

## Bundle Public Board 24 September 2020

4.1

Improving Patient Experience Report / Adroddiad Gwella Profiad Cleifion

*Presenter: Mandy Rayani*

SBAR Improving Patient Experience September 2020

Improving Patient Experience Report



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	24 September 2020
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Improving Patient Experience
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Mandy Rayani, Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Louise O'Connor, Assistant Director, Legal Services / Patient Experience

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The attached report provides a summary of patient experience feedback and activity for the period ending 31<sup>st</sup> August 2020.

#### Cefndir / Background

The University Health Board (UHB) is highly committed to improving the patient experience and welcomes feedback in order to continually improve outcomes and experiences for our patients.

The Board is asked to note the progress made in supporting the improvement of family and service user experience, and the current position in relation to feedback, including complaints.

#### Asesiad / Assessment

Patient and service user feedback is received into the UHB through a variety of routes: Friend and Family Test; compliments (formal letters received by the Chief Executive, Chair and the Big Thank You initiative); concerns and complaints, Patient Advice and Liaison Service (PALS) feedback; local surveys; the all Wales NHS survey and via social media.

The main areas of activity and progress for the Patient Experience Team are summarised in the report, which highlights the progress of the work previously shared with Board. Of particular note is the ongoing positive feedback regarding the Family Liaison Officers' work during the COVID-19 pandemic; and the significant increase in survey feedback. Information on feedback received via paediatric surveys is also included, and will continue to be featured in future reports.

The Patient Experience Team will be also be promoting the use of the All Wales Survey throughout primary and community care over the coming weeks.

The Board is asked to note that, due to the short time period since receiving the patient experience feedback and the production of this report, comments have been sought from the services involved, and responses will be included in the next Board report.

For the period 1<sup>st</sup> July to 31<sup>st</sup> August 2020, a total of 570 concerns were received into the patient support contact centre; 313 were complaints managed through the 'Putting Things Right' process. This represents an increase in the number of concerns and complaints received since May 2020, returning to the levels seen at the start of the year.

Of the cases closed during this time, 62% at end of July and 70% at end of August were closed within 30 working days. The Team is working hard to continually improve on the timeliness of concern responses and achieving a quality response.

**Public Services Ombudsman** – 2 cases had proceeded to formal investigation during May/June 2020. No concerns have been raised in relation to compliance with timescales and agreed actions at this time.

The predominant themes received from complaints and patient experience feedback continue to be around waiting times and restarting of services. In response to this, a web page has been set up providing information on services, which will include an updated position statement each week. This is work in progress and is continually evolving, as information becomes available in response to specific queries. The page can be accessed via the following link <https://hduhb.nhs.wales/restarting-services/>

A link to this website will be included on patient letters regarding appointments and waiting times. Communication with patients waiting for treatment is a priority for the UHB, and is being addressed as a matter of urgency. The UHB is also supporting patient communication through other means, including radio advertisements, a visibility campaign on Test, Trace, Protect, working with local media and key stakeholders, and using digital screens and social media.

### Argymhelliad / Recommendation

The Board is asked to receive the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 581 Health Board wide risk of not learning from events in a timely manner (current score 8).
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	6.3 Listening and Learning from Feedback
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	8. Transform our communities through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	NHS (Concerns, Complaints and Redress Arrangements) (Wales) 2011
Rhestr Termiau: Glossary of Terms:	Included within the main body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	All concerns have a potential financial implication: whether this is by way of financial redress, following an admission of qualifying liability, or an ex-gratia payment for poor management of a process; or an award made by the Ombudsman following review of a concern.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Information from concerns raised highlights a number of clinical and service risks which should be reflected in Directorate and Corporate Risk Registers. There are financial and reputational risks associated with complaints that are upheld or not managed in accordance with the Regulations. The UHB also has a duty to consider redress as part of the management of concerns, which carries financial risks associated with obtaining expert reports and redress packages.
<b>Gweithlu: Workforce:</b>	Improving the patient experience and outcomes for patients is a key priority for the UHB. All concerns received from patients, public and staff alike are taken seriously and investigated in accordance with the procedures. Information from concerns raised, highlights a number of clinical and service risks which should be reflected in Directorate Risk Registers. All Directorates are required to have in place arrangements for ensuring lessons are learnt as a result of investigation findings regarding concerns and that appropriate action is taken to improve patient care.

<b>Risg: Risk:</b>	The 'Putting Things Right' process is designed to support staff involved in concerns and incidents. All managerial staff have a responsibility to ensure staff are appropriately supported and receive appropriate advice throughout the process. The success of the process is dependent upon the commitment and support from staff across the organisation, not only as part of the investigation process and transparency arrangements, but in the encouragement of patients and their families to provide feedback, both positive and negative, to support organisational learning.
<b>Cyfreithiol: Legal:</b>	The UHB has a duty under the Concerns and Redress Regulations to consider redress where this is deemed to be a qualifying liability. The Regulations also incorporate formal claims, including clinical negligence and personal injury claims.
<b>Enw Da: Reputational:</b>	There are ongoing reputational risks for the UHB in relation to media, press and social media regarding any concerns, and outcomes from published Ombudsman Reports and any external investigations/inquiries.
<b>Gyfrinachedd: Privacy:</b>	Only relevant information is reviewed as part of the concerns process and this is carried out with the explicit consent of the patient or authorised representative. Information is recorded and treated sensitively and only shared with individuals relevant to the investigation process.
<b>Cydraddoldeb: Equality:</b>	The process is established to learn from concerns: it is designed to ensure that it is fully accessible to patients and their families. The aim is to involve patients throughout the process and to offer meetings with relevant clinicians, with the required support depending upon individual needs. Advocacy is offered in the form of Community Health Council (CHC) advocates, and specialist advocacy is also arranged where necessary, e.g. in the areas of Mental Health, Learning Disability or Children/Young People's Services. Concerns literature is accessible in a range of languages and formats and translation services are available, as required.

