



PATIENT FEEDBACK

Area for improvement: To promote a culture of patient engagement, ensuring patients who want to, are aware of how to provide feedback or complaints.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Increase visibility of how, where and when our patients can provide feedback.	<ul style="list-style-type: none"> Invite patients to participate and engage with the design of a new hospital website. 	<ul style="list-style-type: none"> The new hospital website will be designed with a patient centred focus. 	Q1 2025
	<ul style="list-style-type: none"> The PALS Department to lead out (website design) on ensuring that all relevant PALS information is easily accessible to patients including signposting on how and where feedback can be provided. 	<ul style="list-style-type: none"> The design of the website will be undertaken by the key individuals to ensure that there is a patient centred approach and that relevant signposting and information is easily accessible. 	
	<ul style="list-style-type: none"> Include in the updated Patient Information Booklet a QR code where patients can provide immediate feedback on a variety of topics. 	<ul style="list-style-type: none"> Accessibility for patients to provide feedback on different topics e.g. discharge process. 	
	<ul style="list-style-type: none"> Ensure that there is clear signposting to the PALS Department in the hospital. 	<ul style="list-style-type: none"> Information visible throughout the hospital. 	
	<ul style="list-style-type: none"> Ensure the placement of PALS posters and patient information leaflets in all key areas of the hospital, this must be monitored and reviewed on a regular basis. 	<ul style="list-style-type: none"> Information visible throughout the hospital. 	
Move to a Patient Partnership Model where our patients are partners in designing and improving services.	<ul style="list-style-type: none"> Review the current structure in place (Patient Experience Forum) and draft a proposal detailing moving to a Patient Partnership model. Seek nominations of patients from across all the Clinical Areas to participate in and be actively involved in a Patient Partnership Group. Agree a schedule of meetings for 2025 and design and agree together with the patients the terms of reference for the group. 	<ul style="list-style-type: none"> Wide representation of patients from across differing services and specialities working together with hospital staff reviewing relevant data, translating to key pieces of information that will drive change and improvement. 	Q3 2025
Ensure that the wider hospital is aware of the feedback that our patients are providing and how to use this to identify and drive improvement.	<ul style="list-style-type: none"> Design and prepare individual reports sourcing data from the Complaints Management System for circulation to Directorate Management Teams. The completed/populated reports are circulated to all relevant areas on a quarterly basis including being presented at scheduled Patient Engagement Committee meetings. The Clinical Directorate Management Teams to feedback as part of their reports to Corporate Clinical Governance Committee on actions taken and improvements made as a result of the circulated data. A new template for reporting to Corporate Clinical Governance Committee to be developed to support this reporting requirement. 	<ul style="list-style-type: none"> Clinical Directorate knowledge and understanding of the types of complaints/ feedback that patients provide. The information disseminated can be reviewed and utilised to identify where there are areas for action and improvement. Assurance will be provided at the Hospital Clinical Governance meeting that patient feedback is being reviewed and actioned to improve the patient experience. 	Q1 2025



PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

Area for improvement: Improve the hospital experience for patients dealing with a long term condition or a disability.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To promote a diversity and access friendly environment which will allow both patients and staff to accommodate the differences among us all, whether they are neurodiversity, illness, dementia or physical difference.	<ul style="list-style-type: none"> Prepare a proposal and seek agreement that Beaumont Hospital will become a JAM Card© (Just. A. Minute.) Partner for three years as a quality initiative. www.jamcard.org/ Meet with representatives from other hospitals who have implemented JAM Card and learn from their experiences. Prepare an implementation plan which will include the following: <ul style="list-style-type: none"> Education and awareness programme for staff Relevant signage to be placed around the hospital. 	<ul style="list-style-type: none"> This project will allow us to support those who need extra time to process important information in a medical setting, and to create a hospital-wide awareness raising initiative to support both patients and staff with neurodiversity and other differences. 	Q2 2025
Introduce a Volunteer 'Meet and Greet' Programme in the Hospital – the service would help patients and families to find their way around the hospital, bring them to their destination if required or help them get wheelchairs etc if needed.	<ul style="list-style-type: none"> Prepare a proposal for the introduction of a 'Meet and Greet' volunteer programme. This will include the following: <ul style="list-style-type: none"> Hospital policy on volunteers Recruitment procedure for volunteers Training to be provided to volunteers Orientation for volunteers. 	<ul style="list-style-type: none"> This will improve the experience for patients and their families when visiting the hospital and trying to find their way around. Patients and families will be accompanied to various areas in the hospital and provided with assistance if required. 	Q3 2025



OTHER (DISCHARGE OR TRANSFER)

Area for improvement: To improve the overall patient experience in the discharge process with particular focus on good communication and the provision of information to ensure a safe and effective discharge.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To include the patient in their discharge plan ensuring they are aware of what is happening in their plan of care and improve communication and the provision of relevant information.	<ul style="list-style-type: none"> Implement a standardised patient information pack which patients will receive on admission. This pack will contain information on their discharge, their admission and infection prevention and control information at a minimum. 	<ul style="list-style-type: none"> The patient will be more engaged in the discharge planning. 	Q3 2025
	<ul style="list-style-type: none"> A discharge care plan will be initiated on admission and reflect the patient's ongoing treatment plan inclusive of a proposed plan for discharge. This will be discussed with the patient and/or their family during their episode of care. 	<ul style="list-style-type: none"> The patient and relevant person(s) will be prepared and informed of an impending discharge. 	
	<ul style="list-style-type: none"> The patient's home situation and the impact of this on each individual discharge plan will be documented as part of the admission process and will form part of an ongoing discharge care plan. 	<ul style="list-style-type: none"> The patient will be discharged with the required supports in place. 	
	<ul style="list-style-type: none"> Information in relation to blood clots will be provided to a patient on discharge – Blood clot card. 	<ul style="list-style-type: none"> Patients will be made aware of what to look out for once discharged and what steps to take next. 	
	<ul style="list-style-type: none"> Provide relevant contact details on discharge. 	<ul style="list-style-type: none"> The patient knows who they should contact should they have any worries or queries once at home. 	