



Public Health
Agency

CARE OPINION IN NORTHERN IRELAND

... THE STORY SO FAR...

ANNUAL REPORT

(April 2024 to March 2025)



Health and
Social Care



**Care
Opinion**



Department of
Health

An Roinn Sláinte
Máinnstríe O Poustíe
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“...It takes real courage to listen — especially in times of pressure and change. The openness, humility, and commitment on display across all the Trusts speaks volumes about the kind of system we’re building together...”

Mr Fraser Gilmore.

(Chief Executive of Care Opinion)

1.0 Context



Care Opinion is the official online feedback service for Health and Social Care Northern Ireland (HSCNI), launched on 3 August 2020 by the Department of Health, in partnership with Public Health Agency (PHA) and HSC Trusts.

It is part of the Regional Experience Programme and aligns Northern Ireland with national and international approaches with Care Opinion embedded into services in England, across all of NHS Scotland and in regions within Ireland, Australia, and Canada.

The platform allows service users, carers, and families to share care experiences in HSCNI from the last three years, at a time when they feel ready to share their story. Stories are primarily shared through the online platform which is available 24/7 or via a freephone number managed by the Care Opinion team. All stories are independently moderated to ensure safe and appropriate publication, supporting everyone who is part of the story and maintaining trust in the process.

When a story is published services respond publicly through the platform, enabling a two-way feedback loop that promotes transparency, relationship-based care, and creating a culture shift to embrace learning from the stories shared. All staff responding to stories are trained in a person-centred framework (detailed in figure 1) and seek to reply within 7 days of publication, reinforcing that feedback is valued.

Figure 1. Listen, Learn, Respond Framework – a person centred approach to responding to feedback (Baines et al., 2018)



The key driver to engaging with care experiences through Care Opinion is to ensure service user, carers and families can effectively impact the continuous improvement

of services and experience for others. The website captures timely feedback to improve HSC outcomes and experiences for others at an individual, organisational and regional level.

All stories can be analysed collectively to influence regional or system level improvements. Care Opinion ensures that feedback from individuals reaches the right staff with a services and supports staff to respond to the author of the feedback directly about the changes they plan to make. Building upon the feedback mechanisms in Northern Ireland Care Opinion supports the ongoing shift in culture to ensure the voice of service users, carers and family members can make a difference to our HSC system.

1.2 Vision

The vision for the Care Opinion service in Northern Ireland is...

“to enable engagement with service users, carers and family members in a fully open and transparent way that is meaningful and can drive sustainable, measurable service improvement”

1.3 Objectives

To realise the vision and inform the implementation of the service in Northern Ireland the following objectives were set by Department of Health Project Board in 2019.

1. Promote a culture shift within HSCNI to become more open and transparent.
2. Establish a service which will become a primary channel for contemporary feedback for HSCNI
3. Embed a service which can manage high volumes of feedback in an accessible format to key HSC Trust staff, Commissioners, Department of Health, Regulators etc.
4. Embed a continuous feedback loop whereby feedback moves seamlessly from service user to staff and decision makers and back to service users.
5. Support Trusts in the delivery of local feedback mechanisms, working in tandem to eliminate overlap or duplication of effort.

1.4 Implementation

Implementation of Care Opinion is led by the Regional Experience Working Group and is chaired by PHA. Membership is comprised of Patient Client Experience (PCE) Leads in PHA and within each Trust, representatives of adult safeguarding, complaints, governance and communications. The current members of the group are detailed in Appendix 1. This group also interfaces with other key stakeholders when required to include Universities, Patient Client Council (PCC), Regulation and Quality Improvement Authority (RQIA), Federations within Primary Care, Trade Unions and Community & Voluntary (C&V) Sector.

To assess the implementation and impact of the Care Opinion service the Regional Experience Working Group agreed a set of indicators and measures in 2020. These were reviewed and refined in 2024/2025 and published in the Regional Implementation and Impact Framework. These measures are reviewed quarterly by the Regional Experience Working Group to inform key activities for implementation and annually to explore the impact stories and priority areas for Regional Experience programme for the incoming year.

Figure 2 sets out the indicators and measures defined in the Regional Implementation and Impact Framework and aligned to the overarching objectives. There are three elements to the framework:

- 1- Story Generation
- 2- Responding
- 3- Learning



Robust data collection methods are currently in development for three indicators relating to the quality of responses and the impact of stories at organisational and regional levels. These indicators will be reported following testing of the data collection methods and it is anticipated this will be reported at FYE 2026.

Figure 2. Regional Implementation and Impact Indicators for Care Opinion

1- STORY GENERATION				
No	I&I Indicators	Measure/Evidence	Reported by:	Obj
1	Increase of 25%* by FYE 2025 in the number of stories published by the people of Northern Ireland about their experience of Health and Social Care (compared to FYE 2024)	Total number of stories published at FYE 2025 (compared to FYE 2024)	PCE Facilitator through Accountability Framework	3
2	90% of stories will be published via the website / kiosk mode by FYE 2025	Total number of stories published via: <website / leaflet / kiosk / telephone>		2
3	90% of stories published will be shared directly by service user, family or carer by FYE 2025	Total number of stories published by (the main authors): <Patient/Service User, Family/Carer, Staff Member posting on behalf of Author, Other >		
4	Increased knowledge and understanding of the Care Opinion platform across HSCNI workforce (LearnHSCNI commencing Q4)	Total number of staff members undertaken each module <via LearnHSCNI - Module 1 'Awareness Raising' and Module 2 'Framing the Ask', either Face to Face sessions or Care Opinion webinars>		1

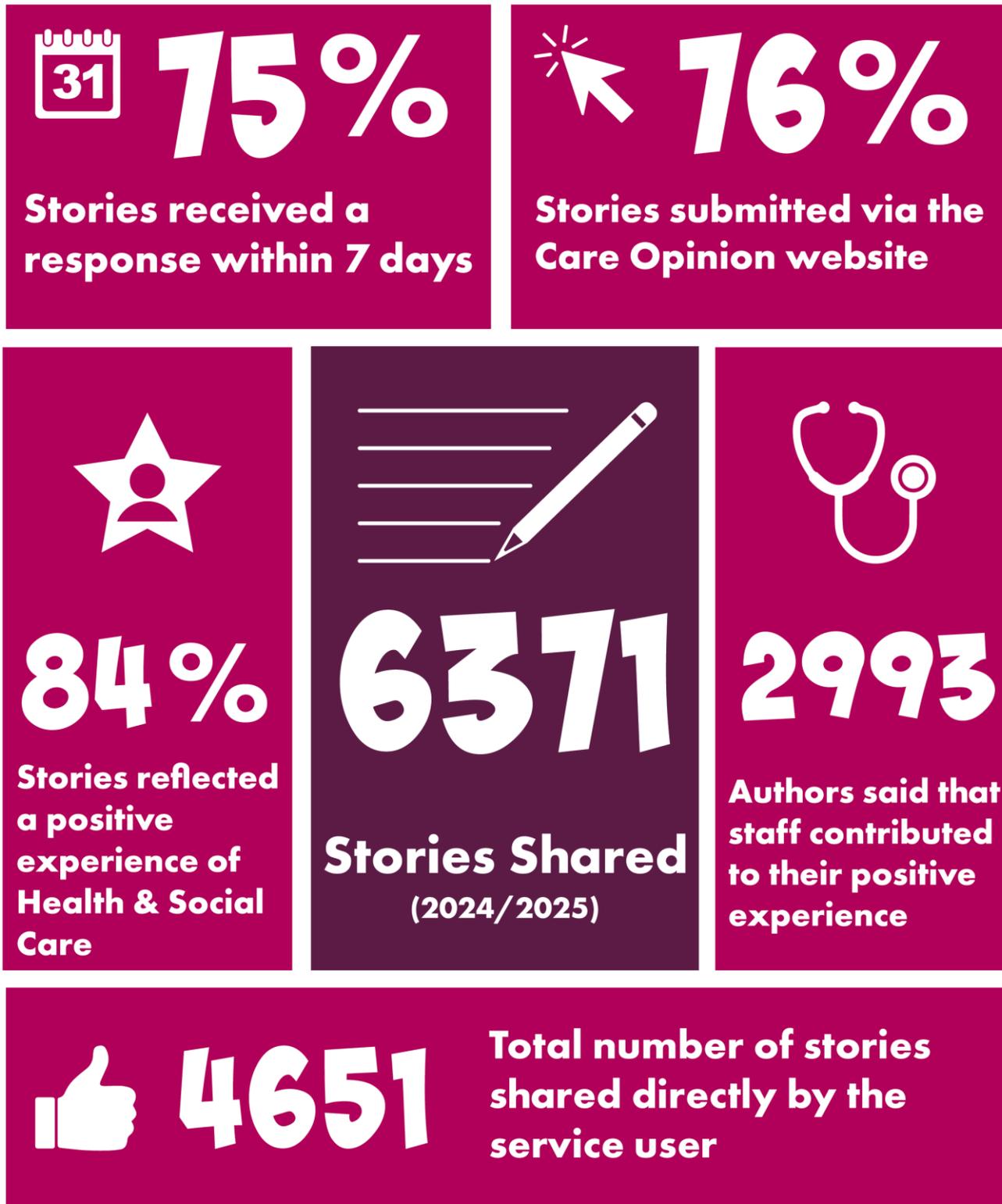
(*This indicator is to be reviewed for 2025/2026 to reflect a new target percentage in line with the previous year)

2- RESPONDING				
No	I&I Indicators	Measure/Evidence	Reported by:	Obj
5	100% of stories will receive a response from the service within 7 days of publication by FYE 2025 <i>*a response should be provided by the trained responder within the relevant service</i>	(a) Total number of stories responded to: <within 7 days (from publication), after 7 days (from publication), without a response>	PCE Facilitator through Accountability Framework	4
		(b) Total number of responses <from the service* and from the facilitator>	Care Opinion team via PHA	
6	75% of assigned subscriptions (n=750) will hold responding rights and undertake Responder Training <i>(scoping exercise will account for baseline from launch to FYE 2024)</i>	(a) Total number of subscription assigned with responder rights/ readers/ unassigned	PCE Facilitator via Accountability Framework	
		(b) Total number of staff members who have completed Module 3 Responder Training via: HSCT - Face to Face and Care Opinion webinar		
7	100% of subscriptions with responder rights will actively respond to one or more stories by FYE 2025	Total number of Responders Actively Responding to 1 or more Stories from 01/04/2024 on the Care Opinion Platform	Care Opinion team via PHA	

3- LEARNING				
No	I&I INDICATORS	MEASURE/EVIDENCE	REPORTED BY:	Obj
9	Increase strategic influence of stories through commitment to regional campaigns identified and aligned with strategic priorities (as detailed in Regional Briefing Papers)	Total number of stories collected in relation to defined Regional Campaigns: e.g. Abortion Service, Maternity Service, Continuity of Midwifery Carer, Health Visiting Service, School Nursing Primary 1 Assessment, District Nursing Service, Surgical.	PCE Facilitator via Accountability Framework	5
10	Stories with a Criticality Score 3 and above will clearly demonstrate escalation within the service to identify learning and change	(a) Total number of stories published by criticality scores		
11	Stories will influence service improvement at a service level, organisational level and strategic level	(a) Number of changes planned and made in relation to story and service as recorded by responders		

Figure 3 summarises some of the key activity reflected upon in 2024/2025. Sections 2-4 explore further the implementation and impact from 01 April 2024 to 31 March 2025.

