Patient Experience Annual Report
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1. Introduction

The 2016-17 patient experience annual report describes the progress we have made to ensure that patient feedback is used to improve services and the patient’s experience of using our services.

2. Overview and Strategy

By collecting and responding to patient feedback, Powys Teaching Health Board aims to embed a culture of continuous improvement within the organisation which will benefit the health and wellbeing of the 133,000 people living in Powys.

At Board level, the health board’s Executive Director of Nursing has responsibility for patient experience which includes:

- Delivery of our patient experience strategy and annual work programme
- Reporting and demonstrating that we have used patient experience feedback to improve the experience of care.

We have developed a patient experience strategy that aims to cover the majority of services provided by the health board: in hospital, clinic or in the patient’s home. Patients provide their feedback through a variety of means such as patient surveys, social media, postal surveys, focus groups, face-to-face engagement and complaints in accordance with the Welsh Government’s Framework for Assuring Service User Experience.

At the start of each Board meeting, a patient story is presented which articulates the experience of a patient in our care. Patient stories are obtained from patients we meet either through complaints, service transformation projects, letters to the Chief Executive or patients who have approached the health board following a positive or negative experience. Patient stories presented to the Board in 2016/17 have included:

- End of life experience;
- Failure to diagnose a teenager with diabetes;
- Perinatal mental health;
- Wet AMD service in Brecon;
- A patient admitted to hospital whilst receiving treatment for dementia and assessment; and,
- Eating disorders.
Lessons are learnt and improvements put in place, examples such as the introduction of a pain assessment tool, review of palliative care provision, the introduction of a bespoke palliative care training programme and refresher training in record keeping standards. The NICE guidelines on diabetes were reissued by the Medical Director to all General Practices (GP) to raise awareness of symptoms and remind GP practices of quality standards and the importance of a familiar environment for patients with dementia.

Patient experience data obtained is shared with the Quality and Safety Unit in recognition of the importance of patient experience in assessing the quality of NHS services alongside effectiveness and safety. It is also shared quarterly with the Patient Experience Steering Group, allowing for the patient experience feedback to be routinely compared alongside staff experience and operational data in recognition of the close links between staff experience, and patient experience. The Patient Experience Steering Group also includes third sector organisations such as Powys Association of Voluntary Organisations (PAVO) and the Community Health Council (CHC) which provides essential balancing of the experience data collected and outcome of actions taken by the health board and sharing of experience.

Using the structure of the patient experience strategy this report outlines our progress against our local priority areas.

This report uses the following structure to articulate achievements:

Using all available and appropriate tools to capture the experience of patients, carers and staff.

Understand the experience by identifying the ‘touch-points’ of a service and gaining knowledge on what people feel when experiencing our services and when they feel it.

Improve the experience by ensuring the feedback is heard and understood by the relevant clinical and managerial teams.

Receiving, analysing and presenting feedback and then involving users and staff in developing the solution completes the ‘you said, we did’ governance cycle.

Disseminate and measure the improvement by ‘you said, we did’.
Powys Teaching Health Board staff routinely offer patients the opportunity to provide feedback using all available and appropriate methods.

**Patient Experience and Concerns Team**

The health board has a central Patient Experience and Concerns team who are a hub for compliments, concerns and complaints thereby collecting a wealth of patient experience data on a regular basis. In addition they undertake patient experience surveys based on the NHS Wales core questions as referenced within the Health and Care Standards monitoring tool.

During February and March 2017 the Patient Experience Team undertook a paper survey across the following service areas:

- District nursing
- Endoscopy
- Minor injuries unit
- In patient
- Out patient
- Day Hospital

In terms of outcome the response was overwhelmingly positive but highlighted more could be done to increase satisfaction levels. When asked how they would rate their care between 1 to 10 (10 being excellent) the following results were seen over all:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>218</td>
<td>70%</td>
</tr>
<tr>
<td>9</td>
<td>35</td>
<td>11.6%</td>
</tr>
<tr>
<td>8</td>
<td>30</td>
<td>10%</td>
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<tr>
<td>7</td>
<td>7</td>
<td>2.3%</td>
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<tr>
<td>6</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

![Pie chart showing patient experience ratings](chart.png)
In district nursing it was reported that 78% of service users rated their care as 10 and 13% as 9. A high number of positive comments were received:

"This year we have yet again been very fortunate for the loyalty and efficiency displayed by our district nurses”

"These district nurses are second to none, nothing too much trouble and always on the end of the phone if you need them. They have been visiting my husband for the past 6 months on and off and the care they have given him has been amazing and also supporting me along the way. Maybe to employ a few more nurses to lighten the load for them. Oh and give them a pay rise, they deserve it. Keep up the good work district nurses”.

