



Public Health  
Agency

# Care Opinion in Northern Ireland

## ...The Story So Far...

**Annual Report**

**(April 2021 to March 2022)**



Health and  
Social Care



**Care  
Opinion**

**“Hear the patient voice at every level - even when that voice is a whisper”**

**- Berwick Report (2013)**

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A supplement to the 1st edition of "Care Opinion in Northern Ireland – the Story So Far... August 2020-July 2021", which reflected the first 12 months of implementation. This report presents the activity and learning from April 2021-March 2022 to align the reporting schedule with the corresponding financial year.

## Foreword



As Chair of the Regional Implementation Group for Care Opinion I am delighted to present our second report on the journey so far, outlining the impact of the Online User Feedback Service, Care Opinion, from April 2021 to March 2022. Analysing stories and narrative is not a new concept in HSCNI, however the Care Opinion platform presents a new way to communicate with the people who engage our services; to offer a service which safely facilitates a two way conversation and engages people's stories in the change. Since the launch of Care Opinion in Northern Ireland (August 2020) there has been a growing commitment from services and organisations to listen and learn from the stories of people who experience our services in Health and Social Care Northern Ireland. This also includes growing opportunity at a regional level - presenting the learning from the stories at regional and strategic forums to influence and inform service development and improvement.

Care Opinion provides a unique opportunity for services users, families and carers to give feedback - People can share their story at a time when they are ready and as authors express what matters most to them in their own words. The platform also supports services to respond directly to the feedback through a validated response tool, ensuring responders adopt a person-centred approach in their engagement with the authors of stories. Alongside this, there is a growing body of research which demonstrates that the facilitation of feedback is indeed an act of care in itself and can mark closure on episodes of care where people want to say thank you for the care they have received or highlight what could have made their experience better.

I would like to acknowledge the dedication of the Department of Health and the wider Health and Social Care system to place people at the centre of our services, recognising experience as both an indicator of performance and a driver for quality improvement. I would also like to thank every staff member of HSC who engage with the stories as responders, as champions or, as part of the implementation groups. We are also grateful for the ongoing support and guidance of the Care Opinion team, led by Dr James Munro.

Finally, I would like to say thank you to the people of Northern Ireland who have chosen to share their story through the Care Opinion platform. Throughout 2021/2022 our Health and Social Care system has continued to experience unprecedented demand and it is recognised patients, families and carers have experienced the pressure; however through the OUFs many stories have highlighted the ongoing dedication of staff and high quality of care delivered. It is exciting to present the journey we have been on and it is even more exciting to know the work continues to evolve.

In 2022/2023 implementation moved into a final phase – to embed the service into culture, and the direction of travel is informed by the key areas of discussion contained within this report. Thank you for being part of our journey...

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Public Health Agency.  
Chair of Regional Implementation Group  
for Care Opinion.

# Abbreviations

Abbreviation	Full Title
AfC	Agenda for Change
BHSCT	Belfast Health and Social Care Trust
DAC	Direct Award Contract
ECCF	Enhancing Clinical Care Framework
HSC	Health and Social Care
HSCNI	Health and Social Care Northern Ireland
HSCQI	Health and Social Care Quality Improvement
NHS	National Health Service
NHSCT	Northern Health and Social Care Trust
NIAS	Northern Ireland Ambulance Service
NIBTS	Northern Ireland Blood Transfusion Service
OUPS	Online User Feedback Service
PCC	Patient Client Council
PCE	Patient Client Experience
PHA	Public Health Agency
PPI	Personal and Public Involvement
QI	Quality Improvement
RIG	Regional Implementation Group
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SHSCT	Southern Health and Social Care Trust
WHSCT	Western Health and Social Care Trust



# 1.0 Introduction







## 1.1 Background

The Online User Feedback Service (OUFS) for Northern Ireland was launched by the Department of Health (DOH) in collaboration with the Public Health Agency (PHA) and the Health and Social Care Trusts (HSCT) on 3rd August 2020. This service is built around a platform called Care Opinion - an independent, non-profit, feedback platform which provides a moderated service for Health and Social Care Services across United Kingdom. In Northern Ireland a whole system approach has been adopted and strives to embed the OUFS into all Health and Social Care (HSC) services. This platform is used in many other neighbouring nations for example, all health boards in Scotland, areas of Ireland and England and also reaches internationally to Australia, bringing Northern Ireland in line with national and international approaches.



The OUFS supports key outcomes included in the Programme for Government - Outcome 4 Indicator 5 which states the importance of improving the quality of the healthcare experience, with a key element defined as evidence from feedback across the whole HSC system (Northern Ireland Executive, 2019). This demonstrates the commitment of the DOH and the wider HSC system to learning from the experiences of service users, families and carers in the planning, delivery and evaluation of HSC services. The shift in culture truly puts people at the heart of making decisions and choices about our HSC services and can drive the improved service user experiences and outcomes we need to deliver. The implementation of an OUFS is a further step in progressing the commitment to work in partnership with service users, families and carers.

Stories can be shared via the online Care Opinion platform, a Freepost leaflet or via a Freephone number. Members of staff can also support people to share their story if required. The online service publishes feedback and responses from the service providers on the Care Opinion platform, where both the individual providing the feedback and the wider public can view the outcome. All stories received by Care Opinion are subject to moderation prior to publication on the website. This is an important process to ensure giving feedback is a safe forum for service users, families and carers and encourages authentic feedback, based on personal experience. It also ensures staff are supported legally and fairly. The OUFS is available 24/7 through the accessible platform and supports service users, families and carers to share their experience at a time when they feel ready, safe and open to the process.

The OUFS is a new way to connect with service users, families and carers and facilitates a continuous feedback loop between service provider and people with lived experience. Responding to the feedback in an open and transparent manner supports a shift in culture and builds upon relationship based care. Responses follow a person-centred framework and engages with the experience, either good or bad, to reinforce to the patient their story has been heard (as illustrated in Figure 1). As part of the commitment responses to stories relating to HSCNI aim to be within 7 days from publication of the feedback, reinforcing the importance of hearing the voice of the author.

**Figure 1. Listen, Learn, Respond Framework (Baines et al., 2018)**



## Good Practice in Responding



### About You

- Your name, role and responsibilities
- Your picture
- Why you in particular are responding



### Speed

- Within 7 days at most
- If slower, apologise and explain why



### Content

- Personal and specific
- Thank author for feedback
- Apology and offer of help as needed
- Offer of follow up if wanted



### Signposting

- Other relevant services, with contact details, times and a named person
- Offer more than one way to contact a service



### Sign-off

- Polite and personal
- Would you be satisfied receiving this response

[careopinion.org.uk](http://careopinion.org.uk)

Based on the coproduced Plymouth "Listen, Learn & Respond" Framework



The purpose of exploring the lived experience is to impact upon effective continuous service improvement. The OUFSS captures timely feedback to improve HSC outcomes and experiences at an individual level. It is equally important that the feedback can be analysed collectively to influence regional or system level improvements, examples of which are demonstrated throughout this report. The OUFSS ensures that feedback from individuals reaches the specific service and supports staff to respond directly through the OUFSS regarding the changes they plan to make. Building upon other mechanisms for feedback in Northern Ireland the OUFSS supports the ongoing shift in culture to ensure the voice of service users, families and carers are heard and impacts upon our system.

# 2.0 Project Outline





## 2.1 Vision

The overarching vision of the project is to enable impactful engagement with patients and the public in a fully open and transparent way that is meaningful and can drive sustainable, measurable service improvement.

## 2.2 Objectives

To realise the vision and direct the implementation of an OUFS in Northern Ireland the following objectives were outlined by Project Board in 2019 (chaired by the Deputy Chief Nursing Officer, Department of Health).

1. Promote a culture shift within HSCNI and the wider NHS to become more open and transparent.
2. Establish a single OUFS which will become a primary channel for contemporary feedback on all HSCNI services.
3. Embed a system which can manage high volumes of feedback in an accessible format to key HSC Trust staff, DOH, commissioners, regulators etc.
4. Embed a continuous feedback loop whereby feedback moves seamlessly from service user to staff and decision makers, and back to service users.
5. Support HSCT in the delivery of local feedback mechanisms, working in tandem to eliminate overlap or duplication of effort.

## 2.3 Regional Implementation Group

Implementation of Care Opinion is led by the Public Health Agency through a Regional Implementation Group (RIG) which was established in October 2019. This group is chaired by Michelle Tennyson (Deputy Director, PHA) alongside co-chair, Linda Craig (Regional Lead for Patient Client Experience). Membership is comprised of Patient Client Experience (PCE) Leads in each HSCT as well as representatives from adult safeguarding, complaints, governance and communications. The current members of the group are detailed in Appendix 1. The RIG also interfaces with other key stakeholders to include universities, Patient Client Council (PCC), Regulation and Quality Improvement Authority (RQIA), federations within Primary Care, Trade Unions and Community & Voluntary Sector.

To support the implementation of the service across the HSC system the RIG developed ten Impact and Improvement indicators. These indicators address key areas within the implementation process (as defined in Table 1) which are discussed at each quarterly RIG meeting. Continuous learning is generated through the monthly facilitators' forum chaired by the Regional Lead for

Patient Client Experience (PCE) with Project Lead for Care Opinion (PHA), Project Lead for Care Homes (PHA) and Trust PCE Facilitators. Monthly reporting on the implementation measures is captured on the OUFs dashboard and quarterly report cards, to illustrate trends and areas for further development and improvement.

