



University Health Board Report

PATIENT EXPERIENCE REPORT

Executive Lead: Executive Director of Nursing, Midwifery & Patient Care;
Medical Director

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Patient Experience Manager.

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Purpose of the University Health Board Report

The purpose of this report is to provide the Board with a summary of the the service user feedback obtained via the Patient Advocacy Liaison service for Quarter 1, April to June 2019.

Governance

Link to Health Board Strategic Objective(s)

The Board's overarching role is to ensure its Strategy outlined within 'Cwm Taf Cares' 3 Year Integrated Medium Term Plan 2019-2022 and the related organisational objectives aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed, these in summary are:

- To improve quality, safety and patient experience
- To protect and improve population health
- To ensure that the services provided are accessible and sustainable into the future
- To provide strong governance and assurance
- To ensure good value based care and treatment for our patients in line with the resources made available to the Health Board.
- This report focuses mainly on providing governance and assurance

Supporting Evidence

Framework for Assuring Service User Experience, (2015) Welsh Government

Putting Things Right – raising concern about the NHS in Wales (2011).

	<p>http://www.wales.nhs.uk/governance-emanual/putting-things-right</p> <p>Listening & learning to improve the experience of care, 2015 http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Listening%20and%20Learning%20to%20Improve%20the%20Experience%20of%20Care.pdf</p> <p>Wales Audit Office (WAO, 2016). Learning from patient experience. Key questions for NHS Board Members. http://www.audit.wales/publication/learning-patient-experience-key-questions-nhs-health-boards</p> <p>Maternity Care Review- Patient's Perspective. (2019) https://gov.wales/review-maternity-services-former-cwm-taf-university-health-board</p>				
Engagement – Who has been involved in this work?					
The information within the report has been provided by the Patient Experience, Concerns and Audit Teams and from records held in the Datix risk management system.					
University Health Board Resolution To:					
APPROVE	ENDORSE	DISCUSS	✓	NOTE	✓
Recommendation	The Health Board is asked to; <ul style="list-style-type: none"> • NOTE the report 				
Summarise the Impact of the Health Board Report					
Equality and diversity	There are no specific implications relating to equality and diversity within this report.				
Legal implications	Any concerns raised from service user feedback are managed in accordance with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.				
Population Health	There are no population health implications of this report				
Quality, Safety & Patient Experience	Ensuring the organisation captures feedback from patients in a reactive and proactive way and use feedback to influence services provided by the Board will impact positively on improving the quality, safety & patient experience.				
Resources	In comparison to other HB's in Wales the Patient Experience Team is small with a broad portfolio. Further resources are required to expand the work programme across the organisation.				

	This has been identified within the Directorate's Integrated Medium Term Plan and also a business case has been submitted to the Director of Finance during this Quarter.
Risks and Assurance	There is a risk of not having the ability to capture and report all service user experience feedback. Implementing arrangements to capture and act on the patient experience will help mitigate risks and provide assurance to the Board.
Health & Care Standards	Access to the Standards can be obtained via www.wales.nhs.uk/siteplus/documents/1064/Easy%20Read%20Standards%20FINAL%20December%202010.pdf This work reported relates specifically to Standard 3.1 Safe and Clinically Effective Care, and Standard 6.3 Listening & Learning from Feedback.
Workforce	There are no workforce implications associated with this report.
Freedom of information status	Open

PATIENT EXPERIENCE REPORT

1. **SITUATION / PURPOSE OF REPORT**

The purpose of this report is to inform the Board of the service user feedback obtained via the Patient Advocacy Liaison service during Quarter 1, April to June 2019.

2. **BACKGROUND / INTRODUCTION**

Listening to the experience of service users, carers and their families is a fundamental part of organisational learning and improvement.

The Welsh Government's Framework for Assuring Service User Experience, requires Health Board's in Wales to provide easy and multiple methods for service users to feed back about the care and services, including primary care services received. Presently service user feedback is obtained through a number of different mechanisms, which are outlined in the Health Board's patient experience plan.

3. **ASSESSMENT / GOVERNANCE AND RISK ISSUES:**

The service user feedback obtained via the Patient Advocacy Liaison service is outlined in **Appendix 1**.

Overall the volume of service user feedback is proportionately low and where there is a high volume of feedback, e.g. the Health and Care monitoring system and individual directorate/ speciality surveys, then sometimes there is limited qualitative data to outline the service user's experience.

A range of mechanisms needs to be in place to actively seek feedback from service users, their families and carers. Being able to measure service user satisfaction and capture the experience of care received must be a priority for the organisation. This is essential to ensure services meet standards and to drive improvements where needed. The different methodologies used in Cwm Taf Morgannwg University Health Board for capturing service user, carers and their families' feedback is outlined in **Appendix 2**.

