

Accessible Communication and Information for People with Sensory Loss

NHS Organisation	Hywel Dda UHB
Date of Report	April 2022
Report Prepared By	Strategic Partnerships, Diversity and Inclusion Team – inclusion.hdd@wales.nhs.uk

The All Wales Standard for Accessible Communication and Information for People with Sensory Loss sets out the standards of service delivery that people with sensory loss should expect when they access healthcare. These standards apply to all adults, young people and children. The Accessible Information Standard requirements sit alongside the ‘Standards’ as an enabler to implementing them.

Reporting Schedule: Progress against the organisation’s action plan for the current operational year is to be reported bi-annually. This form is to be submitted on 31 October and 30 April.

Completed form to be returned to: hss.performance@gov.wales

Please attach an **updated action plan** that you may have in place to implement the All Wales Standard for Accessible Communication & Information for People with Sensory Loss



Sensory Loss Action
Plan 22 to 23.doc

Needs Assessments	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
All public & patient areas should be assessed to identify the needs of people with sensory loss	<p>The needs of those with sensory loss are considered as part of the planning process for new builds and refurbishments. For example, the implementation of the Hospital Charter for Wales with actions to support dementia friendly ward and hospital environments that looks to develop a set of design principles for new builds and refurbishments and includes impact for patients with sensory loss.</p> <p>The Equality & Health Impact Assessment (EHIA) for Healthier Mid and West Wales our Future Generations Living Well Programme considers impact for patients with sensory loss.</p>	<p>Equality Impact Assessments are carried out for all Health Board policies and service developments which ensures the needs of service users with sensory (and other needs) are taken into account; for example, for service reviews and specification developments for Carers services and Community Mental Health Centre and service.</p> <p>To ensure that we meet the Needs Assessment requirement of this Standard, a Sensory Loss Friendly Self-Assessment Checklist is being developed through the Health Board Enabling Quality Improvement in Practice (EQIIP) programme. EQIIP is a programme to support staff</p>		

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	<p>All Health Board policies and service developments have Equality Impact Assessments carried out, to ensure the needs of service users with sensory loss are taken into account, for example, service review and specification development for Carers services.</p> <p>The Sensory Loss Partnership Forum developed and put forward a project proposal to Hywel Dda UHB Enabling Quality Improvement in Practice (EQIIP) programme to put in place a robust mechanism for assessing the accessibility of the services we provide and our public and patient areas. The project proposal is to develop a self-assessment checklist, guidance and resources for Health Board services and departments to use, to enable our services and patient areas to be assessed, for accessibility and where needed, changes introduced to improve accessibility.</p> <p>Continued provision of support and education for patients to overcome sensory changes, e.g. techniques to aid inattention or visual field loss.</p> <p>Continued provision of equipment to promote independence for patients, for example, blue toilet seat to aid depth recognition, kettle tippers, fluid level indicators, tactile markers on kitchen equipment, high visible markers around environment, and white tape on steps to prevent falls.</p> <p>Strategic Partnerships, Diversity and Inclusion (SPD&I) team continues to receive queries from</p>	<p>develop their skills and deliver change to improve our services and experience for our patients. The Sensory Loss Friendly Self-assessment Checklist is aimed to support all departments and patient areas assess the accessibility of their services. It will also enable our services and patient areas to introduce necessary changes and, as a result, improve accessibility for people with sensory loss where needs are identified.</p> <p>As part of the process of the EQIIP project, a review of the gaps in services and the needs of people with sensory loss was carried out. The needs assessment exercise included review of patient experience report and feedback from various sensory loss forums.</p> <p>Continued assessment of needs in patient areas and provision of appropriate equipment as identified to promote independence for patients, for example, blue toilet seat to aid depth recognition, kettle tippers, fluid level indicators, tactile markers on kitchen equipment, high visible markers around environment, and white tape on steps to prevent falls.</p> <p>Strategic Partnerships, Diversity and Inclusion (SPD&I) team continues to receive queries from staff and offer support and advice to ensure communication, documents i.e. posters used by various directorates meet the needs of patients/people with sensory loss.</p>	<p>Delay in the implementation of the EQIIP Programme and/or the Pilot project due to the operational pressures staff and services are facing.</p> <p>A review of the location of hearing loops (fixed and portable) across Health Board sites is required. Relying on self-reporting creates a risk of not identifying all devices that are available.</p>	<p>The EQIIP Sensory Loss Project Team to report to the Sensory Loss Partnership Forum for assurance check and ongoing planning and monitoring.</p> <p>A pilot of the scheme will be carried out in 2022 – 23 in the following patient areas: Outpatient, Glangwili General Hospital; Outpatient Clinics, Ceredigion Community Hospital; and Cardigan Integrated Care Centre. The Sensory Loss Friendly Scheme and the Self-Assessment</p>

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	staff to ensure lettering in signage or posters used meet the needs of people with sensory loss.			<p>Checklist are intended to be rolled-out health board-wide in the next reporting year.</p> <p>The Sensory Loss Self-Assessment Checklist will help ensure staff are aware of the needs (including locations of hearing loops, reporting, etc.) of people with sensory loss and provide appropriate support and equipment as identified. Representatives from Estates to the EQliP Sensory Loss Friendly Project to inform review of the location of hearing loops and other sensory loss equipment.</p>

