



Patient Client Experience Standards

January 2012

Introduction

Patient Experience is a recognised component of high quality care¹. Within the six Health and Social Care Trusts, there is a comprehensive programme of work in place to support the implementation of the Patient and Client Experience standards. Trusts are required to submit quarterly progress reports to the Public Health Agency (PHA) and Health and Social Care Board (HSCB). This report sets out the key findings and highlights the key actions arising from the findings.

Background to the Standards.

In April 2009, the DHSSPS published the 'Improving the Patient & Client Experience' standards document. The development of the standards incorporated a significant consultation and involvement of patients, carers and services users or their representatives. The document comprises five core standards:

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

All Trusts including the Northern Ireland Ambulance Trust (NIAS) adopted these standards during 2009/10 and arrangements were put in to develop methodologies to support their implementation. A Regional working group was established to support the development of the methodologies and arrangements for implementation. This group is led by Pat Cullen, Assistant Director Nursing, Quality Safety & Patient Experience.

The DHSSPS included the following target within the Priorities for Action (PfA) 2010/11:

'Following the adoption of the Patient and Client Experience Standards in 2009, Trusts should extend the clinical care areas monitored and increase the range of monitoring tools, and ensure appropriate reporting and follow up consistent with direction from the Public Health Agency.'

The commitment to continually improving the Patient Experience is reflected within the joint Commissioning Plan 2011/12. The plan notes:

'the core purpose of this Plan is to provide a clear roadmap for the future development of health and social care services in 2011/12 and beyond. The Plan is driven primarily by the desire to improve safety, quality and the patient experience – rather than by money'.

During 2011/12 the PHA and HSCB has continued to monitor the outcome of the patient client experience standards in a range of settings agreed by the Agency and HSC Trusts. Formal work plans were agreed with the Trusts for 2011/12.

Extending implementation and monitoring.

Within the six Trusts, the use of patient satisfaction surveys was tested during the third and fourth quarters of 2009/10. The surveys were tested in acute medical wards, non acute rehabilitation wards and acute mental health inpatient wards. The questionnaires were revised to reflect the learning from the surveys completed during the third and fourth quarters and an easy read version of the standards have been developed for those with learning difficulties.

These surveys have continued to be rolled out throughout a range of areas during 2010/11.

Continuing to build on this work, the Regional Patient Client Experience Working Group developed a work plan for 2011/12 with the emphasis on extending the range of methodologies for monitoring compliance against the five core standards. The additional monitoring tools developed include:

- Gathering Patient/Client stories
- Reviewing compliments and complaints
- Completing observations of practice
- Completing patient satisfaction surveys
- Completing audits of organisational arrangements

Summary of Key Findings from April – September 2011.

For this period, the six Trusts were required to submit reports to the PHA outlining their compliance within a range of care settings. Methodologies used included patient satisfaction surveys, observation of practice, patient stories and a summary of all compliments and complaints received during this period.

Approximately 40 wards/departments were formally monitored during this period.

Where trained observers noted any practice that had the potential to be detrimental to patient care they intervened at the time and reported the incident to senior staff on the ward/department.

Action Plans

Each Trust is required to submit a detailed action plan to address the key issues listed above. Trusts are required to identify timescales for implementation and provide details of the senior lead officer responsible for taking forward the implementation. These action plans are monitored by the working group.

Areas of Good Practice

In summary, the findings indicate patients are generally positive about their experience, and exemplars of good practice are set out below.

Respect

- Patients reported their wishes were respected in choices about care
- Attention was shown to religious beliefs
- Patients felt treated as an individual
- Student nurses were mentioned as being particularly kind to older patients
- Kindness featured as a trait in many staff which patients valued highly.
- Medical staff sought permission and checked understanding with the patient before proceeding with procedures.

Attitude

- Staff were consistently reported as willing to help, kind and attentive
- Good humour was used consistently to make patients feel relaxed, calm and at home.
- Personal approaches to the delivery of care noted from all staff
- Time taken to explain procedures
- Descriptions such as care delivered in a compassionate and caring way were evident in the majority of returns.
- Ward sisters were mentioned as key, 'on top of everything', 'settles patients in' and 'runs a tight ship'.

