

# Person-centred health and care

Acute Adult and Primary Care Programmes 90-Day Process:  
**Report on Patient and Public Interviews**



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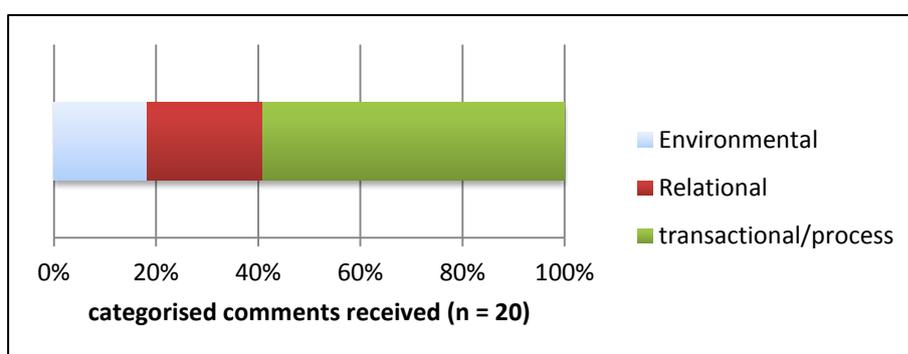
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## Key messages

‘You might think someone is safe in a certain situation but if they are feeling unsafe, rightly or wrongly, then that’s going to impede their recovery.’

This report considers the feedback from a small sample of people with experience of receiving healthcare services on their understanding of the core features of safety and what makes people feel safe. Safety was often expressed by these individuals in terms of technical, system, environmental and relational aspects (Figure 1). People who contributed their views on safety felt that all these elements must be working well to ensure the delivery of safe care and contribute to the psychological safety of people receiving care or support. The following are a few of the additional key messages from this engagement.

**Figure 1 – breakdown of response categorisation from Q1**



### Communication and feedback

Existing evidence<sup>1</sup> suggests that patients can provide useful feedback about safety issues, take an active role in their own safety and support professionals in the design of effective safety initiatives. Feedback from participants corroborated this by highlighting good relationships and two-way communications as key factors to ensuring safety issues are identified and managed.

Those who gave feedback suggested that safety could be improved by paying more attention to ensuring effective communication with both patients and their families or carers. This communication involves not only clarifying what safe care looks and feels like in their individual case, but also in providing sufficient information for the person to understand and be actively involved in decisions about their own care.

Participants also noted that people who are fearful to report concerns may be more likely to do so where staff encourage participation in identifying issues and where there are more positive attitudes to receiving and responding to feedback.

### Psychological safety

People said that to feel safe they needed good communication with the care team and responsiveness to their concerns.

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<sup>1</sup> Evidence scan: Involving patients in improving safety, The Health Foundation, 2013 : <http://www.health.org.uk/sites/default/files/InvolvingPatientsInImprovingSafety.pdf>

There were also some identified system challenges for the healthcare team that affected the 'feeling of safety' which included inadequate staffing levels, high workloads and administration pressures. These perceived issues increased concerns that there was potential for unsafe or inequitable care provision.

### **Involving patients, families and carers**

Studies have found that patients are more likely to become involved, or active around their own safety, when they are directly invited or encouraged to do so by professionals. Feedback from participants also suggested that if we wish to involve patients, families or carers more actively in improving safety, we may need to give additional attention to ensuring professionals have positive attitudes and welcome involvement, that they actively encourage and act on feedback, support shared decision-making and self-management of care, and help people to set personal safety goals.

Feedback also suggested that education and more information about what individuals should expect around their care and treatment may support patients, families and carers in identifying and minimising harm or errors.

## Introduction

This report outlines the activity undertaken to capture and understand the views on safety of a small sample of people with experience of receiving care within Acute and Primary Care services, their carers and the wider public. This activity was undertaken to inform the 90-day innovation process<sup>2</sup> for the Acute Adult and Primary Care Scottish Patient Safety Programmes (SPSP), which took place between September and December 2015.

### Aim of engagement

The aim of engagement at this stage was to gain some insight into the perceptions of current safety culture, what was most important to people about safety in Acute or Primary Care settings, and what could be improved from a patient, family or carer perspective. It was anticipated that this would inform and shape the recommendations made following the 90-day process.

The engagement activity undertaken during this 90-day process was not intended to be exhaustive, nor was it intended to obtain a representative view. It was intended to provide a snapshot of views on safety from people with experience of receiving healthcare services in Scotland to complement existing evidence on patients' views on safety. Further opportunities to engage and involve people more widely will be taken forward in the next stages of the design and development of both programmes where specific topics and interventions will be considered.

## Method

The key questions being explored by this 90-day process are:

1. What are the key safety issues that should be addressed within and across the Acute Adult and Primary Care safety programmes?
2. What are the optimal method(s) of programme delivery?

At this stage of engagement with patients and the public only Question 1 could be explored as it was recognised that limited public awareness about specific delivery methods would not allow for an informed discussion of Question 2.

As a 90-day process is a learning and innovation cycle, it does not normally require a formal consultation or exhaustive engagement approach, so 'individual interviews' and a 'focus group' were the two chosen methods to explore views from people with experience of health care services, their carers and the wider public.

The strategy for recruiting people to provide their views focused on an invitation to participate distributed through networks that included the Scottish Health Council, contacts in NHS boards across Scotland, and through the SPSP programmes involved in the 90-day process.

This invitation led to a number of people opting in to either be interviewed or to take part

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<sup>2</sup> 90 day innovation process, Institute of Healthcare Improvement:  
<http://www.ihl.org/Engage/CustomExpertise/Pages/Innovation90DayLearningCycle.aspx>

in the focus group. These included Public Partners<sup>3</sup> supporting the Mental Health, Acute Care, Primary Care, Pharmacy, and Maternity and Children improvement programmes of SPSP. An opportunity to speak with patients in the care environment was also offered by the Surgical High Dependency Unit in NHS Ayrshire & Arran and an oncology ward in NHS Lanarkshire.

During the limited timescales for engagement, only 15 self-nominated individuals chose to participate in interviews and the focus group during December 2015 (see Figure 2).

