



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 July 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Improving Patient Experience
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: 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 month of April and May 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<sup>st</sup> April 2022 to 30<sup>th</sup> May 2022 and sets out the feedback we have received from patients, carers and families and actions taken to make improvements in line with our 'Improving Experience Charter'.

#### Asesiad / Assessment

Patient and service user feedback is received into the UHB through a variety of routes: Friends 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 now in place and currently being rolled out across the organisation, giving teams greater access to the feedback received about their services and the ability to report on themes/trends and 'you said/we did' activity.

For the period, a total of 65 compliments and 23 'Big Thank You' nominations were received. 5179 patients left feedback on our Friends and Family system, with 85% leaving a positive recommendation. 616 patients completed the All Wales Patient Experience Questionnaire with 92% providing a positive rating of very good/excellent.

374 complaints/concerns were received by the Patient Support Services Team, 102 were responded to as early resolution cases and 272 were including enquiries and early resolution cases; 120 required investigation under the putting things right complaint process. 61% of the cases received were responded to within 30 working days.

The main themes arising from the complaints were cancelled appointments, clinical treatment, attitude and behaviour. Four Public Services Ombudsman final reports were received during the period, two were upheld, one partly upheld and one not upheld. Communication, lack of dignity of care and referral processes were the significant themes from these reports. All Ombudsman reports are received by the Health Board's Listening and Learning Sub-Committee for sharing lessons and oversight of compliance with Ombudsman recommendations.

Examples of lessons learnt and how the Health Board is addressing these are within the attached report.

The Arts in Health programme is progressing well with great success from a patient, community and staff perspective. The Team has been successful in being awarded various grants to develop creative prescribing as part of the social prescribing initiative. The Team has secured over £95,000 in funding for arts activities to promote well-being, since commencing in post during the Autumn of 2021.

#### 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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 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 Termau: Glossary of Terms:	Included within the main body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	All concerns have a potential financial implication: whether this is by way of financial redress, following an admission of qualifying liability, or an ex-gratia payment for poor management of a process; or an award made by the Ombudsman following review of a concern.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	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>	<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>
<b>Enw Da: Reputational:</b>	<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>
<b>Gyfrinachedd: Privacy:</b>	<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>
<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>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# IMPROVING PATIENT EXPERIENCE REPORT

April and May 2022



# A Charter for Improving Experience - your healthcare, your expectations, our pledge

## **WE WILL ALWAYS:**

- Treat you with dignity, respect and kindness.**

- Communicate with you in a way which meets your individual, language and communication needs.**

- Keep you informed and involved in decisions about your health and care services, and take into account your wishes and needs.**

- Provide safe and effective care, in the most appropriate and clean environment.**

- Ensure that your information is kept secure and confidential.**

- Support and encourage you to share your experiences of health care, both good and bad, to help us improve the way we do things.**



# Introduction

Service user feedback is important to monitor the experience of those who access our services and the quality of care that they receive. This allows us to identify where services need to improve, to share good practice and learn from positive experiences.

The following information demonstrates how we are capturing service user feedback by encouraging our service users and providing different 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 and to demonstrate that we are fulfilling our pledges as set out in the Charter for Improving Experience as referred to above.

# Service User Feedback at a Glance - April and May 2022

- ▶ **65 formal compliments** were recorded on the patient experience system - listening and understanding were the top sentiments expressed in the feedback received, closely followed by respect, care and compassion.
- ▶ **23 Big Thank you Nominations for our staff** were received from our patients or their families – examples of the awards provided to our staff are detailed below
- ▶ **34,915 patients received our friends and family patient experience survey. 5179 people responded** to this survey. Whilst this figure is lower than we would like, this is in line with nationally reported response figures. 85% of responders provided a positive rating and would recommend the services of the Health Board to their friends and family. Staff attitude, care and treatment are the areas receiving positive feedback. All acute sites have improved their overall positive feedback ratings.
- ▶ **616 service users completed the All Wales Patient Experience Questionnaire** during the two month period. The Family Liaison Officer roles are facilitating the completion of inpatient surveys. The overall patient experience score provided was 92.24% positive rating, the average score for 2021/22 being 92%.



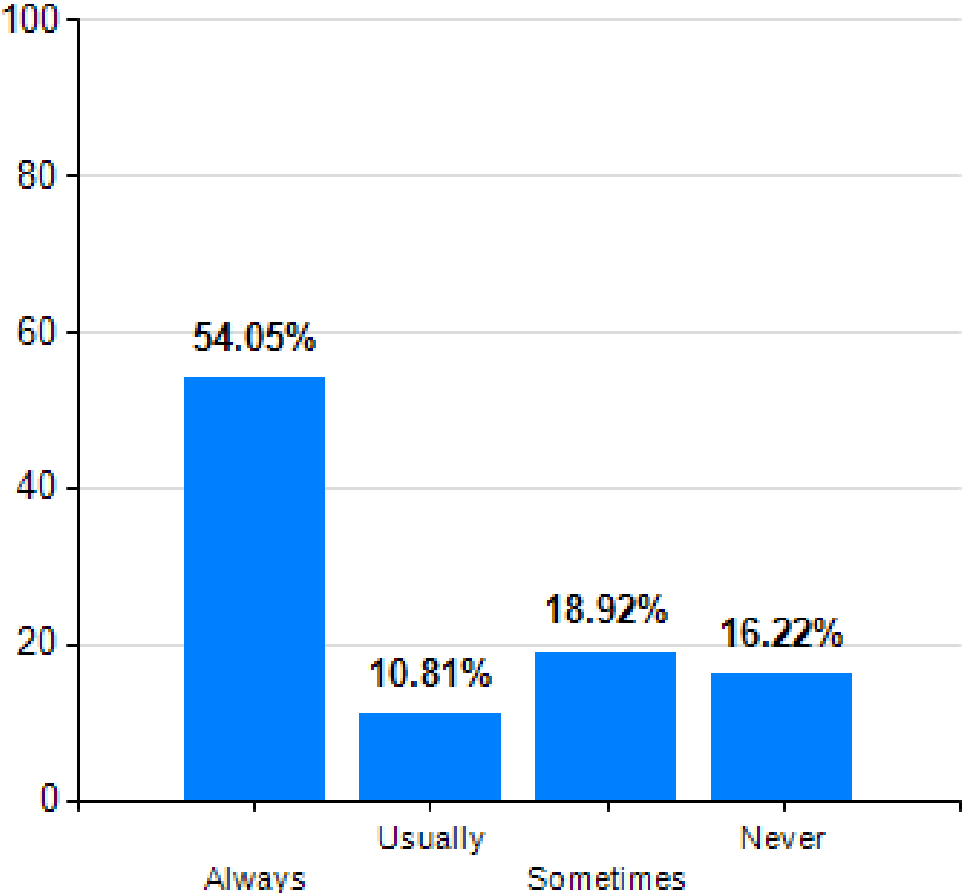
# Complaints & Concerns at a Glance - April and May 2022

- ▶ 374 complaints were received, of which:
  - ▶ 102 were managed as an early resolution case (within two working days) by the Patient Support Services Team.
  - ▶ 272 cases proceeded to complaints investigation under the 'Putting Things Right' Regulations. The number received for May represents a 25% increase from the average number (over a 14 month period).
- ▶ 264 managed through the Putting Things Right complaints process were closed in April and May, of which 161 were closed within 30 working days. This means 61% of the complaints were closed within 30 working days.
  - ▶ 154 of these were not upheld, though this does not prevent us from taking the opportunity to learn from all aspects of feedback we receive. 49 were upheld and 60 partially upheld.
  - ▶ Nearly half of the upheld complaints in April and May are to do with cancelled appointments. Unfortunately, the Health Board Services have been affected by high levels of staff sickness and Covid related isolation, causing appointments to be cancelled at short notice. Therefore we have not been able to provide the level of appointments to meet the demand during this time.
- ▶ 1 new investigation was commenced by the Public Services Ombudsman for Wales. 4 final reports were received, with 2 being upheld, 1 partly upheld and 1 not upheld. Some key themes in the reports were communication with patients and families, lack of documentation, shortcomings in assessment and failing to refer onward to other services. The lessons learnt from these reports and progress with the actions plan are considered by the Listening and Learning Sub-Committee.
- ▶ The four most common topics/themes from concerns received include appointments (delays and cancellations); clinical assessment/treatment; communication and attitude/behaviour.