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<p>All public information produced by organisation should be assessed for accessibility prior to publication.</p>	<p>Online Engagement Hywel Dda UHB has procured an online engagement tool called Engagement HQ. Have your Say – Hywel Dda UHB in English (available here: https://www.haveyoursay.hduhb.wales.nhs.uk) and in Welsh (available here: Dweud eich Dweud – BIP Hywel Dda https://www.dweudeichdweud.biphdd.cymru.nhs.uk). The platform meets the website accessibility standards WCAG 2.1 to AA Standard.</p> <p>The engagement tools made available include Forums, Ideas, Places, Stories, Guestbook, Questions, Polls and Surveys. There is also the facility to attach other formats such as audio and videos (BSL) to the pages.</p> <p>Engagement with the public: Hywel Dda University Health Board carried out an engagement exercise ('Building a healthier future after COVID-19') between 10 May and 21 June 2021. The Health Board wanted to learn more about how the pandemic has affected people's health and care, and their access to it, as well as the implications of these experiences for its long term health and care strategy. As the Health Board plans to develop a new hospital, people were also invited to nominate possible sites for the new build. In addition, people were asked for their top priorities when considering the location of the hospital.</p> <p>To carry out public engagement, the resources were produced in a range of formats, including</p>	<p><i>Upskilling the organisation</i> The Communications team has launched new Intranet pages for our staff with guides on creating digitally accessible content for our public; this includes making accessible webpages and documents, and making accessible videos and images.</p> <p>The Communications team quality assurance checks all content provided by other teams, and wherever possible provide recommendations and support on how to make them more accessible prior to publication.</p> <p><i>Corporate website:</i> We continue to maintain a much improved corporate website, in terms of accessibility and all requests for published information are considered against our digital accessibility requirements. This allows us to identify and address problems such as too long sentence structure, colour contrast etc. We have started to replicate key short public documents into long-form html pages for the website (rather than pdf which can be problematic for accessibility).</p> <p>The screen reader tool (Read Speaker) has now been installed on our website since December 2021. Digital Health and Care Wales (DHCW) continue to look at enhancements on an All-Wales basis, and we will promote when enhancements are made available on our website.</p> <p><i>Videos:</i></p>	<p>The Health Board website remains to be partially compliant with the Web Content Accessibility Guidelines version 2.1 AA standard, due to the non-compliances and exemptions openly communicated in the accessibility statement</p>	<p>Technical non compliances of the system (MURA) will be undertaken by DHCW on an All Wales basis. An area of non-compliance for the Health Board is in complex documents for the Board (as opposed to general public audience), which are in pdf format. These</p>

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	<p>BSL and Audio, and were also made available on the Have Your Say / Dweud eich Dweud sites.</p> <p>The Health Board also continues to arrange and organise social work literature on audio. This involved different departments within the authority working together for the first time. Liaison between sensory team, social work team and IT department within the authority. Information is produced on audio as requested within a week.</p> <p>Corporate website A great deal of work has been carried out to ensure that the Health Board website meets the requirements of the website accessibility regulations. Improvements include the ability to zoom up to 200% without the text spilling off the screen, content written in plain English, alt text descriptions, reduced numbers of pdfs and word documents with the preference for html, and compatibility with assistive technology.</p> <p>The Health Board continues to mitigate the risk by providing contact details in the accessibility statement for anyone having trouble accessing information on the website, so that they can receive support or alternative versions.</p> <p>Videos All videos produced by the Health Board are in a single language with subtitles.</p> <p>Other documents</p>	<p>All videos produced by the communication team are subtitled.</p> <p><i>Social media:</i> All social media images are now required to have alt descriptions, and any text embedded within the image must also be included in the text fields – we have received comments of thanks for this from users with accessibility problems.</p> <p><i>Other documents:</i> All services work with the Communications team and the Equality, Diversity and Inclusion team to consider the adaptations that can be made to documents to make them more accessible (e.g. font size, colour contrast, plain English) or the necessity for alternative versions of documents or resources to meet more complex needs.</p> <p>Strategic Partnerships, Diversity and Inclusion (SPD&I) team receives queries from staff and offer support and advice to ensure communication, documents e.g. leaflets used by various directorates meet the needs of people with sensory loss.</p> <p><i>Online Engagement</i> Hywel Dda UHB continues to use an online engagement tool called Engagement HQ. Have your Say – Hywel Dda UHB in English (available here: https://www.haveyoursay.hduhb.wales.nhs.uk) and in Welsh (available here: Dweud eich Dweud – BIP Hywel Dda https://www.dweudeichdweud.biphdd.cymru.nhs.uk). The platform meets the website accessibility standards WCAG 2.1 to AA Standard.</p>		<p>are for example Board reports and long Annual Reports. Currently the Health Board does not have the digital resource to convert these documents on an ongoing basis into html pages. Research into how we may overcome this issue is ongoing and we would expect to have a recommended approach by the end of 2022. We have mitigated in the meantime by minimising publication where possible, providing contact details where there are</p>

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	All service areas work collaboratively with the Diversity and Inclusion Team to consider the adaptations that can be made to documents to make them more accessible (e.g. font size, colour contrast, plain English) or the necessity of alternative versions of documents or resources to meet more complex needs.	Consultation and engagement documents are made available in audio, large print, BSL and were also made available online via Engagement HQ. Individuals can make request for a CD of the documents which are sent out to them by post. The engagement tools made available include Forums, Ideas, Places, Stories, Guestbook, Questions, Polls and Surveys.		non-compliances for people to make contact, and maintaining these complex documents within a single section of our website (Governance).

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Health Prevention (Promotion Screening, SSW, Flu Vaccination, Bump Baby & Beyond). Priority areas include:				
Raising staff awareness	<p>Staff are continually made aware of the availability of accessible formats via staff intranet, social media, team meetings, network development events and promotion of the shared portal where resources are stored.</p> <p>Staff are continually encouraged to access sensory loss awareness courses that are made available.</p> <p>Regular Press releases are placed on the Health Board Internet page.</p> <p>Global emails are delivered to all staff email inboxes daily. Updates are</p>	<p>Staff are continually made aware of the availability of health prevention information, via global emails, staff intranet, social media, team meetings, network development events and promotion of the shared portal where resources are stored.</p> <p>Global emails are delivered to all staff email inboxes daily. Updates are shared on the Staff Only Facebook page which is a private group with 6k members, in order to reach staff who are</p>	Compliance rates of non-mandatory training	Compliance rates on sensory loss training available on ESR will be included as one of the

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	<p>shared on the Staff Only Facebook page which is a private group with 5.8k members, in order to reach staff who are not office based or might not be in work.</p>	<p>not office based or might not be in work.</p> <p>In November, the health board ran courses on Deaf and Deafblind awareness, sight loss awareness, and British Sign Language (BSL) taster courses. Similar training were also delivered during Sign Language Week in March 2022. Staff are continually encouraged to access sensory loss awareness courses that that are made available by the health board on ESR and any training courses that are provided externally.</p> <p>Internal communications are placed on the Health Board Intranet page to raise awareness on sensory loss and sign language. For example, sensory loss related books and resources were shared to all staff during the Sign Language Week in March.</p>		<p>requirements in the Sensory Loss Friendly Scheme – Self-Assessment Checklist</p>
<p>Ensuring all public information is accessible for people with sensory loss</p>	<p>Partner organisations such as Local Authorities, Public Health Wales, and the third sector produce resources such as local campaigns in accessible formats.</p> <p>COVID-19 response information continues to be produced in a range of formats and is available to staff and</p>	<p>The Health Board as well as partner organisations such as Local Authorities, Public Health Wales, and the third sector continue to produce resources such as local campaigns in accessible formats.</p>		<p>Plans are in place to develop an accessible communication and information policy</p>

