NHS
Yorkshire
Ambulance Service
NHS Trust

Obtaining Service User Feedback Policy

Document Author: Head of Quality Improvement

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5.1	May 2024	Risk Team	A	Moved policy onto new template. Extension approved within April Clinical Governance Group.
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A = Approved D = Draft				
Document Author = Spencer Le Grove, Head of Quality Improvement				

Associated Documentation:

- YAS Information Governance Policy.
- YAS Being Open (Duty of Candour) Policy
- YAS Policy for Managing Complaints, Concerns, Comments and Compliments.
- YAS Data Protection Policy and Associated Procedures.
- YAS Records Management Policy.
- Privacy Impact Assessment Procedure (appendix E data protection Policy and Associated Procedure).
- YAS Research Governance Policy.
- YAS Patient Experience Framework
- YAS Community Engagement Strategy

Staff Summary

The Trust recognises the importance of actively seeking feedback from service users to assess service quality and inform new developments.
This policy will focus on the processes in place for obtaining feedback through surveys, focus groups and patient stories primarily. See ‘other policies’ for guidance on how to respond to patient feedback in the form of a complaint, comment, concern or compliment.
This policy applies to service user feedback from adults. While the same principles apply to obtaining feedback from children, further safeguards and considerations are required. Further expertise should be sought from the Quality Improvement Team (Patient Experience Lead) and the safeguarding team when considering any survey for, or involving, under 18s.
All service user feedback activity carried out on behalf of the Trust will be carried out in accordance with the principles outlined in Appendix C.
It is expected that if members of staff or managers have service developments or projects that they wish to gain some feedback on from service users they will complete the *YAS Service User Feedback Project Proposal Form* (Appendix D) and submit to the Quality Improvement Team.
Upon review by the Head of Quality Improvement advice will be provided as to whether the Critical Friends Network (CFN) could be utilised for this engagement activity or whether it may be appropriate for a separate piece of engagement work to be initiated.
The Trust has an established CFN that is a core network of patients, carers and members of the public that have expressed an interest in assisting YAS in service development and improvement.
The CFN will be consulted upon following the principles outlined above and feedback may be obtained virtually (via email, telephone, letter) or via face to face meetings.
The Trust conducts pro-active surveys with service users to gather their feedback on their experiences. Generic surveys are sent to patients who have used our services each quarter.
The Trust values the use of patient stories to share experiences of service users and gain valuable feedback. As a minimum, these will be shared in public with the Trust Board and may also be used as a training aid.

1.0 Introduction

1.1 The Trust recognises the importance of actively seeking feedback from service users to assess service quality and help to inform improvements and developments. Excellent experience of care is an essential part of an outstanding health and social care service as well as clinical safety and effectiveness. Gaining Service User feedback is aligned with national priorities as set out in the Government's 2010 policy document, *Equity and Excellence Liberating the NHS* and the NHS England Patient Safety Strategy 2021. It is one of the eleven Ambulance Quality Indicators and the *NHS Operating Framework 2013-2014: Everyone Counts – Planning for Patients* makes a clear commitment to seeking and acting on Service User feedback.

1.2 This policy will focus on the processes in place for obtaining feedback through surveys, focus groups and patient stories primarily.

2.0 Purpose/Scope

2.1 The purpose of this policy is to set out clear standards for those carrying out service user feedback activity in order that patients, other service users, staff and the Trust are protected, and that the quality of this activity can be measured and monitored.

2.2 The policy should be used by all staff and managers when considering obtaining feedback from service users. This policy applies to service user feedback from all service users. While the same principles apply to obtaining feedback from children, further safeguards and considerations are required. Further expertise should be sought from the Quality Improvement Team (Patient Experience Lead) and the safeguarding team when considering any survey for, or involving, under 18s.

2.3 A separate policy and procedure is available in relation to responding to feedback from service users in the event of a complaint for example. Managing Concerns and Complaints: see *Compliments, Comments, Concerns and Complaints Management Policy* for guidance.