Figure 3. Summary of activity from 1st April 2024 to 31st March 2025

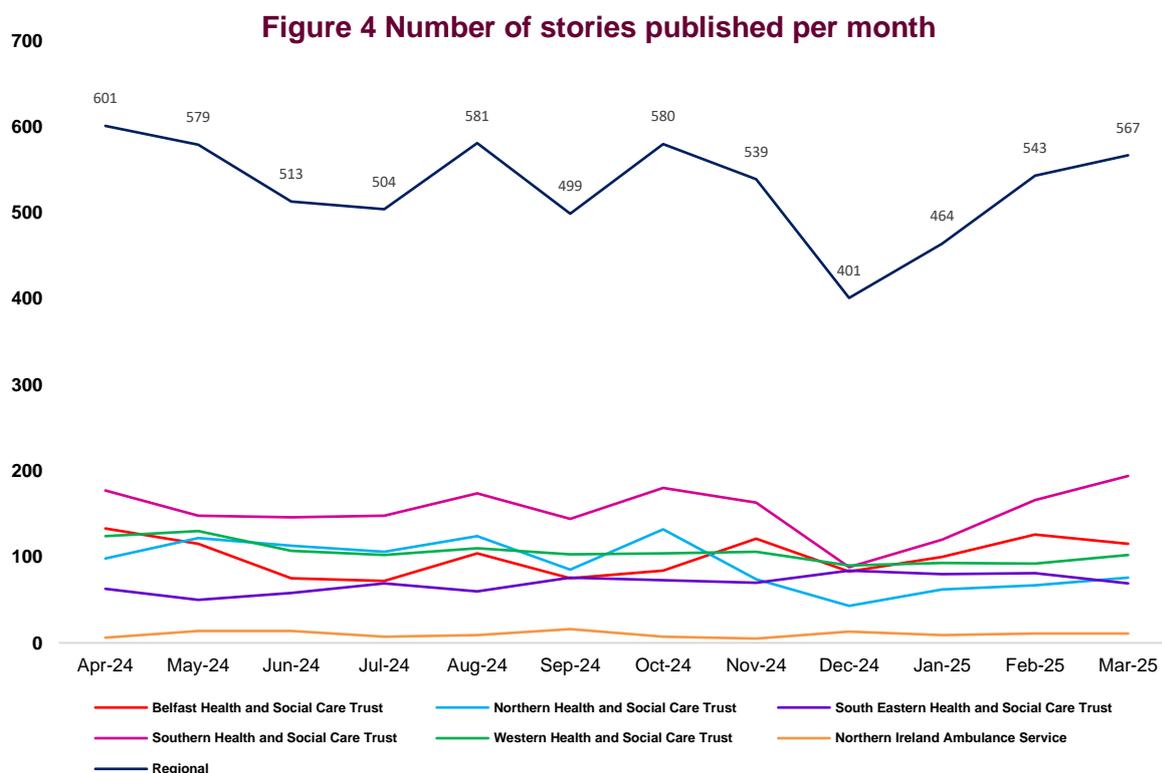


The Implementation and Impact indicators help to illustrate the progress made from 01 April 2024 to 31 March 2025 as detailed in the following sections. Within the analysis of the data, areas for further development are highlighted and summarised in section 5.0 Next Steps

2.0 **Story Generation**



From April 2024 - March 2025 there were **6371 stories** published on Care Opinion. Figure 4 demonstrates the activity for story generation across each organisation.



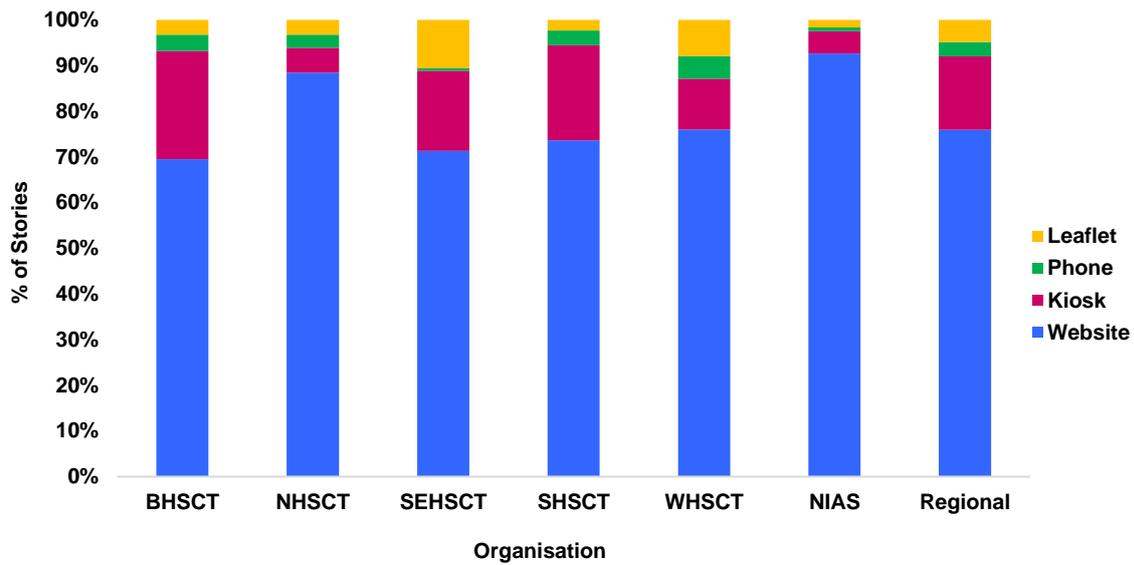
As with previous years there is a noted decline in story generation in December 2025. Care Opinion confirms this is also noted across all of UK contracts. In the absence of additional data, context such as staff pressures/capacity and author priorities (for example Christmas) are considered to be contributing factors. To support organisations to continue to grow story generation within services an ambitious indicator was agreed to increase activity by 25% as illustrated in Figure 5.

Figure 5: There will be an increase of 25% by FYE 2025 in the number of stories published compared to FYE 2024/2025

Health and Social Care Trusts	Total number of stories published (April 24 to March 25)	Increase in story generation in 24/25 (comparison to FYE24)
BHSCT	1203	17%
NHSCT	1102	50%
NIAS	122	10%
SEHSCT	833	43%
SHSCT	1848	39%
WHSCT	1263	18%
Total	6371	31%

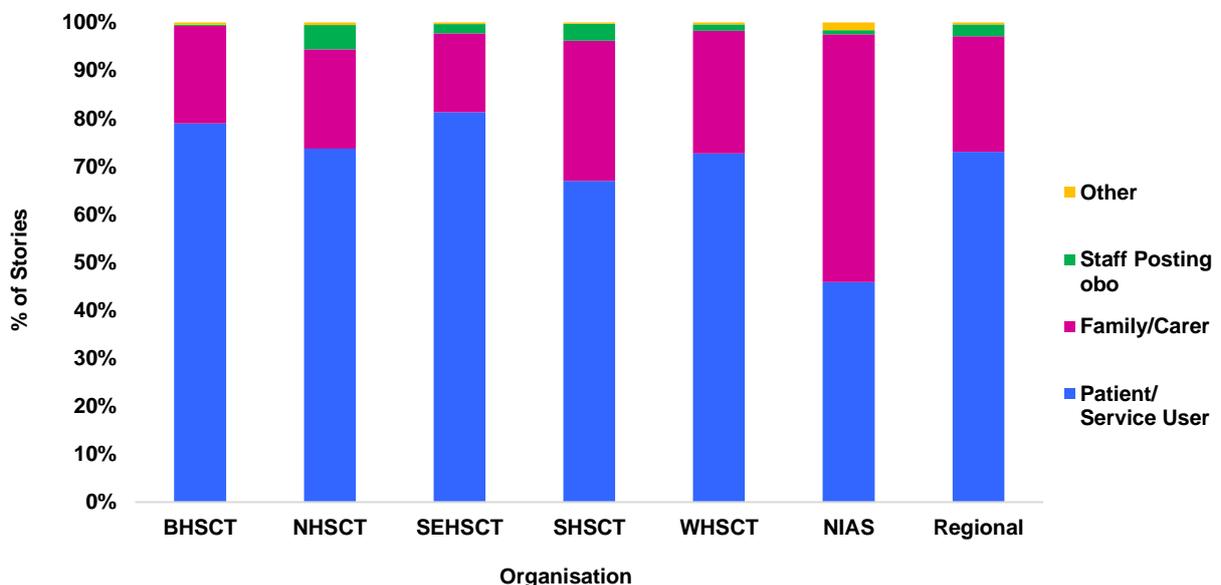
Care Opinion is a web-based platform with the primary focus to embed an online user feedback service into HSCNI. Within 2024/2025, 92% of stories were shared directly on the platform via the website or kiosk mode as shown in Figure 6. It is important to highlight there is a suite of alternative options available in recognition that a number of service users, carers and family members may not have immediate access to IT systems or skill set to navigate the platform.

Figure 6: 90% of stories will be published via the website / kiosk mode by FYE 2025



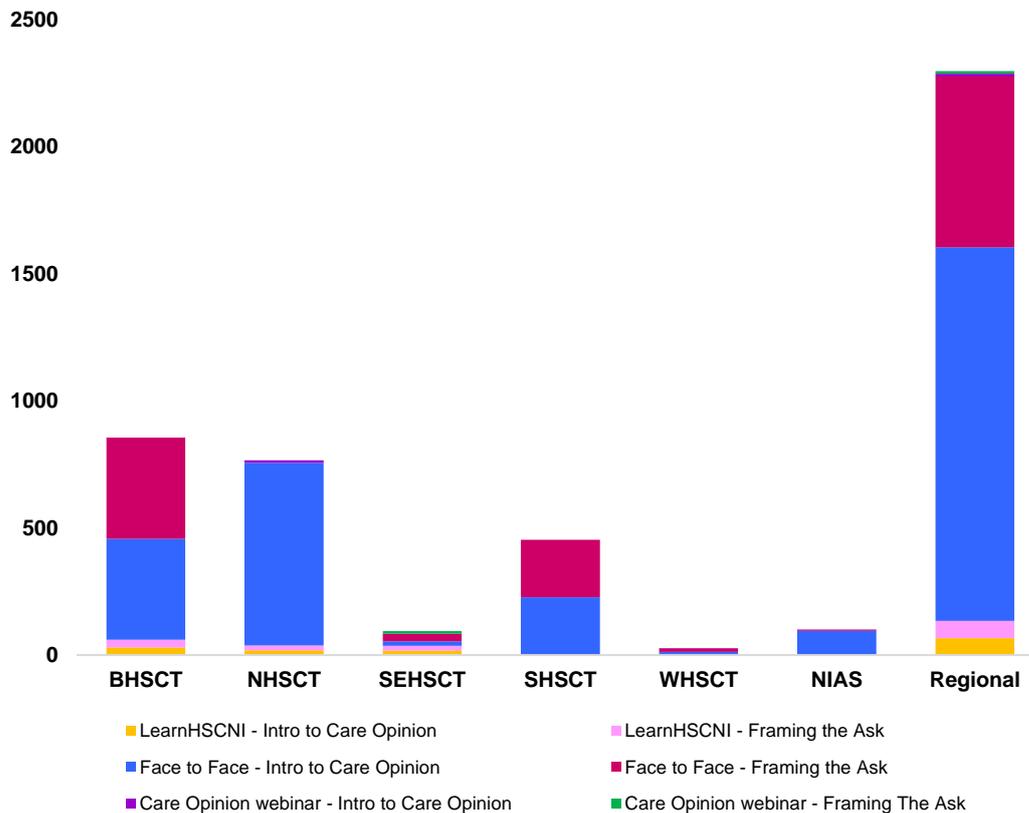
The Care Opinion service also empowers service users, carers and families to share their experiences directly in the first person - supporting services to learn directly from the lived experience. As shown in Figure 7 in 2024/2025 73% (n=4651) of stories were shared directly in the first person and 24% (n=1535) by family or carer

Figure 7. The Authors of stories shared on Care Opinion



To support teams and individuals, a range of regional training resources for staff was developed in 2024/2025 to ensure staff were informed of the service. These training resources are available through face to face training, webinars delivered by the Care Opinion team and eLearning modules via Learn HSCNI. Staff engagement with the training opportunities is shown in Figure 8.