# DIGNITY, RESPECT AND KINDNESS

## All Wales Health Questionnaire

### ► I am treated with Dignity, Respect and Kindness?

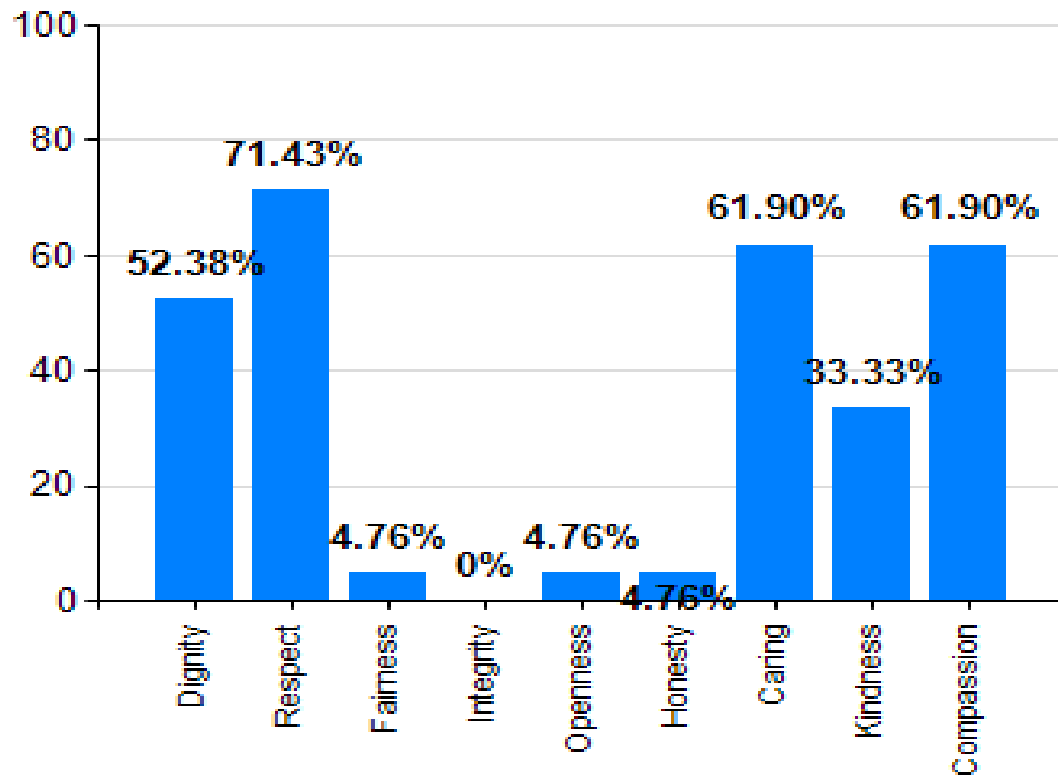


- ✓ All of the staff on the ward are **very hard working and** treated me with kindness and outstanding care. They were also very good with my wife. All of the doctors, nurses' domestic staff and the family liaison officer were outstanding in the care that they provided
- ✓ On Merlin Ward I felt my best - there were many staff, and nothing was 'too much' for the nurses or doctors to help with. The food is also fantastic.
- ✓ All staff were very kind and did not appear to be harassed. Although it was busy staff were not curt. I am here from England, and I have had superb treatment. Thank you.... everyone seemed to have time or found time. I felt safe and cared for. The friendliness of everyone was so appreciated.
- ✓ Yes. I was admitted as an emergency whilst here on a visit. My condition was very serious, the emergency dept. was very speedy and excellent. Dr Thomas stood out as being excellent with his thoroughness kindness and empathy. I was moved to Ward 4, and everyone was excellent but particular mention to Dr who was really thorough, made sure I understood, listened to me ... in fact he was outstanding with a genuine empathy. The family liaison Susan was a fantastic help
- X Have staff available. Be treated with respect. Not having to wait 2 hours with no one else in minor injuries for 30 minutes after we got there. Also we had 2 people who came in an hour after us see the triage nurse before us. Very disappointed with the entire experience minor injury, no one at reception and waiting over 15 minutes just to give our name and why we were attending
- X I waited for 20 hours in reception in A and E for a bed. I was very unwell and was given no food or water. Had to drink vending machine water. Extremely uncomfortable. Small plastic chairs and no privacy for myself or other patients. Freezing cold in the night. I suggest at least more comfortable seating for those being admitted and a little more dignity would be preferred.

# DIGNITY, RESPECT AND KINDNESS

## COMPLIMENTS

The sentiments expressed within the compliments we receive, show that respect, care and compassion are the terms most often used.



Every member of staff I spoke to was kind, polite, efficient and reassuring. They asked me questions and listened closely to my answers - this is not always common in the medical community! The doctor I spoke with mostly listened to every description and opinion I gave her but stuck to the verifiable facts when responding, without dismissing anything I had said. This is a rare skill. I have dealt with many doctors in the last decade. She was great.

### Prince Philip Hospital – Minor Injuries Unit

I'd just like to take the opportunity to thank Katie, working on reception tonight at Glangwili A&E department. Katie, in particular, was fabulous dealing with my confused and upset mother. Her patience and compassion was greatly appreciated and will not be forgotten. I'd also like to thank the doctor who dealt with my mother. The perfect bedside manner! He was thorough, reassuring and even made us laugh despite the worry. Huge thank you! **Glangwili General Hospital – Emergency Department**

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 Department**

The theatre staff were lovely and reassuring. The nursing staff were absolutely fantastic especially Sarah and Lauren, they looked after me and made sure that I was alright, I can't praise them enough.

### Bronglais General Hospital – Day Surgical Unit

# DIGNITY, RESPECT AND KINDNESS

## CONCERNS

- During April & May, **39 complaints were made relating to attitude and behaviour.**

The most common issues reported were the attitude of Medical staff and nursing staff with patients or with carers/family. There were no identified services or locations that showed any trends. 34 Out of the 39 complaints have been looked into by senior staff members and responses provided.

In addition to these 39 complaints, we received a further 8 complaints that related to aspects of dignity and respect. These were mainly about the way we handled patients, and how we supported aspects of dignity like hygiene and dress

I was admitted to Hospital last Thursday, a after a very nasty fall which caused 5 broken ribs and also one displaced rib. I had excellent treatment .however I do have to complain about one member of staff, she was the sister on the Ward over the period I was in hospital. Her treatment to me and other patents was, what I believe to be well below expected standard. She lacked compassion especially to the needs of sick and vulnerable patients. | The member of staff mention in the above, was only on night duty, it ls my understanding she may have been a bank nurse, as she was in navy blue.

Most of the staff are kind and caring but not always, busy ward with not enough staff at times, long waits when pressing buzzer for assistance. Would be nice to have a TV in the bay for patients to use.

# DIGNITY, RESPECT AND KINDNESS

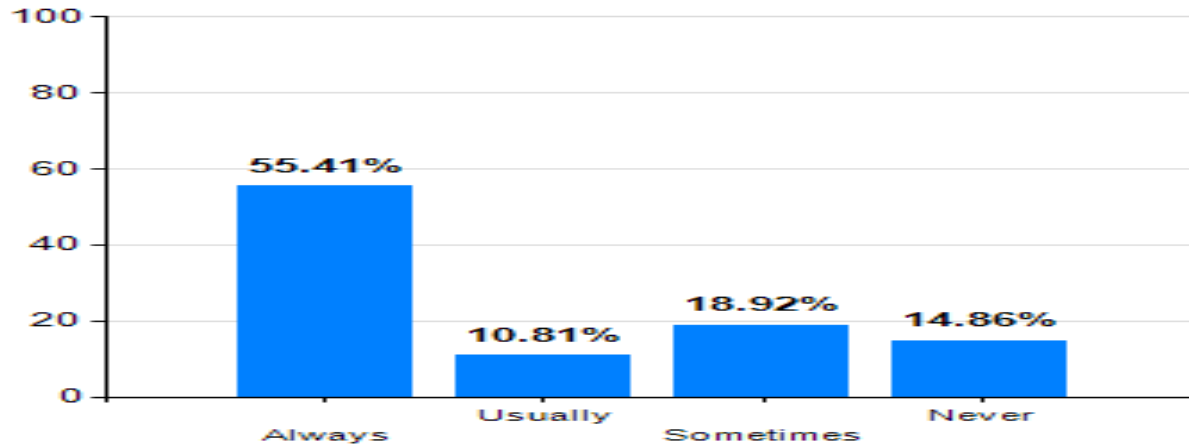
## LESSONS LEARNED

YOU SAID	WE DID
<p>I waited for 20 hours in reception in A and E for a bed. I was very unwell and was given no food or water. Had to drink vending machine water. Extremely uncomfortable. Small plastic chairs and no privacy for myself or other patients. Freezing cold in the night. I suggest at least more comfortable seating for those being admitted and a little more dignity would be preferred.</p>	<p>Due to a recurring theme within service user feedback of this nature, a group has been established to review the seating, facilities and signage within emergency department areas. This will also include an assessment of suitability for patients with physical, sight and hearing difficulties and hidden disabilities.</p>
<p>Not only was my MRI scan delayed, but when I eventually had my appointment the Radiographer was carrying out the procedure on her own. When I attend for scans I need people to help lift me and position me because of my reduced mobility, but it just wasn't possible on this occasion because the Radiographer had no assistant or colleague to support me. Although I used a crutch and my use of hearing aids was noted on the form, there was an assumption that I could just hop onto the table unassisted.</p>	<p>Whilst there is a very high demand for imaging services, our teams are working very hard to catch up. Additional lists are being run every weekend and evening to help address this.</p> <p>We now have an additional radiography assistant at this location to help improve the experience of patients needing scans and to assist our Radiographers. The Radiology Team managers continue to emphasize the importance of compassionate and considerate care for patients.</p>
<p>The attitude and behaviour of certain staff members caused upset and distress.</p>	<p>All instances of feedback of this nature are provided to the supervisor/senior management of the area involved. This involves a review with the staff member and where necessary an investigation is undertaken in line with employment policies.</p>

