



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 May 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Improving Patient Experience
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	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 month of March 2022.

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.

This report covers the period 1 March 2002 to 31st March 2022 to complete the financial year 2021/22. The introduction of the new Civica system and the start of the new reporting period will bring opportunity to revise the format of the current report which will focus around the themes of the Improving Experience Charter and the HDdUHB Organisational Values.

Asesiad / Assessment

Patient and service user feedback is received into the UHB through a variety of routes: Friend and Family Test (FFT); compliments, 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 new patient experience feedback system is currently being rolled out as part of the Once for Wales programme. This will enable all services to be included within the FFT survey and provide a wider range of feedback.

For the period, a total of 358 contacts were received into the patient support contact centre including enquiries and early resolution cases; 120 were complaints requiring investigation under the putting things right process.

The predominant themes received from complaints and patient experience feedback continue to be around waiting times/waiting lists and clinical care/treatment. Emerging themes focus on discharge arrangements. Communication with patients waiting for treatment is a priority for the UHB, and is being addressed as a matter of urgency through the communications hub, 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.

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):	6.3 Listening and Learning from Feedback
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 7. Plan and deliver services to enable people to participate in social and green solutions for health 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol:

Further Information:

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	<p>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.</p>
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>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.</p>
Gweithlu: Workforce:	<p>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.</p>
Risg: Risk:	<p>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.</p>
Cyfreithiol: Legal:	<p>The UHB has a duty under the Concerns and Redress Regulations to consider redress where this is deemed to be a qualifying liability.</p> <p>The Regulations also incorporate formal claims, including clinical negligence and personal injury claims.</p>
Enw Da: Reputational:	<p>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.</p>
Gyfrinachedd: Privacy:	<p>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.</p>

Cydraddoldeb: Equality:	<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>
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Hywel Dda
University Health Board

IMPROVING PATIENT EXPERIENCE REPORT March 2022



1. Introduction

Service user feedback is important to monitor the experience of those 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. 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.

As previously reported, the new patient experience system is currently being implemented and we will take this opportunity to review the format and information provided in this report. We will particularly focus on progress made with the implementation of the Improving Experience Charter. This report therefore provides information relating to March 2022 only, to complete the end of the financial year 2021/22. The new reporting format will commence from April 2022 and will be available for the next Board meeting in July 2022.

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.

The following story is from a patient with visual impairments who shares her experience of attending the Minor Injuries Unit. Please click on the below image to listen to the story.



<https://www.youtube.com/watch?v=2Y117O9sZ3o>

As a result of the feedback in this case, the Patient Experience Team and the Diversity and Inclusion Team will be working together to look at how improvements can be made across all reception and outpatient areas to ensure experiences such as this are not repeated.

3. Compliments

A total of 91 compliments have been recorded during this period on the new Civica system. This number is considerably lower than previous periods which we believe is attributed to the operational pressures limiting the ability for these to be entered into the system by the services. The patient experience team will be contacting services to promote the system further and to offer additional support/assistance.

Below is a small selection of the compliments, which show how staff are providing positive patient experiences by demonstrating the Health Board values. These are now being communicated back to staff via a number of methods including the recently implemented the "Feel Good Friday" initiative.

Huge thanks to Dr Weston, Sam and Lowri on duty on Tuesday 5th April. The response from all was just superb. Caring, compassionate, thoughtful, and reassuring. They looked after my son (and myself) really well. In particular, Lowri and Dr Weston were excellent in their communication and explanation of the issues and left us both very reassured. Their general manner was outstanding, both really warm and appropriately humorous. I can't thank them enough.

Glangwili General Hospital – Same Day Emergency Care Unit

Suzanne was very helpful, with a warm, friendly manner which really cheered me up on a cold windy day! Thank you!

Withybush General Hospital – Rheumatology

Thank you just does not feel enough for everything you have done for me; you have helped me through the hardest time in my life and I will be forever grateful, you've been the shoulder to cry on, the hand to hold and at times the light leading the way (albeit virtual at times!).

Mental Health Team – Perinatal Services

Following on from my appointment today with Anne Higginson I wanted to acknowledge the brilliant job she delivered.

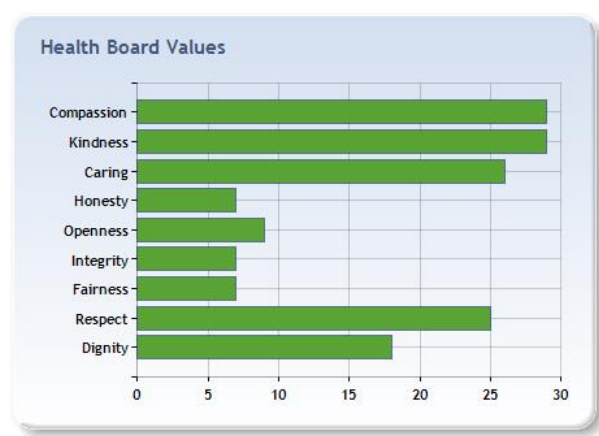
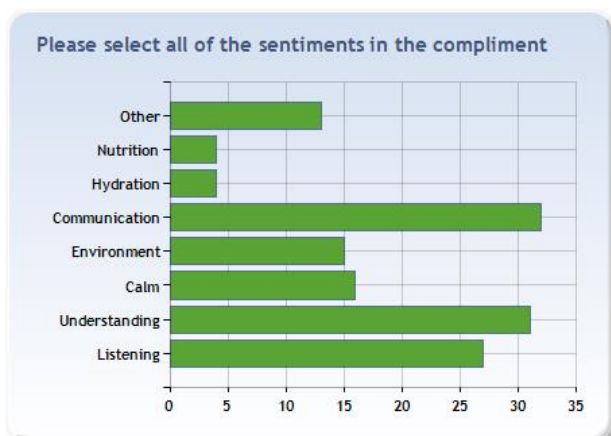
Mrs Higginson was good at listening, good at explaining things, took her time and showed that she cared about what she did and how to help. Nothing was too much trouble, and I just wanted all this to be recognised! I came out of the appointment happy and felt like I was helped and listened to so much. Mrs Higginson is full of knowledge, very professional and supportive. Thank you so much!

Glangwili General Hospital – Outpatient Department

Rosey's approach and ability to engage with a service user and carer who has significant communication and cognitive difficulties. Taking the time to get to know the person and being led by the person is recognised and appreciated by both. Bringing relevant and timely education and information. Rosey's consistency and accessibility is appreciated.

Dementia Wellbeing Community Team

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



Below is a selection of compliments received direct to the patient Experience team from the Medical Examiner's office received from bereaved families.

Granddaughter of patient on Cadog ward said "she was very impressed with the care given to her Grandad. The nurses were absolutely fantastic. The team were happy to talk over everything and they were called in to be with him at the end as requested"

Patient Daughter was very complimentary of the staff at Gwenllian ward and stated that her mum had outstanding care from Dr Waka & Dr Shridar who were lovely and that she could not be happier with the care received. The nurses went above and beyond, really outstanding and spoke Welsh to her mum and made her feel very comfortable. She said the staff are wonderful people and she is glad that mum went there. They couldn't do enough for the family and can't say enough good things about them. She felt that Mum had a good death due to the staff and doctors.

Patient family wanted to share their thanks with Steffan Ward and wanted to say that Consultant Dr Nicholas, haematology doctors and nurses were fabulous and were very accommodating to allow visiting. Thank you.

