



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 March 2023
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 months of December 2022 and January 2023.

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 December 2022 to 31 January 2023 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'.

As the roll out of the Civica patient experience system progresses, feedback from all Directorates of the Health Board will be provided, including Primary and Community Care; Mental Health and Learning Disabilities; and Maternity/Obstetrics. Feedback from Community Hospitals and some feedback from Mental Health is included within this month's report and this will be developed as the data capture increases. A patient experience survey is currently being collected within Primary Care, which will be completed by 31 March 2023. Following this, the survey will be transferred to the Civica system and feedback provided within the Improving Patient Experience report.

Work is being undertaken across NHS Wales as part of the once for Wales programme to support improved reporting and data analysis of concerns data, through the Datix and Civica systems.

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.

For the period, a total of 129 compliments (previous period 141) and 124 'Big Thank You' nominations (previous period 124) were received. 3097 patients left feedback on our Friends and Family system, with 94.8% responders leaving a positive recommendation (previous period 93.1%). 206 patients completed the All Wales Patient Experience Questionnaire; the overall patient experience score provided from these surveys returned a 92.24% positive rating, the average score for 2021/22 being 92%.

335 complaints/concerns (previous period 479) were received by the Patient Support Services Team; 99 were responded to as early resolution cases. 256 required investigation under the putting things right complaint process. 69% of the cases received were responded to within 30 working days.

Concerns around clinical assessment and treatment continues to be a prominent theme, alongside communication and appointments.

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

Three new investigations were commenced by the Public Services Ombudsman for Wales. Four final reports were received, with one being partly upheld, key themes from the final report were that there was a short delay in the patient's diagnosis; the Health Board took too long to refer the patient to the tertiary centre which impacted on the revision of their diagnosis and timing of surgery; following the patient's cancer-related surgery at a different hospital, there was no evidence that the Health Board assessed the patient's needs or supported them, causing distress and potentially resulted in the patient's need for support not being met. The remaining three reports received were not upheld. The lessons learnt from these reports and progress with the action plans are actively considered by the Listening and Learning Sub-Committee.

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 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
Partïon / 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:	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.
Ansawdd / Gofal Claf: Quality / Patient Care:	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.
Gweithlu: Workforce:	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.
Risg: Risk:	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.
Cyfreithiol: Legal:	The UHB has a duty under the Concerns and Redress Regulations to consider redress where this is deemed to be a qualifying liability. The Regulations also incorporate formal claims, including clinical negligence and personal injury claims.
Enw Da: Reputational:	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.
Gyfrinachedd: Privacy:	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.
Cydraddoldeb: Equality:	The process is established to learn from concerns: it is designed to ensure that it is fully accessible to patients and their families. The aim is to involve patients throughout the process and to offer meetings with relevant clinicians, with the required support depending upon individual needs. Advocacy is offered in the form of Community Health Council (CHC) advocates, and specialist advocacy is also arranged where necessary, e.g. in the areas of Mental Health, Learning Disability or Children/Young People's Services. Concerns literature is accessible in a range of languages and formats and translation services are available, as required.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Patient Experience Team
Tîm Profiad Y Claf

IMPROVING PATIENT EXPERIENCE REPORT

December 2022 – January 2023



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

December 2022 - January 2023

- ▶ **129 compliments** were recorded by staff on the patient experience system - listening and understanding were the top sentiments expressed in the feedback received, closely followed by respect, care and compassion.
- ▶ **124 Big Thank you nominations for our staff** were received from our patients or their families further details are provided later in the report.
- ▶ **20,023 individuals received our friends and family patient experience survey. 3,097 people responded** to this survey. Whilst this figure is lower than we would like, this is in line with nationally reported response figures. **94.8%** of responders provided **a positive rating** and would recommend the services of the Health Board to their friends and family this is a 1.7% improvement on the previous report. Staff attitude, care and treatment are the areas receiving positive feedback. All acute sites have improved their overall positive feedback ratings.
- ▶ **206 service users completed the Your NHS Wales Experience** survey. The Family Liaison Officer roles continue to support the completion of inpatient surveys in real time. The overall patient experience score provided from these surveys returned a 92.24% positive rating, the average score for 2021/22 being 92%.

Complaints & Concerns at a Glance - December 2022/ January 2023

- ▶ 335 complaints were received, of which:
 - ▶ **99** were managed as an early resolution case (within two working days) by the Patient Support Services Team.
 - ▶ **256** cases proceeded to complaints investigation under the 'Putting Things Right' Regulations. The number received for December 2022 and January 2023 represents a decrease of 110 from the previous two-month period. However, this reduction maybe partly attributed to the holiday period, as historical data from 2021/22 show a similar volume received at this time of year.
 - ▶ 11 complaints were reopened in December and January. Complaints are 'reopened' when the complainant is dissatisfied with a response, and the Health Board considers that further engagement may yet have the potential to resolve the issues.
 - ▶ 6 Grade 5 (serious harm/death) complaints were received during this period. Themes included clinical treatment of sepsis (A&E) and surgical management of a patient (Colorectal), as well as unsafe hospital discharge (Bronglais and Withybush). These are being fully investigated and there is ongoing liaison with the families of the patients.
 - ▶ **474** enquiries were received for the two month period, a decrease of 121 on the preceding period. 580 enquiries were closed. The most prominent themes of enquiry are around appointments, treatment and communication issues.

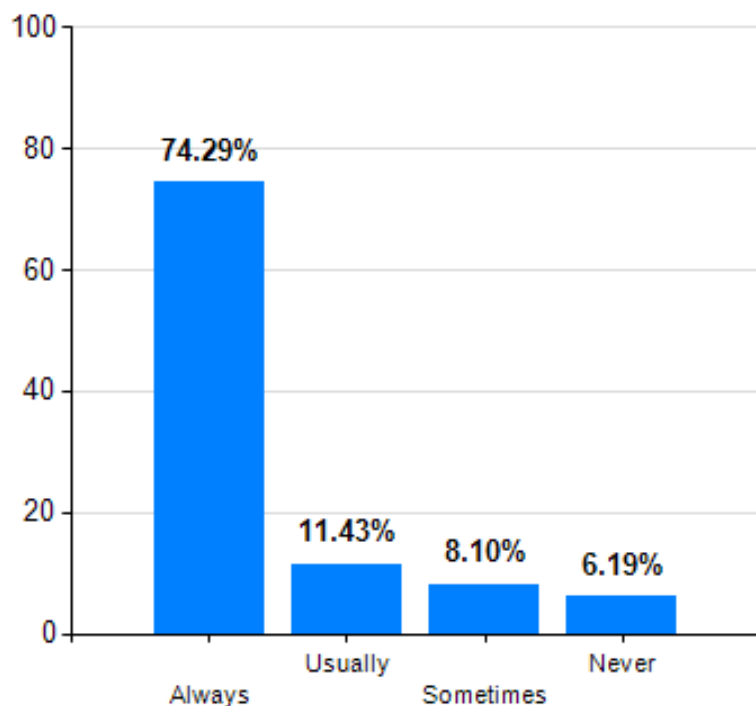
Closed complaints:

- ▶ 269 cases managed through the Putting Things Right complaints process were closed in January/ December, compared to 383 in the previous period. Of these, 185 were closed within 30 working days. This means 69% of the complaints received during these two months were closed within 30 working days, showing a small yet continued improvement through the course of the year.
- ▶ Of the complaints closed in December and January, 192 were not upheld, though this does not prevent us from taking the opportunity to learn from all aspects of feedback we receive. 44 were upheld and 11 partially upheld. With the all-Wales decision to remove the 'partially upheld' category, it is anticipated that there will be a higher proportion of upheld complaints. However, the outcome grading will be used to reflect the severity of the issues. The only codes now in use are upheld, not upheld and withdrawn.
- ▶ Clinical assessment and treatment continues to be the prominent theme, representing 34% or all new concerns in the period. The next most prevalent theme is delayed appointments/ cancelled appointments at 18%. 23% of concerns in the period are linked to communication or staff attitude and behaviour.
- ▶ There were 3 new investigations commenced by the PSOW. 4 final reports were received, one being partly upheld and three being not upheld. There were also 3 early resolution agreements. Key themes from the final report were that there was a short delay in the patient's diagnosis; the Health Board took too long to refer the patient to the tertiary centre which impacted on the revision of their diagnosis and timing of surgery; following the patients cancer-related surgery at a different hospital, there was no evidence that the Health Board assessed the patients' needs or supported them, causing distress and potentially resulted in the patients' need for support not being met. The lessons learnt from these reports and progress with the action plans are considered by the Listening & Learning Sub-Committee.

DIGNITY, RESPECT AND KINDNESS

Your NHS Wales Experience survey

➤ I am treated with Dignity, Respect and Kindness?



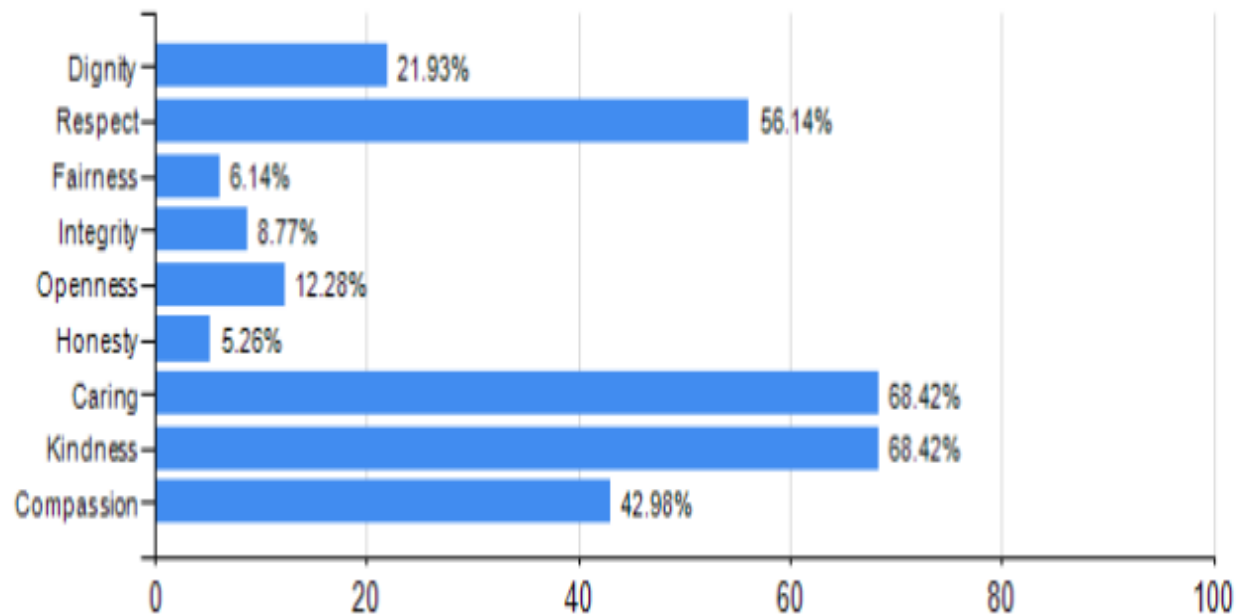
The performance in this measure is an improvement from the previous period.

➡ Given the horrendous times for NHS staff that we are currently living through I was very impressed with the care I received. The staff were very friendly and approachable and I do hope they get the support they so deserve.

➡ On the day I needed to attend I was worried about whether the clinic was going to run as it was a nursing strike day. The day before, I tried to call the hospital to check. They simply never answered the phone even when holding on and on. Eventually I rang another number which was patient support services who simply told me that the hospital was busy and I just had to hold on for them to answer. They never did.