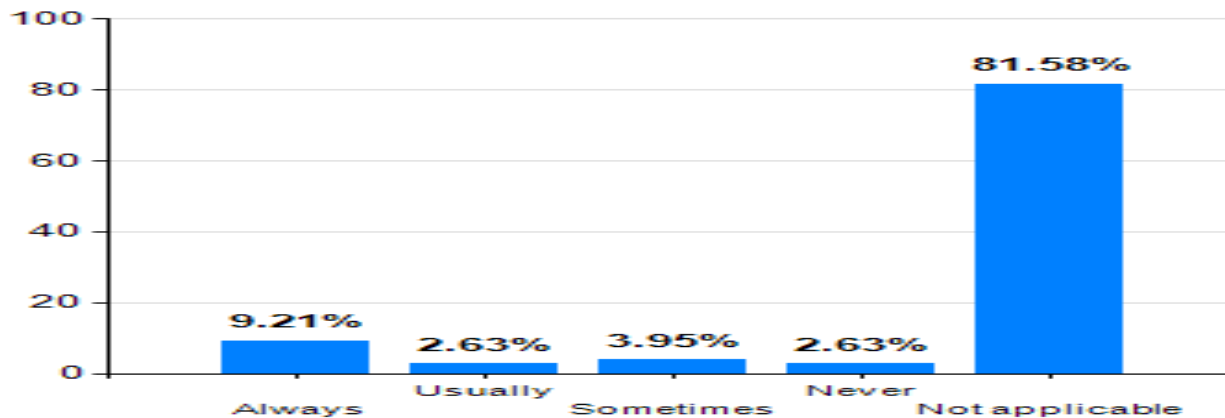
# COMMUNICATION

## All Wales Health Questionnaire

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



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



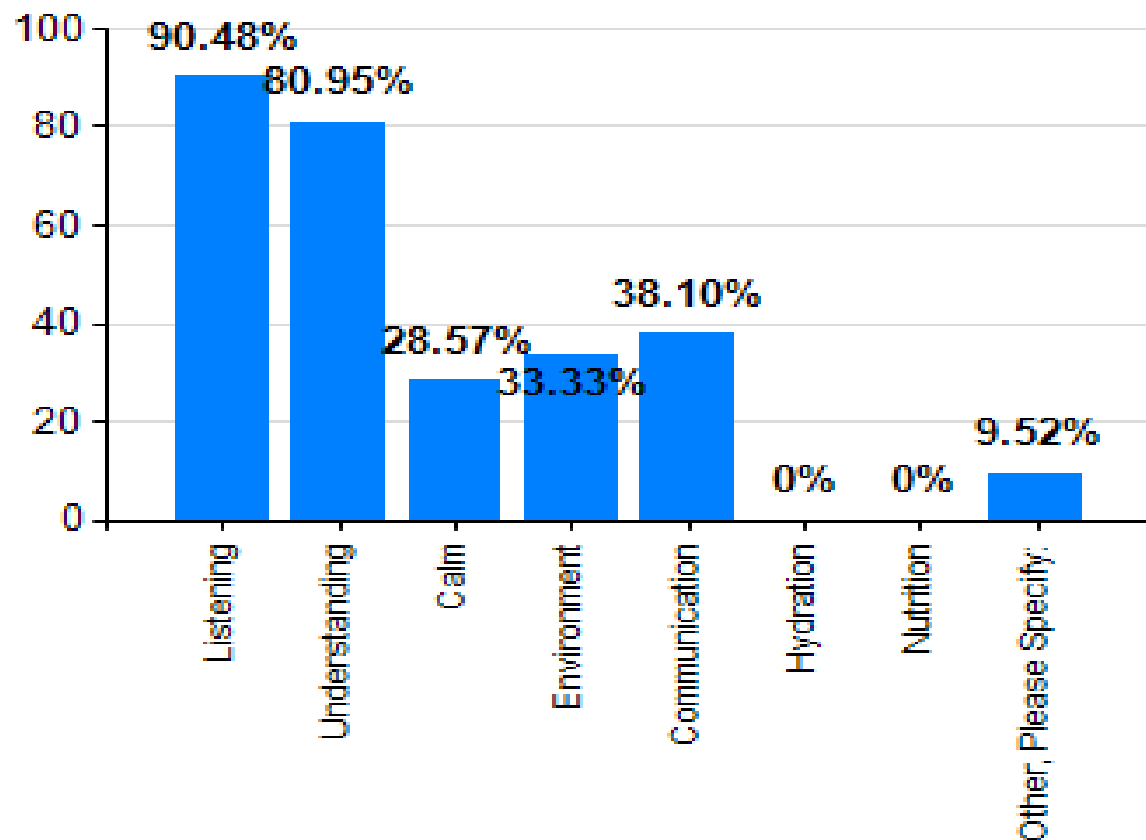
- ✓ Huge thanks to Dr Weston, Sam and Lowri from SDEC. The response from all was just superb. Caring, compassionate, thoughtful and reassuring. They looked after my son (and myself) really well. In particular, Lowri and Dr Weston were excellent in their communication and explanation of the issues and left us both very reassured. Their general manner was outstanding, both really warm and appropriately humorous. I can't thank them enough.
- x I have been trying to contact The Dental department at Elizabeth Williams Clinic for 3 DAYS, and the telephone just rings and rings. I rang Hywel Dda switchboard, who transferred my call through to Children's Mental Health, who told me they couldn't help and had no information for me about the Dental department. My 5 year old daughter is in agony and is awaiting referral, which I was Listening to the patient and acting on it, also explaining clearly and making sure the patient understands. If the GP says they are making a referral then make the referral instead of patient having to ask multiple times and hearing multiple excuses why the referral has not been made yet. If GP says they will make a home call then please attend or at least contact patient if they cannot make the visit. GP to ensure the patient understands the medication and can physically/safely self-administer.
- x Some staff, including consultants, need reminding of patients' 'customer care' as attending a hospital appointment can be a very stressful time when you are already feeling vulnerable and anxious. Also, consultants need to ensure their patients are happy with the outcome of the consultation and not rushed. Also, I hope that once the pandemic restrictions have eased that patients will be allowed to attend with a partner - for moral support.
- ✓ Mum had outstanding care from Dr Waka & Dr Shridar who was 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. Sister Bethan, Emma and Ursula, Angharad and Nia couldn't do enough for the family. Can't say enough good things about them and feel that Mum had a good death due to the staff and doctors.



# COMMUNICATION

## COMPLIMENTS

The sentiments expressed within the compliments we receive, show that listening, understanding and communication are terms most often used.



- ✓ My physiotherapist is outstanding. I have been involved with many medical professionals recently, all of which have been good, but Joyce has been exceptional. She clearly explained what was going on within my body and helped me to understand why I was now experiencing ongoing mobility problems. Joyce genuinely cares and wants to solve my issues. She listens attentively to me, gives me medical guidance, and has ensured I clearly understand how to improve my condition. Excellent!
- ✓ The ward sister whose name I think was called Mandy Griffiths was amazing. She was very organised, knew the patients well and when my operation was cancelled three times, she made a personal visit to listen to me and sorted me some food as I had been nil by mouth all day. Her dedication to her work is outstanding and I know other patients felt the same as we all loved it when she was on the ward as we felt safe and secure.
- ✓ The healthcare's and staff nurses on steffan ward have provided outstanding care to me they have always listened supported me and provided excellent care and communication. They work extremely well as a team and very hard there has been many times staff have had to move to support other wards that were short staffed
- ✓ Friendly helpful staff, Dr Rathod and the Ophthalmology dept. are fantastic with my daughter. They always take their time to explain to her and include my daughter in decisions. Reassuring, caring and an excellent care plan, we can't ask better. Thank you so much, were so grateful :)
- ✓ Meeting and greeting 10/10, explanation of what about to take place 10/10, consent seeking 10/10. Wait time for Dr. 10/10. Consultation 10/10, excellent listening skills and check cross check. Overall experience has repaired somewhat my view of NHS services, big thanks to all, Dr. Nurses, OCT operator and Phlebotomists. Thank you. Diolch.

# COMMUNICATION CONCERNS

- During April & May, **52 complaints were made relating to communication**
- The most significant concerns you are telling us about relate to insufficient information being provided, not being able to contact a department and communication between staff and families of patients. There is no theme in relation to any particular Service. 40 Out of the 52 complaints have been looked into and responses provided.
- More than half of the communication concerns were about issues relating to outpatients (not admitted to hospital). Most of these concerns were from patients that have had difficulty contacting a service or department.
- Communication concerns relating to inpatients were mainly raised by family members or carers of patients, often focussing on family involvement in decisions, care packages and transfers.

X Absolutely heartbroken and distrusted. I waited 5 months for appt which was understandable. I've moved from Llanelli and had been receiving a series of dermatology appointments. I live in my own and money is tight. If I don't work I don't get paid I took day off work 90 quid and petrol and nerves down to Prince Philip hospital. I had received a letter and two text messages about appointment. When I got in nurse asked me if I knew why I was there as if I was Social Needs. Obviously I said to receive steroid injections on my keloid. This treatment has been life changing to me and I waited 2.5 years.

