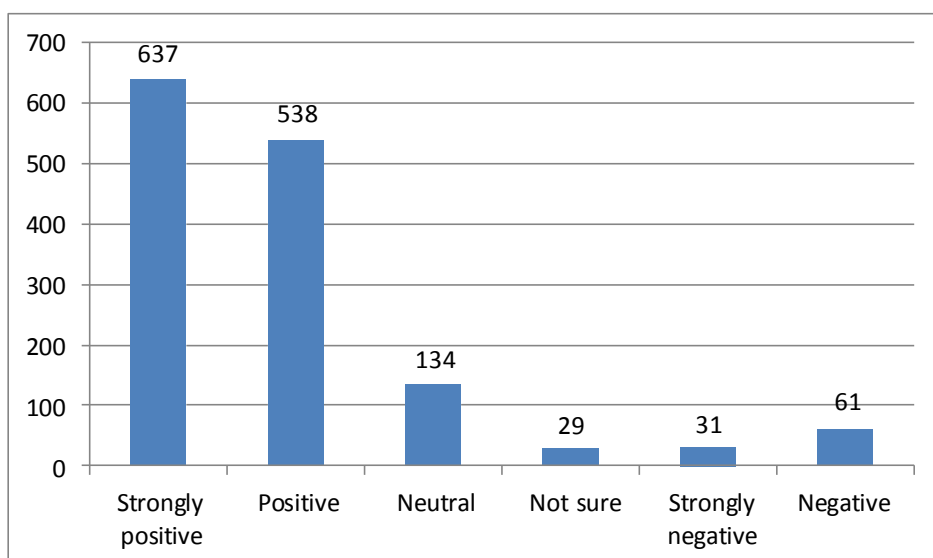
- 65.7% of the stories shared indicated that while waiting the departments were very clean. A quarter felt that they were fairly clean.
- Only 1.3% felt they were not clean at all

The cleanliness of departments was a key theme in the first period of story collection, as part of the actions identified a number of areas reviewed their cleaning regimes

While waiting did you find the facilities..?	Number of patients
Comfortable	1024
Clean and tidy	799
Cramped	151
There were not enough chairs	111
Toilets were very clean	321
Toilets were not clean	37
There were not enough toilets	35

- 41.3% of the stories shared indicated that the facilities were comfortable. 32.3% indicated that the facilities were clean and tidy, 13% found the toilets to be very clean
- 6.1% found the area to be cramped and 4.5% felt there were not enough chairs
- 1.5% did not find the toilets clean and 1.4% felt there were not enough toilets

4.4 Overall feeling about experience (all areas combined)



82% rate their experience as strongly positive or positive

12% rate their experience as neutral/not sure

6% rated their experience as strongly negative/negative

Overall feelings by service

Overall feeling	EDs (n=917)	GP OOHs (n=148)	MIUs (n=110)	Other, including NIAS (n=255)	All stories (n=1430)
Strongly positive/positive	81% (n-741)	76% (n-113)	94% (n-103)	86% (n-218)	82% (n-1175)
Neutral/not sure	12% (n-110)	15% (n-15)	4% (n-5)	10% (n-26)	12% (n-163)
Strongly negative/negative	7% (n-66)	9% (n-13)	2% (n-2)	4% (n-11)	6% (n-92)
Total	917	148	110	255	1430

This question was not included during the first period of story collection, however subjective analysis indicates that there is a significant increase in positive patient experience

Section 5: Key messages

5.1 Key messages

Overall 82 % of patients have rated their experience as positive. In these stories the key messages which appear to contribute to a positive experience are as follows:

- Being treated with courtesy by staff who are professional, compassionate, pleasant and friendly and who provide reassurance and support to patients when they are anxious or upset
- Feeling safe and having confidence in the skills of the staff
- Being cared for in a department which is clean and tidy
- Receiving information and advice about what will happen to them while they are in the department and also about their treatment and care
- Receiving timely call back from GP Out Of Hours (GP OOHs)
- Being able to receive care and treatment in a timely way within the Minor Injuries Units (MIUs)

Whilst it is reassuring to note that the key messages presented above reflect positive experiences for patients, similarly there are stories which reflect negative experiences in which the issues arising require action both at Trust and regional level, which are presented in Section 6

Section 6: Issues and actions

6.1 Issues related to systems/processes in unscheduled/unplanned care areas

6.1.1 Waiting times: The stories which describe waiting times have a number of key messages which patients and staff describe in their stories, these include the following:

- Waiting for assessment in Emergency Departments (EDs)
- Waiting for call back from GP OOHs
- Waiting to be seen at GP OOHs

- Waiting to be reviewed by specialist teams in Emergency Departments (for example surgical teams, paediatric teams)
- Waiting for admission to an inpatient ward (particularly in relation to older people, people who require frequent admission to hospital and people requiring acute oncology care)
- Waiting for results of blood tests and results of other investigations
- Comfort in the waiting environment (not always enough seats available)
- Information while waiting
- Noise in the waiting areas, this is sometimes caused by patients with disruptive behaviour/under influence of alcohol or drugs, staff report that managing these situations can present challenges for them.
- The issue of overcrowding in the Emergency Departments was a consistent message in many of the stories received from staff. Staff recognise that this can often lead to a lack of privacy for patients, particularly when staff are communicating with patients about their treatment and care or when patients are providing personal and sensitive information.
- Pressures to meet targets is an issue which continues to cause stress for staff

