IMPROVING the Patient & Client experience

5 standards

respect
attitude
behaviour
communication
privacy & dignity
This Statement has been produced for DHSSPS by NIPEC in partnership with the RCN. The Department would like to acknowledge the contribution of the stakeholder groups in the development of this Statement.
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Good quality care is everyone’s business; it requires champions in the board room and at the bedside. Leaders of health and social care organisations must demonstrate behaviours which are consistent with high standards of care and compassion. The five standards relating to: respect, attitude, behaviour, communication and privacy and dignity clearly state what people can expect from the health and social care service. The Department will want to see services commissioned that embrace the five standards, and health and social care providers monitoring and continually improving them.

We will ensure that:

- Patient and client experience has a clear focus within our priorities
- Patient experience standards are embedded in commissioning processes
- Health and Social Care providers have the patient and client experience integrated across all policy and strategy documents
- Trust boards should receive an annual report of the outcome of the evaluation of the Patient and Client Experience Standards and associated improvements.

DHSSPS will review performance management information annually which illustrates that these standards are being monitored effectively and continuous improvements are being made. I will want to see that lessons are learned and experience of care is continually improving.

The Department will ask the Regulation and Quality Improvement Authority to ensure that these standards are actively monitored and continual improvement made as part of its system of regulation and improvement.

Martin Bradley
Chief Nursing Officer
All of us, whether as patients or staff, want to be treated courteously, with dignity, respect and sensitivity.

I want to ensure that appropriate systems are put in place to enable the achievement of the standards outlined in “Improving the Patient and Client Experience” and commit ourselves to a service that integrates these standards into all that we do.

A good understanding of what makes the public satisfied with our service will be the difference between a successful and an unsuccessful organisation.

We can have a real impact upon the experience of those who use our service by how we communicate, by how we co-operate and support colleagues, and by creating a friendly environment where we can all take pride in the services that we offer.

Michael McGimpsey, MLA
Minister for Health, Social Services and Public Safety
Introduction

Securing a positive patient and client experience is the responsibility of all involved in providing health and social care.

When we are in need of care, we can be at our most vulnerable. During this time our experience of health and social care services should be as positive as possible. Therefore all those involved in providing care should be continually improving standards to ensure a high quality of patient and client experience. However, the complex and highly pressurised world of health and social care delivery can make maintaining that focus difficult.

Policy drivers and service arrangements are currently in place to ensure safety, quality and access. In addition, a variety of UK level initiatives and activities provide evidence of the types of issues that people say are important to them.*

This information, along with previous work undertaken by DHSSPS, has helped identify five standards relating to respect, attitude, behaviour, communication, privacy and dignity. Stakeholder groups in Northern Ireland have also been involved in the development of these standards and the ways in which organisations should ensure they achieve them. Their feedback is summarised later in this document.

Organisations may employ a number of different activities to objectively monitor and continuously improve the experience of patients and clients. This includes the development of organisational policies and codes of practice which support the patient and client experience outlined in the five standards. Appendix 2 gives a few examples of activities that could be used to support monitoring processes.

* See Appendix 1
Patients and clients have a right to experience respectful and professional care, in a considerate and supportive environment, where their privacy is protected and dignity maintained. This principle should be promoted and supported by all health and social care organisations and professional bodies, enabling staff to provide a quality service.

There are many complex factors relevant to the quality of patient and client experience. The following five areas have been identified as important towards ensuring a positive patient or client experience.

**Respect**
**Attitude**
**Behaviour**
**Communication**
**Privacy and dignity**

This is not an exhaustive list and there may be overlap between the areas, however, all five relate to aspects identified by patients and clients as important to their experience.

Any aspect of the patient and client experience will, by its nature, require a variety of measurement approaches in order to appropriately capture the quality of the actual experience of patients and clients. Continuous, objective and systematic monitoring and improvement against the standards described in this document will help give confidence to patients and clients across Northern Ireland.

*Whilst the focus of these standards is on patient and client experience, they should be taken to refer to carers where appropriate.*
Respect

All health and social care staff show respect in all contacts with patients and clients.