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	<p>the public in line with current guidance. A full equality impact assessment of the vaccination programme was carried out, to ensure information and venues are accessible for people with sensory loss.</p> <p>The Health Action Team has played a vital role in the vaccination programme working with the Mass Vaccination Centres to ensure that reasonable adjustments are made. Their work has helped to reduce barriers and allay fears and anxieties of those with additional communication needs so that they can receive their vaccine with as little stress for the individual as possible. Adjustments made include:</p> <ul style="list-style-type: none"> • Sharing easy read information on the process in advance of the appointment • Supporting staff and volunteers to adopt plain English and jargon free language • Talking through the process and what to expect step by step and finding out from the individual what they need and how best to support them. <p>Consultation and engagement documents are made available in audio, large print, BSL and made available online. Individuals can make</p>	<p>COVID-19 information continues to be produced in a range of formats and is available to staff and the public in line with current guidance. The health board continues to review the accessibility of information that is made available to the public in order to reduce barriers and allay fears and anxieties of those with additional communication needs so that they can receive their vaccine and other support or service with as little stress for the individual as possible. Where needed, we made sure that:</p> <ul style="list-style-type: none"> • information is available in a range of formats in advance of appointment; • Staff and volunteers are supported to adopt plain English and jargon free language • Individuals are asked of what they need and how best to support them and informed by talking through the process and what to expect step by step. 		

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	request for a CD of the documents which are sent out to them by post.			
Accessible appointment systems	The Health Board commissions BSL interpreter services and all staff are made aware of the processes for booking interpreters.	No further update		Ongoing awareness raising of interpretation services.
Communication models	Social Media and Health Board website used to communicate PHW campaigns and signpost to local delivery. Information and resources include BSL videos and audio.	The Health Board uses a variety of communication models to inform, engage, and offer support to people with sensory loss. These models of communication, which can be verbal, pictorial and written include, but are not limited to: Health Board corporate website, global emails, staff intranet, social media, team meetings, , forums, network development events.	Information leaflets for the patients continued to be restricted in patient areas due to Covid/ infection control.	
Primary and Community Care. Priority areas include:				
Raising staff awareness	All newly appointed staff within Porth Gofal team have undergone introduction to the Rehabilitation Officer for the Visually Impaired (ROVI) and the sensory team within the local authority. This has now been imbedded into the induction for all newly appointed staff.	Embedded into the induction for all newly appointed staff within Porth Gofal team is an introduction to the Rehabilitation Officer for the Visually Impaired (ROVI) and the sensory team within the local authority. ROVI based within Porth Gofal continued to have very good,	Staff will not be aware of services available to service users, which in turn may put them at further risk and loss of independence.	To be considered as an action for the new through age transformation; to be set up for additional staff.

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	<p>ROVI based within Porth Gofal have very good, establishing close working relationships with other professionals.</p> <p>Staff awareness of the Standards is raised both in every GP practice's Annual Return and completion of the Clinical Governance Self-Assessment Tool. Responses are monitored and discussion about the standards takes place at practice visits and compliance with the requirements laid out in the standards.</p> <p>It is good practice for patient records in the clinical system to highlight sensory loss through read codes in order that this information is easily accessible for those dealing with the patient so adaptations can be made in the way the patient is contacted, for example.</p> <p>Online Sensory Loss awareness training was delivered across the Health Board during Sensory Loss Awareness month.</p> <p>Dementia friendly training undertaken by a large proportion of staff which includes training around sensory awareness.</p> <p>Access to Specialist Social Worker for individuals with sensory impairment needs in each locality; the social worker for deaf people, a rehab officer</p>	<p>established close working relationships with other professionals.</p> <p>Staff awareness of the Standards continued to be raised both in every GP practice's Annual Return and in the completion of the Clinical Governance Self-Assessment Tool. Responses are monitored and discussion about the Standards takes place at practice visits and compliance with the requirements laid out in the standards.</p> <p>Patient records in the clinical system continued to highlight sensory loss through read codes in order that this information is easily accessible for those dealing with the patient so adaptations can be made in the way the patient is contacted, for example.</p> <p>Online Sensory Loss awareness courses were promoted and delivered across the Health Board during Sensory Loss Awareness month in November 2021 and Sign Language Week in March 2022. Dementia friendly training opportunities also include training around</p>	<p>Conflicting priorities for GMS practices currently. Also although the returns are completed annually, the rolling 3 year visiting programme could mean that the face to face conversation may be longer.</p> <p>Low attendance to training courses due to operational pressures in the last 6 months</p>	<p>Continue training in sensory loss awareness as opportunities arise.</p>

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	<p>for hearing impaired people & rehab officers for visually impaired people continued to be co-located in Community Resource Teams to raise awareness of their service and work jointly with the range of professional groups in the team.</p> <p>Staff are aware of services and resources such as Dewis, Delta Connect for information and signposting</p>	<p>sensory awareness which were attended by a number of staff.</p> <p>Access to Specialist Social Worker for individuals with sensory impairment needs in each locality; the social worker for deaf people, a rehab officer for hearing impaired people & rehab officers for visually impaired people continued to be co-located in Community Resource Teams to raise awareness of their service and work jointly with the range of professional groups in the team.</p> <p>Staff are aware of services and resources such as Dewis and Delta Connect for information and signposting.</p> <p>A lack of BSL interpreters has now been addressed by the use of online interpretation services.</p> <p>Information about the Eye Clinic Liaison Officers (ECLO) has been shared widely across the health board and to partner organisations.</p>		
Accessible appointment systems	Local authority can be contacted via CLIC, a new one access point. ROVI has been providing this contact telephone number to clients. Contact can also be made via email, which	The Health Board continues to offer a range of accessible appointments for patients including telephone triage, eConsult, email, video	Not all practices offer the whole range of accessible appointments. Not all patients may have	Encourage all practices to offer as many alternative methods of appointments as possible.