DIGNITY, RESPECT AND KINDNESS COMPLIMENTS

Of all the compliments kindness, caring, and respect are the terms most often mentioned.



➡ I must compliment all staff for their superb service that was provided to me both during my pre assessment visits and for the ward 9 colleagues and operation room staff. In particular I would like to thank Rob who escorted me from ward 9 to the operating suites and I very much enjoyed our chat. As regards the operation itself again I thank all the team and in particular Mr Ahmed Aly who completed my operation with great skill and for coming to the ward later for a chat before I was discharged.

➡ The staff were efficient and friendly. I did not have to wait more than 10 minutes to be seen by a very knowledgeable nurse. I was also seen within 10 minutes for an X-ray. I can't fault my treatment.

DIGNITY, RESPECT AND KINDNESS CONCERNS

- During December and January 31 new complaints were received relating to attitude and behaviour of staff, a decrease of 15 on the previous period. These concerns range across services, and the only services to receive more than two complaints of this kind were A&E (5 complaints), Gynaecology (3 complaints) and Primary Care (3 complaints) . These concerns have been shared with the Heads of the Departments concerned. 26 of these complaints have been responded to and 5 remain under investigation.
- Where we receive concerns pertaining to issues of dignity, respect and kindness, we generally see a range of linked themes occurring. However, in this period we noted that there were no complaints around privacy and dignity, compared to two of this nature in the preceding period. Concerns around patient care also remain low, reducing steadily from 11 in June/ July 2022, to 5 in the current period.
- The attitude and behaviour of medical staff generated 10 complaints in this period, a reduction of 8 from the previous period. However, they remain the group of staff receiving the most complaints generally for behaviour (39%). Nursing staff have received 31% of complaints for attitude and behaviour towards patients and their families in this period, and reception/ secretarial staff received 30%.

DIGNITY, RESPECT AND KINDNESS

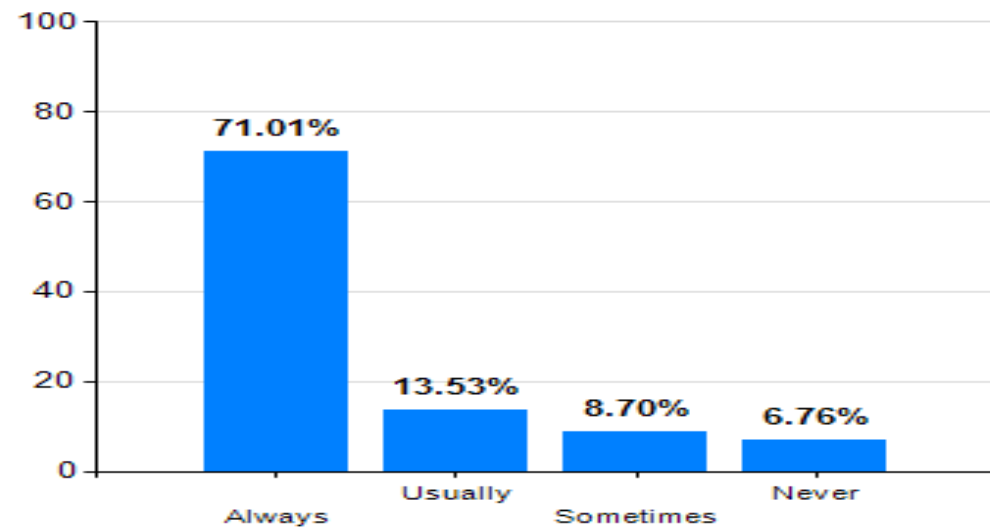
LESSONS LEARNED

You Said	We Did
Do not assume that someone lacks mental capacity when important decisions around treatment are being made. The Health Board should also consider any provisions the patient may have in place in this respect, such as Power of Attorney.	We recognise that further understanding of the duties in terms of assessing and documenting the mental capacity of patients, is required and updated training is provided at departmental meetings.
My mother was discharged from hospital in her nightdress – patients should have their dignity maintained when being sent home from the Clinical Decisions Unit (CDU).	It is sometimes the case that, when patients are discharged from hospital, they do not have access to clean clothes. Where this is the case, staff in the discharge lounge ensure that patients have access to blankets for comfort and dignity.
It is sometimes difficult to contact the department or team member as telephone lines are not answered and the switchboard is often busy.	This is currently being reviewed with varying options for contacting the Health Board being considered. There is also a plan in place to move to one central number for the whole Health Board with appropriate support/

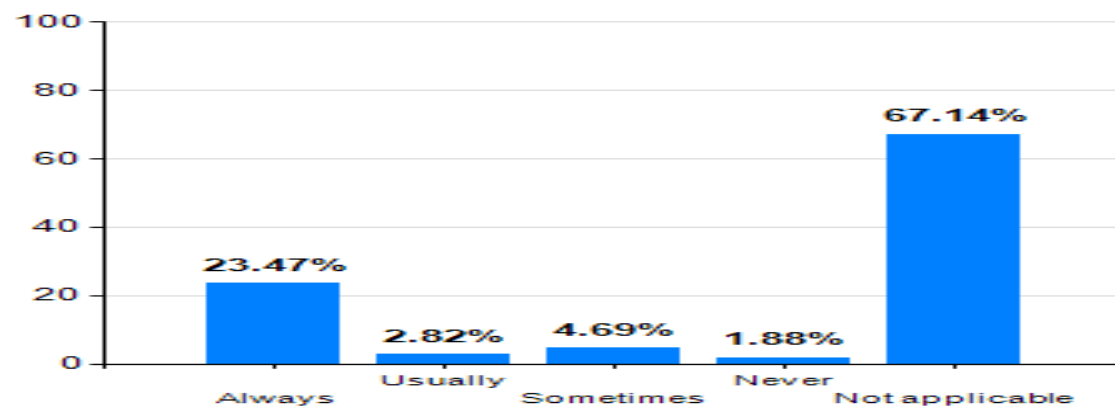
COMMUNICATION

Your NHS Wales Experience survey

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?

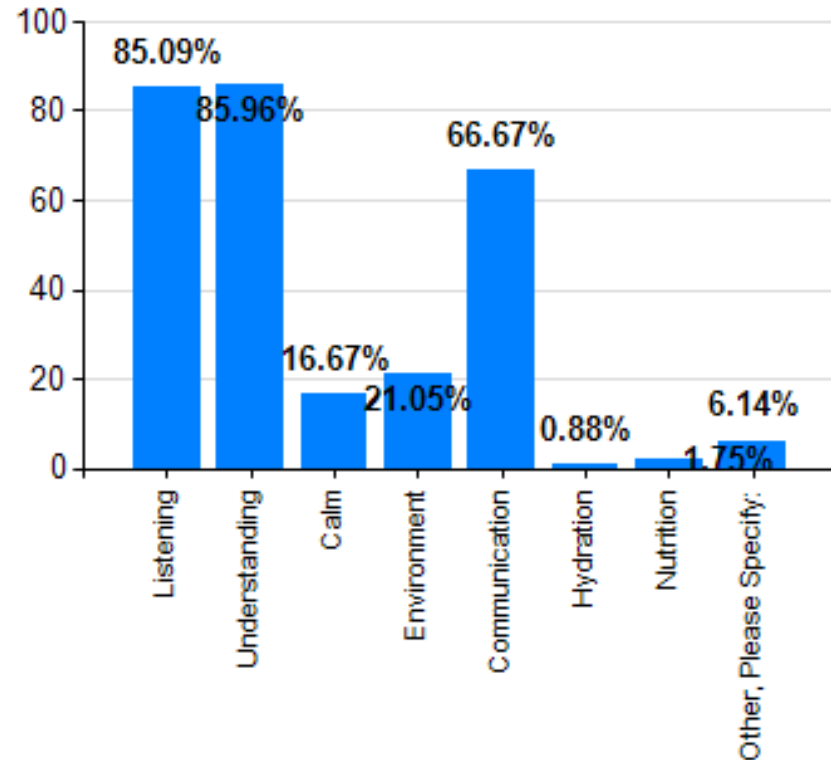


→ The scan technician did not explain to me what was about to happen on the scan. I struggle with movement due to age and I felt I did not have the help or given time to get on and off the bed. I wasn't warned that the bed would move either, or what was happening during the scan. I felt very rushed.

→ As an senior health professional and worked in A&E myself but now as a patient I was very concerned about patients waiting in A&E in WGH at anytime of the day and night. To keep it short, I feel that this place would greatly benefit from more presence of a liaison officer in the room that can support patients and families and offload even pressure on reception staff. Some very unsafe and worrying situations were noticed that can make general experience and health experience much much better.

COMMUNICATION COMPLIMENTS

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



➡ Sam treated me with dignity and respect. With everything which had to be done. He's a very good member of your team which I have seen lately.

➡ I had a first class service having a cancerous growth removed. The staff were so kind and caring and couldn't do enough for me. I wouldn't have a better service had I gone to a private hospital

COMMUNICATION CONCERNS

- During December and January, 50 concerns were received about communication, a decrease of 14. 44 of these are closed and 6 are still under investigation.
- The main causes of concerns linked to communication remain the same. 26% were around patients being unable to contact staff or services, which are often raised when patients or families are given incorrect contact details, or the phone of the ward/ team they are trying to reach goes unanswered.
- 32% of concerns linked to communication in this period are due to insufficient or incorrect information being given to patients or families. The data for this period demonstrates that the overriding issues around communication remain the same as the previous two periods.
- Complaints around deficiencies in the standard of feedback, referrals and discharge summaries increased from 5% to 14%.
- Communication is a widespread challenge and whilst it remains one of the top four prominent themes in complaints across the Health Board, no single service received more than 2 complaints of this kind.
- A meeting of the Listening and Learning Sub-Committee was held on 8th March to review all feedback relating to communication and discuss ways in which this area can be improved upon.

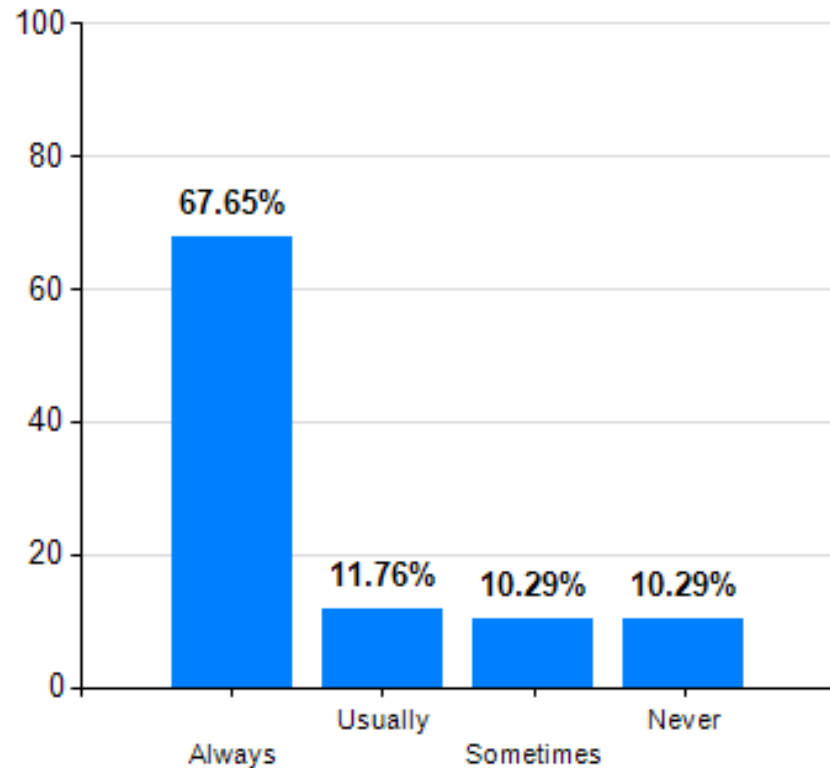
COMMUNICATION LESSONS LEARNED

You said	We did
The Rheumatology Services in Hywel Dda need to be more accessible – I have waited too long to hear from a specialist.	<p>The Rheumatology Service has made some important changes to the way its services are accessed, by introducing a system whereby patients needing an appointment are able to contact the Communication Hub, where details are taken and passed to the Rheumatology Team for triage.</p> <p>Since its implementation in August last year, we have seen noticeable improvements in our response times, with patients receiving increasingly quicker call-backs from our nurses. Since September 2022, we have taken 1600 enquiries this way – so really are working hard to make the service as accessible as possible to everyone needing it.</p>