# **IMPROVING PATIENT EXPERIENCE REPORT**

## **July – August 2020**



## **1. Introduction**

The Health Board welcomes and captures service user feedback in a variety of ways. The following information demonstrates how we are striving to improve the experience of service users throughout the Health Board.

## **2. Patient Story Feedback**

In addition to the patient story capture work, the Patient Experience Team is continuing to capture patient and staff stories to help learn from, understand and appreciate their feelings during the pandemic period.

### **David's Story during COVID-19**



In this story, David talks about his experience of using the service during COVID-19. He explains how he had a telephone call with the doctor and how difficult that was to do. Furthermore, he also explains how an appointment was made with a doctor at the hospital and how that made a huge difference.

<https://youtu.be/pOJI-wQhx8E>

### **Dennis' Story during COVID-19**



Dennis has been an inpatient on Teifi Ward at Glangwili Hospital since early July 2020 and is now in his 7<sup>th</sup> week of recovery. He has requested to share his experience of the Family Liaison Service and the positive impact to him and his family.

<https://youtu.be/TffU1hTcOTs>



### 3. Patient Welcome Packs

In response to the COVID-19 pandemic visiting restrictions, we have worked together with 'Elusennau Iechyd Hywel Dda Health Charities' and the Church of



Jesus Christ of Latter Day Saints to develop patient welcome packs. These zip locked individual toiletry bags contain some basic essentials to make the patient's initial few days stay in hospital more pleasant. We continue to distribute these,

following identification by the Family Liaison Officers. Patients have commented that the items are invaluable during the first few days of their stay.



### 4. Staying Connected

During the period we have captured over 600 responses on the iPad Virtual Visits online form; however, we know the true volume to be much higher as the Family Liaison Officers (FLOs) average 3-6 each per day.

The feedback from this service has been very positive, some examples are:

*Patient was reluctant to use the iPad for Facetime initially but as I entered the patient's daughter's number and started the call for her, she was very happy. The patient really enjoyed the experience as she had not seen her daughter's face for 3 months. There was laughter and smiles and then requested a second Facetime call straight after to her other daughter and husband of 69 years.*

*We had great a zoom meeting with the patient and three other people one of which was from Australia.*

*Patient has used the FaceTime app daily for over a week during his stay in Derwen ward. Patient had never used FaceTime before and was over the moon seeing his daughter and wife's face over the iPad.*

*Patient initially tried contacting his wife using the ward telephone at the nurse station but was unable to understand his wife on the other side due to noise on ward. A face time call was set up by the FLO who spoke to the wife. Patient much preferred the FaceTime call due to being able to speak in the comfort of his room with less background noise which made the call a pleasant one. Patient will definitely be using FaceTime again.*

*Very pleased by the service, it makes my stay at the hospital a hundred times easier! I wish I had this service at hand, when I came in for my first hip op. They are a credit to the NHS.*

*Brilliant service, so happy to see my kids today. It's given me the motivation I wanted to get better - Thank you.*



*John was able to speak to his son in Australia and wife today. Family have been ever so grateful. I met John's wife in the reception area to set her up with the apps that enable to speak to her husband on screen. They are extremely happy with the service.*

*Mrs Thomas' family are extremely grateful to be able to contact her numerous times a day. A video call with daughter was set up at 11:30 every morning and at 17:00 every evening. She is able to see her granddaughter's face which she explained makes her 'extremely happy'. The patient looks forward to these times daily.*

*Thomas loved the opportunity to see and speak to his daughter, we were able to contact her social worker and put the two in contact. I could tell this meant the world to Tom and he thanked me for the service. We have now arranged another call for Wednesday.*

## **5. Patient Feedback System – Friends and Family Test (FFT)**

The Patient Feedback System Friends and Family Test available across the Health Board, automatically contacts patients within 48 hours of attending an appointment or being discharged from Hospital.

The planned phased implementation of the system was delayed due to the COVID-19 pandemic; however the system is now available on all wards and departments on all main hospital sites plus Amman Valley Day Ward, Tenby Cottage Hospital and Cardigan Minor Injuries Unit.

From 1<sup>st</sup> July to 27<sup>th</sup> August 2020, 16,812 patients who have attended an outpatient consultation or have been discharged from an inpatient environment have been contacted, requesting their feedback from the Patient Feedback (FFT) system. It has been noted that the response rate has declined from 12.5% in the previous period to 9.4%. Staff will be reminded to inform patients to expect a contact requesting feedback on their experience and other methods of conveying this message will also be considered, for example appointment letters/cards, and discharge information.

89% of all the responses have a positive rating, with 5.9% of responders rating their experience as negative (the remainder did not provide a rating).