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	<p>was recently evidenced by a new resident with near total sight loss, emailing the authority for VI support via main CCC website.</p> <p>There are a range of accessible appointments for patients including telephone triage, eConsult, email, video consultation and face to face, My Health Online, I Pads, use of Interpreters and Language Line, and use of Hearing Loops.</p> <p>eConsult, an online option to accessing appointments, is available in addition to usual access arrangements to enable patients to contact a GP or other health professional such as the pharmacy and appropriate signposting using a smartphone, tablet or computer.</p> <p>Use of My Health Online (MHoL) My Health Online functionality: - Appointment Booking: This displays a selection of available appointments for the patient to select from. The booking is then transmitted to the GP appointment system. GP Practices will determine which appointment slots can be booked online and which GP's they wish to make available to patients who use My Health Online. Practices are now able to offer appointment</p>	<p>consultation and face to face, My Health Online, I Pads, use of Interpreters and Language Line, and use of Hearing Loops.</p> <p><i>Use of eConsult</i>, an online option to accessing appointments is available in addition to usual access arrangements to enable patients to contact a GP or other health professional such as the pharmacy and appropriate signposting using a smartphone, tablet or computer.</p> <p><i>Use of My Health Online (MHoL)</i> My Health Online functionality :For appointment booking: patients are provided a selection of available appointments for the patient to choose from. The booking is then transmitted to the GP appointment system. GP Practices will determine which appointment slots can be booked online and which GP's they wish to make available to patients who use My Health Online. Practices are now able to offer appointment booking services via mobile devices.</p> <p>For repeat prescriptions: patients can select which of their routine prescription items they require, and the order will be</p>	<p>the technology to be able to make these choices</p> <p>MHoL is not available at all GP practices.</p> <p>Not all patients, especially those with sensory loss, access MHOL from mobile devices.</p>	<p>If the practice indicates via the returns that they do not have a hearing loop and do not offer correspondence in a more accessible format this would be an immediate action to be followed up with the GP Practice.</p> <p>More GP practices to use MHoL for appointments</p>

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	<p>booking services via mobile devices.</p> <ul style="list-style-type: none"> - Repeat Prescriptions: The patient can select which of their routine prescription items they require, and the order will be transmitted to the GP who will accept or reject the request. Practices are now able to offer repeat prescription services via mobile devices. - Summary Record Access (Allergies and Medications) The Medical Summary allows patients the ability to view their Allergies (drug and non-drug allergies) and Medications (recent acute, repeat, and discontinued medications) online. <p>Of 48 GP Practices, 27 use MHoL for Appointments, 47 for Prescriptions, and 36 for Summary Access Record</p> <p>SMS text reminders are continually used for out-patient appointments.</p> <p>Health visiting and school nursing continue to use letters and SMS text.</p> <p>A specific visit time can be arranged with our Specialist Social Worker for individuals with sensory impairment needs in each locality where assessed to be necessary</p>	<p>transmitted to the GP who will accept or reject the request. Practices are now also able to offer repeat prescription services via mobile devices. Almost all services offer Repeat Prescription service using MHOL. Just over half of all GP practices in the Health Board now use MHOL functionality to provide this service.</p> <p>For accessing summary record Access (Allergies and Medications): patients are able to view their medical summary/Allergies (drug and non-drug allergies) and Medications (recent acute, repeat, and discontinued medications) online. Practices are now also able to provide Medical Summary via mobile devices. About a quarter of all GP practices now offer MHOL functionality for this service.</p> <p>SMS text reminders are used for out-patient appointments.</p> <p>Health visiting and school nursing use letters and SMS text.</p> <p>A specific visit time can be arranged with Specialist Social Workers for individuals with sensory impairment needs in</p>		<p>Continued raising awareness of CLIC contact details.</p>

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		<p>each locality when assessed to be necessary.</p> <p>Local authorities can be contacted via CLIC, a new one access point. Contact can be made via telephone or email.</p>		
Communication models	<p>Local authority literature is available in large print. Audio and Braille are also available on request. Rehabilitation Officer (ROVI) can advise service users of Apps available. ROVI has recently undertaken refresher course on IT & Apps to assist people with a sight loss.</p> <p>Telephone, eConsult and video consultation, face to face, My Health Online, Use of Interpretation.</p> <p>Use of online interpretation service for all Health Board services. Devices are available to use across key patient areas, to support communication and the use of online interpretation.</p> <p>Health visiting has a member of staff who is a fluent BSL user.</p> <p>Primary Care and Out of Hours services use Attend Anywhere, which is an online consultation system that can be used with interpreters. Primary Care services are continually encouraged to use commissioned interpretation services and services that support communication, such as</p>	<p>Literature is available in large print. Audio and Braille are also available on request. Rehabilitation Officer (ROVI) advise service users of Apps available; use of telephone, eConsult and video consultation, face to face, My Health Online, and interpretation services</p> <p>Increased awareness continued use of online interpretation service for all Health Board services.</p> <p>Of the 98 community pharmacy in Hywel Dda, 53 currently have a hearing loop system.</p> <p>The public consultation that was undertaken for the Health Boards Pharmaceutical Needs Assessment in 2021, included an Easy Read version of the document.</p> <p>Health visiting has a member of staff who is a fluent BSL user; The team has also continued to</p>	<p>Individuals not accessing support required.</p> <p>Not all practices offer the whole range of accessible appointments.</p> <p>Also not all patients may have the technology to be able to make these choices.</p> <p>As not regularly used, staff lose BSL skills and information learnt.</p>	<p>Plans to set up a Sign Language club for staff to enhance BSL skills across the health board</p>

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	<p>Relay UK to communicate with patients.</p> <p>Hearing loop systems are available in Amman Valley Hospital and Llandovery Hospital and in GP surgery reception areas.</p> <p>A BSL introductory course has continued to be undertaken by VI/ OT/ contact team staff within Ceredigion Integrated Team. Literature in standard and large print available, Braille or audio available on request. Rehab officer encourages service users of Apps available which will assist on a day to day basis.</p> <p>Service information leaflets from District Nursing Team are accessible in large print. The Team has access to the Health Board commissioned interpretation service. Welsh Speaking staff are also available in all teams.</p> <p>District Nursing Team identifies and records patients with sensory loss specifically according to need at the point of initial assessment. Any sensory impairment is highlighted/flagged on District Nurse caseload. New Malinko Scheduling system currently being implemented, which enables the sensory impairment or patient specific need to be recorded on the patient profile, which will then be relayed to each nurse allocated the</p>	<p>implement the Standard and record communication needs.</p> <p>School nursing works closely with the schools, to identify any communication needs of pupils, parents and guardians.</p> <p>Primary Care and Out of Hours services use Attend Anywhere, which is an online consultation system that can be used with interpreters. Primary Care services are advised of the importance of using commissioned interpretation services and services that support communication, such as WITS and Relay UK to communicate with patients.</p> <p>Hearing loop systems remain to be available in Amman Valley Hospital and Llandovery Hospital and in GP surgery reception areas.</p> <p>VI/ OT/ contact team staff within Ceredigion Integrated Team continued to promote and to access a BSL introductory course; literature continued to be available in standard and large print format; Braille or audio are made available on request.</p>		