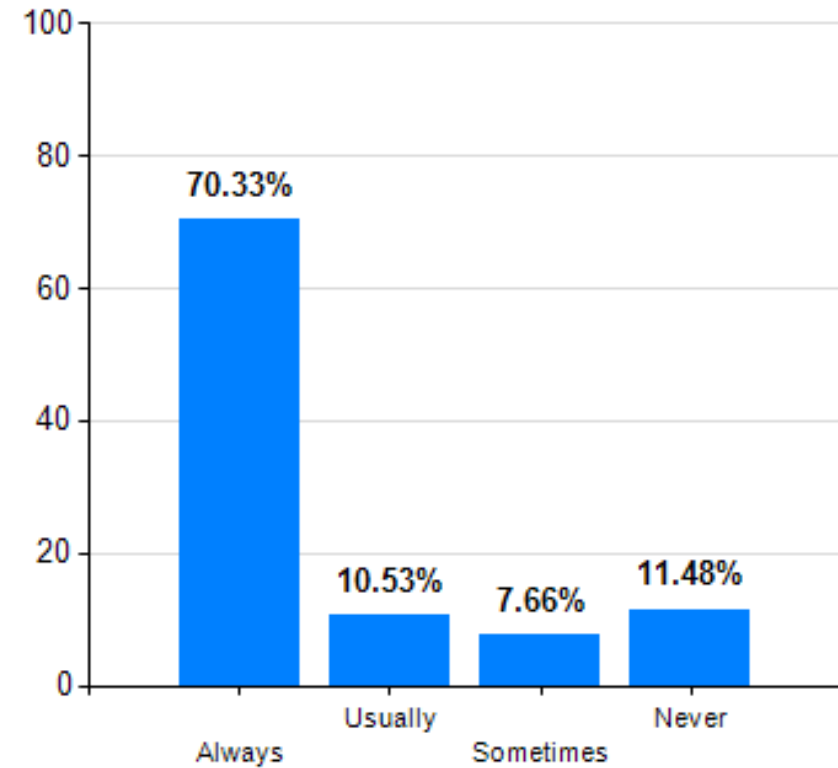
KEEPING PEOPLE INFORMED AND INVOLVED AND TAKING ACCOUNT OF THEIR WISHES AND NEEDS

Your NHS Wales Experience survey

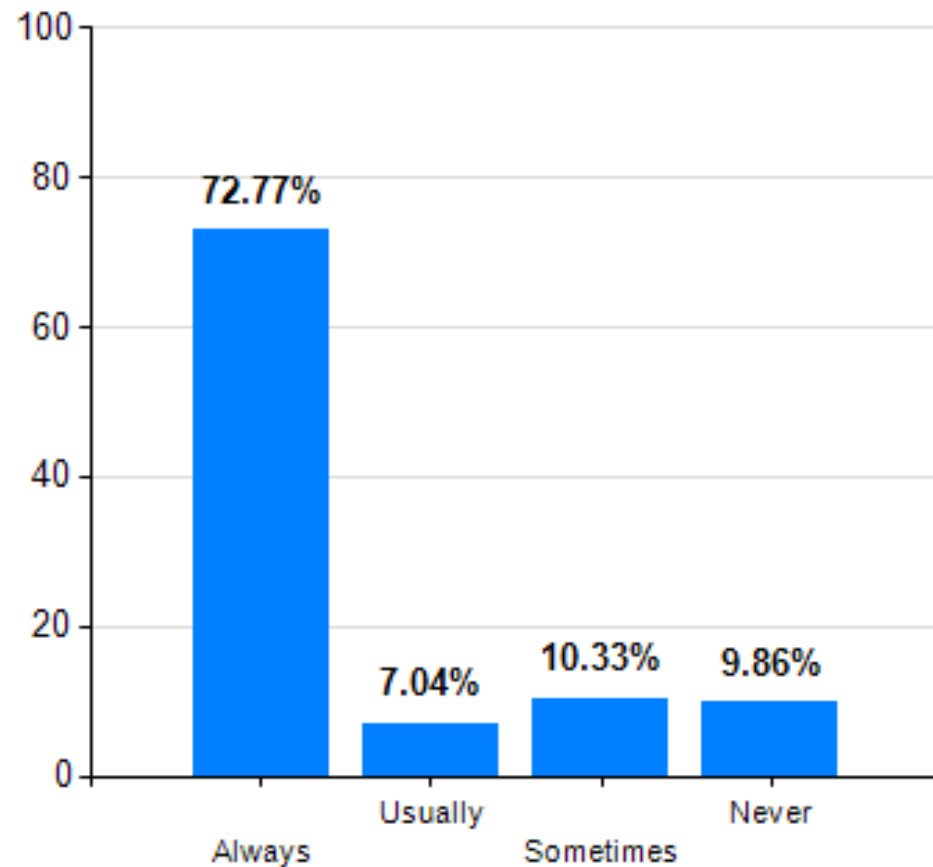
- Were you involved as much as you wanted to be in decisions about your care?



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



Did you feel that you were listened to?



→ The doctors I first saw did not listen to me, and as a result did miss something and they were doing treatment without explaining what was happening (which was often painful and as a result scary as I didn't know to expect pain). I was also left without anyone to ask for help for a while whilst uncomfortable treatment was ongoing. However, then a new doctor came in and she was amazing and from then on I felt listened to and felt my treatment was thorough.

→ Very little explanation when receiving my results while standing in a busy corridor. No chance to ask questions or given any help/advice or a referral for the pain and loss of feeling. Just told to take painkillers which don't work. Very dismissive and made me feel insignificant.

→ The staff are always ready to help and do the best with what they have

KEEPING PEOPLE INFORMED AND INVOLVED AND TAKING ACCOUNT OF THEIR WISHES AND NEEDS - LESSONS LEARNED

You said	We did
<p>You didn't take account of my individual needs when I began my care and treatment under maternity services.</p> <p>My specific needs were overlooked and my advocate was unable to accompany me to appointments. I found myself having to repeat my needs when I attended.</p>	<p>We are developing a 'maternity passport' to make members of staff immediately aware of any specific individual care needs a patient may have through the maternity pathway.</p> <p>This will ensure that women will not need to repeat their specific care needs at each appointment, or be disadvantaged if an advocate is unavailable.</p>
<p>Communication on the ward didn't seem very good, and the ward seemed to be looking to discharge patients as soon as they could.</p>	<p>Family members can request a appointment with a consultant at a set time, and we have called this a 'time to talk' appointment'.</p> <p>The ward in question operates a 'home first' philosophy, but has developed an information leaflet that can be given patients or their families, so that members of the public know how the ward operates, the care pathways its works towards, and its key members of staff.</p>

PATIENT STORY - Acute stroke treatment

The team continue to support teams to identify service users, families and carers who are willing to share their stories with us.

Strokes are a medical emergency and urgent treatment is essential. The sooner a person receives treatment for a stroke the less damage is likely to happen.

This story tells us how a team supported Aerlyn on the road to recovery:

Aerlyn (Patient)

I look after my son. I don't remember coming to hospital in Prince Phillip. I remember going to Bristol Southmead where I spent three days. The clot caused a problem and was removed.

Thanks to the Stroke team and Hannah in Prince Phillip who got me to Bristol in time. I am now using just my stick, such a remarkable recovery.

Dr Kumar (Consultant)

This story highlights that age doesn't matter but how well you are matters, for acute stroke treatment. Seek medical help as soon as possible without delay to potentially avert life changing disability/ death. Some brains are much more resilient to ischemic (lack of blood supply) damage than others and may still benefit from acute medical treatment. So do not leave it to chance and seek medical help (even if late), for the specialists to decide. Acute stroke care is on a new horizon with significant developments in past 10 years. We couldn't have imagined this acute treatment 10 years ago for an 89 year old patient with a good functional status.

Gone are those days where the medical fraternity had no other choice but just to watch a stroke patient end up with major disability or die, in the immediate aftermath.

PATIENT STORY - Acute stroke treatment

Cerrys Parker – (Clinical Lead Nurse Stoke)

We had an 89 year old gentleman admitted with stroke symptoms. He was living independently prior to admission. He was fortunate to have the necessary investigations performed to allow discussion and subsequent transfer to Bristol Southmead Hospital for clot retrieval procedure. Without this procedure he would have been very disabled and have great difficulty speaking.

Following this procedure, he has returned to Ward 9, Prince Philip Hospital for rehabilitation and is making good recovery and hopefully will be discharged home to once again live independently in the near future. I want to celebrate that he was eligible for the procedure because he presented to the hospital in time. His age did not count against him as he was living independently and driving prior to admission, and he is aiming to return to his own home with little to no disability.

Hannah Skipp (Registrar)

This was the first person I've sent for thrombectomy and to see how well he has recovered is amazing. He had lost almost all the power on his right side and now he's back to normal; it's made such a difference. We know that if you make it in to hospital and are assessed within 4 hours of the stroke coming on we can give you a clot buster drug through the vein, but this new therapy (where they remove the clot via a stent in the blood vessel) can be done up to 24 hours after the time the stroke started. For me, the important points are, 1, Get to hospital as soon as you notice symptoms – even if it's the middle of the night! Think FAST (Face, Arm, Speech, Time). 2, Age isn't an issue. 3, Good things are on the horizon for stroke medicine.