**Table 1. Impact & Improvement Indicators for implementation of Care Opinion**

	<b>Impact &amp; Improvement Indicators</b>	<b>Measures</b>
<b>#1</b>	There will be an increase in the number of stories each month from the people of Northern Ireland about their experience of Health and Social Care.	Total number of stories published. (organisational breakdown displayed in Measure 2.
<b>#2</b>	There will be a monthly increase in the number of stories published for each organisation.	Number of stories according to organisations across Health and Social Care.
<b>#3</b>	Access to Care Opinion platform will be demonstrated across the range of available functions to support efficient & effective sharing of feedback.	How these stories were submitted.
<b>#4</b>	Feedback received will encompass the experiences of patients, families and carers.	The Authors (patients, families and carers) of the feedback shared.
<b>#5</b>	The online user feedback system will support the collation of all feedback including positive experiences and experiences where improvement is needed.	How Care Opinion according to their moderation principles have rated the criticality of stories received.
<b>#6</b>	Services will respond to feedback in timely manner (within 7 days of publication)	% of stories responded to within 7 days of publication.
<b>#7</b>	There will be an increase in the number of staff across the system who engage and respond with stories.	Number of Care Opinion subscription holders across the region.
<b>#8</b>	Responders trained will be * appropriate to respond to each story * (those closest to the clinical setting / story who can influence change).	Title and band of staff trained as Care Opinion responders.
<b>#9</b>	There will be changes planned and made as a response to online user feedback for each organisation.	Number of changes planned and number of changes made.
<b>#10</b>	Identify the key themes in the feedback shared on the Care Opinion platform.	Top 5 themes reported in relation to good experiences and experiences which require improvement.

Figure 2 summarises some of the key data collated in 2021/2022, demonstrating activity of the OUFs as further discussed in Section 3.0.



**3142**

**Stories received a response within 7 days**



**3349**

**Stories submitted via the Care Opinion Website**



**2901**

**Stories reflected a positive experience of Health & Social Care**



**4035**

**Stories Shared**



**2732**

**Authors said staff of the service contributed to their positive experience**



**1081**

**Authors said "thank you" for the care they received**



**1695**

**Staff trained as responders to stories**





# 3.0 Implementation



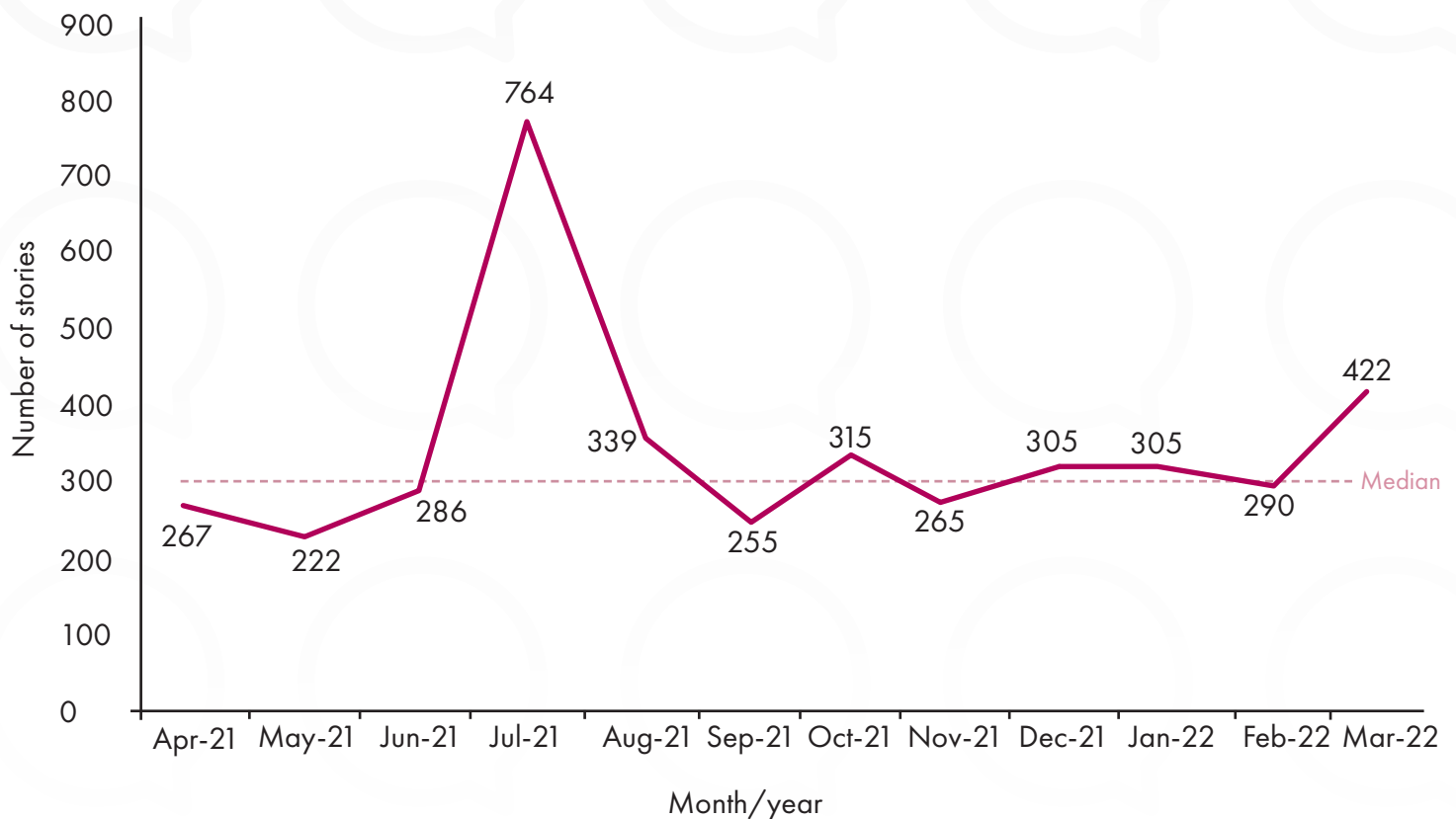


### 3.0 Implementation

The Impact and Improvement indicators help to illustrate the progress made from 1st April 2021 to 31st March 2022. Within the analysis of the data, areas for further development are highlighted and are summarised in Section 5 of this report.

#### #1 There will be an increase in the number of stories each month from the people of Northern Ireland about their experience of Health and Social Care

**Figure 3. Total number of stories published on Care Opinion from April 2021-March 2022**

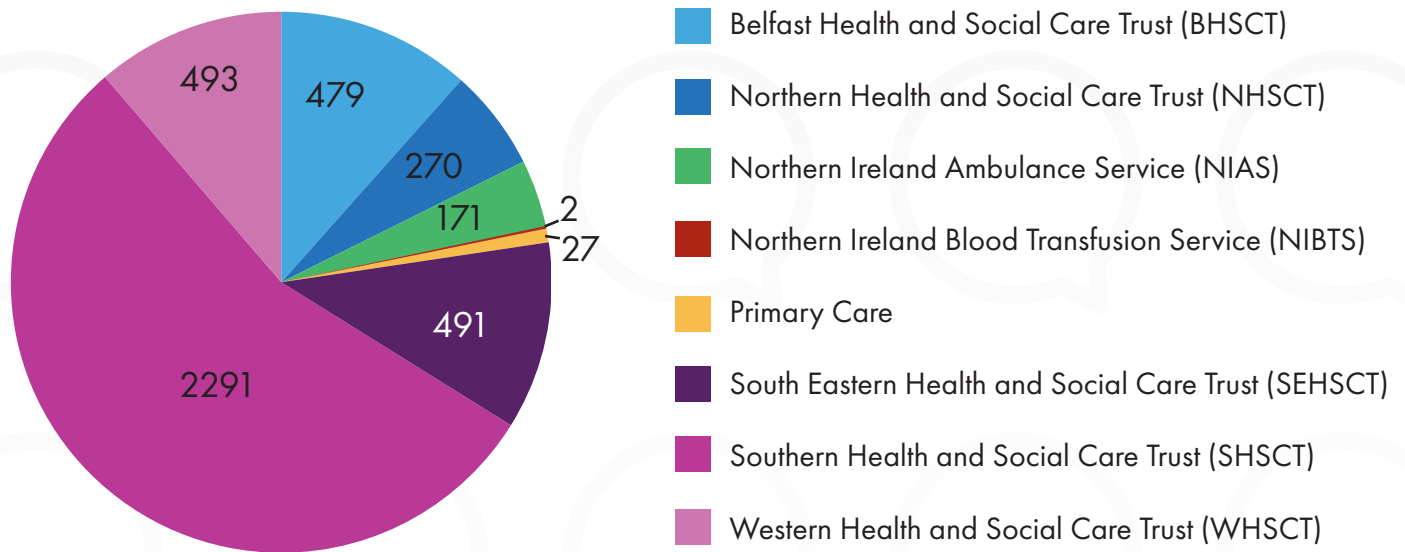


The total number of stories collected on Care Opinion since 3rd August 2020 is **8607**. From April 2021-March 2022 there were **4035** stories shared through Care Opinion supporting a high volume of stories to be managed on the platform. This has been achieved against the demand of the COVID-19 pandemic and the unprecedented challenges experienced by staff across the HSC system. There continues to be growth in story generation as the HSC system seeks to return to core business and rebuild services disrupted by the pandemic. This includes the return of staff from redeployed roles.