2.4 This policy is not intended for the use of obtaining research. Research can be defined as 'the attempt to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sound methods. This excludes audits of practice and service evaluations. It includes activities that are carried out in preparation for or as a consequence of the interventional part of the research, such as screening potential participants for eligibility, obtaining participants' consent and publishing results. It also includes non-interventional health and social care research (i.e. projects that do not involve any change in standard treatment, care or other services), projects that aim to generate hypotheses, methodological research and descriptive research.' Any projects meeting the definition of research will be managed under the YAS Research Governance Policy.

3.0 Process

3.1 Introduction

3.1.1 To inform the development of this policy feedback has been sought from:

- Clinical Quality Development Forum (CQDF)
- Critical Friends Network (CFN)
- Head of Diversity & Inclusion

- Information Governance Manager

3.1.2 All service user feedback activity carried out on behalf of the Trust will be carried out in accordance with the following principles:

1. Abide by all relevant Laws and Regulations and NHS Policy.
2. All activity should be conducted in an ethical manner.
3. Feedback should be gained in a manner that ensures minimum disruption to patients and service users.
4. No patient and/ or service user shall be excluded and, where appropriate, positive action should be taken to make activity accessible to seldom heard communities.
5. Be open with activity and results.
6. All activity will be conducted in a safe and professional manner.

3.1.3 Details of these principles and how these apply on a practical level are included within Appendix C.

3.1.4 It is expected that if members of staff or managers have improvement programmes of work or projects that they wish to gain some feedback on from service users they will complete the *YAS Service User Feedback Project Proposal Form* (Appendix D) and submit to the Quality Improvement Team. Upon review by the Head of Quality Improvement advice will be provided as to whether the Critical Friends Network (CFN) could be utilised for this engagement activity or for a separate piece of engagement work to be commissioned. If this is the case, advice will be provided by the Quality Improvement Team (contact details can be found in Appendix E).

3.2 Critical Friends Network

3.2.1 The Trust has an established CFN that is a core network of patients, carers and members of the public that have expressed an interest in assisting YAS in service development and improvement. An application must be made if a person would like to join the CFN. This is managed by the Quality Improvement Team and reviewed by the Trust’s Patient Engagement Lead (Head of Quality Improvement)

3.2.2 The CFN will be consulted upon following the principles outlined above and feedback may be obtained virtually (via email, telephone, letter) or via face to face meetings. Any staff member or manager wishing to engage with the CFN on upcoming projects, service developments or pieces of work should contact the Quality Improvement Team for this to be facilitated. The flowchart below shows how this should work.

3.2.3 Engagement events will be held throughout the year (as a minimum quarterly) with the CFN and will be held in different areas of the region to ensure accessibility for all members. Consideration will be given to the suitability of the venue to not exclude any members from attending and will accommodate any disabilities as appropriate.

3.2.4 Travel expenses will be provided for any events that the CFN members attend as a minimum. Refreshments will also be provided.

3.2.5 The CFN database, log of activity, documentation and associated records will be held centrally by the Quality Improvement Team. All correspondence with the CFN must be facilitated by the Quality Improvement Team using Trust policy and approved and standardised processes.

3.3 Surveying

3.3.1 The Trust conducts pro-active surveys with service users to gather their feedback on their experiences. Generic surveys are sent to patients who have used our services each quarter. Approximately 500 addresses are selected at random for each of the A&E, PTS and NHS 111 services. These surveys are also available on our website for people to complete and submit if they wish to give us feedback pro-actively.

3.3.2 Quarterly reports are produced with statistical information on the feedback obtained through the general surveys and analysis is undertaken of the narrative commentary received through the process. This information is made available to all staff on the Public I drive and is also included in reports to Clinical Quality Development Forum, Quality Committee and Commissioners.

