



PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To ensure that pathways for patients to provide feedback or make a complaint are clear and available to them.	<ul style="list-style-type: none"> <li>To review the current 'Your Service Your Say' (YSYS) signage to ensure its purpose is clearly understood by patients.</li> <li>To increase the number of feedback boxes throughout the site with feedback leaflets available.</li> </ul>	<ul style="list-style-type: none"> <li>Additional feedback boxes and clarity as to what they are for amongst patients/families.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>To develop a local feedback form in line with 'Your Service Your Say' (YSYS) with a QR code for ease of feedback which will be displayed across the site.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in the number of ways that feedback can be provided.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>To further promote YSYS among staff to ensure they can inform patients about how to provide feedback or make a complaint.</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness among staff of feedback and the ways that patients provide feedback.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>To maximise the uptake of Module 1 (Making Connections) of the National Healthcare Communication Programme, by delivering the programme on the various wards through "bite size" modules of 20 minutes maximum across the site.</li> </ul>	<ul style="list-style-type: none"> <li>Sharing of data across the wards.</li> </ul>	Q2 2025
	<ul style="list-style-type: none"> <li>To reinstate the practice of placing the YSYS leaflet on the locker of every inpatient locker post discharge clean on discharge.</li> <li>To ensure that all wards have a compliments tree in place.</li> <li>To review the feedback data per ward on a quarterly basis and share with wards.</li> <li>To carry out an audits of inpatients in Q3 2025 to establish if there has been a positive impact from the above measures.</li> </ul>	<ul style="list-style-type: none"> <li>Staff awareness on the importance of feedback through the Compliment trees, sharing of data and training.</li> </ul>	Q3 2025



PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients with long-term conditions or disabilities will have equitable access to services.	<ul style="list-style-type: none"> <li>To complete a review and implement changes to wheelchair access.</li> </ul>	<ul style="list-style-type: none"> <li>To improve the access to wheelchairs at the main entrances to the hospital.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>To complete a full review of call bells across the site to ensure that they are fully operational and establish a weekly check of same on the wards.</li> </ul>	<ul style="list-style-type: none"> <li>To minimise the number of days where call bells are not available for patients who are unable to mobilise.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>To review the signage throughout the hospital and involve service users to inform the process.</li> </ul>	<ul style="list-style-type: none"> <li>To simplify the way finding for patients and their families.</li> </ul>	Q4 2025
	<ul style="list-style-type: none"> <li>To implement the Autism and Intellectual Disability Pathway in the ED and roll out throughout the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Improving the patient experience for patients with long-term conditions or disabilities.</li> </ul>	Q3 2025
	<ul style="list-style-type: none"> <li>To coordinate and raise awareness of the range of in-hospital supports available and promote access to these supports (CNs, PALs, Medical Social Workers etc.)</li> </ul>		Q2 2025
	<ul style="list-style-type: none"> <li>To develop an information leaflet on the in-hospital supports available with a QR code for accessing the information.</li> </ul>		Q2 2025
	<ul style="list-style-type: none"> <li>Roll out standardised information boards on each ward in line with the information leaflet.</li> </ul>		Q3 2025
<ul style="list-style-type: none"> <li>To review the provision of food outside of set mealtimes.</li> </ul>	<ul style="list-style-type: none"> <li>Patients who require meals outside of mealtime are provided with same.</li> </ul>	Q2 2025	


**PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION** *(Continued)*

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To ensure patients are fully informed about their medications, what danger signals to look out for and who to contact if you are concerned on discharge.	<ul style="list-style-type: none"> <li>All clinical staff to be briefed on the findings of the NIES and in particular the findings relating to discharge.</li> </ul>	<ul style="list-style-type: none"> <li>Staff are aware of the areas that require improvement.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>To review the current discharge documentation in use and on other model 4 sites to ensure that a simple checklist is in place that covers the lowest scores from the NIES survey.</li> </ul>	<ul style="list-style-type: none"> <li>Checklist developed that prompts staff to support a comprehensive discharge process.</li> </ul>	Q2 2025
	<ul style="list-style-type: none"> <li>To implement a discharge champion of the day on each ward who will ensure that the discharge checklist is completed and all information has been provided.</li> </ul>	<ul style="list-style-type: none"> <li>An assigned staff member who will be responsible for ensuring that the discharge process is comprehensive.</li> </ul>	Q2 2025
	<ul style="list-style-type: none"> <li>To review information leaflets from other hospital sites who have addressed the medications concerns and place the leaflets on the locker for every admission.</li> </ul>	<ul style="list-style-type: none"> <li>Patients/families knowledge of medications on discharge.</li> </ul>	Q3 2025