# COMMUNICATION

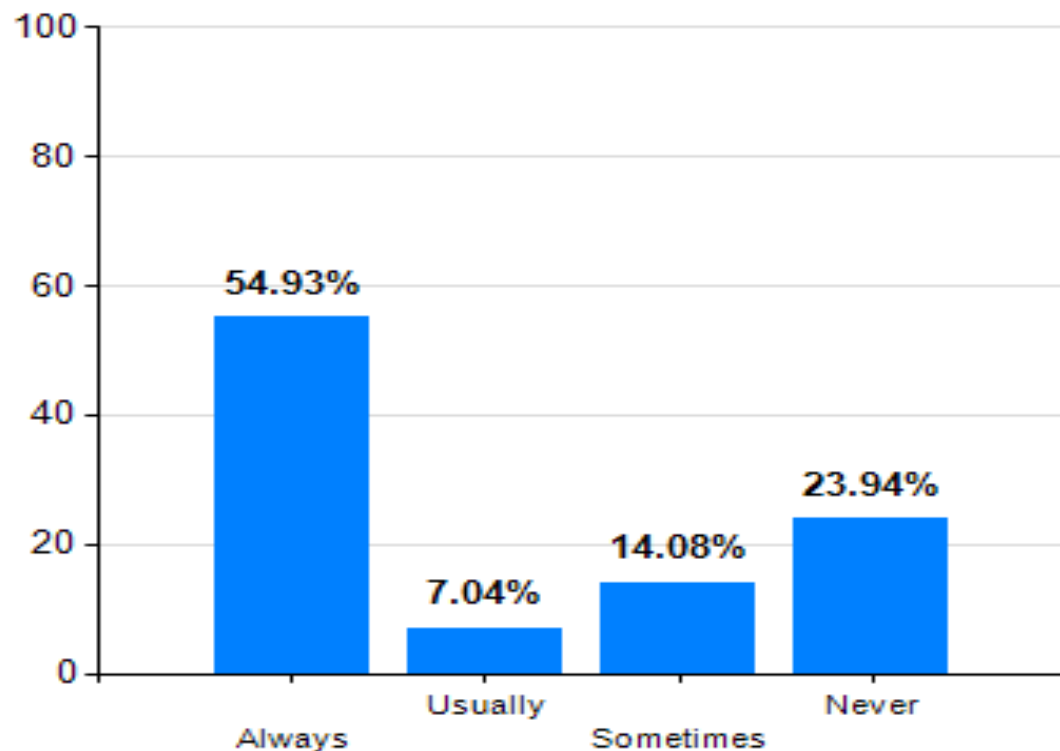
## LESSONS LEARNED

YOU SAID	WE DID
You told us that incorrect telephone numbers were being given out for Newcastle Emlyn Mental Health team. Following investigation, Newcastle Emlyn Mental Health also known as Hafan Hedd Resource Centre confirmed they had changed telephone numbers and they had advised all GP Surgeries of the new number. Unfortunately, it appears that the information had not been updated on particular health centre.	The concern was brought to the attention of the Practice Manager of the surgery and the information has been updated.
You told us that you had difficulty contacting the Dental Department at the Elizabeth Williams Clinic and the telephone was not answered over the course of a few days.	This has been brought to the attention of the Service Manager for the Community Dental Service and also the Primary & Community Teams. This is being investigated urgently and to ensure this is addressed. Comments are anonymous, therefore it has not been possible to contact the person who has left the comment directly.
When patients are unavailable for Mental Health Service appointments due to work or other commitments, this does not mean that we are not engaging with services, but that we are simply busy. To call this a lack of engagement on our part feels unfair and, when documented, is misleading.	We agreed with you, and apologised where this occurred. We are ensuring that our mental health practitioners are careful in their communications to ensure that our records accurately reflect someone's abilities to attend appointments, and the reasons surrounding it.

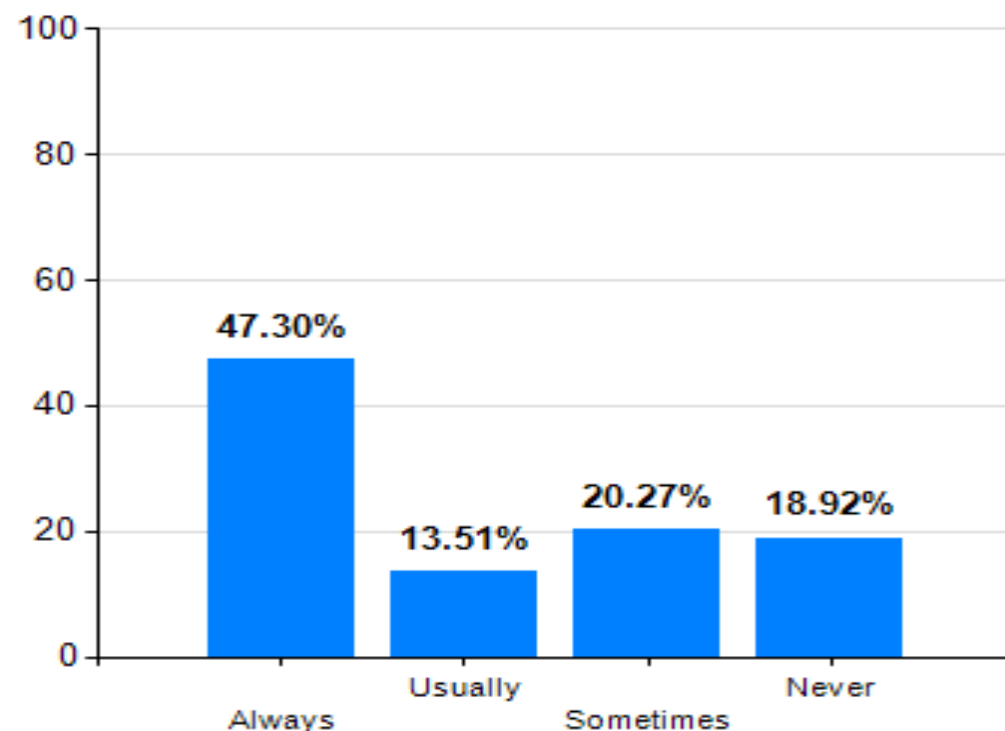
# KEEPING PEOPLE INFORMED AND INVOLVED AND TAKING ACCOUNT OF THEIR WISHES AND NEEDS

## All Wales Health Questionnaire

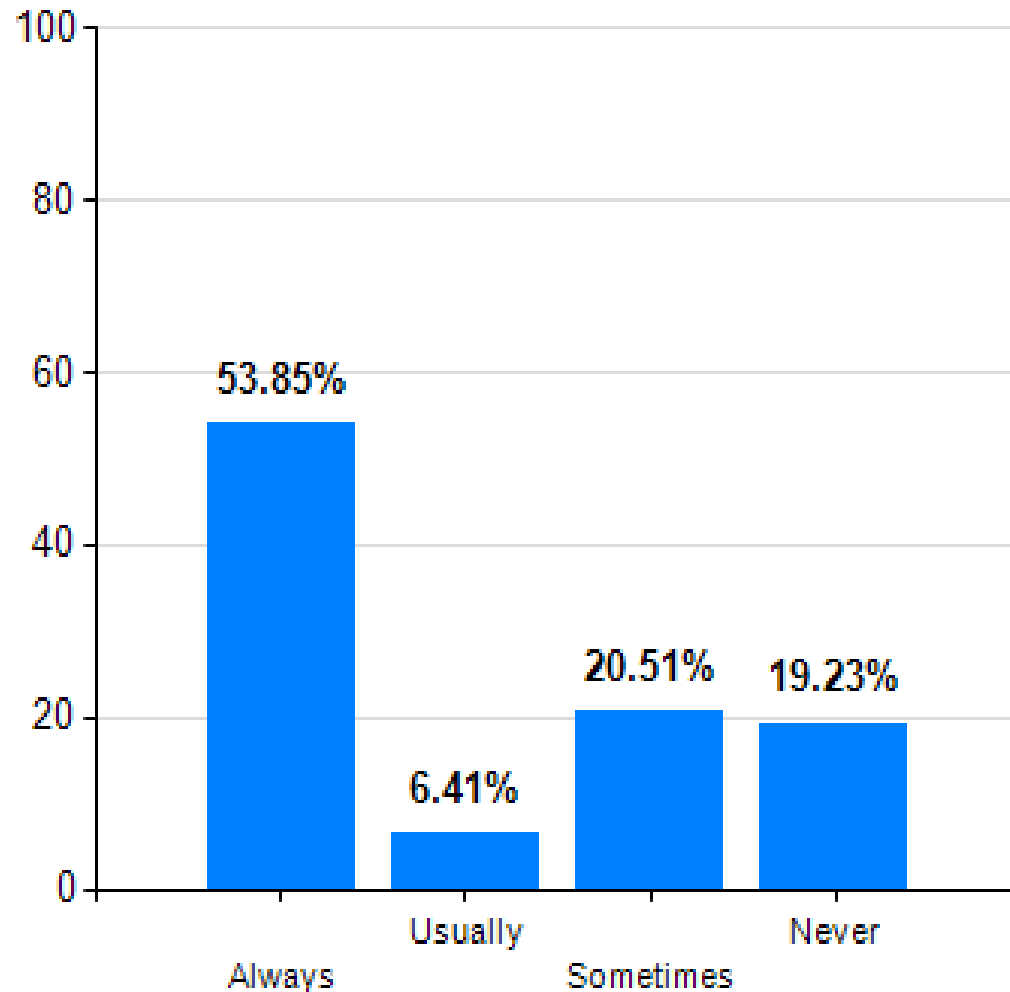
- Were you involved as much as you wanted to be in decisions about your care?



- Did you feel you understood what was happening in your care?



## Did you feel that you were listened to?



- ✓ Staff are wonderful and very helpful and caring. I felt listened to and safe. Loved the FLO role as very helpful and had good chats with Andy and he was very helpful in going to the shop and keeping me sane.
- ✓ was really happy with the level of care on the breast unit, everyone made what was a very hard time easier to cope with, I felt that I was supported by all members of staff from catering upwards! Having my own room also helped to make things feel more normal, I can't thank everyone enough!
- X I complained of severe pain in my legs and heels following my emergency c section due to preeclampsia, I had severe swelling in my legs and feet and was wearing compression stockings due to surgery, they were the incorrect size and were cutting off blood flow to my feet which has caused severe blood pooling and blisters. Which are still not healed 6 weeks on. I asked the midwife on more than one occasion to check and replace them and she refused and told me it was normal. It wasn't normal.

# PATIENT STORY - SHEILA

For many months I had been experiencing an dreadful cough and increasing breathlessness on exertion. I mentioned this on several occasions to professionals at my GP practice who suggested it was related to my asthma and prescribed steroids and changed my inhalers. On March 1st I was seen again in the practice, I felt really unwell and was very emotional, this time I was prescribed more steroids and another drug Carbocysteine to thin the mucus that was causing me problems. At no time was it ever considered to send me for a chest xray. My last chest xray was in 2014.

The breathlessness and cough continued and on May 3rd my husband took me to the practice at 8am so that I could guarantee getting an appointment that day as I had felt so unwell. It is almost impossible to get through on the phone particularly following a bank holiday. On this occasion I was seen by a different Nurse Practitioner who I had not met previously. She took me seriously and did a number of observations and an ECG before discussing my case with the on call GP. I was sent to the SDEC at PPH. I arrived there around 10am and was seen immediately by very kind and caring staff. I was there for most of the day and had bloods, ECG, Chest XRay and also a CT scan . My results had been reviewed by Dr Mark Andrews and at this point I was told I had Idiopathic Pulmonary Fibrosis. This is a life limiting condition with a survival rate of 2-5 years. I didn't see Dr Andrews but he prescribed antibiotics in case I had an underlying infection and said he would see me urgently in the Interstitial Lung Disease clinic. That appointment came through for June 15th some 6 weeks later. I had so many fears and questions so this seemed like an inordinate amount of time to me to have to wait for more information and a plan going forward.