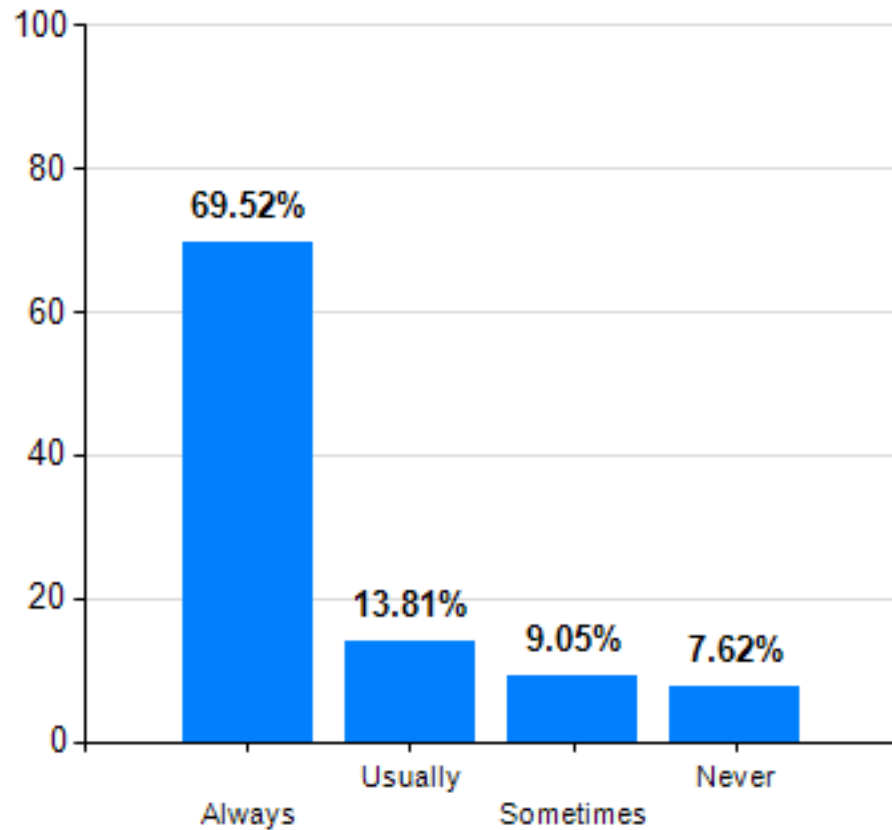
FFT - Patient Stories

Prince Phillip Outpatients	https://youtube.com/watch?v=fSpIc7U9t30&feature=shares
Cardigan Integrated Centre	https://youtube.com/watch?v=FKrvAciisDU&feature=shares
Glangwili Branwen Suite	https://youtube.com/watch?v=JueZB3h_J6s&feature=shares
Withybush Ward 1	https://youtube.com/watch?v=P4EHROlkdH4&feature=shares

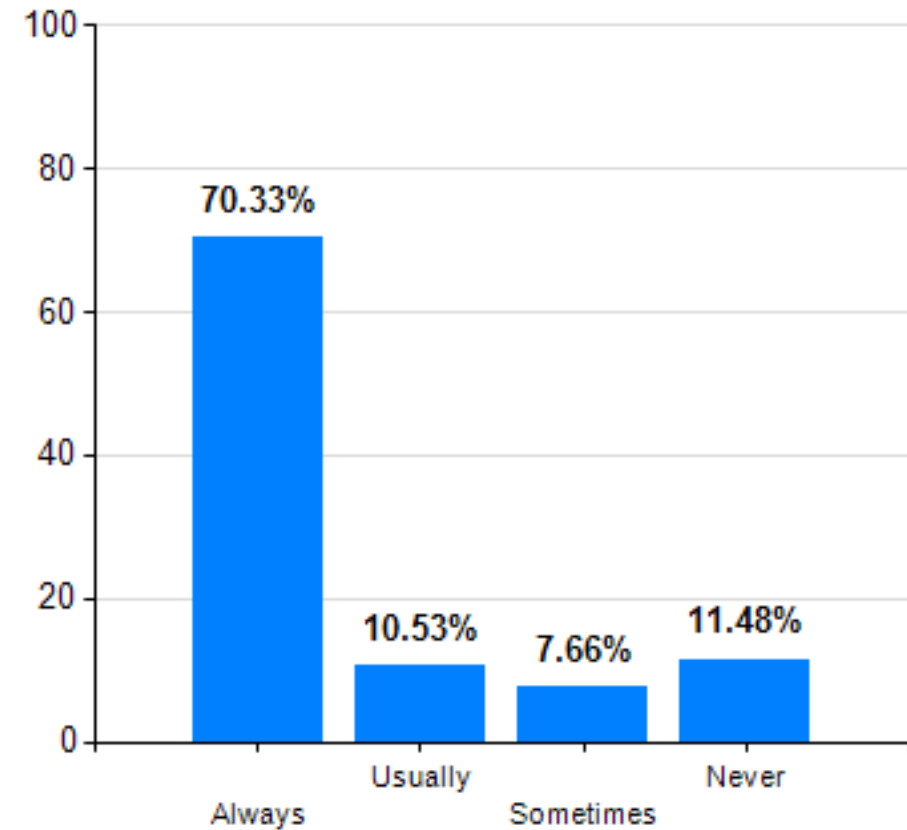
Safe and Effective Care, in an appropriate & Clean Environment

Your NHS Wales Experience survey

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



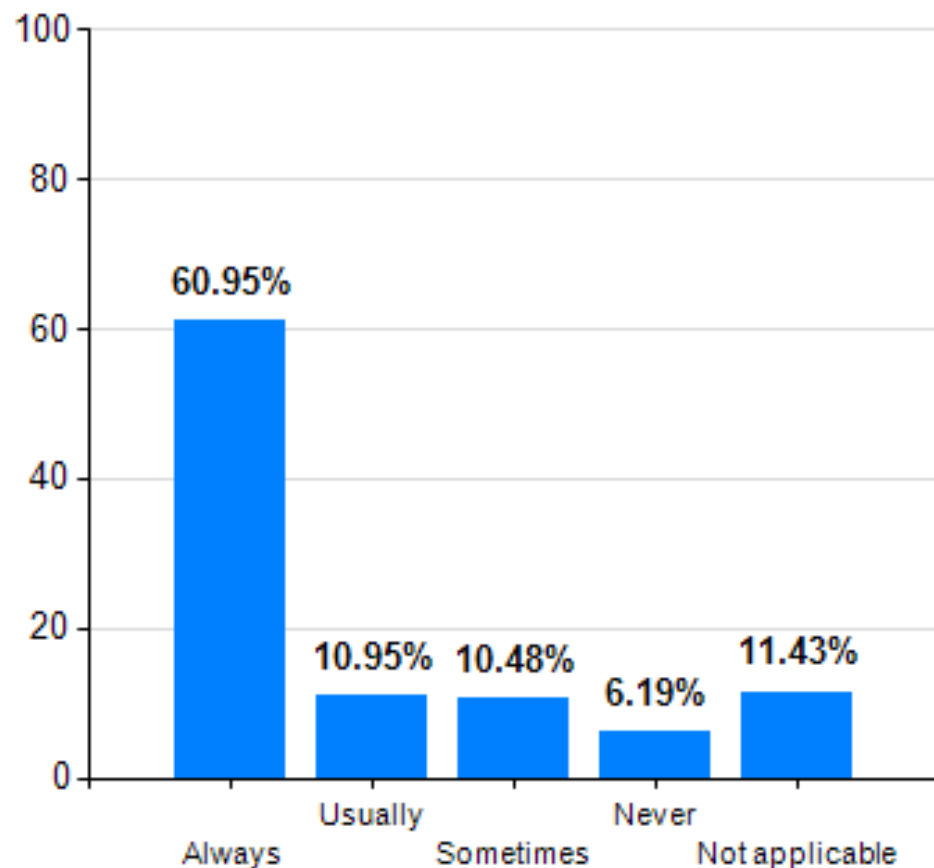
- Did you feel safe and well cared for?



Safe and Effective Care, in an appropriate & Clean Environment

Your NHS Wales Experience survey

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



The staff they were excellent, they did their best in shocking conditions . The doctors were excellent as well and were apologising for the lack of beds. The doctors said this lady needs a bed as she has severe infection but I slept on the floor that night . Could not fault the staff apart from the nurse in charge who told me sternly to get up off the floor . I realise she was under pressure as there was an inspection taking place , but did she help me to get up NO, I said I couldn't as unwell



The care that I received from admission to discharge was exceptional. It was completely faultless and I would like to thank all concerned. I was treated very professionally , yet in a pleasant and friendly way. Nothing was too much trouble for anyone.

Safe and Effective Care, in an appropriate & Clean Environment

Concerns

- ▶ 119 concerns were received during December and January pertained to clinical assessment and treatment.
- ▶ 64 out of the 119 complaints have been looked into and responses provided. The remaining 55 are being investigated. Typically, clinical investigations can be complex and can take longer to investigate, sometimes spanning a number of services.
- ▶ 38 of these concerns were about delays in receiving treatment. The services receiving the highest numbers were A&E (5 complaints) and Anaesthetics (5 complaints). Trauma & Orthopaedics, Surgery, Urology and Orthopaedics all received 4 complaints each of this kind. These numbers should be taken into the wider context of the high number of patient activity in these services.
- ▶ 37 complaints were received about lack of treatment. A&E received 8% of these concerns, with the rest being spread in small numbers across the Health Board's services.
- ▶ 23 concerns were received about a delay in diagnosis, or incorrect diagnosis, and 14 were around treatments being insufficient or incorrect.

Safe and Effective Care, in an appropriate & Clean Environment

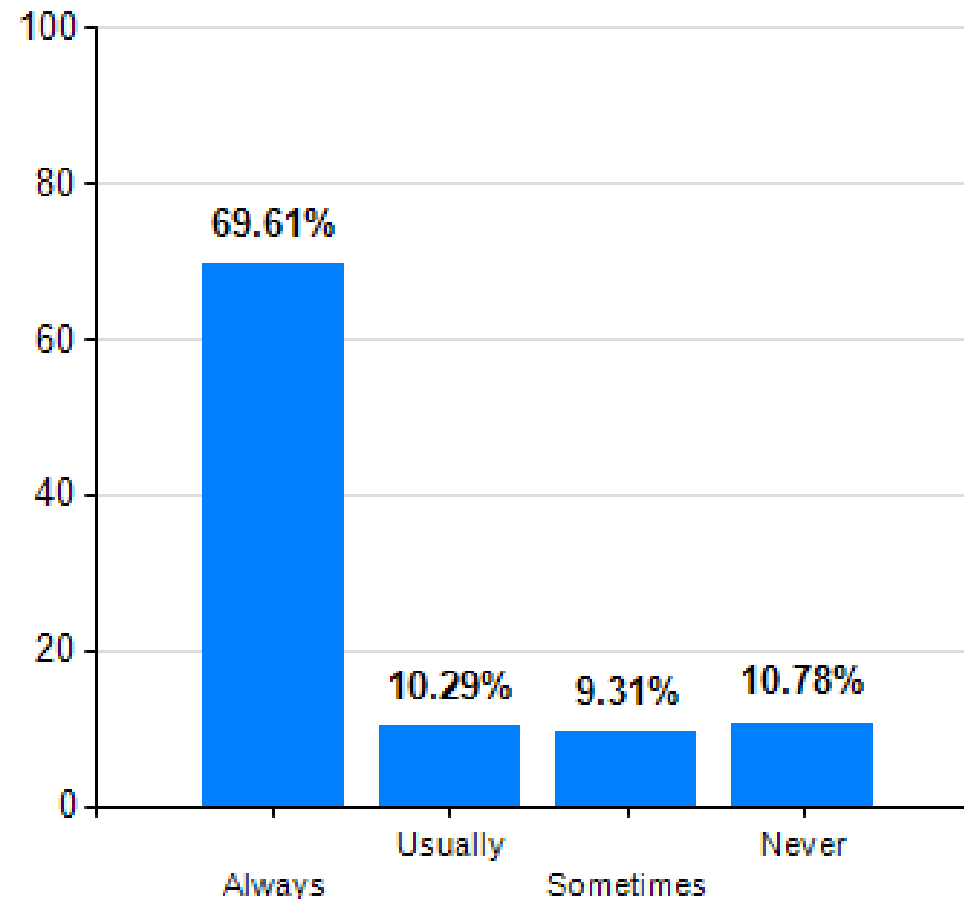
Lessons Learned

You said	We Did
Why am I having to wait longer for my eye injections?	The ophthalmology service providing regular injections for patients with age-related wet macular degeneration is facing challenges, mainly from staffing. When patients are diagnosed, they start treatment involving a series of injections administered in intervals dependent on the patient and their eye health. The Ophthalmology Service is aware that it is difficult to treat patients with injections in a timely way, and additional clinics are being run at the weekends to increase capacity.
If Ophthalmology services are stretched, what is being done to resolve the issues?	In addition to continuing efforts to recruit and retain staff in Ophthalmology, the Health Board is working on a regional glaucoma service in conjunction with Swansea Bay University Health Board, which has seen the recruitment of 2 Clinicians working across both Health Boards. We continue to work closely with neighbouring Health Boards to support regional working and the possible potential for further joint recruitment into the Ophthalmology service to address the service limitations.

