



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 November 2021
<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> October 2021.

#### Cefndir / Background

The Board is asked to note 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.

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 a total of 589 (760 previous period) concerns were received into the patient support contact centre including enquiries; 192 were complaints requiring investigation under the putting things right process. This represents a decrease in the number of concerns and complaints received from the previous period.

**Public Services Ombudsman** – two final reports have been received which have been upheld. One report has been issued in accordance with section 23 of the Ombudsman's Act 2019, as a public interest matter, regarding access to positive behaviour services.

The second is in relation to orthopaedic services. These final reports are being presented to the Listening and Learning Sub-Committee for assurance and monitoring of the action plans.

The predominant themes received from complaints and patient experience feedback continue to be around waiting times/waiting lists and accessing accident and emergency services.

Communication with patients waiting for treatment is a priority for the UHB, and is being addressed as a matter of urgency as well as looking at alternative ways of providing surgeries to manage our waiting times and lists.

### **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.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
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>	All Strategic Objectives are applicable
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
Partion / 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>	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>Gweithlu: Workforce:</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>Risg: Risk:</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>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>	<p>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.</p> <p>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.</p> <p>Concerns literature is accessible in a range of languages and formats and translation services are available, as required.</p>

## IMPROVING PATIENT EXPERIENCE REPORT

September–October 2021



## 1. Introduction

Service user feedback is important to monitor the experience of people who use our services and through this, the quality of care that they receive. This allows us to identify where services need to improve and to share good practice when experiences are positive. Our team of call handlers continue to support our patients, families and carers with enquiries, feedback and concerns and have taken **over 1618 calls over the period.**

The team has seen an increase of activity in the hospital with a number of calls from patients and families requiring support.

The following information demonstrates how we are continuing to increase the capture of service user feedback by providing various ways in which this can be provided. Most importantly, service users should feel that there has been a valuable purpose to them providing their feedback. It is our priority to act on all feedback received as part of our culture of improvement.

## 2. Patient/Staff Story Feedback

Stories are one of the most powerful and beneficial ways of understanding how our services are being experienced and this will remain the key focus of the Patient Experience Team in supporting services to capture, share and ensure learning from these valuable accounts and personal experiences. A range of services and directorates find great benefit in receiving these stories to help them to develop and improve upon their service.

### Carer's Story about Palliative Care Services

The story below describes a carer's positive experience of accessing support from the palliative care service and the heart failure service.

<https://youtu.be/L1IVrHypOZE>

## 3. Compliments

### **Compliments received during the period September and October 2021**

Compliments are captured within the Health Board via a number of ways. Over 135 compliments have been reported for this period. Communication, understanding and listening are the top reported sentiments within the compliments.

Below is a small selection of the compliments received, which show how staff are providing positive patient experiences by demonstrating the Health Board values. Everyone involved appreciates recognition of this from patients and their relatives or carers, and it is so important to share and learn from what is working well. These are now being communicated back to staff via a number of methods including the recently implemented "Feel Good Friday" initiative.

"To all the crazy, Happy, hardworking, caring people, doctors, nurses, cleaners, catering supplies ladies & vampires (phlebotomists) that make up the teams that keep us patients alive, entertained and happy! A big thank you! From one patient whose stay you made more than bearable with your tempered mix of caring and professionalism, which frequently went way over your job description, it was noticed and appreciated! I was almost sorry to leave, keep up the great work."  
Withybush – Ward 8

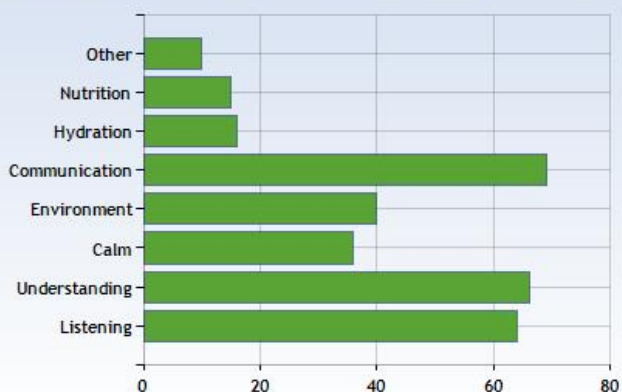
“To all the staff at the Walk in Centre a very big thank you for the first class treatment and care I received last Thursday. To be able to have an X ray and complete diagnosis was marvellous and saved many hours at A & E. The cup of tea and chocolate biscuit too was very much appreciated. All good wishes for the future, very good service you provide. Thank you again.”

Tenby Cottage - Minor Injures Unit

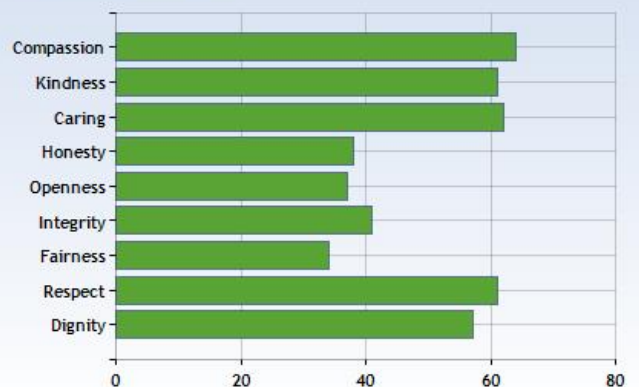
“Thanks to the surgeon for the care received for their cataract operation. A staff 'in green' gave coffee and biscuits and was caring and dedicated. Thanks to the department for the kind and professional attention that was given. Glangwili - Tysul Ward

Communication and understanding are the two greatest sentiments that are expressed and the Health Board values of compassion, caring and respect are the values the compliments are most aligned to.

Please select all of the sentiments in the compliment



Health Board Values



In addition to the above, during the period, the Health Board also received compliments direct to the patient Experience team.

Here are a few examples:

“Son of the patient said that he could not fault the care received from admission in AMAU to Ward 4 the care was second to none and he can't thank them enough. He said a couple of nurses really stood out as they were brilliant - Natalie (who was recently promoted to sister) and staff nurse Anne. He also couldn't stress enough that the family liaison is a brilliant service (Charlotte and Rhian)”.

Prince Phillip – Ward 4

"Patient was admitted to BGH for surgery. Wants to tell what an amazing experience she had whilst under care. Paramedics from Aberdovey were incredibly kind, reassuring and thorough and made sure patient was seen quickly on arrival. Patient overwhelmed by how kind everyone was and by the standard of care she received. Every member of staff was cheery, kind and helpful, nothing was too much for anyone. Patient was touched by the immense kindness of all staff towards elderly patients who were unable to feed themselves properly. The food was outstanding, it arrived hot and beautifully presented. Carried on from previous message: Patient was superbly looked after on a daily basis and carried out total professionalism. Mr Taha did a remarkable job repairing the damage which was remarked by an Orthopaedic Surgeon in Shrewsbury."

"Would like to say how wonderful my husband and I were looked after and treated in the unit. Friendly staff who listened attentively. Staff took time to check in on myself (wife) offering refreshments. Looked after extremely well, kept informed and they thought about his needs. A breath of fresh air"

Prince Philip - Acute Medical Assessment Unit.

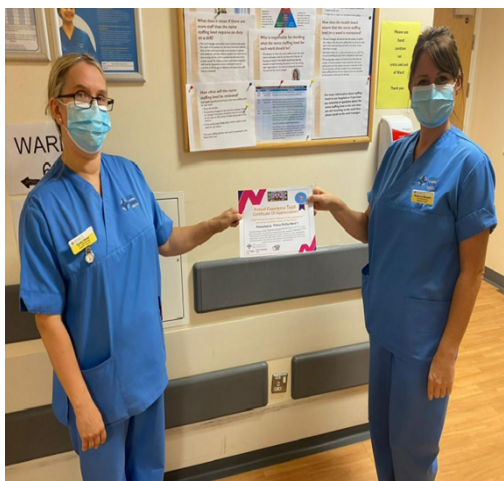
"Would like to thank and show appreciation to the whole team for the support, kindness and respect that all staff showed the patient whilst looking after him and helped enrich his quality of life. He would often comment on their kindness and patience towards him and as a visitor I was able to witness that care first hand to the patient and to his family and friends."