Department	01/03/2020	01/04/2020	01/05/2020	01/06/2020	01/07/2020	01/08/2020 ▲
Emergency Department	90.14%	↑ 91.50%	↑ 93.26%	↓ 89.59%	↑ 90.69%	↓ 87.70%
Inpatients	88.00%	↑ 92.31%	↓ 87.29%	↓ 86.60%	↑ 90.72%	↓ 88.57%
Outpatients	90.33%	↑ 90.55%	↓ 87.01%	↑ 92.38%	↓ 90.49%	↑ 92.44%
Day Case	95.45%	↑ 100.00%	↔ 100.00%	↓ 95.65%	↑ 100.00%	↓ 96.15%
Paediatrics	93.55%	↓ 81.82%	↑ 84.62%	↓ 81.82%	↑ 100.00%	↓ 93.33%
Summary	90.00%	↑ 91.00%	↑ 92.00%	↓ 90.00%	↑ 91.00%	↓ 89.00%

The lower performance in June 2020 in paediatrics and day cases can be attributed to very low numbers of patients receiving services.

In the Emergency Department, all A&E/MIU (except Bronglais A&E) saw a drop in performance but Glangwili A&E (- 8%) had the greatest impact to the overall performance.

The main concern for patients was the experience associated with the operational changes of services due to the pandemic and PPE processes. Examples of feedback received is as follows:

*I was stitched up and sent on my way even though I could barely walk. The doctor also wasn't wearing a mask (during covid) which made me feel really uncomfortable.*

*With the current COVID-19 problem I was rather concerned that on entering the hospital I was not asked to sanitise my hands or given a mask to wear or indeed my temperature taken. Admittedly all staff in the hospital were wearing masks but I only saw 1 person in the grounds wearing a mask, I must confess I felt very vulnerable during my visit.*

*It was very hectic on my visit and I genuinely felt sorry for the staff on duty. There was only one midwife trying to see to everyone which led to delays. There were a lot of pregnant women in the waiting room and with the limited seating from covid distancing some of us, including myself, were left standing. I don't normally mind but standing for 15 minutes in the extreme heat was very uncomfortable and made my feet swell quite a bit. The actual scan was very rushed due to the queue of ladies waiting and I didn't receive any photos.*

*I live in Neath Port Talbot and I'm currently being treated for knee trauma. I was sent to Glangwili hospital, why I don't understand, I had to get my 80 year old dad to take me all that way only to be told I need a ct scan. No examination – I'm sure with the current COVID-19 situation that was a very unnecessary visit to a hospital in Carmarthenshire.*

*The first time I visited in May for an X-ray I was the only patient. Very quiet. Staff just standing around in main reception. Easy to get wheelchair. Second time, nightmare. I had to wait for wheelchair while people sat and saw me standing with a broken foot. No one offered to help. 20 mins later a porter arrived. Dept was chock-a-block. Horrible. Scary being in confined space with virus around. No ventilation.*

*I had an abscess under a tooth I was in excruciating pain. The dentists was not allowed to use his drill due to it causing an aerosol all they could do is give me antibiotics, after having 4 lots I went to A &E after sitting there for 3 hours I was told that they would be unable to do anything for dental even though the side of my face was swollen. I had a temperature, it was my dentist that sent me to A&E to see if they could give me stronger IV antibiotics as he was worried about sepsis.*

*I returned to A&E on the advice of a doctor I had seen there 5 days previous and prior to that the 111 service. The doctor I saw on this visit was abrupt and gestured for me to sit down with a grunt before saying ok what's wrong with you? I explained the recurring problem and he advised me of some things. He told me never to use the 111 service – which was not helpful given the current advice.*

*No children's A&E. 3.5 hrs wait for a toddler to be seen by dr. Nowhere to change toddler during 3.5 hr wait. Had to take him outside in the rain into the main part of the hospital.*

*I felt dismissed and belittled. As soon as I arrived I was told that there was a long wait. When I asked how long I was told long. This was repeated to the next person so presume that it is the standard greeting*

*I introduced myself by name in a friendly manner and was met with no such introduction and left wishing we hadn't needed to call on the services. We visited A&E because we were desperate and yet were made to feel like a nuisance, the whole experience made me very very sad.*

An all Wales leaflet is being prepared to explain the changes for those patients attending outpatient appointments to help manage expectations. An inpatient information leaflet is also being prepared by the Health Board, with posters for display across all ward areas. This information will also be included on a dedicated web page on the Health Board's internet site.

Waiting times is also a significant theme. The following internet pages have been created, providing information on the re start of services, which will be updated weekly <https://hduhb.nhs.wales/restarting-services/>

A link to this website will be included on patient letters regarding appointments and waiting times. Communication with patients waiting for treatment is a priority for the Health Board and is being addressed as a matter of urgency, recognising the concern that patients feel regarding when they can expect to receive their treatments.

Below are sample of the voice messages and comments we have received since 1<sup>st</sup> July 2020. Whilst in this report we always try to provide a balanced set of example recordings, during this period we have not been able to locate any recordings of negative feedback.

Withybush A&E: <https://youtu.be/40d7fKEXCWE>

PPH Patient: <https://youtu.be/8Bg3GD76VE8>

GGH Patient: [https://youtu.be/t2Z0kxfS\\_ls](https://youtu.be/t2Z0kxfS_ls)

GGH Outpatient: <https://youtu.be/f9iXJXg17js>

BGH Child: <https://youtu.be/Kgl7OU8X1iw>

WGH Patient: <https://youtu.be/5eLwzc6dgwk>

All of the feedback received in the Patient Feedback System is visible on a real-time basis to the leadership team in every department and they are encouraged to review the feedback on a regular basis. These managers have been trained on how to access the system and view the feedback for their department and to take action accordingly.