Figure 8. The number of staff members undertaking Awareness training



PRIORITY

In 2024/2025 there were 2,200 staff engaged with formal Care Opinion training. Staff awareness training was mainly delivered by the Trust PCE facilitators through face to face sessions. It is recognised eLearning modules were launched in Quarter 4 of 2024/2025, therefore, in 2025/2026 there will be a focus on promoting the eLearning modules and promoting all opportunities for staff to learn more about the Care Opinion service. This is an important component to embed Care Opinion into the culture of HSCNI. Staff play a vital role in personally inviting service users, carers and their families to provide feedback. This is supported through a range of bespoke promotional materials.

As a Regional Priority for Story Generation in 2024/2025 there was a focus to engage with minority ethnic groups to promote Care Opinion to communities where English was not the first language. This work was supported in collaboration with the following PHA funded projects:

- 1- **Stronger Together NI project** : based in Dungannon this project is committed to promoting equality, diversity, and inclusion by sharing information and best practice across all sectors.
- 2- **One Plus One**:- based at Ballymena Community Resource Centre this project provides support on Bi-lingual Mental Health and Wellbeing support

Collaboration with project leads provided insight into the challenges in sharing feedback and built opportunity to reach out to communities. This informed the translation of regional promotional resources into top 15 languages spoken across Northern Ireland. Barbara Snowarska, Project Lead for Stronger Together NI reflected,

“...Our network serves as a hub for individuals working to remove the barriers that ethnically minoritised people in Northern Ireland face when accessing services and opportunities. One such barrier is language, and we were pleased to collaborate with the Care Opinion team at the Public Health Agency (PHA) to explore ways of improving access to their service. This collaboration led to enhancements in the multilingual materials available to speakers of other languages, making it easier for them to provide feedback on the care they have received...”



Care Opinion promotion materials are now available to download from the Stronger Together Network NI website. They are organised by Trusts and offered in the following languages: Arabic, Bulgarian, Cantonese, Hungarian, Lithuanian, Mandarin, Polish, Portuguese, Romanian, Russian, Slovak, Somali, and Tetum. They can be accessed directly at: <https://www.strongertogetherni.org/care-opinion-translated-information-available/>. The One Plus One project also received Care Opinion promotion material in bilingual languages (Polish, Romanian, Bulgarian, Slovak, Czech) to share with clients who may wish to express their opinion about their care.

This work also opened an opportunity with a regional campaign for School Nursing Services where a gap was identified that ethnic minority children/parents/guardians may not be able to share their experience of the Primary 1 Assessment by the School Nursing Service. Following several meetings with School Nursing leads, Health and Social Care Trusts were provided with flyers in the top 7 most commonly spoken languages within their Trust area. These flyers were given out to children/parents/guardians at the Primary 1 Assessment to invite feedback on Care Opinion about the service provided.

PRIORITY

To date it is not possible to identify if stories have been shared through the translated promotional material as this is not recorded by Care Opinion; however there is ongoing work in 2025/2026 to further embed this opportunity across HSCNI services and exploration of how to identify the stories shared as a result.

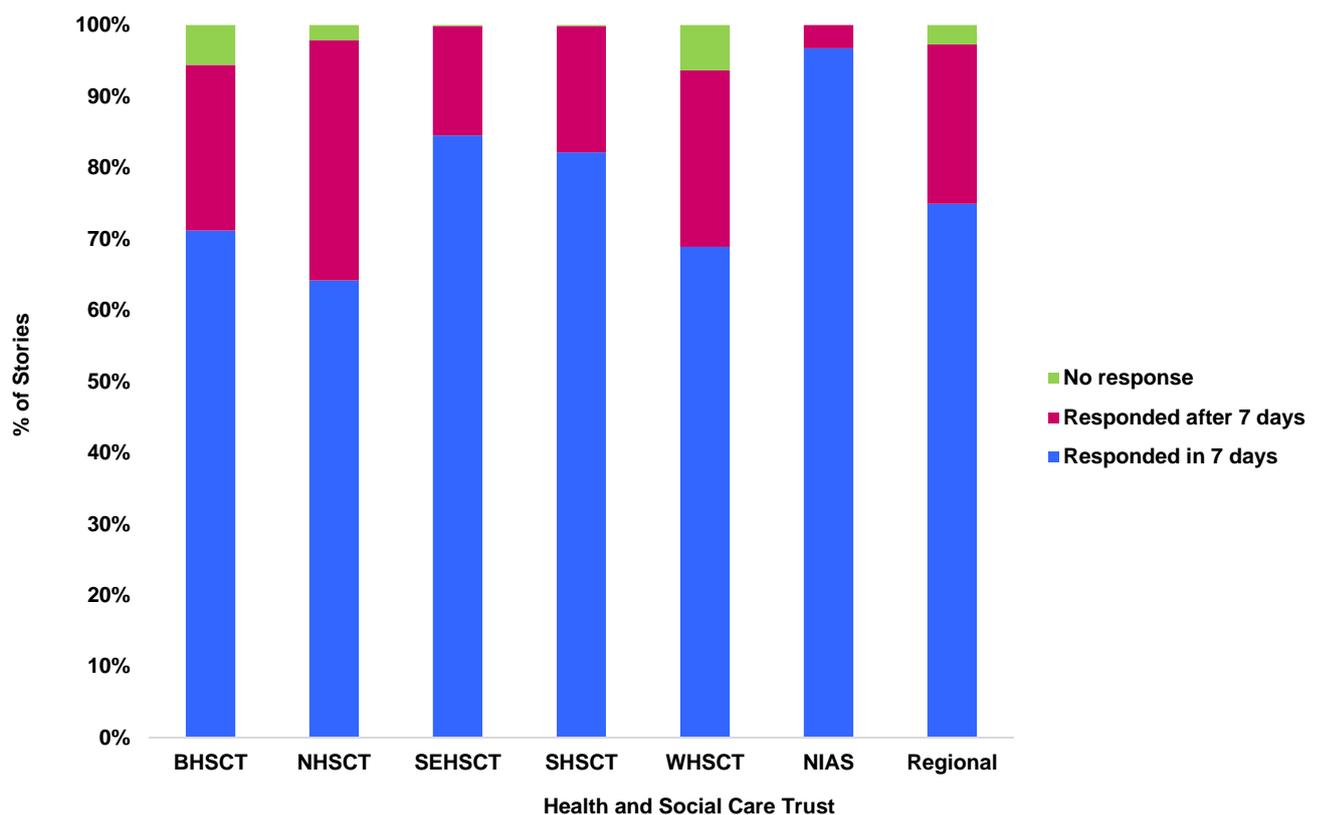
3.0 **Responding**



A unique function of the Care Opinion platform is the ability for services to respond to the authors of the feedback. This process is not available through traditional feedback methods such as online surveys or compliment cards and is a key objective of the implementation of Care Opinion in Northern Ireland. The two-way feedback mechanism promotes an open dialogue between service users and staff members channelling communication to drive improvements. Formulating a response to feedback is part of the training programme for responders and is based upon the 'Listen, Learn and Respond Framework' from the University of Plymouth which is to provide **consistent, meaningful** engagement with each story.

This research highlights the importance of a timely response to the feedback shared, providing reassurance to authors that their story has been read and listened to. As shown in Figure 9, 75% (n=4773) of stories received a response in 7 days, 22% (n=1425) of stories were responded to after 7 days and 3% (n=173) of stories were not responded to in 24/25.

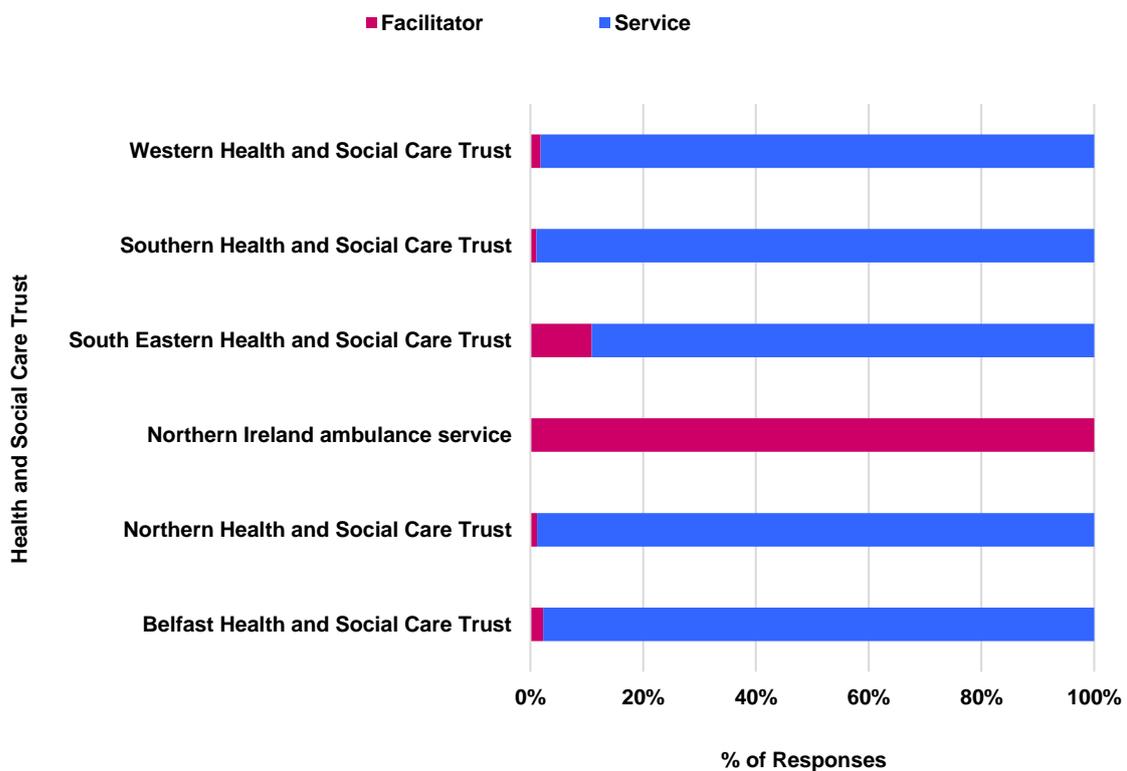
Figure 9. Responding activity to stories published on Care Opinion



As part of the commitment to authors receiving a timely response to stories published each organisation has a process to manage stories with no response. It is also noted that stories relating solely to experience with a GP will be published. Practices are offered the opportunity to respond with support of Care Opinion, however, currently GP practices do not respond to feedback through Care Opinion. This is a contributing factor to stories without a response.

In 2024/2025 there was also a focus on who responds to stories published on Care Opinion. Identified through research the responder to the feedback is the person closest to the delivery of care and also in a position to implement any necessary changes. In 2024/2025 there has been a commitment to ensuring first responses are from the service and only on specific occasions from the Trust PCE facilitator, as shown in figure 10. There is an exception with NIAS where responses are supported by the PCE Facilitator on account of the current services structures.

Figure 10. Percentage of responses from the Service and from the Trust PCE Facilitator



PRIORITY

To support organisations to provide responses to published stories each Trust has an assigned number of subscriptions. There are two type of subscriptions – responder (specific role with training on responder) and reader (supports key staff to engage with stories for learning, but no responding rights). Figure 11 shows the numbers of responders within each organisation. In line with the contract there are 3850 subscriptions available to services across HSCNI. In 2024/2025 there are 20% of subscriptions not currently assigned. Further work will be progressed in 2025/2026 to ensure all subscriptions are appropriately assigned.

Figure 11. Percentage of Subscriptions assigned according to role - Responders and Readers.

