

# Observe, Listen & Act

## Measuring, Reporting & Acting on Feedback

The purpose of Observe, Listen and Act is to look at a person's total experience of a service from the service user/carer perspective, learn from it, share good practice and, where necessary, act to make improvements

Observe, Listen and Act is not an inspection; it is a way to identify supportive issues around a service that may seem small, but can make a big difference to the experience of patients, carers and their families

Observe, Listen & Act capture observations from a non-clinical view; this provides an opportunity for service-users, volunteers and non-clinical staff to take part in this improvement model





- FIRSTLY, our thanks go to Shropshire Community Health for introducing us their Observe & Act and also to NHS England for supporting this initiative.






- First attempts tried and tested but couldn't sustain



- New Training & Development Framework gave us governance and a quality framework to offer our own training, support and development.

- Our volunteers and governors coproduced the OLA tool to include visuals; revised the layout and questions to fall in line with Trust initiatives. Along with a new logo and title this left us with a user friendly tool that suited everyone's needs and one that we could all work with.

# The Review Tool

<b>Theme 1 Environment</b> 	<b>Theme 2 Communication</b> 	<b>Theme 3 Person Centred Care</b> 	<b>Theme 4 Food &amp; Drink</b> 	<b>Theme 5 Safety</b> 
<p>How does it feel</p> <p>Do signs from the entrance lead you to the ward/dept</p> <p>Are notices and information boards dated and relevant</p> <p>Is there easy access</p> <p>call bells answered</p> <p>Hearing Loops in place</p> <p>areas clean and tidy</p>	<p>Do people feel listened to and involved in their decision-making around their care</p> <p>are people spoken to in a reassuring voice, and in a language that they understand.</p> <p>Do people have a clear treatment plan that they understand</p> <p>Is a range of communication methods available to support discussions</p>	<p>How is dignity and respect shown</p> <p>Are service users encouraged to sit out of bed, wash and dress</p> <p>Are activities available to encourage people to stay active</p> <p>Are family &amp; friends encouraged to visit and are they involved in their loved ones care</p>	<p>Are choices offered</p> <p>Is there a varied menu to suit those staying on the ward/dept</p> <p>Is the food warm</p> <p>Is the food appetising</p> <p>Are snacks &amp; drink available throughout the day</p> <p>Is water readily available at all times</p> <p>Is assistance available</p>	<p>Do people feel safe, relaxed, comfortable and well cared for within the care setting whilst with us.</p> <p>Do people know how to give feedback and raise concerns</p> <p><i>If there is one thing that would make a difference to your stay what would that be?</i></p>

**All key themes align to our 8 principles of person centred care**



Active involvement in decisions



Flexible and co-ordinated services



Clear, easy to understand information



Compassion, dignity and respect



The right support to stay in control



Keeping safe and well



Welcoming the involvement of family and carers



Access to the right care, at the right time, delivered by trusted staff

# Training, Development & Quality Assurance, Northern Care Alliance Coproducton Framework

TASK	REQUIREMENTS	SUPPORT & DEVELOPMENT
<b>Recruitment</b>	Transparent recruitment process Role Description must clearly explain minimum requirements: Applicants must be DBS checked and have completed Trust Induction	Applicants can withdraw at any time. Alternative roles can be offered
<b>Training &amp; Shadow Observation</b>	Applicant to attend standardised OLA training (6hrs theory & shadow) Applicant to observe the practice of a Certified Observer.	<b>Shadow Observation:</b> Offer repeat shadows as necessary If applicant wishes to withdraw offer alternative roles
<b>Step 1</b>	Conduct OLA with certified Observer ideally within 4 weeks of receiving training. Familiarise and attempt to complete the OLA Form on walkabout Engage in conversation with patients/service users. Agree to receive verbal feedback from Certified Observer on the day.	<b>1st Observation:</b> If applicant is unsuccessful at Step 1, offer to repeat. 1-2-1 coaching available If applicant wishes to withdraw offer alternative roles
<b>Step 2 Certification</b>	Conduct OLA with certified Observer ideally within 4 weeks of completing Step 1. Complete the OLA Form on walkabout Engage in conversation confidently with patients/service users. Contribute to the feedback offered to Ward Manager on the day Agree to receive verbal feedback from Certified Observer on the day OLA Facilitator of training to award Trust Certificate	<b>2<sup>nd</sup> Observation:</b> If applicant is unsuccessful at Step 1, offer to repeat. 1-2-1 coaching available If applicant wishes to withdraw offer alternative roles
<b>OLA Passport to Practice</b>	Observers will deliver OLA in pairs, one of whom must always be a certified OLA Observer Agree to a minimum of 4 OLA's per year, considered best practice Engage with the support and development opportunities offered	Continued support in all aspects of OLA will be available by facilitator of training and coordinator through 1-2-1 coaching and group skills development  <b>Step 3 available to those interested</b>