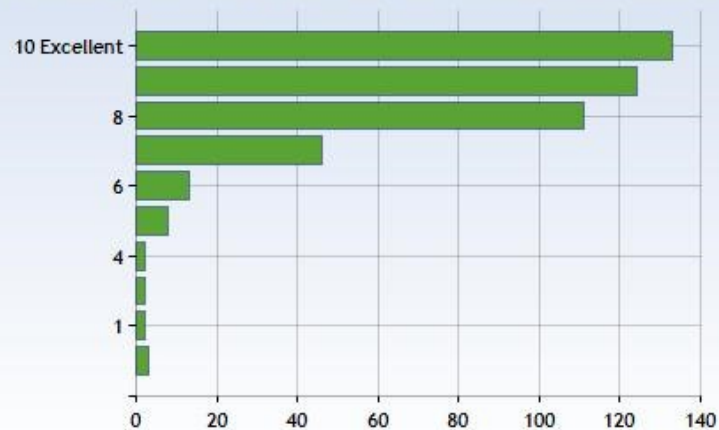
## 6. All Wales Experience questionnaire

During July and August 2020, almost 500 surveys have been collected (a 160% increase from May/June) using our electronic patient experience system (Envoy). Envoy is securely hosted which allows a clearer view of the data received and grouping of data to identify trends and themes.

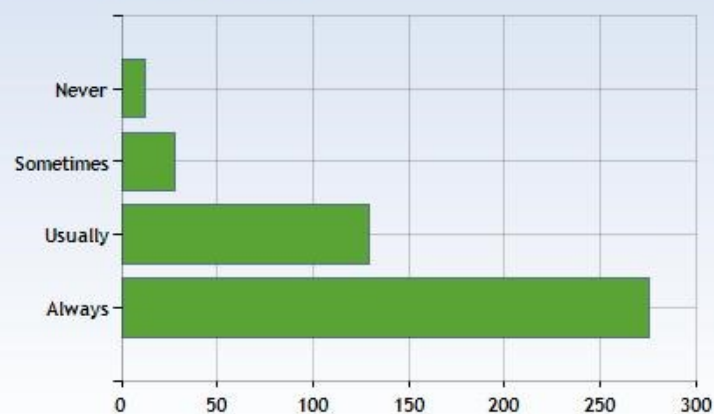
Individual feedback is brought to the attention of the Ward or service area at the time of the survey, to enable any immediate action to be addressed.

We will also be promoting the use of the survey across all primary and community services in the coming weeks.

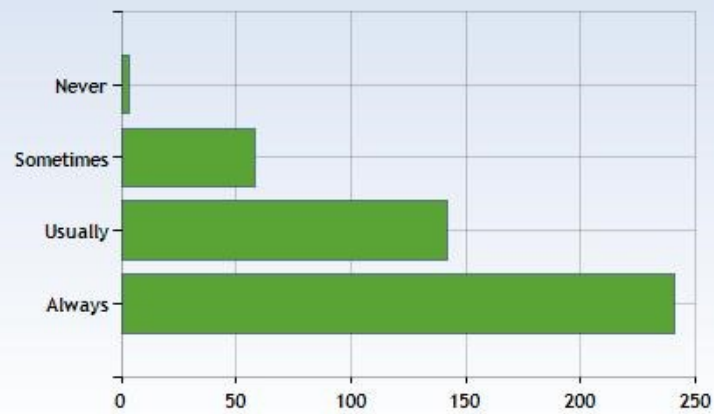
9. Using a scale of 0 - 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?



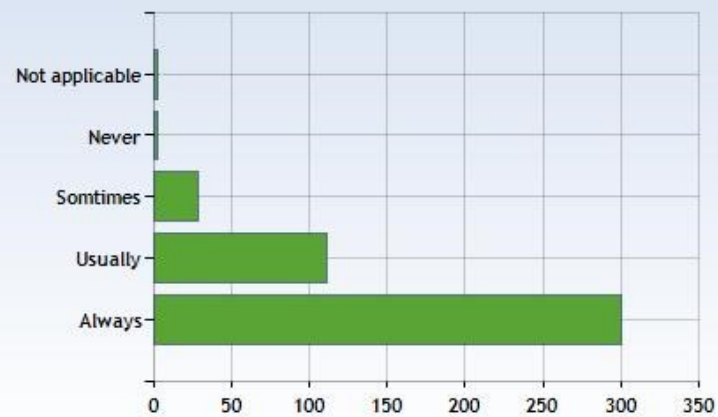
8. Were you involved as much as you wanted to be in decisions about your care?



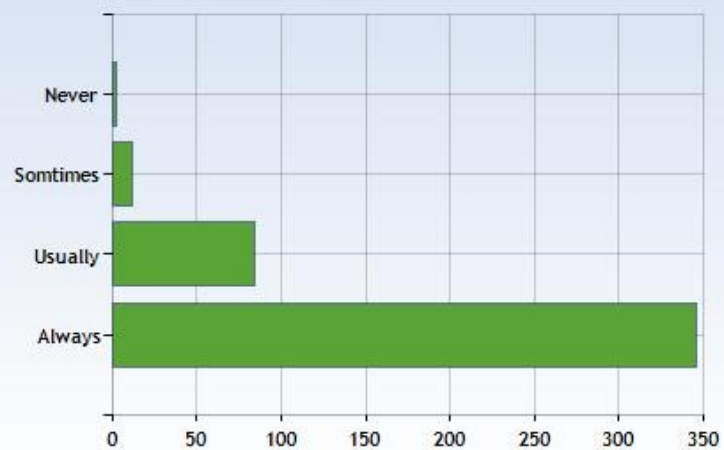
6. Did you feel you understood what was happening in your care?