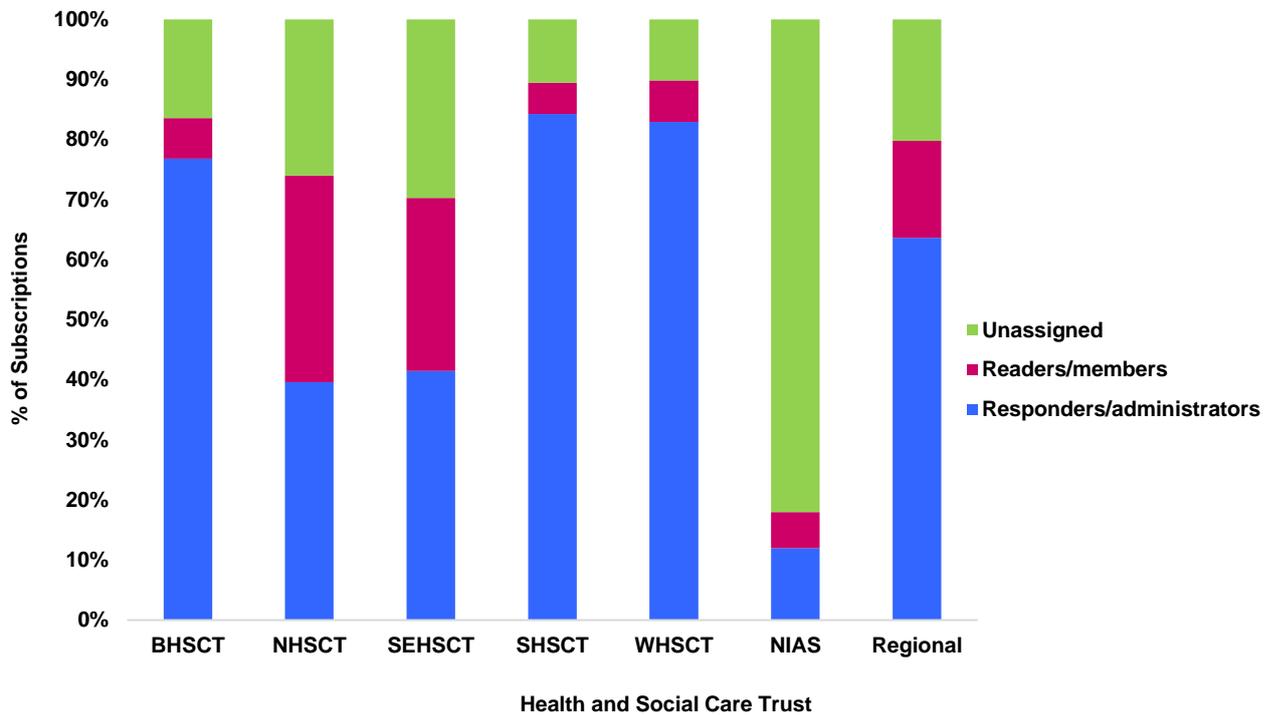
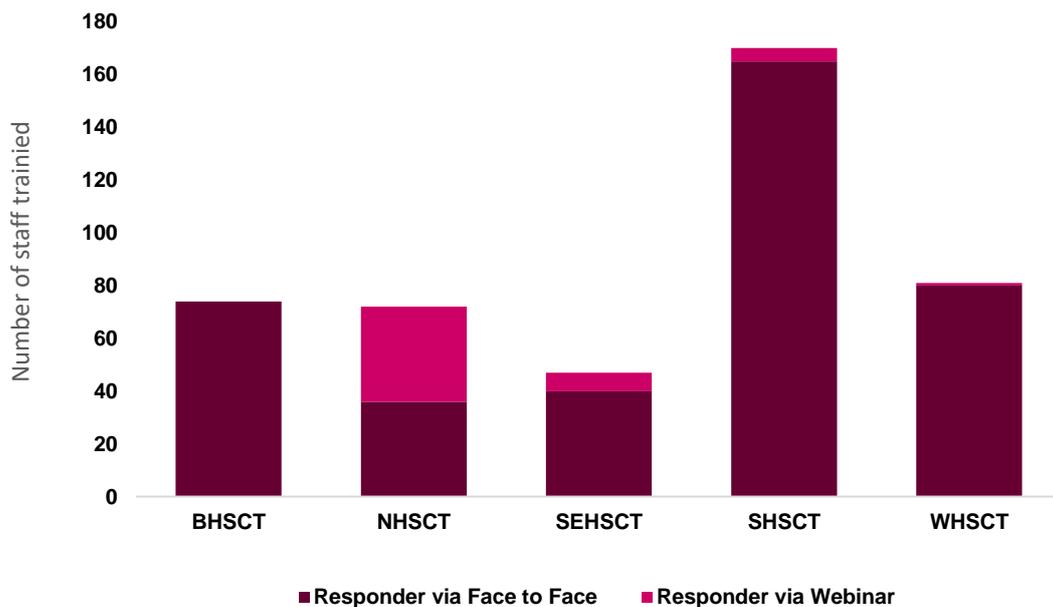


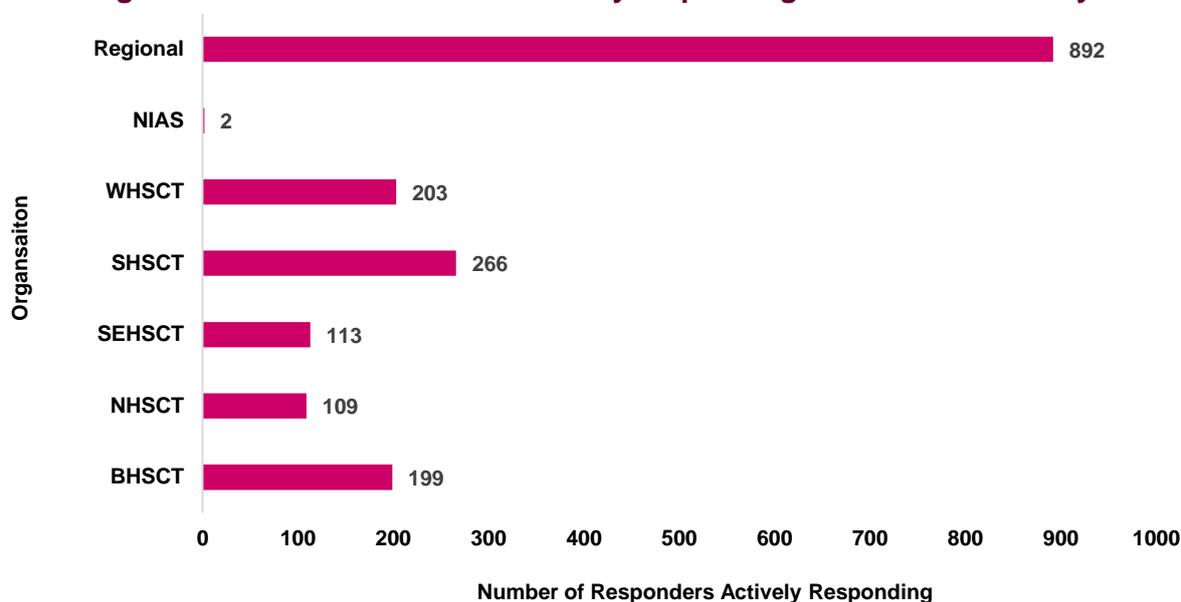
Figure 12 illustrates the number new responders trained in 2024/2025. Responder training is currently an important role of the Trust PCE Facilitators, to embed person-centred responses and build supportive relationships between the PCE team and the services receiving feedback.

Figure 12. Number of Responders trained in 2024/2025 per organisation



Throughout 2024/2025 there has been a growth in the number of staff trained in responding to stories on Care Opinion, however, figure 13 demonstrates the number of active responders on the platform. This is an important indicator of embedding Care Opinion into culture of an organisation.

Figure 13. The number of staff actively responding to one or more story



PRIORITY

In 2025/2026 there will be a renewed focus on the approach to responder training. It is recognised that services are required to promote Care Opinion to generate stories and therefore when staff commit to the role of a responder there is also a dual responsibility to promote the opportunity and in turn to embed the skill of being a responder.

From August 2020 Care Opinion have nominated 13 responders from Northern Ireland as star responders. In 2024/2025 we celebrated three star responders at Care Opinion conferences. Detailed in the links below, these responders demonstrate the importance of the quality of a response to the author, recognising this may be the only opportunity to connect.

Sandy Carney (BHSCT) Spring Conference '24 <https://www.careopinion.org.uk/1188049>

Karima Gray (WHSCT) Autumn Conference '24 <https://www.careopinion.org.uk/1160875>

Anne McCourt (SHSCT) Winter Newsletter '24 <https://www.careopinion.org.uk/1209151>

PRIORITY

For 2025/2026 it remains a priority commitment of the service to ensure authors receive a person-centred response to the stories they have shared on the Care Opinion platform. This will be taken forward by adopting a Quality Improvement approach.

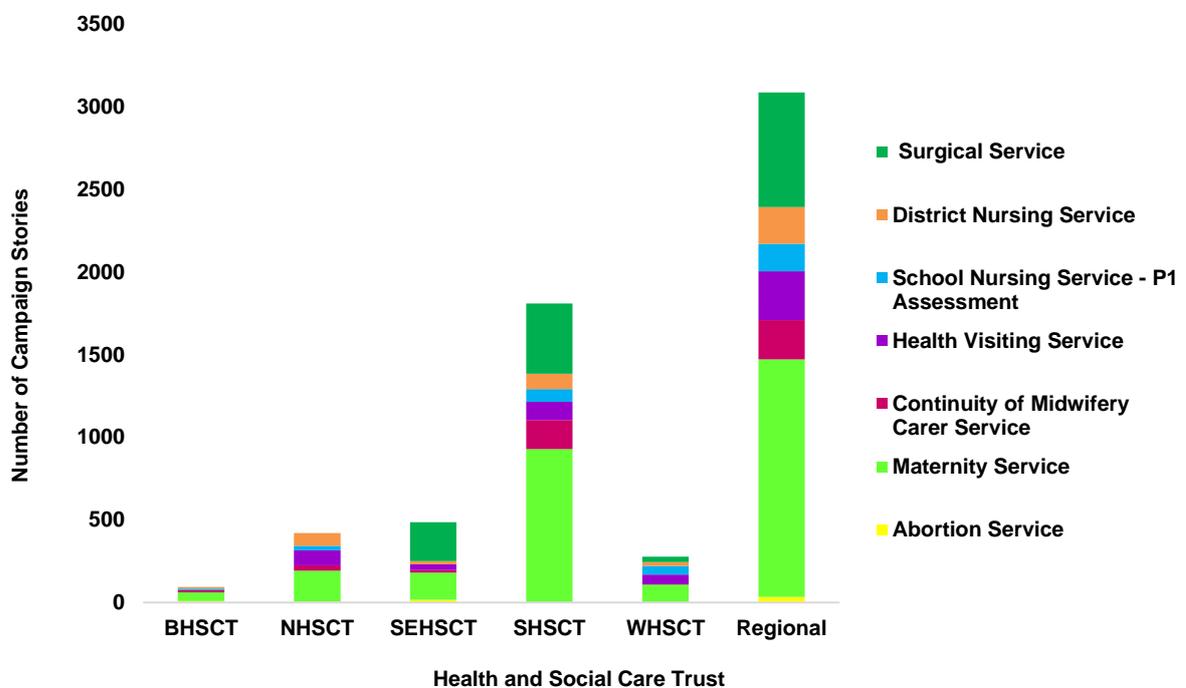
4.0 Learning



The final indicators within the Regional Implementation and Impact Framework focus upon learning and change. The indicators demonstrate how the feedback is being utilised to listen, learn and shape our services at every level of the Health and Social Care system.

In 2024/2025 the Regional Working Group supported specific promotion campaigns linked to seven strategic priorities. These campaigns were commissioned through Regional forums led by the DoH, SPPG or PHA with Trust representatives on the various forums. Figure 14 outlines the number of stories collected in relation to each strategic priority as part of the promotional campaign

Figure 14. Total number of stories collected in relation to defined Regional Campaigns
(Abortion Service, Maternity Service, Continuity of Midwifery Carer Service, Health Visiting Service, School Nursing Primary 1 Assessment Service, District Nursing Service and Surgical Service)



The Standard Operating Procedure for Regional Campaigns was devised in 2022 to support a consistent approach to promotion through bespoke campaign flyers containing pre-coded QR codes; however, it is recognised there remains variation across the region on the application of the process. Therefore, as a priority this approach will be reviewed in 2025/2026 to ensure regional consistency of learning.