4. **RECOMMENDATION**

Members of the Board are asked to:

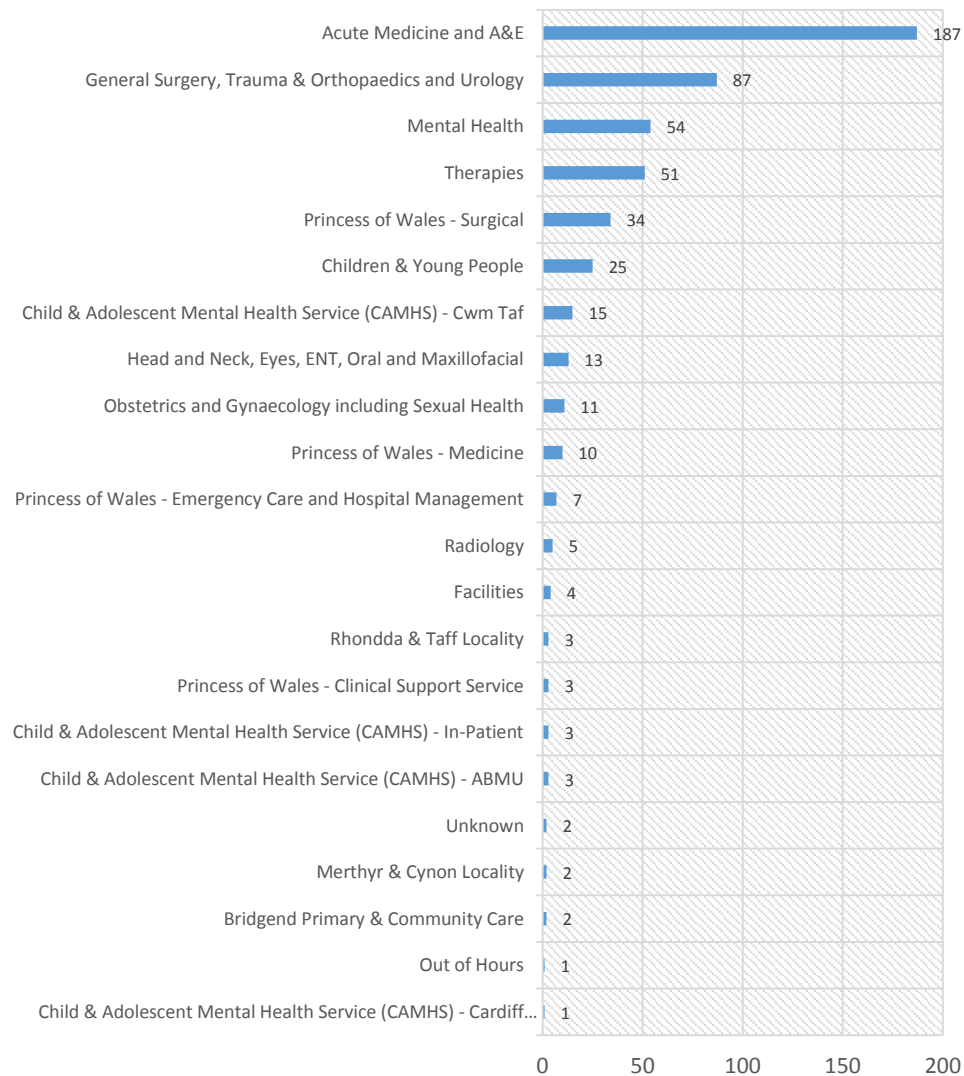
- **DISCUSS** and **NOTE** this report

Freedom of information status	Open
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Appendix 1

<p>Total PALS Received: 1042</p>	<p align="center">Top 3 Types of Complaints for Quarter 1</p>																																																																		
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Compliments Received



Examples of Compliments received

Thank You letters

Thank you so much for all the care, support and love you have all given to our relative. It meant a lot for us that we knew that our relative was well cared for when we were unable to be there. We as a family will always remember everyone's kindness to us all.

"Have Your Say"

"When clinics are know to have a long waiting times e.g 50 mins like we had been waiting it is worth letting patients know. My child is being assessed for ADHD and had I known the wait was going to be so long I would have brought additional activies to occupy him and food as it is dinner time"

Outcome: Contact was made with the author advising that every effort is made to keep noticeboards up to date with regards to delays. When staff are aware of a problem every effort is made to expedite or move the patient to a more approrait area to wait.

