#### **Public Document Pack**



# JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE Supplementary Agenda

Date Thursday 25 September 2025

Time 2.00 pm

Venue Room 222A, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

Notes

- 1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Alex Bougatef or Constitutional Services at least 24 hours in advance of the meeting.
- 2. CONTACT OFFICER for this agenda is Constitutional Services or email constitutional.services@oldham.gov.uk
- 3. PUBLIC QUESTIONS Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Tuesday 23<sup>rd</sup> September 2025.
- 4. FILMING The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences.

Please also note the Public attendance Protocol on the Council's Website

https://www.oldham.gov.uk/homepage/1449/attending\_council\_meetings

MEMBERSHIP OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE

Bury: Councillors Fitzgerald and Harris. Oldham: Councillors Z Ali, Hamblett and McLaren. Rochdale: Councillors Anstee, Dale and Joinson.



#### Item No

9 Patient Experience (Pages 3 - 18)



# Patient Experience Overview

Patient experience qualitative and quantitative performance and feedback opportunities



# Moving from collecting patient experience to improving care



age

#### **National Feedback System**

CQC National Survey programme

NHSE programmes

Healthwatch England

#### **Trust Feedback Systems**

Friends & Family Test
PALS/Complaints
Care Opinion / Social Media
Public & Patient Engagement

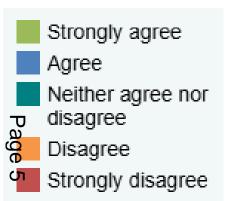
#### **Locality Feedback Systems**

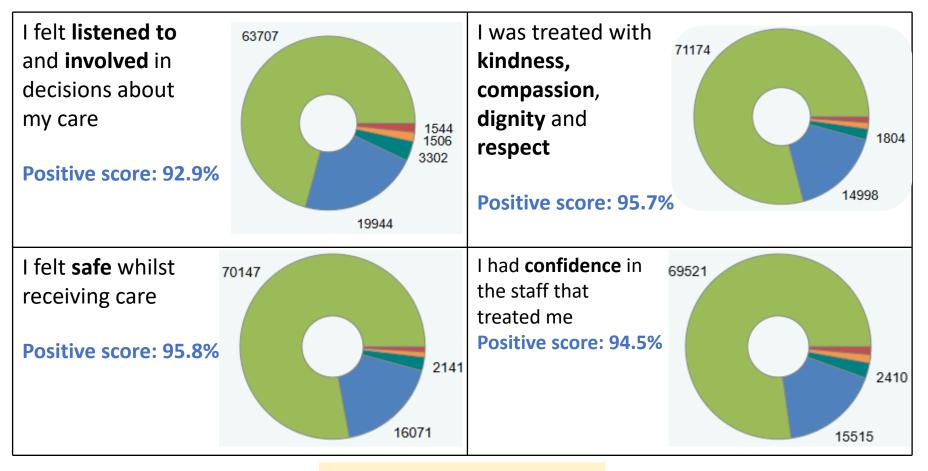
Local surveys
Patient Stories
Healthwatch reports
Patient & Public Voice Partners Group
Real time feedback - OLA

