



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 January 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Improving Service User Experience
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Interim Director of Nursing, Quality and 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 months of October and November 2023.

##### Cefndir / Background

The Board is asked to note the current position in relation to feedback, including complaints.

This report covers the period 1 October to 30 November 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'.

##### 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 and 55 'Big Thank You' nominations were received. There is an improvement in the number of compliments being recorded onto the system. The Patient Experience Team is supporting staff with this to ensure continuity of the recording. 6493 patients left feedback on our Friends and Family system with 93.7% of responders leaving a positive recommendation. This is particularly notable in the area of Emergency Care, and in Same Day Emergency care where a score of between 94 and 100% was received across the 4 sites.

1320 patients completed the All Wales Patient Experience Questionnaire. 82% of responders rated the service they had received as positive.

The number completing the survey is a continued improvement, and attributable to the fact that patients are also provided with a link to the survey as part of the Friends and Family survey message.

444 complaints/concerns were received by the Patient Support Services Team, 61 were responded to as early resolution cases (within two working days). 361 required investigation under the putting things right complaint process. 65% of complaints were closed within the 30 working days. The Improving Together performance dashboard shows a reduction in the average response time for a complaint from 344 to 144 days since January of this year and the all Wales dashboard shows a positive position (63%) for the Health Board against the all Wales average of 54%.

Concerns around clinical assessment, delays in diagnosis, and treatment continue to be a prominent theme, followed by appointments. Communication issues remain a prominent feature in the contributory factors of the complaints received and this was a theme which was reviewed by the Quality, Safety and Experience Committee in December 2023. Communication will remain a standing agenda item for the Listening and Learning Sub-Committee. The number of concerns being received surrounding miscommunication comprise 12% of all concerns, and staff attitude/behaviour 7%. Being unable to contact staff and relevant appointments is also an area of concern, and further details of the action being taken to address this is contained in the report.

There were 2 new investigations commenced by the Public Services Ombudsman for Wales (PSOW). Five Final Investigation Reports were received, 1 being upheld and 4 partly upheld. There were also 5 early resolution agreements reached with the PSOW. Key learning from the Final Reports identified: communication; documentation and delays in treatment and pain relief.

The Arts and Health Team continue to make significant progress and embedding the arts into health care provision and promotion of staff wellbeing. The Arts and Health Charter is being presented to Board as a separate agenda item.

#### 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).
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Leadership 4. Learning, improvement and research

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 2021-2022</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

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
<b>Ariannol / Gwerth am Arian:</b> <b>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:</b> <b>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:</b> <b>Workforce:</b>	The 'Putting Things Right' process is designed to support staff involved in concerns and incidents. All managerial staff have a responsibility to ensure staff are appropriately supported and receive appropriate advice throughout the process. The success of the process is dependent upon

	the commitment and support from staff across the organisation, not only as part of the investigation process and transparency arrangements, but in the encouragement of patients and their families to provide feedback, both positive and negative, to support organisational learning.
<b>Risg: Risk:</b>	Information from concerns raised highlights a number of clinical and service risks which should be reflected in Directorate and Corporate Risk Registers. There are financial and reputational risks associated with complaints that are upheld or not managed in accordance with the Regulations. The UHB also has a duty to consider redress as part of the management of concerns, which carries financial risks associated with obtaining expert reports and redress packages.
<b>Cyfreithiol: Legal:</b>	The UHB has a duty under the Concerns and Redress Regulations to consider redress where this is deemed to be a qualifying liability. The Regulations also incorporate formal claims, including clinical negligence and personal injury claims.
<b>Enw Da: Reputational:</b>	There are ongoing reputational risks for the UHB in relation to media, press and social media regarding any concerns, and outcomes from published Ombudsman Reports and any external investigations/inquiries.
<b>Gyfrinachedd: Privacy:</b>	Only relevant information is reviewed as part of the concerns process and this is carried out with the explicit consent of the patient or authorised representative. Information is recorded and treated sensitively and only shared with individuals relevant to the investigation process.
<b>Cydraddoldeb: Equality:</b>	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

October 2023 – November 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 areas for improvement, 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.

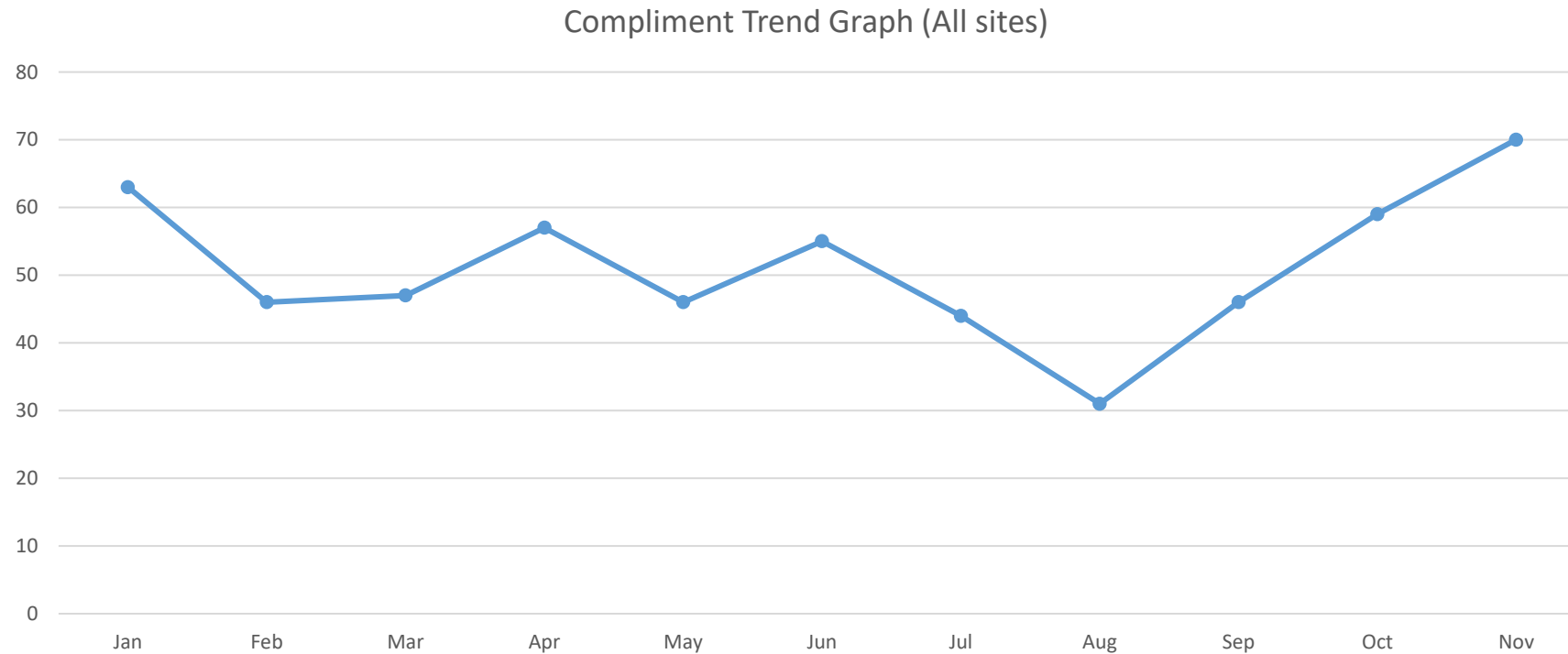
It is our priority to act on all feedback received as part of our culture of improvement and to demonstrate that we are fulfilling our pledges as set out in the Charter for Improving Experience. The Charter has recently been updated to take account of recent changes and the challenges we face in our Health care system. Our Listening and Learning Sub-Committee receives feedback from across concerns, compliments and experience.

We are also pleased to share the excellent work being undertaken by the arts and health team who are making a positive difference to patients, staff and our communities through use of the arts.

# Service User Feedback at a Glance

## October 2023- November 2023

- ▶ **129 Compliments** were recorded by staff on the Patient Experience system. These compliments are received from patients, families and carers direct to the service or the Corporate Office. Listening, understanding and communication are the terms most often mentioned.
- ▶ The graph below shows a variance throughout this and the previous period. This can account for staff availability to update their compliment during busy periods.





