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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	2 nd August 2018	Agenda Item	5b
Meeting	Quality & Safety Committee		
Report Title	Patient Experience Report		
Report Author	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Report Sponsor	Cathy Dowling, Interim Deputy Director of Nursing & Patient Experience		
Presented by	Gareth Howells, Director of Nursing & Patient Experience		
Freedom of Information	Closed		
Purpose of the Report	This report provides information on Patient Feedback and Experience, what it means and how we are using it to improve the service. Included within this report is the current performance of our Service Delivery Units and learning.		
Key Issues	<p>The key issues to note since the Committee met in June are: Key issues to highlight in the report include:</p> <ul style="list-style-type: none"> • The inpatient discharge feedback rate, in June 2018 was 29.50% against a target of 30%. • The lowest scoring areas for the score of % who would highly recommend the service to Friends & Family using the Friends & Family returns for April - June 2018 is set out on page 3 with the main themes identified from the feedback; • Patient Experience Team Improvement work priorities for 2018/19 is set out on page 5 and includes: stroke services, cancer, patient stories and learning from other organisations; • The Patient Experience Team have developed a Standard Operating Procedure for Managing Patient Stories, attached as Appendix 2, for approval. • Learning from feedback is set out on pages 6 to 8 obtained from 'Let's Talk', 'Care Opinion', 'You Said, We Did' and from the Service Delivery Units. • Concerns management, the Health Board achieved the 80% target against the 30 working day response rate to formal complaints for April 2018. The number of re opened complaints has decreased, on aggregate over 2017/18 compared to 2016/17. There number of long standing complaints, complaints open over 6 months has reduced to four. 		

	<ul style="list-style-type: none"> • The Health Board is non-compliant with three Patient Safety Solutions, details of which are provided on page 12-13, and sets out the next actions to be taken to progress compliance. • Arts in Health section on page 14 provides details on building staff resilience, a one year project which will shortly commence in Mental Health and Learning Disabilities Service Delivery Unit with the aim of improving staff health and wellbeing. 			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the contents of the report. • Approve the Standard Operating Procedure for Managing Patient Stories. 			

1. SITUATION

The Patient Experience Report is attached as **Appendix 1** and provides details of the work undertaken from 1st April 2018 – 30th June 2018, and information on key performance indicators.

The Patient Experience Team have developed a Standard Operating Procedure for Managing Patient Stories, attached as **Appendix 2**, for approval.

2. BACKGROUND

The Patient Experience Report has been developed following feedback from Non-Officer Members.

3. RECOMMENDATION

The Committee is asked to;

- Note the report and the learning and improvement that is being implemented as a consequence of patient experience feedback and learning from events;
- Support the ongoing development of this report and approach on patient experience by providing feedback from the Quality and Safety Committee.
- Approve the Standard Operating Procedure for Managing Patient Stories.

Governance and Assurance					
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
		✓			✓
Quality, Safety and Patient Experience					
This report sets out performance against patient experience measures and actions being taken to improve the services that we provide.					
Financial Implications					
No implications for the Committee to note.					
Legal Implications (including equality and diversity assessment)					
No implications for the Committee to note.					
Staffing Implications					
No implications for the Committee to note.					
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)					
No implications for the Board to be notified of.					
Report History	Report previously submitted to the April Committee meeting.				
Appendices	Appendix 1 – Patient Experience Report April – June 2018 Appendix 2 - Approve the Standard Operating Procedure for Managing Patient Stories.				