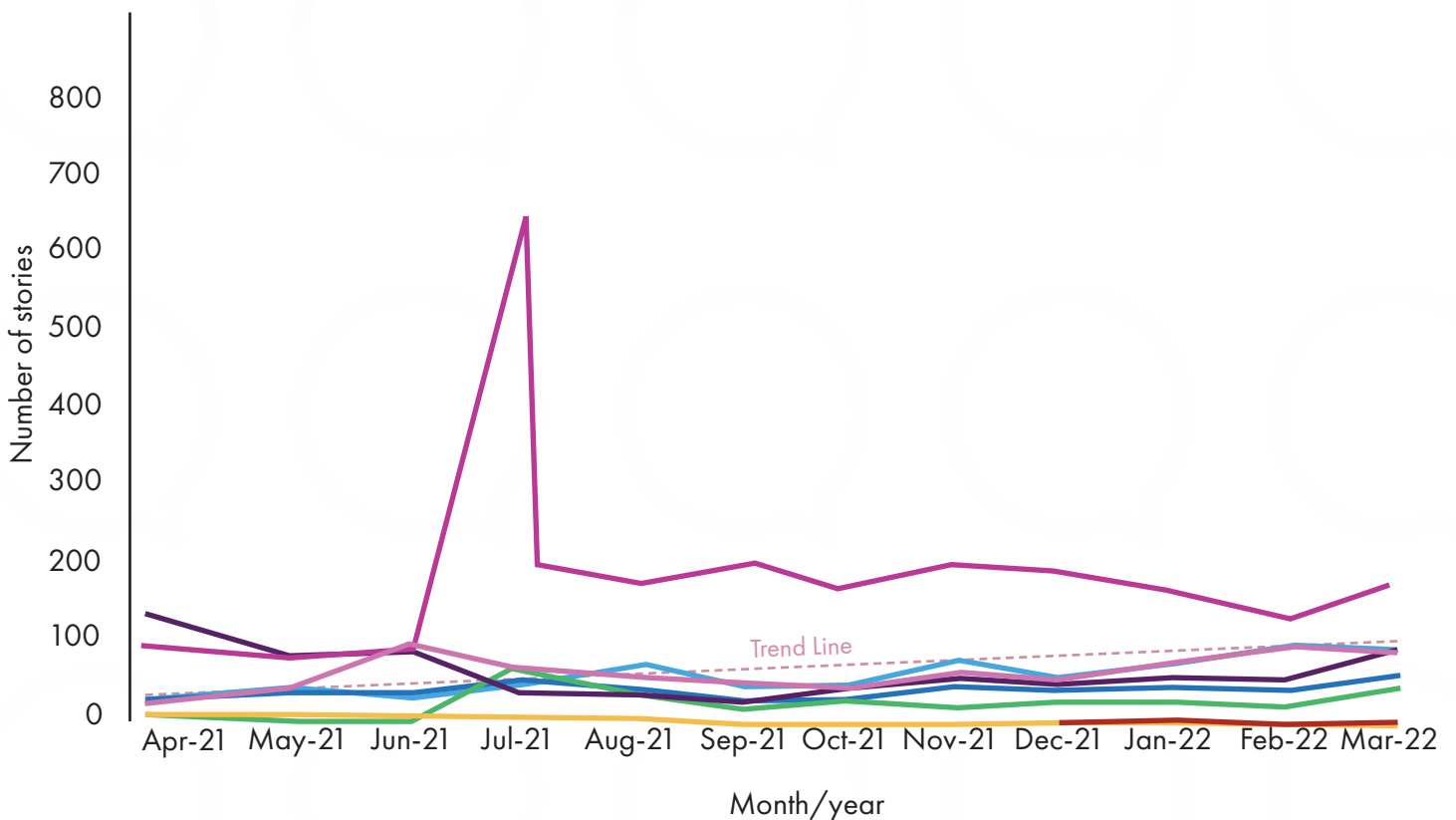
The peak in numbers in July 2021 relates primarily to a pilot project exploring acute services in SHSCT as part of their local OUFs implementation plan. The project is currently under evaluation. This is further reflected in Figures 4 and 5 which breaks down the number of returns per organisation throughout 2021/2022.

**#2 There will be a monthly increase in the number of stories published for each organisation.**

**Figure 4. Number of stories shared according to organisation from April 2021-March 2022**



**Figure 5. Monthly return on number of stories for each organisation from April 2021-March 2022 (legend as above)**



**Table 2. Monthly return on number of stories for each organisation from April 2021-March 2022**

Month-Year	BHSCT	NHSCT	NIAS	SEHSCT	SHSCT	WHSCT	Primary Care	NIBTS
Apr-21	26	25	6	107	91	14	6	
May-21	30	28	2	66	66	31	7	
Jun-21	26	27	1	71	75	85	4	
Jul-21	32	33	44	26	634*	45	4	
Aug-21	50	23	18	26	198	37	4	
Sep-21	30	15	11	15	160	37	0	
Oct-21	33	16	16	25	216	24	0	
Nov-21	51	22	11	28	140	32	0	
Dec-21	36	19	14	22	192	31	1	0
Jan-22	45	22	14	25	169	44	1	1
Feb-22	62	16	12	22	127	61	0	0
Mar-22	58	24	22	58	223	52	0	1
<b>Total</b>	<b>479</b>	<b>270</b>	<b>171</b>	<b>491</b>	<b>2291</b>	<b>493</b>	<b>27</b>	<b>2</b>

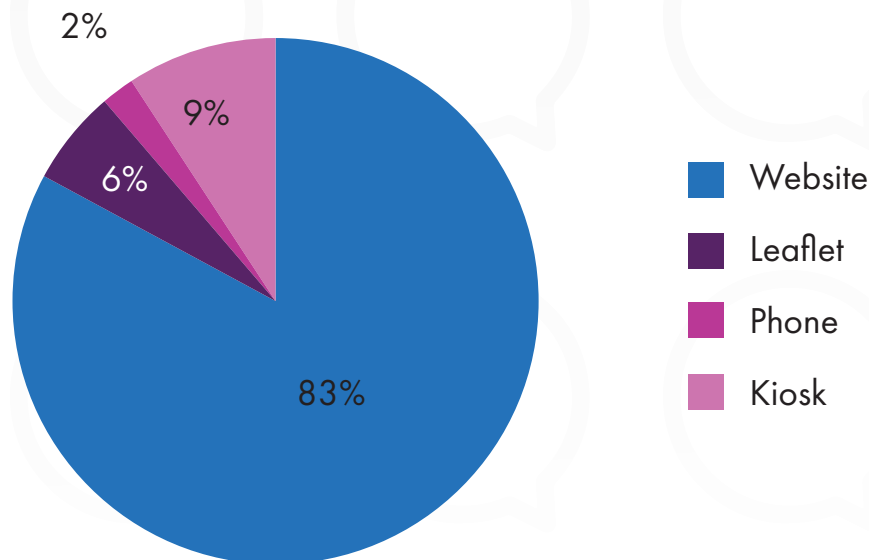
*\*This is reflective of the Southern Trust pilot within acute services in July 2021*

A key concept of story generation through OUFs is the importance of a service inviting the feedback at an operational level. As shown in Figure 4 there is a low number of stories relating to Northern Ireland Blood Transfusion (NIBTS) and Primary Care. NIBTS have recently started on their journey to explore the OUFs, with reference to understanding how it can enhance their current processes. In relation to Primary Care services engagement with core strategic groups has been ongoing since 2020, with a proposed approach to ensure feedback is collated in a safe, constructive manner to support learning.

To date there is no regional agreement by Primary Care services to promote OUFs at a local level. Despite this challenge service users, families and carers have shared experiences of Primary Care, particularly as part of their journey across the HSC system. Care Opinion moderators read all stories relating to Primary Care as part of advanced moderation. The stories are shared with the relevant practices to invite a response to the feedback. In addition to ensure the stories relating to Primary Care are heard at a strategic level, briefing papers have been developed to share the key messages and the learning. This is further discussed in Section 4.0.