Local actions: Trusts have reported measures which are in place to address waiting times, which include daily conference calls, safety huddles and escalation policies. Each Trust provided examples of actions being implemented in their organisations, which the 10,000 Voices stories have helped to inform, these include

- Continuous promotion within all Trusts of the regional campaigns to inform service users of the options for healthcare.
- A pilot of self-service triage kiosks is ongoing to reduce the waiting time for patients to be assessed
- Communication with speciality teams to ensure patients are seen by the appropriate team and admitted to the most appropriate ward or directed to the most appropriate pathway in a timely way

- Review of cleaning schedules in Emergency Department to ensure patient comfort while waiting
- Patients attending the Emergency Department can self-select to a Minor Injuries stream, if clinically appropriate for their presenting condition
- Northern Ireland Ambulance Services (NIAS) Appropriate Care Pathway in place for patients in the community who have sustained a fall
- Early Pregnancy Assessment Unit and pathway in place for GP and Self-Referral for women who have concerns or complications between 6 weeks and 20 weeks of pregnancy
- Information leaflet currently under development which will inform service users of their journey through the Emergency Department
- For patients who require emergency treatment due to side effects/complications of chemotherapy treatment they can self –referral to the Medical Assessment Unit
- Renal patients receiving dialysis in the Renal unit and require admission are admitted directly to a ward
- Specialist teams in community and GPs will refer directly to the Direct Assessment Unit if clinically appropriate. Patients will be assessed and treatment plan agreed
- Management of Paediatric patients within the ED: In order to ensure that staff have the appropriate skills and competencies to manage children within the Department, a 4 month training programme has been developed in conjunction with Paediatric colleagues. This competency based programme will ensure that staff have the necessary skills to manage children attending the Emergency Department and also improve communication links with the paediatric team
- Commissioning of 3 additional nurses to undertake Advanced Nurse Practitioner training, commencing in January 2107
- Extending the scope of practice for staff: This is an ongoing piece of work aims to have all registered nurses trained to order x-rays and administer PGDs

- New service development has been commenced: first contact physiotherapist working in partnership with the Emergency Nurse Practitioners

Regional actions: The information described above in relation to waiting times, supports the need to reduce long waits in Emergency Departments and where appropriate by pass the Emergency Department, in keeping with the aims of the regional unscheduled care work, which is based on the following principles:

- Effective, integrated arrangements which are organised around the needs of individual patients should be in place in community settings to provide care for people at home, avoiding the need for hospital attendance/admission.
- Effective arrangements should be in place at the front door of hospitals to provide ambulatory, rapid-response services for patients on a same-day or next-day basis, avoiding the need for patients to be admitted to hospital

Sharing information regionally: The information received from this period of story collection has been used at regional level as detailed below:

- The stories from patients with cancer who access unscheduled care services have been provided to help inform the Evaluation of Phase 1 of the Introduction of Acute Oncology Services
- The information from the analysis has been provided to HSCB to help inform the regional campaigns to advise the public of the options for emergency healthcare
- Findings in relation to patients with long term conditions who attend unscheduled care areas was shared with the Long Term Conditions Regional Implementation group
- Work is ongoing with the Dementia Together NI in relation to the care of patients with dementia. It has been agreed that a specific 10,000 Voices Project will be progressed to capture the experience of patients/families/carers in relation to delirium
- Stories are shared with the HSCB/PHA Regional Unscheduled Care Programme Team

6.1.2 Staffing levels: Patients, within their stories, describe situations where they perceive that there are not enough staff to manage the number of patients in the Emergency Departments. This message was reinforced by staff, who report that staffing levels can provide a challenge for them in coping with the capacity and workload. Within their stories staff have reflected how this leaves them feeling frustrated and stressed about not being able to spend adequate time with each patient to provide care and treatment. Staff also report that frequently they need to stay on duty after their planned finish time and do not always have adequate break times.

Action: In the context of regional and national recruitment challenges, regional review of staffing levels and international recruitment of nursing staff is ongoing. Trusts have reported that recruitment of additional staff is also ongoing to endeavour to achieve adequate staffing levels. This includes the recruitment of senior nursing staff as well as staff with responsibility for education and training so that better support can be provided to manage the day to day challenges of working in such a busy environment. Examples of actions which Trusts have provided are as follows;

- Review of staffing levels in Emergency Departments. Additional staff have been appointed, this includes all bands of nursing staff as well as additional Allied Health Professionals and support staff, such as ECG technicians and phlebotomy staff. This has resulted in an increase of staffing levels on a shift by shift basis.
- Additional senior nursing staff at Band 8 and Band 7 have been appointed to provide direct professional support and leadership for staff on a daily basis
- Review of training and education opportunities for all staff within Emergency Departments, through the appointment of dedicated staff (Clinical Educator and Practice Educator roles). This has enabled the completion of training needs analysis and training databases. Weekly training is being provided and preceptorship and mentorship programmes are well established. All newly qualified staff undertake 6 a week supernumerary period.
- The appointment of a nurse, specialising in chest pain is currently being piloted.