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

Your NHS Wales Experience survey

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



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

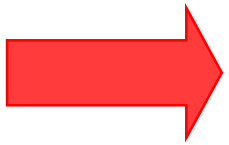
Friends and Family Test



My appointment was quickly arranged and on a Sunday, so I did not have to wait long and could be accompanied. On the day I had the procedure I was treated with respect, the staff were friendly and put me at ease, they ensured that I got to the correct room, where the staff reassured me and explained what would happen. I was seen quickly, the staff were brilliant friendly, helpful and professional. My husband was able to park easily in the car park and everywhere was clean and tidy.



The staff were unfailingly helpful and efficient; there was a very slight delay and the nursing staff kept me fully informed. They were exceptionally helpful. The consultant was very efficient and I was reassured that she and her staff (and, in fact, everyone else I met at Prince Philip Hospital on that day) were giving their best efforts. I am very impressed, to the point of being bowled over by how well-run is this department. I cannot speak highly enough of my visit there. Thank you.



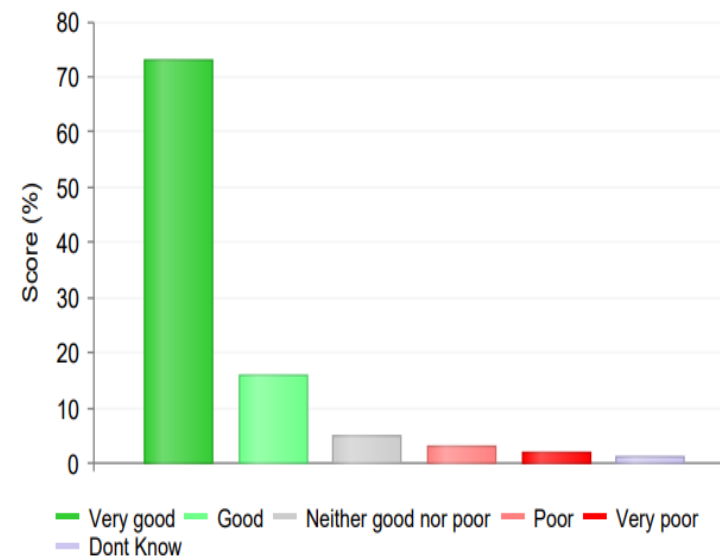
It took one hour to find a parking space. Then the lighting and white noise levels were not suitable for a patient with m.e/cfs the dr actually raised their eyebrows when I said I had m.e/cfs as if it was relevant. Please could you update all your staff on latest nice guide. I was left with increased migraine and nausea due to sensory overload.

Friends and Family Test by patient type

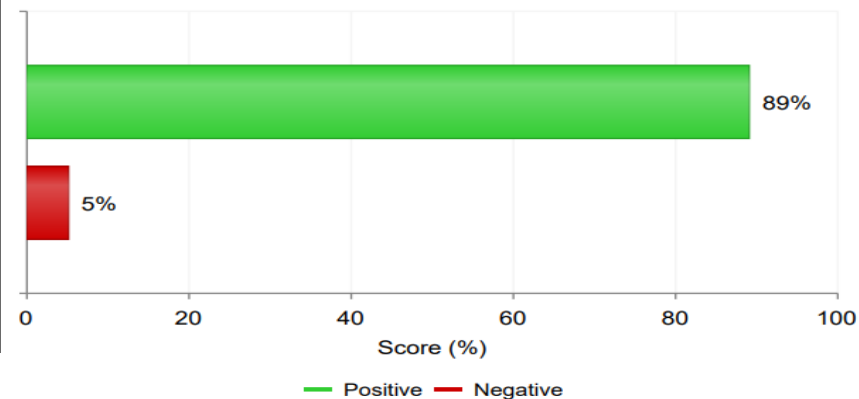
Overall satisfaction on how patients are feeling about their recent visit.

Patient Type	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	94.8%	5.2%	4465	3240	731	223	118	100	53
Day Case	99.1%	0.9%	119	104	9	4	1	0	1
Emergency Patient	91.9%	8.1%	1422	951	258	94	58	49	12
Inpatient	93.4%	6.6%	331	225	70	10	11	10	5
Maternity Inpatient	83.3%	16.7%	6	4	1	0	1	0	0
Maternity Outpatient	96.8%	3.2%	33	20	10	2	1	0	0
Mental Health Inpatient	100.0%	0.0%	1	0	1	0	0	0	0
Mental Health Outpatient	87.5%	12.5%	10	4	3	2	0	1	0
Outpatient	96.4%	3.6%	2170	1645	335	89	40	35	26
Paediatric Inpatient	94.4%	5.6%	19	15	2	1	1	0	0
Unmapped	96.9%	3.1%	354	272	42	21	5	5	9

Patient Feedback Responses
Health Board Wide - Dec-2022 to Jan-2023



Patient Feedback Score
Health Board Wide - Dec-2022 to Jan-2023



Friends and Family Test by Hospital

Glangwili

Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	92.9%	7.1%	1367	935	258	64	46	45	19
Aberglasney Suite	90.0%	10.0%	20	14	4	0	1	1	0
Accident and Emergency Department	85.2%	14.8%	389	228	77	28	27	26	3
Ambulatory Care Unit	100.0%	0.0%	3	2	1	0	0	0	0
Antenatal Clinic	100.0%	0.0%	2	2	0	0	0	0	0
Antenatal Ward	50.0%	50.0%	2	1	0	0	1	0	0
Branwen Suite	100.0%	0.0%	31	25	6	0	0	0	0
Cadi Suite	100.0%	0.0%	2	1	1	0	0	0	0
Cadog Ward	0.0%	0.0%	1	0	0	0	0	0	1
Cardio-Respiratory Unit	99.0%	1.0%	105	86	15	2	1	0	1
Chemotherapy Unit	100.0%	0.0%	3	2	1	0	0	0	0
Childrens Centre	100.0%	0.0%	19	19	0	0	0	0	0
Cilgerran Ward	90.0%	10.0%	10	7	2	0	1	0	0
Cleddau Ward	83.3%	16.7%	6	5	0	0	1	0	0
Clinical Decisions Unit	90.0%	10.0%	11	5	4	0	0	1	1
Coronary Care Unit	100.0%	0.0%	7	5	2	0	0	0	0
Critical Care Unit	100.0%	0.0%	1	1	0	0	0	0	0
Day Surgery Unit	100.0%	0.0%	20	18	1	1	0	0	0
Derwen Ward	100.0%	0.0%	28	21	6	1	0	0	0
Dewi Ward	100.0%	0.0%	2	0	2	0	0	0	0
Diabetes Education Centre	100.0%	0.0%	1	1	0	0	0	0	0
Dinefwr Ward	100.0%	0.0%	3	2	1	0	0	0	0
EEG/EMG Department	100.0%	0.0%	19	15	4	0	0	0	0
Endoscopy Department	88.9%	11.1%	9	7	1	0	1	0	0
Gwenllian Ward	75.0%	25.0%	4	3	0	0	0	1	0
Madog Suite	100.0%	0.0%	40	28	7	4	0	0	1
Maternity Booking Appointment	100.0%	0.0%	6	3	3	0	0	0	0
Merlin Ward	100.0%	0.0%	9	6	3	0	0	0	0
Midwife Led Unit	100.0%	0.0%	1	1	0	0	0	0	0
Morlais Ward	100.0%	0.0%	1	0	1	0	0	0	0
Outpatient Department (Blue)	95.3%	4.7%	502	356	86	26	11	11	12
Padarn Ward	100.0%	0.0%	2	1	1	0	0	0	0
Paediatric Ambulatory Care Unit	91.7%	8.3%	24	11	11	0	1	1	0
Picton Ward	88.5%	11.5%	27	18	5	1	1	2	0
Rheumatology Department	83.3%	16.7%	6	4	1	0	0	1	0
Same Day Emergency Care Unit	95.7%	4.3%	24	18	4	1	0	1	0
Special Care Baby Unit	100.0%	0.0%	1	1	0	0	0	0	0
Speech and Language Department	100.0%	0.0%	2	2	0	0	0	0	0
Surgical Assessment Unit	100.0%	0.0%	3	2	1	0	0	0	0
Teifi Ward	100.0%	0.0%	4	3	1	0	0	0	0
Towy Ward	100.0%	0.0%	1	0	1	0	0	0	0
Tysul Ward	100.0%	0.0%	15	11	4	0	0	0	0
Y Lolfa	100.0%	0.0%	1	0	1	0	0	0	0

Prince Philip

Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	97.1%	2.9%	959	742	137	47	14	12	7
Acute Medical Assessment Unit	100.0%	0.0%	29	22	4	3	0	0	0
Cae Bryn Unit	100.0%	0.0%	2	1	1	0	0	0	0
Cardio Respiratory Department	91.8%	8.2%	51	41	4	2	3	1	0
Chemotherapy Unit	100.0%	0.0%	1	1	0	0	0	0	0
Coronary Care Unit	100.0%	0.0%	1	1	0	0	0	0	0
Day Surgery Unit	100.0%	0.0%	18	17	1	0	0	0	0
Endoscopy Department	100.0%	0.0%	21	19	2	0	0	0	0
Gerontology Day Hospital	100.0%	0.0%	8	5	0	2	0	0	1
Minor Injuries Unit	95.8%	4.2%	233	155	51	18	5	4	0
Mynydd Mawr Rehabilitation Unit	100.0%	0.0%	1	0	1	0	0	0	0
Outpatient Department	97.4%	2.6%	485	392	62	15	5	7	4
Physiotherapy Department	100.0%	0.0%	22	19	3	0	0	0	0
Pre Op Assessment Clinic	100.0%	0.0%	29	26	1	2	0	0	0
Rheumatology Department	100.0%	0.0%	18	14	1	3	0	0	0
Same Day Emergency Care Unit	100.0%	0.0%	20	15	2	2	0	0	1
Ward 1	100.0%	0.0%	1	1	0	0	0	0	0
Ward 3	100.0%	0.0%	3	2	1	0	0	0	0
Ward 6	80.0%	20.0%	6	2	2	0	1	0	1
Ward 7	100.0%	0.0%	7	6	1	0	0	0	0
Ward 9	100.0%	0.0%	1	1	0	0	0	0	0
X-Ray Vascular	100.0%	0.0%	2	2	0	0	0	0	0