To further support learning the PHA produces briefing papers to share the key messages in the stories of service user, carers and their families. Figure 15 sets out the number of stories analysed to support learning through briefing papers.

Figure 15. Number of stories analysed and presented to Regional forums in 2024/2025 to embed key messages from stories shared on Care Opinion

Topic/Area	Number of stories
Breast Cancer care	79
Dementia Service	179
Diabetes	26
District Nursing	309
Family Nurse Partnerships	28
Health Visiting	112
Heart Failure Services	53
Smoking Cessation	38
Urology	26
School Nursing	210
Total number of stories within Regional Briefing papers	1060

Collective analysis of stories shared on Care Opinion is currently undertaken manually by the Regional PCE Team within PHA. Based upon reports and visualisations available on Care Opinion the briefing papers explore what went well, what could improve and how service users, carers and families felt as a result of their experience. However, in 2024/2025 the Public Health Agency collaborated with RQIA and Queens University, Belfast to explore if Artificial Intelligence (AI) could support a deeper understanding of the stories at a greater scale as outlined by the Lead Researcher, Dr Chris Hawthorne (QUB)



Natural Language Processing & Care Opinion

Queen’s University Belfast (Momentum One Zero), in partnership with the Regulation and Quality Improvement Authority (RQIA), Care Opinion, and the Public Health Agency, is leading a research project exploring the application of Natural Language Processing (NLP) to patient feedback in Health and Social Care.

NLP is a branch of artificial intelligence focused on enabling computers to process and interpret human language. While tools such as ChatGPT and Google Gemini give the impression that machines fully understand language, true comprehension remains a significant challenge. Since 2017, however, advances in NLP have made it increasingly possible to extract meaningful insights from large volumes of unstructured text.

This project applies cutting-edge NLP techniques to analyse stories shared through Care Opinion, an independent platform where patients and service users describe their healthcare experiences. By training and refining modern language models, the research team has developed an analytical platform that can process thousands of narratives to identify key themes around patient safety and quality of care.

The platform supports the detection of both high-quality care and areas where improvement is needed, offering a scalable way to highlight excellence and respond to concerns. It enables regulators and healthcare professionals to explore feedback across different care categories, helping ensure that insights can be turned into action.

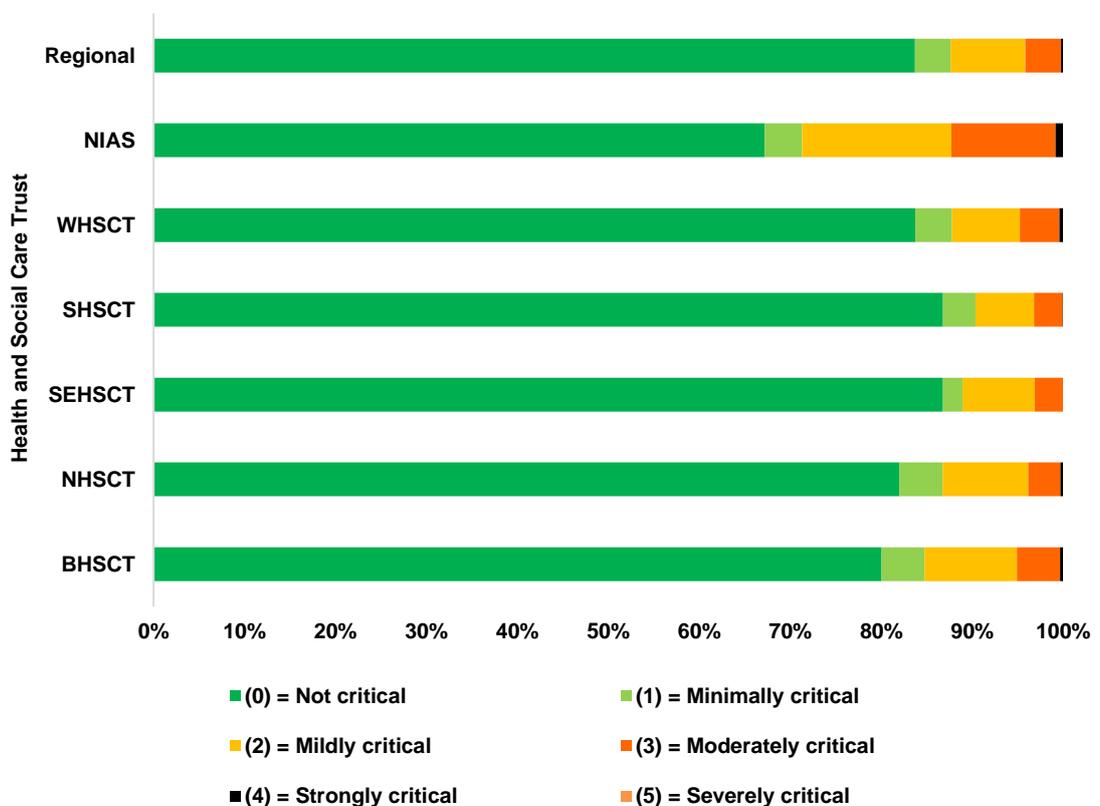
By transforming how patient feedback is analysed, this work has the potential to enhance decision-making, support quality assurance, and inform policy. It also provides a practical use case for artificial intelligence within a healthcare setting, demonstrating the value of collaboration between academia, public sector and social enterprise partners.

The research team continues to refine the approach with the aim of wider implementation across Northern Ireland’s health and social care system.

For further detail on Momentum One Zero [Momentum One Zero | Queen's University Belfast](#). Membership of the Research group is included in Appendix 2.

Another important source of learning through Care Opinion is the allocation of criticality scores by an independent moderator, reflecting upon the content of each story, as detailed in Appendix 3. This supports local responses to each story at a service level and informs escalation of concerns highlighted in the feedback through each organisation’s governance structures. Figure 15 presents the criticality scores for each organisation and collectively for the region.

Figure 15. Percentage of stories with assigned Criticality Scores according to Care Opinion moderation principles



It is recognised the Care Opinion platform supports learning and change to be taken at a service and organisational level where appropriate. However, there is also a challenge to respond to these themes at a strategic level as follows:

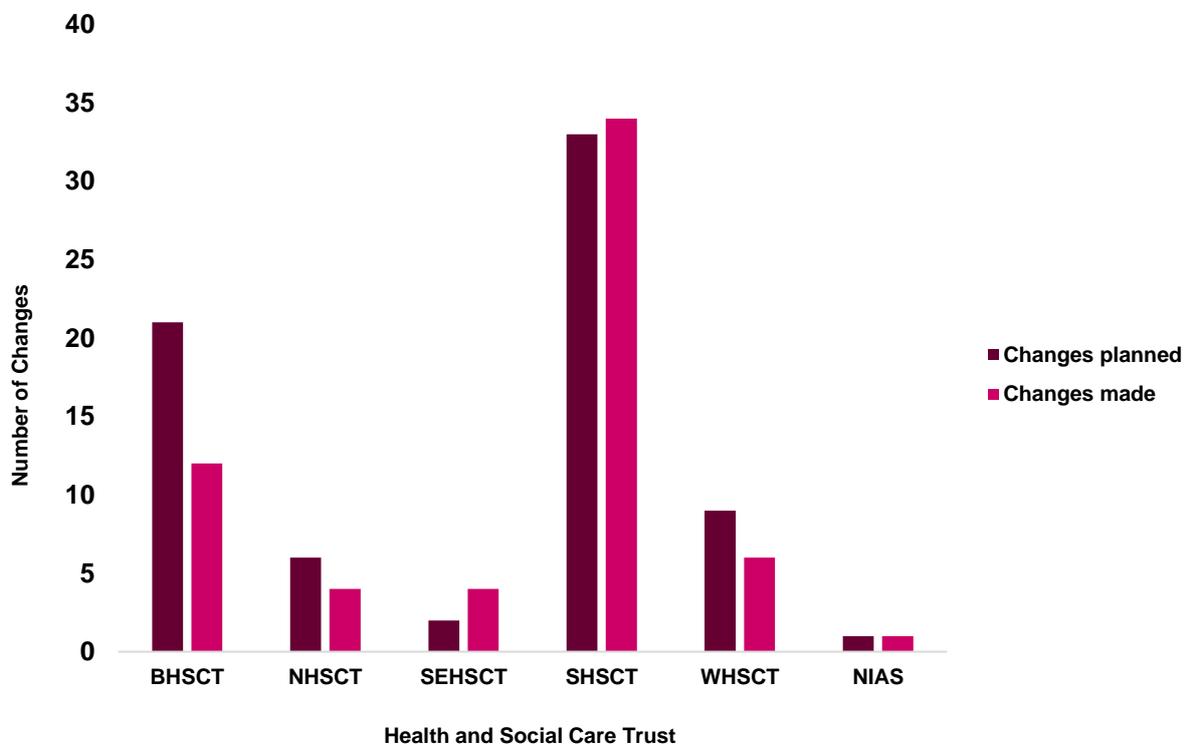


1- informing the priority areas for the Regional Patient Client Experience Programme for 2025/2026 with particular reference to themes such as communication, waiting times, staff attitude, information and lack of support.

2- sharing of information across the relevant strategic forums through briefing papers and distribution of annual report to inform what matters most to the service user, carer or family engaging with services.

Currently the Care Opinion platform supports services to demonstrate when they have identified a change and when a change has been made. From 01 April 2024 to 31 March 2025 there were 72 changes planned and 61 changes made as recorded by a responder on the Care Opinion platform. It is important to note these numbers reflect the individual service responses to the feedback shared and demonstrates how the services are engaging with the stories. Figure 18 provides a breakdown according to organisations since the launch of Care Opinion in Northern Ireland on 03 August 2020.

Figure 18. Total number of changes per organisation as recorded on 31 March 2025



Up to March 2025 the majority of service change ideas at an individual level related to experiences within Unscheduled Care, Maternity Care, Radiology and Mental Health Services.

In 2024/2025, only 2% of all stories shared on the platform **are recorded** to have generated a change. A number of factors may have contributed to this low percentage:

- 1- Inaccurate recording of changes by services using the change function
- 2- Organisational changes informed through Quality Improvement projects/local campaigns are not recorded on platform
- 3- Strategic changes informed/influenced by collective analysis of stories are not recorded on the platform

As the Care Opinion service is embedded into culture it would be expected this percentage will increase, particularly in line with authors recommendations on what can be improved in relation to the experience.

Going forward priority actions for 2025/2026 are required to improve accurate reflections of changes on the platform to include:



- 1- Awareness of change function through training
- 2- Refocus by PCE Facilitators to support services to engage directly with responses
- 3- Alignment and consistency in the application of the word 'Change' as defined by the Care Opinion team

[\(Showing whether feedback leads to change | Care Opinion\)](#)

Also, there is currently no mechanism on the platform to formally record how organisations are learning from the information on Care Opinion or to reflect upon the influence of stories at a strategic level. Therefore, in 2025/2026 further work is to be progressed in developing robust measurement tools in relation to Indicator 11:-

“Stories will influence service improvement at a service level, organisational level and strategic level”

It is acknowledged that stories published on Care Opinion are widely available to anyone who accesses the website, therefore, it is not possible to wholly account for the impact that stories have made to individuals. In 2024/2025 there was a focus upon embedding Care Opinion into the undergraduate and postgraduate healthcare programmes in Northern Ireland, supporting the voice of service users, carers and families to impact student learning.

Within Ulster University (UU) Care Opinion was embedded into programmes within School of Nursing and Paramedic Science, interprofessional learning as part of Allied Health Professional courses and to inform projects in Year 2 for School of Medicine. In March 2025



PHA, UU and Care Opinion collaborated in a webinar exploring this work which can be accessed through the following link: <https://tinyurl.com/4ku4vssi>

The work within School of Medicine is outlined in the following blog extract co-authored by Dr Sarah Butter (Lecturer in Psychology and Student Selected Component Lead) and Dr Trish Harris, (Associate Head of School, Director of Education and MBBS Course Director, Ulster University).