Social Media

I would like to thank all of the staff at CDU, PCH and the doctors for looking after my husband. I know he's still in hospital but you also cared and supported me and my family. You all deserve a medal.

PALS

I would like to thank all the doctors and nurses staff, who looked after my late brother who passed away at the Royal Glamorgan Hospital on the 22 April. My family would also thank all the other staff at the hospital. Thanks again from all the family.

What are the areas of risk?

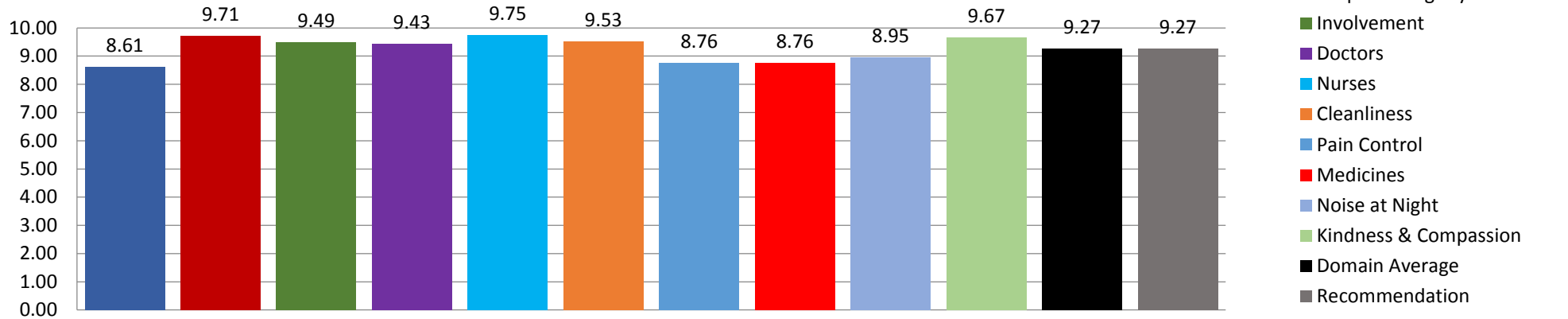
Delays with appointments with various speciality areas and poor communication.

Real-Time Feedback – Maternity Services

Total surveys completed: 168

Period: **Quarter 1**

CTMUHB Maternity Baseline scores (April - June 2019)



How are we doing

Strong performance in the following domains

Showing patients Respect and Dignity at all times – 9.71

Confidence and Trust from the Doctors – 9.43

Confidence and Trust from the Nurses – 9.75

Cleanliness around the wards – 9.53

Staff treating patients with Kindness & Compassion - 9.67

Improvement required in these domains

Medicines management 8.76

Pain Control – 8.76

Noise at night 8.95

Consistency and Coordination 8.61

What actions are we taking?

Overall the feedback is positive. There have been some serious professional midwifery issues identified (mostly by night) which are being managed within the Directorate team. The Director of Nursing, Midwifery and Patient Care has written to all Midwives, expressing a zero tolerance of poor behaviours. As a result of this feedback, the surveys have increased from week commencing 8 July and the results will continue to be reported in this report.

Some improvements undertaken based on the feedback include:

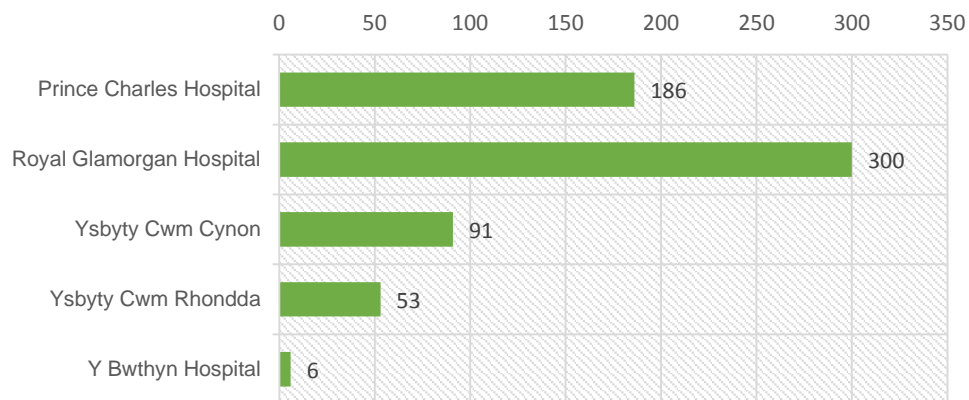
- Midwives undertaking medication rounds have been issued with red aprons with “do not disturb on” to ensure they are clearly focused on the task at hand.
- The staff safety briefing has been amended.
- Staff are reminded at handovers on the importance of maintaining a peaceful environment.
- Feedback on staff attitude has been received, this is being addressed by Senior Management.