This standard will be recognised when

This is demonstrated by:

• Patients’ and clients’ wishes being respected
• Respect for diversity and difference
• Patients and clients being actively involved in decisions regarding their care
• Members of staff providing care that is personalised
• Patients’ and clients’ interests being given priority by members of staff and teams
• An organisational culture where respect for the individual is valued.

This standard is achieved when:

Patients and clients report experience of being respected and involved in decision making regarding their care and treatment.

Patient and client representative groups report a patient and client focus in their involvement in service development and improvement activities.

Evidence shows that the organisation values people.

Staff members report that induction, ongoing learning and development activities promote respect for patients and clients and a person centred approach.

Patients and clients report that unavoidable interruptions during care processes are managed sensitively.

Feeling respected means being valued as a unique individual
**Attitude**

*All health and social care staff show positive attitudes towards patients and clients.*

This standard will be recognised when personal approaches and responses to patients and clients by all members of staff show care and compassion.

This is demonstrated by:

- Welcoming and approachable staff who demonstrate a willingness to help
- Staff understanding the effect their verbal and non-verbal communication has on others
- Staff demonstrating a non-judgemental attitude towards patients and clients
- Staff being open-minded towards new or better ways of caring and working
- Organisational structures and processes that enable staff to take sufficient time to show positive attitudes to patient and clients.

This standard is achieved when:

Patients and clients report experiences of positive attitudes towards them.

Patients, clients and staff members report that the organisational culture is conducive to positive attitudes at individual and team levels.

Staff members report high levels of satisfaction with learning and development activities aimed at improving and maintaining positive staff attitudes.

There is evidence of well organised and managed environments with dedicated, compassionate and professional staff.

Experiencing positive attitudes from staff means feeling cared for as an individual.
Behaviour

All health and social care staff show professional and considerate behaviour towards patients and clients.

This standard will be recognised when all members of staff involve patients and clients in their care, respecting their wishes and showing professional and appropriate behaviour.

This is demonstrated by:

- Staff seeking patient and client consent when appropriate
- All staff being polite, courteous and professional
- Staff being open and receptive to feedback and challenge
- Patients and clients being called by their preferred name
- Staff respecting the personal space of patients and clients.

This standard is achieved when:

Patient and clients report that they were asked for their consent where appropriate.

Patients and clients report that they have been called by their preferred name.

Patients and clients report being treated in a polite, courteous and professional manner.

Evidence shows that the organisation has implemented local policies that outline what is expected in the behaviour of all staff.

Evidence demonstrates responsiveness to expressed views and challenges.

Experiencing professional and considerate behaviour means feeling valued and safe.
Communication

All health and social care staff communicate in a way which is sensitive to the needs and preferences of patients and clients.

This standard will be recognised when all staff members engage in effective verbal and non-verbal communication leading to clear information being exchanged between staff and patients/clients.

This is demonstrated by:

- Staff adapting their verbal and non-verbal communication to be sensitive to individual needs
- Staff giving clear, correct information, using appropriate language
- Staff using effective communication skills such as active listening to check the patients’ or clients’ expectation and understanding
- Staff undertaking learning and development activities relevant to communication
- Important elements of communication exchange being recorded accurately
- Staff involving carers and family members where appropriate.

This standard is achieved when:

Patients and clients report that communication has been sensitive to their needs and respectful of their preferences.

Patients and clients report that they have been provided with clear, correct information using language they understand.

Patient and client documentation demonstrates that the important elements of communication exchange have been recorded appropriately.

Staff members report that respectful and sensitive communications are part of the organisational values.
Privacy and Dignity

All health and social care staff protect the privacy and dignity of patients and clients at all times.

This standard will be recognised when staff members ensure that all environments where care is provided protect the privacy and dignity of patients and clients.

This is demonstrated by:

• Staff ensuring that the modesty of patients and clients is protected, respecting cultural diversity
• Staff receiving training and development relevant to their needs to support the maintenance of patients’ and clients’ privacy and dignity
• Effective use of available resources in all health and social care environments to secure privacy and dignity for patients and clients
• Staff ensuring that patients’ and clients’ personal information is collected, utilised and stored in a way that maintains confidentiality.