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	<p>patient visit electronically. Some areas have the opportunity to communicate via email whilst some areas have a single point of access for communication.</p> <p>Community Hospitals use:</p> <ul style="list-style-type: none"> • Mini techpro personal listener which allows patients who are hard of hearing to be able to communicate/hear very clearly. These are cleaned after each use. • Rita system which the writing can be made bigger to assist patients. It can also be attached to the large TV in the wards which helps patients who are visually impaired. • Hand held notice boards for patients who are unable to communicate their needs. • Hearing system – new system has been purchased for 1 of the staff who has significant hearing loss. This includes a pen device which amplifies the conversation to the 2 hearing aids adaptors also purchased. 	<p>Service information leaflets from District Nursing Team are provided in large print. The Team is aware of and has access to the Health Board commissioned interpretation service.</p> <p>District Nursing Team continues to identify and record patients with sensory loss specifically according to need at the point of initial assessment. Any sensory impairment is highlighted/ flagged on District Nurse caseload. The new Malinko Scheduling system that was recently implemented, enables the sensory impairment or patient specific need to be recorded on the patient profile, which will then be relayed to each nurse allocated the patient visit electronically. Some areas have the opportunity to communicate via email whilst some areas have a single point of access for communication.</p> <p>Community Hospitals continue to use:</p> <ul style="list-style-type: none"> • Mini techpro personal listener which allows patients who are hard of hearing to be able to communicate/hear 	<p>Information leaflets for the patients continued to be restricted in patient areas due to Covid/ infection control.</p> <p>Not all areas use Malinko system.</p>	

Standards of Service Delivery	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
		<p>very clearly. These are cleaned after each use.</p> <ul style="list-style-type: none"> • Rita system which the writing can be made bigger to assist patients. It can also be attached to the large TV in the wards which helps patients who are visually impaired. • Hand held notice boards for patients who are unable to communicate their needs. • Hearing system – new system has been purchased for 1 of the staff who has significant hearing loss. This includes a pen device which amplifies the conversation to the 2 hearing aids adaptors also purchased. • The Health Board has access to approved 'ClearMasks' which are used by staff for those patients who are reliant on lip-reading. 		
Implementation of the Accessible Information Standard	<p>Local authority literature available in Large print. Audio and Braille are available on request.</p> <p>When referrals are taken for VI input, individuals are asked about any communication difficulties and accessible formats. This information is added to the client record. Any</p>	<p>When referrals are taken for VI input, individuals are asked about any communication difficulties and accessible formats. This information is added to the client record. Any information regarding carer or alternative contact are also taken.</p>	<p>New members of staff need to be advised how important this information is and that it needs to be recorded.</p> <p>Need to monitor implementation across the community nursing service.</p>	<p>Actions are ongoing.</p> <p>For all new members of staff to be advised of significance.</p> <p>ROVI will have to update register as and when information received.</p>

Standards of Service Delivery	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	<p>information regarding carer or alternative contact are also taken.</p> <p>Good working links with community health teams and ROVI.</p> <p>Excellent working relationships with low vision teams with health, community and ROVI.</p> <p>The Sensory Loss Partnership Forum has been re-established and includes representatives across Primary and Secondary Care and other partners, to ensure implementation of the Accessible Information Standards.</p> <p>Health visiting have continued to implement the Standard and record communication needs.</p> <p>School nursing works closely with the schools, to identify any communication needs of pupils, parents and guardians.</p> <p>Ceredigion Integrated Services Team works closely with the Disability forum and continued to meet on a regular basis. Rehab officer has continued to work closely with therapist within Bronglais Hospital as well as with specialist nurses i.e. Diabetic and Stroke, to address specific concerns around joint service user/patient, to resolve a concern/situation for a successful outcome.</p>	<p>The Sensory Loss Partnership Forum meets regularly with colleagues from Primary and Secondary Care and other partners, to ensure implementation of the Accessible Information Standards and delivery of identified health action plan.</p>		<p>To build on links with additional teams within health as issues arise; to maintain excellent links.</p> <p>Ensure full implementation of the Accessible Information Standard across community nursing.</p>

Standards of Service Delivery	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
Secondary Care. Priority areas include:				
Raising staff awareness	<p>Sensory Loss awareness is delivered through a range of mechanisms including corporate induction training and the Manager Passport Programme (for new and existing managers). These sessions include raising staff awareness that the process for booking interpreters has been simplified.</p> <p>Staff are asked to complete Sensory Loss e-learning as an additional module.</p> <p>All Audiologists receive awareness training as part of their initial and ongoing training. Audiology has quarterly meetings with colleagues from Social Services who work with the hearing impaired. Audiology Reception staff have been issued with laminated information sheets on effective communication strategies for those with sensory loss.</p> <p>Audiology Reception staff, together with other key, patient facing staff have been offered places on a full Deaf Awareness and module one of BSL Level 1 course, with exam.</p> <p>Actively promoting It Makes Sense for Sensory Loss Awareness Month and throughout the year. This provides staff with the most effective ways to communicate with patients who are</p>	<p>Sensory Loss awareness is delivered through a range of mechanisms including corporate induction training and the Manager Passport Programme (for new and existing managers).</p> <p>Staff are asked to complete Sensory Loss e-learning as an additional module.</p> <p>Audiology Audiologists receive awareness training as part of their professional training and the whole team has completed the Sensory Loss e-learning module. A 'Professional Collaborative Hearing Care Group' has now been introduced which includes representation from Audiology, Social Services, Education, Third sector and voluntary organisations (next meeting 26.04.22)</p> <p>Audiology Reception Team have access to laminated information sheets on effective communication strategies for those with sensory loss.</p> <p>Audiology Reception staff, together with other key patient</p>	<p>Staff prioritise statutory and mandatory training so the completion rates for non-mandatory training are lower.</p>	<p>The Learning and Development Team are developing alternative training options, including an updated induction booklet and training delivered via Teams and pre-recorded videos.</p> <p>Continue to promote the sensory loss e-learning package during corporate induction and Manager Passport Programme and through the Sensory Loss Partnership Forum.</p> <p>Compliance rates on sensory loss training available on ESR will be included as one of the requirements in the Sensory Loss Friendly Scheme – Self-Assessment Checklist</p>