# Service User Feedback at a Glance

## October 2023 - November 2023

- ▶ **55 Big Thank You (TBTY) nominations were received for our staff from patients or their families** - further details are provided later in the report.
- ▶ **42,910 Individuals received our friends and family patient experience survey** – 6493 responded to this and is in line with nationally reported response rates which is 16% response rate. 93.7 % of responders provided a positive rating (92% previous period) of very good or good when asked to rate their overall experience.
- ▶ **1320 Service users completed the Your NHS Wales Experience survey** 82.00% of the responders provided a positive score when asked 'how would you rate your overall experience of using the services of Hywel Dda University Health Board' compared to 80% for the previous period. All discharges from A&E are now presented with an All Wales Survey along with the friends and family test survey.

# Service User Feedback at a Glance

## October 2023 - November 2023

This Word Cloud has been created by using feedback from the Friends and Family Test



# Complaints & Concerns at a Glance - October 2023/ November 2023

- ▶ 444 complaints were received, of which:
- ▶ 61 were managed as an early resolution case (within two working days).
- ▶ 361 cases proceeded to complaints investigation under the 'Putting Things Right' Regulations. The number received for October and November represents an increase of 2 from the previous two-month period.
- ▶ 22 complaints were reopened in October and November. Complaints are 'reopened' when the complainant feels the response has not addressed all of the concerns they have raised, and the Health Board considers that further engagement may yet have the potential to resolve the issues.
- ▶ On review of initial grading, there were 6 grade 5 complaints and 5 grade 4 complaints received during the period (alleging severe harm). Upon completion of investigations, most complaints alleging serious harm are re-graded as less severe following consideration of the investigation findings and consideration of the actual harm.
- ▶ 529 enquiries were received for the two month period, an increase of 11 on the preceding period. 539 enquiries were closed. The most prominent themes of enquiry are around appointments, test and investigation results and communication issues.

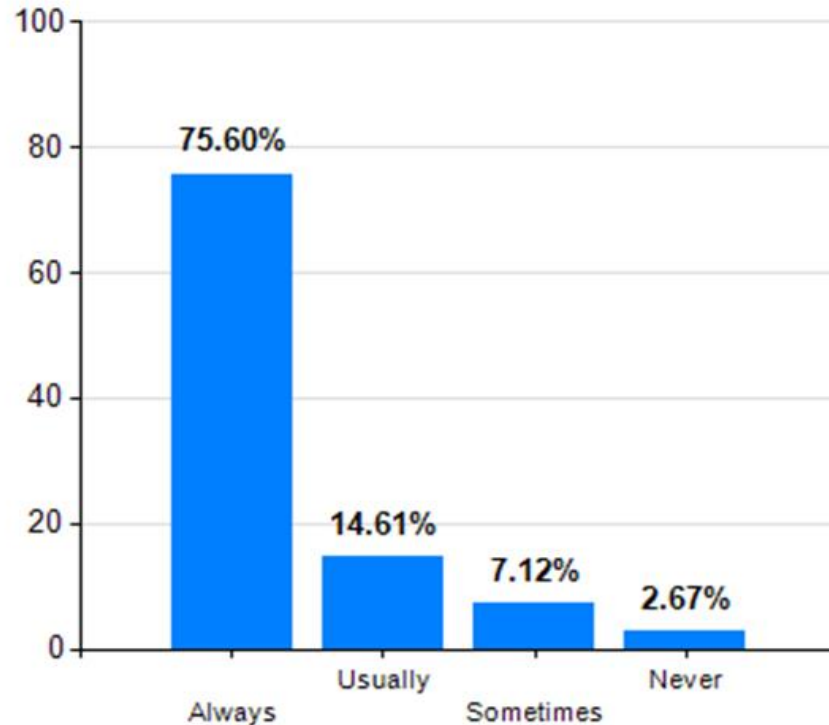
## Closed complaints:

- ▶ 344 cases that were managed through the Putting Things Right complaints process were closed in October and November, compared to 397 the previous period. Of these, 225 were closed within 30 working days. This means 65% of the complaints received during these two months were closed within 30 working days, showing an increase of 7% from the previous period. However, the Improving Together / Performance Dashboard has highlighted that the average time to respond to a complaint has reduced from January 2023 and is currently down to 144 days.
- ▶ Of the complaints closed in October and November, 258 were not upheld. 74 complaints were upheld, of which 66 had an outcome of grade 1 (no harm caused). 1 complaint was upheld where severe harm had been reported. As anticipated with the removal of partially upheld category from the all Wales electronic complaints system, there has been a higher proportion of upheld complaints. However, the outcome grading will be used to reflect the severity of the issues.
- ▶ Clinical treatment and assessment continue to be a prominent theme, representing 31% of all new concerns in the period. The next most prevalent theme is appointments at 15%. 12% of concerns in the period are linked to communication and 7% staff attitude and behaviour.
- ▶ There were 2 new investigations commenced by the PSOW. 5 Final Investigation Reports were received, 1 being upheld and 4 being partly upheld. There were also 5 early resolution agreements reached with the PSOW. The key learning from the Final Reports identified issues with communication, documentation, and delays in treatment and pain relief.
- ▶ The lessons learnt from these reports and progress with the action plans are considered by the listening and learning Sub-Committee.

# DIGNITY, RESPECT AND KINDNESS

## Your NHS Wales Experience survey

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



There has been a decrease in performance for this measure compared to the previous period where 75.60% of responses stating they are always treated with dignity, respect and kindness compared to 79.06% for last period.

➡ I was taken to A&E initially as I had a brain stem stroke with complications. I was always kept informed and treated with kindness dignity and respect by everyone who was involved with treatment and rehabilitation. The input of the physiotherapy department was professional, kind, honest and hard working.

➡ They were honest about waiting times, and I may be quicker to come back, which I did and believe it was better. Treated with kindness, understanding and compassion throughout.

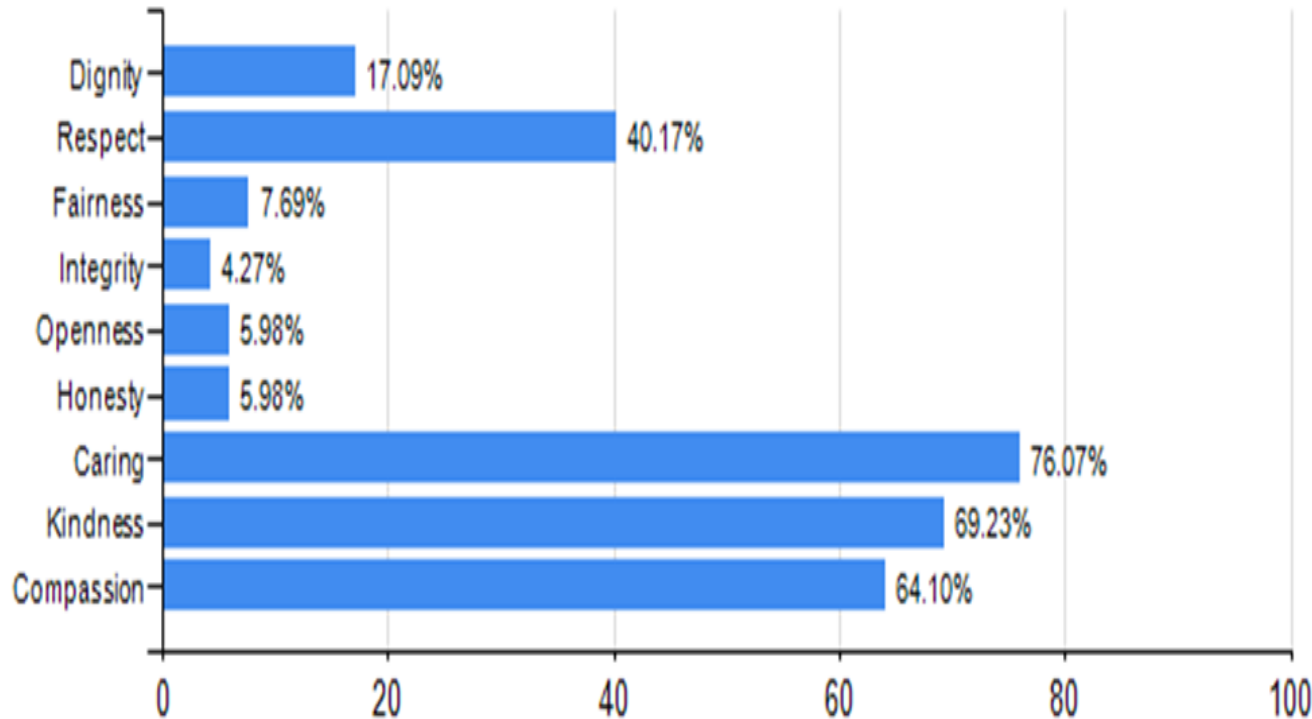
➡ Staff reading the correct name on screen for triage. Being spoke to as an adult not a child, there was no respect.