Friends and Family Test by Hospital

Withybush

Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	93.9%	6.1%	811	567	142	49	28	18	7
Accident and Emergency Department	90.7%	9.3%	275	175	50	23	16	7	4
Adult Clinical Decisions Unit	88.9%	11.1%	11	4	4	1	0	1	1
Antenatal Clinic	100.0%	0.0%	1	1	0	0	0	0	0
Cardio Respiratory Department	98.9%	1.1%	98	81	12	4	1	0	0
Child Development Centre	0.0%	100.0%	1	0	0	0	0	1	0
Child Health Department	100.0%	0.0%	7	6	0	1	0	0	0
Day Surgery Unit	100.0%	0.0%	1	1	0	0	0	0	0
Endoscopy Department	100.0%	0.0%	9	7	1	1	0	0	0
Gynaecology Care Suite	90.0%	10.0%	12	5	4	2	1	0	0
Maternity Booking Appointment	100.0%	0.0%	4	3	1	0	0	0	0
Medical Day Unit	100.0%	0.0%	7	6	1	0	0	0	0
Occupational Therapy Department	100.0%	0.0%	2	1	1	0	0	0	0
Outpatient Department (A)	95.8%	4.2%	227	160	46	11	5	4	1
Outpatient Department (B)	100.0%	0.0%	2	1	1	0	0	0	0
Pembrokeshire Haematology and Oncology Day Unit	100.0%	0.0%	3	3	0	0	0	0	0
Physiotherapy Department	100.0%	0.0%	37	30	6	1	0	0	0
Pre Assessment	100.0%	0.0%	8	6	1	0	0	0	1
Preseli Centre	100.0%	0.0%	2	1	1	0	0	0	0
Puffin Ward	83.3%	16.7%	6	4	1	0	1	0	0
Rheumatology Department	88.9%	11.1%	18	11	5	0	1	1	0
Same Day Emergency Care Unit	91.7%	8.3%	27	19	3	3	0	2	0
Speech and Language Department	100.0%	0.0%	1	1	0	0	0	0	0
Ward 1	100.0%	0.0%	8	6	1	1	0	0	0
Ward 10	80.0%	20.0%	5	4	0	0	0	1	0
Ward 12	100.0%	0.0%	1	1	0	0	0	0	0
Ward 4	76.9%	23.1%	14	9	1	1	2	1	0
Ward 7	50.0%	50.0%	2	1	0	0	1	0	0
Ward 8	100.0%	0.0%	1	1	0	0	0	0	0
Ward 9	100.0%	0.0%	21	19	2	0	0	0	0

Bronglais

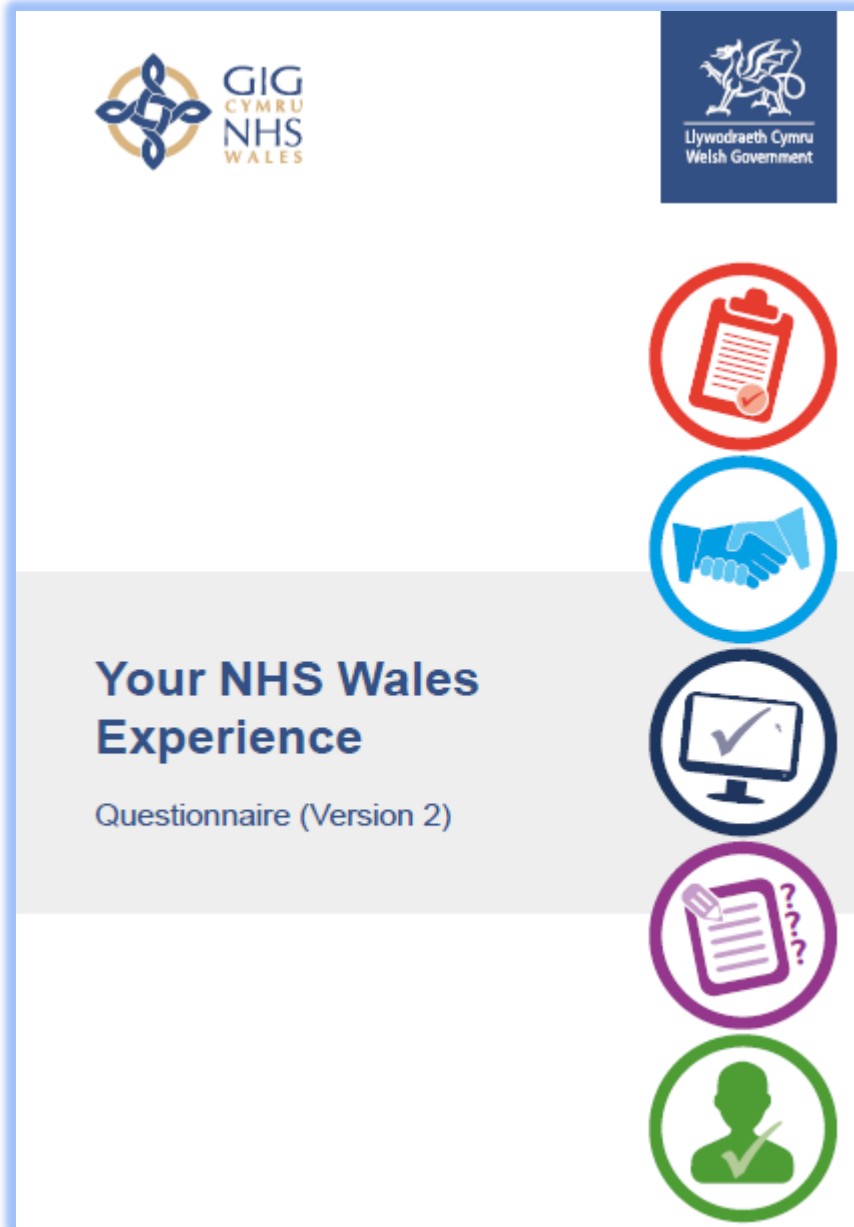
Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	95.0%	5.0%	614	436	113	30	18	11	6
Accident and Emergency Department	93.7%	6.3%	258	169	53	17	8	7	4
Angharad Ward	100.0%	0.0%	4	3	0	1	0	0	0
Antenatal Department	100.0%	0.0%	2	2	0	0	0	0	0
Cardio-Respiratory Department	100.0%	0.0%	23	21	2	0	0	0	0
Ceredig Ward	76.9%	23.1%	14	8	2	1	3	0	0
Clinical Decisions Unit	0.0%	0.0%	1	0	0	1	0	0	0
Clinical Decisions Unit (Green)	85.7%	14.3%	8	5	1	1	0	1	0
Day Surgery Unit	100.0%	0.0%	16	14	2	0	0	0	0
Dyfi Ward	100.0%	0.0%	8	5	3	0	0	0	0
Integrated Sexual Health Clinic	100.0%	0.0%	10	9	1	0	0	0	0
Leri Day Unit	100.0%	0.0%	1	1	0	0	0	0	0
Maternity Booking Appointment	100.0%	0.0%	3	2	1	0	0	0	0
Medical Day Unit	100.0%	0.0%	6	6	0	0	0	0	0
Meurig Ward	75.0%	25.0%	4	2	1	0	0	1	0
Outpatient Department	96.4%	3.6%	202	145	40	9	5	2	1
Paediatric Ambulatory Care Unit	100.0%	0.0%	4	4	0	0	0	0	0
Paediatric and Antenatal Clinic	88.9%	11.1%	9	7	1	0	1	0	0
Physiotherapy Department	94.7%	5.3%	19	14	4	0	1	0	0
Rhiannon Ward	100.0%	0.0%	14	13	1	0	0	0	0
Y Banwy Unit	100.0%	0.0%	4	2	1	0	0	0	1
Ystwyth Ward	100.0%	0.0%	4	4	0	0	0	0	0

Friends and Family Test by Community Hospitals

Main Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	96.5%	3.5%	294	248	27	6	6	4	0
Aberaeron Intergrated Care Centre	88.0%	12.0%	25	17	5	0	1	2	0
Amman Valley Hospital	100.0%	0.0%	17	15	2	0	0	0	0
Cardigan Integrated Care Centre	96.7%	3.3%	185	158	16	4	4	2	0
Llandovery Hospital	100.0%	0.0%	3	3	0	0	0	0	0
South Pembrokeshire Hospital	100.0%	0.0%	23	19	2	1	0	0	0
Tenby Cottage Hospital	97.4%	2.6%	41	36	2	1	1	0	0

The team have been visiting community hospital, encouraging patients to share their experience of their care.

Feedback in Primary Care



A pilot has been undertaken within the primary care areas of the health board to capture feedback from patients using the Welsh Government “Your experience of NHS Wales questionnaire”

The questionnaire was presented to patients both in paper format and electronically via a QR code to a Microsoft Forms survey. This is a national pilot, and the online forms were setup with the support of Digital Health and Care Wales (DHCW) and My Surgery App.

Feedback in Primary Care

Your NHS Wales GP Experience - TENBY SURGERY

The experience that you received when dealing with the practice is important to us. This might be a face to face appointment with your doctor or another health care professional, a telephone call or another type of practice interaction.

We would be grateful if you could complete this survey so that we can understand your views and experiences. We will ask you questions about your latest experience when dealing with the practice, please help us by giving your honest opinion.

The questions mostly have 4 options and you are asked to tick the answer which best describes how you feel. Some of the questions have 'not applicable', please tick this if the question is not relevant to your experience.

We do not need to know your personal details but have asked some general questions at the end about who you are. This is so we can make sure we are asking all groups of people about their experience.

If there is anything we have not asked you, please use the space at the end of this survey to tell us.

* Required

1. 1. How recent was the experience you are thinking of? *

- ☐ In the last 6 months
- ☐ Between 6 months and 1 year ago
- ☐ Between 1 and 2 years ago
- ☐ More than 2 years ago

Next

The pilot will be concluded on 31st March 2023 and the Hywel Dda Primary Care Team will be presenting a discovery report from the feedback captured in the forthcoming weeks.

From the 1st April 2023 the Patient Experience team will arrange to replace the pilot Microsoft Forms survey with a very similar survey using the Civica Experience Wales system and this will be a continuous feedback capture mechanism.

We have agreed that this will initially be rolled out into all the Hywel Dda University Health Board managed practices of which there are 7 before inviting the independent practices to also benefit from the Civica system.

This information will be included in this report going forward.

Paediatric Surveys



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

The Patient Experience Team continue to work along side the Community Paediatric Team in promoting their community survey, and hope to share feedback in future reports.

During the months of December to January, the number for each of the paediatric questionnaires have decreased to 27 with 21 responses in parents/carers/ relatives' survey, 1 response in the 12 to 16-year-old survey and 5 responses in 4- to 11-year-old survey.

The low number of surveys completed have been due to staff availability in supporting patient to complete surveys and also there are Wifi connection problems which is also having an impact. This is being addressed by the Directorate.

Paediatric Surveys



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

Very helpful staff at such a worrying time"
4 to 11 year old survey

"Everything was very thorough and quick on arrival"

Parents /Carers Survey

All staff were brilliant and made me feel comfortable" *4 to 11 year old survey*

"It was my daughter's birthday and the nurses

Gave her a birthday present.
Thank you so much!!
Parents /Carers Survey

"The staff have gone out of their way to support us as a family. They have not just done their job, but has shown care and compassion towards the patient. I thank them for this!"
Parents /Carers Survey

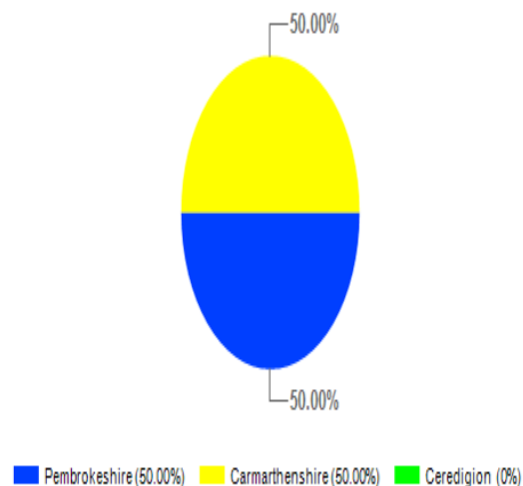
Paediatric Surveys



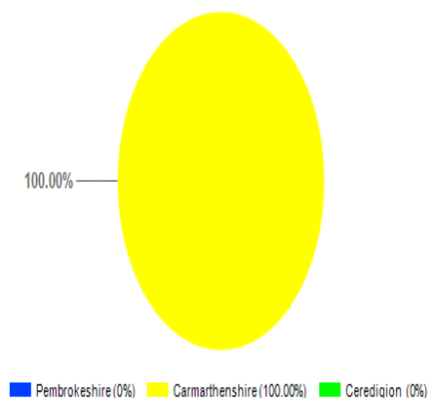
Below show's the overview of responses from each county.