Health Care Monitoring System Patient Surveys completed during 01/04/2019: 30/06/2019

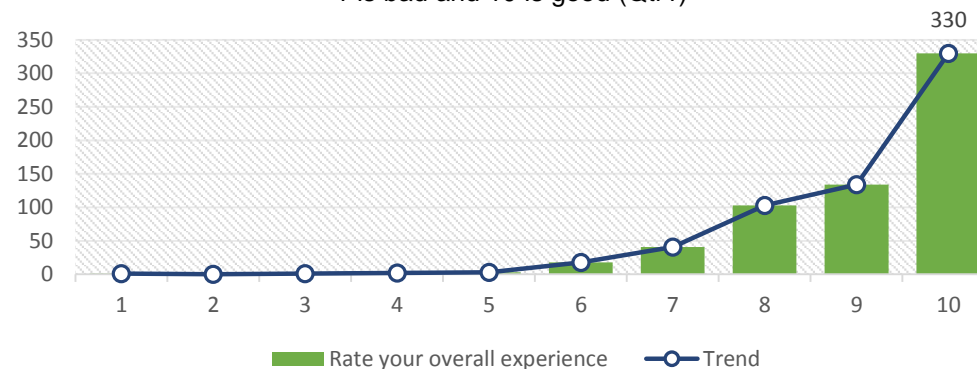
Period: Quarter 1

Overall Score

Patient surveys sample size, by site (Qtr 1)



Rate your overall experience
1 is bad and 10 is good (Qtr1)



How are we doing

- Majority of the feedback was complimentary about nursing staff and the care received.
- The care environment is not always appropriate for patients with advanced dementia.
- Delays noted with take home medication.

What actions are we taking?

- Delivery of dementia friends training for staff.
- Adaptations to environments - creating spaces that are familiar to patients such as living rooms, shops and even a room set up as a pub.
- The development of the health and well-being hub in Ysbyty George Thomas (YGT) where they have a programme of activities for people living with dementia and their carers/family.
- Implementation of the Electronic Discharge Advice Letter (eDal) system will assist in improving the timeliness of take home medication.

Percentage Overall Satisfaction with Care Received per Month

90.9%

What are the areas of risk?

Compliance with the nurse staffing act: monitored through the Nursing Workforce Group.

Source: H&SC Audit Tool

METHODOLOGIES USED IN CWM TAF UNIVERSITY HEALTH BOARD FOR CAPTURING SERVICE USER, CARERS AND THEIR FAMILIES' FEEDBACK

1. SITUATION / PURPOSE OF REPORT

The purpose of this report is to provide an overview of the methodologies used for capturing service user, carers and their families' feedback. Also to consider areas for improving the way feedback is captured, reported and analysed to listen, learn and improve the service user experience.

2. BACKGROUND / INTRODUCTION

Listening to the experience of service users, carers and their families is a fundamental part of organisational learning and improvement. Services need to be driven by service users and the public.

Presently service user feedback is reported through a number of different sources, which are outlined in the Health Board's patient experience draft plan. Some of the methods to capture the feedback are sporadic and sensitive to the Patient Advocacy Liaison Service (PALS) capacity to capture and report the feedback.

The publication by Welsh Government of the Royal College of Obstetricians and Gynaecologists (RCOG) report in to CTMUHB maternity services (2019), reported a lack of listening to women's experiences and acting upon the concerns raised. This resulted in missed opportunities for learning from the reported poor maternity care experiences and a lack of opportunity for improvement within that service.

The Welsh Government's Framework for Assuring Service User Experience, requires Health Board's in Wales to provide easy and multiple methods for service users to feed back about the care and services, including primary care services received. There are multiple methods and systems of obtaining service user feedback and a coordinated systematic approach is required which is fully resourced to work within the aforementioned framework.

3. ASSESSMENT / GOVERNANCE AND RISK ISSUES

Presently the methods of capturing service user feedback is outlined below:

Real-time patient feedback: (Maternity & Mental Health services)

Since April 2019, women in maternity in the Prince Charles site have the opportunity to take part in a survey each week by a member of the PALS team and a total of 168 women have provided feedback between 2 April to 25 June 2019. From 8 July, the surveys have increased to twice a week.

Real Time surveys are also undertaken in acute mental health services on a weekly basis. There is no trend with the majority of feedback being positive. All feedback is reported to the Directorate and within the Directorate patient experience reports.

