



University Health Board Report

PATIENT EXPERIENCE REPORT

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

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Purpose of the Health Board Report

This report provides the Board with a summary of the current patient experience activity undertaken within Cwm Taf Morgannwg University Health Board (CTMUHB) for Quarter 4, January to March 2019, applying the All Wales Framework for Assuring Service User Experience.

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 service 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

The report focuses mainly on providing governance and assurance.

Supporting evidence

Framework for Assuring Service User Experience, (2016) Welsh Government

Patient Experience Feedback across the UK, (2017) Northumbria NHS Trust

NHS Wales Health and Care Standards, (2015) Welsh Government

	Listening & learning to improve the experience of care (2015) Welsh Government						
	The Parliamentary Review of Health and Social care in Wales (2018) Welsh Government						
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.							
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.					
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 The 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 patient experience activity undertaken during Quarter 4. Cwm Taf Morgannwg University Health Board has a range of systems and processes in place to capture the experience of people using the services provided by the Health Board and ensure these influence planning and service delivery models going forward.

2. BACKGROUND / INTRODUCTION

The Health Board's Patient Experience Strategy sets out the commitment to ensure that patients views are heard and acted upon to further improve the quality of care provided and is based on a Framework for Assuring Service User Experience (Welsh Government December 2015). Whilst findings resulting from in-patient experience surveys are noted in **Appendix 1**, there are a number of ways in which patient experience is garnered across the range of services provided by the Health board, some of which are identified below:

- the Health and Care standards monitoring system patient surveys. The results are shared with board and are also used as part of the intelligence gathering process before a partnership dignity visit. Directorates are also developing Senior Nurse Spot Checks, which will include gathering patient feedback. This will provide additional assurance of the patient experience through peer review and further support clinical areas to respond early to issues identified.
- Patients using primary care services via managed clinical practices can share their experiences via an annual questionnaire, participation within patient participation groups, use of suggestion boxes.
- The CHC undertake unannounced visits on a rolling programme across primary and secondary care services. The visits focus on monitoring the quality of general medical services and the environment. A patient survey is completed prior to the team visiting to establish the level of patient satisfaction. The resulting report will make recommendations for improvement based on the visit and patient survey. Quarterly reports summarising the visits undertaken are collated and shared at the Quality Safety & Risk Committee.
- Child & Adolescent Mental Health Services (CAMHS) developed some bespoke mechanisms to gather service user experience feedback including 'have your say' suggestion boxes, contribution to staff interviews and parent/carer focus groups, from which, feedback is displayed in the unit and shared at the directorate clinical governance meetings.

- In relation to community experience, scheduled visits to nursing homes are advertised and dates made available to families. Families are invited to attend and take part in the reviews which provides opportunity for families to feedback

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

In line with the 2018/19 Internal Audit Plan for Cwm Taf University Health Board (the 'Health Board') in February 2019, a review of the processes around the arrangements for gathering patient experience information was carried out. The key focus of the review was to consider if data is being routinely collected and used appropriately and effectively to inform service improvement in accordance with the objectives of the Health Board.

The audit report was published in May 2019. The overall level of assurance was **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention with **low to moderate** impact on residual risk exposure until resolved. The required actions include:

- Consideration of undertaking Real Time surveys in all areas of the Health Board, developing a standard questionnaire that can be used in various settings across the Health Board and therefore allow data to be analysed on a wider scale.
- A refresh of the patient experience plan to include the boundary changes, also allocating responsible officers and timescales for completion.

The Real Time Patient Experience survey work was presented to Board in March 2019 where, in recognition of the value of contemporaneous patient feedback, support was given to further develop this approach, which is currently being progressed. Additional staffing resource will mean an increase in coverage of the Real Time patient surveys which will enable real time patient experience feedback to be captured in each ward area. Evaluations will be undertaken alongside the development and the outcomes reported to Board. This will assist in the longer term identification of the way in which the Board wishes to approach patient feedback.

In the interim, Real Time patient surveys have been diverted to further support the capture of patient experience in maternity and mental health services, however, this means that there is far less opportunity to capture views in medical and surgical settings. The additional resource will help in ensuring more of the Health Board's patients can influence improvements in care by sharing their experiences.

In terms of sharing findings, survey results are shared with the management triumvirate of Heads of Nursing, Directorate Managers and Clinical Directors.

