



PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Service user feedback.</p>	<ul style="list-style-type: none"> Promoting 'Your Service Your Say' – informative posters around hospital and wards providing instructions on how to give feedback or make a complaint. (YSYS posters displayed at the hospital entrance, all hospital waiting areas and every ward. Feedback cards in multiple languages available in holders located in wards and hospital corridors/waiting rooms. SCH Feedback email address listed on internal feedback form and inpatient survey form if patient wishes to submit written/formal complaint). Advertising SCH Feedback email address – posters with contact information displayed in hospital waiting areas and wards. 	<ul style="list-style-type: none"> To ensure that providing feedback is clear, easy and accessible to all service users. 	<p>Q4 2024</p>
	<ul style="list-style-type: none"> Introducing and distributing newly created internal inpatient satisfaction questionnaire/survey. (Internal inpatient survey and YSYS feedback cards attached to all inpatient welcome packs. Clerical officers on wards to distribute surveys at discharge). Providing assistance in completing the survey to patients with disabilities. (Healthcare assistants to encourage and support all the patients with completing feedback cards). Educating clerical staff, nursing and healthcare assistants on importance of feedback. (Instructions on how to contact Patient Liaison Officer or Patient Services Officer to be given if patient wishes to give feedback orally – information with contact details available with clerical officers). 	<ul style="list-style-type: none"> Create awareness and accessibility. Providing equal opportunity and inclusion to each and every patient. 	<p>Q4 2024</p>
	<ul style="list-style-type: none"> Collating and reporting of received feedback every month. (Patient Services Officer to gather data monthly. Reports to be submitted to General Manager Office, QSE and Clinical Governance. Any serious issues or concerns will be addressed immediately with ward CNM. Ward user group meeting will be held quarterly to discuss received feedback and to follow up on implemented changes and future improvements). SCH Feedback email is currently being coordinated by Patient Services Officer and GM Office under Management of Service User Feedback Policy – to be monitored by Communication Manager once in post. (all incoming mail is being acknowledged, forwarded to relevant department, investigated and addressed within policy timeframe). 	<ul style="list-style-type: none"> Identify the areas that are unsatisfactory. Collated data will help to choose effective tools to enable improvements and implement necessary changes. 	<p>Q4 2024</p>



PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Decisions about your discharge	<ul style="list-style-type: none"> • Actions to improve patient involvement. • For those patients with difficulty hearing they can avail of the hearing amplifier available on every ward, availability of this equipment is to be communicated to all staff during staff meetings/huddles. This aid is available through the speech and language department and there is an SLT assigned to every ward. • Communication aids such as picture charts are also available for use. These are available to access through the speech and language department on a referral basis. • New patient information leaflet given to patients on admission to hospital. This will inform patients of what to expect on discharge. It details their expected date of discharge and offers information on the importance of early discharge planning. It also offers examples of questions they may wish to have addressed in particular around medications. There is an opportunity to note any questions themselves to act as a reminder. • CNM's and staff nurses engage patient in discussions regarding their discharge plan. 	<ul style="list-style-type: none"> • These actions will address any issues around communication regarding discharge planning. • They encourage patient and family education and involvement in the discharge plan. 	Q4 2024



OTHER (MEAL AVAILABILITY AWARENESS)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Hospital food outside of set meal times.	<ul style="list-style-type: none"> • Update patient Welcome pack with a <i>communication friendly accessible leaflet</i> with the following information: <ul style="list-style-type: none"> – Snacks are available throughout the day, outside of set mealtimes. – Requests for snacks are made to the Nurse or HCA (given the need to consider dietary requirements of the patient including diabetic, gluten free, Texture Modified Diet, other). – The range of snacks available (this will include snacks appropriate to all Texture Modified Diets and compliant with IDDSI as well as any other special diets). • Create a notice for display on the ward notice board to capture all the above information. • Update Nutrition & Hydration Policy to include provision of snacks outside of set mealtimes. 	<ul style="list-style-type: none"> • To ensure that patients are aware that snacks are available outside of set mealtimes. • To ensure that a range of snacks suitable to the patients recommended diet are available in the ward kitchens. • To ensure that all staff are aware of the availability of snacks outside of the set mealtimes. • To ensure that information is presented in an accessible format – to support patients who have a hearing impairment and/or communication impairment and/or whose first language is not English. 	O4 2024