

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 July 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Improving Patient Experience
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Louise O'Connor, Assistant Director (Legal Services / Patient Experience)

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The attached report provides a summary of patient experience feedback and activity for the period ending 30<sup>th</sup> June 2020.

**Cefndir / Background**

Hywel Dda University Health Board (HDdUHB) is highly committed to improving patient experience and welcomes feedback in order to continually improve outcomes and experiences for patients.

The Board is asked to note the progress made in supporting the improvement of family and service user experience, and the current position in relation to feedback, including complaints.

**Asesiad / Assessment**

As an example of user experience, the attached report includes a patient story from a mother who shared her experience of giving birth during the COVID-19 pandemic.

**Patient and service user feedback** is gathered by the Health Board (HB) through a variety of routes: the Friends and Family Test (FFT), compliments (formal letters and via the 'Big Thank You' initiative), registration and reporting of formal and informal concerns, Patient Advice and Liaison Service (PALS) feedback, local surveys, focus groups, and on-line feedback through the FFT, the all Wales NHS survey, and via social media. Examples of voice and text responses received are included within the attached report.

A summary of the main areas of activity for the Patient Experience Team (the Team) highlights the progress of work previously shared with the Board to improve patient experience and promote a positive culture of encouraging and sharing feedback, and to establish specific arrangements for supporting patients and families during times of restricted visiting.

For the period 1<sup>st</sup> May to 30<sup>th</sup> June 2020, a total of 487 concerns were received by the Patient Support Contact Centre, 194 of which were complaints managed through the 'Putting Things Right' process.

Of 173 cases closed during this period, 65% (as at the end of May) and 75% (as at the end of June) were closed within 30 working days. The Team is working hard to continually improve the timeliness and quality of responses to concerns.

**Public Services Ombudsman – 4 cases progressed to formal investigation during May/ June 2020.**

No concerns have been raised in relation to compliance with timescales and agreed actions at this time. The Public Services Ombudsman’s Annual Report has recently been published, which highlights that HDdUHB has seen a reduction in the number of cases referred to the Ombudsman’s Office, and also in the number of cases requiring intervention from the Office. The HB will continue to improve upon this position and ensure that all lessons learned are addressed and closely monitored. Further detail will be provided at the next Board meeting, when additional information will be available as part of the Ombudsman’s Annual Letter to the Chair and Chief Executive. The report can be accessed via the following link:

<https://www.ombudsman.wales/wp-content/uploads/2020/07/PSOW-Annual-Report-and-Accounts-2019-20.pdf>

**Argymhelliad / Recommendation**

The Board is asked to receive the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback, together with examples of action being taken by the HB in response to findings from investigations.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>Risk 581 Health Board-wide risk of not learning from events in a timely manner (current score 8).</p>
<p>Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a></p>	<p>6.3 Listening and Learning from Feedback</p>
<p>Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a></p>	<p>4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel &amp; waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan</p>
<p>Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a></p>	<p>8. Transform our communities through collaboration with people, communities and partners</p>

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	NHS (Concerns, Complaints and Redress Arrangements) (Wales) 2011
Rhestr Termau: Glossary of Terms:	Included in the main body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	All concerns have a potential financial implication: whether this is by way of financial redress, following an admission of qualifying liability, or an ex-gratia payment for poor management of a process; or an award made by the Ombudsman following the review of a concern.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Information from concerns raised highlights a number of clinical and service risks which should be reflected in Directorate and Corporate Risk Registers. There are financial and reputational risks associated with complaints that are upheld or not managed in accordance with the Regulations. The HB also has a duty to consider redress as part of the management of concerns, which carries financial risks associated with obtaining expert reports and redress packages.
<b>Gweithlu: Workforce:</b>	Improving the patient experience and outcomes for patients is a key priority for the HB. All concerns received from patients, public and staff alike are taken seriously and investigated in accordance with the procedures. Information from concerns raised highlights a number of clinical and service risks which should be reflected in Directorate Risk Registers. All Directorates are required to have in place arrangements for ensuring lessons are learnt as a result of investigation findings regarding concerns and that appropriate action is taken to improve patient care.
<b>Risg: Risk:</b>	The 'Putting Things Right' process is designed to support staff involved in concerns and incidents. All managerial staff have a responsibility to ensure staff are appropriately supported and receive appropriate advice throughout the process. The success of the process is dependent upon the commitment and support from staff across the organisation, not only as part of the investigation process and transparency arrangements, but in the encouragement of patients and their families to provide feedback, both positive and negative, to support organisational learning.

<b>Cyfreithiol: Legal:</b>	<p>The HB has a duty under the Concerns and Redress Regulations to consider redress where this is deemed to be a qualifying liability.</p> <p>The Regulations also incorporate formal claims, including clinical negligence and personal injury claims.</p>
<b>Enw Da: Reputational:</b>	<p>There are ongoing reputational risks for the HB in relation to media, press and social media regarding any concerns, and outcomes from published Ombudsman Reports and any external investigations/ inquiries.</p>
<b>Gyfrinachedd: Privacy:</b>	<p>Only relevant information is reviewed as part of the concerns process and this is carried out with the explicit consent of the patient or authorised representative. Information is recorded and treated sensitively and only shared with individuals relevant to the investigation process.</p>
<b>Cydraddoldeb: Equality:</b>	<p>The process is established to learn from concerns: it is designed to ensure that it is fully accessible to patients and their families. The aim is to involve patients throughout the process and to offer meetings with relevant clinicians, with the required support, depending upon individual needs.</p> <p>Advocacy is offered in the form of Community Health Council (CHC) advocates, and specialist advocacy is also arranged where necessary, e.g. in the areas of Mental Health, Learning Disability or Children/Young People's Services.</p> <p>Concerns literature is accessible in a range of languages and formats and translation services are available, as required.</p>