- A Departmental newsletter is disseminated with key information on a monthly basis.
- Focus learning weeks eg. “Mental Health Week”. Key experts within the chosen topics come to the department to deliver talks / training at a local level.

6.1.3 Provision of meals and drinks in the Emergency Departments: The provision of meals and drinks in the Emergency Department was one of the key actions identified during the first period of story collection. Trusts have reported that they continue to work towards improving the availability of meals/drinks in EDs, and although improvements have been noted in this area, some patients still report that access to suitable meals and drinks is an issue for them.

Action: The provision of meals and drinks in Emergency Departments will continue to be addressed by all Trusts and this has been included as a Patient Client Experience regional indicator of performance for 2016/2017.

6.1.4 Provision of pain relief: Although there has been improvement in the provision of adequate and timely pain relief since the first period of story collection, stories describe situations where patients feel that their pain is not adequately managed.

Action: All Trusts report that they continue to work to improve the provision of adequate and timely pain relief; some examples of specific action include the following:

- Additional training on the importance of timely re-evaluation of pain has been rolled out across the Departments.
- The white boards have been amended to include the pain score /time for reassessment.
- Posters have been developed and displayed around the department and a ‘sticker’ is added to the clinical record as an alert for staff regarding appropriate pain management.
- Pain awareness week in ED

6.2 Issues related to Patient and Client Experience Standards

The 10,000 Voices Initiative is providing a mechanism which is complimentary to other methodologies, such as patient/client questionnaires and observations of practice, to measure compliance with the Patient/Client Experience Standards, which are:

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

Examples from practice as provided through the 10,000 voices story collection are regularly shared with staff at learning events for reflection and learning in all Trusts. Key messages identified in unscheduled/unplanned care include the following:

6.2.1 Privacy and dignity: Patients feel that on occasions their personal and sensitive information can be overheard by others and that they can hear the personal information of others as well. This can be due to the issue of overcrowding, as described within the staff stories, and the close proximity in which patients are treated in Emergency Departments. Issues in relation to privacy and dignity were also evident in the stories in which patients describe long waits on trollies, whilst waiting for assessment or admission.

Recommendation

- Future restructuring/ rebuilding should take account of the need to ensure that the environment is conducive to ensuring patient privacy is protected.

6.2.3 Staff attitude and behaviour: Although the majority of patient stories describe staff who are friendly, helpful and compassionate, there are stories in which patients perceive the attitude and behaviour of staff as not being acceptable. However it is noted that there are fewer compared to the first period of story collection. Staff

describe how the pressures within the department can sometimes impact on the way they interact with patients.

Action:

- Since the first period of story collection there has been significant work within the Trusts to address staff attitude and behaviour, including learning events, workshops and integration of patient experience information into induction and training programmes. The Trusts will continue this work.
- At regional level the PCE/10,000 Voices team will continue to provide teaching sessions at undergraduate level and postgraduate level, based on the information received from patients/clients/families and carers

6.3.4 Communication with patients: communication with patients in relation to the following areas could be improved:

- Initial communication on first contact/presentation
- Information about waiting times
- Keeping patients informed/up to date with what is happening
- Ensuring privacy of personal and sensitive information
- Communication with patients with dementia

Action:

- Trusts will continue to progress the work in relation to communication with patients and their families in the areas above.
- Work is ongoing in collaboration with Dementia Together NI to capture the experience of patients with delirium

7.0 Conclusion

Based on the information from the patient and staff stories, it is encouraging to note that there have been improvements in patient experience since the first period of story collection. The analysis highlights *what matters* to patients and staff, as the rich information in the narratives help us to focus on what contributes to positive experiences as well as identifying a number of areas for reflection and learning. The parallel work streams of collecting patient and staff stories simultaneously has proved to be valuable and informative and has further enriched the partnership approach underpinning the 10,000 Voices Initiative. This will be recommended for future 10,000 Voices Projects.

We would like to acknowledge the contribution of patients and staff who took the time to "tell their story" and also to those who participated in the workshops.

8.0 References

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Northern Ireland Human Rights Commission (NIHRC 2015): Human Rights Inquiry in Emergency Health Care

Expert Panel Report (2016) Systems not Structures: Changing Health and Social Care