### #3 Access to Care Opinion platform will be demonstrated across the range of available functions to support efficient and effective sharing of feedback

**Figure 6. How stories have been submitted to the Care Opinion platform from April 2021-March 2022 (n=4035)**

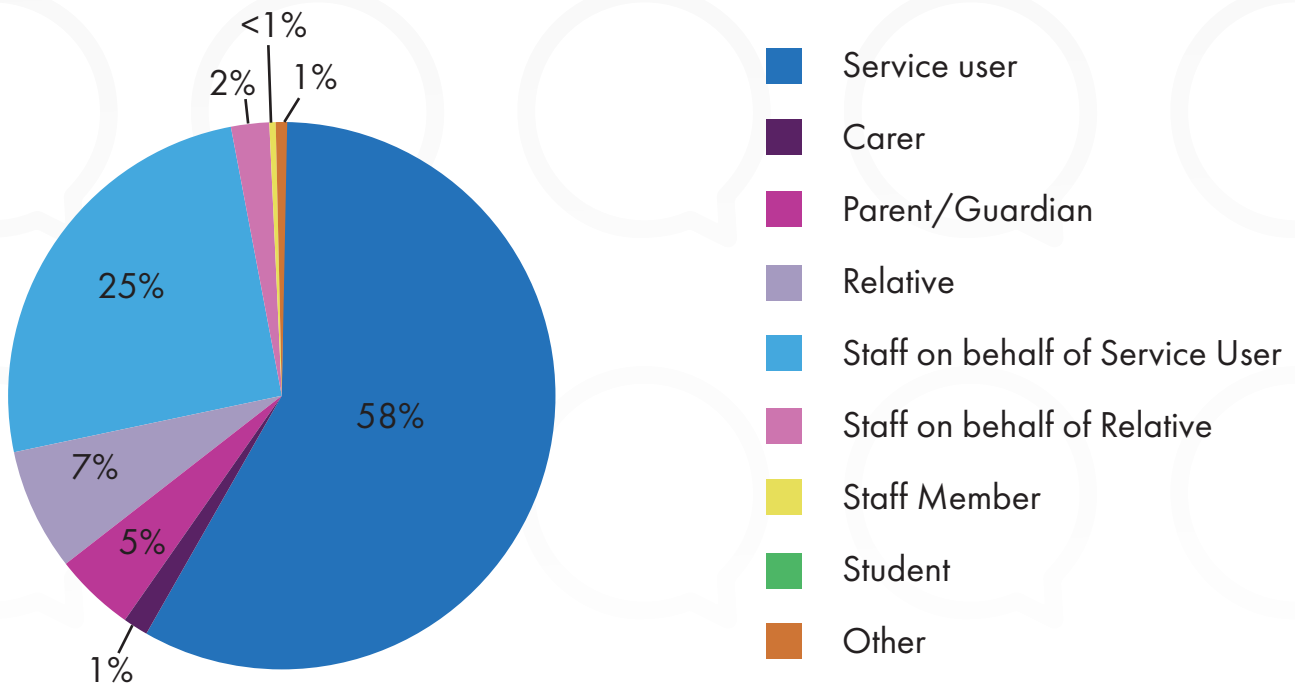


Care Opinion is a web based platform with the primary focus to promote the website, ensuring the OUFS is available to people at all times and is designed for straight forward access and submission of the story. Within 2021/2022 83% of stories were shared directly onto the platform. It is important to highlight the suite of alternative options available in recognition that a number of service users, families & carers may not have immediate access to IT systems or skill set to navigate the platform. This was particularly relevant in a Care Opinion campaign to collect feedback on District Nursing services. It is recognised that 26% of stories within the District Nursing Campaign were submitted via the Freepost leaflet and 6% via the Freephone number. Understanding the preferred approach of the service user, families and carers is crucial for effective promotion and engagement of the platform.

The Regional PCE programme seeks to ensure all patient experience mechanisms can be approached in a variety of accessible formats to ensure the greatest opportunity for service users, families and carers to share their experiences. Two functions available through the platform which have not been used widely include the webpage designed for children and the use of picture tiles for people with cognitive impairment. These are priority areas for 2022/2023.

**#4 Feedback received will encompass the experiences of patients, families and carers.**

**Figure 7. The authors of the stories shared on Care Opinion from April 2021-March 2022 (n=4035)**



In 2021/2022 58% of stories were shared directly in the first person, supporting learning directly from the lived experience. It is also crucial to identify the role of the family unit (relative, parent, guardian, carers) in the experience of engaging the HSC system, as represented by 13% of stories shared. Interestingly, 27% of stories shared by staff on behalf of service user & relatives. Stories shared in this manner are mainly through specific campaigns (either Regional/Trust led) and are largely positive. This is encouraging for services to engage positive feedback however, it is important to be aware of the potential influence of the staff presence.

Care Opinion has developed mechanisms for others to support story collection, including volunteers and students, to generate truly authentic, anonymous feedback, without influence of the services. This is an area for further exploration in 2022/2023 - ensuring service users, families and carers have a choice of mechanisms to engage with the OUFS at a time which suits them best. This includes development of skill within the Regional Facilitator Group in relation to Talking Mats, a mechanism which seeks to support people with communication difficulties to express their feelings and views.

## #5 The OUFs will support the collation of all feedback including positive experiences and experiences where improvement is needed.

A key element of the moderated service through Care Opinion is the allocation of criticality scores to reflect upon the content of each story, as detailed in Table 3. This supports local responses to each story and organisational analysis of the feedback.

**Table 3. Criticality Scores assigned through Care Opinion Moderation**

Score	Definition
0	<b>Not Critical:</b> Entirely positive or neutral postings with no hint of criticality.
1	<b>Minimally Critical:</b> Mention of dissatisfaction with non-clinical non-personal aspects of care, typically "facilities" issues such as food, parking, or waiting.
2	<b>Mildly Critical:</b> More specific but still mild criticism, which may also include non-clinical but interpersonal issues such as attitude of staff, compassion, politeness. This might include the timely nature of the service whether in hospital or in the community where it has caused distress, e.g. carers not turning up on time.
3	<b>Moderately Critical:</b> Criticism which may include alleged shortcomings in clinical or non-clinical aspects of care, the author may not say what the effect of these are. Also includes serious comments about facilities: 'never cleaned'; and where people's essential basic care needs are not being met, e.g. inadequate nutrition and hydration, development of bedsores.
4	<b>Strongly Critical:</b> Serious criticisms of specific unnamed staff or groups of staff, or of clinical or other care or facilities. This might have had very serious consequences for physical or emotional health. These will be described by the author. There might also have been social consequences that have increased the risk or vulnerability of an individual.
5	<b>Severely Critical:</b> Posting alleges or describes actions or events which may be illegal, grossly negligent, or allege serious misconduct by named members of staff or organisations.

Collated criticality scores also demonstrate the regional summary of feedback as illustrated in Figure 8.



**Figure 8. How Care Opinion according to their moderation principles have rated the criticality of stories received from April 2021-March 2022 (n=4035).**