➡ If there is 2 doctors in the room they need too communicate in English with each other for me to understand. Me and my friend thought that wasn't right that they didn't talk English to each other whilst we were in the room with them. We were not impressed at all

[Please click here to listen to patient feedback](#)

# DIGNITY, RESPECT AND KINDNESS - COMPLIMENTS

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



➡ Patient could not put on the camera when she had initial assessment and now she is confident, chatty and most importantly happy! She spoke very highly of a staff member and said they were one of the nicest people she has ever met and all the help they gave her. Patient's mum also said she has got her daughter back.

➡ The care received during his last days was individualised, staff provided over and above care. The staff provided comfort and compassion, showed respect, maintained dignity, reassuring him and communicating at his bed side. Staff ensured they had his favourite songs on and maintained what was important to him.



# DIGNITY, RESPECT AND KINDNESS CONCERNS

- ▶ 25 new complaints were received relating to attitude and behaviour of staff. These concerns range across services, and the only services to receive more than one complaints of this kind were Accident & Emergency and Gynaecology.
- ▶ Where we receive concerns pertaining to issues of dignity, respect and kindness, we generally see a range of linked themes occurring. In this period we noted that there was 1 complaint around privacy and dignity. There were 6 concerns around patient care.
- ▶ The attitude and behaviour of nursing, midwifery and health visiting staff generated 35 complaints in this period. Complaints by staff group for attitude/behaviour are as follows: 16 medical and 11 reception/ secretarial staff.

# DIGNITY, RESPECT AND KINDNESS

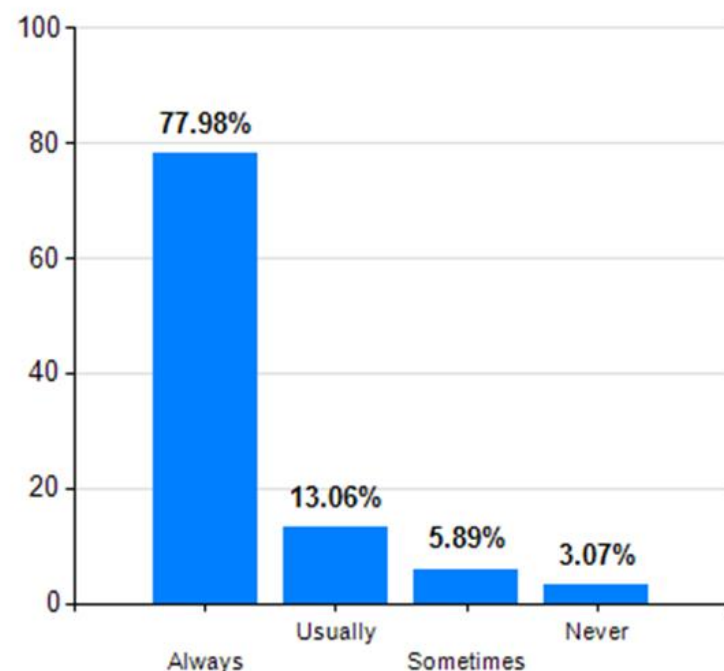
## LESSONS LEARNED

You Said	We Did
<p>I didn't have a positive experience with the birth of my child and I felt I had little support following the birth.</p>	<p>Our Maternity Team have implemented a new, confidential Birth Reflection Service to provide new mothers and their partners with an opportunity to reflect on their birth experience.</p> <p>The new service will enable mothers to explore the care they received during pregnancy, labour, birth and immediately following birth.</p>

# COMMUNICATION

## Your NHS Wales Experience survey

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



I was seen promptly by Triage and then passed quickly through the other systems, including an ECG. My condition was thoroughly discussed with me and I understood exactly what I needed to do to aid my own recovery, and what to do if the condition worsened. All very reassuring and professional as usual.



Discussed everything clearly with me, after my results made sure I understood & was happy with treatment but to come straight back if anything changed.



Although my son was born with the issue, I had never had it explained to me fully nor did I understand what the proposed plan was an timeline.

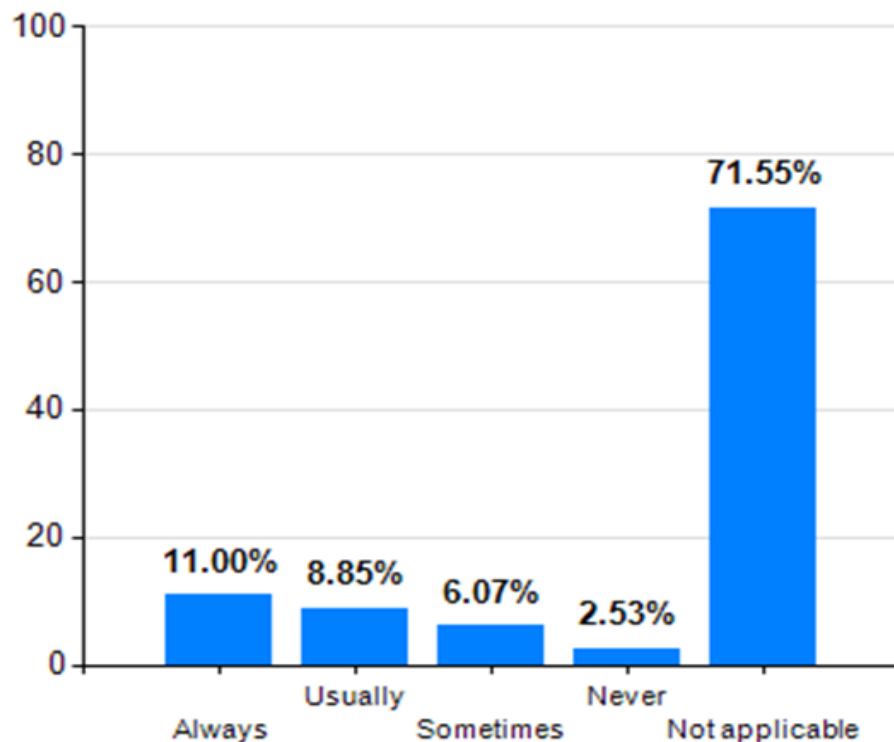
[Please click here to listen to patient feedback](#)

There has been a decrease in performance in this measure compared to the previous period where 77.98% have expressed that things are always explained in a way that you could understand compared to 78.01% in the last period. As noted in the feedback from individuals, there are various comments regarding communication.

# COMMUNICATION

## Your NHS Wales Experience survey

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

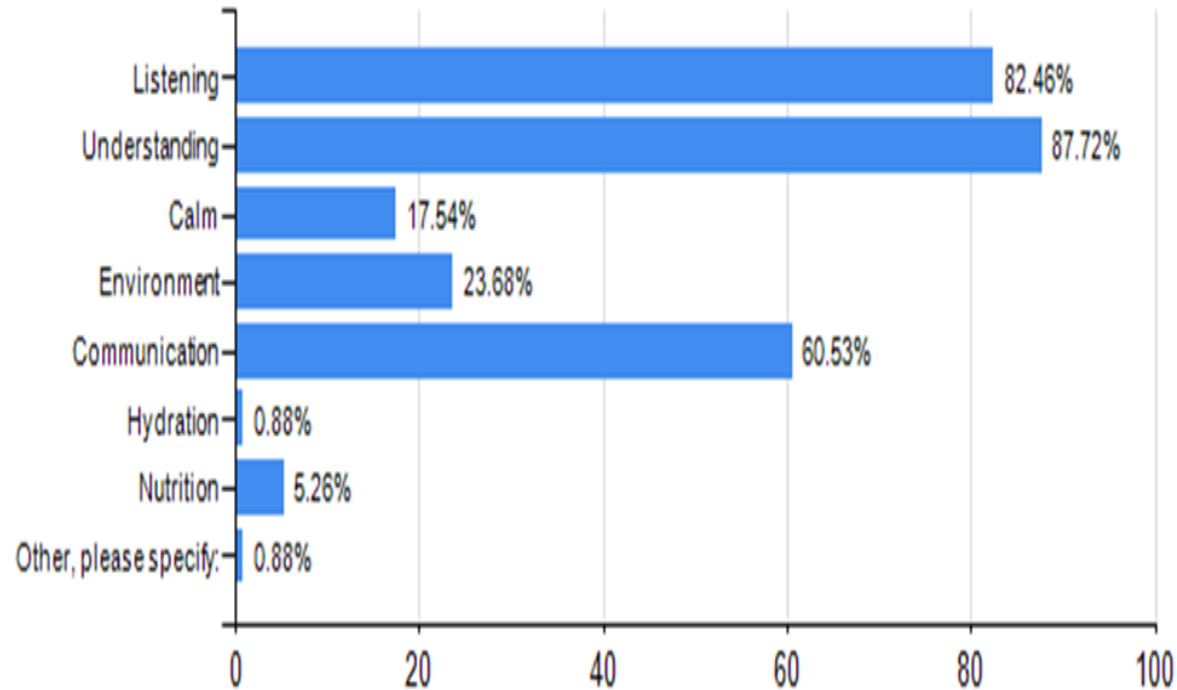


I was not aware if there was anyone speaking Welsh I wasn't made aware of it.