To try and get some answers to my questions I rang my surgery and requested a telephone conversation with a GP. The GP called me but could not/did not really answer any of my questions and said I would need to wait until I was seen in the ILD clinic. One question I asked was about eligibility for the second booster as in my view I met the criteria, the response I got was “ good question, I don't know but will find out and call you back” . To this day I have not received a call back. I was told by a receptionist in the practice I was not eligible, by a nurse that I was but that I couldn't have it as they were only giving it to housebound patients. I rang the vaccination centre and was again told I was not eligible but I persisted and a clinician called me back to discuss and eventually confirmed that I was eligible. I eventually had the booster some 6 weeks following the initial diagnosis.

Following this life limiting diagnosis I can only say that I felt completely abandoned. It is shattering to be told that your life will end prematurely and be left with no-one to talk to or ask questions of. I am sure that this is not the case for those being given a terminal cancer diagnosis so it would be helpful if a similar approach could be taken when other life limiting diagnosis' are given. In the event I did not have to wait until June 15th as my condition deteriorated rapidly and on May 16th I had to call 999 as I had difficulty breathing and very low oxygen saturation levels. I was fortunate that the ambulance arrived within 15 minutes and within an hour of that call I was in AMAU in PPH. I cannot fault the care and attention I received both in the AMAU and Ward 1 where I spent several days. I had numerous investigations including a bronchoscopy, as yet though my diagnosis is still unclear.



# PATIENT STORY - SHEILA

I was discharged from hospital on high dose steroids until the next stage of my treatment plan following an ILD MDT meeting next month. At the point of discharge Dr Andrews requested I be provided with ambulatory oxygen at home as my oxygen saturation levels drop when I mobilise. This was requested on May 19th. As I am typing this on June 29th I still do not have it , although I have just taken a call to say it will be delivered in the next 4 hours. So , it will have taken 6 weeks to get me what is effectively a drug to improve my quality of life.

I cannot praise highly enough the care and attention I received from Dr Mark Andrews and his team on Ward 1. He and the wider team are an absolute credit to the organisation. What is disappointing is the lack of co-ordination between acute, community and primary care services, this is where I felt abandoned. I feel that when someone receives a life limiting diagnosis it is really important that they have a named individual they can contact for advice and guidance. From a practice perspective I think it would be helpful if there were some acknowledgment that they were aware of the new diagnosis - something as simple as a letter or text message saying “ we have been informed about your diagnosis and if you need to talk to us please call” . I think something as simple as this would really help a newly diagnosed patient.

Since yesterday I am now fortunate that I am linked in with the newly appointed specialist respiratory nurse who visited me at home yesterday to undertake the ambulatory o2 assessment which clearly showed that I need oxygen to mobilise. As I mentioned earlier I am waiting on its arrival in the next couple of hours. Lindsey was wonderful and even though she was not able to answer all my questions she is going to find out the answers to those she did not know. So, now 8 weeks into my diagnosis I now feel “ connected “ within community services but probably fair to say still feel “ cast adrift” from a primary care perspective.

I only want to improve the pathway for newly diagnosed patients. It is shattering to be given such a diagnosis and then have no-one to speak with. I am fortunate as a retired NHS professional that I can navigate the system but I do worry about other patients who do not have my knowledge and experience. However with the lack of someone to talk to even I turned to Dr Google!

I am grateful to you Louise and Olwen for visiting to listen to my feedback. As I said I cannot praise highly enough the care and attention I had from everyone at PPH but the breakdown between secondary and community and primary care is a cause for concern.

I in no way want anything I have highlighted to be seen as a complaint, my reason for giving the feedback is that I think “ patient stories” can be immensely powerful when looking at systems across the whole service and ways to improve things particularly for newly diagnosed patients.

# KEEPING PEOPLE INFORMED AND INVOLVED AND TAKING ACCOUNT OF THEIR WISHES AND NEEDS

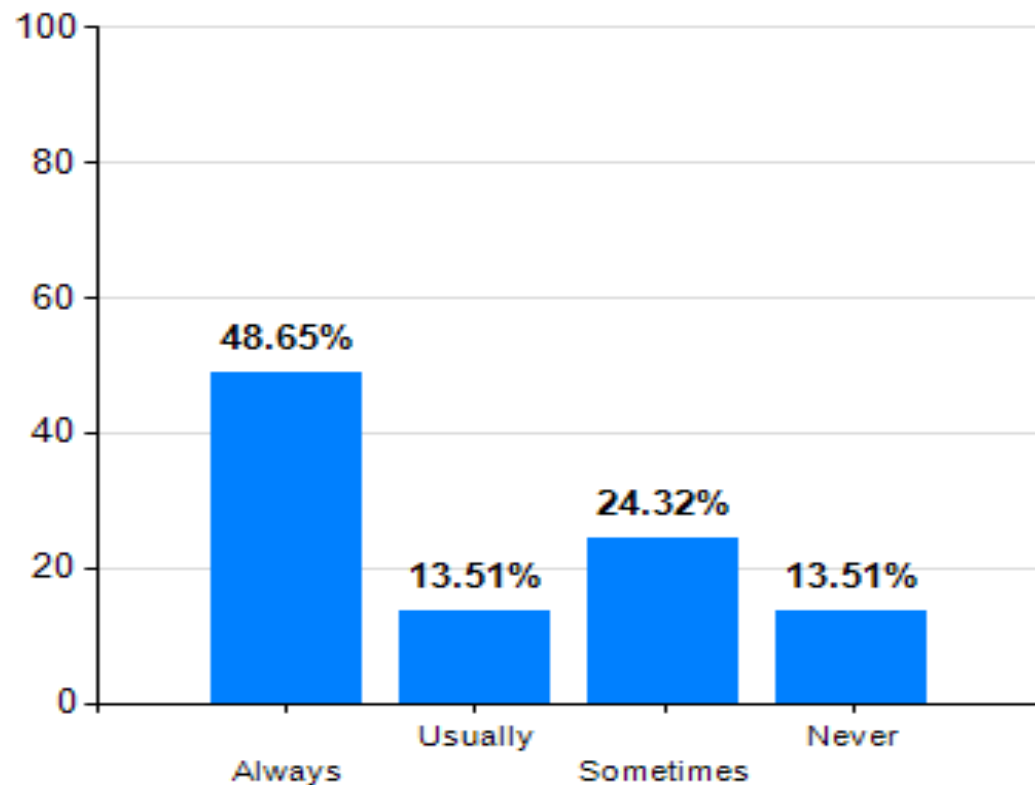
## LESSONS LEARNED

YOU SAID	WE DID
Sheila's story has highlighted a number of very important issues where her experience and care could have been improved, these include: communication, support and provision of information on receiving a new diagnosis; provision of oxygen therapy and co-ordination of services between hospital and community/primary care.	On listening to Sheila's experience, immediate action was taken to ensure that the right services were in contact with her and she received the important oxygen assessment to improve her quality of life. Her story will be shared at the Operational Quality, Safety and Experience Sub-Committee who will oversee delivery of actions to ensure that Sheila's experience is not repeated.
The decision to end Physiotherapy Services at the Morlan Centre in Aberystwyth has had a negative impact on local patients relying on physiotherapy appointments to aid their recovery.	We are working with partner organisations to find an alternative base in the Aberystwyth area and are optimistic that we have identified a solution and hope that this can be available as soon as possible. During the intervening time, we are committed to offering patients face to face appointments at the Aberaeron Integrated Care Centre, although fully appreciate that this will mean longer journeys to appointments for some of our patients. As a further alternative, we are also able to offer telemedicine appointments as an alternative option for those that are happy to explore this different healthcare approach.
Availability of patient written information leaflets needs to be improved and accessible	The Patient Experience team has been redesigning the Health Board's patient information leaflets with the assistance of many services. A new leaflet and booklet template has been created for use by all departments. They are simple and accessible to use.  Honey, Patient Experience Apprentice has shared: "I've been collaborating with a Paediatric nurse to develop a Sepsis leaflet for children. The leaflet describes Sepsis, the symptoms to look for and the treatments available".