Standards of Service Delivery	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	<p>deaf or hard of hearing, are blind or have sight loss or have other communication needs.</p> <p>Implementation of Enhanced Patient Management and Support Policy - those with sensory loss may be at greater risk of falls, dehydration and potential malnutrition during long hospital stays. Communication difficulties have the potential to lead to misunderstandings from both patient and clinician point of view.</p>	<p>facing staff, have been offered places on a full Deaf Awareness and module one of BSL Level 1 course, with exam.</p> <p>Audiology continues to hold quarterly meetings with colleagues from Social Services who work with the hearing impaired.</p> <p>Last November, the Audiology team actively promoted the 'It Makes Sense' Sensory Loss Awareness Month. This provides staff with knowledge of the most effective ways to communicate with patients who are deaf or hard of hearing, are blind or have sight loss or have other communication needs.</p> <p>Enhanced Patient Management and Support Policy continued to be in place to support those with sensory loss who may be at greater risk of falls, dehydration and potential malnutrition during long hospital stays. Communication difficulties have the potential to lead to misunderstandings from both patient and clinician point of view.</p>		

Standards of Service Delivery	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
<p>Accessible appointment systems</p>	<p>Various methods are available including email and SMS text.</p> <p>SMS text reminders are used for outpatient appointments and for patients on waiting lists. Text reminders include the capability for patient to respond with yes/no.</p> <p>Service-users can access Audiology by phone, email, SMS text or in person.</p> <p>Additional mobile phones are available to mitigate issues with limited phone lines into each site and allow for telephone consultations where suitable.</p> <p>The Audiology Tinnitus Team are using Attend Anywhere and this will be rolled out to other specialties within Audiology.</p> <p>Interpreters are available via Health Board commissioned providers.</p> <p>'New to area' NHS hearing aid users and patients who have not made contact with Audiology for 5 years no longer have to ask their GP for a referral to Audiology. This will make the service more patient centred and frees up GP appointment slots.</p> <p>Dietetics department continues to take a person centred approach and if a</p>	<p>Various methods of appointment including email and SMS text are available.</p> <p>SMS text reminders are used for outpatient appointments and for patients on waiting lists. Text reminders include the option for patient to respond with yes/no.</p> <p>Audiology Service-users can access Audiology by phone, email, SMS text or in person.</p> <p>Additional mobile phones are available to allow staff to contact patients for virtual appointments without blocking the patient phone lines into Audiology.</p> <p>The Tinnitus Team uses Attend Anywhere where appropriate and this will be used for other virtual appointments when appropriate.</p> <p>'New to area' NHS hearing aid users and patients who have not had any interaction with Audiology for 5 years are not required to see their GP for a referral into Audiology – making the service more patient centred and freeing up GP appointment slots.</p>	<p>The Audiology department does not have access to Type-talk (Minicom) due to the limited number of service-users who use this form of technology. However, they can use BT Relay to communicate with patients who have a Minicom machine.</p> <p>Poor mobile phone signal at some sites.</p>	

Standards of Service Delivery	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	<p>referral indicates the person has a sensory loss, then arrangements are made to meet these needs: phone contact to agree appointment plan as well as/ or letters; use of interpreters if required, the dietetic team individualise resources to enable the person to access them for example increasing print size, signposting to resources that will support the identified need</p> <p>Relay UK can be used as an alternative to having a Minicom.</p>	<p>Early morning and late afternoon appointments are available to allow patients to attend out of 'core hours'.</p> <p>--</p> <p>Dietetics department continues to take a person centred approach and if a referral indicates the person has a sensory loss, then arrangements are made to meet these needs; i.e. phone contact to agree appointment plan as well as/ or letters; use of interpreters if required</p> <p>The team individualises resources to enable the person to access them, i.e. use of Large Print and signposting to resources that will support the identified need</p> <p>BT Relay can be used as an alternative to having a Minicom.</p>		
Communication models	<p>Audiology reception desks within Glangwili, Prince Philip and Withybush Hospitals have portable loop systems to allow service-users to maintain effective communication. The portable loop in Bronglais Hospital has been relocated to the main out-patient reception area as this is a more beneficial location for this provision.</p>	<p>Portable loop systems are available at the reception desks at Glangwili, Prince Philip and Withybush Hospitals. The portable loop at Bronglais Hospital is located at the main out-patient reception area which is a more appropriate location.</p> <p>Glangwili and Withybush Hospital staff use tablets to</p>		

Standards of Service Delivery	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	<p>Glangwili and Withybush hospitals were provided with tablets (via Covid Charitable funds) to enable effective communication with those patients who were either unable to have an interpreter to attend with them or who struggled with communication due to facemask usage.</p> <p>All Audiology rooms have laminated 'instruction' cards that explain processes for those patients who struggle to hear the Audiologist due to their hearing loss or the use of facemasks.</p> <p>The Health Board has access to approved 'ClearMasks' which are used by staff for those patients who are heavily reliant on lip-reading.</p> <p>A number of paediatric staff are trained in BSL and able to support children and their families.</p> <p>Children's Occupational Therapy Service uses a range of communication aids and assistive technology as part of service provision. The service ensures access to whatever is appropriate to the service user. Tablets are available to support communication. Communication resources such as large print, written, virtual, online are provided for patients. The service also has a website with information</p>	<p>enable effective communication with those patients who are either: unable to secure an interpreter at short notice or who struggle with communication due to facemask usage.</p> <p>All Audiology rooms have laminated 'instruction' cards that explain testing processes to aid effective communication.</p> <p>Assistive listening devices are available from Audiology for wards to borrow on a short term loan basis.</p> <p>--</p> <p>A number of paediatric staff have BSL skills and are able to support children and their families.</p> <p>Children's Occupational Therapy Service uses a range of communication aids and assistive technology as part of service provision. The service ensures access to whatever is appropriate to the service user. Tablets are available to support communication. Communication resources such as large print, written, virtual, online are provided for patients. The service also has a website with information and materials</p>		<p>Online interpretation is available to mitigate against this risk.</p> <p>Plans to set up a Sign Language club for staff to enhance BSL skills across the health board</p>