This standard is achieved when:

Patients and clients report that their privacy and dignity has been protected throughout their health and social care experience.

Patients and clients report that discussions relating to their personal information were held in a way that maintained their privacy and dignity.

Evidence shows organisational arrangements exist which are aimed at protecting privacy and dignity for patients and clients.

Staff report that maintaining patient and client privacy and dignity is encouraged and supported by the organisation.

Means feeling that your private moments are protected and you are treated with due respect and consideration.
Stakeholder Involvement

Introduction
It was agreed to hold a series of stakeholder workshops for representatives from the voluntary agencies and service provider organisations to test the patient and client experience standards as they were being developed. This was to ensure the standards were clear, unambiguous and took account of the views of these important stakeholder groups.

A draft version of the ‘Patient and Client Experience Statement’ was distributed to the voluntary stakeholder groups along with an invitation to attend a workshop. In addition, individual sessions with voluntary agency stakeholder groups were facilitated for those groups who were unable to attend the workshop.

Letters outlining the purpose of the workshops and requesting nominations for individuals to represent organisations, together with a copy of the draft paper, were sent to the Chief Executives / Directors of HSC Boards, Trusts, Family Practitioner Units, Northern Ireland Social Care Council, NI Medical and Dental Training Agency, Prison Services, Ambulance Service, Hospices, and Independent Health Care Providers. The Chief Executives/Directors were asked to consider their nominations from a multi-professional/multi-disciplinary aspect, the patient experience being the responsibility of all involved in health and social care. The patient and client experience draft paper was then distributed to their nominated delegates in advance of the workshops.

A second concluding workshop was hosted for the service provider delegates who attended the first, to consult on the final draft of the document and discuss implications for implementation and evaluation.

Consultation Feedback
All of the events encouraged lively discussion and debate with the stakeholder groups. Feedback was provided regarding the relevance, clarity and applicability of the standards. Comments received were mainly regarding the clarity and simplicity of language, strengthening the standard statements; and ensuring that a patient-centred approach was included. Alternative wording was suggested for many parts of the document by both stakeholder groups. An idea was offered that two separate documents might be prepared, one including the background, development and monitoring of the standards; the other presenting a shortened version of the
standards document for general use by all levels of health and social care staff. The concluding event offered the opportunity to the service providers’ stakeholder group to comment on implementation and evaluation processes, giving examples of good practice where relevant. A final draft of the document was agreed at this workshop.

For a full list of participants who attended the workshops, please go to www.nipec.n-i.nhs.uk
The assurance and continual improvement of patient and client experience is the responsibility of all organisations and members of staff involved in delivering health and social care. Patient and client experience standards should be embedded in commissioning processes and all providers must have a Patient Experience Strategy in place with an Executive level lead driving delivery. Ongoing monitoring should be mainstreamed across the organisation and where necessary improvement made against the five patient and client experience standards.

Monitoring these standards requires a variety of measurement approaches in order to appropriately capture the actual experience of patients and clients. These approaches must be systematic and objective, include the patient, client and their carers where appropriate and utilise a number of tools in order to identify patient and client experience consistently.

There are many quality monitoring and improvement activities which can help an organisation identify if they are achieving these standards effectively; benchmarking, audit, practice development, quality improvement initiatives and so on.

All of these activities should involve the patient and client or their representatives, organisational leaders charged with the quality of patient and client experience as well as members of staff and teams charged with ensuring a positive patient and client experience in the delivery of health and social care.

Various tools such as current and retrospective patient and client surveys, patient and client structured interviews, staff surveys, analysis of patient and client stories, observational techniques and use of indicators can all help illustrate if the organisation is achieving the five standards outlined in this Statement.

Continual improvement should also be systematic and robust, involve the relevant staff and result in evidence of tangible improvements.

Aspects for improvement identified from the organisation’s monitoring activity should result in dedicated action plans. These action plans should be implemented and evaluated to ensure improvement has taken place. Patient and client involvement should be utilised where appropriate. These activities must be recorded and communicated throughout the organisation and form part of the performance management requirements.
Organisational achievement of the five patient and client experience standards must be monitored and where necessary improved on an ongoing basis if the public is to be assured of consistent positive patient and client experience.