Digital Patient Stories: These are developed in partnership between the Patient Experience Manager and the Communications Manager. Developing patient stories is challenging due to the limited resources, software and staff training needs. Since July 2018, 7 digital stories have been developed. In the former ABMU Health Board, a dedicated trained individual was responsible for this work and this individual is now based in the Swansea Bay Health Board.

Satisfaction surveys: Survey monkey is currently used for the development and analysis of all surveys. This ensures a consistent and co-ordinated approach across the organisation. There are currently 188 directorate/ speciality specific surveys in place including primary care.

Health & Care Standards Patient Questionnaire: These are all Wales agreed in-patient surveys completed monthly by ward staff.

Have your Say: These feedback cards are available in all Outpatients departments and main receptions areas.

Care to Share Clinics: This was implemented in 2018 across all ward areas in both acute and community hospital sites. The clinics provide an opportunity for service users and relatives to give real time feedback and discuss and resolve any issues identified at that time.

Social Media: Facebook is monitored daily by PALS and all compliments are logged onto Datix and shared with Directorates at the time. This also provides an opportunity of alerting wards/departments to real time feedback enabling 'on the spot' resolutions to any issues identified.

Thank you Letters & Compliment Cards: These are logged on to Datix and feedback is given to named staff and their managers. Some compliments are displayed onto the internal television screens to share the positive feedback with staff and the public.

Other available methods of capturing Service User Feedback

There are a number of other methods used to capture service user feedback which is used within directorates and primary care, e.g. within mental health, there are specific service questionnaires and user representatives in the Care Treatment Plan Monitoring Group. In primary care suggestion boxes are available in some surgeries.

There are a number of commercial companies who offer various systems to capture service user experience, those used in NHS Wales include:

The Friends and Family test. This was used in the Princess of Wales Hospital as well as the community hospitals and mental health services in Bridgend up until the boundary change on the 1 April, 2019. This is used widely in NHS England and is also used in Swansea Bay University Health Board. There are well publicised benefits and some negatives to this system. (Please see enclosed article detailing some of these).

However if the Friends and Family Test is used with other methods of obtaining service user feedback, this will provide a quantitative measure for feedback right across the organisation.

<https://www.bmj.com/content/360/bmj.k367/rapid-responses>.

The “I Want Great Care” system: This is used across NHS England and also in Betsi Cadwaladr University Health Board. Again this is mainly a mechanism for quantitative rather than qualitative feedback.

Public Engagement: Presently, public forums take place on a quarterly basis across the four locality areas to engage with the public on service change/redesign and also provide an opportunity for the public to feedback on their health care experiences. There are a number of service based user groups, however some may need further development and strengthening to provide assurance that they are service user led and are fully supported by the Health Board to discharge their functions.

3.1 Reporting

There are some areas with high levels of service user feedback, however overall the volume of service user feedback is proportionately low. Where there is a high volume of feedback, e.g. the Health and Care monitoring system and individual directorate/speciality surveys, then sometimes there is limited qualitative data to outline the service user’s experience.

All information entered on to the Datix system in relation to service user feedback is used to inform the quarterly directorate patient experience reports, the Concerns and Patient Experience reports and the Quality report to Quality, Safety & Risk Committee and to Board.

3.2 External Bodies

In July 2019, the Royal College of Obstetricians and Gynaecologists (RCOG) Women’s experience lead outlined some further developments for consideration to improve the capture of service user experience and includes some considerations for public engagement.

The report identified that there were many examples of good practice in engagement and patient experience within the health board that provide a sound base on which to build even more wide ranging qualitative engagement. The report makes reference to the ‘Real Time’ feedback and suggests this could be enhanced further with qualitative more in-depth interviews by staff with women and families as they were discharged from maternity care. The report also suggests enhancing the patient stories using video techniques and building a communication toolkit for the training and awareness of staff.

3.3 Next steps

A range of mechanisms needs to be in place to actively seek feedback from service users, their families and carers. Being able to measure service user satisfaction and capture the experience of care received must be a priority for the organisation. This is essential to ensure services meet standards and to drive improvements where needed.

The patient experience sub group of the Quality, Safety and Risk Committee should consider the draft patient experience plan and the variety of methods available to capture service user feedback and appraise the different methods with costings and implications as part of a revised Patient Experience Plan. The wider service needs to be considered including primary care. Staff experience needs to be triangulated with service user feedback and partnership working with independent bodies to maximise the scope and reach of capturing service user feedback.

4. **RECOMMENDATION**

Members of the Board are asked to:

- **NOTE** and **DISCUSS** the options for a local framework for Assuring Service User Experience in CTMUHB.