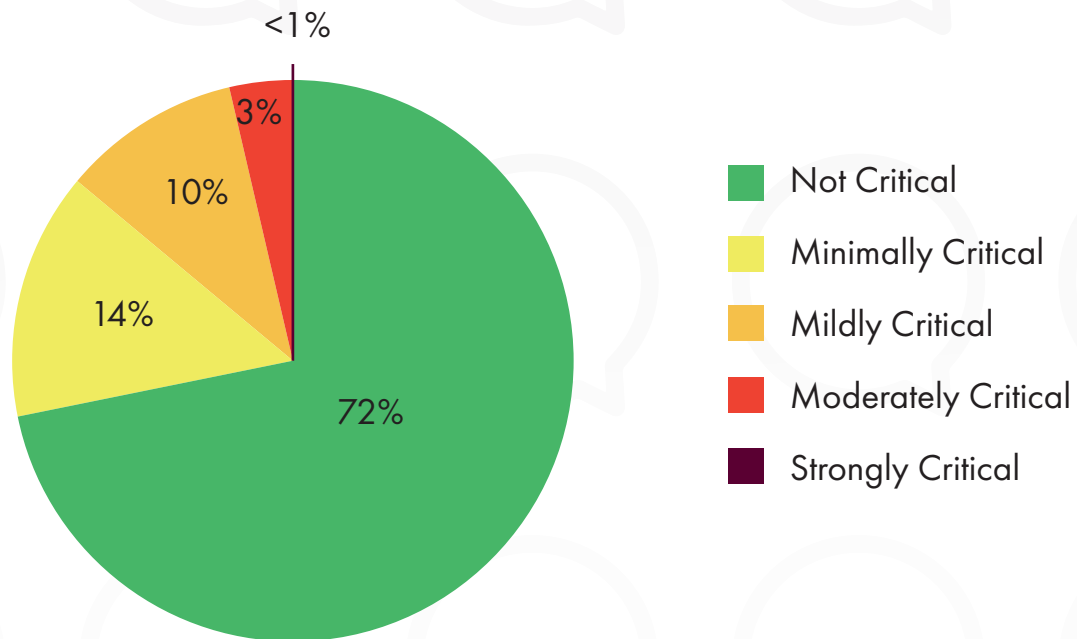


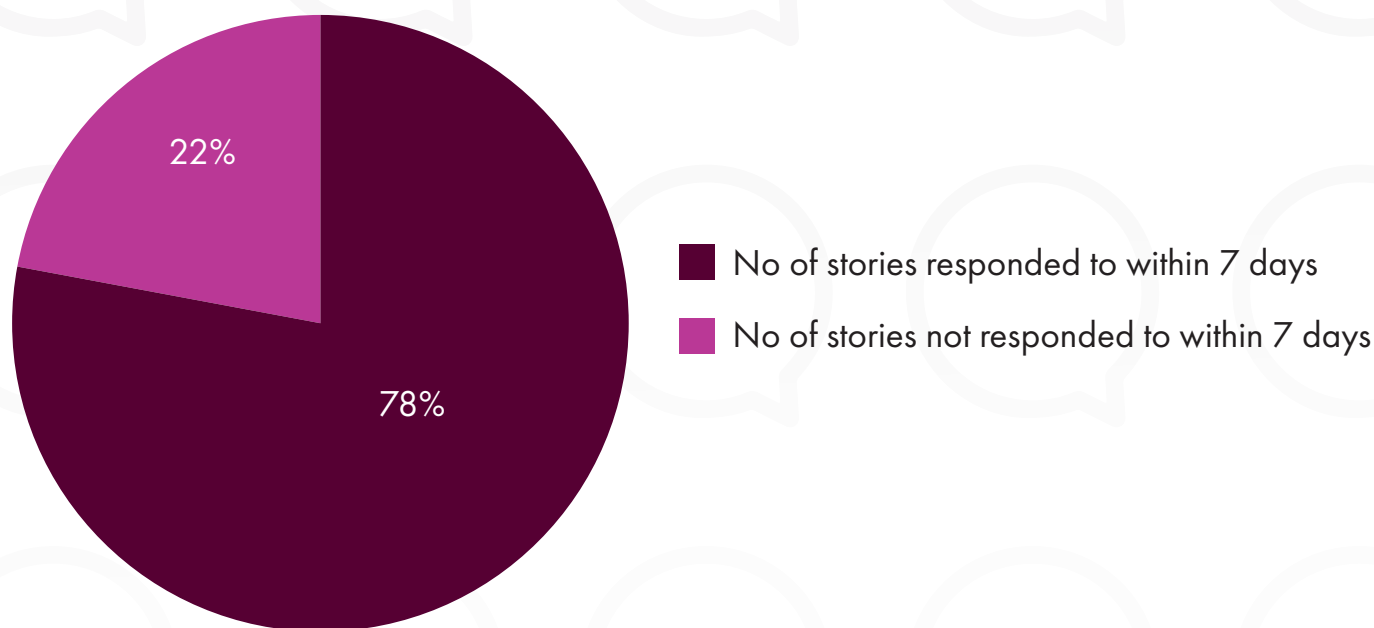
Figure 8 celebrates that 72% of the stories shared are wholly positive and contain no element of criticism. In the face of the unprecedented well documented pressures within the HSC system, particularly throughout the pandemic, it is vital to demonstrate what matters most to the authors of the positive feedback. This is further expanded upon through consideration of the closing questions, with particular reference to the question “What was good about your story” (as summarised in Table 4 and Figure 9).

**Table 4. Number of tags\* per theme related to question “What was good about your story?” in 2021/2022 (\* an author can ascribe as many tags as required for each story)**

Theme	Number of Tags
Staff (including specified professions)	3,166
Values (including compassion care, empathy)	1,619
Environment (including food & cleanliness)	802
Communication	756
Process (including waiting times)	182





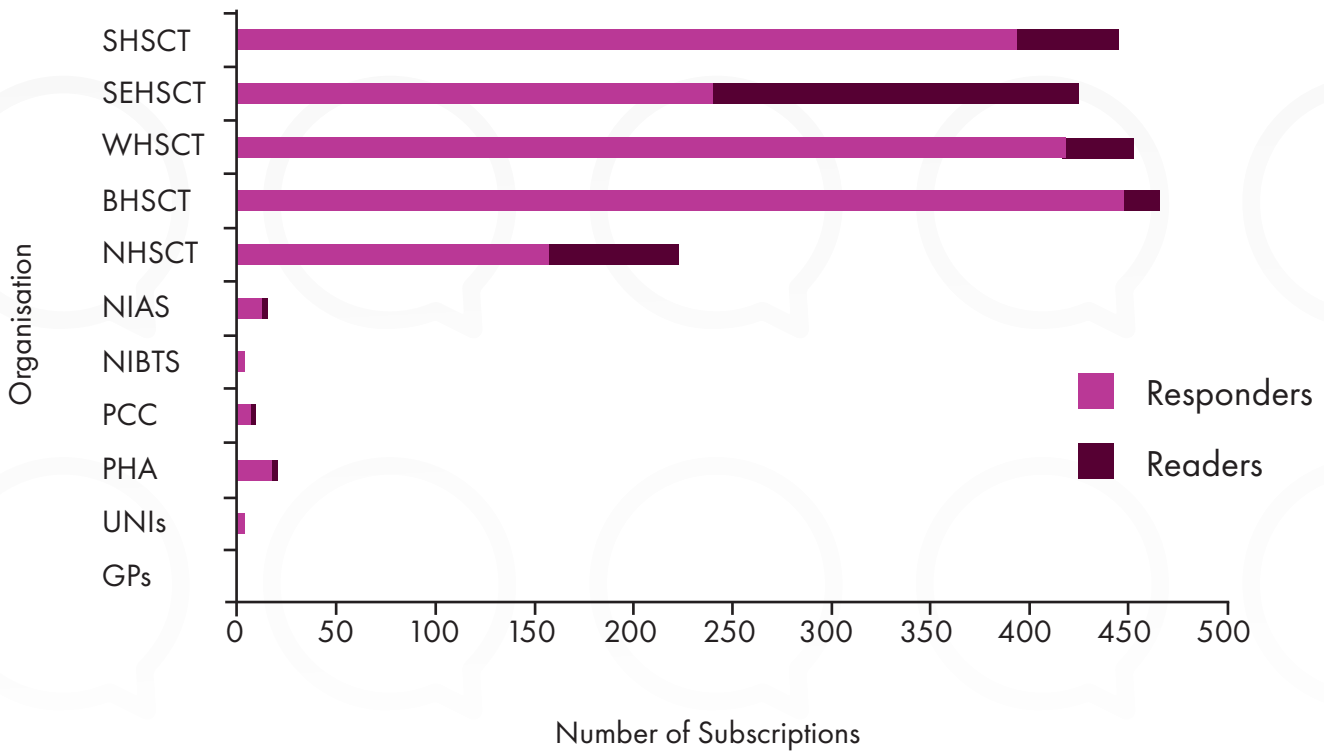
**Figure 11. % of stories responded to within 7 days of publication (n=4035)**

A core value of OUFS is to ensure the responder to the feedback is close to the delivery of care and also in a position to implement any necessary changes. Throughout the pandemic in 2021/2022 the Regional Implementation Group recognised the challenge for senior staff (Band 6 upwards) to provide timely response to feedback. Therefore, in some Trust areas PCE facilitators supported the response to stories shared in Care Opinion and sought to follow up with service leads in relation to learning and implementing change; However, for 2022/2023, as services return to core business, further measures will be taken to support responses directly from services. This includes an increase in the number of subscriptions available on the contract (from 500 to 750) and reinstating training programmes across the Trusts. These actions correspond to the following indicators #7 and #8, and are illustrated in Figures 12 and 13. These indicators explore the number of assigned subscriptions and the bands trained as responders by PCE Facilitators.

In 2021/2022 Care Opinion published the leading organisations across the United Kingdom in training and registration of subscriptions. Within Northern Ireland four out of six HSCT were identified in the top ten organisations, highlighting the commitment to embed an OUFS despite the competing pressures of the pandemic. It is also important to highlight the proportion of responders versus readers as it is the vision of the project to ensure a two-way feedback mechanism between services and authors of stories is developed and requires a high proportion of responder subscriptions within each organisation.

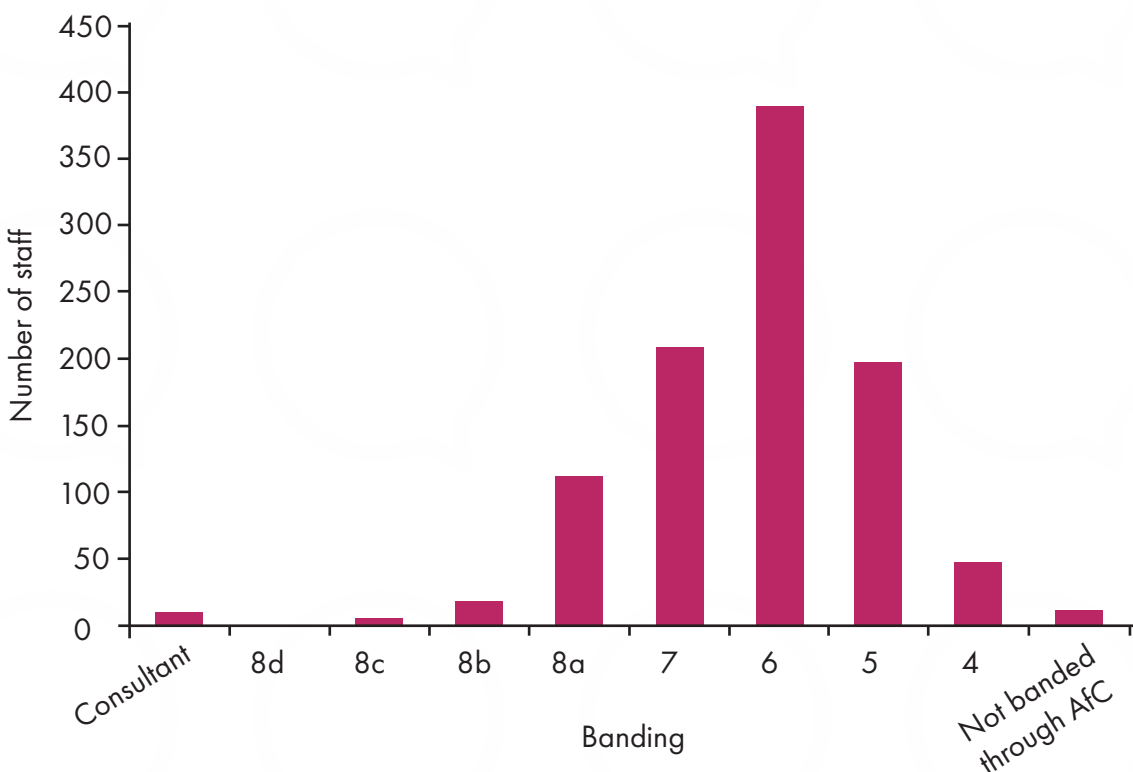
**#7 There will be an increase in the number of staff across the system who engage and respond with stories.**