"Group of nurses is exceptional, their concern is the patient and what they can do for them be it big or small. Why change anything which is working perfectly”

While the majority were overwhelmingly satisfied the 4% scoring below a 7 noted the following:

"Overall good. Sometimes there is a lack of dressings that I am on make sure there is an adequate supply”

"Generally excellent, but patient not always listened to. Difficult at home.”

These are points that will be taken forward with the district nursing teams in 2017-18.

In Out Patients 64% rated their care as 10, 18% as 9, 12 % as 8 and 6% between 7 and 5. Again very positive comments received reflecting the high levels of satisfaction:

"Very happy with all aspects of outpatient care nurses. Always friendly and cheerful.”

Areas for improvements to be considered in outpatients noted from the following comments:

"Seen on time, friendly staff and made to feel at ease. No, but do need more parking spaces!”

"I have scored a nine for overall experience because of fairly long wait in clinic. Staff were very friendly and helpful. More info on waiting time when booking into clinics.”

"I was attending for CMAT’s physio and everything was fine. Appointment was 15 mins late starting. It would be good if you had a board up which said if any specialists seeing outpatients when running late and by how much.”

In Inpatient 41% of patients rated their overall experience as 10, 27% as 9 and 25% as 8%. There were a number of patients providing positive feedback comments such as:

"Excellent care and very compassionate staff. No. Keep up the excellent standards of care for patients and their relatives.”

"I find Welshpool Hospital first class, everything is so good in fact I have been to many hotels which could not come anywhere near this, the accommodation and service is first class like a 5 star hotel. I don’t think that you could make changes as it is such a good
hospital with good staff."

However to improve patient experience improvements to the food provided and to other areas could be made in light of the following comments:

"Generally favourable but food somewhat variable and preparations for discharge sadly inadequate. Persuade visiting GP's to consider patient needs ahead of their own, instead of the other way round. In particular stop patients feeling they are being hustled out regardless of whether adequate arrangements are in place for care at home”.

"Very good overall, staff very caring, nothing too much trouble. The food overall is quite good although there could be a bit more variety. Sometimes the food ordered isn’t what you get."

"I feel comfortable in Welshpool hospital as I see familiar faces. I enjoy the food but I’d prefer more variety e.g pizza. I think we should not be woken up at 6am when breakfast is not till 8am. I feel that everyone should be up for breakfast dressed. Staff shouldn't have a break until 10.30 not at 9.30"

In Day Hospital 81% rated their experience as 10 and 13% as 9. Overall patients were very satisfied with their experience.

"It’s a pleasure to come each time. Friendly staff and happy, relaxed atmosphere. Feel safe."

"Very helpful after my operation - I could go home and just come in for the day to get stronger and better."

"It was a pleasure to come and I confirm without a shadow of doubt that ever one who I came in contact with was really wonderful to me, very helpful and they were so kind and would always make sure you wanted for nothing. I would certainly recommend this Day Hospital."

In Endoscopy 75% rated their care as a 10, 12.5% as 9 and 12.5% as 8. Comments provided included

“Excellent. Very professional but kind and caring. Staff were fantastic!”

“I’ve never been to Brecon War Memorial Hospital before and came in for an endoscopy and colonoscopy. Everyone was very friendly and made me feel at ease.”

Further analysis of the results is currently underway to identify any themes and trends and will be reported through to the Directorates and Patient Experience Quality and Safety Committee.
North Powys

In the North Directorate there are currently four patient forums. The Senior Sister in Llanidloes attends the bi-monthly Patient Forum. The Locality General Manager also attends Patient Forums to engage directly with service users and patients.