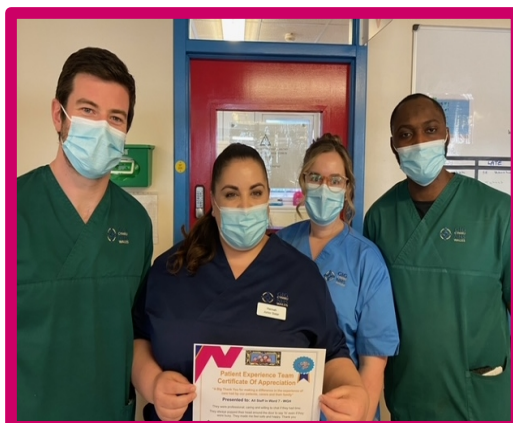
The Big Thank You Compliments

During the period, 61 "Big Thank You" nominations were received via our online Big Thankyou form, 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 and are able to share some of the photos we have received back from individuals and teams.

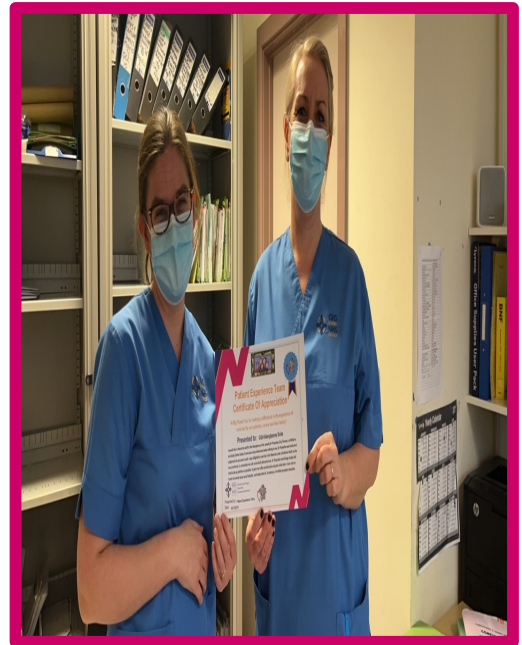
Ward 7, Withybush Hospital

"They were professional, caring, and willing to chat if they had time. They always popped their head around the door to say 'hi' even if they were busy. They made me feel safe



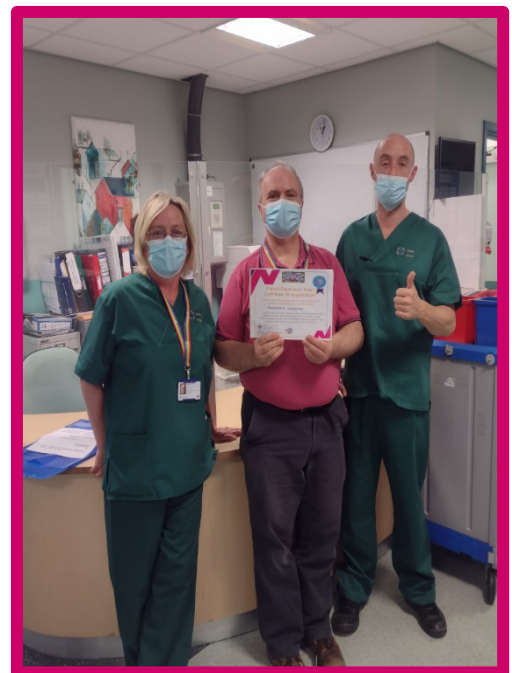
Aberglassy Suite, Glangwili Hospital

I would like to thank the staff in Aberglassy Suite, namely Dr Priyantha, Eiry Thomas, Jo Williams and lastly Emma Green. Emma was very professional when talking to me. Dr Priyantha was lovely and explained the procedure well. I was delighted to see Eiry in the theatre as she is kindness itself, as she was previously. Jo sat beside me and successfully distracted me. Dr Priyantha took things slowly and tried to be as painless as possible. Jo gave me coffee, biscuits, and pain relief after. From start to finish the whole team were fantastic, and made what is, in essence, a horrible procedure, bearable. Thank you all!



Ceredig East, Bronglais Hospital

"I came home from Ceredig yesterday and I immediately thought about thanking your staff. All very dedicated, helpful, and always smiling. Everyone deserves praise, from the cleaning staff to the surgeons. They all work so hard. The care receives 10 out of 10. Thank you."



We were able to share a special Easter Feel Good Friday bulletin with staff in April



The Patient Experience Team work across the whole Health Board and each week we are inundated with supportive comments from our patients, families, and their carers about the care they have received from the staff of Hywel Dda University Health Board. These comments are collated from various sources including The Big Thank You, The Friend and Family Test, our Compliments System and the NHS Wales Experience Survey. We will be sharing a selection of these wonderful comments with you every Friday.

THE BIG THANK YOU



The Cilgerran Ward in Glangwili received a big thank you certificate. A family of a patient has praised the Ward staff saying, Thank you to all the amazing staff on Cilgerran Ward at Glangwili Hospital. The care they gave to my daughter Kate was of the highest standard delivered with kindness, compassion, decency, patient centred whilst working in a very busy environment & making it all look seamless. This thank you is for everyone involved with Kate & although we could name some staff we would not want to forget anyone as they were all fabulous, outstanding professionals & truly amazing with Kate at time when she was very ill. Their work ethic is truly person centred, their energy & enthusiasm one to be recognised as outstanding & a credit to the NHS. Thank you from, Kate, her Mum Sara and Dad Mike.

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 17,926 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.

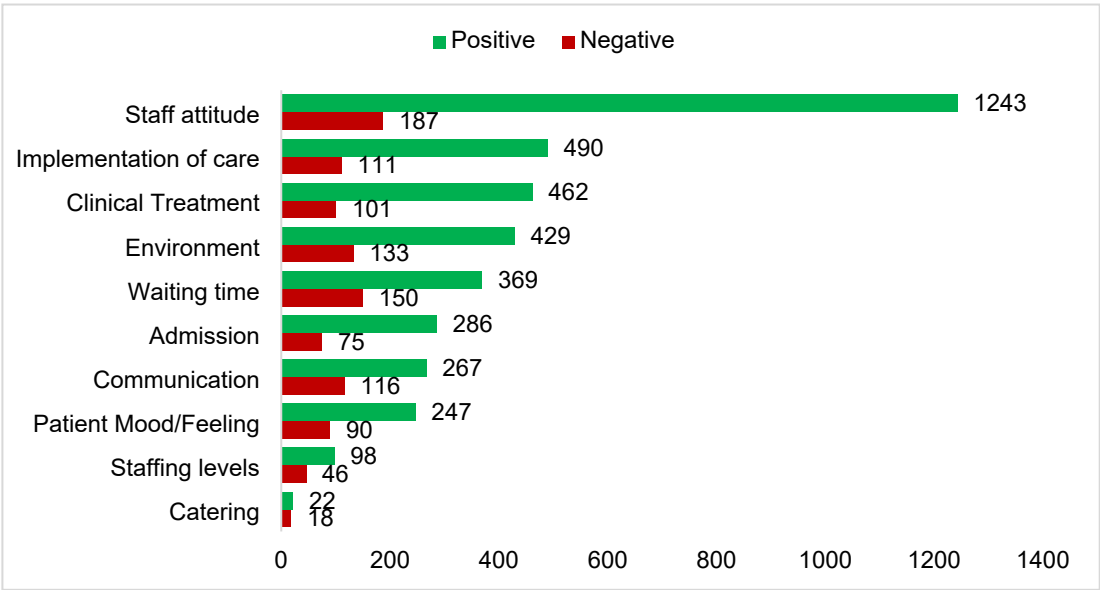
Of the responses 84.25% have a positive rating, 8.42% of responders rated their experience as negative (the remainder did not provide a rating). Over 2,853 were not surveyed as they had already been surveyed at least once in the last 3 months.