**Figure 2 – participants in 90-day process interviews**

Method	Male	Female	Total
Individual interviews with people currently receiving care in an acute care setting	4	2	6
Individual interviews with public partners currently supporting SPSP and with experience of receiving care in primary care and/or acute services	5	1	6
Focus group for public partners	1	2	3

A short set of questions was developed for use in both interviews and the focus group. These questions were adapted as understanding of the way in which interviewees contextualised the topic emerged. The final set of questions was:

1. How would you describe safety in a healthcare setting?
2. What things make you feel safe (or not) when you are receiving care in hospital or in primary care services (e.g. your GP)?
3. What do you feel might make it difficult for health care staff to ensure the safety of patients in their care?
4. What do you think is important for healthcare staff to be doing to ensure patients are safe in their care?
5. How do you think patients and families can help improve safety?
6. How can we help people to report safety concerns?

## Summary of findings

The following is a brief summary of findings from the focus group and interviews conducted. A breakdown of themes from the narrative provided by participants is found in **Appendix 1** and a full record of comments for each question can be viewed in **Appendix 2**.

### Q1 - How would you describe safety in a healthcare setting?

Safety was often described by participants in terms of quality of care or services that made them feel safe. This often focused on transactional aspects of process, task or environment that could produce unwanted or unexpected events.

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<sup>3</sup> Public Partners: Volunteers who provide an ongoing public perspective on Public Services

Comments from participants included:

- *'I think the simple safety thing is being given the correct treatment, which could be drugs, or operations or physiotherapy or whatever.'*
- *'Safety for me means the condition you have gone in with is treated, that condition is treated to the best of the professional's ability and you leave with no other adverse events associated or unrelated to your condition.'*

Participants often expanded on this to include a range of relational aspects that they felt helped to assure safe care. These included communication between care giver and patient, communication between health professionals, listening to patients, providing or sharing information, and gaining an awareness of individuals' circumstances and needs. One person described safety in the terms of:

- *'Whoever is looking at me or talking to me should listen to me in addition to looking at their notes to try to improve the safety of the system. And I would think in the primary care environment that people are aware of the drugs I'm on and why I'm on them, because this is where a lot of the safety issues are.'*

## **Q2 - What things make you feel safe (or not) when you are receiving care in hospital or in primary care services (e.g. your GP)?**

The majority of participants defined what made them 'feel safe' in terms of effective processes and systems of care, such as adequate staffing levels, efficiency in undertaking procedures, professionalism and cleanliness. One person commenting on their experience said:

- *'I think they don't have enough staff, especially in the middle of the night. You look about and ask if there is anyone here. I can ask - what if anything happened to me?'*

A number of people also raised the importance of two way communication with the care team and how attitudes and behaviours of staff can make this easier. Comments included:

- *'Friendly staff makes it easy to ask anything, just having a conversation with you makes it easier to make it safer – you've got to have a better relationship.'*
- *'I think the more that things are discussed with the patient, that the patient feels they are an individual and not a condition or not a collection not symptoms, adds to that feeling of safety and security.'*

Having confidence in the team providing care was another commonly raised topic, with one person saying:

- *'I think it is about the confidence of the patient in the environment they are in. Their confidence to speak to the medical practitioners in front of them and to describe the symptoms they are having and their hopes for progression. That for me is the thing which is absolutely paramount. It's confidence to know that you can talk and you will be listened to, that the people have your best interests at heart.'*

Another person commented that:

- *'It's about putting you at ease and making you confident in your care so you can ask them about your care or future.'*

Several people raised the issue of fear for other patients having an effect on how safe they felt. One person described this by saying:

- *‘Elderly people try to get out of their bed on their own sometimes and in bigger wards there is not really enough staff. I’ve seen patients calling for staff for help but sometimes they just have to help other patients themselves. I think some of that is because nurses have to catch up with paperwork.’*

One person’s comment highlighted the opportunity to activate patients around self-managing their own safety by ensuring they are informed about what they should expect, this person said:

- *‘Communicating with me – that’s important. It helps if I know what they’re supposed to be doing to me and then I can ask if it doesn’t happen or if I’m worried.’*

### **Q3 - What do you feel might make it difficult for health care staff to ensure the safety of patients in their care?**

Several people who commented on this question expressed their perception that staff may not have enough time to perform their role effectively. One person commented on this saying:

- *‘The pressure of time. We all know that particularly hospitals...are under incredible pressure for time, through put of patients and so on. It must though be very important for the professionals to get a chance to reflect on the condition as presented rather than just trying to move people on to wherever’.*

In addition to time people frequently mentioned inadequate staffing and paperwork as factors that could make it difficult for staff to ensure the safety of patients in their care (see Figure 3):

- *‘There is not enough staff. It’s not too bad during day shift but the night shift are run off their feet. Too few of them, buzzers go constantly.’*
- *‘Too much paperwork – they spend a lot of time on that and scanning things into their laptops. That gives less time for nursing.’*

Participants also highlighted that robust communication between staff, patients and family members (where appropriate) could ensure safety and the continuity of care and transitions between services. One person commented on the challenges of this saying:

- *‘I think sometimes there is a lack of communication. Information is not always passed on. There is an assumption that the next person in the line who is dealing with the patient will know and that is not always the case.’*

**Figure 3 - word cloud summary – Q3**



#### Q4 - What do you think is important for healthcare staff to be doing to ensure patients are safe in their care?

This question appeared to highlight for participants how, in addition to carrying out safe practice, it was important for health professionals to build the trust of their patients and communicate well (see Figure 4) to enable them to make the right decisions about their care:

- *‘Obviously they need to be doing the things like the procedures and the rules say they should do, as they’re based on the principles that are there to keep patients safe. I think going back to psychological safety, the thing that’s always missed is simply the conversation with patients. You might think someone is safe in a certain situation but if they are feeling unsafe, rightly or wrongly then that’s going to impede their recovery.’*

Participants also suggested that:

- *‘Staff should remember the individual at the centre of your treatment and your care for that person. If you remember that then the safety has to be improved.’*

Participants also highlighted infection control practices and correct prescribing and use of medication.