In the North Directorate the Outpatients postal survey resulted in 160 questionnaires being completed and returned. Feedback from patients indicated they were generally very happy about the overall first impression of the care received and felt that they were listened to, given the information they needed and treated with dignity. Patients were also happy with the place they received care and said it was very clean, that staff cleaned their hands, and they had everything they needed. Patients were communicated with in a way that they understood what was happening with their care. The general level of satisfaction expressed by patients regarding their overall experience was marked as 9 out of 10.

The results of this survey were analysed and shared at the Quality Risk and Experience meeting. As a result of comments on the patient survey about it being difficult to sleep in hospital the nurses at Llanidloes have been liaising with the Patient Therapist at Bronllys and developing some complimentary therapies, such as hand massage and relaxation. Welshpool and Newtown have an Audiology comments box available for patients/relatives and visitors to provide feedback.

In the North Directorate, Llanidloes Hospital has a ‘feedback tree’ in the day room and the Day Hospital to allow for patient feedback/relatives/visitors to write comments and attach to the tree.

Thank you to the nurses for your support and care for my mum

Thank you, I feel safe and everything is in place for

I loved the chats

A very helpful place, you got me back on my feet

I feel a lot better and able to stay at home

Thank you for helping me understand how to keep well and at home

Llanidloes Hospital feedback tree and comments
**South Powys**

In the South Directorate regular Quality Patient Risk and Experience Group meetings consider the patient feedback provided on wards and any actions to be taken. Leadership walk rounds have also been initiated and provides awareness of patient experience on the ward in a very real time setting. As a result of a walk around in November 2016 it was noted patients mentioned the lack of Wi-Fi access in the hospital as a result of which action has been taken to review the provision on the ward.

In the South Directorate surgical and endoscopy patient satisfaction surveys are carried out yearly. The locality also undertakes an endoscopy patient satisfaction audit. In addition a Bowel Screening Wales service questionnaire. These are sent home with patients following their procedure. These are posted back to the Bowel Screening Wales unit and feedback is received quarterly. Work is currently underway contacting patients/carers/families for feedback to establish if it was useful and review any changes that could be implemented as a result of feedback received.

In the South Directorate Carers Clinics have been set up within the wards in order to allow an open door policy for carers to meet with the senior sisters on the wards. Feedback from the Carers Clinic has resulted in Wi-Fi being requested for the patients and also for physiotherapist to work with carers and relatives to assist with passive exercises for the patients. Feed back from the Carers Clinics have highlighted interesting experience such as asking for more vibrant pictures on the walls rather than big clocks to improve the visiting hours.

They have also had a request off one of family if they could undertake some teaching about autism as they had family members who were diagnosed with the condition and felt this would help the staff on the ward understand the patient experience. This was facilitated and was a great success with the family now preparing to provide another session for the Directorate which has helped create a real community spirit and partnership with carers and families.

North and South Speciality Diabetic Nurses took part in a, “Living with Diabetes day”, held in Dolfá, Newtown. Two hundred members of the public attended this event which included workshops on managing diabetes where the participants had the opportunity to discuss diet, medication, foot care advice and managing diabetes.

# hello my name is...

Brecon War Memorial Hospital the theatre staff have introduced the “hello my name is campaign. They are raising awareness in other areas in the hospital through signs in all surgical areas and communication boards with all the multidisciplinary team photos to encourage patients to talk about their experiences.

The Macmillan Senior Nurse for Cancer Services has also developed a focus group to engage with the public to help shape future services. The results of this will be seen in 2017-18.
Women and Children’s Health

The Women and Children’s Health Directorate is particularly active in collecting real time feedback from service users. Within Midwifery they have a champion midwife for each breast feeding support group, known as BIBS (Breast Is Best Support) group, who continues to attend periodically to support the groups and gain feedback from the mums who attend about relevant changes in maternity services.

Midwives also attend the Bump to Buggies walking groups where they are able to chat to women about their experiences and gain informal verbal feedback related to specific topics.

