

<b>Enw'r Pwyllgor: Name of Sub-Committee:</b>	Exception Report from the Listening and Learning Sub-Committee
<b>Cadeirydd y Pwyllgor: Chair of Sub-Committee:</b>	Paul Newman, Chair
<b>Cyfnod Adrodd: Reporting Period:</b>	April 2023

**Materion Ansawdd, Diogelwch a Phrofiad:  
Quality, Safety & Experience Matters:**

The Sub-Committee met on 8 March 2023 and received a number of presentations and individual cases relating to communication. The Public Services of Wales Ombudsman final reports received during the relevant period were also reviewed.

Patient Experience

A presentation was received on feedback received via the Civica Patient Experience System relating to the area of communication. The Sub-Committee noted the benefits of the system in analysing text for sentiment and emotion. The system was able to use the advanced technology to search deeper into the text for information rather than from a key word alone.

There had been 3000 comments made relating to communication in the last 12-month period, returning a 90% positive rating. Where comments were not positive, these have been linked to the area of communication around waiting times, particularly within Outpatient and A&E environments.

Having accessible, timely and understandable information was directly linked to the service user/ carer experience. This was particularly prevalent around the communication of results, and on discharge. Patients wanted sufficient time to discuss the information and not feel rushed.

There had been a small reduction in the positive feedback rating since December 2022, with patient feedback that staff had been dismissive and they had not been listened to, due to time factors. There were also themes around communication between staff, with information not being handed over.

Information on patient experience is being utilised as part of the Improving Together Programme, which brings significant benefits in triangulating data with other sources.

Training for Civica is being provided weekly during March and April 2023 to ensure all services can access their feedback in real time.

Complaints

On review of the complaints cases presented (ref 2349, 4700, 6076, 21103), similar themes were noted in respect of communication between teams. The Sub-Committee discussed the challenges when there are shared clinical responsibilities for patients between different

consultants as communication can be difficult and this can have an impact on the patient who may not know who is responsible and may receive potentially conflicting information.

It was noted that this was also evident in some inquests, where staff have been called to give evidence on a patient they had only seen once during the admission which made it very difficult for one overall concise summary to be provided. It was difficult to determine who had the overall Organisational responsibility for the care.

The other area for improvement highlighted by the information reviewed in complaints was around empathy and breaking bad news. It was noted that the Patient Experience Team and Workforce and Organisational Development would be looking at a specific project around this.

In respect of attitude and behaviour, the Health Board's Making a Difference Training had been established to build excellence in customer service and had been designed for all Health Board staff.

### Making a Difference Training

Representatives from the People and Organisational Development team attended the Sub-Committee to discuss the Health Board's customer care training programme – Making a Difference and feedback.

It was explained that the objective had been to design a training and development programme to build excellent customer service across the Health Board for all staff in public and patient facing roles. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisational values should be at the heart of this programme.

The indicative content of the package was to explore ways to create positive interactions with Hywel Dda customers, patients, families, and visitors, promote effective communication, provide tools to manage conflict. The content highlighted the impact of incivility in the workplace, offered ways to embed the Hywel Dda Values and Behaviours in the workplace and to help establish Healthy Working Relationships amongst colleagues and promote staff wellbeing.

At the time of the meeting, 641 staff had attended the training. The Sub-Committee was pleased to note that 100% of attendees valued the session and would recommend it to colleagues. The largest component of staff attending was administrative and clerical and nursing and midwifery for pay band 4-6. There had been very small numbers attending of estates/hotel facilities staff, medical/dental and allied health professionals and very few senior managers.

The challenges of releasing staff for a day were appreciated by the Sub-Committee; however it was agreed to discuss this further outside of the meeting as given the continuing theme of communication being raised, particularly within the medical context, it was important that all staff, particularly those in clinical and patient facing roles had opportunity to attend.

The training would be further publicised in the Medical Director newsletter and circulated to Members to share widely within their teams. The doctors agreed to attend and review rota arrangements to ensure increased attendance.

Staff present agreed to attend and promote the training.

#### Public Services Ombudsman

Three cases that had been referred to the Ombudsman were reviewed (650, 232, 1983). These cases had not been upheld.

A public interest report against another Health Board was discussed. The case related to an inappropriate discharge from A&E resulting in a delay in surgery being undertaken. It was agreed to share the case with the relevant clinical leads and Chair of the Mortality Review process.

The Sub-Committee spent time discussing the importance of communication and patient information, ensuring information was accessible, meaningful, and clearly prioritised in the clinical discussion.

#### Management of Claims Policy

The Claims Policy was approved by the Sub-Committee, subject to staff consultation. This would then be presented to Quality, Safety and Experience Committee for approval.

#### Management of Patient and Carer Information Policy

This was reviewed and discussed by the Sub-Committee. No comments had been received from the staff consultation process. The Sub-Committee endorsed the policy, subject to inclusion of the specific guidance on the retention period for previous information leaflets.

#### **Risgiau:**

#### **Risks (include Reference to Risk Register reference):**

Further discussion on risks will take place with the service team at the next meeting to discuss the themes highlighted above.

#### **Gwella Ansawdd:**

#### **Quality Improvement:**

The identified actions for quality improvement from the review of cases that remain on the Sub-Committee action log are as follows:

- Follow up, monitoring and action of all test results.
- Improvements in relation to communication – including communication between clinical teams and in breaking bad news.
- Medical records management and record keeping.
- Review of the discharge process.
- Issue an alert to the manufacturer of the oximeter machine, due to two safety incidents
- Ensure appropriate actions are being undertaken in response to any incidents involving absconding patients.

**Argymhelliad:  
Recommendation:**

For QSEC to discuss whether the assurance and actions taken by the Sub-Committee to mitigate the risks are adequate.

**Dyddiad y Cyfarfod Pwyllgor Nesaf:  
Date of Next Sub- Committee Meeting:**

May 2023