**Figure 12. Number of staff assigned subscriptions (responder/reader) up to end of March 2022**



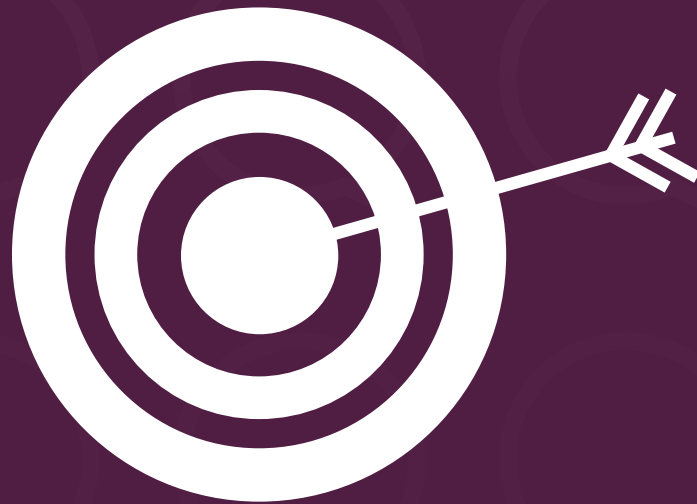
**#8 Responders trained will be appropriate position in an organisation to respond to each story.**

**Figure 13. Band of staff trained as Care Opinion responders as reported by organisations through implementation of the service**



The first eight indicators for implementation demonstrate how the OUFs has been implemented and integrated into our HSC system. Each one reflects upon how the continuous feedback loop is being utilised and the high volume of feedback gathered from April 2021-March 2022; however, in line with the vision Section 4.0 reflects upon the final indicators in relation to change and how the feedback is being utilised to listen, learn and shape our services.

# 4.0 Impact







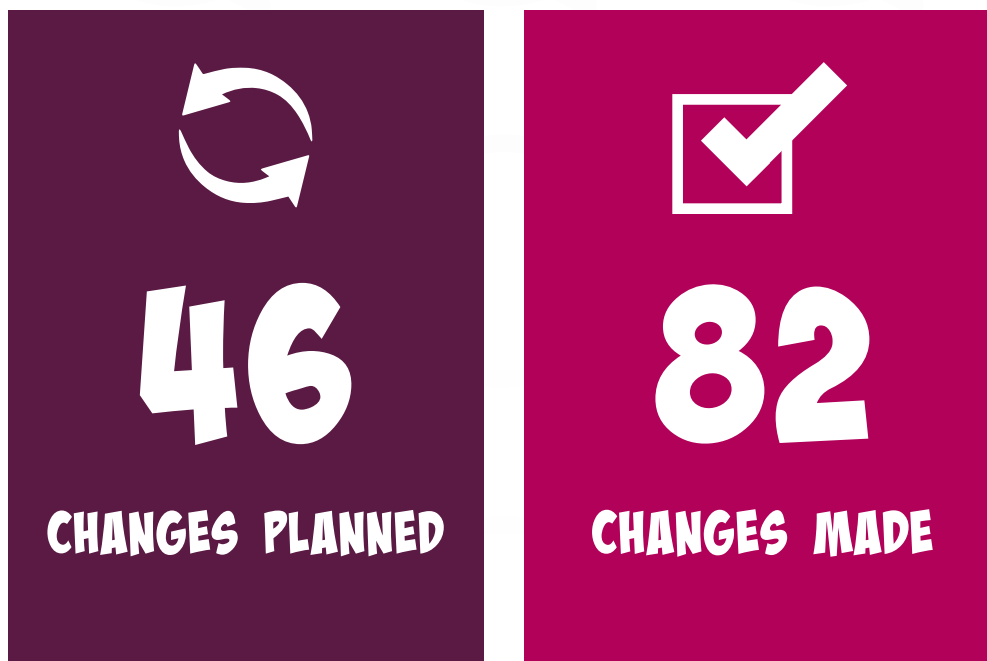
## 4.0 Impact

The following presents the impact of Care Opinion for the period April 2021-March 2022 summarising the changes planned and made in relation to individual stories as one of the key indicators relating to implementation of the OUFs.

### 4.1 Impacting change at a service level

**#9 There will be changes planned and made as a response to OUFs for each organisation.**

Up to 31st March 2022 there have been **46 changes planned and 82 changes made** as recorded on the Care Opinion platform. It is important to note these numbers reflect the individual service responses to the feedback shared and demonstrates how the services are engaging the OUFs. Figure 13 provides a breakdown according to organisations.



**Figure 13. The number of changes planned and changes made per organisation as recorded on 31st March 2022 (since launch in August 2020)**

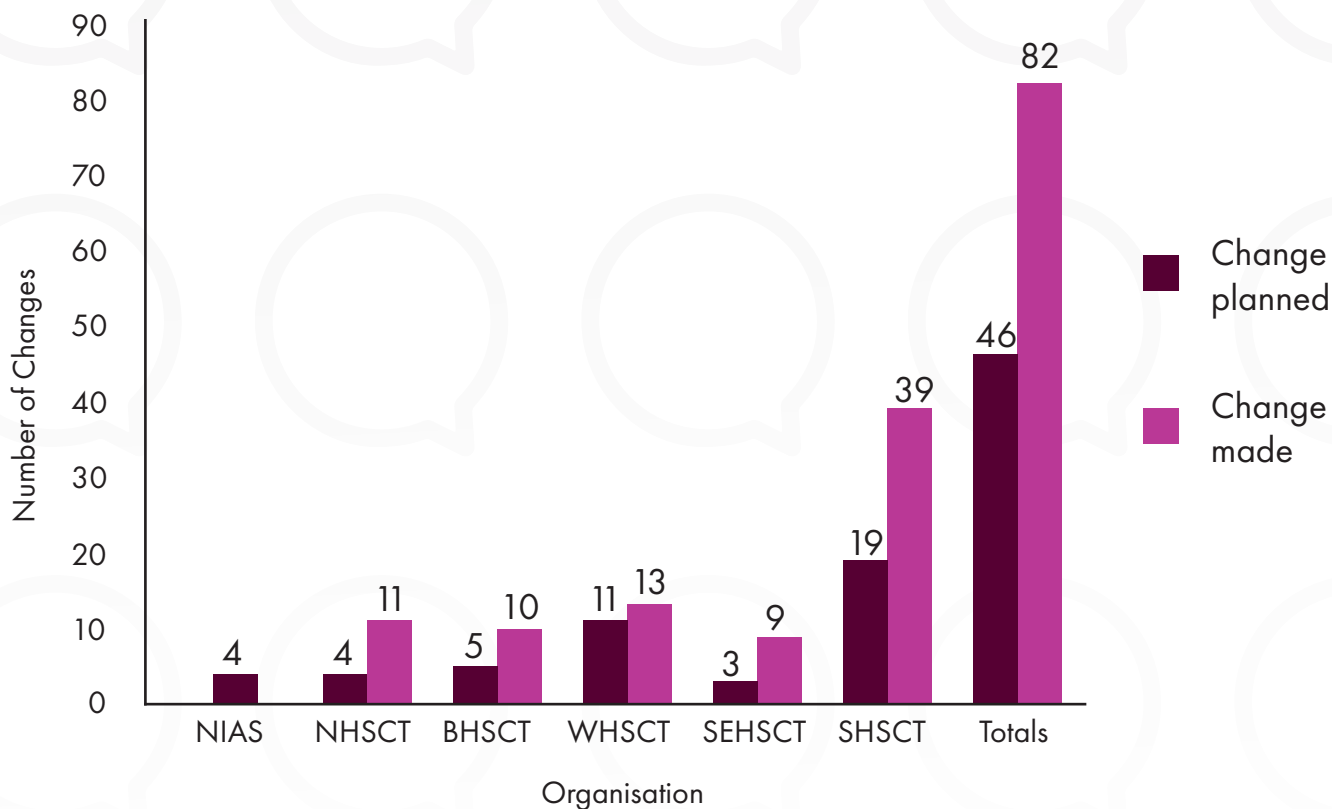


Table 5 details the broad services areas relating to changes are planned or made in response to an individual story.