The Health Visiting Team including Flying Start have face to face input at some of the BIBS groups (not formally collated) and team leaders carrying out shadowing visits with staff will ask clients about their experience (not formally collated). These informal discussions with service users are helpful to spot themes or areas for concern and also build trust and confidence in the service.

There has also been a pilot notice board in one Health Visitor clinic area where clients are invited to rate their experience. The feedback has been positive and no changes have been made as a result. The intention is to roll out across Powys in due course once a system for collation of the feedback is developed.

The Health Visiting Team have developed a birthday card idea to capture feedback from parents when children aged 1. This was commenced in February 2017 and feedback will be provided during the course of the year.

In School Nursing a student school nurse devised questionnaire that was undertaken with year 8 pupils in Llanfyllin school in relation to what they wanted from the school nurse service that was based on the national consultation.

In Midwifery ‘Coos Cards’ are provided to every woman to ‘comment on our service’ and
they are asked to rate their experience of midwifery care within Powys. These are collated and reported to the service and used to inform the maternity services annual plan. In 2015, 85% of the respondents [100 respondents] scored the service as 10/10. The comments are collated and used to identify positives, negatives, suggestions, discussion and actions.

All birth centres also have a Midwife Bump Talk champion who are responsible for obtaining feedback from local women. Bump Talk also has a twitter account, face book page and email address allowing women to feedback their experiences.

Bump Talk brings together those who develop / deliver maternity services and service users.

The aim of the group is to work in partnership to plan, monitor and improve local maternity services. This includes meetings, feedback, comments, gathering opinions, listening and sharing.

A 'service user' means:

- pregnant women and their partners;
- parents / carers of a baby;
- potential service users;
- women who have had a baby;
- families who have used or intend to use maternity services in Powys; and
- women who may have subsequent children.

These service users are the voice of the people who use maternity services in Powys. It is really important that service user members from lots of different backgrounds and areas are involved. Bump Talk can have a significant influence on how maternity services are provided across the County.

Previous topics for discussion have included asking women what it means to them to have a midwife they know look after them in labour. Results indicated that this was an important issue for expectant mothers.

The Maternity Team face book page allows women to add comments and discuss services whenever they feel the need and has had very positive feedback from service users.

Results from feedback obtained is set out in Section 5, “you said, we did”.
Mental Health Services

In Mental Health Services management arrangements for two adult mental health service providers have transferred back into Powys and the final provider will transfer back during 2017/18. Following this it is hoped that an evidence based approach to support people using services to act as ‘researchers’ to obtain views on key patient experience indicators whilst people using services and those close to them are in service or very shortly afterwards will become standardised and part of PTHBs ongoing planning processes. A paper is currently being produced to support discussions to consider this approach.

In Mental Health Services proactive feedback is obtained via the Mental Health Participation Service delivered by the Powys Association Voluntary Organisations (‘PAVO’) to develop participation standards and opportunities. This service provides training to volunteers they have recruited in skills enabling them to participate and influence at a strategic level whilst also aiding individual recovery. This service supports individual representatives who have been appointed to the Mental Health Planning and Development Partnership and its various sub-groups.

A Patients Council, funded through the PTHB and facilitated by PAVO also provides a voice to Powys residents wherever they are offered acute in-patient mental health services. PTHB has held discussions with PAVO to look to commission engagement with people with dementia including the possibility of producing video diaries.

A new ‘Engage to Change’ sub group has been formed which will focus on participation and engagement. At the inaugural meeting in June 2016 it discussed innovative approaches and is now planning to hold a ‘back to the floor’ exercise for mental health services across the statutory and third sector.

PAVO have established networks attended by Mental Health operational staff across Powys to enable feedback from people using mental health services. All feedback from engagement work is being compiled into an issues log which will be considered by the Engage to Change Group to ensure feedback is given where appropriate but also to ensure that strategic issues are fed into the Partnership to be used for future planning. Further feedback from this will be available in 2017/18.
Primary Care Services

Early 2016 a patient survey was carried out at all 17 medical practices within Powys requesting patients to complete a short questionnaire. The questionnaire covered practice current access arrangements in hours and out of hours, and also a patient’s view on a need to access General Medical Services after 6.30 pm on weekdays. In total 763 completed questionnaires were received by the health board. This exercise was coordinated by the Primary Care Team, with the cooperation of medical practices. The questionnaire asked patients a series of questions in relation to accessing appointments, obtaining telephone advice, satisfaction with the OOH service and possible provision of General Medical Services by alternative providers.