Figure 4 – word cloud summary - Q4



#### Q5 - How do you think patients and families can help improve safety?

Participants highlighted that more involvement of the patient and their family or carer, and being better informed of safety considerations around the patient’s own condition, care or treatment may improve the ability for patients and families to contribute to maintaining safety. Comments received around this included:

- *‘The general workings and procedures are perhaps not something that patients will be fully aware of as to whether they are in accordance with standard rules and regulations.’*
- *‘It contributes to safety because I understand the medicines and I understood what was wrong with my dad and why they were treating him.’*

Participants also acknowledged that patients, families and carers should feel confident to raise concerns about safety and that healthcare staff should respond in ways that encourage this type of feedback.

One person described this as:

- *'A cultural thing, removing the prejudice to make observations on the part of the public and carers and removing the resistance to accepting comments on the part of professionals.'*

Another participant stated that:

- *'The patient, carer or family shouldn't be diffident about raising an issue and the professionals shouldn't be resistant to accepting comments from the public.'*

Some comments also suggested that enabling family or carers to be as actively involved as they wish to be in the decisions and care of the person could help to improve safety. One participant commented:

- *'When you talk to family members they say that they don't mind doing some things but they feel that their ability to do them isn't being assessed. Then if they don't know how to do it they are not being trained appropriately to do those tasks.'*

Another person commented that:

- *'In some cases the patient doesn't want anyone other than the family member taking care of them. But again it goes back to my primary concern, I believe the healthcare professionals need to take the time to understand the people, understand what their needs are and understand what their capable of.'*

## **Q6 - How can we help people to report safety concerns?**

Responses to this question mainly focused on complaint processes and systems. However, there was also some acknowledgement that to help people report safety concerns would require work to be undertaken around the culture of reticence of patients to report concerns and resistance to listening to concerns and actively responding to them (see Figure 6). Again suggested solutions centred on enabling good communication between the care provider and the cared for person:

- *'If healthcare professionals would just take the time to ask a question like: "How do you feel about your illness?" or "How do you feel about going home?" Just an open ended question that allows someone to talk about what their concerns are. Ask that question rather than saying "You have cancer, this is what we are going to do." You know to ask a question like: "How do you feel about that?", "How do you feel about the diagnosis?", "what are your concerns?" I think it is going to really give you a feel in the round how someone is feeling and how they are going to cope with it.'*

Figure 6 – word cloud summary - Q6



## Conclusion

People contributing their views for this report clearly expressed their understanding of the core components of safety in health and care environments as a balance of technical, system, environmental and relational aspects which all must work well to ensure the delivery of safe care and contribute to the psychological safety of patients.

Opportunities for the future phase of engagement with patients, families and carers may provide further insight on how the specific safety issues highlighted by the 90-day process are experienced and in establishing an understanding of how patients, families and carers can be encouraged to be more involved in the safety and self-managing personal safety goals.

Over the last decade, policy in Scotland has consistently encouraged involvement of people who receive care and support in the design, delivery and improvement of services. This has resulted in more people having an expectation that they will be involved in their care and in ensuring the safety of their care. This willingness to be involved may in the future be a critical factor for the development of the safety culture in Scotland.

## Appendix 1: Summary of themes by participant

This section provides an overview of themes discussed by each respondent (n=15). Multiple themes may be recorded for respondents depending on the complexity of their response.

### Q1 - How would you describe safety in a healthcare setting? (total comments themed = 21)

Themes	1	2	3	4	5	6	Focus Group 7-9	10	11	12	13	14	15
Physical comfort and a clean, safe environment													
Effective treatment by staff you can trust													
Continuity of care and relationships													
Lived experience - the patient as an individual													
Responsiveness of services - an individualised approach													
Information													
Communication													
Patient as active participant													
Support													

### Q2 - What things make you feel safe (or not) when you are receiving care in hospital or in Primary care services (e.g. your GP)? (total comments themed = 34)

Themes	1	2	3	4	5	6	Focus Group 7-9	10	11	12	13	14	15
Effective treatment by staff you can trust													
Physical comfort and a clean, safe environment													
Responsiveness of services - an individualised approach													
Continuity of care and relationships													
Patient as active participant													
Continuity of care and smooth transitions													
Involvement in decisions and respect for patient's preferences													
Communication													
Involvement of family and friends													
Support													

**Q3 - What do you feel might make it difficult for healthcare staff to ensure the safety of patients in their care? (total comments themed = 22)**

Themes	1	2	3	4	5	6	Focus Group 7-9	10	11	12	13	14	15
Responsiveness of services - access to care													
Effective treatment by staff													
Communication													
Physical comfort and a clean, safe environment													
Continuity of care and smooth transitions													
Continuity of care and relationships													
Patient as active participant													

**Q4 - What do you think is important for healthcare staff to be doing to ensure patients are safe in their care? (total comments themed = 22)**

Themes	1	2	3	4	5	6	Focus Group 7-9	10	11	12	13	14	15
Effective treatment by staff you can trust													
Responsiveness of services - an individualised approach													
Communication													
Responsiveness of services - access to care													
Physical comfort and a clean, safe environment													
Continuity of care and relationships													
Involvement in decisions and respect for patient's preferences													
Involvement of family and friends													

**Q5 - How do you think patients and families can help improve safety? (total comments themed =20)**

Themes	1	2	3	4	5	6	Focus Group 7-9	10	11	12	13	14	15
Patient as active participant													
Communication													
Effective treatment by staff you can trust													
Involvement of family and friends													
Responsiveness of services—an individualised approach													
Support													

**Q6 - How can we help people to report safety concerns? (total comments themed = 15)**

Themes	1	2	3	4	5	6	Focus Group 7-9	10	11	12	13	14	15
Communication													
Effective treatment by staff you can trust													
Continuity of care and relationships													
Responsiveness of services—an individualised approach													
Lived experience - the patient as an individual													