See Appendix 2 for examples of monitoring activities.
In 2001, *Best Practice – Best Care* set out the detail of a framework to improve the quality of care in Northern Ireland. This included links to national standard setting bodies such as the National Institute for Clinical Excellence (NICE) and the Social Care Institute for Clinical Excellence (SCIE) as well as the various codes of conduct for the regulated professions such as Medicine, Nursing and Social Work.

In 2002, DHSSPS guidance *HSS (PPM) 10 (2002)* asked health and social care bodies to formally develop and implement clinical and social care governance arrangements with a view to improving quality in the HPSS. This circular also stated the wide range of activities relating to the delivery of high quality care and treatment, and stated that clinical and social care governance arrangements must involve users in ways that are meaningful, appropriate and acceptable.

In 2003, the *Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003* applied the “statutory duty of quality” on HSS Boards and Trusts, which means that each organisation has a legal responsibility to satisfy itself that the quality of care it commissions and/or provides meets a required standard.

In March 2006, the *Quality Standards for Health and Social Care - Supporting Good Governance and Best Practice in the HPSS* set out the quality standards DHSSPS considered people should expect from the HPSS. The standards identified five key quality themes: corporate leadership and accountability; safe and effective care; accessible, flexible and responsive services; promoting, protecting and improving health and social well-being; and effective communication and information. It represented a significant step in placing the needs of service users and carers at the centre of health and social services.

Also in March 2006, DHSSPS in *Safety First: A Framework for Sustainable Improvement in the HPSS* set out a policy statement on safety. It stated that DHSSPS was committed to the ongoing development of a safer service as part of the Department’s drive to improve clinical and social care, service user experience and outcomes.

In 2007, the Department produced the circular: *Guidance on Strengthening Personal and Public Involvement in Health and Social Care*, promoting the involvement of people in plans and decisions about their care or treatment as well as plans and decisions about service provision. The guidance was based on a set of core values and
guiding principles and provided a framework for good practice in the involvement of people at all levels in health and social care.

In June 2008, Health Minister Michael McGimpsey said in the Preface to the cross departmental document *Delivering the Bamford Vision - the Response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability* that promoting individual dignity and privacy, alongside individual responsibility and self determination, were the key principles driving the Review’s proposals. The response to the consultation concluded in October 2008.

**There are a number of other documents and initiatives relevant to patient and client experience. They include:**

In 2004-2005, in keeping with the drive towards provision of a quality service, the Nursing and Midwifery Group at DHSSPS in partnership with the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) took forward the regional Essence of Care project which involved the facilitation, implementation and evaluation of benchmarking projects across the HSC sector, independent sector, hospice care and in prison health. This followed on from the 2001 Department of Health (England) release of *Essence of Care*, a tool-kit of nine patient-focused benchmarks for clinical governance, developed to reinforce the importance of “getting the basics right” and improving the patient/client experience.

In June 2007, NIPEC reviewed the continued impact of the Essence of Care projects. This demonstrated the improvements that had been made across many benchmarks, including Privacy and Dignity and the challenges that organisations appear to face when trying to sustain and further develop Essence of Care benchmarks.

In July 2007, NIPEC published the *Organisational Guide to Practice and Quality Improvement Activity* which outlined the type of people, infrastructure and systems requirements in order to ensure practice and quality improvement activity at organisational level. The guide was developed to support and influence practice and quality improvement work across all sectors of health and social care. It identified that activities such as audit, benchmarking, research, practice development, or service improvement had the shared aim of improving the quality of care provided to patients and clients. The guide supports a self assessment for organisations in terms of their readiness to facilitate such activity.
In September 2006, “Who Cares, Wins Leadership and the Business of Caring” was published by the Office for Public Management and the Burdett Trust for Nursing. Sir William Wells comments in the Foreword that leadership and influence must be brought to bear at senior levels with regard to the dignity and care of patients. He says that ‘this is not just about the odd satisfaction survey but rather the competence, credibility and authority to performance manage on an ongoing basis the whole patient experience, wherever it is located.’ The study was commissioned by the Burdett Trust for Nursing about the business aspects of patient care and the implications for nurse leaders and their boards. Designed to trigger the actions that would take patient care from ‘bedside to the boardroom’, the report argues that if a more market driven health system is going to deliver ‘a new NHS’, then patient satisfaction and customer care need equal ranking with finance, targets and outputs on board agendas.

