

FFT and Patient Insight for Improvement

Small Steps – Big Changes

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There is so much data -

FFT

local surveys

complaints

OBSERVATIONS

15 steps

Focus groups

National Surveys

Staff will say ‘that’s not my data/problem’ and so do nothing about the themes that emerge.

They see initiatives as being led from above and not relevant ‘on the shop floor’

- Making changes based on ‘traditional’ patient feedback is not something that the staff can simply ‘do’
- Examples of where patient experience data is used to spark debate and actions are rare

Is the feedback given to nurses from patients
on the ward valuable?

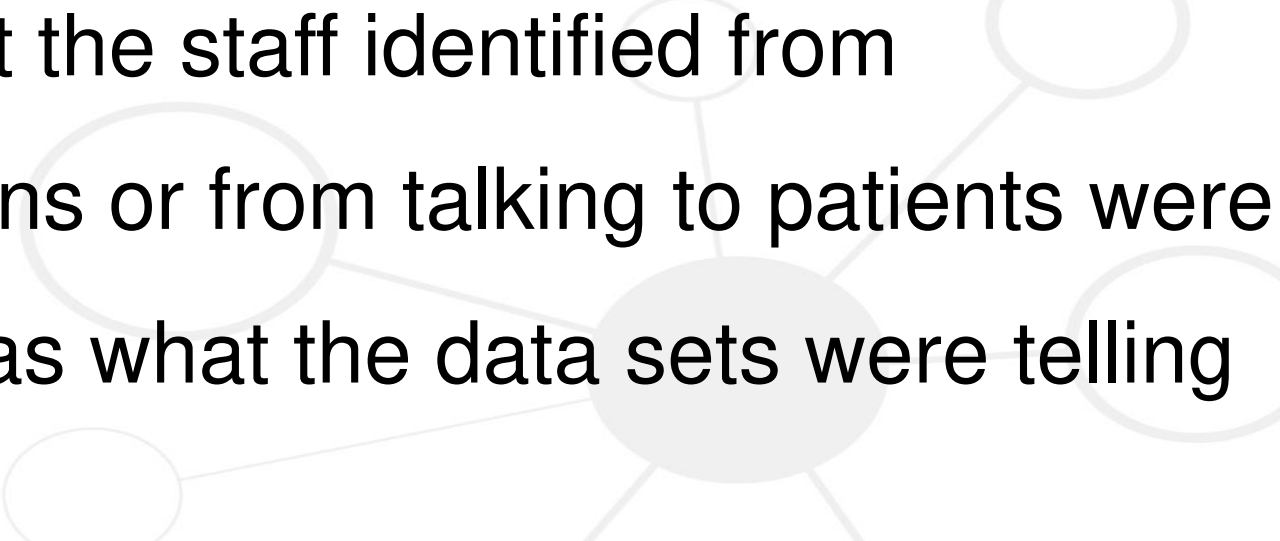
Is anecdotal feedback valuable?

Are staff suggestions valuable?

YES!

yes





Issues that the staff identified from observations or from talking to patients were the same as what the data sets were telling us.

- How could we get them to take ownership of this feedback and empower them to make small changes in real time to benefit these patients.