The majority of feedback remains stable and in line with the average score from the past 12 months. The feedback related to the emergency department is lower than we have seen since the start of the year and the average score. However, this is related to the current pressures on the department and the fact that waiting times have increased. Work is continuing to improve on waiting times within our emergency departments and within the waiting areas.

Department	01/04/2021	01/05/2021	01/06/2021	01/07/2021	01/08/2021	01/09/2021	01/10/2021	01/11/2021	01/12/2021	01/01/2022	01/02/2022	01/03/2022
Emergency Department	84.83%	83.56% ➡	82.26% ⬇	82.90% ➡	80.76% ➡	78.97% ⬇	80.23% ➡	80.10% ➡	84.90% ⬆	85.00% ➡	83.45% ⬆	77.27% ⬇
Inpatients	85.43%	90.13% ⬆	88.95% ⬇	86.39% ⬇	84.33% ⬆	84.71% ⬇	80.70% ⬇	85.40% ⬆	87.50% ⬆	88.28% ⬆	85.87% ⬆	86.38% ⬇
Outpatients	89.80%	90.76% ➡	89.12% ⬇	91.95% ➡	91.87% ⬆	91.21% ⬇	91.50% ➡	90.61% ➡	90.43% ➡	91.47% ⬆	91.04% ⬆	90.79% ⬇
Day Case	97.44%	99.17% ⬆	98.29% ⬇	97.39% ⬇	95.92% ➡	95.37% ⬇	95.10% ➡	96.33% ⬆	97.53% ⬆	97.75% ➡	94.23% ⬆	93.86% ⬇
Paediatrics	92.31%	87.50% ⬇	90.00% ⬆	95.65% ⬆	88.24% ⬇	94.44% ⬆	100.00% ⬆	92.00% ⬇	85.19% ⬇	84.00% ⬇	72.22% ⬇	89.29% ⬆

The table below identifies the top 10 themes within the feedback received.

There has also been a significant increase in positive feedback regarding implementation of care, followed by the clinical treatment and environment.



Please click on the following link to the Friends and Family test feedback to hear direct from our patients, carers, and their families

https://www.youtube.com/watch?v=vvHEd8zX_Tc

The Friends and Family Test

Positive Rating by acute sites and specialty

Withybush General Hospital

Hospital and Department	Average of Positive Feedback
Withybush General Hospital	87%
Endoscopy Unit	100%
Outpatient Department	95%
Same Day Emergency Care Unit	94%
Ward 1	100%
Ward 10	100%
Ward 11	100%
Ward 3	100%
Ward 4	80%
Ward 7	75%
Ward 8	100%
Accident & Emergency Department	81%

Glangwili General Hospital

Hospital and Department	Average of Positive Feedback
Glangwili General Hospital	87%
Ambulatory Care Unit	89%
Cadog Ward	100%
Ceri Ward	100%
Childrens Centre	100%
Cilgerran Ward	83%
Cleddau Ward	100%
Clinical Decision Unit	100%
Coronary Care Unit	100%
Derwen Ward	100%
Dewi Ward	100%
Endoscopy Unit	100%
Gwenllian Ward	0%
Merlin Ward	100%
Outpatient Department	95%
Padarn Ward	80%
Paediatric Ambulatory Care Unit	92%
Picton Ward	47%
Same Day Emergency Care Unit	100%
Steffan Ward	100%
Teifi Ward	100%
Towy Ward	100%
Tysul Ward	95%
Accident & Emergency Department	77%

*The lower score attributed to Picton Ward of 47% was due to a very low number of responses received during this period. No surveys were completed for Gwenllian Ward during the period.

Bronglais General Hospital

Hospital and Department	Average of Positive Feedback
Bronglais General Hospital	91%
Angharad Ward	100%
Antenatal Department	100%
Ceredig Ward	92%
Clinical Decisions Unit	100%
Day Surgical Unit	100%
Dyfi Ward	67%
Endoscopy Unit	100%
Gwenllian Ward	100%
Leri Day Unit	100%
Maternity Booking Appt	100%
Medical Day Unit	100%
Meurig Ward	88%
Outpatients Department	98%
Paediatric Ambulatory Care Unit	100%
Paediatric and Antenatal Clinic	100%
Rhiannon Ward	89%
Y Banwy Unit	100%
Ystwyth Ward	100%
Accident & Emergency Department	84%

Prince Philip Hospital

Hospital and Department	Average of Positive Feedback
Prince Philip Hospital	95%
Acute Medical Assessment Unit	100%
Coronary Care Unit	100%
Endoscopy Unit	100%
Gerontology Day Hospital	100%
Outpatient Department	96%
Same Day Emergency Care Unit	100%
Ward 3	100%
Ward 5	100%
Ward 6	100%
Ward 7	96%
Ward 9	100%
Minor Injuries Unit	92%

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:

I was delighted how quickly and efficiently I was seen | I was contacted a short time after me ringing the Health Centre and advised I could call in anytime that day. I went within half an hour. I was assessed within 10 minutes and then saw a nurse shortly afterwards. She was professional and thorough while putting me at ease, coming to a diagnosis and giving me clear advice which I have put into action. I was delighted to be seen so quickly with an answer to what was wrong.

Cardigan Integrated Care Centre – Minor Injuries Unit

From the moment I arrived, until the moment I left, I was treated brilliantly by Clinical and non- clinical staff alike. The medical team in charge of my surgery were friendly, professional, and explained the entire procedure and drug administration before I went to theatre, and I knew exactly what to expect. Throughout my surgery I was being monitored and checked frequently to make sure I was comfortable and settled and on return to the ward the nursing staff were exceptional. Everyone, from consultant to cleaners were so lovely a made an extremely scary procedure and stay as easy, pain free and comfortable.

Prince Philip Hospital – Ward 6

The staff on ward four at Withybush hospital are fantastic the care I received was excellent. Every request I made was dealt with quickly and competently. They were encouraging friendly professional, a hospital stay is never something you want but the staff on ward four made it whole lot more pleasant, please thank the whole team.

Withybush General Hospital – Ward 4

I received excellent care from all the general staff but particularly from the Consultant the two nurses my dietitian and phlebotomist as I have extremely small veins and don't like needles. The consultant and everyone else took their time and listened to what I had to say, and they advised me well and accordingly made the best decision to improve my health. I have no problem with this not being anonymous as I feel that all the above people mentioned deserve to know what a great job, they did for me, and it's given me hope of a healthy future.

Glangwili General Hospital – Outpatient Department

Examples of the feedback received where patients felt improvements could be made, are as follows. The teams involved are alerted to feedback on a real time basis. Response from these service areas to the below feedback will be provided in the next report.

After being stood for an hour in the foyer I was called through only to find it was just to sit in another waiting room. Best part of another hour I finally saw a Doctor but he needed to see an x-ray. By the time I had the x-ray and got back the Doctors had changed over. Basically, it was almost 2.5 hrs after my appointment time that I got to see a Dr for diagnosis. It was obvious that an x-ray was required. With some organisation I'm sure waiting times could be reduced.