DoH (2016): Health and Wellbeing 2026: Delivering Together

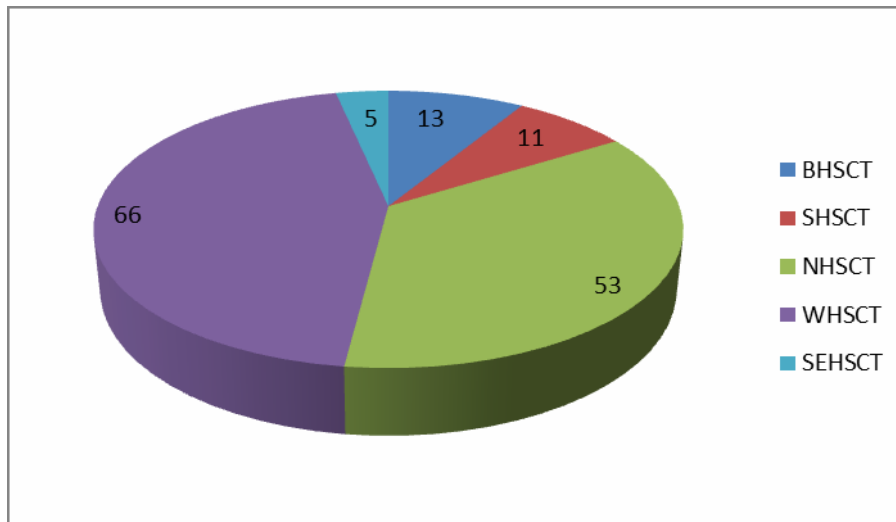
Sensemaker® software produced by Cognitive Edge Pte

Appendix 1

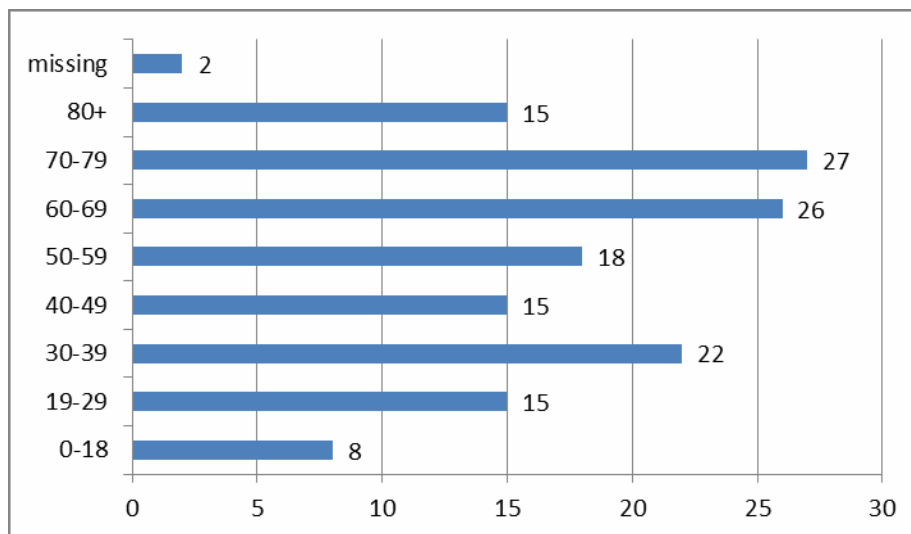
**Supplementary information in relation to experience
at GP OOHs**

Appendix 1: Supplementary information in relation to experience at GP OOHs

In total 148 stories were received in relation to GP OOHs, with the following breakdown from the Trusts:



Returns by age:



How respondents rated their overall experience in relation to GP OOHs

Overall feeling	GP OOHs (n=148)
Strongly positive/positive	113
Neutral/not sure	22
Strongly negative/negative	13
Total	148

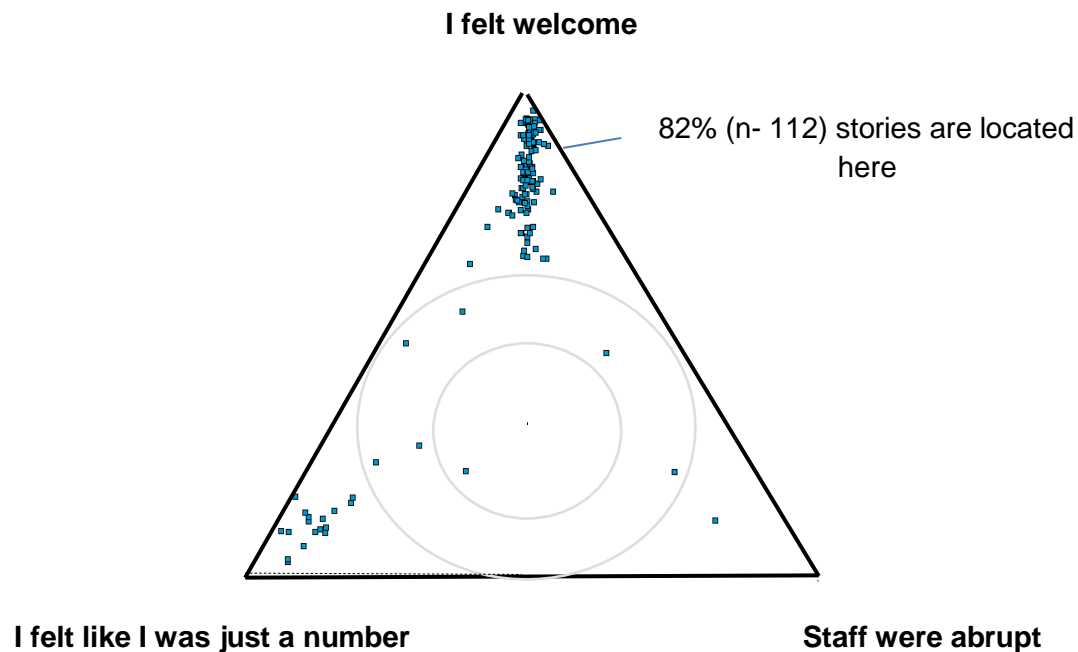
76% patients rated their experience of GP OOHs as positive/strongly positive