Glangwili - Merlin Ward

### **'The Big Thank You'**

During the period, 55 "Big Thank You" nominations were received and Patient Experience Certificates of Appreciation were 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.



Ward 7, Prince Phillip Hospital received a Big Thank You certificate from a patient. The patient praised the Ward saying, "Everyone working on Ward 7 were kind, compassionate and made me feel like a human being, not a number. They took time to explain and answer questions. I have never met as many kind-hearted people all in one place. I am very grateful. Thank you!"

Firstly, thanks to the ambulance crew Stuart and Tony who picked me up near Abergynolwyn. They were professional, very kind and managed the situation well. When I arrived in A&E it was busy yet I was seen quickly by doctor, assessed, had x Rays and then had orthopaedic opinion. At all stages I was informed what was happening, made comfortable and explained what would happen next. Thanks, so much as this is the first time I have ever had an accident.

Mr Jenkins and his team saved the sight in my left eye following a detached retina. Due to Mr Jenkins' remarkable skill and expertise and the assistance of Mr Wintle in surgery my sight has returned better than I could have hoped for. I should like to thank Mr Jenkins for prioritising my operation when he and his team were clearly under a great amount of pressure to catch up on routine operations. I have been treated with care and respect throughout my treatment and continue to be at VR Clinics by Dr Elhassan. Thank you

The standards on the ward were very high the nurses care was amazing also the ward was very clean congratulations to ward 7 my stay was amazing doctors were on the ball plus the sister of the ward was amazing had a cancer procedure very professional was amazing better than any other hospital I have been to.

Dr Price. She was absolutely lovely, incredibly kind and patient and thorough with her care. She was the first Dr to ever take me seriously with this particular condition and make me feel valid and human. I cannot rate her highly enough and feel she definitely deserves recognition of some sort. I will never ever forget the kindness that she showed me at that appointment. I came out feeling incredibly emotional. Thank you so much. Words cannot express my gratitude enough.

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

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

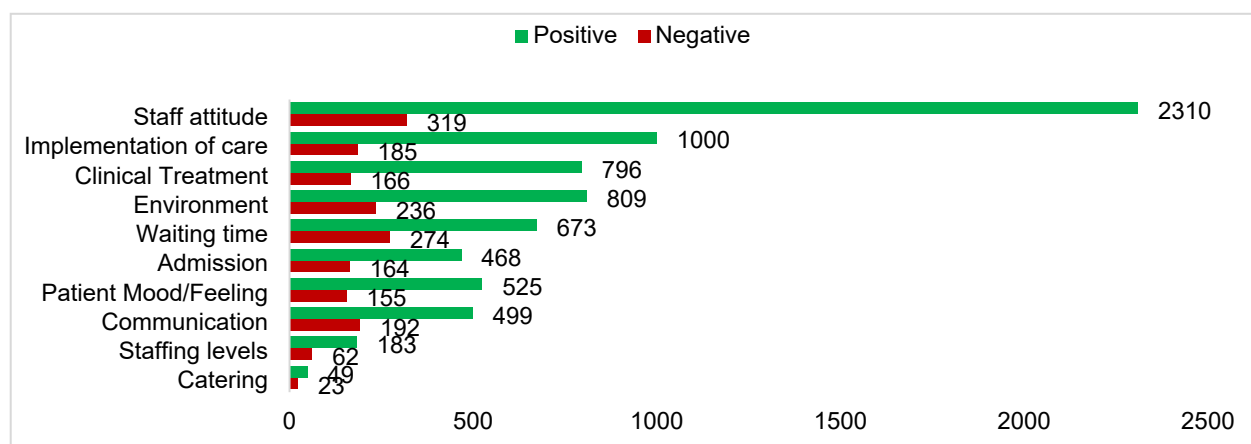
During the period, **31,597 patients** who have either attended A&E, an outpatient consultation or have been discharged from an in-patient environment have been contacted electronically requesting their feedback from the Patient Feedback (FFT) system.

**85% of the responses have a positive rating**, 8% of responders rated their experience as negative (the remainder did not provide a rating). Over 5,212 were not surveyed as they had already been surveyed at least once in the last 3 months. The table below is generated from the Healthcare Communications system, this indicates a red alert in two areas, the Emergency Department and Inpatient setting due to a reduction in score from the previous report and in particular from the October 2020 position. For other areas they have seen marginal decreases and should be considered in context of the activity within these areas. The format of this report will be amended when we move to the new Civica system.

Department	01/10/2020	01/11/2020	01/12/2020	01/01/2021	01/02/2021	01/03/2021	01/04/2021	01/05/2021	01/06/2021	01/07/2021	01/08/2021	01/09/2021	01/10/2021 ▲
Emergency Department	90.07%	↓ 89.61%	↓ 87.63%	↑ 92.02%	↓ 88.70%	↓ 86.60%	↓ 84.83%	↓ 83.56%	↓ 82.26%	↑ 82.90%	↓ 80.76%	↓ 78.97%	↓ 77.40%
Inpatients	91.45%	↑ 93.38%	↓ 93.08%	↓ 86.73%	↑ 89.23%	↓ 87.65%	↓ 85.43%	↑ 90.13%	↓ 88.95%	↓ 86.39%	↓ 84.33%	↑ 84.71%	↓ 81.25%
Outpatients	93.08%	↓ 92.78%	↓ 92.08%	↑ 95.31%	↓ 93.37%	↓ 89.63%	↑ 89.80%	↑ 90.76%	↓ 89.12%	↑ 91.95%	↓ 91.87%	↓ 91.21%	↑ 94.01%
Day Case	97.22%	↓ 96.15%	↑ 100.00%	↓ 95.12%	↓ 91.38%	↑ 98.90%	↓ 97.44%	↑ 99.17%	↓ 98.29%	↓ 97.39%	↓ 95.92%	↓ 95.37%	↑ 100.00%
Paediatrics	85.71%	↓ 82.35%	↑ 100.00%	↓ 87.50%	↑ 88.24%	↑ 95.24%	↓ 92.31%	↓ 87.50%	↑ 90.00%	↑ 95.65%	↓ 88.24%	↑ 94.44%	↑ 100.00%

Outpatient areas have seen an increase over the period as have day cases and paediatric services. There has been a reduction in the rating regarding emergency departments, particularly Withybush Emergency Department, where positive feedback has fallen to 64%. This is discussed further at section 11 of this report. The emergency departments are currently facing significant pressures and waiting times, due to high numbers of patients attending the hospital and requiring hospital beds. There are delays in admissions as patients who present with a temperature, cough or loss of taste/smell are required to have a COVID test before they are admitted. There are also some staffing shortfalls within the emergency departments and other services, such as minor injuries and out of hours services, which impact on service delivery.