The reports will be shared with the Maternity Services Liaison Committee and Mental Health Advocacy services, ensuring the patient experience is shared with the independent advocacy groups to inform individual, team and service wide learning and improvement.

Prior to 1 April 2019, the former Abertawe Bro Morgannwg University Health Board used the Friends and Family Test as a method of obtaining patient experience feedback. The Friends and Family Test is a commercial system introduced into the English NHS in 2013. It is a single question quantitative survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. Whilst the system is valued by colleagues with experience of using it, following the boundary change, this method ceased to be available. Further discussion is required to establish a suite of approaches aimed at enabling optimum capture of patient experience to help inform the future strategy of the Health Board, a forum is required to facilitate this work, which will be considered as a potential focus for the newly established patient experience sub group of the Quality Safety & Risk Committee.

4. RECOMMENDATION

Members of the Board are asked to:

- **NOTE** the contents of this report.

Freedom of Information Status	Open
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Appendix 1: PALS activity quarter 4

SAFE CARE: PEOPLE OF WALES ARE PROTECTED FROM HARM & PROTECT THEMSELVES FROM KNOWN HARM

INDICATOR Top 3 PALS Enquiries Received

Total PALS Received: **338**

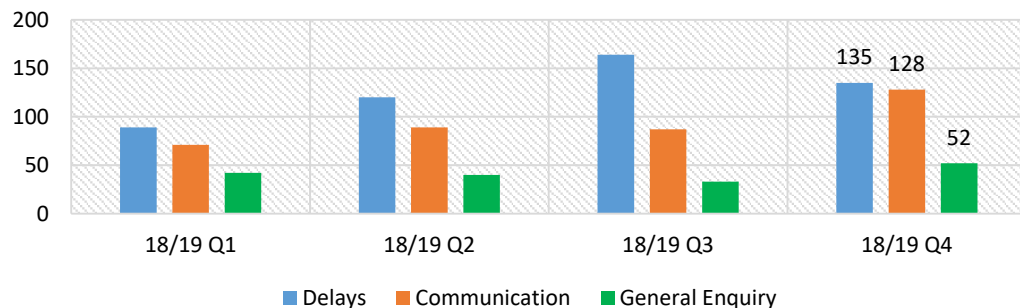
Period: Quarter 4

Current Trend

Executive Lead Director: Executive Director of Nursing, Midwifery & Patient Care & Safety

How are we doing?

Type of Informal Complaints

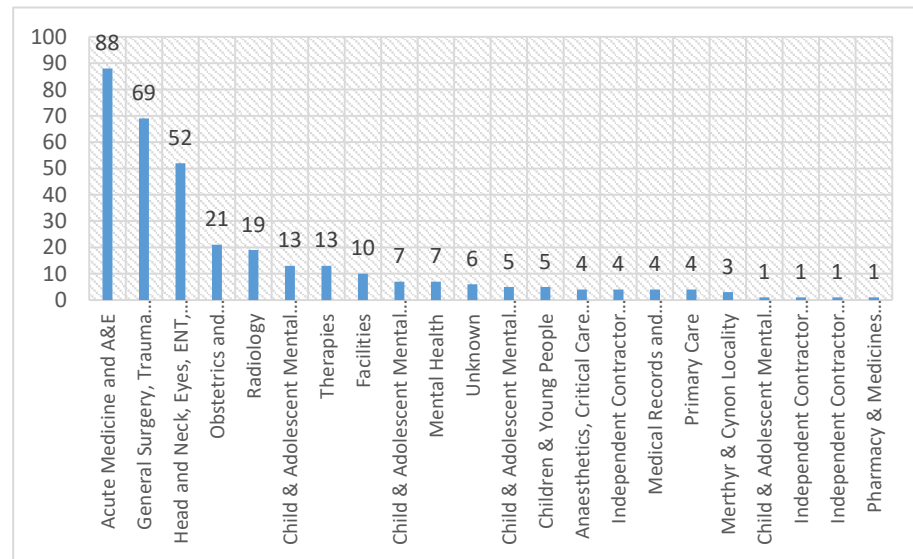


Top 3 Types of Complaints for Quarter 4

	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Delays	89	120	164	135
Communication	71	89	87	128
General Enquiry	42	40	33	52

As well as the top 3 types of complaints, other concerns raised relate to admissions, equipment and medical records.

