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University Health Board

IMPROVING COMMUNICATION - Responding to themes identified by Listening & Learning Sub-Committee



Introduction

In March 2023, the Listening and Learning Sub-Committee reviewed the area of communication and reported themes to the Quality, Safety and Experience Committee in April 2023. This report outlines the actions being taken corporately to address the main reported themes. Local action plans exist in response to individual areas of concern; however this report outlines the Health Board wide initiatives designed to enhance and improve upon the communication challenges and improve patient experience. Many of the Enabling Equality Improvement in Practice (EQIIP) service improvement initiatives also have a communication focus in the design of system changes and new pathways; other improvement initiatives such as the revised Discharge process; Care After Death process; the important work undertaken by the Communication Hub and Waiting List Support Services, will all bring improvements to this area. Further updates on specific areas of improvement will take place throughout the year.

Reliance on the numbers and monitoring trends based on the quantitative data alone is problematic. The communication related issues are much more prevalent than the numbers suggest. Within each concern there is generally a component or contributory factor related to communication, which may not have been recorded within the Datix system. Themes and issues are difficult to discern from the high level of information recorded on the database. A solution is required to look at how we analyse the vast amount of qualitative data that exists across concerns and patient experience. Currently there is no identified 'hot spot' area which would indicate that there is one area/location/service that stands out in relation to communication. We can say that generally there is a higher volume of communication related complaints in the Emergency Setting (11% of communication concerns); outpatient settings; and waiting times; however this correlates with a higher number of concerns generally and higher levels of activity.

Communication concerns fall into the following categories:

- *Theme 1 Attitude and Behaviour* - Lack of Explanation, Ambiguous Language or Information, Contradictory Information
- making irrelevant, or unhelpful comments, creating unnecessary concern and anxiety; Dismissive attitude, resulting in the patient and family not being listened to.
- *Theme 2 Patient Communications* - Accessible communication; timing of the communication, often too late, particularly in the area of imparting difficult /complex news or receiving diagnostic tests results; lack of information to patient or family about the condition of a patient, leaving family members unprepared. Receiving Information about their own care, like waiting times.
- not being able to access staff or services by telephone or through switchboard, telephones not being answered; communication around appointments, including non- receipt of appointment letters; lack of accessible communication methods.
- *Theme 3 - Communication between Teams*, multi disciplinary working; conveying of test results; communication during handover or on discharge

Theme 1- ATTITUDE AND BEHAVIOUR

▶ **Making a Difference Programme - Supporting Communication in the Workplace**

The programme has received 100% positive feedback from the attendees. There are variances in attendance according to profession and grading. An evaluation and update report was received by the People, Organisational Development and Culture Committee in October (PODCC). The People Development Team will continue to promote attendance, positively targeting staff groups with lower attendance.

▶ **Responding to Data and Trends**

The patient experience report will be continuously analysed by the People Development team and any trends linked with communication which can be enhanced by further training or refresher training will be built into service Training Needs Analysis. Regular meetings are established between the Patient Experience and People Development Teams to review the patient experience feedback to ensure that training and education can be targeted appropriately. This will then be fed into Strategic People Planning & Education Group to monitor and feed into future PODCC meetings. A focus will be how we measure impact of any development interventions.

▶ **Building a Culture of Compassion & Empathy**

The Patient Experience Team, in collaboration with the People Development Team, will be designing a series of 'on-line bite size' learning programmes on using empathy to support compassionate communication; that is accessible to all staff. These sessions could include various themes such as conveying difficult news; grief/bereavement; understanding and interpreting the reason for challenging behaviours of patients and families.

Compassionate communication is embedded within all leadership and development interventions, including compassionate leadership that drives cultural change as part of the Leadership Education Programme (LEAP); Making a Difference; and the Consultant Leadership Programme. All elements of the INFORM management programme embeds compassionate communication and this is prevalent on the Hywel Dda Manager programme due for release in January 2024. From the commencement of employment, compassionate communication is a key theme throughout the 6 month induction programme.

Theme 1- ATTITUDE AND BEHAVIOUR

The Patient Experience Team will focus on building a proposal to work on the area of empathy with all professional groups. For example, we might consider working with the Empathy Museum which offers a series of participatory art projects dedicated to helping us look at the world through other people's eyes.

The museum's 'A Mile in my Shoes Project' has a focus on storytelling and dialogue. The travelling museum explores how empathy can not only transform our personal relationships, but also help tackle global challenges such as prejudice, conflict and inequality.

Engaging in a unique opportunity such as this will also support a programme of training to support the launch of the Improving Service User Experience Charter.

"The biggest deficit that we have in our society and in the world right now is an empathy deficit. We are in great need of people being able to stand in somebody else's shoes and see the world through their eyes".

— BARACK OBAMA

Theme 2 - PATIENT COMMUNICATION - ACCESSIBLE COMMUNICATION

What we have heard from patients about their experiences

- Timely access to British Sign Language (BSL) interpreters is important for clinical consultations.
- Lack of awareness by staff about how to access and use interpretation services.
- Appointment systems don't support accessibility e.g. for patients who are deaf and patients who have a guide dog.
- Services don't always provide communication to family members/ carers in their preferred format e.g. an unpaid Carer who was deaf was refused the opportunity to have updates about the patient they care for via email.
- Lack of awareness about how to support patients with sensory loss.