15% rated their experience as neutral/not sure

9% rated their experience as negative/strongly negative

Responses to signifier questions

Q1 When you arrived at the department what was your first impression? (137 responses)



Examples of patient stories:

No title: I went to ...out of hours service in a panic. I had recently had a miscarriage and was thinking it was happening again I was very distressed. The staff were lovely. They reassured me but to be safe wanted me to go to A+E.I was seen by triage nurse quickly. I was sent to a separate waiting room for privacy, I heard the nurses calling ahead to the ward quickly. It was okay and the doctor + nurse were kind and reassuring. I was given a follow up appointment + advice. I am very happy with the service I received in both places.

No title: I called on a Sunday at around 3pm..... I was told they were busy and would call me back within 3 hrs. After 4 hours I phoned them. They offered a 10pm appointment. My Granddaughter was 22 months and needed to go to bed. I said I was concerned about her but thought it could wait until the morning (I had given her something for temperature) if could get a next day appointment with them easy. This was refused by OOH. I checked low temp which had risen and called them back. The call handler said "Oh yes you phoned at 4pm + refused an appointment. I said

that was not the case. Looked for 10pm appointment and they advised that the next available was 11.05. I accepted came to the Hospital and we were not seen until after 1am. You can imagine the difficulty trying to amuse a sick child who wanted to crawl a hospital floor was not easy. The upside was the doctor was exceptional in her manner + attention. She examined diagnosed + provided new treatment.

Question 2: How did you know who was looking after you? (139 responses)

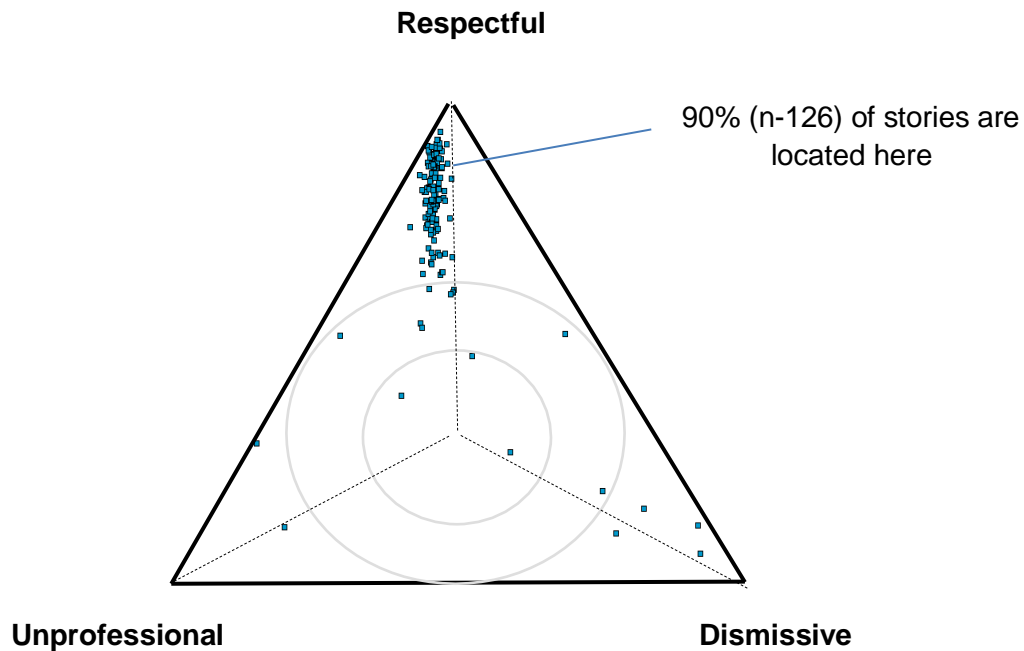


Examples of patient stories

He helped me - done the right thing: I came into GP Out of hours in ...- made an appointment. DR Introduced himself, very nice. Examined me - I felt he gave me a thorough examination. He advised for me to go into ED for further tests and treatment. I didn't know at that stage if I needed to stay in. I thought I'd get a drip and home, but bloods showed a different plan. Very happy with GP Out of Hours.

Lovely Doctor: I felt weak and had a sore leg. I rang GP out of hours. A lady doctor came to see me. She introduced herself and was very nice. I was seen again a few days later by my GP.

Question 3: Overall did you feel the staff were ... ? (140 responses)



Examples of patient stories

Help when needed: My child was unwell over the weekend with severe tonsillitis; I tried to hold out until Monday because I know the pressures are so bad but she couldn't swallow and needed an antibiotic as her throat can go septic very quick. The person that answered the phone was very nice and explained everything to me that needed to be. I waited on my call back and given a time to attend, took a while to get my return call but was happy enough.

Not up to much: We returned to GP out of hours, they arranged appointment. The GP was very dismissive we thought, didn't find him helpful or forthcoming. He sounded my heart, said 'it'll do your day', my son had to ask about antibiotics or inhalers etc - I got an inhaler. I didn't feel well later on at all, so my sons took me to ED. I ended up being admitted. I'm now in 3-4 days. Still having tests, My heart rate was very high, I'm starting to feel better.