Although the clinical care was good, the ward environment was too noisy and chaotic to enable sick people to rest and recover. There was a shocking lack of respect and dignity

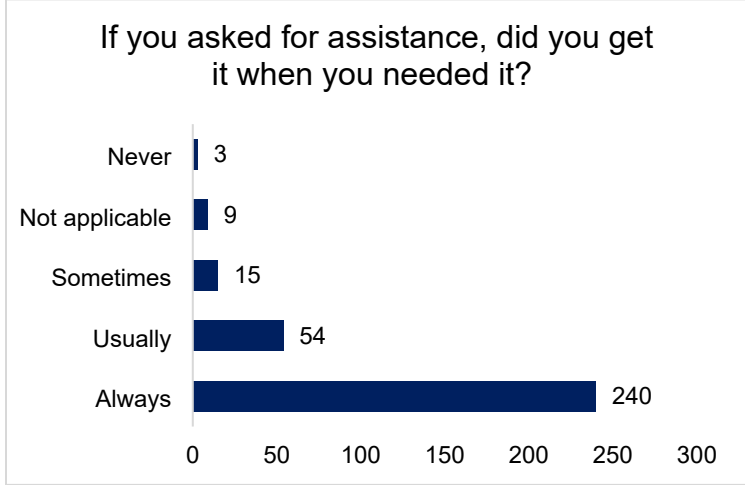
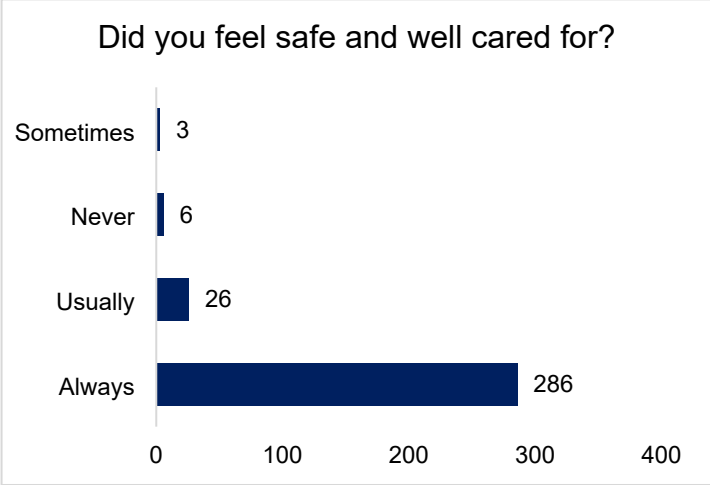
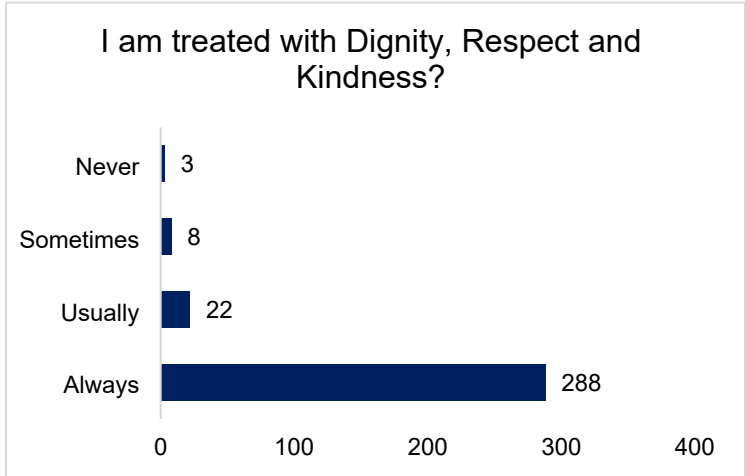
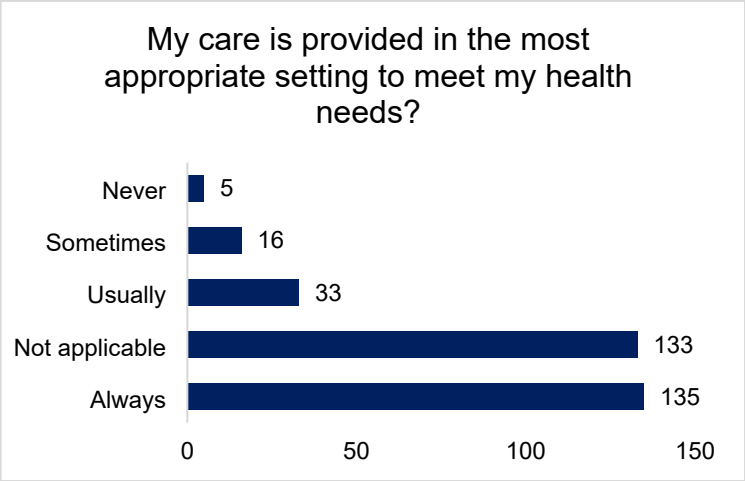
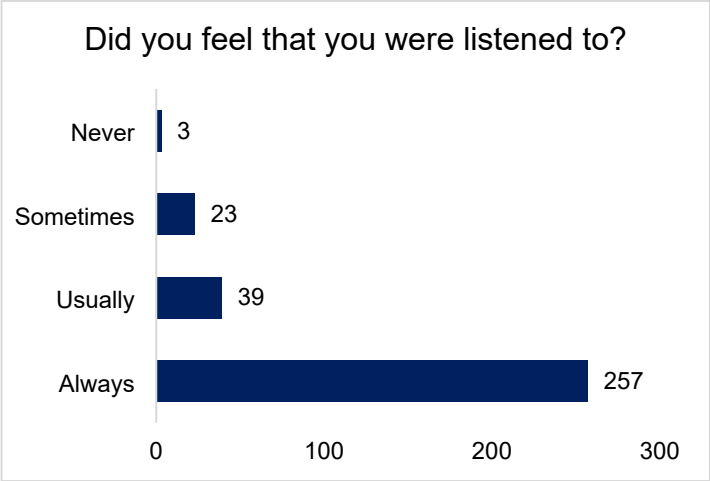
I had stayed in for three nights and the nurses were brilliant under the circumstances of being very very short staffed. I was very disappointed that I was told that another team was due to come and see me and then the morning after I was told they did not want to see me seeing as they thought the reason for my admission was also partly my life long chronic pain condition!! As per usual when doctors/consultants hear the word ENDOMETRIOSIS it's like they automatically assume oh its ok she's used to pain and there's nothing we can do anyway so send her home. I don't think your doctors/consultants understand.

