



AGENDA ITEM

3.2.13

QUALITY & SAFETY COMMITTEE

**COMMUNITY HEALTH COUNCIL
NATIONAL SURVEYS AND QUALITY MONITORING REVIEWS**

Date of meeting	19/07/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Sharon O'Brien, Assistant Director Nursing & People's Experience
Presented by	Greg Dix, Executive Director of Nursing & Midwifery
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

CHC	Community Health Council
ILGs	Integrated Locality Groups

1. SITUATION/BACKGROUND

- 1.1 During March 2020, the work of the CHC was transferred from the Planning & Partnership team to the Patient Care & Safety team under the portfolio of the Assistant Director of Nursing & Peoples' Experience. During the transfer period COVID 19 pandemic took hold

therefore the CHC were no longer able to undertake their face to face on-site quality monitoring reviews.

In light of this situation there was a National CHC online survey developed which would allow for all service users to provide their feedback with regards to any contact with the services of all health boards across Wales. On a weekly basis the CHC collated the anonymised patient experience feedback reports received for Cwm Taf Morgannwg UHB from the National survey and provided a weekly report to the health board via the Executive Nurse Director. Following receipt of the feedback reports, the health board was required to provide a full and formal response within 7 working days back to the CHC in order to provide assurance of the care delivered during such times of COVID19. This process continued on a weekly basis until mid/late 2021 when a meeting took place between the CHC and key members of the health board to discuss further refining the feedback process. At this meeting, the health board agreed the proposal put forward by the CHC whereby the CHC would only provide the health board with the patient experience feedback reports on a monthly basis for information unless indicated by the CHC otherwise, with the response timeframe increased to 20 working days. These updates will continue to be received through the Executive Nurse Director's office.

- 1.2 This report provides a summary of the findings of the Community Health Council (CHC) National patient experience feedback reports together with a summary of the National CHC reports received as well as a summary of the recently recommenced virtual and/or physical onsite quality monitoring visits. The timeframe this report relates to is April 2021 to June 2022 (inclusive).
- 1.3 The purpose of the CHC quality-monitoring visits is to ensure that the patient views on aspects of the quality of services is both heard and actioned accordingly within the health board leading to an improved care of service delivery. During the visit, whether virtual or physically onsite and in person, evidence is gathered via observations and interviews with patients, relatives, carers and staff to identify how the hospital, ward / area or site is addressing the following (not exhaustive):
 - Staffing
 - Environment
 - Dignity and respect
 - Care and treatment of patients
 - Confidentiality and privacy
 - Communication
 - Security

- 1.4 Any concerns identified which the CHC deem require immediate attention are immediately highlighted to the nurse in charge at the earliest opportunity during the visit to ensure remedial action is taken and by email to the Executive Nurse Director for a formal response to be coordinated.

A formal draft report evidencing all the CHC findings is then submitted to the Executive Nurse Director of the Health Board for review of the findings together with an opportunity to comment on the factual accuracy of the report prior to the report being finalised. A formal health board response to the findings is also requested at this time.

- 1.5 The health board is required to respond to the findings and recommendations reported within the CHC reports and the patient experience feedback reports received through the National survey within 20 working days of receipt. Where the 20 working days target is not met, updated correspondence is shared with the CHC.

The CHC reports are disseminated by the Business Manager Quality & Safety on behalf of the Executive Nurse Director to the ILG Nurse Directors with a request for the formal response to the findings and recommendations relevant to each ILG is to be received within the 20 working day timeframe. The Assistant Director of Nursing and Peoples' Experience is copied into all correspondence and receives the final collated response(s) for review and approval ahead of the health board formal response being sent to the CHC.