Care Opinion – A data source for Student Projects

As a new medical school, it was important to us at Ulster University to establish 'partnership with patients' as a core tenet within our curriculum. This, among other things, includes valuing the patient voice and one of the ways we do this is through our student selected projects.

How do we use Care Opinion as part of teaching? In each year of our graduate entry medical programme, students undertake a 'student selected component' (SSC). SSCs are an essential part of medical curriculum and allow students to explore areas of interest as well as develop their research skills. The Year 2 SSC gives students the opportunity to enhance their data handling, analysis and interpretation skills through undertaking a secondary data analysis project.

Students can choose to focus on either quantitative or qualitative analysis for their project. ... qualitative projects have proved to be a popular choice, with ~75% of students choosing to undertake a qualitative thematic analysis on stories from Care Opinion.

What topics have students chosen for their projects? Over the past two years, students have selected a wide range of topics for their qualitative projects which have helped them better understand the patient experience. We've had students who have focused on care experiences in a particular service (e.g., stroke rehabilitation, breast screening) while some have examined interactions with healthcare professionals from a particular department/speciality (e.g., emergency medicine, mental health). Others have focused on specific medical events (e.g., Caesarean section) or on the experiences of particular patient groups (e.g., d/Deaf patients). Finally, some students have considered the experience of family members, rather than the patient themselves. We also know from our discussions with students that they have valued being able to review and reflect on patient experiences in their local area, by tailoring their search to an individual Trust or hospital. We hope to continue to see such a diverse and interesting range of topics explored via Care Opinion in future.

What did students like about Care Opinion and what did they learn?

We asked students in our most recent cohort what they learned from reading patient stories on Care Opinion. One of the most common responses was that students valued the wide variety of patient narratives available, highlighting that patient experience is complex and can vary greatly, even within the same service. This helped them to identify particular factors that were more likely to be associated with good or bad patient experiences and reinforce the difference staff interactions (big or small) can make to the patient and their carers: *“How staff makes a patient and their family feel is one of the most, sometimes even the most, important aspects in a patient's healthcare journey.”*

Some students reported being surprised by the patient narratives, particularly the number of positive stories: *“I was surprised to see so many positive comments so it was a pleasant experience. I felt patients were excellent at giving constructive criticism.”* Others shared that it was insightful to get a better understanding of how and why patient and staff experiences might not always align with one another. They believed that Care Opinion provided patients with a valuable opportunity to have their voice heard, particularly when their feedback was something that would not be easy to share face-to-face. Finally, we know from speaking with our students, that they found it empowering to use Care Opinion stories as the basis of their work; knowing that there are real people behind the data and knowing that these stories can make a difference to their own future practice.

Did Care Opinion work well for this project? Most students were able to find patient stories related to their area of interest and overall feedback was very positive. However, for some less common healthcare experiences, there may not have been a suitable number of stories available to analyse and students needed to broaden their topic of interest as a result. On the other hand, some students found that there were so many relevant patient stories, and they had difficulty narrowing their search results to appropriately suit the scope of the project. To help overcome this, we will be providing future cohorts with additional guidance on identifying an appropriate topic/research question and how to use the search functionality efficiently... Valuing patients and their opinions is something that the Ulster curriculum strives for, and this was reinforced through the introduction of the SSC project using Care Opinion. Students who engaged with Care Opinion demonstrated this important value in the outputs they created and their feedback showed how health professional engagement with patient narratives, particularly patient-authored stories, can have a large and positive impact on respect for patients.

(link to full blog [Care Opinion as a data source for student projects | Care Opinion](#))

PRIORITY

There is a growing appetite across the system to engage with the learning from service user, carer and family stories through collated analysis of the key themes. However, Care Opinion also provides opportunity for continued learning on a regular basis so in 2025/2026 PHA will focus upon upskilling key people within regional organisations and strategic forums so they can directly access the stories and reports and empower them to embed the stories into their work.

5.0

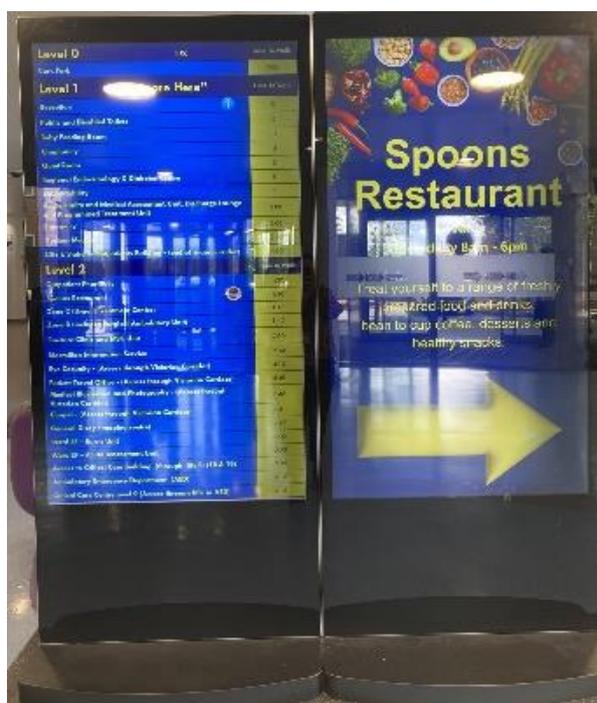
Trust Reflections



To support the annual report for 2024/2025 each Trust PCE team was invited to share reflections on the work to embed Care Opinion into the culture of their organisation and to explore an example of how stories have made a change.

Belfast Health and Social Care Trust (BHSCT)

Within Belfast Health and Social Care Trust an analysis of a cohort of stories relating to communication highlighted issues in relation to poor signage at the Royal Victoria Hospital (RVH). This has led to tangible improvements in the wayfinding for patients, carers and service users.



In response to this feedback, digital screens have been installed in the main reception area at RVH to enhance navigation and access to key information. It is planned that a number of additional digital screens will also be installed in various locations on the Royal Victoria site. Additionally site maps are currently being finalised and will be made available in the coming weeks. These maps will include detailed information such as opening times and locations of all food areas within the RVH site.

(image courtesy of BHSCT)

To further support visitors, meet and greet volunteers complement the Trust's 'Front of House' staff on-site to provide a warm welcome and assist with directions, helping to ensure a more accessible and positive hospital experience.

Northern Health and Social Care Trust (NHSCT)

The Power of Positive Feedback

The introduction of Care Opinion has revolutionised service user and service provider engagement within the NHSCT. This simple online system providing a two-way feedback mechanism has enabled open and honest conversations, an understanding of service user perception and an appreciation for the value in learning from the lived experience.

Every story is read, shared with the appropriate manager and staff, responded to, listened to and learnt from. Less positive stories provide opportunities to learn and improve, to make change or to have an impact on the service reflecting 'what matters' to the people who matter.

Over the past 4 years we have seen an increased interest in stories as the profile of Care Opinion is nurtured and cultivated within the Trust. In 2024/ 2025 we have received 1102 stories, 82% positive and 18% less. We believe that the impact of positive feedback could be better disseminated to improve learning from excellence across the Trust. This year, we have begun working collaboratively with services to explore ways to enhance its value – including how positive stories can be used to share best practice and support the health and wellbeing of staff.

Learning from positive stories.

Building on this, we plan to develop and pilot a process for collecting and sharing positive stories that highlight what staff are doing well. These stories will service as a foundation for learning and continuous improvements. An initial pilot is currently being planned in collaboration with the District Nursing Team. By doing this, we aim to share best practice more widely – for example, by encouraging teams to reflect on and discuss what is working well during team meetings, with a view to replicating success and building on positive experience.



Positive feedback isn't just good for learning – it supports staff wellbeing.

Positive feedback isn't just valuable for learning – it also plays a vital role in supporting staff morale, motivation, and overall wellbeing.

Feeling recognised and appreciated can have a powerful impact on individuals and teams, especially during times of high demand.

Communication with Service Leads across the Trust, along with analysis of feedback data, highlighted a consistent number of positive stories being shared. Service Leads noted that these stories boost staff morale and foster a sense of pride in their work.

This insight led us to engage with Health and Wellbeing team to explore how positive stories could be more actively used to promote staff wellbeing across the Trust. The Health and Wellbeing Team welcomed the idea and highlighted that the Regional Health and Wellbeing Framework emphasises the importance of linking positive patient experience with staff wellbeing.



They plan to discuss the use of positive Care Opinion stories at their next leads steering group. Initial suggestions for consideration include - Introducing a 'Wellbeing Wednesday' feature, implementing 'You made a difference' recognition, or enhancing staff recognition through Greatix.

Below are examples of how positive stories have made a meaningful impact on staff, highlighting the emotional and professional value of being recognised through patient feedback.

"The impact of staff reading personal stories from women is integral to understanding what we are doing well as a team and also improvements that could be made to the service. When feedback is shared through the platform it contributes to staff well-being through understanding the positive impact to women when facilitating their care through pregnancy, birth and the early parenting period."

Rachel Chakravarti - Service Lead Continuity of Midwifery Care

"We are delighted that PHN receive a high number of care opinion stories, all stories are shared with staff and discussed at team meetings."

Positive stories are uplifting and staff are so pleased to receive this feedback. Staff feel valued when there is recognition of good practice and it boosts morale. When gratitude is shared on Care Opinion it affirms that staff are making a difference for clients and families."

Elizabeth Whyte - Lead Nurse, Public Health Nursing

“The feedback from Care Opinion has provided everyone with motivation and a sense of pride as they continue their work in a range of areas such as palliative and end of life care.

Recently the Trust shared a District Nurse Care Opinion story on the Trust’s Facebook page regarding a very high standard of end-of-life care. This was so supportive of the DN and their team to be recognised in this way. It also enabled thanks to be extended to the Hospice nurse who was a valued professional partner in the gentleman’s care.”

Marion Orr – District Nursing Coach

Our next steps in NHSCT:-

- Continue to celebrate the consistently high percentage of positive feedback received across the Trust.
- Replicate learning from positive stories to support improvement and highlight what is working well.
- Collaborate with the Health and Wellbeing Team to agree a process for incorporating Care Opinion stories into staff health and wellbeing initiatives.

By continuing to learn from positive stories and connect those to staff wellbeing, we hope to not only recognise what works – but actively shape a culture where both patients and staff feel heard, valued, and supported.

South Eastern Health and Social Care Trust

The Power of Feedback

The introduction of the Care Opinion has developed service user and service provider engagement within the South Eastern H&SC Trust.

Every story is read, shared with the appropriate manager and staff, responded to, listened to and where possible learnt from. Less positive stories provide opportunities to learn and improve and we have developed an operational guide to this process including top tips for generating a quality response that aims to provide meaning and impact. This year, we have begun working collaboratively with services to explore ways to enhance its value and quality.

Learning and making change

[More training on acceptance of autism | Care Opinion](#)

The above story was shared by a parent about their experience initially expressed positivity around the attitude and behaviour of staff before their son’s procedure,

however when collecting their son from Ulster Hospital Theatres they encountered another member of staff who did not show a comprehensive understanding of autism and learning disability. The parent and child's experience highlighted the need for further training on the "acceptance of autism and how not to alienate parents".

Service management explored the options available to further knowledge of Learning Disability & Autism across the service. Management completed "Supporting Children and Young People with Autism – Workshops for Trust staff" that includes 3 modules "What is autism?", "Adapting your practice" and "what works".

Service management requested that all theatre and recovery staff undertake the training to provide assurance that staff attitude and behaviour is in alignment with the high level quality of care we seek to provide to every service user, relative and carer.

This was also shared with Theatre/Recovery support services and administrative staff to help further improve experience.

Care Opinion
What's your story?

To share your story...
Visit the website
careopinion.org.uk

Scan the QR code

Or call the telephone number
0800 122 3135

Your story can make a difference!