Behaviour

- Staff were reported to be polite and courteous, behaving in a professional manner
- Patients reported feeling safe and secure
- Air of calm in wards made patients feel safe
- Non verbal communication, for example smiling made patients feel better and gave patients confidence in staff.
- Patients impressed with cleaning in many areas.
- Doctors and nurses seen rubbing their hands constantly with gel.
- Support staff seen to engage with patients while at their work

Communication

- Staff welcoming when patients arrived in wards
- Spoke in a way that was easily understood
- Listened attentively
- Involved in decisions regarding care and treatment.
- Some patients enjoyed the company of others felt lonely in single rooms
- Some patients described how a nurse held their hands at times of anxiety how this made a difference.
- Good multidisciplinary communication was noted along with good teamwork.

Privacy & Dignity

- Maintained privacy and dignity through lowering voice or using curtains to maintain privacy
- Took steps to prevent embarrassment during care giving
- Some patient remarked on having their own room.
- Patients reported being given hand wipes before lunch
- Nursing Auxiliaries identified as being particularly sensitive to those with hearing difficulties
- Confused patients managed in a gentle way.
- Sensitive feeding of patients

Other positive issues highlighted

- The commitment of staff even when busy and short staffed
- The food was commended in some Trusts

Areas for Improvement

Whilst there was evidence that Trusts were providing care and treatment in accordance with the DHSSPS standards, there are areas where improvements clearly need to be made. Where there are issues of concern or areas where improvement is required Trusts have developed action plans which are scrutinised by the regional working group.

Examples of areas for improvement under each of the five core standards include:

Respect

- **Interruptions during care delivery** – many patients referred to persistent interruptions when receiving care, particularly care described as personal/intimate. The findings suggest that it is not always clear to patients why such interruptions are necessary, and the need for such interruptions is not always explained to patients. Interruptions at mealtimes continue to feature in responses, and increasing numbers of patients highlight a lack of assistance and support with eating and drinking.

Attitude

- While many staff were reported as engaging some failed to use patients names and failed to engage with patients prior to conducting procedures.
- In one Trust more traditional ward rounds, 'end of bed discussions' were reported' with patient commenting on the lack of involvement and lack of privacy.

Behaviour

- **Noise** - Consistent in all feedback, patients reported frustration with high levels of noise at all time of the day and night. However night time was particularly challenging for patients. Some examples included: - staff talking loudly at nursing stations both on telephones and to each other, nurses shouting from one area of the ward to another area to gain others attention, cupboard doors banging at night, bins being slammed and noise from shunts going to the laboratory.
- **Moving Patients** – Comments were received from carers critical of the impact of moving frail elderly patients around the hospital. This added to confusion and did not support recovery.

Communication

- **Staff too busy** - frequently reported was the issue that staff appeared too busy, with not always enough time to spend with patients. A number of these comments were sympathetic to the staff and felt that there were issues with insufficient staffing levels. A number of reports indicated that patients are left waiting for considerable periods for assistance to use the toilet, and comments from staff such as 'I will only be a minute' are all too common, and in many cases, the 'minute' became an 'hour'.
- **Staff identification and language** Some patients commented that staff did not introduce themselves by name nor did they advise the patient on the procedure they were embarking on. This felt to patients that the care was being imposed. On many occasions, patients were finding they had to 'guess' who the member of staff was, i.e. a doctor, physio etc. Patients also reported they were frequently referred to by 'pet' names such as 'dear', 'petal', 'love' etc, and were not asked for permission for such names to be used.
- **Information** – significant numbers of patients reported they received limited/no information leaflets relating to their care or condition. Patients also expressed they were not provided with clear verbal explanations or information on their care and treatment.
- Some patients reported that they were not always involved in decisions being made about them.
- **Discharge** - Some patients raised concerns about the lack of discharge planning, particularly in relation to their date of discharge and on occasions patients felt they were given insufficient time from being told they were being discharged to actually going home. Some patients reported this can be a matter of 'minutes'. A number of delays due to waits for pharmacy were reported.
- **Single Rooms** – A number of patients described the loneliness of being in a single room.

- Patients reported that nursing call bells are difficult to access often positioned out of reach. When bells are in reach, it takes time for staff to respond.