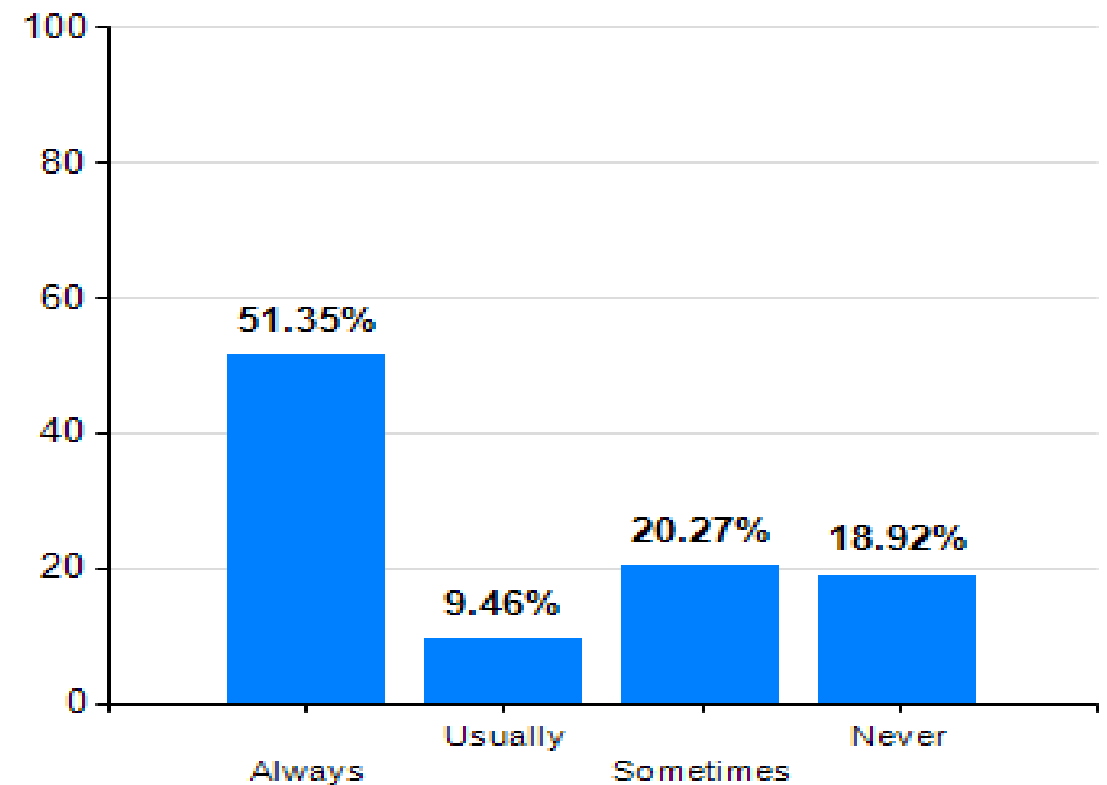
# Safe and Effective Care, in an appropriate & Clean Environment

## All Wales Health Questionnaire

► My care is provided in the most appropriate setting to meet my health needs?



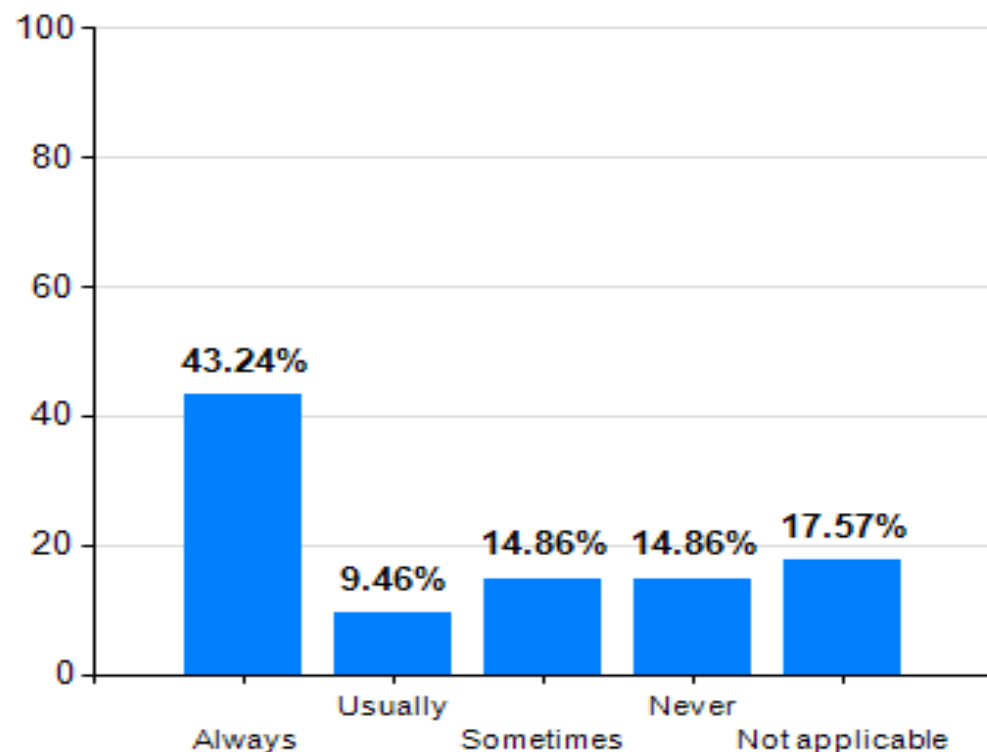
Did you feel safe and well cared for?



# Safe and Effective Care, in an appropriate & Clean Environment

## All Wales Health Questionnaire

### ► If you asked for assistance, did you get it when you needed it?



- ✓ Meeting and greeting 10/10, explanation of what about to take place 10/10, consent seeking 10/10. Wait time for Dr. 10/10. Consultation 10/10, excellent listening skills and check cross check. Overall experience has repaired somewhat my view of NHS services, big thanks to all, Dr. Nurses, OCT operator and Phlebotomists. Thank you. Diolch. **Glangwili General Hospital – Outpatient Department**
- ✓ From triage, everything worked as you'd want it to. My wife was in a worse state than me so my dressings and x-ray were done after she was seen to. All the different pieces of the NHS jigsaw seemed to work in harmony and the people were just just wonderful: friendly, caring, attentive, and able to explain what was going on, and providing solutions. Thank you Prince Phillip MIU!
- X Yes | Nurses and staff all great. Hospital very dirty. Ward had masses of stuff on the floor and under the beds never cleaned. Bits of plastics and dust and other stuff left there. The cleaners just wiped around the beds and ignored under the beds and behind them. The toilets were dire. They were unable to remember the gluten free toast pretty much every day.
- X My eventual consultation was great, unfortunately there were 3 cancellations (2 at Prince Phillip and 1 at Withybush until the actual appointment, this is very worrying for something that was considered urgent by the GP and Dermatologist who viewed photographs. The final appointment was almost 10 months after initial referral.

# Safe and Effective Care, in an appropriate & Clean Environment

## Patient Story - Zoe (My First Baby)

My labour started on Sunday the 8th of August, with a very mild ache, similar to the beginning of a period, I wasn't sure what was happening, but I just went with it. This day I decided to clear out clothes and have a lovely clean and tidy wardrobe (nesting really is a thing). As the day went on the dull ache started coming in waves, not painful just noticeable. My partner was late home from work as a paramedic and when he got in a broke the news that labour had started. We phoned the hospital, but I knew I wasn't ready to go in. I hooked up my tens machine and got comfy between the maternity ball and sofa. I managed through the night with contractions 10minutes apart but by 5am they started intensifying and by 7am I was on the phone to go in - speaking to the same midwife as the previous night who was so reassuring!

On arrival to the assessment unit at 8am they weren't expecting me, by this point my contractions were 3minutes apart. My waters had not broken, nor had I passed the mucus plug. I was connected to the monitoring machines, and it was a nice distraction to watch my contractions as well as listen to the heartbeat. I was checked by the midwife at 9:30 and told I was only 3cms dilated, to which I was devastated and expected to be sent home. But the decision was made to keep me in as my contractions were very frequent. Fortunately, there was no beds on the maternity unit therefore I was able to stay put, and my partner was able to stay with me! My contractions quickly changed to unbearable, I was back and forth to the toilet, vomiting, losing colour in my face, near fainting and I wanted to give up. I rang the bell 4 times to beg for analgesia, to be told "you will once you're on the labour ward", "you will once you're in real labour", "keep breathing through it", "I'll tell the midwife", the midwife never once came back. This gave me such anxiety at the thought of me not being able to cope in "real labour". At 11am, I had to go to the toilet, this time it was different, my body was forcing me to push.

I told my partner what was happening, he knew what was happening and was torn between helping me deliver the baby on the bathroom floor or leaving me to go get help. He chose to shout for help. I was helped back onto the bed, checked again - 9cm dilated and pushing! The rush was on to get me upstairs. I was covered up and pushed through the corridor, up the lift and to the labour ward, being shouted at not to push (we all know this is quite difficult to do). I transferred myself onto the new bed and something changed, I relaxed, got ready for what was about to happen, and I was finally given entanox! YAY pain relief! The sister brought me up and handed me over to the best midwife Ever!!! Faith, who changed my whole experience! The handover entailed the words "I don't even know this lady's name sorry but she's ready to push". I have no idea why the midwife who actually knew me didn't bring me up. By this point the pain had eased and I was able to hold a conversation, I told faith my story and why I was consultant led. Push 1 - half-hearted push as I didn't know what to do, then I remembered my plan, deep breath of entanox, big push. 2nd push - crowning and the midwife broke my waters - ouch, I felt as if I was going to tear so I eased off, 3rd push - head out still in the sack (en caul), 4th push and I had my beautiful baby on my belly, the cord was too short to reach my chest at 11:15am. Skin to skin and an attempt at breastfeeding which didn't go to plan but I had my lovely baby girl, not knowing what had just happened.

On reflection, I do feel like I had a positive birth, although I feel massively let down by the prejudice on 'first time mum's' being not believed or taken seriously, the pain was unbearable, and my labour was progressing quickly. Working as a nurse I understand how busy the units can be and it's difficult, but if the midwife was able to come and see me herself, she may have recognised that labour was progressing quicker than the 'normal first labour'. The biggest learning point I beg you to take forward to the teams is to just believe first time parents, because I'm still hearing stories similar to mine more and more frequently. Although we haven't done it before, we know our own bodies!

