




WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<b>RAISING AWARENESS</b>	We are continuing to engage with different groups of staff to brief them on the findings of the survey and facilitate workshops where there are robust discussions regarding actions for improvement to the system.		<b>ON-GOING</b>
<b>ADMISSION TO HOSPITAL</b> 	<b>WAITING TIMES:</b> Reduce Emergency Department waiting times.	1. We are working with all staff to ensure waiting times in the emergency department are consistently reduced.	<b>ON-GOING</b>
		2. Increase number of available beds with opening of second ward in Phase 2.	<b>ON-GOING</b>
<b>CARE ON THE WARD</b> 	<b>NUTRITION:</b> Improve hospital food and nutrition.	1. We are carrying out a review of our menu selections to ensure patients have a choice of a meal.	<b>ON-GOING</b>
		2. We are raising awareness with all staff so if a patient misses a meal they will ensure patients get appropriate nutrition.	
		3. We are ensuring there are healthy snacks available between main meals.	
		4. Information will be provided to patients so they are aware that choices and extra portions are available.	
		5. Skills in food presentation to be enhanced among the catering assistants.	
		6. New Hygiene Services Manager with remit for catering due to commence early November, 2018.	<b>NOV 2018</b>
		7. Audits of snacks provided and menu selections to recommence. Nutrition and Hydration working Group to reestablish to oversee the above.	<b>DEC 2018</b>
<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Improve the availability of information.	1. Patient health information provided will be improved throughout the patient journey.	<b>ON-GOING</b>
		2. We are engaging with all staff to ensure that patient needs on discharge are discussed with patients and families at the earliest opportunity.	<b>ON-GOING</b>
		3. We are enhancing supports to fully enable patients to leave by 12 noon on the day of discharge. This will assist patients to arrive home or to their discharge destination during day time.	<b>ON-GOING</b>
		4. We are working to ensure patients are aware what to do if they have any concerns after discharge.	<b>ON-GOING</b>
		5. We are improving the availability of information on medications. We are also working to ensure this information is provided to patients and families at the earliest opportunity.	<b>ON-GOING</b>
		6. We are working to ensure patients are aware what to do if they have any concerns after discharge.	<b>ON-GOING</b>
		7. Poster presentation of survey to be displayed. Feedback information to be delivered to relevant staff.	<b>ON-GOING</b>
		8. Design questionnaire for telephone survey for the Acute Surgical Assessment Unit with subsequent follow up telephone calls.	<b>DEC 2018</b>
		9. We are improving the availability of information on medications. We are also working to ensure this information is provided to patients and families at the earliest opportunity.	<b>ON-GOING</b>
	<b>COMMUNICATION:</b>	1. We are promoting an initiative for all our staff to use when liaising with patients and their families/carers which is '#Hello, my name is...' Every staff member has been provided with a name badge which they wear while on duty. This will ensure that patients and their families/carers know the names of the staff who are caring for them.	<b>DONE</b>
2. We will allow time for patients and their families/carers to ask questions during ward rounds.	<b>ON-GOING</b>		

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<b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b> 	<b>COMMUNICATION:</b> Improve the availability of information.	3. We are working to ensure staff communicate effectively with one another and with patients by promoting use of structured communication tools such as SBAR (Situation Background Analysis Recommendations).	NOV 2018
		4. Discharge Information Packs will be piloted by end of November 2018.	ON-GOING
		5. FAQs for discharge planning to be laminated for each patient's bedside.	ON-GOING
<b>DISCHARGE OR TRANSFER</b> 	<b>COMMUNICATION:</b> Provide more information to patients at discharge.	1. We are supporting staff to care for patients and their families/carers by continuing staff support groups such as 'Schwartz Rounds'.	Q1 2019
		2. We will continue to improve patient and staff experience through 'patient safety walk arounds' by the DON and GM.	ON-GOING
		3. We will continue to develop and implement person and family/carer centered care through learning and improving programmes for all staff.	ON-GOING
<b>STAFF EXPERIENCE</b>	<b>WELLBEING:</b> Improving staff well-being.	1. We continue to develop all our staff by enhancing and improving their clinical, leadership and communication skills through continuous professional development.	ON-GOING