Care Opinion is independent of the National Health Service. All feedback is anonymous and is published on the Care Opinion website.

HSC South Eastern Health and Social Care Trust

"More training on acceptance of autism"
- Ulster Hospital, Theatres / Recovery

No pity please said...

"My son was in for a hearing test under GA. My son has ASD and Severe Learning Difficulties... When my son was coming round after the GA he woke and the nurse had to come get us. We went in and a staff member was holding him. I took him from their arms. Staff member was asking questions about him. Will he grow out of it? Did you know there was a problem? Is there any help? Surely there is help from somewhere? I explained the waiting times etc. It was the pity the staff member's voice and tone. The pity head tilt. That was offensive. Staff shouldn't assume that parents need help or that there is a fix. Or that we should be sad about it? I felt like I had to advocate for my sons acceptance. More training on acceptance of autism and how to not alienate parents would be advisable."

January 2025

What we did...

Response from Linda Gibson, Lead Nurse ATICS:
"I am wishing to follow up, on my previous response to your Care Opinion and I would like to let you know that the staff involved have been spoken to. I have also reached out and received the link to the Trust's Autism on line training for all trust staff. I now have completed the training myself and have disseminated it to all managers, requesting that all our theatre and recovery staff, undertake the training. I found the training to be very beneficial, hence my request that all staff complete it. I do hope this goes some way, to reassure you, that we have taken your Care Opinion most seriously."

This example of a 'Change Made' as a result of a Care Opinion story is showcased by the Theatres team, where they display the "Turnaround Story Quote" poster in their circulation spaces to allow shared learning for staff across the various services and wards that would interact with Theatres, and also demonstrate to service users, families and carers that their voices are being heard.

Our next steps in SEHSCT:-

- Continue to celebrate high percentage of positive feedback across the trust.
- Promote the power of Care Opinion across the Trust, exploring the "harder to reach" areas to capture our service user and families feedback and stories.
- Focus on learning and improvement, utilising the change made process
- Focus on quality of responses to ensure each response is following HSC values and provides a high level of meaning to the author.

Southern Health and Social Care Trust (SHSCT)

Celebrating our staff

During the past year the Trust received an increase in the number of stories where story authors have taken the time to remember and mention staff by name, and we believe this is such an accolade for our staff to receive. Many of these stories demonstrate where our staff have excelled in encompassing our core Trust values to provide a wonderful service to our patients and service users. For example in Q3 2024-2025 Care Opinion reported, out of 431 stories shared publicly, a massive **155** Trust staff were mentioned personally by name – [click here](#) .

Q4 2024-2025 reporting demonstrated a further increase whereby 51% of the stories mentioned staff by name. These stories are tracked by using the '[Subscriber Tagging](#)' feature on Care Opinion and stories are tagged with '**Staff mentioned by name**'. It was felt that it would be wonderful if staff could be recognised for this, and one way to do this was through the Trusts GREATix system.

GREATix is linked to 'Learning from Excellence', which is a growing movement nationally encouraging staff to learn lessons across all aspects of our patients' care and experience. GREATix is a reporting system which allows NHS staff to say thank you to each other and help make their colleagues feel valued and appreciated. Submitting a GREATix aims to capture the positive events in the NHS and improve safety by sharing and spreading excellence.

We liaised with our colleague, Dr Lauren Martin who is the lead for implementation of GREATix in Southern Health and Social Care Trust. A simple 4 step guide was

The screenshot shows a Care Opinion post titled "Dementia companion". The post is from a user named "Liverpool 12345" (as a staff member posting for a carer/relative) and is dated 3 months ago. The text of the post reads: "Hi I just want to say a big thank you to Carmel who works in Ramone 1 Frailty, she recently looked after my Mother, every time I was in the ward she was friendly and always smiling, Carmel always puts a smile on my mother face with her lovely singing and especially when she sits with her and plays her favourite hymns which this is very comforting to her, I was lucky enough to watch Carmel interact with my mother with such compassion and kindness I will be forever grateful to her thank you so much Carmel for the care you given to my Mum you are one special person". The name "Carmel" is circled in red. Below the post, there is a "More about:" section with a tag for "dementia". A red arrow points to a list of tags: "communication", "friendly", "quality of care", "staff attitude and behaviour", "staff mentioned by name", and "staff-greatix".

produced, which would make it easy for managers to nominate staff/teams who have been 'mentioned by name' in a 'positive way' in a Care Opinion story. To ensure that all staff were aware of the new GREATix process, a Standard Operating Procedure (SoP) was developed and circulated to all staff via a global email.



It was also deemed important that the story author was aware that a GREATix had been issued to those staff mentioned by name in their feedback. This would ensure that the story author knows the value that the Trust places on positive feedback and learning from good practice. Managers are therefore requested to include, in their response to the story author, that they have nominated the person/s for a GREATix. This is illustrated in the story link below:

[Excellent staff member | Care Opinion](#)

A Care Opinion blog was produced by the SHSCT Patient Experience Team and was published on 03 April 2025, to view this blog: [Click here](#)

Western Health and Social Care Trust (WHSCT)

Within the Western Trust, the PCE team and PPI lead have re-established the Trusts Integrated Engagement and Involvement forum which aims to bring together senior leads from Compliments and Complaints, Quality Improvement (QI), Serious Adverse Incident (SAI), carers service along with directorate representation to triangulate learning and sharing of same. This forum will feed into the Trusts Improvement through Involvement (I.T.I) committee for scale and spread of learning from feedback.

The PCE team also aims to embed learning from patient client experience by maintaining good working relationships across all directorates within key forums where opportunities may arise. The PCE team continues membership within the following groups:

- Falls Prevention
- Equality and Diversity forum
- Bereavement forum
- Improving 'end of life' care in the hospital setting forum
- The Nursing and Midwifery Group
- Improvement through Involvement
- Open staff meetings

As Care Opinion is mandated within the Trust, the PCE team evidences its work through submissions of reports to:

- Services and their Leads
- Trust's Governance and Accountability forums
- Equality Commission Northern Ireland to fulfil the Trusts statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.

Care Opinion is promoted through Trust produced promotional materials. Most recently, the PCE has collaborated with a ward in Altnagelvin to produce an information leaflet given to patients on admission. Care Opinion has also been promoted through a bespoke easy read story book co-produced between learning disability services and Macmillan.



To strengthen the communication strategy, the Care Opinion logo features on every Trust video within each end title and also feature posts where applicable. The Trust

approved teams background now also incorporates the Care Opinion logo and all staff are encouraged to use this when using the Microsoft teams app.

PCE team continues to attend both statutory and Community and Voluntary sector events planned Trust wide. Such events are valuable networking opportunities between services and for empowering independent submission of stories on the Care Opinion Service.

To strengthen Learning and Development opportunities, the PCE team present at several training sessions which include the cardiac rehabilitation programme and QI training programme. Personal Public Involvement (PPI) training also signposts participants to Care Opinion. A key area of focus over the coming year will be to

increase awareness of recording changes, incorporating “what constitutes a change” which has been recently updated by Care Opinion

The PCE team have strengthened their working relationships with other services and the last year has been involved in a number of formal complaints that have mentioned submission of feedback through Care Opinion. PCE team and Complaints Leads are exploring how feedback on the platform and formal complaints can connect.

Wards/unit and departments are encouraged to display where possible Care Opinion information such as through a positivity /Care Opinion/ feedback board. Another key area of focus over the coming year is how positive feedback has impacted on staff and their service.

The image is a composite of three parts. On the left is a leaflet with a purple border containing text about patient experience and contact information. In the center is a map of the hospital building with 'Ward 22' highlighted in a dark red box. On the right is a photograph of a hospital ward with staff and patients, overlaid with the text 'Ward 22 Daily Routine' in a large white font.

Care Opinion
What's your story?

We value your feedback. Through Care Opinion you're able to share any feedback anonymously in a number of ways. Scan the QR code above, visit our website or call us.

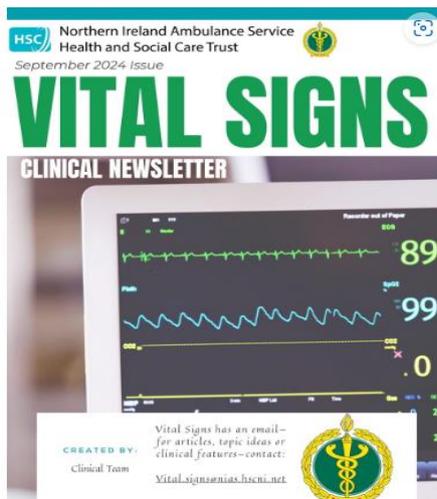
🌐 www.careopinion.org.uk
☎ 0800 122 3135 (Mon-Fri 9am-4.30pm)
☎ 078 3340 2847 (To request a feedback form)

Ward 22
Daily Routine

Key priorities for the incoming year will be to further explore learning from excellence and sharing of best practice. Currently the PCE team share a “Star Certificate” with staff who have been specifically named within an extremely positive story. This is shared with named staff as well as their senior leads for the service. The PCE team also share feedback, including changes planned/made via weekly “share to learn” correspondences, monthly Care Opinion page on the “NOW” magazine, and through internal team leads email distribution lists [NOW STAFF NEWSLETTER - 190April2025](#).

Northern Ireland Ambulance Service (NIAS)

Following the submission of a Care Opinion story entitled 'Diabetes DKA – Ambulance to Hospital Admission', the Experience and Involvement team within NIAS began exploring how the learning from this story could be shared across the Trust and how the needs of this cohort of service users could be better met. With the Author's consent the Experience and Involvement team reached out to both the Healthcare Engagement Manager and the Policy and Care Improvement Manager at Diabetes UK NI to develop a better understanding of Diabetes and Diabetic Ketoacidosis (DKA) in particular.



During a number of meetings NIAS' current practice with regards to DKA was reviewed as were the approaches of Ambulance Services in the UK.

NIAS' Clinical Service Improvement Lead - Acute Care, also attended a meeting to hear the views and suggestions of Diabetes UK NI and agreed to engage with the Author to discuss their experiences and outline the actions to be taken forward.

In September 2024, an excellent educational piece on Hyperglycaemia and Ketones was included in NIAS' Clinical Newsletter, 'Vital Signs' and this was issued to staff via the daily bulletin and via the internal WhatsApp group. This piece was also reinforced to all operational managers explaining the practicalities of ketone measurement, equipment required and how to order.

DIABETIC KETOACIDOSIS(DKA) AND PRE-HOSPITAL KETONE MEASUREMENT

What is Diabetic Ketoacidosis (DKA) and who does it affect?
Diabetic Ketoacidosis (DKA) occurs when there is a severe lack of insulin within the body meaning the body cannot use sugar for energy and begins to use fat instead. When this happens, ketones are produced as a by-product of fatty acid metabolism in the liver. These are acidic chemicals whose accumulation leads to the development of metabolic acidosis. This is a serious condition that affects people with type 1 diabetes, and occasionally those with type 2 diabetes. Some children and adults who do not realise they have type 1 diabetes are not diagnosed until they are very unwell with DKA. It is important to be able to spot the signs and symptoms of DKA so that it can be treated quickly.

What about Euglycaemic Diabetic Ketoacidosis?

Euglycaemic diabetic ketoacidosis (EDKA) is a clinical syndrome occurring both in type 1 (T1DM) and type 2 (T2DM) diabetes mellitus characterized by euglycemia (blood glucose levels <11 mmol/L or normal) in the presence of severe metabolic acidosis and ketonemia. The incidence of EDKA has grown with the introduction of sodium-glucose transporter 2 (SGLT2) inhibitors (the 'flosins'). It also presents a diagnostic challenge for clinicians due to the variety of aetiologies and normal blood glucose levels, often resulting in delayed diagnosis. There are many known causes of EDKA. The overall mechanism is based on a general state of starvation, resulting in ketosis while maintaining normoglycemia. Therefore, conditions like anorexia, gastroparesis, fasting, use of a ketogenic diet, and alcohol use disorder can lead to states of carbohydrate starvation and subsequent ketosis. Additional triggers for EDKA include pregnancy, pancreatitis, glycogen storage disorders, surgery, infection, cocaine toxicity, cirrhosis, and insulin pump use.