In summary the total summary results highlighted that:

- **67%** of patients found it either very easy or quite easy to obtain telephone advice from their surgery, with only **22%** of patients finding it either very difficult or quite difficult to access telephone advice from their surgery.

- **58%** of patients found it either very easy or quite easy to book a routine appointment more than two working days in advance with a GP, nurse or Health Care assistant, with only **30%** of patients finding it either very difficult or quite difficult to book a routine appointment more than two working days in advance with a GP, nurse or Health Care assistant.

- **73%** of patients found it either very easy or quite easy to get through to their surgery by telephone, with only **18%** of patients finding it either very difficult or quite difficult to get through to their surgery by telephone.

- **72%** of patients who have been seen urgently in the evening, night or weekend by the out of hours service were either very satisfied or quite satisfied with the care they received, with only **17%** of patients being either quite dissatisfied or very dissatisfied with the care they received.

- **90%** of patients are able to attend their surgery during usual opening hours.

Of the patients surveyed, **35%** expressed no opinion on whether, if they could access routine care in the evening, at night or weekend (because they could not attend their surgery during normal working hours) they would visit a place which is not their usual surgery.

Of the remainder, **72%** of patients would either be very satisfied or quite satisfied to be seen for routine care in the evening, at night, or weekend (because they could not attend their surgery during normal working hours) at a place which is not their usual surgery, with **28%** of patients who would either be very dissatisfied or quite dissatisfied to be seen for routine care in the evening, at night, or weekend (because they could not attend their surgery during normal working hours) at a place which is not their usual surgery.
It would appear that the majority of patients are happy with current access arrangements, however some improvement in routine booking of appointments more than 2 days in advance needs to be progressed.

The majority of patients who have accessed the Out of Hours service are either satisfied or very satisfied with the service they received.

The outcome of the survey was discussed with Locality General Managers within their GP cluster forums to share appointment and access information; good practice, and practice experiences of coping with the variance in supply and demand for appointments, with a view to improving access where possible, particularly in respect of being able to book routine appointments more than 2 days in advance.

The Primary Care Team intend to co-ordinate another survey in 2017 to track satisfaction levels following improvements made to the booking system at a number of the practices.

In addition to the survey co-ordinated by the Primary Care Team, a number of practices have also been capturing patient experience by setting comments/suggestion boxes in medical practice waiting rooms, if a name and address is left on the comment form the medical practice will reply to the patient. Medical and dental practices also have feedback through their website (if in place) and via email.

Across Powys, Patient Forums meet quarterly to discuss positive and negative issues, this includes medical practice representation in some areas.

A Patient Participation group is held in one medical practice and meets regularly to proactively discuss patient concerns. Other practices are currently considering setting up similar groups.
**National Outpatients Survey**

During November and December 2016 a national engagement process took place across Wales to involve patients and residents in developing a national vision for Outpatient Services.

The engagement process included events, background information, printed questionnaire and online questionnaires for use across Wales. The health board participated in this process and obtained useful retrospective feedback from patients and service users.

The feedback indicated a desire wherever possible to receive care closer to home, but a need to balance this with “one stop shop” if the appointment requires diagnostics that aren't available in community hospitals, GP surgeries etc.

Access to superfast broadband and mobile data were seen as big enablers but participants pointed out that large parts of Powys had very poor coverage of both. More remote communities, older people particularly, were felt to be less likely to have capacity and capability to use email and particularly FaceTime or, Skype. Also personal and socio-cultural issues of becoming familiar and comfortable with communicating in these ways on sensitive health issues was seen as a barrier that needed to be overcome.

The results from this is being reviewed by Welsh Government to provide an overview of outpatient services in Wales.

**Patient Reported Experience Measures (PREMS)**

In 2015 a National PROMs, PREMs and Effectiveness Programme (PPE) received three year funding to develop a portal to collect PROMs and PREMs for NHS Wales.