The Patient Experience Team continue to support

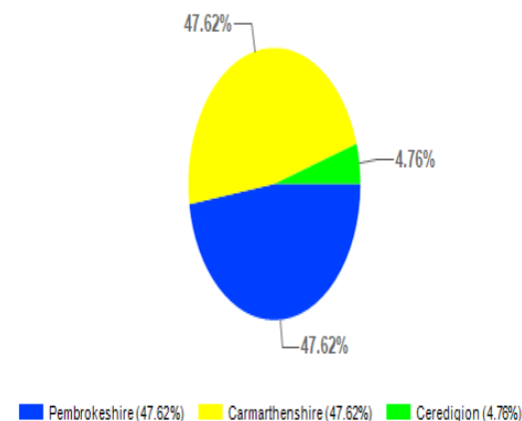
4 to 11 year old



12 – 16 year olds



Parent and carers



Mental Health/Learning Disability Service

Service User/Carer Feedback

The Mental Health and Learning Disabilities (MH&LD) Directorate prioritises service user and carer feedback across all of our service delivery areas. Capturing the experience of those who use our services enables us to identify areas for improvement and to highlight and share best practice.

Services work in liaison with the Patient Experience Team to ensure that service user and carer feedback is captured via a range of mechanisms and mediums and that it is accessible, meaningful and purposeful. However, it should be noted that there can be barriers in engaging carers and service users in the feedback process, due to the nature and severity of their illness. In particular, some service users do not want to revisit their experiences once they have recovered. Service areas ensure that all feedback is acted upon within relevant timescales to maximise service improvement.

We currently capture feedback through the following mechanisms: Complaints; Compliments; Care and treatment planning, Part 2 (training). Reflection on how care is delivered is provided by carers and individuals with lived experience; Independent Mental Health Advocacy service; Patient journeys; Healthy ward checks which include lay person observations help us to ensure dignified person-centred care; Patient experience (QR codes) are currently used in in-patient settings, Mental Health conveyance service, Third Sector commissioned services and Integrated Psychological Therapies Service (IPTs). From April 2023 we are looking to expand this to other service areas including community services and out of area placements.

In line with the Health Board wide roll out of the Civica (All Wales) system, the Mental Health/Learning Disability Service is working with Patient Experience colleagues to transfer all service user and carer feedback initiatives to the Friends and Family Test, however this is an extensive piece of work and will likely not be complete until Quarter 3 2023. A small volume of feedback is being received as follows:

Mental Health/Learning Disability Service User/Carer Feedback

Site and Location	Responses
Bro Myrddin	1
Bro Myrddin	1
Bronglais General Hospital	5
Enlli Ward	4
Ty Helyg	1
Early Intervention Psychosis	8
Early Intervention Psychosis	8
Glangwili General Hospital	3
Ty Llewellyn	3
Hafan Derwen	5
Low Secure Unit	3
Psychiatric Intensive Care Unit	2
Hafan Hedd	3
Hafan Hedd	3
Neurodevelopment Team	1
Neurodevelopment Team	1
Prince Philip Hospital	4
Bryngolau	4
S-CAMHS	26
IAS	15
Psychological Therapies	11
Ty Myddfai	4
Ty Myddfai	4
Wellfield Resource Centre	1
Wellfield Resource Centre	1
Withybush General Hospital	4
Preseli Centre	3
Ward 12	1
Grand Total	65



Safe and Effective Care, in an appropriate & Clean Environment

Patient Case Example (1) - Mental Health/Learning Disabilities

► START PROGRAMME

Mrs Smith cares for her husband who has a diagnosis of Lewy body Dementia. Since receiving the diagnosis 2yrs prior and then the Covid-19 pandemic they had withdrawn from their social network and had barely left the house, the only involvement being their two daughters and their families.

Mrs Smith was referred to the Admiral Nurse Service by her GP with the reason being stated as: 'Stress/distress associated with caring role and/or relationships between the carer and the person living with dementia, which affects the carer's ability to care for the person with dementia and is impacting on their quality of life'.

➤ Outcomes

Following completion of the START programme Mrs Smith reported improved sleep which meant that she was less irritable and more patient. Her well-being had improved.

Mrs Smith no longer feels ashamed of the changes in her husband's presentation, and there has been a positive impact on both Mrs & Mr Smith's wellbeing and quality of life. They have arranged for a personal assistant to take him swimming and support him to engage with meaningful activities, they have joined a community group which they attend together, and Mrs Smith has been able to reconnect with her social group resulting in reduced feelings of isolation.

Mrs Smith continues to keep a Diary to write down her feelings and thoughts which she finds extremely useful. She has also continued to practice some of the Mindfulness techniques that were demonstrated during the programme.

Mrs Smith provided the following feedback:

- "I feel like a wife again and not just a carer"
- "It is so beneficial to have somebody to talk to and not to feel judged"

Safe and Effective Care, in an appropriate & Clean Environment

Patient Case Example (2) - Mental Health - Admiral Nursing Service

Hywel Dda University Health Board, in partnership with Dementia UK, is providing a new nursing service to support carers of people living with dementia.

The Admiral Nurse service is a significant addition to the current support available to people living with dementia and their carers. The initiative is in line with the Dementia Action Plan for Wales 2018-2022, a Welsh Government strategy that aims to recognise the rights of people with dementia, make them feel valued, and help them live as independently as possible in their communities.

A recent survey of families who had received support from the Admiral Nursing Service found that 100% of responders rated the service as excellent, 100% felt really listened to and their concerns were understood; and that they had been treated with care and compassion. One carer commented:

“My Admiral Nurse really helped me to recognise my needs as a carer and helped me to work out ways of managing my caring role. She also supported me in my contacts with the county council. I really appreciate her support and friendship. A very good listener. Even if she is very good at making me cry. It’s so important to have that support from someone with experience and also from someone outside the family. Thank you for this incredible service”.

Safe and Effective Care, in an appropriate & Clean Environment

Patient Case Example - Mental Health - Admiral Nursing Service

The following example evidences collaborative working with multidisciplinary professionals and the skilled interventions provided by the Admiral Nurse facilitated good end of life care in which the family were kept informed and included in decision making and allowed the person living with dementia to have a dignified death.

Mrs Jones is a 94-year-old lady living with Alzheimer's disease. Mrs Jones lived alone and was supported by her two daughters and their families, who were happy to continue with their caring role.

During a keeping in touch call from the Alzheimer's society dementia advisor the family reported a rapid reduction in Mrs Jones' food and fluid intake and swallowing difficulties and a reduction in communication and alertness. Mrs Jones mobility was reduced, and her tissue viability was at risk without the appropriate equipment in place.

The dementia advisor referred to the Admiral Nurse service stating the reasons for referral as:

- ▶ 'Stress/distress associated with caring role and/or relationships between the carer and the person living with dementia, which affects the carer's ability to care for the person with dementia and is impacting on their quality of life'

And,

- ▶ 'The carer requires skilled nursing intervention to explore feelings of loss and grief/guilt associated with caring or help coming to terms with the diagnosis'.

Safe and Effective Care, in an appropriate & Clean Environment

Patient Case Example - Mental Health/Learning Disabilities

The Admiral Nurse was able to appropriately identify end-of-life symptoms and work collaboratively with several different services to ensure that the right care and support was accessed in a timely manner.

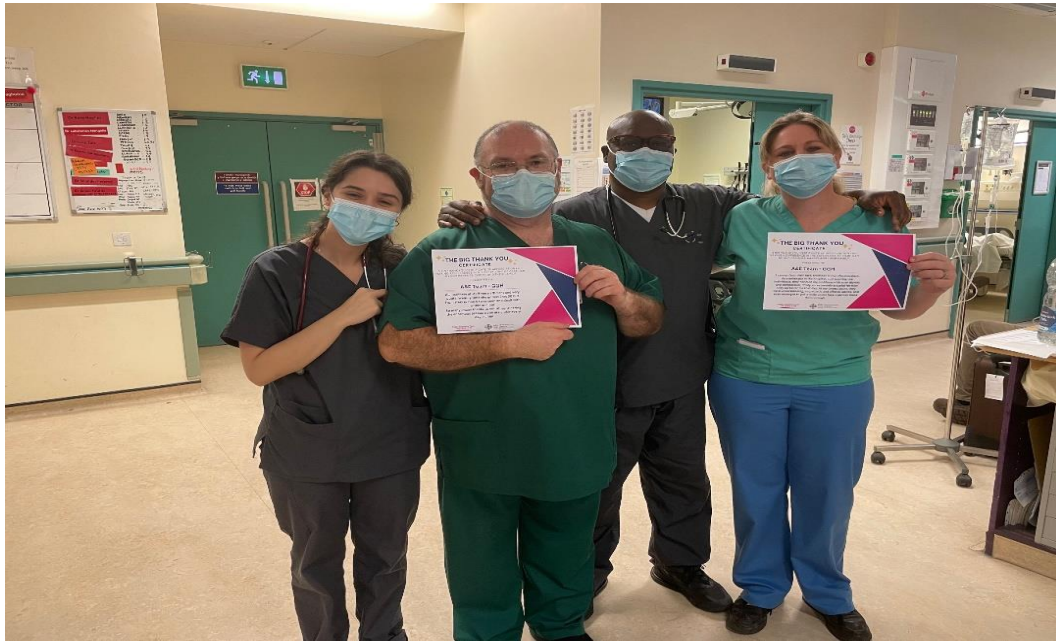
Professionals involved were able to facilitate Mrs Jones preferred place of death at home surrounded by her family.

The family were provided with the emotional support needed to process and come to terms with Mrs Jones' being end-of-life. The family were better informed and prepared for the end-of-life symptoms which Mrs Jones may have experienced.

The daughters gave the following feedback:

- ▶ “I can't believe you arrived on the day she became poorly and took to her bed”.
- ▶ “You give us the support we needed to keep her at home”
- ▶ “You most certainly made a difference to our mum and us”

Feel Good Friday



I cannot fault their care, kindness and professionalism. As a colleague to the hospital, and knowing the individuals, they handled my problems with such dignity and compassion, I truly am extremely grateful for how they cared for me that day. At my lowest point, they were understanding, empathetic and offered advice, and even managed to put a smile on my face.

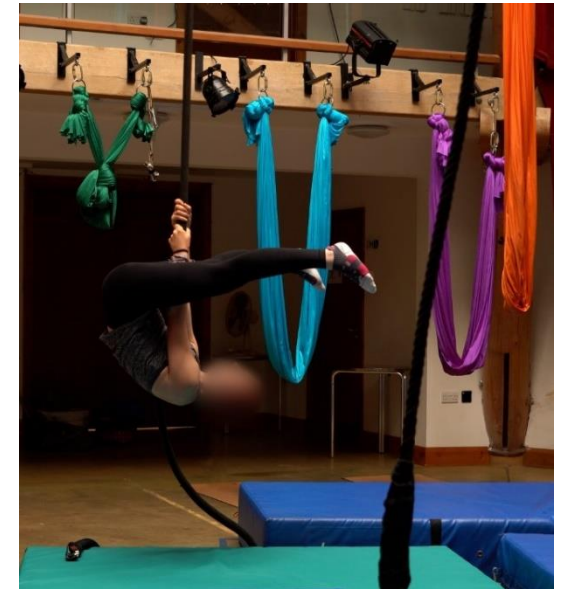
I had to write about the amazing treatment I have received at Withybush Hospital in the past few months. I had my IVR check and then broke my wrist 2 days after. I attended the Minor Injuries Unit for my wrist and was in and out within 2 hours. I was treated with respect and friendliness and everybody went out of their way to make us feel at ease. I just wanted to say how lovely they all are.

