The toolkit can engage:

Relatives Rehabilitation assistants Health care assistants Senior sisters Occupational therapists Support staff Midwives Doctors Patients Ward managers Physiotherapists Domestic staff Research staff Staff nurses Volunteers Care support workers Volunteer co-ordinators Hospital based patient experience teams Patient representatives Nurses

Some words of advice:

Small steps

Persevere and follow through

Get the correct team together

Continue to share and communicate

Follow the process

Keep going











Yorkshire Patient Experience Toolkit

Ward Experiences

'Written by hospital staff and patient representatives who took part in the co-design and development of the Toolkit through ward-based testing'.



Male surgical One

What we did: Tried to reduce noise at night through carrying out a patient survey and raising awareness.

Something that went well:

Involvement of our patient representative.

Something that was challenging: Time and trust. Restrictions on

lime and trust. Restrictions or budgets.

What we are proud of: Making stay better for patients.



Prenatal and postnatal maternity

What we did: Many patients and relatives said they were unfamiliar with the ward environment and had lots of things they wanted to know about the facilities, routines and how to get support. We developed a welcome letter for two wards for patients and relatives.

Something that went well: Obtaining and analysing feedback.

Something that was challenging:

Getting together as a group and finding time to meet. This was overcome by a regular meeting between the sisters, action researchers and patient rep who then fed back to the wider staff group.

What we are proud of: Getting to the end with a useful product.



Male surgical Two

What we did: Explored better ways to identify and share feedback with staff.

Something that went well:

Receiving positive and constructive feedback from patients.

Something that was challenging:

Finding simple and practical ways to share feedback with the team. Timescale and ward pressures.

What we are proud of: Continual positive feedback and teamwork.



Emergency department

What we did: We introduced and tested 'Two Steps+ Time' to offer patients information about the next two steps they will be taking in their ED journey and the time it would be expected to take. This was nurse-led and information was provided to patients during assessment and on request at any other time.

Something that went well:

Individual patients given better information.

Something that was challenging:

Rolling this out to the point of being embedded in an extremely difficult clinical environment. We also had to suspend the initiative during 'winter pressures'.

What we are proud of: Having a great idea that we began to test, and this has resulted in the team developing a patient leaflet that is now in use.



Female acute medical

What we did: Patient and relatives said they found it hard to ask questions or raise concerns because staff were so busy. The team introduced ways of making sure patients and relatives can ask quality questions about their concerns which are followed up each day.

Something that went well:

Involvement of everyone, patients and relatives engaged.
Persistence!

Something that was challenging: Time! Workloads.

What we are proud of: Being flexible and willing to change.



Community rehabilitation

What we did: We introduced communal lunches and social activities which became part of the ward routine, alleviated boredom and increased social interaction between patients. Taking part in these activities was encouraged in individual patient rehabilitation goal plans.

Something that went well:

Improved teamwork across the multi-disciplinary group that encouraged; social interaction and patient experience through a chair based exercise group, an art club and craft activities.

Something that was challenging:

Room availability, winter pressures, time, not enough allied health therapists.

What we are proud of: Working as a team.