- 1.6 For each of the findings and recommendations, the ILG respond by providing assurance that improvement steps have been or will be put in place to address the matter/patient experience feedback concerned (including developing an action plan which will include timescales where appropriate) or provide evidence that the concern highlighted was unfounded, including the rationale for this outcome.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Between April 2021 and October 2021, the CHC provided the health board with the weekly patient experience feedback reports, which were received anonymously through the CHC National reporting survey. A new process was agreed from October 2021 whereby the CHC will provide the health board with monthly patient experience feedback reports and highlight any specific concerns, which require a formal health board response. As well as these monthly reports, the CHC have introduced the publication of monthly newsletters which provide information on what the public have told the CHC about our NHS services which members of our population have received during

the pandemic and ongoing. To date seven monthly newsletters have been produced by the CHC and whilst there was an initial issue with the health board receiving these newsletters, these have since been received and are available on request from the health board as well as on the CHC website which can be accessed by: [Home - Cwm Taf Morgannwg Community Health Council \(nhs.wales\)](https://www.nhs.uk/healthboards/cwm-taf-morgannwg-community-health-council) the same will be shared across the organisation via the Shared Listening and Learning forum and other avenues.

In June 2022, the health board were pleased to inform the CHC that we would be very happy for the CHC to recommence their face-to-face/physical visits across our sites with our Infection, Prevention and Control team confirming that they are happy for the CHC to recommence the distribution of leaflets etc.

The following listed themes is not exhaustive however, provides the Quality and Safety Committee members with an overview and summary of some of the areas and themes identified from the weekly patient experience feedback from the areas listed below across CTMUHB:

- Primary Care/Community
 - GP practice
 - GP practices delivering COVID vaccinations
 - Pharmacy services
 - Dental services
 - District Nursing
 - Community pharmacies
- Mental Health services
- Maternity services
- A&E
- Paediatrics
- Vaccination Centers
- Diabetic eye screening
- Non-Emergency transport

Positive feedback received:

- Good experience although nervous-taken good care of by staff
- Fantastic service and experience at vaccination centre
- Well organised and amazing team
- Positive experience of E-consult, keep as good system going forward, to promote at all surgeries and place in prominent position on surgery website
- Wonderful staff and always willing to help and answer any questions
- Cannot praise staff enough, every department looked after me well
- Staff & Service Brilliant, Consultant explained everything
- Receptionist friendly, caring and very helpful



- Excellent service received
- GPs have been very efficient in providing their services to the Community
- Challenges faced by Community Pharmacy staff (positive & negative)
- Staff in A&E reception patient, polite, very apologetic due to the long waits and calm when assessing emergency cases, brilliantly controlled and professional
- Previously unaware of Non-Emergency transport, once known all drivers were cheerful, positive and extremely helpful

Not so positive feedback received:

- Change in process to receive specialist prescription
- Access to GPs not good
- Attitude of GPs
- Attitude of reception staff
- Need more admin staff and GPs
- GP services to be improved
- Long waiting time to be seen in A&E
- Lack of communication when waiting times are long in A&E
- Postponed and/or cancelled appointments
- Waiting lists are long and no indication of when an appointment maybe received
- Cannot get a Face to Face GP appointment
- Time taken to receive a response through E-Consult
- Cannot get past telephone, length of time to answer telephone calls, once answered no appointments available
- Diagnosis over phone/online not good
- Visiting, not allowed with partner, family member at a time of need
- GP sending patients to A&E so they do not have to see patients
- Poor care during birth and post-natal care
- Sending pictures to GPs does not allow for proper diagnosis
- Increase size of surgeries
- Change to appointment, text sent, patient not good at reading, no other communication received i.e. telephone call received
- Change to process needs to be communicated with patients
- Patients in Wales deprived the ability to arrange prescriptions via the postal service
- Keep services running as all hospital services stopped
- Staff in public areas wearing scrubs
- Unacceptable wait time and care, issue with telephone system, music on for long periods of time then getting cut off
- Urgent suspected cancer referrals to be fast tracked
- Process for receiving repeat prescriptions during the pandemic should remain as they were quick, now the waits are a week or more
- Speed of vaccination roll out especially to the younger people
- Lack of facilities to look after babies at 26 weeks
- Allow pre-booking of GP appointments