There are seven times the volume of positive feedback in relation to staff attitude than negative feedback. There has also been a significant increase in positive feedback regarding implementation of care, as shown in the table below:



### Positive Rating by acute sites

Hospital and Department	Average Of positive Feedback	Total number of feedback
Bronglais General Hospital	86%	810
Glangwili General Hospital	76%	1074
Prince Philip Hospital	84%	933
Withybush General Hospital	74%	694
Grand Total	79%	3511

#### Withybush General Hospital

Hospital and Department	Average Of positive Feedback	Total number of feedback
Withybush General Hospital	74%	694
Endoscopy Unit	100%	9
Outpatient Department	92%	239
Puffin Ward	100%	1
Same Day Emergency Care Unit	82%	40
Ward 1	87%	12
Ward 10	100%	3
Ward 11	59%	3
Ward 12	100%	1
Ward 3	68%	7
Ward 4	88%	37
Ward 7	50%	2
Ward 8	100%	6
Accident & Emergency Department	64%	334
Grand Total	74%	694

#### Prince Philip Hospital

Hospital and Department	Average Of positive Feedback	Total number of feedback
Prince Philip Hospital	84%	933
Acute Medical Assessment Unit	75%	40
Coronary Care Unit	40%	1
Endoscopy Unit	88%	23
Gerontology Day Hospital	100%	9
Outpatient Department	91%	429
Same Day Emergency Care Unit	100%	12
Ward 3	50%	4
Ward 4	100%	5
Ward 5	100%	5
Ward 6	100%	15
Ward 7	100%	53
Ward 9	53%	6
Minor Injuries Unit	77%	331
Grand Total	84%	933

#### Bronglais General Hospital

Hospital and Department	Average Of positive Feedback	Total number of feedback
Bronglais General Hospital	86%	810
Angharad Ward	100%	6
Antenatal Department	51%	3
Ceredig Ward	91%	20
Clinical Decisions Unit	79%	16
Day Surgical Unit	93%	68
Dyfi Ward	100%	13
Endoscopy Unit	92%	39
Gwenllian Ward	71%	15
Medical Day Unit	100%	13
Meurig Ward	100%	10
Outpatients Department	95%	183
Paediatric Ambulatory Care Unit	100%	3
Paediatric and Antenatal Clinic	100%	4
Rhiannon Ward	87%	25
Y Banwy Unit	100%	5
Ystwyth Ward	100%	4
Accident & Emergency Department	80%	383
Grand Total	86%	810

#### Glangwili Hospital

Hospital and Department	Average Of positive Feedback	Total number of feedback
Glangwili General Hospital	76%	1074
Ambulatory Care Unit	55%	15
Cadog Ward	100%	3
Childrens Centre	100%	6
Cilgerran Ward	100%	23
Cleddau Ward	0%	0
Clinical Decision Unit	70%	22
Coronary Care Unit	67%	12
Derwen Ward	100%	9
Dewi Ward	100%	3
Endoscopy Unit	100%	4
Gwenllian Ward	100%	4
Merlin Ward	63%	4
Outpatient Department	90%	456
Padarn Ward	78%	12
Paediatric Ambulatory Care Unit	94%	29
Paediatric High Dependency Unit	100%	1
Picton Ward	86%	21
Same Day Emergency Care Unit	64%	22
Steffan Ward	100%	2
Teifi Ward	57%	6
Towy Ward	100%	6
Tysul Ward	100%	21
Accident & Emergency Department	67%	393
Grand Total	76%	1074

Withybush had a lower average percentage compared to the other three acute sites; this is due to their Accident and Emergency department only achieving 67% and despite the outpatient department performance of 92%. The emergency departments continue to experience significantly high demand currently with unprecedented levels of pressure. Work is ongoing within the Patient Experience Team, to explore how additional support can be provided during these challenging times.

Outpatients has the highest overall performance for all acute sites, with all achieving above average feedback of 90% and above. Feedback provided by patients is shared further in the report to show what they feel we are doing well and what they feel we need to improve on. The main themes of positive feedback relate to our staff and the kindness, compassion and professionalism that they demonstrate in the care they deliver. Examples of this type of feedback are below:

"The care I received was amazing, from the doctors and nurses on the ward, to the all of the theatre team who made me so comfortable and at ease, to the recovering team who were amazing. Everyone went beyond. Cannot thank them enough."

Withybush – Ward 4

"The hospital staff are amazing, so helpful and friendly. Waiting time was minimal. The doctor I was saw was so incredible, he did not rush and took time to explain clearly what my condition is and what was happening. Although it was a shock, I now will take it more seriously. It has not been explained to me before. EXCELLENT SERVICE"

Withybush - Outpatient Department

"The Dr I saw was incredibly thorough and really listened to my situation. As a holidaymaker advised to go to A and E from my GP, the service was very different to our local hospital back home. The same Dr looked after me the whole time and sought advice from her senior when required. I also had a range of tests, which was reassuring. I wouldn't hesitate to seek their guidance again and would recommend this service to anyone that needed help".

Withybush - Accident and Emergency Department.

Yes | The treatment I received was outstanding, Mr Awad, Dr Collingbourn and the theatre team treated me with great care and dignity and I felt so safe in their hands and Rhiannon ward staff were brilliant with my aftercare. We are so lucky having Bronglais in Aberystwyth it is such a good hospital with such an excellent standard of treatment and care

Bronglias - Rhiannon Ward

"Every doctor, nurse, and member of staff were brilliant with my son. Each time we have been in paediatrics, they have been amazing. My son struggles a lot but they made him feel less anxious instantly and they are very efficient and helpful. They also made sure I was happy with everything that was said and happy to take my son home. Although the drive to the hospital is just under an hour the experience and help received was fantastic and both myself and my son left feeling happier and less worried thank you".

Glangwili - Paediatric Ambulatory Care Unit

"My original appointment was at Radiology for an Ultrasound scan. All the staff there were very polite, extremely professional and efficient. On completion, the Doctor referred me immediately to A & E where a Doctor who explained everything to me in every detail met me, after a short understandable wait. Following that, I had to meet an Anticoagulation specialist who, again, explained everything in detail, later I was referred to an Anticoagulation nurse who talked me through the prescribed procedure. Throughout the four hours I spent at Bronglais I experienced nothing but utter professionalism"

Bronglais – Accident and Emergency

"Helen Freise- Jones. A superb nurse who is warm, friendly knowledgeable and consistent and has remained so from my diagnosis throughout my care including lockdown .Listens, responds and is supportive, and has protected my emotional and mental health , I would be in a much worse place if I hadn't had her alongside me".

Glangwili - Outpatient Department

The nursing staff were excellent, very attentive, the surgeon was very clear in everything that was going to take place and after explained all that he had done, the anaesthetists were very friendly and reassuring and in recovery were very calming and reassuring and I would like to congratulate you on the improvement in the menus, excellent!

Prince Phillip – Ward 7

The care I received from the staff involved with my visit was truly appreciated and I genuinely felt like an individual not a statistic/number, it is not a place anybody wants to be, but the level of care I received I felt was like a one to one. Thank you all involved.

Glangwili – Accident and Emergency Department

The staff were extremely helpful and polite. They made myself and my Mum who was the patient feel very welcome! The wait was not too long, a pleasant and very clean environment. The nurse who dealt with my mum was superb in every way possible. It is wonderful to have this service available! Thankyou!

Tenby Cottage - Minor Injuries Unit

Excellent greeting. Helpful reception and shown to a seat after a brief screening. Pre-op assessment carried out quickly & courteously. Consultation with the Ortho/trauma surgeon was compassionate when delivering relatively bad news but informative as well. He answered all my questions and went that extra mile to make sure that I left his consulting room reassured that he and his team would do their best to help improve my situation.

Glangwili – Outpatients Department

Took my daughter to the MIU as she had stood on a dirty old screw. The reception was clean, bright and very welcoming; along with the staff, we met. We only had to wait a few minutes before we were seen and the whole experience took about 25 minutes! I was so impressed with everything, the building, staff and service. I cannot fault anything I just wish my local NHS services in England were outstanding.

Cardigan Integrated Care Unit – Minor Injuries Unit

The main negative comments from patients have been the delay in being seen, staff attitude and waiting times. Examples of the negative feedback received are as follows:

The doctor on two separate occasions gave us the wrong diagnostic, well no help at all and was very arrogant , sent us away saying to take neurofen. We were not convinced and arranged an out of hours appointment (so visit 3 now) My 5 year old daughter has now had to have emergency surgery to her nose and will be in hospital for days. If the correct symptoms had been, recognised surgery may not have been required. Shocking. Will be making a full and formal complaint.

Lack of facilities and compassion for a seriously ill patient. My wife was eventually admitted with a severe (potentially life threatening) infection of the gall bladder. She was sat on a chair in an A&E corridor for 36 hours. She was then transferred to a luxury chair - reclining! Until she was discharged 48 hours later for me to drive her to our home in South Yorkshire to receive ongoing professional care. This is not a criticism of your staff, but the below standard facilities there.