Privacy and Dignity

- **Mixed Gender Wards** – increasing numbers of patients reported concerns about being cared for in mixed gender wards and bays within wards. This dissatisfaction featured in all five Trust responses. In particular, patients expressed embarrassment at having to use commodes in mixed gender areas.
- **Confidentiality** - Patients described how staff frequently discussed individuals care and treatment in ‘earshot’ of other patients. White Board Discussions – a new practice of team meetings around for example a white board to aide patient flow was identified as creating a challenge to maintain the privacy of patient information.
- **Personal privacy** - Some patients described that during physical examinations, their privacy and dignity was not always maintained, for example, curtains not fully closed during patient examination, and patients feeling exposed due to clothes not being replaced following examination.
- **Access to toilet facilities** – Quite a number of patients commented on the limited access of toilet and shower facilities.
- **Protected meal times** – This issue remains a challenge for staff and patients. Staff in one Trust was observed allowing patients food to get cold.
- **Visiting Times** – there remains a challenge between providing access for visitors and maintaining the privacy and dignity of other patients on wards.

Other

- The issue of the numbers of nurses on wards was as consistent feature in all five Trusts.

Actions

As referenced earlier Trusts are required to submit action plans associated with areas where improvement or attention is required. These action plans have named officers and clear timescale for action. Examples of actions taken by Trusts at a local level include:

- Customer Care training for staff.

- Reinforcement of the importance of the fundamentals of care and additional training for some staff in the skill of feeding patients and the importance of hydration and nutrition to recovery.
- Reviews of staff identification mechanisms.
- Changes to some working practices.
- Reviews of the use of mixed sex accommodation.
- Minor works to the ward/department environment
- Review of information provided to patients and family members.
- Review of the discharge process focusing on the role of pharmacy.
- Reviews of staffing levels.
- Feedback to staff given through local staff bulletins.
- Feedback to HSC Trust Boards.
- Inclusion of patient client experience standards as part of induction and incorporated in documents such as workbooks or policies and procedure manuals.

A number of other actions have commenced at a regional level which will be informed by the outcome of this work and positively impact on the experience of patients/clients including:

- Development of Key Performance Indicators for nursing staff - PHA
- Strengthening the role of the ward sister - NIPEC
- Normative Staffing levels – PHA

Next Steps

Strategic Leadership

The importance of a good experience of being a patient or client in the health and social care system cannot be underestimated. Since the Patient experience standard is currently no longer included from the key Departmental targets some organisations have reduced the support to teams leading this work.

To ensure that this remains a priority clear the HSCB/PHA are embarking on a campaign to gather 10,000 patient stories to inform commissioning and improve services to patients. This work builds on the engagement with patients with neurological conditions completed earlier in the year and will commence with a Ministerial launch later this year of phase one, 3,000 patients stories.

This work will be overseen by the strategic overview group. This group had been primarily led by the Directors of Nursing but will have its membership strengthened to include other professional groups, service users and carers and their representatives. While this group will continue to report to the PHA/HSCB it will now also submit reports to the HSCB/PHA Quality & Safety

Service group whose role is to provide an overview of issues related to Quality & Safety.

A central theme from the failures in Mid Staffordshire appeared to be a reliance process measure and targets and a failure to bring a number of data sources together to give an overarching picture of the organisation, this is the key role of the Quality & Safety Service Group.

Reporting

Whilst each Trust is required to report on the agreed areas, the mechanisms for reporting vary throughout Trust area. An agreed template to facilitate robust review and monitoring has been developed which will require Trusts to provide details on a consistent number of indicators both quantitative and qualitative.

A further schedule of reporting for 2012/13 is agreed:

Quarter 1	Accident & Emergency
Quarter 2	Community Settings (Treatment Rooms, District Nursing)
Quarter 3	community Settings (Residential/Nursing Homes, Day Centres)
Quarter 4	Learning Disability

Trusts will continue to develop action plans to address the findings to improve the experience of patients, and ensure both the patients/clients and frontline staff are involved in developing the solutions.

At the same time the Quality & Safety Service Group is liaising with RQIA who plan an inspection of patient experience.