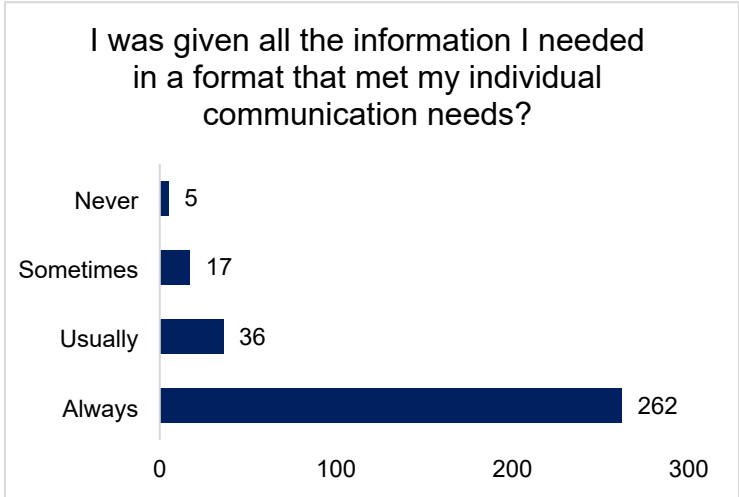
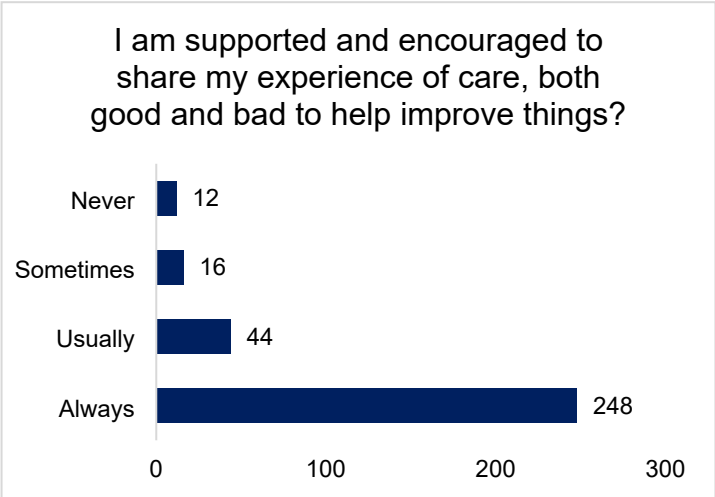
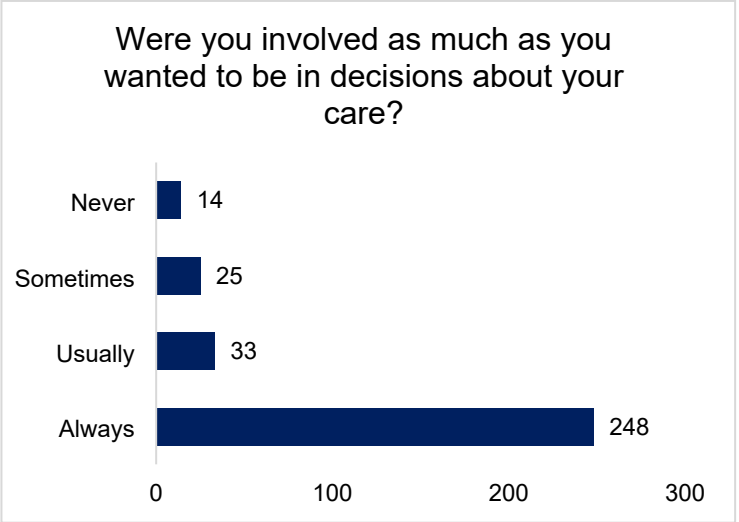
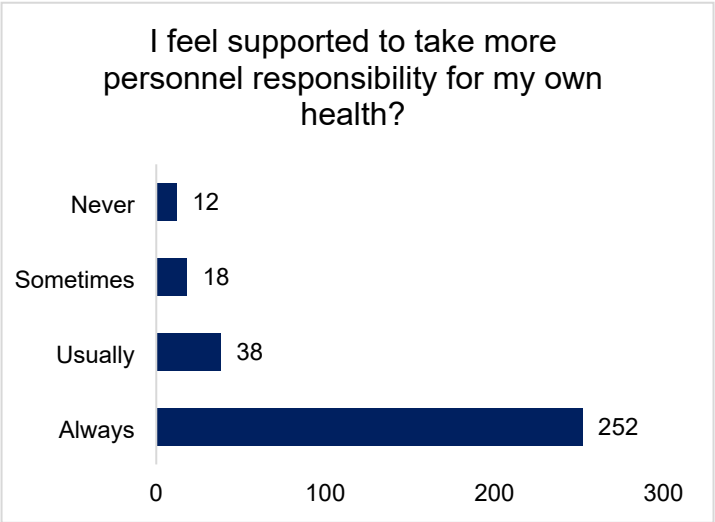
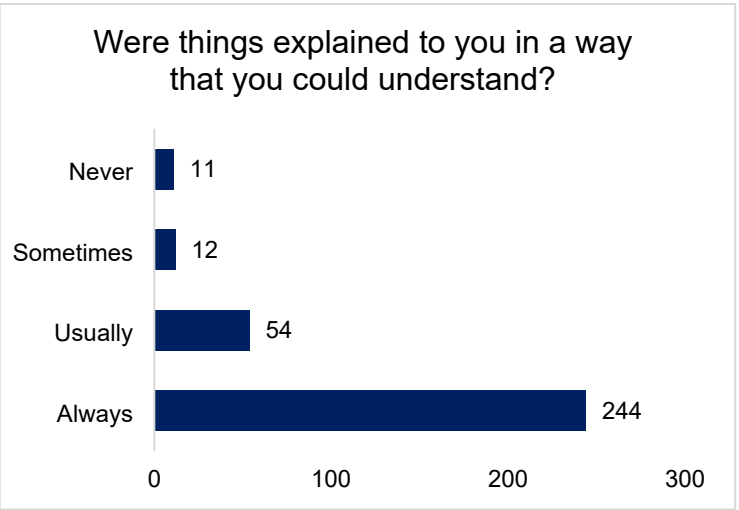
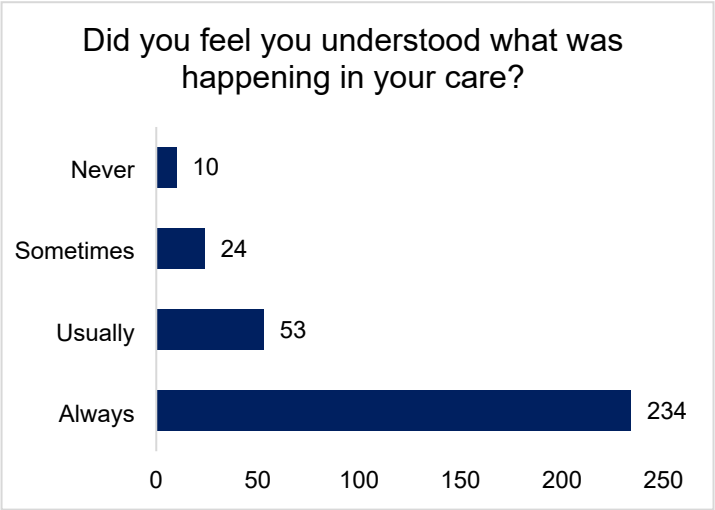
5. All Wales Experience Questionnaire

Hospital and Department	Average of Question: Using a scale of 0-10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?	Responses
Bronglais General Hospital	8.3	29
Accident and Emergency Department	6.6	5
Ceredig Ward	8.8	19
Meurig Ward	10.0	1
Outpatient Department	10.0	1
Y Banwy Unit	6.7	3
Glangwili General Hospital	9.6	140
Accident and Emergency Department	3.4	5
Clinical Decisions Unit	5.5	2
Derwen Ward	10.0	1
Merlin Ward	10.0	128
Outpatient Department (Green)	1.0	2
Outpatient Department (Red)	10.0	1
Picton Ward	9.0	1
Prince Philip Hospital	8.5	20
Outpatient Department	6.7	4
Ward 1	9.0	2
Ward 4	9.3	3
Ward 5	9.0	2
Ward 6	10.0	1
Ward 9	8.5	8
Withybush General Hospital	8.4	130
Accident and Emergency Department	5.5	2
Adult Clinical Decisions Unit	8.6	38
Outpatient Department (B)	5.0	1
Puffin Ward	8.6	10
Radiology Department	10.0	1
Ward 1	8.1	10
Ward 10	9.1	21
Ward 12	8.0	2
Ward 4	7.6	18
Ward 7	8.3	8
Ward 8	8.6	15
Ward 9	9.0	4
Grand Total	8.9	319

The variation of completed surveys is attributed to wards with higher volume of surveys being completed, particularly where they have support from Family Liaison Officers who support patients with feedback. The team have recently distributed posters to both acute and community sites to promote feedback. We hope to share to see an increase in survey participation in the next report.