# Safe and Effective Care, in an appropriate & Clean Environment

## COMPLIMENTS

- ✓ Thanks for the outstanding multidisciplinary care during his emergency admission. He was swiftly seen and expertly assessed. I have some appreciation and awe for the successful management of several medical emergencies simultaneously in one patient. Every single member of Bronglais Emergency Unit staff interacted with us, they were kind, helpful and competent
- ✓ I had to put pen to paper about Alison the Rheumatology nurse at Prince Philip hospital so she could be recognised for her compassion and all the hard work she does at the hospital. Her commitment to her job is outstanding. I am lucky to have her as my nurse and I know I speak for many people. If I am having a flare up I call the hot line and within 24hours Alison calls me back and she sorts me out. Nothing is too much trouble, I can honestly say Prince Phillip is very lucky to have her.
- ✓ My therapist (Julie Campion) was everything and more of what I could have expected. I was able to totally relax and let her into my deepest and most traumatic experiences. I couldn't have asked for more.  
**Llys Steffan - Veterans NHS Wales**
- ✓ Excellent service by all. | Seen in fracture clinic promptly. No waiting (although I would have been happy to wait). Staff superb. Explanations given for everything and told to come back if needed. I have been to Glangwili on 5 occasions over the last month or so and have been treated exceptionally on each occasion by every department. Cannot praise everyone enough.
- ✓ Efficient and professional service provided by people who care, greeted on arrival by a member of staff with clear questions and instructions. We were prompted with clear directions to where other staff took charge and through the whole process kept informed. Waiting times were minimal between consultations, a very well organised and efficient service. Thank you NHS. **Glangwili General Hospital - Children's Centre**
- ✓ Huge thank you for everything that you do... Especially the care you gave mum. You truly went above and beyond the call of duty and bent over backwards to be kind. Mum felt safe and well looked after and we will be forever grateful.  
**Withybush General Hospital - Ward 8 Coronary Care Unit**



# Safe and Effective Care, in an appropriate & Clean Environment

## Concerns

- ▶ 88 Complaints were received about clinical treatment/assessment, the main issues you report are about delays in receiving treatment, lack of treatment and incorrect diagnosis. 22 of these complaints related to our Emergency Departments.
  - ▶ Notwithstanding the importance of these concerns, given current pressures in A&E and the vast amount of patients they treat, we are encouraged by the general confidence of the public in our emergency departments.
  - ▶ 39 Out of the 88 complaints have been looked into and responses provided. The remaining are being investigated.
  - ▶ 92 complaints relate to appointments particularly delays in receiving appointments and cancellation of appointments. 87 of these 92 complaints have been looked into and responses provided.
- ✓ I arrived having been told an ambulance could be 5 hours, with symptoms of a heart attack. I waited over 3 hours to be seen by anyone. After triage I was told they needed to do an ECG. I was not offered any pain relief despite being in agony. It was the worst Spain I've ever been in, and I've had two children. I waited 5.5 hours to have an ECG/be seen by a doctor who told me it was probably muscular. There's no way it was muscular. I'm not confident that it wasn't my heart as the ECG was so late.
  - ✓ my daughter was badly beaten in the face and head after a night out, she went to A&E 3am, she was being sick and in a lot of pain in her eye which was bleeding, 7 hrs later sent home with no X-ray or CT scan, just pain relief, went back 3 days later after ringing 111 and advised to, had X-ray and found eye socket broken the next day. Sent to Moriston hospital to see cosmetic surgeon, my daughter should of had CT or X-ray in A&E but was sent home, not good

# Safe and Effective Care, in an appropriate & Clean Environment

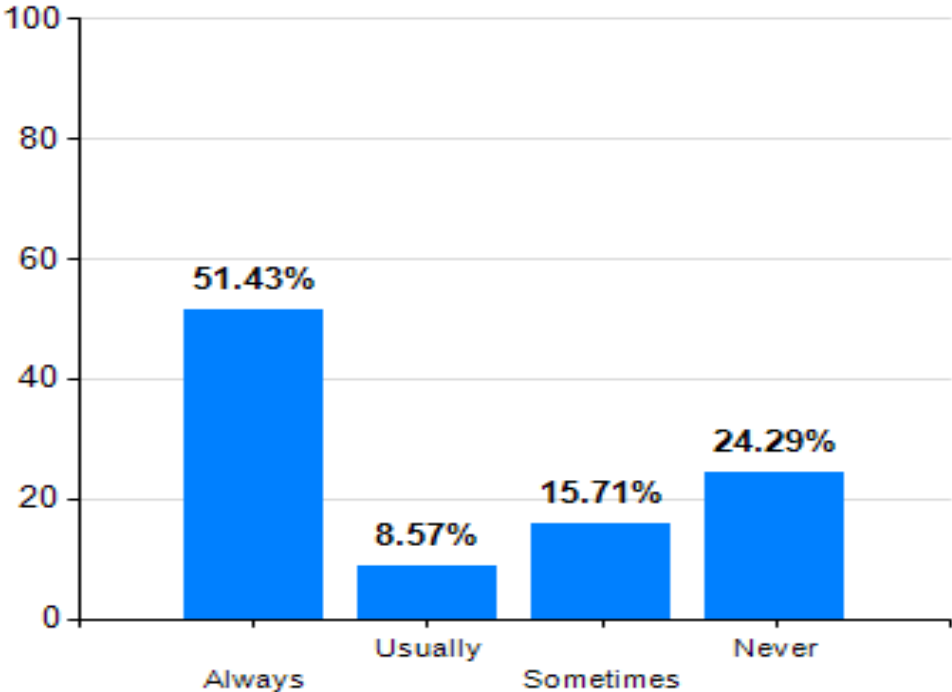
## Lessons Learned

YOU SAID	WE DID
<p>Zoe's story regarding her first birth experience highlighted a number of lessons learned which have been considered by the Patient Experience Midwife.</p>	<p>A leaflet has been developed to be given to everyone when admitted to the wards which gives a list of pain relief options available, and encourages people to call for the midwife if they are unsure of anything.</p> <p>The ward areas have been rearranged so there are two midwives in the antenatal ward/ triage area and people in the latent phase of labour are handed over to the antenatal ward midwife, rather than the triage midwife, so they become part of the inpatients area. This avoids the triage midwife attending to both triage patients and people in the latent phase of labour.</p>
<p>Patients with learning difficulties experience difficulties when attending the Accident and Emergency departments.</p>	<p>The Health Board's Health Liaison Team has been working with staff in the Emergency Department to develop greater awareness around the needs of people with learning disabilities and how staff can recognise and support people with additional needs. Sessions around recognising pain and pain management have taken place with plans to run further sessions around communication, behaviour and capacity. A number of staff have trained to become Learning Disability Champion Nurses, the aim is to have a LD Champion Nurse in every ward. Learning Disability Packs are being trialled in the Emergency Department at Withybush General Hospital for a period of three months. Their usage will be monitored and evaluated and should it work well, will be rolled out across all four hospital sites. When a patient with a learning disability attends the Emergency Department or Minor Injuries Unit, the Community Team for Learning Disabilities or the Health Liaison Team for Learning Disabilities should be notified within 4 hours so that admission and/or discharge can be reviewed and followed up as necessary.</p>

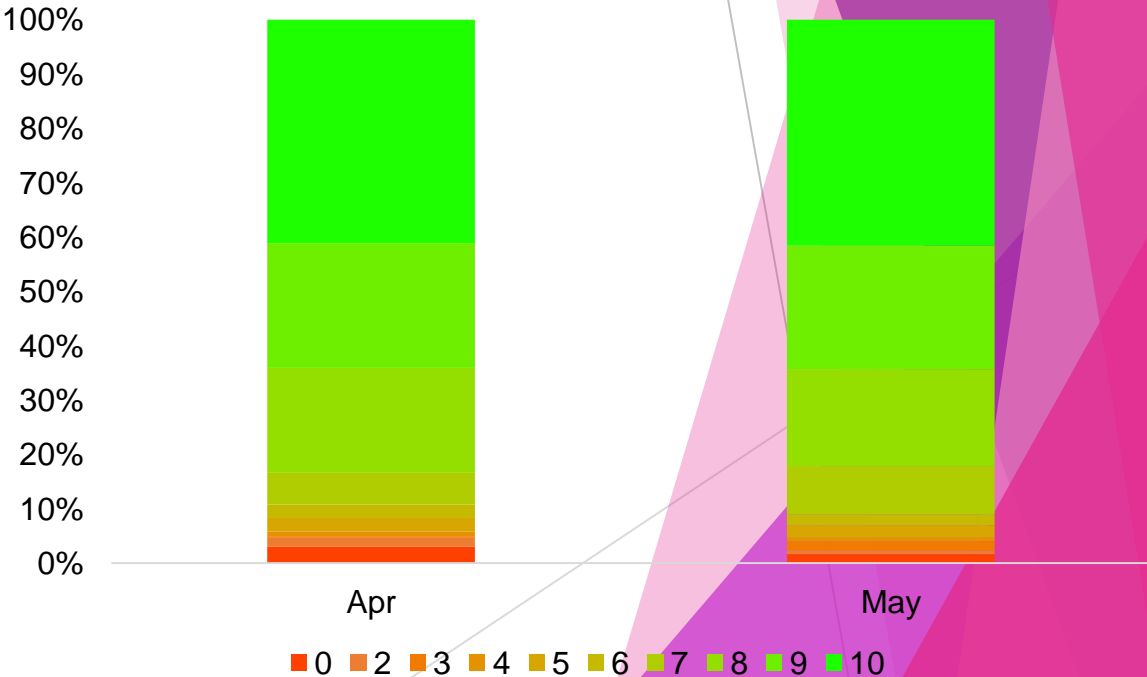
# People are encouraged to share their experiences of health care to help us improve

## All Wales Health Questionnaire

- I am supported and encouraged to share my experience of care, both good and bad to help improve things?