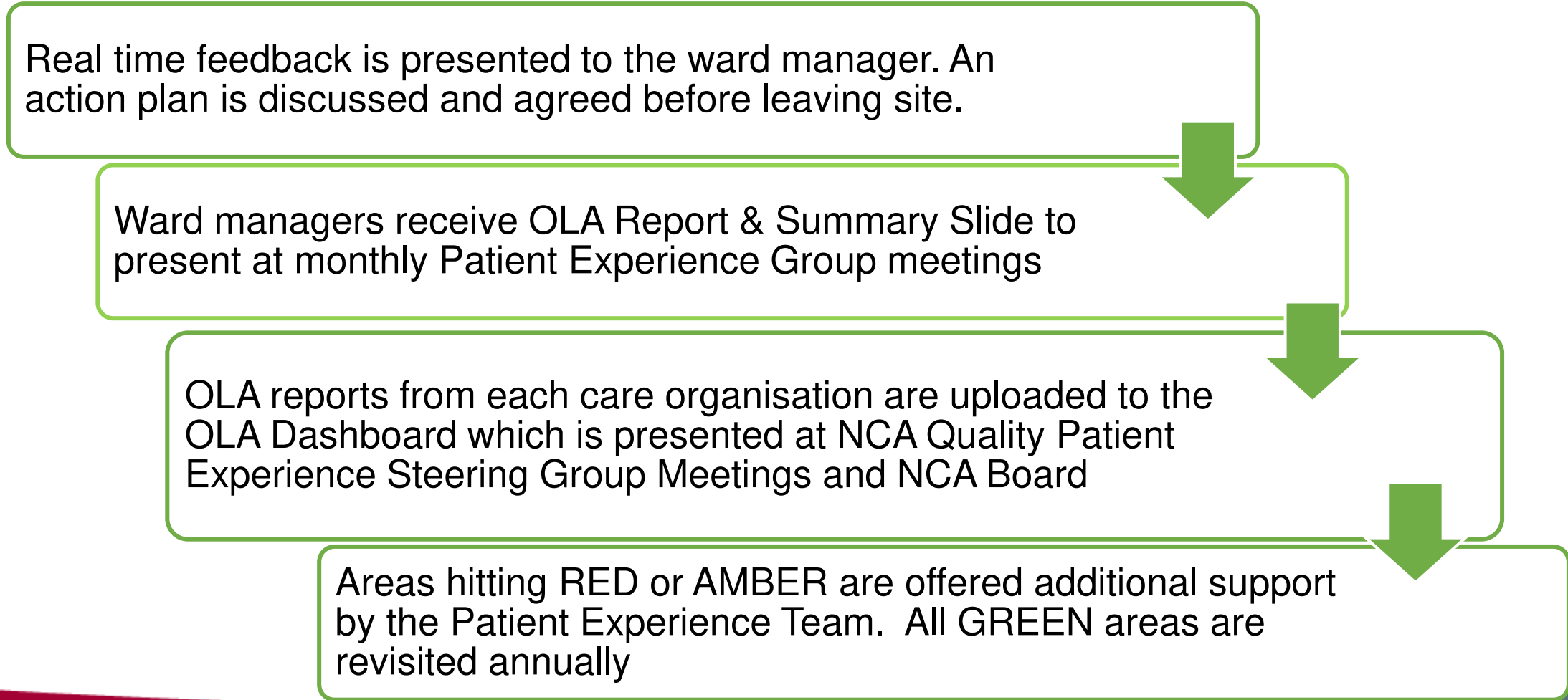
# Training Framework

- enables volunteers/service users and carers opportunities to engage and work with us
- provides non-clinical staff the opportunity to try something different
- offers a framework for medical students to gain on site experience
- encourages skills development for people considering new roles and job opportunities
- improves wellbeing for people who may never have considered this to be an option
- gives people the confidence to listen to 'real time' feedback and act
- builds partnerships with our clinical teams