Staff Wellbeing

There is significant evidence that the wellbeing and morale of staff working in health and social care is directly related to the experience of patients and clients. This was acknowledged in the development of the standards when it was acknowledged that, ***'staff can have a real impact upon the experience of those who use our service by how we communicate, by how we co-operate and support colleagues, and by creating a friendly environment where we can all take pride in the services that we offer.'***

The Overview Group will examine for 2012/13 mechanisms to measure and link the experience of staff to the experience of patients/clients.

Workshop

While many Trusts have progressed actions at a local level it is clear that there are consistent themes where action can be taken on a regional basis.

A workshop has been arranged to share the findings, actions and improvements locally that have been developed to improve the patient care and discuss how best to address the common themes/issues regionally.

Conclusions

Understanding and improving how patients experience their care is a key component to the successful delivery of high quality care. This report highlights the good work already undertaken by Trusts in relation to the patient experience and there is no doubt that in the areas where this work has been concentrated progress has been made in relation to improving the patient experience.

However there are challenges ahead for all HSC organizations, the main one being in relation to spread and sustainability of good practice. It is not just about doing it right once but that we can consistently get it right time and time again. There also needs to be a proactive approach in relation to recurring themes and ensuring the messages are getting to the frontline staff.

This appendix illustrates some outcomes from the three methods of data collection:

- Patient /Carer Stories – information collected manually by staff not involved in the ward/department
- Observations of Practice – information collected by trained observers from outside the ward/department
- Survey Results – information collected using a regionally agreed and tested survey tool.

The information in this appendix is a summary of data collected.

The areas of good practice and areas of improvement generally related to the same ward/department or patient/carer.

Patient/Carer Stories

Positive Comments	Areas which need some attention
<p>Looked after well Staff have been speaking my language, they explained all the different things that can happened and answered any questions. I came in on a Monday and it was very busy, like a conveyor belt but I still felt I had the proper attention.</p>	<p>The ward could be more modern and up-to-date but the cleanliness was good</p>
<p>I feel they want to keep you calm, they just really lovely</p> <p>There as one man in particular who gave a lot of abuse to the girls...he was very aggressive but the staff never raised their voices...you have to give them a lot of respect.</p>	<p>It's a busy ward... there can be admissions during the night.. I never got a tap of sleep... buzzers going and you can't catch up the next day.</p> <p>The showers leave a lot to be desired.. down one side they are mixed (male and female)</p>
<p>Seen by a doctor every day.</p> <p>Feel at home here.</p> <p>Sister is on top of everything.</p> <p>Consultant lovely was initially scared of him but now think he's is wonderful.</p> <p>Cleanliness first class, brushed and mopped</p>	<p>Not happy with mixed sex bay especially as monitor leads make me feel exposed. I also have a catheter which is very embarrassing I am in a mixed sex ward.</p> <p>I hear noises at night from the shunts</p> <p>Shortage of pillows – relatives brought in own.</p>
<p>Very pleasantly surprised with the care I received. If I ever have</p>	<p>A patient shared how he watched a member of estates come into</p>

<p>to go back to hospital again, I know I'll be well looked after.</p> <p>My medication was changed when I was in hospital and it was explained to me then what it is for, etc.</p> <p>I was very impressed the nurses were so busy. I mean the ward never stops but they always made time for you.</p>	<p>his ward, moan and groan about missing his tea break and how he didn't fix the problem with the curtain rail properly</p> <p>A patient shared how he was simply told that he would be moving to another ward, the nurse packed his things up and inside 10 minutes he was on the move. He understood the need to make room for another patients but he also said the journey to ward X was dreadful. He was moved in a wheelchair which the porters pulled backwards which was not very pleasant and he found the journey very distressing.</p>
<p>Generally the ward is quiet it doesn't seem as hectic as it was in XXX</p> <p>'I give no bother, I treat the staff nice, they treat me nice.'</p> <p>When the buzzer used nurses come quickly enough.</p> <p>Catering was excellent Accommodation excellent (side room)</p>	<p>Some noisy confused patients, not much could be done about this.</p> <p>Lonely in a single room. Felt staff didn't have time to stop and chat.</p> <p>It can be long time for the buzzer to be answered.</p>
<p>I was treated very well and everyone in the ward was polite</p> <p>The ward was very busy at times but the people always had time to smile.</p>	<p>The doctors all stood at the end of the bed and talked to me. I am a wee bit hard of hearing and didn't hear all that they said. It would have been nicer if they stood closer.</p> <p>There's a man lying in the bed next to me and a man lying</p>