The survey responses are summarised below for the period of March:





We continue to engage with our community teams and have recently been supporting our Admiral Nursing Team and Speech and Language Services to support them in encouraging their service users to provide feedback. This has included sharing links to our online NHS Wales Experience Questionnaire and creating a new survey for the Admiral Nursing team. We hope to share some of this feedback in the next report.

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

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

- When I arrived, I was a little unwell with an unrelated health problem, the staff could clearly see this & made me comfortable & checked on me several times, before being seen by the Dermatology Consultant. (which is why I was there)
- The great care shown by all staff and the Red Cross volunteers and in spite of the busyness of the hospital, the light and friendly manner in which everyone carried out their duties.
- All the staff on Ward 6, along with the various specialists, were absolutely wonderful, without exception. I felt completely, 100% safe and cared for throughout my stay and nothing was too much trouble for anyone. The nursing staff are truly exceptional and made an incredibly scary situation a lot easier for me. Thank you everyone on Ward 6. Thanks to your care I can get my movement and my life back now.
- As a very anxious person, being left on my own without my partner being there was difficult. The staff were very friendly and were great at making me feel more comfortable and less anxious. Nothing was ever too much for them.
- I was impressed that all staff from A & E through x-ray, MRI and on the ward were kind, patient and encouraging. I was treated with dignity and courtesy at all times

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

- Some of the nursing staff were excellent. Some however, especially bank staff, provided some of the worst care I've ever had. Not patient centred at all, no compassion and left me in the middle of the night to deal with a distressing situation. Being on the COVID ward and not having any visitors is really difficult. Staff perhaps forget that patients turn to them for both physical and emotional support and not having that has been difficult at times. I am still a person, even though I'm in isolation!
- Somehow find a way to get more money from government for more staff and definitely more beds, hanging around needing general anaesthetic whilst being told you probably are going to have to stay in a chair all night in a freezing cold waiting room in emergency care unit at the age of 78 because they cannot provide a bed for you, and you cannot have the operation until they have a bed is totally unacceptable. You cannot fault any staff nurses or Doctors, but the system is really letting them down.
- Listen to patients. Don't make general deductions around capacity to take responsibility for making decisions about the care required. Ensure the lights in cubicles work Finally, my husband's discharge notes say that he has "no capacity". That is untrue and offensive and sums up CDU's attitude to their patients. If indeed he had no capacity, why on earth was I 'allowed' to take him home with minimal support. Capacity is nuanced.
- Admission info could be improved- I'd no idea if needed to pack towel (I didn't), if I could bring mobile in, if I had a locker etc - just little details to reduce worry are helpful. Difficult spending a few days with someone who's on her phone constantly and then snores all night (I realise it can't be helped but doesn't reduce stress!) Food - I understand very limited budget but really, much of food is tasteless and I couldn't eat it. Good way to lose weight though 4lbs! Med staff are great

You Said (comment received)	We Did (response from service)
<p>Radiology. Had several concerns about contrast dye due to allergies which could not be answered when phoning dept. Also Welsh to English translation on appointment letter missed out (in English) to bring a dressing gown!!</p>	<p>This matter has been brought to the attention of the department who will address the issue and ensure patient information is updated. Feedback on this will be provided to the next Listening and Learning Meeting in July 2022.</p>
<p>Young child was discharged without bloods being checked. Called evening after being discharged to be notified there was evidence of Sepsis. Returned and discharged at 1am!</p>	<p>The Patient Support Team have been in contact with the family of the patient and the family are very grateful for the contact and do not want to raise any concerns. The Service is investigating the process to review care and treatment and ensure correct process was followed. (Outcome TBC)</p>
<p>Tenby surgery - move the sample drop box off reception desk [you don't allow us in the door - so put it by the door saves reception 3 trips. booking triage phone consultations - try a letter saying when you have booked the slot if we can't make it then we can phone to rearrange - if this is too difficult [why?] at least say in your letter calls can only be booked on the day and at 8am</p>	<p>This feedback has been provided to the staff at Tenby Surgery who advise that the door at Tenby Surgery has been open with open access since 19th April 2022. Samples need to be handed over in person at Reception in order that staff can check who requested the sample, what it is for and that it is clearly marked. Biological samples cannot be left by the door due to infection control, health/hygiene.</p> <p>Phone triage consultations – sending appointment times by letter without consulting with the patient can lead to high numbers of non-attendances which we are working to minimise. To avoid this, patients are asked to call the Surgery to fix a time: the practice will review the letter content to ensure it is clear how best this can be arranged. The practice is reviewing Access in line with Welsh Government, Access Standards for General Medical Services.</p>
<p>We were provided with an appointment for our son at PACU at 14:00 on the 2nd of Feb following a referral from GP. We were not</p>	<p>Following this feedback the service reviewed the case and found that this patient had been referred to Paediatrics via the GP. Following a</p>

<p>seen for nearly 3 hours. Whilst I appreciate there were emergencies that needed to be dealt with it should be communicated that this is the case when the appointment is made so that suitable arrangements can be put in place. We have a 6 month old baby who needs feeding. If families are told they can plan accordingly but with no communication it is not acceptable.</p>	<p>consultant triage it was agreed that the patient was to have a 'hot clinic' appointment within PACU. The time and date was given to parents; however on the day the unit was very busy and they had to wait for an assessment and some investigations. An apology was provided on the day for the unexpected delays. Learning from this incident the service now explains to families on booking that they may have a wait as they are coming to an acute area instead of outpatients, as clinical priority will always take precedent there is a possibility that there may be delays.</p>
<p>Yes my daughter is coeliac and has cow's milk protein allergy and all they had on the ward was toast and yogurt and for lunch (first day unexpected not pre-ordered) they could find for her was an apple and mini carton of Orange juice she was 5</p>	<p>The catering department has advised that there are several special diet menus available, such as gluten free, egg free. The health care teams are advised to contact the catering department of any special diet requirements and a suitable menu will be offered. There are numerous provision on the gluten and dairy free menu that should be have been provided. This has been fed back to the ward area to ensure that the catering team is contacted, who can supply appropriate provisions when required.</p> <p>The department is also implementing a new electronic meal ordering system across the Health Board. Support will be provided to support the patient with meal choices at the bedside. This will ensure that patients are offered a choice and have access to the full range of options. There will also be a clinical authorisation process so that a registered nurse has to review each order and ensure correct dietary status and suitable dietary choices are made available.</p>

6. Paediatric Feedback



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

The Patient Experience Apprentices continue to support patients, families, and their carers on the ward. Shaun has recently spent time delivering Easter eggs to patients whilst asking them about their stay on the ward.



The Patient Experience Apprentices continue to visit the ward to support the teams by encouraging patients and their families to provide feedback. The team has recently been in engaged with the service to look at ways in which they can improve patient feedback and have already visited the Accident and Emergency Department to ensure the children's area has Paediatric Posters visible with the QR codes.

The team will be piloting new posters and will be asking patients, parents, and their carers for their feedback which we will share in the next report.

A Paediatric outpatient survey will be available and this will be created on the new Civica Patient Feedback system

During this period, numbers for each of the paediatric questionnaires have decreased slightly to 130 with 83 responses in parents/carer/relatives' survey: 28 responses in the 12- to 16-year-old survey and 19 responses in 4- to 11-year-old survey.