Directorates



What actions are we taking?

Delays with appointments: The directorates are notified directly to enable immediate remedial action.

Communication: Feedback is shared with individuals, teams and manager to enable practice change as well as identification of trends and themes. Duty of Candour training is provided by Legal and Risk services and is also part of the general concerns and patient experience training programme.

General Enquiries: Including advice on how to obtain copies of medical notes, meetings with staff and ad hoc enquiries.

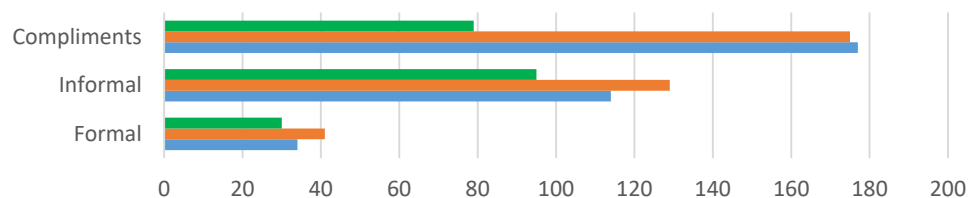
Training: A strategy is in place to continue delivery of complaints management training to front line staff, encouraging management at source for early resolution. All informal concerns are logged on to Datix to monitor trends and themes. Quarterly reports are produced for the directorates to highlight trends and themes, enabling them to use their patient experience feedback to inform their IMTPs.

INDICATOR **Complaints and compliments reported through PALS**

Period: Quarter 4

Executive Lead Director: Executive Director of Nursing, Midwifery & Patient Care & Safety

Current Trend



	Formal	Informal	Compliments
Mar - 2019	30	95	79
Feb - 2019	41	129	175
Jan - 2019	34	114	177

Areas of concern

Acute medicine and A/E due to volume and acuity of patients

Maternity due to the RCOG report and subsequent publicity

Pathology, ophthalmology and dermatology. There have been delays in incident reporting and or delays in investigation and learning and improvement. Many patients seen as out patients, need a mechanism to gather patient experience feedback in areas of high patient turnover in out patient settings.

The Real Time maternity survey

What actions are we taking?

Surveys are undertaken weekly by the PALS team and the results fed back via a report to the ward within a few hours of gathering the feedback. The directorate is required to undertake immediate remedial action and report using the You Said- We Did format. The Real Time Maternity Survey commenced in March 2019 initial findings show:

- A woman felt that not enough information was provided regarding induction, not aware that her partner would need to leave during the night. Midwife explained the reason behind this and patient felt she was very helpful.
- Another woman reported - Very friendly staff, patient felt comfortable to ask any questions, midwives very helpful.
- Other feedback included- Received brilliant care however, buzzer was not working last night - need to check if this is working.

The directorate management team are notified immediately of any concerns raised via the PALS service. The action they take is recorded on the Datix risk management system for monitoring, ensuring the concerns are acted upon and any required action is taken.

All compliments are passed to the directorate to share with their teams and they are logged on to Datix for reporting trends and themes.

What are the areas of risk?

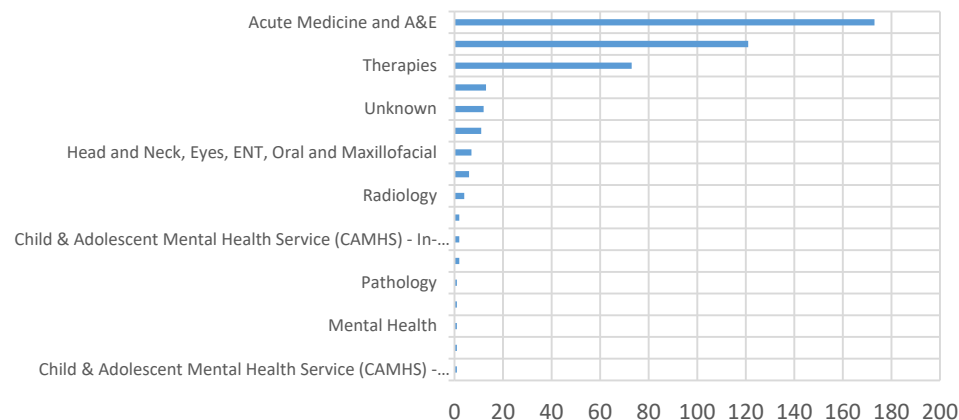
Sustainability and capacity of organisational wide real time surveys
Directorates managing their patient feedback and using this to inform learning and improvement.