<p>Wards are a friendlier place now. When I was younger there used to be a Matron and she terrified everyone including the patient.</p> <p>I missed my lunch because I was away at a scan but the girl made me tea and toast when I got back.</p> <p>The Doctors and nurses were always rubbing their hands with the stuff in the red containers before they examine you</p> <p>Some of the nurses go out of their way to help you. One in particular does things she doesn't need to do.</p> <p>The ambulance staff were fantastic and reassured my mum</p>	<p>opposite to me – I don't like being in a mixed sex was especially at night – I don't want to see men using urinals.</p> <p>The Doctors stood at the bottom of my bed and talked about my illness, thankfully it wasn't a personal problem.</p> <p>I was put in a man's ward. I had to use the commode at night with the nature of my disease and it was just using this with men all around you.</p> <p>It's a fight to get to the bathroom, too few toilets</p>
<p>I was taken to the ward.. it was quite quick.. there were two or three beds and I was given a choice.</p> <p>They explained everything they were doing.</p> <p>There is a bit of banter between the nurses and yourself and it make you feel at ease.</p> <p>They covered me with a towel and they were doing things, you weren't just left lying with nothing around you and that was one of my big fears.. they made me feel at ease.</p>	<p>.. some people you would think and slept all day to get ready for the night, They start talking and they come alive..</p> <p>You see some elderly sitting and they want to go to the toilet there and then but the nurses are too busy to do something about it there and then.</p>
<p>The two guys were really nice and I was in such pain... they</p>	

<p>stopped the ambulance to settle me.. they were really good.</p>	
<p>They didn't leave me for very long. Came backwards and forwards to see me.</p> <p>Happy with treatment and staff..oh yes they are lovely people. Even the domestics chat to me and the auxiliaries – they're great. The doctors could not be nicer.</p> <p>I've never been in hospital before, I actually was very impressed, maybe because part of me didn't care what anyone did as long as they made me better but everyone explains things and was kind and helpful....</p>	<p>Only one person I just felt could've been a wee bit more helpful.</p>

Observations of Practice

Positive Comments	Areas which need some attention
<p>Air of calm in the ward Excellent patient staff interactions Observations of attention to need for food and fluids. When the nurse indicated she would be back in a few minutes, she was.</p>	<p>Curtains only partially reopened following examination. Patient fixed the curtains to enable them to talk to their neighbor.</p>
<p>Good communication visible which included the ability to use humor. Staff were courteous in their approach. Issues related to toileting were addressed immediately.</p>	<p>As the ward was busy protected meals times were interrupted.</p>
<p>Staff spoke to patients in a calm friendly manner, the use of humor noted Staff caring and compassionate to patient with a hearing device. Request to have a laundry bag dealt with in a very respectful way. Staff used curtains and spoke in quiet tones to maximize privacy and dignity</p>	
<p>No interruptions observed Patients able to communicate well with staff on a first name basis and the use of humor evident. Area calm and care delivered promptly</p>	<p>Challenges around the need to balance privacy and dignity for all patients with relatives wishing to visit outside set hours. Items/cups on the floor potentially reflecting staff attitude to maintaining a professional clean area.</p>

<p>During observation a staff nurse was confronted by a concerned relative responded in a professional manner to ease the situation and responded promptly to resolve the confusion.</p> <p>Communication between team members and patients positive. Staff spoke in a quiet manner to try to ensure others did not overhear.</p>	<p>Staff identification needs action</p> <p>Challenges associated with discussing patient details on the corridor at the white board.</p>
<p>When caring for a 5 year old child staff were observed lowering himself to the patients level and speaking in an appropriate tone while reassuring the child's distressed parent. The staff member remained calm during communication and treatment and were observed displaying empathy in taking into consideration the emotions of the parent and assessment findings and advice were explained.</p>	
<p>Staff observed to be polite and courteous Immediate needs such as toileting etc dealt with in a respectful manner. There was evidence that patients were involved in deciding the best course of action for their care. Staff took great attention to ensuring privacy and dignity. Good use of utensils to support independence in older people.</p>	
<p>There was a sense of organization in the ward. The relationship between staff and patients was comforting to watch. Doctor sat down and spoke very calmly to service users. Curtains used appropriately</p>	