# Appendix 2: Full narrative responses by question

## Q1 - How would you describe safety in a healthcare setting?

Not being left alone - nurses checking on people
Support to be safe in the toilet or shower
Communicating well. Doctors here have been more than adequate. Telling me what's going on. In fact one doctor went away and researched a question I had about a drug I was on and came back and let me know I shouldn't be using it with the drugs I get here.
It's important being informed about your progress. If they weren't telling you what was going on you would think something was wrong. They're really honest with you I've found.
Safety is making sure you do what the nurses tell you and the level of care you receive.
I think the environment is important as well. It's obviously clean and their able to move around and the equipment is all working as well.
You've got your environment to start with and you've got your care. Safety in care and safety in the environment.
Whoever is looking at me or talking to me should listen to me in addition to looking at their notes to try to improve the safety of the system as well. And I would think in the primary care environment that people are aware of the drugs I'm on and why I'm on them, because this is where a lot of the safety issues are.
Safety for me also has to do with the whole issue now of GP practices allowing you to have 5 minutes on the phone to decide whether or not you are allowed to have an appointment. And I just think that if they only dealing with the symptoms they're really not dealing with issues where someone might really be ill.
I don't think it is safe to be discharging people home that may not have the correct care in place at home or maybe shouldn't be out of hospital yet. They seem to be in a great rush to do your day case and let you go. That may be fine for some folk but it's not fine for others. I think we need to be careful about when we are discharging early, even within the day, that people are able to get out, have a means of getting home. Because otherwise they are home or even on the way home they are not safe anymore. I often see a lot of justification 'that it is better to be at home'. Well it is to a point, if you are not feeling very well and you're a little bit frail and there is no one at home to help them...well maybe you should be sent home another day. That is quite a serious safety issue in the context of primary and secondary care.
I think it is important that the healthcare provider, whoever I'm speaking with, is aware of my current needs and any medical situations I have. I'm thinking in particular of the physician taking the time to read my record and know what drugs I'm taking to make sure they prescribe something that won't interact with something else I'm already taking.
Yes, we know there are drug interactions there are too many antibiotics being prescribed. They're prescribing one thing to deal with the side effect that was caused by something else. Because they are not looking at the patient as a whole, their just looking at the

immediate moment.

Looking the patient as a whole is, you've got to take a more holistic view of what is wrong with you. Rather than looking at your broken toe nail you could have a busted arm as well that you're not complaining about. It's about getting that overview of what the patient's doing and where they are and that is all part of the safety. I think the simple safety thing is being given the correct treatment, which could be drugs, or operations or physiotherapy or whatever.

Again I think that, if I'm feeling light headed and if someone thinks that it is really warm outside...whatever. If I'm describing that and they say we'll see you next week when in reality...you know, who knows maybe I've got a brain tumour. I don't know, I just think if they ask the right questions and I answer them correctly I'll get an appointment. If not, then they will say take a few paracetamol and if it continues call us tomorrow. The safety issue for me is literally missing a serious illness.

I would say in terms of the hospital environment that the patient leaves with no adverse events that they didn't come in with. In other words, the condition that required the hospital visit is treated and that there are no other adverse events. So for example there no DVTs, those sorts of things, associated with any procedures they may have gone through.

Safety for me means the condition you have gone in with is treated, that condition is treated to the best of the professional's ability and you leave with no other adverse events associated or unrelated to your condition.

Safety in the treatment one might receive as part of a diagnosis that might range from diagnosis, treatment, surgery, anything like that. If I as a patient go along to my GP or whatever it might be I would expect to be treated in such a way that my health wouldn't be any more endangered as a consequence of any actions taken.

To ensure the patient receiving the best of treatment and best of care in all circumstances and at all times.

Particularly awareness of potential for things to go well or to go pear shaped. It's a kind of an awareness of safety.

There's also information about patients or people the professionals are dealing with, that both sides to have the information they need. Dissemination of information would probably be it.

Safety to me is a real fundamental in healthcare. It starts from "1st do no harm" really. It means protection from any sort of harm that may arise in a healthcare setting. Nothing should happen that makes your condition worse.

## **Q2 - What things make you feel safe (or not) when you are receiving care in hospital or in primary care services (e.g. your GP)?**

When I went to the admissions ward before, the first vision I had was a man with his trousers down peeing into a bucket and shouting to get out for his appointment for methadone. The curtains were not drawn round him.

I was also there when two boys were admitted who had tried to commit suicide. The

<p>doctor had a conversation with them and just pulled round the curtain. I could hear everything. So I was saying to myself that that boy's not stable and the rest of the ward were male patients (I know it's more and more mixed wards) but it made me really uncomfortable and it was really horrible and undignified in the mixed ward. I had a hard time sleeping.</p>
<p>Being safe in bed – trusting nurses that are helping to turn you. Some nurses you trust and some you're not sure about just when they turn you too far, you feel you are going to fall.</p>
<p>Elderly people try to get out of their bed on their own sometimes and in bigger wards there is not really enough staff. I've seen patients calling staff for help but sometimes they just have to help other patients themselves. I think some of that is because nurses have to catch up with paperwork – not so much in this ward. I think there is more staff to patient ratio in HDU.</p>
<p>(carer comment) – it's really important to be able to come in outside of visiting times. It really helps and it helps the staff too as I can help when I'm here. They pretty much let us come and go as we want and that reduces all our anxiety</p>
<p>When you see folks washing their hands it makes you feel better.</p>
<p>Friendly staff makes it easy to ask anything. They notice you every time they come and leave; even the cleaners ask how you are.</p>
<p>Just having a conversation with you makes it easier to make it safer – you've got to have a better relationship.</p>
<p>Being able to use mobile and wifi to keep connected to family reduces anxiety and makes you feel secure. Being able to use the phone makes it feel safer.</p>
<p>I think they don't have enough staff – especially in the middle of the night. You look about and ask if there is anyone here. I can ask 'What if anything happened to me?'</p>
<p>If you see staff about...especially at night. I believe at night time there should be someone in the ward like in the past. Hospitals are not designed for safety these days.</p>
<p>This ward is staffed by volunteer staff as it's just opened so there is different staff every day. It makes you feel as if 'who the hell knows what's happening to me' when they are just passing on wee snippets of information.</p>
<p>I don't feel secure when other patients are getting out of bed at 4am in the morning because they are a little wandered. I'm frightened in case she faws.</p>
<p>The nurse said I would get a dressing done at 11:00am but by time my visitors arrived at 8:00pm I was so stressed that no one had come to do the dressing. It would only take one sentence 'I'm no doing your dressing today'. Would have helped.</p>
<p>Communicating with me – that's important. It helps if I know what they're supposed to be doing to me and then I can ask if it doesn't happen or if I'm worried.</p>
<p>You've got to put trust totally in their hands. For example that machine (pointed to pump) with all its lights, if I tried to mess with that they would kill me. I can't go about changing</p>