The way that the department was managed was poor. No clear differentiation of minors and adult care. Once staff were asked how long the wait was they got very defensive, and had many differing excuses as to why we had been treated that way. It's a shame that I needed to raise our wait when it was an easy and quick injury to deal with. Instead we were kept waiting for an unnecessarily long time at a time when there is still a lot of caution surrounding the coronavirus.

With thanks to Accident and Emergency

The person doing the consultation didn't explain why he thought it was a good idea to discharge me back to my GP even though the issue with my right ear hadn't resolved and the issue with my left ear had declined.

I am compiling a complaint against a bed manager who arbitrarily over rode Covid protocols and therefore put me at risk. As you the authority have made such process difficult and even though requested a member of the managerial staff did not come to see me prior to my discharge I am still undecided whether to proceed in private through the normal channels or to involve other parties if I contract covid in the next few days The matter will definitely involve the local MP and media

Constant noises through night from : monitoring, persons on phone and other conversations, excess light , late night and early morning medications , uncomfortable bedding , lack of concern for patients when monitoring tabs and dressings are applied over body hairs and subsequently removed as though opening a parcel. It is a hospital, you are or were admitted in an emergency to an extremely busy department still in the throes of coping with a pandemic, I do seem to have veins difficult to find , keep still enough to penetrate neatly without going in and out the other side with needles and cannulas.

My 18 year old son was admitted to Ward 4 due to a bacterial gut infection as a result he was having extreme diarrhoea. He was left in A&E reception using the public toilets for 6 hours. Whilst this was very difficult for my son it was also a huge risk to the public.

Reception was very frosty no eye contact no smile. Even though the nurse at the surgery had said I needed an x ray the triage nurse wanted me to wait to see the Dr causing more delay as I then had to have an x ray.

I was stood outside the assessment unit for 20mins then after waiting for so long I went to the main A&E in the hospital to be bluntly told that it was closed that day by a receptionist who clearly doesn't like her job, in fact I'm pretty sure she doesn't like humans either!!

Dr I saw when first seen some one, he required further testing. I felt really poorly, he obviously went off shift and the other Dr I saw just couldn't be bothered to help me and told me to go to my GP. Reception and triage were lovely, just the discharge Dr was quite rude and couldn't wait to get me out, was there from 11 till 5 to come out feeling the same as went in with no answers."


Department

Suffering in pain for many months while waiting long time to see consultant to just get 10 minutes of consultants time and not to be given opportunity to clearly tell your symptoms, concerns and ability to ask questions. Consultant being irritated that suddenly you don't have with you your last optician report and glasses while appointment letter has no mentioning that those thing would be required for appointment

The teams involved are alerted to this feedback on a real time basis. Responses from these service areas to the above feedback will be provided in the next report.

The Patient Experience Team continue to work on our new Patient Feedback System with the new 'Once for Wales' system, with the aim of having no disruption to collection of our valuable experience feedback. As stated in our previous report, the new system offers significant enhancements over our current system and will strengthen the real time delivery of feedback direct to our frontline teams.

Patient Experience Team  
Tim Profiada Y Claf


GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Page 1 of 6 (25 Questions)

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### NHS All Wales Questionnaire

Did you feel that you were listened to?

☒ Always  
☐ Usually  
☐ Sometimes  
☐ Never

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

☐ Always  
☐ Usually  
☐ Sometimes  
☐ Never  
☐ Not applicable

---

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

☐ Shorter than expected  
☐ About right  
☐ A bit too long

The team received administration training on the new system throughout September and October 2021 and are progressing with the transition. The NHS All Wales Questionnaire went live on 1<sup>st</sup> November 2021 and we will be sharing the data in the next report.

## 5. All Wales Experience Questionnaire

Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience		
Hospital and Department	Responses	
Withybush	72	8.1
Prince Philip	18	6.9
Glangwili	67	7.3
Bronglais	55	8.3
<b>Grand Total</b>	<b>212</b>	<b>7.8</b>

Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience		
Hospital and Department	Responses	
Withybush	72	8.1
Adult Clinical Decisions Unit	1	5.0
Cardio-Respiratory Department	1	9.0
Emergency Department	7	4.3
Outpatients A	2	3.0
Outpatients B	1	6.0
Puffin Ward (Paediatric Ambulatory Care Unit)	7	8.0
Rheumatology	17	9.2
Ward 1	8	8.3
Ward 10	18	9.3
Ward 7	3	7.0
Ward 8 (Coronary Care Unit)	6	9.3
Ward 12	1	6.0
<b>Grand Total</b>	<b>72</b>	<b>8.1</b>

Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience		
Hospital and Department	Responses	
Glangwili	67	7.3
Cledau Ward	1	10.0
Clinical Decisions Unit	8	8.4
Derwen Ward	2	2.5
Dewi Ward	1	3.0
Emergency Department	13	4.3
Gwenllian (Acute Stroke Unit)	1	8.0
Merlin Ward (Eye Unit)	20	8.9
Outpatients Department	4	9.0
Padarn Ward	1	10.0
Radiology	1	0.0
Steffan Ward	11	8.5
Teifi Ward	1	8.0
Towy Ward	1	8.0
Cardio-Respiratory Unit	1	0.0
Branwen Suite	1	10.0
<b>Grand Total</b>	<b>67</b>	<b>7.3</b>

Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience		
Hospital and Department	Responses	
Bronglais	55	8.3
Ceredig Ward	6	9.5
Dyfi Ward	1	10.0
Emergency Department	7	5.7
Meurig Ward	16	8.4
Outpatients	3	9.3
Ystwyth Ward	20	8.9
CT Scanner	1	10.0
Cardiac Monitoring Unit	1	0.0
<b>Grand Total</b>	<b>55</b>	<b>8.3</b>

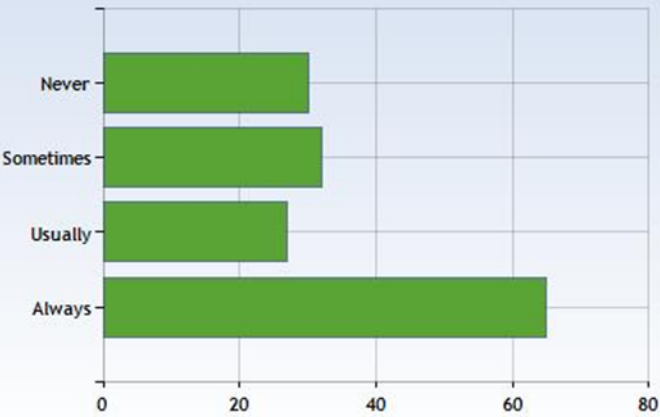
Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience		
Hospital and Department	Responses	
Prince Philip	18	6.9
Acute Medical Assessment Unit	2	7.5
Cardio-Respiratory	1	4.0
Minor Injuries Unit	4	5.5
Outpatients	5	5.6
Rheumatology	1	10.0
Ward 6	1	8.0
Ward 7	3	9.0
Mynydd Mawr Rehabilitation Unit	1	10.0
<b>Grand Total</b>	<b>18</b>	<b>6.9</b>

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. Currently, the way in which the surveys are conducted across the organisation is not as consistent across all areas as we would like. This makes it difficult to identify any specific 'hot spot' areas, which have continuing themes or trends, due to some areas submitting a lower number of surveys. However, we

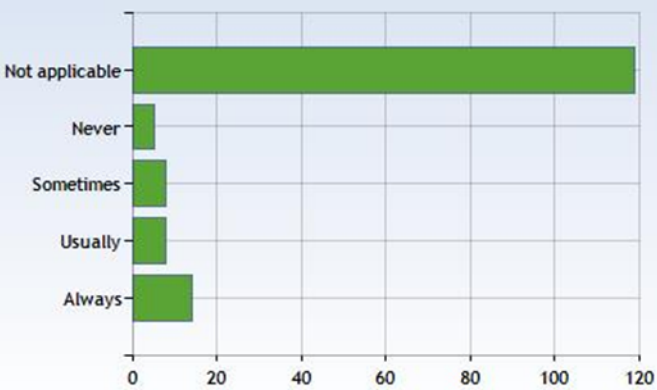
anticipate that our new service user feedback system will greatly improve this. The survey responses are summarised below:

NHS Wales Experience Questionnaire

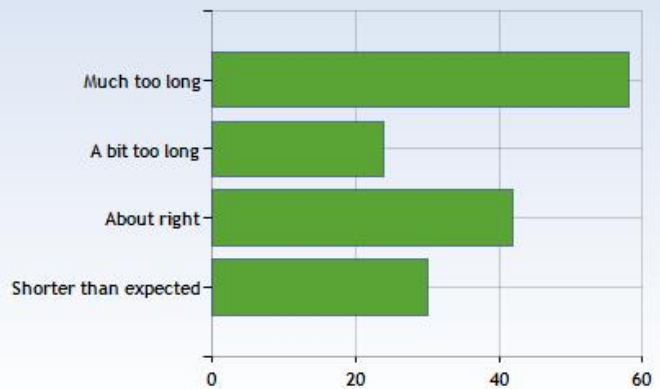
1. Did you feel that you were listened to?