In 2006, the NHS Confederation published Lost in Translation in which it illustrated a gap in what the public and patients think about the NHS. It reported the outcome of different surveys relating to varying aspects of patient and client experience, particularly around respect and dignity. It also identifies that nursing has a key role to play in improving patient experience.

In 2006, the Social Care Institute for Excellence (SCIE), which aims to improve the experience of people who use social care by developing and promoting knowledge about good practice, published (updates 2008) SCIE Practice Guide 09: Dignity in Care. It provided information for service users on what they could expect from health and social care services, and a wealth of resources and practical guidance to help service providers and practitioners in developing their practice, with the aim of ensuring that all people who receive health and social care services are treated with dignity and respect.

In October 2006, the Department of Health (England) published the Dignity in Care Public Survey October 2006 – Report of the Survey. It reported on people’s views from an online survey carried out in June 2006, the purpose of which was to hear directly from the public their own experience about being treated with dignity by care services, or about care they had seen provided to others. Over 400 people responded to the survey, including both members of the public and health and social care staff. In summary, the most common issues raised were: making it easier to complain; improve the inspection and regulation of the service; and raise...
awareness and understanding of dignity in care (including in the training and induction of staff).

In November 2006, the Department of Health (England) launched the Dignity of Care campaign. The Dignity Challenge promotes respect and dignity in care of older people which supports and promotes the individual.

In September 2007, the Picker Institute report Is the NHS becoming more Patient-Centred? Trends from the National Surveys of NHS Patients in England 2002-07 draws on the results of 26 national patient surveys carried out under the auspices of the NHS patient survey programme in England to assess the quality of NHS care through patients’ eyes. The Picker Institute is an approved provider of surveys for the national programme. Their report identifies that NHS care had improved significantly in some important respects and most patients are highly appreciative of the care they receive. But despite pockets of excellence, they say the service is still far from patient-centred with the most significant problem a failure in relation to patient engagement. The Picker Institute have also produced a series of fact sheets over the last five years on Improving Patients’ Experience.

In 2007, the Health Care Commission, which is an independent body responsible for reviewing the quality of healthcare and public health in England, and Wales and responsible for assessing and reporting on the performance of the NHS in England, published The State of Healthcare Report 2007. This included a special chapter on providing a better experience for patients. They recommend that healthcare organisations need to place more emphasis on listening to patients, providing them with accessible information, and understanding and addressing their individual needs. People with a particular need for personalised care must be involved in drawing up their care plans and be offered the best possible support to live independently.

In June 2007, Frances Blunden from Which? (consumer organisation) delivered a lecture, Can regulation help to improve the patient’s experience? at the Nursing and Midwifery Council’s annual lecture in Cardiff. In her speech, she said that many of the messages from the work ‘Which?’ had carried out, were not about complaints of serious professional misconduct or incompetence but more often instances of mildly incompetent care, or competent care delivered badly or with attitude. She identified four clear areas of need and expectation that together contribute to a good patient experience: the ward environment; organisation of care; being kept informed; and attention from caring staff.

In September 2007, the Healthcare Commission also published Caring for Dignity A National Report on Dignity in Care for Older People while in Hospital, which highlighted their key findings of the programme of assessment and inspection and set out recommendations for action to improve
the care and overall experience of older people in hospitals. A number of key themes are identified, including involving people in their care and delivering personal care in a way that ensures dignity for the patient.

In May 2008, Robin Youngson, a UK trained anaesthetist and clinical leader working in New Zealand, reflected on compassion in healthcare as part of the Futures Debate series run by the NHS Confederation. He defined compassion as ‘the humane quality of understanding suffering in others and wanting to do something about it’. In his reflection he comments that few hospital patients ever remember what was said to them, or what was done, but the emotional experience is lived a lifetime.