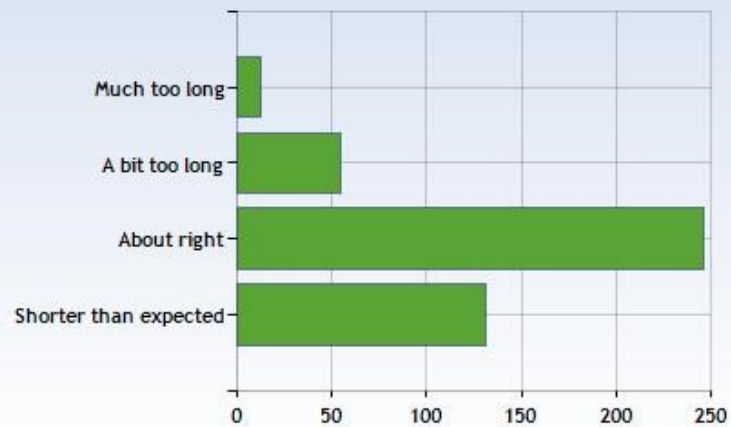
5. If you asked for assistance, did you get it when you needed it?



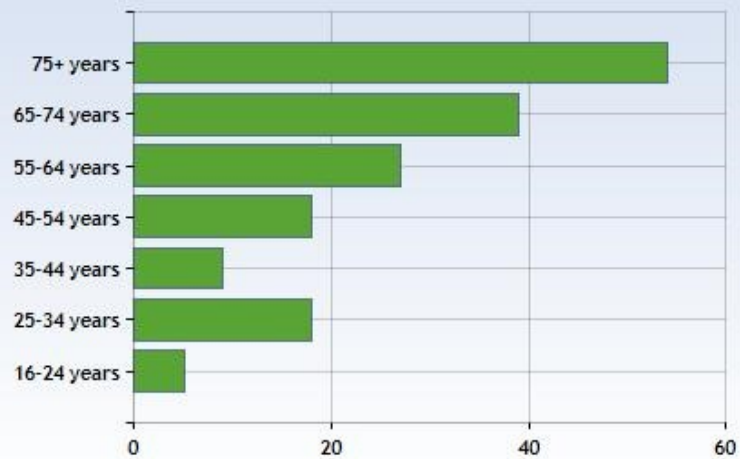
4. Did you feel well cared for?



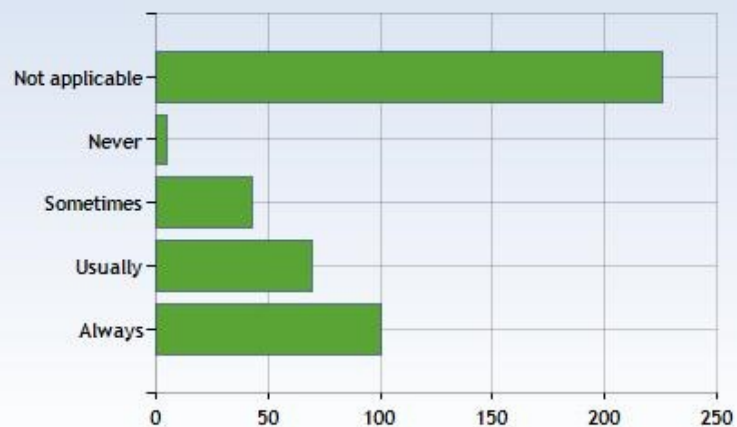
3. From the time you realised you needed to use this service, was the time you waited:



What is your age?



2. Were you able to speak in Welsh to staff if you needed to?





**Q.10, Was there anything particularly good about your experience that you would like to tell us about? Below are a sample of the responses.**

I like the family liaison service, although I can make my own contact with my family it was nice to have a person here to chat to and collect things that had been brought in for me. I have met Tim and Heather on this ward a few times and I enjoy the company

All members of staff here are absolutely lovely. I've had amazing care, can't fault it in any way

Andy family liaison sorted a problem at my home and contacted my family and sheltered housing office to arrange workman. This was very helpful and helpful to my stress levels indeed

All personnel provided excellent support and the service provided could not be surpassed. Special mention should be made of the delicious food provided

Want to thank Stacy the family Liaison for my news papers and hair cut. Always went that extra bit. Thank you to all staff.

Loving care of the nurses, and the pink liaison team treated me as if a dad or a grandad. I felt like my own family is looking after me. I wish all patients coming to this hospital get the same excellent attention that I was given.

I cannot single one staff member for praise as that would do everyone a disservice. I have private medical insurance and this was way on a par with anything I have experienced there. Superb

I recently had to visit Carmarthen A and E department whilst on holiday with my son aged 12 and wanted to say thank you for such excellent care and attention from the consultant; Costa, who looked after us so diligently and thoroughly. He made us feel safe, cared for and we left with confidence in what he had done and the information he gave us. A massive thank you

## Q.11 Was there anything that we could change to improve your experience?

Below are a small sample of the responses, which have been grouped into general themes. **Due to the short timeframe between receipt of the feedback and writing this report, the Board is asked to note that comments have been sought from the services / departments concerned and responses and actions will be included in the next Board report.**

### Communication

I think the same doctor needs to be allocated at each appointment so that they know the patients needs

BGH OPD

Puffin ward in comparison to ward 10 was terrible no communication from the doctors or nurses we had to fight to get a CT scan they wanted to discharge without a diagnosis their priority was empty beds not patient care.