There has been a small decrease in this period where responders were always able to speak to a member of staff in Welsh 11.00% compared to 11.28% feedback is available for services to review their data.

# COMMUNICATION - COMPLIMENTS

The sentiments expressed within the compliments we receive, continue to show that are terms most often used.



Care is outstanding, clear concern from the Consultant and the team responsible for booking me in for 'pre-op' have been so very thoughtful and understanding.

# COMMUNICATION CONCERNS

During October and November, 47 concerns were received about communication, which has increased by 5 from the previous period. 20 of these are still under investigation.

The main causes of concerns linked to communication remain the same. 51% 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 number of the ward/ team they are trying to reach goes unanswered.

21% 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.

The Quality, Safety and Experience Committee received an update on measures being undertaken to improve communication. This includes:

- ▶ Training – new training programme on compassionate communication; empathy workshops; and increased focus on communication at management and leadership programmes.
- ▶ Accessible Communication – Service Improvement project to improve how sensory loss is identified and addressed by staff
- ▶ Patient Communication – improved process for letters and communicating with patients, via digital or other ways
- ▶ Telecommunications project – modernisation of the telephony systems in the Health Board, improving access and the experience for callers and staff
- ▶ Improving Communication between teams – service improvement project reviewing how test results are reviewed and actioned; access to diagnostic test results for patients; and improved MDT working.



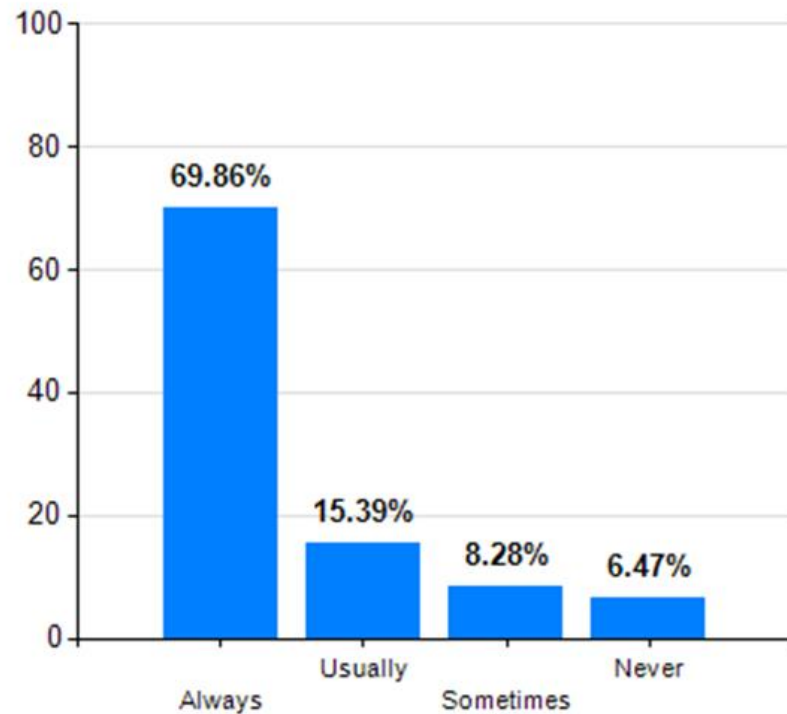
# COMMUNICATION - LESSONS LEARNED

You Said	We Did
<p>I was visiting family from overseas and had to take my child to A&amp;E. My child had to be seen on a ward and I was unaware that I would have to pay for their medical treatment.</p>	<p>A new bespoke poster has been developed by the Health Board, which will be displayed alongside those provided by Welsh Government.</p> <p>The new poster emphasises more clearly that visitors to the UK may need to pay for hospital treatment and has been sent to all four of our main hospital sites for display.</p> <p>The Designated Overseas Officer has visited Glangwili General Hospital to ensure the posters are displayed clearly in the clinical and patient areas of A&amp;E and the Minor Injuries Unit.</p> <p>Site visits to Prince Philip Hospital, Withybush Hospital and Bronglais Hospital D and MIU are due to be completed by the end of December 2023.</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?



My surgeon came back at my request in the evening to discuss my forthcoming operation with my husband & daughter. He did not rush and explained everything most thoroughly so that we all understood the risks involved.



Glangwili has always treated me with dignity and respect. I have felt listened to and involved in my care here.

There has been an increase in performance in this measure where 69.86% compared to 69.00% for the previous period.

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

## Your NHS Wales Experience survey

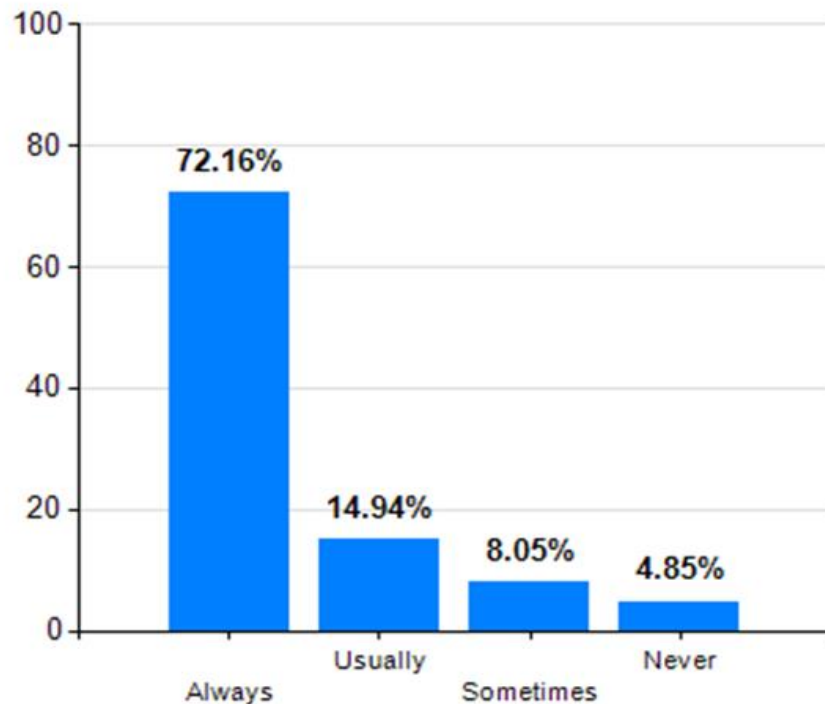
Did you feel you understood what was happening in your care?



I was seen and treated very quickly. My injury was explained fully and I was allowed to see my xray so that I could get a clear understand of the extent of the injury, albeit fairly minor. The staff were friendly and approachable.



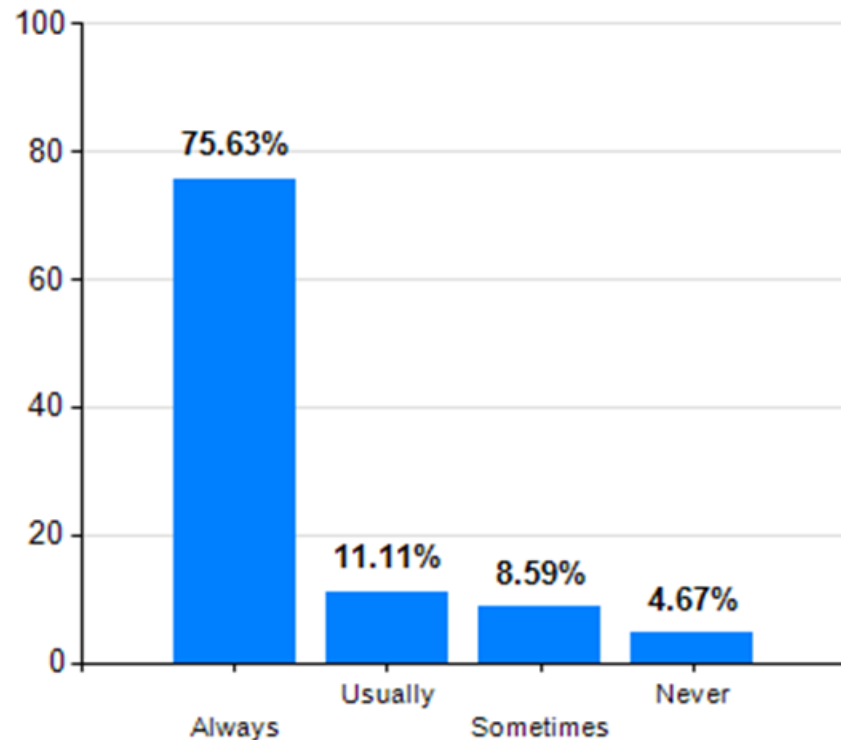
Better communication as just left for hours no update no reassurance. Receptionist need to be more approachable, need to know what is going on with my care.