In May 2008, DOH (England) published a study Public Perceptions of Privacy and Dignity in Hospitals, undertaken in March 2007 on their behalf. It indicated that cleanliness and staff attitudes were the most important factors for patients to feel they are treated with privacy and dignity in hospital. The research, conducted by Ipsos MORI, involved 2,000 interviews with members of the public across the country. It was designed to explore perceptions towards privacy and dignity in hospitals, with particular emphasis on the importance of single-sex accommodation.

In June 2008, the Royal College of Nursing published Defending Dignity – Challenges and Opportunities for Nursing. The report describes the findings from the RCN Dignity Survey completed by over 2,000 nurses from across the UK. The RCN define dignity as being concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals. The survey results pointed to three main factors that maintain or diminish dignity in care: the physical environment and the culture of the organisation (place); the nature and conduct of care activities (processes); and the attitudes and behaviour of staff and others (people). The survey is one of a range of initiatives that underpin the RCN’s Dignity Campaign.
### Activity: AUDIT

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<th>How the activity supports quality patient experience</th>
<th>What could be achieved?</th>
<th>Evidence produced</th>
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</table>
| Measures current practices against standards and identifies areas for improvement, encouraging the production of action plans and enabling regular review. | • Identification of areas for improvement  
• Engages individuals and teams in service improvements | • Records of audit processes/ audit reports  
• Action plans for service improvement |

### Activity: COMPLAINTS REVIEW

<table>
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<th>How the activity supports quality patient experience</th>
<th>What could be achieved?</th>
<th>Evidence produced</th>
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| Provides a qualitative account of a patient’s/ client’s journey through the health and social care service. Recurrent themes provide practical examples of how the standards have not been met or achieved. | • Can inform the organisational training and development agenda  
• Highlights areas for improvement  
• Encourages a reflective culture among staff | • Report of themes produced  
• Action plans for service improvement  
• Training and development plans |

### Activity: COMPLIMENTS REVIEW

<table>
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<th>How the activity supports quality patient experience</th>
<th>What could be achieved?</th>
<th>Evidence produced</th>
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| Provides an account of positive aspects of the patient’s/ client’s journey through the health and social care service. This provides practical examples of how the standards have been met or achieved. | • Identification and acknowledgement of areas of good practice  
• Sharing of good practice areas between teams  
• Could contribute to increased staff morale | • Reports of good practice themes  
• Records of service improvements as a direct result of sharing good practice |
### Activity: PATIENT/CLIENT SURVEY

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<th>How the activity supports quality patient experience</th>
<th>What could be achieved?</th>
<th>Evidence produced</th>
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| Provides quantitative and qualitative feedback from the patient/client relative to the standards for patient experience. | • Can inform the organisational training and development agenda  
• Highlights areas for improvement  
• Encourages engagement with patients and clients to actively seek their views | • Analysis data from survey  
• Narrative reports  
• Action plans for service improvement |

### Activity: PERSONAL/PROFESSIONAL SUPPORT OR SUPERVISION

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<tr>
<th>How the activity supports quality patient experience</th>
<th>What could be achieved?</th>
<th>Evidence produced</th>
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</table>
| Provides opportunities to develop the knowledge, skills and attitudes required to support the achievement of the patient/client experience standards. This may be accomplished through existing professional supervision or appraisal systems. | • Training needs analysis  
• Can inform the organisational training and development agenda in a targeted manner  
• Encourages a reflective culture among staff | • Training and development plans  
• Annual organisational professional supervision reports  
• Training needs analysis reporting  
• Organisational policy documents for supervision and appraisal |

### Activity: STAFF INDUCTION

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<tr>
<th>How the activity supports quality patient experience</th>
<th>What could be achieved?</th>
<th>Evidence produced</th>
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| Provides an opportunity to incorporate the five standards into induction processes for all health and social care staff. | • Raising awareness amongst staff in relation to the five standard areas  
• Standards are promoted and supported by all health and social care staff | • Organisational induction policy  
• Training and development plans  
• Records of evaluations from induction processes  
• Numbers of staff inducted |
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