3.3.3 If any member of staff or manager wishes to conduct any additional surveying of service users, advice should be sought from the Quality Improvement Team in the first instance as to how to do this effectively. It is important that there is central co-ordination as all patient and service user experience and engagement activity must be reported to the relevant committees and groups via the Quality Improvement Team.

3.3.4 The Trust also commits to completing the nationally mandated Friends & Family Test (FFT) surveying with patients and reports against this quarterly.

3.4 Patient Story

3.4.1 The Trust values the use of patient stories to share experiences of service users and gain valuable feedback. As a minimum, these will be shared in public with the Trust Board and may also be used as a training aid. Cases will be identified on an individual basis either by a request from a service user to conduct a patient story or through the Trust asking individuals, where appropriate following a relationship already being formed with the individual for example following a complaint being made.

3.4.2 Patient stories should be conducted in the form of a video if this is appropriate or a presentation of some kind. These are facilitated once again via the Quality Improvement Team and produced in conjunction with YAS Academy. Consent is obtained from the person making the story, beforehand and appropriate documentation is completed in support of this.

3.4.3 If any staff member or manager wishes to conduct a patient story, as above advice should be sought from the Quality Improvement Team in the first instance.

3.5 **Working with other departments**

3.5.1 It is recognised that patient involvement is critical for service development and improvement and in turn needs to be integrated with other work streams ongoing across the organisation including clinical audit, patient safety and quality improvement. Involvement of service users will be delivered as business as usual as part of all of these areas of work with ongoing co-production and engagement with patients and members of the public as part of these areas of development. This is applicable for all areas of the organisation but it is recognised that these areas in particular require effective engagement in order for the Trust to meet its ambitions of further progressing these strategic developments.

3.5.2 Research & development is another integral relationship with patient engagement and liaison between the R&D department and the Quality Improvement Team will take place as appropriate in relation to surveying, involvement activities and other joint projects where necessary.

4.0 Training expectations for staff

4.1 Training requirements will be identified as part of the planning of any Service User experience feedback project and will be met with support from the Quality Improvement team.

5.0 Implementation Plan

5.1 The latest approved version of this Policy will be posted on the Trust Intranet site for all members of staff to view. New members of staff will be signposted to how to find and access this guidance during Trust Induction. All staff will be made aware of the latest version, once approved, via Trust communication channels.

6.0 Monitoring compliance with this Policy

6.1 Work associated with obtaining service user feedback will be reported on primarily to the CQDF and the Quality Committee. Any projects or service developments that are to engage with service users will be managed via the Quality Improvement Team.

7.0 References

7.1 The following sources have been accessed to inform development of this policy:

- The Intelligent Board 2010 – Service User Experience; Dr Foster Intelligence; http://drfosterintelligence.co.uk/thought-leadership/intelligent-board/
- Equity & Excellence, Liberating the NHS, Command Paper 7881, HMSO, 2010
- Ambulance Quality Indicators; NHS England; http://www.england.nhs.uk/statistics/ambulance-quality-indicators/
- NHS Operating Framework 2013-14: *Everyone Counts – Planning for Patients 2013-14*, NHS England, 2013
- The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Executive Summary, Sir Robert Francis QC, HMSO, 2013
- Information Standards Board Publication: Anonymisation Standards for Publishing Health and Social Care Data, 2013. http//www.isb.nhs.uk
- Service User Involvement Best Practice Guide; www.serviceuserinvolvement
- Service User Opinion
- www.patientopinion.org.uk/

8.0 Appendices

8.1 The following appendices can be accessed within this policy:

Appendix A – Definitions
Appendix B - Roles & Responsibilities
Appendix C - Principles for engagement
Appendix D - YAS Service User Feedback Project Proposal Form
Appendix E – Contact Detail

Appendix A – Definitions

What is Service-User/Service User Experience?	The Intelligent Board 2010 has produced a report defining Service User Experience as: “feedback from patients on ‘what actually happened’ in the course of receiving care or treatment, both the objective facts and their subjective views of it. The factual element is useful in comparing what people say they experienced against what an agreed care pathway or quality standard says should happen. The opinion element tells you how patients felt about their experience and helps to corroborate (or otherwise) other quality measures. Some measures that are not derived directly from patients are also used, on the basis that they relate to things known to matter to patients and their experience of care, such as single-sex wards”.
Service user	Throughout this document where the term ‘service user’ is used, this includes: • Patients • Carers • Members of the Public
Critical Friends Network	This is the network of service users developed by the Trust to engage with on service developments and improvements.