The portal will allow at-home collection of validated national questionnaires, it will allow data linkage to bring intelligence into one easy portal that can help clinicians and organisations understand experience, outcomes and effectiveness.

The portal is been developed by NWIS and is supported by all Chief Executive Officers in Wales. PREMs are planned to be rolled out from April 2017.

As per the Assuring Service User Experience Framework, the portal would be able to provide large quantities of retrospective data to Health Boards in Wales.

The data would be reported back monthly, in both row format and analysed according to national agreement by Cedar, an NHS academic evaluation centre which forms part of Cardiff and Vale University Health Board. Data linkage will allow greater intelligence on what it feels like to receive care in NHS Wales.

The health board has participated in a workshop agreeing a set of standardised core questions and a Powys patient focus group which took place in March 2017 with a view to PREMs reporting to commence in Powys later in the year.
4. Analysing the patient experience feedback

The systematic analysis and triangulation of all forms of patient experience feedback, including complaints, results in the production of quarterly detailed patient experience reports presented to the Patient Experience Steering Group.

Developing an understanding of the patient experience by identifying the ‘touch-points’ of a service and gaining knowledge of what people feel when experiencing our services and when they feel it is crucial to the process of enabling us to improve the experience of our care.

This allows us to identify trends and themes. The process of analysis identifies where we need either to take action or instigate a deep dive to gain further understanding of the experience.

**Deep Dive – Ear syringing arrangements in Powys Teaching Health Board**

Here is an example of the type of detailed work carried out by the health board in response to patient feedback received.

**What was the issue?**

During 2015-16 there were five formal concerns raised regarding the provision of ear syringing services in Powys received over a short period of time. In early 2016-17 a further three formal concerns were received prompting a review of the service.

The review outlined that traditionally routine ear care has been provided via General Practice, however, in 2015 the majority of Practices in South Powys withdrew their routine ear care service. There was a number of reasons for this, including but not restricted to:

- A lack of capacity within the GP Practice to undertake the service
- A growing view by GPs that more of the routine ear care could be better managed by using a micro-suction machine rather than the traditional ear irrigation method that people are more used to, and
- The establishment of a Ear Care Service based in our Community Hospitals

The Ear Care Service was set up in order to provide a local service for a number of people who were being referred to a more distant District General Hospital setting for care that we believe can safely and effectively be provided closer to home. It provides an Ear Care Nurse working alongside Ear, Nose and Throat (ENT) Consultants to provide care that is not routine, but does not really require a specialist Consultant level input.

The shape and capacity of this service was based on the numbers of people being referred to specialist clinics in District General Hospitals rather than receiving referrals from General Practice for routine ear care. However, the availability of this service seems to have played at least a part in the decision by GPs to discontinue their own service.
This had led to the Locality Ear Care Service being swamped with referrals that it was not designed to manage and this has in turn led to significant delays and inconvenience for people requiring basic ear care. Services were also required to be commissioned from Cwm Taf University Health Board to manage the unexpected demand for service.

**What did we do?**

A service redesign proposal was prepared and allowed for an opportunity to provide a different approach to Community Ear Care in the context of the National ENT plan and the pressures in primary care, with a focus on local delivery, efficiency, sustainability and viability. This does not rely solely on medical care and would enable more patients with the most complex needs to be seen by the ENT consultants at local outpatient clinics, and those with less complex care being seen locally by the ECN or appropriately trained staff – in line with Prudent healthcare principles.

A new Specialist Ear Care Nurse was appointed, and we are further developing a team to support this Specialist Nurse to enable more patients to be seen locally. In the interim, the health board secured additional support for ear syringing, and are continuing to seek alternative support for micro-suctioning.

**What will we aim to do in 2017/18?**

Through this deep dive, we have a much clearer view of the factors involved in increasing the number of complaints in this area and a deeper understanding of what specific aspects of the service needed to be improved.

In the long term, the health board is also looking to how it can better support the local medical practices to deliver services above what they are required to do in the national General Medical Services contract.

**How will we continue to improve and monitor quality?**

The findings of the deep dive will be presented to the Patient Experience Steering Group together with the plan for addressing the key issues in 2017-18.