<p>the doses.</p>
<p>Perhaps they could give you more information about the machines and what they do.</p>
<p>They are constantly washing their hands or using the gel. I've never seen a nurse yet not throwing her gloves away and using the gel after. It's dead easy to spread diseases through your hands. I wouldn't be too happy about it if folks weren't paying attention to it and that happened.</p>
<p>The only bad experience I've had was the first PIC line. There was something no right about it. There was blood involved. It was the only bad point but the second one (PIC line) is god sent. It saves the nurses and saves me having all the sticks in my arms. This one is a good experience this time.</p>
<p>In an establishment like this you need people on the top of their job and profession – you need peace of mind in staff.</p>
<p>It's about putting you at ease and making you confident in your care so you can ask them about your care or future. They won't leave you high and dry. They will tell you the truth. I don't like it sugar coated. They won't leave you with unanswered questions.</p>
<p>I think that anyone, either in primary or secondary care, taking the time to understand someone's physical home environment and family situation is very important. Because they could be released back to an unsafe environment and if the hospital releases you and the GP practice and the District Nurse situation doesn't work well you are really going back to an unsafe environment.</p> <p>Be that in terms of infections, not being able to be seen or a dressing not being able to be changed or someone not being able to hobble their way over to the bathroom. There are a lot of issues around safety if the home environment is not being understood and not being accounted for.</p>
<p>Being kept informed of what's going on so that you understand just what's going on so that you know why you're taking this drug or when you will be discharged, and that everything's in order.</p>
<p>Some people might associate safety with cleanliness. There is quite a strong link. If the place looks dirty then people might feel unsafe. Whether they are unsafe or not is perhaps a moot point. I think it's important because some people latch on to...if it's not completely spotless...it's difficult to define what spotless is.</p>
<p>If they observe silly things happening around them they mightn't feel very safe. They feel that patients in the opposite bed are not been treated properly or kindly might make them feel a little bit anxious rather than not unsafe. I've experienced that myself...I didn't feel anxious but I thought god help that poor bloke in the other bed. He was just not being looked after that day; the nurse was in a bad mood. That's not a safety issue but it makes people feel anxious which can contribute to the problem you've got in the first place.</p>
<p>The first and most important thing is not tangible or measureable in any way. Because I think it is about the confidence of the patient in the environment they are in. They're confidence to speak to the medical practitioners in front of them and to describe the symptoms they are having and their hopes for progression. That for me is the thing which</p>

is absolutely paramount. It's confidence to know that you can talk and you will be listened to, that the people have your best interests at heart.

1st of all I would need to have a sense of confidence in my GP and any subsequent medics I might meet on the sort of journey through your treatment whatever it might be. I think possibly there's got to be that sense of confidence about what treatment you're being given within your sort of way of assessing that. I think I'd put that down to confidence in the medics; also safety in the way I'm treated by nursing and other staff. What else? I think safety gets back to how you're actually treated as a human being

I think that for the vast majority of patients medication is of primary concern. As the vast majority of patients are probably on some form of medication. It's the one thing that sustains them throughout. The two systems, obviously in secondary care the supply of medicines is totally different to the supply of medicines in Primary care. In secondary care medicines are administered to you and in primary care you get a prescription from your doctor, you take it to the pharmacy and then you are to some extent responsible for the administration of your own medication. So there are differences there. It's difficult to equate the two.

Confidence and communication. Knowing the person who is communicating with me is able to communicate with me adds to my feeling of safety.

Recently I had an injection. There was a charming young doctor who was obviously new, fresh to the unit, who I know did not want to hurt me or cause me any pain. But in so doing they weren't confident in the process they were doing and they were sort of 'now I don't want to hurt you' and 'I'll just gently get this needle in' whereas the ward sister who was with them at the time said 'do you want me to do it' and they said 'yes' and the sister just went 'alright this will only take a second, it will sting for a second' and bang, job done. I had more confidence and reassurance from the ward sister. I am sure the young doctor was perfectly capable but did not exude an air of confidence himself.

The ward sister was very positive; she communicated what she was going to do and then did it. For me that gave me an air of reassurance.

There is an overall impression that one receives in lying in a ward you are watching what is going on around you. If you see an air of professionalism and efficiency, if you see that going on...an air of professionalism and confidence in what they are doing and direction in what they're doing. And this not wandering about looking for things to be doing and they have a purpose. It gives you confidence that someone's in charge here. That gives you a feeling of confidence and security.

In primary care it is the same two things as that described earlier, the feeling of confidence in the care professional and communication. I think the more that things are discussed with the patient. That the patient feels they are an individual and not a condition or not a collection not symptoms adds to that feeling of safety and security.

Confidence...now I don't know how you would get that, how to deliver that confidence as a professional. But I know as a patient that if I go to someone who isn't sure about what they are doing. Ok I have learned a lot about my condition so I will talk to them about it and sometimes I know as much about it, or more about it, as they do if they are not sure. That has happened occasionally. But on the other hand I've been given information by

other professionals that I didn't have from my own GP or from my own pharmacist.

So it's a case of the patient being confident in the person who is dealing with them. That the professional dealing with you needs to know as much as they need to know about your situation.

There's confidence in the person/people giving the care. If I felt that they know what they are doing then it's going to make me feel safe.

There's the environment which the care is given if it seems modern and up to date and with equipment that looks as if its functioning properly that makes me feel safe. I guess a lot of it comes down to that sort of combination of physical and psychological safety.

### **Q3 - What do you feel might make it difficult for healthcare staff to ensure the safety of patients in their care?**

Nurses having to do paperwork.

Older patients make it harder too, there's more to do.

Too much paperwork – they spend a lot of time on that and scanning things into their laptops. That gives less time for nursing.

Staffing is a big issue.

I can't really think of anything. When I was in the day unit I did worry about slight staff trying to haul larger people into a chair. A bit like that chap over their (pointed to another patient) they don't have a hoist for him and they have to get him up and down.

Sometimes they are understaffed. The main nurse - there is only one – she's got a hell of a lot of work which I don't think is fair.

There is not enough staff. They have to bring staff from other wards or from the bank. It's not too bad during the day shift but the night shift are run off their feet. Too few of them. Buzzers go constantly.