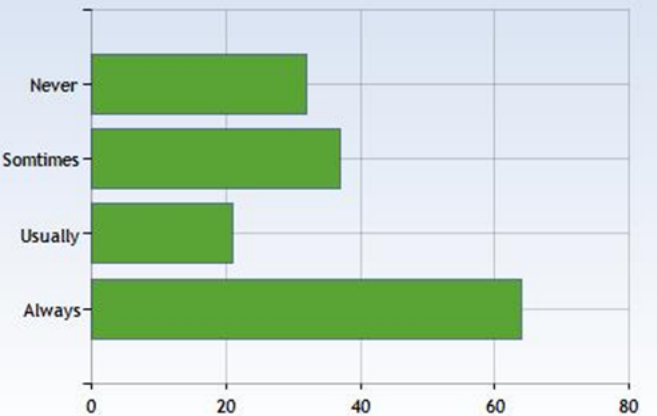
2. Were you able to speak in Welsh to staff if you needed to?



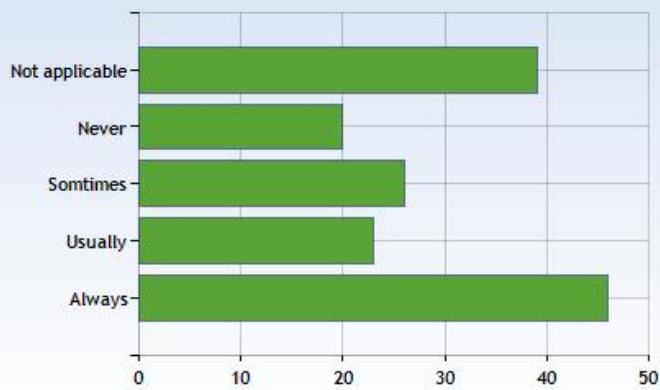
3. From the time you realised you needed to use this service, was the time you waited:



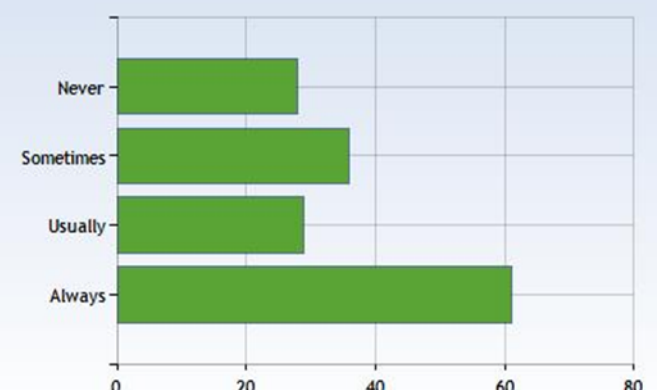
4. Did you feel well cared for?



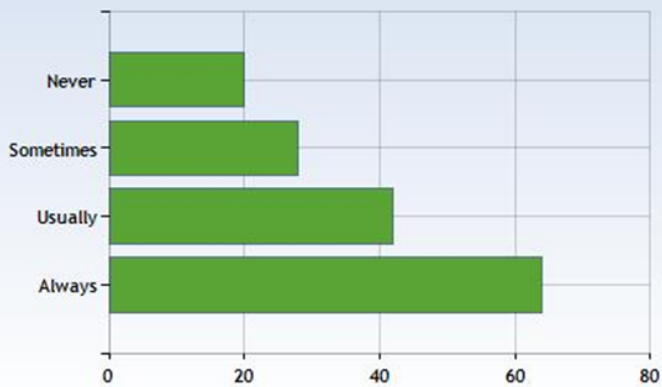
5. If you asked for assistance, did you get it when you needed it?



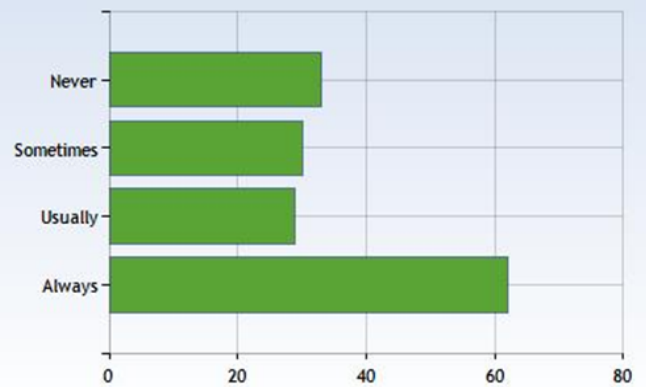
6. Did you feel you understood what was happening in your care?



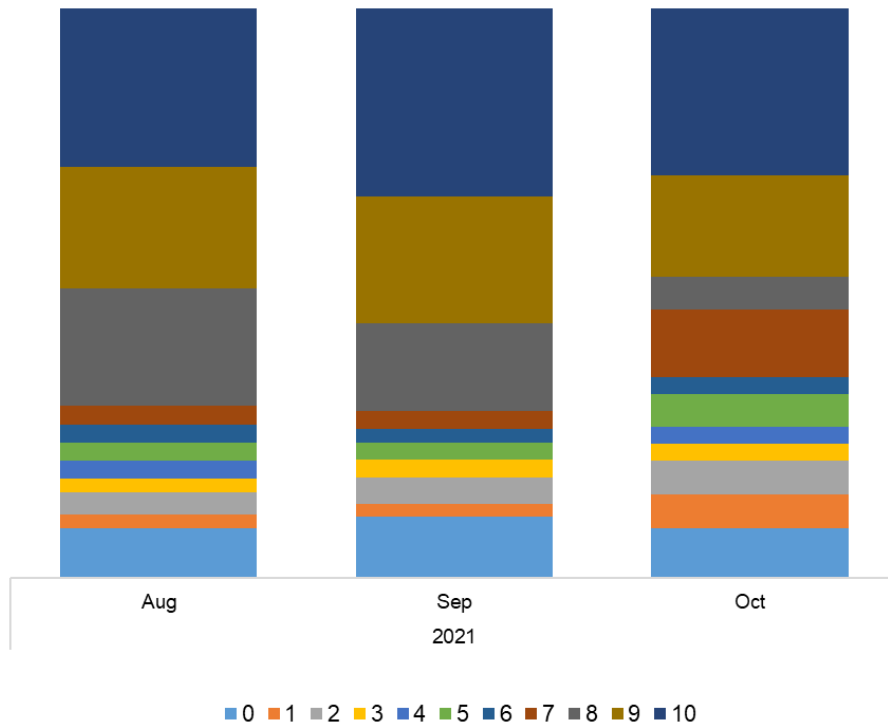
7. Were things explained to you in a way that you could understand?



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



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



During the period the responses to question nine, how do you rate your overall experience, the information presented a very polarised position, with a large proportion rating as excellent and similar proportion as rating their experience as very bad.