As part of the patient experience annual report we will continue to monitor the number of ear care related comments to track whether numbers are reducing.
Receiving, analysing and presenting feedback and then involving users and staff in developing the solution completes the ‘you said - we did’ governance cycle.

This part of the process involves ensuring the feedback is heard and understood by the relevant clinical and managerial teams and then disseminating and measuring the improvement: by subjective outcomes such as repeat surveys or objective outcomes e.g. less feedback volume on a particular topic.

The overwhelming flavour of the feedback the health board receives is positive. However, we look very closely at the free text feedback we get because this allows us to make the often small changes to improve the experience of care for future patients.

The table below summarises the main ‘you said - we did’ improvements to patient experience that we made in 2016-17:

<table>
<thead>
<tr>
<th>“YOU SAID”</th>
<th>“WE DID”</th>
</tr>
</thead>
<tbody>
<tr>
<td>It can be difficult to sleep in hospital</td>
<td>Our nurses at Llanidloes Hospital have been liaising with the Patient Therapist at Bronllys Hospital and developing some complimentary therapies, such as hand massage and relaxation to help patients prepare for bedtime.</td>
</tr>
<tr>
<td>It was hard having to travel out of Powys for birth and wanted more maternity care provided in Powys.</td>
<td>We will continue to develop plans for increasing antenatal care provision in Powys. This year will see the opening of our Day Assessment Unit and ultrasound scanning units as well as increased availability of diagnostic tests such as glucose tolerance tests.</td>
</tr>
<tr>
<td>Hydrotherapy pool facilities does not have much room and lack of dressing facilities</td>
<td>We have begun negotiation to be part of an integrated hydrotherapy provision in North Powys.</td>
</tr>
<tr>
<td>Patients have mentioned the lack of wi-fi access</td>
<td>Wi-fi now introduced at majority of wards across the health board</td>
</tr>
<tr>
<td>It would create a more positive environment if there were more vibrant pictures on the walls rather than big clocks in Ystradgynlais Hospital.</td>
<td>We have purchased some big laminated photos that can be put up or taken down with ease.</td>
</tr>
<tr>
<td>You wanted to undertake some teaching about autism to help the staff on the ward understand patient and family needs.</td>
<td>We were able to facilitate that the end of March 2017 in Ystradgynlais which was a great success and the family are now prepared to come and do another session for us later in the year.</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>You didn’t like the blow up birth-ing pool in Newtown</td>
<td>Day assessment unit developments include a plumbed pool</td>
</tr>
<tr>
<td>We would like WIFI access at clinical appointments in Waterloo Road, Llandrindod Wells</td>
<td>Instructions on how to access Powys Guest WIFI have been made accessible</td>
</tr>
<tr>
<td>From Powys Health Visiting Facebook page in relation to Bump to Buggy Walking (facilitated by PTHB) Hi ladies. I'm not due until March but thought I'd join now in case I forgot. Hopefully you'll still be out walking by the time my little one arrives :) would also love to make some new mummy friends as still feel I don't really have any friends in the area since moving here</td>
<td>Facilitated support via our Facebook page with positive results for service users</td>
</tr>
<tr>
<td></td>
<td>You can come walking with us now! X</td>
</tr>
<tr>
<td>Like · Reply · 8 October 2016 at 11:22</td>
<td>Would be lovely to meet you. Come join us x</td>
</tr>
<tr>
<td>Like · Reply · 8 October 2016 at 11:23</td>
<td></td>
</tr>
<tr>
<td>Brecon children’s centre needs a changing place/toilet for older children.</td>
<td>This has been built into the plans to redesign Brecon Children’s Centre</td>
</tr>
<tr>
<td>CHC Inspection for Ynys Y Plant: Lack of parking Impossible to park nearby – son in wheelchair No suggestion of alternative locations Access for wheelchairs very poor Bell to enter and not a good welcome Such a poor clinic for toileting Toilets no privacy Small, cramped building</td>
<td>We will use this evidence when building a business case to support the relocation/co-location of integrated services for children in Newtown</td>
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<td></td>
<td>We undertook a review of car parking with recognition of the need for improvement as a result of which plans were put in place for reinstatement of the disabled bay road markings, the erection of prominent &quot;Disabled Parking Only&quot; signage and additional monitoring of car parks in order to encourage people to be more considerate when parking.</td>
</tr>
<tr>
<td>In Ystradgynlais Hospital you said there was poor lighting</td>
<td>This will be addressed in our refurbishment due to commence in the summer 2017.</td>
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<td>----------------------------------------------------------</td>
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<tr>
<td>The Health Visiting leaflet is easily misplaced and therefore difficult to keep track of the schedule</td>
<td>We now place the Health Visiting schedule within the red book which is less easy to misplaced</td>
</tr>
<tr>
<td>Dialectical behaviour therapy (DBT) skills training was arranged on the second floor of a building with no wheelchair access.</td>
<td>We made alternative arrangements for affected patients and have reviewed the relocation of the DBT skills workshop, to an alternative building at Bronllys Hospital, the proposed time scale for works to be undertaken is estimated to commence on or before April 2017.</td>
</tr>
<tr>
<td>It is not clear what the process is if the x-ray department closes at 12.30 and you arrive at that time or just before. Do you need to travel to another hospital?</td>
<td>It is planned that an improved communication system will be implemented. This improvement will serve to identify promptly if there are any patients that require prioritising for an x-ray prior to the Radiology Department closing and provide for clear lines of communication to the patients to be developed to manage their expectations around closing time, so if there is likely to be a need to travel they are informed promptly.</td>
</tr>
<tr>
<td>It can be distressing being told your loved one needs to travel to a District General Hospital you haven’t been to before and have no directions to.</td>
<td>We now offer patients and their families a print out of directions to help ease anxiety if told they can not be treated within Powys.</td>
</tr>
</tbody>
</table>
6. Communicating the actions taken