## NCA Friends & Family Test (FFT) Survey Results

## August 24- August 25





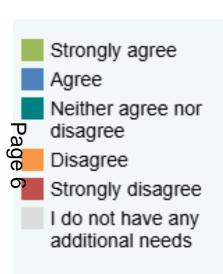


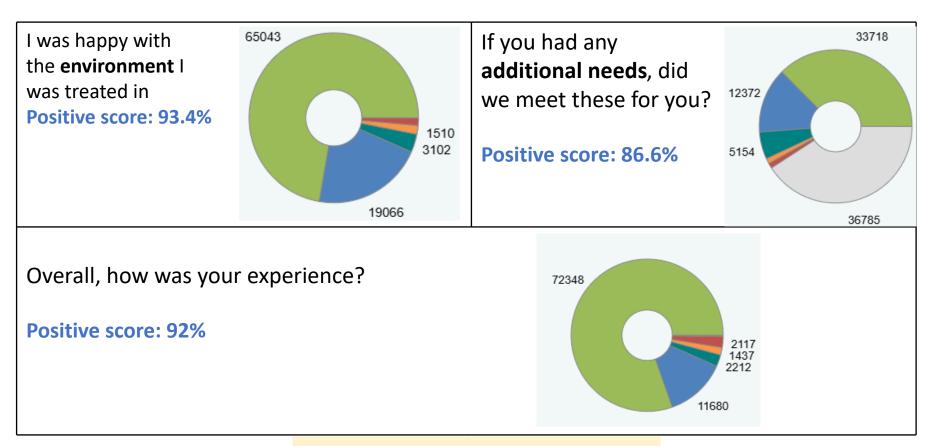
Based on 90000 responses

## NCA Friends & Family Test (FFT) Survey Results

## August 24- August 25



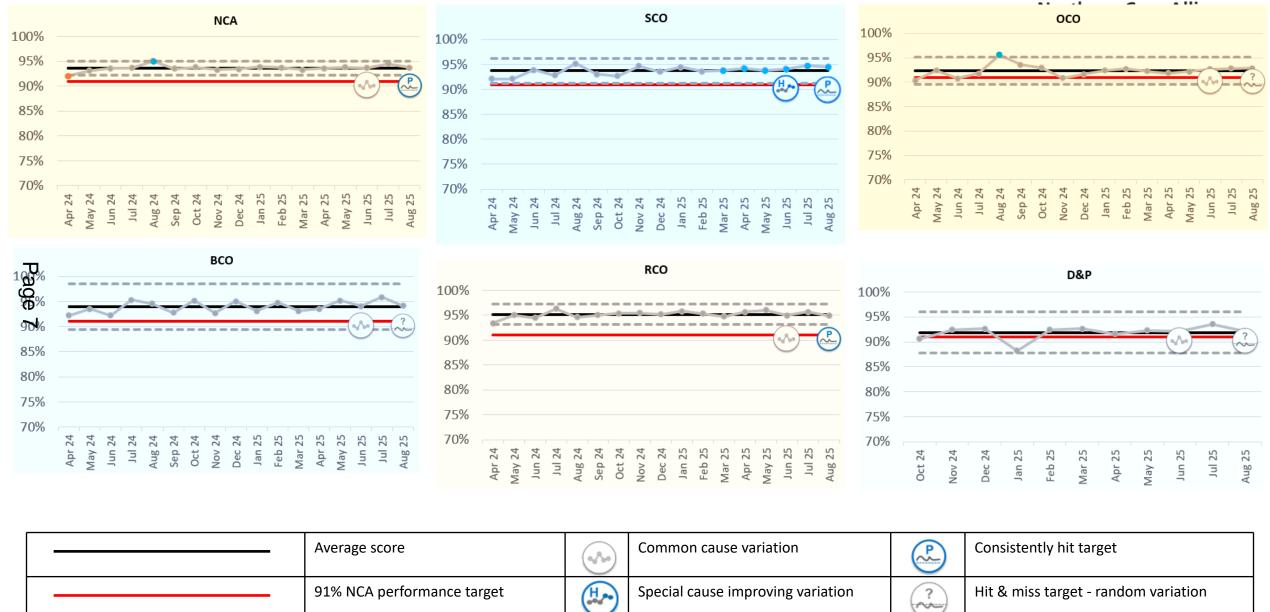




Based on approx. 90000 responses

#### **FFT Question Data over Time by Care Org**





### National CQC Surveys / acting on feedback



Survey Type	Outcomes				
Inpatient	<ul> <li>Reduction in noise at night campaign</li> <li>Introduction of new visitor's charter to guide and support service users</li> <li>Focus on reducing times to be admitted and waiting list reduction</li> </ul>				
Maternity	<ul> <li>Currently results embargoed</li> <li>Action planning session being arranged to review results</li> <li>Previous results were part of the maternity improvement programme</li> </ul>				
Urgent & Emergency Care	<ul> <li>Ongoing existing workstream across the trust</li> <li>Bespoke surveys provided for change in patient pathways to improve patient flow</li> </ul>				
Children & Young People	<ul> <li>Supported action planning with clinical teams</li> <li>Actions ongoing around waiting times, food and drink, wi-fi and age-related activities</li> </ul>				
Cancer	<ul> <li>Shared with Cancer Teams and discussed across key NCA forums &amp; local ICBs,</li> <li>Lowest scoring questions reviewed with Patient User Group for improvement feedback</li> <li>Generic Action Plan developed and monitored via Patient Experience Group</li> <li>Results cascaded to Cancer MDTs with follow-up through Improvement processes</li> </ul>				
Neonatal	- New survey to 2025 – no result received to date.				