ORLA MORROW

Clinical Practice Lead (Acute Care)
Orla.Morrow@nias.bacsi.net

02

Alcoholic ketoacidosis can occur when a person who has alcohol dependency or prolonged/excessive alcohol use, abruptly stops drinking and also stops eating. The alcohol use reduces the body's ability to generate glucose that can be used by cells, so fatty acids are metabolised instead to create energy and this results in ketoacidosis. The glucose level is usually normal.

03

Clinical Presentation

Hyperglycaemia:

- Polyuria (increased urination)
- Polydipsia (increased thirst)
- Weight loss
- Lethargy
- Recurrent infections especially thrush
- Blurred vision

Diabetic Ketoacidosis:

- Vomiting
- Abdominal pain
- Rapid breathing/hyperventilation or Kussmaul breathing
- Dehydration, dry mouth and possible circulatory failure due to hypovolaemia
- Confusion/Reduced level of consciousness
- Weight loss
- Other autoimmune conditions that are more common in Type 1 Diabetes, e.g. Addison's disease can predispose to DKA
- Evidence of diabetes complications, e.g. previous toe/foot amputations or foot ulceration.
- ****Consider pregnancy in women of child bearing age-the foetus is very sensitive to ketosis****

Risk Factors

- Inadequate or inappropriate insulin therapy
- Infection
- Myocardial Infarction
- Pancreatitis
- Stroke
- Hyperthyroidism
- Hispanic or black ancestry
- Bariatric Surgery
- Undiagnosed Type 1 Diabetes
- Cocaine use
- Acromegaly (A rare condition which results from excessive production of growth hormone by the pituitary gland. This causes enlarged bones in face, feet and hands)
- Cushing's syndrome (A rare disorder that makes your body produce too much cortisol, a hormone that helps you cope with stress.)

Certain medications:

- Corticosteroids
- Thiazides
- Pentamidine
- Sympathomimetics
- Anti-psychotics
- Immunotherapy medications
- SGLT2 inhibitors (the 'flosins')



04

Ketone Measurement

Indications:

- Any systemically unwell patient with diabetes.
- Unexplained HYPERglycaemia (blood glucose>11mmol/l)
- Recent history of starvation and/or high alcohol intake (this may be chronic or acute)
- Clinician concern (e.g. no obvious sign for acute illness)

****KETONE TESTING SHOULD ONLY BE PERFORMED WHEN INDICATED-IT IS NOT A STANDARD OBSERVATION.****

Method:

Clean and thoroughly dry the patient's fingers prior to obtaining a capillary blood sample using a non-alcohol based wipe, or gauze with sterile water or sodium chloride, and dried thoroughly with a gauze swab – rinsing hands thoroughly in tap water is an acceptable alternative. Prick the patient's finger with a 'one click lancing device' (Unistik) and obtain capillary blood sample. The method is exactly the same as obtaining a blood glucose and if adequate blood is present can be completed using the same site.

Management:

In the absence of a hyperglycaemic pathway within NIAS the decision regarding hospital assessment should NOT be influenced by the ketone measurement. The measurement of ketones should instead supplement a holistic approach to the management of the person's presenting condition and subsequent appropriate management. The table below displays the risk levels for DKA and considerations which are considered appropriate.

There is currently no facility to record the ketone measurement on ePCR therefore when ketone measurement is indicated this should be recorded in the 'Vital Signs' free text section

DKA Risk	Blood Ketone Level	Considerations
Minimal	<0.6mmol/l	Ketonaemia not present-Ketoacidosis unlikely
Elevated	0.6-2.9mmol/l	Ketonaemia present-Ketoacidosis possible
High	>3.0mmol/l or more	Excessive Ketonaemia present-High Risk Ketoacidosis **PRE ALERT**

Management

BWARE OF CARDIAC ARREST IN EXTREMELY UNWELL PATIENTS

****These patients have a potentially life-threatening condition – they require urgent hospital treatment including insulin and fluid/electrolyte therapy.****

- Assess **<C>ABCDE**-Correct **immediate life threats** and for high risk DKA patients (capillary ketone measurement >3mmol/l or more) administer **IV fluids** in accordance to Intravascular Fluid Therapy in Adults/Children and/or Sodium Chloride (0.9%). Do not delay on scene for fluid replacement. Undertake **12-lead ECG** and administer **supplemental oxygen** if the patient has **SPO2<94%** and monitor ETCO2.
- Assess **blood glucose** and **ketone levels**– If the patient keeps records of their blood glucose and ketone levels ensure these accompany the patient to ED.
- Assess for signs of **dehydration**-skin tenting; dry mouth; poor capillary refill; tachycardia; reduced GCS and hypotension.
- Transfer to nearest suitable receiving hospital (ED), with a **pre-alert/information call**. Include term 'high-risk DKA' and ketone value when known.

This first time a Care Opinion story has led to an organisational change, and perfectly illustrates how the lived experience of service users can be used to improve services.

6.0 Next Steps



In line with the PHA Reshape and Refresh agenda the Care Opinion service has now moved under the auspices of the Partnership and Engagement team within PHA, alongside all aspects of the Regional Experience programme. Therefore, the next steps for 2025/2026 are aligned with the overarching priorities of the PHA as outlined in the PHA Partnership and Engagement (P&E) strategy.

Through regular analysis of the Regional I&I indicators a number of priority areas have been identified for 2025/2026 as highlighted throughout the sections of this annual report. In addition a ‘setting priorities workshop’ hosted by PHA in April 2025 informed the workplan for 2025/2026 as detailed in Figure 19. .

Figure 19: Priority Actions areas for 2025/2026 (linked to P&E strategy)

Priority 1- Leadership	
1	Integration of initiatives within Regional Experience programme with PPI approaches and opportunities across NI
2	Representation of Care Opinion Initiative within DoH Strategic Approach of Public Engagement
3	Empower leadership teams within organisation through a series of meetings with senior teams focussing on key messages for Regional PCE programme
4	Through webinars and training empower regional organisations such as PHA, SPPG, DOH, RQIA, NIPEC and PCC to directly engage with Care Opinion platform as part of strategic priorities
5	Review approach to strategic campaigns to enable consistent learning at a local and regional level
6	Pilot Care Opinion within Primary Care through established Primary Care Multidisciplinary Teams (MDT) as approved through MDT Programme Board
Priority 2- Build understanding, knowledge and skills	
7	Develop a current regional training matrix for Care Opinion to increase the number of staff actively engaging with the platform, promoting all learning through E learning programmes and training resources to provide consistency across the region
8	Develop training modules and resources to embed commitment to learn from stories shared through the Regional Experience programme
9	Explore Care Opinion as a mechanism to inform professional revalidation processes
10	Partner with C&V sector to inform peer support works, facilitators and advocates on their role in story generation and learning
11	Improve the quality of response shared on Care Opinion through application of Quality Improvement methodology
12	Explore opportunities for volunteers/peers/students in story generation across HSC services

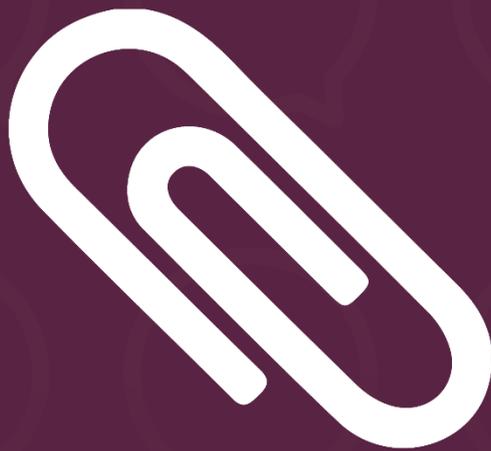
Priority 3 – Connect and Engage	
13	Identify areas for promotion of the service informed by population health data related to Health Inequalities and Inclusion Health
14	Review regional communication strategy including opportunities through Encompass as part of Optimisation phase of Encompass Implementation
15	Develop opportunities to promote Care Opinion with service user with Dementia and their carers and families; this includes proactive approach to collecting stories using Picture Tiles
16	Celebrate the positive impact of the Care Opinion service in NI, marking 5 years since the launch.
Priority 4 – Identify Learning and Demonstrate Impact	
17	Agree SOP for sharing learning from Care Opinion across key stakeholders for strategic areas of work. This includes development of the Engage website (public) and channels of communication with C&V
18	Influence development of learning system as part of Patient Safety agenda. This includes relationship with Being Human framework, new Model for Complaints Handling, Serious Adverse Incidents and Public Inquires
19	Produce and embed mechanisms to capture the impact of Care Opinion at all levels of HSCNI (indicator 11)
20	Embed Learning from Excellence model into all opportunities for learning through Care Opinion stories
21	Progress research opportunities to enhance learning through digital developments such as AI and Cross border initiatives with HSE Ireland (funding dependent)
22	Build opportunity to link learning through Care Opinion with HSCQI strategy for Northern Ireland

It is recognised these priority actions may evolve in response to developments across HSCNI such as the outcomes for the DoH Review of Strategic Approach to Public Engagement. The priority actions are the responsibility of the Regional PCE Working Group which adopts a collaborative approach to the implementation of the Care Opinion service across HSCNI. Progress will be reported quarterly through the members of the Regional PCE Working Group, supported by the Regional Facilitator Group.

Through a regional commitment to embedding Care Opinion into the culture of HSCNI the Regional Experience programme works towards the PHA vision:

“To make partnership and engagement working essential to Health and Social Care in a way that supports a healthier population.”

7.0 Appendix



APPENDIX 1. MEMBERSHIP OF REGIONAL EXPERIENCE FORUMS

1.1 Members of Patient Client Experience Working Group (accurate as of March 2025)

Organisation	Members
Public Health Agency	Linda Craig
	Thelma Swann
	David Todd
	Martin McCrory
	Martin Quinn
Service User	Peter McAuley
Patient Client Council	Laura O'Neill
	Peter Hutchinson
Department of Health	Calum Grant
	Angela Fitzpatrick
	Mel Gillen
Care Opinion	Sarah Ashurst
	Liz Bassett
Belfast Health and Social Care Trust	Louise Macdonald
Northern Health and Social Care Trust	Jill Munce
	Kelly McBride
Northern Ireland Ambulance Service	Ruth Finn
	Neil Gillan
South Eastern Health and Social Care Trust	Lisa Dullaghan
	Grace Hamilton
Southern Health and Social Care Trust	Sharon Love
	Rebecca Murray
	Janet Johnston
	John McGarvey
Western Health and Social Care Trust	Gavin Hamilton
	Kathy Mackey
	Bronagh McMonagle
	Jamie Wallace
	Rebecca Durnin

1.2 Members of Regional Facilitator Group (accurate as of March 2025)

Organisation	Members
Public Health Agency	Linda Craig
	Thelma Swann
	David Todd
Care Opinion	Sarah Ashurst
	Liz Bassett
Belfast Health and Social Care Trust	Jill Fairbanks
	Kevin Patterson
	Clare Forsythe
Northern Health and Social Care Trust	Veronica Meenan
	Sarah Arthur
Northern Ireland Ambulance Service	Neil Gillan
	Maggie Hamilton
South Eastern Health and Social Care Trust	Colin Patterson
	Nial Scott
	Emma Spencer
Southern Health and Social Care Trust	Mairead Casey
	Christine Armstrong
Western Health and Social Care Trust	Michelle Scott

APPENDIX 2. Members of Research Working Group

Organisation	Members
Queens University, Belfast	Prof Chris McCabe
	Dr Barry Deveraux
	Dr Chris Hawthorne
Regulation and Quality Improvement Authority	Briege Donaghy
	Ken Reid
Care Opinion	James Munro
Public Health Agency	Linda Craig

APPENDIX 3. Criticality Scores assigned through Care Opinion Moderation

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



<https://engage.hscni.net>

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