Appendix B – Roles & Responsibilities

Roles and Responsibilities

Head of Quality Improvement

- Trust Lead for Patient Experience and Engagement.
- Owns this policy, ensuring it is up to date and reflects latest legislation, best practice, and other relevant guidance.
- Ensure managers and staff are aware of this policy and that it is implemented in practice.
- Champion the development of a learning culture in YAS and working with local managers to ensure lessons learnt from Service User feedback are used to inform service improvement.
- Ensure that patients and the public are appropriately involved in survey design for example.
- Report to Clinical Quality Development Forum on the results of Service User experience activity, action plans to address key issues and escalating any barriers to improvement.
- Work with colleagues across the Trust to ensure that YAS employs an appropriate range of robust mechanisms to monitor Service User experience in all its services.
- Record risks to the effective implementation of this policy and acting on the feedback received on a departmental risk register and puts a mitigation plan into place.

Quality Improvement Team Manager

- Maintain a log of all Service User experience activity within the Quality Improvement Team electronic files. Ensuring results are received and reported and published as outlined in 6.1.
- Ensure lessons learned are used to improve YAS services in the future.
- Act as a point of contact for queries about Service User experience projects.
- To maintain an action log of previous and current projects and findings in order to stop duplication and aid learning from previous projects.
- To liaise with new applicants and send through any previous similar projects.
- Ensure reports to be published are fully anonymised.

All managers and staff

- Advise the Quality Team of any intended activity to proactively obtain Service User feedback.
- Follow relevant best practice and guidelines.
- Ensure compliance with Data Protection Act 1998 and Caldicott Principles.
- Report results via the Quality Team in a timely manner and publishing as appropriate.
- Take responsibility for agreeing improvement actions in response to issues, themes and trends identified from feedback received and ensuring these are delivered.

Management Group Responsibility

Clinical Quality Development Forum (CQDF)

- Receive reports on Service User experience as set out in its annual work plan and provides assurance to the Clinical Governance Group that YAS has effective processes in place to learn from Service User experience.
- Ensure learning from Service User experience is acted upon where issues, themes and trends are identified.
- Ensure that learning from Service User experience is triangulated with learning from other sources to identify common learning.
- Record any significant risks to learning from Service User experience on the risk register and ensures that appropriate mitigations are in place.

Clinical Governance Group (CGG)

- Receives assurance reports and has decision making responsibility in relation to patient experience work ongoing within the Trust.

Information Governance Group

- Provide guidance, where required, on data collection activities from an information governance perspective, including compliance with the NHS Confidentiality Code of Practice, Data Protection Act 1998 and Caldicott Principles.

Quality Committee

- Has delegated responsibility from the Trust Board to assure itself that the Trust has effective systems in place for obtaining proactive feedback from the people who use our services and that results are monitored and acted upon.

Appendix C – Principles for Engagement

Principle 1: Abide by all relevant Laws and Regulations and NHS Policy

All possible steps will be taken to ensure that any communication is kept confidential and secure and person identifiable data will only be collected and processed where strictly necessary in line with the *NHS Confidentiality Code of Conduct, Data Protection Act 1998 and The Caldicott Principles*. Personal details will not be used for reporting purposes without explicit prior consent and all personal details will be stored securely in accordance with the Trust's *Data Protection Policy and Records Management Policy.* Advice should be sought from the Information Governance Manager if support is required in relation to this area.