<p>Most interruptions short with apologies given.</p> <p>Calm environment</p> <p>Tea service ongoing at the time which choices given to patients</p> <p>Easy communication between disciplines</p> <p>Visitors made feel welcomed</p> <p>Medical and nursing staff observed thanking patients.</p> <p>Student nurses very courteous and helpful to older patients.</p> <p>Full explanation observed at admission.</p> <p>Doctors observed answering questions openly and honestly.</p> <p>Tone of voices quiet helping maintain privacy.</p> <p>Medical staff checked with patient and asked patient permission prior procedures.</p>	<p>One nurse was interrupted while giving IV medication by two staff.</p> <p>One patient observed unable to reach the call bell, however during the course of the observation the patient had a lot of attention for both staff and visitors.</p> <p>Staff need to completely close curtains/screens as this was not done in one case.</p>
<p>Staff attended a cyclist who had collided with a parked vehicle. The patient had limited English. Staff were observed introducing themselves, communicating slowly and clearly and reassuring the patient about the care they would receive and that someone would look after his bike.</p>	

<p>Visitors made feel welcome</p> <p>Staff spoke to patients at eye level.</p> <p>Gentle reassuring approach.</p> <p>Doctors polite and introduced themselves even when patient was confused.</p> <p>Ward environment calm and clean.</p> <p>Patients in bay give a hand wipe before lunch.</p> <p>Members of staff heard checking that patients had their buzzers to hand and that they had enough to drink etc.</p>	<p>Patient observed shouting 'nurse'. Call bell on locker, patient needed to use the toilet, Doctor came in and got a nurse straightaway.</p> <p>3 mattresses beeped constantly during observation – no action taken</p> <p>Porter came to ward to take patient did not introduce themselves. Entered into a debate with nurses about the lack of footrest in front of patient.</p> <p>One female patient in a bay with four male patients</p>
<p>The level of verbal communication between doctors on ward round and patients appeared appropriate. The encounters seemed to be non-rushed and sensitive to the hearing/language needs of patients.</p>	<p>In Bay B the older lady, during the doctors round had to give details relating to a gynae history, within the ear-shot of the male patients.</p> <p>There was limited verbal interaction observed between nursing staff and patients – there was a lot of activity as staff moved in and out of bays but limited direct engagement with patients. The constant activity by staff would not have encouraged patients to seek verbal interaction.</p> <p>As nursing staff were not present during ward round with all patients, it was unclear how information relating to patients health needs is exchanged.</p>

<p>Auxiliary nurse displayed excellent caring skills, patience and them given to older, deaf patients assisting them to make meal choices.</p> <p>Nursing staff spoke slowly and clearly to patients.</p> <p>Auxiliary talked to hearing impaired patients, ensuring they could see her face.</p> <p>Staff explained what they were doing.</p> <p>Nurse observed having good rapport with patients.</p> <p>Nursing Auxiliary demonstrated excellent practice, checked glasses were within reach of patients and refreshed all glasses.</p> <p>Doctor introduced himself and explained venepuncture before proceeding</p> <p>Generally a nice atmosphere on the ward between staff</p>	<p>On two occasions patients required access to the toilet at lunchtime. Toileting took place behind a screen where the lunch was still sitting – the lunch got cold.</p> <p>Patient interrupted with no apology.</p> <p>Social worker did not gown up to speak to patient with isolation precautions.</p> <p>One patients drink was not in easy reach.</p> <p>Little use of patients names by medical staff.</p> <p>One male nurse at nurses station continually chewing gum.</p>
<p>Sister ensured patients settled before leaving them.</p> <p>Confused patient who was wandering quickly approached by a nursing auxiliary and gently accompanied back to her seat, the member of staff stayed with her until she was settled.</p> <p>A friendly calm atmosphere in the ward.</p> <p>Feeding (an elderly patient) took a considerable time and the patient was not rushed.</p> <p>Catering staff noticed that the patient hadn't eaten much and asked if they would like them to get something else.</p> <p>Very gentle quiet spoken when interacting with sick lady.</p>	<p>Results of blood tests not shared promptly.</p> <p>Communication been some support staff and patients could be improved.</p> <p>Need the opportunity to wash your hands before/after eating and toileting.</p>
<p>No interruptions in care delivery</p> <p>Patients asked if they were comfortable and if they wanted pain</p>	