ARTS IN HEALTH

- ▶ Hywel Dda's Arts & Health programme grows from strength to strength over the Winter period with the following key highlights:
- ▶ **Arts & Health Engagement** - Have Your Say about Arts & Health /Dweud eich dweud am y Celfyddydau ac Iechyd
- ▶ In January 2023 the Arts & Health team launched an invitation for the public to engage in the shaping of an Arts & Health Charter for Hywel Dda. Findings will be presented to the Arts & Health Steering Group this Spring with a draft Charter that will help to guide the Arts & Health Team Workplan with a set of priorities and guiding principles.
- ▶ English [Arts in Health in Hywel Dda - YouTube](#)
- ▶ Cymraeg [Arts in Health in Hywel Dda - YouTube](#)

Arts Boost 1 & 2 - A partnership project between Hywel Dda SCAMHS and Arts & Health Team to improve the wellbeing of children and young people known to SCAMHS

- ▶ Hywel Dda Research & Innovation Team helped to prepare an Evaluation Report.
- ▶ Findings suggested that engaging with creative artist-led creative activities have helped participating CYP to:
 - o improve wellbeing and reduce feelings of distress
 - o help to develop creative coping skills for life.
 - o Create a safe space to allow for recovery to start.
 - o Promote resilience and coping skills and increase a sense of empowerment.
- ▶ A number of therapeutic benefits were identified with participating CYP reporting;
 - o Improvements in mood and wellbeing
 - o increased confidence,
 - o development of self-expression,
 - o and feelings of safety via the provision of a calming, relaxing environment.



Overall Arts Boost 1 has shown that the project is uncovering great potential for positive impact and improving wellbeing in participating CYP, that Artist led experiences can help to promote a new way of self-healing for CYP and building a huge body of learning.

Arts and Health -

► Health Education & Improvement Wales (HEIW)

As part of Hywel Dda Arts & Health Team's **Creative Prescribing Discovery Programme**, we have commissioned Wales Arts Health & Wellbeing Network (WAHWN) to produce [a national Introduction to Arts & Health Vitals Film](#) to sit on the HEIW continued professional development learning portal to introduce health professionals to Arts and Health in Wales. With special thanks to WAHWN and filmmaker Simon Huntley.

► Enhancing Healthcare environments

Together with the Capital, Estates and Charities Teams we have identified Bronglais General Hospital Chemotherapy Day Unit as a Flagship Capital Arts & Health project and with support from the Project Steering Group we will explore how best to integrate art into the project to improve the environment for patients and staff.

Together with members of the Capital Planning and Projects Team, Arts in Health Team attended training on Enhancing the Healthcare Environment led by Jane Willis of [Willis Newson](#), one of the UK's leading arts and health consultancies, to build a Hywel Dda Team approach and embed the learning across Hywel Dda.

Arts and Health - STAFF WELLBEING

Shorelines/Traethlinau - *"The sandy art we made that day, saw the tide then washed away"*

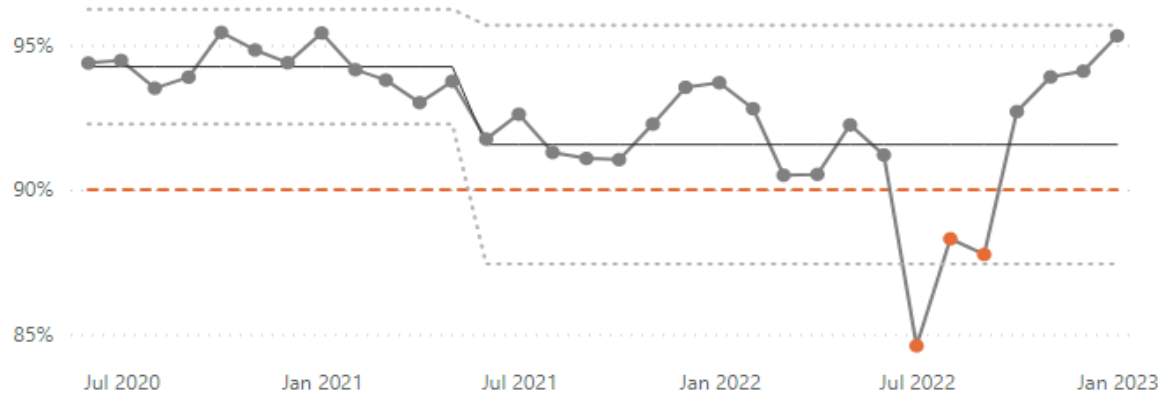
Take a look at the spectacular beach art created by Hywel Dda staff and sand artists along the coast of Hywel Dda last Autumn. [Final-Shorelines-Reel-2.mp4](#)



- ❖ "It was a wonderful, creative and inspiring experience in a beautiful setting."
- ❖ "Good to connect with colleagues."
- ❖ "A simple yet beautiful experience."
- ❖ "A lovely activity outside on a beach and learning a new creative skills."
- ❖ "Enjoyed the opportunity and permission to outside and play with new people." "Lovely doing an activity and being part of the NHS outside of work."

Improving Experience - In Summary

The overall patient experience score has been improving over this period:



The reduction in the overall PE score in July 2022 is partly attributable to the de-commissioning of the previous patient experience system and implementation of Civica once for wales system.

The patient experience score by hospital site:

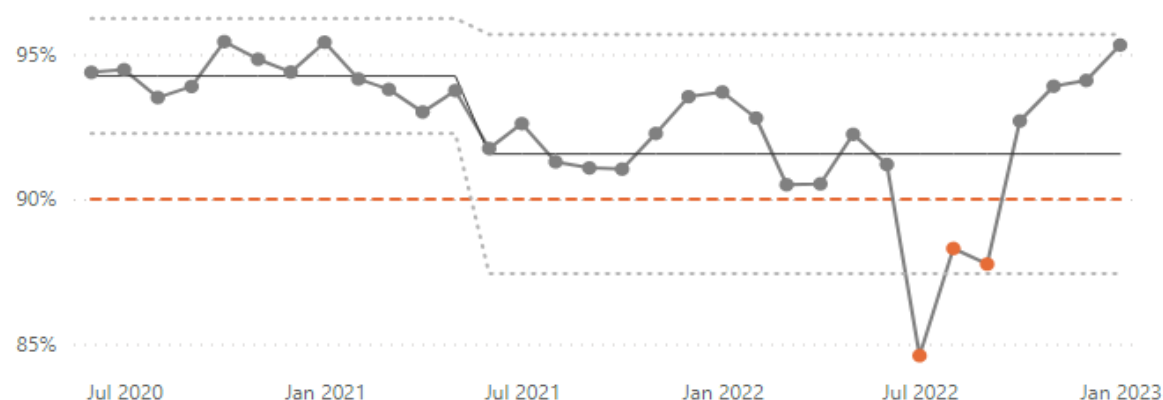
- PPH received 969 responses, out of 21 departments, 17 scored 100% positive feedback, the remaining departments scoring of 90%, with the exception of ward 6 which scored 50% (6 responders).
- GGH received 1387 feedback responses, out of 41 departments, 27 receive 100% positive feedback, the remaining receiving between 80 and 95%, with the exception of the antenatal ward which received 60% (2 responders)
- WGH receive 811 responses, out of 28 departments, 17 received 100% positive feedback, the remaining receiving between 75-98%, with the exception of ward 7, which received 50% (2%).
- BGH received 614 responses, from 20 departments, 30 received 100% positive feedback, the remaining receiving between 75 and 96%.
- 294 people responded about their experience of attending our community hospitals. South Pembrokeshire; Llandovery and Amman Valley Hospitals received 100% positive score. The other sites receiving between 99-97.4%.

Improving Experience - In Summary

We continue to receive many heart-warming compliments about the services provided by our caring and compassionate staff. We are continually sharing and celebrating these achievements across the organisation.

A significant number of patients take the time to provide feedback, over 3,000 people shared their experience during this period, which is appreciated. 95% were happy with their experience.

The overall patient experience score has been improving over this period:



The reduction in the overall PE score in July 2022 is partly attributable to the de-commissioning of the previous patient experience system and implementation of Civica once for wales system.

Feedback captured in real time via surveys is collected from patients who are staying in our hospitals; 206 surveys were completed with 92% reporting that their experience has been positive. Any issues or concerns received from the feedback are shared with the Ward manager as soon as possible.

Improving Experience - In Summary

The feedback on the achievement of the Improving Experience charter shows on average 70% people feel that we are always achieving the pledges set out to improve the service user experience. However 15% feel that we never or only sometimes achieve these.

The areas of communication, attitude and behaviour of staff and involving and informing people about their care and treatment, are areas where we are striving to improve. Whilst we receive many positive comments about these aspects, we do not get this right all of the time.

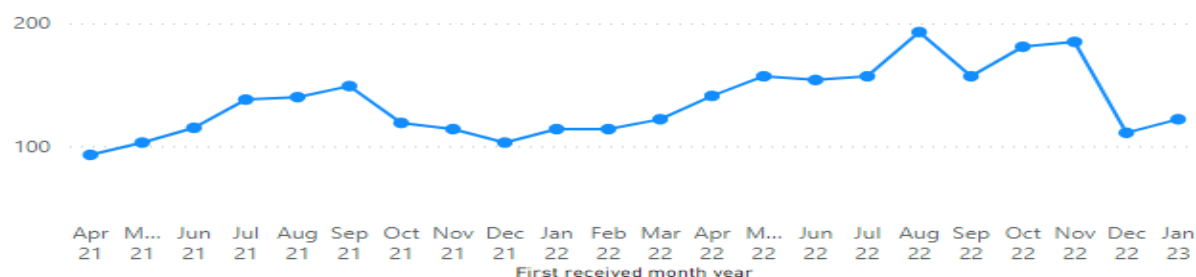
The listening and Learning Sub-Committee has reviewed the area of communication and behaviour at its meeting in March. A number of actions were identified. These included ensuring all relevant staff attend the Health Board's 'Making a difference customer care and communication training'; looking at ways in which we can improve communication between teams particularly when there is shared responsibility across different specialties for care; and improving information for patients and carers.

We are expanding the range of areas we are capturing patient experience data for, including Mental Health and Learning Disability Services and primary care. Feedback on community hospitals has been incorporated into this report.

We are also working with colleagues across wales to improve upon our data reporting and analysis capabilities. A business intelligence system is currently being developed which will allow us to report across different modules, such as incidents, claims, complaints and redress to triangulate and analyse the qualitative and quantitative data we collect to inform our learning and quality improvement.

Improving Experience - In Summary

The number of complaints we have received has also reduced for the period. However, the number does fluctuate over the year as can be seen by the graph below:



69% of complaints for the period were closed within 30 working days. We are striving to improve our timeliness for responses. The implementation of the revised complaints handling and investigation process seeks to also improve the quality of the investigations, as well ensuring a more positive experience for people raising concerns, and better support for staff that are the subject of a complaint.

Whilst access to appointments and waiting times for treatment remain one of the top 3 reasons for contact to the Patient Support Team, the numbers of enquiries and concerns is reducing. This is indicative that the Waiting List Support Service is having a positive impact on the experience of patients, by making proactive contact with patients and offering appropriate support during the waiting period.