There has been decrease of 0.58 % compared to the last period where people feel they always understood what was happening with their care, 72.74% for the last period and 72.16 % for this period This is reflected in the feedback that has been provided.

# Your NHS Wales Experience survey

## Did you feel that you were listened to?



There has been an increase of 0.18 % improvement for this period where 75.63% of responses advised they were always listened to compared to 75.19 % in the last period. 8.59% of responders have said they feel that they were sometimes listened to this is reflected in the feedback provided.



Consultant was very professional empathetic and very thorough. Good communication skills and listened.



The staff were fantastic as always. They were kind, listened intently and were as efficient as possible to get me seen and administer the right course of treatment. Also the A&E waiting area was a comfortable temperature, which I find important due to the cooling of the seasons.



The whole service was very impressive. I spoke to someone on the phone in the morning and was advised to go to the same day care centre. The building was very modern. I was seen very quickly, listened to, and my care was explained to me. I was then prescribed antibiotics and given them on the spot Superb service!

[Please click here to listen to patient feedback](#)

# Patient story

This story is provided by a lady and her experience of support after a mastectomy.

The stories and feedback have provided opportunities for reflection and learning for the team involved, a number of important improvements have been implemented as a result of the team listening to the patient's experience:

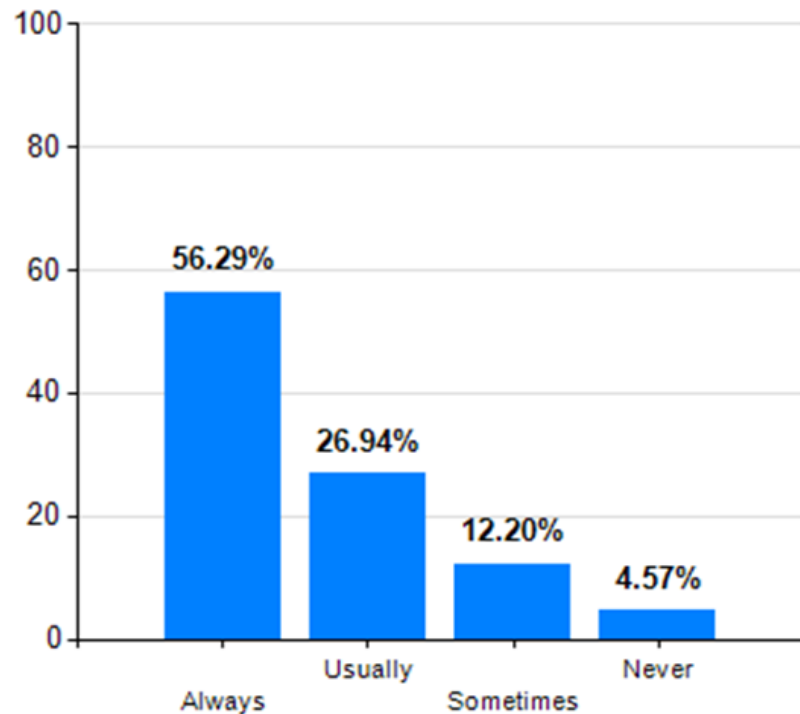
- ▶ The team have now reintroduced face to face preoperative mastectomy counselling as opposed to teams.
- ▶ The team are in contact with Macmillan Lead Breast Cancer Nurse for Wales and are looking at refurbishing the rooms in both Withybush and Bronglais Hospital.
- ▶ A reflection exercise was undertaken by staff in the Unit, on listening to the story

[Click here to listen to the story](#)

# 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?



There has been a decrease overall performance in this measure, compared to last period where 56.29 % of responders stated their care was not provided in the most appropriate setting compared to 59.29 % for the previous period.

→ Staff were excellent & very reassuring. Setting was very clean & comfortable, easy to access and lovely staff

→ Bronglais Hospital setting and treatment was perfect, the treatment result is already noticeable.

→ The hypersensitive sensor controlled lighting in Withybush A & E side rooms is a real pain, both for patients 'overnighting' and the staff. Sleep deprivation is used at at interrogation centres but surely not intentionally in this setting? It is an issue that really needs addressing (and probably at minimum cost too).

[Please click here to listen to patient feedback](#)

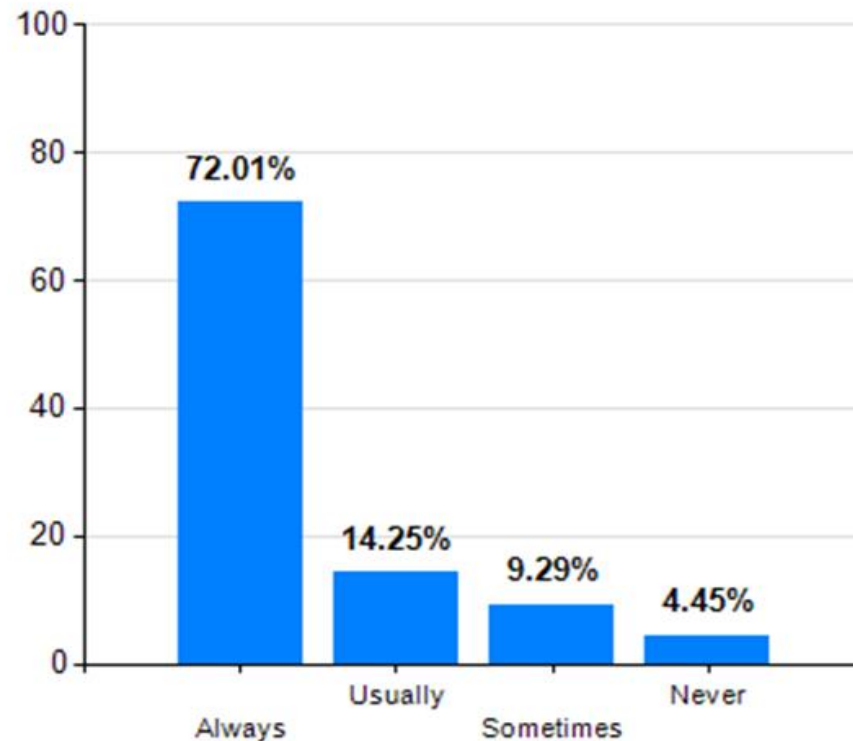
[Please click here to listen to patient feedback](#)



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

## Your NHS Wales Experience survey

### Did you feel well cared for?



72.01 % of responders said they always felt well cared for compared to 73.66 % for previous period. Usually feel safe response has seen an increase compared to last period 14.25% compared to 12.07% for the last period.



I was seen by triage team quickly and then by doctors in A&E in a very short time. I was given treatment and explanations of what was happening to me that made me feel well cared for.