In order to help assess that the Trust cares for all its service-users with the same standard of care and dignity, data on the age, gender, ethnicity, disability, and sexual orientation of service-users will, where appropriate and justified, be collected for analysis. If necessary, approval will be sought from the Trust Caldicott Guardian.

Any service-user contact within a research project will be conducted within the standards laid down in the Trust's *Research Governance Policy*.

Principle 2: All activity should be conducted in a manner that is deemed ethical

If service users are to be surveyed in order to monitor their experience of a particular aspect of YAS's services, advice should be sought from the Quality Team (Patient Experience Lead). If patients are to be surveyed as part of a research project, advice must be sought from the Trust Head of Research & Development. If necessary, approval will be sought from the Trust Caldicott Guardian.

It should not be assumed that others in the patient's household are aware of the patient's dealings with the Yorkshire Ambulance Service, and the service user's right to confidentiality and privacy must be respected. Any breach of the service user confidentiality must be reported via the Trust's incident reporting process.

Contact to seek feedback from people using the 999/A&E service should not be sought until at least 10 days have lapsed since the incident. It is considered that this length of time will allow YAS systems to identify any information which could mean that it would not be appropriate to contact the service user and allow a service user to reflect on sensitive or traumatic events.

Data should not normally be gathered from events more than one year past as memory may not be reliable after this period. Where possible, information will be gathered within a six month period from the incident date (for A&E patients) and within a three month period for PTS patients.

It will always be made clear to service users that participation in surveys, interviews or focus groups is voluntary. Their decision to participate and/or the feedback that they give about the service will in no way adversely affect the quality of their future care.

Principle 3: Feedback should be gained in a manner that ensures minimum disruption to the patients or public

The number of questions and pages of any service-user feedback project should be kept to a minimum. All efforts will be made to avoid unnecessary disruption to patients. As a general principle contact will be avoided before 09:00 hours or after 20:30 hours

Service users will not be visited without prior arrangement. If a service user declines to take part at any stage of a project they will not be pursued further for the length of that project. Service users not responding to an initial contact will not normally be re-contacted for a response. If the service user requests not to be contacted for future projects this will be reported to the Quality Team (Patient Experience Lead), where it will be recorded. Every effort will be made to ensure these service users do not receive future correspondence.

Principle 4: No service user will be excluded

The Trust believes that every service user has the right to give feedback on the service they receive. To ensure the widest possible participation, steps will actively be taken to enable contributions from those in seldom heard groups/communities.

All service users eligible for a project being conducted will be included in the sample. Valid exceptions include where the service user is known to the Trust to have died or where there are safeguarding issues or when an individual has expressed a preference not to be included/contacted.

Sometimes a service user that should be included in a survey sample may be difficult to contact, for example due to inaccurate or incomplete contact details being available or the location/address being specified as a business or public institution. In these cases, reasonable efforts will be made to obtain, and verify, the correct contact details and to include them in the sample, but if they cannot be obtained then they may be excluded from the sample.

Although YAS will usually wish to seek feedback directly from the patient, sometimes a service user advocate may wish to respond in place of the patient. Such responses will be treated as a valid response and included in the data analysis. A signed service user consent form will be needed to activate this process.

Focus groups or interviews will be carried out in facilities with appropriate access so as not to exclude or inconvenience any participant. Every effort will be made to comply with requests from service users for questions in a different language or format and this service will be offered. Survey design will include measures to make them accessible, for example for people with learning disabilities.

The Trust will reimburse service users with any reasonable expenses incurred while contributing to Trust service user feedback activity. Anticipated costs should be outlined in the project design and on occasion it may be reasonable to offer payment for service user feedback, dependent on time required and skills required. Details of this are explored within the Critical Friends Network (CFN) section below.

Principle 5: Be open with activity and results

All projects will be registered centrally with the Quality Team (Patient Experience Lead) at the project proposal stage and a copy of the final report will be provided to them at the end of the project. A report must include:

- Summary of survey methodology.
- Summary of results (with full results in appendix if appropriate)
- Analysis of results.
- Action plans agreed to address issues, lead managers and timescales for delivery.