When we act on feedback, it is vital that we communicate what we have done. Actions taken as a result of the patient experience feedback are communicated through various channels as follows:

- Direct feedback to the patient e.g. via meetings, complaint letters
- Information leaflets distributed to patients and visitors
- Directorate Quality Risk and Experience Meetings
- Annual reports, including this report
- Press releases and case studies
- Powys Teaching Health Board website and intranet
- Social media
- Presentations at national/regional events and conferences
- Wider patient engagement and involvement

7. Governance

Performance and progress against objectives are addressed at every directorate review meetings, quarterly at the Patient Experience Steering Group (PESG) and the Patient Experience Quality and Safety Committee (PEQS). This ensures that staff, patients and the public are kept informed about progress and implementation of the patient experience strategy.

PESG and PEQS remain the primary assurance route for overseeing the patient experience programmes.

The Patient Experience Steering Group (PESG) - Every three months the multi-disciplinary members of the PESG meet to discuss and triangulate patient experience, staff experience, quality, safety, complaints, national surveys and audit feedback data to identify themes and areas of concern. This meeting is chaired by the Executive Director of Nursing. PESG allows the data from all parties to be shared, producing a group discussion between members on what the data is telling us. The data sources and feedback are discussed and triangulated at the PESG meeting and actions assigned to leads to address concerns, understand more or resolve the problem causing the feedback. This process enables the health board to identify hotspots quickly using evidence.

This approach provides the health board with an opportunity to work in true partnership with staff and people as well as ensuring that the health board meets its responsibilities with regard to patient and public involvement in the most appropriate, effective and inclusive ways and that there is evidence that involvement and experience has influenced decision-making.

The outputs from PESG are discussed at the Patient Experience Quality and Safety Committee, a sub-committee of the Board.
Next year we aim to focus on the following objectives/projects:

- A re-designing of the way in which PESG is structured and effectively delivers the health board’s patient experience strategy
- Reviewing the expansion of the patient experience programme and ensuring that all clinical teams and service leads are receiving and processing the feedback they are receiving on their service and sharing the improvements put in place
- Supporting ‘you said, we did’ actions within services
- Utilise more qualitative methods of patient experience capture

All of this will help to ensure Powys Teaching Health Board continues to be a responsive, inclusive and continually improving organisation.