A sample of responses to the qualitative questions 10 and 11 are shown below:

**Q10. Was there anything particularly good about your experience that you would like to tell us about?**

- Amazing, skilled and kind staff in Ward 7, the breast care unit and the chemo unit.
- GP Ian Hosker, Borth surgery is brilliant. Consultants Mr Ng and Mr Moosa both excellent. Specialist urology nurse Ceri Thomas is simply amazing, nothing is too much trouble, and he is a genuine unsung hero!
- I attended A&E to sign in and was then sent around to MIU I was assessed, cleaned up and stitched up and discharged within around half hour of arriving. Both doctors that I spoke to and the nurse practitioner were all very friendly and caring.
- I had to go to AMAU at Prince Phillip Hospital on the advice of the cancer support advice line. I was given the best medical care and lots of kindness too. I am so very grateful to every member of the team who I had contact with at the hospital.
- My admission to A&E following my acute episode was excellent. I received instant medical decisions from the A&E Drs and nurses. The treatment from the nurses when admitted to Derwen ward was second to none. Cannot fault it.
- Since COVID I have been able to communicate with the rheumatology department via email, such a help, even if appointments are a long way off it means I can get queries answered or advice without having to wait for a set appointment.
- While on holiday in the area, I had to visit the Minor Injuries Unit, Cardigan last Thursday 26<sup>th</sup> August with an acute allergic reaction to penicillin. The staff were fantastic and nothing was too much trouble. They consulted a dermatological consultant ASAP. The staff at the Minor Injuries Unit then contacted the surgery that I was assigned to during my holiday, to prescribe strong steroids to alleviate awful symptoms, the prescription faxed across to Boots Pharmacy, Cardigan where I was waiting. Many many thanks to all the staff who dealt with me so well, last Thursday.
- Had my own room which was amazing. Was able to stay in hospital overnight after surgery, which made all the difference because I had good pain management.

**Q11. Was there anything that we could change to improve your experience?**

- I was belittled, not listened to by the doctor I saw. I have spotting in the brain, numbness on left side, spotting in my vision but I was not listened too. I had a list and told that there was nothing wrong with me, and I should go to an optician, bear in mind I wear glasses and can't feel my foot on bad weeks. You tell me if this is nothing.
- When giving me a cancer diagnosis do not do it by placing a booklet on the table in front of me with 'leukaemia' written on it. This does not cushion the blow and only makes the next few moments when the doctor is reading my notes truly frightening. 2. Give me a follow up appointment a few weeks later, after the shock has passed. I have no contact details for anyone at the hospital whom I can talk to but have received another appointment for 1 years time. To me 1 year is a long time to wait until I have any further contact. My only support now is from other organisations.
- A 7 hour wait with nowhere to sit with a 9 month old is unacceptable When we were seen I was sent home and told it was viral and to use Calpol. The next morning I took my son to GP he had the onset of croup and needed steroid immediately to help him breathe also took a stool sample as he had diarrhoea for 3 days. Shocking A and E!
- Attitude of reception staff member taking our details very poor. Should not be querying potential diagnosis in that role without required qualifications.
- Communication and not to make assumptions regarding diagnosis or reasons for injuries
- Food quality was poor. WI fi reception terrible. Mobile phone signal poor.
- There was a 23-day delay between me being referred by the GP at Llanelli surgery and my appointment at the Breast Clinic. I assume this is because of a pandemic backlog.

- Maybe a TV or radio to pass away the time In the A&E waiting room, there was one in the waiting room for x-ray but did not hear or see one in A&E.

The following describes the actions taken by services in response to the comments received during the previous reporting period.

You Said (comment received)	We Did (response from service)
I went to be fitted for an orthopaedic device but the practitioner was not familiar with this particular device and did not know what to do. After taking time off work and making an additional journey I now have to go back on Thursday to see an alternative practitioner. It doesn't inspire confidence.	This feedback has been shared with the Clinical Lead for the service whom will discuss the patient's experience with the relevant staff across all hospital sites.
Messages were not replied to; I was left for weeks not knowing an important blood test result, which monitored any cancer recurrence. In my email, I was understanding of the difficult working situation for everyone in the pandemic. I do feel messages could have been responded to; something was missing in the level of communication necessary between colleagues and no-one seemed to be aware of the gap or took responsibility for ensuring that I was kept informed in a timely way.	All patients attending the Rapid Access Clinics across the Health Board are allocated a key worker, we have 2 Gynaecology Oncology Clinical Nurse Specialists undertaking these roles for the Health Board, who can respond to any concerns a patient may have. Patients are given their contact numbers and email addresses on diagnosis. We have recently employed a MacMillan Cancer Support Worker who will also be able to assist with any patient concerns and signpost patients to appropriate support.
Nurses need retraining on every aspect it's frightening experience having someone else's name band placed on your arm and nearly having that persons treatment could of killed me so nurses need retraining.	The feedback is anonymous, it has been difficult to identify a specific incident due to anonymous reporting; therefore this feedback has been brought to the attention of all Heads of Nursing to ensure general communication is issued regarding the procedure for applying name bands and patient identification procedures , including monitoring arrangements.

When the transition to the new once for Wales Service User Feedback System is achieved, all ward and department managers will also receive alerts to specific feedback key words. We will provide the responses from services to the above feedback in the next Patient Experience Board Report.

### **Paediatric Feedback**

The voice of children and young people are a vital part of improving our patient experience work.

During the period, there has been a significant increase with 70 surveys.

The new Patient Experience Apprentices have been introduced to the ward to ensure the team are increasing their presence to support patient feedback. The team will be encouraging patients and their families to provide feedback.



Here are some of the comments about the paediatric wards across the Hywel Dda Health Board:

"The staff. We encountered many - dozens - through the 36 hours in A&E and Angharad ward without exception they were all good. In particular the surgeon Dr Nicola Allan, and there is a ward 'green' called Sian who was exceptional - a person centred approach to care that should be taught to all as an example of how it should be done. But all of them - Bethan, Lucy, Carol et al - amazing. And all this on a night when the ward was full and extremely busy." – **Angharad Ward, Bronglais General Hospital** *From Parents/ Carers/ Relatives survey*

"Mami sleeping in bed with me. And the two nurses [one in dark blue in the day and light blue in the night]" – **Cilgerran Ward, Glangwili General Hospital.**

*From My Time in hospital [4 to 11 year old survey]*

"The Doctors were very friendly and kept me informed" – **Cilgerran Ward, Glangwili General Hospital.**

*From Parents/ Carers/ Relatives survey*

"The care was great, and the staff welcoming". – **Angharad Ward, Bronglais General Hospital**

*From My Experience In hospital [12 to 16 year olds survey]*

"I appreciated the time and patience given to both me and my child. All staff acted professionally at all times and we couldn't have asked for better." – **Cilgerran Ward, Glangwili General Hospital.**

*From Parents/ Carers/ Relatives survey*

"All the staff were just truly amazing and the facilities were fantastic also providing food for me as mum was very helpful to stop me having to go to town and leave my son when he wasn't feeling well" – **Accident and Emergency Department, Bronglais General Hospital.**

*From My Experience in hospital [12 to 16 year olds survey]*

All Wales Approved Paediatric Surveys: The Patient Experience Team has been working closely with the Civica team to add the new survey onto the patient feedback system and with the Paediatric Team to ensure the surveys are in keeping with the 'once for wales' survey and have included additional questions. The new apprentices have been visiting the paediatrics ward to increase the team's presence in supporting patient feedback.

### **Family Liaison Team continue to support our Patients, families and carers**

The Patient Experience is pleased to confirm that new Family Liaison officers have been recruited to support the increasing numbers of patients currently on our wards.

**Patient distraction items** - We have had a recent delivery of Patient distraction items to support patients who are in hospital for long periods. These items continue support patients who like to read or like to do puzzles to keep their mind active. The feedback from both patients continues to be positive and we hope to continue to distribute the items.



### **Experience Apprentices**

Our new apprentices have commenced in their role and have shared their experience of working on the team.