*“ I like the structure of the training, how it is delivered and the ongoing support we receive. The OLA provides us with something that feels very purposeful”*

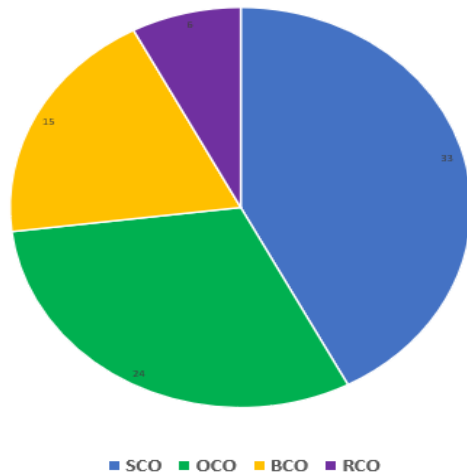
*Andrea Birch  
OLA Volunteer Observer*

# Measuring Success : Pathway for Reporting

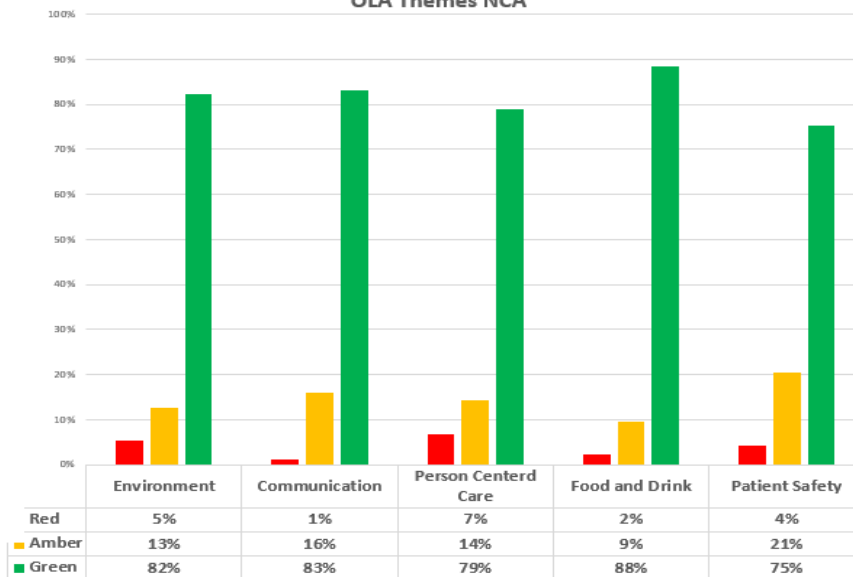


# OLA Dashboard

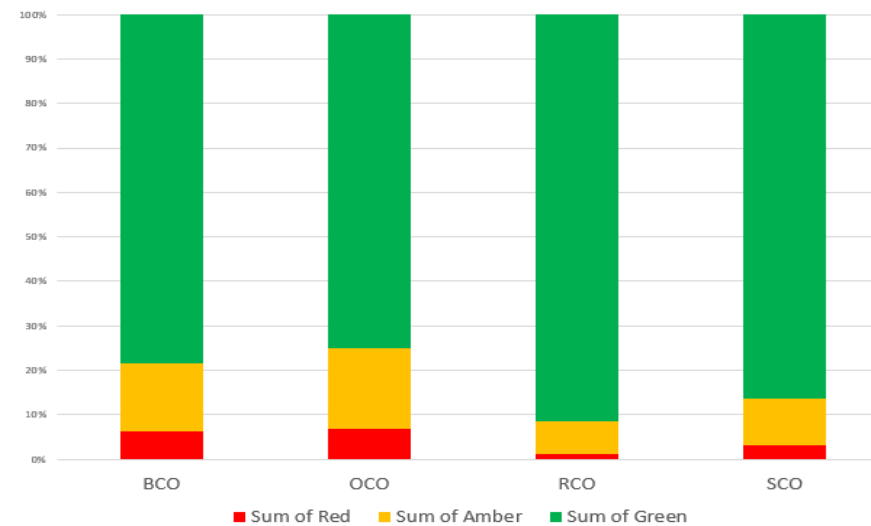
Completed OL&A by CO



OLA Themes NCA



OLA Standards by Care Organisation



Care Org	Division	Ward/ Team/ Service	Date OL&A Completed	Overall/ Average Score	Environment			Communication			Person Centred Care			Food and Drink			Patient Safety			Totals		
					# of Red	# of Amber	# of Green	# of Red	# of Amber	# of Green	# of Red	# of Amber	# of Green	# of Red	# of Amber	# of Green	# of Red	# of Amber	# of Green	Red	Amber	Green
		1	20/04/2023	Amber	0	4	14	0	0	4	0	0	6	0	0	4	0	1	2	0	5	30
		2	23/05/2023	Amber	4	4	12	0	1	2	0	2	4	0	0	5	0	1	2	4	8	25
		3	28/04/2023	Amber	1	2	17	0	0	4	0	2	2	0	0	2	0	2	1	1	6	26
		4	25/04/2023	Amber	4	4	11	0	1	2	0	3	4	0	0	5	2	0	1	6	8	23
		5	07/07/2023	Amber	0	4	16	0	1	3	3	2	2	1	0	5	0	2	1	4	9	27
		6	29/08/2023	Green	3	5	14	0	0	5	0	1	6	0	0	6	0	0	2	3	6	33
		7	18/01/2023	Green	3	0	16	0	1	3	0	0	7	0	0	6	0	0	3	3	1	35



# Achievements so far

- 97 Wards visited in 9 months with re-visits already commenced
- 57 people trained to undertake OLA
- The NCA is able to act much more quickly as a result of the OLA reporting structure
- Key themes identified include: Communication / Food & Drink / Hearing Loops
- Real culture shift in how staff view and value OLA and are able to act on suggestions rather than being told.
- Supportive intervention that identifies and offers support around issues that may have previously gone unnoticed.
- Gives staff time back.
- OLA supports Wards/Departments with their Nursing Accreditation (NAAS/CAAS/TAAS/MAAS) scores particularly around person centre care
- Patients/service users have reported they like it and think what we do is a great idea!