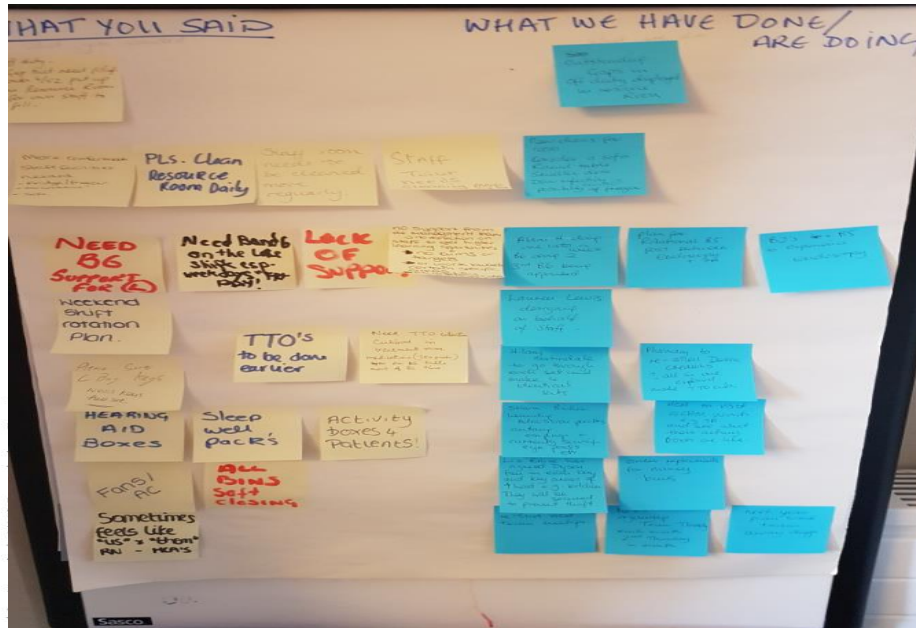


Joint working between Patient Experience
Team whose expertise is **understanding
data**

and

Ward staff whose expertise lay in
understanding their patients and listening
to them

- Listen to what mattered to the staff
- Hear **their ideas** for improving **their experience** of working on the ward and
- Then listen to **their ideas** for improving the experience of **their patients**
- Embed a culture of improvement for both the staff and the patients



- Using post it notes, staff came up with ideas that would improve **their experience**. These were anonymous but needed to be detailed so 'needs more support' had to be expanded with examples before we could action.

Ideas actioned as soon as possible

We then asked for suggestions on how we could improve the experience of patients based on what they had observed and what patients were telling them



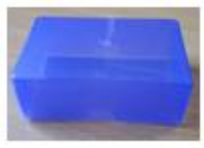
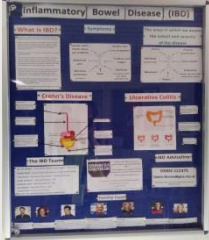
Criteria

- No project was too small
- It did not matter where the 'data' originated
- No minimum numbers of beneficiaries
- All ideas considered with support to introduce as many as possible

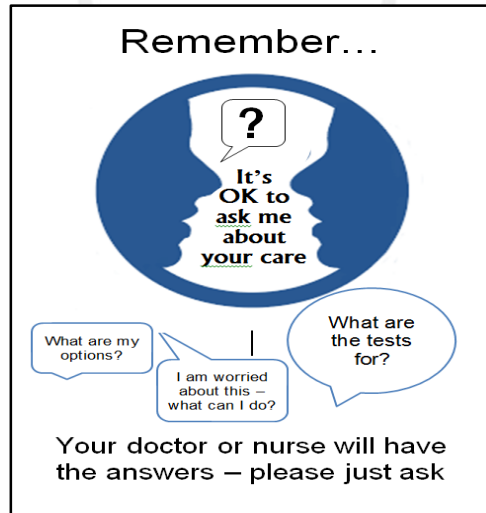
Lots of quick wins

- Several projects were quick to implement and produced good results for the patients, the staff and the Trust.
- Patients could see improvements being made in real time



Intervention	Background
<p>Hearing aid boxes</p> 	<p>These were put in place as a result of complaints about hearing aids being lost, staff's awareness of the distressing effects for patients of losing a hearing aid and thus not being able to communicate with the staff caring for them, as well as a wish to save the Trust the considerable cost of replacing them.</p>
<p>Information boards</p> 	<p>The ward survey highlighted that patients weren't always given enough information about their condition or treatment so information boards have been created for three key conditions that are common on the ward, with racks beside them to hold information leaflets that patients and carers can take.</p>

- Its OK to Ask – a poster and badge campaign encouraging patients to ask questions about their care



- No formal measurement of individual initiatives
- Staff encouraged to ‘just do it’ and to acquire the habit of making small changes where they saw the opportunity without having to adopt formal improvement methodologies and measurements

Moving on

- We looked at the data from other sources and with support, the team could identify concerning trends which they put to the staff for suggestions of how to improve

Focus groups

FFT

Surveys

Complaints

Benefits for the staff

- They feel able to influence care
- Make small steps of change
- Enjoy their work and socialise more – tombola/fundraising
- Have become a team and support each other