<p>relief during medicine rounds. Good relationship between patients, staff nurses, auxiliary staff and students, patients were all called by their first names. Agency nurse went around all staff and introduced herself and explained she was an agency nurse but she would be there all evening. Sense of organisation and calm. Good banter with patients. Domestic cleaning the blinds had good communication/conversation with patients.</p>	
<p>Patient said she had a generally positive experience in relation to the attitude of the staff who in the main were polite and courteous.</p> <p>She said they treated her sensitively particularly around the reason for admission.</p>	<p>However, the patient felt that the Doctor (Consultant) discussed the reason for her admission in a loud voice and in a disapproving manner</p> <p>She didn't know his name or grade.</p>
<p>Please and thank you used by all staff. No interruptions in care. Respect shown by medical staff when patient needed to use the bathroom and the Doctor was prepared to wait. Sense of organisation and calm. Good rapport with patients. Good display of empathy. Doctor introduced herself and explained what she was going to do.</p>	<p>One episode of staff shouting at a patient with poor hearing over a distance.</p>

Survey Feedback

<p>Staff made patients feel at ease before surgery Staff listened to everything had to say I had major surgery which I dreaded but staff made it a positive experience.</p> <p>The care and attitude of the staff on this ward far outweigh any other ward in this hospital. Family always impressed with dignity shown and caring manner Staff excellent, friendly, pleasant, helpful. All the staff were full of compassion and this helped me feel secure. My stay in hospital was made a pleasant one by the good care and attention from the bottom up even though I was in pain</p>	<p>Information not always available</p> <p>Girls do their best but not enough staff to help with workload.</p> <p>Staff are very good but ward is short of staff.</p> <p>Need one gender wards</p> <p>Very busy ward, my father as moved frequently, already confused, this made him worse.</p> <p>Found it difficult at times to get information</p> <p>Waiting in A&E- had to go home and come back for admission</p>
<p>A student nurse shone through, not just with her attention to me but to two older ladies in the bay.</p> <p>All staff very caring and professional</p> <p>Staff were exemplary, pleasant and friendly. Excellent service at a time of deep personal confusion. Friendly staff willing to help Always kept up to date with treatment plan</p>	<p>Dissatisfied about the length of time to get discharge letter signed and pharmacy drugs for home.</p> <p>Some night staff not pleasant.</p> <p>Answer buzzers and bleeps on drips earlier.</p> <p>Nurse staffing levels stretched, always seem far too busy Some areas needed repainted / TVs fixed.</p>

	<p>At times lots of noise – doors slamming, lids of waste bins</p> <p>Communication between teams needs to improve.</p>
<p>The healthcare assistants are kind and reassuring when you feel lonely and vulnerable. Overall they were brilliant.</p> <p>A patient said, ‘The smiles on the staff were especially helpful, many thanks to all for making my awful situation easier to bear.’</p> <p>The nurses were very nice and seem to understand when you were in pain.</p> <p>Great friendly staff.</p> <p>The nurse I had in theatre as I was being put asleep was so nice and really calmed me down as she could tell I was nervous. She held my hand and made a difference.</p> <p>Father very well cared for with respect and professionalism.</p> <p>The ward was very clean, I used the toilet at night and I found them to be as clean as they were in the morning.</p> <p>I am a Muslim and the nurses did their best to help me around prayer time and let me leave my curtain around.</p>	<p>Would like to be given more positive options of sleeping remedies especially because of the noise.</p> <p>Some of the nurse at night were not very nice</p> <p>You never saw a nurse at night</p> <p>Ward environment at night noisy</p> <p>Staff very understaffed, constantly under pressure</p> <p>More nurses to deal with elderly patients</p>
<p>Excellent care and very mannerly and courteous staff From the moment I arrived I was treated like royalty My stay here has been a pleasure and hope all hospitals can met the same standards.</p>	<p>Provide a ‘helping hand’ so patients could reach and pull over locker as required.</p> <p>A family room for visiting might help as only two to a bed can be</p>