More communication from the doctor - went for scans, xrays and had bloods taken, hear O back BGH Ceredig Ward

The doctors need to communicate in simpler language at times. There were moment where I didn't understand what they were saying to me and things needed multiple explanations. WGH Ward 8

A&E reception not helpful or empathic. Need front of house training. GGH ED

Annoyed about the lack of communication in my discharge. I was told I would leave yesterday, then this morning today and its now 6pm and still waiting now. I understand there may be delays but the uncertainty has cause me more stress. GGH Teifi Ward

The treatment in A&E was exceptional, the staff were attentive and caring. Once I moved to Ceredig ward I felt I was in the wrong place as I needed to be on a medical ward. The staff seemed busy and less attentive and I felt a bit patronised at times.

Ceredig ward

I was told yesterday that I would have a scan in the morning, but still no scan time as of yet and it is now 16.40. GGH Picton Ward

Going for pet scan was unorganised, should have gone with a drug chart. Went with nurse who was inexperienced with process. GGH Teifi Ward

I'm Spanish and my English is weak but I did feel that I could have had more attention at times, however the FaceTime with my family was invaluable. WGH Ward 10

## **Facilities**

Door to drug room, In bed 13 the door kept me awake every night staff said they couldn't do anything about the slam of the door. Maybe get a noise stopper not one good night sleep. GGH Derwen Ward

Upgraded Toilet Facilities, they are very old. GGH Gwennllian

I was in a bay with people who were confused, which I found upsetting. WGH Ward 10

The food was the weakest part of the whole experience. Food served in packages was fine. Food cooked on site, presumably, varied from reasonable to dry and inedible, especially the side vegetables. This probably came from being too long in the warmer. BGH CDU

## **Standard of Care**

There were 2 evenings during my 5 night stay where the ward had only 2 members of staff (one health support assistant and one nurse) as a result of staff sickness. On these nights the standard of care, that had otherwise been excellent, dropped significantly. BGH Ceredig Ward

When out of theatre, painkillers weren't administered to me for a while. The person told me to ask for them when I was in pain. This led to me being in excruciating pain, by the time I was given painkillers. The nurse could not find the key to access the painkillers. WGH ward 1

The wait time for the call button and someone to come and help was very long - it could take up to 30 minutes before someone would come and help  
SPH Sunderland Ward

Time waiting to find out what is happening and time taken for tests is way too long these things can drag on days, GGH CDU

The waiting time of over 4 hours as my father is 91 and had fallen and was bleeding is unacceptable WGH ED


Pregnant women above 28 weeks should be separated from other non-vulnerable patients. Being in a room with patients who are not vulnerable and have multiple people with them is unacceptable as pregnant women have to attend appointments alone. The level of risk at the hospital yesterday was unacceptable. PPH OPD

Night time buzzer response was awful at times, 2 hours for assistance to use the toilet with a kidney issue is unacceptable. BGH Ceredig Ward

## 7. Paediatric Questionnaires 2020

The following surveys have been produced, to ensure the voice of children and young people is heard as part of our improving patient experience work.

During the Coronavirus Pandemic, we have experienced a lower number of paediatric questionnaire responses. In July 2020, we created the following poster:




**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board


### Paediatric Questionnaires 2020

#### My time in Hospital (4-11-year olds)

**Purpose:** The voice of children and young people is important to us. Please help your child to answer the following questions about their hospital experience.




Please scan the QR Code or visit:  
<http://ratenhs.uk/OKzMoU>




#### My experience in Hospital (12 to 16-year olds)

**Purpose:** The experience of how we look after you during your stay/visit is important to us. By completing this questionnaire below, you will help us have a better understanding of what Children and Young People want.




Please scan the QR Code or visit:  
<http://ratenhs.uk/c48vJI>



#### Parents, Carers and Relatives

**Purpose:** Our aim as a Health Board is to provide the best quality service to Children and Young People and their families. Your comments, thoughts and views are really important to us in achieving this aim. We would appreciate if you could take time to complete this questionnaire.

Please scan the QR Code or visit:  
<http://ratenhs.uk/WEfolu>



Each questionnaire has a mini URL attached to the poster. It also has a QR code for each questionnaire which enables the patient or parent to access the questionnaire using the Envoy system. This can be done by scanning the QR code on their phone.

All staff members within the children's wards have real time access to all feedback.

### **Brief Overview of the Feedback**

The numbers for each of the questionnaires remains low at 32 with 14 responses in the parents/carers/relatives survey; 2 responses in the 12–16 year olds survey; and 16 responses in the 4 to 11 years survey. This is due to the lower numbers of children and young people currently attending these wards.

Here are some of the comments about the Cilgerran Ward, Glangwili Hospital:

*"The caring nature shown by staff towards me was greatly appreciated as I was on my own due to COVID and very nervous"*

*"The staff were very supportive and communication was excellent"*

*"Not leave the room dirty from the previous patient."*

*"Everything from the initial call for an ambulance through to us leaving hospital has been wonderful"*

*"The staff bent over backwards to ensure the comfort and safety of my child and myself"*

*"Staff reassured me and very supportive"*

*"Staff were very friendly and knowledgeable"*

*"More importantly, they included my child in her care. I think it is essential to include a child in conversations about what's happening to them"*

*"No access to hot water to mix with specialist powdered formula as per Current NHS guidelines for 70 degree water"*

*"Due to COVID-19 restrictions we were not shown around but were told where everything was"*

Of the responses 40% were residents of Carmarthenshire, 50% residents of Pembrokeshire, 7% from Ceredigion and the remainder from outside of the Health Board.