You can notice a bit of strain on their faces and you know they are tired. They work such long shifts. Saying that, there is no effect on the level of care you get.

I suppose it could be the patient themselves just awkward or doesn't want to co-operate, what can we do about that. That would make it difficult.

If you were to ask staff I suspect we would hear about the age old time problem. Which seems to come up everywhere, we need to get on top of it sometime. I'm sick of hearing about it. Time is always a problem. If I go to my GP surgery, look in the windows, there may be one guy and the other five have gone home. Maybe you are entitled to go home but you can't say you haven't got time.

Just encourage folk. You should be able to tell if someone's anxious and not very communicative. There is ways and means of encouraging even the most difficult of people to come round to your side. A bit of compassion and whatever.

Again it's communication isn't it.

What I hear from the healthcare professionals is that very often the family members will say 'he was just dying for some of my soup' or 'he wanted a bit of my apple pie' and the healthcare professionals go ballistic because the patient was a diabetic. Its communication but it's very specific. It's an agreement between the family members, the patient and the healthcare professionals about certain things. About what are the visiting times, what are they allowed to bring, those type of things can contribute to a lack of safety. That's when the family members think they are doing something good and in reality they're doing something to hurt the patient.

When I think back to the early days of the patient safety program. What I perceived them to be trying doing is about standardising procedures for staff. So if staff are trying to deliver safe care at a technical level and there are a dozen different ways of doing it based on a dozen different consultants. Well they are going to have difficulty trying to deliver that care safely. The patient safety programme did try to eliminate some of that and hopefully some of the other processes have been standardised. But if people are doing their own thing or at the whim of consultant A instead of consultant B then it's not going to help with safe care.

Unless we have these standardised ways of doing things we are all inventing wheels and you are inventing wheels with the patient which may not be the safest thing. And that applies in the doctor's surgery if they are doing work although they tend to be doing less invasive things.

The medications issue is a complicated one and it ought not to be because a patient is a patient, is a patient, is a patient. They are a single entity so the drugs and medication that they are currently on is a matter of fact. That patient may not be in a condition to relate that to whoever is in front of them in the medical profession. But it has to exist somewhere and the databases combined of General Practices and Care Homes and Hospital have got to join up so that there isn't the slightest possibility of a medication lapse.

The pressure of time. We all know that particularly hospitals and in the acute setting, hospitals are under incredible pressure to time, through put of patients and so on. It must be very important for the professionals to get a chance to reflect on the condition as presented rather than just try to move them on to wherever. I have no evidence to suggest that is the case but one wonders whether the pressure of time is something which could inadvertently cause lapses.

As the patient, I would expect the health professionals to show the same level of professionalism first thing on a Monday morning and the same thing last thing on a Friday night. There should be no variable. The standards should be maintained and the same throughout. But then again healthcare professionals are individuals so there may be some little variance from time to time. They have good days, bad days like the rest of us.

I think sometimes there is a lack of communication. Information is not always passed on. There's an assumption that the next person in the line who is dealing with the patient will know and that is not always the case.

Even to say the information two or three times rather than miss it out completely. There are glitches in the system and I don't know how you sort that out, how you put something in place to try to ensure.

I was in hospital some time ago for chemotherapy and had to be in three nights at a time, because that's the type of chemotherapy treatment I was getting. Each night the nurses gathered at the change over time and they took a significant amount of time to go through each patient, to make sure that each patient's situation and condition and medication was clearly laid out. Now that's time and effort and concentration. You know you can't do that in the situation in primary care because people are not in the same physical place as the person they are passing the information to. Ideally there should be a way to make sure that each person gets the information...the next person in line gets the information they need.

Time and resources is the main. In inpatient services nurses may be looking after 6 or 7 people. With the best will in the world they can't give every one of them top class care, or can't always I guess.

#### **Q4 - What do you think is important for healthcare staff to be doing to ensure patients are safe in their care?**

I'm thinking about how you make it possible for people to report safety concerns. Would there be a person perhaps who is responsible for safety? There must be someone responsible for safety in all surgeries or medical centres and places where people are treated or are seen by medical staff. Maybe highlighting a person to go to...a named person...who is not necessarily a doctor or a nurse. Someone who would liaise with the staff. Rather than people approach someone like a doctor who people can find quite daunting.

I think have a go between or an intermediary and make sure that that person is known by everybody. They could write to them, email them or speak to them. Somebody who could take note of those concerns and attend to them, or put in motion ways of dealing with them or notify other people. Maybe like a practice manager?

I believe at night there should be someone in the ward (physically)

It was really good to see the information about safety on the ward wall. At first I thought nurses must have better things to do than fill stuff like this in, but when I read it, it really made me feel much better and more secure. They are doing really well.

Use gloves and gel...they do that here. They are good here.

If they weren't paying attention to cross-infection I'd be really worried.

We had ice pops here yesterday and they have to consider safety so the nurse had to go to another ward for the scissors and open them and then take the scissors back. They are conscious of safety.

The staff are fantastic. You can tell their caring and they try to help.

To give you the right drugs.

Doctors and nurses singing from the same hymn sheet.
I think it is important...if we take Primary Care Programme...who were concentrating on Warfarin and Methatrexate. Concentrating on those two specific drugs. What we need to make sure that care they are applying to that applies to everything that happens. So that it becomes normal practice, it's every other drug including ibuprofen. I don't know how you monitor that.
I hope that GP's in particular once they have finished with the Warfarin they won't suddenly forget about that and go back to their bad old ways. The Programme is hoping they won't do that but I'm not convinced it has said that specifically to them. I haven't heard that strongly enough. It has been said on occasion but to me it should be rammed home a bit more. It's not just Methatrexate it needs to be the whole bloomin lot. Every drug you're prescribing you need to worry about.
Hand Hygiene and infection control are very important but the strides that have been made, I mean this has been a massive thrust of the patient safety programme over the recent years and it's almost unheard of for a medical practitioner, a nurse, an auxiliary, anybody, not to be aware of hand hygiene. I mean I was in a hospital in Edinburgh not so long ago and the nurse and consultant who I saw were quite scrupulous in their hand hygiene before they treated me.
I would think the healthcare professional will obviously have their clinical knowledge and their own expertise, but they must have a structure that probably will be unique within their practice. But a structure as to what is expected of them with regard to the care of patients, and they can operate within that. I think having a structure will give them a degree of confidence to know that if A happens we do B or we do C. If C happens then we follow a procedure to deal with it. So they have an underlying structure that they can follow with some latitude for what they feel is necessary.
The nurses do ask me if I need to talk or if I have any more questions but it's difficult to ask the doctor/consultant when he isn't really speaking to me.
Communicate well. Sometimes when the doctor comes they speak to you (speaking to mother) so it's difficult to ask the questions I have.
Making sure the floors are never slippy.
They make you feel comfortable to say anything. They do take it on board. Even the cleaning staff. Sometimes older people feel more comfortable opening up to the cleaners rather than the doctor.
A primary one in my view is Communication. Adequate communication between the respective member of staff and me as a patient. That's a joint thing of course. That they've got to be happy with the way I communicate with them to enable them to do a good job and conversely I would like to know from them what's going on if you like.
Making sure they are around so people are safe in the toilet or shower. It's not good to leave people on the toilet and asking them to ring when they are finished...you can't leave them for so long.