I felt cared for and welcomed, staff took their time to me make me feel comfortable and listen to my symptoms. Staff seemed happy in their work. Staff's knowledge was excellent, and took time to explain things



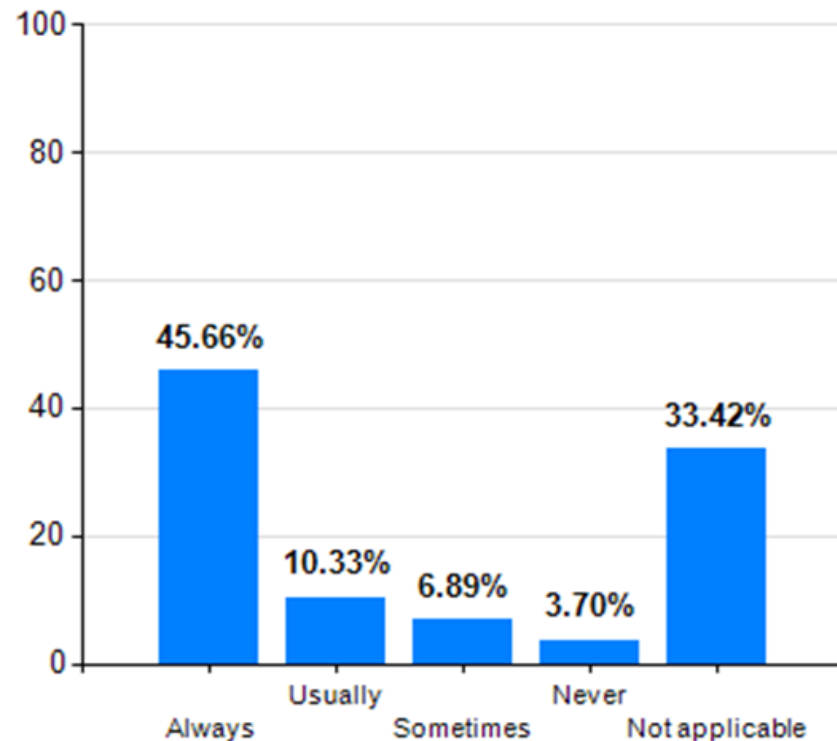
I was scared, nobody was telling me what was going on with myself, what was happening next and I felt alone. - I am suffering with Post-Natal depression and I didn't receive any support whilst I was there for 5 days.

[Please click here to listen to patient feedback](#)

# 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?



It would surely make sense to have a member of staff managing the waiting room, looking after those who are unwell and needing assistance (such as a drink or the toilet) and would be someone to be a point of contact of contact.



The care and personal assistance shown by everyone in the hospital the moment I walked through the door was outstanding. Thanks you.

33.42% of responders stated this question was not applicable compared to 31.68% for the previous period. 45.66 % of responses to always getting assistance has fallen by 0.24 % to the previous period.

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

## Concerns

- ▶ 122 concerns received during October and November pertained to clinical assessment and treatment.
- ▶ 41 out of the 122 complaints have been looked into and responses provided. The remaining 81 are being investigated. Typically, clinical investigations can be complex and can take longer to investigate, sometimes spanning a number of services.
- ▶ 21 of these concerns were about incorrect/insufficient treatment. The service receiving the highest numbers were Accident and Emergency. These numbers should be taken into the wider context of the high number of patient activity in these services.
- ▶ 73 complaints were received about lack of treatment. Accident and Emergency received 18% of these, Ophthalmology 9%, Gynaecology 7%, Orthopaedics 7% and Urology 7%. The rest were spread in small numbers across the Health Board's services.
- ▶ 9 concerns were received about a delay in diagnosis, or incorrect diagnosis.

# SAFE AND EFFECTIVE CARE IN AN APPROPRIATE AND CLEAN ENVIRONMENT

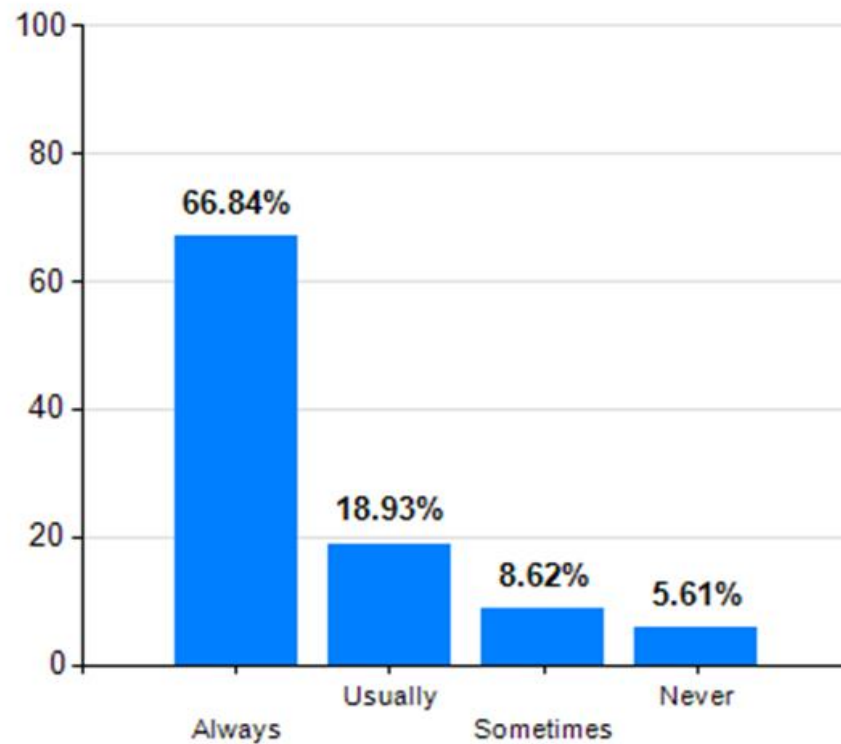
## Lessons Learned

You Said	We Did
<p>As patients, or as families of patients being treated in hospital, we should not have to ask for food and fluids to be monitored – it should be done routinely.</p> <p>Where people are not tolerating food and drink, this needs watching closely and following up.</p>	<p>Named mealtime coordinators are in place on wards and a Nutritional champion is identified to make sure all patients nutritional needs are being met.</p> <p>Protected mealtimes are reinforced and all patients are checked to ensure that they are sat up ready in bed or in their chairs, with clear tables.</p> <p>The senior ward sisters will make spot audits and nutritional supplement audits.</p> <p>The ‘Red Tray’ initiative is in place for any patient who scores highly when checked for nutrition and hydration, and may need assistance feeding. The patient notes are also flagged ‘red’ to indicate the patients’ needs to staff, and posters are used to reinforce the need for extra support.</p>

# 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?



This performance shows 66.84% of responders are encouraged to share feedback compared to 70.02 % in the previous period.

# Overall patient feedback

Patient Type	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
<b>Total</b>	<b>96.8%</b>	<b>6.3%</b>	<b>6493</b>	<b>4590</b>	<b>1077</b>	<b>344</b>	<b>195</b>	<b>185</b>	<b>49</b>
<b>Community &amp; Primary Care Patient</b>	<b>56.7%</b>	<b>43.3%</b>	<b>31</b>	<b>14</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>11</b>	<b>0</b>
<b>Day Case</b>	<b>99.2%</b>	<b>0.8%</b>	<b>249</b>	<b>227</b>	<b>16</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Emergency Patient</b>	<b>90.6%</b>	<b>9.4%</b>	<b>1622</b>	<b>1017</b>	<b>337</b>	<b>121</b>	<b>75</b>	<b>65</b>	<b>7</b>
<b>Inpatient</b>	<b>91.6%</b>	<b>8.4%</b>	<b>527</b>	<b>387</b>	<b>72</b>	<b>25</b>	<b>16</b>	<b>26</b>	<b>1</b>
<b>Maternity Inpatient</b>	<b>100.0%</b>	<b>0.0%</b>	<b>15</b>	<b>12</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Maternity Outpatient</b>	<b>87.5%</b>	<b>12.5%</b>	<b>41</b>	<b>30</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>0</b>
<b>Mental Health Inpatient</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Mental Health Outpatient</b>	<b>85.7%</b>	<b>14.3%</b>	<b>25</b>	<b>15</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>Other</b>	<b>100.0%</b>	<b>0.0%</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Outpatient</b>	<b>95.3%</b>	<b>4.7%</b>	<b>3216</b>	<b>2370</b>	<b>514</b>	<b>159</b>	<b>82</b>	<b>61</b>	<b>30</b>
<b>Paediatric Inpatient</b>	<b>83.3%</b>	<b>16.7%</b>	<b>19</b>	<b>12</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>
<b>Unmapped</b>	<b>95.5%</b>	<b>4.5%</b>	<b>689</b>	<b>502</b>	<b>120</b>	<b>28</b>	<b>14</b>	<b>15</b>	<b>10</b>

There has been an increase of 4.1% for positive responses for this period with a total of 6493 responses compared to 6453 for the previous . 4590 people responded with a very good rating compared to 4530 in the previous report. Community & Primary feedback responses rating has dropped to 56.7% positive rate compared to 77.5% for the previous period, they have however seen a decrease in responses of 31 responses compared to the previous 41 responses. Mental Health outpatient has seen an increase of 13.9% in positive feedback. Day case positive feedback has seen in increase from 96.8% for the previous period to 99.2% for this period.



# Glangwili General Hospital

Departments with less than 10 responses have been excluded from the table.

Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
<b>Total</b>	<b>93.0%</b>	<b>7.0%</b>	<b>1860</b>	<b>1275</b>	<b>342</b>	<b>108</b>	<b>59</b>	<b>62</b>	<b>14</b>
<b>Aberglasney Suite</b>	<b>98.2%</b>	<b>1.8%</b>	<b>56</b>	<b>43</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Accident and Emergency Department</b>	<b>91.8%</b>	<b>8.2%</b>	<b>423</b>	<b>253</b>	<b>96</b>	<b>40</b>	<b>17</b>	<b>14</b>	<b>3</b>
<b>Ambulatory Care Unit</b>	<b>84.2%</b>	<b>15.8%</b>	<b>21</b>	<b>11</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>
<b>Branwen Suite</b>	<b>94.3%</b>	<b>5.7%</b>	<b>55</b>	<b>42</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>
<b>Cardio-Respiratory Unit</b>	<b>93.7%</b>	<b>6.3%</b>	<b>98</b>	<b>71</b>	<b>18</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>1</b>
<b>Childrens Centre</b>	<b>100.0%</b>	<b>0.0%</b>	<b>25</b>	<b>20</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Cleddau Ward</b>	<b>100.0%</b>	<b>0.0%</b>	<b>13</b>	<b>10</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Clinical Decisions Unit</b>	<b>85.7%</b>	<b>14.3%</b>	<b>15</b>	<b>9</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>
<b>Day Surgery Unit</b>	<b>100.0%</b>	<b>0.0%</b>	<b>26</b>	<b>24</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Derwen Ward</b>	<b>97.1%</b>	<b>2.9%</b>	<b>37</b>	<b>28</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>EEG/EMG Department</b>	<b>95.5%</b>	<b>4.5%</b>	<b>26</b>	<b>20</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Endoscopy Department</b>	<b>100.0%</b>	<b>0.0%</b>	<b>22</b>	<b>20</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Madog Suite</b>	<b>100.0%</b>	<b>0.0%</b>	<b>48</b>	<b>32</b>	<b>12</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Merlin Ward</b>	<b>86.4%</b>	<b>13.6%</b>	<b>22</b>	<b>15</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>
<b>Outpatient Department (Blue)</b>	<b>92.8%</b>	<b>7.2%</b>	<b>712</b>	<b>488</b>	<b>133</b>	<b>35</b>	<b>25</b>	<b>23</b>	<b>8</b>
<b>Paediatric Ambulatory Care Unit</b>	<b>87.5%</b>	<b>12.5%</b>	<b>26</b>	<b>18</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Picton Ward</b>	<b>78.1%</b>	<b>21.9%</b>	<b>35</b>	<b>18</b>	<b>7</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>0</b>
<b>Rheumatology Department</b>	<b>100.0%</b>	<b>0.0%</b>	<b>10</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Same Day Emergency Care Unit</b>	<b>95.1%</b>	<b>4.9%</b>	<b>41</b>	<b>36</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Surgical Assessment Unit</b>	<b>100.0%</b>	<b>0.0%</b>	<b>17</b>	<b>9</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Tysul Ward</b>	<b>95.2%</b>	<b>4.8%</b>	<b>65</b>	<b>57</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>

# Prince Philip General Hospital

Departments with less than 10 responses have been excluded from the table.

Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
<b>Total</b>	<b>94.9%</b>	<b>5.1%</b>	<b>1549</b>	<b>1180</b>	<b>223</b>	<b>62</b>	<b>38</b>	<b>37</b>	<b>9</b>
Acute Medical Assessment Unit	83.9%	16.1%	35	20	6	3	2	3	1
Cardio Respiratory Department	98.8%	1.2%	84	69	11	3	1	0	0
Chemotherapy Unit	100.0%	0.0%	11	9	2	0	0	0	0
Day Surgery Unit	100.0%	0.0%	38	35	3	0	0	0	0
Endoscopy Department	100.0%	0.0%	22	22	0	0	0	0	0
Minor Injuries Unit	88.0%	12.0%	283	171	64	15	15	17	1
Outpatient Department	96.7%	3.3%	835	665	107	30	15	11	7
Physiotherapy Department	95.9%	4.1%	53	38	9	4	1	1	0
Pre Op Assessment Clinic	100.0%	0.0%	33	31	1	1	0	0	0
Rheumatology Department	97.7%	3.3%	64	42	16	4	2	0	0
Same Day Emergency Care Unit	100.0%	0.0%	25	21	2	2	0	0	0
Ward 6	83.3%	16.7%	12	10	0	0	1	1	0
Ward 7	95.7%	4.3%	23	21	1	0	0	1	0

# Withybush General Hospital

Departments with less than 10 responses have been excluded from the table.

Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
<b>Total</b>	<b>92.3%</b>	<b>7.7%</b>	<b>1089</b>	<b>746</b>	<b>186</b>	<b>69</b>	<b>40</b>	<b>38</b>	<b>10</b>
<b>Accident and Emergency Department</b>	<b>85.9%</b>	<b>14.1%</b>	<b>330</b>	<b>186</b>	<b>69</b>	<b>32</b>	<b>22</b>	<b>20</b>	<b>1</b>
<b>Adult Clinical Decisions Unit</b>	<b>100.0%</b>	<b>0.0%</b>	<b>10</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Cardio Respiratory Department</b>	<b>98.5%</b>	<b>1.5%</b>	<b>137</b>	<b>111</b>	<b>23</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Day Surgery Unit</b>	<b>97.1%</b>	<b>2.9%</b>	<b>35</b>	<b>31</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Gynaecology Care Suite</b>	<b>83.3%</b>	<b>16.7%</b>	<b>19</b>	<b>15</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>
<b>Medical Day Unit</b>	<b>100.0%</b>	<b>0.0%</b>	<b>19</b>	<b>17</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Outpatient Department (A)</b>	<b>95.0%</b>	<b>5.0%</b>	<b>328</b>	<b>224</b>	<b>61</b>	<b>21</b>	<b>9</b>	<b>6</b>	<b>7</b>
<b>Physiotherapy Department</b>	<b>90.9%</b>	<b>9.1%</b>	<b>62</b>	<b>44</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>2</b>
<b>Rheumatology Department</b>	<b>100.0%</b>	<b>0.0%</b>	<b>10</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Same Day Emergency Care Unit</b>	<b>94.1%</b>	<b>5.9%</b>	<b>52</b>	<b>39</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>
<b>Ward 1</b>	<b>90.9%</b>	<b>9.1%</b>	<b>12</b>	<b>10</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Ward 4</b>	<b>95.8%</b>	<b>4.2%</b>	<b>24</b>	<b>14</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>

# Bronglais General Hospital

Departments with less than 10 responses have been excluded from the table.

Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	93.6%	6.4%	754	539	122	44	28	17	4
Accident and Emergency Department	88.6%	11.4%	253	143	59	24	16	10	1
Cardio-Respiratory Department	97.0%	3.0%	66	53	11	0	2	0	0
Clinical Decisions Unit (Green)	95.0%	5.0%	20	16	3	0	0	1	0
Day Surgery Unit	96.8%	3.2%	31	29	1	0	0	1	0
Medical Day Unit	100.0%	0.0%	10	9	1	0	0	0	0
Outpatient Department	94.7%	5.3%	281	213	35	17	9	5	2
Paediatric and Antenatal Clinic	100.0%	0.0%	12	10	1	1	0	0	0
Rhiannon Ward	100.0%	0.0%	23	21	1	1	0	0	0

# Community Hospitals

Main Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
<b>Total</b>	<b>96.6%</b>	<b>3.4%</b>	<b>347</b>	<b>262</b>	<b>54</b>	<b>18</b>	<b>9</b>	<b>2</b>	<b>2</b>
<b>Aberaeron Intergrated Care Centre</b>	<b>93.5%</b>	<b>6.5%</b>	<b>35</b>	<b>26</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Amman Valley Hospital</b>	<b>87.5%</b>	<b>12.5%</b>	<b>27</b>	<b>17</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Cardigan Integrated Care Centre</b>	<b>97.7%</b>	<b>2.3%</b>	<b>183</b>	<b>143</b>	<b>30</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>Fishguard Health Centre</b>	<b>100.0%</b>	<b>0.0%</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Llandovery Hospital</b>	<b>100.0%</b>	<b>0.0%</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>South Pembrokeshire Hospital</b>	<b>97.0%</b>	<b>3.0%</b>	<b>35</b>	<b>25</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Tenby Cottage Hospital</b>	<b>98.2%</b>	<b>1.8%</b>	<b>59</b>	<b>44</b>	<b>10</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>

# Mental Health Service Feedback

This Word Cloud has been created by using feedback from Older Adult Mental Health, Community Mental Health and Mental Health Liaison Service.