Quality Improvement

- Using the Enabling Quality Improvement in Practice (EQIIP) to identify and embed quality improvements for patients:
 - ✓ Sensory Loss Friendly Self-Assessment Checklist (developed in 2021-22)
 - ✓ Developing a process that will enable the communication needs of people with sensory loss to be easily identified by clinical staff (this project is in progress)

Theme 2 - Accessible Communication (The All-Wales Standards for Accessible Communication and Information for People with Sensory Loss)

Key priorities and standards include:

- ▶ Needs Assessment (aligned to Population Needs Assessment)
- ▶ Raising staff awareness
- ▶ Ensuring all public information is accessible for people with sensory loss
- ▶ Putting in place accessible appointment systems
- ▶ Providing accessible communication models
- ▶ Implementation of the Accessible Information Standard (GP practices)

The Strategic Partnerships, Diversity & Inclusion Team -

- ✓ Facilitate the Sensory Loss Partnership Forum (an internal health board working group)
- ✓ Benchmark practice against the All-Wales standards and co-ordinate an Action Plan
- ✓ Support NHS Wales campaigns e.g. 'It Makes Sense'
- ✓ Co-ordinate awareness raising and training, i.e. accredited BSL Level 1 for frontline staff, Lunch & Learn awareness sessions, BSL Lunch Clubs
- ✓ Providing advice and resources e.g. interpretation cards
- ✓ Supporting and advising on Equality Impact Assessment

Theme 2 - Patient Communications - letters!

1.2 million letters are sent to patients per year from Hywel Dda University Health Board. No choice is provided about whether a digital or hard copy is sent. Limitations of Welsh Patient Administration System (WPAS) impacts on the ability to ensure patient needs are met, particularly patients with accessibility or language needs. When letters leave the Health Board they are not tracked or monitored in relation to delivery. Often letters do not arrive or arrive too late and impact upon attendance and patient care.

A solution has been designed for a Patient Communication Hub and Hybrid Print & Post Solution, which will:

- ▶ Reduce the volume of posted letters to a digital format;
- ▶ Reduce the use of associated consumables (printing, machinery, paper)
- ▶ Improve the Quality of the service provided to patients by:
 - ✓ Increasing and improving patient choice – option to 'opt in' to digital letters, other formats & Text Message reminders;
 - ✓ Provide letters in accessible formats (braille, easy read, large font, text to audit, yellow paper)
 - ✓ Ensuring language preferences are captured; communication through chosen language;

Planning Objectives: 1B a project is also ongoing to “develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years”. It is also been agreed to switch off the printing and filing of paper letters following outpatient consultations into the paper record as these are uploaded to WPAS.

Theme 2 - Patient Communications - Telecommunications Project

All telephone lines will migrate across from an analogue system to a digital system nationally, by 2025.

Within Hywel Dda the telecommunications project will start a phased migration process for all acute sites in 2024.

This will be supported by a mass consolidation process initially to reduce unnecessary requirements for telephone lines that are not utilised. A review of all contact centre facilities will be included in this; as well as ward based requirements; accessibility and language of choice availability.

The switchboard will be fully modernised, eventually moving toward a one number for the whole health board system. This will need an incremental approach to ensure capacity will be a user/patient experience led experience to ensure accessibility and ease of access with set standards for receiving and answering calls.

There will be a move away from individual handsets, allowing staff to have an allocated telephone number which is set up via their lap top or device, facilitating the hybrid working model and removing unnecessary costs for hardware.

Theme 3 - Communication amongst Teams

There are three main areas of concern which are routinely cited as root causes where communication has failed and impacted upon patient care or patient experience.

ACTIONING OF TEST RESULTS

A delay or missed diagnosis can occur due to a failure to review or action diagnostic test results. The Associate Medical Director for Quality and Safety is leading an EQUIIP project on this to review the governance system and processes for ensuring that tests results are reviewed by the requesting clinician and appropriate action is taken and recorded.

In response to recent cases the radiology and surgical directorates are working together and have put in place an improvement plan to ensure red flagged results are brought to the attention of the consultant in a timely manner, ensuring appropriate communication with the multi disciplinary team (MDT) Co-ordinator. Improved tracking is in place for all patients on an unscheduled care (USC) pathway, with appropriate escalation processes in place to avoid any delays.

DIAGNOSTIC TESTS

As above, currently delays are also being experienced due to non-red flagged results being conveyed in paper formats. There is no means of tracking results requested, therefore if the paper result is not received by the appropriate clinician, there are possibilities of the results not being acted upon. This has been escalated and will be included in the improvement project referred to above.

MDT WORKING

Generally, improvement in MDT communication and closer joint working is required. This is particularly evident where there is a complex case, involving a range of specialties and complex issues/concerns.

The medical leadership group recently discussed the responsibility for arranging urgent investigations and communication of information to the patient when there are specialist aspects of patient care. Guidance will be developed clarifying responsibilities for urgent specialist investigations and communication of sensitive specialist information.

Recommendation

It is recommended that the Quality, Safety and Experience Committee:

- ▶ takes assurance that the key themes relating to communication are being addressed;
- ▶ for the Listening and Learning Sub Committee to receive regular reports on progress with the work plan and update the Committee of developments.