Question 4: How involved were you in your treatment and care? (141 responses)



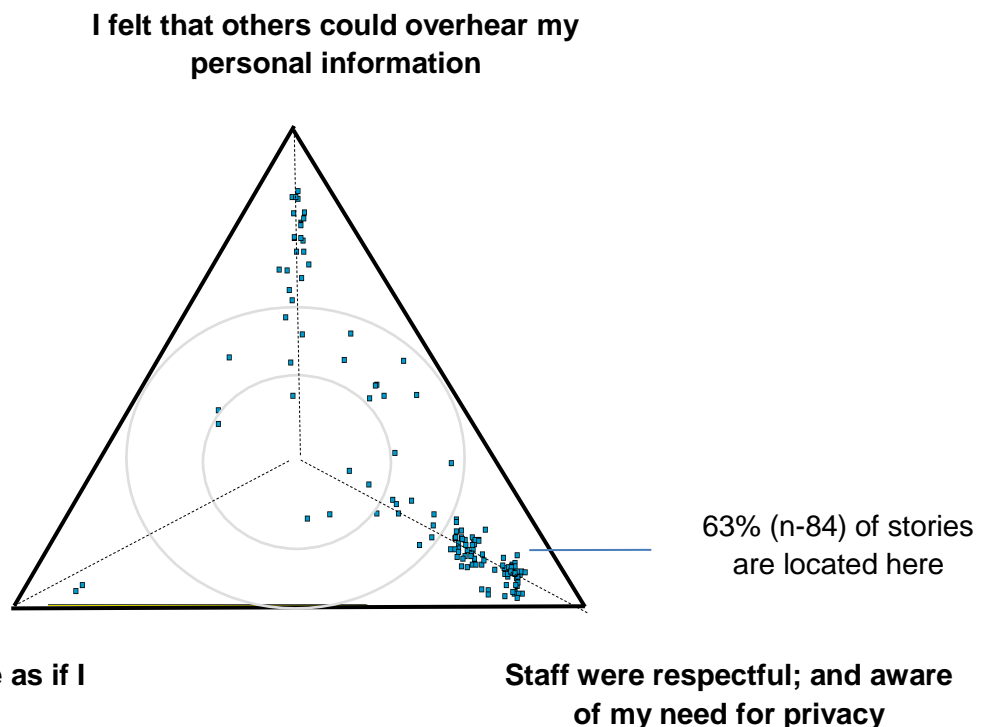
Examples of patient stories

His ear-ache didn't leave me with a headache!: As my sonwas screaming with his first ever ear ache. I rang the Out of Hours service as Calpol had not eased the pain any. I described the pain to the person who answered the call. She said a medical professional would call me back within the hour. Approx 10 mins later received a call from a nurse, I believe, who upon listening to all the circumstance arranged an appointment in the local health centre for 30 mins later. When we arrived @ 11pm I was taken through with my son to the waiting area. We waited approx. 5 mins before being taken through to see the dr. The dr, was very thorough, helpful and kind-given that my son was in pain nervous as this his first apt with a dr. He spoke clearly and slowly and explained exactly what he was doing and why. In the end he prescribed medicine and directed me how to give it to my son over the next few days. We left the health service as very satisfied customers and I actually commented to my elder son, who was with us, how pleasant and efficient the service had been, although I hope to never need it again,

because had it occurred during the daytime I wouldn't have got an appointment for at least 3-4 days - based on past experience.

Negligent regard doctor on call: I want to Out of Hours doctor on callI was seen by a doctor whom seemed to have no concern for my welfare. I went as I was suffering from severe headaches which I had for few days before I seen doctor on call. I was examined by doctor I told him what I thought my problem seemed to be like a severe pressure in my brain but he assure me it was just bad headache he gave me few paracetamol, told me to go home. I went home and took those tablets but my headache got worse so I decide to go to another Out of Hours doctor on call inwere I met a brilliant doctor I explained I had seen doctor on call infew days earlier so I began to tell her my problem she examined me and sent me straight to A&E were I was admitted with meningitis....

Question 5: Did staff ensure your privacy and dignity were protected? (134 responses)



Examples of patient stories

A visit to A&E and Out of Hours: Both myself and my daughter has used both A&E + out of hours inIn Out of Hours the Doctors that we have seen could not do

more for you and give the treatment you need... In all I really highly appreciate everything A&E & Out of Hours has looked after myself and my daughter - nothing or anything is too much bother for them. Thank You

No title: I took my young daughter to out of hours last Saturday. She was chesty and running a temperature. I phoned up and was told to bring her over. I waited approx 40 minutes. The receptionist told me to take a seat. It was busy and there was no privacy as I gave the details to the receptionist. The row of chairs are all too close to the reception you can hear all parts of conversations like names, addresses.