# Outpatient Services

The outpatient team have received training on the CIVICA patient feedback system and are utilising the posters to share within their department. Senior Nurse Manager Damien Davies has said the following;

**“Reviewing individual feedback from the patients who access outpatient services give us a measure on how we are caring for patients and their families in our communities. Every comment is valued by the nursing team and helps us to help them, with how we work in providing outpatient services. ”**

The nursing teams have achieved a score of 90% excellent feedback across the four acute sites.



The team at Withybush are utilising the You Said We Did posters in their waiting and have said “ it’s easy to use and have had no issues”.



The team in Bronglais update their patient feedback in a monthly basis to show patients what improvements have been made.



The team at Prince Philip share their feedback with the public the board behind them shows their monthly feedback scores and what they have done to improve their service.

# Paediatric Surveys



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

During the months of October to November, the number for each of the paediatric questionnaires have decreased to 31 responses, with 26 responses in parents/carer/relatives' survey, 3 response in the 12 to 16-year-old survey and 2 responses in 4- to 11-year-old survey.

The team has been working with the community Paediatric team to support them with a bespoke survey and we hope to share information with you in the next report.



# Paediatric Surveys



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

“The staff were incredibly friendly, encouraging and reassuring, both my daughter and I have been very well looked after. We are very appreciative of the care we have received”

- Parents/Carers

“My daughter is 3 weeks old and as I was sleep deprived and emotional, staff always encouraged. Me that I was doing a good job and offered advice and support”.

- Parents/Carers

“Different people constantly checking if we needed anything, food , drinks, blankets. Everything explained in detail, before and after doing anything.”

- Parents/Carers

“Felt comfortable asking all staff for anything. Staff were knowledgeable and gave clear explanations”

- Parents/Carers

# Paediatric Surveys



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

"All staff introduced themselves at each change of staff! All very friendly and accommodating"  
- Parents/Carers

"Staff kept us well informed at all times, relaying what medication she was on and why".  
- Parents/Carers

"Bigger signs and more arrows! All to pushed in one small area on top of the doors! Hard to read with bad eyesight"  
- Parents/Carers

"Can't in late but welcomed and offered food and drink, shown to bay and bed. Parent sleeper bed explained"  
- Parent/Carer

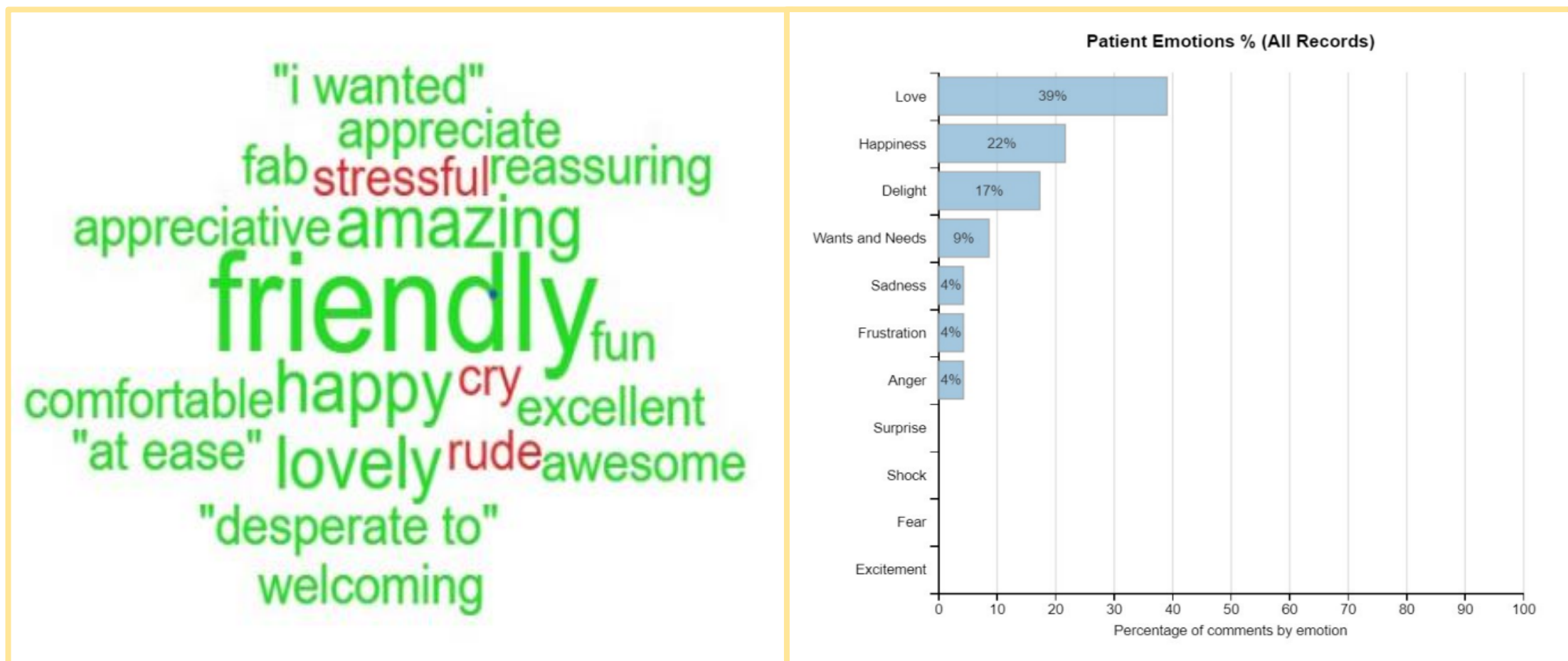
"Didn't understand the seriousness of the situation and they still don't"  
- 11 years and older

"Staff were always at hand to offer support, information and talk about what day ahead"  
- Parent/Carers

# Paediatric Surveys



This Word Cloud has been created by using feedback from Paediatric patients and their families/carers and relatives. A graph using these comments has also been created to show the percentage of patient emotions:



# Feel Good Friday

The team continue to promote the Feel Good Friday and provide teams with certificates of appreciation. Teams continue to provide feedback on how great it feels to receive this recognition and look forward to seeing this recognition every Friday on the staff information email.



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

**THE BIG THANK YOU**  
**A&E DEPARTMENT -**  
**GLANGWILI HOSPITAL**



Patient Experience Team  
Tina Proffitt Y Ciar



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**THE BIG THANK YOU**  
**RHIANNON WARD -**  
**BRONGLAIS HOSPITAL**



Patient Experience Team  
Tina Proffitt Y Ciar



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**THE BIG THANK YOU**  
**HAEMATOLOGY UNIT -**  
**PRINCE PHILIP HOSPITAL**



Patient Experience Team  
Tina Proffitt Y Ciar



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**THE BIG THANK YOU**  
**ENDOSCOPY UNIT -**  
**WITHYBUSH HOSPITAL**



Patient Experience Team  
Tina Proffitt Y Ciar



# Improving Experience - In Summary

We continue to receive many positive stories and comments 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, people shared their experience during this period, which is appreciated. 96.8% were happy with their experience.

Feedback captured in real time via surveys is collected from patients who are staying in our hospitals; or from patients who access the survey following their attendance. 96.8% reported that their experience has been positive compared to previous surveys, which average 92.9%.

- **Prince Philip General Hospital** received 1549 feedback responses with 94.9 % providing a positive score compared to 94.6% for the previous period. All services received a score of over 83% or above. Chemotherapy; Day Surgery; Endoscopy; Pre op Assessment Clinic and Same Day Emergency all receiving 100%.
- **Glangwili General Hospital** received 1860 feedback responses with 93% providing a positive score, completed to 92.7% for the previous period. All services received over 78%, Childrens centre; Cleddau Ward; Madog; Surgical Assessment and Endoscopy unit all receiving a 100% positive rating.
- **Withybush General Hospital** received 1089 feedback responses with a 92.3% positive rating, compared to 89.7% for the previous period. All services scored 85% or above. Adult Clinical Decisions; Medical Day Unit and Rheumatology received a 100% experience score.
- **Bronglais General Hospital** received 754 feedback responses, with a 93.6% a positive score completed to 92.4% for the previous period. All services received a score of 88% or above, with Medical Day Unit; Rhiannon wards and Paediatrics receiving 100% positive score.
- **347** people responded about their experience of attending our **community hospitals** compared to 495 for the previous period-this is decrease is due to patients are being transferred back to Withybush Hospital as building is being completed. 96.6% felt positively about their experience. All received over 87% positive rating, with Llandovery and Fishguard Centre achieving 100%.