- Lack of food and drinks in A&E
- Provide more staff in A&E however, recognise money as an issue (Staff in A&E so professional)
- Inadequate seating in A&E
- Lack of privacy, dignity and confidentiality in ED at PCH and RGH
- Inadequate welfare checks during long waiting times/lack of contact with vulnerable patients during long waiting times
- Pain relief not always given in a timely manner during long A&E waiting times
- Poor pathways for patients in relation to maternity/gynae services with transfer from RGH to PCH and early pregnancy loss.
- Concerns with regards to cleanliness inside and in the hospital grounds
- Security & Safety hazards
- State of repair to buildings
- Lack of adherence to no smoking policy
- Inadequate Wi-Fi
- Concerns of patients waiting in cars prior to being called into appointments

In addition to the weekly/monthly patient experience reports, the following CHC enquiries were received and responded to in partnership with working with our colleagues in the planning & partnership team:

- Ear Wax removal
- Hospital Food
- Sexual health services
- Visiting guidance
- Mental Health Matters
- Signage for COVID Testing Centres

We have also received from the CHC the following National reports and patient surveys/questionnaires which have all been responded to on a health board wide basis:

- Inquiry into the impact of the waiting times backlog on people in Wales
- Tirion Birthing Centre-Patient/Service User Experience questionnaire
- Telephones, Tablets and Technology
- NHS eye care services in Wales: What improvements have health boards made?' Updates with regards to the progress made, following the implementation of the 'new ways of working' and advise what impact the measures introduced have had for patients accessing the services? Report first published January 2020 and a request for updates received July 2021

- GP e-Consult service The patients’/carers’ experience
- Emergency care patient experience survey regarding maternity (& postnatal) care and treatment
- Sexual and Reproductive Health Services-The Patient and Service Users Experience-October 2021-
- A patient/relative’s experience report of Emergency Departments-In addition, NHS services which provide urgent care and advice, within the Cwm Taf Morgannwg University Health Board region
- A virtual CHC monitoring visit was undertaken to Ward C3, Ysbyty Cwm Rhondda (YCR), Llwynypia - in March 2022 focusing on the Inpatient’s experience

2.2 In recent months we have fallen short of the requirement to respond to patient experience feedback within 20 working days however, where delays have been experienced, these were generally due to competing demands, as well as the central team and ILG’s dealing with the increased demands on their service.

The plan to achieve 100% compliance with the 20 working day timescale, includes planned changes to the management of the CHC process which will enable an increase in compliance moving forward.

A revised and updated procedure and principles document to support the CHC proposed visits has been developed by the Assistant Director Nursing & Peoples’ Experience and is available as Appendix 1.

2.3 All patient experience reports received have been responded to and the CHC have published their reports on their website.

2.4 It is important to note the positive feedback which is highlighted in the patient experience feedback reports and the monitoring reports together with areas for commendation.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 For this period of reporting positive feedback has been noted and formal responses have been made to all patient experience reports/visit reports raised. We are in the process of providing progress updates to previously provided reports as requested by the CHC where there were some actions which had not been fully completed.



3.2 As we are seeing the number of COVID 19 related cases rising across our hospital sites and within our community, the CHC physical site monitoring visits will be kept under review in line with our Infection Prevention and Control direction and National guidance.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Individual Care If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Choose an item. If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Quality & Safety Committee members are asked to **note** the contents of this report.

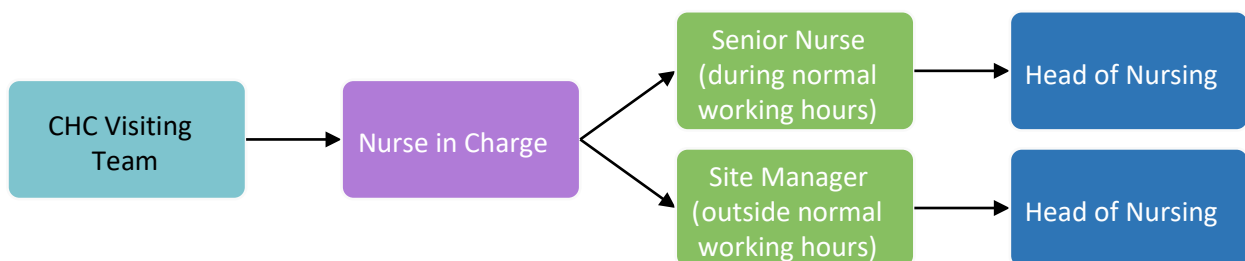
Appendix 1:

CTM/CHC updated Procedure and Principles to support a CHC visit:

CWM TAF MORGANNWG COMMUNITY HEALTH COUNCIL UNANNOUNCED VISITS PROCEDURE ON ARRIVAL

The following diagram illustrates the lines of communication to adopt when the Community Health Council arrive on Cwm Taf Morgannwg premises to undertake a quality monitoring visit. The respective roles identified within diagram 1 are described below.

Diagram 1



Community Health Council (CHC) role

To ensure compliance with CTM UHB Infection Prevention & Control (IP&C) Procedures, CHC members:

- Will not visit if they have any COVID symptoms/ known COVID positive/ contact of a confirmed case.
- Will not visit if they have any respiratory infection symptoms.
- Will wear a surgical face mask (provided at hospital entrances) on entry to the hospital and during visit. We are encouraging all visitors to however we note this is advisory only and not a legislative requirement.
- Apply hand sanitiser on entrance to the ward and encourage hand washing/ use of hand sanitiser within the 5 moments.
- Ask to speak to Nurse in Charge of the ward/ department prior to entering bays or side rooms to ensure the CHC member is provided with the information they require before entry.
- Show ID to the nurse in charge.
- Outline the purpose of the visit.



If the visit is made:

- **DURING** normal working hours (weekdays 8 am to 5 pm), ask the nurse in charge to inform the senior nurse of their visit.
- **OUTSIDE** normal working hours (weekdays 5 pm to 8 am and weekends), ask the nurse in charge to inform the site manager of their visit.

Commence monitoring visit.

Nurse in charge role

- Check the CHC visiting team's ID.
- Ensure members are complying with IP&C procedures (as outlined above)

If the visit is made:

- **DURING** normal working hours (weekdays 8 am to 5 pm):
 - Notify the senior nurse of their arrival and confirm that ID has been checked.
 - Ask the senior nurse to inform the Head of Nursing.
- **OUTSIDE** normal working hours (weekdays 5 pm to 8 am and weekends):
 - Notify the site manager of their arrival and confirm that ID has been checked.
 - Ask the site manager to inform the Head of Nursing

Senior Nurse role (DURING normal working hours (weekdays 8 am to 5 pm))

- Notify the Head of nursing of their arrival, identifying the Ward being visited.
- Confirm that ID has been checked by the nurse in charge.
- Discuss and agree with the Head of Nursing who should attend the clinical area during the visit, i.e. either the senior nurse and/or Head of Nursing.
- If senior nurse required to attend the clinical area, ensure CHC colleagues have everything they require and offer to meet them for feedback later.

Site Manager role (OUTSIDE normal working hours (weekdays 5 pm to 8 am and weekends))

- Notify the Head of Nursing of their arrival, identifying the Ward being visited.
- Confirm that ID has been checked by the nurse in charge.

Head of Nursing role

If visit is made:

- **DURING** working hours, agree with the senior nurse who should attend the clinical area during the visit, i.e. either the senior nurse or Head of Nursing.
- **OUTSIDE** working hours, attend the clinical area.



□ If Head of Nursing is required to attend the clinical area, ensure CHC colleagues have everything they require and offer to meet them for feedback later.

Post Visit feedback

- The CHC responsible lead will provide formal feedback to the Health Board in a written report via the Executive Nurse Director's office.
- The Executive Nurse Director's office will ensure that the report is received by the responsible clinical care group and a formal response provided back to the CHC.