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The purpose of Observe, Learn and Act (OLA) is to look at a person's total experience of a service from the service user/carer perspective, learn from it, share good practice and, where necessary, act to make improvements

The tool has been coproduced by service users at Shropshire Community Healthcare Trust for use in a range of settings, including wards, departments and clinics

Observe, Learn and Act is not an inspection; it is a way to identify supportive issues around a service that may seem small, but can make a big difference to the experience of patients

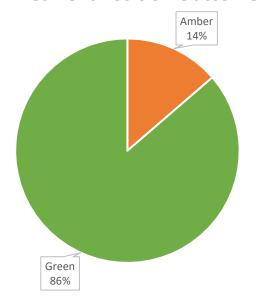
Observe, Learn & Act capture observations from a non-clinical view; this provides an opportunity for service-users, volunteers and non-clinical staff to take part in this improvement model



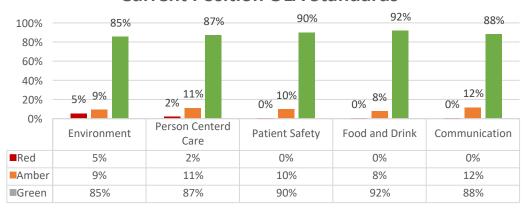
## **Observe, Listen and Act Current Position**



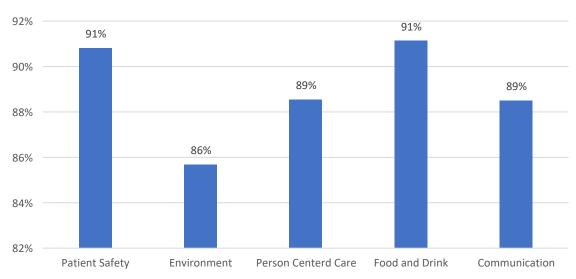
#### **OLA Current Position Outcomes**



#### **Current Position OLA Standards**



#### **Current Position Overall % Score Per OLA Theme**



- To date there has been 320 OLA's carried out across the NCA
- No areas are currently scoring red

#### **CARE APPRECIATE INSPIRE**

## The OLA Review Tool – themes and questions



Theme 1 Environment	Theme 2 Communication	Theme 3 Person Centred Care	Theme 4 Food & Drink	Theme 5 Safety		
Easy access	Are patients listened to / involved in decision-	Dignity and respect maintained	Choices offered	Patients feel safe, comfortable and well		
Clear signage to the	making		Varied menu to suit needs	cared for		
ward/dept Are service users sat out of						
	Effective communication	bed, washed and dress	Warm, timely, appetising	Do people know how		
Feel/appear, i.e.	they understand.		food	to give feedback and		
clean/tidy		raise concerns				
	Clear treatment plan that is	active	Water readily available			
Call bells answered	explained			What would make a		
		Visitors welcomed to be	Regular drinks and snacks	difference to your		
Accessible resources, i.e.	Range of communication	part of loved one's care		experience		
hearing loops	methods to support discussions		Assistance available			
Notices and information						
dated and relevant	All key themes	align to our 8 principle	es of person-centred ca	re		

## Northern Care Alliance



180 people trained to undertake OLA so far



47 training events / 5 development days



enables volunteers/service users and carers opportunities to engage and work with us



offers a framework for medical students to gain on site experience



encourages skills development for people considering new roles and job opportunities



improves wellbeing for people who may never have considered this to be an option





# Observe Listen & Act Summary Slide BCO, Ward 18 18/02/2025



This was a second visit to the dementia/frailty Ward 18,. The team were welcoming and open, still adapting to their new environment. The ward felt calm and warm, with a spacious activity room currently used for lunch but not yet for activities, pending recruitment of a new coordinator.

Displays were mostly staff-focused (e.g., FTSU, pressure ulcers), with limited content for families—though patient/carer feedback was well presented. Mealtime routines were smooth and efficient, with staff actively supporting patients who needed help.

Families reported feeling welcome and safe, rating care 10/10. One carer shared how staff's kindness during a bereavement brought great comfort. Despite challenges from the move, the team showed resilience and a strong commitment to improvement.

#### **Key Points:**

- Display of full set of patient experience posters.
- Review of WMMTM and support with developing strengths-based conversations.
- Review of information boards.
- Develop a programme of daily activities with support from volunteers.
- Review communication with families' processes.
- Update patient experience folder.



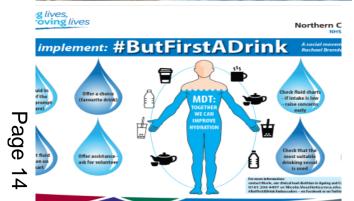
"Every nurse is spot on!"