Question 6: Did you feel the department was...? (133 responses)



Examples of patient stories

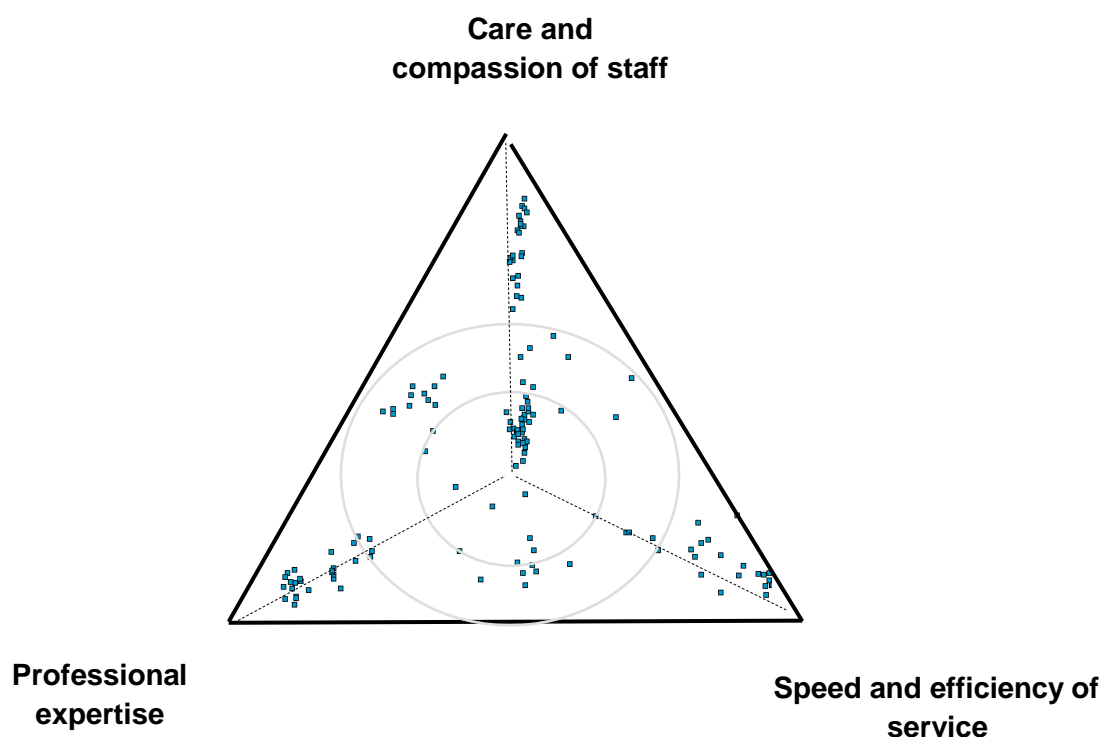
Listening to patients and their family: I wasn't feeling well on the run up to Christmas, and had seen by GP Out of hrs doctor over Christmas holidays my step daughter would have spoken to the call handler as she is better at retaining information, and relaying my medical history. The doctor was, very nice that called out to me, possibly one from my own practice. I was given co-codamol and my current pain killers were reviewed. I still wasn't feeling much better, so we rang back GP out of hrs. They assessed my case over phone and prescribed that I continue

with current treatment plan, but I really did not feel well. I felt really bad. I was feeling nauseated as well. After a 3rd call from my step daughter they did come out again to see me, and then arranged an ambulance. My family and myself know I wasn't getting better on the treatment plan at that time it was persistence on our part for me to be seen again. I was admitted a medical and I am still here being treated.

Quick and simple: I had to ring GP OOH at the weekend to see about an abdominal pain I had. The doctor was very good and gave me what I needed and a letter to give to my GP on Monday. No issues with service.

No title: I accompanied my daughter to GP out of hours. She had phoned the help line and then had to phone back after an hour and a half when nobody phoned her back. She had hurt her back and was in a lot of discomfort with cramps and pins and needles shooting up and down her arm. The seats were uncomfortable and I felt so sorry for her because she was so restless and was standing and sitting trying to get comfortable. There were loads of young children in there some were crying, and two were racing up and down the corridor. My sister was petrified in case they would bang into her.

Question 7: What was most important to you in this experience? (140 responses)



Examples of patient stories

Good care / treatment at out of hours GP: I attended my out of hours GP service on a Sunday with upper back pain I was in a lot of pain. I have a history of renal cancer. On presentation the doctor assessed me and quickly decided I required hospital treatment. The doctor reassured me that the hospital is where I needed to be with the level of pain I was in. The doctor arranged an ambulance which arrived in good time. I felt the doctor exercised control of the situation. As I was in so much pain I feel he assessed me well. I was given an injection for the pain which helped me to relax a bit. I felt looked after - that the doctor provided the correct treatment. I felt I was in capable hands.

GP out of hours: I live with my daughter in law and my son. I have my own room and a monitor in the room, if I need anything I call them. Sometimes I need assistance to get out onto the commode at the bedside. I had to call her the other night as I felt unwell, loss of power. I needed the toilet quick and was feeling nauseated. I didn't really know what was going on, just felt miserable. She called GP out of hours on a Saturday I was advised to come to hospital and the doctor called for an ambulance to come and get me. Very happy

Very Reassuring: I had taken an allergy and phoned GPOOHs atThey said doctor would phone me in an hour which she did. She asked what my problem was and she told me to come up. I was taken straight away when I got there. It was a serious allergy but it was good to be able to contact someone so quick instead of waiting inED for hours

Help when needed: My child was unwell over the weekend with severe tonsillitis, I tried to hold out until Monday because I know the pressures are so bad but she couldn't swallow and needed an antibiotic as her throat can go septic very quick. The person that answered the phone was very nice and explained everything to me that needed to be. I waited on my call back and given a time to attend, took a while to get my return call but was happy enough.