- Gives patients/service users, carers and families assurances that issues and concerns will be addressed.
- Encourages and supports self-management and self-care reducing the effects of deconditioning.
- Celebrates successes and highlights good practice, boosting staff morale
- Reduces formal complaints



# Good Practice at Bury

## Summary of Feedback:

- The ward was easy to find with good signage throughout.
- There was excellent use of information notice boards, for both patients and staff.
- All staff were friendly and welcoming and the ward felt calm and efficient.
- Patients consistently praised the ward and dedication of the staff team.
- The overall score, given by patients for the ward was 10 out of 10!

## Key Actions:

- All staff to wear 'Hello my name is..' badges
- Look to move 'Hidden Disabilities' poster/information to a more prominent place on the ward
- Place 'We may look busy but were never too busy to talk' posters throughout the ward
- Utilise the 'What Matters to Me Today' bubbles with all patients
- Raise the cost of reinstating the Tv's
- Share the outstanding patient feedback with the team and at next PEG meeting.

*"I'm grateful for the opportunity to have my operation, I trust the NHS, I feel the staff are calm and working as a team. It's a friendly atmosphere, well-staffed and well resourced."*

*I'm happy on here. Staff are polite, communitive, your looked after. I've been on here before and when I knew I needed more surgery I was hoping I'd be back here! Staff remembered me, it's great!"*

*"I'd improve nothing at the moment I'd want everything to stay the same – feeling safe, being listened to and involved in my care"*



## Good Practice at Rochdale

### Summary

- A busy, but well managed ward
- Staff are responsive to patients needs
- Staff have good relationships with patients
- All patients felt they were treated with respect and dignity
- Patients reported good conflict resolution with disruptive patient
- Excellent staff topic of the fortnight **Staff Wellbeing**