YAS is committed to providing feedback to staff and the general public regarding the findings and actions relating to all service user experience project work. Individual feedback will be provided to the participants from each project. Service user feedback may also be shared in Trust committee and meeting reports, links into the training and education department, inclusion in a patient story for Trust Board and inclusion on the Intranet. These are examples only and other options may also be used, with consent being sought where necessary and appropriate.

Principles 6: All activity will be conducted in a safe and professional manner

All projects to obtain service user feedback including any conducted externally will be carried out in accordance with this Policy. Before a new project commences approval must be sought from the Quality Team (Patient Experience Lead). All projects will be carried out with the proper involvement of the relevant service manager. Projects will be carried out in a way which will not hinder service user care or service delivery. When conducting face to face interviews staff will carry Trust photographic identification and produce it to the interviewee.

As part of a project plan, a risk assessment will be carried out and appropriate measures put in place to ensure the safety of staff carrying out interviews and patients involved. Addresses will be checked for any flagged in the Computer Aided Dispatch system as presenting a known risk to staff. Patients will be informed that they may have a representative present during any interview.

Interviews carried out with patients or a member of the public in a public place should not contain elements of a confidential nature. All interviews and conversations with confidential content should be carried out in a private environment. Service user consent should be obtained prior to making recording of conversations. Service users themselves are free to make their own recordings of conversations; if they ask to do this, they must be advised that this must be for their own personal use only and be asked to sign a declaration form available from the Quality Team (Patient Experience Lead).

A cover letter should be included in postal survey packs (an example is shown in Appendix 2 of this policy). It is important to be very clear that the service user need not participate and that if they choose not to participate any future care will not be affected. An introductory paragraph specific to the project may be required. When conducting a telephone survey, the service user should be informed of the aspects covered in the standard cover letter.

Patients included in a survey should be given contact details of a named person from Yorkshire Ambulance Service that they may contact to ask questions about the project or for assistance with completion of any work.

Appendix D - YAS Service User Feedback Project Proposal Form

YAS SERVICE USER FEEDBACK PROJECT PROPOSAL FORM

Please complete this form and return this to the Quality Improvement Team yas.quality.improvement@nhs.net . Please liaise with the Quality Improvement Team Manager if you require support to complete any of these sections.

STAGE 1: PROJECT PROPOSAL

PROPOSED NAME/TITLE OF PROJECT

PROPOSER : PROJECT CHAMPION (used to note who is the author/proposer and the appropriate 'champion' at a level capable of the authorisation of the project and supporting resources)

PROJECT LEAD

BACKGROUND (explain the background which led to the requirement to raise this proposal)

OBJECTIVES (identify the objectives/aims/proposed outcomes of the project)

OUTLINE OF INVOLVEMENT (summarise how you plan to carry out the project, sampling methods methodology and proposed analyse process – this should also give consideration to co-production throughout the project at each stage)

QUALITY EXPECTATIONS/BENEFITS (identify how the results will help improve service quality in terms of Service User safety, clinical effectiveness and Service User experience)

COMMUNICATION STRATEGY (identify methods for the dissemination of findings to staff and public)

ESTIMATED COSTS (identify any costs that may be associated with patient involvement. Also consider any funding opportunities that might be available i.e. third sector partners, national funding for improvements)

EQUALITY IMPACT ASSESSED (Outline any accessibility considerations highlighted within the scope and how these issues will be addressed)

SUBMISSION FOR CONSIDERATION/AUTHORISATION	
Submitted by	Submission date
Name (in caps):	
Signature:	

QUALITY IMPROVEMENT TEAM FEEDBACK	
Feedback from (name)	Date
Comments	

Overall learning identified from the project including review and evaluation:

Appendix E – Contact Details

Spencer Le Grove
Head of Quality Improvement (Patient Experience & Engagement Lead)
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