<p>Excellent, hardworking and friendly staff The teamwork between staff and departments was nothing short of wonderful. I must say everything was fine but if there has to be a winner then it would be food.</p>	<p>difficult</p>
<p>Excellent teamwork and continuity of care Extremely professional and courteous.</p> <p>All staff friendly and polite, kind nurses.</p> <p>Great doctors, nurses and people serving food</p> <p>The feeling of being made 'at home' during one of the most difficult periods of my life. In what was a very scary time in my life there was always someone to listen and comfort.</p> <p>Impressed with the cleaning in this bay Satisfied to be a patient in this beautiful clean hospital.</p>	<p>Interruptions in care reported by patients. Information needs to be improved</p> <p>We had to wait a long time for medication to come from pharmacy.</p> <p>Disappointed not to be offered a wheel chair to get to the car when going home.</p> <p>More use should be made of name tags, while staff introduce themselves it was difficult to remember faces and names</p>
<p>This is an excellent run ward.</p> <p>Staff always willing to help and very nice and friendly when they did.</p> <p>Room of my own. Felt as if staff cared for me and how Sister was very quick to notice when I was down one day and came and talked to me and listened.</p>	

The way I was treated was excellent.

Staff always friendly and helpful.

Nothing too much trouble, no complaints

The polite and helpful attitude of all categories of staff, often in very difficult situations, based on personal experience and observation.

The staff care and attention was very good as I am deaf and they communicated with me very well.

Sister runs a tight ship and the staff know exactly what they are doing.

Safe clean environment

Professional friendly attitude of staff

I have worked in some outstanding hospitals...and as a consultant surgeon in XXX, I have never experienced the degree of commitment, care, communication and effective team work that I experienced in the CCU over the course of a week I spent there.

The kindness and care shown by all was exceptional.

Friendly staff and thorough investigation of my complaint

Sometimes staff seem too busy. I think they could do with more help, more staff at times.

No mixed wards

Nurses are overworked. The patients are the ones who suffer at the end of the day

On discharge my family were told to come at 2.15 when I was ready but the drugs didn't come from pharmacy until 4pm.

<p>OT very encouraging Phsyio and podiatrist observed making full use of curtains Excellent care and attention</p> <p>Kindness shown at all times</p> <p>Good staff</p> <p>Cleanliness of wards and surroundings</p>	<p>More nurses might help</p> <p>Do away with restrictive visiting hours, can understand the need in an acute ward not this ward.</p>
<p>Care was excellent.</p> <p>Great camaraderie, always joking Medical treatment excellent.</p> <p>The kindness an attention of nurses was unsurpassed.</p> <p>Kindness shown to me makes my stay more bearable.</p> <p>Very enjoyable, excellent staff.</p>	<p>Staff are very stretched and stressed at times</p> <p>Keep the noise levels down when patients are trying to sleep.</p> <p>Waiting to get to the toilet at night as staff were so busy and one ends up incontinent, very distressing.</p> <p>Patients placed in mixed sex wards</p>
<p>Comfortable and cheery.</p> <p>All nursing staff were very friendly and helpful and made me feel comfortable.</p> <p>I was treated quickly and a diagnosis made. Felt reassured and confident that my illness was being tackled.</p>	<p>More staff on the wards</p> <p>Doctor available to write up medications</p>

<p>Most lasting impression: the friendliness of staff – the work of nurses</p>	
<p>Patients expressed satisfaction when they were kept informed of delay in an ambulance</p>	
<p>Willingness of all staff to help in times of need especially at critical times when all hands are required for possible emergencies.</p> <p>Staff very helpful, caring, welcoming, kind. Enjoyed the craic with them.</p> <p>Staff a credit to the health service</p> <p>Knowledge and standard of care could not be better – my thanks to all from Sister to Cleaner.</p> <p>Confident that everything was done correctly.</p> <p>Companionship with other patients.</p> <p>Doctors took time to explain what's wrong and how it could be rectified.</p>	<p>Possibly more attention to facilities such as toilets and access to single rooms when MRSA diagnosed.</p> <p>Some problems with the heating and no hot water on the ward Variable food quality</p> <p>Could improve information and communication, mixed messages from medical staff</p>