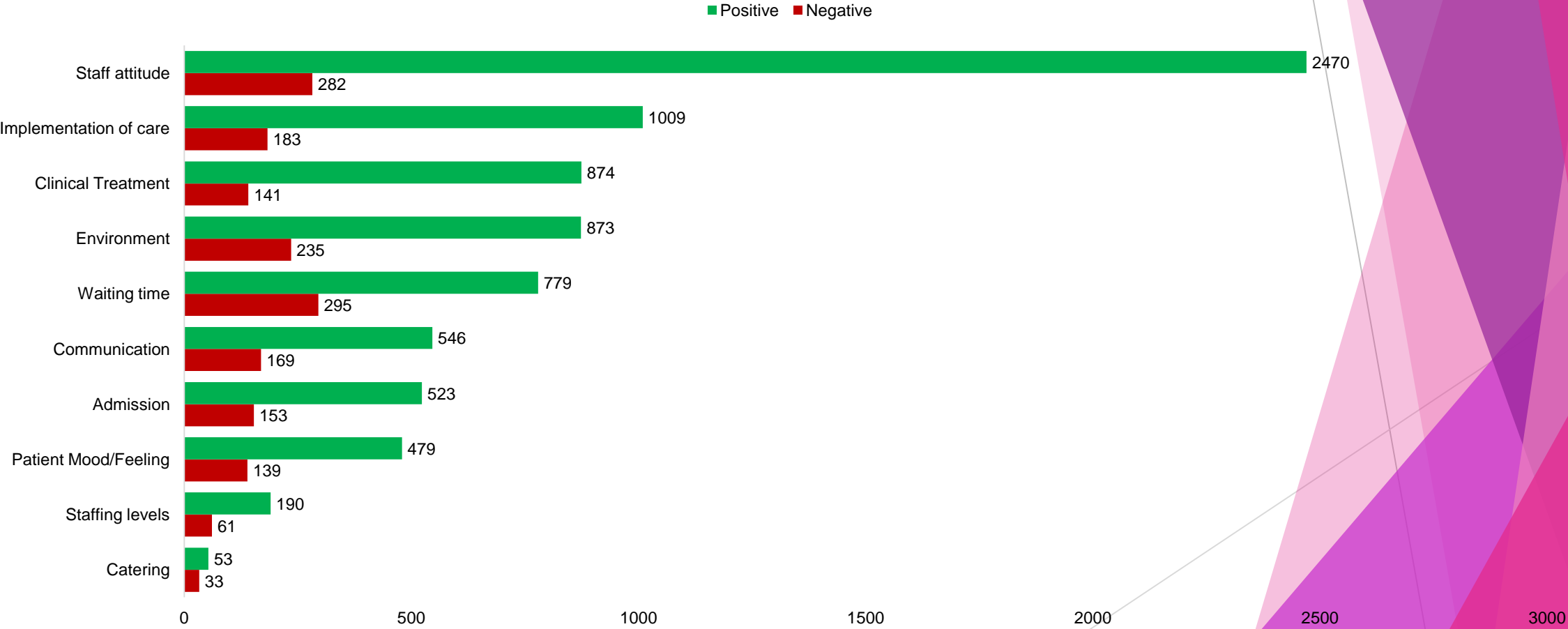


Using a scale of 0-10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?



# People are encouraged to share their experiences of health care to help us improve

## Friends and Family Test



# Friends and Family Test by Hospital

Hospital and Department	Average of Positive feedback
<b>Withybush General Hospital</b>	<b>90%</b>
Child Health Department	60%
Childrens Unit	50%
Endoscopy Unit	100%
Outpatient Department	96%
Same Day Emergency Care Unit	96%
Ward 1	100%
Ward 10	100%
Ward 11	100%
Ward 12	100%
Ward 3	100%
Ward 4	78%
Ward 7	100%
Ward 8	100%
Accident & Emergency Department	85%

Hospital and Department	Average of Positive feedback
<b>Prince Philip Hospital</b>	<b>93%</b>
Acute Medical Assessment Unit	85%
Coronary Care Unit	100%
Endoscopy Unit	94%
Gerontology Day Hospital	100%
Mynydd Mawr Rehabilitation Unit	100%
Outpatient Department	95%
Same Day Emergency Care Unit	96%
Ward 3	100%
Ward 4	80%
Ward 5	100%
Ward 6	100%
Ward 7	97%
Ward 9	100%
Minor Injuries Unit	90%

Hospital and Department	Average of Positive feedback
<b>Glangwili General Hospital</b>	<b>88%</b>
Ambulatory Care Unit	85%
Cadog Ward	100%
Childrens Centre	100%
Cilgerran Ward	100%
Cleddau Ward	81%
Coronary Care Unit	94%
Derwen Ward	94%
Dewi Ward	67%
Endoscopy Unit	100%
Gwenllian Ward	100%
Merlin Ward	100%
Outpatient Department	93%
Padarn Ward	100%
Paediatric Ambulatory Care Unit	79%
Paediatric High Dependency Unit	100%
Picton Ward	81%
Same Day Emergency Care Unit	97%
Steffan Ward	86%
Teifi Ward	100%
Towy Ward	80%
Tysul Ward	100%
Accident & Emergency Department	82%
Clinical Decision Unit	57%

Hospital and Department	Average of Positive feedback
<b>Bronglais General Hospital</b>	<b>96%</b>
Angharad Ward	100%
Antenatal Department	83%
Ceredig Ward	100%
Clinical Decisions Unit	95%
Day Surgical Unit	98%
Dyfi Ward	92%
Endoscopy Unit	100%
Gwenllian Ward	92%
Leri Day Unit	100%
Maternity Booking Appt	100%
Medical Day Unit	100%
Meurig Ward	100%
Outpatients Department	98%
Paediatric Ambulatory Care Unit	100%
Paediatric and Antenatal Clinic	100%
Rhiannon Ward	92%
Y Banwy Unit	100%
Ystwyth Ward	100%
Accident & Emergency Department	94%

# Paediatric Surveys



► During the months of April and May 2022, we saw a total survey response of 98 people. This breaks down to 59 responses for the Parents, Relatives & Carers Survey, 24 responses for the 11 years and older survey, and 15 responses for 4-11 years old. 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 \(nhs.wales\)](https://www.nhs.uk/patient-support-services/complaints-feedback).

"As a parent on holiday in Wales with a child with a broken bone, I couldn't have received better care or support. At every point, care, interaction was exemplary from the receptionist at the first door. **ED Nurses/ Doctors/ Support staff/ X-ray team/ Orthopaedic team/ Anaesthetics/ theatre staff/**

They fixed my arm and gave me medicine. My cheese sandwich and my Lego ninja toy were good."  
- **Cilgerran Ward, Glangwili General Hospital - 4- 11 years old survey**

"The wait before going in and not enough privacy was bad with my visit" - **Cilgerran Ward, Glangwili General Hospital - 4-11 years old survey**

"The teddies, iPad, chocolate brownie, colouring were good. Doctors and nurses were very kind to me." - **Cilgerran Ward, Glangwili General Hospital - 4-11 years old survey**



# ARTS IN HEALTH - OUR PATIENTS



- ▶ The arts in health team are delighted to announce that 'Arts Boost' pilot creative activities for CAMHS patients with disordered eating, low mood and self harm has commenced with positive feedback from artists and patients. Participants have been supported to overcome personal challenges to engage and been willing to share their creative work and feedback. Reflection and evaluation on the activities is ongoing to help us learn and build on the project for the future.

When asked what changes the artist had noticed in participants so far he told us “*These may seem small but the change from being happy to open up the mic and speak after not being able to is huge – the fact that they returned week after week - the willingness to share their work on screen*”

- ▶ Activities are also planned during the summer months in collaboration with a local artist and the Neuro rehabilitation team to explore identity, improve wellbeing and provide a means for creative expression.
- ▶ Discussions have taken place with Welsh National Opera and our Long Covid Recovery Team to support the national roll out of their evidence based singing work with patients with long covid.
- ▶ Arts in health have also been collaborating with local arts organisations, Public Health Wales and the Urdd to provide arts activities to support wellbeing for Ukrainian refugees.

With feedback such as “*somewhere we can just relax, not think about anything.*” “*somewhere we can try something new, enjoy being creative*”

- ▶ Live Music in Intensive Care Units (ITU) – We are making plans with Music In Hospitals to pilot bringing live music into ITU settings across Hywel Dda to help to soothe, calm and comfort patients.

# ARTS IN HEALTH - OUR COMMUNITIES

- ▶ The Arts in Health Team have been successful in securing funding for 2 important pieces of work linked to Arts on Prescription
  - Future development of community arts in health activities to address health inequalities will be supported by a successful application for funding from the Arts Council of Wales for a creative prescribing development programme. Several workforce learning and development activities, networking events and an arts in health research and innovation group are planned to build shared thinking and a strong foundation for arts on prescription.
  - A bid for Cluster funding to support a Dance on Prescription programme in the 2Ts area was also successful. This project will build on successful MDT working to enable access to dance on prescription for patients with mobility problems, chronic illness and/or frailty. Dance for health programmes have been evaluated and shown to improve strength and mobility and prevent falls. Positive social and psychological effects are also evident. This projects hopes to improve health and wellbeing, demonstrate a proactive and preventative approach to illness and encourage self management of chronic conditions
- ▶ Eisteddfod – The Arts in Health Team is working with HdUHB Palliative Team to hold a discussion on art, health, medicine and living and dying well at the national Eisteddfod this Summer. We will also be highlighting some of the great work being delivered in the community by our arts in health partners from within the Hywel Dda Tent.

# ARTS IN HEALTH - STAFF WELLBEING



- ▶ We continue to offer Creative collective activities for staff wellbeing. This month staff have enjoyed the therapeutic activities of mending through gentle weaving and stitching activities led by artist Nia Lewis. Next month drawing, followed by collage.
- ▶ A celebration of NHS staff was held as part of St David's Cathedral Festival with participation from 'Hospital Notes' choir. The arts in health team also took part in a panel discussion with Health Minister Eluned Morgan on the opportunities and evidence for Arts in Health and how this forms part of Welsh Government's social prescribing priority.
- ▶ Arts in health were privileged to collaborate with the Spiritual health department to provide music for the annual Loved and Lost Baby service in Carmarthen.
- ▶ We were able to provide art work for Ty Myddfai therapies centre in Johnstown, following the gifting of a body of work by local artist Carole Jones, in collaboration with Carmarthen school of art.