## 8. Compliments – Making a Positive Difference

During August we have relaunched the “**Big Thank You**” initiative and incorporated Patient Experience Certificates of Appreciation. These are being presented to individuals who we have received feedback about, that have made a positive difference to the experience of care received by our patients and their family. The certificates are presented to individuals by their direct line manager or head of department in recognition of their contribution to enhancing patient experience. Throughout August there have been 20 Certificates presented.



We are encouraging service users and their careers or family to let us know when someone has made a difference to the experience of care they have received. This is being done with posters around our main sites and with links on our main website.





**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# The Big Thank You



If you were pleased with your treatment or care, show your appreciation to an individual staff member or team, by giving them a "Big Thank You"

Please scan the QR code or visit:

<http://ratenhs.uk/T941G1>



We will gladly pass on your kind words

During the period there have been 36 formal compliments received by the Chief Executive and Chair. A small selection of these are as follows:

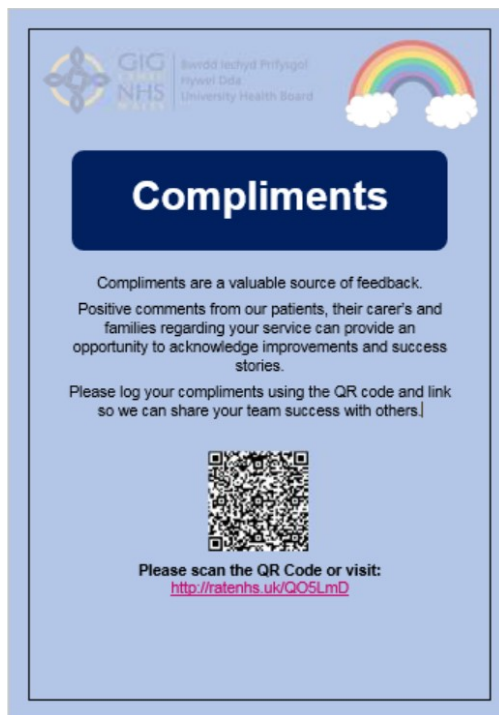
Patient would like to thank Mr Elabbadi and his team for their excellent work. Your team dealt with the whole situation in calm, friendly manner whilst retaining a completely friendly approach involving a high degree of skill.

Card sent to the ward during COVID. " to all members of staff at Bryngolau Ward. Please accept the enclosed cheque for £5000 towards the Bryngolau garden project as a token of my gratitude for the care and attention you all gave. Thank you also for the warm welcome I received when visiting."

The treatment my young foster baby received was excellent and nothing was left to chance. Being a 'looked after child' is much more complicated as you know. I had open access all weekend and did call them and they helped straight away. First class experience and wish them all safe journey through this pandemic. –  
Cilgerran Ward, Glangwili

It was so refreshing to have such a nice experience and also to have been seen within a couple of days of me contacting them. I was extremely pleased to be told by the podiatrist lady that they had been working straight through the pandemic and that we could contact them anytime I felt the need. –  
Aberaeron Integrated health centre

Totally committed to providing first class care, with love, kindness and tolerant, whilst dealing with all the other patients. – Cadog ward, Glangwili



As mentioned in the last Patient Experience report we have launched a new mechanism to capture compliments across the Health Board, it is a simple online form which is accessible from multiple devices including mobile devices. The form will allow us to better report the true number of compliments that are being received. We are promoting staff usage of this new online form by using posters (example on left) and in the "Global Email" to all staff.

In addition to the main acute sites, as part of the development of this new capture mechanism, we have been working very closely with the Mental Health and Learning Disabilities Directorate and it has been launched in this area as part of the initial implementation. It is also being launched in Radiology.

The feedback on the initial pilot phase was very positive and this will now be the main mechanism used to capture compliments and report themes and trends of what is working well, in order to promote the positive practice happening across all of our services.

## Care Opinion

Positive feedback has also been received this month on the independent external Care Opinion Portal



## " Exceptional service "

**About:** Prince Philip Hospital / Accident and emergency

Posted by *lynxyy94* (as the patient), less than an hour ago

I arrived at hospital with breathing problems. The service I received was excellent from start to finish. I do have to point out exceptional service provided by Kelly and Linsey the respiratory nurses. They were polite, reassuring and very caring. This is truly what the NHS was built on and these two members of staff are great advocates.

I do hope you will pass on my thanks to them.

I have suffered nearly twelve weeks with my cough and your team diagnosed me within 24 hrs.

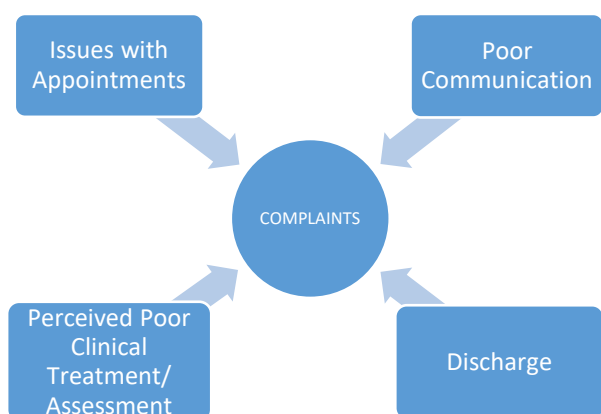
I only wishes our local NHS trust in Kent delivered this standard of care.

## 7. YOU SAID/WE DID

The following are examples of action taken in response to feedback reported in the July Board Report.