A day in the life of our family! My son had a bad cough for 2 weeks, I took him to our GP and didn't get great response. Then he woke in the early hours of the morning coughing and was covered in a hive-like rash. I took him to Dr on call and

the Dr was great. It didn't take her long to diagnose him and give him medication for both hives and underlying chest infection (our own GP hadn't picked up on).

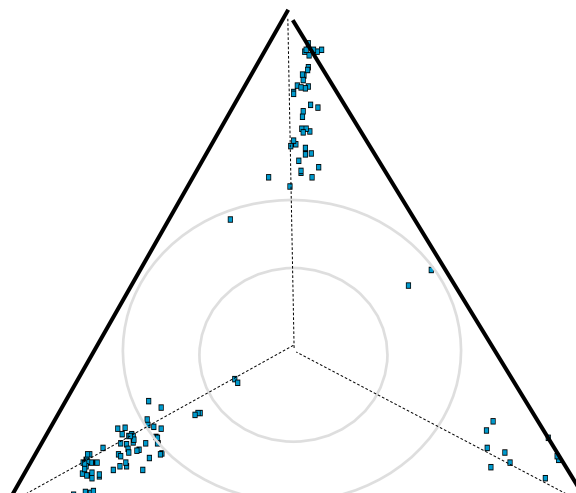
Unfortunately things got worse 4 days later and he ended up being admitted to the children's ward with facial swelling. I was very pleased with how Dr on call and A&E handled my sons condition and how they treated him (and us)...this was better than my own G.P.

No title

Thorough assessment by GP:I was having very bad headaches and black outs. My husband took me to- GP out of hours service. I saw a lady GP there. She was very polite and thorough in her assessment. The GP there felt I needed further investigations and stressed that I needed to be assessed in hospital. I felt scared and anxious. The GP was sympathetic and I felt she understood my fears. I received a timely appointment - I wasn't kept log in the waiting area. I felt the environment was clean and tidy. Then my husband took me then to the Emergency Department....

Question 8: What would have enabled or supported you to have your care at home? (117 responses)

Access to my own GP practice



Staying at home was not an option for me due to my condition

Specialist team

Example of patient stories

Good service: I have attended GP out of hours a few times over the last 6 months. It is every difficult and frustrating trying to book an appointment to see my own GP and even then it is usually a different gp.

Great Staff but no pharmacy dispensary: As a patient I unfortunately in the last 2 months have attended both GP Out Hours + A+E due to some problems while pregnant for the second time. I have been attending my GP Surgery to say they could not do anymore for me. This is why I attended both A+E and GP Out of Hours on 2 different occasions a few week apart. The staff and everyone was great on both occasions my problem was with getting a prescription. On both occasions I was prescribed a prescription but because Out of Hours and weekend I had to wait 24 hours later to await opening of out of hours chemist on Sunday Evening. I just can't believe, a lovely big new hospital has no pharmacy dept. I just can't get my head around it. I didn't attend hospital to keep people in a job I just wanted my prescribed medicine and not 24 hours later.

Sort out GP appointments: I want to complain about the GP services. I cannot get an appointment with my doctor. I am a diabetic and the services are great. I get a text to remind me about my appointments which is handy. I use ...f practice and when I can't get through I have to go to..... I have spent £2.70 being kept on hold and when I do get through i was told there are no more appointments left until next week but to phone in the morning and try again.

Fantastic: My wife phoned GP out of hours. When my wife told the staff member my symptoms - they advised an ambulance should be called. They were very reassuring and offered to stay on the phone with my wife. They must have rang ahead as ED staff were expecting me. My wife drove me up, as I lived very close to hospital.

Media does no favours: I was sent to hospital after phoning GP out of hours. I had a strangulated hernia and was rushed to hospital. I live in Omagh and was sent to Enniskillen hospital. Very good facilities and I received very good care.

The media doesn't do the health service here any favours, they always write about what goes wrong and doesn't tell you all about the good work that is done day on and day out.

Emerging issues

Although the response rate in relation to experience at GP OOHs was lower than the first period of story collection, the signifiers and stories do contain very useful information. The stories have been shared with the relevant staff and managers. The majority of stories reflect a positive experience in GP OOHs; however the following issues are evident as areas for improvement:

Waiting on call back from GP OOHs: Stories reflect frustration and anxiety while waiting on call back from GP OOHs.

Waiting environments in GP OOHs settings: Seating within the waiting areas/ not enough chairs/environment not conducive to privacy when giving sensitive information

GP appointments: accessibility of appointments with GPs

Patients not satisfied the outcome and seek further help: patients not happy with the outcome and go on to ED for further help/some stories highlight availability of pharmacy to source the prescription from GP OOHs and having to wait until the following day to obtain the prescription