Getting to know you personally. To understand how you will react to things, get to know you as an individual.

I'm sure you will be aware of the buzz word of 'patient centred' or 'person centred' and to never lose sight of the fact you are talking about an individual and it may be a condition with which you are totally familiar but that individual's circumstances may be totally different from anyone you have seen before. To remember the individual at the centre of your treatment, and your care for that person. If you remember that then the safety has to be improved.

Being aware of the patient. It can be difficult because you can have so many patients in a day or a week that it can be difficult to know them and they can just be passing through your hands. But to take note of how the person is. How the patient presents themselves. Not just the cut in their foot or whatever, but are they agitated? are they calm? or that kind of thing. Maybe that is a medical thing that doctors and nurses do anyway. I don't know that.

Obviously they need to be doing the things like the procedures and the rules say they should do as there based on the principles that are there to keep patients safe. I think going back to psychological safety, the thing that's always missed is simply the conversation with patients. You might think someone is safe in a certain situation but if they are feeling unsafe, rightly or wrongly then that's going to impede their recovery. Sometimes it can be as simple as just asking how they feel or asking if what's been done seems reasonable to them or seems like a good idea to them. Sometimes simple conversations can make a difference

#### **Q5 - How do you think patients and families can help improve safety?**

Maybe they could be more considerate putting out chairs, but most visitors are just desperate to see their relative.

If someone is ill they've got to ensure families know you are getting the best care.

Again that imposes upon the patient almost knowledge of the practices, to know what these practices are or are not safe. That perhaps places an unfair onus on the patient to be responsible to that level for their own care, because very often they are not at their best. If you are in the hospital just having had a heart attack, whether the doctor is doing that stent properly or not is perhaps not high on your mind at the time. So I think unless it's glaringly obvious, the general workings and procedures are perhaps not something that patients will be fully aware of as to whether they are in accordance with standard rules and regulations.

Communication between the care team and families about what happening and doctors telling the truth about what to expect.

My father who died a couple of years ago and my mum who's living with me now. I had to take responsibility for them because they weren't capable of doing it for themselves, and that contributes to their safety because I understand their medicines and I understood what was wrong with my dad and why they were treating him. He sort of knew but he couldn't take it in he was too old and ill to do that.

Responsibility can only be taken where you're capable. I hear a lot of talk about 'oh well you've got to take responsibility for everything', well if you're in advanced dementia or like my mum, sort of medium level dementia, well she's not responsible for anything really. There is no point in telling her anything, she forgets. So she can't take it in but I can. Now if I didn't exist she'd have a bit of a problem. She might be in a nursing home where I presume nursing home staff would take responsibility.

I think people need to be aware, where they can, they have got to be able to communicate with staff, and that is a two way process. The staff need to encourage people to participate. If you do it properly then people will feel as though you want to speak to them, whether it is patient, carer or family, or uncle or dad or daughter. So responsibility is a two way thing from a communication point of view.

The issue is, as I understand it, there is an expectation that the family member equals carer. When you talk to family members they say that they don't mind doing some things but they feel that their ability to do them isn't being assessed. And then if they don't know how to do it they are not being trained appropriately to do those tasks.

Again communication. They've got to communicate if they have any concerns in the first place. There not just going to keep quiet and they don't let on that there is something that is bothering them or their carer.

Oh gosh! Well as I said earlier, of prime importance is communication between the patient and the medical team because I know it's often alluded to as your journey through your illness starting from your first interview with your doctor right through to surgery or radiotherapy or whatever your treatment might be. Communication to me is vitally important there. The same thing applies with the family so that they are kept adequately informed of what's going on. I mean we hear some terrible horror stories in the media about what ultimately is a poor communication between the medical team who's supposed to be looking after you and the patient who is really not aware of what's happening to them. This is where the family comes in, particularly in the elderly patient who might feel quite confused with what's going on round about them and cannot communicate anything there and that's where the family is vitally important.

It's complicated, it's easy for us to sit here and say everyone should speak to everyone else but some people don't want to know. They don't want to know about their catheter... but some people will so they've just got to keep pushing the people who can take a little bit of responsibility and do it properly.

Neither the patient, carer or family should be diffident about raising an issue and the professionals shouldn't be resistant to accepting comments from the public. If we accept the person-centeredness then the family and carers might mention something, you know 'aunty so and so hasn't had X' and rather than thinking of that as a criticism, because that's often the culture from the past, that should be accepted as a positive. And so there's a cultural thing, removing the prejudice to make observations on the part of the public and carers and removing the resistance to accepting comments on the part of professionals.

Bringing in the wider circle for information.

I think they can be open and frank with the healthcare staff. I think they can take care and be aware of what's happening in their body, you know what their condition is like, and tell the staff and don't expect them to know by looking at them how things are. Because sometimes they can't.

In some cases the patient doesn't want anyone other than the family member taking care of them. But again it goes back to my primary concern, I believe the healthcare professionals need to take the time to understand the people, understand what their needs are and understand what their capable of.

I think the more information the healthcare professionals have about the person and their condition then the better and safer they are able to provide treatment. So if they listen to the patient and the carers, get to know them well and quite often they can pick up on things that might not be in the notes or aren't obvious. Sometimes simple things that they might not think of – certain treatments that they really like or really don't like, certain ways of dealing with people may not always work well with everybody. Sometimes it's just about that bit of additional knowledge that sometimes the patient or the carer who is around them can give that add to the knowledge that the professional has.