You said	We did
The wait for your medications in the discharge lounge is unacceptable in a modern service	The Pharmacy Team now check which patients require transport and prioritise their medications.
BBC channels on the television. It will be nice if the patients could go out to a nice fenced area or garden and have a breath of fresh air	PALs checking equipment on wards and sending information to the appropriate department to rectify.
Cubicle was very near to nurse's station... I didn't particularly want to hear about nurses private lives, which happened throughout my stay	Information was passed on to the teams involved.  Patients at risk of falling are moved closer to the nursing station to allow a higher level of monitoring.
More communication with patients, feels like if they need something they have to ask a few times	Will form part of patient experience training and communications improvement work.  Introduction of Family Liaison Roles has helped support communication through the challenging times of restricted visiting.

## 8. Complaints Received



### Core Themes – remain the same

#### Complaints Received & Matters Complained about:-

For the period July and August 2020, 570 enquiries and concerns were received and recorded. Of these, 313 were managed through the 'Putting Things Right' process, with 180 having been investigated and closed before the end of August 2020.

The highest number of complaints related to the following specialties/services:

Table 1.1

Rank	Specialty	Jul	Aug	Total	Increase in number from previous period
1	Accident & Emergency	15	15	30	11
2	General Practice	14	11	25	8
3	Orthopaedics	9	9	18	2
4	Medicine	6	7	13	3
5	Ophthalmology	5	6	11	5
6	Community Services	8	3	11	4
7	Urology	7	4	11	1
8	Surgery	6	4	10	3
9	Radiology	7	3	10	10
10	Cardiovascular	3	4	7	1
11	Dental Services (PC)	3	3	6	6

Accident & Emergency, General Practice, Orthopaedics and Medicine have been the top 4 ranking specialties receiving complaints during May - Jun and Jul – Aug 2020. There is an increase in the number of complaints received for these specialties during July and August 2020, reflecting an upward trend in the numbers of concerns being received across the Health Board, compared to March and April, due to the COVID-19 situation. Numbers of concerns have been increasing since May and June, returning to the average normal quantity for this time of year.

General Practice complaints include areas such as referrals into hospital services; availability of Vitamin B12 injections; care and treatment concerns, ear syringing services, and requests for facilitation of concerns being managed by individual practices. Some concerns relate to the fact that services are returning to normal practice, rather than alternative arrangements in place during the lock down period.

The majority of Accident & Emergency concerns are being investigated and have not been resolved as early resolutions. The majority of concerns relate to clinical treatment/assessment and attitude/behavior.

Orthopaedics complaints are generally in relation to the re-start of services and waiting times.

Medicine is receiving most of its concerns around the lack of communication and information to patients, family members and residential care staff with regards to patients being discharged and the after care patients require. This theme will be reviewed by the Listening and Learning Sub-Committee.

The top 4 ranking subjects for complaints are communication issues, clinical treatment/assessment, appointments and discharge issues, as shown in the table below.

Complaints about appointments are in relation to the availability and commencement of a service for patients which have been delayed due to COVID-19. On closer scrutiny, it appears patients perceive the COVID-19 situation to be under control and expect services to have resumed as normal.

The actions referred to above, in relation to patient communication and the development of web resources, will assist in addressing these concerns. We are also supporting patient communication through other means, including radio advertisements, a visibility campaign on Test, Trace, Protect, working with local media and key stakeholders, and using digital screens and social media. We have seen significant growth in our social media audience and continue to provide targeted resources such as those in BSL and other languages, as well as videos and infographics.

The specialties receiving most queries about appointments are Ophthalmology, Orthopaedics, Radiology and Urology. Please refer to the attached link for updates on these areas: <https://hduhb.nhs.wales/restarting-services/>

Table 1.2

Clinical treatment / assessment	33	32	65
Accident & Emergency	8	6	14
Orthopaedics	3	5	8
Community Services	4	1	5
General Practice	3	2	5
<b>Appointments</b>	<b>28</b>	<b>24</b>	<b>52</b>
Ophthalmology	2	5	7
Radiology	2	2	4
Urology	4		4
<b>Communication issues (including language)</b>	<b>22</b>	<b>15</b>	<b>37</b>
General Practice	5	5	10
Surgery	2	2	4
<b>Discharge issues</b>	<b>10</b>	<b>7</b>	<b>17</b>
Medicine	2	3	5
Orthopaedics	1	1	2

## Complaints Closed

	within 30WD	over 30WD	over 3 months	over 6 months	Grand Total
Jul	101	17	28	18	164
Aug	89	15	10	12	126
Grand Total	190	32	38	30	290

271 of the complaints managed through the 'Putting Things Right' process were closed during this time period, of which **62% (101)** were closed within 30 working days during July and **70% (89)** for August. Even though 37 more complaints were closed in July, the 30 working day percentage is lower than August, this is due to the number of complaints closed which had been open for over 30 working days. In July,



63 complaints were closed after 30 working days, compared to 38 complaints in August.

The outcomes of the concerns closed and lessons learnt are reviewed and monitored by the individual services' quality, safety and experience meetings.

All cases with significant learning are reviewed by the Listening and Learning Sub-Committee and the themes and actions arising from this are presented to the Quality, Safety and Experience Assurance Committee.

## **9. Public Services Ombudsman for Wales**

For the period July and August 2020, 2 cases have proceeded to formal investigation by the Public Services Ombudsman. Six final reports have been received, 3 of which have been upheld/partly upheld and 3 not upheld. The findings and associated learning action plans developed in response to the reports will be scrutinised by the Listening and Learning Sub-Committee.