### Action Plan

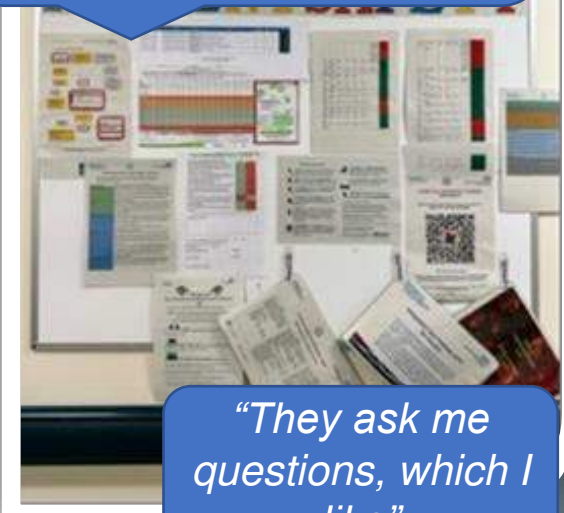
- NCA plan to be displayed – 3 step improvement focus
- “What matters most to me” bubbles to be displayed at all bed areas and refresh training with staff
- Collate order of **#hellomynameis** badges for all staff
- Help phone posters to be added to call areas

*“I’ve not had to ask for anything, they are very good”*



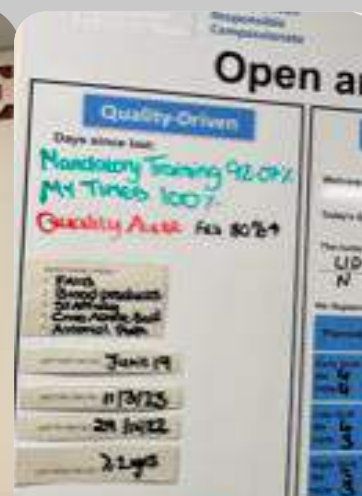
*“The care I’ve had has been excellent, can’t fault it”*

*“A staff member helped me shower and she made me feel very comfortable, we had a nice chat”*



*“They ask me questions, which I like”*

TOPIC OF THE FORTNIGHT



# Good Practice at Oldham

## Summary Action Plan Revisit

*"We have worked well as a team to make the improvements that we have made. The OLA has been really helpful in its suggestions and feedback."*

*The staff have enjoyed doing the nutritional and mouthcare champion role. Also the staff have stated that the "What Matters Most To Me" are good to encourage patients in progressing with their treatment or discharge."*

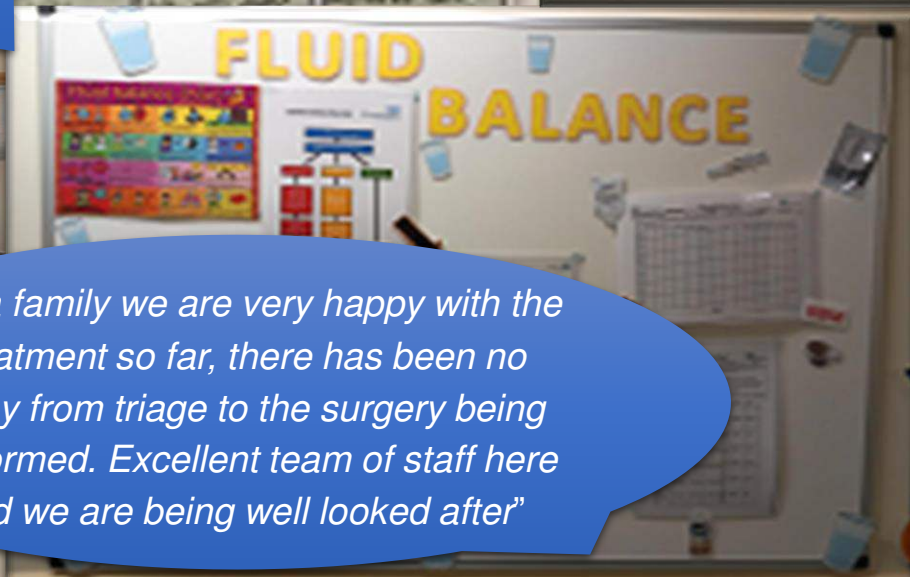
**Melissa Smith, Ward Manager**



*"communication can be difficult due to my mothers condition but the staff are great and regularly check on her"*