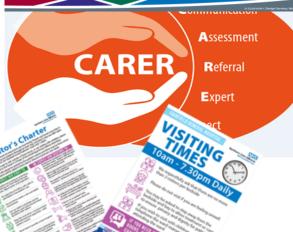


# The Hospital Communication Book

Full of useful images and advice to help you communicate with people with a wide range of needs in hospital.







#### **Using insight for improvement**

14 standards within assessment **Person Centred Care** 





Be the difference.



You said	What we did		
You would like a better understanding of the challenges of hearing loss	Co-produced training videos with Hopwood Hall College Media Students and patients to raise awareness and improve support for those with hearing loss.		
Partially sighted / blind service users said they would like our staff to know how to support them	Partnered with Thomas Pocklington Trust to deliver staff workshops and strategic guidance, improving accessibility for blind and partially sighted patients.		
d/Deaf service users have said they would like more effective and reliable on demand interpretation services.	A business case has been approved for NCA to use Sign Live, video relay service which allows Deaf people to contact us via an interpreter and vice versa		
Deaf service users have said they wanted colleague to average awareness of popular BSL signs	Created a video, led by the Salford Deaf community, featuring NHS senior leaders demonstrating key BSL signs to help staff better support d/Deaf patients		
Sou would like to ensure key staff get recognition for delivering great care.	Introduced patient experience certificates to recognise staff praised by patients—boosting morale and supporting CPD and revalidation.		
I want my hair washed and a pamper whilst in hospital	Launched a pilot with Oldham College Hair & Beauty students, offering pampering services on three Royal Oldham wards—warmly welcomed by patients.		
NCA volunteers have said they would like a way to ensure their suggestions and concerned are acted on	Introduced a volunteer forum to share concerns and ideas, with all issues logged and escalated to ensure action and improvement.  Want help turning this into a visual or headline for a poster? I've got some snappy options!		
Patients have said they would like more activities to keep occupied whilst in hospital.	Volunteers now visit inpatient areas offering books and activity packs with puzzles, crosswords, and colouring to help patients stay engaged during their stay.		

#### **CARE APPRECIATE INSPIRE**

#### **Supporting d/Deaf Patients**



					NHS Foundatio	
	We Will		I	Help Us, Help You		
Ma em  Ma us of D Ma  Stort D Ma  Pro loo  Use cor	Support your communication needs	ask for information  accident and emergency  contact  communication		You can text in advance to check an interpreter has been booked	<b>800</b>	
	Make it easier to access emergency care			You can text to raise a concern or complaint to PALS or send signed video		
	Make sure you can reach			My Communication Needs Passport allows staff to see your needs without having to explain	Comments Perch  (a)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (d	
	us easily			Our staff have more awareness on supporting communication needs		
	Be kind and clear, so you understand your care		Improved communication training for staff	THE CONTROL OF THE CO		
	D D Make sure an expert is there to translate care updates	talking		Pictorial resources are available on request	The Hospital Communication	
	Hear what matters to you	involved in decision making		Guides on how best to support d/Deaf patients	c) Yeart Monta Cirk	
	and make decisions with you and your carer			Posters to promote access to an interpreter during your care		
	Provide access to induction loops	hearing loop		Working towards hearing loops in all our reception areas	D,	
	Use pictures to help with communication	pictures symbols and photos		Window face masks available in our care settings	3	
	w.l. d. d.	care		Working to introduce Sign Live	SignLiv	
	Work together to keep improving care and make sure it meets your needs			NCA webpage for patients and staff which contains support resources	website	



# Commitment to the d/Deaf community alongside implementing a NCA d/Deaf Strategy



# Patient Experience in England

- Lord Darzi's Independent Investigation of the National Health Service in England said that "the patient voice is not loud enough".
- The NHS 10 Year Plan followed through by saying that "The NHS does not take
  patient feedback seriously enough".
- The Dash Review of Patient Safety across the Health and Care Landscape noted that "The system for managing and learning from concerns and complaints is highly fragmented".



## **Key Priorities for Patient Centred Transformation**

10-Year Vision: Drive transformational change with the patient voice at the core

**Coproduction Framework:** Resources to equip staff for confident, collaborative engagement

Lived Experience Partnerships: Build lasting relationships with service users

Feedback Loops: Show how patient input leads to meaningful change

**Prevention Focus:** Understand lives to proactively prevent illness

Access & Equity: Foster equal partnerships and inclusive service design

Quality & Safety: Triangulate data across experience, outcomes, and assurance