Source: Qlik

INDICATOR **Compliments**Total Compliments Received: **431**Period: **Quarter 4**

Executive Lead Director: Executive Director of Nursing, Midwifery & Patient Care & Safety

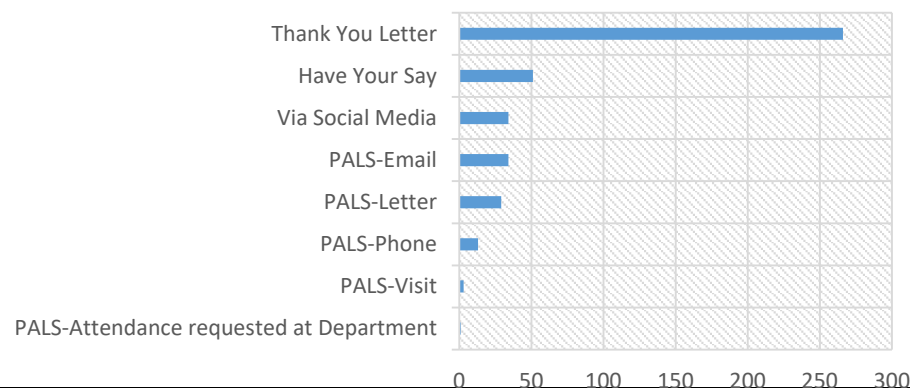
Method of Compliments Received

**Thank You letters**

Example: "My family and I would like to thank you all for the excellent level of care and support that you gave, not only to our relative, but also to us as a family. Your considerate actions and words provided great comfort during a difficult time. Your level of professionalism was dwarfed by your compassion. Thank you all very, very much".

"Have Your Say"

Example: My mother has been assessed by the @Home Service team. I am extremely happy with input, communication within the team exceptional. Service we had was wonderful, cannot thank the whole team enough.

**Social Media = 34**

Example: "I would like to thank each and every person who cared for me recently as I underwent knee replacement surgery in PCH. The Reception staff gave me a great welcome. Mr Karras and the Orthopaedic team that day. Recovery staff too. Ward 3 team from domestics through to Sister/Staff in charge were exceptional! Totally dedicated, utterly professional, handling each situation as it arose with dignity, respect, and empathy. I must truly thank them from the bottom of my heart."

PALS

Example: PALS called to the ward as concerns raised in relation to a patient's discharge home. The PALS officer met with the ward Sister who arranged for the cardiology team to review the notes with a plan for sending patient home with a fast track to palliative care. The ward Sister supported to manage the concerns at source.

How do we compare with our peers?

What are the areas of risk?

Not available

Delays with appointments with various speciality areas
Poor communication

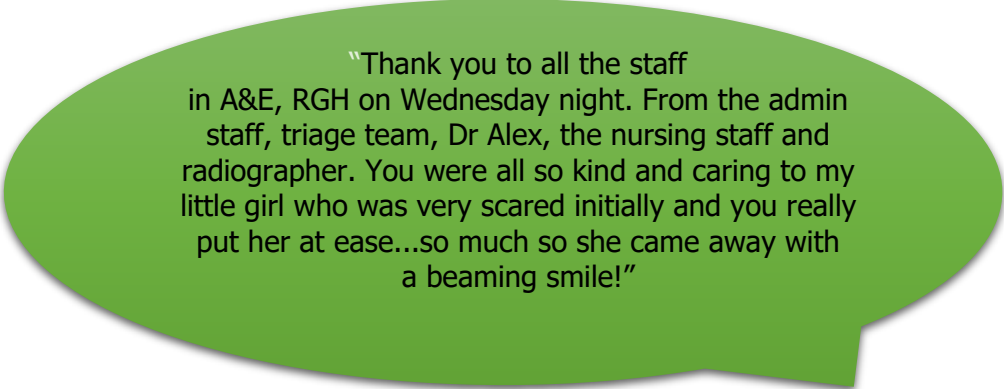
Source: Qlik

INDICATOR **WORD CLOUD**

Total Compliments Received: 431	Executive Lead Director: Executive Director of Nursing, Midwifery & Patient Care & Safety
Period: Quarter 4	
Current Trend	Compliments



"To all medical, nursing care staff on ward 10. We wanted to thank you for being so kind and supportive while our relative was in your care. You helped her to keep her dignity and gave the best nursing care while she went through such a difficult time in her life and ours. Even through her final few hours of life she was treated with respect and kindness. We couldn't have asked for more. Very grateful to you all."