Shaun, who is based in Glangwili: "My first few weeks have been very interesting with Patient Advice and Liaison Officers. I think the hardest part is trying to find my way around the hospital - although I have not gone missing just yet. We have been on wards dealing with the iPads, and when doing so it is made clear to us that the wards really do appreciate our Family Liaison Officers"

"A moment that sticks out to me is when Kelly and I went around some wards. An older patient with dementia called us over thinking we were doctors. He voiced his worries about being there and wanting to go home. After speaking to staff we found out he was going home just waiting on transport - when we said this his face lit up."

Kelly is also based in Glangwili: "'I absolutely love the job so far! Even though I'm in isolation which is gutting but it's something we've got to do, but the whole team are so welcoming and kind it makes the job 10 times better. It is a completely new experience for me, I am enjoying it so much!"

## **8. Arts in Health Programme**

Two new Arts in Health Co-ordinators have joined the Patient Experience Team at the Health Board to help promote and encourage the use of the arts in health care across the three counties.



**Kathryn Lambert**

(4 days per week)



**Dr Catherine Jenkins**

(one day per week)

Kathryn brings over 20 years' experience of working in the arts sector, most recently as Director of Span Arts in Pembrokeshire, while Dr Cath is a practicing GP with an interest in holistic and lifestyle interventions for health and well-being.

The posts are part funded by The Arts Council of Wales as part of a national programme to support all Health Boards in Wales to engage an Arts in Health Coordinator. This strategic partnership is built on a Memorandum of Understanding between the Arts Council and the NHS Confederation to capitalise on the powerful contribution the arts can make in supporting people's health and wellbeing.

Initially, the Hywel Dda Arts in Health Team have been undertaking their induction, meeting with a wide range of cross cutting staff and specialists and building upon the Arts in Health mapping and planning done to date.

### **Steering Group**

A new Arts in Health steering group will be established to provide assurance around the development and implementation of the Health Board's Arts in Health Strategy and work programme. Membership is currently being finalised with the hope of the first Steering Group meeting to take place before Christmas.

### **Art Boost**

The new Arts in Health (AiH) Team have secured funding for Art Boost, a pilot project funded by Celf a'r meddwl | Arts and minds - a new Baring Foundation and Arts Council of Wales programme to support better mental health in Wales, supported by the National Lottery.

The AiH Team will be working with Specialist Child and Adolescent Mental Health Services to run Art Boost, a one-year pilot arts in mental health programme for children and young people living with eating disorders, self-harming behaviours, low mood and/or suicidal feelings.

This project will help children and young people to build the skills and resilience to broaden their ability for coping with negative experiences, reduce psychological distress and gain an increased sense of empowerment by working with artists.

**Staff Wellbeing Programme**

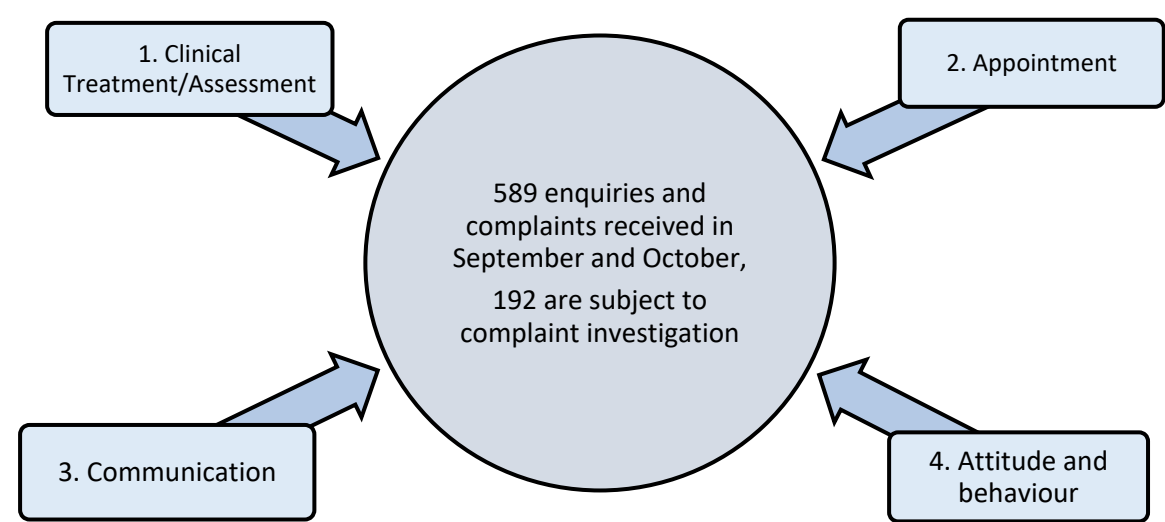
HDdUHB charities fund has also provided funding for ‘arts in health and wellbeing activities for staff’. This was secured from NHS Charities Together as part of a larger grant focusing on the recovery of HDdUHB staff post-pandemic. The AiH Team are currently undertaking research in order to put plans in place.

**Strategic**

The Arts in Health Coordinators also sit on a national team of ACW funded Arts in Health Coordinators from across all 7 health boards. Together they will share learning, build evidence and learn from other health boards in order to shape a high quality arts in health provision for Hywel Dda UHB.

**9. Complaints**

Core themes of complaint subjects



63% of complaints received in September and October were closed within 30 working days.

Table 1 shows the top 4 ranking complaint subjects which have remained the same since the last report, although there has been a general reduction in the numbers received in September and October than the last reporting period.

Table 1

Subjects receiving the highest number of complaints (early resolution and MT PTR)	Sep Oct
Clinical treatment/Assessment	113
Appointments	55
Communication Issues (including Language)	37
Attitude and Behaviour	31
Medication	16

Other	10
Discharge Issues	10
Test and Investigation Results	7
Record Keeping	6
Complaints Handling	5
Referral	5
Access (to Services)	5

The specialties receiving highest number of complaints in September and October remains the same as in July and August, although the 3 specialties have received less complaints compared to the previous report. The number of concerns regarding Gynaecology services has increased which is being reviewed by the Services.

There has been a decrease in the number of complaints received for Medicine, having received 14 complaints in this period compared to 31 in the last period.

Table 2

Specialties receiving the highest number of complaints (early resolution and MT PTR)	Sep - Oct
Accident & Emergency	52
General Practice	39
Orthopaedics	25
Ophthalmology	15
Gynaecology	15
Medicine	14
Radiology	10
Surgery	9
Urology	9
Dental Services (PC)	8
Outlier (Please Specify Specialty in Description)	8
Breast Care	7
Community Services	7
Gastroenterology	6
Neurophysiology	6
Acute Paediatrics	5
ENT	5

Table 3 below shows the subjects of concerns by specialty. Accident and Emergency received the highest number of clinical/assessment complaints and the highest number of attitude and behaviour complaints out of the specialties. The number of complaints raised around clinical treatment/assessment has increased from 24 to 31, whilst the attitude and behaviour has decreased from 22 to 5 since the last report.

Table 3

	Clinical treatment/Assessment	Appointments	Communication Issues (including Language)	Attitude and Behaviour	Grand Total
Accident & Emergency	31	1	3	5	40
General Practice	16		4	2	22
Gynaecology	6	3	1	1	11
Medicine	3		4		7
Ophthalmology	3	8		1	12
Orthopaedics	10	9		2	21
<b>Grand Total</b>	<b>69</b>	<b>21</b>	<b>12</b>	<b>11</b>	<b>113</b>

Further analysis of the sub-subjects for the specialties receiving the highest number of complaints within these subjects is provided below:

Accident & Emergency	36
Clinical treatment/Assessment	31
Incorrect/insufficient	8
Incorrect diagnosis	8
Delay in receiving treatment	6
Delay in diagnosis	5
Lack of treatment	2
Reaction to procedure/ treatment	1
Incorrect treatment given	1
Attitude and Behaviour	5
Attitude of Medical Staff to patient	2
Receptionist	1
Attitude of Allied health professions to patient	1
Attitude of Nursing Staff to patient	1

Orthopaedics	9
Appointments	9
Delay in appointment	6
Cancelled appointment	1
Patient lost to follow-up	1
Delay in receiving outpatient appointment	1

General Practice	4
Communication Issues (including Language)	4
Unable to contact	3
Lack of feedback/referral/discharge summary	1

Medicine	4
Communication Issues (including Language)	4
Family involvement in care decisions	1
Insufficient information	1
DNR	1
Incorrect information	1

Complaints made about appointments has decreased from 164 to 148, with a decrease in complaints made to the Dermatology department, from 11 to 3.