Standards of Service Delivery	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	<p>and materials available and access the appropriate interpreters when required.</p> <p>Ceredigion Integrated Occupational Therapy Service continues to use communication aids and assistive technology used including: Talking clock/watches, orientation aids (calendar), mobile phone prompts, alarm clocks. There is a loop system in CILC sensory room and a Portable loop system within the council.</p> <p>Devices are used across key patient areas, to support communication and the use of commissioned online interpretation.</p>	<p>available and access the appropriate interpreters when required.</p> <p>Ceredigion Integrated Occupational Therapy Service continues to use communication aids and assistive technology used including: Talking clock/watches, orientation aids (calendar), mobile phone prompts, alarm clocks. There is a loop system in CILC sensory room and a Portable loop system within the council.</p> <p>Devices are used across key patient areas, to support communication and the use of commissioned online interpretation.</p>		
Implementation of the Accessible Information Standard	Information on the communication and information needs of patients can be shared with Health Board services at the point of referral to secondary care.	The need for BSL interpreters is highlighted via the patient management system and booked when required.		The Sensory Loss Partnership forum continues to monitor implementation of the standards, expand membership of key staff and co-opt external organisations.
Emergency & Unscheduled Care. Priority areas include:				
Raising staff awareness	Continued promotion of the Emergency SMS service including an article in the GMS newsletter.	No further update		Further promotion is required across the Health Board in order to maintain awareness.

Standards of Service Delivery	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
Communication models	<p>Audio–visual systems remains in place and raised awareness of the system.</p> <p>Online interpretation service for all Health Board services is available and implemented. Devices are also available across key patient areas, to support communication and the use of online interpretation.</p>	<p>Online interpretation service for all Health Board services is available. Devices are also available across key patient areas, to support communication and the use of online interpretation.</p>	<p>The capacity to provide face-to-face interpretation remains affected by interpreters who are covid-19 symptomatic, self-isolating and social distancing. Face to face interpreter services are difficult to access for unscheduled care.</p>	<p>Continue to improve awareness of the alternative audio-visual systems that are now available to aid clinical/patient communication. The health board promotes the use of online interpreter services to mitigate against any risks.</p>

Concerns & Feedback (CF). Areas include:	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
<p>Highlighting current models of CF in place which would support individuals with sensory loss to raise a concern or provide feedback</p>	<p>Rehabilitation Officer for the Visually Impaired (ROVI) is in regular contact with local support/ VI clubs and is easily accessible by telephone or email for queries and concerns to resolve any issues promptly. This has continued on a more frequent basis during Covid-19.</p> <p>Concerns and compliments can be raised by a variety of methods - phone; email; letter and SMS text.</p> <p>Information on Putting Things Right is available on the website in a variety of formats including audio and large print. Information in Braille is available on request.</p> <p>Continue to ensure that patients can easily access information on how to</p>	<p>Creation of a local authority VI service feedback form. ROVI has liaised with colleagues in neighbouring authority who currently operate a paper system with smiley faces rather than all words.</p> <p>Patient Experience team continues to ensure that patients can easily access information on how to leave patient experience feedback including compliments, opportunity to complete surveys or raise concerns or complaints in formats/ways that meet their communication needs.</p> <p>SPDI team also continues to encourage feedback from all</p>		

Concerns & Feedback (CF). Areas include:	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	leave patient experience feedback including compliments, opportunity to complete surveys or raise concerns or complaints in formats/ways that meet their communication needs.	services to ensure needs of people with sensory loss are highlighted. The Sensory Loss Partnership Forum includes Concerns and Feedback and Patient Experience Report as a standard agenda item.		Continue to learn from concerns and feedback in collaboration with Strategic Partnership, Diversity and Inclusion Team, Patient Experience Team, and Patient Advice and Liaison Service.
Highlight any CFs received in sensory loss and actions taken	Concerns regarding the use of BSL – staff are continually made aware of the guidelines for using approved Interpretation and Translation Services which includes BSL and the use of tablets available at hospital sites for online interpretation services.	No additional issues identified		Guidance on using Interpretation and Translation services is available to staff on the Intranet and reminders are circulated regularly, including positive experiences from colleagues when using an interpreter.

Patient Experience*	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
Mechanisms are in place to seek and understand the patient's experience of accessible communication and information	The Patient Advice and Liaison Service (PALS) and the SPDI team continue to work together, to collate patient experience when using healthcare services. The Patient Advice and Liaison Services (PALS) team has Learning & Disabilities Champions and Investors In Carers (IiC) Champions - they are currently working towards the Bronze Investors in Carers	The Patient Experience Team receives feedback from all areas across the organisation and continues to strengthen their relationships with colleagues in community care and primary care, following the commencement of our next cohort of experience		Ongoing development and promotion of awareness of the appropriate formats. Continue to learn from concerns and feedback in collaboration with Strategic Partnership, Diversity and Inclusion Team, Patient Experience Team, and Patient Advice and Liaison Service.

Patient Experience*	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	<p>award. The PALS Team and Family Liaison Officers always endeavour to identify unpaid carers of all demographics, some of which may have disabilities/sensory loss.</p> <p>The Patient Experience Team receives feedback from all areas across the organisation, we will be strengthening our relationships with our colleagues in community care and primary care, following the commencement of our next cohort of experience apprentices who will be starting in September 2021.</p> <p><u>Patients Charter</u></p> <p>The Patients Charter has been shared and promoted across the Health board, via team meetings, internal staff email and social media - it is available in Welsh and easy read formats.</p> <p><u>Patient and Staff Stories</u></p> <p>The recording of Patient stories has continued with patients, carers and families through COVID-19 via Microsoft teams. Each story has sub-titles added in large print and the speed and volume of the story is adapted to the respective audience.</p> <p>Patient stories continue to be shared in internal training sessions to clinical and non-</p>	<p>apprentices who started in September 2021.</p> <p><i>Family Liaison Officers (FLO) – COVID19 Initiative</i></p> <p>Three cohorts of “Family Liasion Officers” (FLOs) have been established in wards and departments in Bronglais, Glangwili, Prince Philip and Withybush Hospitals, South Pembrokeshire Community Hospital and patients were also supported in the following field hospitals; Selwyn Samuel Centre in Llanelli, Ysbyty Enfys Garreg glas in Pembrokeshire and Ysbyty Enfys in Carmarthen. Family Liaison Officers are easily identified by their uniform with NHS and departmental logos.</p> <p>FLOs use iPads and to ensure patients are supported with their communication needs and they can enlarge the screen for those with impaired eyesight. The ipads have also been used for important face time calls, Skype, Face Book Messenger, between patients and loved ones.</p>		