I think the family or the carer should absolutely be considered as the advocate and should never be concerned about making it sound like they can't do something at home. I think we tend to be quite stoic and we don't want to say oh I can't do that, or I don't know how to change a catheter or do all the things that have to be done. I think the carer or the family should be seen as the advocates and not always automatically assumed to be the carer.

If the problem is done to the individual person then the person can voice that concern up the chain of command. Although that might be the problematic thing that needs to change. The cultural aspect of how they deal and respond to patients concerns.

Families are told all about safety and how not to spread diseases at the start.

If I see someone doing something like not washing their hands or that I am not sure they should be doing I say to them. At the end of the day it's my life and I want it done right.

The patient in the 21st century should take a degree of responsibility for maintaining their own health. They have to contribute towards their own wellbeing. If the doctor, the nurse, whatever, the pharmacist suggests something we are incumbent to see that we follow that through. We can't simply say, look, I'm not feeling well; you're the doctor do something. If the doctor says lose weight then we have to make some positive effort to consider that, or stop smoking we have to make some positive effort as the patient.

#### **Q6 - How can we help people to report safety concerns?**

That's the crunch question. How do you remove those barriers? And I don't know. Seems to me the logical place to start to remove the barriers is actually for the healthcare professionals to encourage the suggestions from the family, patients and carers. Because the fear is that 'aunty ada' isn't going to be looked after if we say something and somehow the professionals have got to remove that doubt. That means that the first point of any

<p>initiative around this is got to start with the healthcare professionals not with the public.</p>
<p>One of the things around the PIC line insertion. It should have been dressed every week but wasn't. The first one wasn't a particularly good insertion and the dressing thing caused an infection. They said sorry about it.</p>
<p>I speak to GPs...the GPs are there to take your blood pressure, listen to your heart and listen to your lungs and all that good stuff. They spend a lot of their time acting as social workers for people and I hear some GPs, they don't moan about that, but they would prefer not to be doing that. It's part of their job, you know if you are in with your blood pressure and your sore left arm. It's difficult, I think staff generally do, I would hope they listen. As long as the patient or carer can communicate that but that takes time. If you have a ten minute doctor appointment you can take five minutes having blether about whatever else is going on, meanwhile you're being thrown out or someone else is in the queue. It's really difficult within a short time scale.</p>
<p>That is getting a lot of coverage and it is vital. There is often the analogy made between medicine and flying. Now before you move into a plane you have a written checklist to go through. When you get into the cockpit there is a continuation of a secondary checklist to go through. If you don't and there is a problem, again you are duty bound to report that problem. It is not a blame culture. Doctors, nurses, healthcare professionals should not be afraid to report problems or mistakes even. Because it's from them they will most definitely learn never to do it again and others might say 'but for the grace of god go I'.</p>
<p>We have to be able to deal with mistakes and errors to ensure for ourselves we do not repeat them or for others that they can learn by our mistake. It is a cultural quantum mind shift in the NHS that is required. An acceptance that mistakes will be made, that we are human. Deal with them and move on.</p>
<p>No, I don't have any problem raising anything. But there hasn't been anything for me to worry about.</p>
<p>If my wife was here I'd let her raise it. She'd just go up to the nurse's desk.</p>
<p>You could be frightened to complain, but it hasn't entered my head here.</p>
<p>I think just sit down and talk with the patient.</p>
<p>It's really back to the 'what matters to me', it's not a foreign concept. I'm just not sure everyone's doing it. Its back to the other healthcare activity related to 'what matters to me'.</p>
<p>Sometimes the issue is not that there is no way to report things – sometimes it's that there are too many ways to report things and people don't know quite where to start. The other issue I guess is that quite often people don't want to make a complaint they want to make a suggestion or a comment and the systems aren't always made to deal with that as they have fairly rigid complaints procedures that are largely risk averse. They don't always have a way for people to give simple observations or comments. A thing like the old fashioned suggestion box goes a long way.</p>

Oh.... Well I don't know about it from a safety aspect. I know that I'm not overly confident in some of the systems which exist in the hospital environment and that would cover safety. Other complaints which may impinge, but may not be directly linked, to unsafe systems but could be related to it. If the person responsible is not made aware of it, or the system doesn't allow an independent assessment of that. If a patient complains about something then it very often gets put into a system where there is a bland response, or the person responsible for replying to the patient is actually the person who is also responsible for what may give rise to the complaint. It's not totally independent in this sense. I mean I must admit I'm not happy with the NHS in this context because if you take any of the hospitals, I'm certainly not aware that there is a person who is totally independent under law who looks at the total quality of the operation of the hospitals. I'm not expressing myself too clearly in this perhaps but I think from my perspective I would like to know that I could have a complaint referred to a person who was quite independent of the operation of the hospital or whatever the environment was and had no personal responsibility other than to look at independently whatever the complaint or situation might have developed.

Let me explain if it helps I spent most of my life working in the pharmaceutical industry and when the medicines act came in 1970 the consequences of that were that there had to be someone in the industry who was responsible for the release of drugs onto the marketplace. That was established in law and I just happened to be one of these – called the qualified person. That had a responsibility under law and if anything went wrong you could actually be fired by your company, the government and your professional body.

It must be tricky to forget about the previous person and the next person. You've got to focus on the person in front of you. If the professional can demonstrate they understand you and that you are their focus for that ten minutes then that is a long way to helping in that particular process. You can tell if someone is in the same room as you, whether they are focused.

If healthcare professionals would just take the time to ask a question like 'how do you feel about your illness?' or 'how do you feel about going home?' Just an open ended question that allows someone to talk about what their concerns are. It is related to health and they will get back to it, it won't be a rambling conversation. But to ask that question rather than saying 'you have cancer, this is what we are going to do'. You know to ask a question like 'how do you feel about that?', 'how do you feel about the diagnosis?', 'what are your concerns?' I think is going to really give you a feel in the round how someone is feeling and how they are going to cope with it.

I think that the care professional's got to have the correct manner as well. Actually talk like they care about that person and put that across...that we do care for you and want to do our best for you.

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