	Jul - Aug	Sep - Oct	Grand Total
Appointments	93	55	148
Orthopaedics	6	9	15
Ophthalmology	6	8	14
Urology	9	5	14
ENT	6	4	10
Dermatology	11	3	14

## **10. Public Services Ombudsman**

During September and October 2021, two final reports were received from the Public Services Ombudsman.

One report was issued under S.23 of the Ombudsman's Act 2019, as a public interest matter.

The matter related to the failure to provide appropriate psychology services to a patient, and as a result failed to meet the patient's clinical needs, including his challenging behaviours. This was at a time when the impact of COVID-19 was being felt, during lockdown. The Ombudsman found no evidence of contingency planning for when the service came to an end. The complaint was therefore upheld. The report can be accessed from the following link: [Hywel Dda University Health Board – 202002558 \(ombudsman.wales\)](https://ombudsman.wales.gov.uk/202002558)

The Ombudsman recommended that the Health Board apologise to the complainant and her son, which has been carried out; reminds the service of the need to ensure responses comply with the Putting Things Right Guidance; undertakes a review to identify any other patients with unmet clinical needs as a result of the closure of the specialist service and takes steps to meet any identified needs; and commissions and completes the planned review of the Health Board's Child Psychology Services.

The Health Board has established a Children and Young People's Working Group to review the findings and ensure our services meet the recommendations of the 'Wrong Door Report', issued by the Children's Commissioner. Reports on the progress of this Group are reported to the Board.

The action plan for the Ombudsman report has been developed and will be received and monitored by the Listening and Learning Sub-Committee.

The second report received related to a delay in identifying a patient's shoulder fracture. The Ombudsman found that the assessment of the shoulder was inadequate; and that poor documentation around the x-ray suggested it had not been reviewed appropriately. The waiting time before being offered a neurology appointment was also found to be unreasonable. Recommendations included: to ensure the process for emergency x-ray reporting and documentation was reviewed within 3 months; ensure appropriate, agreed timescales for x-ray reports are being met within 6 months and to take steps to ensure that an accessible point of contact is offered, to patients who have been referred to neurology, but for whom there is an unavoidable delay in offering an appointment.

The action plan for this case will be monitored and reviewed by the Listening and Learning Sub-Committee.

## **11. Learning from Events**

**Communication** - Feedback has been received from a number of areas that some staff are not introducing themselves on telephone calls or within the clinical areas.

As a reminder to staff, the team posted an update on the staff bulletin:

## # hello my name is...

We have received feedback from patients and their families on the way staff are answering telephone calls into wards and departments. It is vitally important that staff introduce themselves in a welcoming and helpful manner. If you are answering the telephone please remember that you need to introduce yourself as well as the department/ward

*The campaign is focused to remind staff to introduce themselves to patients as it advocates that a confident introduction, is the first step to providing compassionate care and is often all it takes to put patients at ease and make them feel relaxed whilst using our services*



[www.hellomynameis.org.uk](http://www.hellomynameis.org.uk)

Our apprentices Honey and Kieran have also been visiting wards handing out # hello, my name is... lanyards as reminder to staff to introduce themselves when speaking to patients face to face and over the phone.

We have had positive feedback from staff who have said that it has reminded them to introduce themselves on the phone when speaking to relatives or colleagues.



<https://www.hellomynameis.org.uk/>

As reported during the previous reporting period, the significant themes that we are continuing to see from our patient experience feedback are around access to our emergency care services and waiting times to see a doctor within this setting; as well as waiting times to receive appointments and planned procedures. We understand that this is a challenging and concerning time for patients as we continue to see the impact of the ongoing situation of the COVID-19 pandemic and how this has affected our waiting lists and treatment times.

## Access to Emergency Care

Like many other Accident and Emergency Departments across the Country, our emergency services continue to face significant pressures due to unprecedented levels of demand on our services. This has resulted in longer waiting times within the departments for our patients. We appreciate the impact that this has had on patient experiences, particularly in light of the challenges that we continue to face as a consequence of the COVID-19 pandemic.

Our hospitals are continuing to see patients who have medical emergencies. There are measures in our hospitals designed to keep patients as safe as possible and people are urged to seek urgent medical attention if they need it. We are also looking at how we can support patients further during their time in the emergency department and improve the experience of utilising these services.

We are pleased to have the support of the Red Cross at our emergency departments. This service provides additional support to patients in maintaining nutrition and hydration whilst in the Department together with providing opportunity to improve wellbeing and reduce anxiety through someone spending time talking with patients. The Red Cross also provide a take home and settling in service for appropriate patients so supporting safer discharge home from hospital.

Within Glangwili Hospital, a Hospital at Night service is being introduced, to support patients needing medical assessment.

Patients have been asked that if they have a non-urgent need, to seek alternatives to A&E such as visiting the 111 symptom checker <https://111.wales.nhs.uk/>, visiting the local community pharmacy or calling their doctor's surgery.

The Triage and Treat service is available at selected pharmacies across Carmarthenshire, Ceredigion and Pembrokeshire. Triage and Treat can help patients who have a low-level injury rather than having to visit a doctor or an A&E department. The service is provided by a pharmacist or a member of the pharmacy team who has had specialist training. The types of injuries that can be treated under the scheme are:

- Minor abrasions, superficial cuts and wounds
- Stings and bites (such as bee or jellyfish)
- Sprains and strains
- Eye complaints such as sand in the eye
- Removal of items from the skin such as a splinter or shell
- Minor burns including sunburn

## Epilepsy Services

As previously reported, patients and their families have raised concerns in relation to the provision of epilepsy services, following the recent resignation of a member of staff. This has led to a temporary change of services. We are fully committed to providing this service and are working hard with our other health board colleagues in the region, to develop a regional model, which will improve access to and waiting times for the service. Under the regional service approach, as well as creating a stronger collaboration with other Epilepsy services, a review of neurological services is being undertaken this will include a review of the patient pathway and access into the service, as well as the staffing provision. This will allow a more sustainable service to be provided with earlier access to support for our patients and carers. We are undertaking this work as a priority.

In the meantime, patients are encouraged to contact their Community Team for Learning Disabilities (CTLD) in the first instance, where the nurses will continue to act as points of contact for care delivery. We also expect to be able to have in place joint clinics between Learning Disability Psychiatry and Epilepsy Specialist Services by end of September 2021.

Concerns have also been raised about the provision of epilepsy nurses within the Health Board. The Health Board currently employs two part-time epilepsy clinical nurse specialists (CNS) and we are pleased to report that we have also recruited a further Epilepsy CNS post with a special interest in learning disabilities, as well as a Children's Nurse in Epilepsy.

### **Waiting Times for Planned Care**

The Health Board continues to face multiple challenges including the impact of staff leave and higher levels of sick leave, self-isolation, delays in discharging patients from hospital, high emergency services demand and an increase in patients with COVID-19 being admitted to hospitals.

As previously reported, over the course of the pandemic, the Health Board has introduced a number of new ways of working to help see and treat patients across both primary and secondary care, including remote telehealth and telemedicine clinics run by our GPs, and our Waiting List Support Service, which is designed to help manage patients and their care while they wait for their operation or procedure.

Advice to patients waiting for procedures can be found on our website or by accessing this link [Inpatient and outpatient - Hywel Dda University Health Board \(nhs.wales\)](#)

We are prioritising patient safety at this time and this is being reviewed across Wales to ensure we are doing all we can to accelerate surgery in the face of all the safety measures needed and our staffing levels.