**Table 5. Changes planned or made recorded on Care Opinion according to service area**

Service Area	Number of Changes planned/made
Unscheduled Care (including ED, NIAS, Minor Injury Unit, Urgent Care)	31
Acute Medical Services	20
COVID specific services	10
Specialist care services	9
Outpatient Services/Clinics	8
General Surgical	7
Children Services	7
Specialist Surgical	6
Virtual Visiting	6
Cardiac Services	6
Maternity Services	5
Radiology	4
Intermediate Care (including Hospital at Home)	3
Community Services	2
Care Homes	1
Day Care Centres	1
Mental Health Services	1

In 2021/2022 3% of all stories, collected on the platform, are identified to have generated a change. Specific examples of change can be accessed through the website ([www.careopinion.org.uk](http://www.careopinion.org.uk)). As the OUFs is embedded into culture it would be expected this percentage will increase, particularly in line with authors recommendations on what can be improved in relation to the experience. A number of factors may have contributed to this low percentage:

- Inaccurate recording of changes by services using the change function
- Reduced direct engagement by services during the pandemic
- Organisational changes informed through Quality Improvement (QI) projects/local campaigns are **not** recorded on platform
- Strategic changes informed/influenced by collective analysis of stories are **not** recorded on the platform

Going forward, priority actions for 2022/2023 include refining accurate recording of changes on the platform. This requires:

1. Awareness of recording changes made through responder training
2. Role of PCE Facilitators to support services to engage directly with responses
3. Identifying with authors of stories when incorporated into organisational projects or strategic briefing papers
4. Agreed regional definition of the term "change" co-designed with service users, families and carers



## #2 Northern Health and Social Care Trust (NHSCT)

Within NHSCT the PCE facilitators (as part of the overall Involvement Team) have worked alongside the Organisational Development team to embed Care Opinion stories in the recognition of good practice by staff or teams. As part of their work "Building our Teams" the stories have been used to demonstrate the importance of highlighting good practice and experiences, which in turn supports staff in the daily delivery of a high standard of care. Presented alongside other initiatives such as Take 10, What Matters to You and GREATix (Learning from Excellence) the organisation is continuing to explore how Care Opinion can be used in the recognition and appreciation of staff, recognising what is working well and understanding how it can be instilled across the culture of the organisation.

**BUILDING OUR TEAMS**

Taking time out

Take some time out to explore what is an offer to support both you and your team. Find out more about why use feedback as part of team a

**Take 10 - Talking Teams - Niamh Shiells**

Niamh has experience of working with local and global leadership teams where she consistently achieves exceptional outcomes. Click the video to hear more.

**Looking Forward...**

**What Matters to You**

One of the main aims of 'What matters to you?' is to help us develop greater intent to simply listen, to listen deeply

**"Care Opinion provides job satisfaction for staff and it's lovely to hear patient's experiences. It's great to hear when we have done a good job!"**  
Marie, Stoma Nurse

**"Care Opinion provides us with job satisfaction when we know that our efforts have made a positive impact on a patient's life."**  
Lindsay, Physician Associate, Surgical 2

**"Excellent care during a worrying time"**  
About: Causeway Hospital / Surgical 2  
Posted by sunnyb (as a service user), 3 weeks ago  
I had to undergo surgery in surgical ward 2 in causeway Coleraine. I cannot thank the staff enough. I was greeted as an opportunity

Click here for more information →

SEE SOMETHING SAY SOMETHING

Click here for more information →

**GREATix**  
Excellence

Click here for more information →

### #3 South Eastern Health and Social Care Trust (SEHSCT) – Learning from each other

Across SEHSCT the PCE has developed a standard practice to support both publicity of Care Opinion and the wider staff teams to engage with the stories shared on the platform. As part of this practice a quote template, for each story, is produced per service and is publicly displayed on notice boards in order to demonstrate that the organisation has listened and responded to patient testimony and to reinforce the good work carried out by staff teams across the Trust. This also promotes openness and transparency, building a culture whereby the service users voice is sought, welcomed and listened to. It further supports the development of an experience improvement culture through proactive learning and demonstrating a resulting change. The next stage of the quote template programme is to display Turnaround Stories whereby a service has listened to the patient story and created a change in response.

As SEHSCT embeds Care Opinion culture, a total of 83 service-specific campaigns are currently active with more to follow.

Within SEHSCT the implementation of Care Opinion is supported through an Involvement and Experience action plan. The Trust plans to further enhance the communication of change through development of a learning library whereby change / improvement made using Care Opinion will be documented through one-page description of the issue, the action taken and the impact made, in order that others can learn from and replicate the change made. In the spirit of Institute of Health Improvement (IHI) “All Teach, All Learn” the learning library will facilitate teams to learn from each other.

SEHSCT has begun redirecting all online user experience surveys to [www.careopinion.org.uk](http://www.careopinion.org.uk) to encourage service users to tell their story through Care Opinion.

SEHSCT has embedded Care Opinion as a strong tool within its suite of integrated involvement and experience arrangements whereby user experience surveys may point to initiation of a targeted Care Opinion campaign or conversely Care Opinion feedback may influence user feedback questionnaire design to pick up identified themes and trends.

**Care Opinion**  
What's your story?  
Lisburn Phlebotomy Hub

**I've started attending the phlebotomy service on Ballinderry Road rather than going to the hospital. The service is excellent with lots of parking space and appointments set up just a week before personally by Jean from Ards hospital. Very efficient service.**

September 2022

**HSC** South Eastern Health and Social Care Trust

Tell us through our website  
[www.careopinion.org.uk](http://www.careopinion.org.uk)

Tell us through our QR code

Tell us by telephone call  
0800 122 3135

Your story can make a difference!

**Care Opinion**  
What's your story?

Your story can make a difference

Tell us through our website  
[www.careopinion.org.uk](http://www.careopinion.org.uk)

Tell us by telephone call  
0800 122 3135

**HSC** South Eastern Health and Social Care Trust



## #4 Southern Health and Social Care Trust (SHSCT) – Effective Communication

As part of the PCE Programme within SHSCT, stories shared through Care Opinion have highlighted the challenges for service users who are deaf or hard of hearing or with dual sensory loss as part of Deaf/Blind community. Stories gave insight into how important information can be lost or misinterpreted simply because staff are unaware of how to best support the service user. This has been a significant issue throughout the pandemic, particularly due to face masks as people are unable to lip read or interpret facial expressions. As a response SHSCT have undertaken a review of Deaf Communication card. This process is available for service users if they wish to highlight to services how they can be best supported and engaged throughout an appointment or period of stay in the hospital. The team also produced a new Communication card specifically to support people with dual sensory loss and guide staff on best practice to offer support. This work has been co designed with a service user, the SHSCT PCE Forum and supported by the Trust Sensory Disability Team.

**I am Deaf & Blind, please assist me**

- Face me & tap my shoulder
- Introduce yourself
- Speak clearly / don't shout
- Lipread
- Write things down in Large Print
- Use Deafblind manual alphabet by drawing letters on the palm of my hand
- If needed pre-book interpreter (details overleaf)

**A Deafblind patient has a right to a Sign Language / Deafblind Interpreter as it is their first language**

- To book RNID Face to Face BSL /IS / Deafblind interpreters in the Southern Trust area;  
Ring - 0845 685 8000
- To pre-book RNIB  
Email - [communication.services@mid.org.uk](mailto:communication.services@mid.org.uk)

**Communication preferences for people who are deafblind may involve a combination of methods**

For further information please contact  
**Sensory Disability Team, St Luke's Hospital, Armagh**  
 Telephone: 028 37564444 or Text/ Mobile 07919103501  
 9.00am – 5.00 pm Monday to Friday

## #5 Western Health and Social Care Trust (WHSCT) – Change through Lens of Quality Improvement

The Patient Client Experience team within WHSCT has fostered relationships with the Quality Improvement team to promote the opportunity to learn from stories of experience. This is driven by a survey conducted by Care Opinion in October 2021 whereby authors of stories highlighted the primary reason for sharing a story on Care Opinion was to improve the experience for themselves and others in the future. The work of Care Opinion is now a part of Quality Improvement training opportunities to encourage stakeholder engagement and the sharing of feedback and stories throughout the life of the quality improvement project. Promotional video can be accessed electronically by clicking on the following image.

Impacting change at an organisational level across WHSCT is also supported through the development of a monthly report based upon the model of “You said, We did” which is shared through Safety and Quality forums and widely across the Trust via a Care Opinion newsletter.



## #6 Northern Ireland Ambulance Service (NIAS) – Triangulation of Learning

Throughout 2021/2022 NIAS have developed mechanisms to triangulate learning from a variety of sources, including Care Opinion, to inform the development of the Quality and Safety Strategy, as part of the wider strategy “Caring today, planning for tomorrow – Our Strategy to Transform 2022- 2026”. Adopting the question “what matters to service user and carers” the Care Opinion stories have supported the development of person-centred key themes within the strategy to further improve the experiences of services users, families and carers engaging with NIAS. This approach is further enhanced through a deeper dive using the 10000 More Voices model, working in collaboration with the Regional PCE team (PHA). This project supports further insight into experiences with NIAS in relation to communication, staff approach, PCE standards, timeliness and information sharing.



This project is the first example of the relationship between Care Opinion and 10,000 More Voices and will inform future work across the region. Through triangulation of learning with complaints, incidents and other feedback mechanism the organisation engages with Care Opinion stories to both evaluate the current experience and inform actions to progress the change, developing a continuous loop to involve people in the work going forward. (Click on image to access the current strategy)



It is recognised the above examples for each organisation/sector is reflective of a proportion of the work developed at an organisational level. It is important as part of regional implementation to explore all the work for possible “scale and spread” across the region and further empower each organisation to impact upon change and embed the OUFs into culture.

## 4.3 Impacting change at strategic level

### #1 Collective Analysis

As part of sharing key messages and learning at a strategic level stories throughout 2021/2022 have been analysed collectively by the Public Health Agency to highlight to regional forums what matters most to service users, families and carers in specific areas. These are presented in the format of briefing papers, based on the concept of “What Matters to You”. Table 6 outlines the service areas and number of stories which have been analysed and shared with key strategic forums to further inform and influence change. These stories have been collected through either

general promotion of the platform or through bespoke promotional campaigns.