Here are some of the comments received for this period about the paediatric wards across the Hywel Dda University Health Board:

"Our visit was made as positive as it could have been. Both I and my children were offered lunch and drinks. My children were given a steady flow of toys, iPads, and colourings to keep them occupied. I was especially impressed with the attention shown to my daughter during her blood test. The fairy blocks Lego was an amazing addition and really changed the whole experience from a scary one to a happy one for my daughter. The play therapist/ nurses/ doctors were all fantastic. Thank you". – **Angharad Ward, Bronglais General Hospital.**

From the Parents/ Carers and Relatives survey

"The availability of welsh speakers to ease my son as he only understands Welsh" – **Cilgerran Ward, Glangwili General Hospital.**

From Parents / Carers and Relatives Survey

"Play specialists are amazing, nurses and sisters are so supportive. Doctors are great".
– **Cilgerran Ward, Glangwili General Hospital.**

From Parents / Carers and Relatives Survey

"Xbox, bed, milkshake and toys" – **Cilgerran Ward, Glangwili General Hospital.**

From 4 to 11 year old survey

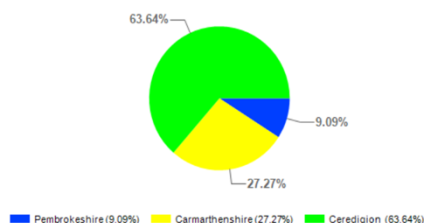
"Everyone was friendly and helpful" – **Angharad Ward, Bronglais General Hospital**

From 4 to 11 year old survey

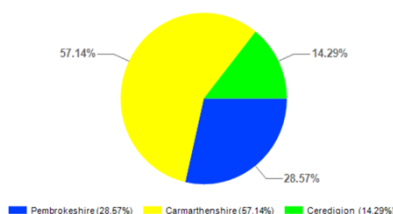
The Paediatric surveys are all on the new patient feedback platform and are available on [Patient support services \(complaints & feedback\) - Hywel Dda University Health Board \(NHS. Wales\).](#)

The survey includes which county the patient resides. We have provided a breakdown of the response to the survey below.

4 – 11 year olds



11 years and older



7. Patient Experience Initiatives - Pet Therapy

Pet therapy is a guided interaction between a person and a trained animal. It also involves the animal's handler. The purpose of pet therapy is to help someone recover from or cope with a health problem or mental disorder.

Therapy dog engagement improves the wellness of others, by supporting many areas of need, including recovery and rehabilitation.

One of our Family Liaison Officers, Claire, who currently works on the Dementia ward at Withybush, organised for Yanto the therapy dog to come in and visit ward.

Yanto and his owner Janet are part of a group of volunteers at Cariad Pet Therapy who provide therapy dog wellness visits. Janet and Yanto visit the ward fortnightly.

The ward sister emphasised how much happiness Yanto brings to the ward, "he knows who to go to, he's very well behaved and never caused any issues"

Being in hospital can be an extremely worrying time for lots of patients and being warmly greeted by a furry friend could help make the whole experience far less stressful for many of them. Therapy dogs can also really help patients suffering from debilitating mental and physical health conditions and illness such as dementia. Even from one visit from a therapy dog can assist in the recall of memories and help sequence temporal events in patients.

The staff on the ward buy treats and gifts for Yanto to say thank you.



8. Arts in Health

The Arts in Health Team continue to work to embed arts and health interventions into the Health Board for patients, staff and communities with support from the Arts in Health Steering Group Meeting.

We are keen to develop a set of arts and health principles and priorities with input from across the Health Board, stakeholders, patients, staff and the arts sector. A consultation and co-production plan is in place and will be undertaken over the coming months. We are developing a communications strategy in partnership with colleagues in the communications department. We are also exploring opportunities with capitals teams to cooperate and develop in this area.

The Arts in Health work programme is ongoing with plans and activities for patient and staff wellbeing. We received a good response and feedback from our online singing activities for staff to mark the 2 year commemoration of the start of the covid pandemic. This formed part of the Health Board's overall activities and communications 'singing and silence' and was an opportunity for us to be involved in planning and delivering this event across the Health Board.

The Hywel Dda Creative Collective sessions continue to engage with staff for creative experiences for wellbeing. A report outlining all of our activities for staff wellbeing has been produced for NHS Charities together and we hope that this important work will continue.

Patient pilots working with Child & Adolescent Mental Health Services (CAMHS), neuro-rehabilitation and integrated care are in development, with delivery planned for over the next 12 months. We are also working with the Palliative Care, Arts Therapy and Welsh language Teams in collaboration with the National Eisteddfod, Digital Communities Wales and Literature Wales to deliver a virtual reality pilot for care home patients in Tregaron and a panel discussion on living and dying well and the role of the arts on the Wellbeing Stage at the Eisteddfod.

We are exploring ways to further engage with patients in the community and have developed and submitted funding proposals for a GP cluster 'dance on prescription' pilot and a programme 'creative prescribing development' activities with social prescribers, GP Practice staff and the arts sector. Within our proposals, we are keen to evaluate and measure outcomes. We are working with research and innovation colleagues both within the health board and further afield to develop evaluation frameworks for arts in health and hope to set up a specialist arts in health research group to improve partnerships and collaboration.

We are involved with presenting and raising awareness about arts in health with several high profile meetings upcoming, including The Nursing and Midwifery Conference – Empowered to

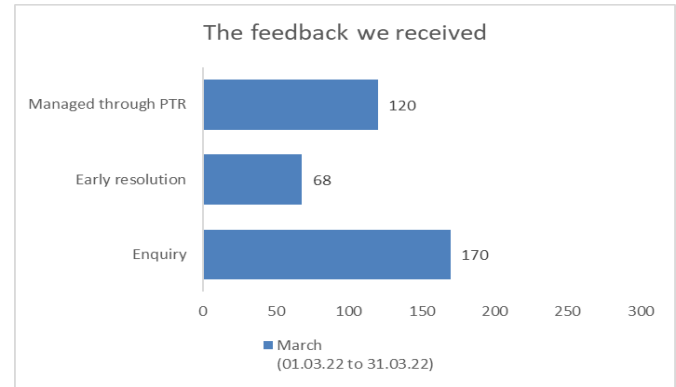
Care, Health Education and Improvement Wales (HIEW) 3D Doctors Conference and Public Health Wales Communities of Practice.

Our work continues to be supported by Arts Council of Wales and we engage regularly with the national arts in health coordinator networks as well as with the cross party group for arts in health.

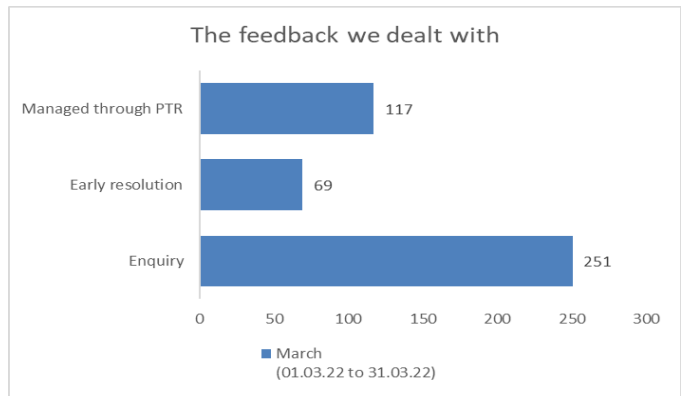
8. Complaints

The following information relates to complaints managed during the period of 1st to 31st March only.

