PATIENT FEEDBACK					
SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE		
Increased awareness of local and national feedback and complaints process.	 Patient information leaflets on feedback and complaints including national 'Your Service Your Say' (YSYS) information (in different languages). Pulldown banner from National Patient Advocacy Service displayed throughout the hospital and on live TV display screen. Continual feedback and complaints advocacy awareness sessions locally and online with hospital group. Annual audit measuring compliance against YSYS national policy. 	 Increased awareness of the feedback and complaints process with both service users and staff. Improved patient experience. Standardized knowledge around feedback and complaints from national YSYS office (in different languages). 	Q1 2025		

PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

Area for improvement: to improve disability awareness amongst all staff and appropriate disability access service provision for all service users attending the hospital.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Promote user and visitor experience of those with disabilities accessing our services.	 Intellectual Disability (ID) liaison nurse as a vital link with community and hospital (promote permanent backfilling with current embargo). New Pain score tool – introduction of ABBEY score for patients with cognitive impairment who are unable to clearly articulate their needs. Patient Information Leaflets (PIL) ongoing committee approving all PILs. Use of TV display screens for promote education on disability services in the locality. Preferred name Initiative went live 7th October 2024 – patients and staff can register and be called their preferred name. Mapping patient journey with a disability from front door disabled parking, wheelchair availability, meet and greet volunteers, wheelchair accessibility throughout entire hospital (step free entry to exit), hearing devices for visitors and patients with hearing difficulties, access officer trainers within the hospital. Availability of interpreter/translator services to improve all service users experience. Use of health promotion corner onsite and twitter page to advertise awareness health days for public and service users throughout the year. Ongoing work between canteen and dietetic department for those with additional dietary requirements. 	Enhanced service users experience taken into account our respondents with disabilities.	Q1 2025





Area for improvement: enhance timelier access to ED triage services for those presenting age 75+ years of age.				
SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE	
Standardising a comprehensive intervention to streamline triage with a fast track protocol, using Category 3+ for patients aged ≥ 75 presenting to ED.	 Prioritised registration at ED front desk, prioritised triage, clinician review, OPAL review (Older Person Advocacy Liaison service) staff education, mandatory 4AT score, expedited chart movement by health care assistant, and a multidisciplinary approach. Staff education programme on this initiative to ensure sustainable practice. 	 Expedited treatment and disposition resulting in improved service user experience. Pilot study completed in July 2023 showed that the average time to see a doctor for these patients had reduced by 49 mins and the seen by time to discharge time was reduced by 1 hour and 19 mins. Current Quality Improvement project will expand this in other areas including trauma patients over 75 years. 	Q1 2025	