Patient Experience*	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	<p>clinical staff and at the Executive Board meetings bi-monthly.</p> <p><u>Care Opinion</u> – national website is used for feedback. Periodic information is posted and responded to.</p> <p><u>Feedback Terminals – Accident and Emergency Departments</u> Feedback terminals namely Happy or Not - have been removed due to COVID-19. We await guidance as to when they can be reinstated.</p> <p><u>Family Liaison Officers (FLO) – COVID19 Initiative</u> Following the imposed visiting restrictions to health care premises due to Coronavirus, HDUHB identified a need to ensure that all in-patients had the opportunity to communicate with loved ones whilst in hospital.</p> <p>Three cohorts of “Family Liasion Officers” (FLOs) have been recruited during the COVID-19 Pandemic and appointed to wards and departments in Bronglais, Glangwili, Prince Philip and Withybush Hospitals, South Pembrokeshire Community Hospital and patients were also supported</p>	<p>The FLOs continue to support patients with sensory loss as they can spend time with the patients to greater understand their needs which can be shared with ward staff to ensure clear communication, and improve the patient’s experience.</p> <p>The system captures each patient demographic with the opportunity to provide feedback, including visual answer symbols and easy to read options. The real-time dashboards are set up in the respective wards and departments and provides high-level results at a glance with real time response rates and recommendation scores. The system allows you to click on any word with instantly available data for ‘instant’ positive and negative themes: Up to 10 Key words can immediately alert staff to issues e.g. sight, hearing etc - the system also supports the creation of bespoke surveys which are support by the Patient Experience Team.</p>		

Patient Experience*	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	<p>in the following field hospitals; Selwyn Samuel Centre in Llanelli, Ysbyty Enfys Garreg glas in Pembrokeshire and Ysbyty Enfys in Carmarthen.</p> <p>Ipads were issued to FLOs and have proved valuable communication devices which have assisted patients with various languages, enlarging the screen for those with impaired eyesight. The ipads have been used for important face time calls, Skype, Face Book Messenger, between patients and loved ones., there are also various apps to support patients with language needs ie language line etc.</p> <p>The FLOs are able to support patients with sensory loss as they can spend time with the patients to greater understand their needs which can be shared with ward staff to ensure clear communication, and improve the patient's experience.</p> <p>Rita System – (Entertainment and interactive system) Family Liaison Officers and ward staff support patients to use the Rita System on the respective wards. Patients can listen to music and interact with stimulating games and puzzles.</p>	<p>Statistics and comments are relayed to the respective department.</p> <p><i>CIVICA – New All Wales Patient Experience Feedback System</i> The new patient experience feedback system has been implemented. The new system incorporates the creation of surveys, demographics and text reply data.</p> <p><i>Patient Experience</i> The Patient Experience Team are members on the HDUHB Sensory Loss Partnership Forum.</p>		

Patient Experience*	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	<p>Patient Experience posters are produced in large print with QR Codes to make it easier for patients to share their experiences.</p> <p>Letters, emails are produced in larger print/bilingually (various formats and languages) upon request.</p> <p>Patients and staff can communicate via email, telephone and arrangements can be made via Microsoft teams meetings.</p> <p><u>All Wales Questionnaire</u> All Wales Questionnaires are completed by patients and the feedback reported across the Health Board.</p> <p><u>Patient Feedback System</u></p> <p>Friends and Family Test (FFT) provides real time feedback alerts that requires immediate attention –by text, email or both.</p> <p>The system captures each patient demographic with the opportunity to provide feedback, including visual answer symbols and easy to read options. The real-time dashboards are set up in the respective wards and departments and provides high-level results at a glance with real time response rates and recommendation scores. The system allows you to click on</p>			

Patient Experience*	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	<p>any word with instantly available data for 'instant' positive and negative themes: Up to 10 Key words can immediately alert staff to issues eg.sight, hearing etc - the system also supports the creation of bespoke surveys which are support by the Patient Experience Team.</p> <p>Statistics and comments are relayed to the respective department – examples of which are;</p> <p>“YES Staff were exceptionally good in so many ways. I am sight impaired and the staff helped in every way”.</p> <p>“Yes All the staff were extremely helpful and made me feel at ease and comfortable they were all very efficient from the receptionist, nurses and the consultant and junior Dr. I'm registered blind and had my guide dog with me as well as my husband and they were fantastic”</p> <p>“Yes My husband is deaf, his comment was they treated me so well, were so accommodating if my deafness. So kind and lovely to me”</p> <p><u>CIVICA – New All Wales Patient Experience Feedback System</u></p> <p>The implementation of new patient experience feedback system is currently in</p>			

Patient Experience*	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
	<p>development and will be available in Autumn 2021 – the system incorporates the creation of surveys, demographics and text reply data.</p> <p><u>RL Datix</u> The Health Board has implemented a new version of Datix – (Risk Management & Enquiries System), feedback is provided on a regular basis to Directorates, Departments and to the Executive Board.</p> <p><u>Big Thank You</u> The “Big Thank You” Compliments - “Big Thank You” nominations are received and Patient Experience Certificates of Appreciation presented to individuals and teams who we have received feedback about. We continue to encourage service users and their carers or family to let us know when someone has made a difference to the experience of the care they have received. We are pleased to see an increase in these compliments.</p> <p><u>Patient Experience</u> The Patient Experience Team are members on the HDUHB Sensory Loss Partnership Forum.</p>			

Key Themes		Corrective Actions & By When
The key themes to emerge from patient experience feedback (both positive and negative)	<p>The positivity and gratitude for the Family Liaison Officers (FLOs) whose roles have greatly assisted patients and loved ones with communication during COVID-19. Feedback from patients can be instantly facilitated and support given.</p> <p>No data from Happy or Not terminals in Accident and Emergencies due to COVID-19 infection control guidance.</p>	Terminals will be reinstated when guidance allows their return to A&Es.
<p>* Patient experience mechanism and themes to be documented in this return applies specifically to patients with sensory loss who have accessible communication and information needs. There is a requirement in the NHS Delivery Framework for NHS organisations to provide an update on patient experience for all patients (not just for those with accessible communication or information needs). This is to be reported on a separate proforma entitled 'Evidence of how organisations are responding to patient feedback to improve services' and links to the NHS Framework for Assuring Service User Feedback.</p>		