Concerns Received and Responded to

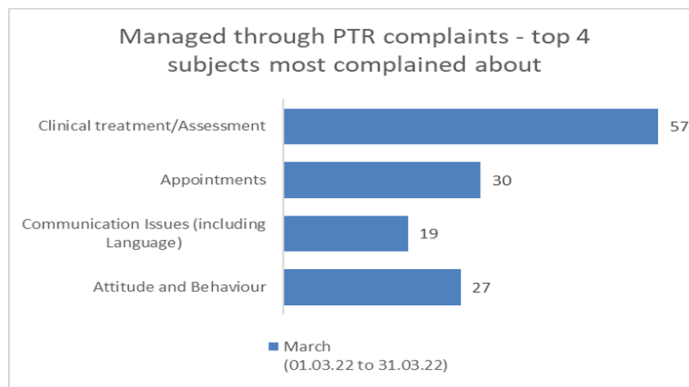


Of the total 358 contacts made with Patient Support Services between the period, 170 were enquiries, 68 were early resolution cases (responded to within 2 working days) and 120 are being managed through the Putting Things Right (PTR) complaints process.



A total of 437 contacts have been resolved by Patient Support Services during this period, 251 enquiries, 69 early resolutions (responded to within 2 working days) and 117 responded to under the managed through Putting Things Right (PTR) complaints process.

What people are telling us – top 4 subjects



Clinical treatment/Assessment	39
Lack of treatment	10
Delay in receiving treatment	9
Incorrect/insufficient	5
Reaction to procedure/ treatment	5
Delay in diagnosis	5
Incorrect diagnosis	5

39 Clinical treatment/assessment complaints were received and 11 of the 39 complaints have been looked into and responses have been provided.

Appointments	16
Delay in appointment	6
Delay in receiving outpatient appointment	5
Appointment cancelled	2
Cancelled appointment	2
Capacity of clinics	1

16 Appointment complaints were received and 14 of the 16 complaints have been looked into and responses have been provided.

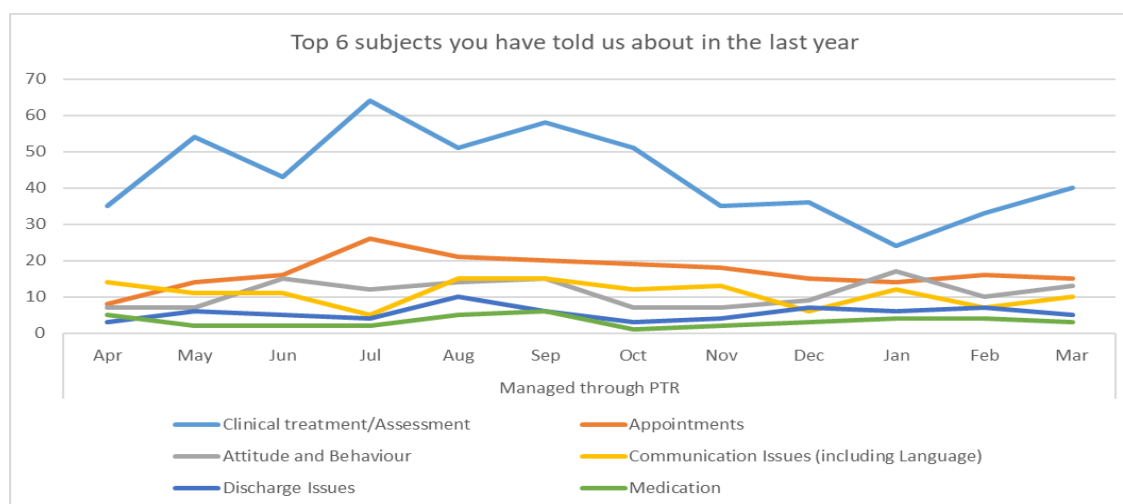
Communication Issues (including Language)	14
Lack of feedback/referral/discharge summary	4
Incorrect information	3
Unable to contact	2
Family involvement in care decisions	2
Staff to Family	2
Staff to Patient Written	1

14 Communication issues were received and 9 of the 14 complaints have been looked into and responses have been provided.

Attitude and Behaviour	11
Attitude of Medical Staff to patient	6
Attitude of Nursing Staff to patient	2
Receptionist	2
Attitude of Nursing staff to carers/family	1

11 Attitude and behaviour complaints were received and 6 of the 11 complaints have been related to medical staff.

The main themes for complaints over the past year:



Lessons Learned – Complaints Case Study

What happened?

Patients' wife was not allowed to go to A&E via ambulance with her husband due to Covid precautions.

Patient was discharged at 4am and was advised it was not possible to call a taxi for him. The Patient left the A&E Department, seemingly to look for his own taxi.

Patient has a visual impairment. Patient was found on the pavement by a member of the public after he appeared to have fallen, hitting his head and shoulder. He was supported by the member of the public to A&E. Patient was admitted and x-rayed, he slept in a recliner chair and was later discharged with transport arranged to take him home.

What we learned

The medical decision making was correct, in that the patient did not need to stay within the Department. From a clinical point of view, there was no further treatment or investigations to be undertaken.

While there is a discharge process within the Department that nurses follow, there was no documentation or staff recall indicating this was followed at the time of first discharge home. There is no request for a taxi within the nursing records, which we would have been expected given the patients age, the time of his discharge, and his vision impairment. However, we learned that we should not have discharged an elderly, visually impaired man in the early hours of the morning. Some confusion remains over whether the patient utilised the freephone available for taxis, with it appearing that he left to locate his own taxi.

The actions we have taken...

Our expected practice would be for staff to support elderly and vulnerable patients, particularly in the early hours of the morning, to ensure they return safely home. If a taxi is not documented as being

called in the records, patients remain within the Department until morning, when the British Red Cross supports with transporting vulnerable patients' home.

There is a recognition that additional support is required to support patients who are fit for discharge home, with such things as assisting with securing a taxi home. This would avoid a reoccurrence of a similar incident.

The theme of discharge related incidents and patient experience feedback has been reviewed and discussed at the Listening and Learning Sub-Committee. A review of the discharge process will be undertaken as part of a quality improvement initiative commencing in May 2022, following the learning that has been identified from a review of the feedback. There is also work ongoing to improve support to unpaid carers throughout the discharge process. A number of pilot projects across the Health Board acute sites will be undertaken throughout the early summer and evaluated from a value based health care perspective and carers experience measures.

9. Public Services Ombudsman for Wales

During March 2022, 1 investigation was started. Two final reports were received, one was partly upheld and the other was not upheld.

During the total period 2021/22 a total of 76 complaints were referred to PSOW, 49% (37) resulted in an investigation, of which there were 4 settlement agreements reached, 1 upheld, 10 partly upheld, 2 not upheld and 20 are ongoing.

Of the remaining 39, 30 were recorded as queries; comprising of 10 early resolutions, 9 not investigated, 4 investigations commenced and 7 awaiting further instruction, 9 Complaints were rejected outright by PSOW.

Of the complaints that resulted in an investigation, 30% (11) of all complaints were relating to unscheduled care, a further 27% (10) related to scheduled care, 24% (9) were within primary care, 14 % (5) within women and children, and 5% (2) within mental health/learning disabilities.

Core themes recorded within the findings of ombudsman reports relate to:

- Communication, including communications with patient, families, and other health boards.
- Delays, including delays in assessments, reviews and diagnostics.
- Records, including poor record keeping, inaccuracies, omissions and discrepancies
- Complaint handling, including delays in completion of investigations, missed opportunities for reflective learning, failures to consider breach of duty.

All final reports are presented to the Listening and Learning Sub-Committee who also monitor that actions are taken against the agreed action plans to address any findings and recommendations made by the Ombudsman.