There is a growing appetite across the system to engage with the regional learning through collated analysis of the key themes. Examples of the briefing papers can be accessed through the links in Appendix 2. Primary Care and Care Homes were identified as priority areas for 2021/2022 as highlighted in the initial report of “The story so far ... the first 12 months”. Work continues to develop in these areas in 2022/2023, in particular identification of reporting lines to ensure the learning is shared widely and can influence at every level of the HSC system.

**Table 6. Topics of Briefing Papers incorporating analysis of stories shared on Care Opinion in 2021/2022 (alphabetical order)**

Topic/Area	Number of stories included in analysis
Care Homes	56
Children, Families and Young People*	39
Contact Tracing	17
Diabetes	51
District Nursing	100
Emergency Departments (triangulated with other learning sources through PHA Safety Quality Forum)	1286
Experience of Discharge (triangulated with other learning sources through PHA Safety Quality Forum)	16
Eye Health*	16
General Surgery	285
Intermediate Care	124
Maternity & Neonatal*	91
Medicine Safety	78
Primary Care	52
Regional Diabetic Footcare Pathway	41
Stroke Care Services (triangulated with other learning identified through complaints of typical/atypical stroke presentations)	23
Vaccination Centres*	540

\* Includes analysis of stories from launch in August 2020

A key development for sharing learning is the introduction of a process to triangulate learning within PHA Safety and Quality Forum supporting key messages from Care Opinion to be analysed alongside findings from complaints, serious adverse incidents and other sources of feedback. This provides comprehensive analysis of experience to inform practice. In 2021/2022 topics covered in this way included Emergency Departments, Hospital Discharge and Stroke Care services.

As the OUFs embeds into culture it is recognised a suite of agreed briefing papers is to be incorporated into the Regional PCE workplan in line with strategic priorities, allowing for effective dissemination of learning. Also, to support strategic forums to engage with stories directly and undertake analysis the contract for 2022/2023 supports allocation of subscriptions to nominated leads within PHA and SPPG (formerly HSCB), supported by the Regional PCE team.

## #2 Overall Themes in 2021 /2022

Reporting through Care Opinion platform also supports an overview of the key messages shared in the closing question “What needs to improve in your story?”. Figure 15 illustrates the main areas for improvement across all stories relating to Health and Social Care Northern Ireland, throughout 2021/2022.

**Figure 15. Authors responses to the question “What needs to improve in your story?”**

## What needs to improve in your story?



The top five themes for improvement in 2021/2022 are waiting times, communication, food, staff attitude and information as detailed in Table 7.

**Table 7. Top 5 themes for improvement in 21/22**

What could be improved?	Number of Stories
Waiting times	159
Communication	154
Food	110
Staff attitude	47
Information	32

It is recognised the OUFS supports actions to be taken at a service and organisational level where appropriate, however there is also a challenge to respond to these themes at a strategic level as follows: -

1. Informing the priority areas for the wider Patient Client Experience Programme for 2022/2023 with particular reference to communication, staff attitude and information relating to the PCE standards
2. Sharing of information across the relevant strategic forums through briefing papers and distribution of annual report.

This is further expanded upon in Section 5.0 Next Steps

# 5.0 Next Steps





## 5.0 NEXT STEPS

As detailed throughout this report implementation of the OUFS has been a journey since it launched on 3rd August 2020. This journey has included integration of the system within each HSC organisation or system. This is demonstrated through both process and outcome data, embedding the learning at both local and regional levels; however, to fully achieve the aim and objective of the OUFS, the journey must continue at pace, with the following priorities highlighted for 2022/2023.

### 5.1 Strengthen Communication Strategy

A key part of implementation of OUFS has been the promotion of the opportunity for service users, families and carers to access the platform to share their story. It is recognised the project launched in the height of the pandemic in 2020 and promotion focused upon social media and digital arenas. Therefore, as part of the rebuild of the HSC system it is important to reinvigorate the communication strategy and promote the various mechanisms for the public to engage with the service. This will include: -

- a. Undertake dialogue with service user representatives and Community & Voluntary sector through workshops specific to promotion of OUFS
- b. Proactive promotion at community events and celebrations as opportunities for face to face increases in 2022/2023
- c. Facilitation of face to face promotion within HSC organisation to promote OUFS with staff as well as service users, families and carers
- d. Enhance accessibility through promotion of easy read models available through the platform (for example Talking Mats) and upskilling of Regional Facilitator Group to undertake campaigns using all possible models. It is anticipated this will be an important aspect of engaging with residents within Care Homes in 2022/2023

### 5.2 Embed Key Practices into Culture

Throughout 2022/2023 the Regional Implementation Group will prioritise embedding best practice into culture of each organisation. This will be supported through a number of workshops, including service users, to explore the vision for OUFS. As identified through the Improvement and Impact Indicators the OUFS seeks to: -

- Support service users, families and carers to share their experience when they are ready to share, using their own words. Therefore, it is important implementation focuses upon empowering people to engage directly with the Care Opinion platform through website, kiosk, campaigns, Freephone number or Freepost leaflets.
- Develop a two-way feedback mechanism between authors of stories and services, which is meaningful to service users, families and carers. Therefore, implementation will continue to



focus on the timeliness of responses within 7 days from publication and responses directly from services.

- Stories shared on the platform will impact upon services, organisations and strategic priorities through recorded changes. Therefore, implementation will require clarification of the meaning of change and a process developed to share with authors how their stories have been used at both an organisational and strategic level

## **5.3 Advance Mechanisms to Impact Change at Strategic Level**

In 2022/2023 as the HSC system seeks to rebuild from the unprecedented demand of COVID-19 the Regional Patient Client Experience team will work alongside regional groups to ensure the stories through OUFs shape developments at a strategic level. This will be achieved through: -

- Bespoke regional campaigns and analysis of feedback according to strategic priorities
- Integrate models for learning through the positive messages such as Appreciative Inquiry or Learning from Excellence.
- Development of a standard operating procedure for publication and dissemination of learning through Regional PCE team within PHA; This will include linking with interrelated areas of PPI, Quality Improvement and Safety & Quality
- Increase readers subscriptions within PHA & SPPG to broaden opportunity to access stories and analyse key messages outside of PCE.
- Establish network to share learning with regional organisations including RQIA, PCC, NIPSO, BSO and Universities

These priorities will be captured through the Regional Implementation Plan alongside priorities highlighted in the first report which reflected upon the first 12 months of implementation (August 2020-July 2021). This includes the ongoing implementation within key areas in the independent sector – Primary Care and Care Homes. The action plan will be integrated into the wider PCE Programme and reported upon quarterly at the Regional Implementation Group chaired by Deputy Director, Michelle Tennyson (PHA) and led by the Regional Patient Client Experience Lead, Linda Craig (PHA).



# 6.0 Appendix





## 6.1 Membership

### 6.1.1 Members of Regional Implementation Group (March 2022)

<b>Members</b>	<b>Organisation</b>
Allison McCrea	Belfast Health and Social Care Trust
Claire Campbell	South Eastern Health and Social Care Trust
Conor Campbell	South Eastern Health and Social Care Trust
Dalrene Masson	Public Health Agency
Gill Murphy	Northern Health and Social Care Trust
Grace Hamilton	Southern Health and Social Care Trust
Jamie Wallace	Western Health and Social Care Trust
Linda Craig	Public Health Agency
Lisa Dullaghan	South Eastern Health and Social Care Trust
Lynne Charlton	Northern Ireland Ambulance Service
Michelle Tennyson	Public Health Agency
Noella Madden	Western Health and Social Care Trust
Rachel Maxwell	Belfast Health and Social Care Trust
Randal McHugh	Northern Health and Social Care Trust
Rebecca Murray	Southern Health and Social Care Trust
Ruth Barry	Patient Client Council
Sarah Ashurst	Care Opinion
Sharon Love	Southern Health and Social Care Trust
Thelma Swann	Public Health Agency

## 6.1.2 Members of Regional Facilitator Group (March 2022)

<b>Members</b>	<b>Organisation</b>
Caitlin Cosgrove	Belfast Health and Social Care Trust
Carissa McClarty	Northern Health and Social Care Trust
Christine Armstrong	Southern Health and Social Care Trust
Conor Campbell	South Eastern Health and Social Care Trust
Dalrene Masson	Public Health Agency
David Todd	Public Health Agency
Demi McKay	Northern Ireland Ambulance Service
Emma Spencer	South Eastern Health and Social Care Trust
Jennifer Harvey	South Eastern Health and Social Care Trust
Leigh Morgan	Northern Health and Social Care Trust
Linda Craig	Public Health Agency
Maire Alexander	Belfast Health and Social Care Trust
Mairead Casey	Southern Health and Social Care Trust
Neil Gillan	Northern Ireland Ambulance Service
Sarah Arthur	Northern Health and Social Care Trust
Thelma Swann	Public Health Agency
Vi Gray	Western Health and Social Care Trust

## 6.2 Links to Briefing Papers

### - Presenting Strategic Learning of the Key Messages from Service Users, Families and Carers

6.2.1 Experience of Primary Care: <https://bit.ly/3xaCarG>



6.2.2 Experience of Care Homes: <https://bit.ly/3QEHieB>



6.2.3 Experience of Health Visiting & School Nursing <https://bit.ly/3DqjvMy>



6.2.4 Experience of Children and Young People <https://bit.ly/3qE1PFw>



6.2.5 Experience of Vaccination Centres <https://bit.ly/3QKsdYS>



## 6.3 References

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