*"Lots of choice offered to us, tea trolley chap comes round often. Michelle is lovely and looks after us"*



*"As a family we are very happy with the treatment so far, there has been no delay from triage to the surgery being performed. Excellent team of staff here and we are being well looked after"*



# Feedback from Salford

“You said, we did”

- Therapy being continued over the weekend
- Relatives wanting assurances that family members were safe during rest breaks

What matters Most

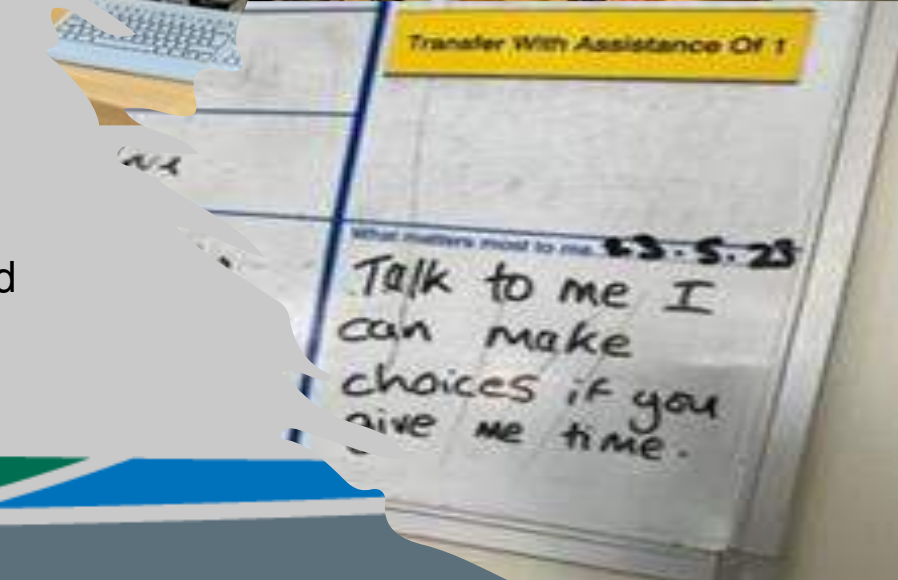
- “Talk to me, I can make choices if you give me time”
- “Town, to get new shoes and a coat”

3 step improvement focus

- Improve communication for relatives
- Sleep disturbances

Best practice

- Feedback delivered to whole team
- Fantastic examples of notice boards for staff and patients



# The Hospital Communication Book

Full of useful images and advice to help you communicate with people with a wide range of needs in hospital.



gives lives, saving lives

implement: #ButFirstADrink

A social movement Rachael Brandt

For more information: contact Rachael, our clinical lead division in Agency and Clinical Support, on 0161 276 4897 or Rachael.Brandt@nhs.uk, #ButFirstADrink Ambassadors - on Facebook or on Twitter

**CARER**

- Communication
- Assessment
- Referral
- Expert
- Respect

## Our Greatest Hits



**Northern Care Alliance**  
NHS Foundation Trust



Shh... people are sleeping

Guidance for patients and staff between the hours of 22:00 and 07:00

- Volume of your voice**  
You keep your voice down at nighttime. Even when you are asleep and you're out of sight, people can hear you.
- Lighting**  
All lighting is to be turned off or dimmed by 22:00 unless there is a special circumstance.
- Logical Observations**  
You need their blood pressure during the night. Please try to complete these in a more appropriate area. Please be completed in accordance with the acuity of your ward policy.
- TV / Radio / Mobile Phones**  
Please ensure that TV's and Radios are switched off after 22:00 and mobile phones are switched to silent. Please consider headphones for personal phone use.
- Patient moves**  
All patient transfers should aim to be completed by 21:00 in cases of clinical need.
- Patient Call Bell**  
All call bells will aim to be answered within less than 1 minute of activation.

**What Matters Most to Me?**

Supporting teams with NAAS/CAAS/TAAS/MAAS  
14 standards within assessment  
**Person Centred Care**



*“I was pleasantly surprised about how the NHS gets so much negative press but from speaking to patients, service users, carers and families I feel reassured as a citizen that the care is good and people are happy with the care they are receiving”*

Colette Emerson, 2023  
First Certified Observer  
Northern Care Alliance

*Thank  
You*