<p>PALS – Letters/Cards, Email, Social Media & Have Your Say Cards</p>  <p>“Thank you to all the staff in A&E, RGH on Wednesday night. From the admin staff, triage team, Dr Alex, the nursing staff and radiographer. You were all so kind and caring to my little girl who was very scared initially and you really put her at ease...so much so she came away with a beaming smile!”</p>	<p>“The patient story relates to a gentleman with mental health issues and his journey through primary and secondary care. The film tells the story of his battle with stress, anxiety and depression and in particular his positive experience of mental health recovery programmes and self-management health and well-being courses run by Education Programmes for Patients (EPP)”</p> <p>Click here to view Youtube Video via Google Chrome. https://www.youtube.com/watch?v=3-mS600mI3o&feature=youtu.be</p>
<p>How do we compare with our peers?</p>	<p>What are the areas of risk?</p>
	<p>Challenges of reporting positive feedback to staff in a timely way and sharing this with the public</p>
<p>Source: Qlik</p>	

INDICATOR **Health Care Monitoring System Patient Surveys completed during 01/01/2019: 31/03/2019**

Total Compliments Received: **Patient Surveys Completed Per month**

Period: 01/01/2019:31/03/2019

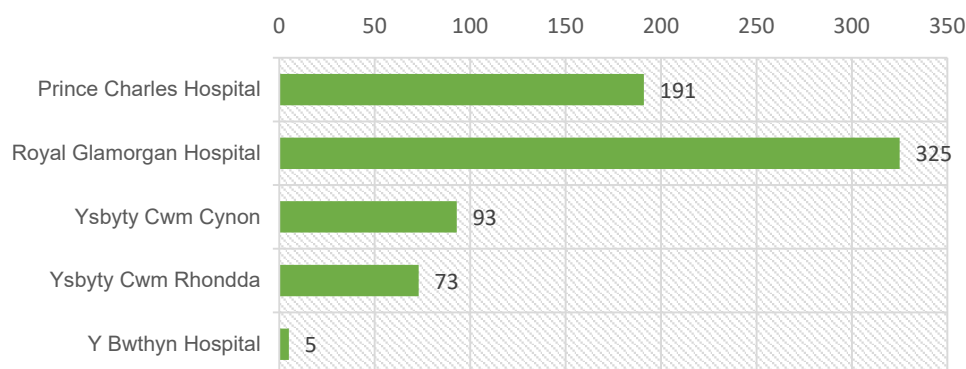
Target:

Executive Lead Director: Executive Director of Nursing, Midwifery & Patient Care & Safety

Patient Surveys Sample Size

Patients who scored 9-10 for Overall Experience

Patient surveys sample size, by site (Qtr 4)



Rate your overall experience
1 is bad and 10 is good (Qtr4)



Pertinent Information

- Nurse staffing levels identified as an issue during quarter 4 at PCH and RGH. "Care good/staffing not".
 - A number of comments related to communication issues.
 - Majority of feedback was complimentary about nursing staff and the care received including: "Ward 31 PCH staff very polite and always ready to help".
- "True vocational care given by ward 7 staff PCH, nothing was too much trouble".

- Programme of recruitment under development as part of the Nurse Staffing Act compliance and Nursing Workforce Group activities.
- All Wales Digitisation of Nursing Documentation (AWDND) programme of work has been established and preparation for a digital documentation pilot go live in September 2019 at YCC. This will include the introduction of All Wales agreed nursing documentation and associated training that it's hoped will improve communication.
- A new All Wales suite of Pain Management tools will be rolled out commencing in July 2019 as part of the AWDND programme of work using recognised best practice pain scoring tools.

Percentage Overall Satisfaction with Care Received per Month

90.3%

What are the areas of risk?

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

Source: H&SC Audit Tool